Ward/Section: Pen 1

UESTING PHYSICIAN: [redacted] (b)(6)2

IEMISTRY RESULT FORM
Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6)4

DATE 2NOV TIME 0711

SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT)

Pt: [redacted]
Pt Name:_____

Na_____157 mmol/L
K_____2.8 mmol/L
TCO2_____29 mmol/L
Hct_____32 %PCV
Hb*_____11 g/dL
*via Hct

At 37C
pH_____7.413
PCO2_____43.2 mmHg
PO2_____58 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
SO2*_____90 %
*calculated

At Patient Temp
pH_____7.394
PCO2_____45.7 mmHg
PO2_____63 mmHg

Patient Temp: 100.9F
FIO2_____: 50
Sample Type_:

02NOV03 07:28

Oper: [redacted]
Physician: (b)(6)2
Ser# [redacted]

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:
FiO2 50 Temp 100.9

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Fem 1	RE[redacted]	PHYSICIAN: (b)(6) 2	ATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 2 Nov	TIME 1200	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Icu 1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 2Nov	TIME: 10:11	SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT)

TEST	RESULT	REF. RANGE
Pt Name:		
Na	157	mmol/L
K	3.0	mmol/L
TCO2	29	mmol/L
Hct	46	%PCV
Hb*	16	g/dL
*via Hct		
At 37C		
pH	7.410	
PCO2	44.4	mmHg
PO2	74	mmHg
HCO3	28	mmol/L
BEecf	3	mmol/L
SO2*	95	%
*calculated		
At Patient Temp		
pH	7.391	
PCO2	47.0	mmHg
PO2	81	mmHg
Patient Temp:	100.9F	
FIO2	50	
Sample Type:	ART	
02NOV03	10:11	
Oper: [redacted] (b)(6)2		
Physician:		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: FiO_2 50% T 100.9

REPORTED BY:	DATE:	LAB ID NO.:

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

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN
[redacted] (b)(6) 4	2 Nov	12:00	[redacted] (b)(6) 4

(i-STAT)

Pt: [redacted] (b)(6) 4

Pt Name:_____

Na_____159 mmol/L

K_____3.3 mmol/L

TCO2_____29 mmol/L

Hct_____27 %PCV

Hb*_____9 g/dL

*via Hct

At 37C

pH_____7.426

PCO2_____42.8 mmHg

PO2_____62 mmHg

HCO3_____28 mmol/L

BEecf_____4 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.410

PCO2_____44.8 mmHg

PO2_____67 mmHg

Patient Temp: 100.5F

FIO2_____: 50

Sample Type_: ART

02NOV03 12:13

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

Physician:_____

Ser# 42011

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

FiO2 50 Temp 100.5

REPORTED BY:	DATE:	LAB ID NO.:
	02 nov 03	

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 2 NOV / TIME 1600	SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC				Urinalysis			Misc. Serology		
TEST				TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC				Color		N/A	RPR		Negative
RBC				App		N/A	Mono		Negative
Hgb				Glu		Negative	**Microbiology**		
Hct				Bili		Negative	Source		
MCV				Ket		Negative	Gram Stain		
Plt				SG		N/A	Occ Bld		Negative
Lymph %				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.:

Ward/Section: Fam

REQUESTING PHYSICIAN: [redacted] (b)(6)2

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

LAST, FIRST, MI: [redacted]

DATE: 2 NOV 03 TIME: 1600

(b)(6)4

Pt: [redacted]

Pt Name:_____

Glu_____96 mg/dL
BUN_____40 mg/dL
Na_____159 mmol/L
K_____3.8 mmol/L
Cl_____126 mmol/L
TCO2_____28 mmol/L
AnGap_____11 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

pH_____7.396
PCO2_____42.8 mmHg
HCO3_____26 mmol/L
BEecf_____1 mmol/L

Sample Type_:

02NOV03 16:33

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

Physician:_____

Abuse		

REMARKS:

Ass T100

REPORTED BY:

(Piccolo) Chemistry 12

======= PICCOLO =======
02/11/03 16:16
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	105	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	2874*	39-380	U/L
NA+	140	128-145	MMOL/L
K+	ICT	3.3-4.7	MMOL/L
CL-	120*	98-108	MMOL/L
tCO2	ICT	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

======= PICCOLO =======
02/11/03 16:18
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3153AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

ALB	1.6*	3.3-5.5	G/DL
ALP	61	26-84	U/L
ALT	ICT	10-47	U/L
AMY	48	14-97	U/L
AST	ICT	11-38	U/L
TBIL	21.0*	0.2-1.6	MG/DL
GGT	9	5-65	U/L
TP	ICT	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____160 mmol/L
K_____3.8 mmol/L
TCO2_____28 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

At 37C
pH_____7.409
PCO2_____41.8 mmHg
PO2_____59 mmHg
HCO3_____26 mmol/L
BEecf_____2 mmol/L
sO2*_____90 %
*calculated

At Patient Temp
pH_____7.398
PCO2_____43.2 mmHg
PO2_____63 mmHg

Patient Temp: 100.0F
FIO2_____: 60
Sample Type_:

02NOV03 16:16

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

Physician:_____

Page 12

Ward/Section: Icu1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
	DATE: 2 NOV	TIME: 1400
		SSN/PSEUDO SSN: [redacted] (b)(6) 4

Pt Name:_____

Na_____160 mmol/L
K_____3.7 mmol/L
TCO2_____28 mmol/L
Hct_____48 %PCV
Hb*_____16 g/dL
*via Hct

At 37C
pH_____7.420
PCO2_____41.7 mmHg
PO2_____64 mmHg
HCO3_____27 mmol/L
BEecf_____3 mmol/L
sO2*_____92 %
*calculated

At Patient Temp
pH_____7.404
PCO2_____43.7 mmHg
PO2_____69 mmHg

Patient Temp: 100.5F
FIO2_____: 50
Sample Type_: ART

02NOV03 14:27

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

Physician:_____

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: Fio2 50 Temp 100.5 bags

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 2Nov	TIME	SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt Name:_____

Na_____164 mmol/L
K_____4.3 mmol/L
TCO2_____30 mmol/L
Hct_____26 %PCV
Hb_____9 g/dL
#via Hct

At 37C
pH_____7.166
PCO2_____77.3 mmHg
PO2_____59 mmHg
HCO3_____28 mmol/L
BEecf_____-1 mmol/L
sO2*_____81 %
*calculated

At Patient Temp
pH_____7.156
PCO2_____80.0 mmHg
PO2_____63 mmHg

Patient Temp: 100.0F
FIO2_____: 100
Sample Type_: ART

02NOV03 23:03

Oper:

Physician:_____

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

Pt: [redacted] (b)(6)4
Pt Name:_____

TCO2_____31 mmol/L

At 37C
pH_____7.142
PCO2_____82.5 mmHg
PO2_____64 mmHg
HCO3_____28 mmol/L
BEecf_____-1 mmol/L
sO2*_____83 %
*calculated

At Patient Temp
pH_____7.130
PCO2_____86.0 mmHg
PO2_____68 mmHg

Patient Temp: 100.3F
FIO2_____: 100
Sample Type_: ART

02NOV03 23:19

Oper:

Physician:_____

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
CO_2		18-33 mmol/l

COMMENTS:

FIO2 70% Temp 100

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Lab 1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 3 Nov	TIME: 1145	SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC

TEST	RESULT / REF. RANGE
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

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)
ICU1	[redacted] (b)(6)2	DATE: 3 Nov	TIME: 1147	SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____165 mmol/L
K_____3.9 mmol/L
TCO2_____31 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

At 37C
pH_____7.331
PCO2_____54.6 mmHg
PO2_____88 mmHg
HCO3_____29 mmol/L
BEecf_____3 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.336
PCO2_____53.8 mmHg
PO2_____86 mmHg

Patient Temp: 98.0F
FIO2_____: 65
Sample Type_:

03NOV03 11:06

Oper: [redacted]

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

(Piccolo) Chemistry 12

TEST	RESULT	REF	
======= PICCOLO =======			
03/11/03		11:06	
REFERENCE RANGE:		MALE	
PATIENT #: [redacted] (b)(6)4			
METLYTE 8			
DISC LOT #:		3151AA4	
OPER #: [redacted]		DR #: 000	
SERIAL #: [redacted] (b)(6)2			
GLU	108	73-118	MG/DL
BUN	38*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	2136*	39-380	U/L
NA+	155*	128-145	MMOL
K+	ICT	3.3-4.7	MMOL
CL-	120*	98-108	MMOL
tCO2	ICT	18-33	MMOL
INST QC: OK		CHEM QC: OK	
HEM 0 , LIP 0 , ICT 3+			

(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

Pt: [redacted] (b)(6)4

Pt Name:_____

Crea_____2.3 mg/dL

REMARKS:

FIO2 65% Temp 98

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)4

---

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____164 mmol/L

K_____4.6 mmol/L

TCO2_____30 mmol/L

Hct_____28 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.180

PCO2_____74.1 mmHg

PO2_____75 mmHg

HCO3_____28 mmol/L

BEecf_____-1 mmol/L

sO2*_____90 %

*calculated

At Patient Temp

pH_____7.172

PCO2_____76.3 mmHg

PO2_____79 mmHg

Patient Temp: 99.8F

FIO2_____: 85

Sample Type_: ART

03NOV03 03:52

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____31 mmol/L

At 37C

pH_____7.241

PCO2_____66.5 mmHg

PO2_____77 mmHg

HCO3_____29 mmol/L

BEecf_____1 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.235

PCO2_____67.8 mmHg

PO2_____79 mmHg

Patient Temp: 99.4F

FIO2_____: 80

Sample Type_: ART

03NOV03 05:29

Oper: ↑FiO2 to 75

Physician:_____

Ser# [redacted]

Pt: [redacted]

Pt Name:_____

TCO2_____29 mmol/L

At 37C

pH_____7.299

PCO2_____55.9 mmHg

PO2_____76 mmHg

HCO3_____27 mmol/L

BEecf_____1 mmol/L

sO2*_____93 %

*calculated

Sample Type_:

03NOV03 06:07

Oper: [redacted] ↑FiO2 to 70

Physician:_____

Ser# [redacted]

Pt: [redacted]

Pt Name:_____

Na_____166 mmol/L

K_____4.2 mmol/L

TCO2_____30 mmol/L

Hct_____29 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.224

PCO2_____66.9 mmHg

PO2_____78 mmHg

HCO3_____28 mmol/L

BEecf_____0 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.224

PCO2_____66.9 mmHg

PO2_____78 mmHg

Patient Temp: 98.6F

FIO2_____: 70

Sample Type_:

03NOV03 08:13

Oper: [redacted] Respiratory

Physician:_____

[redacted]

↑ Rate 24 ↓ FiO2 65

(b)(6)2

[redacted]

(b)(6)4

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____30 mmol/L

At 37C

pH_____7.354

PCO2_____51.4 mmHg

O2_____65 mmHg

CO3_____29 mmol/L

Eecf_____3 mmol/L

O2*_____91 %

*calculated

At Patient Temp

pH_____7.358

PCO2_____50.9 mmHg

PO2_____64 mmHg

Patient Temp: 98.0F

FIO2_____: 65

Sample Type_:

03NOV03 14:07

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

Respiratory

(b)(6)-4

Pt Name:_____

Na_____161 mmol/L
K_____3.7 mmol/L
TCO2_____29 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.399
PCO2_____45.1 mmHg
PO2_____61 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
sO2*_____91 %
*calculated

Sample Type_:

02NOV03 18:07

Oper: [redacted]

Physician:_____

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____31 mmol/L

At 37C
pH_____7.281
PCO2_____61.0 mmHg
PO2_____89 mmHg
HCO3_____29 mmol/L
BEecf_____2 mmol/L
sO2*_____95 %
*calculated

At Patient Temp
pH_____7.267
PCO2_____63.7 mmHg
PO2_____95 mmHg

Patient Temp: 100.4F
FIO2_____: 100
Sample Type_: ART

03NOV03 00:09

Oper: ↓FiO2 to 95%

Physician:_____

Ser# [redacted]

---

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____163 mmol/L
K_____4.6 mmol/L
TCO2_____30 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.266
PCO2_____62.4 mmHg
PO2_____84 mmHg
HCO3_____28 mmol/L
BEecf_____1 mmol/L
sO2*_____94 %
*calculated

At Patient Temp
pH_____7.251
PCO2_____65.3 mmHg
PO2_____90 mmHg

Patient Temp: 100.5F
FIO2_____: 95
Sample Type_:

03NOV03 01:22

Oper: [redacted] ↓FiO2 to 90%

Physician:_____

Ser# [redacted]
Ver: [redacted]

---

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____166 mmol/L
K_____4.4 mmol/L
TCO2_____30 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.224
PCO2_____66.8 mmHg
PO2_____82 mmHg
HCO3_____28 mmol/L
BEecf_____0 mmol/L
sO2*_____93 %
*calculated

At Patient Temp
pH_____7.216
PCO2_____68.6 mmHg
PO2_____86 mmHg

Patient Temp: 99.7F
FIO2_____: 90
Sample Type_: ART

03NOV03 02:22

Oper: ↓FiO2 to 85%

Physician:_____

Ser# [redacted]
Ver: [redacted]

(b)(6) 2

EPW# [redacted] (b)(6)4

(b)(6) 4

1-STAT G3+

Pt: [redacted]
Pt Name:_____

TCO2_____29 mmol/L

At 37C

PH_____7.326
PCO2_____53.3 mmHg
PO2_____67 mmHg
HCO3_____28 mmol/L
BEecf_____2 mmol/L
SO2*_____91 %
*calculated

_____: 65
Sam. Type_:

03 [illegible] 18:31

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

1-STAT G3+

Pt: [redacted]
Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.389
PCO2_____43.6 mmHg
PO2_____57 mmHg
HCO3_____26 mmol/L
BEecf_____1 mmol/L
SO2*_____89 %
*calculated

At Patient Temp
PH_____7.412
PCO2_____40.6 mmHg
PO2_____51 mmHg

Patient Temp: 95.7F
FIO2_____: 65
Sample Type_:

03NOV03 20:37

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

1-STAT G3+

Pt: [redacted]
Pt Name:_____

TCO2_____29 mmol/L

At 37C

PH_____7.436
PCO2_____40.8 mmHg
PO2_____79 mmHg
HCO3_____27 mmol/L
BEecf_____3 mmol/L
SO2*_____96 %
*calculated

At Patient Temp
PH_____7.455
PCO2_____38.6 mmHg
PO2_____72 mmHg

Patient Temp: 96.3F
FIO2_____: 75
Sample Type_: ART

03NOV03 21:27

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

1-STAT G3+

Pt: [redacted]
Pt Name:_____

TCO2_____27 mmol/L

At 37C

PH_____7.414
PCO2_____40.7 mmHg
PO2_____67 mmHg
HCO3_____26 mmol/L
BEecf_____1 mmol/L
SO2*_____93 %
*calculated

At Patient Temp
PH_____7.424
PCO2_____39.3 mmHg
PO2_____63 mmHg

Patient Temp: 97.1F
FIO2_____: 70
Sample Type_: ART

03NOV03 23:18

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

(b)(6) 2

At Patient Temp
PH_____7.358
PCO2_____50.9 mmHg
PO2_____64 mmHg

Patient Temp: 98.0F
FIO2_____: 65
Sample Type_:

03NOV03 14:07

Oper: 1234

Physician:_____

Ser# [redacted]
Ver:

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

Ward/Section: ICU1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 05NOV03 / TIME 0400	SSN/PSEUDO SSN:

(Hematology) CBC				Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE		TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC				Color		N/A	RPR		Negative
RBC				App		N/A	Mono		Negative
Hgb				Glu		Negative	**Microbiology**		
Hct				Bili		Negative	Source		
MCV				Ket		Negative	Gram Stain		
Plt				SG		N/A	Occ Bld		Negative
Lymph %				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.:**

Ward/Section: FCu 1

REQUESTING PHYSICIAN: [redacted] (b)(6) 2

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

DATE: 3 Nov | TIME: 1400 | SSN/PSEUDO SSN: [redacted] (b)(6) 4

Pt: [redacted] (b)(6) 4
Pt Name:_____

Na_____166 mmol/L
K_____2.6 mmol/L
TCO2_____30 mmol/L
Hct_____25 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.376
PCO2_____48.4 mmHg
PO2_____73 mmHg
HCO3_____29 mmol/L
BEecf_____3 mmol/L
sO2*_____94 %
*calculated

At Patient Temp
pH_____7.383
PCO2_____47.7 mmHg
PO2_____72 mmHg

Patient Temp: 98.0F
FIO2_____: 65
Sample Type_: ART

03NOV03 14:19

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

Physician:_____

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:
T98 FiO2 65 resp N

REPORTED BY: (b)(6) 2 [redacted]

DATE: 3 Nov 03

LAB ID NO.:

Ward/Section:	REQU[redacted]ICIAN: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI [redacted] (b)(6) 4	DATE 3 Nov 11 / TIME 1400	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hema[redacted]BC			Urinalysis			[redacted]ology		
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.:**

Ward/Section: Fen 1	REQUES[redacted]N: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 3 NOV	TIME 1555	[redacted]O SSN: [redacted] (b)(6) 4

(Hematology) CBC

TEST	
WBC	[redacted]
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

ID:				03-11-03
WB				16:09
				Patient Limits
WBC	8.9	x10^3/uL	4.5	10.5
RBC	2.73 L	x10^6/uL	4.00	6.00
Hgb	8.5 L	g/dL	11.0	18.0
Hct	24.7 L	%	35.0	60.0
MCV	91.7	fL	80.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	31.6 L	g/dL	33.0	37.0
Plt	271.	x10^3/uL	150.	450.
LYM	12.7	%	20.5	51.1
LYM	1.2 L	x10^3/uL	1.2	3.4

(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: Icu I	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 3NOV TIME 1558	SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt Name:_____

Na_____166 mmol/L
K_____2.4 mmol/L
TCO2_____29 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.331
PCO2_____52.4 mmHg
PO2_____112 mmHg
HCO3_____28 mmol/L
BEecf_____2 mmol/L
sO2*_____98 %
*calculated

At Patient Temp
pH_____7.339
PCO2_____51.1 mmHg
PO2_____108 mmHg

Patient Temp: 97.6F
FIO2_____: 65
Sample Type_: ART

03NOV03 16:12

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

Physician:_____

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

FIO2 65 Temp 97.6 Pt's 6

REPORTED BY: [redacted] (b)(6)2	DATE: 3 Nov 03	LAB ID NO.:

Ward/Section: Icu 1

REQUESTING PHYSICIAN: [redacted] (b)(6)2

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

LAST FIRST, MI.

DATE: 3 Nov

TIME: 1750

SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt [redacted] (b)(6)4

Pt _____

Na_____167 mmol/L

K_____2.2 mmol/L

TCO2_____29 mmol/L

Hct_____21 %PCV

Hb*_____7 g/dL

*via Hct

At 37C

pH_____7.394

PCO2_____45.8 mmHg

PO2_____152 mmHg

HCO3_____28 mmol/L

BEecf_____3 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.407

PCO2_____44.0 mmHg

PO2_____147 mmHg

Patient Temp: 97.0F

FIO2_____: 65

Sample Type_: ART

03NOV03 18:02

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

Physician:_____

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
ALP		26-84 u/l	BUN		7-22 mg/dl
ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
AST		11-38 u/l	NA^{+}		128-145 mmol/l
TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
CA^{++}		8.0-10.3mg/dl	tCO_2		18-33 mmol/l
CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
TP		6.4-8.1 g/dl	ALP		26-84 u/l
(Piccolo) Metlyte 8			ALT		10-47 u/l
TEST	RESULT	REF. RANGE	AMY		14-97 u/l
GLU		73-118 mg/dl	AST		11-38 u/l
BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
K^{+}		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
tCO_2		18-33 mmol/l	K^{+}		3.3-4.7 mmol/l
			CL^{-}		98-108 mmol/l
			tCO_2		18-33 mmol/l

REMARKS:

FiO2 65%, Temp 97.

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 3 NOV 03 / TIME 2130	SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC [redacted]

TEST	
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

			03-11-03 21:42	
			Patient Limits	
WBC	9.7	x10^3/uL	4.5	10.5
RBC	2.02 L	x10^6/uL	4.00	6.00
Hgb	6.2 L	g/dL	11.0	18.0
Hct	25.8 L	%	33.0	60.0
MCV	91.4	fL	80.0	99.0
MCH	27.2	pg	27.0	31.0
MCHC	31.7 L	g/dL	33.0	37.0
Plt	165. *	x10^3/uL	150.	450.
LYM%	11.5 L	%	20.5	51.1
LYM	1.1 L	x10^3/uL	1.2	3.4

(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: (b)(6) 2

REPORTED BY: [redacted]	DATE: 3 NOV 03	LAB ID NO.:

ABN-SINA HOSPITAL
28th Combat Support Hospital
Baghdad, Iraq

Microbiology Request Form

Last Name: [redacted] (b)(6)4
Ward: ICU-1
First Name:
Room:
Patient # or SSN:
Bed: [redacted]
Physicia[redacted] (b)(6)2
Collected by: SGT [redacted] (b)(6)2
Date: 3 NOV 03
Source: Urine
Time: 2000hrs
Site: Urine Cathater

[redacted]

Received by: SPC [redacted] (b)(6)2
Specimen #: ~~#59~~ U081
Date: 3 NOV 03
Time: 2045

Laboratory Results

No Growth

Reported
Date: 4 NOV 03
Time: 1000
Tech: IU
Reviewer: [redacted] (b)(6)2
Number of attached sheets:

MEDCOM - 22261

Microbiology Report

IBN SINA - HOSPITAL Laboratory

Name: (b)(6)4
Patient ID: [redacted]
Ward/Rm: U1/

Specimen: R036
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Pseudomonas aeruginosa — Status: Final
2 Klebsiella pneumoniae — Status: Final

1 P. aeruginosa

Drug	MIC	Interps
Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8	
Ampicillin	>16	
Aztreonam	<=8	S
Cefazolin	>16	
Cefepime	<=8	S
Cefotaxime (c)	32	I
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	<=8	S
Ceftriaxone (c)	32	I
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	>16	
Ciprofloxacin	<=1	S
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gentamicin	<=4	S
Imipenem (c)	<=4	S
Levofloxacin	<=2	S
Meropenem (c)	<=4	S
Nitrofurantoin	>64	
Norfloxacin	<=4	
Pip/Tazo (d)	<=16	S
Piperacillin (a)	<=16	S
Tetracycline	>8	
Ticar/K Clav (a)	<=16	S
Tobramycin	<=4	S
Trimeth/Sulfa	>2/38	

2 K. pneumoniae

Drug	MIC	Interps
Amox/K Clav (c)	<=8/4	S
Amp/Sulbactam (c)	16/8	I
Ampicillin	>16	R
Aztreonam	>16	R
Cefazolin	>16	R
Cefepime	<=8	S
Cefotaxime (c)	>32	R
Cefotetan	<=16	S
Cefoxitin	<=8	S
Ceftazidime (a)	>16	R
Ceftriaxone (c)	>32	R
Cefuroxime (b)	>16	R
Cephalothin	>16	R
Chloramphenicol	<=8	S
Ciprofloxacin	<=1	S
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gatifloxacin	<=2	S
Gentamicin	8	I
Imipenem (c)	<=4	S
Levofloxacin	<=2	S
Meropenem (c)	<=4	S
Moxifloxacin	<=2	S
Nitrofurantoin	<=32	
Norfloxacin	<=4	
Pip/Tazo (d)	<=16	S
Piperacillin (a)	>64	R
Tetracycline	<=4	S
Ticar/K Clav (a)	<=16	S
Tobramycin	>8	R
Trimeth/Sulfa	<=2/38	S

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted] (b)(6)4
Patient ID: [redacted]
Ward/Rm: U1/

Specimen: R036
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Req. Phys: [redacted]

T.1) (b)(6)2

[redacted]

Microbiology Request Form

Last Name [redacted]
First Name: [redacted] (b)(6)4
Patient # or SSN: [redacted]

Ward: ICU 1
Room:
Bed: 6
Physician: [redacted] (b)(6)2

Collected by: [redacted] (b)(6)2
Date: 30 Oct 03
Time: 0830

Source: A-LINE BLOOD
Site: (R) FEM. A-LINE

[redacted]

Received by: [redacted]
Date: 30 OCT 03
Time: 1000

Specimen #: B116

Laboratory Results

No Growth

Reported
Date: 4 NOV 03
Time: 1000
Tech: IO
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

MEDCOM - 22263

(b)(6) 2

[redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

PH_____7.407

PCO2_____40.8 mmHg

PO2_____54 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____88 %

*calculated

At Patient Temp

PH_____7.406

PCO2_____40.9 mmHg

PO2_____54 mmHg

Patient Temp: 98.7F

FIO2_____: 70

Sample Type_: ART

04NOV03 00:55

Oper: [redacted]

Physician:_____

Ser [redacted]

Ve

Pt [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.349

PCO2_____48.7 mmHg

PO2_____65 mmHg

HCO3_____27 mmol/L

BEecf_____1 mmol/L

sO2*_____91 %

*calculated

At Patient Temp

PH_____7.345

PCO2_____49.2 mmHg

PO2_____66 mmHg

Patient Temp: 99.0F

FIO2_____: 80

Sample Type_: ART

04NOV03 02:44

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver:

[redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.361

PCO2_____46.6 mmHg

PO2_____54 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____86 %

*calculated

At Patient Temp

PH_____7.355

PCO2_____47.5 mmHg

PO2_____55 mmHg

Patient Temp: 99.4F

FIO2_____: 80

Sample Type_: ART

04NOV03 03:29

Oper: [redacted]

Physician:_____

Ser# [redacted]

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.353

PCO2_____47.1 mmHg

PO2_____95 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

PH_____7.336

PCO2_____49.7 mmHg

PO2_____102 mmHg

Patient Temp: 100.8F

FIO2_____: 100

Sample Type_: ART

04NOV03 05:02

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

(b)(6) 2

(b)(6)

Pt [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.298

PCO2_____53.5 mmHg

PO2_____72 mmHg

HCO3_____26 mmol/L

BEecf_____0 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

PH_____7.280

PCO2_____56.7 mmHg

PO2_____79 mmHg

Patient Temp: 101.0F

FIO2_____: 90

Sample Type_: ART

04NOV03 05:56

Oper: [redacted]

Physician:_____

[redacted]

TCO2_____28 mmol/L

At 37C

PH_____7.352

PCO2_____47.7 mmHg

PO2_____129 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____99 %

*calculated

Sample Type_:

04NOV03 09:36

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver [redacted]

Pt: [redacted] (b)(6)4

Pt Name:_____

TCO2_____27 mmol/

At 37C

PH_____7.404

PCO2_____41.1 mmHg

PO2_____69 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____94 %

*calculated

Sample Type_:

04NOV03 17:4

Oper: [redacted]

Physician:_____ (b)(6)2

Ser# [redacted]

Ver: [redacted]

At 37C

PH_____7.292

PCO2_____58.1 mmHg

PO2_____73 mmHg

HCO3_____25 mmol/L

BEecf_____ mmol/L

sO2*_____

*calculated

Sample Type_:

04NOV03 07:47

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

Temp 101.0

Pt: [redacted] (b)(6)4

Pt Name.

TCO2_____26 mmol/L

At 37C

PH_____7.397

PCO2_____41.0 mmHg

PO2_____103 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

sO2*_____98

*calculated

Sample Type_:

04NOV03 13:48

Oper: 0799

Physician:_____

Ser# [redacted]

Ver:

Pt Name:_____

TCO2_____26 mmol/L

At 37C

PH_____7.395

PCO2_____40.6 mmHg

PO2_____71 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

sO2*_____94 %

*calculated

Sample Type_:

04NOV03 16:37

Oper: [redacted]

Physician:_____

Ser# [redacted]

(b)(6)-2

Pt Name:_____

TCO2_____30 mmol/L

At 37C

PH_____7.340

PCO2_____51.8 mmHg

PO2_____80 mmHg

HCO3_____28 mmol/L

BEecf_____2 mmol/L

sO2*_____95 %

*calculated

At Patient Temp

PH_____7.334

PCO2_____52.8 mmHg

PO2_____83 mmHg

Patient Temp: 99.4F

FIO2_____: 65

Sample Type_: ART

04NOV03 21:54

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

Physician:_____

TCO2_____26 mmol/L

At 37C

PH_____7.379

PCO2_____42.1 mmHg

PO2_____68 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

sO2*_____91 %

*calculated

At Patient Temp

PH_____7.388

PCO2_____41.0 mmHg

PO2_____60 mmHg

Patient Temp: 97.5F

FIO2_____: 65

Sample Type_: ART

04NOV03 19:36

Oper: [redacted]

Physician:_____

EPIC [redacted] (b)(6)4

Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6) 4	DATE: 4100403	TIME: 0400	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC

TEST				Patient Limits	
WBC	ID: [redacted]			04-11-03 03:21	
RBC	WBC	10.7 H	x10^3/uL	4.5	10.5
Hgb	RBC	3.19 L	x10^6/uL	4.00	6.00
	Hgb	7.3 L	g/dL	11.0	18.0
Hct	Hct	29.3 L	%	35.0	60.0
	MCV	92.0	fL	80.0	99.9
MCV	MCH	29.1	pg	27.0	31.0
	MCHC	31.6 L	g/dL	33.0	37.0
Plt	Plt	218.	x10^3/uL	150.	450.
	LYM	8.6 H	%	20.5	51.1
Lymph %	LYM	0.9 H	x10^3/uL	1.2	3.4

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

M

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
	DATE 04NOV	TIME 0757	SSN/PSEUDO SSN: # [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____ 3 mmol/L

K_____2.6 mmol/L

TCO2_____29 mmol/L

Hct_____*** %PCV

Hb*_____*** g/dL

*via Hct

At 37C

pH_____7.302

PCO2_____54.6 mmHg

PO2_____80 mmHg

HCO3_____27 mmol/L

BEecf_____1 mmol/L

sO2*_____94 %

*calculated

At Patient Temp

pH_____7.283

PCO2_____57.9 mmHg

PO2_____87 mmHg

Patient Temp: 101.0F

FIO2_____: 90

Sample Type_:

04NOV03 08:30

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

Physician:_____

(Piccolo) Chemistry 12			
TEST	RESULT	REF. RANGE	

======= PICCOLO =======

04/11/03 08:30

REFERENCE RANGE: MALE

PATIENT #: [redacted] (b)(6)4

METLYTE 8

DISC LOT #: 3151AA4

OPER #: [redacted] DR #: 000

SERIAL #: (b)(6)2 [redacted]

GLU	103	73-118	MG/DL
BUN	43*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1292*	39-380	U/L
NA+	161*	128-145	MMOL/L
K+	3.1*	3.3-4.7	MMOL/L
CL-	121*	98-108	MMOL/L
tCO2	19	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 3+

(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

Name:_____

Crea_____2.5 mg/dL

Sample Type_:

04NOV03 09:00

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

Physician:

		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

ABG FIO2 90% Temp 101

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1111

REQU[redacted]ICIAN: (b)(6) 2

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

DATE: 04NOV03 | TIME: 0943 | SSN/PSEUDO: [redacted] (b)(6) 4

Pt Name:_____

Na_____170 mmol/L
K_____2.8 mmol/L
TCO2_____28 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH___ 355
PCO2_____ 3.1 mmHg
PO2_____145 mmHg
HCO3_____27 mmol/L
BEecf_____1 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.342
PCO2_____50.1 mmHg
PO2_____150 mmHg

Patient Temp: 100.2F
FIO2_____: 90
Sample Type_:

04NOV03 10:05

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

Physician:_____

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

FIBG FIO2 90% Temp 100.2

REPORTED BY:	DATE:	LAB ID NO.:

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

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

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	[redacted]	
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

(b)(6)4

WBC	11.8 H	x10^3/uL	4.5	10.5
RBC	3.18 L	x10^6/uL	4.00	5.00
Hgb	7.2 L	g/dL	11.0	18.0
Hct	29.1 L	%	35.0	50.0
MCV	91.4	fL	80.0	99.0
MCH	28.8	pg	27.0	31.0
MCHC	31.5 L	g/dL	33.0	37.0
PLT	215.	x10^3/uL	150.	450.
LY%	9.5	%	20.5	51.1
LYM	1.1	x10^3/uL	1.2	3.4

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU

REQUESTING PHYSICIAN: [redacted] (b)(6)2

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

DATE: 4 NOV 03 | TIME: 1200 | SSN/PSEUDO SSN: # [redacted] (b)(6) 4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____169 mmol/L

K_____2.8 mmol/L

TCO2_____27 mmol/L

Hct_____30 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.370

PCO2_____44.8 mmHg

PO2_____86 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____96 %

*calculated

At Patient Temp

pH_____7.366

PCO2_____45.2 mmHg

PO2_____87 mmHg

Patient Temp: 99.0F

FIO2_____: 80

Sample Type_:

04NOV03 12:01

Oper: [redacted]

Physician: (b)(6)2

Ser# [redacted]

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: ABG FIO2 80% Temp 99°

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1C111 | REQ[redacted] AN: (b)(6)2

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

DATE: 4 Nov 03 | TIME: 1400 | SS[redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____168 mmol/L
K_____2.7 mmol/L
TCO2_____27 mmol/L
Hct_____31 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.419
PCO2_____39.2 mmHg
PO2_____121 mmHg
HCO3_____25 mmol/L
SEecf_____1 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.421
PCO2_____39.0 mmHg
PO2_____120 mmHg

Patient Temp: 98.4F
FIO2_____: 80
Sample Type_:

04NOV03 14:05

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

Physician:_____

(Piccolo) Chemistry 12		
TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

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

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

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

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

REMARKS: ABG FIO2 80%. Temp 98.4

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1171 1

REQUEST [redacted] (b)(6) 2

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

DATE: 4 NOV 03 TIME: 1430 SSN/PSEUDO SSN: # [redacted] (b)(6) 4

[redacted] (b)(6) 4

Pt Name:_____

Na_____168 mmol/L
K_____2.7 mmol/L
TCO2_____26 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.431
PCO2_____36.9 mmHg
PO2_____90 mmHg
HCO3_____25 mmol/L
BE-cf_____0 mmol/L
SO2*_____97 %
*calculated

At Patient Temp
pH_____7.441
PCO2_____35.8 mmHg
PO2_____87 mmHg

Patient Temp: 97.4F
FIO2_____: 75
Sample Type_: ART

04NOV03 14:35

Oper: 1678

Physician:_____

(Piccolo) Chemistry 12		
TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

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

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

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

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

REMARKS: ABG FIO2 75% Temp 97.4

REPORTED BY: [redacted] (b)(6) 2

DATE: 4 Nov 03

LAB ID NO.:

Ward/Section: 1011	REQUE[redacted]N: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 4NOV03	TIME 1600	SSN [redacted] (b)(6)4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	[redacted]	04-11-03 1:17 Patient Limits
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

WBC	10.7 H	x10^3/uL	4.5	10.5
RBC	2.96 L	x10^6/uL	4.00	6.00
Hgb	8.5 L	g/dL	11.0	18.0
Hct	28.8 L	%	35.0	60.0
MCV	90.7	fL	80.0	99.9
MCH	28.7	pg	27.0	31.0
MCHC	31.7 L	g/dL	33.0	37.0
Plt	235.	x10^3/uL	150.	450.
LYM%	12.1	%	20.5	51.1
LYM	1.3 *	x10^3/uL	1.2	3.4

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: [redacted]	DATE: 4NOV03	LAB ID NO.:

(b)(6) 2

Ward/Section: ICU

REQUE[redacted]IAN: (b)(6)2

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

LAS

DATE: 4NOV03 TIME: 1600

SSN/PSEUDO: [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name: ____

Na_____169 mmol/L
K_____2.8 mmol/L
TCO2_____28 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.420
_____41.3 mmHg
____134 mmHg
_____27 mmol/L
_____2 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.430
PCO2_____40.2 mmHg
PO2_____130 mmHg

Patient Temp: 97.4F
FIO2_____: 75
Sample Type_:

04NOV03 16:02
Oper: [redacted] (b)(6)2

Physician:_____

(Piccolo) Chemistry 12

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

======= PICCOLO =======
04/11/03 16:04
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	133*	73-118	MG/DL
BUN	47*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1293*	39-380	U/L
NA+	164*	128-145	MMOL/L
K+	3.5	3.3-4.7	MMOL/L
CL-	121*	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

CK 2.6

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
UN		7-22 mg/dl
A++		8.0-10.3 mg/dl
RE		0.6-1.2 mg/dl
A+		128-145 mmol/l
+		3.3-4.7 mmol/l
L-		98-108 mmol/l
CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
LB		3.3-5.5 g/dl
LP		26-84 u/l
LT		10-47 u/l
MY		14-97 u/l
ST		11-38 u/l
BIL		0.2-1.6 mg/dl
GT		5-65 u/l
P		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
A+		128-145 mmol/l
+		3.3-4.7 mmol/l
L-		98-108 mmol/l
CO_2		18-33 mmol/l

REMARKS:
ABG FIO2 75% TEMP: 97.4

REPORTED BY:

DATE: 4Nov03

LAB ID NO.:

Ward/Section:	REQUE[redacted]SICIAN: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, [redacted]	DATE 4/10/03 TIME 1651	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC

TEST	[redacted]	REF. RANGE
WBC	(b)(6) 4	
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

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

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
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 B[redacted]	DATE: 4/10/03	LAB ID NO.:

(b)(6) 2

Ward/Section: ICU1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 4 Nov	TIME 2300	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC (b)(6) 4					Urinalysis			Misc. Serology		
TEST	RESULT			REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[redacted]				Color		N/A	RPR		Negative
RBC				Patient Limits	App		N/A	Mono		Negative
Hgb					Glu		Negative	**Microbiology**		
Hct					Bili		Negative	Source		
MCV					Ket		Negative	Gram Stain		
Plt					SG		N/A	Occ Bld		Negative
Lymph %					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.:**

[redacted]

Microbiology Request Form

Last Name: (b)(6)4 [redacted]
First Name: [redacted]
Patient # or SSN: [redacted]
Collected by: LT. [redacted] (b)(6)2
Date: 10/31/03
Time: 0400

Ward: ICU-1
Room:
Bed: 6
Physician: [redacted] (b)(6)2
Source: Blood
Site: (R) forearm

[redacted]

Received by: [redacted] (b)(6)2
Date: 31 OCT 03
Time: 0800

Specimen #: B121

Laboratory Results

No Growth

Reported
Date: 5 NOV 03
Time: 1000
Tech: IO
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

MEDCOM - 22277

[redacted]

Microbiology Request Form

Last Name (b)(6)4 [redacted]
First Name: [redacted]
Patient # or SSN: [redacted]

Collected by: LT [redacted] (b)(6)2
Date: 10/31/03
Time: 0400

Ward: ICU-1
Room:
Bed: 6
Physician: [redacted] (b)(6)2
Source: ~~[illegible]~~ Blood
Site: Central line (R) sub clavi

[redacted]

Received by [redacted] (b)(6)2
Date: 31 OCT 03
Time: 0800

Specimen #: B122

Laboratory Results

No Growth

Reported
Date: 5 NOV 03
Time: 1000
Tech: IU
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

MEDCOM - 22278

[redacted]

Microbiology Request Form

Last Name: [redacted] (b)(6)4
First Name:
Patient # or SSN: [redacted] (b)(6)4
Collected by: SGT [redacted] (b)(6)2
Date: 3NOV03
Time: 2000hrs

Ward: ICU
Room:
Bed: 10
Physician: [redacted] (b)(6)2
Source: (R) Leg
Site: wound

[redacted]

Received by: SPC [redacted] (b)(6)2
Date: 3NOV03
Time: 2045

Specimen #: W110

Laboratory Results

No Growth

Reported
Date: 5 NOV 03
Time: 1000
Tech: IO
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

MEDCOM - 22279

Ward/Section: ICU-1	REQUESTING [redacted]: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 5NOV03 / TIME 0315	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC (b)(6) 4

TEST	[redacted]	RANGE
WBC	[redacted]	
RBC	[redacted]	
Hgb	[redacted]	
Hct	[redacted]	
MCV	[redacted]	
Plt	[redacted]	
Lymph %	[redacted]	

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6)2	DATE: 5NOV	TIME: 1030	SSN/PSEUDO SSN: [redacted] (b)(6)4

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

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____167 mmol/L

K_____3.9 mmol/L

TCO2_____27 mmol/L

Hct_____30 %PCV

Hb*_____7 g/dL

*via Hct

At 37

____.405

PCO2_____40.8 mmHg

PO2_____76 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____95 %

*calculated

At Patient Temp

pH_____7.410

PCO2_____40.2 mmHg

PO2_____74 mmHg

Patient Temp: 98.0F

FIO2_____: 50

Sample Type_:

05NOV03 10:52

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

Physician:_____

Ser# [redacted]

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE	
======= PICCOLO =======			
05/11/03		10:55	
REFERENCE RANGE:		MALE	
PATIENT #: [redacted] (b)(6)4			
GENERAL CHEMISTRY 12			
DISC LOT #:		3204AA4	
OPER #: [redacted]		DR #: 000	
SERIAL #: [redacted] (b)(6)2			
ALB	1.4*	3.3-5.5	G/DL
ALP	61	26-84	U/L
ALT	56*	10-47	U/L
AMY	95	14-97	U/L
AST	185*	11-38	U/L
TBIL	14.5*	0.2-1.6	MG/DL
BUN	61*	7-22	MG/DL
CA++	8.7	8.0-10.3	MG/DL
CHOL	89*	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	146*	73-118	MG/DL
TP	ICT	6.4-8.1	G/DL
INST QC: OK		CHEM QC: OK	
HEM 1+, LIP 0 , ICT 3+			

Need electrolytes + creatinine! [redacted]

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

ABG T98.8 FiO2/U

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Icu 1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 5 Nov 4	TIME 1030	SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC

TEST	[redacted]	
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		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Fem 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FI	DATE 5 Nov	TIME 1240	SSN/PSEUDO SSN: [redacted]

Pt: [redacted] (b)(6) 4

Pt Name:_____

TEST	
Na	Na_____166 mmol/L
K	K_____3.9 mmol/L
Cl	TCO2_____26 mmol/L
pH	Hct_____22 %PCV
PCO2	Hb*_____7 g/dL
PO2	*via Hct
TCO2	At 37C
HCO3	pH_____7.381
sO2	PCO2_____41.3 mmHg
BEecf	PO2_____84 mmHg
AnGap	HCO3_____24 mmol/L
Ca	BEecf_____-1 mmol/L
BUN	sO2*_____96 %
	*calculated
GLU	
	At Patient Temp
Creat	pH_____7.386
Hct	PCO2_____40.7 mmHg
Hgb	PO2_____82 mmHg
	Patient Temp: 98.0F
TEST	FIO2_____: 80
Troponin	Sample Type_:
Drug of Abuse	05NOV03 12:53
	Oper: [redacted]
	Physician: (b)(6) 2
	Ser# [redacted]

(Piccolo) Chemistry 12

	RESULT	REF. RANGE
		3.5-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		7-22 mg/dl
		8.0-10.3mg/dl
		100-200 mg/dl
		0.6-1.2 mg/dl
		73-118 mg/dl
		6.4-8.1 g/dl

(Piccolo) Metlyte 8

	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Metabolic Panel

i-Stat (b)(6) 4

Pt: [redacted]

Pt Name:_____

Glu_____162 mg/dL
BUN_____60 mg/dL
Na_____165 mmol/L
K_____3.5 mmol/L
Cl_____130 mmol/L
TCO2_____24 mmol/L
AnGap_____15 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct
pH_____7.379
PCO2_____39.3 mmHg
HCO3_____23 mmol/L
BEecf_____-2 mmol/L

Sample Type_:

05NOV03 12:46

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

Physician:_____

CL		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

ASG FiO_2 50 Temp 99.8

REPORTED BY:	DATE:	LAB ID NO.:

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

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

(Hematology) CBC

TEST	[redacted]
WBC	(b)(6) 4
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

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: ABC

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

Ward/Section: Icu	[redacted] PHYSICIAN: (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, M [redacted] (b)(6) 4	DATE 5 Nov	TIME 1330	SSN [redacted] SSN: (b)(6) 4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

Pt: [redacted] (b)(6) 4

Pt Name:_____

Crea_____2.9 mg/dL

Sample Type_:

05NOV03 14:11

Oper: [redacted]

Physician: (b)(6) 2

Se [redacted]

We

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: Creat.

REPORTED BY:	DATE:	LAB ID NO.:

[redacted]

Microbiology Request Form

Last Name: [redacted]
First Name:
Patient # or SSN: [redacted] (b)(6)4

Ward: ICU
Room:
Bed:
Physician:

Collected by: SGT [redacted] (b)(6)2
Date: 3 NOV 03
Time: 2000hrs

Source: mouth
Site: (R) side inside cheek

[redacted]

Received by: SPC [redacted] (b)(6)2
Date: 3 NOV 03
Time: 2045

Specimen #: W109

Laboratory Results

Pseudomonas aeruginosa
Stenotrophomonas maltophilia

Reported
Date: 6 NOV 03
Time: 1000
Tech: [redacted]
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

MEDCOM - 22286

Microbiology Report

IBN SINA - HOSPITAL Laboratory

Name: [redacted] (b)(6)4
Patient ID:
Ward/Rm: U1/

Specimen: W109
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1	Pseudomonas aeruginosa	Status:	Final
2	Stenotrophomonas (X.) maltophilia	Status	Final

1 P. aeruginosa

Drug	MIC	Interps
Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8	
Ampicillin	>16	
Aztreonam	<=8	S
Cefazolin	>16	
Cefepime	<=8	S
Cefotaxime (c)	32	I
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	<=8	S
Ceftriaxone (c)	32	I
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	>16	
Ciprofloxacin	<=1	S
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gentamicin	<=4	S
Imipenem (c)	<=4	S
Levofloxacin	<=2	S
Meropenem (c)	<=4	S
Nitrofurantoin	>64	
Norfloxacin	<=4	
Pip/Tazo (d)	<=16	S
Piperacillin (a)	<=16	S
Tetracycline	>8	
Ticar/K Clav (a)	64	S
Tobramycin	<=4	S
Trimeth/Sulfa	>2/38	

2 S. maltophilia

Drug	MIC	Interps
Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8	
Ampicillin	>16	
Aztreonam	>16	R
Cefazolin	>16	
Cefepime	>16	R
Cefotaxime (c)	>32	R
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	>16	R
Ceftriaxone (c)	>32	R
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	16	I
Ciprofloxacin	>2	R
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gatifloxacin	<=2	
Gentamicin	>8	R
Imipenem (c)	>8	R
Levofloxacin	<=2	S
Meropenem (c)	>8	R
Moxifloxacin	<=2	
Nitrofurantoin	>64	
Norfloxacin	>8	
Tetracycline	>8	R
Ticar/K Clav (a)	>64	R
Tobramycin	>8	R
Trimeth/Sulfa	<=2/38	S

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R) Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections use <=2=S 2=I, >2=R

Name:
Patient ID: [redacted] (b)(6)4
Ward/Rm: U1/

Specimen: W109
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Req. Phys: [redacted] (b)(6)2

Printed 11/6/2003 9:33:14 AM

Tech: I.D

Ward/Section: ICU-1	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN:
Ette [redacted] (b)(6)4	11/6	0400	

(Hematology) CBC

TEST	[redacted]
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

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

SERIAL #005485 11/06/03 06:05

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 23.9 sec.
RESULT OUT OF RANGE
Ratio = 2.0
Calculated INR = 2.97
Sample Type:citrated wh. blood
Test Date :11/06/03
Test Time :06:00
Card Lot :060206
Operator [redacted]
(b)(6) 2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/06/03 06:05

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:= 87.0 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/06/03

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

Crossmatch

EVERY UNIT OF BLOOD STED)

E	CROSSMATCH

REMARKS: CBC PT/PTT

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN: Dr. [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE 11/6 / TIME 0400	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		
K		
Cl		
pH		
PCO2		
PO2		
TCO2		
HCO3		
sO2		
BEecf		
AnGap		
Ca		
BUN		
GLU		
Creat		
Hct		
Hgb		
TEST		
Troponin-		
Drug of Abuse		

Pt Name:_____

Na_____164 mmol/L
K_____4.3 mmol/L
TCO2_____29 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.381
PCO2_____46.6 mmHg
PO2_____111 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
sO2*_____98 %
*calculated

Sample Type_:

06NOV03 03:55

Oper:

Physician:_____

(Piccolo) Chemistry 12

======= PICCOLO =======
06/11/03 05:17
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	154*	73-118	MG/DL
BUN	53*	7-22	MG/DL
CA++	7.9*	8.0-10.3	MG/DL
CRE	ICT	0.6-1.2	MG/DL
NA+	167*	128-145	MMOL/L
K+	5.2*	3.3-4.7	MMOL/L
CL-	120*	98-108	MMOL/L
tCO2	23	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

CRE 3.0

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

REMARKS: ① ABG ② Chem

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Icu-1	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

DATE	TIME	SSN/PSEUDO SSN:
11/6	0600	

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____164 mmol/L

K_____4.4 mmol/L

TCO2_____29 mmol/L

Hct_____21 %PCV

Hb*_____7 g/dL

*via Hct

At 37C

pH_____7.370

PCO2_____47.1 mmHg

PO2_____89 mmHg

HCO3_____27 mmol/L

SEecf_____2 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

pH_____7.371

PCO2_____47.0 mmHg

PO2_____89 mmHg

Patient Temp: 98.5F

FIO2_____: 45

Sample Type_:

06NOV03 06:33

Oper:

Physician:_____

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: ABG (+) 98.5 FiO2 45%

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Fem 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 6 Nov	TIME 0500	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	164	138-146 mmol/L
K	4.3	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.387	7.31-7.45
PCO2	43.1	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	60	80-105 mmHg (art) N/A (ven)
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	26	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	90	95-98%
BEecf	1	(-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	21	38-51% PCV
Hgb	7	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

FiO2 45% Temp 98.1 Lasyx 12 Intubated.

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
[redacted] (b)(6) 4	6 Mar	0400	[redacted] (b)(6) 4

(Hematology) CBC

TEST	[redacted] (b)(6) 4	Patient Limits
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		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Icu 1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted]	DATE: 6 NOV 03 / TIME: 0900	SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT) E66

(b)(6)4

Pt: [redacted]

Pt Name:_____

Na_____163 mmol/L

K_____4.4 mmol/L

TCO2_____29 mmol/L

Hct_____*** %PCV

Hb*_____*** g/dL

*via Hct

At 37C

pH_____7.416

PCO2_____43.7 mmHg

PO2_____84 mmHg

HCO3_____28 mmol/L

BEecf_____4 mmol/L

sO2*_____96 %

*calculated

At Patient Temp

pH_____7.416

PCO2_____43.7 mmHg

PO2_____84 mmHg

Patient Temp: 98.6F

FIO2_____: 40

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l

Pt: [redacted] (b)(6)4

Pt Name:_____

Glu_____145 mg/dL

BUN_____58 mg/dL

Na_____161 mmol/L

K_____4.4 mmol/L

Cl_____130 mmol/L

TCO2_____26 mmol/L

AnGap_____11 mmol/L

Hct_____21 %PCV

Hb*_____7 g/dL

*via Hct

pH_____7.372

PCO2_____42.7 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

Sample Type_:

06NOV03 09:23

Oper: 7

Physician:_____

Ser# [redacted]

(b)(6)2

(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

Pt: [redacted] (b)(6)4

Pt Name:_____

Crea_____3.0 mg/dL

(Piccolo) Electrolyte

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

REMARKS: with Creat. Creat

Fio2 40% Temp 98.6

REPORTED BY: [redacted]	DATE:	LAB ID NO.:

Ward/Section: Fem 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6) 4	DATE: 6 Nov TIME: 12ee	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	163	138-146 mmol/L
K	4.1	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.470	7.31-7.45
PCO2	33.7	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	72	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	95	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	21	38-51% PCV
Hgb	7	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

RN 2 55 T97.8 Pay 8

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Fem 1	REQUES[redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 6 Nov	TIME 1625	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	164	138-146 mmol/L
K	4.1	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.383	7.31-7.45
PCO2	42.2	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	72	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	94	95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	25	38-51% PCV
Hgb	9	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

FiO2 55 Resp 8 IPPA

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Icu 1	REQU[redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST [redacted] (b)(6)4	DATE 6Nov / TIME 1625	SSN/[redacted]SSN: [redacted] (b)(6)4

(Hematology) CBC				Urinalysis			Misc. Serology		
TEST	[redacted]			TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC				Color		N/A	RPR		Negative
RBC				App		N/A	Mono		Negative
Hgb				Glu		Negative	**Microbiology**		
Hct				Bili		Negative	Source		
MCV				Ket		Negative	Gram Stain		
Plt				SG		N/A	Occ Bld		Negative
Lymph %				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.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6) -2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] (b)(6) 4	DATE: 6Nov	TIME: 1625	SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT) (b)6

TEST	RESULT	REF. RANGE

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____162 mmol/L
K_____4.0 mmol/L
TCO2_____27 mmol/L
Hct_____25 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.390
PCO2_____42.0 mmHg
PO2_____76 mmHg
HCO3_____25 mmol/L
BEecf_____0 mmol/L
sO2*_____95 %
*calculated

FIO2_____: 55
Sample Type_: ART

06NOV03 16:42

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

Physician:_____

(Piccolo) Chemistry 12

======= PICCOLO =======
06/11/03 15:3: AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #. 000
SERIAL #: [redacted] (b)(6)2

ALB	1.4*	3.3-5.5	G/DL
ALP	66	26-84	U/L
ALT	56*	10-47	U/L
AMY	56	14-97	U/L
AST	♦♦♦	11-38	U/L
TBIL	13.4*	0.2-1.6	MG/DL
BUN	52*	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CHOL	99*	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	113	73-118	MG/DL
TP	4.4*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

CRE 2.7

(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^+	161	128-145 mmol/l
K^-	4.0	3.3-4.7 mmol/l
CL^-	132	98-108 mmol/l
tCO_2	24	18-33 mmol/l

REMARKS: ABG FiO_2 55% Creat

REPORTED BY: [redacted] (b)(6)2	DATE: 6Nov03	LAB ID NO.:

Ward/Section: Icu 1	REQ[redacted] (b)(6) 2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 6 Nov	TIME 1750	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	164	138-146 mmol/L
K	4.0	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.382	7.31-7.45
PCO2	41	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	71	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	24	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	94	95-98%
BEecf	-1	(-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	24	38-51% PCV
Hgb	8	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

FiO2 55 Peep 5

emmit

REPORTED BY:	DATE:	LAB ID NO.:

7/24.1

Ward/Section: ICU-[redacted]	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [redacted] (b)(6)4		DATE 11/06	TIME 1910	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	ID: [redacted] WB			06-11-03 19:27	Patient Limits	
WBC	WBC	15.4 H	x10^3/uL		4.5	10.5
RBC	RBC	3.14 L	x10^6/uL		4.00	6.00
Hgb	Hgb	9.1 L	g/dL		11.0	18.0
Hct	Hct	28.9 L	%		35.0	60.0
MCV	MCV	92.0	fL		80.0	99.9
	MCH	28.9	pg		27.0	31.0
	MCHC	31.5 L	g/dL		33.0	37.0
Plt	Plt	267.	x10^3/uL		150.	450.
Lymph %	LYX	12.3 *L	%		20.5	51.1
	LYN	1.9 *	x10^3/uL		1.2	3.4

(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

.54

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 25.0 sec
RESULT OUT OF RANGE
Ratio = 2.0
Calculated INR = 3.20
Sample Type:citrated wh. blood
Test Date :11/06/03
Test Time :19:29
Card Lot :060206
Operator : [redacted]
(b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/06/03 19:35

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:= 93.6 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/06/03
Test Time :19:31

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

BMIT SF 518 WITH
NIT REQUESTED

atch
UNIT OF BLOOD

CROSSMATCH

REMARKS: CBC PT/PTT

REPORTED BY: [redacted] (b)(6)2	DATE: 6NOV03	LAB ID NO.:

Ward/Section: Icu-1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST FIRST MI [redacted] (b)(6)4		DATE	TIME 1910	SSN/PSEUDO SSN:

Pt Name:_____

Na_____162 mmol/L
K_____4.0 mmol/L
TCO2_____27 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.437
PCO2_____40.6 mmHg
PO2_____99 mmHg
HCO3_____26 m
BEec*_____1 mmol/L
sO2*_____97 %
+calculated

At Patient Temp
pH_____7.419
PCO2_____39.2 mmHg
PO2_____88 mmHg

Patient Temp: 97.1F
FIO2_____: 55
Sample Type_:

06NOV03 19:27
Oper: [redacted] (b)(6)2
Physician:_____

EF. RANGE	TEST	RESULT	REF. RANGE
146 mmol/L			
9 mmol/L			
9 mmol			
.45			
mm			
mmH			
mm			
eul			
nmo			
nmo			
nmo			
nmo			
%			
(+3)			
L			
mmol			
.32 m			
g/dl			
5 mg/d			
5 mg/dl			
% PCV			
g/dl			
RANG			

```
======= PICCOLO =======
06/12/03                 00:29 AM
REFERENCE RANGE:              MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #:              3152AA4
OPER #: [redacted]       DR #: 000
SERIAL #: (b)(6)2 [redacted]
```

GLU	103	73-118	MG/DL
BUN	44*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	3670*	39-380	U/L
NA+	147*	128-145	MMOL/L
K+	4.8*	3.3-4.7	MMOL/L
CL-	119*	98-108	MMOL/L
tCO2	19	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: ABG T- 97.1 FiO2 55% ② Chem 8

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6)4	DATE	TIME 2200	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na	160	138-146 mmol/L
K	4.1	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.411	7.31-7.45
PCO2	39.2	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	73	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	95	95-98%
BEecf	0	(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	25	38-51% PCV
Hgb	9	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: ABG 97.0°F 55 foley

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
[redacted] (b)(6) 4	7NOV	0400	[redacted] (b)(6) 4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

ID: [redacted] 07-11-03
WB 04:13

			Patient Limits	
WBC	15.8 H	x10^3/uL	4.5	10.5
RBC	3.50 L	x10^6/uL	4.00	6.00
Hgb	10.1 L	g/dL	11.0	18.0
Hct	32.2 L	%	35.0	60.0
MCV	91.8	fL	80.0	99.9
MCH	28.9	pg	27.0	31.0
MCHC	31.4 L	g/dL	33.0	37.0
Plt	262.	x10^3/uL	150.	450.
LYM	11.7 *L	%	20.5	51.1
LYM	1.8 *	x10^3/uL	1.2	3.4

(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
[illegible]		1.02-1.0

.54
:11

Patient ID: [redacted] (b)(6) 4
Test Name :PT
Test Result:= 20.4 sec.
RESULT OUT OF RANGE
Ratio [illegible]
Calculated INR = 2.30
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :04:09
Card Lot :060206
Operator : [redacted] (b)(6) 2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 04:15

Patient ID: [redacted] (b)(6) 4
Test Name :APTT
Test Result:= 90.3 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :04:11

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	

it Crossmatch
H EVERY UNIT OF BLOOD
STED)

E	CROSSMATCH

Blue purple green

REMARKS: PT/PTT

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:

[redacted] (b)(6)4

Pt Name:_____

Na_____158 mmol/L
K_____3.9 mmol/L
TCO2_____26 mmol/L
Hct_____29 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.379
PCO2_____42.4 mmHg
PO2_____85 mmHg
HCO3_____25 mmol/L
BEecf_____0 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.385
PCO2_____41.6 mmHg
PO2_____83 mmHg

Patient Temp: 97.8F
FIO2_____: 55
Sample Type_:

07NOV03 03:50

Oper:

Physician:_____

(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
BU[illegible]		[illegible]
C[illegible]		
C[illegible]		
C[illegible]		
G[illegible]		
T[illegible]		
[illegible]		
G[illegible]		
B[illegible]		
C[illegible]		
C[illegible]		
N[illegible]		
K[illegible]		
C[illegible]		
tC[illegible]		

(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
[illegible]		98-108 mmol/l
[illegible]$_2$		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
[illegible]B		3.3-5.5 g/dl
[illegible]		26-84 u/l
[illegible]T		10-47 u/l
[illegible]Y		14-97 u/l
[illegible]T		11-38 u/l
[illegible]L		0.2-1.6 mg/dl
[illegible]T		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
[illegible]		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
[illegible]$_2$		18-33 mmol/l

======= PICCOLO =======
07/11/03 03:51
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	91	73-118	MG/DL
BUN	44*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	3349*	39-380	U/L
NA+	153*	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	115*	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

Chem 8

REPORTED BY:	D

Ward/Section: ICU	REQUESTING [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted]	DATE 7Nov	TIME 1800	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	ID: [redacted] (b)(6)4 WB			07-11-03 09:59 Patient Limits	
WBC	WBC	16.8 H	x10^3/uL	4.5	10.5
RBC	RBC	3.58 L	x10^6/uL	4.00	6.00
Hgb	Hgb	10.3 L	g/dL	11.0	18.0
Hct	Hct	33.1 L	%	35.0	60.0
MCV	MCV	92.5	fL	80.0	99.9
	MCH	28.7	pg	27.0	31.0
	MCHC	31.1 L	g/dL	33.0	37.0
Plt	Plt	265.	x10^3/uL	150.	450.
	LY%	10.4 *L	%	20.5	51.1
Lymph %	LY#	1.7 *	x10^3/uL	1.2	3.4

(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

SERIAL #005485 11/07/03 10:01

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 28.0 sec.
RESULT OUT OF RANGE
Ratio = 2.3
Calculated INR = 3.84
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :10:05
Card Lot :060206
Operator [redacted] (b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 10:11

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:=121.5 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/07/03

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

t Crossmatch
[EVERY UNIT OF BLOOD
TED)

	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: FCU1

REQUESTING PHYSICIAN: [redacted] (b)(6)2

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

DATE: 7NOV03 TIME: 0958 SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____160 mmol/L
K_____4.3 mmol/L
TCO2_____26 mmol/L
Hct_____28 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.309
PCO2_____49.0 mmHg
PO2_____93 mmHg
HCO3_____25 mmol/L
BEecf_____-2 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.318
PCO2_____47.7 mmHg
PO2_____90 mmHg

Patient Temp: 97.5F
FIO2_____: 55
Sample Type_: ART

07NOV03 10:12
Oper: [redacted] (b)(6)2
Physician:_____

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			GLU		73-118 mg/dl

======= PICCOLO =======
07/11/03 10:23 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	92	73-118	MG/DL
BUN	43*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	3281*	39-380	U/L
NA+	♦♦♦	128-145	MMOL
K+	5.1*	3.3-4.7	MMOL
CL-	117*	98-108	MMOL
tCO2	19	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

Na - 160

======= PICCOLO =======
07/11/03 10:39
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

ALB	1.5*	3.3-5.5	G/DL
ALP	74	26-84	U/L
ALT	58*	10-47	U/L
AMY	39	14-97	U/L
AST	124*	11-38	U/L
TBIL	11.9*	0.2-1.6	MG/DL
GGT	14	5-65	U/L
TP	4.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Pt: [redacted] (b)(6)4
Pt Name:_____

Crea_____2.5 mg/dL
Sample Type_:

07NOV03 10:51
Oper: [redacted] (b)(6)2
Physician:_____

REMARKS:
ABG FIO2 55% Temp 97.5

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE: 8 NOV 03 / TIME: 0830	SSN/PSEUDO SSN:

(Hematology) CBC

(b)(6)4

ID: [redacted] 08-11-03 09:07

TEST				Patient Limits	
WBC	WBC	13.6 H	x10^3/uL	4.5	10.5
RBC	RBC	3.17 L	x10^6/uL	4.00	6.00
Hgb	Hgb	9.2 L	g/dL	11.0	18.0
Hct	Hct	29.2 L	%	35.0	60.0
MCV	MCV	92.1	fL	80.0	99.9
	MCH	28.8	pg	27.0	31.0
	MCHC	31.3 L	g/dL	33.0	37.0
Plt	Plt	246.	x10^3/uL	150.	450.
Lymph %	LY%	10.8 *L	%	20.5	51.1
	LY#	1.5 *	x10^3/uL	1.2	3.4

(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

Misc. Serology

TEST	RESULT	REF. RANGE

======= PICCOLO =======

08/11/03 0?:08 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

ALB	1.4*	3.3-5.5	G/DL
ALP	82	26-84	U/L
ALT	67*	10-47	U/L
AMY	33	14-97	U/L
AST	136*	11-38	U/L
TBIL	11.9*	0.2-1.6	MG/DL
GGT	18	5-65	U/L
TP	4.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

======= PICCOLO =======

08/11/03 09:07
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	84	73-118	MG/DL
BUN	45*	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CRE	ICT	0.6-1.2	MG/DL
NA+	♦♦♦	128-145	MMOL/L
K+	4.8*	3.3-4.7	MMOL/L
CL-	120*	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

CRE - 2.5
Na - 156

REMARKS:

REPORTED BY: [redacted] (b)(6)2	DATE: 8 NOV 03	LAB ID NO.:

Ward/Section: ICU #1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 8/4/03 TIME: 0830	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. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: CBC, Chem 12, CREAT, LFT

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU #1

REQUESTING PHYSICIAN: [redacted] (b)(6) 2

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

DATE: 8 Nov 03 | TIME: 1620 | SSN/PSEUDO SSN:

1-8

Pt: [redacted] (b)(6) 4

Pt Name: _____

Na_____153 mmol/L
K_____4.3 mmol/L
TCO2_____24 mmol/L
HCT_____31 %PCV
Hb*_____11 g/dL
*via Hct

At 37C
pH_____7.319
PCO2_____44.2 mmHg
PO2_____113 mmHg
HCO3_____23 mmol/L
BEecf_____-3 mmol/L
sO2*_____98 %
*calculated

At Patient Temp
pH_____7.322
PCO2_____43.8 mmHg
PO2_____112 mmHg

Patient Temp: 98.3F
FIO2_____: 80
Sample Type_:

08NOV03 16:50

0

Clan: _____

420
PM:
CLE:

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
ALP		26-84 u/l	BUN		7-22 mg/dl
ALT		10-4			mg/dl
AMY		14-9			mg/dl
AST		11-3			mmol/l
TBIL		0.2-			mol/l
BUN		7-22			mmol/l
CA++		8.0-			mol/l
CHOL		100-			Plus
CRE		0.6-			RANGE
GLU		73-			g/dl
TP		6.4			

(Piccolo) Metlyte		
TEST	RESULT	
GLU		73-
BUN		7-2
CRE		0.6
CK		39- 30-
NA+		12
K+		3.3
CL-		98
tCO2		18

REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6) 2

GLU	96	73-118	MG/DL
BUN	39*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1959*	39-380	U/L
NA+	♦♦♦	128-145	MMOL
K+	5.2*	3.3-4.7	MMOL
CL-	115*	98-108	MMOL
tCO2	20	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

ISTAT
CRE 2.5
NA 151

ABG Temp 98.3 Chem 8
FIO2 80%

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)2

Ward/Section: ICU #1	REQUESTING PHYSICIAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.: [redacted] (b)(6)4	DATE: 8 Nov 03 / TIME: 1620	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.:

Ward/Section: ICU 1 | REQUESTING PHYSICIAN: [redacted] (b)(6) 2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6) 4 | DATE: 09 NOV 03 | TIME: 0830 | S[redacted]N: (b)(6) 4

Pt: [redacted]
Pt Name:_____

Na_____153 mmol/L
K_____3.9 mmol/L
TCO2_____26 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.325
PCO2_____46.7 mmHg
PO2_____82 mmHg
HCO3_____24 mmol/L
BEecf_____-2 mmol/L
sO2*_____95 %
*calculated

At Patient Temp
pH_____7.330
PCO2_____46.0 mmHg
PO2_____81 mmHg

Patient Temp: 98.0F
FIO2_____: 90
Sample Type_: ART

09NOV03 08:47
Oper: [redacted]
Physician: (b)(6) 2
[redacted]

TEST	RESULT	REF. RANGE
Na		3.5-5.5 g/dl
K		26-84 u/l
Cl		10-47 u/l
pH		14-97 u/l
PCO2		11-38 u/l
PO2		0.2-1.6 mg/dl
TCO2		7-22 mg/dl
HCO3		8.0-10.3mg/dl
sO2		100-200 mg/dl
BEecf		0.6-1.2 mg/dl
AnGap		73-118 mg/dl
Ca		6.4-8.1 g/dl
BUN		
GLU		
Creat		73-118 mg/dl
Hct		7-22 mg/dl
Hgb		0.6-1.2 mg/dl

TEST	RESULT	REF. RANGE
Troponin-I		39-380 u/l (M) 30-190 u/l (F)
Drug of Abuse		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		
CRE		
NA+		
K+		
CL-		
tCO2		
ALB		
ALP		
ALT		
AMY		
AST		
TBIL		
GGT		
TP		
TES		
NA+		
K+		
CL-		
tCO2		

======= PICCOLO
09/11/03
REFERENCE RANGE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6) 2

GLU	113	73-118	MG/DL
BUN	38*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	2196*	39-380	U/L
~~NA+~~	~~***~~	~~128-145~~	~~MMOL~~
K+	4.8*	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	20	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Na 153 mmol/L

CRE 2.5

REMARKS: ABG FIO2 90% Temp 98

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

Ward/Section: ICU 1	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] -(b)(6)4	DATE / TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	ID [redacted] WB	09-11-03 08:44
RBC		Patient Limits
Hgb	WBC 16.8 H x10^3/uL	4.5 10.5
Hct	RBC 3.31 L x10^6/uL	4.00 6.00
MCV	Hgb 9.5 L g/dL	11.0 18.0
Plt	Hct 30.7 L %	35.0 60.0
Lymph %	MCV 92.8 fL	80.0 99.9
	MCH 28.6 pg	27.0 31.0
	MCHC 30.8 L g/dL	33.0 37.0
	Plt 262. x10^3/uL	150. 450.
	LY% 10.4 *L %	20.5 51.1
	LYM 1.8 * x10^3/uL	1.2 3.4

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6) 4

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

PH_____7.297

PCO2_____52.3 mmHg

PO2_____75 mmHg

HCO3_____26 mmol/L

BEecf_____-1 mmol/L

sO2*_____93 %

*calculated

Sample Type_:

09NOV03 15:59

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

FIO2 90%
Temp 98.5

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.303

PCO2_____53.0 mmHg

PO2_____70 mmHg

[illegible]_____26 mmol/L

[illegible]_____0 mmol/L

[illegible]_____92 %

*calculated

Sample Type_:

09NOV03 17:54

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

FIO2 90% Temp 99.1

(b)(6) 2

Pt [redacted]

Pt Name:_____

[illegible]CO2_____28 mmol/L

At 37C

PH_____7.292

PCO2_____53.6 mmHg

PO2_____[illegible] mmHg

[illegible]_____[illegible] mmol/L

[illegible] mmol/L

[illegible] %

[illegible]

[illegible] mmHg

[illegible] mmHg

[illegible]

FIO2_____

Sample [illegible]

09NOV03 [illegible]

Oper: [redacted]

Physician:_____

(b)(6) 4

EPW# [redacted]

(b)(6) 4

Pt

TCO2_____26 mmol/L

At 37C

pH_____7.279

PCO2_____52.1 mmHg

PO2_____62 mmHg

HCO3_____24 mmol/L

BEecf_____-2 mmol/L

sO2*_____88 %

*calculated

Sample Type_:

09NOV03 10:27

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

FIO2 80% Temp 984

1-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____25 mmol/L

At 37C

* pH_____7.269

* PCO2_____51.3 mmHg

PO2_____74 mmHg

* HCO3_____23 mmol/L

BEecf_____-3 mmol/L

sO2*_____92 %

*calculated

Sample Type_:

09NOV03 12:14

Oper: [redacted]

HCO3 is ↑ makes Alkaline

Physician:_____

Ser# [redacted]

Ver: [redacted]

over 45 makes Acidic
under 35 makes Alkaline

Temp 983
FIO2 90%

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.280

PCO2_____53.3 mmHg

PO2_____73 mmHg

HCO3_____25 mmol/L

BEecf_____-2 mmol/L

sO2*_____92 %

*calculated

Sample Type_:

09NOV03 14:03

Oper: [redacted]

Physician:_____

Temp 979
FIO2 90%

(b)(6) 2

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

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI [redacted] (b)(6) 4	DATE 09 NOV / TIME 1022	SSN/PSEUDO SSN: [redacted] (b)(6) 4

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

```
AT EG6+
[redacted]
ame:___________

Na_________153 mmol/L
K__________3.8 mmol/L
TCO2________26 mmol/L
Hct_________26 %PCV
Hb*__________9 g/dL
  *via Hct

At 37C
pH_______7.293
PCO2______50.9 mmHg
PO2_________69 mmHg
HCO3________25 mmol/L
BEecf_______-2 mmol/L
sO2*________91 %
  *calculated

At Patient Temp
pH_______7.293
PCO2______50.9 mmHg
PO2_________69 mmHg

Patient Temp: 98.6F
FIO2________: 80
Sample Type_: ART

  09NOV03     10:27
[redacted]
sician:_____(b)(6) 2
#
:
```

REMARKS: ABG Temp 98.6 FIO2 80%

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6) 2

Ward/Section: IAU-1	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: CIV [redacted]	DATE: 10NOV03 / TIME: 0730	SSN/PSEUDO SSN: [redacted]

(b)(6) 4

(i-STAT)

TEST	RESULT	REF. RANGE

TAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____150 mmol/L

K_____5.3 mmol/L

TCO2_____28 mmol/L

Hct_____22 %PCV

Hb*_____7 g/dL

*via Hct

At 37C

PH_____7.044

PCO2_____91.6 mmHg

PO2_____59 mmHg

HCO3_____25 mmol/L

BEecf_____-6 mmol/L

SO2*_____74 %

*calculated

At Patient Temp

PH_____7.027

PCO2_____97.1 mmHg

PO2_____64 mmHg

Patient Temp: 101.0F

FIO2_____: 100

le Type_: ART

NOV03 07:39

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

STAT EC8+

: [redacted]

Pt Name:_____

Glu_____160 mg/dL

BUN_____52 mg/dL

Na_____151 mmol/L

K_____5.2 mmol/L

Cl_____120 mmol/L

TCO2_____29 mmol/L

AnGap_____10 mmol/L

Hct_____27 %PCV

Hb*_____9 g/dL

*via Hct

PH_____7.062

PCO2_____98.0 mmHg

HCO3_____26 mmol/L

BEecf_____-4 mmol/L

Sample Type_:

10NOV03 07:38

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

Physician:_____

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE

TAT CREA

Pt: [redacted]

Pt Name:_____

Crea_____2.9 mg/dL

Sample Type_:

10NOV03 07:42

Oper: 7

Physician:_____

42011

: JAMS046A
CLEW A93

GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

101 FiO2 100%

REPORTED BY:	DATE:	LAB ID NO.:

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

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

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		
(Hematok		

ID: [redacted] 10-11-03
WB (b)(6)4 07:34
Patient Limits

WBC	19.3 H	x10^3/uL	4.5	10.5
RBC	2.99 L	x10^6/uL	4.00	6.00
Hgb	8.6 L	g/dL	11.0	18.0
Hct	28.0 L	%	35.0	60.0
MCV	93.4	fL	80.0	99.9
MCH	28.8	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	254.	x10^3/uL	150.	450.
LY%	17.5 *L	%	20.5	51.1
LY#	3.4 *	x10^3/uL	1.2	3.4

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

======= PICCOLO =======
10/11/03 07:38
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	165*	73-118	MG/DL
BUN	41*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1202*	39-380	U/L
NA+	142	128-145	MMOL/L
K+	6.0*	3.3-4.7	MMOL/L
CL-	114*	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Coagulation Studies

TEST	RESULT	REF. RANGE
PT	52.0	9.8-13.6 secs
APTT	119.8	21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Blood Bank Unit (MUST SUBMIT SF 518 WITH REQUEST)

UNIT	TYPE

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)4

Pt: [redacted]

Pt Name:_____

Na_____154 mmol/L

K_____4.1 mmol/L

TCO2_____28 mmol/L

Hct%_____28 %PCV

Hb#_____10 g/dL

*via Hct

At 37C

pH_____7.222

PCO2_____43.1 mmHg

PO2_____55 mmHg

HCO3_____26 mmol/L

BEecf_____-2 mmol/L

sO2#_____80 %

*calculated

At Patient Temp

pH_____7.216

PCO2_____64.3 mmHg

PO2_____56 mmHg

Patient Temp: 99.4F

FIO2_____: 90

Sample Type_: ART

10NOV03 06:24

Oper: [redacted]

Physician:_____

Perf# [redacted]

[redacted]

Pt [redacted]

Pt Name:_____

TCO2_____29 mmol/L

[redacted]

BEecf_____-6 mmol/L

sO2#_____[redacted] %

*Calculated

At Patient Temp

pH_____6.962

PCO2_____16.2 mmHg

PO2_____46 mmHg

Temp: 101.0F

FIO2_____: 100

Sample Type_: ART

10NOV03 07:29

Oper: [redacted]

(b)(6)2

EPW # [redacted] (b)(6)4

1263505 1335 1263525 1500 Ancef 2gm @ 1345
4363225 1050 1645474 1515

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
fentanyl (µg)	350	150							50	100		150	500µg
vecur (mg)	10			5						5			10mg
MSO4 (mg)							10						
scopolamine (mg)				1		0.4							
( )													
( )													
VOLAT AGENT Iso % del	0.6	0.6	0.6	0.6	0.6	0.6	0.8	1.0	1.0	1.5	X		
% e.t.													
AIR L/Min													
N2O L/Min													
O2 L/Min	2	1	1	1	1	1	1	1	1	1	1	2	

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (1) (2) (3) (4) (5) (6) (7) (8)

TOTAL EBL	TOTAL URINE
400	1200

FLUIDS - SUMMARY
CRYSTALLOID: 4500
COLLOID: Ø
BLOOD: PRBC x 4

FLUIDS

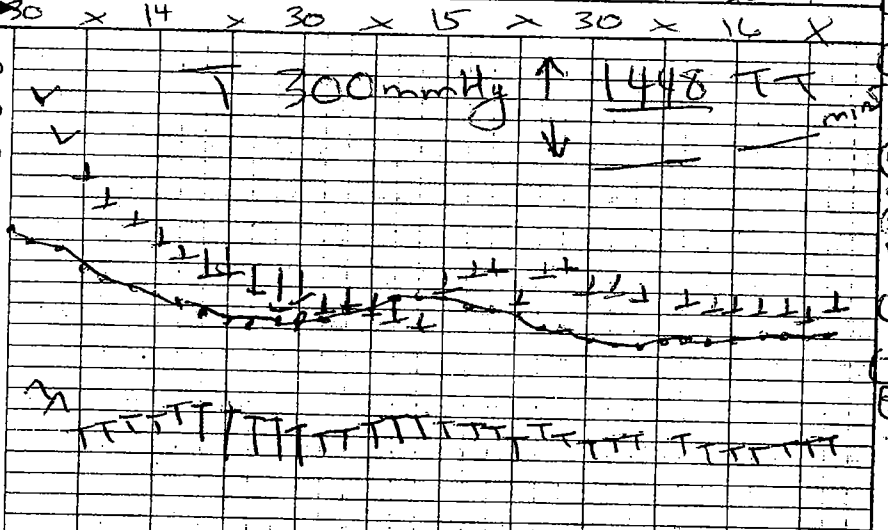
LINE site ☐ Warmed												
Rt SC cordis ☐ Warmed	LR			700/#2					1700/500↑/2200			
Lt ES ☐ Warmed	LR		500/#2 w/	500/#3					2000			
LAUE ☐ Warmed	LR			600/#2		1000/DCd						
LOSSES: EST BLOOD LOSS				~~2000~~		300	400					
LOSSES: URINE -				~~200~~		900				1200		

REMARKS
Code drugs with numbers, events with letters
(1) To OR, SOC mon's.
(2) Rt radial art line placed
(3) ABG 7.08/56.2/79/17/-13, Hct 24%
(4) Calcium chloride 1gm
(5) ABG 7.11/55.7/61/18/-12 Hct 34%
(6) Bicarb 50mEq
(7) Repeat
(8) To ICU stable

PHYS STATUS: 1 2 3 4 5 E
BODY WEIGHT: 70 KG LB
HEMATOCRIT: 29%
INITIAL DATA: BP- 220/77 HR- 144
EQUIP CHECK: OK?- Y N
PATIENT RECHECK: OK for PROCEDURE? Y TIME- 1310

TIME → 30 x 14 x 30 x 15 x 30 x 16 X

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



VENTIL

VT - ml	750	750	750	750	770	720	750	670	660	650	670	680
f - breaths/min				13	12	14	15	15	17	16	16	16
Peak inf pres / PEEP				23	23	29	32	32	35	33	33	32
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

✓ BP/Auto Cuff / ET CO2 (torr)			40	36	36	35	31	36	34	34	38	36
✓ BP/oth / FIO2 (Frac or %)				.99	.99	94	95	95	95	95	98	97
✓ ART line Rt / SpO2 (%)				99	99	99	99	97	97	98	99	99
Steth- PC/ES / ECG	ST	ST	ST	ST	ST	ST	ST	ST	SR	SR	ST	ST
Gas analyzer / TEMP-site	—	35.5	35.3	35.2	35.2	35.3	35.6	35.3	35.3	35.3	out	out
N-M Block (T/4)												
Warming blkt												
Conv warmer												

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

RECOVERY AT: PACU ICU ✓ (Specify) OTHER
CONDITION: RESP- V14 SpO2- 90 BP- 132/5 HR- 127

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1310	1340	1605
	Ready	Begin	End
PROC	1340	1400	1620

PROCEDURES and CPT Codes:
(1) Lt AKA (2) I&D Rt chest
(3) I&D RLE (4) Fasciotomy LUE
(5) I&D Rt RF

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
GETA from ER, ⊕ETCO2, BJEB.

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
EPW # [redacted] (b)(6)4
Emergent case, Ø preop
~ 25 yrs old

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

ANESTHETISTS: [redacted] MAJ, CRNA

PROCEDURE LOCATION: Trauma
DATE: 10/27/03
PAGE 1 OF 1

MEDCOM - 22318

DA FORM 7200, FEB 1998 — PORTABLE MEDICAL RECORD

Chart Reviewed, RN Initials: 1
pt stable

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)												
VEC	(mg)	5			5								
LASIX	(mg)					20							
Fent	(cc)	11	111	1111									
	( )												
ANEKIR	( )	15m											
Nitroglycerin	(mcg)				100								
VOLAT AGENT	FOR % del	X.2	.4	.4	.6	.4 X							
	% e.t.												
AIR	L/Min												
N2O	L/Min												
O2	L/Min	10	2	2	2	10							

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

FLUIDS

LINE site			
L EJ	☐ Warmed	LR	150
	☐ Warmed	NS	100
R Cubital	☐ Warmed	BBI	X
	☐ W		

LOSSES — EST BLOOD LOSS: B: 4363204 OT: 1263512 OT; URINE -

TOTALS	TOTAL EBL
	min
9cc	TOTAL URINE
	150

FLUIDS SUMMARY
CRYSTALLOID- LR 200 NS 300
COLLOID- Ø
BLOOD- PRBC's 2U

REMARKS
Code drugs with numbers, events with letters
prep, lines OK, pt's d/c BS=B steth during surgery to OR, positive prep/drape pt tol procedure well. to ICU on gas & monitors

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 80 KG LB

HEMATOCRIT:

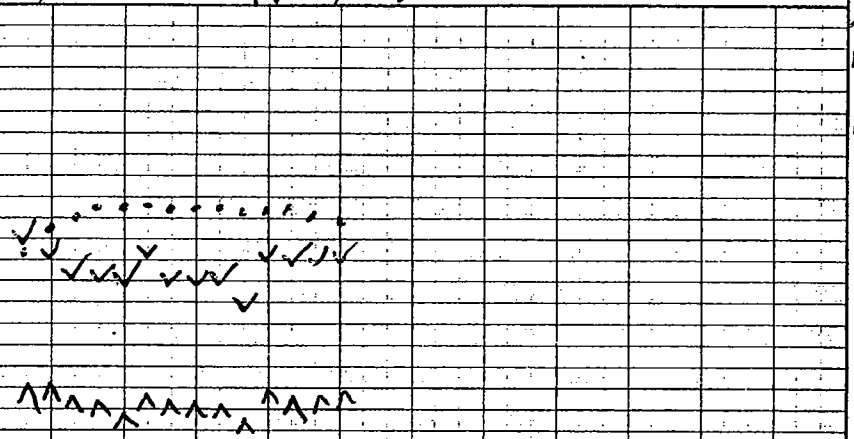
INITIAL DATA: BP- 140/62 HR- 124

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE Y/N TIME- 1700

TIME → 1715 30 X 1800 X 30

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



VENTIL

VT - ml		680	710	700
f - breaths/min		8	10	10
Peak inf pres / PEEP		31	32	32
MODE - S(pon), A(ssist), C(on)	C	C	C	C

MONITORS/ACCESSORIES

✓ BP/Auto Cuff	✓ ET CO2 (torr)		40	39	38
✓ BP/oth	✓ FIO2 (Frac or %)	.8	.8	.8	.8
ART line	✓ SpO2 (%)	100	100	100	100
Steth- PC/ES	✓ ECG		ST	ST	ST
Gas analyzer	TEMP-site	AVAIL			
	✓ N-M Block (T/4)	4	0	0	0
Warming blkt					
Conv warmer					

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

RECOVERY AT 1820
PACU ICU H1 (Specify)
OTHER
CONDITION: VSS
RESP- 10 SpO2- 98%
BP- 149/73 HR- 145

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1650	1715	1830
	Ready	Begin	End
PROC	1720	1730	1910

PROCEDURES and CPT Codes: I&D Washout of ⊙, Ø LE, 5' LUE

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
INT BS=B

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

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
[redacted] (b)(6)4

SURGEONS: [redacted] — (b)(6) 2

ANESTHETISTS: [redacted] NTC CRNA

PROCEDURE LOCATION: OR 1
DATE: 10/29
PAGE 1 OF

MEDCOM - 22319

NSN 7540-01-155-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
KUB			[redacted] (b)(6)4		
	FILM NO.				PREGNANT ☐ YES ☐ N
	REQUESTED BY (Print) [redacted] -(b)(6) 2				TELEPHONE/PAGE
	SIGNATURE OF REQUESTOR [redacted]				DATE REQUESTED March

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

placement of tubes; R/O ileus

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

RADIOLOGIC REPORT

PATIENT IDENTIFICATION (For typed or written entries place Name — last, first, middle, Medical Facility)

[redacted] (b)(6)4

ICU #1

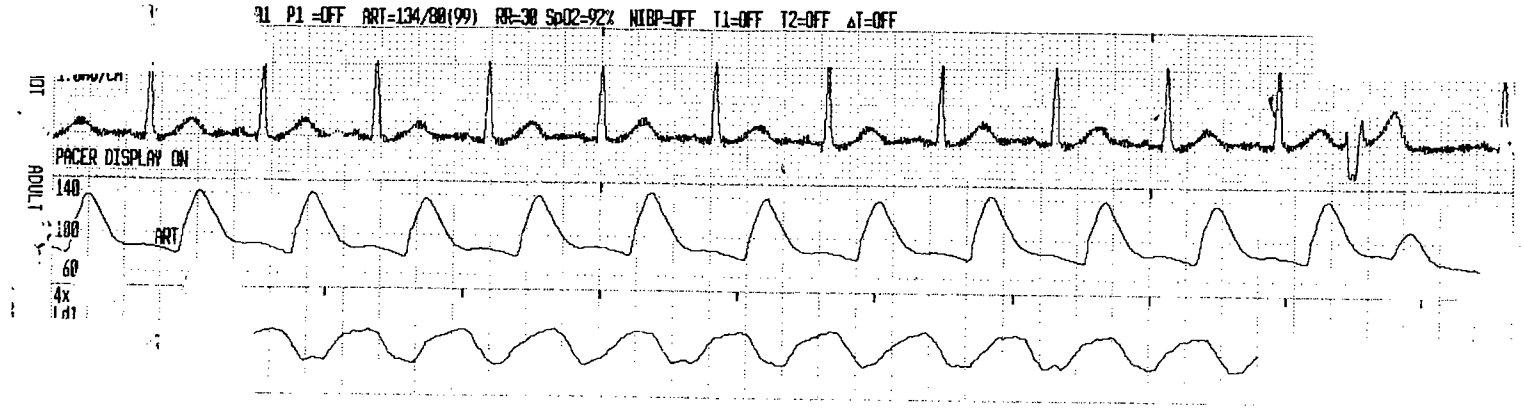
LOCATION OF MEDICAL RECORDS

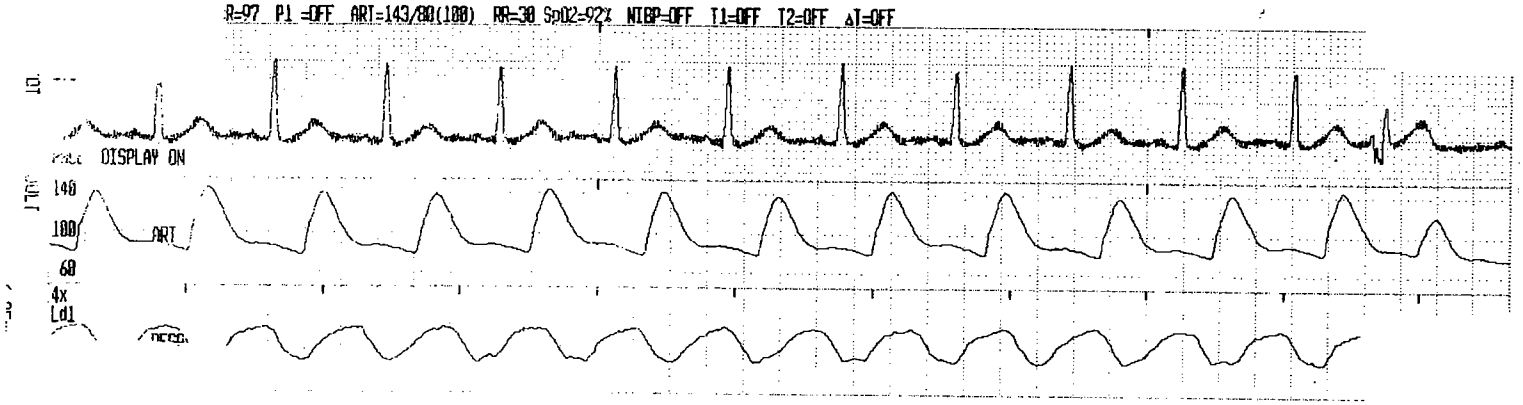
LOCATION OF RADIOLOGIC FACILITY

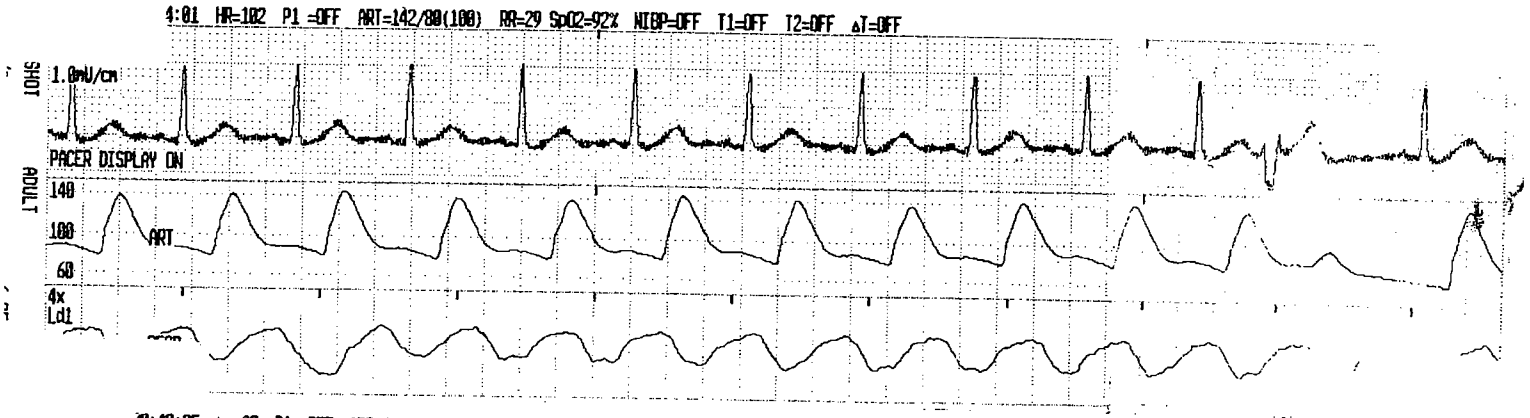
SIGNATURE

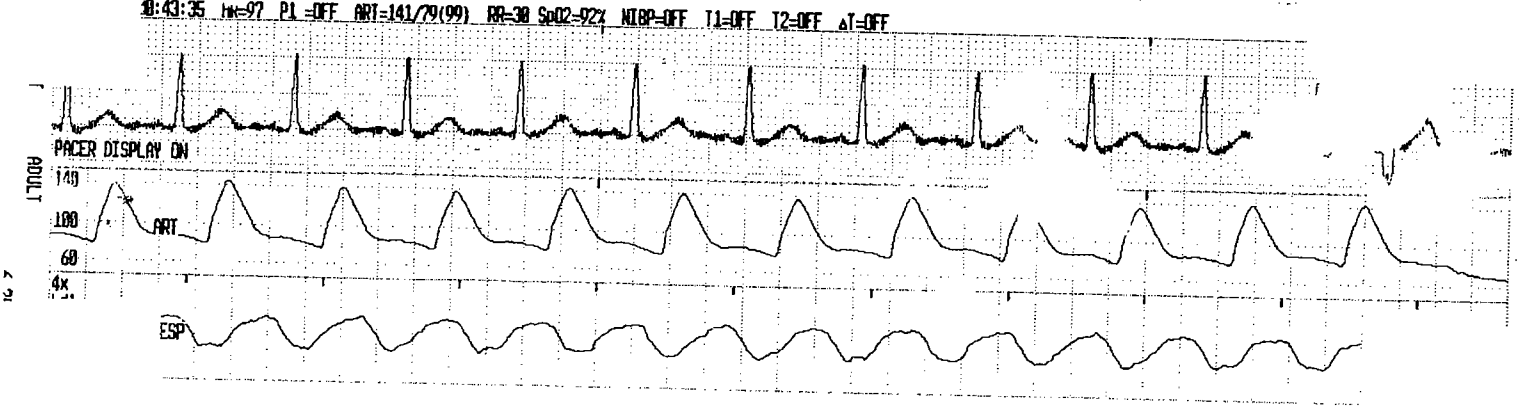
RADIOLOGIC CONSULTATION REQUEST/REPORT — MEDICAL RECORD

STANDARD FORM 519-B (Prescribed by GSA/ISM FPMR (41 CFR) 101-11.3[illegible])

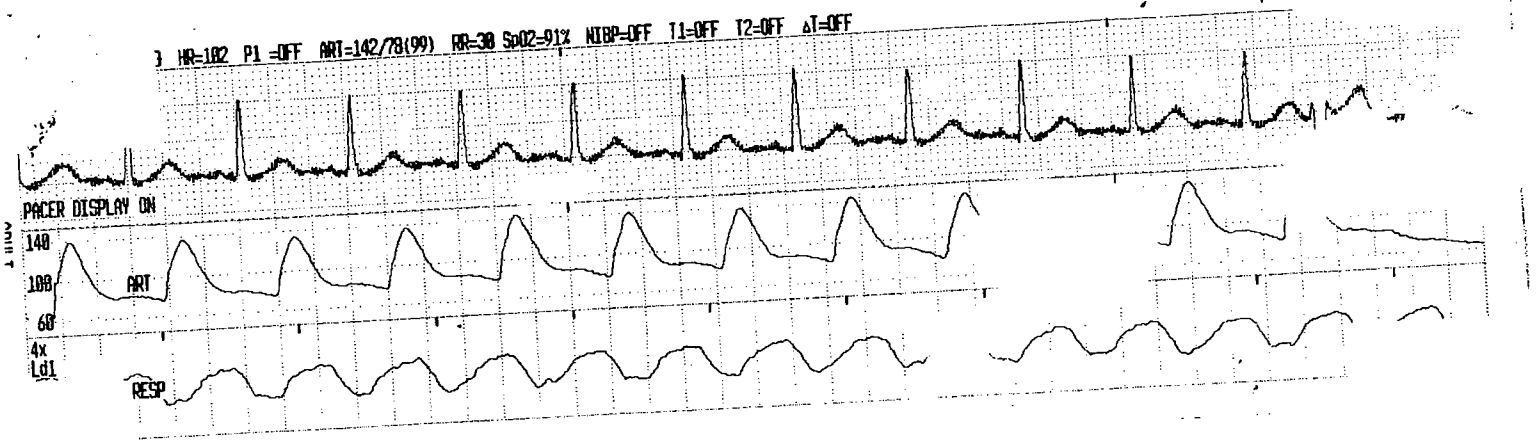


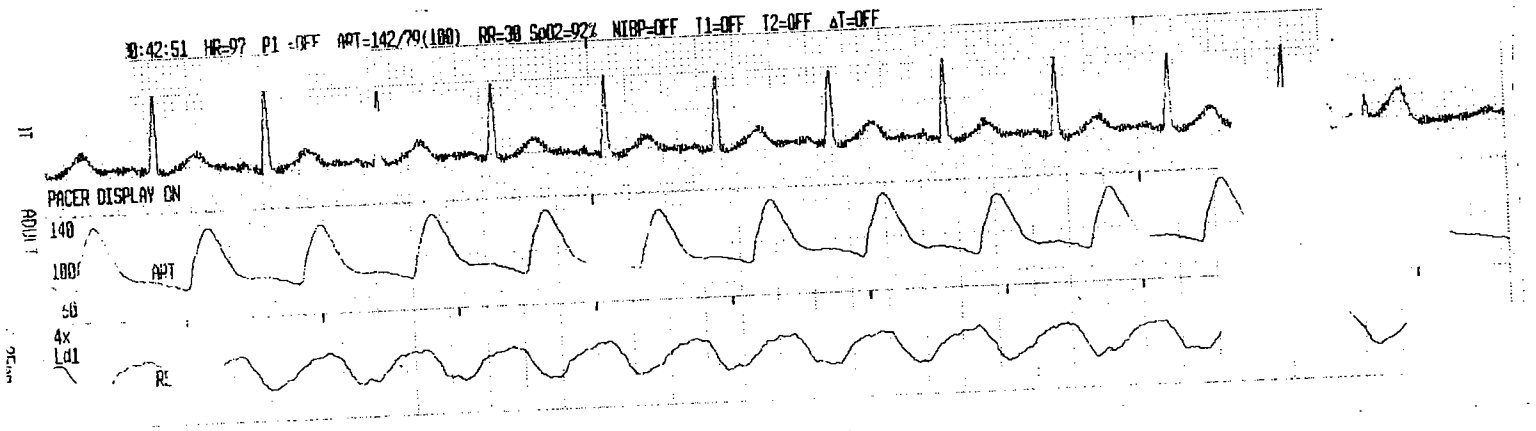


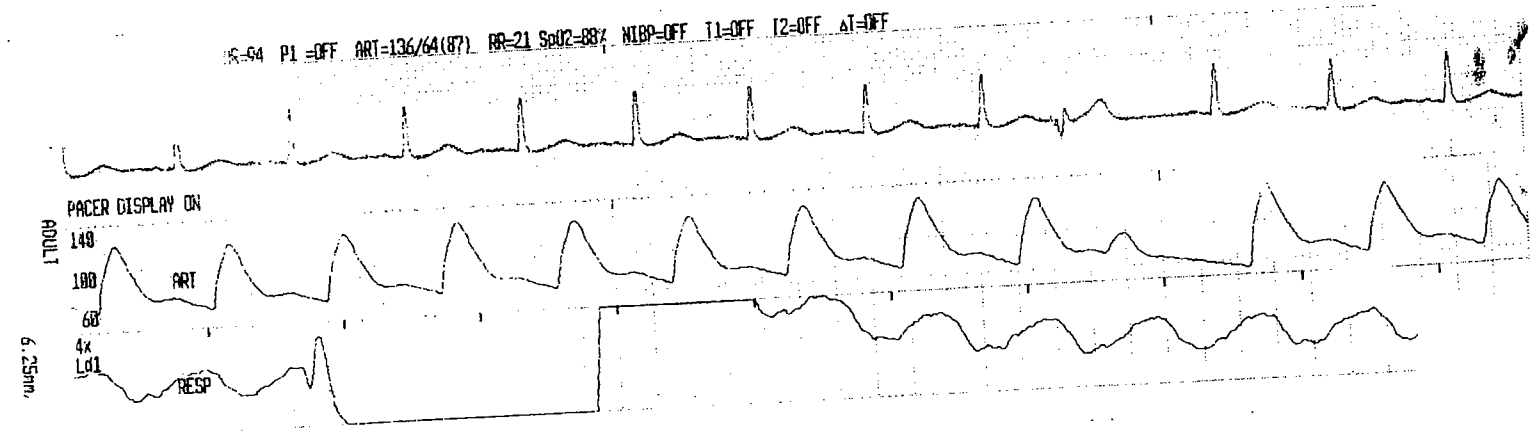




E Dr. I H [redacted] (b)(6)4







(b)(6)4 [redacted]

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 27 Oct 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE bleed

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

SIGNATURE [redacted]

DATE VERIFIED 27 Oct 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] (b)(6)2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: Ex 30 04 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1500 ON *(Date)* 27 Oct 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same [redacted] ent Transfusion Form and on the patient [redacted]

1st VERIFI [redacted]

2nd VE [redacted]

PRE [redacted]

TEMP. 35.6 [redacted] 115 BP 90/51

DATE OF TRANSFUSION 10/27

TIME STARTED 1500

POST-TRANSFUSION DATA

AMOUNT GIVEN 401 ML

TIME/DATE COMPLETED/INTERRUPTED 1515

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 35.4

PULSE 106

BLOOD PRESSURE 117/54

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* (b)(6)2

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

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

SIGNATURE [redacted]

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

[redacted] WARD EMT

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22323

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 27 Oct 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSI[redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE bleed

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the [redacted]imen tube label to be correct. (b)(6) 2

SIGNATURE OF VERIFIE[redacted]

DATE VERIFIED [redacted] Oct 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 1645474

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] (b)(6) 2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: EKY 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1501

ON *(Date)* 30 Oct 03

IDENTIFICATION

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

1st VERIFIER [redacted]

2nd [redacted]

PRE-TRANSFUSION

TEMP. 354

PULSE 98

BP 112/54

DATE OF TRANSFUSION 10/27

TIME STARTED 1515

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1525

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 353

PULSE 97

BLOOD PRESSURE 128/52

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [x] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* (b)(6) 2

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

- [x] NO
- [ ] YES *(Specif[redacted]*

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—La[redacted] rate; hospital or medical facility)

WARD EMT

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

ICU1

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

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

DATE REQUESTED 27 Oct

DATE AND HOUR REQUIRED 27 Oct

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS [redacted] DURE

(4) AKA shrapnel wounds

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

SIGNATURE OF VERIFIER ON File (b)(6)2

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR
ABO O
Rh POS

RECIPIENT
ABO O
Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS:

Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

2150 ON *(Date)* 27 Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted] (b)(6)2

2nd VERIFIER [redacted] 1LT/AN

PRE-TRANSFUSION
TEMP. 97.9 PULSE 122 BP 143/93

DATE OF TRANSFUSION 27 Oct

TIME STARTED 2150

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME/DATE COMPLETED/INTERRUPTED 10/27 @ 2250

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE 97.9 PULSE 144 BLOOD PRESSURE 149/86

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6)2

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

SEX M

WARD ICU1

[redacted] [redacted]

(b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22325

Medical Record Copy

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 298 ML.

REMARKS: 20, NOV 03

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

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED 27 Oct 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQ[redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct [redacted] (b)(6) 2

DATE VERIFIED 27 [redacted] 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP 28, Oct 03

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING [redacted]

DATE 27, Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP[redacted]

AT *(Hour)* 01 14 [redacted] ON *(Date)* 28 Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signature* [redacted]

2nd VERI[redacted] 14, 4N

PRE-TRANSFUSION

TEMP. 98°

PULSE 149

BP 101/53

DATE OF TRANSFUSION 28 Oct 03

TIME STARTED 0115

POST-TRANSFUSION DATA

AMOUNT GIVEN 298 ML

TIME/DATE COMPLETED/INTERRUPTED 0215 10/28/03

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE 98.4

PULSE 131

BLOOD PRESSURE 116/54

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)* (b)(6) 2

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

☒ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTIFIED [redacted]

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

M

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

518-123

NSN 75[illegible]-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: 1263505

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

- [x] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 27 Oct 03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUEST[redacted] *(Print)*

DIAGNOSIS OR [redacted]CEDURE

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

[redacted] (b)(6)2

DATE [redacted]IED 27 Oct 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN: Neg

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATU[redacted] PE[redacted]PERFORMI[redacted] TEST

[redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1330 ON *(Date)* 27 Oct 03

IDENTIFICATION

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

[redacted] *(Signature)*

[redacted]

PRE-TRANSFUSION

TEMP. N/A PULSE 112 BP 120/60

DATE OF TRANSFUSION 27 Oct 03

TIME STARTED 1340

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 10/27 1350

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 36 PULSE 110 BLOOD PRESSURE 120/40

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* (b)(6)2

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

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

SIGN[redacted]TING ABOVE [redacted] CLMA

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

SEX M

WARD EMT

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

MEDCOM - 22327

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

518-123 NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 27 OCT 03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING P[redacted]

DIAGNOSIS [redacted]RE

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

SIGNA[redacted] (b)(6) 2

DATE VERIFIED 27 OCT 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

[redacted]TIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 OCT 03

REMARKS: Exp 30 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1330 ON *(Date)* 27 OCT 03

IDENTIFICATION

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

1st [redacted] WC

2nd VERIFIE[redacted]

PRE-TRA[redacted]

TEMP. [redacted] PULSE 116 BP 148/62

DATE OF TRA[redacted]N 10/27 TIME STARTED 1350

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1400

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
36	115	138/57

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

(b)(6) 2

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

- [x] NO
- [ ] YES *(Speci[redacted]*

SIGNATURE OF PERSO[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—L[redacted] rate; hospital or medical facility)

[redacted]WARD

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22328

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

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

DATE REQUESTED 29 Oct 03

DATE AND HOUR REQUIRED 29 Oct 03 0130

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* ~~B(P)~~ [redacted]

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* Dr. [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE S/P GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the pati[redacted]nd verified the specimen tube label to be c[redacted]

S[redacted] (b)(6)2

DATE VERIFIED 29 Oct 03

TIME VERIFIED 0045

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TE[redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQU[redacted] DATE 29 Oct 03

REMARKS:

Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTE[redacted] (Signature)

AT *(Hour)* 0105 ON *(Date)* 29 OCT 03

IDENTIFICATION

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

1st V[redacted] LSAN

2[redacted] LT/AN

PRE-T[redacted]

TEMP. 100.3 PULSE 131 BP 129/62

DATE OF TRANSFUSION 29 Oct 03 TIME STARTED 0110

POST-TRANSFUSION DATA

AMOUNT GIVEN 300 ML

TIME/DATE COMPLETED/INTERRUPTED 0150 29 Oct 03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
100.2	136	151/74

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

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* (b)(6)2

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

S[redacted] LSAN

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

EPW [redacted] (b)(6)4

SEX M

WARD ICU #1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22329

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)*: 1 Unit ML

REMARKS: pt O+

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 29 Oct 03

DATE AND HOUR REQUIRED: 29 Oct 03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: Slp Gsm

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

[redacted] URE OF VERIFIER [redacted] (b)(6)2

[redacted] RIFIED 29 Oct 03

TIME VERIFIED: 1600

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 29 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted] D AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1754 ON *(Date)* 29 Oct 03

IDENTIFICATION

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

1st V[redacted] [redacted] WA/JAS

[redacted] LTC CSP

PRE-TRANSFUSION

TEMP. 37.1 PULSE 144 BP 95/42

DATE OF TRANSFUSION 10/29 TIME STARTED 1755

POST-TRANSFUSION DATA

AMOUNT GIVEN: 350 ML

TIME/DATE COMPLETED/INTERRUPTED: 10/29 1815

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
37.6	144	120/70

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

(b)(6) 2

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] LTC

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

EPW [redacted] (b)(6)4

SEX: M

WARD: ICU 1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22330

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

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

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE (L) BKA SIP & Lap Chol

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

[redacted] (b)(6) 2

[redacted] VERIFIED 30 Oct 03

TIME VERIFIED 1205

SECTION II – PRE-TRANSFUSION TESTING

[redacted]

TRANSFUSION NO.

PATIENT NO.

RECIPIENT

ABO O Rh POS

ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH comp

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 OCT 03

REMARKS: Exp: 30 Oct 03 0235

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1295 ON *(Date)* 30 Oct 03

IDENTIFICATION

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

1st VE[redacted]

[redacted] 20/AM

PRE-TR[redacted]

TEMP 182 PULSE 144 BP 20/80

DATE OF TRANSFUSION 30 Oct 03

TIME STARTED 1245

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 1400 30 Oct 03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 99 C

PULSE 132

BLOOD PRESSURE 84/51

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

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* (b)(6) 2

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

S[redacted]

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

WARD ICU I

EPW [redacted] (b)(6) 2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22331

Medical Record Copy

518-124

MEDICAL RECORD

NSN 7540-00-634-4159

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 OCT

DATE AND HOUR REQUIRED 30 OCT ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUEST[redacted]

DI[redacted]RATIVE PROCEDURE

S/P GSW | AICA

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

SIGNATURE OF VERIFIER [redacted] (b)(6)4

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh Pos

RECIPIENT

ABO O

Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE ~~30 Nov 03~~ 30 Oct 03

REMARKS:

Exp 3 Nov 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0048 ON *(Date)* 31 Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted]

2nd VERIFIER *(Signature)* [redacted] 1LT/AN

PRE-TRANSFUSION TEMP. 102.0 PULSE 148 BP 129/60

DATE OF TRANSFUSION 10/31/03

TIME STARTED ~~1253~~ 0053

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME/DATE COMPLETED/INTERRUPTED 0300 10/31/03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 100.9 PULSE 123 BLOOD PRESSURE 79/47

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

(b)(6)2

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] 1LT/AN

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

[redacted] (b)(6)4

SEX M

WARD ICU-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22332

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 4 units ML

REMARKS:

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

DATE REQUESTED 6 Nov 03

DATE AND HOUR REQUIRED 6 Nov 03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE S/P GSW

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

SIGNATURE OF VERIFIER [redacted] (b)(6)2

DATE VERIFIED 6 Nov 03

TIME VERIFIED 2140

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. 1147

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compat

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR: ABO O; Rh pos

RECIPIENT: ABO O; Rh pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 6 Nov 03

REMARKS: exp 11 Nov 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 2145 ON *(Date)* 6 Nov 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted] ILT/AN

2nd VERIFIER *(Signature)* [redacted] (b)(6)2

PRE-TRANSFUSION TEMP. 97.4 (A) PULSE 83 BP 123/67

DATE OF TRANSFUSION 06 Nov 03 TIME STARTED 2156

POST-TRANSFUSION DATA

AMOUNT GIVEN 3163 ML

TIME/DATE COMPLETED/INTERRUPTED 06 Nov 03 @ 2300

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE 97F PULSE 82 BLOOD PRESSURE 127/71

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] ILT/AN

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

SEX M WARD IC41

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22333

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

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

DATE REQUESTED 6 NOV 03

DATE AND HOUR REQUIRED 6 NOV 03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GPW

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

SIGNATURE OF VERIFIER [redacted] (b)(6) 2

DATE VERIFIED 6 NOV 03

TIME VERIFIED 0920

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] NOV03

DONOR
ABO O
Rh POS

RECIPIENT
ABO O
Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONE[redacted]

REMARKS: 8 NOV03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1220 ON *(Date)* 6 NOV03

IDENTIFICATION

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

1. [redacted] *(Signature)* [redacted]

2. [redacted]

PR[redacted]

TEMP. 97 [redacted] PULSE 91 BP 118/67

DATE OF TRANSFUSION 6 NOV

TIME STARTED 1230

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 Unit ML

TIME/DATE COMPLETED/INTERRUPTED 1400 6 NOV 03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 97 | PULSE 85 | BLOOD PRESSURE 122/69

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

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [x] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* (b)(6) 2

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

SIGNATURE OF PERSON NOTING ABOVE [redacted]

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

M

WARD Fcu1

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22334

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

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

DATE REQUESTED 6 NOV 03

DATE AND HOUR REQUIRED 6 NOV 03 0900

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

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

SIGNATURE OF VERIFIER [redacted] (b)(6)2

DATE VERIFIED 6 NOV 03

TIME VERIFIED 0920

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

DONOR

ABO O

Rh POS

TRANSFUSION NO.

PATIENT NO.

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP DATE 7, NOV 03

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 6, NOV 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1000 ON *(Date)* 6, NOV 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted]

2nd VERIFIER *(Signature)* [redacted]

PRE-TRANSFUSION
TEMP. 98 PULSE 91 BP 105/58

DATE OF TRANSFUSION 6 NOV 03

TIME STARTED 1000

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 1120 6 NOV

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98	89	125/70

If reaction is suspected—IMMEDIATELY:

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

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

(b)(6)2

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

SIGN [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, mid[redacted]: rate; hospital or medical facility)

SEX M

WARD ICU 1

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22335

Medical Record Copy

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] (b)(6)4

NURSING UNIT | ROOM NO. | BED NO.

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

1) Admit Jan
2) Dx - SIP (L) ACeA (P) LLq fasciotomy, (R) chestwall debridement
3) Cardiac scan
4) Vitals q15m for 1° then q1°

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

5) Activity Bedrest
6) Diet NPO
7) 2U D5 1/2NS at 100 cc/hr
8) I & O's
9) Foley to gravity
10) NG to LCS
11) Chest tube to 20cm suction
12) MEDS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

Ancef 1gm IV q8° ✓
MSO4 dry 4mg/hr titrated to effect
Versed dry 4mg/hr titrated to effect
13) PCXR upon arrival and q2 hrs
14) Albuterol Neb 2.5/3.0 cc q4° x 72° then DC
15) Labs CBC, PT, PTT, Chemistry, ABG upon arrival

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

16) Labs CBC q6°
17) Labs ABG q1° for 6° then q6°
18) Central MAP >70/45, SBP >80 <90, MAP [redacted]

(b)(6)2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY [redacted]

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10/27/03 TIME OF ORDER: 2200 HOURS

V.O. Dr. [redacted] / LT

[redacted]

1. PCXR
2. 1U PRBC
3. 500 cc NS
4. Nitroprusside 2mg/kg titrate to 0-10/4 drops

LIST TIME ORDER NOTED AND SIGN: [redacted] 28 Oct 03

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: [redacted] TIME OF ORDER: [redacted] HOURS

1. V.O. Dr. Young [redacted]
2. VS TV 700 ↑ PEEP 15

[redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 28 OCT 03 TIME OF ORDER: 0001 HOURS

V.O. - Dr. [redacted] / LT. [redacted]

1. D/C DS 1/2 NS.
2. 500 cc Bolus LR
3. Versed 5mg/hr

Noted [redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 28 Oct TIME OF ORDER: 0120 HOURS

1. FFP ÷ unit
2. If MAP is below 70, give ÷ cm of Albumin.
3. Wean F_IO_2 to keep Pa_{O_2} > 95.

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted] 20 [redacted] 10/28/03.

(b)(6)2

(b)(6)

(b)(6)

(b)(6)

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]			27 Oct, 17 25 HOURS 1) 1 Amp Bicarb 2) Repeat ABG 15 min after Abx [redacted]	
NURSING UNIT	ROOM NO.	BED NO.		

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]			27 OCT 1830 HOURS IV Bolus NS 500cc now V.O. Dr [redacted] / [redacted]	
NURSING UNIT	ROOM NO.	BED NO.		

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]			27 OCT 03 1840 HOURS 1) IV DS 1/2 NS to 150 cc/hr 2) Vent: RR 18 & TV 850 mL V O Dr [redacted] / LT. [redacted] [redacted]	Noted [redacted]
NURSING UNIT	ROOM NO.	BED NO.	[redacted]	

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]			27 OCT 03 1857 HOURS 1) V O. Dr. [redacted] / LT [redacted] 1) 500 cc NS Bolus 2) ATV 900	Noted [redacted]
NURSING UNIT	ROOM NO.	BED NO.	[redacted]	

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72 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]				28 Oct 03	HOURS	
				1) IVF NS at TKO		
				2) DC Allen order		
				[redacted]		[redacted] 0720
NURSING UNIT	ROOM NO.	BED NO.				

(b)(6)4

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
# [redacted]			[redacted]	28 Oct 03	HOURS	
				Lasix 20 IV		
				Allen 125 mg IV at 10th		
				↓ NS drip to 80 cc/hr		
				Allen may be		
				↑ to 75 after		
NURSING UNIT	ROOM NO.	BED NO.		4) Tylenol PR (GTO) Q4		noted [redacted]
				[redacted]		

(b)(6)2

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF [redacted]	
				28 Oct 03	1850 HOURS	
				Titrate peep to 5, ↓ BPM to 16		
				Titrate F.O2 down to 40%		[redacted]
				Keep PO2 > 60		
				V.O. Dr. [redacted] LGAN		
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
				29 Oct 03	~~2230~~ 0030 HOURS	
				Transfuse 1 U PRBC		
				V.O. Dr. [redacted] LGAN		
(b)(6)2						
NU [redacted]		BED NO.		LGT/AN 2400 Chart Check		

(b)(6)2

DA FORM 1 APR 79 4256 REPLACES MEDCOM - 22339 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
EW [redacted]			29Oct03 _____ HOURS 1) Swan c/ [redacted]	[redacted]
NURSING UNIT	ROOM NO.	BED NO.	[redacted]	29Oct03 1730
TICU #1			[redacted] 10/29/03 @ 0445	

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
[redacted]			30 Oct 03 0850 HOURS - Wet to dry dressing changes (R) knee (L) forearm begin tomorrow 31Oct03 QD	[redacted]
NURSING UNIT	ROOM NO.	BED NO.		

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
[redacted]			30Oct03 _____ HOURS 1) Continue lumbar 2) Vancomycin 1gm IV Q12° 1st dose now 3) Pancuronium QD T>101.5, 4 Peep 15	[redacted]
NURSING UNIT	ROOM NO.	BED NO.	[redacted]	

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
[redacted]			30Oct03 _____ HOURS 1) DC Anticoag 2) Urang 3.0gm IV Q6° 1st dose now 3) Hang Colloid/Chemical mixed 4) ↑ rate to [redacted]	[redacted]
NURSING UNIT	ROOM NO.	BED NO.	24 [redacted]	

(b)(6) (b)(6) (b)(6)

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]				1600 30 Oct 03 HOURS V.O DR [redacted] ABG Qh. Lasix 20mg IV now. Taken by [redacted]	Noted 30 Oct 03 [redacted]
NURSING UNIT	ROOM NO.	BED NO.		[redacted]	

PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER	
[redacted]				30 oct 2300 HOURS (a) NUBARC now followed by 20mg Lasix [redacted]	[redacted]
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER	
			11	31 oct 03 HOURS Amy calm Chlorid 1m	[redacted]
NURSING UNIT	ROOM NO.	BED NO.		[redacted]	
24V done	[redacted]			31 OCT 03 0012	

PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER	
[redacted]				30 OCT 03 0012 HOURS Neosynephrine drip 10 mcg/min V.O. [redacted] [redacted] LT. [redacted]	Noted 31 Oct 03
NURSING UNIT	ROOM NO.	BED NO.			

(b)(6)

(b)(6)

(b)(6)

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 31 OCT | TIME OF ORDER: 10:00 HOURS | LIST TIME ORDER NOTED AND SIGN

V.O. Dr [redacted]

✓ KCL 40 mEq in 250 cc NS x1 [redacted]

TAKEN by Flow Sample

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 31 OCT 03 | TIME OF ORDER: 2030 HOURS

(1) ΔABG draw to @ 22° ✓

V.O. Dr. [redacted] / [redacted]

24° ✓ 1 NOV 03 0445 [redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

(1) 20 KCL 20 mEq NS NOW VO Dr [redacted]

to [redacted] CPT/AN

1 NOV 03 1135

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

(1) Keep pt @ FiO2 50% for next 6° to see how he does then begin to titrate vent

V/O from Dr [redacted] / CPT [redacted]

DA FORM 1 APR 79 4256 REPLAC MEDCOM - 22342 ICH MAY BE USED.

(b)(6)

(b)(6)

(b)(6)

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 NOV — TIME OF ORDER: 0910 HOURS — LIST TIME ORDER NOTED AND SIGN

V.O. DR [redacted]

Cosyn 20 mg IV NOW — Noted 2NOV03 [redacted]

Kel 40 mg in 250 cc NS x 3 doses

Taken by [redacted]

(b)(6)2

PATIENT IDENTIFICATION: 24° Chart Check [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Nov 03 — TIME OF ORDER: 0930 HOURS — 0100 03NOV03

V.O. DR [redacted]

CHANGE IVF TO ½ NS at 25 cc/h. INCREASE VENT RATE TO 30 — Noted 3NOV03 [redacted]

Taken by [redacted]

(b)(6)4

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Nov 03 — TIME OF ORDER: 1130 HOURS

(1) D/C VANC

(2) D/C Unasyn

(3) Cipro 400 mg IV q12° 1st dose now

(4) Zosyn 3.375 gm IV q6° 1st dose now

[redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Nov 03 — TIME OF ORDER: 1000 HOURS

Blood Cx / Sys Cell

done 3Nov03 2000hrs [redacted]

[redacted]

noted 3Nov03 2000hrs

(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

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU	ICU	#6

DATE OF ORDER: 4 NOV 03 TIME OF ORDER: 0745 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Additional pain meds prn + q 4° x 48°

Noted 04 Nov AB 0040 USA

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
ICU	ICU	#6

DATE OF ORDER: 4 NOV 03 TIME OF [redacted] 1300 HOURS

1. Δ IVF to D5W @ 75 cc/hr + 20 meq KCl
2. Lasix 20 g IV prn

Noted 04 Nov AB 0318 USA

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU		#6

DATE OF ORDER: 4 NOV 03 TIME OF O[redacted] 1600 HOURS

1. Zantac 50 g IV qd
2. [redacted]
3. Place DHT
4. NCD consult

Noted 04 Nov AB @ 1629 USA

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 5 NOV 03 TIME OF ORDER: 1500 HOURS

1. ↑ IVF to 150 cc/hr
2. Δ Zosyn to 3.375 gm IV q 8°

Noted 5 Nov [redacted]

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72 WHICH MAY BE USED [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)4 ePW# [redacted]				11-5-03	1700 HOURS	
				Daily Dry Dressing S's (R) Leg (L) Forearm Leave Fingers open to air		Noted 5 Nov 03 [redacted]
NURSING UNIT	ROOM NO.	BED NO.				
ICU	2ND floor done	#6 [redacted]			LT/AN	
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
				6 Nov 03	0830 HOURS	
				(1) transfuse 2 u pRBC's over 2° each		Noted 6 Nov 03 [redacted]
NURSING UNIT	ROOM NO.	BED NO.		[redacted]		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER [redacted]	
				6 Nov 03	0945 [redacted]	
				(1) NS 1 liter bolus		[redacted]
				(2) 1/2 NS @ 200 cc/hr		
				(3) ✓ CVP ~~P~~ blood + bolus		16 Nov 03
NURSING UNIT	ROOM NO.	BED NO.				
✓done 06 Nov 2003		[redacted]		[redacted]		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
				06 Nov 03	2040 HOURS	
(b)(6)4 [redacted]				V.O DR. [redacted]	LT.	
				[redacted]		
				(1) transfuse 1U PRBC		
				[redacted]		
NURSING UNIT	ROOM NO.	BED NO.				

(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 / HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted]				7 NOV 03 1145	
			1	ΔCBC ☆ q AM	
			2	start tube feeds per CPT [redacted]	[redacted] 1145
NURSING UNIT	ROOM NO.	BED NO.		[redacted]	

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted]				7 NOV 03 1200	
			1	Nursing: Lacrilube BID to OU [redacted]	CPT/MN noted
NURSING UNIT	ROOM NO.	BED NO.			
ICU #1					

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted]				7 NOV 03 1530	
			1	KUB ASAP to Dr [redacted] [redacted] CPT/MN	Noted 1545
NURSING UNIT	ROOM NO.	BED NO.			
ICU #					

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted]				7 NOV 03 2245	7 NOV 03 2245 noted
			1	↑TF to 10cc/° V: O Dr [redacted]	[redacted] ICT/Ma
NURSING UNIT	ROOM NO.	BED NO.			

(b)(6)

(b)(6)

(b)(6)

(b)(6)

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]

NURSING UNIT: ICU 1 | ROOM NO.: | BED NO.: 6

DATE OF ORDER: 9 NOV 03 | TIME OF ORDER: 0930 HOURS | LIST TIME ORDER NOTED AND SIGN

1. add 100cc free H_2O & DHT 94°
2. lasix 20 mg IV now - done 0942
3. d IVF @ 125 cc/hr - done 0942

Noted 09 NOV 03 0933 [redacted]

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 9 NOV 03 | TIME [redacted] 2045 HOURS

1. LABG & 98°

Noted 10 NOV 03 0330 [redacted]

[redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 NOV 03 | TIME OF ORDER: 0700 HOURS

V.O. Dr [redacted]

Sodium Bicarbonate 1 amp now

Epinephrine 1 amp at 705

Epinephrine 1 amp at 725

Fluid challenge LR 500cc boluses

Taken by [redacted]

Noted 10 NOV 03 [redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 NOV 03 | TIME OF ORDER: 0700 HOURS

V.O Dr [redacted]

Start Dopamine drip at 10 mcg/kg/min titrate to keep MAP ≥ 60

Taken by [redacted]

Noted 10 NOV 03 [redacted]

(b)(6)

(b)(6)

(b)(6)

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72 WHICH MAY BE USED.

(b)(6)

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. NN Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED												
				[redacted]	10	11	12	13	14	15	16	17				
27Oct	[redacted]	Vital Sign q 1°	06	[redacted]												
reunitten	--------		18	[redacted]												
27Oct	[redacted]	Activity: BR (bedrest)	06	[redacted]												
reunitten	--------		18	[redacted]												
	--------	Diet: TF 10cc/hr Osmolite	06	[redacted]												
	--------	via dubhoff	18	[redacted]												
Begin 27Oct	[redacted]	I&O's	06	[redacted]												
Reunitten	--------		18	[redacted]												
Begin 27Oct	[redacted]	Foley > gravity	06	[redacted]												
reunitten	--------		18	[redacted]												
Begin 27Oct	[redacted]	OGT > LIS	06	[redacted]												
reunitten	--------		18	[redacted]												
Begin 27Oct	[redacted]	CT > 20cm H2O suction	06	[redacted]												
reunitten	--------		18	[redacted]												
27Oct	[redacted]	CXR q Am	04													
reunitten	--------		/	/	/	/	/	/	/	/	/	/	/	/	/	/
27Oct	[redacted]	Contact MDT > 101.5	06	[redacted]												
reunitten	[redacted]	SBP > 80 < 90 UOP < 30cc/hr	18	[redacted]												
09NOV	[redacted]	Add 100cc free														
	--------	H2O to DHT Q4°	04	/	[redacted]											
	--------		08	/												
	--------		12	[redacted]												
	--------		16	[redacted]												
	--------		20	[redacted]												
	--------		24	[redacted]												
9 Nov 03	[redacted]	ABG q 8hr	06	/	[redacted]											
	--------		14	/												
	--------		22	/												

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)

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

(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. OCT *Yr.* 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30	31	1	2	3	4	5	6	7	8
27 oct 03	[redacted]	Vitals q 15 min for 1°	06	[redacted]												
		then Q 1°	18													
27 oct 03	[redacted]	Activity Bedrest	06													
			18													
27 oct 03	[redacted]	Diet NPO	06													
			18													
27 oct 03	[redacted]	I & O's	06													
			18													
27 oct 03	[redacted]	Foley to gravity	06													
			18													
27 oct 03	[redacted]	OGT to LIS	06													
			18													
27 oct 03	[redacted]	Chest tube to 20cm Suck	06													
			18													
27 oct 03	[redacted]	PCXR upon arrival and	04			[redacted]										
		then q AM 04	04	[redacted]												
27 oct 03	[redacted]	Lab CBC q 6° 10	06	[redacted]												
		16	12	[redacted]												
		22	18	[redacted]												
			24													
27 oct 03	[redacted]	ABG q 10 x 6 then q 6 04	18	[redacted]												
		10	20	[redacted]												
		16	21	[redacted]												
		22	22	[redacted]												
			23	[redacted]												
			24	[redacted]												
27 oct 03	[redacted]	Contact MD T > 101.5 SBP > 180 < 90	06	[redacted]												
		urine OP < 30cc/hr	18	[redacted]												

(b)(6)2

Aid

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (L) chestwall debridement
S/P (L) AKA, (R) L Leg Fasciotomy

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

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

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
27Oct03	[redacted]	Admit ICU	27Oct	—	—	[redacted]
27Oct03	[redacted]	1 Amp Bicarbonate	27Oct	1800	—	[redacted]
	----	Repeat ABG 15min p Amp	27Oct	1800	—	[redacted]
27Oct	[redacted]	PCXR x1	27Oct	2000	2070	[redacted]
	----	Labs: CBC/PT/PTT, Chem8/ ABG	27Oct	1900	1900	[redacted]
	----	upon arrival				
~~30Oct~~	[redacted]	~~Transfer to Surgery OR~~ [redacted]	30Oct03	NOW	1348	[redacted]
1NOV	[redacted]	Hold FiO2 @ 50% for next 6 hours	1NOV	NOW	1500	
3NOV	[redacted]	Culture panel x 1 now	3NOV	NOW	2000hr	[redacted]
04Nov	[redacted]	Albuterol neb now	04Nov	NOW	0835	[redacted]
04Nov	[redacted]	Place DHT	04Nov	04Nov		
04Nov	[redacted]	NCD consult	04Nov	04Nov	1629	[redacted]
6Nov	[redacted]	CVP after blood & bolus	6Nov			
7Nov	[redacted]	Kub	7Nov	ASAP	1500	[redacted]

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

(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. 10 Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30	31	1	2	3	4	5	6	7
27 Oct	[redacted]	SIMV: RR 18 TV 750	06	/	[redacted]	}	Rewritten below								
		FiO2: 100 PEEP 13	18	[redacted]											
28 Oct	[redacted]	Wean FiO2 to keep	06	/	[redacted]										
		PaO2 > 95%	18	/	[redacted]										
28	[redacted]	Titrate PEEP to 5.	06	/	/	[redacted]									
		Titrate FiO2 to 40%.	18	/	[redacted]										
		Keep PO2 > 60													
28	[redacted]	SIMV: RR 12 TV 750	06	/	/	[redacted]	/	[redacted]							
		Titrate FiO2 & PEEP as above	18	/	[redacted]										
30 Oct	[redacted]	Wet to Dry Dressing	06	/	/	/	/	[redacted]			[redacted]				
		changes to (R) Knee (L) forearm		/	/	/	/	/	/	/	/	/	/	/	
		QD		/	/	/	/	/	/	/	/	/	/	/	
30 Oct	[redacted]	PAN culture QD	06	/	/	/	[redacted]								
		for Temp > 101.5	18	/	/	/	[redacted]								
30 Oct	[redacted]	Keep IT 1 Rate 22	06	/	/	/	[redacted]								
			18	/	/	/	[redacted]								
30 Oct	[redacted]	ABG Q4	06	/	/	/	[redacted]								
			18	/	/	/	[redacted]								
31 Oct	[redacted]	ABG QD	06	/	/	/	/	[redacted]							
			18	/	/	/	/	[redacted]							
3 Nov	[redacted]	INCREASE VENT RATE TO	06	/	/	/	/	/	/	/	[redacted]				
		30	18	/	/	/	/	/	/	/	[redacted]				

rewritten

(b)(6)2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (L) AKA (R) LLG Fasciotomy (L) chest Hallidie dressing

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

MEDCOM - 22351
EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

(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. 11 Yr. 2003

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

ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 7	8	9
28 OCT	[redacted]	Wean FiO2 to keep	06	/	[redacted]	[redacted]
rewritten		SaO2 >95%.	18	[redacted]		
NOV 5 30 OCT	[redacted]	Dry dsg Δ to (R) knee + (L)	10	/		[redacted]
rewritten		Forearm QD. (R) & (L) open				
		to air.				
30 OCT	[redacted]	Pan culture QD for	06	/	[redacted]	
rewritten		temp >101.5	18	[redacted]		
31 OCT	[redacted]	ABG Q2°	00	/	[redacted]	
rewritten			02	/		
			04	/		
			06	/		
			08	/	[redacted]	
			10	/		
			12	/		
			14	/		
			16	/		
			18	/	[redacted]	
			20	[redacted]		
			22			
07 NOV 03	[redacted]	Start TF recommended from	06	/	[redacted]	[redacted]
rewritten		nutrition consult, Osmolite 5cc/° 10cc/	18	[redacted]		
		goal rate 85cc/° of jevity.				
7 NOV 03	[redacted]	A.M lab: CBC @ 0900	09	/	[redacted]	
rewritten						
		(b)(6)2				

O/C changed 9 Nov 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [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

(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 ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 04	05	06	07	8	9
04Nov	[redacted]	Albuterol nebs Q4°	02	/	[redacted]				
		X48°	06	/	[redacted]				
			10	/	[redacted]				
			14	[redacted]					
			18	[redacted]					
			22	[redacted]					
04Nov	[redacted]	Vent: RR 28 FIO2 90%	06	[redacted]					
		PEEP 16	18	[redacted]					
5Nov	[redacted]	Daily Dressing Change	[redacted]	/	/	[redacted]			
		to (R) leg (L) forearm Dry							
		Dressing. Lower open to							
		air.							
7Nov03	[redacted]	Start Tube feed	06	/	/	/	[redacted]		
		as recommended for	18	/	/	/	[redacted]		
		Nutrition Consult							
		~~Check residuals~~ [redacted]							
		~~q 4 hr R > 200 cc to~~							
		~~stop TF & Call~~							
		~~notify physician~~							
7Nov	[redacted]	AM LAB: CBC @ 0900	09	/	/	/	[redacted]		

(b)(6)2

Rd 6Nov03

Rewritten Nov 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: SP (L) AKA (R) leg fasciotomy (L) Chest wall debridement

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ___

PATIENT IDENTIFICATION:

EPW [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

(b)(6) 2 17-1 Yoy (b)(6) 2

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. Oct Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 27	28	29	30	31	1	2	3	4	5	6	7	8	9
27oct03	[redacted]	ANCEF 1gm IV q8°	08	/	[redacted]												
			16	/	[redacted]												
			24	[redacted]													
27oct03	[redacted]	MSO4 drip 4mg/hr titrate	06	[redacted]													
		to effect	18	[redacted]													
27oct03	[redacted]	Versed drip 5 4mg/hr titrate to	06	[redacted]													
		effect	18	[redacted]													
27oct03	[redacted]	Albuterol Neb 0.5/3.0cc Q4°	04	/	[redacted]		/										
		x72° then D/C	08	/	[redacted]		/										
			12	/	[redacted]		/										
			16	/	[redacted]		/										
			20	[redacted]		/	/										
			24	[redacted]		/	/										
27OCT03		D5. 1/2 NS @ 150 cc/hr	06	/													
			18	[redacted]													
27OCT03	[redacted]	Vecuronium 7mg/hr	06	/	[redacted]												
		titrate to 0-1/4	18	[redacted]													
		Twitch		/	/	/	/	/	/	/							
28OCT03	[redacted]	NS @ 75cc for	06	/	[redacted]												
		Maintance	18	/	[redacted]												
30Oct	[redacted]	Vancomycin 1gm IV	12	/	/	/	[redacted]										
		Q12h	24	/	/	/	[redacted]										
30Oct	[redacted]	UNASYN 3.0 gm IV	06	/	/	/	[redacted]										
		Q6°	12	/	/	/	[redacted]										
(b)(6)2			18	/	/	/	[redacted]										
			24	/	/	/	[redacted]										

D/C 30OCT03

D/Cd - 28OCT03

AC NS NOUC 05

D/C 3 Nov

(b)(6) 2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/S (L) AKA (L) chest wall clebriciement

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

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

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
27Oct	[redacted]	500 cc NS Bolus	1800	1800	1800	[redacted]
27Oct	[redacted]	500 cc NS Bolus	1845	1845	1846	[redacted]
27Oct	[redacted]	500 cc NS Bolus	1958	1958	1958	[redacted]
27Oct	[redacted]	1U PRBC	2200	2210	2215	[redacted]
28Oct	[redacted]	500 cc LR Bolus	0001	0005	0010	[redacted]
28Oct	[redacted]	FFP ÷ 1 Unit	0115	0130	0135	[redacted]
28Oct	[redacted]	1 Can albumin for map < 70	0115			
28Oct	[redacted]	Lasix 20 mg IV	28Oct	0915	0915	[redacted]
28Oct	[redacted]	25% albumin 1 can @ 25 cc/hr	28Oct	0900	0900	[redacted]
28Oct	[redacted]	↓NS to 50 cc/hr while albumin running	28Oct	0900	0900	[redacted]
	------	then ↑ to 75 after				
28Oct	[redacted]	Transfuse 1 unit PRBC	28Oct	Now	0110	[redacted]
29Oct	[redacted]	Transfuse 2 Units PRBC	29Oct03	Now	(1) 1700 (2) OR	[redacted]

(b)(6)2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
28Oct	[redacted]	Tylenol PR 650 mg	D	28Oct	29 Oct	30 Oct	30 Oct	30 Oct	31 Oct	4 Nov						
------	↑	PRN: Q4°	T	0915	2330	0700 101°	1500 101.6	1800 101.2	0100 101.6	2345 100.8						
------	(b)(6)2		I	[redacted]												
------	------		E							+ effect						
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USAPA V1.00

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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
29Oct03	[redacted]	20mg Lasix IVP to be given	29Oct 03	ASAP	19 92	
	-----	T blood infusion				(b)(6) 2
30Oct	[redacted]	T Amp Ca chloride now	30Oct	Now	1345	[redacted]
30Oct	[redacted]	Transfuse T U PRBC	30Oct	Now	1245	[redacted]
30Oct	[redacted]	Lasix 20mg IV Now	30Oct	Now 1600	1600	[redacted]
31 OCT	[redacted]	Transfuse T U PRBC	31 OCT	Now 0030	0045	[redacted]
31 OCT	[redacted]	Last 20mg Post Blood	31 OCT	0300 31 OCT	0300	[redacted]
31Oct	[redacted]	Kel 40mg in 250 NS X1 dose	31Oct	1200	1200	[redacted]
1Nov03	[redacted]	Kel 20mg in 250 NS X1 dose	1Nov	Now	1200	[redacted]
2Nov	[redacted]	Lasix 20mg IV Now	2Nov	0910	0910	[redacted]
2Nov	[redacted]	Kel 40mg in 250 NS X3 doses	2Nov #1	0940	0940	[redacted] K 2.9
(b)(6) 2			2Nov #2	1200	1210	[redacted] K 3.3
	-----		2Nov #3	1400	1400	[redacted] K 3.7

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION. TIME/DATE DISPENSED														
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(b)(6) 2

USAPA V1.00

(b)(6)2

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. 2 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 31	31	1	2	3	4	5	6	7	8	9	10
31 OCT	[redacted]	Neosynephrine gtt													
		10mcg/min titrate	06	[redacted]					[redacted]						
		to keep MAP 65	18	[redacted]				[redacted]							
3 Nov	[redacted]	½ NS at 75 cc/h	06					[redacted]				Δ d/c 4 Nov 03			
			18					[redacted]							
3 Nov	[redacted]	Cipro 400 mg IV	12					[redacted]							
		Q12h	24					[redacted]							
3 Nov	[redacted]	Zosyn 3.375 gm IV	06					[redacted]							
		Q6h	12					[redacted]				Δ 5 Nov Saibaba			
			18					[redacted]							
			24					[redacted]							
4 Nov	[redacted]	Δ IVF to D5W @ 20 mEq KCl	06					[redacted]							
5 Nov	[redacted]	@ 75 cc/hr ↑ 150 cc/h	18					[redacted]				6 Nov D'C'd			
		~~Albuterol~~													
04 Nov	[redacted]	Zantac 50 mg IV	10						[redacted]						
		QD													
04 Nov	[redacted]	Heparin 5000 U SQ	10						[redacted]						
		BID	22						[redacted]						
5 Nov	[redacted]	Δ Zosyn to 3.375 gm	06						[redacted]						
		IV @ 8 h.	14						[redacted]						
4 Nov	[redacted]		22						[redacted]						
4 Nov	[redacted]	Albuterol Nebs	00						[redacted]						
		vent 9 4H X 48°	04						[redacted]						
(b)(6)7			08						[redacted]						
			12						[redacted]						
			16						[redacted]						

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (L) AKA (R) Leg Fasciotomy (L) Chestwall debridement

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [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

(b)(6)2

(b)(6) 2

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. NOV Yr 03

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

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 06	07	08	9	10
6 Nov	[redacted]	1/2NS at 200cch	06	[redacted]				
			18	[redacted]				
7 Nov	[redacted]	lactulose to OG BID	10	/	[redacted]			
			22	/	[redacted]			
09 NOV	[redacted]	IVF: 1/2NS @ 125cc/hr	06	/	/	/	[redacted]	
			18	/	/	/	[redacted]	
10 Nov Recopied	[redacted]	MSO4 Drip 4 Mg/h Titrate to effect	06	/	/	/	/	[redacted]
			18	/	/	/	/	
10 Nov Recopied	[redacted]	Versed Drip 4 mg/h Titrate to effect	06	/	/	/	/	[redacted]
			18	/	/	/	/	
10 Nov Recopied	[redacted]	Vecuronium 7mg/h Titrate to 0-1/4	06	/	/	/	/	[redacted]
			18	/	/	/	/	
10 Nov	[redacted]	Dopamine 10mcg/kg/m Titrate to keep MAP ≥ 60	06	/	/	/	/	[redacted]
			18	/	/	/	/	

Ned 09 NOV 03

(b)(6) 2

(b)(6) 2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (L) AKA (R) Leg Fasciotomy (L) Chest Wall debridement

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [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

LDA

(b)(6) Z

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo._____ Yr._____

		SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
4Nov	[redacted]	Lasix 20 mg IV now	4Nov	now	1310	[redacted]
6Nov	[redacted]	Transfuse 2 units PRBC each over 2h #1	6Nov	1000	1000	[redacted]
		#2	6Nov	1230	1230	[redacted]
6Nov	[redacted]	NS ÷ L Bolus	6Nov	10:00	1000	[redacted]
6Nov	[redacted]	Transfuse 1 Unit PRBC over 2H	6Nov	2150	2150	[redacted]
09Nov	[redacted]	LASIX 20mg IV now	09Nov	0942	0942	[redacted]
10Nov	[redacted]	Sodium Bicarbonate 2 amp IVP	10Nov	0700 Now	0700	[redacted]
10Nov	[redacted]	EPINEPHRINE 1 Amp IVP Now	10Nov	0707	0707	[redacted]
10Nov	[redacted]	LR 500cc Bolus	10Nov	0700	0700	[redacted]
10Nov	[redacted]	EPINEPHRINE 1 Amp IVP Now	10Nov	0725	0725	[redacted]
10Nov	[redacted]	LR Bolus 500cc	10Nov	0725	0725	[redacted]
(b)(6) Z					(b)(6) Z	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													

USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date): QI Appr 11 Jun 97

EMS REPORT

TIME: _____ ETA: _____ UNIT: _____

MED COM: [Y] [N] _____

ARRIVAL STATUS

TIME 1253 ☐ 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 _____ hrs

LMP: _____ ☐ _____

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: ☐ Warn ☐ Cool ☐ Hot
☐ Pink ☒ Pale ☐ Cyanotic ☐ _____
☐ Dry ☒ Moist ☒ Diaphoretic

SECONDARY SURVEY

DISABILITY
GCS: E _____ V _____ M _____
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 ☒ Tachy
PULSES: ☐ Central ☐ Peripheral

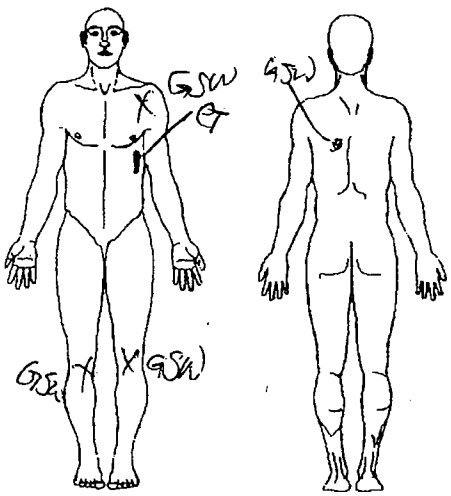
LUNGS
BREATH SOUNDS: ☐ Flat ☐ Equal ☒ Clear
Decreased [L] [R] Absent [L] [R]
Wheezes [L] [R] Crackles [L] [R]

ABDOMEN
☒ Soft ☐ Rigid ☐ Non-Tender
☒ Tender: —|—

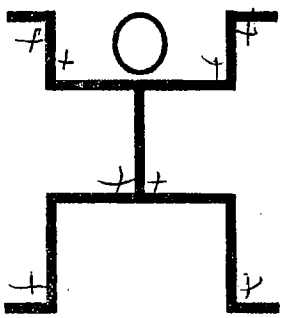
PELVIS
☒ Stable ☐ Unstable ☐ _____
Blood at meatus/vagina: [Y] [N]
Heme + / Prostate: ☒ WNL ☐ Abnl

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]

(Continue on reverse)

PREPARED BY (Signature) [redacted] 91B [redacted]

DEPARTMENT/SERVICE/CLINIC EMT

DATE 27 Oct 03

PATIENT'S IDENTIFICATION (For typed or wr[redacted] Name--last, first, middle; grade; date; hospital or medical facil[redacted]

000-00- [redacted] (b)(6)4

24-1/0

☐ 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

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	1800	INTILAS [redacted]		INTILAS	1800 HS	INTILAS [redacted]
	PUPLIS	PERRL Pupils equal Round				PERRL 3mm sluggish
	SENSORIUM	Ado unable to Assess				bilaterally paralyzed
		pt on vent				@ vecuronium & vented
RESPIRATORY	RESPIRATION PATTERN	15 BPM				Reg 18 BPM, TV 850
	BREATH SOUNDS	pt is on vent				PIP 43 Peep 10 FiO2 100%
	SECRETIONS	see vent setting				clear Right & diminished
		Diminished lung				on Left.
		sounds				
SKIN	COLOR	normal for Race				NFR.
	INTEGRITY	(R) LE wound (L) UE wound				(R) LE wound, L AKA
		(L) AKA.				(L) chest wound
IV SITE	LOCATION	(R) A-line wrist				(L) radial wrist
	CONDITION	(R) Sub-clavian 100cc/hr D5 1/2 NS				(R) subclavian TLC
		(L) IJ =				(L) IJ cordis
GASTRO	ABDOMEN	soft flat nondistended				soft @ BS hyperactive
	BOWEL SOUNDS	hyperactive - bowel sounds				CTX2 @ 20 cm suction
						JPX1 to bulb suction
GU	URINE	clear urany QS.				clear >30cc/hr
	COLOR/CLARITY	foley to gravity				foley to gravity
CARDIOVASCULAR	CARDIACRHYTHM	HR 171 BP 115/57				HR 136 BP 100/54

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

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

(Continue on reverse)

DEPARTMENT/SERVICE/CINC: ICU 1

DATE: 27 OCT 03

PATIENT'S INDICATIONS (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)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DATE 27 OCT 03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial line																		
	BP Cuff																		
	Temperature																		
	Pulse																		
	Respiratory Rate																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	IV1																		
	IVPB																		
	IVP																		
	TOTALS																		

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	URINE	SP gr																		
		S/A																		
	NG	OUTPUT																		
		PH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS	JP#1																		
		Chest tube																		
	TOTALS																			

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
B/P A-line		105/45	80/45	101/56	114/54	106/52	142/53	112/54	
B/P		—	—	—	—	—	—	—	
Temp		95.2	95.0	95.9	96.8	97.9	97.9	98.2	
Pulse		128	146	126	125	143	143	148	
RR		12	15	18	18	19	21	24	
SpO2		100%	100	95	95	93	89	94	
mean		vent	vent	vent	vent	vent	vent	vent	
map		65	65	68	77	71	84	74	

INTAKE	16	17	18	19	20	21	22	23	8°T
IV		100	100	150	150	150	150	150	450
IVPB		4	4	4	4	4	4	6	30
IVP									
Boluses		500	500	—	500	—	500		2000
Veo			7	7	7	7	7	7	42
PRBC							450		450

OUTPUT	16	17	18	19	20	21	22	23	
urine		400/400		46/446	170/616	200/816	300/1116	210/1326	1326
JP#1		90		50					140
Chest tube		160		~~60~~	60			95	315

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME	1700	1800	1900	2000	2100	2200	2300		
	MODE	SIMV								
	F_IO_2	100%								
	TV	760								
	RATE	15								
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

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

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

TURN	TIME						
SUCTION							

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	3472	Urine:	1326
Po	0		455
TOTAL	3472	TOTAL	1641
BALANCE	1831		

NURSE'S SIGNATURE	INITIALS

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0600	INTILAS [redacted]	1845	INTILAS [redacted]		INTILAS
	PUPLIS	3mm NReactive x		2.5mm Non-reactive to (L) eye			
	SENSORIUM	Paralyzed using Vecuronium 7cc/h		2.5mm ī minimal reacting to (R) eye. Vecuronium 7mg/hr maintaining paralysis.			
RESPIRATORY	RESPIRATION PATTERN	SIMV R 24 Peep 15		SIMV RR 18 Peep 9			
	BREATH SOUNDS	TV 710 PIP 42		TV 700 PIP 35			
	SECRETIONS	ETT #7 @ 24.5 @ teeth. Coarse lungs sounds bil.		ETT #7 @ 23 cm at teeth LS clear to (B) apex, (D) base. Minimal LS to (R) base.			
SKIN	COLOR	Normal for race		Normal for race. Crepitus present		to neck and abdomen	
	INTEGRITY	Multiple wounds		Surgical wounds to (B) LE, RUE. CT to (D) flank ī JP left chest.			
IV SITE	LOCATION	(R) Cordis		Cordis to (R) IJ subclavian.			
	CONDITION	(L) IJ (B) art line		(L) IJ. Arteline to (R) femoral artery. All patent and ī s/s infection or infiltration.			
GASTRO	ABDOMEN	Bright non distended		Soft, no guarding. BS absent.			
	BOWEL SOUNDS	hyp active BS ØBM		Ø BM.			
GU	URINE	foley to gravity		foley to gravity drainage large amounts of bright yellow urine.			
	COLOR/CLARITY	blood tinged yellow					
CARDIOVASCULAR	CARDIACRHYTHM	ST 140's MAP in 70's 100's Ø ectopy noted		Sinus tach. 120s-140s Ø ectopy noted. S, S2 audible.			

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(b)(6) 7

PREPARED BY (S [redacted] LPN

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICU #1

DATE 28 Oct 03

PATIENT'S INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

C [redacted] (b)(6) 4

☐ HISTORY/PHYSICAL ☒ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

MEDCOM - 22364

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 10/28/03 DX

HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	95/57	112/51	116/53	117/64	100/46	104/50	141/47	119/46		107/48	121/52	105/50	108/48	115/47	129/49	140/46	159/51	
BP Cuff	—	—		—	—	—	—	—		—			—	—	—	—		
Temperature	99.8	98.2	98.4	99.4	100.8	101.9	99.9	—		101.7	102.4		100.6	—	100.2	—	100.9	
Pulse	149	132	131	132	144	144	150	149		146	140	136	145	139	134	132	132	
Respiratory Rate	24	24	24	24	22	20	24	24		24	24	24	18	18	18	18	18	
SpO2	99	99	100	100	100	100	100	100		100	100	100	100	99	100	98%	99	
Source	Vent	Vent	Vent	Vent	Vent	Vent	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
MAP	72	75	79	75	67	68	67	66		65	74	66	64	69	72	78	84	
PEEP							15	15		15	15	15	15	13	13	11	11	
PIP										41	41	40	38	37	37	35	35	
FiO2										70	70	60	60%	50%	50%	50%	50	

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	150	—	—	—	—	—	35	75	250	75/35	50/375	50/375	50/425	50/475	75/550	75/625	75/700	700
IVPB	50	—	—	—	—	—	—	—	50	50/100	100	100	100	100	100	100	100	100
IVP			—	—	—	—	—	—	Ø	Ø	10	10	10	10	10	10	10	10
Blood	—	298	—	—	—	—	—	—	298	—	298	298	298	298	298	298	298	298
Versed	5	5	5	5	5	5	5	5	40	5	5	5	5/60	5/65	5/70	5/75	5/80	80
morphine	4	4	4	4	4	4	4	4	32	4/36	4	4	4/[illegible]	4/56	4/60	4/64	4/68	68
Vecuronium	7	7	7	7	7	7	7	7	56	7/63	7	7	7/91	7/98	7/105	7/112	7/119	119
Bolus	500	500	—	—	—	—	—	—	1000	—		1000	1000	1000	1000	1000	1000	1000
Albumin											25	25/50	25/75	25/100	100	100	100	100
TOTALS									1726									2475

OUTPUT		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR	120	110	100	120	150	160	75	90	925	55	100	80	165	90	85	200	210	2210
	TOTAL	120	230	330	450	600	760	835	925		980	1080	1160	1325	1415	1500	1700	1910	
	SP gr																		
	S/A																		
OG ~~NG~~	OUTPUT						500			500	30		60/90	20/110	110	110	100/210	210	210
	PH																		
	GUIAC																		
EMESIS										Ø	Ø		Ø	Ø	Ø	Ø	Ø		Ø
STOOL										Ø	Ø		Ø	Ø	Ø	Ø	Ø		Ø
DRAINS	JP #1		60					30		90	30	45/75	25/100	100	100	100	100	100	100
	CT #1			75			17/40			490	35/445	25/470	10/480	480	480	10/490	490		490
TOTALS										1625									5010

Output - 1700 IN - 1726 UO - 1910 IN 2475 = (749)

POST-OP DAY 1

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS

	16	17	18	19	20	21	22	23
	131/66	139/61	133/63	133/65	118/55	109/50	118/54	125/58
	—		—					
	—	101.3	101.2	101°	101.2	101.1	101.1	101°
	131	128	133	126	138	143	134	126
	18	18	18	16	16	16	16	16
	99	100	99	100%	93%	96%	98%	98%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	88	77	80	84	77	73	74	81
	9	9	9	8	8	9	9	8
	31	35	35	41	35	34	34	34
	50%	50	50	50	50	50	50	50

INTAKE

	16	17	18	19	20	21	22	23	8°T
	75/775	75/850	75/925	75/1000	75/1075	75/1150	75/1150	75/1225	525
	50/150	— 150	0/150	0/150	0/150	0/150	0/150	0/150	50
	10	10	20/30	0/30	0/30	0/30	0/30	0/30	20
	298	298	298	0/298	0/298	0/298	0/298	0/298	0
	5/85	5/90	5/95	5/100	5/105	5/110	5/115	5/120	40
	4/72	4/76	4/80	4/84	4/88	4/92	4/96	4/100	32
	7/126	7/133	7/140	7/147	7/154	7/161	7/168	7/175	56
	1000	1000	1000	0/1000	0/1000	0/1000	0/1000	0/1000	0
	100	100	100	0/100	0/100	0/100	0/100	0/100	0
									723

OUTPUT

	16	17	18	19	20	21	22	23	
	140/1000	200/1200	220/1420		520/2000	100/2100	105/2205	65/2270	1420
	210	210	90/300					75/375	375
	0	0	0						
	0	0	0						
	100	100	100	0/100			0/100		0
	490	490	15/505	15/520			20/540		50
									1945

RESPIRATORY DATA

		16	17	18	19	20	21	22	23
TIME		2400	0400	0600	1000	1050	1250	1450	1715
MODE		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
F_IO_2		100	100	100	60	60	50	50	50
TV		700	700	700	700	700	700	700	700
RATE		18	15	24	24	18	18	18	18
PEEP		15	15	15	15	15	13	11	9
ABG	pH	7.22	7.36	7.42	7.52	7.44	7.44	7.451	7.500
	PCO_2	40.6	40.4	32.8	29.2	35.4	36.8	37.5	32.8
	pO_2	166	143	93	151	170	111	139	129
	HCO_3	19	23	22	24	24	25	26	28
	SAT	99	99	98	99	100	98	99	99
	BASE	-8	-3	-3	1	0	1	2	6

LABORATORY DATA

TIME	0400			1000					
GLUCOSE	137	137							
Na/K	121/4.7			140/3.9				140/3.4	139/3.2
Cl/CO_2	104/19								
BUN/Cr	10								
WBC/PLATELET	22.3/61			18.4/64				15.6/72	
Hct/Hgb	10.9/33.4			28/9.2				26/7.6	

DAILY ACTIVITIES / NURSING

TIME	0800	1300	
MOUTH CARE		✓	
BATCH			
SKIN CARE	✓	✓	
FOLEY CARE	✓	✓	
TRACH CARE			
ROM EXERCISES			

TURN

TIME	2200 back	1400 back	0200 side	0400 back	0600 side

SUCTION

	12	17	2200
	bloody sputum	minimal	bloody minimal

24°180 TOTALS

NURSE'S SIGNATURE

WT Yesterday

wt Today

INTAKE

IV 4924

Po

TOTAL 4924

OUTPUT

Urine: 4555

4225

TOTAL 8780

BALANCE -3856

[redacted]

(b)(6) 2

NEUROLOGICAL ASSESSMENT

COMA SCALE	HOURS	06	12	19
EYES OPEN: SPONTANEOUSLY 4				
TO SPEECH 3				
TO PAIN 2				
NO EYE OPENING 1				1
BEST VERAL RESPONSE: ORIENTED 5				
CONFUSED 4				
VERBALIZES 3				
VOCALIZES 2				
NO VOCALIZATION 1				1
BEST MOTOR RESPONSE: OBEYS COMMANDS 6		Fcth		
LOCALIZESPAIN 5				
FLEXION WITHDRAWAL 4				
ABNORMAL FLEXION 3				
EXTENSION TO PAIN 2				
NO RESPONSE 1				1
LIMB MOVEMENT: ARMS: NORMAL POWER		wes	Ves	
MILD WEAKNESS				
SEVERE WEAKNESS				
ABNORMAL FLEXION		Paralyzed		
ABNORMAL EXTENSION				
NO RESPONSE				1
LEGS: NORMAL POWER				
MILD WEAKNESS				
SEVEREWEAKNESS				
ABNORMAL FLEXION				
ABNORMAL EXTENSION				
NO RESPONSE				1
PUPILS: RIGHT SIZE		3	3	2.5
RIGHT REACTION		–	+/+	–
LEFT SIZE		3	3	2.5
LEFT REACTION		–	+/+	–
PUPIL SCALE		2	3	4
ICP				
CEREBRAL PERFUSION PRESSURE				

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

+ + Brisk
+ Slow
– No Response

5 6 7 mm

+ Intact
– Abnormal

VASCULAR ASSESSMENT

	HOURS	06	12	19
RUE	R	+	+	++
	L			
RLE	R	+	+	+
	L			
LUE	R	+	+	++
	L			
LLE	R	N/A	N/A	N/A
	L			
	R			
	L			

+ + Normal
+ Weak
– Absent
D Doppler
R Right
L Left

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0800	INTILA[redacted]	1800	INTILAS[redacted]		INTILAS
NEURO	PUPLIS		3mm, sluggish		2mm sluggish.			
	SENSORIUM		paralyzed c chemicals		chemically paralyzed			
			c Vecuronium Sdrg/		c vecuronium c Tecluc			
			50cc = 7cc/hr					
RESPIRATORY	RESPIRATION PATTERN		SIMV RR16 TV 700		SIMV RR16 TV 700			
	BREATH SOUNDS		peep 7 FiO2 50%		FiO2 100% SaO2 98%			
	SECRETIONS		Sat 100%. #8 ETT @		25cm @ teeth.			
			24½ @ teeth. Suctioned		suctioned c 3cc NS			
			c 3cc NS and thick blood		Min secretions to ETT			
			mucous. Coarse Rhonchi Billy		Airway mucous secretions to nasal suction			
					BS coarse. bbs.			
SKIN	COLOR		Normal for race. Dry and		NFR. Warm.			
	INTEGRITY		warm. Coral fingers and		Amputee (AKA)			
			(R) toes.		(R) Leg I&O.			
IV SITE	LOCATION		(L) IJ 28Oct03		(L) IJ			
	CONDITION		(R) Cordis 27Oct03		(R) cordis			
			(R) Fem (Ped IJ tubing) 28Oct03		R fem (Ped IJ)			
			c good wave form		300mm Hg c good			
					wave form			
GASTRO	ABDOMEN		Soft nondistended		soft & non distended			
	BOWEL SOUNDS		ϕ BS. Crepitus felt upon		ϕ BS. crepitus to			
			palpation + marked		palpation. OG to			
			OG-LIS brownish secretions		LIS brown sec.			
GU	URINE		foley to gravity drain		foley c clear			
	COLOR/CLARITY		Tea colored urine		yellow urine			
			>100cc/h		700cc post last			
CARDIOVASCULAR	CARDIACRHYTHM		ST 130s SBP >120		ST 130 BP 131/74			
			DBP >70 MAPs >60		MAP 76 ϕ ectopy			
			ϕ ectopy.					
			edema genital generalized					

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREP[redacted] (b)(6) 2 | DEPARTMENT/SERVICE/CINC TCU #1 | DATE 28 Oct 03

PATIENT'S [redacted] or written entries give: Name Last, First, middle; gra[redacted] medical facility)

C[redacted] (b)(6) 4

☐ HISTORY/PHYSICAL ☒ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

(Continue on reverse)

Decp 5 50

DATE 29 Oct 03 | DX S/P G; (B) LE, Chest, LLE | HOSPITAL DAY 3

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial line	130/60	129/62	144/64	131/64	124/64	130/66	133/66	128/64		137/69	136/69	137/67	131/65	141/71	134/65	136/67	134/65	
	BP Cuff										—	—							
	Temperature	100.9	100.3	100.2	100.0	100.1	99.6	100.0	100.3		99.8			99.6		98.5			
	Pulse	131	131	149	145	136	136	140	144		144	130	135	136	137	136	136	136	
	Respiratory Rate	16	16	16	16	18	16	16	16		16	16	16	16	16	16	16	16	
	SaO_2	99%	100%	93%	93%	98%	96%	92%	97		100	100	100	100	96	95	95	96	
	MAP	80	80	88	85	79	84	88	87		91	90	89	88	94	88	88	89	
	PEEP	8	7	7	6	7	7	7	7		7	7	5	5	5	5	5	5	
	PIP	34	33	30	31	31	32	32	34		33	33	31	36	37	34	35	38	
	F_IO_2	50%	50%	45	50	50	50	50	50		50	50	50	50	50	50	50	50	
	Vent Set	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	S	SIMV	SIMV	SIMV	

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	IVF	75	75	75	75	75	75	75	75	100	75/675	75/825	75/900	75/975	75/1050	75/1125	75/1200	100/1300	
	IVPB	50	0	0	50	0	0	0	0	50	50/100	100	100	100	100	100	100	100/50	
	Versed	5	5	5	5	5	5	5	5	40	5/45	5/50	5/55	5/60	5/65	5/70	5/75	5/80	40/80
	MSO_4	4	4	4	4	4	4	4	4	32	4/36	4/40	4/44	4/48	4/52	4/56	4/60	4/64	32/64
	Vecuronium	7	7	7	7	7	7	7	7	56	7/63	7/70	7/77	7/84	7/91	7/98	7/105	7/112	56/112
	Blood	—	300	—	—	—	—	—	—	300	300	300	300	300	300	300	300	300	0/300
	TOTALS									1078									478

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	URINE		175/175	180/355	190/545	130/675	155/830	175/1005	115/1120	210/1330	1330	160/1490	130/1620	147/1767	130/1897	160/2057	108/2165	130/2337	155/2492	1162/2492
		SP gr																		
		S/A																		
	OGT	OUTPUT						450		450	450	450			150/600		600	100/700	700	200/700
	NG	PH																		
		GUIAC																		
	EMESIS																			
	STOOL																Ø	Ø		
																	Ø	Ø		
	DRAINS	JP	20					20		20	20	20					20	20	20	20
		CT	40		30		30	30		30/700	700	700			40/740	740	740	10/750	770	50/750
	TOTALS										700									1462

24-07 IN - 1078

08-15 IN 478

FIO2 45% Peep 5 — 1st unit PRBC start — WENT TO OR 1020 RETURN — LOST IMS

POST-OP DAY 2

VITAL SIGNS	16	17	18	19	20	21	22	23	
	136/64	138/70	OR	137/78	126/71	125/68	127/62	138/68	120/72
			OR	—	—	—	—	—	—
	99	99	OR	98	98	98	100	100	100
	137	137	OR	133	131	136	147	144	139
	16	16	OR	16	16	16	16	16	16
	97	92	OR	95	98	97	94	92	95
	95	92	OR	96	88	87	89	92	83
	5	5	OR	7	10	9	6	6	10
	40	43	OR	41	42	42	42	42	44
	45%	45%	OR	100	100	90	90	90	100
	SIMV	SIMV	OR	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
			OR						
			OR						

INTAKE	16	17	18	19	20	21	22	23	8°T
	75 / 1275	75	OR	75	75	75	75	75	80
	0 / 100	0 / 100	OR	—	—	—	—	—	—
	5 / 85	5	OR	6	6	6	6	6	40
	4 / 68	4	OR	5	5	5	5	5	30
	7 / 119	7	OR	7	7	7	7	7	49
	— / 320	300	OR	0		0	0	0	300

OUTPUT	16	17	18	19	20	21	22	23	
	125 / 2617	125 / 2842		300 / 3142	450 / 3592	300 / 3892	100 / 3992	100 / 4092	1600 / 5692
	700								—
	Φ								
	Φ								
	20			20	—	—			20
	15 / 765			30	—	—			45

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA		24	01	03	08	12		20	21	23
	TIME	2400	0130	0350	0800	1230		2000	2100	2300
	MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	F_IO_2	50%	50%	50%	50%	50%	45%	100	90	90
	TV	700	700	700	700	700	700	700	700	700
	RATE	16	16	16	16	16	16	16	16	16
	PEEP	8	8	7	7	5	5	10	9	6
ABG	pH	7.524	7.437	7.399	7.45	7.43	7.43	7.40	7.42	7.35
	PCO_2	35.5	40.4	47.8	43.3	43.3	43.5	51.2	48.6	56.8
	pO_2	120	104	79	136	89	93	111	98	74
	HCO_3	29	28	29	30	29	29	32	32	31
	SAT	99	98	95	99	97	97	98	98	93
	BASE	7	4	5	6	4	5	7	8	6

LABORATORY DATA	24	01	03	08	12		20	21	23
TIME	2400	0130	0350		1230	CBC 1600	2000		
GLUCOSE	—				112		100		
Na/K	139 / 3.3	139 / 3.5	139 / 3.3		138 / 3.7		137 / 3.3		
Cl/CO_2					104		101 / 33		
BUN/Cr					5		10 / 1.2		
WBC/PLATELET			5.7 / 72		13.7 / 70	12.1 / 79	15 / 78		
Hct/Hgb	16 / 5	19 / 6	24.8 / 8.0		22.0 / 7.6	22.1 / 7.4	33.1 / 10.8		25 / 9
			CBC		CBC				
CK					2800				

ACTIVITIES DAILY LIVING	TIME	0800	1030	1230
	MOUTH CARE	✓	✓	✓
	BATCH			
	SKIN CARE	✓		
	FOLEY CARE	✓		
	TRACH CARE			
	ROM EXERCISES			
	ETT CARE	✓	✓	✓

TURN	TIME				
	0400 (R) Side	0400 back	0600 (R) side	0800 (L) side	1000 (R) side
	1230 (L) side	1430 (R) side	1900 cent		

SUCTION					
	2400 thick	0200	0400	0600	0800 thick 3cc NS
	1000 thick 3cc NS	1130 thick 6cc NS	1230 thick 3cc NS	1430 thick 3cc NS	1845 thick 3cc NS
	2200 thick				

24°180 TOTALS

WT Yesterday ____ wt Today ____

INTAKE: IV ____ Po ____ TOTAL ____

OUTPUT: Urine: ____ TOTAL ____

BALANCE ____

NURSE'S SIGNATURE	INITIALS
[redacted] LSN	[redacted]
[redacted] /AN	[redacted]
[redacted]	[redacted]
(b)(6) 2	

Φ8 −24 IN

NEUROLOGICAL ASSESSMENT

		HOURS	08	12	16	18
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4				Swelling
		TO SPEECH 3				
		TO PAIN 2				
		NO EYE OPENING 1				
	BEST VERAL RESPONSE	ORIENTED 5				Trach
		CONFUSED 4				
		VERBALIZES 3				
		VOCALIZES 2				
		NO VOCALIZATION 1				
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6				Localizes to Stimuli
		LOCALIZESPAIN 5				
		FLEXION WITHDRAWAL 4				
		ABNORMAL FLEXION 3				
		EXTENSION TO PAIN 2				
		N0 RESPONSE 1				
LIMB MOVEMENT	ARMS	NORMAL POWER	Chemical restraint	Chemical restraint	Chemical restraint	General Soft restraints
		MILD WEAKNESS				
		SEVERE WEAKNESS				
		ABNORMAL FLEXION				
		ABNORMAL EXTENSION				
		NO RESPONSE				
	LEGS	NORMAL POWER				
		MILD WEAKNESS				
		SEVEREWEAKNESS				
		ABNORMAL FLEXION				
		ABNORMAL EXTENSION				
		NO RESPONSE				
PUPILS	RIGHT	SIZE	3	3	3	2
		REACTION	+	+	+	+
	LEFT	SIZE	3	3	3	2
		REACTION	+	+	+	+
PUPIL SCALE			2	3	4	5 6 7 mm
ICP						
CEREBRAL PERFUSION PRESSURE						

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

+ + Brisk
+ Slow
– No Response

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS		08	12	16
UE	R	++	++	++
	L	++	++	++
LE	R	++	++	++
	L	N/A	N/A	N/A
Femoral	R	+	++	++
	L	++	++	++
	R			
	L			
	R			
	L			

+ + Normal
+ Weak
– Absent
D Doppler
R Right
L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	1630	INTILAS [redacted]	1800	INTILA [redacted]		INTILAS
	PUPLIS	Perl 2 slow		Perl, 2mm sluggish			
	SENSORIUM	Ø		Ø vecuronium 7ml/h for			
		No movement noted		chemical paralysis.			
RESPIRATORY	RESPIRATION PATTERN	VENTED. ETT		Vent: RR 24 PIP 44 TV 700 PEEP 15			
	BREATH SOUNDS	Clear diminished bases		FiO2 85% · Bs ~~equal~~ diminished			
	SECRETIONS	Yellow ET Nasal. creamy		BLE. Clear upper R/L. Thick			
		expectorate to left side and		secretions basally & foul			
		neck. Chest tube to left		smelling. (T) 103.2. ETT 8.5			
		chest wall to suction		@ 27 cm.			
SKIN	COLOR	Normal		NFR. Warm/DRY/Intact. Surgical			
	INTEGRITY	Intact except for surgical site		site R/L upper chest. (R) fasciotomy			
		surgical chest wall		(L) debridement to lower extremity			
IV SITE	LOCATION	Cordis Right SC		① TLC (R) sub. 10/30			
	CONDITION	Left EJ. (Hc)		② Cordis (R) sub 10/30			
				③ Left EJ. 10/27			
				All sites are CDI NO S/S of			
				infection.			
				④ (R) Groin A-line 10/30			
GASTRO	ABDOMEN	Abdomen nondistended		Abdomen Non-distended & soft &			
	BOWEL SOUNDS	@ BS		hypoactive BS. NG Tube L.I.S.			
		Salem Sump tube to L.I.S.		NPO. No Bm noted.			
		NPO					
GU	URINE	Foley.		Foley to drainage orange			
	COLOR/CLARITY	Amber clear		colored urine quantity			
				730 cc/hr.			
CARDIOVASCULAR	CARDIACRHYTHM	ST. S1S2 @ SVD Pulses @		ST. S1S2 140-180's. BP 90's/60's			
		A-line to Right femoral art		~~A-line~~ Neosynephrine to keep			
		Refer Notes for IV's and drips.		MAP 65. Started at 10mcg/hr			

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

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

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE 30 Oct 03

PATIENT'S INDIC[redacted]ONS (For typed or written entries give: Name Last, First, middle; grade; da[redacted]; hospital or medical facility)

C[redacted] (b)(6)4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

MEDCOM - 22372

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 30 OCT 03 | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	120/72	109/61	116/62	124/65	124/60	115/57	111/59	110/54		124/61	126/71	101/55	95/52	99/52	88/50	84/57	108/63	
BP Cuff	—	—	—	—														
Temperature	100.2	100.7	100.9	100.7	100.9	100.4	101.2	101.6		101.5		101.6		102.2	102.2	99.6	101.6	
Pulse	139	137	136	134	140	143	137	140		143	132	142	145	148	144	132	137	
Respiratory Rate	16	16	16	16	16	16	20	20		20	20	20	20	20	24	24	24	
SaO2	95	95	96	92	92	92	92	93		96	91	97	95	93	93	96	100	
MAP	83	82	82	87	85	79	76	84		82	89	76	68	68	65	65	80	
PEEP	10	9	9	10	10	10	8	8		8	12	12	12	15	15	15	15	
PIP	43	42	43	44	42	53	43	40		41	44	48	52	50	47	56	51	
FiO2	100	95	95	90	90	90	85	85		85	100	100	95	95	95	95	80	
Vent set	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	75	75	75	75	75	75	75	75	75 →		75	75	75	75	75	175	75	
IVPB	50	—	—	—	—	—	—		50 →					250		4	100	
Versed	6	5	5	5	5	5	5	5	5 →		5	5	5	4	2	2	2	
MSO4	5	4	4	4	4	4	4	4	4 →		4	4	4	4	4	4	4	
Vecuronium	7	7	7	7	7	7	7	7	7 →		7	7	7	7	7	7	7	
Blood	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	350		
TOTALS	143	91	91	91	91	91	91	91	14 →		91	91	91	340	88	538	189	

OUTPUT		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR	170	180	160	140	90	100	110	150		120	100	80	90	40	50	50	60	
	TOTAL	170	350	510	650	740	840	950	1100		1220	1320	1400	1390	1430	1480	1530	1590	
	SP gr																		
	S/A																		
OGT ~~NG~~	OUTPUT	—	—	—	—	200	—	—											
	PH																		
	GUIAC																		
EMESIS						0	—	—											
STOOL						NA	—	—											
DRAINS	IP	10	—	—	—	20	—	—											
	CT	20	—	—	—	40	—	—											
TOTALS																			

12A – 6A In 699

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23
A-line	136/77	102/58	119/62	107/55	99/48	88/47	91/49	101/52
NIBP								
Temp			102.7	103.3	103.7	103.4	102.4	102.7
Pulse	144	139	145	154	142	139	139	139
Resp	24	24	24	24	24	24	24	24
SaO2	97	94	94	86	91	92	91	90
MAP	96	78	81	75	65	64	68	76
PEEP	15	15	15	15	15	15	15	15
PIP	57	57	42	53	54	54	31	48
FIO2	80	80	85	85	100	100	100	100
entec	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv

INTAKE	16	17	18	19	20	21	22	23	8°T
Dopa	75	75	75	75	75	75	75	75	
Dopb									
Versed	2	2	2	2	2	4	4	4	
Morph	4	4	4	4	4	4	4	7	
RBC	7	7	7	7	7	7	7	7	
Blood									
	88	88	88						

OUTPUT	16	17	18	19	20	21	22	23
	1440/1785	720/2439	240/2739	330/3060	300/3360	340/3700	90/3790	130/3920
OGT								
JP		10						
CT		30						

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA												
TIME			0200	0400	0630	0900	1045	1150	1245	1430	1730
MODE					Simv	Simv	Simv	Simv	Simv	Simv	Simv
F_IO_2					85	100	95	95	95	80	85
TV					700	700	700	700	700	700	700
RATE					20	20	20	20	24	24	24
PEEP					8	12	12	15	15	15	15
ABG	A	pH	7.385	7.389		1200 7.390	1538 7.422	1800 7.384			
		PCO_2	53.0	50.8		49.7	45.2	50.7			
	B	pO_2	105	117		100	99	71			
		HCO_3	31	30		29	29	31			
		SAT	97	98		97	97	91			
	G	BASE	7	6		5	5	5			

LABORATORY DATA												
TIME						1200						
CLUCOSE												
Na/K			138/3.3	137/3.7		138/3.3						
Cl/CO_2				103/28								
BUN/Cr				—								
WBC/PLATELET				12/70			11.1/79					
Hct/Hgb			30/10	28/9		25/9	29/9.5					
CIC				75000								

ACTIVITIES DAILY LIVING												
TIME												
MOUTH CARE			1247									
BATCH												
SKIN CARE			0500									
FOLEY CARE			0500									
TRACH CARE			1247									
ROM EXERCISES												
ETTCare												

TURN	TIME					
	0500					

SUCTION						
	0330	1247				
	0700					
	0800					
	1000					

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[redacted]

(b)(6) 2

NEUROLOGICAL ASSESSMENT

COMAS SCALE		HOURS	
EYES OPEN	SPONTANEOUSLY	4	
	TO SPEECH	3	
	TO PAIN	2	
	NO EYE OPENING	1	1
BEST VERAL RESPONSE	ORIENTED	5	
	CONFUSED	4	
	VERBALIZES	3	
	VOCALIZES	2	
	NO VOCALIZATION	1	1
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	
	LOCALIZESPAIN	5	
	FLEXION WITHDRAWAL	4	
	ABNORMAL FLEXION	3	
	EXTENSION TO PAIN	2	
	NO RESPONSE	1	1
LIMB MOVEMENT — ARMS	NORMAL POWER		
	MILD WEAKNESS		
	SEVERE WEAKNESS		
	ABNORMAL FLEXION		
	ABNORMAL EXTENSION		
	NO RESPONSE		✓
LIMB MOVEMENT — LEGS	NORMAL POWER		
	MILD WEAKNESS		
	SEVEREWEAKNESS		
	ABNORMAL FLEXION		
	ABNORMAL EXTENSION		
	NO RESPONSE		✓
PUPILS — RIGHT	SIZE		2
	REACTION		+
PUPILS — LEFT	SIZE		2
	REACTION		+
PUPIL SCALE			2 3 4 5 6 7 mm
ICP			
CEREBRAL PERFUSION PRESSURE			

LEGEND

- C Closed by swelling
- T Trach/Endo
- S Slurring
- D Dysphasia
- R Receptive
- E Expressive
- R Right
- L Left
- Record Separately if there is a Difference between the tow sides
- + + Brisk
- + Slow
- – No Response
- + Intact
- – Abnormal

VASCULAR ASSESSMENT

		HOURS
UE	R	+
	L	+
LE	R	+
	L	
	R	
	L	
	R	
	L	
	R	
	L	

- + + Normal
- + Weak
- – Absent
- D Doppler
- R Right
- L Left

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL S[redacted]ASSESSMENT

NEURO	TIME	0630	INTILA[redacted]	1900	INTILA[redacted]		INTILAS
	PUPLIS	3mm slow		2mm Regard sluggish			
	SENSORIUM	& Paralyzed		paralyzed ē Vec. 7mg/hr			
				Versed, 4mg/hr MSO4 4mg/hr			
RESPIRATORY	RESPIRATION PATTERN	VENTED ET #8.5 22cm		Vented ETT 8.5 22cm lip			
	BREATH SOUNDS	INSPIRATORY wheeze ē		SIMV, TV 750 FIO2 50%			
	SECRETIONS	Reitered Rhonchi		R 22 Peep 15. Chest			
		SIMV rate 24 TV 750 Peep 15		tube Bilat (L) 900mL 20cmH2O			
		FIO2 75. Chest tube R & (L)		(R) 900mL 20cmH2O LS scattered			
				Rhonchi ↓ bases even TV chest			
SKIN	COLOR	Normal		Sclera-yellow skin. Normal for Race			
	INTEGRITY	chest tube R & (L). (L) hand		DRESS CT bilat (L) ANA ē desq ace wrap CDT			
		(R) leg (L) AKA (L) hand		(R) Knee Gauze ē Kerlix CDT (L) Arm Kerlix CDT (R) finger LRT			
IV SITE	LOCATION	Cardio (R) SC. See Notes		(R) SC cardio infusing			
	CONDITION	for fluids		Versed 4mg/hr, Vec, 7mg/hr, MSO4 4mg/hr NS 75cc/hr ē diffic			
		(HL) (R) hand PIV		(R) leg PIV SL			
		(L) EJ (HL)		(L) EJ SL			
GASTRO	ABDOMEN	Nondistended soft to touch		Firm, non distend			
	BOWEL SOUNDS	(-) Salem Sump tube OTA/N		BS x 2 ↓ quad absent ↑ 2 quads			
		& suction.		OGT → LIS			
GU	URINE	Foley		Foley → gravity 18 Fr catheter			
	COLOR/CLARITY	Amber. clear.		draing, Amber clear urine			
CARDIOVASCULAR	CARDIACRHYTHM	ST HR 110-120's SIS 2		ST HR 103 BP 110/80 MAP 101			
		(-) SVD. A-line (R) Fem.		Alone (R) Femoral Art, zeroed ē qd blood return			
		EDEMA to extremities		edema to extremities			
				(+) pulses			

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC 1/M1

DATE 21 OCT 03

PATIENT'S INDICATIONS (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)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

MEDCOM - 22376

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | ox | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial line	119/61	131/62	105/56	82/51	115/69	135/77	105/61	88/49		94/53	97/51	82/47	89/47	93/53	129/72	132/77	151/84
BP Cuff	—	—	—	—	—	—											
Temperature	102.4	102.2	101.4	101.5	100.9		100.9			100		100.2		99.6		100	98.7
Pulse	144	146	134	115	111	119	121	119		117	123	123	117	115	113	113	107
Respiratory Rate	24	24	24	24	24	24	24	24		24	20	20	22	22	22	22	
SaO2	88	87	89	93	95	91	91	93		94	92	92	93	93	92	90	90
MAP	81	92	76	64	85	97	75	65		61	67	61	61	68	91	98	101
PEEP	15	15	15	15	15	15	15	15		15	15	15	15	15	15	15	15
PIP	47	47	54	42	49	55	52	51		57	57	51	50	50	57	51	57
FiO2	90	90	85	85	75	75	75	75		70	65	70	65	60	55	55	50

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	600
IVPB	100	250	—	—	—	—	100		100					350				
Versed	4	4	4	4	4	4	4	4	8	4	4	4	4	4	4	4	4	32
morph	4	4	4	4	4	4	4	4	8	4	4	4	4	4	4	4	4	32
Vecuro	7	7	7	7	7	7	7	7	14	7	7	7	7	7	7	7	7	56
Blood	—	450	—	—	—	—						3.8	7.5	7.5				450
Neosy																		
KCl												3.8	7.5	7.5	7.5	7.5	5	
									80									1170
									80									
TOTALS	190	790	90	90	90	90	190	90		90	90	93.8	97.5	447.5	97.5	97.5	97	

OUTPUT		24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
URINE	HOUR	180	800	200	300	500	900	850	110	100		70	90	80	60	200	—	240
	TOTAL	180	980	1180	1540	2040	2940	3790	3850	3950		3970	4060	4080	4140	4340	4340	4580
	SP gr																	
	S/A																	
~~CBT~~ ~~NG~~	OUTPUT						200											
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS 10/27	JP					20												
	CT #1					50												
10/30	CT #2					50												
TOTALS		180	800	200	360	790	200	110	100		70	90	80	60	200		240	

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23
	149/71	152/86	142/81	144/82	134/80	143/82	134/80	137/78
	98.2	98.6	97.9	97.9	97.9			
	104	102	101	102	101	103	105	111
	22	22	22	22	22	22	22	22
	91	91	92	94%	94%	93	94	93
	106	108	106	100	104	102	101	94
	15	15	15	15	15	15	15	15
	51	52	51	52	53	56	56	57
	50	50	50	50%	50%	50%	50%	50%

Act
NIBP
Temp
Pulse
Resp
SaO2
MAP
Resp
PIP
FiO2

INTAKE	16	17	18	19	20	21	22	23	8°T
	75	75	75	75	75	75	75	75	600
				100					350
	4	4	4	4	4	4	4	4	32
	4	4	4	4	4	4	4	4	32
	7	7	7	7	7	7	7	7	56
									252
	90	90	7						

OUTPUT	16	17	18	19	20	21	22	23	
	162/540	142/580	102/390	153/1040	125/620	150/1415	150/1565		6565
	162	140							

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME	0630	0730	0830	0900	1000	1030	1100	1130	1400
	MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	PIMV
	F_IO_2	75	70	65	70	70	65	60	55	50
	TV	750	750	750	750	750	750	750	750	750
	RATE	24	24	20	20	20	22	22	22	22
	PEEP	15	15	15	15	15	15	15	15	15
ABG	pH	7.493	7.499	7.499	7.489	7.454				
	PCO_2	34.7	35.5	36.6	37.5	41.3				
	pO_2	72	65	72	72	63				
	HCO_3	27	28	28						
	SAT	96%	94%	96%	96	93				
	BASE			4						

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

ACTIVITIES OF DAILY LIVING	TIME				TIME				
	MOUTH CARE				TURN				
	BATCH								
	SKIN CARE								
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								
	ETT care								

24°180 TOTALS

NURSE'S SIGNATURE | INITIALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____ Urine: _____

Po _____

TOTAL _____ TOTAL _____

BALANCE _____

OUTPUT

[redacted] (b)(6) 2 J

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	
EYES OPEN	SPONTANEOUSLY	4	
	TO SPEECH	3	
	TO PAIN	2	
	NO EYE OPENING	1	
BEST VERAL RESPONSE	ORIENTED	5	
	CONFUSED	4	
	VERBALIZES	3	
	VOCALIZES	2	
	NO VOCALIZATION	1	
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	
	LOCALIZESPAIN	5	
	FLEXION WITHDRAWAL	4	
	ABNORMAL FLEXION	3	
	EXTENSION TO PAIN	2	
	NO RESPONSE	1	

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

LIMB MOVEMENT		
ARMS	NORMAL POWER	
	MILD WEAKNESS	
	SEVERE WEAKNESS	
	ABNORMAL FLEXION	
	ABNORMAL EXTENSION	
	NO RESPONSE	✓
LEGS	NORMAL POWER	
	MILD WEAKNESS	
	SEVEREWEAKNESS	
	ABNORMAL FLEXION	
	ABNORMAL EXTENSION	
	NO RESPONSE	✓

R Right
L Left

Record Separately if there is a Difference between the tow sides

PUPILS		
RIGHT	SIZE	2
	REACTION	+
LEFT	SIZE	2
	REACTION	+

+ + Brisk
+ Slow
– No Response

PUPIL SCALE: 2, 3, 4, 5, 6, 7 mm

ICP

CEREBRAL PERFUSION PRESSURE

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS		
UE	R	+
	L	+
LE DPKn	R	+
	L	
	R	
	L	
	R	
	L	
	R	
	L	

+ + Normal
+ Weak
– Absent
D Doppler
R Right
L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)* QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME		INTILAS		INTILAS		INTILAS
NEURO	PUPLIS						
	SENSORIUM						
RESPIRATORY	RESPIRATION PATTERN						
	BREATH SOUNDS						
	SECRETIONS						
SKIN	COLOR						
	INTEGRITY						
IV SITE	LOCATION						
	CONDITION						
GASTRO	ABDOMEN						
	BOWEL SOUNDS						
GU	URINE						
	COLOR/CLARITY						
CARDIOVASCULAR	CARDIACRHYTHM						

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY *(Signature & Title)*

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICU 1

DATE 31OCT03

PATIENT'S INDICATIONS *(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)*
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	129/74	124/74	138/77	129/71	128/77													
BP Cuff				9														
Temperature		98.4	98.7	99.°	99.3													
Pulse	112	112	119	120	125													
Respiratory Rate	22	22	22	22	22													
SAO2	94%	90%	92%	92%	91%													
MAP	93	97	94	89	95													
PEEP	15	15	15	15	15													
PIP	56	54	50	49	49													
FIO2	50%	50%	60%	60%	60%													

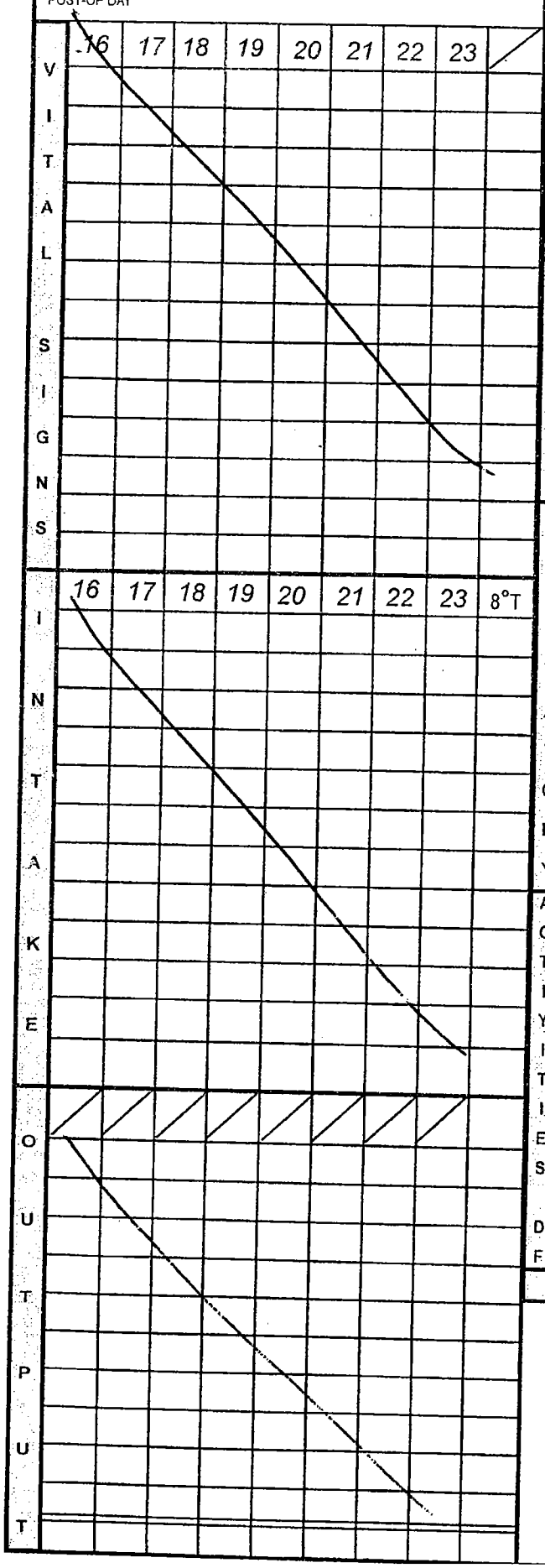
INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
NS	75	75	75	75	75	75				450								
IVPB	250	100								350								
Versed	4	4	4	4	4	4		Total		24					3870			
MSO4	4	4	4	4	4	4				24								
Vec	7	7	7	7	7	7				42				24 total				
TOTALS																		

OUTPUT

	HOUR / TOTAL	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
URINE				350	100	140	100												
				0915	1015	1155	125												
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

POST-OP DAY



ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA											
	TIME	0100	0300	0500							
	MODE	SIMV	SIMV	SIMV							
	F_IO_2	50%	60%	60%							
	TV	750	750	750							
	RATE	22	22								
	PEEP	15	15								
ABG	pH	7.489	7.454	7.457							
	PCO_2	36.6	41.3	41.4							
	pO_2	72	63	58							
	HCO_3			29							
	SAT	96	93	91							
	BASE										

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

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

TURN / SUCTION	TIME					
TURN						
SUCTION						

24°180 TOTALS	NURSE'S SIGNATURE	INITIALS
WT Yesterday _____ wt Today [redacted]	[redacted]	[redacted]
INTAKE / OUTPUT	(b)(6) 2	
IV 3870 / Urine: [redacted]		
Po ~~0~~		
TOTAL 3870 / TOTAL _____		
BALANCE _____		

005

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0830	INTILAS [redacted]	(b)(6)2	INTILAS		INTILAS	
	PUPLIS	3mm + Sluggish — Jaundice sclera						
	SENSORIUM	paralytic: Vecuronium						
		7cc/h = 7mg/°, analgesic +						
		Sedation MSO4 @ 4mg/°,						
		versed @ 4mg/°						
RESPIRATORY	RESPIRATION PATTERN	SIMV RR22 TV750 peep15						
	BREATH SOUNDS	FiO2 @ 70% to titrate ↓						
	SECRETIONS	to keep PaO2 > 58. Course						
		Rhonchi ↓ Bounds in bases						
		Thick sticky large secretions						
		from oral + Nasal airway.						
SKIN	COLOR	Tannish ± a yellow hue						
	INTEGRITY	Multiple wounds See						
		wound care assessment sheet						
IV SITE	LOCATION	(1) (R) Cordis infusing IVF		(1) (R) Femoral - good				
	CONDITION	NS @ 75cc/h, Versed, vec		heparin				
		+ MSO4.						
		(2) (L) I - infiltrated has not						
		been removed as yet.						
		(3) (R) PIV # 18G ⊘ S infiltration						
GASTRO	ABDOMEN	firm and slightly distended						
	BOWEL SOUNDS	hypoactive BS						
		⊘ BM						
GU	URINE	foley to gravity						
	COLOR/CLARITY	Amber UOP > 100 cc/h						
CARDIOVASCULAR	CARDIACRHYTHM	ST 120's – 130's						
		MAP in mid 80-90's						
		S1 + S2 ⊘ Murmur						
		generalized edema						

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

[redacted] SGT a(WMC (b)(6)2 DEPARTMENT/SERVICE/CINC ICU DATE 1 NOV 03

PATIENT'S INDICATIONS (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)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DATE

HOSPITAL DAY

VITAL SIGNS																			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	16	
BP Arterial line	129/78	138/81	139/74	129/77	137/76	132/78	124/73	134/74		132/82	136/83	144/85	144/84	133/79	128/76	126/74	125/74		
BP Cuff																			
Temperature	99.9	100.6	100.1		100.2		100.			98-			98-				98.7		
Pulse	132	125	129	127	125	122	118	113		114	113	114	116	114	113	113	114		
Respiratory Rate	22	22	22	22	22	22	22	22		22	22	22	22	22	22	22	22		
SuO2	91	88	90	94	92	93	91	92		93	94	91	93	92	95	95	96		
Source	Vent	S	S	S	S	S	S	S		S	S	S	S	S	SIMV	SIMV	SIMV		
FiO2	75	80	70	70	65	60	60	55		55	50	50	50	50	50	50	50		
MAP	99	106	92	93	96	95	91	97		99	100	106	104	97	95	91	91		
PIP	/	/	/	55	52	54	49	49		54	51	49	49	51	50	50	47		

INTAKE																			
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	16	8°T
MIVF NS	75	75	75	75	75	75	12	12	474	12	12	75	75	75	75	75	75		474
IVPB	100						100	250	450					100					100
Vecuronium	7	7	7	7	7	7	7	7	56	7	7	7	7	7	7	7	7		56
Versed	4	4	4	4	4	4	4	4	32	4	4	4	4	4	4	4	4		32
MSOx	4	4	4	4	4	4	4	4	32	4	4	4	4	4	4	4	4		32
~~Propofol~~							63	63	126	63	63		–	–					126
TOTALS									1070										

OUTPUT																			
URINE HOUR / TOTAL	120/120	170	140	90	90	90	92	120	82	95/95	85/180	130/310	165/375	90/465	140/605	40/645	110/755		755
URINE SP gr																			
URINE S/A																			
OG/NG OUTPUT									–				30						30
OG/NG PH																			
OG/NG GUIAC																			
EMESIS			Ø																
STOOL			Ø					Ø											
JP DRAINS								Ø											
CT1 DRAINS							Ø/90	–					20						20
CT2 DRAINS			Ø/25				10/135	10	10				10/90 / 7/142						10
TOTALS									1062										822

06-13 IN = 1070

06-21 IN =

↓Peep 13 | ↓Peep 11 | ↓Peep 10 | ↑Peep 12

#6 1st + #6 2nd | 1 stat | 1 stat #6 | 1 stat #16 | 1 stat #16 | 1 stat #16

POST-OP DAY

	22	23	24	01	02	03	04	05	
VITAL SIGNS	16	17	18	19	20	21	22	23	
	114/45	116/68	123/72	121/70	124/72	136/76	134/75	134/76	
		99.1		99.5				100.6	
	114	115	114	114	113	117	122	125	
	22	22	22	22	22	22	22	22	
	95	95	94	94	93	88	91	86	
	SIMV	SIMV EB	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	50	50	50	50	50	50	50	50	
	86	85	90	88	90	96	95	95	
	45	44	42	44	46	48	45	46	
	22	23	24	01	02	03	04	05	
INTAKE	16	17	18	19	20	21	22	23	8°T
	75	75	75	75	75	75	75	75	
	7	7	7	7	7	7	7	7	
	4	4	4	4	4	4	4	4	
	4	4	4	4	4	4	4	4	
OUTPUT	105/105	110/215	100/315	100/415	100/515	100/615	100/715	100/815	815

ACUITY LEVEL CLASSIFICATION: 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1

RESPIRATORY DATA	TIME	0645	0730	0825	1000	1200	1400	1600	1700	1900	2400
	MODE	S	S	S	S	S	S	S	S	SIMV	SIMV
	F_IO_2	80	80	70	65	60	55	50	50	50	50
	TV	750	750	750	750	750	750	750	750	750	750
	RATE	22	22	22	22	22	22	22	22	22	22
	PEEP	15	15	15	15	15	15	15	15	15	15
ABG	pH	7.43	7.44	7.44	7.43	7.47	7.45	7.48	7.50	7.46	7.4
	PCO_2	29	40.2	45.1	43.3	36.7	39.8	39.3	37.2	37.7	40
	pO_2	60	78	72	80	86	85	68	75	75	79
	HCO_3	28	28	31	29	27	28	30	29	27	27
	SAT	91	96	95	96	97	97	95	96	96	96
	BASE	4	4	7	5	3	4	7	6	4	3

LABORATORY DATA	TIME	0545	1000 CBC	1600 CBC						
	GLUCOSE		98							
	Na/K		144 / 3.2							
	Cl/CO_2		115							
	BUN/Cr		32 / 1.6							
	WBC/PLATELET	8.6 / 126	7.6 / 150	7.4 / 143						
	Hct/Hgb	30 / 9.7	29.6 / 9.6	30.8 / 9.4						

ACTIVITIES DONE DAILY LIVING	TIME	0800	1000	1300
	MOUTH CARE	✓	✓	
	BATH	✓		
	SKIN CARE	✓	✓	✓
	FOLEY CARE	✓		
	~~TRACH~~ ETT CARE	✓	✓	✓
	ROM EXERCISES			

TURN	TIME 0800	1100	1300	1500	1700
	R	L	R	L	R

SUCTION	0700 thick sec	1000 thick beige	1300 thick beige	1500 thick sec	1700 normal saline only

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	1070	Urine:	862
Po	820		822
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	[redacted]
[redacted]	[redacted]

(b)(6) 2

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	08	12
EYES OPEN	SPONTANEOUSLY	4		
	TO SPEECH	3		
	TO PAIN	2		
	NO EYE OPENING	1	1	1
BEST VERAL RESPONSE	ORIENTED	5		
	CONFUSED	4		
	VERBALIZES	3		
	VOCALIZES	2		
	NO VOCALIZATION	1	ETT	ETT
BEST MOTOR RESPONSE	OBEYS COMMANDS	6		
	LOCALIZESPAIN	5		
	FLEXION WITHDRAWAL	4		
	ABNORMAL FLEXION	3		
	EXTENSION TO PAIN	2		
	NO RESPONSE	1		
LIMB MOVEMENT — ARMS	NORMAL POWER			
	MILD WEAKNESS			
	SEVERE WEAKNESS			
	ABNORMAL FLEXION			
	ABNORMAL EXTENSION			
	NO RESPONSE			
LIMB MOVEMENT — LEGS	NORMAL POWER			
	MILD WEAKNESS			
	SEVERE WEAKNESS			
	ABNORMAL FLEXION			
	ABNORMAL EXTENSION			
	NO RESPONSE			
PUPILS — RIGHT	SIZE		3	3
	REACTION		+	+
PUPILS — LEFT	SIZE		3	3
	REACTION		+	+
PUPIL SCALE				
ICP				
CEREBRAL PERFUSION PRESSURE				

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

+ + Brisk
+ Slow
– No Response

2 3 4 5 6 7 mm

+ Intact
– Abnormal

VASCULAR ASSESSMENT

		HOURS	08	12
UE	R		++	++
	L		++	++
LE	R		++	++
	L		Weak	Weak
Femoral Left	R		–	–
	L		++	++
	R			
	L			
	R			
	L			

+ + Normal
+ Weak
– Absent
D Doppler
R Right
L Left

.CAL RECORD-SUPPLEMENTAL MEDI ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 630 INITIALS: [redacted]	TIME: 1840 INITIALS: [redacted]
NEURO	PUPILS	2 slow	PERRLA 2mm sluggish, jaundice
	SENSORIUM	Unresponsive. Paralyzed (chemical)	Paralysed - Vec, Versed, MS04
	EXTREMITY MOVEMENT	∅	None
	SEDATION	MS04 4mg/h Versed 4mg/h	
	PAIN CONTROL	MS04 4mg/h	
RESP	RESPIRATORY PATTERN	Vented #8.5 ET 22cm lip	#8.5 ETT 22cm lip/25cm -
	BREATH SOUNDS	Clear diminished bases	Rhonchi throughout, Air leak not
	SECRETIONS	Blood tinge	(L) side. Minimal clear secreti
	O2 SOURCE/FLOW/SAO2	50% Vented	(B) CT to 20cm suction-minimal S
	VENTILATOR SETTINGS	SIMV Rate 22 TV 750 FiO2 50 Peep 12	SIMV 22, 750, 10, 60%
		JP-(B) chest Chest tube x2 (L) x (R)	JP to intermittant suction
CV	CARDIAC RHYTHM	ST. HR 120's S1S2	ST S1|S2
	CAPILLARY REFILL	<3sec	<3 sec x 3
	PULSES	all (+)	+4 +2 (B) UE +2 RLE +2 (L) Fem
	EDEMA	1+	Pitting to extremities
GI	ABDOMEN	Nondistended soft.	Flat, soft
	BOWEL SOUNDS	(+)	Not heard
	BOWEL MOVEMENT	∅	∅
	NGT/OGT	Salem Sump to LIS.	OGT to LIS
	TUBE FEDDINGS	∅	∅
	DRAINS	∅	
GU	VOIDING	Dark amber Foley	Foley to gravity
	COLOR/CLARITY	dark amber	dark amber
SKIN	COLOR	Normal	? Jaundiced skin
	INTEGRITY	Surgical wound to chest	Surgical site to chest CDI
		(L) BKA	L AKA - stump ē staples, intact
			drainage.
ACCESS	#1 TYPE/LOCATION/SIZE	Cordis (R) SC	Cordis (R) SC
	DRESSING CONDITION	intact	CDI
	IV FLUID/RATE	NS 75 MS04 4mg Versed 4mg Vec 7a	NS@75cc/°
	#2 TYPE/LOCATION/SIZE	HL (R) Forearm	18G R FA PIV
	DRESSING CONDITION	intact	Intact, flushed ē 10cc NS
	IV FLUIDS/RATE	∅	HL

(Continue on reverse)

PREPARED BY [redacted] (b)(6) 2 DEPARTMENT/SERVICE/CLINIC (b)(2) 2 [redacted] DATE 2 Nov 03

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

NAME: RANK: AGE:

UNIT: GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU1

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

Date: 2 Nov 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	
A-Line	117/69	113/67	107/62	119/65	104/62	127/62	111/60	127/76	130/77	143/70	145/74	142/82		145/82	146/81	148/82	149/82	108/87	116/85	120/69	109/65	109/59
NBP																						
TEMP		100.9		100.9		100.9	100.5		100.5		100					100.0			100.3	100.4	100.5	
HR	127	125	62	120	122	121	119	115	115	109	117	117		115	122	130	125	130	139	131	126	126
RR	22	22	22	22	22	22	22	22	22	23	22	22		22	22	22	22	22	22	22	22	22
SaO2	89	89	90	91	91	90	91	90	90	85	85	86		87	85	89	88	78	80	94	93	92
FiO2	50	50	50	50	50	50	50	50	50	50	60	60		70	70	90	90	90	100	100	95	90
Source	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP	86	83	79	81	79	80	86	90	95	102	104	105		104	104	105	106	115	112	89	83	77

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	Total
IVF	75	75	75	75	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	75				
IVPB	100						100	250						100												
~~NGT~~ Vecuro	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4				
Versed	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4				
Vecu	7	7	7	7	7	7	7	7	7	7	7	7		7	7	7	7	7	7	8	8	7.5				
Kcl							250		250			250														
PO																										
Total	190/190	90/280	95/320	90/460	90/550	90/640	440/1080	340/1420	340/1760	90/1850	90/1940	340/2280		190/2470												

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	Total
URINE	80/80	150/230	150/380	100/480	300/780	140/920	180/1100	160/1260	160/1420	130/1550	130/1680	100/1780		100/1880	120/2000	150/2150	180/2330	180/2510	200/2710	180/2890	180/3070	160/3230				
NGT																										
STOOL																										
DRAIN																										
Total																										

MEDCOM - 22388

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT (b)(6) 2

		Time: 615 Initals: [redacted]	Time: 1830 Initals: [redacted]
NEURO	Pupils	2 Slow	
	Sensorium	Chemically paralyzed	Medically paralyzed.
	LOC / GCS	unable to assess.	Sedated. VEC 7.5mg/hr. Versed 4mg/hr, MSO4 4mg/hr
CARDIAC	Cardiac Rhythm	ST HR 110-120's S1S2 (-) JVD	SR HR 89 S1 S2 normal (-) JVD
	PRI: / QRS:		
	Pulse Strength	All (+)	(+) peripheral pulses x3
	Cap Refil / JVD	< 3 sec	(-) JVD
	Edema	extremities	(+) edema to extremities
	Chest Pain	(-) EKG/Stage changes. A-line (R) fem.	(R) femoral A-Line qd wave form zeroed BP 116/66
RESP	Respiratory Pattern	Vented. #8.5 ET 22cm lip line	Vented ETT 8.5cm 23cm lip
	Breath Sounds	Scattered rhonchi	Scatter rhonchi suction x2 (-) rales
	Secretions	∅ via ET creamy via Nasal suction	∅ via ETT
	Cough	∅. Chest tubes: (R) x (L) chest wall JP to (R) chest wall infection	CT x2 (R)(L) @ 20cm suction HPC JP (L) chest wall → LIS.
SKIN	Color	Normal - eyes jaundice	Normal for race scleral jaundice
	Integrity	Surgical wound sites chest wall	Surgical wounds dress CDI
	Backside	hole (bullet) (R) leg (wound) (R) Hand (L) Arm (Amputation)	(R) Leg dress CDI (L) forearm dress CDI (L) AKA staple CDI ∅ s/s infection
IV	Access Devices	Cordis (R) SC & Versed drip 4mg/hr	(R) SC cordis patent infusing
	Location	MSO4. drip 4mg/hr. Vecuronium 7.5mg/hr	1/4 NS @ 75cc/hr, Versed 4mg/hr
	Condition	NS 75 hr. (R) Forearm PIV (HO) (L) EJ HL	MSO4 4mg/hr Vec 7.5mg/hr (L) PIV SL (L) EJ SL
GI	Abdomen	Non distended soft	Firm, non-distended
	Bowel Sounds	(-) Salem Sump tube occlusion to LIS. (-) BM	OGT → LIS (-) BS (-) BM
	~~Stoma~~/~~Ostomy~~		
GU	Device	Foley	Foley → gravity draining
	Color / Clarity	Dark / Amber.	dark, orange thick urine

(Continue on reverse)

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

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

DATE 3 Nov 03

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES [redacted] (b)(6) 4

☐ TREATMENT

Patients Name: [redacted] (b)(6)4 Date: 3 NOV 03

ALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
e	120/60	132/67	129/70	132/73	118/72	124/73	125/71	125/71	124/70	131/70	132/68	124/67		131/69	135/70	125/67	118/67	117/63	129/60	127/70	128/68	130/64	135/78	127/70	129/64	
	99		986		98		98		98		976			97	956	96	963	926	982	—	987	99	994	—	1008	
	114	115	118	116	106	100	97	95	92	94	94	88		87	86	85	90	97	101	96	101	110	110	114	120	
	22	22	22	24	30	30	30	30	30	30	30	30		30	30	30	30	30	30	30	30	18/24	24	24	24	
	93	90	90	89	94	98	95	95	94	94	93	92		94	90	90	95%	95	92	92	93	95%	95%	95%	95	
	75	70	70	65	65	65	65	65	65	65	65	65		65	65	75%	70%	70%	70	70%	80%	80	100%	100	100	
:e	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	V	V	V	V	V	V	V	NO	V	V	V	
	79	88	93	96	90	91	91	90	92	91	92	89				86	83	82	81	85	86	86	96	88	81	
	43	42	46	47	51	48	47	42	41	42	44	40		41	41	43	51	51	50	62	—	48	53	46	49	
ep	16	16	16	16	16	16	16	14	16	16	16	16		16	16	16	16	16	16	16	16	16	16	16	16	

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
	75	75	75	75	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	75	75	75	75	1800
	100						350							50					350							850
ERED	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	96
X	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	96
	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5		7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	180
tal	190.5	90.5	90.5	90.5	90.5	90.5	190.5	90.5	90.5	90.5	90	90		90												3022

PUT	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
:	100	100	100	120	120	120	100	100	100	100	80	100		100	100	100	100	90	90	40	100	100	120	60	100	2180
L																										
I																										
R																										
L																									50	
																									50	
tal	100	100	100	120	120	120	100	100	100	100	80	100		100												

MEDCOM - 22390

)ICAL RECORD-SUPPLEMENTAL MED DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0650 INITIALS: [redacted]	TIME: 2000 INITIALS: [redacted]
NEURO	PUPILS	2.5 mm round	
	SENSORIUM	intubated	Sedated intubated
	EXTREMITY MOVEMENT	medically paralyzed	Medically paralyzed
	SEDATION	vec 7.0, versed 4.0	versed 4mg/hr, MSO4 4mg/hr
	PAIN CONTROL	MSO4 4.0	vec 7mg/hr
RESP	RESPIRATORY PATTERN	Vented BPM 24 SIMV peep 16 FIO2	90% intubated ETT 8.5 22cm
	BREATH SOUNDS	peak 48 means 29 SpO2 91% TV 490	LS: scattered rhonch
	SECRETIONS	Breath sounds course.	↓ bases CT x2 → 20cm
	O2 SOURCE/FLOW/SAO2		H2O suction
	VENTILATOR SETTINGS		Vent. SIMV, FIO2 65%, Rate 28
			TV 710 PEEP 16 Peak 40
CV	CARDIAC RHYTHM	HR 120	HR ST 123 BP 119/69
	CAPILLARY REFILL	≤3sec good cap refill	≤3sec cap refill
	PULSES	(+) pulses	(+) pulses x3
	EDEMA	(+) edema noted to (L) hand.	(+) edema (L) arm thoracic
GI	ABDOMEN	firm + nondistented	Firm, Nondistended
	BOWEL SOUNDS	(+) Bowel sounds Q4 quadrant	(-) BS
	BOWEL MOVEMENT	(-) BM	(-) BM
	NGT/OGT	intact @ LIS	OGT → LIS
	TUBE FEDDINGS		
	DRAINS	JP drains intact to suction	JP drain chest → LIS
		chest tube x2 intact to 20cm suction	
GU	VOIDING	F/C to BS via gravity	Foley → gravity
	COLOR/CLARITY	clear yellow urine noted	dark orange urine
		to tubing	
SKIN	COLOR	normal for race	normal for race
	INTEGRITY	chest tube x 2	◊ breakdown noted
		JP tube x1	AKA stump CDI
		(R) AKA	dsg to leg, arm, chest CDI
ACCESS	#1 TYPE/LOCATION/SIZE	Cordis to (R) SC	(R) SC cordis patent
	DRESSING CONDITION	PIV to (RA) AC	infusing D5W 20mEq KCL
	IV FLUID/RATE	1/2 NS @ 75cc/hr	75cc/hr, MSO4, versed, vec,
	#2 TYPE/LOCATION/SIZE	A-line to (R) femoral	antibiotics.
	DRESSING CONDITION		A-line (R) femoral patent
	IV FLUIDS/RATE		zeroed

(Continue on reverse)

PREPARED BY (Signature & Title)

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

DATE 4 NOV 03

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:

UNIT: GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU1 Patients Name: [redacted] b)(6) 4 Date: 4 NOV 03 ↑ 842

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	131/69	133/70	120/65	116/66	117/67	116/67	113/68	109/66	113/67	124/70	116/67	115/66		116/65	119/67	123/70	124/68	119/68	123/66	114/63	115/66	113/69	109/63	109/62	114/65
NBP																									
TEMP	101.0	101.0	100.6	100.2	99.6	99.1	99.0	97.7	97.4	97.7	97.4	97.2		97.1	97.6	98.5	98.1	99.1	99.8	100.8	99.1	98.5	98.5	98.5	99.1
HR	125	127	125	119	116	113	105	103	106	104	102	102		102	115	120	123	133	136	136	122	124	128	128	130
RR	24	24	28	28	28	28	28	29	28	29	28	28		28	28	28	28	28	28	28	28	28	28	28	28
SaO2	92%	91%	92%	98%	98%	98%	96%	96%	96%	93%	96%	96%		96%	95%	95%	96%	92%	92%	92%	93%	94%	93%	90	93
FiO2	90%	90%	90%	90%	90%	90%	80%	80%	75%	75%	70%	70%		65%	65%	65%	65%	65	65%	60%	60%	60%	55%	50%	55%
Source	V	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP	87	89	83	82	83	82	82	82	81	84	83	85		83	86	86	89	86	84	86	83	83	79	78	79
[illegible]	51	46	52	46	44	44	50	47	57	47	48	47		46	45	45	45	46	42	44	48	46	45	45	47
[illegible]EP	16	16	16	16	16	16	16	16	16	16	16	16		16	16	16	16	16	16	16	16	16	16	16	16

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	Tot
IVF ~~LR~~ NS	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75	181
IVPB	50					50	200					50	350						50	200						55
NGT												10	10													
Vec	7°	7°	7°	7°	7°	7°	7°	7°	7°	7°	7°	7°	84	7°	7	7	7	7	7	7	7	7	7	7	7	16
MS04	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	48	4°	4	4	4	4	5	5	5	4.2	4.2	4	4	9
versed	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	48	4°	4	4	4	4	5	5	5	4.2	4.2	4	4	9
[illegible]tal																										169

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	Total
URINE		160/160	80/240	80/320	70/390	70/460	90/550	70/620	400/1020	170/1190	80/1270	130/1500	1500	100/1600	160/1760	50/1810	75/1885	75/1960	60/2020	60/2080	100/2180	100/2280	100/2380	130/2510	90/2600	2600
NGT									10cc x 20mg IV																	
STOOL																										
DRAIN JP												50	50													
CT (R)																										
CT (L)												30	30													
												10	10													
Total																										

SOON ↑ 116

MEDCOM - 22392

N AL CORD-SUPPLEMENTAL MEDICA

For use of th. , se 40-66; the proponent agency is the Office o .geon General.

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 1630 INITIALS: [redacted]	TIME: 1830 INITIALS: [redacted]
NEURO	PUPILS	3 slow	3mm Sluggish to light
	SENSORIUM	Chemically paralyzed.	chemically Paralyzed
	EXTREMITY MOVEMENT	None Noted.	No movement
	SEDATION	MSOV Versed 4mg/L Vecuronium 2mg/L	Versed 4mL/hr
	PAIN CONTROL	MSOV 4mg/L	MSOV 4mL/hr.
RESP	RESPIRATORY PATTERN	Orally intubated #8.5 ET 22 cm lip line	ETT 8.5 22 tip.
	BREATH SOUNDS	Scattered rhonchi	coarse throughout
	SECRETIONS	MINUIA ET	minimal to ETT
	O2 SOURCE/FLOW/SAO2	Vented FiO_2 55%	FiO_2 55%
	VENTILATOR SETTINGS	SIMV Rate 28 TV 710 Peep 16 FiO_2 55%	SIMV : RR 28 TV 710 FiO_2 55
		Chest tube x2 left & right! JP @ chest wall	PEEP 12 . CTX4
CV	CARDIAC RHYTHM	ST 120's SiO_2 @ SVD Pulses (+)	ST 100-105 (+) SVD
	CAPILLARY REFILL	<3 sec. Cardis to (R) SC D5W 1/2 20K 75h	<3 sec.
	PULSES	(+)	(+) Weak
	EDEMA	Extremities 2+	2+ Generalized
			cardis (R) swackenies
			(R) Groin A-line. ~~CTX4~~
GI	ABDOMEN	Nontender	Non-distended
	BOWEL SOUNDS	BS (+)	(+)
	BOWEL MOVEMENT	Ø	Ø
	NGT/OGT	Dobhoff Right Naris / Salem Suppically	Dobhoff (L) nares, Salem
	TUBE FEDDINGS	To Suction	Suction orally
	DRAINS	Ø	Ø
			Ø
GU	VOIDING	Foley.	Foley
	COLOR/CLARITY	dark tea color (dark amber)	dark 30-120cc/hr
SKIN	COLOR	Jaundice eye/face.	
	INTEGRITY	Surgical chest tube site (R) leg covered	Jaundiced.
		& chemsing right hand & left forearm	surgically repaired (R)
		(L) AKA	leg. (L) BKA. (R) chest
			CSM.
ACCESS	#1 TYPE/LOCATION/SIZE	Cardis (R) SC instant	cardis (R) sub.
	DRESSING CONDITION	Ø S/S of infection or infiltration	Ø S/S infection
	IV FLUID/RATE	D5W 1/2 20K at 75h. MSOV varying/h	D5W 1/2 20K @ 150cc/hr
	#2 TYPE/LOCATION/SIZE	Versed 4mg/L. Vecuronium 2mg/L	infusing N/m/Ve e
	DRESSING CONDITION		4/4/7 mL/hr.
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC [redacted]

DATE (b)(2) 2

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

NAME: RANK: AGE:

UNIT: [redacted] (b)(6) 4 GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU1

Patients Name: [redacted] (b)(6)4 Date: 5NOV03 ↑ 116

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	107/60	107/62	107/61	105/61	106/73	107/61	113/66	118/68	122/69	116/64	133/69	134/71	122/66	117/64	117/64	114/62	117/60	116/67	119/68	113/68	111/66	114/67	110/65	107/62
NBP																								
TEMP	98.7		99.1		98.8		98.8		98.4		98	97.7		96.3	96.3	97.2	97.8	98.1	98.4	98.8	98.9	98.7	98.8	99
HR	125	128	129	126	120	117	112	107	108	113	100	102	102	100	101	105	96	97	98	100	98	98	98	99
RR	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
SaO2	93	93	91	93	90	92	90	90	92	85	93	92	87	90	91	90	90	91	91	91	92	91	90	88
FiO2	55	55	50	50	50	50	50	50	50	60	75	60	55	55	55	55	55	55	55	55	55	50	50	45
Source	SIMV	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	V	V	V	V	V	V	V	V	V	V	V
MAP	75	76	75	73	78	74	88	84	86	84	91	93	89	92	88	77	79	82	86	84	86	85	81	79
PIP	47	45	45	44	41	42	35	37	36	34	34	34	34	37	37	37	36	36	36	37	37	36	36	37
PEEP	16	16	16	14	14	12	12	12	10	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

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	Tot
IVF	75	75	75	75	75	75	75	75	75	150	150	150		150	150	150	150	150	150	150	150	150	150	150	150	18
IVPB	50				50		300											100	50							
NGT																										
Vec	7	7	7	7	7	7	7	7	7	7	7	7	84	7	7	7	7	7	7	7	7	7	7	7	7	8
MSO4	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	4
Versed	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	4
PO																										
Total																										

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	100/100	120/220	60/280	80/360	60/420	60/480	60/540	100/640	100/740	100/840	100/940	100/1040		60/1100	60/1160	90/1250	90/1340	50/1390	60/1450	70/1520	80/1600	70/1670	40/1710	35/1745	60/1805	
NGT																										
STOOL																										
DRAIN JP	D\C'D																									
CTL0																										
CTL0																		5						20	25	
CTR1																		30						0	30	
CTR2																		50						0	50	
Total																		45						20	65	

CTL
CTL

MEDCOM - 22394

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED (Date): QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0615 INITIALS [redacted]	TIME: 1800 INITIALS: [redacted]
NEURO	PUPILS	3 Sluggish	3mm sluggish to light
	SENSORIUM	Chemically paralyzed	chemically paralyzed.
	EXTREMITY MOVEMENT	None Noted	None noted
	SEDATION	MSO4 VERSED	Versed 4mg/hr
	PAIN CONTROL	MSO4	MSO4 4mg/hr
RESP	RESPIRATORY PATTERN	VENTED orally intubated HPF 22cm	vent: 8.5 @ 22cm
	BREATH SOUNDS	Scattered rhonchi: crepitus to chest	scattered crepitus & coars
	SECRETIONS	Scant via ET	minimal to ETT
	O2 SOURCE/FLOW/SAO2	VENT. 45% 97% via pulseoxymeter	55% FiO2 93% SaO2.
	VENTILATOR SETTINGS	SIMV Rate 28 TV 710 Peep 12 Fio2 45	PEEP 5 TV 710 SIMV: RR
		chest tube x 4 2 Right side 2 left side	28 PIP: 36. CT X 4
CV	CARDIAC RHYTHM	SR - ST. 97 - 110 SIS2	NSR 80's.
	CAPILLARY REFILL	<3sec	<3sec
	PULSES	(+) (R) MCA	(+) diminished
	EDEMA	extremities 2-3+	Extr: 2+. A-line (R) groi
		A-line Right Femoral.	
		cundis (R) SC.	
GI	ABDOMEN	Nondistended.	Soft. Non-distended
	BOWEL SOUNDS	(-)	—
	BOWEL MOVEMENT	(-)	—
	NGT/OGT	Dobhoff. left Nare Foley Lung tube really	OGT to LIS & Dobhoff (L
	TUBE FEDDINGS	ø	ø
	DRAINS	ø	ø
GU	VOIDING	Foley	Foley. Dark Urine
	COLOR/CLARITY	dark amber (Tea color)	Tea colored.
SKIN	COLOR	Jaundiced	Jaundiced
	INTEGRITY	Surgical wound Trach chest (Sore	Surgical wound. (R) AKA
		(L) forearm (R) leg. (R) finger	(L) leg fasciotomy. Gas
		GSW (L) upper back.	upper back. suction
			(L) chest wound.
ACCESS	#1 TYPE/LOCATION/SIZE	Cundis (R) SC	cordis (R) chest: CDP
	DRESSING CONDITION	intact	D5NS @ 200cc/hr, Ver
	IV FLUID/RATE	D5W @ 20kcal/50h. VERSED 4mg/h	4mg/hr & MSO4 - 4mg/hr.
	#2 TYPE/LOCATION/SIZE	MSO4 4mg/h Vecuronium 7mg/h	A-line (R) fem. artery
	DRESSING CONDITION	A-line (R) fem.	3-5cc NS infusion.
	IV FLUIDS/RATE		

(Continue on reverse)

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

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

DATE: 6 Nov 03

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

NAME: RANK: AGE:

UNIT: [redacted] (b)(6) 4 GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU1 Patients Name: [redacted] (b)(6) 4 Date: 6 NOV 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	121/52	110/63	109/61	99/56	109/58	123/70	117/68	123/72	128/68	123/68	122/67	124/68		121/67	124/68	126/69	124/68	123/68	111/70	126/71	121/73	130/68	130/70	130/71	133/71	
NBP	—														—	—	—	—	—	—	—	—				
TEMP	98.5		98.1		98		97.8		97.		97.6			97	97.1	97.4	97.3	97.4	97	98	97.8	97.8	97.8	97.8		
HR	100	97	93	92	91	89	95	87	85	84	83	83		83	83	83	83	82	83	81	81	83	83	83	101	
RR	28	28	28	28	28	28	28	28	28	28	28	28		28	28	28	28	28	28	28	28	28	28	28	28	
SaO2	86	87	89	88	93	91	93	92	94	91	92	93		93	93	93	92	92	92	91	92	89	93	93	88	
FiO2	45	45	45	45	55	55	55	55	55	55	55	55		55	55	55	55	55	55	55	55	55	55	55	55	
Source	V	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	V	V	V	V	V	V	V	V	V	V	V	
MAP	74	81	82	72	70	91	80	92	88	89	87	88		87	88	90	88	91	90	91	92	90	91	92	92	
P	41	39	36	39	38	40	42	38	37	37	36	37		37	37	36	37	36	37	37	37	36	37	36	37	
EP	12	12	12	12	12	12	12	12	12	8	5	5		5	5	5	5	5	5	5	5	5	5	5	5	
CVP					11-15		13-16																			

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	Total
IVF 1/2 NS	150	150	150	150	150	Ø	200	200	200	200	200	200		200	200	200	200	200	200	200	200	200	200	200	200	615
IVPB	50				50		250		50									50		250						65
NGT Bolus						1000																				
VEC	7	7	7	7	7	7	7	7	7	7	7	7		7	7	7	7	7	7	7	7	7	7	7	7	84
MSO4	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	48
VERSED	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	48
PRBC						300			300									368								968
Total																										

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	Total
URINE	70/70	140/210	80/290	80/370	60/430	100/530	100/630	100/730	100/830	100/930	85/1025	120/1145	→	100/1245	90/1335	100/1435	100/1535	80/1615	80/1695	90/1785	80/1865	70/1935	80/2015	100/2115	80/2195	2215
NGT																										
STOOL																										
DRAIN																										
CT(L)1																									45	45
CT(L)2																									0	0
CT(R)1																									5	5
CT(R)2																									85	85
Total																										

MEDCOM - 22396

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA APPR 08MAR8

(b)(6) 2

INITIAL SHIFT ASSESSMENT

		Time: 0600 Initals: [redacted]	Time: 1800 Initals: [redacted]
NEURO	Pupils	2.5mm and sluggish	2.5mm PERRL sluggish
	Sensorium	sedated c̄ Versed 4mg/h MSO4 @ 4mg/h	sedated c̄ vecuronium @ 7mg/°, MSO4
	LOC / GCS	Vecuronium @ 7mg/h	@ 4mg/° + versed @ 4mg/°.
		Jaundice sclera	
CARDIAC	Cardiac Rhythm	SR @ 96 S1 S2 Ø ectopy	SR c̄ Ø ectopy / HR 80s
	PRI: / QRS:	weak pulses bilat in UE	+1 palpable pulses (B) UE + (R) LE
	Pulse Strength	and (R) pedal. (P) in femoral	
	Cap Refil / JVD	<3sec Ø JVD noted	<3sec in all 3 ext. Ø JVD noted
	Edema	generalized	generalized throughout, scleral edema
	Chest Pain	sedated	UTA
			HCT to 20cm H2O suction
RESP	Respiratory Pattern	RR 28 MV / SIMV RR 28	ETT #8.5 25cm @ hub SIMV 29, TV 710
	Breath Sounds	peep 5, TV 710 FiO2 55%	P-5, FiO2 55%, PIP 43. Coarse
	Secretions	coarse lung sounds heard throughout	throughout c̄ (R) ↑ lobe rales
	Cough	ETT #8.5 @ 22 hub	
		secretions are thick beige mucoid	
SKIN	Color	intact, rash noted on shoulders	Jaundiced. Small papules (B) UE, shoulders
	Integrity	Stage I on (R) heel - healing	+ upper back. Stage I decub ulcer on (R)
	Backside	none noted beside rash on	heel
		shoulders	
IV	Access Devices	(R) Sq. Cordis dry Δ 7Nov03	(L) Femoral A-line c̄ good waveform
	Location	(R) Fem dry Δ 7Nov03	(R) Femoral central line c̄ ½NS @ 200cc/°
	Condition	c̄ good uneven	versed, vecuronium, MSO4 infusing
GI	Abdomen	soft c̄ slight distention	~~soft~~ nondistended, firm
	Bowel Sounds	Ø BS	hypoactive BS in all 4 quad
	Stoma/Ostomy	Ø drainage (L) Nare NPO	OGT to LIS in (R) nare. Creamy
		OG to LIS	drainage noted
GU	Device	foley Δ patency c̄	Foley to gravity c̄ dark amber
	Color / Clarity	dark colored urine	urine UO > 100cc/°
			Scrotal edema

(Continue on reverse)

PREP[redacted] & Title) (b)(6) CPT/SN

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

DATE 7Nov03

PATIEN[redacted] typed or written entries give: Name — last, first, middle; grade; date [redacted] medical facility)

[redacted] (b)(6) 4

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

Patients Name: [redacted] (b)(6)4 Date: 07 NOV 03

LS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
	135/77	142/79	143/80	139/68	134/68	130/74	134/74	134/80	126/68	135/70	137/69	132/70		130/69	134/72	139/69	130/66	134/72	134/69	135/70	132/70	132/70	140/78	140/78		
	—																									
	97.9			97.5	97.5		97.5		97.5						96.0	96.2	96.4	96.7	97.8	98.2	98.2	98.8	98.4	98.0		
	95	95	95	91	89	86	85	85	83	84	80	81		80	80	84	83	87	87	89	89	90	91	88		
	28	28	28	28	28	28	28	28	28	28	28	28		28	30	36	33	34	39	34	30	29	30			
	89	91	90	85	87	90	92	91	90	90	92	92		92	94	92	92	95	95%	92%	94	94	93	92		
	55	55	55	55	55	55	55	55	55	55	55	55		55	55%	55%	55%	55%	55%	55%	55	55	55	55	55	
	S	S	S	S	S	S	S	S	S	S	S	S		S	Vent	vent	vent	vent	vent	vent	SIMV	SIMV	SIMV	SIMV	SIMV	
	95	101	102	92	91	93	94	92	88	91	90	93		90	93	97	87	95	91	91	90	89	98	99		
	36	70	38	39	38	46	44	33	41	40	40	40		42	43	45	45	41	40	40	43	40	40	40	43	
P	5	5	5	5	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	5	5	5	5	

CE	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
	200	200	200	200	200	200	200	200	200	200	200	200	2400 / 300	200	200	200	200	200	200	200	200	200	200	200	200	
	50				50		200		50									150		100						
	7	7	7	7	7	7	7	7	7	7	7	7	84	7	7	7	7	7	7	7	7	7	7	7	7	
d	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	
t	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	
							5	5	hold	hold	hold	5	15	5	5	5	5	5	10	10	10	10	10	10	10	
							5	5	—	—	—	5	15	5	30	20	20	20	20		20	20	20	20	20	
													2910													

JT	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
	90/90	100	80	140	80	100	130	145	95	140	100	118		110	130	120	90	120	110	125	100	95	120	120	160	
		0	0		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	
							10 / 110						10	1 / 111											—	
2							20 / 120						20	0 / 120												
1	0 / 90	50 / 100					10 / 310						10	0 / 310												
2							45 / 225						45	30 / 245												

MEDCOM - 22398

M AL RECORD-SUPPLEMENTAL DIC A

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT			
		TIME: 0700 INITIALS: [redacted]	TIME: 1830 INITIALS [redacted]
NEURO	PUPILS	2mm sluggish	Sluggish
	SENSORIUM	Sedated.	Sedated Versed @ 4mg, Fentanyl 7mg
	EXTREMITY MOVEMENT	-0-	4mg MSO4
	SEDATION	Versed @ 4.0	
	PAIN CONTROL	MOS4 @ 4.0mg/cc	
RESP	RESPIRATORY PATTERN	Intubated. Vent settings: BPM	30 Intubated SIMV 30 FiO2 90% Peep 8
	BREATH SOUNDS	FIO2 90%. Peep 8 TV 750	TV 750. Crackles
	SECRETIONS	Peak 48	small amounts c̄ suction
	O2 SOURCE/FLOW/SAO2	SpO2 93%.	≥ rise + fall of chest
	VENTILATOR SETTINGS		
CV	CARDIAC RHYTHM	HR 96	S, S, 3 extra sounds
	CAPILLARY REFILL	≤3sec refill	c̄ 3 secs
	PULSES	(+) pulses	+ pulses
	EDEMA	pitting edema noted.	+3 pitting edema
GI	ABDOMEN	Soft & nondistented	Soft flat nondistended
	BOWEL SOUNDS	hypoactive All 4 quad.	hypoactive x 4 quads
	BOWEL MOVEMENT	-0-	
	NGT/OGT	US	OGT L/S
	TUBE FEDDINGS	20cc osmolite HN to DHT	20cc/hr osmolite HN to DHT
	DRAINS	Chest tube x 4	chest tube x4
GU	VOIDING	F/C to BS	foley to gravity dark yellow
	COLOR/CLARITY	tea color urine to bag.	in color
SKIN	COLOR	normal for race	N.P.R. Dressing CDI
	INTEGRITY	Chest tube x 4	decubitus to sacrum
		(+) AKA c̄ staples intact	
		Drsg to (R) thigh + (L) forearm	
ACCESS	#1 TYPE/LOCATION/SIZE	A-Line to (L) femoral.	(R) femoral A-line CDI
	DRESSING CONDITION		
	IV FLUID/RATE	½ NORMAL SALINE @ 200cc/HR	(3) cordis femoral ½ NS c̄ 125cc/hr
	#2 TYPE/LOCATION/SIZE		
	DRESSING CONDITION		
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY (Signature & Title)

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

DATE

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

NAME: RANK: AGE:

UNIT: GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 22399

USAPPC V2.00

ICU1

Patients Name: [redacted] (b)(6)4 Date: 9NOV03 ↑3173

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	143/79	151/83	139/80	146/76	154/80	153/80	150/81	144/75	164/85	154/78	151/78	163/83	151/76	147/74	144/83	144/72	164/80	157/77	136/64	127/62	131/71	133/73	136/72	144/72
NBP																								
TEMP	99.3	99.4	98.0	98.1	98.6	98.3	98.3	97.8	97.9	98.0	98.5	98.6	99.1	99.4	99.3	99.1	99.6	99.1	99.1	99.1	99.4	99.6	99.1	99.4
HR	94	97	94	92	91	89	89	86	90	89	90	94	93	94	95	96	98	104	112	112	101	103	109	109
RR	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
SaO2	90	93%	93%	94%	91%	92%	94%	93%	93%	93%	95%	93%	94%	94	93	93	93	89	89	88	91	90	90	89
FiO2	70%	90%	90%	90%	80%	90%	90%	90%	90%	90%	90%	90	90	90	90	90	90	90	90	90	90	90	90	90
Source	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP	100	106	101	98	105	104	106	97	110	109	102	108	101	97	96	98	106	98	86	85	90	93	93	96
PEEP	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
PIP	48	49	49	48	42	47	46	45	47	46	50	47	45	47	48	47	48	47	48	47	48	47	49	50

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	200	200	200	200	125	125	125	125	125	125	125	125	1800	125	125	125	125	125	125	125	125	125	125	125	125
IVPB	50				50		200		50				350					50		100				1	
NGT/OGT																									
Vec	7	7	7	7	7	7	7	7	7	7	7	7	84	7	7	7	7	7	7	7	7	7	7	7	7
Versed	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4
MSO4	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4
TF	20	20	20	20	20	20	20	20	20	20	20	20	240	20	20	20	20	20	20	20	20	20	20	20	20
Flush		10cc				10cc		10cc		10cc			40												
Free H2O							100				100		200			100				100				100	
PO																									
Total																									

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	110 / 110	110 / 220	90 / 310	100 / 410	800 / 1210	200 / 1510	238 / 1748	360 / 2108	200 / 2308	258 / 2568	190 / 2758	160 / 2838	2838	140	160	160	120	120	160	160	150	140	160	100	140
NGT/OGT				200 / 2608 / 2078									300												
STOOL																									
DRAIN																									
CT 1	138												20												
CT 2													10												
CT1	365												10												
CT2	450												30												
Total																									

MEDCOM - 22400

CAL RE .D-SUPPLEMENTAL MEDIC TA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0830 INITIALS [redacted]	TIME: 1900 INITIALS [redacted]
NEURO	PUPILS	2.5mm sluggish - jaundice sclera	
	SENSORIUM	no mvt due to paralytic vecuronium	NTA paralyzed c̄ Vecuronium
	EXTREMITY MOVEMENT	@ 7cc/h → now 4cc/h	paralyzed c̄ Vecuronium
	SEDATION	drive c̄ Versed @ 4cc/h and	Versed @ 4mg/hr
	PAIN CONTROL	pain control c̄ MSO4 @ 4cc/h	MSO4 @ 4mg/hr
			Vecuronium @ 7mg/hr
RESP	RESPIRATORY PATTERN	SIMV: RR 30 Tv 710 peep 6 FiO2 60%	Intubated #8.5 23 @ lip
	BREATH SOUNDS	SaO2 87-90%	Vent: SIMV RR 30, TV 750, Peep 10
	SECRETIONS	Coarse on (R) side + mainstem (L) side	FiO2 100% PIP low 50's
	O2 SOURCE/FLOW/SAO2	air leak heard from CT + JP site	CT x2 Bilat c̄ air leakage
	VENTILATOR SETTINGS	ETT #8.5 @ 22 @ lips. Minimal secretions	CT → 20cm H2O suction
		from ETT - NS 3-6cc ⅟ to loosen up. Copious	
CV	CARDIAC RHYTHM	oral + nasal secretion - beige/yellow	Ø PVC's noted @ 1900 ST HR 105
	CAPILLARY REFILL	<3 sec. NSR 90's Dec Pty	≤3 sec
	PULSES	noted Ø JVD noted. S1 S2.	Ø JVD S1 S2 Auscultated Ø extra sounds
	EDEMA	(+) pulses x3 extremities. Pitting	(+) pulses x3 ext (+) edema. 90
		edema of (R) foot/ankle. General	extremities, scrotum, penis
		edema of UE / ABD	
GI	ABDOMEN	Distended soft BS x1 Quadrant	Distended, soft (+) BS - LUQ & RUQ
	BOWEL SOUNDS	LUQ. Ø BM	Ø BM
	BOWEL MOVEMENT	Dobhoff to (L) Nare c̄ osmolite @ 10cc/h	Dobhoff to Ø nare - osmolite @ 20cc/hr
	NGT/OGT	Ø GT to LIS + drainage brownish	Ø GT to LIS - draining light brown liq
	TUBE FEDDINGS	colored fluid.	
	DRAINS	Ø JP - wound from JP site	
		c̄ air leaking + thick secretions - Ø nare	
GU	VOIDING	~~Ø~~ foley to gravity - Amber	Foley to gravity
	COLOR/CLARITY	in color. Some sediment noted	tea colored urine c̄ occasional
		>100 cc/h	sediment
SKIN	COLOR	Jaundice in color	Normal c̄ jaundice sclera
	INTEGRITY	All wounds weeping c̄	Rash on shoulder → chest + back
		serous sanguinous fluid.	stage I decubiti @ Head Duoderm (L) Buttock
		Dr. Notified	Drsg @ leg (L) Arm chest drsg CDI
			staple AKA intact c̄ weeping serous sang drg
ACCESS	#1 TYPE/LOCATION/SIZE	(L) Fem. Central line placement	(L) Femoral central line
	DRESSING CONDITION	7 Nov Ø3	Drsg c̄ DI
	IV FLUID/RATE	(L) Fem ART placement	0.45% NS @ 200
	#2 TYPE/LOCATION/SIZE	7 NOV Ø3 c̄ good waveform	(L) Femoral A-Line zeroed
	DRESSING CONDITION		Drsg c̄ DI
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY (Signature & Title)

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

DATE Ø8 NOV Ø3

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

NAME: EPW [redacted] RANK: AGE:

UNIT: (b)(6) 4 GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU1

Patients Name: EPW [redacted] (b)(6)4 Date: 08 NOV 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	144/76	149/78	144/74	142/73	149/75	140/75	134/70	136/62	132/62	137/65	139/68	147/72	136/69	140/74	132/73	138/72	134/70	134/71	147/81	134/76		129/64	135/68	135/63
NBP																								
TEMP	98.8			98.8		98.-	97.9						99.5	99.1			99.9	100.0	99.6		99.3		99.2	
HR	90	92	94	92	87	89	88	88	87	87	97	101	102	101	101	98	99	93	99	97	95	95	95	98
RR	30	30	30	30	30	30	30	30	30	30	30	30	24	30	30	30	30	30	30	30	30	30	30	30
SaO2	90	89	88	88	92	88	85	84	84	88	86	82	87	90	90	92	91	93	93	94	93	93	98	91
FiO2	55	60	60	60	60	60	65	70	70	80	80	80	90	90	90	90	90	90	90	90	80	80	90	90
Source	SIMV	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Simv	Simv	Simv	Simv	Simv	S	S	S
MAP	96	101	97	95	97	99	93	88	88	89	92	94	91	96	94	94	97	99	102	96	89	85	89	105
P	5	6	6	6	6	6	8	8	8	8	8	8	10	10	10	10	10	10	10	10	10	10	8	8
[illegible]	42	45	43	43	43	43	43	43	44	44	48	50	52	51	51	52	52	48	47	45	47	47	48	47

TAKE	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	Tot
IVF	200	200	200	200	200	200	200	200	200	200	200	200		200	200	200	200	200	200	200	200	200	200	200	200	480
IVPB	50				50		200		50				350					50		200						600
NGT																										
Vec	7	7	7	7	4	4	4	7	7	7	7	7	75	7	7	7	7	7	7	7	7	7	7	7	7	159
Versed	4	4	4	4	4	4	4	4	4	4	4	4	16	4	4	4	4	4	4	4	4	4	4	4	4	32
MSO4	4	4	4	4	4	4	4	4	4	4	4	4	16	4	4	4	4	4	4	4	4	4	4	4	4	32
TF	10	10	—	10	10	10	20	20	20	20	20	20	170	20	20	20	20	20	20	20	20	20	20	20	20	440
Flush	20	20	—	20	20	20	—																			100
Total																										1633

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	Total
URINE	145	100/245	110/355	125/480	120/600	120/720	50/770	40/810	100/910	110/1020	120/1140	100/1240	1240	140	150/390	130/520	130/650	110/760	110/870	100/970	100/1070	100/1170	100/1270	100/1370	100/1470	2960
N																										
STOOL																										
DRAIN																										
(L) CT1	6													3/121												
(L) CT2	5													—											16/138	
(R) CT1	10						40/345							—											—	
(R) CT2	60						15/335							45/390											25/365 60/450	
Total																										

↑ 3173

MEDCOM - 22402

N AL RECORD-SUPPLEMENTAL MEDICA TA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT				
		TIME: 0615 INITIALS:	TIME: INITIALS:	
NEURO	PUPILS	Pupil 3 slow		
	SENSORIUM			
	EXTREMITY MOVEMENT	Pt chemically paralyzed		
	SEDATION	MSW 4 mg/h Versed 4 mg/h		
	PAIN CONTROL	MSO4 4 mg/h		
RESP	RESPIRATORY PATTERN	Vented #8.5 ET 22 cm lip		
	BREATH SOUNDS	Scattered Rhonchi		
	SECRETIONS	Bleed tinge via ET [illegible]		
	O2 SOURCE/FLOW/SAO2	Vent. 90% Sat 88		
	VENTILATOR SETTINGS	SIMV Rate 30 TV 750 FIO2 90 Peep 8		
		Chest tube x4		
CV	CARDIAC RHYTHM	ST HR 109-120's SI S2		
	CAPILLARY REFILL	<3 sec.		
	PULSES	(+)		
	EDEMA	generalized		
		(-) Pancolon.		
GI	ABDOMEN	Soft.		
	BOWEL SOUNDS	hyperactive.		
	BOWEL MOVEMENT	(-)		
	NGT/OGT	Osmolite 1 cal. Dopkoff		
	TUBE FEDDINGS	Salem Sump orally. Aspiration		
	DRAINS			
GU	VOIDING	Foley		
	COLOR/CLARITY	Tea. Sediments		
SKIN	COLOR	Jaundice		
	INTEGRITY	Surgical wound Stage II To		
		Sacral area		
ACCESS	#1 TYPE/LOCATION/SIZE	(A) groin cordis		
	DRESSING CONDITION	intact.		
	IV FLUID/RATE			
	#2 TYPE/LOCATION/SIZE			
	DRESSING CONDITION			
	IV FLUIDS/RATE			

(Continue on reverse)

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

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

DATE 10 Nov 03

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

NAME: RANK: AGE:

UNIT: GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, M 78

USAPPC V2.00

MEDCOM - 22403

ICU1

Patients Name: Date:

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	126/63	99/31	74/44	118/30																						
NBP																										
TEMP	101																									
HR	109	96	129	70																						
RR	30	30	30	30																						
SaO2	88	75	75	65																						
FiO2	90	81	100	100																						
Source	Vent	Vent	Vent	Vent																						
MAP	84	39	59	32																						
PIP	42	43	63	64																						
PEEP	8	12	12	12																						

TAKE	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
IVF	125	125	125	125																						
II																										
NGT	20	20	0																							
VERSED	4	4	4	4																						
MSO4	4	4	4	4																						
Vecuronium	7	7	7	7																						
LR		500	500																							
Dopamine		25	52.5	52.5																						
PO																										
Total																										

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	120	60	30																						
NGT																									
STOOL																									
DRAIN																									
Total	120																								

MEDCOM - 22404

EMERGENCY RESUSCITATION RECORD - PART 1

For use of this form see MEDCOM Cir 40-5

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

1. DATE:

2. LOCATION OF RESUSCITATION EVENT

☐ MICU ☐ SICU ☐ CCU ☐ NICU ☐ ED ☐ PACU ☐ OR ☐ WARD: _____

☐ DIAGNOSTIC / PROCEDURE AREA: _____

☐ OUTPATIENT CLINIC: _____

☐ OTHER *(Specify)*: _____

3. WITNESSED ARREST?

☑ YES ☐ NO ☐ UNKNOWN

MONITORED AT ONSET?

☑ YES ☐ NO

4. INTERVENTIONS (✓ - IN PLACE AT START OF ARREST) (✓ - INSERTED DURING ARREST) **COMMENTS**

☑ IV Access	☐ Time: ___:___	NA
☑ Endotrachael Tube	☐ Time: ___:___	
☑ Mechanical Ventilation	☐ Time: ___:___	
☑ Arterial Line	☐ Time: ___:___	
☑ Central Venous Line	☐ Time: ___:___	
☐ Pulmonary Artery Catheter	☐ Time: ___:___	
☑ Nasogastric Tube OG	☐ Time: ___:___	
☐ Pacing Device *(Specify type)*: _____	☐ Time: ___:___	
☐ Implantable Defibrillator / Cardioverter	☐ Time: ___:___	
☐ Other *(Specify)*: _____	☐ Time: ___:___	

5. IMMEDIATE CAUSE OF ARREST / EVENT *(Check one)*

☐ Lethal Arrhythmias
☐ Hypotension
☑ Respiratory Depression
☐ Metabolic
☐ Myocardial Infarction or Ischemia
☐ Unknown
☐ Other: _____

6. RESUSCITATION ATTEMPTED

☑ YES *(Check all that were used)*
- ☐ Chest Compressions
- ☐ Defibrillation
- ☑ Airway Management

☐ NO *(Check one)*
- ☐ False alarm/arrest (BLS / ALS not needed)
- ☐ Do not attempt resuscitation (DNAR)
- ☑ Considered futile ☐ Found dead

7. INITIAL CONDITION

CONSCIOUS
☐ Yes ☐ No

BREATHING
☐ Yes ☐ No

PULSE
☐ Yes ☐ No

Site: _____

8. INITIAL RHYTHM

☐ Ventricular Fibrillation ☐ Perfusing Rhythm
☐ Ventricular Tachycardia ☐ Bradycardia
☐ Pulseless Electrical Activity ☐ Asystole

RETURN OF SPONTANEOUS CIRCULATION (ROSC)

☐ Returned at: ___:___ ☐ Never achieved
☐ Unsustained ROSC: ☐ < 20 min ☐ > 20 min

CPR STOPPED AT: ___:___

WHY: ☐ ROSC ☐ DNAR ☐ Considered futile ☐ Death

PATIENT DISPOSITION:

9. EVENT TIMES

(Times are required to calculate the American Heart Ass'n and European Resuscitation Council In-hospital chain of survival.)

	HOUR	MIN
Collapse / Arrest Onset:	___	___
CPR Started:	___	___
1st Defibrillation:	___	___
Airway Achieved:	___	___
1st Dose Epinephrine:	___	___

Code Team Called:
☐ Yes ☐ No Time: ___:___

Code Team Arrived:
☐ Yes ☐ No Time: ___:___

10. GLASGOW COMA SCALE

(Post-resuscitation)
Circle appropriate scores, then total.

EYE OPENING
4 - Spontaneously
3 - To voice
2 - To pain
1 - No response

VERBAL RESPONSE
5 - Oriented, converses
4 - Disoriented, converses
3 - Inappropriate responses
2 - Incomprehensible sounds
1 - No response

MOTOR RESPONSE
6 - Obeys verbal commands
5 - Localizes painful stimulus
4 - Withdraws from pain stimulus
3 - Flexion, decorticate posturing
2 - Extension, decerebrate posturing
1 - No movement

SCORE: _____

PATIENT IDENTIFICATION

AGE: _____
GENDER: _____
HEIGHT (in): _____
WEIGHT (lbs): _____

Admission and Coding Information

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

1. Reporting MTF [redacted] (b)(2)2	2. MT[illegible] IZ			
3. Register Number [redacted] (b)(6)4	Name (Last, First, MI) [redacted] (b)(6)4		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD) 1979-01-01	7. Age at Admission 24Y	8. Race X	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 12:51	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: ICU2	Name / Relationship of Emergency Addressee		
		Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580 - [redacted]raq; No Install Provided (b)2-2		Telephone Number of Emergency Addressee		
21. Type of Disposition EXPIRED	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-11-10		
24. Clinic Svc - Admitting ABA - GENERAL SURGERY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-27		
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-27		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P L AKA, R LOWER LEG FASCHIOTOMY, L CHEST WALL DEBRIMENT

Procedure Narrative(s):

Dx: 8911, 2993, 8629, 7070

Px: 3893(x3), 9670, 9604

Cause of Injury Narrative:

Injury 1

Trauma 450

(b)(6)2

Admitting Officer (Signature, as r[redacted]

Automated Facsimile

IN-PATIENT 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	34Y	X	MUSLIM			NO	
11. FMP	12. SSN	13. Organization				14. Ward	
99	[redacted]					ICU1	
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		17:38	ABA - GENERAL SURGERY				
24. Name/Relation of Emergency Addressee		25. Type Disp	26. Date of Disp				
		EXPIRED	2003-10-30				
27a. Address of Emergency Addressee		27b. Telephone No	28. Date This Adm:	AdmittingOfficer:			
			2003-10-30	LOWERY			
29. ReportingMTF			30. Date Init Adm	32. Units Blood Components			
[redacted]			2003-10-30				

(b)(2)2

31. Selected Administrative Data

Marital Status: Z DoB: 1969-05-20

In/Out Patient: Inpatient MOS:

33. Cause Of Injury: GUNFIGHT WITH OTHER IRAQIS

34. Diagnosis / Operations and Special Procedures:

MULTI GSW TO R THIGH

Trauma 9 ~~701~~ 569

Dx: 8771 860813 8911 82110 82392 95919 E9912

Px: 8085 543 7965 7966 7936 9903

Blood Y

Cause Death #1

Qual N

35. Total Days This Facility

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

35. Total Days This Facility

Absent Sick Days		ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
[redacted]			[redacted]		

Signature [redacted] Medical Records Officer

Automa[redacted] May 79

(b)(6) 2

MEDCOM - 22407

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

39yo IRAQI Detainee s/p GSW (R) Buttocks/(R) Hip. Arrived to [redacted] (b)(2) 2
EMT Section conscious And oriented c̄ tachycardia And subsequent Hypertension
A̅ underwent Emergent intubation And fluid/Blood Resuscitation.
Received 4U PRBC ~~And more~~. Noted c̄ massive defect (R) Buttock
And accompanying hemorrhage.

PHYSICAL EXAMINATION P 120 BP 90/60 RR 20

HEENT PERRLA, NCAT
Lungs CTA (B)
Cor RRR c̄ tachycardia
Abd non distended ∅ R/G/RAST
(R) LE → unstable (c̄ External Rotation) c̄ 40 cm defect (R) Hip (ANT-Posterior)

RAD EMT FAST → ∅ free fluid ABD/Plevis
CXR ∅ Pneumothorax
Pelvis XR fx (R) wing Multiple fragments
LABS (P)

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

Imp GSW c̄ Hemorrhage – unstable
Plan immediate surgical evaluation

(b)(6) 2

[redacted] MD.

	DATE	IDENTIFICATION NO	ORGANIZATION
[redacted]	30 OCT 03		

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

REGISTER NO.	WARD NO.

PT [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
30 OCT ~~0215~~ 2115	Patient arrived via stretcher from OR. Transfered to ted @ 2115. Epinephrine started @ 5mcg/min. BP 85/53, HR 133, T 98.1, Vent AC 14, TV 800, PEEP 5, FiO2 100%, ETT in place & secure, 22cm. Epi ↑ to 7mcg/min BP 71/46 @ 2125. Epi ↑ to 10mcg/min, BP 40/21. BP continued to fall, patient max out on epi @ 10mcg/min. Pupils noted to be 5mm and fixed @ 2200. Patient HR ↓ to 0 and BP to 0 @ 2202, pronounced dead @ 2205 by physician. [redacted] ILT AN
	China Master notified, body prepared per protocol and transported to morgue @ 2240, [redacted] ILT AN
	(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.

[redacted] (b)(6) 4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1991)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

BRIEF OP NOTE

30 OCT 03 2118

Preop Dx: GSW (R) Hip, massive Hemorrhage, fx (R) Pelvis/Proximal femur

Postop Dx: SAME

Procedure (1) Exploration/Debridement (R) Hip wound + packing (2) Excisional c̄ ABD packing (3) (R) mid Tibia Pin placement + traction (4) (R) Hip (Pelvis) stabilization c̄ screw

1.1F 13000 RL FFP 5 U PRBC 11 Whole Blood 2U 25% Alb - 100

PRBC: 6000 U.O. ∅

662

Surg [redacted] (GS) [redacted] (Gyn) [redacted] (Ortho)

Anesthesia CRNA Anesthetist [redacted], MD. [redacted] CRNA

OP Findings: multiple fx (R) Pelvis, (R) proximal Femur c̄ distruction of Acetabulum; massive hemorrhage via (R) Hip wound. Multiple copper fragments c/w small arms ammunition. Ex lap ∅ e/o Bowel/Bladder or other intra ABD injury; c̄ Hematoma Retroperitoneal & presacral region. ∅ gross Bleeding or injury to (R) Pelvic vessels. Liver/Spleen intact

Complications intraoperative e/o coagulopathy —

Remarks c̄ control Blood despite intraop intervention - Hip + ABD packed c̄ ABD closed. c̄ post op (immediate) continued oozing + Hypoth/tachycardia.

Disp Dev

(b)(6) 2

[redacted] MD

[redacted] LTC MC

RELATIONSHIP TO SPONSOR	[redacted] 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.
Pt [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
30 OCT 03	Death note
2210	Pt c̄ cardiac hemorrhage. Noted ḡ cardiac rhythm on cardiac monitoring
	∅ BS on Auscultation. ∅ Response to Pain. Pupils Non Reactive.
	Time of Death 2205
	[redacted] MO (b)(6) Z
	[redacted] CTC MC

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

33.1 / 1.8 / 26.4 / 33.1 / 94.8

59.5 / 32 / 91.5

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

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

(i-STAT)

TEST	RESULT	REF. RANGE
Na	144	138-146 mmol/dL
K	4.0	3.5-4.9 mmol/L
CI		98-109 mmol/L
pH	6.999	7.31-7.45
PCO2	40.4	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	259	80-105 mmHg (art) N/A (ven)
TCO2	12	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	11	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	100	95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca	0.95	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	12	38-51% PCV
Hgb	4	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-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.:

[redacted] (b)(6)4

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

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

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
RBC		4.7-6.1 x10
Hgb		14-18 g/dl(M) 12-16 g/dl(F)
Hct		42-52%(M) 37-47%(F)
MCV		80-94 fi(M) 81-99 fi(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)
Set Rate		
Other		

Urinalysis

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

CSF

Cell Count			
Directigen		Negative	

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic 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 SESS
D dimer		<20 ug/ml
FDP		< 10 ug /ml

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

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

(i-STAT)

TEST	RESULT	REF. RANGE
Na	141	138-146 mmol/dL
K	5.2	3.5-4.9 mmol/L
CI		98-109 mmol/L
pH	6.907	7.31-7.45
PCO2	42.3	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	125	80-105 mmHg (art) N/A (ven)
TCO2	11	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	9	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	96	95-98%
BEecf	-24	(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca	0.83	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	16	38-51% PCV
Hgb	8	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-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: [redacted] (b)(6)2	DATE: 300CT03	LAB ID NO.:

EG7/CBC

FI02402

Ward/Section: OBC	REQUESTING PHYSICAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. [redacted] (b)(6)4	DATE 30 Oct 03 / TIME 1915	SSN/PEEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	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 fi(M) 81-99 fi(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10³ 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	**Macroscopic Urinalysis**		
RBC Morph			HCG		Negative			

			CSF			Blood Bank	
Spun Hematocrit		42-52%(M) 37-47%(F)					
Set 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 WITHE EVERY UNIT OF BLOOD REQUESTED)		
TEST	*RESULT*	*REF. RANGE*	*UNIT*	*TYPE*	*CROSSMATCH*
PT		9.8-13.6 secs			
APTT		21-34 SESS			
D dimer		<20 ug/ml			
FDP		< 10 ug /ml			

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 (a 41-51 mmHg (ve
PO2		80-105 mmHg (a N/A (ven)
TCO2		23-27 mmol/L (a 24-29 mmol/L (ve
HCO3		22-26 mmol/L (a 23-28 mmol/L (ve
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmo
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. RANG
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl

(b)(6)4

```
======= PICCOLO =======
30/10/03                17:56
REFERENCE RANGE:          MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #:             3204AA1
OPER #[redacted]      DR #: 000
SERIAL #: [redacted]
```

(b)(6)2

ALB	2.0*	3.3-5.5	G/DL
ALP	43	26-84	U/L
ALT	55*	10-47	U/L
AMY	38	14-97	U/L
AST	52*	11-38	U/L
TBIL	0.5	0.2-1.6	MG/DL
BUN	11	7-22	MG/DL
CA++	7.7*	8.0-10.3	MG/DL
CHOL	92*	100-200	MG/DL
CRE	1.6*	0.6-1.2	MG/DL
GLU	506*	73-118	MG/DL
TP	4.1*	6.4-8.1	G/DL

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

```
======= PICCOLO =======
30/10/03                17:58
REFERENCE RANGE:          MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #:             3151AA4
OPER #:[redacted]      DR #: 000
SERIAL #: [redacted]
```

(b)(6)2

GLU	505*	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	1.9*	0.6-1.2	MG/DL
CK	481*	39-380	U/L
NA+	120*	128-145	MMOL/L
K+	3.5	3.3-4.7	MMOL/L
CL-	94*	98-108	MMOL/L
tCO2	12*	18-33	MMOL/L

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

REMARKS:

(b)(6)2

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	30 OCT 03	

(b)(6)2

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 30 Oct 03 / TIME: 1750	SSN/PSEUDO SSN: [redacted] (b)(6)4

(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			

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yellow	N/A
Appr	Clear	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.030	N/A
Bld	Small	Negative
pH	5.0	N/A
Prot	100	Negative
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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: 30 Oct 03	LAB ID NO.:

(b)(6)2

13. PROSTHESIS, IMPLANTS ☒ YES ☐ IF YES NAME: ID NUMBER :TURER

AS IF Large frag synthes set CMS # 0330001 6.5mm Screws 90mm x1 Washer x1 K-wire set CMS # 0330005 3/16 x1

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Quickclot	Q.S.	7:10	in wound	[redacted]	[redacted]
					(b)(6) 2

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S S[redacted] (b)(6) 2

15. X-RAY IN[redacted]OOM [redacted] IF YES, SITE

YES ☐ [redacted]O ☒

16. [redacted]BORATORY 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)*

Kerlix
ABD
Tape

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

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

19. ADDITIONAL INFORMATION

Surgeon: [redacted] b6-2

Anesthesia: [redacted]

X ~~16~~ ~~21~~ (18) Laps packed in (R) pelvis area + abdomen

20. OPERATION(S) PERFORMED

I+D Pelvis / Hip Wound, Ex lap (Exploration)

Traction Pinning (R) Tibia

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU,	See DA7389	Litter

22. REGISTERED NURSE SIGNATURE

[redacted] CPT/HN [redacted]

(b)(6) 2

REVERSE OF DA FORM 5179/1, OCT 87 USAPA V1.00

MEDCOM - 22418

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 Anesthesia

2. PATIENT IDENTIFICATION RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] (b)(6) 2

3. DATE 30 Oct 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1814 NUMBER 6

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: EMERGENCY CASE S/P GSW

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] (b)(6) 2	RELIEF SCRUB	PFC [redacted] (1930-EOC)
			SPC [redacted] (1930-2000)
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	
	1LT [redacted] (out @1920)		

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Normal anatomic body alignment maintained

8. SKIN PREPARATION

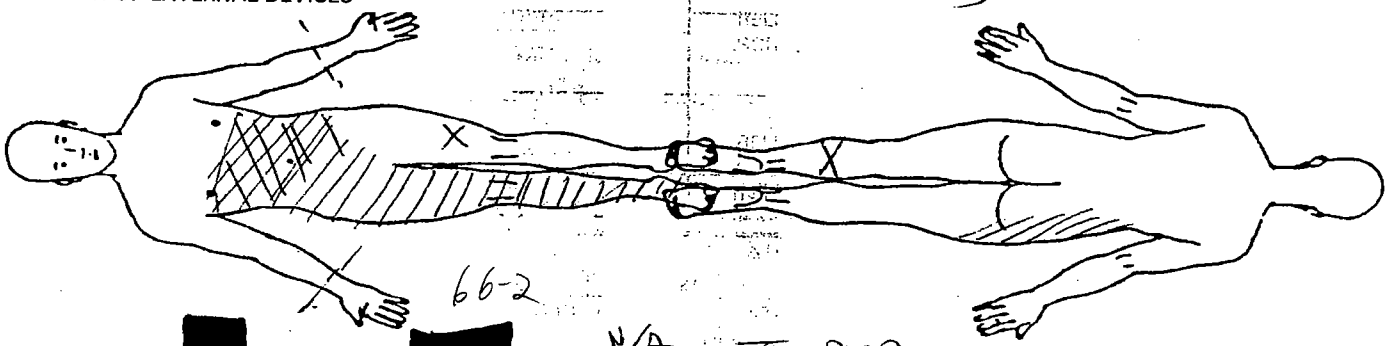
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: N/A

PREP SOLUTION (Specify) Betadine/Betadine
SITE: Abd / (R) leg BY WHOM:
SITE: Abdomen BY WHOM: [redacted]

COMMENTS: No pooling or adverse reaction 66-2

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted] -- Safety [redacted] = = = Tourniquet N/A - Prep

10. COUNTS — Initial: PFC [redacted] CPT [redacted]

C = Correct I = Incorrect Initial = Correct

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

30 Oct 03

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

30130-745145

☒ ESU NO: Valleylab Force 40 RRE105305
GROUND PAD: BRAND VL Pem Polyhesive II
LOT NO: 65706 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

ID: [redacted] 30-10-03
WB 17:53

			Patient Limits	
WBC	20.5 H	x10^3/uL	4.5	10.5
RBC	2.50 L	x10^6/uL	4.00	6.00
Hgb	7.5 L	g/dL	11.0	18.0
Hct	22.9 L	%	35.0	60.0
MCV	91.8	fL	80.0	99.9
MCH	30.0	pg	27.0	31.0
MCHC	32.6 L	g/dL	33.0	37.0
Plt	456. H	x10^3/uL	150.	450.
LY%	24.4 *	%	20.5	51.1
LY#	5.0 *H	x10^3/uL	1.2	3.4

ID: [redacted] 30-10-03
WB 17:53

			Patient Limits	
WBC	20.5 H	x10^3/uL	4.5	10.5
RBC	2.50 L	x10^6/uL	4.00	6.00
Hgb	7.5 L	g/dL	11.0	18.0
Hct	22.9 L	%	35.0	60.0
MCV	91.8	fL	80.0	99.9
MCH	30.0	pg	27.0	31.0
MCHC	32.6 L	g/dL	33.0	37.0
Plt	456. H	x10^3/uL	150.	450.
LY%	24.4 *	%	20.5	51.1
LY#	5.0 *H	x10^3/uL	1.2	3.4

(b)(6)4

ID: [redacted] 30-10-03
WB 19:27

			Patient Limits	
WBC	15.4 H	x10^3/uL	4.5	10.5
RBC	2.28 L	x10^6/uL	4.00	6.00
Hgb	6.8 L	g/dL	11.0	18.0
Hct	21.6 L	%	35.0	60.0
MCV	94.4	fL	80.0	99.9
MCH	29.6	pg	27.0	31.0
MCHC	31.4 L	g/dL	33.0	37.0
Plt	53. *L	x10^3/uL	150.	450.
LY%	30.7 *	%	20.5	51.1
LY#	4.7 *	x10^3/uL	1.2	3.4

ID: [redacted] 30-10-03
WB 19:50

			Patient Limits	
WBC	7.1	x10^3/uL	4.5	10.5
RBC	2.06 L	x10^6/uL	4.00	6.00
Hgb	5.8 L	g/dL	11.0	18.0
Hct	18.6 L	%	35.0	60.0
MCV	90.1	fL	80.0	99.9
MCH	28.2	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plt	33. *L	x10^3/uL	150.	450.
LY%	32.7	%	20.5	51.1
LY#	2.3	x10^3/uL	1.2	3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/30/03 19:55

Patient ID: [redacted]
Test Name :PT
Test Result:= 40.8 sec.
RESULT OUT OF RANGE
Ratio = 3.3
Calculated INR = 7.07
Sample Type:citrated wh. blood
Test Date :10/30/03
Test Time :19:52
Card Lot :080201
Operator : [redacted] (b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/30/03 20:02

Patient ID: [redacted]
Test Name :APTT
Test Result:=202.9 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :10/30/03
Test Time :19:55
Card Lot :[illegible]
Operator : [illegible]

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)												
Scopolamine ( )		0.4										
( )												
Epinephrine (mg)		0.1/0.1/0.3/[1mg]	x		x x x x x x x x x x x x x x x x							
CaCl (amp)			x	x				x		x		x
I/EC ( )					10							
HCO3 (amp)						x		x		x		x
VOLAT AGENT	% del											
	% e.t.											
AIR	L/Min											
N2O	L/Min											
O2	L/Min	2	2	2	2	2	2	2	2	2	2	2	2

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

FLUIDS

LINE site LH (R) A	☐ Warmed	— #2										
(B) SC cordis	☒ Warmed	— #1		#4								
PIV (O) A	☐ Warmed	— 3		Alb25% 200ml								
	☐ Warmed	PRBCs 1-2/3/4										

LOSSES

EST BLOOD LOSS						4500				5500/6000		
URINE -												

PHYS STATUS 1 2 3 4 5 (E)

BODY WEIGHT: 80 KG LB

HEMATOCRIT: 22

INITIAL DATA: BP- 69/34 HR- 102

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? JR TIME- 1800

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

TIME → 1815 30 45 1900 . 30 . 2000 . 30 45 2100

VENTIL

VT - ml	—	610	630	640	650	660	830	840	810	810	830	810
f - breaths/min	—	12	12	12	12	12	12	12	12	12	12	12
Peak Inf pres / PEEP	—	18	18	20	20	30	20	30	20	20	26	25
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff — ET CO2 (torr)	+	27	25	30	32	32	20	28	21	21	24	26
BP/oth — FIO2 (Frac or %)	+	0.4	0.4	0.4	.4	.5	.87	.87	.92	.92	.92	.92
ART line — SpO2 (%)	+	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES — ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Gas analyzer — TEMP-site	NASal		32.7	32.7	32.9	33.1	33	32.8	32.7	32.7	32.6	32.5
N-M Block (T/4)												
Warming blkt												
Conv warmer												

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

TOTALS	TOTAL EBL
	6000
	TOTAL URINE
	—

FLUIDS - SUMMARY

CRYSTALLOID- 13 liters

COLLOID- 25% Albin 1/2

BLOOD- 11 PRBC's 2 units whole

REMARKS

Code drugs with numbers, events with letters

(1) OR emergently for bleeding. PRBC's in Prep en-route. 1000 monitors O2 A-line placed Phenylephrine 100mcg + Epinephrine IV TTE to ABP. Epinephrine 0.1mg IV TTE to ABP PRBC's #1 & #2 in OR

[redacted] CRNA — Pt unstable on 40-50 systolic Epi titrated to effect. Blood infusing / HCO3 / CaCl TO ICU #1. Report to [redacted] Epi: enroute to OR

86-2

RECOVERY AT: 2115

PACU (ICU) #1 (Specify)

OTHER

CONDITION:

RESP- vent SpO2- 100

BP- 85/5 HR- 133

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1800	1814	
	Ready	Begin	End
PROC	1830	1840	2105

PROCEDURES and CPT Codes: Irritation (R) LEG (A) exploration/debridement L hip/pelvis wound exp laparotomy

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — GETA

EMT RSI Crich

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — DL x1 Miller 3 grade 1 view, 8.0 stylETT 22 @ teeth; +BBS + sust ETCO2

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

[redacted] (b)(6)4

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

PROCEDURE LOCATION: 1

DATE: 30 OCT 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — PATIENT'S MEDICAL RECORD — USAPA V1.00

1263528 1840 #31263516 MEDCOM - 22421 #43632 #126345

EMERGENCY RELEASE OF BLOOD COMPONENTS

SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

☒ RED BLOOD CELLS (Crossmatch not performed)

☐ OTHER (Specify) _____

☐ THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:
ALANINE AMINOTRANSFERASE
CYTOMEGALOVIRUS TEST
HEPATITIS TESTS
RETROVIRUS TESTS
SYPHILIS SEROLOGY TEST

DUE TO THE CRITIC[redacted]ITION OF THE BELOW NAMED PATIENT, I REQUEST THE IMMEDIATE RELEASE OF THESE BLOOD PRODUCTS FOR TR[redacted] WITHOUT COMPLETE TESTING. I UNDERSTAND THE INCREASED RISK TO THE PATIENT AND ACCEPT RESPO[redacted]R THE ADMINISTRATION OF THIS TRANSFUSION.

PHYSICIAN'S SIGN[redacted] (b)(6) 2 DATE 30 OCT 03

SECTION II - ISSUE/TRANSFUSION DATA

TRANSFUSION NUMBER	RECIPIENT ABO/Rh	INSPECTED AND ISSUED [redacted]	INDIVIDUA[redacted]
		AT (Hour) 1751	ON (Date) 30 OCT [redacted]

UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
2773628	O POS	[redacted]	[redacted]	30 Oct 03 1755	1759	1 u	NO
4363211	O POS	[redacted]	[redacted]	30 Oct 03 1800	1804	1 u	NO

IDENTIFICATION VERIFICATION

The transfusionist (1st Verifier) must examine the blood bag label, tag and emergency release form to ensure that it matches the patient's name or trauma number on his/her ID bracelet. He/She must sign the emergency release form in the "1st Verifier" block above to indicate that the correct patient identification was made and to document who started the transfusion. The SECOND individual (2d Verifier) must confirm that positive identification of the patient and the blood unit was made by the transfusionist and must sign the form in the "2d Verifier" block.

(b)(6) 2

TRANSFUSION REACTION

If reation is SUSPECTED - IMMEDIATELY:

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

Description
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.)
☐ NO ☐ YES (SPECIFY) _____

PRE-TRANSFUSION
TEMP: 99° PULSE: 99 B/P: 82/60

SIGNATURE OF PERSON NOTING ABOVE [redacted]

PREPARED BY (S[redacted] SSN) [redacted]

WARD Er[redacted]

DATE 30 OCT 03

PATIENT'S ID [redacted] SSN)

Iraqi [redacted] (b)(6) 4

One copy is placed in the medical records. One copy is return to the blood bank. Red, Purple or Pink top should be drawn and submitted to lab for retroactive crossmatch.

EMERGE / RELEASE OF BLOOD C PONENTS

SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

☒ RED BLOOD CELLS (Crossmatch not performed)

☐ OTHER (Specify) _____

☐ THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:
ALANINE AMINOTRANSFERASE
CYTOMEGALOVIRUS TEST
HEPATITIS TESTS
RETROVIRUS TESTS
SYPHILIS SEROLOGY TEST

DUE TO THE CRITICAL CONDITION OF THE BELOW NAMED PATIENT, I REQUEST THE IMMEDIATE RELEASE OF THESE BLOOD PRODUCTS FOR TRANSFUSION WITHOUT COMPLETE TESTING. I UNDERSTAND THE INCREASED RISK TO THE PATIENT AND ACCEPT RESPONSIBILITY FOR [redacted] ISTRATION OF THIS TRANSFUSION.

PHYSICIAN'S [redacted] DATE 30 Oct 03

(b)(6)2

SECTION II - ISSUE/TRANSFUSION DATA [redacted]

TRANSFUSION NUMBER	RECIPIENT ABO/Rh	INSPECTED AND ISSUED BY (Signature) [redacted]		AT (Hour) 1805 (b)(6)2	ON (Date) 30Oct03 (b)(6)2		
UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
1263508	O POS	[redacted]		1809	30Oct03 1825	all	NO
1263510	O POS	[redacted]		1809	30Oct03 1825	all	NO
		(b)(6)2					

IDENTIFICATION VERIFICATION

The transfusionist (1st Verifier) must examine the blood bag label, tag and emergency release form to ensure that it matches the patient's name or trauma number on his/her ID bracelet. He/She must sign the emergency release form in the "1st Verifier" block above to indicate that the correct patient identification was made and to document who started the transfusion. The SECOND individual (2d Verifier) must confirm that positive identification of the patient and the blood unit was made by the transfusionist and must sign the form in the "2d Verifier" block.

TRANSFUSION REACTION

If reation is SUSPECTED - IMMEDIATELY:

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

Description
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.)
☐ NO ☐ YES (SPECIFY) _____

SIGNATURE OF PERSON NOTING ABOVE

PRE-TRANSFUSION
TEMP: 3 PULSE: B/P:

PREPARED BY (Signature & Title)

WARD

DATE

PATIENT'S IDENTIFICATION (NAME- LAST [redacted] SSN)

[redacted]

(b)(6)4.2

[redacted]

One copy is placed in the medical records. One copy is return to the blood bank. Red, Purple or Pink top should be drawn and submitted to lab for retroactive crossmatch.

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 30 Oct 2003

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

Mutiple GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 30 Oct 2003

TIME VERIFIED

(b)(6)

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Compatible

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF P[redacted] TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS:

EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INS[redacted]

AT *(Hour)* 1843

ON *(Date)* 30 Oct 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipi[redacted] is the same person named on this Blood Component Transfusion Form and on the pat[redacted]

1st VER[redacted]

2nd [redacted]

PRE-T[redacted]FUSION

TEM[redacted] 32.3

PULSE 123

BP

DATE OF TRANSFUSION 30 Oct 03

TIME STARTED 1840

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 03 1850

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE O[redacted]

(b)(6)2

(b)(6)2

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

SEX M

WAR[redacted]

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22424

NSN 7540-00-634-4158

518-123

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 30 Oct 2003

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: Multiple GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 30 Oct 2003

TIME VERIFIED 1738

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED *(Signature)* [redacted]

AT *(Hour)* 1853 ON *(Date)* 30 OCT 03

IDENTIFICATION

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

1st VERIFIER [redacted]

2nd [redacted]

PRE-TRANSFUSION TEMP. [redacted] PULSE 115 BP 60/40

DATE OF TRANSFUSION 30 TIME STARTED 1850

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, First, Middle; rank; rate; hospital or medical facility) [redacted]

(b)(6)4

POST-TRANSFUSION DATA [redacted]

AMOUNT GIVEN all ML

TIME [redacted]

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.7	115	60/40

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

OTHER DIFFICULTIES *(Equipment, etc.)* [redacted]

SEX M

WARD EMT

(b)(6)2

(b)(6)2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

NSN 7540-00-634-4158

518-123

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Oct 2003

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE Multiple GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 30 Oct 2003

TIME VERIFIED 1738

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

ATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE [redacted]

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS:

EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1843 ON *(Date)* 30 Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted]

2nd [redacted]

PRE-TRANSFU[redacted]

TEMP. 32[redacted]3 PULSE 123 BP 61/42

DATE OF TRANSFUSION 30 Oct 03

TIME STARTED 1843

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

[redacted] (b)(6)4

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1855 30 Oct 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE [redacted] (b)(6)2

(b)(6)2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

NSN 7540-00-634-4158

518-123

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 30 Oct 2003

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

Multiple GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 30 Oct 2003

TIME VERIFIED 1738

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Compatible

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO O

Rh Pos

RECIPIENT

ABO O

Rh Pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS:

BXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* [redacted] ON *(Date)* 30 OCT 03

IDENTIFICATION

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

1st V[redacted]ature) [redacted]

2nd V[redacted]ature) [redacted]

(b)(6)2

PRE-TRANSFUSION TEMP. 32.7 | PULSE 115 | BP 62/43

DATE OF TRANSFUSION 30 Oct 03 | TIME STARTED 1855

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 03 1905

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE 32.7 | PULSE 115 | BLOOD PRESSURE 60/40

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6)2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] rade; rank; rate; hospital or medical facility)

SEX [redacted]

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 30 oct 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: s/p GSW

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

SIGNATURE OF VERIFIER: original

DATE VERIFIED

TIME VERIFIED

(b)(6) 2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO: O
Rh: pos

RECIPIENT
ABO: O
Rh: pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

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

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 OCT 03

REMARKS: ex 30 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND [redacted]

AT *(Hour)* 1909 [redacted] *(Date)* 30 OCT 03

IDENTIFICATION

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

1st VERI[redacted]

2nd VERIFIER [redacted]

PRE-TRA[redacted]

TEMP. 32.9 | PULSE 128 | BP 43/20

DATE OF TRANSFUSION: 30 OCT 03

TIME STARTED: 1913

(b)(6) 2

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 OCT 03 1920

REACTION: [ ] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.9	128	68/37

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

[ ] OTHER *(Specify)*

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

[ ] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: [redacted] (b)(6) 2

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

WARD

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22428

Medical Record Copy

NSN 7540-00-634-4159

518-124

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*

[redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

S/p GSW

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

SIGNATURE OF VERIFIER

SBB

DATE VERIFIED

original

TIME VERIFIED

SF 518

(b)(6) 2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.

[redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[redacted]

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 OCT 03

REMARKS:

EXP 30 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED [redacted]

AT *(Hour)* 1918

ON *(Date)* 30 OCT 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*

[redacted]

2nd VER[redacted] *(Signature)*

[redacted]

PRE-TRA[redacted]

TEMP. [redacted] | PULSE 115 | BP 60/30

DATE OF TRANSFUSION 30 OCT

TIME STARTED 1921

POST-TRANSFUSION DATA

AMOUNT GIVEN 600 ML

TIME/DATE COMPLETED/INTERRUPTED 1927

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE 32.9

PULSE 115

BLOOD PRESSURE 70/47

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE

[redacted] (b)(6) 2

(b)(6) 2

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

[redacted]

SEX M

WARD OR

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22429

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 Oct 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: s/p GSW

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

SIGNATURE OF VERIFIER: CSE

DATE VERIFIED: original

TIME VERIFIED: SF 518

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR ABO: O Rh: Pos

RECIPIENT ABO: O Rh: Pos

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DATE: 30 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTOR: [redacted]

AT *(Hour)*: 1921 ON *(Date)*: 30 Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: [redacted]

PRE-TRANSFUSION

TEMP. 32.9 PULSE 126 BP 90/55

DATE OF TRANSFUSION: 30 Oct

TIME STARTED: 1920

(b)(6)2

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Oct 03 1926

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE: 32.9 PULSE: 125 BLOOD PRESSURE: 80/50

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE: [redacted] (b)(6)2

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

SEX

WARD

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22430

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 Oct 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: s/p GSW

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

SIGNATURE OF VERIFIER: SBE Original

DATE VERIFIED: 30 518

TIME VERIFIED

(b)(6) 2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE [redacted]

DONOR

ABO: O

Rh: POS

RECIPIENT

ABO: O

Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

INS [redacted]

AT *(Hour)* 1918 ON *(Date)* 30 Oct 03

IDENTIFICATION

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

1st VER [redacted]

[redacted] *(Signature)*

PR [redacted] SFUSION

TEMP. 32.9 PULSE 115 BP 34/50

DATE OF TRANSFUSION: 30 Oct

TIME STARTED: 1926

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Oct 03 1935

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 32.9

PULSE: 115

BLOOD PRESSURE: 75/80

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

[redacted] YES *(Specify)*

[redacted] ERSON NOTING ABOVE

(b)(6) 2

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

SEX

WARD

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22431

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

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

SIGNATURE OF VERIFIER: See original 518

DATE VERIFIED

TIME VERIFIED

(b)(6) 2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

[redacted]

DONOR

ABO: O

Rh: POS

RECIPIENT

ABO: O

Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPO[redacted]QUESTED

DATE [redacted]

REMARKS:

EXP 30 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 2021 ON *(Date)* 30 OCT 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted]

2nd VERIFIER *(Signature)* [redacted]

PRE-TRANSFUSION

TEMP. 32.8 PULSE 120 BP 52/31

DATE OF TRANSFUSION 30 Oct

TIME STARTED 2015

(b)(6) 2

POST-TRANSFUSION DATA

AMOUNT GIVEN 0 ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2025

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.8	119	58/40

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) 2

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

SEX

WARD

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 22432

Medical Record Copy 11-7

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

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

SIGNATURE OF VERIFIER: See Original

DATE VERIFIED: 518

TIME VERIFIED

(b)(6)

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR ABO: O Rh: POS

RECIPIENT ABO: O Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND [redacted]

AT *(Hour)* 2022 ON *(Date)* [redacted] Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signa* [redacted]

2nd VERIFIER *(S* [redacted]

PRE-TRANSFUSION TEMP. 32.8 [redacted] SE 120 BP 54/31

DATE OF TRANSFUSION 30 Oct

TIME STARTED 2014

(b)(6)

POST-TRANSFUSION DATA

AMOUNT GIVEN 0 ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2030

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.8	124	54/32

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6)

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

WARD

[redacted] (b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 22433

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED 10/30

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: NA

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE FFM/FX OR

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED See original

TIME VERIFIED

(b)(6) 2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:

- [ ] RECORD [redacted] NO RECORD

[redacted]

DONOR	RECIPIENT
ABO A	ABO O
Rh POS	Rh POS

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED [redacted] DATE 30 Oct 03

REMARKS:

EXP 31 Oct @ 1926

SECTION III – RECORD OF TRANSFUSION

[redacted] DATA

INSPECTED AND [redacted]

AT *(Hour)* 1926 ON *(Date)* 30 Oct 03

IDENTIFICATION

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

1st VERIFIER [redacted]

2nd VERIFIER [redacted]

PRE-TRANSFUSION [redacted]

TEMP. 32 [redacted] PULSE 117 BP 91/50

DATE OF TRANSFUSION 30 OCT 03

TIME STARTED 1930

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 OCT 1935

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.9	116	69/40

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) 2

(b)(6) 2

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

SEX

WARD

SP [redacted] (b)(6) 4

MEDCOM - 22434

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION 1 - REQUISTION

COMPONENET REQUITED *(Check One)*

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

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

- [ ] TYPE AND SCREEN
- [x] CROSSHATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

REQUESTING PHYSICIAN *(Print)*

DIAGNOSIS OR OPERATIVE PROCEDURE

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION / TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

3 Mar 04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIER

TIME VERIFIER

SECTION 11 - PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: CMNR

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIG[redacted] PERFORMING TEST (b)(6) 2

DONOR

ABO A

Rh pos

RECIPENT

ABO O

Rh pos

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTE[redacted]

DATE 30 OCT 03

REMARKS:

ex 31 OCT 03 1912

SECTION 111- RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPE[redacted]

AT *(Hour)* 1916 [redacted] ON *(Date)* 30 OCT 03

IDENTIFICATION

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

1st VERIF[redacted]

2nd VERIFIER *(Signatu[redacted]*

PRE-TRANFUSIO[redacted]

Temp 33 [redacted] PULSE 120 BP 63/37

DATE OF TRANSFUSION 30 OCT

TIME STARTED 1955

(b)(6) 2

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED / INTERRUPTED 30 OCT 03 1938

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
33	124	66/37

If reaction is suspected-immdately

1. Discontinue Transfusion, Treat Shock if Present, Keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do Not discard Unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) 2

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

SEX

WARD

[redacted] (b)(6)4

BLOOD OR COMPONENT TRANSFUSION

MEDICAL RECORD

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

518-123 NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION 1 - REQUISTION

COMPONENET REQUITED *(Check One)*

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

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

- [x] TYPE AND SCREEN
- [ ] CROSSHATCH

DATE REQUESTED ASAP

DATE AND HOUR REQUIRED

REQUESTING PHYSICIAN *(Print)* ~~GSW~~ [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION / TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER on file

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIER

TIME VERIFIER

(b)(6) 2

SECTION 11 - PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: ~~CSP~~ NA

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

[redacted]

DONOR

ABO A

Rh POS

RECIPENT

ABO O

Rh POS

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 30 OCT 03

REMARKS:

EXP 31 OCT 03 @ 1950

SECTION 111- RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1954 ON *(Date)* 30 OCT 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted]

2nd [redacted]

PRE-TRANFUSION

Temp 33.1 PULSE 123 BP 76/37

DATE OF TRANSFUSION 30 OCT 03 TIME STARTED 1955

POST-TRANSFUSION DATA

AMOUNT GIVEN 0 ML

TIME/DATE COMPLETED / INTERRUPTED 30 OCT 2000

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 33.1 PULSE 115 BLOOD PRESSURE 53/27

If reaction is suspected-immdately

1. Discontinue Transfusion, Treat Shock if Present, Keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do Not discard Unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) 2

(b)(6) 2

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

SEX M WARD OR

[redacted] EPW

(b)(6) 4

BLOOD OR COMPONENT TRANSFUSION

MEDICAL RECORD

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

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* Dr [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE FFM / Fx GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 30 Oct 03

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: NA

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP 31 Oct @ 1950

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE [redacted]

DATE 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1954 ON *(Date)* 30 Oct 03

IDENTIFICATION

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

1st VERIFIER [redacted]

2nd VERIFIER [redacted]

PRE-TRANSFUSION [redacted]

TEMP. 33 PULSE 123 BP 55/30

DATE OF TRANSFUSION 30 Oct

TIME STARTED 1955

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2000

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 33.1

PULSE 123

BLOOD PRESSURE 72/26

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6)2

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

(b)(6)4

SEX M

WARD OR

[redacted] [redacted]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

MEDCOM - 22437

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

518-123

MEDICAL RECORD

NSN 7540-00-634-4158

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: 1 unit

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Oct 03

DATE AND HOUR REQUIRED 1915

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* None

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW to hip

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

SIGNATURE OF VERIFIER See original

DATE VERIFIED

TIME VERIFIED

(b)(6)

SECTION II – PRE-TRANSFUSION TESTING

[redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR	RECIPIENT
ABO O	ABO O
Rh Pos	Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

[redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS: EXP 31 Oct 03 @ 2030

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 2033 ON *(Date)* 30 Oct 03

IDENTIFICATION

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

[redacted]

2nd VERIFIER

[redacted]

PRE-TRANSFUSION

TEMP. 32.7 PULSE 119 BP 93/56

DATE OF TRANSFUSION 30 Oct

TIME STARTED 2030

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2040

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 32.7 PULSE 119 BLOOD PRESSURE 84/49

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) 2

(b)(6) 2

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

SEX M WARD OR

[redacted] (b)(6) 4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

MEDCOM - 22438

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

NSN 7540-00-634-4158

518-123

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☐ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☒ OTHER *(Specify)* Whole RBC

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: 1 unit

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

- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED 30Oct03

DATE AND HOUR REQUIRED 1920

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* None

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS [redacted] GSW → hip

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

SIGNATURE OF VERIFIER See Original

DATE VERIFIED

TIME VERIFIED

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

[redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Compatible

PREVIOUS RECORD CHECK:

☐ RECORD ☒ NO RECORD

SIGNATURE [redacted]

DATE 30Oct03

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP 31 Oct 03 @ 2030

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

IN [redacted]

AT *(Hour)* 2048 ON *(Date)* 30Oct03

IDENTIFICATION

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

1st VERIFIER *(Signature* [redacted]

2nd VERIFIER *(Signatu* [redacted]

PRE-TRANSFUSION

TEMP. 32.6 P [redacted] 117 BP 61/30

DATE OF TRANSFUSION 30Oct

TIME STARTED 2040

(b)(6)2

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 2050 30Oct

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.6	114	61/42

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

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

☐ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6)2

M

WARD OR

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

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

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.
ICU 1		4

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	30 Oct 03	HOURS	
1	TW / ICU 2 - Dr. [redacted] (b)		(6) 2
2	D4 SP 65W		
3	condition: Expectant		
4	Vitals per IEW protocol		
5	ALL Narcotics		
6	Act Strict BR		
7	Diet NPO		

PATIENT IDENTIFICATION

NOTED

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
		HOURS	
8	Epinephrine gtt → Attempt to maintain MAP > 60		
9	Foley to gravity		
10	Strict I/O		
11	IVF LR @ 150 cc/hr		
12	Mech Vent setting per Anesthesia		
13	NGT to LCSW intermittent Suction		
14	NO CPR ~~no factor~~		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
NO ALS Measures	HOURS	
(b)(6) 2		
[redacted] LTC MC		
[redacted]		

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.