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

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>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)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |
| | | |
| | | |
| | | |

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

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

**(Piccolo) Electrolyte**

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

REMARKS:

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

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

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

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^9$ |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Hct | | 42-52% (M)<br>37-47% (F) |
| MCV | | 80-94 fl (M)<br>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)<br>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

| Ward/Section: ICU 7 | REQUESTING PHYSICIAN: | | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 7NOV | TIME 0400 | SSN/PSEUDO SSN: [redacted] |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | 139 | 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 |
| TBI | | |
| BU | | |
| CA | | |
| CH | | |
| CRI | | |
| GLI | | |
| TP | | |
| TE | | |
| GLU | | |
| BUN | | |
| CRE | | |
| CK | | |
| NA+ | | |
| K+ | | |
| CL- | | |
| tCO2 | | |

```
======= PICCOLO =======
07/11/03          04:07
REFERENCE RANGE:     MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #:        3325AA4
OPER #: [redacted]  DR #: 000
SERIAL #: b(6) [redacted]
.......................
GLU    92    73-118   MG/DL
BUN    6*    7-22     MG/DL
CA++   8.5   8.0-10.3 MG/DL
CRE    0.8   0.6-1.2  MG/DL
NA+    ♦♦♦   128-145  MMOL/L
K+     4.5   3.3-4.7  MMOL/L
CL-    104   98-108   MMOL/L
tCO2   24    18-33    MMOL/L

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

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

| T | 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**

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

REMARKS: Chem 7

REPORTED BY: DAT

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

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

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>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 |
| BUN | | 7-22 |
| $CA^{++}$ | | 8.0-10 |
| CHOL | | 100-20 |
| CRE | | 0.6-1. |
| GLU | | 73-11 |
| TP | | 6.4-8. |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-11 |
| BUN | | 7-22 |
| CRE | | 0.6-1. |
| CK | | 39-38<br>30-19 |
| $NA^+$ | | 128-1 |
| $K^+$ | | 3.3-4. |
| $CL^-$ | | 98-10 |
| $tCO_2$ | | 18-33 |

**(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 |

```
======= PICCOLO =======
04/11/03          03:29
REFERENCE RANGE:     MALE
PATIENT #: [redacted] blue-y
METLYTE 8
DISC LOT #:          3151AA4
OPER #: [redacted]  DR #: 000
SERIAL #: blue [redacted]
.........................
GLU   96    73-118   MG/DL
BUN    8    7-22     MG/DL
CRE   1.4*  0.6-1.2  MG/DL
CK    2046* 39-380   U/L
NA+   125*  128-145  MMOL
K+    4.7   3.3-4.7  MMOL
CL-   101   98-108   MMOL
tCO2  22    18-33    MMOL

INST QC: OK     CHEM QC: OK
HEM 2+,  LIP 0 ,  ICT 0
```

**REMARKS:**

| REPORTED BY: | DATE: | LAB |
|---|---|---|

| Ward/Section: ICU | 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 | 4 Nov 03 | | [redacted] b(6)-2 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^9$ |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Hct | | 42-52% (M)<br>37-47% (F) |
| MCV | | 80-94 fl (M)<br>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)<br>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: Chem 7

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

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

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>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 | | |
| AST | | |
| TBIL | | |
| BUN | | |
| $CA^{++}$ | | |
| CHOL | | |
| CRE | | |
| GLU | | |
| TP | | |
| TEST | | |
| GLU | | |
| BUN | | |
| CRE | | |
| CK | | |
| $NA^+$ | | |
| $K^+$ | | |
| $CL^-$ | | |
| $tCO_2$ | | |

**(Piccolo) Metabolic Panel**

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

**colo) Liver Panel Plus**

| 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**

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

======= PICCOLO =======
06/11/03 04:32
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER # [redacted] DR #: 000
SERIAL #: b(6)-4 [redacted]
.....

| | | | |
|---|---|---|---|
| GLU | 101 | 73-118 | MG/DL |
| BUN | <2* | 7-22 | MG/DL |
| CRE | 1.0 | 0.6-1.2 | MG/DL |
| CK | 1073* | 39-380 | U/L |
| NA+ | ▼▼▼ 139 | 128-145 | MMOL |
| K+ | 4.8* | 3.3-4.7 | MMOL |
| CL- | 102 | 98-108 | MMOL |
| tCO2 | 20 | 18-33 | MMOL |

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

REMARKS:

| 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) |
|---|---|---|
| L[redacted] FIRST MI: b(6)-4 | DATE 6NOV / TIME | SSN [redacted] b(6)-4 |

| (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)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>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 | | | |

| | | | CSF | | | Blood Bank | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | | | | | |
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Other | | | Directigen | | Negative | ABO/Rh | |

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

REMARKS: Chem 7

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

Ward/Section: | REQUESTING INSTITUTION:

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

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

## (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)<br>12-16 g/dl (F) |
| Hct | | 42-52% (M)<br>37-47% (F) |
| MCV | | 80-94 fl (M)<br>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)<br>37-47% (F) | |
| Sed Rate | | | |
| Other | | | |

## Coagulation Studies

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

REMARKS:

## Urinalysis

| TEST | RESULT | REF. RANGE |
|---|---|---|

## Misc. Serology

| TEST | RESULT | REF. RANGE |
|---|---|---|

======= PICCOLO =======
03/11/03 09:55
REFERENCE RANGE: MALE
PATIENT #: [redacted] b (6)-4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

| | | | |
|---|---|---|---|
| GLU | 113 | 73-118 | MG/DL |
| BUN | 18 | 7-22 | MG/DL |
| CA++ | 8.9 | 8.0-10.3 | MG/DL |
| CRE | 0.9 | 0.6-1.2 | MG/DL |
| NA+ | 142 | 128-145 | MMOL/L |
| K+ | 5.3* | 3.3-4.7 | MMOL/L |
| CL- | 104 | 98-108 | MMOL/L |
| tCO2 | 24 | 18-33 | MMOL/L |

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

======= PICCOLO =======
03/11/03 09:53
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3153AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

| | | | |
|---|---|---|---|
| ALB | 3.6 | 3.3-5.5 | G/DL |
| ALP | 64 | 26-84 | U/L |
| ALT | 30 | 10-47 | U/L |
| AMY | 16 | 14-97 | U/L |
| AST | 43* | 11-38 | U/L |
| TBIL | 0.7 | 0.2-1.6 | MG/DL |
| GGT | 21 | 5-65 | U/L |
| TP | 6.5 | 6.4-8.1 | G/DL |

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

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

b(6) - 2

| Ward/Section: ER | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(6)-4 [redacted] | DATE 3 Nov 03 TIME 0952 | 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)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 25-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>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-1 | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 17**

| 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)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^-$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

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

**(Piccolo) Electrolyte**

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

REMARKS:

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

STANDARD FORM 545 (REV 10-75)
545-108

# LABORATORY REP

| TEST(S) | | |
|---|---|---|
| SPECIMEN TAKEN | | |
| DATE 5Nov03 | TIME 0400 | A.M. P.M. |
| RESULTS | REQUESTED | (X) |
| | RBC COUNT | |
| | HEMOGLOBIN | |
| | HEMATOCRIT | |
| | MCV | |
| | MCH | |
| | MCHC | |
| | WBC COUNT | |
| | WBC DIFF AND BLOOD CELL MORPH: IMMATURE | |
| | NEUTRO-BANDS | |
| | NEUTROSEGS | |
| | LYMPHS | |
| | EOSINOPHILS | |
| | BASOPHILS | |
| | MONOCYTES | |
| | PLATELETS | |
| | RBC | |
| | SED. RATE | |
| | PLATELET COUNT | |
| | RETICULOCYTE COUNT | |
| | CLOTTING TIME | |
| | BLEEDING TIME | |
| | PT: CONTROL | |
| | PT: PATIENT | |
| | PTT: CONTROL | |
| | PTT: PATIENT | |
| | PTT: % ACTIVITY | |
| | PTT: RATIO | |
| | SICKLING TEST | |
| | LE PREP | |

REMARKS [redacted]

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

TECH

MD DATE 05Nov03

LAB. ID-NO.

SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)

STAT

TODAY

PRE-OP

URGENCY: ROUTINE

HEMATOLOGY

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

SPECIMEN/LAB REPORT NO.

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

**PHYSICIAN COPY**

EPW [redacted] b(6)-4

---

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____89 mg/dL
BUN_____6 mg/dL
Na_____137 mmol/L
K_____3.6 mmol/L
Cl_____104 mmol/L
TCO2_____29 mmol/L
AnGap_____9 mmol/L
Hct_____28 %PCV
Hb*_____8 g/dL
*via Hct
pH_____7.391
PCO2_____45.7 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L

Sample Type_:

05NOV03 04:53

Oper:

Physician:_____

Ser# [redacted]
Ver: [redacted]

---

PRESSURE MUST BE APPLIED TO ATTACH LABORATORY REPORTS

⑥ ⑦

ALIGN ALL LABORATORY REPORT

**INSTRUCTIONS:** This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

epw. [redacted] b(6)-4

(Check one)

| MOUNTED ON STRIPS 1 THROUGH 7 | MOUNTED ON STRIPS 1, 3, 5, AND 7 |
|---|---|
| ☐ CHEMISTRY I (SF 546) | ☐ PARASITOLOGY (SF 552) |
| ☐ CHEMISTRY II (SF 547) | ☐ IMMUNOHEMATOLOGY (SF 556) |
| ☐ CHEMISTRY III (SF 548) | ☐ ASSORTED FORMS |
| ☐ HEMATOLOGY (SF 549) | ☐ OTHER (Specify) |
| ☐ URINALYSIS (SF 550) | **MOUNTED ON STRIPS 1, 4, AND 7** |
| ☐ SEROLOGY (SF 551) | ☐ MICROBIOLOGY I (SF 553) |
| ☐ SPINAL FLUID (SF 555) | ☐ MICROBIOLOGY II (SF 554) |
| | ☐ MISCELLANEOUS (SF 557) |
| | ☐ ASSORTED FORMS |

Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45, 505

LABORATORY REPORT DISPLAY

☆U.S. GOVERNMENT PRINTING OFFICE : 1990 267-126

ID: [redacted] 06-11-03
JR 04:22

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.16 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 8.9 L | g/dL | 11.0 | 18.0 |
| Hct | 28.2 L | % | 35.0 | 60.0 |
| MCV | 89.1 | fL | 80.0 | 99.9 |
| MCH | 28.1 | pg | 27.0 | 31.0 |
| MCHC | 31.6 L | g/dL | 33.0 | 37.0 |
| Plt | 177. | x10^3/uL | 150. | 450. |
| LY% | 21.8 | % | 20.5 | 51.1 |
| LY# | 1.8 | x10^3/uL | 1.2 | 3.4 |

ID: [redacted] 04-11-03
03:27

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 11.5 HL | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.31 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.0 L | g/dL | 11.0 | 18.0 |
| Hct | 32.5 L | % | 35.0 | 60.0 |
| MCV | 98. | fL | 80.0 | 99.9 |
| MCH | 30.2 | pg | 27.0 | 31.0 |
| MCHC | 30.8 L | g/dL | 33.0 | 37.0 |
| Plt | [illegible] | x10^3/uL | 150. | 450. |
| LY% | [illegible] HL | % | 20.5 | 51.1 |
| LY# | [illegible] * | x10^3/uL | 1.2 | 3.4 |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/03/03 09:56

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 14.5 sec.
Ratio = 1.2
Calculated INR = 1.32
Sample Type:citrated wh. blood
Test Date :11/03/03
Test Time :09:55
Card Lot : [redacted] b(6)-7
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/03/03 10:00

Patient ID: [redacted]
Test Name :APTT
Test Result:= 42.8 sec.
Sample Type:citrated wh. blood
Test Date :11/03/03

pre-transfusion
b(6)-4

ID: [redacted] 03-11-03
MB 09:52

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 23.2 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.26 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.0 | g/dL | 11.0 | 18.0 |
| Hct | 37.8 | % | 35.0 | 60.0 |
| MCV | 88.7 | fL | 80.0 | 99.9 |
| MCH | 28.2 | pg | 27.0 | 31.0 |
| MCHC | 31.8 L | g/dL | 33.0 | 37.0 |
| Plt | 256. | x10^3/uL | 150. | 450. |
| LY% | 7.1 HL | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

# OPERATION REQUEST AND WORKSH

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

## SECTION A - REQUEST FOR SURGERY

| 1. PATIENT'S NAME (Last, First, MI) (Print) | 2. STATUS | 3. AGE | 4. RELIGION | 5. REGISTER NO | 6. SSN (with Family Member Prefix) |
|---|---|---|---|---|---|
| [redacted] b(6)-4 | EPW | 20 | | | |

7. PREOPERATIVE DIAGNOSIS: GSW to Abd and Right Groin + Scrotum

8. NURSING UNIT (from - to): ED to ICW

9. OPERATION PROPOSED: Exploratory laparotomy, Right Groin Exploration, Scrotal debridement

10. REQUESTING SERVICE: Gen Surg

| 11. DATE OF SURGERY | 12. TIME OR CASE NO | 13. SCHEDULE PRIORITY (check one) | 14. BLOOD REQUIRED (Unit) | 15. SEPTIC |
|---|---|---|---|---|
| 3 NOV03 | | ☒ EMERGENCY ☐ SEMI-EMERGENCY ☐ ROUTINE | cc | |

| 16. SURGEON | 17. ASSISTANT(S) | 18. POSITION OF PNT | 19. PREP REQUIRED |
|---|---|---|---|
| [redacted] b(6)-2 | | Supine | Betadine/Betadine |

| 20. NURSING STAFF | 21. ANESTHETIST(S) | 22. ANESTHESIA |
|---|---|---|
| b(6) | | GETA |

23. SPECIAL INSTRUCTIONS AND REMARKS

b(6)-2 [redacted]

24. REQ[redacted] Signature) [redacted]

## SECTION B - OPERATION WORKSHEET

| 25. OPERATING ROOM NO | 26. TIME OR CASE NO | 27. SEPTIC | 28. FLUIDS (other than blood) | 29. BLOOD ADMINISTERED |
|---|---|---|---|---|
| | | | | |

| 30. SURGEON | 31. ASSISTANT(S) | 32. ANESTHETIST(S) | 33. ANESTHESIA TIME (Began and Ended) |
|---|---|---|---|
| | | | |

| | AGENT | TECHNIQUE | | |
|---|---|---|---|---|
| 34. INDUCTION ANESTHETIC | | | 37. AIRWAY | 39. SPECIAL PROCEDURES (Anesthesia) |
| 35. PRIMARY ANESTHETIC | | | 38. RELAXANTS INTUBATION | OTHER |
| 36. SECONDARY ANESTHETIC | | | | |

| 40. NURSING TIME (Began and Ended) | 41. SCRUBBED PERSON(S) | 42. CIRCULATING PERSON(S) |
|---|---|---|
| | | |

| 43. OPERATION DATE | 44. OPERATION TIME (Began and Ended) | 45. DRAINS | 46. SPONGE COUNT | 47. LABORATORY SPECIMEN |
|---|---|---|---|---|
| | | | | |

48. OPERATIVE DIAGNOSIS

49. OPERATIONS(S) PERFORMED

☐ EPISODES OF SURGERY

50. COMPLICATIONS (Continue on reverse, if more space is required)

51. DICTATOR'S NAME, SERVICE & PHONE EXT

RECORDED IN REGISTER (Initials)

DA FORM 4107, MAR 82 EDITION OF 1 JUN 73 MAY BE USED. USAPPC V1.00

NSN 7540-00-634-4165

| MEDICAL RECORD | REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES |
|---|---|

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Ex Lap, Right Groin Exploration; Scrotal Debridement

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

*(Description of operation or procedure in layman's language)*

explore the abdomen; explore the groin wound and remove non-viable tissue from the scrotum

which is to be performed by or under the direction of Dr. [redacted] b(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None

*(If "none", so state)*

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

*(Cross out any parts above which are not appropriate)*

C. SIGNATURES

*(Appropriate items in Parts A and B must be completed before signing)*

b(6)-2

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to [redacted] ure(s), attendant risks involved, and expected results, as described above.

[redacted]

*(Signature of Counseling Physician/Dentist)*

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

*(Signature of Witness, excluding members of operating team)* *(Signature of Patient)* *(Date and Time)*

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

*(Signature of Witness, excluding members of operating team)* *(Signature of Sponsor/Legal Guardian)* *(Date and Time)*

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

b(6)-4

[redacted]

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

STANDARD FORM 522 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)

USAPPC V2.00

# MEDICAL RECORD - ANESTHESIA

se of this form, see AR 40-66; the proponent ag the OTSG

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

| DRUG | (Units) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | 50µg/cc (µg) | 100 | 150 | | 100 | 100 | | 50 | 100 | 50 | | |
| Norcuron | 2mg/cc ( ) | 5 | 2 | | | | | | | | | |
| Morphine | mg ( ) | | 10 | | | | | | | | | |
| VOLAT AGENT | Forane % del | 1.25 | 1.5 | | 1.4 | 1.5 | | | 1.0 | .9 | | |
| | % e.t. | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | |
| O2 | 2 L/Min | | | | | | | | | | | |

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

**FLUIDS**

| LINE site | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NS-200 (R) | ☐ Warmed | | | | NS-1000 | | | | | | 1000/2000 | |
| NS-200 (L) | ☐ Warmed | | | RL 1000 | | | | | | | 1000/2000 | |
| PRBC | ☐ Warmed | | | | | | | | | | | #1 |

**LOSSES**

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | 600 | |

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

**BODY WEIGHT:** 155 ~~KG~~ LB

**HEMATOCRIT:**

**INITIAL DATA:** BP- 139/75 HR- 103

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME-

**SYMBOLS:** BP by cuff ∨ ∧; Heart rate ●; Resp rate ✓; BR (transduced) ⊥; TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊙

TIME → 1015 30 45 1100 15 30 45 1200 15 30 45 1300

220 200 180 160 140 120 100 80 60 40 20

**VENTIL**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 730 | 720 | 750 | 780 | 750 | 760 | 760 | 750 | 710 | 700 | 720 |
| f - breaths/min | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 8 | 8 | 8 |
| Peak inf pres / PEEP | 26 | 26 | 28 | 25 | 25 | 24 | 24 | 25 | 23 | 23 | 23 |
| MODE - S(pon), A(assist), C(on) | CV | CV | CV | CV | CV | CV | CV | CV | CV | CV | CV |

**MONITORS/ACCESSORIES**

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 31 | 32 | 28 | 27 | 27 | 26 | 25 | 25 | 28 | 30 | 31 |
| BP/oth | FIO2 (Frac or %) | 74% | 75% | 75% | 76% | 76% | 76% | 76% | 76% | 76% | 76% | 76% |
| ART line | ✓ SpO2 (%) | 100 | 100 | 100% | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | ST | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| ✓ Gas analyzer | ✓ TEMP-site | | | 35.0 | 35.0 | 35.0 | 35.0 | 34.8 | 34.8 | 35.0 | 35.0 | 34.9 |
| | N-M Block (T/4) | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4)

| TOTALS | TOTAL EBL |
|---|---|
| | <200 |
| | TOTAL URINE |
| | 80 |

**FLUIDS SUMMARY**

CRYSTALLOID- 6100

COLLOID-

BLOOD- 1 unit

**REMARKS**

Code drugs with numbers, events with letters

(1) U/S Take
(2) Induction Fentanyl 100µg Propofol 70 mg Anectine 100mg intubated
(3) Procedure begins
(4)
12:45 - 1u PRBC's given for ↓HCT & ↓BP
[redacted]
(5) CONTINUED NEXT PAGE

**RECOVERY AT**

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0950 | 1025 | 1410 |
| | Ready | Begin | End |
| PROC | 1057 | 1055 | 1337 |

PROCEDURES and CPT Codes:
Exp. Lap - Scrotal repair - I&D Groin Wound

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
Gen Endo

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

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
#7.5 ET Tube c #4 Miller

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

PROCEDURE LOCATION: Trauma Room
DATE: 3 Nov 03
PAGE 1 OF 2

DA FORM 7389, FEB 1998 - PATIENT'S MEDICAL RECORD USAPA V1.00

PAGE # 1

MEDCOM - 23255

# MEDICAL RECORD - ANESTHESIA

se of this form, see AR 40-66; the proponent ag · the OTSG

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

| DRUG | (Units) |
|---|---|
| | ( ) |
| | ( ) |
| | ( ) |
| | ( ) |
| | ( ) |
| | ( ) |

VOLAT AGENT: Forane % del 1.8-6.1 % e.t.

AIR L/Min

N2O L/Min

O2 2 L/Min

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

**FLUIDS**

LINE site ☐ Warmed

(R) NS ☐ Warmed

(L) NS ☐ Warmed

☐ Warmed

**LOSSES** EST BLOOD LOSS

URINE -

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** KG LB

**HEMATOCRIT:**

**INITIAL DATA:**

BP- /

HR-

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME-

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

TIME → 1315 30 45 1400 15 30 45

220 200 180 160 140 120 100 80 60 40 20

(4)

| VENTIL | | |
|---|---|---|
| VT - ml | 710 | 700 |
| f - breaths/min | 8 | 8 |
| Peak inf pres / PEEP | 24 | 25 |
| MODE - S(pon), A(ssist), C(on) | CV | AC |

| MONITORS/ACCESSORIES | | | |
|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 31 | 37 |
| BP/oth | ✓ FIO2 (Frac or %) | 76% | 76% |
| ART line | ✓ SpO2 (%) | 100% | 100% |
| Steth- PC/ES | ✓ ECG | SR | SR |
| ✓ Gas analyzer | ✓ TEMP-site | 34.9 | 34.9 |
| | N-M Block (T/4) | | |
| Warming blkt | | | |
| Conv warmer | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (5) (6)

| TOTALS | TOTAL EBL |
|---|---|
| | |
| | TOTAL URINE |

**FLUIDS - SUMMARY**

CRYSTALLOID-

COLLOID-

BLOOD-

**REMARKS**

Code drugs with numbers, events with letters

(5) Procedure ended

(6) O2, suction, & cuff breathing extubated, to ICU for recovery

**RECOVERY AT**

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | | | |
| | Ready | Begin | End |
| PROC | | | |

PROCEDURES and CPT Codes:

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

# b(6)-4 [redacted]

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

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

SURGEONS: b(6)-2

ANESTHETIST: [redacted] RVA

PROCEDURE LOCATION:

DATE: 03 Nov '03

PAGE 2 OF 2

DA FORM 7389, FEB 1998

COPY 1 - PATIENT'S MEDICAL RECORD USAPA V1.00

PAG # 2

MEDCOM - 23256

Age 20 DAYS MOS YRS

Sex ( ) MALE ( ) FEMALE

PROPOSED PROCEDURE: _____
SURGICAL SERVICE: _____
NPO SINCE: > 12 hrs

ASA Physical State 1 2 3 4 5 E
WT: 155 KG/LB HT: _____ IN.
ALLERGIES: NPO

**HABITS:**
TOBACCO: _____
ETOH: _____
DRUGS: _____

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( ) _____
( ) _____
( ) _____
( ) _____
( ) _____
( ) _____

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

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

**PREOPERATIVE**
**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

Cardiovascular:
- Hypertension N Y _____
- Angina N Y _____
- MI N Y _____
- CVA N Y _____
- Other N Y _____

Pulmonary System:
- Asthma N Y _____
- Bronchitis/URI N Y _____
- COPD N Y _____
- Other N Y _____

Renal System:
- Acute/Chronic RF N Y _____

Gastrointestinal:
- Hepatitis N Y _____
- Hiatal Hernia N Y _____
- PUD/GERD N Y _____

Endocrine System:
- Diabetes N Y _____
- Steriods N Y _____
- Thyroid N Y _____

Neurological:
- Seizures N Y _____
- Neuropathy N Y _____
- Other N Y _____

Gynecological :
- Pregnancy N Y _____

Other Significant Hx:
- N Y _____
- N Y _____

Familial HX N Y _____

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
_____

**PHYSICAL EXAMINATION**
BP ___ HR ___ R ___ T ___
Pain Scale 0-10 _____
HEENT - Teeth _____
Trachea _____
TMJ/Neck _____
Oropharnyx _____
Nares _____
CHEST: _____
CARDIAC: _____
EXTREMITIES: _____
IV Access: _____
Ulnar Filling: _____
BACK: _____
OTHER: _____

NPO Since _____

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

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

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: _____ Date: _____ Time: _____ Hrs

**POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)**
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: _____ Date: _____ Time: _____ Hrs

**SEDATION KEY:**

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

Patient Identification: (Ward) _____

#[redacted] b(6)-4

WAMC Form 2300 (Revised) 15 Mar 01 MCXC-DOS

**ANESTHESIA RECORD**

Previous edition is obsolete
*U.S. GPO: 2001-629-183/40002

Morphine [illegible] p.o. q6

CLINICAL RECORD - DOCTOR'S ORD[illegible]

se of this form, see AR 40-66, the proponent a[illegible] OTSG

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

PATIENT IDENTIFICATION

1205

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2

| DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| 3 NOV 03 | 1937 | | |
| (1) Admit to ICU Dr. [redacted] | | | Jezior |
| (2) Dx: GSW to Abd & scrotum + groin | | | |
| (3) Condition = stable | | | |
| (4) NPO | | | |
| (5) Vitals = per ICU routine | | | |
| (6) Activity = Bed Rest | | | |
| (7) Incentive Spirometry 10x/hr while awake | | | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

| DATE OF ORDER | TIME OF ORDER | HOURS |
|---|---|---|
| (8) Supra pubic Catheter to drainage | | |
| (9) Do Not Change penis dressing | | |
| (10) Wet to Dry Dressings to Scrotum BID | | |
| (11) Wet to Dry Dressings to Right groin BID | | |
| (12) Wet to Dry Dressings to open Abdominal Wound BID | | |
| (13) Do Not Change midline dressing on Abd | | |
| (14) Levaquin 500 mg IVPB q 24° 1st dose today | | |

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

| DATE OF ORDER | TIME OF ORDER | HOURS |
|---|---|---|
| (15) Unasyn 3 gram IVPB q 6° | | |
| (16) IVF = LR @ 150 cc/hr | | |
| (17) Advance diet to regular as tolerated slowly | | |
| (18) Ditropan XL 5 mg p.o. BID | | |
| (19) Valium 5 mg p.o. q 6° (standing dose not PRN) | | |
| (20) MSO4 ½-1 mg IV q 2° prn pain | | |
| (21) Percocet ½ p.o. q 6° prn pain | | |
| (22) Tylenol 1 gram p.o. q 6° prn temp | | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

| DATE OF ORDER | TIME OF ORDER | HOURS |
|---|---|---|
| ≥ 1800.5 | | |
| (23) Post op q AM labs = ABG, CBC and Chem-7 | | |

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE [redacted]

b(6)-2

b(6)-2 unless otherwise noted

CLINICAL RECORD - DOCTOR'S ORD
of this form, see AR 40-66, the proponent a s OTSG

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

PATIENT IDENTIFICATION
b(6)-4
[redacted]

NURSING UNIT: ICU1 | ROOM NO.: | BED NO.: 2

DATE OF ORDER: 5 NOV 03 | TIME OF ORDER: 0705 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) Change Valium to 5mg p.o. q 8 hrs 06,14,22
(2) KCl 20 MEQ IVPB over 1 hour x 2 doses
[redacted]

PATIENT IDENTIFICATION
b(6)-4
[redacted]

NURSING UNIT: ICU1 | ROOM NO.: | BED NO.: 2

DATE OF ORDER: 5 NOV 03 | TIME OF ORDER: 0848 HOURS

Fentanyl 25mg X1 now — Done
[redacted]

PATIENT IDENTIFICATION

NURSING UNIT: ICU1 | ROOM NO.: | BED NO.: 2

DATE OF ORDER: 5 NOV 03 | TIME OF ORDER: 0945 HOURS

(1) Albuterol 2.5 mg/3ml each nebulized q 6° x 3 days
(2) ↓ IVF to NS c 20 MEQ/Liter @ 100cc/hr
[redacted]

PATIENT IDENTIFICATION

NURSING UNIT: | ROOM NO.: ICU1 | BED NO.: 2

DATE OF ORDER: 6 NOV 03 | TIME OF ORDER: 1615 HOURS

(1) X-ray of Right Femur, tibia/fibula, ankle & foot 2° to swelling & numbness of unknown injury
[redacted]

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

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

CLINICAL RECORD - DOCTOR'S ORD

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

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] b(6)-4 | | | | 7NOV03 | 0765 HOURS | |
| | | | (1) | Heparin 5000 units SQ TID | | |
| | | | (2) | Δ Valium to 5mg p.o. BID | | Noted [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] b(6)-2 | | |

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

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

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

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

NICAL RECORD - DOCTOR'S ORDERS

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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 11/8/03 TIME OF ORDER 0939 HOURS | LIST TIME ORDER NOTED AND SIGN

- Shower daily c̄ Betadine change
- May allow water to run over wounds to include abd/groin wound
- Repack wounds after shower and redress groin wound

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

- Penile dressing → 4x4 wrap of penis after bacitracin applicat to catheter and open urethra
- Koban wrap lightly around penis to hold dressing in place

Moved b(6)-2 08NOV03 1050

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

- Valium to 5mg PO qHS
- Ambulate c̄ assistance daily ~~ABAT~~ per ward policy

b(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

240 ✓ 10NOV03 C 0100 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

240 / 12NOV03 0500 [redacted]

DATE OF ORDER 12NOV03 TIME OF ORDER 0915 HOURS

1. Stop IVF. Hep Lock IV ✓
2. D/C Unasyn ✓
3. D/C IV Levaquin ✓
4. Levaquin 500mg p.o. q 24 [redacted]
5. Colace PO BID [redacted]
6. Dulcolax suppository [redacted] X1 for constipation

[redacted] 12NOV03 0540

b(6)-2

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

0040 14 NOV 03 [redacted] 2C7 [redacted]

[redacted]

b(6)-4

LINICAL RECORD - DOCTOR'S ORDER

For f this form, see AR 40-66, the proponent agen SG

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT [redacted] BED NO. 0904 21

DATE OF ORDER 19 NOV 03 TIME OF ORDER 0843 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) D/C Levaquin

[redacted]

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER 11/22/03 TIME OF ORDER 0721 HOURS

DC valium

DC Ditropan XL b(6)-2

[redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER 11/23/03 TIME OF ORDER 1100 HOURS

√ Post void residual after every void.

√ in place SP tube and measure remaining urine - report

record on I/O sheet

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER TIME [redacted] HOURS

24hr (1) DENW @ 0300 ONS

DC SP tube

heparin 5000 PO QD X 5 days

[redacted] b(6)-2

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

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

[redacted]

MEDCOM - 23264

vicoprin b(6)-2 A21

| CLINICAL RECORD | THERA. _UTIC DOCUMENTATION CARE PLAN ( -MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7NOV | [redacted] | VS: Q6 | 6 | [redacted] | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | |
| 7NOV | [redacted] | OOBTC & AMB C | D | | | | | | | | | | | | | |
| | | assistance | N | | | | | | | | | | | | | |
| 7NOV | [redacted] | IS x10/hr | D | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 7NOV | [redacted] | HOS | D | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 7NOV | [redacted] | DIET: Regular | D | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 8NOV | [redacted] | Shower daily c̄ drsg | 10 | | | | | | | | | | | | | |
| | | Δ. May allow H2O to | / | | | | | | | | | | | | | |
| | | run over wounds | / | | | | | | | | | | | | | |
| 8NOV | [redacted] | ~~Repack wounds~~ & | 10 | | | | | | | | | | | | | |
| | | shower & redress | / | | | | | | | | | | | | | |
| | | groin wound | / | | | | | | | | | | | | | |
| 4 DEC | [redacted] | NHO: BRADEN SCALE Q7 DAYS | 06 | / | | | X | / | | | | | | | / | |
| | | | 18 | / | | | DONE | / | | | | | | | / | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: GSW Abd / scrotum / groin

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-2 A11

| CLINICAL RECORD | THERA[illegible]UTIC DOCUMENTATION CARE PLAN ([illegible]-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 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Φ8 NOVΦ3 | [redacted] | Penile dsg: 4x4 wrap | 1Φ | [redacted] | | | | | | | | | | | | |
| | | of penis p̄ Bacitracin | 22 | | | | | | | | | | | | | |
| | | applicated to catheter | X | | | | | | | | | | | | | |
| | | and open urethra | X | | | | | | | | | | | | | |
| Φ8 | [redacted] | Koban wrap lightly | 1Φ | [redacted] | | | | | | | | | | | | |
| | | around penis to hold | 22 | | | | | | | | | | | | | |
| | | dsg in place | X | | | | | | | | | | | | | |
| Φ8 | [redacted] | Repack wounds p̄ | 1Φ | [redacted] | | | | | | | | | | | | |
| | | shower and redress | X | | | | | | | | | | | | | |
| | | groin wound | X | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW Abd, Scrotum Groin

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-2 A1

**CLINICAL RECORD** | **THER. UTIC DOCUMENTATION CARE PLAN (-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 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8NOV | [redacted] | Repack wounds Q | 10 | X | X | [redacted] | | | | | | | | | | |
| | | shower and redress | X | X | X | | | | | | | | | | | |
| | | groin wound | X | X | X | | | | | | | | | | | |
| 7NOV | [redacted] | Suprapubic FTG | 06 | X | X | [redacted] | | | | | | | | | | |
| | | | 18 | X | X | | | | | | | | | | | |
| 23NOV | [redacted] | ✓ Post void residual | 06 | — | — | — | — | — | [redacted] | | | | | | | |
| | | Q every void. | 18 | — | — | — | — | — | | | | | | | | |
| 23NOV | [redacted] | unplug SP tube & | 06 | — | — | — | — | — | [redacted] | | | | | | | |
| | | measure remaining | 18 | — | — | — | — | — | | | | | | | | |
| | | urine - then replug | X | | | | | | | | | | | | | |
| 23NOV | [redacted] | record on I/O sheet | 06 | — | — | — | — | — | [redacted] | | | | | | | |
| | | | 18 | — | — | — | — | — | | | | | | | | |

D/C'D

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: GSW: Abd, scrotum, Groin

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

blue-2 AM

| CLINICAL RECORD | THERA[illegible]UTIC DOCUMENTATION CARE PLAN ([illegible]-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 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 Nov | [redacted] | Vitals: 5 4° x 24° then q 6° | 8 | [redacted] | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| | | | 2 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | Act: OOBTC and Amb F assistance per ward policy | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | I & Spirometer x10/hr | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | Supropulin F16 | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | WTD Dsg to Scrotum BID | 10 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | WTD Dsg to (R) Groin BID | 10 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | WTD Dsg to Abd Wound BID | 10 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | Dry Protective DSG over abdominal incision | 10 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | I & O's | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 7 Nov | [redacted] | Diet: Regular | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 08 Nov 03 | [redacted] | Shower daily c̄ dsg △ (may allow water to run over wounds to include abd/groin wounds) | 10 | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: GSW Abdomen, Scrotum Groin

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

E# [redacted]

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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|---|---|---|---|---|---|---|---|---|
| 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

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | Mo NOV Yr 2003 | |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 7 NOV | [redacted] | GSW to A Salvman, given Ex, sutures | 7 NOV | | | [redacted] |
| | | Cond: Stable | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
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b(6)-2

**CLINICAL RECORD** | **THER[illegible]TIC DOCUMENTATION CARE PLAN[illegible]-MEDICATION)**

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

Mo. ____ Yr. 2003

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|
| 03NOV | [redacted] | Condition = staple | 06 | [redacted] | | | | | |
| | | | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | Vitals = per ICU routine | 06 | [redacted] | | | | | |
| | | | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | Activity bedrest | 06 | [redacted] | | | | | |
| | | | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | Incentive Spirometry 10x/hr | 06 | [redacted] | | | | | |
| | | while awake | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | Supra pubic Catheter to | 06 | [redacted] | | | | | |
| | | drainage | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | Do not Change penis | 06 | [redacted] | | | | | |
| | | dressing | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | Wet to dry dressings to | 10 | [redacted] | | | | | |
| | | scotum Bid | 22 | [redacted] | | | | | |
| 03NOV03 | [redacted] | wet to dry dressings to | 10 | [redacted] | | | | | |
| | | (R) groin BID | 2[illegible] | [redacted] | | | | | |
| 03NOV | [redacted] | wet to dry dressings to | 10 | [redacted] | | | | | |
| | | open abdominal wound BID | 22 | [redacted] | | | | | |
| 03NOV | [redacted] | Do not change midline | 06 | [redacted] | | | | | |
| | | dressing on Abd. | 18 | [redacted] | | | | | |
| 03NOV | [redacted] | post op and q AM Labs = | 04 | [redacted] | | | | | |
| | | ABG, CBC, and Chem 7 | | | | | | | |
| 03NOV | [redacted] | advance diet to regular | 06 | [redacted] | | | | | |
| | | as tolerated slowly | 18 | [redacted] | | | | | |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

GSW to Abd & Scrotum & groin

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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|---|---|---|---|---|---|---|---|---|
| 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 (ce) - 2

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo _____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 6 NOV 03 | [redacted] | X-Ray of Right Femur ; tib fib, Ankle & Foot 2° to | 6 NOV 03 | Now | Now | [redacted] |
| | | Swelling Numbness & chronic injury | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
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b(6)-2 AM

| CLINICAL RECORD | THER... UTIC DOCUMENTATION CARE PLAN ... -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 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | [redacted] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7NOV | [redacted] | Vitals: q 16° | 08 | X | X | [redacted] | | | | | | | |
| | | | 14 | X | X | | | | | | | | |
| | | | 20 | X | X | | | | | | | | |
| | | | 02 | X | X | | | | | | | | |
| 7NOV | [redacted] | ACT: OOBTC and | 06 | X | X | | | | | | | | |
| | | amb c assistance | 18 | X | X | | | | | | | | |
| | | Per ward policy | X | X | X | | | | | | | | |
| 7NOV | [redacted] | IS x10/hr | 06 | X | X | [redacted] | | | | | | | |
| | | | 18 | X | X | | | | | | | | |
| 7NOV | [redacted] | WTD Dsg to Abd | 10 | X | X | | | | | | | | DC |
| | | wound BID | 22 | X | X | | | | | | | | |
| 7NOV | [redacted] | Dry protective Dsg | 10 | X | X | | | | | | | | DC |
| | | over abd. incision | 22 | X | X | | | | | | | | |
| 7NOV | [redacted] | I+O's | 06 | X | X | [redacted] | | | | | | | |
| | | | 18 | X | X | | | | | | | | |
| 7NOV | [redacted] | Diet: Regular | 04 | X | X | | | | | | | | |
| | | | 18 | X | X | | | | | | | | |
| 8NOV | [redacted] | shower daily c | 10 | X | X | | | | | | | | |
| | | dsg Δ (may allow | X | X | X | | | | | | | | |
| | | water to run over | X | X | X | | | | | | | | |
| | | wounds) to include | X | X | X | | | | | | | | |
| | | abd (groin wounds) | X | X | X | | | | | | | | |
| 8NOV | [redacted] | Penile dsg: 4x4 wrap | 10 | X | X | [redacted] | | | | | | | |
| | | of penis & bacitracin | X | X | X | | | | | | | | |
| | | applicated to | X | X | X | | | | | | | | DC |
| | | catheter and open | X | X | X | | | | | | | | |
| | | urethra | X | X | X | | | | | | | | |
| 8NOV | [redacted] | Koban wrap lightly around | 10 | X | X | [redacted] | | | | | | | |
| | | penis to hold dsg in place | 22 | X | X | | | | | | | | DC |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: GSW Abd, scrotum, groin

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW # [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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| 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(ce)-2

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 7Nov | [redacted] | GSW to Abd, groin, scrotum | 7Nov | | [redacted] | |
| | | cond: stable. | | | | |
| 26 NOV | [redacted] | D/C SP tube | 26 NOV | DONE | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
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USAPA V4.00

Recopied

| 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. 12 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 1 | 2 | 03 | 04 | 05 | 06 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7nov | [redacted] | Heparin SQ 5000units | 10 | [redacted] | | | | | | | | |
| | ----- | BID | 22 | | | | | | | | | |
| 12nov | [redacted] | Colace 100mg po BID. | 10 | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | |
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ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS:
GSW abd/scrotum/groin

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

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

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
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| | | b(w)-2 A11 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1DEC 7NOV | [redacted] | Percocet 1-2 PO Q6 | D/I | 1DEC 1730 | 1DEC 2200 | 2DEC 0810 | 2DEC 1600 | 2DEC 2330 | 3DEC 0755 | 3DEC 1025 | 4DEC 2000 | 5DEC 0945 | 5DEC 1735 | 6DEC 2230 | 8DEC 0810 | 8DEC 2350 |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 7NOV | [redacted] | Tylenol 1GM PO Q6° | D/I | 4DEC 2400 | 7DEC 2230 | 8DEC 1725 | | | | | | | | | | |
| | | | D/I | 1gm | 1gm | 600mg | | | | | | | | | | |
| 7NOV | [redacted] | MSO4 2-4mg IV | D/I | | | | | | | | | | | | | |
| | | q2-4° DSG Δ's severe pain | D/I | | | | | | | | | | | | | |

b(6)-2 A11

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

VERIFY BY INITIALING

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|
| 03 NOV | [redacted] | Levaquin 500mg IVPB q24° | 22 | [redacted] | | | | | |
| | ----- | 1st dose today | | | | | | | |
| 03NOV | [redacted] | Unasyn 3gram IVPB q6° | 06 | | | | | | |
| ~~03 NOV~~ | [redacted] | | 12 | | | | | | |
| | ----- | | 18 | | | | | | |
| | ----- | | 24 | | | | | | |
| 03NOV | [redacted] | IVF = LR@ 150 cc/hr | 0[redacted] | | | | | | |
| | ----- | | 1[redacted] | | | | | | |
| 03NOV | [redacted] | Ditropan XL 5mg PO BID | 10 | | | | | | |
| | ----- | | 22 | | | | | | |
| 03NOV | [redacted] | Valium 5mg po q6° | 06 | | | | | | |
| | ----- | (standing order not PRN) | 12 | | | | | | |
| | ----- | | 18 | | | | | | |
| | ----- | | 24 | | | | | | |
| 05NOV03 | [redacted] | Valium 5mg po Q8° | 06 | | | | | | |
| | ----- | | 14 | | | | | | |
| | ----- | | 22 | | | | | | |
| 5NOV03 | [redacted] | Afrin ii squirts each | 06 | | | | | | |
| | ----- | nostril Q 6° x 3 days | 12 | | | | | | |
| | ----- | | 18 | | | | | | |
| | ----- | | 24 | | | | | | |
| 05NOV03 | [redacted] | NS c̄ KCl 20meq/ | 06 | | | | | | |
| | ----- | liter @ 100cc/hr | 18 | | | | | | |
| 7Nov03 | [redacted] | Valium 5mg PO BID | 06 | | | | | | |
| 7Nov03 | [redacted] | | 18 | | | | | | |
| 7Nov03 | [redacted] | Heparin 5000 units SQ | 06 | | | | | | |
| | ----- | TID | 18 | | | | | | |

D/C'ed 05NOV03

Δ'ed 05NOV03

Δ'd 7 Nov 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 05 NOV 03 | [redacted] | KCL #1 20 MEQ IVPB over 1 hour x 2 doses | #1 05NOV03 | 0742 | 0742 | [redacted] |
| 05NOV | [redacted] | #2 " | #2 05NOV03 | 0840 | 0840 | [redacted] |
| 05NOV | [redacted] | Fentanyl 25mg x 1 now | 05NOV03 | 0850 | 0850 | [redacted] |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 03 NOV | [redacted] | MSO4 1 - 2 mg IV q 2° | D/D | 3NOV 2 | 3NOV 2 | 3NOV 1 | 3NOV 1 | 3NOV 2 | | | | | | | | |
| 03 NOV | [redacted] | PRN pain | I/T | [redacted] | | | | | | | | | | | | |
| 03 NOV | [redacted] | Percocet 1 po q 6° PRN | D/D | 5NOV 0940 | 5NOV 1320 | | | | | | | | | | | |
| 03 NOV | [redacted] | pain | I/T | [redacted] | | | | | | | | | | | | |
| 03 NOV | [redacted] | Tylenol 1 gram p.o. q 6° | D/D | 3NOV 0925 | 3NOV 1325 | 3NOV 1700 | 3NOV 1000 | | | | | | | | | |
| 03 NOV | [redacted] | PRN temp ≥ 100.5 | I/T | [redacted] | | | | | | | | | | | | |
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*U.S. GPO: 1998-454-110/95216

b(6)-2A1

| 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 (7 8 9 10 11 12 13 14 15 16 17 18 19 20) |
|---|---|---|---|---|
| 7 NOV | [redacted] | Levaquin 500mg IVPB | 16 | [redacted] D/C'd 12 NOV 03 |
| | | q 24° | | |
| 7 NOV | [redacted] | Unasyn 3 GM IVPB q6° | 6 | [redacted] D/C'd 12 NOV 03 |
| | | | 12 | |
| | | | 18 | |
| | | | 22 | |
| 7 NOV | [redacted] | Nitropen XL 5mg PO | 10 | [redacted] |
| | | BID | 22 | |
| 7 NOV | [redacted] | Valium 5mg PO BID | 10 | [redacted] see order ⚠ below |
| | | (Not PRN) | 22 | |
| 7 NOV | [redacted] | Heparin SQ 5000U | 10 | [redacted] |
| | | BID | 22 | |
| 7 NOV | [redacted] | Dulcolax Suppository | 1[redacted] | [redacted] |
| | | q 5 shift x 3 days | | |
| | | 1st one today | | |
| 7 NOV | [redacted] | IVF 2L @ 75cc/hr | 6 | [redacted] |
| | | HL IV | 18 | |
| 08 Nov 03 | [redacted] | ↓ Valium to 5mg po | 22 | [redacted] |
| | | qHS | | |
| 12 NOV | [redacted] | Levaquin 500mg PO | 10 | [redacted] DC |
| | | q 24° | | |
| 12 NOV | [redacted] | Colace PO BID | 10 | [redacted] |
| | | | 22 | |

ALLERGIES: ☐ YES ☑ NO — NKDA

PRIMARY DIAGNOSIS: GSW Abdomen, Scrotum, Groin

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

E # [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. NOV Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 12 NOV | [redacted] | Dulcolax suppository X1 for | 12 NOV | | | |
| | | constipation | | | | |
| 19 NOV | [redacted] | DIC Lexaquin | 19 | | | [redacted] |
| | | | | | | |
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| | | | | | | |
| | | b(6)-2 AM | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 NOV | [redacted] | Percocet 1-2 po q6° | D/T | 1720 8 NOV | 2150 8 NOV | 9 NOV 1000 | 9 NOV 1940 | 10 NOV 1150 | 10 NOV 2100 | 11 NOV 2330 | 13 NOV 1105 | 13 NOV 2000 | 14 NOV 0930 | 14 NOV 1515 | 15 NOV 1030 | 15 NOV 1720 |
| | | for ~~T ≥ 100.5~~ pain | D/I | [redacted] | | | | | | | | | | | | |
| 7 NOV | [redacted] | Tylenol 1GM po q6° | D/I | | | | | | | | | | | | | |
| | | for T ≥ 100.5 | D/I | | | | | | | | | | | | | |
| 7 NOV | [redacted] | MSO4 2-4mg IV | D/T | 7 NOV 1940 | 8 NOV 1100 | 14 NOV 2300 | | | | | | | | | | |
| | | severe pain q 2-4° [redacted] use ALS | D/I | 4mg | 4mg | 4mg [redacted] | | | | | | | | | | |
| 7 NOV | [redacted] | Rewritten: Percocet 1-2 po Q6° for pain | D/T | 15 NOV 0930 | 18 NOV 0936 | 18 NOV 1610 | 19 NOV 0845 | 19 NOV 1700 | | | | | | | | |
| | | | D/I | dm | | | [redacted] | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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*U.S. GPO: 1998-454-110/95216

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | Mo. Nov Yr. 03 |
|---|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | |
| 12 Nov | [redacted] | Dulcolax suppository X1 for | 12 Nov | | | | |
| | | constipation | | | | | |
| 19 Nov | [redacted] | DIC Lovenquin | 19 | | | [redacted] | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | b(6)-2 AM | | | | | |
| | | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 Nov | [redacted] | Percoset 1-2 po q6° | D/T | 1720 8 Nov | 2150 8 Nov | 9 Nov 1000 | 9 Nov 1940 | 10 Nov 1150 | 10 Nov 2100 | 11 Nov 2330 | 13 Nov 1105 | 13 Nov 2000 | 14 Nov 0930 | 14 Nov 1515 | 15 Nov 1030 | 15 Nov 1720 | |
| | | for ~~T ≥ 100.5~~ pain | D/I | [redacted] | | | | | | | | | | | | | |
| 7 Nov | [redacted] | Tylenol 1GM po q6° | D/I | | | | | | | | | | | | | | |
| | | for T ≥ 100.5 | D/I | | | | | | | | | | | | | | |
| 7 Nov | [redacted] | MS Q4 2-4 mg IV | D/T | 13 Nov 1940 | 14 Nov 1100 | 14 Nov 2300 | | | | | | | | | | | |
| | | 2-4° severe pain use ALL | D/I | 4 mg | 4 mg | 4 mg [redacted] | | | | | | | | | | | |
| 7 Nov | [redacted] | Rewritten: Percocet 1-2 po Q6° for pain | D/T | 15 Nov 0930 | 18 Nov 0936 | 18 Nov 1640 | 19 Nov 0845 | 19 Nov 1700 | | | | | | | | | |
| | | | D/I | dm | [redacted] | | | | | | | | | | | | |

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

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7NOV | [redacted] | DHtropan XL 5mg | 10 | X | X | [redacted] | | | | | | | | | | |
| | | PO BID | 22 | X | X | | | | | | | | | | | |
| 7NOV | [redacted] | Heparin SQ 5000 | 10 | X | X | | | | | | | | | | | |
| | | BID | 22 | X | X | | | | | | | | | | | |
| 7NOV | [redacted] | HLTU | 06 | X | X | | | | | | | | | | | |
| | | | 18 | X | X | | | | | | | | | | | |
| 8NOV | [redacted] | ↓ Valium to 5mg | 22 | X | X | | | | | | | | | | | |
| | | PO qHS | X | X | X | | | | | | | | | | | |
| 12NOV | [redacted] | Levaquin 500mg | 10 | X | DIC 19NOV | | | | | | | | | | | |
| | | PO q24° | X | | | | | | | | | | | | | |
| 12NOV | [redacted] | Codeine PO BID | 10 | X | [redacted] | | | | | | | | | | | |
| | | | 22 | X | | | | | | | | | | | | |
| 26Nov03 | [redacted] | Levaquin 500mg PO | 10 | | | | | | | | | | | | | |
| | | QD X 5days | | | | | | | | | | | | | | |
| | | b(6)-2 | | | | | | | | | | | | | | |
| | | A1 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: GSW: Abd, Scrotum, Groin

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 |

| 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. 11 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7NOV | [redacted] | Dilaudid XL 5mg | 10 | X | X | [redacted] | | | | | | | | | | |
| | | PO BID | 22 | X | X | | | | | | | | | | | |
| 7NOV | [redacted] | Heparin SQ 5000 | 10 | X | X | [redacted] | | | | | | | | | | |
| | | BID | 22 | X | X | | | | | | | | | | | |
| 7NOV | [redacted] | HLTO | 06 | X | X | | | | | | | | | | | |
| | | | 18 | X | X | | | | | | | | | | | |
| 8NOV | [redacted] | ↓ Valium to 5mg | 22 | X | X | | | | | | | | | | | |
| | | PO qHS | | X | X | | | | | | | | | | | |
| 12NOV | [redacted] | Levaquin 500mg | 10 | X | DC 19NOV | | | | | | | | | | | |
| | | PO q24° | | | | | | | | | | | | | | |
| 12NOV | [redacted] | Codeine PO BID | 10 | X | [redacted] | | | | | | | | | | | |
| | | | 22 | X | | | | | | | | | | | | |
| 26Nov03 | [redacted] | Levaquin 500mg PO | 10 | | | | | | | | | | | | | |
| | | QD X 5days | | | | | | | | | | | | | | |
| | | b(6)-2 | | | | | | | | | | | | | | |
| | | A1 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: GSW: Abd, Scrotum, Groin

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 |

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | Mo. 11 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 22 | [redacted] | D/C Valium, ditrapan XL | 22NOV | — | — | [redacted] |
| 22 | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | [redacted] |
| | ----- | [redacted] | | | | |
| | ----- | 80 81 b(6)-2 | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7NOV 03 | [redacted] | Percocet 1-2 po q 6° | D/T | 20NOV 1750 | 21NOV 1130 | 21NOV 1840 | 22NOV 2330 | 23NOV 1000 | 23NOV 1830 | 24NOV 2315 | 24NOV 1440 | 24NOV 2215 | 25NOV 1100 | 25NOV 1800 | 25NOV 2300 | 26NOV 1122 |
| ----- | ----- | | D/I | 11 | II | II | II | 2 | 2 | 2 | 2 | II | 2 | 2 | II | II |
| | | | [redacted] | | | | | | | | | | | | | |
| 7NOV 03 | [redacted] | Tylenol 1Gm PO q 6° | D/T | | | | | | | | | | | | | |
| ----- | ----- | | D/I | | | | | | | | | | | | | |
| 7NOV 03 | [redacted] | MSO4 2-4mg IV q2-4° Severe pain Drsg Δs | D/T | 20NOV 0635 | 20NOV 1035 | 21NOV 0940 | 21NOV 1700 | | | | | | | | | |
| ----- | ----- | | D/I | 2mg | 2mg | 2mg | 2mg | | | | | | | | | |
| | | | [redacted] | | | | | | | | | | | | | |
| 7NOV | [redacted] | Percocet 1-2 po q6° prn | D/T | 28NOV 2300 | 27NOV 0900 | 27NOV 2150 | 27NOV 0800 | 29NOV 1635 | 30NOV 1530 | 30NOV 1700 | | | | | | |
| ----- | ----- | | D/I | II | II | II | II | II | II | II | | | | | | |
| | | | [redacted] | | | | | | | | | | | | | |
| ----- | ----- | Percocet 1-2 PO q 6° | D/T | 2222 | | | | | | | | | | | | |
| ----- | ----- | | D/I | II | | | | | | | | | | | | |
| | | | [redacted] | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

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
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)
QA APPR 08MAR8

### INITIAL SHIFT ASSESSMENT

| | | Time: 0648 Initals [redacted] | Time: Initals: |
|---|---|---|---|
| NEURO | Pupils | PERL b(6)-2 | PERRLA |
| | Sensorium | Alert and able to communicate | A+O x3 pt able to |
| | LOC / GCS | needs through translator | follow simple commands |
| | | | able to communicate via translator |
| CARDIAC | Cardiac Rhythm | HR 112 | S1 S2, NSR @ 96 |
| | PRI: / QRS: | | |
| | Pulse Strength | (+) Pulses to all extremities | (+) Pulses to ↑ + ↓ Extremities |
| | Cap Refil / JVD | ≤3 sec. refill | < 3 sec cap refill |
| | Edema | | |
| | Chest Pain | ⊖ chest pain voiced | Pt has ⊖ complaints of chest pain. |
| RESP | Respiratory Pattern | RR 34 [redacted] | RRR |
| | Breath Sounds | ~~diminished at~~ coarse | Bilat expansion of chest. |
| | Secretions | | CTA Bilat |
| | Cough | productive cough. | Productive cough. |
| SKIN | Color | normal for race | NFR |
| | Integrity | mid-line abd. drsg. & drsg to | Incision to midline |
| | Backside | scrotum | abd DRSG C/D/I, Wound |
| | | | to scrotum DRSG C/D/I |
| IV | Access Devices | C line - triple lumen | C line TL to (R) SC |
| | Location | (R) SC | (+) Flush |
| | Condition | flushes ≅ difficult | |
| GI | Abdomen | flat & firm nondistended | Flat nondistended |
| | Bowel Sounds | (+) bowel sounds | ⊖ BM at this time |
| | Stoma/Ostomy | midline drsg. | Pt on Reg diet ⊖ S/S N/V |
| | | | BS (+) x4 quad |
| GU | Device | ~~FC~~ Suprapub 40 Fr | Supra Pubic cath |
| | Color / Clarity | pale yellow. | urine pale clear yellow |

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC b(2)-2 ICU3, [redacted]

DATE 05NOV03

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

epw # [redacted]
b(6)-4

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

# ICU1

Patients Name: [redacted]

Date: 7 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | 119/55 | 138/68 | 132/58 | 124/58 | 115/61 | | | | | | | | | | | | | | | | | | | |
| TEMP | | | 99.8 | | 102.2 | | | | | | | | | | | | | | | | | | | |
| HR | 93 | 96 | 93 | 96 | 97 | | | | | | | | | | | | | | | | | | | |
| RR | 22 | 29 | 26 | 28 | 30 | | | | | | | | | | | | | | | | | | | |
| SaO2 | 98 | 97 | 97 | 96 | 98 | | | | | | | | | | | | | | | | | | | |
| FiO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Source | RA | RA | RA | RA | RA | | | | | | | | | | | | | | | | | | | |
| MAP | 98 | 94 | 81 | 81 | 83 | | | | | | | | | | | | | | | | | | | |

| 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 | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IVF | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | | | | | | | | | | | |
| IVPB | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | | 140 | 250 | 200 | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 23283

## OUTPUT

| VOID URINE | | | RESIDUAL | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 2100 | ? | void per toilet | | | | | | | |
| 2300 | ? | " " " " | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |

**GRAND TOTAL OUTPUT**

REMARKS

Residual V's

26 NOV 03 – 27 NOV
0600 – 0600

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

[redacted] b(6) - 4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

1 JN 1DU 03

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 2000 | 1200 | 1200 | | | |
| 0530 | 1000 | 2200 | | | |
| 1800 | 700 | 700 | | | |

### ~~NASOGASTRIC~~ Intake

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | 700 | 700 water | 700 |
| | 100 | diet coke | 800 |

### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |

### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

**GRAND TOTAL OUTPUT**

REMARKS

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

[redacted] b(4)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 0500 | | 1300 | | | |

### Intake ~~NASOGASTRIC~~

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 0500 | | $H_2O$ | 1000 |
| 1800 | | OJ | 250 |
| | | | 1250 |

### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|

### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|

**GRAND TOTAL OUTPUT** 1300

REMARKS

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

[redacted]

blue-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |

### ~~NASOGASTRIC~~ (residual)

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 0840 | 250cc | CVU | 250cc |
| 1330 | 75cc | CVU | 325cc |
| 1500 | 65cc | CVU | 385cc |
| 1755 | 40cc | CVU | 425cc |
| ~~2300~~ | ~~275cc~~ | ~~CVU~~ | [redacted] |
| 2300 | Ø | CVU | 425cc |
| 0853 | 225cc | CVU | 650cc |

### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |

### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

**GRAND TOTAL OUTPUT**

REMARKS

Post void residual V's. 25 nov 03 06-06

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

#[redacted]
b (b)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

↓( each void ) ↓

## OUTPUT

(Void)* URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 1000 | 550 | 550cc | | | |
| 1300 | ?(unable to | | | | |
| 1420 | ? measure) | | | | |
| 1745 | 200cc | 750cc | | | |
| 1600 | Ø | 750 Ø | | | |

(before remove 5 remove of FTE to Pens) 24 hrs

*( POST VOID ~~NASOGASTRIC~~ Residual V's )*

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 1300 | 200cc | cyu | 200cc |
| 1420 | 50cc | cyu | 250cc |
| 1700 | 65cc | cyu | 315cc |
| 1745 | 525cc | cyu | 840cc |
| 0655 | 250cc | cyu | 1090cc |
| 1600 | 500cc | cyu | 500cc |
| 2000 | 350cc | cyu | 850cc |

~~CHEST~~

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|

~~EMESIS~~ (input)

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 0900 | 200 | H20 + juice | 200cc |
| 1300 | 500 | " " | 700cc |
| 1700 | 240cc | juice | 940cc |
| 1800 | 500 | H0(bottle) | 1440cc |

STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| 1420 | brown | soft | | x 2. |

OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|

GRAND TOTAL OUTPUT

REMARKS 23 NOV (06-2359)

*Please do residual V's ∅ each void!

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

#[redacted] b(u)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

## OUTPUT

### URINE

| | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|---|
| 6 NOV | 1200 | 240cc | 240cc | 1800 | 1600cc | |
| NOT TAKEN | 0600 | 1700cc | 1700cc | | | |
| | 1800 | | | | | |
| 8 NOV | 0600 | | | | | |
| | | | | | | 10 NOV |
| | | | | | | |
| | | | | | | |
| | | | | | | Input |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

### 8 NOV ~~NASOGASTRIC~~ IVF

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 06/18 | 1000 | LR | 1000 |
| 1600 | 100 | Levaquin | 1100 |
| 1800 | 150 | Unasyn | 1750 |
| 1800 | 150 | Unasyn | ~~1350~~ 1400 |
| 0600 | 150 | Unasyn | 150 |
| 1600 | | Levaquin | 100 |
| 1200 | | Unasyn | 150 |
| 1300 | | ~~Unasyn~~ Unasyn | 150 |
| 6-1800 | | LR @ 75 cc/hr | 1300 |
| | | | 1850 |
| | | | |
| | | | |

### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
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### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
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### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**GRAND TOTAL OUTPUT**

REMARKS

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

[redacted] blue) - 4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

Patients Name: [redacted] Date: 03NOV03

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 104/59 | 109/47 | 111/45 | 109/41 | 99/46 | 110/48 | 104/41 | 104/47 | 105/50 | 115/46 | 117/50 | 119/50 | | 109/42 | 116/56 | 109/37 | 119/53 | 109/37 | 110/53 | 114/44 | 115/48 | 143/65 | 139/60 | 136/64 | 145/65 | |
| | 100.6 | 100.5 | | 98.1 | 99.5 | 99.4 | 98.1 | 99.6 | 99.2 | 99.1 | 99.1 | 99.5 | 99.6 | 99.6 | 98.9 | | 98.9 | | | 98.6 | | | 98.9 | | | |
| | 107 | 114 | 109 | 103 | 100 | 100 | 100 | 103 | 95 | 94 | 92 | 93 | | 93 | 101 | 106 | 102 | 106 | 102 | 102 | 106 | 96 | 91 | 101 | 97 | |
| | 40 | 32 | 30 | 25 | 29 | 23 | 21 | 27 | 25 | 21 | 21 | 25 | | 32 | 32 | 25 | 37 | 25 | 37 | 44 | 26 | 27 | 24 | 26 | 22 | |
| | 97 | 91 | 93 | 94 | 95 | 94 | 95 | 90 | 93 | 94 | 98 | 95 | 97 | 97 | 100 | 98 | 97 | 98 | 97 | 99 | 98 | 96 | 98 | 96 | 97 | |
| e | RA | RA | RA | RA | RA | RA | RA | RA | .5L | 1L | 1L | 1L | | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | |
| | | | | | | | | | NC | NC | NC | NC | | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 100 | 1750 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| | 100 | 100 | 100 | | | 100 | | | | | 100 | | 500 | | | | | | 100 | | | | | | | |
| | | 237 | | 120 | | | 120 | | | | 120 | | 597 | | | | | | | | | | | | | |
| al | | | | | | | | | | | | | | | | | | | | | | | | | | |

| UT | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 200 | 325/525 | 400/925 | 400/1325 | 450/1775 | 250/2025 | 350/2375 | 225/2600 | | 300/2900 | 175/3075 | | 3075 | 200 | | | | | | | | | | | | |
| l | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 23290

125
12
440
1250

# TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 0600 HOURS
TO 1800 HOURS

TOTAL HOURS COVERED 12

DATE 9NOV03

## INTAKE

### ORAL

| TIME | TYPE | AMOUNT | ACCUM TOTAL |
|---|---|---|---|
| 1800 | $H_2O$ | 800 | 800 |
| | | | |
| | | | |
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### INTRAVENOUS

| TIME STARTED | AMOUNT | TYPE *(Include Medications)* | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
|---|---|---|---|---|---|
| 0600 | 125 | LR | | | 2590 |
| | | | | | |
| | | | | | |
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### IRRIGATIONS *(N/G, Bladder, etc.)*

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |
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### BLOOD/BLOOD DERIVATIVES

| TIME STARTED | PRODUCT *(i.e. Bl, Alb, P. cells, etc.)* | TIME COMPL | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### OTHER INTAKE

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**GRAND TOTAL INTAKE**

USAPPC V1.00

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 1800 | 1500 | 1500 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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### NASOGASTRIC

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
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### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| **GRAND TOTAL OUTPUT** | | | |

REMARKS

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

**INTAKE EQUIVALENTS** *(Serving levels cc)*

MEDICINE GLASS *(1 oz)* . . 30
SMALL FRUIT CUP . . . . . 120
COFFEE CUP . . . . . 160
LARGE COFFEE MUG . . . . 180
HALF PINT MILK . . . . . 240
LARGE SOUP BOWL . . . . . 240
LARGE WATER GLASS . . . 240
PLASTIC OR PAPER JUICE CONTAINER . . . . . 180

**DD FORM 792, JAN 74**

EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED.

USAPPC 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
INTENSIVE CARE NURSING FLOW SHEET b(6)-4

OTSG APPROVED (Date)
QA Appr 8 Mar 89

## SHIFT ASSESSMENT

| | | TIME: 0700 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|---|
| NEURO | PUPILS | PERRL 2@ | PERRLA 2cm |
| | SENSORIUM | A&O x 3 | A+O X3 |
| | EXTREMITY MOVEMENT | pt moves all extremities ō problems | able to communicate via |
| | SEDATION | Ø Sedation | interpreter able to move |
| | PAIN CONTROL | MSO4, Percocet, Valium | X4 extremities follows |
| | | | simple commands. Pt on 5m Val |
| RESP | RESPIRATORY PATTERN | RR - 22 SPO2 - 100% on 1L | Q8° |
| | BREATH SOUNDS | NC; ↑CTA(B) ↓ diminished (B) | RRR |
| | SECRETIONS | Greenish gray thick ō cough | Pt on RA SAT's @ 97% |
| | O2 SOURCE/FLOW/SAO2 | | productive cough |
| | VENTILATOR SETTINGS | Ø vent | CTA Bilat. equal rise |
| | | | & fall of chest |
| CV | CARDIAC RHYTHM | HR-97 BP- | S. S2 |
| | CAPILLARY REFILL | ≤ 3 sec | ≤ 3 sec cap refill |
| | PULSES | Strong = x4 | (+) pulses X4 extremities |
| | EDEMA | Ø edema noted | Ø edema noted |
| | | | |
| | | | |
| GI | ABDOMEN | Ex lap tender due to wound | round, slight distention |
| | BOWEL SOUNDS | Normoactive x4 | tender (midline incision |
| | BOWEL MOVEMENT | Ø B.M. | to abd. Ø BM @ this |
| | NGT/OGT | Ø NGT/OGT | time, BS X4 quad |
| | TUBE FEDDINGS | Ø Tube Feedings - | Reg diet, pt tolerating |
| | DRAINS | Ø drains | ō% of meal ō Ø S/S N/V |
| | | Red diet pt ate Apple tolerated well | |
| GU | VOIDING | Supra-pubic cath to gravity voiding | Supra pubic cath to |
| | COLOR/CLARITY | Q.S. clear yellow urine | gravity clear yellow urine |
| | | | |
| SKIN | COLOR | Normal for Race | NFR |
| | INTEGRITY | GSW to perineum S/P Ex-Lap | GSW to perineum S/P |
| | | | exlap. Dressings C/D/I |
| | | No breakdown noted | |
| | | | |
| ACCESS | #1 TYPE/LOCATION/SIZE | (R) Triple Lumen IJ infusing D5½NS ō 20 KCL | IJ to (R) IJ ō NS & 20 KCL |
| | DRESSING CONDITION | @ 100cc/hr Flushes well x3 | @ 100cc/hr. |
| | IV FLUID/RATE | | H/L to (R) A-C |
| | #2 TYPE/LOCATION/SIZE | (R) AC IV. Hep locked - | |
| | DRESSING CONDITION | | |
| | 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: GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

# 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | 145/65 | 110/51 | 120/51 | 102/47 | 126/54 | 108/57 | 127/66 | 109/51 | 110/68 | 100/44 | 116/57 | 116/54 | | 113/49 | | 116/56 | 117/59 | 104/56 | 113/54 | 113/56 | 115/54 | 114/57 | 114/57 | 118/59 | 118/61 | |
| TEMP | 99.7 | - | - | - | 99.1 | - | 100.5 | 99.6 | - | 99.2 | - | - | | 98.6 | | | 98.9 | | | 99.1 | | | 98.7 | | | |
| HR | 97 | 97 | 101 | 96 | 101 | 74 | 96 | 90 | 93 | 94 | 83 | 81 | | 85 | | 84 | 81 | 83 | 73 | 85 | 82 | 80 | 80 | 84 | 88 | |
| RR | 22 | 26 | 26 | 24 | 21 | 73 | 26 | 16 | 16 | 23 | 19 | 19 | | 19 | | 12 | 12 | 11 | 12 | 13 | 18 | 16 | 16 | 13 | 23 | |
| SaO2 | 97 | 98 | 99% | 99% | 99% | 93% | 99 | 98% | 98 | 100 | 98 | 98 | | 99% | | 97 | 97 | 97 | 97 | 100 | 96 | 96 | 97 | 96 | 97 | |
| FiO2 | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L | RA | RA | | RA | | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | |
| Source | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | RA | RA | | RA | | | | | | | | | | | | |
| MAP | 90 | 76 | 78 | 75 | 80 | 88 | 90 | 79 | 88 | 69 | 82 | 80 | | 74 | | 81 | 84 | 78 | 81 | 80 | 82 | 80 | 80 | 84 | 84 | |

| 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 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | — | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | RA | |
| IVPB | 100 | | | | | | 100 | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | 250 | | | 150 | 250 | | | | | | | | | | | | | | | | | | | | |
| 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 | 150 | 100 | 500 | 400 | 450 | 300 | 300 | 400 | 250 | 250 | 300 | 300 | | 150 | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 23294

MEL RECORD-SUPPLEMENTAL MEDICAL

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(4)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

| SHIFT ASSESSMENT | | TIME: 0700 INITIALS: [redacted] | TIME: 2000 INITIALS: [redacted] |
|---|---|---|---|
| NEURO | PUPILS | PERRL 2++ | Perrla 2+ |
| | SENSORIUM | A&O x 3 | A&O |
| | EXTREMITY MOVEMENT | pt able to move all extremities | pt moves all ext. |
| | SEDATION | Ø sedation | Ø sedation |
| | PAIN CONTROL | Valium q6; MSO4 & Percocet prn | MSO4, Percocet, Valium |
| | | | |
| RESP | RESPIRATORY PATTERN | RR - SpO2 - | RR-18 SpO2 93% on RA |
| | BREATH SOUNDS | Lung sounds - CTA (B) | CTA |
| | SECRETIONS | Ø secretions | Ø |
| | O2 SOURCE/FLOW/SAO2 | Pt on Room Air | Room Air |
| | VENTILATOR SETTINGS | Ø ventilator | Ø |
| | | pt has unproductive cough when deep Breathing | Productive cough |
| CV | CARDIAC RHYTHM | HR- BP- | HR 109 |
| | CAPILLARY REFILL | Capillary Refill - ≤ 3 sec | ≤ 3sec |
| | PULSES | pulses - Strong x4 peripheral | +2 pulses x4 ext |
| | EDEMA | Ø edema noted | Ø |
| | | | |
| | | | |
| GI | ABDOMEN | Firm tender from wounds non distended | Firm & tender |
| | BOWEL SOUNDS | Bowel sounds - hyperactive x4 | BS hyporactive |
| | BOWEL MOVEMENT | Ø B.M. | Ø BM |
| | NGT/OGT | Ø NGT/OGT | Ø |
| | TUBE FEDDINGS | Ø Tube Feedings | Ø |
| | DRAINS | Ø drains | penrose to scrotum |
| | | | |
| GU | VOIDING | Supra-pubic catheter to gravity | supra pubic cath |
| | COLOR/CLARITY | dark yellow clear Q.S. | Clear/yellow |
| | | | |
| SKIN | COLOR | Normal For Race | NFR |
| | INTEGRITY | pt has GSW to perineum, groin | ABD midline inc, GSW to perineum |
| | | wound S/p ex. lap | |
| | | | |
| | | Pt temp @ 101.5 | |
| ACCESS | #1 TYPE/LOCATION/SIZE | triple lumen cath to (R) EJ infusing | TLC to (R) IJ |
| | DRESSING CONDITION | 150 cc/hr of LR 5 % of infection | Drsg CDI |
| | IV FLUID/RATE | on infiltration | LR @ 150 cc/hr |
| | #2 TYPE/LOCATION/SIZE | R AC Hep Locked | (R) ac heplock |
| | DRESSING CONDITION | | |
| | 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: 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 - 23295

USAPPC V2.00

# ICU1

Patients Name: 04 Nov 03 1205 Date: 04 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 | 129/56 | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | [redacted] | 117/55 | 121/57 | 116/58 | 120/56 | 108/40 | 116/59 | 112/51 | 110/54 | 107/43 | 104/45 | 103/43 | 115/49 | 98/42 | 102/41 | 105/47 | 105/49 | 96/35 | 104/41 | 86/52 | 116/55 | 116/55 | 102/42 | 111/57 |
| TEMP | 101.3 | 100.9 | 100.5 | — | 100.7 | 100.1 | — | — | 100.8 | 100.2 | 100.5 | 100.4 | 100.6 | 101.0 | | | 100.5 | | | 100.1 | | 100.0 | | 100.6 |
| HR | 116 | 106 | 102 | 109 | 104 | 112 | 115 | 114 | 122 | 115 | 110 | 112 | 111 | 114 | 113 | 111 | 113 | 114 | 107 | 106 | 111 | 109 | 105 | 102 |
| RR | 28 | 32 | 24 | 22 | 27 | 25 | 23 | 25 | 28 | 28 | 16 | 22 | 18 | 37 | 32 | 32 | 35 | 27 | 41 | 25 | 31 | 35 | 20 | 38 |
| SaO2 | 100% | 100% | 100 | 100% | 97% | 98% | 98% | 98% | 97% | 99% | 98% | 95% | 95% | 89% | 92% | 92% | 92% | 90% | 96% | 94% | 96% | 95% | 98% | 94% |
| FiO2 | 6 | 4L | 4L | 2L | .5L | 1L | 1L | 1L | 1L | 1L | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| Source | simple mask | mask | NC | NC | NC | NC | NC | NC | NC | NC | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| MAP | 85 | 78 | 82 | 81 | 82 | 78 | 85 | 81 | 80 | 53 | 72 | 67 | 75 | 65 | 68 | 73 | 74 | 72 | 73 | 65 | 79 | 80 | 70 | 79 |

| 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 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | |
| IVPB | 100 | | | | | | 100 | | | | | | | | | | | 100 | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | 100 | | | | 100 | | | | | | | | | | | | | | | | | | | | | |
| 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 | 90 | 90 | 300 | 300 | 200 | 500 | 300 | 200 | 200 | 100 | 100 | 200 | | 150 | 175 | 175 | 175 | 175 850 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 23296

# 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: 1530 INITIALS: [redacted] | TIME: 1930 INITIALS: [redacted] |
|---|---|---|---|
| NEURO | PUPILS | PERRL 2++ | Perrla 2+ |
| | SENSORIUM | unable to Assess | Pt wakes to physical stimuli |
| | EXTREMITY MOVEMENT | None @ present | WTA |
| | SEDATION | Sedated in O.R. | sedated in OR |
| | PAIN CONTROL | Msoy, Valium, Percocet | |
| RESP | RESPIRATORY PATTERN | RR- 14 SPO2- 100% on 12L via | RR - 14-18 SpO2 96% on RA |
| | BREATH SOUNDS | non-rebreather; Inspiratory wheezing (B) | course upper Bilat |
| | SECRETIONS | Ø Secretions | Ø secretions |
| | O2 SOURCE/FLOW/SAO2 | | – |
| | VENTILATOR SETTINGS | Ø ventilator | – |
| CV | CARDIAC RHYTHM | HR- 98 BP 125/69 | Sinus Rhythm |
| | CAPILLARY REFILL | ≤ 3sec | < 3 sec |
| | PULSES | strong x4 | +2 |
| | EDEMA | No edema noted @ present | none @ present |
| GI | ABDOMEN | Soft Flat s/p Ex Lap | Firm |
| | BOWEL SOUNDS | hyperactive x4 | hyperactive x4 |
| | BOWEL MOVEMENT | Ø BM | Ø BM |
| | NGT/OGT | Ø NGT, OGT | Ø |
| | TUBE FEDDINGS | Ø Tube Feedings | Ø |
| | DRAINS | Ø drains | Ø |
| GU | VOIDING | Voiding via Supra-pubic catheter to | Supra pubic catheter to |
| | COLOR/CLARITY | gravity clear dark yellow Q.S. | gravity / clear yellow urine |
| SKIN | COLOR | Normal For Race | Normal to Race |
| | INTEGRITY | Abd Ex lap groin injury testicle & penis wounds bandages CDI | Abd incision c staples, small wounds to (L) Flank area |
| ACCESS | #1 TYPE/LOCATION/SIZE | Triple lumen cath to (R) IJ infusing | Triple lumen (R) IJ |
| | DRESSING CONDITION | 150 cc/hr LR. Ø DI. blood under | LRe 150 cc/hr |
| | IV FLUID/RATE | | |
| | #2 TYPE/LOCATION/SIZE | IV in (R) AC Heplocked. CDI | Heplock (R) AC |
| | DRESSING CONDITION | | CDI |
| | 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: b(6)-2 [redacted] RANK: AGE:

UNIT: CI 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]

Date: 03 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | | | | | | | | | 128/63 | 141/66 | 128/59 | 125/55 | | 129/55 | 100/56 | 110/46 | 119/49 | 108/43 | 102/45 | 110/48 | 105/43 | 125/46 | 110/5 | 118/51 | 117/59 | |
| TEMP | | | | | | | | | 94.9 | 96.8 | 98.5 | – | | 97.9 | | | | | | | | | | | | |
| HR | | | | | | | | | 102 | 101 | 92 | 103 | | 109 | 106 | 111 | 110 | 115 | 111 | 114 | 115 | 110 | 107 | 114 | 115 | |
| RR | | | | | | | | | 16 | 19 | 15 | 23 | | 21 | 23 | 29 | 29 | 21 | 26 | 27 | 31 | 29 | 28 | 36 | 38 | |
| SaO2 | | | | | | | | | 100% | 100% | 100% | 97% | | 94% | 94 | 94 | 95 | 95 | 94 | 94 | 98 | 100 | 100 | 100 | 100 | |
| FiO2 | | | | | | | | | 8L | 12L | 8L | RA | | RA | RA | RA | RA | RA | RA | RA | 5M | 5M | 5M | 5M | 5M | |
| Source | | | | | | | | | Face mask | NON-RB | NON-RB | RA | | RA | RA | RA | RA | RA | RA | RA | 6L | 6L | 6L | 6L | 6L | |
| MAP | | | | | | | | | 78 | 92 | 82 | 84 | | 81 | 77 | 83 | 75 | 72 | 71 | 71 | 69 | 68 | 75 | 81 | 83 | |

| 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 | | | | | | | | | 6100 | 150 | 150 | 150 | | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | |
| IVPB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood | | | | | | | | | | ½ unit | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | 800 | 150 | 800 | 800 | | 100 | 110 | 110 | 110/130 | 98 | 100 | 100 | 88 | 100 | 100 | 86 | 88 | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 23298

[redacted] [redacted]

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General. 20 4/0 0→ 0

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]

No report

## ARRIVAL STATUS

TIME 0940 ☐ IV x 1 ☒ $O_2$ 4 1/min ☐ ~~c-Spine immob~~

Meds: ☒ UKN ☐ None ☐ Yes: _____

Allergies: ~~☒ UKN~~ ☒ None ☐ Yes: _____

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

~~LMP:~~ _____ ☐ _____ >12°

## PRIMARY SURVEY

**AIRWAY**

☒ Natural Patient [X] [N]

~~☐ ETT~~ _____ ☐ _____

☐ Secretions _____

**BRETHING**

☒ Labored ☐ Unlabored ☐ Absent

TRACHEA: ☐ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] [R]

**CIRCULATION**

PULSE: ☒ Present ☐ Absent

BLEEDING: ~~[Y]~~ [N]

HEART TONES: ☒ Clear ☐ Muffled

SKIN: ☒ Warm ☐ Cool ☐ Hot

☒ Pink ☐ Pale ☐ Cyanotic ☐ _____

☒ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**

GCS: E _____ V _____ M _____

15

SPHINCTER TONE: ☒ WNL ☐ None

**HEAD**

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

TM: ☒ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: ∅ [Y] [N]

Pain @ _____

JVD: ∅ [Y] [N]

**HEART**

RHYTHM: ☒ Regular ☐ _____

PULSES: ☐ Central ☐ Peripheral

**LUNGS**

BREATH SOUNDS: ☒ Bilat ☒ Equal ☐ Clear

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

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

**ABDOMEN**

☐ Soft ☒ Rigid ☐ Non-Tender

☒ Tender: ~~☒~~

**PELVIS**

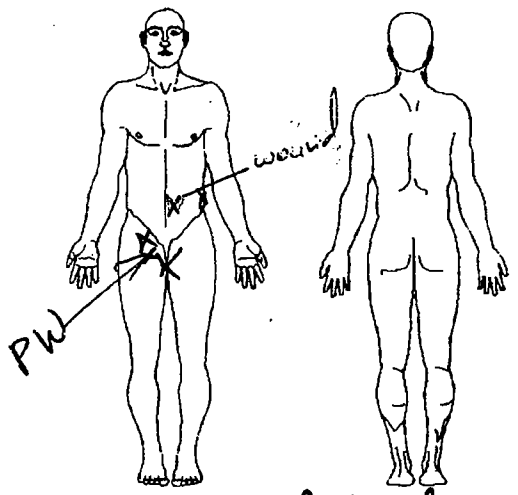
☐ Stable ☒ Unstable ☐ _____ (D) wound bags

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

Heme + / - Prostate: ☐ WNL ☐ Abnl

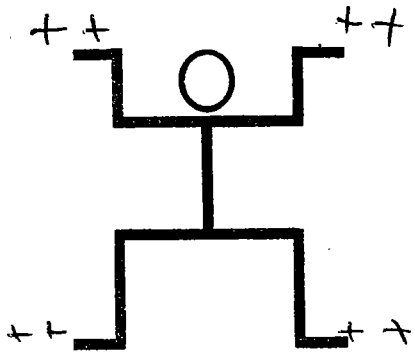
## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(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




Back clear

## VASCULAR ASSESSMENT




| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN [redacted]

PHYSICIAN [redacted] b(4)-2

(Continue on reverse)

PREPARED BY (Signature & Title) b(4)-2 [redacted]

DEPARTMENT/SERVICE/CLINIC Eart

DATE 3 Nov 03

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

[redacted] b(4)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☒ DIAGNOSTIC STUDIES

☐ TREATMENT

## VITAL SIGNS

Rectal Temp:

GCS: 15

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0940 | 112/51 | 61 | NS | 18 | 100% | | | | | | |
| 0950 | 131/72 | 71 | NS | 18 | 100% | | | | | | |
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## GLASGOW COMA SCALE

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

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

## NOTES

Staff note

GSW approx 2100 hrs last night. Unclear hx. BW to ACD/sweat/grass/(R) upper fem. Pt demo SOB/CP/Head trauma. ΦN/V. ΦPR.

PMHx: Φ
Φmeds

USS on time ED course. Trying to take to OR

(R) (R) inguinal gaping wound. good pulses distally. stable.

[redacted]

[redacted]

b(4)-2

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

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

## LABS

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

## X-RAYS

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

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

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| fick | 18 | 4 | Y | N | LA | AC | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

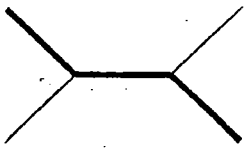
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | | 50 mg | | IV | | LT | T | | |
| Tetanus | | 0.5 cc | | IM | | U | R | | |
| Unasyn | | 3 gm | | IV | | LT | 0945 | | |

## BLOOD PRODUCTS

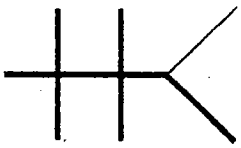
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

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

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | | in place | | |
| Surgeon | | | | |
| Anesth | b/(a) - 2 | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |

## VALUABLES & CLOTHING

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

## DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

MEDCOM - 23301 tretcher ☐ Wheelchair

As per ACLS Precautions: ☐ Yes ☐ No

b(ce)-4

[redacted] NK / GRADE

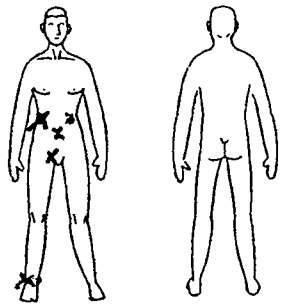
X MALE / HOMME
FEMALE / FEMME
RELIGION / RELIGION

2. UNIT / UNITÉ EPC

FORCE / ÉLÉMENT: A/T | AF/A | N/M | MC/M
NATIONALITY / NATIONALITÉ: IRAQI EPW
BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT — BACK / ARRIÈRE



- AIRWAY / TRACHÉE
- HEAD / TÊTE
- X WOUND / BLESSURE
- NECK/BACK INJURY / BLESSURE AU COU/AU DOS
- BURN / BRÛLURE
- AMPUTATION / AMPUTATION
- STRESS / TENSION
- OTHER (Specify) / AUTRE (Spécifier)

GSW - Groin
LAT. (R) side GSW
Abdomen
(D) Post Bandaged
Mid Abd. GSW

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

X ALERT / ALERTE
VERBAL RESPONSE / RÉPONSE VERBALE
PAIN RESPONSE / RÉPONSE À LA DOULEUR
UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS | TIME / HEURE
6. TOURNIQUET / GARROT: NO / NON | YES / OUI | TIME / HEURE
7. MORPHINE / MORPHINE: NO / NON | X YES / OUI | DOSE / DOSE: 10mg | TIME / HEURE: 0843
8. IV / IV: IR TKO | TIME / HEURE: 0903

9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

Pressure dressing to groin
Dressing to exit wound (R) side (chest)
(0859) V/S P-92 R-12 B/P 96/62
O2-97% Pressing to Abd. V/S (0905) P-94 R-20 B/P 94/62
O2-15ml/per min (0911) Non-Rebreather

10. DISPOSITION / DISPOSITION
RETURNED TO DUTY / RETOUR À L'UNITÉ
EVACUATED / EVACUÉ
DECEASED / DÉCÉDÉ
TIME / HEURE

11. PROVIDER / UNIT / OFFICIER MÉDICALE / UNITÉ
DATE/DATE (YYMMDD) 2013 01 03

DD Form 1380, DEC 91 — This form replaces previous editions of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.

U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

b(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Loc. IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) [redacted] b(6)-4 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 09:38 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | 19. Trauma DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICU1 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: 0580 - 28th CSH - Iraq; No Install Provided | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-12-09 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-03 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-03 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW ABD/SCRTUM/GROIN

Procedure Narrative(s):

Cause of Injury Narrative:

267.1
878.2
879.2
E991.2

54.11
86.22
99.04

b(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|
| | | | | | | |

4. PAY GRADE: 16 17

5. SEX: 18

6. DATE OF BIRTH (YYYYMMDD): 19 20 21 22 23 24 25 26

7. AGE AT ADMISSION: 27 28 29

8. RACE: 30

9. ETHNIC BACK-GROUND: 31

RELIGION

10. LENGTH OF SERVICE: 32 33 34

ETS

11. FMP: 35 36

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS: 46

HOUR OF ADMISSION

BRANCH / CORPS

14. FLYING STATUS: 47 48 49

15. BENEFICIARY CATEGORY: 50 51 52

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

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

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71

PREV. ADMISSION YEAR

☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72

WARD

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION: 73 74

22. MTF TRANSFERRED TO: 75 76 77 78 79 80

23. DATE OF DISPOSITION (YYMMDD): 81 82 83 84 85 86

24. CLINIC SVC - ADMITTING: 87 88 89 90

25. MTF TRANSFERRED FROM: 91 92 93 94 95 96

26. DATE THIS ADMISSION (YYMMDD): 97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104

28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (YYMMDD): 111 112 113 114 115 116

FOR LOCAL USE

Dx: 8782
8670
E9912

Pr: 5411
613
8628

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK

DA FORM 2985, MAR 89

EDITION OF MAY 79 IS OBSOLETE

USAPPC V1.00

[redacted] b(6)-4

[redacted] b(4)-4

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

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

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

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

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

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

| | |
|---|---|
| Apprehending Unit: Unknown | Location Grid: |
| Date of Incident: (D/M/Y) 3/1/03 to / / | Time of Incident: hrs to hrs |
| Date of Report: (D/M/Y) / / | Time of Report: hrs |

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

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

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

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

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

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

b(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) [redacted] b(6)-4 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) [redacted] | 7. Age at Admission 30Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 20 | 12. Social Security Number [redacted] b(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 23:25 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | | 19. Trauma DIS | Prev. Admission NO |
| 20. Source of Admission Direct from ER | Ward: ICW1 | | Name / Relationship of Emergency Addressee | |
| | | | Address of Emergency Addressee | |
| Name and Location of Medical Treatment Facility: [redacted] (b)(2)-2 | | | Telephone Number of Emergency Addressee | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) 2003-11-04 | |
| 24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) 2003-11-03 | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | | 29. Date of Initial Admission 2003-11-03 | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: MULT CONTUSIONS

closed Head injury

Dx: 9248 95901 Trauma 9 989 97289

Procedure Narrative(s):

Cause of Injury Narrative:

b(6)-2

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] | [redacted] |

MEDCOM - 23307

Automated Facsimile - DA FORM 2005, MAR 2[illegible]

Automated Facsimile

b(6)-4

# INPATIENT TREATMENT RECORD COVER SHEET

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

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| [redacted] | [redacted] b(6)-4 | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | 30Y | X | | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 20 | [redacted] b(6)-4 | | ICW1 |

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

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 23:25 | AAA - INTERNAL MEDICINE |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2003-11-04 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2003-11-03 | [redacted] b(6)-2 |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] b(2)-2 | 2003-11-03 | |

31. Selected Administrative Data

Marital Status: DoB: [redacted]

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

MULT CONTUSIONS

Closed Head injury

Dx 95901

9248

E9289

Trauma 9

Inj 989

35. Total Days This Facility

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

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | [redacted] ick Days |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | |

Signature of Attending Medical Officer [redacted]

MEDCOM - 23308

AUTHORIZED FOR LOCAL REPRODUCTIC

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 4 NOV. 03 | Pt recieved from EMT via litter, admitted to ICW #1, A+O x3, VSS, pt represents multiple contusions throughout the body, black + blue on eye lids, face, swelling noted on (R) upper flank, voices ø c/o pain tender to touch on concussed sites, IV (R) FA intact infusing LR @ 75cc/hr, ø s/sx of infiltration, SL IV (L) AC intact, flushes well, peripheral pulses +2 equal (B), pt able to move all exts, cap ref <3 sec, LS CTA (B) (+) BS x4, abd soft flat non tender, possible d/c to EPW camp, d/c keflex, begin Levoqu in 250mg PO QD, pt on 2 point restraint s any complications. [redacted] 9IW [redacted] CIR b(6)-2 |
| 4 NOV 03 0920 | VSS. AO. Marked contusions to upper (R) flank. Petechiae to OU and (+) ± swelling. Petechiae to both arms and open sore noted to (R) wrist even as well as scabbing. (+) pulses to all extremities. BS (+) x4. LSCTAB. Pain upon movement to upright sitting position. Denies any generalized pain. Verify light yellow wire @ S. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SP (S[redacted]er) |
|---|---|---|---|---|
| | LAST | FIRST | MI | b(6)-2 |

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

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

b(6)-4 [redacted]

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.(

AUTHORIZED FOR LOCAL REPRODUCTION

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

3 NOV 03

2154 (5) 30 y/o INADT ♂ (PUC) s/p
Oz 100 multiple trauma this AM while trying
P 105 to escape QRF. Pt was bent, head, chest
B/P 105/70 ASD. ? LOC ? N/V ⊕ HA ⊖ VA Δ but
T 96.6 RACO teeth c/o chest pain / back pain

(O) Acute distress → PERRLA EOMI Fundi CLEAR per ophthalmo EXAM.
HEENT: ⊕ RACCOON EYES ⊕ BATTLE SIGNS
TM's unable to visualize 2° to dirt
NOSE: ⊖ septal hematoma
Throat: pharynx
Neck: pt move min pain MTP C-spine
Lungs CTA (O)
X-Ray CV RRR S1 S2 ⊖
CXR - WNL GI ⊕ TTP RUQ ⊖ RLQ Liver edge
[redacted] GU: ⊕ CVA tender (B)
MS: UE + LE NVI, STRENGTH 5/5
Normal gait
~~Neuro CN II - XII~~ grossly intact
lethargic / somnolent
unsteady gait / Romberg

b(6)-2

HOSPITAL OR MEDICAL FACILITY [redacted] RECORDS MAINTAINED AT

SPONSOR'S NAME [redacted] RELATIONSHIP TO SPONSOR

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

[redacted]

[redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

(A) ① Closed head Injury
② mult. - trauma
③ R/o Acute Abd

(P) - to [redacted] Head CT
- IV NS TKO

b(6)-2

[redacted]

1LT PA-C

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY |
|---|---|---|---|
| | | RECORDS MAINTAINED AT | |

| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
|---|---|---|---|---|
| STREET ADDRESS [redacted] b(6)-4 | | | DATE *(Day, Month, Year)* 031103 | TIME 2337 |
| CITY | STATE | ZIP CODE | TRANSPORTATION [redacted] b(2)-2 | |

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM | YES | NO |
| 30 | | | PRP | | | | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | | DD 2568 IN CHART | | |
| 8 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

| CURRENT MEDICATIONS | INJURY OR OCCUPATIONAL ILLNESS | | | | EMERGENCY ROOM VISIT | |
|---|---|---|---|---|---|---|
| PTD Ø 1115 | ITEM | YES | NO | WHEN *(Date)* | DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| ALLERGIES | IS THIS AN INJURY? | | | WHERE | TETANUS | |
| NKDA PTD Ø 6A10 | INJURY/SAFETY FORMS | | | | DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |
| | HOW Unarmed assault | | | | | |

CHIEF COMPLAINT: Hurts all over and Headache

| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ EMERGENT | TIME 2330 | TIME 2330 | 0041 | | | | |
| ☐ URGENT | | BP 151/75 | 126/72 | | | | |
| | INITIALS | PULSE 100 | 96 | | | | |
| ☒ NON-URGENT | CA | RESP 16 | 16 | | | | |
| | | TEMP 98.2 | 97 | | | | |
| | | WT | 98.2 RR | | | | |

| LAB ORDERS | | | | | | X-RAY ORDERS | | |
|---|---|---|---|---|---|---|---|---|
| ☒ CBC/DIFF | ABG | ☒ PT/PTT | BHCG/URINE/BLOOD/QUANT | | | ☒ CXR PA & LAT/PORTABLE | | C-SPINE |
| URINE C&S | ☒ UA/MSCC/CATH | | CHEM: 12 / 4+4 | | | ☒ ACUTE ABDOMEN | | LS SPINE |
| BLOOD C&S X | | | | | | SINUS | | ☒ HEAD CT |
| | | | | | | ANKLE R/L | | ☒ pelvis x-m |

ORDERS

☒ PULSE OX 100% ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETION | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 2335 | Trauma labs | [redacted] | | | b(6)-2 |
| 2340 | 1 gm Ancef IV | | | | |
| 2345 | 50 mg Fentanyl IV | | | | |

| DISPOSITION | DISPOSITION QUARTERS /OFF DUTY | PATIENT/DISCHARGE INSTRUCTIONS |
|---|---|---|
| ☐ HOME ☐ FULL DUTY | ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS. | |
| MODIFIED DUTY UNTIL | RETURN TO DUTY | |

| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED ▶ | TO | WHEN |
|---|---|---|---|---|
| ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED | TIME OF RELEASE | I have received and understand these instructions. | | |
| | | PATIENT'S SIGNATURE | | |

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

[redacted] b(6)-4

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| CBC | WBC | SMAC | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
| | H/H | | | SUP O2 | PH | PO2 | RESULTS CT Head - WNL ØFx | |
| | PLT | | | PCO2 | SAT | OTHER | CXR - Øfx - | |
| PT | | | | DIP | | | Pelvis - Øfx - | |
| APTT | | BHCG | ETOH | GLU | UA MICRO | | EKG INTERPRETATION ABnor - ØFx / ØFA | |

X-ray c/c/D from FSB - c-spine - cxr - AAD } NA

PROVIDER HISTORY/PHYSICAL

30 y/o ♂ EPW who was trying to flee away from QRF was subdued ≈ 18 hrs ago. Pt brought to FSB b/c of ? Δ in level of consciousness. Pt found here b/c of RACCOON's Eyes for Head CT Emergently. Pt oriented x4 & nonabnormal AAO x3. Following all commands moving all extremities well. Pt denies neck pain. Answers all questions appropriately

P.M.H - Ø
P.S.H - Ø
Fx - ?

G: WD, WN, QPAW, AAOx3
HEENT: NC, RACCOON's Eyes, PERRLA, EOM, TMC
N: Ø meningism, Ø Bogg TTP, Ø stepoff, Ø crepitus
L: CTA Ø Ø-Rales
C: RRR Ø M/R/G
ABD: soft, ND, PBS
Ext: Ø edema Ø JE, NVI, FAROM Ø TTP
Neuro: AI, nonfocal, FAROM, +2x4 DTRs, Ø Babinski

A/P

Admit, tylenol, Fluids / Rotate to FSB c aspirin Ax.

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP [redacted] MD 22 Med

DIAGNOSIS

① Multiple Contusions
②

CODES b(6)-2

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

**EMERGENCY CARE AND TREATMENT** *(Doctor)*
Medical Record

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

## 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

EPW

NURSING UNIT | ROOM NO. | BED NO.

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

4 NOV 03 | 0095

Admit to ZW # — Dr. [redacted]

Dx: multiple contusions b(6)-2

Condition: stable

VSAQS per routine

Act: NBDA

meds: T-III percocet p.o. TID prn pain

motrin 800 mg tablets p.o. TID

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

2400/0200 ANOVER

DATE OF ORDER | TIME OF ORDER | HOURS

Keflex 250 mg p.o. QID

Diet: Regular

Activity: As tolerated

Plan: Recheck in A.M. - probable

Return to EPW CAMP

IV: Heparin (#1), 75cc/hr #2

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | [redacted] b(6)-7

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.

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY

19 HOUR

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted]

**VITAL SIGNS RECORDS**

Medical Record

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

b(u) 2

[redacted]

LABORATO
(Subject to th

DATE | TIME | SSN/B

b(u) 4 [redacted]

Urinalysis

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | ycl | N/A |
| App | hzy | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | Mod | Negative |
| SG | 1.030 | N/A |
| Bld | lrg | Negative |
| pH | 6.0 | N/A |
| Prot | 100 | Negative |
| Urob | 0.2 | 0.2-1.0 |
| Nit | neg | Negative |
| Leuk | neg | Negative |
| HCG | | Negative |

| TEST |
|---|
| RPR |
| Mono |
| Source |
| Gram Stain |
| Occ B |
| H. py |
| Micr Para |
| Mal |
| O & |
| Ot |

Mic.

acetest-lrg
SSA-2+
1-5 granular cast
bacteria-3+
~~RBC~~
amorphus sed-he
?

Blood Bank

CSF

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

V.O
stat
2 80 mg p.o
stop Kaflox

LAB ID NO.:

Glu_____99 mg/dL
BUN_____41 mg/dL
Na_____132 mmol/L
K_____4.4 mmol/L
Cl_____95 mmol/L
TCO2_____30 mmol/L
AnGap_____18 mmol/L
Hct_____44 %PCV
Hb_____15 g/dL
pH_____7.391
PCO2_____47.4 mmHg
HCO3_____28 mmol/L
BEecf_____4 mmol/L
Sample [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/03/03 23:48

Patient ID: [redacted] b(u)-4
Test Name :PT
Test Result:= 12.2 sec.
***RESULT OUT OF RANGE***
Ratio = 1.0
Calculated INR = 1.00
Sample Type:citrated wh. blood
Test Date :11/03/03
Test Time :23:46
Card Lot [redacted] b(u)-2
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/03/03 23:50

Patient ID: [redacted] b(u)-4
Test Name :APTT
Test Result:= 17.9 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/03/03
Test Time :23:48
Card Lot :100208 b(u)-2
Operator [redacted]

b(6)-2

Ward/Section: EMT

REQUESTING [redacted]

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

DATE | TIME

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

SSN/PS [redacted] b(6)-4

## I-STAT

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 13 |
| K | | 3.5 |
| Cl | | 98- |
| pH | | 7.31 |
| PCO2 | | 35-4 / 41-51 |
| PO2 | | 80-10 / N/A |
| TCO2 | | 23-27 / 24-29 |
| HCO3 | | 22-26 / 23-28 |
| sO2 | | 95-98 |
| BEecf | | (-2) – mmol/ |
| AnGap | | 10-20 |
| Ca | | 1.12-1. |
| BUN | | 8-26 m |
| GLU | | 70-105 |
| Creat | | 0.7-1.5 |
| Hct | | 38-51% |
| Hgb | | 12-17 g/ |

## Misc. Chemistry

| TEST | RESULT | REF. RA |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |

## (Piccolo) Chemistry 12

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | 5.5 g/dl |
| | | 4 u/l |
| | | 7 u/l |
| | | 7 u/l |
| | | 3 u/l |
| | | .6 mg/dl |
| | | mg/dl |
| | | 1.3 mg/dl |
| | | mg/dl |
| | | mg/dl |
| | | mg/dl |
| | | g/dl |
| | | F. |
| | | GE |
| | | mg/dl |
| | | dl |
| | | g/dl |
| | | l (M) |
| | | (F) |
| | | mol/l |
| | | ol/l |
| | | ol/l |
| | | l/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 |

REMARKS:

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

======= PICCOLO =======
03/11/03 23:54
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS b(6)-4
DISC LOT #: 3153AA7
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-2 [redacted]

| | | | |
|---|---|---|---|
| ALB | 4.5 | 3.3-5.5 | G/DL |
| ALP | 82 | 26-84 | U/L |
| ALT | 62* | 10-47 | U/L |
| AMY | 43 | 14-97 | U/L |
| AST | 217* | 11-38 | U/L |
| TBIL | 2.4* | 0.2-1.6 | MG/DL |
| GGT | 11 | 5-65 | U/L |
| TP | 7.5 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

======= PICCOLO =======
03/11/03 23:51
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 b(6)-4
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-2 [redacted]

| | | | |
|---|---|---|---|
| GLU | 104 | 73-118 | MG/DL |
| BUN | 28* | 7-22 | MG/DL |
| CRE | 1.5* | 0.6-1.2 | MG/DL |
| CK | ♦♦♦ | 39-380 | U/L |
| NA+ | 126* | 128-145 | MMOL/L |
| K+ | 5.3* | 3.3-4.7 | MMOL/L |
| CL- | 92* | 98-108 | MMOL/L |
| tCO2 | 21 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

| 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 3 | 4 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | [redacted] | VS: Routine | 6 | / | [redacted] | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | |
| 4 | [redacted] | DIET: regular | 6 | / | [redacted] | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | |
| 4 | [redacted] | ACT: as tolerated | 6 | / | [redacted] | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | |
| | | b(6)-2 | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: multi contusions

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

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo _____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 4 | [redacted] | Admit / CW# [redacted] stable | | | | |
| 4 | [redacted] | Plan: reevaluate in 1m, prob | | | | |
| | ---- | return to EPW camp | | | | |
| | ---- | | | | | |
| | ---- | b(4) - 2 | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
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CLINICAL RECORD

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

Mo.____ Yr. ____

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 4 | 5 |
|---|---|---|---|---|---|
| 4 | [redacted] | Motrin 800mg po TID | 6 | [redacted] | |
| | | (NO C food) | 14 | [redacted] | |
| | | | 22 | | |
| 4 | [redacted] | Keflex 250mg po | 6 | [redacted] | |
| | | QID | 12 | [redacted] | |
| | | | 18 | | |
| | | | 24 | | |
| 4 | [redacted] | NS @ 75cc/hr | 6 | [redacted] | |
| | | | 18 | | |
| | | b(6)-2 | | | |

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: multi contusions

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 |

A FORM 1 FEB 79 **4678**

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(MEDICATIONS)*

Mo. _____ Yr. _____

| Verify by Initialing: Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 4 | [redacted] | IV: Heplock IV #1 | | | | |
| | | b(6)-2 Atl | | | | |

| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | [redacted] | Percocet 1-2 PO TID prn pain | D/T | 4/1/01 0102 | | | | | | | | | | | |
| | | | D/1 | [redacted] | | | | | | | | | | | |

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

copy for record SI# [redacted]

b(4)-4

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

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

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

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

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

- ☐ Violation of Curfew
- ☐ Illegal Possession of Weapon
- ☐ Assault/Attack on Coalition Forces
- ☐ Theft of Coalition Force Property (b)(2)-2
- ☐ Trespass on Military Installation or Facility (b)(2)-2
- ☐ Photographing/Surveilling Military Installation or Facility
- ☐ Obstructing Performance of Military Mission
- ☐ Other

| | | | |
|---|---|---|---|
| Apprehending Unit: [redacted] PIR | | Location Grid: [redacted] | |
| Date of Incident (D/M/Y): 3 / 11 / 03 to / / | Time of Incident: 2315 hrs to hrs | Date of Report: (D/M/Y) 3 / 11 / 03 | Time of Report: 2325 hrs |

| | | | |
|---|---|---|---|
| Detainee # [redacted] b(4)-4 | | Key Connected Person: ☐ Victim ☐ Witness | |
| Last Name: [redacted] | | Last Name: | |
| First Name: [redacted] | Given Name: [redacted] | First Name: | Given Name: |
| Hair Color: BN | Scars/Tattoos/Deformi[redacted] | Hair Color: | Scars/Tattoos/Deformities: |
| Eye-Color: BN | Weight: lb / Height: in | Eye-Color: | Weight: lb / Height: in |
| Address: | | Address: | |
| Place of Birth: | | Place of Birth: | |
| Ethn/Tribe/Sect: | Sex: ☒ M ☐ F / Phone#: DOB D/M/Y: 7 may 73 ☐ Mobile ☐ Regular | Ethn/Tribe/Sect: | Sex: ☐ M ☐ F / Phone#: DOB D/M/Y: ☐ Mobile ☐ Regular |
| ☐ Passport ☐ Dr. license ☐ Other (specify) | | ☐ Passport ☐ Dr. license ☐ Other (specify) | |
| Document #: | | Document #: | |

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

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

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

| | |
|---|---|
| Name of [redacted] Interpreter: b(4)-4 | Email, Phone, or Contact Info: |

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

LN:

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? flight medic claims detainee was on the run from captured by soldiers and refused to be apprehended. Sm's beat him down to the ground.

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

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

Who was with this person?

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person? [redacted]

Detainee received blunt trauma to head, chest pains and bruises

Additional Helpful Information:

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

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

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| [redacted] | [redacted] b(6)-4 | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | 23Y | X | | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 99 | [redacted] | | ICW1 |

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

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 08:25 | AEA - ORTHOPEDICS |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2003-11-06 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2003-11-04 | [redacted] |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] b(2)-2 | 2003-11-04 | |

31. Selected Administrative Data

Marital Status: DoB: [redacted]

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

BULLET L FOREARM

881.11
E991.2

Proc
86.05

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| | | | | | |

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| | | | | | |

b(6)-2

Signature of Attending Medical Officer [redacted]

Signature of PAD or Medical Records Officer [redacted]

MEDCOM - 23324

b(2)-2

[redacted] MEDICAL TRANSFER REQUEST FORM

DATE OF REQUEST: 02NOV03

REQUESTOR: LTC [redacted] Surgeon

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

COMPOUND: [redacted] 4

PRIORITY: ASAP

LITTER/AMBULATORY (CIRCLE)

DESCRIPTION OF INJURIES: Missle injury, left elbow

* X-ray (R) elbow

NUMBER OF MEDICAL PERSONNEL ACCOMPANYING: _____

DATE OF TRANSFER: _____

TIME OF TRANSFER: N/A

DESTINATION: [redacted] b(2)-2

POC AT DESTINATION: PAD [redacted] b(6)-2

ANTICIPATED LENGTH OF TRANSFER: N/A

EQUIPMENT REQUESTS: _____

NOTE: COORDINATION IS ALSO REQUIRED THROUGH MOVEMENT CONTROL FOR A TRIP TICKET.

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

21 YO ♂ 3 days s/p GSW to (L) [illegible] with [illegible] burns. admitted for removal of [illegible]

PMH (-)

NKDA

PHYSICAL EXAMINATION

[illegible] WNL

[illegible] supple

[illegible] RT/NL

Grossly [illegible] swelling, wet [illegible] on [illegible] b hom, especially [illegible], burns wet [illegible]

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

X [illegible] [illegible] burns 7.62mm -

Pt [illegible] [illegible] removal in [illegible]. [illegible] [illegible] removal in OR [illegible], [illegible] [illegible]

[redacted] b(6)-2

| SIGNATURE | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] | 4 Jan 03 | | |

IDENTIFICATION (Typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

[redacted]

b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975 539-106

[redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 02 NOV 03 | O Evaluated by Iraqi physician. |
| | A- Left elbow injury. |
| | P- X-ray, left elbow |
| | [redacted] LTC MC |
| | b(2)-2 |

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

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

[redacted] (b)(2)-2

| REGISTER NO. | WARD NO. |
|---|---|
| | |

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

USAPA V2.00

**BATES PAGE MEDCOM 23328 HAVE BEEN WITHHELD PENDING TRANSLATION**

**IDA: MEDCOM**

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 04NOV03 (1110) | Pt admitted to unit ambulatory from EMT in stable cond. Pt alert, speaking Arabic. VSS. Ø c/o pain. Drsg to Ⓛ forearm/elbow CDI. IVFs infusing into IV in Ⓡ ac ī s/sx infiltration. Pt aware he is NPO for surgery today. 2 point restraints in place ī s/sx complications. Will cont. to monitor. [redacted] b(6)-2 |
| 04NOV03 2350 | Pt A&O VSS Denies Pain @ this time. Drsg to Ⓛ Elbow & forearm has Dime size bloody show. Will reinforce if increases. IVFs infusing into IV in Ⓡ AC ī s/sx infiltration or infection. Pt consumed Dinner and Sx has been postponed until tomorrow. 2 point [redacted] in place. Will continue to monitor. b(6)-2 [redacted] Spc 91WM6 |
| 5NOV03 0200 | - Assumed care pt asleep yet easily arousable remains NPO ī MN on call for surgery to Ⓛ elbow GSW bullet lodged inside Drsg 4x4 sponge gauze kerlix wrap c̄ minimal serous drainage PIV Ⓡ AC patent LR @ TKO. Lungs clear HRRR Active BS Urinates per urinal ambulates ī difficulty Denies pain or discomfort Will cont to monitor |
| 1210 | - Pt back from OR N/V x 1 also c/o dizziness upon ambulation BSC brought to pt. Denies pain after surgery. Resumes prior orders per MD - discharge to carry b(6)-2 [redacted] Kumle |

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

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

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

**PROGRESS NOTES**
Medical Record

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

#[redacted]
b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 5 NOV 03 2200 | Pt A&O speaks small amount of english. Pt denies pain. cont Abx IV therapy. LUE Dsg [redacted] wrap CDI. Tol minimal PO No N/V/D, D/C to [redacted] tomorrow b(6)-2 Will continue to monitor. [redacted] Sgt 9/12/03 |
| 6 NOV 03 0200 | - Assumed care of pt. A+O x 3. VSS Ø c/o pain to L elbow GSW I+D and bullet removal. Lungs CTA HRRR Active BS Tolerating PO denies N/V Ø bleeding noted to dsg ice/lix and ace wrapped Ø evidence of decreased neurocheck intact. OK for discharge to camp PO Abx @ pharmacy Will cont to monitor [redacted] b(6)-2 |

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

[redacted] b(6)-4

**MEDICAL RECORD**

**INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent a[illegible] the office of The Surgeon General b(6)-2

1. PATIENT TRANSPORTED TO OPERATING R[illegible] VIA litter BY anesthesia

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

3. DATE 5 NOV 03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM TIME 1005 NUMBER 1-1 (3)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: pt not english speaker. NPO since midnight

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted], 66E | RELIEF CIRCULATOR INT: | |

7. POSITION AND POSITIONAL AIDS *(Specify)* Two arm boards placed together on left arm side

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

COMMENTS:

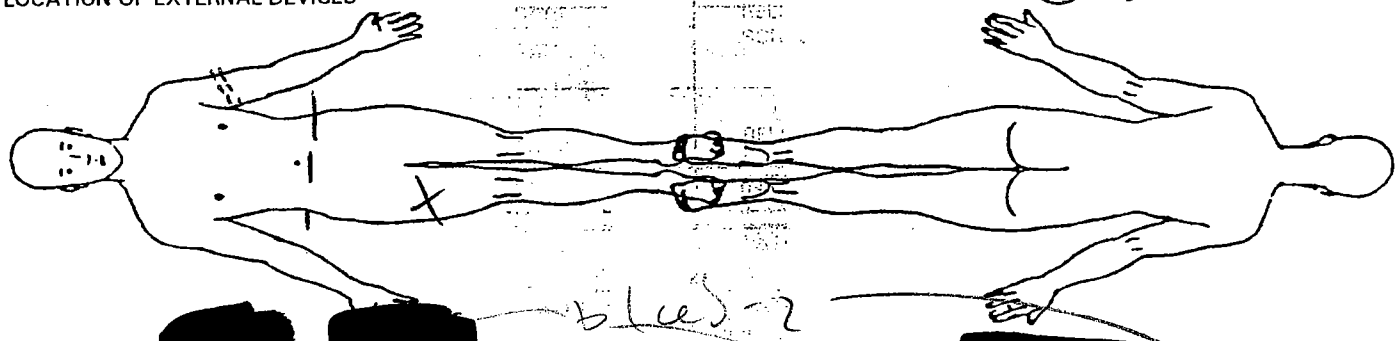
8. SKIN PREPARATION

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

COMMENTS:

PREP SOLUTION *(Specify)* Beta / Beta
SITE (L) elbow BY WHOM: CPT [redacted]
SITE: BY WHOM: b(6)-2
COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND X [redacted] Pad [redacted] Strap = = = Tourniquet placed by Dr. [redacted] b(6)-2

C = Correct I = Incorrect

| 10. COUNTS | | | Initial Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | C | | C | SPC [redacted] | CPT [redacted] |
| Needle Sharp | ☐ Yes | ☐ No | C | | C | | |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

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

#[redacted] b(6)-4

[redacted] b(2)-2
5 NOV 03

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

CUT 30 COAG 30

☒ ESU NO: Valleylab
GROUND PAD: BRAND Valleylab E7507
LOT NO: 65708 2004-11

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ ☒ NO IF YES NAME: ID NUMB ACTURER

b(4)-2

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ N[redacted]

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Marcaine 0.5% c̄ epi (1:200,000) | 10mL mixed 15mL | intraop | inject | CS [redacted] | DR [redacted] |
| 1% Xylocaine 10mg/mL (5mL) | | | | | |
| | | | | | |
| | | | | | |

b(4)-2

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE C-ARM (L) ARM

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

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

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED

I & D (L) arm, Removal of foreign body.

21. PATIENT TRANSFERRED TO 1CU3 b(4)-2 TIME METHOD letter

22. REGISTERED NURSE SIGNATURE [redacted] C

MEDCOM - 23332

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

# VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | |
| MONTH-YEAR NOV | DAY | 04 | | 5 | | | | | | | | | | | | | |
| 19 2003 | HOUR | 1 2 3 4 5 6 | | 0700 | 1210 | | | | | | | | | | | | |

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

(Centigrade Equivalents, for Reference only)

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESPIRATION RECORD | | 20 | | 20 | | | | | | | | | | | | | |
| Record special data only when so ordered | BLOOD PRESSURE | 132/85 | | 141/85 | | | | | | | | | | | | | |
| | | 132/72 | | 82 | 91 H | | | | | | | | | | | | |
| | | | | 993 | T979 | | | | | | | | | | | | |
| | HEIGHT: WEIGHT 141 | 96.3 | | 97% | 98% | | | | | | | | | | | | |
| | O2 Sat | 98 (RA) | | RA | | | | | | | | | | | | | |
| | | 98% | | | | | | | | | | | | | | | |

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

[redacted]

blue-4

REGISTER NO.

WARD NO. KW1

**VITAL SIGNS RECORDS**

Medical Record

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

# MEDICAL RECORD - ANESTHESIA

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

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

| DRUG | (Units) | | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERSED | (mg) | 3/2 | | | | | | | | | | | | | 5mg | — |
| Ketamine | (mg) | | 100 | 50 | | | | | | | | | | | 150mg | |
| FENTANYL | (mg) | 2 | | 2 | 1 | | | | | | | | | | 5cc | TOTAL URINE |
| PROPOFOL | (mg) | | | 50 | | | | | | | | | | | 50cc | — |
| | ( ) | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | |
| VOLAT AGENT | % del | | | | | | | | | | | | | | FLUIDS - SUMMARY | |
| | % e.t. | | | | | | | | | | | | | | CRYSTALLOID- 700 | |
| AIR | L/Min | | | | | | | | | | | | | | COLLOID- | |
| N2O | L/Min | | | | | | | | | | | | | | | |
| O2 | L/Min | | | | | | | | | | | | | | BLOOD- | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Warmed | 500 | 1000 | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |

| LOSSES | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | |

**REMARKS**

*Code drugs with numbers, events with letters*

To OR #1. Monitors O2 NC

1035 local infiltration by surgeon 10cc 0.5% Marcaine c̄ epi 1:200K + 5cc 1% Lidocaine. Total 15cc infiltration

Hot Pack.

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

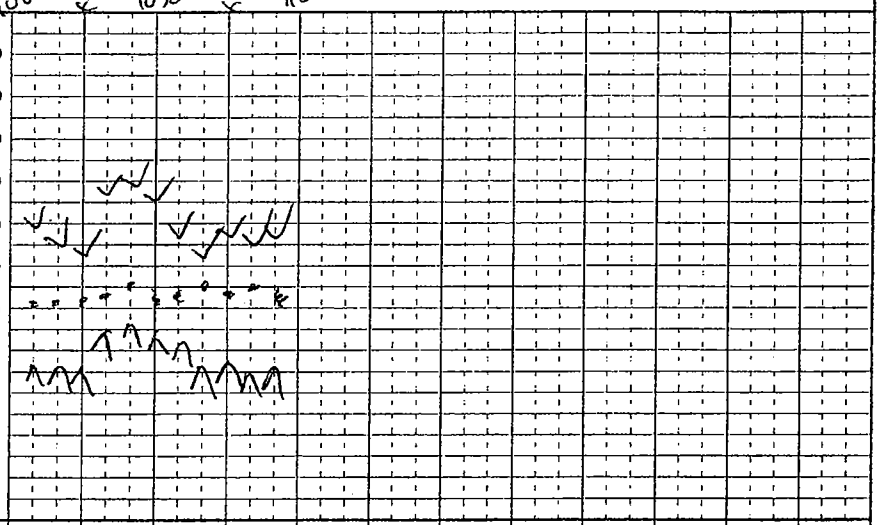
INITIAL DATA: BP- 138/74 HR- 101

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK

OK for PROCEDURE? Y TIME- 1000

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




**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | | | | |
| f - breaths/min | 12 | 10 | 8 | 8 |
| Peak inf pres / PEEP | | | | |
| MODE - S(pon), A(ssist), C(on) | SV | SV | SV | SV |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | | | | |
| BP/oth | FIO2 (Frac or %) | NC 4L/m | | | |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR/ST | ST | ST | ST |
| Gas analyzer | TEMP-site | | | | |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

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

RECOVERY AT 1102

PACU / ICU _____ (Specify)

OTHER _____

CONDITION: RESP- 12 SpO2- 97% BP- 141/80 HR- 94

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1000 | 1005 | 1105 |
| | Ready | Begin | End |
| PROC | 1009 | 1032 | 1100 |

PROCEDURES and CPT Codes: I+D (L) ELBOW w/ Removal of Foreign Body

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

MAC

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

# [redacted]

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

Natural

SURGEONS: [redacted]

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: OR #1

DATE: 5 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

b(6)-2 A1)
unless noted differently

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 4 NOV 03 TIME OF ORDER: 0935 HOURS

LIST TIME ORDER NOTED AND SIGN

1. NOTHING TO ICW-1
2. DX: BURNS IN (2) PATIENTS
3. VS HOURLY
4. BEDREST
5. IV: LR @ 125 cc/hr
6. NPO

PATIENT IDENTIFICATION

Noted [redacted] 04NOV03 1035

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

7. TO OR TOMORROW HOURS
8. MSO4 2-6 mg IVP Q 2 mg PRN

[redacted]

PATIENT IDENTIFICATION

Noted [redacted]

NURSING UNIT: ICW-1 | ROOM NO.: 2-1 | BED NO.: 0500

DATE OF ORDER: 4 NOV 03 TIME OF ORDER: 1900 HOURS

1. NPO @ MN
2. O/C to OR tomorrow 11/5
3. ancef + gm IV Q8°

V.O. Dr [redacted]

[redacted] 04NOV03 [redacted]

PATIENT IDENTIFICATION

Noted [redacted] 05NOV03 1305

NURSING UNIT: JAV 02100 04NOV03 | ROOM NO.: [redacted] | BED NO.

DATE OF ORDER: 5 NOV 03 TIME OF ORDER: 1100 HOURS

1. Resume previous orders
2. Ancef 1 gm IV Q 8 hrs
3. Regular diet
4. Keep lock IV
5. Dressings BID CPW comp tomorrow
   Reflex 250 mg Q8 #10
   Percocet 1-2 PO Q 4-6 hrs PRN #10

[redacted]

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 15 NOV 03 1400 | Ortho Op Note and Discharge Note<br>Pre Op Dx - GSW (L) elbow<br>Post Op Dx - same<br>Procedure: Removal of bullet from (L) elbow area<br>Surgeon: [redacted] b(6)-2<br>Anes: MAC<br>Findings - Dented 7.62mm bullet removed from entire medial elbow soft tissue. No joint involvement. Entrance wound debrided. Wounds closed loosely with 4-0 nylon.<br>Plan: Return to prison camp<br>Dry dressing changes every other day.<br>Remove sutures in 5-7 days.<br>Elbow motion<br>Keflex 250mg P.O. Q 12 x 10 days.<br>Percocet 1-2 P.O. Q 4-6 hrs prn pain<br>[redacted]<br>b(6)-4<br>[redacted] CDR MC |

| 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 | | |
|---|---|---|---|---|---|---|
| | | | | 04 | 05 | 6 |
| 04 Nov03 | [redacted] | VS: routine | 06 18 | [redacted] | | |
| | | | 18 06 | | | |
| 04 | [redacted] | Bedrest | 06 18 | [redacted] | | |
| | | | 18 06 | | | |
| 04/05 | [redacted] | ~~NPO~~ was Reg. diet | 06 18 | [redacted] | | |
| | | | 18 06 | | | |
| | | b(6)-2 | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: BULLET IN @ FOREARM

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 04 Nov03 | [redacted] | Admit to ICW1 | 04 Nov03 | — | — | [redacted] |
| 04 | [redacted] | To OR today | 04 | | | |
| 4 | [redacted] | NPO PMN, O/C TO OR 11/5 | 5 Nov | 0001 | | |
| 05 Nov | [redacted] | Resume previous orders | 05 | — | — | [redacted] |
| 05 | [redacted] | D/C to EPW camp tom. (c̄ Reflex / Percs) | | | | |
| | ---- | | | | | |
| | ---- | b(6)-2 A11 | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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USAPA V1.00

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 04 | 05 | 6 |
|---|---|---|---|---|---|---|
| 04/05 NOV03 | [redacted] | IV: LR @ 125cc/hr | 06 18 | [redacted] | | |
| | ----- | (heplock IV) | 18 06 | [redacted] | | |
| 4 NOV | [redacted] | Ancef + gm IV Q8° | 6 | / [redacted] | | |
| | ----- | | 14 | / [redacted] | | |
| | ----- | | 22 | [redacted] | | |
| | ----- | b(6)-2 | | | | |
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ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: BULLET IN @ FOREARM

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 |

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 04NOV03 | [redacted] | MSO4 2-4mg IVP q 2° pm | D/T | | | | | | | | | | | | | |
| | | b(4)-2 | D/T | | | | | | | | | | | | | |
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*U.S. GPO: 1998-454-110/95216

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 5 Nov 03
Time In: 1107
Allergies: NKDA
Pre-op V/S: 140/70 100
Procedures: I+D L elbow

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 700 Colloid
OR Output: UOP EBL
Meds/Times: 5 Versed 150 Ketamine, Fent. Propofol

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

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds

History

| Time | 1107 | 1112 | 1117 | 1122 | 1127 | 1132 | 1207 |
|---|---|---|---|---|---|---|---|
| SaO2 | 99 | 97 | 98 | 99 | 98 | 97 | 98 |
| FiO2 | | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA | RA |
| RR | 13 | 12 | 10 | 10 | 12 | 14 | 12 |
| T | 96.3 | | | | | | |

Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

V/S
X = A-line BP
˚ = Cuff BP
= Pulse

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

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

| Time | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | | | |
| LOS | | | | | | | | | | | |

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

(Continue on reverse)

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 5 NOV

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

[redacted] b(6)-4

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

## MEDICATIONS

Allergies:

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

## NEUROVASCULAR

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

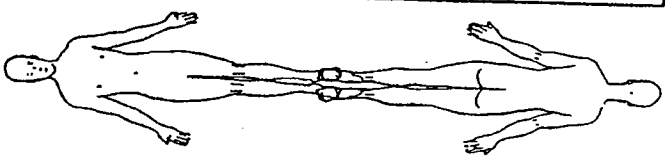
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1107 | Larm | ace | 0 |
| 30' 1137 | Larm | ace | 0 |
| 60' 1207 | Larm | ace | 0 |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1107 | TSR | 0 | 0 |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received from OR s/p I+D L elbow, Pt very drowsy, unarousable to verbal No c/o pain, SpO2 100% RA. 1207- Pt arousable to verbal, no c/o pain, SpO2 98%. Report given to Spc [redacted] — b(6)-2 Sgt [redacted] RN

**Discharge Criteria:**
Date: 5NOV Time: 1212 PARS: 9
BP: 118/68 T: 96.3 HR: 92 RR: 12 Sa02: 98%
Pain Level at D/C (0-10): —
Intake: _____ Output: —
Additional Data: —
Transferred To: ICW1
Report Given To: Spc [redacted] — b(6)-2
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: Sgt [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: _____

b(2)-2

# Admission and ding Information

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

| | | | |
|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Location IZ | | |
| 3. Register Number [redacted] | Name (Last, First, MI) b(2)-2 [redacted] | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) [redacted] | 7. Age at Admission 23Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 08:25 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | 19. Trauma DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICW1 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-2 | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-06 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-04 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-04 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: BULLET L FOREARM

DX - 88111
E9912
Trauma - 1
Injury - 450
PR - 8605

Procedure Narrative(s):

Cause of Injury Narrative:

b(2)-2

| | |
|---|---|
| Admitting Officer (Signature, as require [redacted] | Signature of Admitting Clerk |

# INPATIENT TREATMENT RECORD COVER SHEET

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

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] b(2)-4 | | | | | CIV | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 44Y | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| ~~99~~ 70 | [redacted] | | | | | | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | ~~K76-FOREIGN CIVILIAN~~ K78 | | [redacted] | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| ~~Direct from ER~~ C | 18:00 | AAA - INTERNAL MEDICINE | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | CRO/DOA | 2003-11-04 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-04 | [redacted] | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] b(2)-2 | | 2003-11-04 | | | | | |

31. Selected Administrative Data

Marital Status:

In/Out Patient: Inpatient

DoB: [redacted]

MOS:

33. Cause Of Injury: GSW

34. Diagnosis / Operations and Special Procedures:

SUCKING CHEST WND

861.13

DX: 8629

E9912

Trauma

9

Px: 3401

37.12

Injury

569

Cause Death

#1

35. Total Days This Facility

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

35. Total Days This Facility

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

Signatu[redacted]dical Officer

b(6)-2

Signature of PAD or Medical Records Officer

[redacted] FOUR [redacted]

Automated Facsim[redacted]47, May 79

b(6)-2

# [redacted]L RECORD-SUPPLEMENTAL MEDICAL DA[redacted]

For use of this [redacted], see AR 40-66; the proponent agency is the Office of The S[redacted]eneral.

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 1807 ☐ IV x _____ ☐ $O_2$ _____ 1/min ☐ C-Spine Immob
Meds: ☐ UKN ☐ None ☐ Yes:_____
Allergies: ☐ UKN ☐ None ☐ Yes:_____
Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake _____hrs
LMP:_____ ☐ _____

## 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 ☐_____
PULSES: ☐ Central ☐ Peripheral

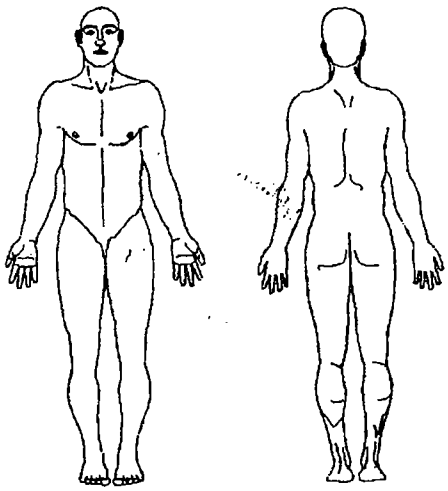
**LUNGS**
BREATH SOUNDS: ☐ Bilat ☐ Equal ☐ Clear
Decreased L R Absent L R
Wheezes L R Crackles L R

**ABDOMEN**
☐ Soft ☐ Rigid ☐ Non-Tender
☐ Tender:

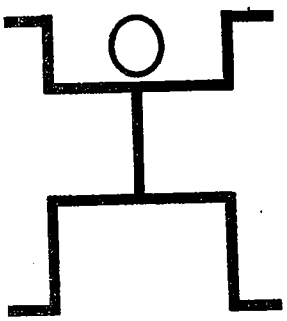
**PELVIS**
☐ Stable ☐ Unstable ☐_____
Blood at meatus/vagina: Y N
Heme +/- Prostate: ☐ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

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



## VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN [redacted]

PHYSICIAN [redacted] + 160-2
*(Continue on reverse)*

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC ER

DATE 4 Nov 03

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

EPW

# [redacted] b(6)-4

☐ 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

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| 1808 | ET Intubation | 8.5 | ☒ Oral ☐ Nasal Teeth | | $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| | Urinary | | ☐ Meatus ☐ Supra-Public | | ☐ Return_____cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | 36 | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

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

## LABS

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

## X-RAYS

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

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

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW SOP | | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 1809 | | | Y | N | LAC | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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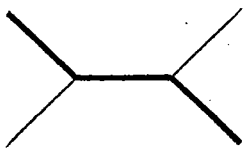
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## BLOOD PRODUCTS

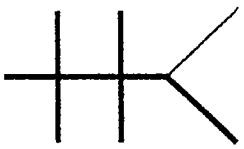
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

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

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | | | | |
| Surgeon | | | | |
| Anesth | | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |
| | | | | |

## VALUABLES & CLOTHING

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

## DISPOSITION

☐ Home ☐ _____

Admitted to_____

Report Called to_____

Time Transferred_____

Accompanied By_____

Via: ☐ Stretcher ☐ Wheelchair

As per ACLS Precautions: ☐ Yes ☐ No

## VITAL SIGNS

Rectal Temp:

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | GCS: E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | / | | | | | | | | | | |
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## GLASGOW COMA SCALE

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

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

## NOTES

needle decomp. @ 1808

Called @ 1812

[redacted]

Pt arrived c̄ Weak + thready Pulse, intubated c̄ appropriate position noted, monitors ∑ BP/Pulse, Unable to obtain lines. Pulse absent - Chest thoracotomy performed, pericardial sac opened, ⊕ Clotted Blood Removed, a Large Defect in (R) ventricle noted. Pupils Fixed - Dilated. No (R) Effort, ∅ Pulse, Pt pronounced @ 1812. [redacted]

b(4)-2 A71

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

b(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Locati[redacted] IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, M[redacted] [redacted] b(a)-4 | | 4. Pay Grade CIV | 5. Sex M |
| 6. DoB (YYYYMMDD) [redacted] | 7. Age at Admission 44Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 18:00 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category K76-FOREIGN CIVILIAN | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | | 19. Trauma BC | Prev. Admission NO |
| 20. Source of Admission Direct from ER | Ward: | | Name / Relationship of Emergency Addressee | |
| | | | Address of Emergency Addressee | |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-2 | | | Telephone Number of Emergency Addressee | |
| 21. Type of Disposition CRO/DOA | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) 2003-11-04 | |
| 24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) 2003-11-04 | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | | 29. Date of Initial Admission 2003-11-04 | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: SUCKING CHEST WND

Procedure Narrative(s): ED Thoracotomy

Cause of Injury Narrative: GSW

| | |
|---|---|
| Admitting [redacted] d) b(a)-2 | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

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

| | | | |
|---|---|---|---|
| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) # [redacted] b(u)-4 | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☒ MALE Masculin ☐ FEMALE Féminin |

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

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

## MEDICAL STATEMENT Déclaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.[1] | MULTIPLE GUNSHOT WOUNDS TO CHEST | ~10minutes |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | |

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

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

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

| | |
|---|---|
| NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire [redacted] | TITLE OR DEGREE Titre ou diplômé DO / CPT / USA |
| GRADE CPT | ADDRESS Installation ou adresse [redacted] b(2)-2 |
| DATE Date 4 NOV 03 b(u)-2 | SIGNATURE [redacted] DO [redacted] b(u)-2 |

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

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 25 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

# HOSPITAL REPORT OF DEATH

USE OF THIS FORM - SEE AR 40-405 - THE PROPONENT IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL: record

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

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

#[redacted]

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

2. TIME OF DEATH *(hour-day-month-year)*: 1812 / 04 / 11 / 03

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

4. RELIGION:

5. CHAPLAIN NOTIFIED: ☐ YES ☒ NO

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

### CAUSE OF DEATH

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* MULTIPLE GUN SHOT WOUNDS TO CHEST | 10 minutes |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) | |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

blw-2

9. DATE: 4 nov 03

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: [redacted] CPT [redacted]

## SECTION B - ADMINISTRATIVE ACTION

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

## SECTION C - RECORD OF AUTOPSY

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

21. AUTOPSY ORDERED BY *(Signature)*:

22. PROVISIONAL PATHOLOGICAL FINDINGS:

23. DATE:

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY:

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY:

26. DATE:

27. TYPED NAME AND GRADE OF REGISTRAR:

28. SIGNATURE OF REGISTRAR:

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. Register Nbr [redacted] | 2. Name [redacted] b(4)-4 | | | | | 3. Grade FGN | Admission Remarks |
| 4. Sex M | 5. Age 25Y | 6. Race X | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 99 | 12. SSN [redacted] | 13. Organization | | | | 14. Ward ICW1 | |
| 15. FlyStatus | 17. Dept / Ben K78-PRISONER OF WAR/INTER | | 18. BranchCorps | 19. UIC / ZIP | | 20. Type Case DIS | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 09:05 | 23. Clinic Service ABF - ORAL SURGERY | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp TRF-OTH | 26. Date of Disp 2003-11-09 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-11-07 | | AdmittingOfficer: [redacted] b(6)-2 | |
| 29. ReportingMTF [redacted] b(2)-2 | | | | 30. Date Init Adm 2003-11-07 | | 32. Units Blood Components | |

31. Selected Administrative Data

Marital Status:

In/Out Patient: Inpatient

DoB: [redacted]

MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

S/P CLOSEDREDUCTION OF MANDIBLE FX

802.28

E968.9

76.75

23.09

| 35. Total Days This Facility | | | | | |
|---|---|---|---|---|---|
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
| 0 | 0 | 0 | 0 | 2 | 2 |

| 35. Total Days This Facility | | | | | |
|---|---|---|---|---|---|
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
| 0 | 0 | 0 | 0 | 2 | 2 |

Signature of Attending Medical Officer [redacted] b(6)-2

Signature of PA/Dr or Medical Referral Officer [redacted]

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

25yo em S/P assault 8 days ago. Pt treated at another facility and had archbars c̄ a few wires placed. Pt presents c̄ loose archbars and not in elmF. Plain films show Bilateral mandibular ~~body~~ fractures.

PMH: Ø
PSH: Ø
Meds: Ø
Allergies: NKDA

PHYSICAL EXAMINATION

HEENT NC/AT PERRL EOMI
Ø palpable facial steps
maxilla stable
mandible mobile + TTP c̄ archbars loosely placed on R+L jaws. Ø elmF

CV RRR
lungs CTA (B)
abd soft NT/ND (+) BS
ext Ø c/c/e

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

A/P S/P Assault 8 days ago c̄ poorly fixated mandible fxt.
(1) to the OR for closed reduction of mand fxt (B) body fxs.

b(4)-2

| [redacted] MAJ | DATE DEC 6 2001 | IDENTIFICATION NO. 03 | ORGANIZATION |
|---|---|---|---|

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

#[redacted]

b(4)-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 |

6NOV@1945 Pt arrived to ward @ ~1920. Pt drowsy, but arousable, able to follow commands. Pt moved self from gurney to bed. Suction at BS. tested + is functioning properly. Wire cutters are hanging from IV pole. Med pt ~~a~~ ~~20~~ 30mg IV Toradol + 12.5mg IV phenergan @ 1930. Pt HL at this time. HOB @ 30°. VSS. Lung sounds clear through all lobes. ⊕ bowel sounds. ⊕ pedal pulses B/L. ⊖ ~~the~~ S/Sx of bleeding in mouth. Minimal swelling around jaw area. Pt able to express needs at this time. Pt laying in bed. Urinates ~~sx~~ ~~s~~ diff in urinal [redacted] Plan: IV ABX, monitor airway, [redacted] 24/A

7NOV03@1800 Pt. sitting up in bed. V.S.S. ⊘ c/o pain. Pt. taking PO fluids, tolerating well. Pt. has some swelling to mandible. Pt. ambulates well to BR & in hallway. IVSL b/(6) to ⊘ AC, flushes well. Pt. in 2-point restraints, ⊘ signs of skin breakdown. All other assessments WNL. [redacted] 2CT, 4A

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

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

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

**PROGRESS NOTES**
Medical Record

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

[redacted]
b(6)-4

OEF1

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 1NOV02 2325 | VSS. Pt c/o pain. medicated c̄ 30mg Toradol IV. Pt found adequate relief. Jaw appears swollen. Pt tol PO diet BTS. Consumed juice + ensure through straw. Infusing IV ABX as per order. Urinating c̄ difficulty. Lung sounds clear through all lobes. HOB @ 30°. Suction at BS. Wire cutters behind pt. on IV pole. Pt asleep at this time [redacted] |
| 8Nov03 0705 | Assumed care @ 0600; All VSS, pt ~~A&O~~ speaking arabic ~~&~~ c/o pain; ~~pt~~ mandible slightly edematous; P + Tol BTS diet, Consumed juice for breakfast, & 3 ensures for lunch; HOB ↑ to 30°, Suction & wire cutters @ BS; pt voiding QS clear yellow urine c̄ difficulty; Restraints in place, ⊕ circ, ⊖ skin breakdown, will cont to monitor [redacted] |
| 8NOV03 2000 | VSS Alert & Oriented. Denies N/V @ this time. Wire cutter @ BS along c̄ suction/bulb. HOB ↑ 30°. Consumed 60% of BTS diet and 100% ccm of chocolate Ensure. OOB → AMB ad lib. No c/o pain or discomfort verbal or nonverbal. (L) FA IV with little swelling & pt c/o pain. (L) FA saline lock d/ced c̄ cath intact. Restarted 20g 1¼" cath to (R) FA X1 attempt. 2 restraints applied. Will check frequently to ensure proper circulation & prevent breakdown off of skin integrity. [redacted] |

bLW-2 AM

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| | Transfer Summary |
| 6 NOV 03 @ 1742 | 25 yo/em 8 DAYS S/P Assault. Pt was treated initially @ another facility. Pt presented to the [redacted] b(2)-2 c̄ loosly fixated archbars and pt NOT in ulMF. Plain films taken and bilateral body fx's seen c̄ tooth #32 in the line of fx. Pt taken to the OR on 6 NOV 03 for closed reduction of bilateral mandible fractures with archbars and wire. |
| | Procedure 6 NOV 03 |
| | ① closed reduction of mandible fractures |
| | D/C condition stable |
| | D/C diet: Blended \| full liquid |
| | D/C meds ① tylenol c̄ codiene elixer 10-15 cc PO q 4-6° pm pain |
| | ② Penicillin elixer 250 mg/5 ml 10 ml PO q 6° x 7 days |

| 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] | | |

slw-1

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10
USAPA V1.0C

Tr MEDCOM - 23355 summary

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | Follow up plan |
| | ① Pt needs to stay "wired shut" for 6 weeks - until week of 18 Dec 03 |
| | ② Pt needs to have archbars and wires removed week of 18 Dec 03. |
| | [redacted] b(6)-2 |
| | [redacted] MAJ/DC |

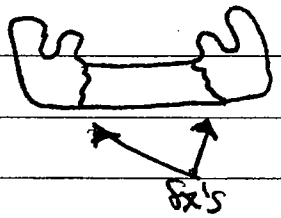
AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

OMFS Brief OP NOTE

6 NOV 03 @1717

Pre op dx: (B) mandibular body fx's
Post op dx: Same
Procedure: Closed reduction of fractures c̄ archbars and wires + ext #32




Surg: [redacted] b(a)-2
assist: [redacted]
Anesth: NETA
EBL: <50cc
fluids: 800 cc LR
comp: Ø
finding: extremely mobile #32
Cond: Stable extubated and breathing spontaneously and transferred to recovery Serent.

b(a)-2 [redacted] MAJ/DC
OMFS

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

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

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

#[redacted]
b(a)-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

510-112 NSN 7540-00-63-

# MEDICAL RECORD — NURSING NOTES

(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 6 Nov 03 | | | Assumed care of pt. transfer from OPC |
| 1400 | | | Dx Mandible fx. some sort of medal wire |
| | | | applied to teeth. Ø c/o pain or discomfort |
| | | | lungs clear WRNL Active BS X4 quads |
| | | | Remains NPO c/c for surgery today |
| | | | Ambulates ⅰ difficulty urinating spontaneously |
| | | | EPW protocol restraints x2 Will cont to |
| | | | monitor [redacted] |
| | | | b(6)-2 |

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 25<br>HEIGHT:<br>WEIGHT: 70 kg | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>[X] NKDA [ ] PCN [ ] LATEX [ ] IODINE [ ] TAPE [ ] FOOD<br>REACTION: |
| | 3. PREVIOUS SURGERY [ ] NO [X] YES (type): See chart inc-previous jaw wiring |

4. PROPOSED SURGICAL PROCEDURE:
CR of Mandible Fx

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition intact
Tobacco Ø ppd Ø vrs Body Piercing Ø Diabetes (Y) (N) ROM intact ASA/Motrin W 72hrs (Y) (N)
ETOH Ø Implants Yes mouth Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures Ø Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: Ø

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

PATIENT'S IDENTIFICATION: ( For typed or written entries
: Name-last, first, middle; grade, data; hospital or medical facility)
[redacted] b(2)-1 ICW,
[redacted] b(2)-2
6 NOV 03

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band Y ! Dentures Removed N/A
! H&P Y ! Contacts Removed N
! NPO Since MN ! Jewelry Removed YES
! ~~UHCG/LMP~~ ! Body Pierce Removed N/A
! Consent/Blood Transfusion Signed/Witnessed/Dated NA
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon Y
! Contact precautions (Y) (N)
! Family/Friend:

RM 5179, JUN 91 Previous editions are obsolete. USAPA V1.0

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

[redacted] COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] CPT/RN 06NOV03 DATE

[redacted] OSTOPERATIVE EVALUATION : SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☒ N/A DRESSING DRY & IN (Y) (N) N/A

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

LEVEL OF ACTIVITY: ☒ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to ~~Litter With roller due to spinal~~ Gurney c sheet d/t sedation

12. PREOPERATIVE EVALUATION PREPARED BY [redacted] /RN 13. POSTOPERATIVE EVALUATION PREPARED [redacted] CPT/RN

[redacted] DATE 06NOV03 TIME: 1530 [redacted] 05 TIME: 1730

MEDCOM - 23360

All b(6)-2 unless noted diff.

**MEDICAL RECORD** | **INTRAOPERATIVE [redacted]UMENT**

For use of this form, see AR 40-407, the [redacted]onent [redacted]s the office of The Surgeon General.

1. PATIENT TRANSPORTED T[redacted]PERATING R[redacted] IA ~~LATER~~ ambulatory BY Anesthesia
2. PATIENT IDENTIF[redacted]EWED AND PROCEDURE VERIFIED BY CPT [redacted]
3. DATE 6 Nov 03 TIME PATIENT ARRIVED IN SUITE 1540
4. PATIENT IN ROOM [redacted] TIME 1540 NUMBER 2-6

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: NKA

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] 91D | RELIEF SCRUB | Ø |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | Ø |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt on padded OR Bed Head on foam doughnut. Arms tucked at sides c̄ sheets in CAP, Fingers wrapped around towels. Folded towels under heels.

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

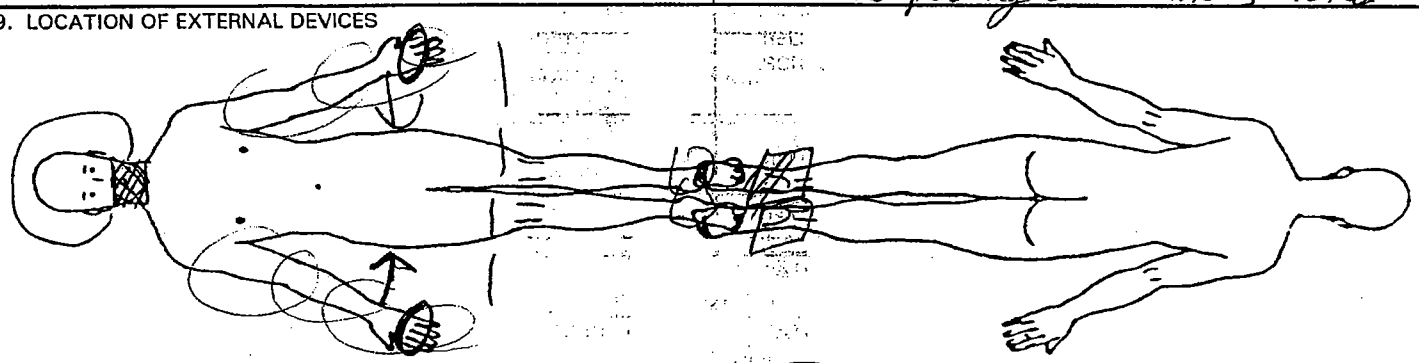
COMMENTS: correct body alignment maintained

**8. SKIN PREPARATION**

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

PREP SOLUTION *(Specify)* hibiclens
SITE: mouth/jaw/chin area BY WHOM: CPT [redacted]
SITE: teeth c̄ chlorhexidine gluconate BY WHOM: CPT [redacted]
COMMENTS: no pooling of solutions noted

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet ~~XXXX~~ prep.

C = Correct I = Incorrect

| 10. COUNTS | | | Initial ~~Other~~ | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | C | | C | PFC [redacted] | CPT [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | C | | C | " | " |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

b(6)-4

# [redacted] ICW

6 Nov 03

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

☐ ESU NO: _____
GROUND PAD: BRAND _____ LOT NO: _____
☐ ESU NO: _____
GROUND PAD: BRAND _____ LOT NO: _____
☐ BIPOLAR NO: _____

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

13. PROSTHESIS IMPLANTS ☒ ☐ IF YES NAME: ID NUM UFACTUF

Dr [redacted] O.M.S Set Cms load # [redacted] !
24 g wire - QS.

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 1% lidocaine c̄ Epi 1:100,000 | | intra-op | local infiltration | [redacted] | Dr [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO; TYPE(S):
0.9% NaCl - QS.

| OTHER ORDERS | TIME | CARRIED OUT B |
|---|---|---|
| | | |
| | | |
| | | |

PH [redacted]

15. X [redacted] IF YES, SITE
YES ☐ NO ☒

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*
N/A

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

19. ADDITIONAL INFORMATION WC-III
Surgeon: [redacted]
Anesthesia: MAJ [redacted] CRNA
Gen/NETA b(6)-2 A71

DA 5179 initiated.

20. OPERATION(S) PERFORMED
Closed Reduction of Mandible Fx c̄ Arch Bars + Wires
Extraction of Tooth #32

21. PATIENT TRANSFERRED TO ICU3 (PACU) TIME 1725 DA 7389 METHOD Gurney !

[redacted] CPT/An

USA PAV

MEDCOM - 23362

511–119

NSN 7540–00–634–4124

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY: 8 NOV 7 8

19 | HOUR: 1400

PULSE (O) | TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 20 | 4 | 20 | 19

BLOOD PRESSURE: 113/65 | 158/93 | 98/5 | 107/65

HS9

T 97.5 | 96.3 | 100/53

HEIGHT: | WEIGHT →: 99% | 96% | 94% | 148 lbs

RA | 2A | RA

98.2

Pulse: 54 | 41 | 98

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

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

Decadron 8mg IV 2 Pre — **MEDICAL RECORD - ANESTHESIA**

Ancef 1gm IVPB 3 Pre

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

NKDA

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

| DRUG (Units) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Versed (mg) | 2 | | | | | | | | | | | | |
| Lidocaine (Q) | 100 | | | | | | | | | | | | |
| Propofol (Q) | 200 | | | | | | | | | | | | |
| Sux (Q) | 100 | | | | | | | | | | | | |
| Fentanyl (Q) | | 100 | 150 | | | | | | | | | | |
| MSO4 (I) | | | 5 | 5 | | | | | | | | | |
| VOLAT AGENT I50 % del % e.t. | | 1.0 | 2.0 | 2.0 | 1.8 | 1.2 | 0.4 X | | | | | | |
| AIR L/Min | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | |
| O2 L/Min | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 10 | | | | | |

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

**FLUIDS**

LINE site 18G (L) A ☒ Warmed — LR #1 (800)

☐ Warmed

☐ Warmed

☐ Warmed

**LOSSES** — EST BLOOD LOSS <50; URINE - Ø

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

**BODY WEIGHT:** 70 (KG) LB

**HEMATOCRIT:**

**INITIAL DATA:** BP- 130/88; HR- 74

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? JR; TIME- 1530

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

TIME → 1530 · 1600 · 30 · 1700 · 30 · 1800

**VENTIL**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| VT - ml | + | 800 | 790 | 770 | 770 | 800 | 780 | 750 |
| f - breaths/min | + | 10 | 10 | 8 | 10 | 9 | 4 | 12 |
| Peak inf pres / PEEP | — | 17 | 17 | 18 | 18 | 19 | 17 | 5 |
| MODE - S(pon), A(ssist), C(on) | S | C | C | C | C | C | C | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff — ET CO2 (torr) | + | 22 | 33 | 35 | 32 | 32 | 41 | 56 |
| BP/oth — FIO2 (Frac or %) | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 |
| ART line — SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES — ECG | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer — TEMP-site | available | | | | | | | |
| N-M Block (T/4) BIS | + | | | | | | | |
| Warming blkt — x1 blanket | | | | | | | | |
| Conv warmer | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* — (1) (2) (3) arms tucked (4) (5) (6)

| TOTALS | TOTAL EBL |
|---|---|
| 2 | <50 |
| 100 | |
| 200 | **TOTAL URINE** |
| 100 | Ø |
| 250 | |
| 10 | |

**FLUIDS - SUMMARY**

CRYSTALLOID- 800

COLLOID- Ø

BLOOD- Ø

**REMARKS** *Code drugs with numbers, events with letters*

(1) Pre-operative assessment & counselling interpreter Oxymetazoline Nasal spray Glycopyrrolate 0.2mg IV

(2) Room, monitors O2 induced, PA eyelids taped closed

(3) Lidocaine 1% c̄ EP 1:100K 2.5mL

(4) 2 ofrom 4mg IV

(5) OG passed to Bullu elevated

(6) awake, extubated s complications

Throat Pack 2/0 Out 1645

**RECOVERY AT** 1720

PACU (ICU) _____ (Specify)

OTHER _____

CONDITION: Stable

RESP- 20 SpO2- 100

BP- 151/84 HR- 76

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1530 | 1540 | 1730 |
| | **Ready** | **Begin** | **End** |
| PROC | 1550 | 1600 | 1700 |

**PROCEDURES and CPT Codes:** Closed Reduction of Mandible fx

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

# [redacted]

b(6)-2 All

**ANESTHETIC TECHNIQUES:** *Describe block technique under Remarks*

GNTA

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

DL x1 MAC 4 Grade 1 view Nasal RAE # 7.5 & Magills to cords; 29 cm @ nare + BBS + Suct ET

**SURGEONS:** Perkins

[redacted]

PROCEDURE LOCATION: 2(2)

DATE: 6 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 3 - ANES[redacted]TMENT — USAPA V1.00

[redacted] CRNA/MAJ [redacted]

MEDCOM - 23364

**ANESTHESIA PLAN OF CARE PRE[illegible]CEDURAL ASSESSMENT (Sedation/[illegible]thesia)**

Age 25 DAYS MOS (YR) Sex (✓) MALE ( ) FEMAL

PROPOSED PROCEDURE: Closed reduction mandible
SURGICAL SERVICE: OFS Pistol forceps to face
NPO SINCE: 1500 6NOV03

[illegible]ysical State 1 (2) 3 4 5 E
WT: 70 (KG/LB HT: [illegible] IN.
ALLERGIES: NKDA

**HABITS:**
TOBACCO: 1½PPD
ETOH:
DRUGS:

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( )
( )
( )
( )
( )
( )

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

**LABORATORY STUDIES:**

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

**PREOPERATIVE**
**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

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

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**

Ø

**PHYSICAL EXAMINATION**
BP 113/61 HR 59 R 20 T ___ SaO2 99
Pain Scale 0-10
HEENT - Teeth intact
Trachea midline
TMJ/Neck FROM
Oropharnyx MP III MOZ
Nares patent FB
CHEST: TMD-3FB
CARDIAC:
EXTREMITIES:
IV Access:
Ulnar Filling:
BACK:
OTHER:

NPO Since 1500 5 NOV

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

Interpreter present, counselled for jaw wired closed post op

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

The patient/legal [redacted] b(6)-2 [redacted]rstand and agrees. Questions answered.
Signed [redacted] CRNA/MAT Date: 6 NOV Time: 1520 Hrs

POST-[redacted]A EVALUATION AND NOTE (NON ASU)
{ } N[redacted]T ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward)

#[redacted] b(6)-4

**SEDATION KEY:**

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

b(6)-2 All unless noted differently

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 6 NOV 03 TIME OF ORDER: 1328 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICW-1 Dr [redacted]
2. Dx: mandible fx
3. Cond: stable
4. Vitals: Per routine
5. Aller: NKDA.
6. Activ: Ad lib
7. Diet: NPO
8. IV: ~~D5W~~ NS @ 125cc/hr
9. meds: Decadron 10mg IV on call to OR
   Ancef 2gm IV on call to OR
10. Void on call to OR.

NURSING UNIT: ICW1 ROOM NO. BED NO.

[redacted]

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

DATE OF ORDER: 6 NOV 03 TIME OF O[redacted] HOURS

1. Admit to PACU then ICW-1 Dr [redacted]
2. Dx: closed reduction of Bilateral mandible fx's
3. Cond: stable text #32
4. Vitals: Per routine
5. Activ: Ad lib
6. Aller: NKDA
7. Nurs: HOB ↑ 30°
   Yankauer suction to BS
   * wire cutters @ ~~PACU bed~~ available @ all time
8. Diet: BTS diet
9. IV: HLIV then D/C when Clinda complete
10. meds: Clindamycin 900mg IV q8° X 7 days
    Toradol 30mg IV q6° pm pain X 5 days
    Phenergan 12.5-25mg IV q4° pm N/V

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

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

24° [redacted] NOV @ 0130 [redacted]

MEDCOM - 23366

## ...EDICAL RECORD - DOCTOR'S ORDERS

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

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

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| 6N | 0031730 POST ANESTHESIA ORDERS (circled Items) | 1730 [redacted] | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | 1730 [redacted] | |
| 2 | Supplemental oxygen. PRN SaO2 <95% | 1730 [redacted] | |
| 3 | Morphine / Meperidine ____mg IV now and ____mg q 3-5 min prn pain for a | | |
| | max dose of ____mg. | | b(6)-2 |
| 4 | Zofran 4 mg IV prn N/V q 15 min, ~~may repeat x ____~~. | 1730 [redacted] | 1748 [redacted] |
| 5 | Metoclopramide 10 mg IV prn N/V x 1. | 1730 [redacted] | |
| 6 | Droperidol____mg IV prn N/V x 1. | 1730 [redacted] | |
| 7 | Phenergan____mg IV prn N/V x 1. | 1730 [redacted] | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ TKO cc/hr. | 1730 [redacted] | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] CRNA/MAJ | | |
| | [redacted] b(6)-2 | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU 28th CSH | | | 1 of 1 |



MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE

b(6)-2 A1 unless noted ctl +.

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

#b(6)-4 [redacted]

Rec'd 6 NOV 03 1730 [redacted]

| NURSING UNIT | ROOM NO. | BE[redacted] |
|---|---|---|

DATE OF ORDER 6 NOV 03 TIME OF ORDER @ 1754 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) ~~alf~~ patient is eligible ~~Okay to transfer~~ to Prison camp hospital for remainder of 6 weeks of fixation.

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|

DATE OF ORDER TIME OF ORDE[redacted]

MAJ/DC

(2) ~~alf~~ pt NOT eligible for prison camp hospital pt must remain @ [redacted] for remainder of 6 wk tx. [redacted]

MAJ/DC

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|

DATE OF ORDER TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|

DATE OF ORDER TIME OF ORDER _____ HOURS

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

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 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|
| 11/6 | [redacted] | Vitals per Routine | 06 12 18 24 | [redacted] | [redacted] | | |
| 11/6 | [redacted] | Activity: Ad lib | 06 12 18 24 | [redacted] | | | |
| 11/6 | [redacted] | Diet: NPO | 06 12 18 24 | [redacted] | | | |
| 11/16 | [redacted] | NS Per Routine | D | [redacted] | | | |
| | | | N | [redacted] | | | |
| 11/6 | [redacted] | Activity Ad lib | D | [redacted] | | | |
| | | | N | [redacted] | | | |
| 11/16 | [redacted] | HOB ↑ 30° | D | [redacted] | | | |
| | | | N | [redacted] | | | |
| 11/16 | [redacted] | Yankauer Suction @ BS | D | [redacted] | | | |
| | | | N | [redacted] | | | |
| 11/6 | [redacted] | wire cutters @ | D | [redacted] | | | |
| | | available @ all times | N | [redacted] | | | |
| 11/6 | [redacted] | BTS Diet | D | [redacted] | | | |
| | | | N | [redacted] | | | |

PRE OP

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: s/p closed reduction of bilateral mandible fx
Mandible Fx

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Nov Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 11/6 | [redacted] | Admit to ICW-1 (DR [redacted]) | 11/6 | | 1350 | [redacted] |
| 11/6 | [redacted] | Condition Stable | 11/6 | | noted | [redacted] |
| 11/6 | [redacted] | Void on call to OR | 11/6 | | done | [redacted] |
| 11/6 | [redacted] | Admit to PACU → ICW 1 | 11/6 | — | 1930 | [redacted] |
| | ---- | | | | | |
| | ---- | DICW-2 ATT | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
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| ---- | ---- | | | | | | | | | | | | | | | |

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 6 | 7 | 8 | 9 | | | | | | | | | | | |
| 11/6 | [redacted] | Decadron 10mg IV | | See back of sheet | | | | | | | | | | | | | | |
| | | on call to MR | | | | | | | | | | | | | | | | |
| 11/6 | [redacted] | IV. HL IV then | D | [redacted] | | | | | | | | | | | | | | |
| | | D/C when clinda | N | [redacted] | | | | | | | | | | | | | | |
| | | complete | X | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | |
| 11/6 | [redacted] | Clindamycin 900mg | 08 | / | / | [redacted] | | | | | | | S | | | | | |
| | | IV Q 8° x 7 day | 16 | / | [redacted] | | | | | | | | I | | | | | |
| | | | 24 | [redacted] | | | | | | | | X | P | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | b(6)-2 A7 | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: S/P closed reduction of Bilateral mandible fx — Mandible Fx

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 |

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

MEDCOM - 23371

# THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. Nov Yr. 03

| Verify by Initialing Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 11/6 | [redacted] | Decadron on call to OR | 11/6 | O/C | DONE | [redacted] |
| 11/6 | [redacted] | Ancef 2gm IV on call to OR | 11/6 | O/C | DONE | [redacted] |

b(6)-2
A-11

| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | TIME/DATE DISPENSED | |
|---|---|---|---|---|---|
| 11/6 | [redacted] | Toradol 30mg IV | D/I | 6NOV 1930 | 7NOV 0600 |
| | | Q6° prn pain | D/I | [redacted] | [redacted] |
| | | X 5 days | E/I | | |
| | | (D/C 11/11/03) | X | | |
| 11/[redacted] | | Phenergen 12.5- | D/I | 6NOV 1930 12.5mg | |
| | | 25mg IV Q4° | D/I | [redacted] | |
| | | prn N/V | E/I | | |

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

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 11/06/03
Time In: 1718
Allergies:
Pre-op V/S: 130 84 18 74
Procedures:

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1000 Colloid
OR Output: UOP EBL
Meds/Times: 2mg Versed, 250mg Fentanyl, 10mg Morphine

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

Pre Op Meds

History

| Time | 1718 | 1732 | 1748 | 1747 | 1755 | 1806 | 1815 |
|---|---|---|---|---|---|---|---|
| SaO2 | 99 | 93 | 95 | 95 | 96 | 97 | 96 |
| FIO2 | / | / | / | / | / | / | / |
| Methods | RA | RA | RA | RA | NC | NC | NC |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | 158 | | | | 160 | |
| | 151 | | 151 | | 152 | | 155 |
| 140 | | | | 142 | | | |
| 120 | | | | | | | |
| 100 | | | | | | | |
| | | 99 | 97 | 97 | 95 | 90 | 94 |
| 80 | 84 | | | | | | |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| BP | 81 | 82 | 86 | 85 | 82 | 82 | 81 |
| RR | 14 | 15 | 30 | 16 | 11 | 16 | 15 |
| T | 97 | | | | | | 96.5 |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1718 | RL | 150 | LA | IV | 100. |
| 1752 | ok | 1000 | LA | IV | 150 |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

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

**Codes**

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

V/S
X = A-line BP
° = Cuff BP
= Pulse

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

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

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

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

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: PACU.

DATE: 11/06/03

PATIENT [redacted] ...ped or written entries give: Name – last, first, middle [redacted] ...or medical facility)

[redacted] b(6)-4

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

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1548 | 6 | 4mg Zofran | IVP | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

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

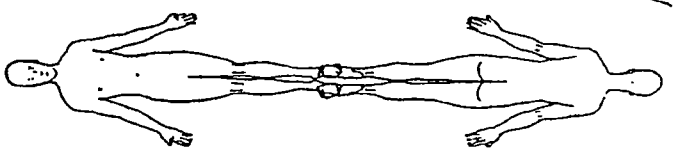
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1718 | S.S. | | PACS ST. |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1718 Pt responsive to physical stimuli - able to move all four extremities. Bilateral pedal and radial pulses ⊕. Pt has clear lung sounds and bowel sounds present.

1730 Pt alert and responsive - able to deep breathe through nostrils, also to swallow [redacted]

1758 - Pt responsive to verbal stimuli - able to open eyes and look around. Able to close eyes and remain quiet. [redacted]

1858 Pt alert and oriented x3. U/S stable - able to turn head and make sounds. Transferred to TCU I [redacted]

b(6)-2 A/1

**Discharge Criteria:**
Date: 11/06/03 Time: 1858 PARS: 10
BP: 132/88 T: 97.8 HR: 54 RR: 18 Sa02: 97%
Pain Level at D/C (0-10):
Intake: 200 cc Output: —
Additional Data: —
Transferred To: TCU I
Report Given To: [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recover[redacted]
Charge Nurse Signatu[redacted] RAW

b(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Location IZ | | | |
| 3. Register Number [redacted] b(6)-4 | Name (Last, First, MI) | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) [redacted] | 7. Age at Admission 25Y | 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 09:05 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | 19. Trauma DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICW1 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-2 | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To [redacted] | 23. Date of Disposition (YYYYMMDD) 2003-11-09 | | |
| 24. Clinic Svc - Admitting ABF - ORAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-07 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-07 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P CLOSEDREDUCTION OF MANDIBLE FX

Procedure Narrative(s): Dx: 9964 5258 PR: 7675 2309

Cause of Injury Narrative:

b(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile

# IN. ATIENT 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 FGN | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | | |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 99 | 12. SSN [redacted] | 13. Organization b(4)-4 | | | | 14. Ward | |
| 15. FlyStatus | 17. Dept / Ben K78-PRISONER OF WAR/INTER | | 18. BranchCorps | 19. UIC / ZIP | | 20. Type Case BC | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 00:55 | 23. Clinic Service ABA - GENERAL SURGERY | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp EXPIRED | 26. Date of Disp 2003-11-07 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-11-07 | | AdmittingOfficer: [redacted] b(4)-2 | |
| 29. ReportingMTF [redacted] b(2)-2 | | | | 30. Date Init Adm 2003-11-07 | | 32. Units Blood Components | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW LOWER BACK

Dx: 9529
8761
8751
8797
E9912

Proc: 9904 (4)

Ins: 450

Trauma: 1

Blood: PRBC (4)

Auto: no

35. Total Days This Facility

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

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| [redacted] | 0 | 0 | 0 | 1 | 1 |

[redacted] ding Medical Officer b(4)-2 Signature of PAD or Medical Records Officer [redacted]

[redacted] - DA FORM 3647, May 79

# HOSPITAL REPORT OF DEATH

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

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

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

UNK - IRAQI [redacted]

[redacted] b(6)-4

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

2. TIME OF DEATH *(Hour-day-month-year)*: 0230 7 Nov 03

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

4. RELIGION: Muslim

5. CHAPLAIN NOTIFIED: ☐ YES ☐ NO

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

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

| 9. DATE | 10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE | 11. SIG[redacted]FFICER IN ATTENDANCE |
|---|---|---|
| 7 Nov 03 | [redacted] | [redacted] |

## SECTION B - ADMINISTRATIVE ACTION

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

## SECTION C - RECORD OF AUTOPSY

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

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

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

DA FORM 1 OCT 72 3894

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

*U.S. GPO: 1997-418-290/55263

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

b(6)-4

| | | | |
|---|---|---|---|
| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)<br>UNK-IRAQI | GRADE Grade<br>ST/EPW | BRANCH OF SERVICE Arme<br>N/A | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale<br>[redacted] |
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays<br>IRAQ | DATE OF BIRTH Date de naissance<br>N/A | SEX Sexe<br>☐ MALE Masculin<br>☐ FEMALE Féminin |

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

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

**MEDICAL STATEMENT** Declaration médicale

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

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

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

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

| | |
|---|---|
| NAME OF MEDICAL OFFICER [redacted] ...ire ou du médicin sanitaire | TITLE OR DEGREE Titre ou diplômé<br>MD |
| GRADE Grade<br>MAJ [redacted] INSTALLATION OR [redacted] ...ion ou adresse | |
| DATE Date<br>7 Nov 03 | SIGNATURE [redacted] b(4)-2 |

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

MEDCOM - 23378

[illegible] 26 SEP 1975, WHICH ARE OBSOLETE USAPA V1.00

[redacted]

see translation

Recent

Messile injury to

Lt. Elbow area

Needs / Urgent

X-Ray of Lt.

Elbow jt — Ap

Lat.

[redacted]

b(6)-2 [redacted] 2.NOV.03

Dr. [redacted]

Translation Bates page Medcom 23328:

Name is: [redacted]
Number: [redacted]

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, F[redacted] b(a) - 4 | DATE / TIME | SSN/PSEUDO SSN: |

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | |

Glu_____139 mg/dL
BUN_____29 mg/dL
Na_____145 mmol/L
K_____4.0 mmol/L
Cl_____110 mmol/L
TCO2_____22 mmol/L
AnGap_____20 mmol/L
Hct_____31 %PCV
Hb*_____11 g/dL
*via Hct
pH_____6.876
PCO2_____100.7 mmHg
HCO3_____19 mmol/L
BEecf_____-15 mmol/L

Sample Type_:

07NOV03 01:30

Oper:

Physician:_____

Ser# [redacted]
Ver: [redacted]

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 73-118 mmol/L |
| ALP | | 7-22 mmol/L |
| ALT | | 8.0-10.3 mmol/L |
| AMY | | 0.6-1.2 mmol/L |
| AST | | 128-145 mmol/L |
| TBIL | | 3.3-4.7 mmol/L |
| BUN | | 98-108 mmol/L |
| CA++ | | 18-33 mmol/L |
| CHOL | | |
| CRE | | |
| GLU | | |
| TP | | |
| GLU | | |
| BUN | | |
| CRE | | |
| CK | | |
| NA+ | | |
| K+ | | |
| CL- | | |
| tCO2 | | |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 73-118 mg/dl |
| ALP | | 7-22 mg/dl |
| ALT | | 8.0-10.3 mg/dl |
| AMY | | 0.6-1.2 mg/dl |
| AST | | 128-145 mmol/l |
| TBIL | | 3.3-4.7 mmol/l |
| BUN | | 98-108 mmol/l |
| CA++ | | 18-33 mmol/l |

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 |

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 |

======= PICCOLO =======
11/07/03 12:74 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a)-2
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: b(a)-4 [redacted]

| | | | |
|---|---|---|---|
| ALB | 3.1* | 3.3-5.5 | G/DL |
| ALP | 72 | 26-84 | U/L |
| ALT | 88* | 10-47 | U/L |
| AMY | 78 | 14-97 | U/L |
| AST | 131* | 11-38 | U/L |
| TBIL | 0.7 | 0.2-1.6 | MG/DL |
| GGT | 9 | 5-65 | U/L |
| TP | 5.9* | 6.4-8.1 | G/DL |

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

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

Ward/Section: | REQUES[redacted] | b(6)-2

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

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

(Hematology) CBC

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x 10' |
| RBC | | 4.7-6.1 x 10' |

Urinalysis

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| A | | N/A |
| | | Negat |
| | | Nega |
| | | Negr |
| | | N/A |
| | | Ne |
| | | N/ |
| | | N |
| | | 0 |

Misc. Serology

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| | | Negative |
| | | Negative |
| | | Negative |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 01:34

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 20.4 sec.
***RESULT OUT OF RANGE***
Ratio = 1.7
Calculated INR = 2.30
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :01:32
Card Lot :[redacted]
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 01:37

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 50.6 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :01:34
Card Lot :100206
Operator : [redacted] b(6)-2

ID: [redacted]
WB

07-11-03
01:31

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 23.5 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.45 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.5 L | g/dL | 11.0 | 18.0 |
| Hct | 30.6 L | % | 35.0 | 60.0 |
| MCV | 88.8 | fL | 80.0 | 99.9 |
| MCH | 27.4 | pg | 27.0 | 31.0 |
| MCHC | 30.9 L | g/dL | 33.0 | 37.0 |
| Plt | 220. | x10^3/uL | 150. | 450. |
| LYZ | 29.6 * | % | 20.5 | 51.1 |
| LY# | 7.0 *H | x10^3/uL | 1.2 | 3.4 |

Bank

IT SF 518 WITH
EVERY UNIT REQUESTED

Negative | ABO/Rh

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

| IT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS:

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

# EMERGENCY RELEASE OF BLOOD COMPONENTS

## SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

[X] RED BLOOD CELLS (Crossmatch not performed)

[ ] OTHER (Specify) _____

[ ] THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:

ALANINE AMINOTRANSFERASE — RETROVIRUS TESTS
CYTOMEGALOVIRUS TEST — SYPHILIS SEROLOGY TEST
HEPATITIS TESTS

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 THE ADMIN[redacted]S TRANSFUSION.

PHYSICIAN'S SIGNATURE [redacted] b(6)-2 AM — DATE 7 Nov 03

## [redacted] - ISSUE/TRANSFUSION DATA

| TRANSFUSION NUMBER | RECIPIENT ABO/Rh | INSP[redacted]Y (Signature) | INDIVIDUAL [redacted]ENTS |
|---|---|---|---|
| 2 | | [redacted] | [redacted] CM |
| | | AT [redacted] 0128 | ON 7 Nov 03 |

| UNIT NUMBER | ABO/Rh | 1ST VERIFIER (Signature) | 2D VERIFIER (Signature) | DATE/TIME STARTED | DATE/TIME COMPLETED | AMOUNT GIVEN | REACTION YES/NO |
|---|---|---|---|---|---|---|---|
| 11 Nov [redacted] | O P[redacted] | [redacted] | [redacted] | 07Nov03 0130 | 07Nov03 0135 | 1u | N |
| 11 Nov [redacted] | O pos | [redacted] | [redacted] | 07Nov03 0130 | 07Nov03 0135 | 1u | N |
| | | | | | | | |
| | | | | | | | |

### 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.)

[X] NO [ ] YES (SPECIFY) _____

PRE-TRANSFUSION

[redacted]P: 96 PULSE: 58 B/P: [redacted] 1CT/AM

[redacted] 1CT/AM

WARD: EMT

DATE: 07NOV03

[redacted]ICATION (NAME- LAST, FIRST; SSN)

[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.

# EMERGENCY RELEASE OF BLOOD COMPONENTS

## SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

[X] RED BLOOD CELLS (Crossmatch not performed)

[ ] OTHER (Specify) _____

[ ] THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:

ALANINE AMINOTRANSFERASE — RETROVIRUS TESTS
CYTOMEGALOVIRUS TEST — SYPHILIS SEROLOGY TEST
HEPATITIS TESTS

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 T[redacted]IS TRANSFUSION.

PHYSICIAN'S SIGNATURE [redacted] b(6)-2 — DATE 07 NOV 03

## [redacted] - ISSUE/TRANSFUSION DATA

| TRANSFUSION NUMBER | RECIPIENT ABO/Rh | INS[redacted]e) | [redacted]EPTING COMPONENTS |
|---|---|---|---|
| 2 | | AT (Hour) 0114 [redacted] b(6)-2 | [redacted] 7 Nov 03 |

| UNIT NUMBER | ABO/Rh | 1ST VERIFIER (Signature) | 2D VERIFIER (Signature) | DATE/TIME STARTED | DATE/TIME COMPLETED | AMOUNT GIVEN | REACTION YES/NO |
|---|---|---|---|---|---|---|---|
| 11Nov [redacted] | O pos | [redacted] | | 07NOV03 0117 | 07NOV03 0125 | 1u | N |
| 11Nov [redacted] | O pos | [redacted] | | 07NOV03 0120 | 07NOV03 0125 | 1u | N |
| b(6)-4 | | | | | | | |
| | | | | | | | |

### 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.)

[X] NO [ ] YES (SPECIFY) b(6)-2

PRE-TRANSFUSION

[redacted] 97 b(6)-2 PULSE: 60 B/P: [redacted] [redacted]URE OF PERSON NOTING ABOVE [redacted] LCT/AN

[redacted] LCT/AN — EMT — DATE 07 NOV 03

[redacted]IDENTIFICATION (NAME- LAST, FIRST; SSN)

[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.

**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 0110 ☐ IV x 2 ☐ $O_2$ 10 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: ☐ Warm ☒ Cool ☐ Hot

☐ Pink ☒ Pale ☐ Cyanotic ☐ _____

☒ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**

GCS: E 1 V 1 M 5 = 7

SPHINCTER TONE: ☐ WNL ☒ None

**HEAD**

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

TM: ☒ Clear ☐ Blood sluggish [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ Hard Act

JVD: [Y] [N]

**HEART**

RHYTHM: ☒ Regular ☐ _____

PULSES: ☒ Central ☐ Peripheral

**LUNGS**

BREATH SOUNDS: ☐ Bilat ☐ Equal ☐ Clear

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

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

**ABDOMEN**

☒ Soft ☐ Rigid ☐ Non-Tender

☐ Tender: —

**PELVIS**

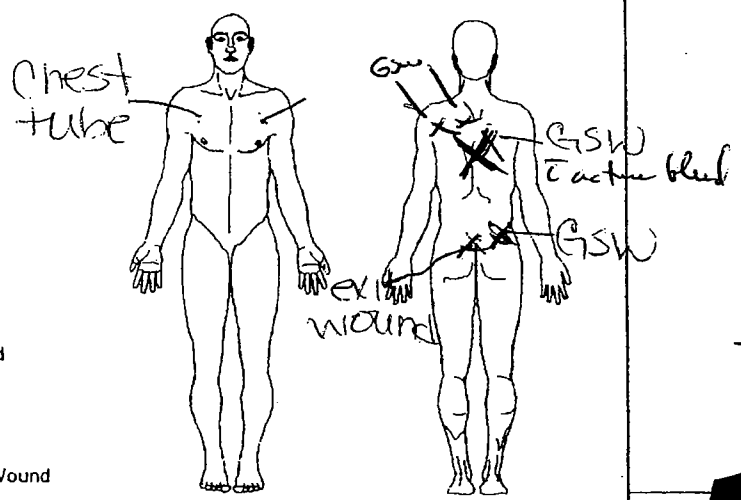
☐ Stable ☒ Unstable ☐ _____

Blood at meatus/vagina: [Y] ☒

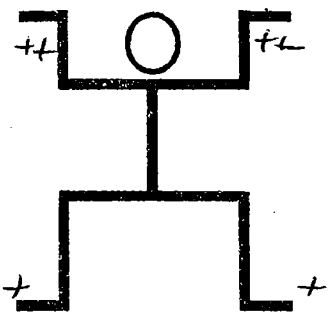
Heme (+) - Prostate: ☐ WNL ☐ Abnl

## 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




[redacted] b(4)-2

+ + [redacted] + Palpable D Dopler

RN [redacted]

PHYSICIAN [redacted] (Continue on reverse)

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

DEPARTMENT/S[redacted] EMT

DATE 7 Nov 03

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

EPW# [redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| 0100 | ET Intubation | 8.5 | ☑ Oral ☐ Nasal Teeth | [redacted] | ☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| | Urinary | | ☐ Meatus ☐ Supra-Public | | ☐ Return_____cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | b(6)-2 [redacted] | ☐ Grossly: + - Cell count ☐ Ent@_____ |
| 0100 | Chest Tube #1 | | L | R [redacted] | ☐ Air ☒ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L | R | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | %$O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) RFEM | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☐ D-stick_____ ☐ SHct_____ |
| 0100 | ☑ CBC ☑ Chem ☑ PT/PTT ☐ ETOH ☑ T&S ☐ T&C x 4 |
| | ☐ Tox Screen |
| | ☐ UA ☐ HCG |
| | ☑ OTHER Emy release blood 4u |
| | ☐ OTHER |

## X-RAYS

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

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

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 0100 | 1 | 18 | Y | N | RAC | NS | | |
| 0110 | 1 | 18 | Y | N | LAC | NS | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| LIDO | 0110 | 100 | IV | | | | | | |
| SUCC | 0110 | 100 | IV | | | | | | |
| ETOM | 0110 | 10mg | IV | | | | | | |
| ERI | 0113 | 1mg | IV | | | | | | |
| Atropine | 0113 | 1mg | IV | | | | | | |
| LIDOCAINE | 0135 | 100 | IV | | | | | | |
| $MSO_4$ | 0145 | 10mg | IV | | | | | | |
| Epi | 0137 | 2mg | IV | | | | | | |
| Vec | 0146 | 10mg | IV | | | | | | |

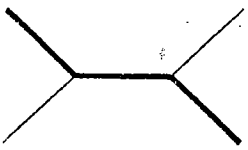
## BLOOD PRODUCTS

| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| 0117 | | O+ | 1 | 1u | 1u | | [redacted] |
| 0118 | | O+ | 2 | 1u | 1u | | |
| 0136 | | O+ | 3 | 1u | [redacted] | | |
| 0136 | | O+ | 4 | 1u | | | |

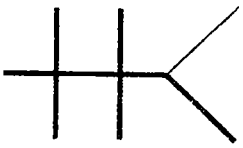
b(6)-4

## LAB RESULTS

CBC:



Chem:



| INTAKE | | | |
|---|---|---|---|
| IVF | | | |
| NGT | | NGT | |
| Blood | 4u | EBL | LARGE |
| Other | | Other | |
| TOTAL | 12 | TOTAL | |

## TRAUMA TEAM ARRIVAL

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

## VALUABLES & CLOTHING

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

## DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____ b(6)-2

By _____ [redacted]

## VITAL SIGNS

Rectal Temp:

GCS:

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| @0110 | 100/72 | 82 | | 20 | 97 | | vent | | | | |
| 0125 | 80/62 | 81 | | 21 | 97 | | | | | | |
| 0130 | / | 78 | | 20 | 97 | | | | | | |
| 0140 | 70/56 | 76 | | 20 | 97 | | | | | | |
| 0150 | / | 78 | | 20 | 97 | | | | | | |
| 0200 | / | 66 | | 20 | 96 | | | | | | |
| 0210 | / | 66 | | 20 | 96 | | | | | | |
| 0220 | / | 30 | | 20 | 90 | | | | | | |
| 0230 | TIME OF DEATH | | | | | | | | | | |

## GLASGOW COMA SCALE

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

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

## NOTES

2ND CHEST TUBE - 0120
5mg versed 0147 IV
Central line (R) Femor

TIME OF DEATH 0230

Staff note

GCS 7 ETT placed

SBP [redacted] Emergency

[redacted]

b(6) - 2

## VITAL SIGNS

Rectal Temp:

GCS:

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| @0110 | 100/72 | 82 | | 20 | 97 | | vent | | | | |
| 0125 | 80/64 | 81 | | 21 | 97 | | | | | | |
| 0130 | | 78 | | 20 | 97 | | | | | | |
| 0140 | 70/56 | 76 | | 20 | 97 | | | | | | |
| 0150 | | 78 | | 20 | 97 | | | | | | |
| 0200 | | 66 | | 20 | 96 | | | | | | |
| 0210 | | 66 | | 20 | 96 | | | | | | |
| 0220 | | 30 | | 20 | 90 | | | | | | |
| 0230 | Time of Death | | | | | | | | | | |

## GLASGOW COMA SCALE

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

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

## NOTES

2ND CHEST TUBE - 0120
5mg versed 0147 IV
Central line (R) Femur

Time of Death 0230

Staff note

GCS 7 ETT placed

SBP [redacted] Emg med

[redacted]

b(6) -2

b(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF ca. IZ | | | |
| 3. Register Number [redacted] b(4)-4 | Name (Last, First, MI) | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 00:55 | 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: | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-2 | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition EXPIRED | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-07 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-07 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-07 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW LOWER BACK

Procedure Narrative(s):

Cause of Injury Narrative:

b(4)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

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

| gister Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | FGN | |
| ex<br>M | 5. Age<br>35Y | 6. Race<br>X | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm<br>NO | |
| 1. FMP<br>99 | 12. SSN<br>[redacted] | 13. Organization<br>b(u)-4 | | | | 14. Ward<br>ICW1 | |
| 15. FlyStatus | 17. Dept / Ben<br>K78-PRISONER OF WAR/INTER | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case<br>DIS | | | |
| 21. Source of Admission<br>Direct from ER | | 22. Hour Of Adm:<br>01:00 | 23. Clinic Service<br>AGG - FP ORTHOPEDICS | | | | |
| 24. Name/Relation of Emergency Addressee | | 25. Type Disp<br>TRF-OTH | 26. Date of Disp<br>2003-11-18 | | | | |
| 27a. Address of Emergency Addressee | | 27b. Telephone No | 28. Date This Adm:<br>2003-11-07 | AdmittingOfficer:<br>[redacted] | | | |
| 29. ReportingMTF<br>[redacted] b(2)-2 | | | 30. Date Init Adm<br>2003-11-07 | 32. Units Blood Components | | | |

31. Selected Administrative Data

Marital Status: DoB: [redacted]

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

S/P GSW L GROIN R LEG

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| | | | | | |

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 12 | 12 |

Signature of Attending Medical Offi[redacted] Signatu[redacted] MA[redacted]

Automated Facsimile - DA FOR[redacted] b(u)-2

b(6)-4

SI [redacted]

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

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

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

- ☐ Arson (I.P.C. 342)
- ☐ Solicitation of Fornication/Prostitution (I.P.C. 399)
- ☐ Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- ☐ Murder (I.P.C. 405)
- ☐ Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- ☐ Maiming (I.P.C. 412)
- ☐ Simple Assault (I.P.C. 415)
- ☐ Kidnapping (I.P.C. 421)
- ☐ Burglary or Housebreaking (I.P.C. 428)
- ☐ Extortion/Communicating Threats (I.P.C. 430)
- ☐ Theft (I.P.C. 439)
- ☐ Destruction of Property (I.P.C. 477)
- ☐ Obstructing a Public Highway/Place (I.P.C. 437)
- ☐ Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- ☐ Riot or Breach of Peace (I.P.C. 495(3))
- ☐ Other

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

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

| | | | |
|---|---|---|---|
| Apprehending Unit: | | Location Grid: | |
| Date of Incident: (D/M/Y) 7/11/03 to 7/11/03 | Time of Incident: 2400 hrs to 0100 hrs | Date of Report: (D/M/Y) / / | Time of Report: hrs |

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

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

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

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

| | |
|---|---|
| Name of Assisting Interpreter: | Email, Phone, or Contact Info. |

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

b(6)-4

SI [redacted]

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

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

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

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

☒ Offense against Coalition Forces [check one] If "Other" then describe: Shooting at a Coalition Chopper

- ☐ Violation of Curfew
- ☐ Illegal Possession of Weapon
- ☐ Assault/Attack on Coalition Forces
- ☐ Theft of Coalition Force Property b(2)-2
- ☐ Trespass on Military Installation or Facility
- ☐ Photographing/Surveilling Military Installation or Facility
- ☐ Obstructing Performance of Military Mission
- ☐ Other

| | | | |
|---|---|---|---|
| Apprehending Unit: [redacted] 1AD | | Location Grid: | |
| Date of Incident (D/M/Y): 7/11/03 to 7/11/03 | Time of Incident: 2400 hrs to 0100 hrs | Date of Report: (D/M/Y) / / | Time of Report: hrs |

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

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

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

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

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

| | |
|---|---|
| Detaining Soldier's Name (Print): 1LT [redacted] Last, First MI | Supervising Officer's Name (Print): Last, First MI |
| Signature: b(6)-2 | Signature: |
| Email: Unit Phone: [redacted] / / | Email: Unit Phone: Date: / / |

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? [redacted] not reported detainee was firing an automatic weapon at a checkpoint manned by US Forces.

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

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

Who was with this person?

What weapons was this person carrying? Automatic Machine Gun

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

30 years old ♂ sustained GSW's to:
① multiple holes (R)/groin/scrotum
② Through/through ooched to (R) thoracic
③ (L) Deltoid
④ Mid axillary line T3 (tangential)
⑤ post scalp wound

| PMH | PSHX | Meds | NKDA |
|---|---|---|---|
| ∅ | Probable Spontaneous PTX as chest | ∅ | |

Time of injury: 2100 h
Last meal: 1800 h

PHYSICAL EXAMINATION

Alert oriented responds appropriately
(+) post scalp wound
PERRLA
neck auscultation WL intact
Lungs clear (B)
Heart Tachycardic (A) m
abd soft NTTP nondistended
Back (-)
Surgical deltoid injury (L) m

PROGRESS (Enter date of discharge and final diagnosis)

CT head → Fracture isolated to scalp
abd/pelvis (-)

| 141 | 108 | 22 | 132 |
|---|---|---|---|
| 4.0 | 30 | | |

Alb 3.6
LFT nl
TB 0.5

Imp: ① Scrotal GSW
② (R) tib/fib open
③ (L) thigh GSW

to OR

| SIGNATURE | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] | | | |

PATIENT [redacted] (All written entries give Name (last, first, middle, grade; date; hospital or medical facility)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

b(6)-2

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
539-106

[redacted]

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 06 NOV 03 | 30 yr old ♂ ~~SP~~ combat engagement |
| T | scalp wound deep laceration back left side |
| 2354 BP 180/108 | |
| P 107 | - 95 |
| R 18 | 1213 106/50 |
| MEDS | ~~SP~~ from gun shot wound ?G SW of (L) shoulder |
| | to left hip // one shot to testicle |
| | causing avulsion // gunshot wound to |
| ALL | right foot entrance exit wound |
| | compound fracture |
| | morphine 6 mg pmd 4mg in IV Bag |
| | IV Bag #2 start Time DA 0013 |
| | 1220 P 107 Pox 93 |
| | [redacted] b(6)-2 |
| | PA-C |

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

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

REGISTER NO. | WARD NO.

NAME [redacted]
SSAN
UNIT
DOB

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

[redacted]



b(6)-2

AUTHORIZED FOR LOCAL REPRODUCTION

4176

# CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORD

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 03 | ORTHO<br>≈ 30 y/o Iraqi ♂ sustained GSW (R) leg.<br>Entry to distal (R) leg c̄ post 3cm extrusion c̄ exit<br>3.5 cm anterior wound. GA II open tib/fib Fx, distal<br>1/3 of tibia c̄ shrapnel visible on plain x-ray. 2+DP/PT.<br>EHL/FHL intact, soft compartments. Surgical I&D<br>thru Ant. Plan is for repeat I&D c̄ IM nailing.<br>[redacted] |
| | OP Note |
| 1-15-03 | PreOp Dx: open wound (R) leg — D(e)-2<br>PostOp Dx: SAme — XII<br>Procedure: DPC leg wound<br>Surgeon: [redacted]<br>EBL: 0<br>Fluids: 400cc<br>Cx's ✓ — [redacted] |

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

PROGRESS NOTES

| RECORD | NOTES |
|---|---|
| | Urology Note<br>Injury: transscrotal GSW c̄ rupture of (L) testicle<br>Procedure: (L) orchiectomy / scrotal wound debridement irrigation and closure over penrose drain<br>Dr [redacted] b(6)-2<br>Findings: Severely ruptured (L) testicle c̄ adequate tumica for closure.<br>[redacted] b(6)-2 |
| V03 | Op Note<br>Fem Exploration c̄ closure of thigh wound<br>Ind) R tib/fib Ex<br>[redacted] b(6)-2 |

SPONSOR'S NAME: LAST | FIRST | MI

SPONSOR'S ID NUMBER (SSN or Other)

RELATIONSHIP TO SPONSOR

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

WARD NO.

PART/SERVICE

REGISTER NO.

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

[redacted]

b(6)-2

PROGRESS NOTES
Medical Record

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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 11-8-03 | ORTHO ADMIT NOTE |
| | PreOpDx: Open (R) TIB/A Fx |
| | PostOpDx: same |
| | Procedure: IM Nailing (R) TIB/A, Regent EXP |
| | Surgeon: [redacted] b(6)-2 |
| | EBL 200 |
| | Thrombs: 2200 cc |
| | Findings: Comminuted Distal tibia fx |
| | Complications: ø |
| | Postoperative: Pneumo X's: 48 |

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 7NOV03 | Received from PACU arousable easily. |
| ~~0530~~ | Saline lock to (L) FA Patent & intact. |
| 0530 | VS T. 100.3 - 99 - 16 BP 127/75 O2 SAT 95% RA |
| | Lungs clear bilateral. Abd soft non distended |
| | BS hyperactive. Will start on clear liquid |
| | diet. Reclining dry to hand & sacral |
| | dry & intact. Foley to gravity drainage clear |
| | yellow urine. (R) Lower leg drsg bulky and |
| | covered c ace wrap. Drsg to (L) hip bulky |
| | dry & intact. Peripheral pulses palpable. Capillary |
| | refill ~~slow~~ brisk to toes. HOB ↑ 30° & Pt |
| | restfully comfortable c eyes close. ∅ distress |
| | or discomfort voiced or noted. 2+ restraints |
| | applied. Will report to on coming shift |
| | [redacted] RN |
| | b(6)-2 |
| 7NOV03 | Surgery |
| POD #1 | doing well |
| | timing of next OR per ortho |
| | I will wash out trish at same |
| | time [redacted] b(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR [redacted] | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|
| | LAST / F[redacted] | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RE[redacted]NED AT |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 7NOV03@1100 | Pt. resting quietly in bed, A&O, V.S.S. ≈ T-100.1°. Pt. given ii Percocet @ 1030 for pain & fever. Pt. has DRESSING to head & small amount of sanguinous drainage to (R) occipital region. DRSNG to (R) LE, CDI, splinted, ace-wrapped. DRY DRSNG Δ'd to (L) inguinal wound, moderate sero-sang. drainage, penrose drains intact, closed c̄ sutures. Scrotal fluffs Δ'd, small amt. of sero-sang. drainage. Incision to scrotum closed c̄ sutures, penrose drain intact, scrotal support in place. Pt. tolerating PO fluids well. Foley draining clear yellow urine. IVSL to (L) AC, flushes well. Pt. in 2-point restraints. ∅ signs of skin breakdown. All other assessments WNL. [redacted] |
| 7Nov03 | Pt Assumed care of Pt @ 1800. A&O. Pain controlled c̄ percocet. VSS |
| 2300 | Kerlex sponge to scrotal support Δ. Penrose intact Draining Sero Sang Fluid. Dsg to (L) inguinal wet c̄ Sero Sang Fluid. Δd Dsg. Incision closed c̄ staples penrose drain intact. Dsg to RLE c̄ Ace Wrap CDI Dsg to Head has Dried Bloody Drainage. [redacted] in (L) AC flushes & Patent. NPO p̄ midnight. Will continue [redacted] Monitor. [redacted] Spc 9 WMb |
| | b(6)-2 A1 |
| 7Nov03 | Op Note<br>Debride + closure of Groin |
| | [redacted] |

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 8Nov03@1300 | Pt back from OR in stable condition; All VSS, pt A&O speaking arabic; pain controlled c̄ perc; dsg to head CDI ⊖ drainage; dsg to (R) LE CDI ⊖ drainage; scrotal support intact c̄ fluffs in place ⊖ drainage; dsg to LLQ of abd CDI, JP drain intact draining sero-sang fluid to low intermittent suction; S/L to (L) AC patent, easily flushes; Cont c̄ IV abx, Restraints in place ⊕ circ, ⊖ skin break ↓, cont to monitor [redacted] |
| 8NOV03 @2000 | Temp 103.6 Tylenol 650 mg P.O Incentive spirometer perform properly @ 900 – 1200 cc/sec Non-productive cough. Kerlix dry around head dry & intact. (L) groin dry dry & intact c̄ low continuous suction, draining serous drainage small amt. (R) Lower leg dry dry & intact covered c̄ ace wrapping. Pedal pulses +2 bilateral. Lungs clear. Abd soft nondistended BS(+)x4 ⊕ Consumed 40% of Regular diet for dinner. HOSTP (L) AC Saline lock patent & intact. Pt Restraints in place. Will check frequently to ensure proper circulation & prevent skin breakdown. [redacted] 2CTN |
| 8NOV03 | 2200hrs Temp 99.8 Will continue to monitor closely [redacted] 2CTN |
| 9Nov | Surg dressing OK b(4)-2 All [redacted] |

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

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 9 NOV03 (1130) | Pt a10, VSS, Ø c10 pain @ this time. dry drsg s to (R) inguinal c̄ staples intact (minimal sero-sang drainage to drsg). Head wrapped c̄ Kerlix c̄ small amt dry bloody drainage. (R) leg c̄ drsg & ace wrap, shadowing being marked, reinforcing as needed. Sacral fluffs s&d, small amt sero-sang drainage. Foley draining QS cpu. Ancef & Levaquin IV cont per MD orders. Suction turned off. JP drain intact. Pt c10 (R) arm being numb. (+) pulses equal bil, good movement & strength. Pt instructed to do some ROM c̄ arm/hand. & uniform staff in continues. consumed 75% breakfast this AM. Tol PO well (fluids) 2 pt re-straints on ~~5~~ compromise to skin or circulation. Will monitor [redacted] 91WM6. b(6)-2 |

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

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

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

**PROGRESS NOTES**
Medical Record

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

#[redacted]
b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 10 NOV 03 @ 2345 | (CONT) sero sang drainage. Pt attempted ambulation c̄ crutches, but became dizzy quickly & pt returned to bed. 2 pt restraints on S/S/SX/skin/circulation compromise. Plan: Pain control, monitor drsgs, NPO. [redacted] |
| 1 Nov | Surgery<br>groin wound OK<br>prob JP out 12 Nov b(6)-2 A11 |
| | [redacted] |
| 11 NOV 03 1100 | Pt alo, VSS, c/o pain to (R) leg. medicated c̄ II Percocet prior to drsg S/S. (R) LE drsg S/d. WTD to (R) post leg, covered sutures c̄ gauze, sutures to knee + drsg c̄ scant amt sero-sang drainage. (+) pulses & brisk cap refill, (R) leg elevated. d/T (+) edema. Ancef & Levaquin IV cont per MD orders. (R) inguinal drsg S/d, small amt sero-sang drainage. Scrotal flaps S/d, saturated c̄ sero-sang drainage. foley draining amber urine. PO fluids encouraged. IV to (R) AC d/c'd due to infiltration. 20ga IV started to (L) FA x 1 attempt. Plan: ambulate c̄ crutches, pain ctrl JP output, monitor drsgs. Will monitor [redacted] 91WMC |

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

10NOV03 Assumed care of Pt @ 1800. Pt A&O. c/o
0300 ~~for~~ Pain. Pain controlled ≈ percocet. LS CTA (R), HRRR,
(+) BS x 4 quads. Pt Tol PO well. Foley to gravity
Draining Clear Amber urine. Drsg Δ to (L) inguinal
Δ. Incision closed ≈ staples JP Drain to Bulb suct.
minimal drainage noted, Incision to scrotum closed
≈ sutures. ~~JP~~ Penrose ~~Drain~~ drain @ inferior of incision.
No Drainage noted. Scrotal support in place. Fluff Kerlex
in place. Will continue to Monitor.
[redacted] 91WM

11/10 Surgery
Scalp + groin OK b(6)-2
cont JP + glx

[redacted]

11/10/03 ~~ORTHO~~
wounds (R) lg clean dry. no evidence of infection
OOB x ambulate

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

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

**PROGRESS NOTES**
Medical Record

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

#[redacted] b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 10 NOV 1100 | Pt a/o VSS, c/o headache & (R) leg pain upon movement. medicated c̄ Percocet per orders. sutures to back of head intact, ø drainage. sutures OTA. Scrotal fluffs in place c̄ ø drainage. (L) inguinal drsg c̄ scant amt sang. drainage. dry drsg applied. incision to scrotum closed c̄ sutures, penrose intact. scrotal support wrap on. foley draining mod. yellow urine. PO fluids encouraged. (R) LE ace & drsg removed by MD this AM. WTD drsg is done to (R) post leg. (Dr [redacted]). dry sponges over sutures & wrapped in Kerlix. Pt able to wiggle toes & move feet. (+) pulses & brisk cap refill. 2 pt restraints on ∅ compromise to skin or circulation. Plan: amb. c̄ crutches, pain ctrl IV Abx, monitor drsgs, enc. PO fluids. Will monitor [redacted] 91WM6. |
| 1600 | Pt OOB to chair, pt amb c̄ crutches to door & back. refused to go any further due to pain. Will enc. ambulation [redacted] 91WM6. |
| 10 nov @2345 | assumed care of pt @1800. VSS. c/o pain to RLE ∅ grown, relief noted c̄ Percocet. LS CTA, (+) BS, tol 25% of dinner; void per foley QS. Foley to traction, penrose drain in scrotum, sero sang drainage noted, scrotal fluffs Δd ∅ support in place. (L) inguinal drsg soaked c̄ drng, drsg Δd, suture line c̄ [redacted] sm. amt of drainage noted. RLE drsg c̄ drnge noted, will monitor. Lined Δ DIT amount of (CONT) |

STANDARD FORM 509 (REV. 5/1999) BAC

USAPA V1.

MEDCOM - 23403

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11 NOV (1640) | foley d/c'd per orders, dry 2200, ip not notify MD. penrose from scrotum removed. Dr [redacted] @ BS. cont to monitor [redacted] 91CM6. b(6)-2 |
| 11 NOV 1900 | Temp 102.4 c/o pain to (R) Leg. Percocet 2 tabs P.O. given. Drsg to (R) Leg & (L) groin dry and intact. JP to (L) groin to bulb suction & scant amt of serosanguinous drainage. Lungs clear. Uses Incentive Spirometer properly @ 900-1200cc/sec. Consumed 40% of regular diet for dinner. Peripheral pulses palpable +2. Capillary refill brisk to fingers & toes. Ø Vrd @ this time bladder non-distended upon palpation. Will continue to monitor closely b(6)-2 [redacted] CTA |
| 12 NOV 03 0400 | Temp 98.3 Staples intact to incision to back of head. Ø drainage or ecchymosis noted on staples. Inserted and out foley cath Ø output obtain. bladder non distended. Encouraged pt to drink fluids. Will continue to monitor and report to next shift if Ø Vrd b(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR [redacted] (SSN or [redacted] |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

**PROGRESS NOTES**
Medical Record

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

# [redacted]
b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 12 NOV 03 1230 | VSS. AO completed DSG Δ to (R) inner calf WOD. Wound appears healthy ∓ s/s infection @ this time. Sutures intact to calf area and (R) lower abd. Sutures to (R) inguinal area CDI and applied bacitracin to region. Cleaned groin region and applied Bacitracin to region and replaced scrotal support. Able to void @ this time, light amber urine. ∓ difficulty. Able to ambulate on crutches, NWB to RLE ∓ assistance. ∅ s/s of skin breakdown. b(6)-2 [redacted] |
| 12 NOV 03 2000 | Temp 100.1. Alert & oriented. Dry to (R) leg D/I (L) groin dry d/I. Staples to back of head incision intact ∓ ~~with~~ incision edges well approximated ∅ drainage or crustation noted to staples. Scrotal support implaced. Kerlix fluff to scrotal area change. Incision to left groin area edges well approximated with sutures intact. (R) FA IV difficult to flush (R) ~~AF~~ FA IV d/c ∓ cath intact but bent. Restarted 20g 1¼ in IV to (L) hand. Peripheral pulses palpable +2. (R) foot ∓ edema noted non-pitting (R) Leg ↑ on ~~pillows~~ folded blankets. Capillary refill brisk to toes. Will continue care as planned. b(6)-2 [redacted] CT BN |
| 13 NOV 03 0500 | Temp 97.5. Resting well with eye closed. No distress or discomfort verbalized or noted. Hourly |

[redacted] b(6)-4

MEDCOM - 23405

STANDARD FORM 509 (REV. 5/1999) BAC

USAPA V1.

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**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 11/13 | Surgery<br>Groin wound clean<br>[redacted] b(4)-2 |
| 13 NOV 03<br>1235 | VSS. AO. DSG's Δd the RLE and wound clean, pink. ∑ s/s of infection. Sutures to (L) inguinal area CDI & applied healing ointment. Encouraged ext ROM by patient of RLE. Scrotal support in place. ∅ s/s of skin breakdown. [redacted] |
| 14NOV03 | (0230) NSG-VSS. DSG Δ'ed on day shift. (R) Ft DSG CDI. (L) Groin DSG scant amt of serous drainage on dsg. Pt c/o (R) ft pain. Med ⓒ ½ perc. (R) ft (+)2 edema. (+)2 pedal pulse. Ft warm to touch ⓒ brisk cap Refill. Encouraged pt to do ROM ⓒ (R) ft to prevent ft drop. Pt demonstrated understanding. Pt wearing scrotal support. Pt has staples on back of head that runs sagittaly. Staples well approximated ⓒ ⊖ s/sx of infection. Pt amb to BR x 1 ⓒ crutches. Has steady gait ⓒ crutches. Infusing IV ABX. b(4)-2 [redacted] |
| 14NOV03 | (1310) Assumed care Ⓓ dsgd. Pt alert, speaking Arabic. VSS. Pain controlled ⓒ Percs. Drsg to RLE Δd WTD. |

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

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

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

[redacted] b(4)-4

**PROGRESS NOTES**
Medical Record

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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 14NOV03 (1310) | (cont.) Drsg to ⓛ groin Δd. Staples CDI. Bacitracin applied to incision by pt. Φ s/sx infection @ wound sites. SL in ⓛ arm flushes well ~ s/sx infection/infiltration. sutures in scrotum CDI. scrotal support in place. Tol. reg diet well. Voiding ~ difficulty. 2-point restraints in place ~ s/sx complications. will cont. to monitor. [redacted] |
| | (1545) IV in ⓛ arm d/cd d/t infiltration-catheter intact. 18g IV started in ⓡ forearm flushes ~ s/sx infiltration. Pt amb in hallway c̄ crutches ~ difficulty. Φ c/o pain. Will monitor. [redacted] |
| 14NOV03 | (2130) VSS. Pt c/o pain. Med c̄ ∴ percocets. Will monitor. Pt has DSG to ⓡ ankle CDI. ⓛ groin DSG WTD CDI. Staples sagital to in mid line ~~of~~ back of head. Staples well approximated c̄ Φ s/sx of infection. Infusing IV ABX. SL p̄ infusion. Scrotal support in place [redacted] b(u)-2 fill |
| ~~15 Nov~~ | ~~Φ, Nole~~ |
| 15 Nov | Surg<br>groin wound clean alert<br>[redacted] |
| 15NOV03 | (1500) Assumed care @ Φ600. Pt alert, speaking Arabic. VSS. Φ c/o pain. Pt to OR this am for closure of RLE wound. Drsg to RLE CDI. Drsg to ⓛ groin area CDI. Staples CDI. SL in ⓡ |

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

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 15NOV03 | (cont) forearm flushes well ∓ S/Sx infiltration. Tol. reg diet well. Voiding ∓ difficulty. 2. point restraints in place ∓ S/Sx complications. Will cont to monitor. [redacted] SUM |
| 2115. | assumed care of pt. @ 1800. A+O, VSS voiding per urinal - cyu. HL (R) FA CDI, patent, flushes well. ⊖ S/Sx inf. Lungs CTA (B), Resp. even - unlabored, BS x4, Dr sgs CDI. Pt. has ∅ c/o pain @ this time. Will cont. to monitor pt [redacted] |
| 16NOV | Surgery green wound clean [redacted] b(6)-2 |
| 16NOV03 | (1035) Assumed care @ 0600. Pt alert, speaking Arabic. VSS. ∅ c/o pain. Dsgs to (L) groin and RLE ∅d. Sutures to RLE and scrotum and staples to (L) groin CDI. ∅ S/Sx infection. SL in (R) forearm flushes well ∓ S/Sx complications. Tol. reg diet well. Voiding |

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

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

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| #[redacted] b(6)-4 | | 1CW1 |

**PROGRESS NOTES**
Medical Record

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

b(6)-2 All

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 16NOV03 (1035) | (cont.) ō difficulty. 2 point restraints in place ō s/sx complications. Will cont. to monitor. → [redacted] (1745) pt OOB to amb in hallway c̄ crutches ō difficulty. Ø c/o pain. monitoring [redacted] |
| 16NOV03 2030 | Alert & Oriented VSS. (R) FA IV difficult to flush & Ø flush back noted. (R) FA IV D/Cd. due to multi discoloration of old infiltrate at the UE. Anesthesia was called to restart IV. IV 18g 1½ catheter inserted to (R) hand X1 attempt. Saline lock applied. (R) LL dry dry & intact. (L) groin dry dry & intact. Scrotal support in place. Urine dark yellow urine. Consumed 80% of Regular diet. Restraints applied without compromising skin integrity or circulation. Will continue care as planned. [redacted] 24 hr |
| 17NOV03@1400 | Assumed care of pt. @0600. V.S.S. A&O, Ø c/o pain. Sutures to (L) inguinal area & (R) LE intact, edges well approximated, scant serous drainage incisions scabbing over. DRSNGS Δ'd, Bacitracin ointment applied. Pt. OOB → BR at this time, ambulates well c̄ crutches. Pt. in 2-point restraints while in bed, Ø signs of skin breakdown. Pt. complaining of cough & sore throat. All other assessments WNL. Pt. to be D/C'd to EPW camp tomorrow. [redacted] |
| 18NOV03@0440 | Assumed care @~~0600~~ 1800, VSS, pt A&O speaking arabic, Ø c/o pain; pt OOB to amb in hall & BR X2 c̄ crutch assistance; all dsgs CDI, Ø drainage noted; [redacted] staples to posterior aspect of head intact, OTA Ø drainage, Ø s/sx infection |



STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.C

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11-18-03 | D/C note |

30 y/o Iraqi male sustained GSW to groin and Right leg. Sustained open Right tibia and fibula fracture and injury to left ~~thight~~ thigh and scrotum. Had orchiectomy performed and I.M. nailing of Right tibia. Remaining sutures should be removed from groin and leg in one week. Patient should remain non-weight bearing on Right leg for 6 weeks. Continue oral antibiotics for 3 weeks. (Levoquin 500 mg po QD). Keep leg wounds clean and [redacted]

b(6)-2

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

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

**PROGRESS NOTES**
Medical Record

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

# [redacted]

b(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | (cont) Ø significant Δs in assessment; Restraints in place [redacted] skin break ↓, cont to monitor |
| 18NOV03 | (1215) Pt stable for d/c to camp. Ambulatory c crutches - escorted by MPs. [redacted] |
| | b(6)-2 |
| | All |

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

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

REGISTER NO.

WARD NO. ICW1

#[redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

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

b(6)-2

| Ward/Section: ER | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: # [redacted] | DATE: 7/11/03 TIME: 0108 | SSN/PSEUDO SSN: |

**(i-STAT) EC8+**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Glu | 132 mg/dL | |
| BUN | 22 mg/dL | |
| Na | 141 mmol/L | |
| K | 4.0 mmol/L | |
| Cl | 108 mmol/L | |
| TCO2 | 30 mmol/L | |
| AnGap | 9 mmol/L | |
| Hct | 36 %PCV | |
| Hb* | 12 g/dL | |
| *via Hct | | |
| pH | 7.292 | |
| PCO2 | 58.4 mmHg | |
| HCO3 | 26 mmol/L | |
| BEecf | 2 mmol/L | |

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____132 mg/dL
BUN_____22 mg/dL
Na_____141 mmol/L
K_____4.0 mmol/L
Cl_____108 mmol/L
TCO2_____30 mmol/L
AnGap_____9 mmol/L
Hct_____36 %PCV
Hb*_____12 g/dL
*via Hct
pH_____7.292
PCO2_____58.4 mmHg
HCO3_____26 mmol/L
BEecf_____2 mmol/L

Sample Type_:

07NOV03 01:30

Oper:

Physician:_____

Ser# [redacted]
Ver: [redacted]

**(Piccolo) Chemistry 12**

======= PICCOLO =======
07/11/03 01:31
REFERENCE [redacted] MALE
PATIENT #: 1237
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] b(6)-2 DR #: 000
SERIAL #: b(6)-2 [redacted]

| | | | |
|---|---|---|---|
| ALB | 3.6 | 3.3-5.5 | G/DL |
| ALP | 64 | 26-84 | U/L |
| ALT | 23 | 10-47 | U/L |
| AMY | 52 | 14-97 | U/L |
| AST | 41* | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | MG/DL |
| GGT | 20 | 5-65 | U/L |
| TP | 6.4 | 6.4-8.1 | G/DL |

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

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| LU | | 73-118 mg/dl |
| JN | | 7-22 mg/dl |
| [illegible] | | 8.0-10.3 mg/dl |
| LE | | 0.6-1.2 mg/dl |
| [illegible] | | 128-145 mmol/l |
| | | 3.3-4.7 mmol/l |
| | | 98-108 mmol/l |
| $O_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| B | | 3.3-5.5 g/dl |
| P | | 26-84 u/l |
| T | | 10-47 u/l |
| TY | | 14-97 u/l |
| T | | 11-38 u/l |
| IL | | 0.2-1.6 mg/dl |
| T | | 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 |
| $O_2$ | | 18-33 mmol/l |

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

b(6)-2

Ward/Section: ER

REQUESTING PHYSICIAN: [redacted]

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

LAST, FIRST, MI. [redacted]

DATE 11/07/03 TIME 0108

SSN/PSEUDO SSN:

(Hematology) CBC

| TEST | RESULT | REF RANGE |
|---|---|---|
| WBC | * | 4.8-10.8 x 10³ |
| RBC Morph | | |

b(6)-4

ID: [redacted] 07-11-03
WB 01:40

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 20.8 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.43 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.8 | g/dL | 11.0 | 18.0 |
| Hct | 40.5 | % | 35.0 | 60.0 |
| MCV | 91.3 | fL | 80.0 | 99.9 |
| MCH | 29.0 | pg | 27.0 | 31.0 |
| MCHC | 31.7 L | g/dL | 33.0 | 37.0 |
| Plt | 329. | x10^3/uL | 150. | 450. |
| LY% | .... | % | 20.5 | 51.1 |
| LY# | —— | x10^3/uL | 1.2 | 3.4 |

Urinalysis

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | Straw | N/A |
| App | hzy | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.025 | N/A |
| Bld | neg | Negative |
| pH | 6.0 | N/A |
| Prot | neg | Negative |
| Urob | neg | 0.2-1.0 |
| Nit | neg | Negative |
| Leuk | neg | Negative |
| HCG | | Negative |

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

CSF

| | | |
|---|---|---|
| | | |
| en | | Negative |

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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 01:46

Patient ID: [redacted]
Test Name :PT
Test Result:= 13.6 sec.
Ratio = 1.1
Calculated INR = 1.19
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :01:45
Card Lot [redacted]
Operator [redacted]

b(6)-4

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 01:49

Patient ID: [redacted]
Test Name :APTT
Test Result:= 32.8 sec.
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :01:47
Card Lot [redacted]
Operator [redacted]

| Ward/Section: TCW1 | REQUESTING PHYSICIAN: b(6)-4 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 10 NOV | TIME: 0436 [redacted] |

| (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)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>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 | | | HCG | | Negative | | | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/10/03 04:46

Patient ID: [redacted]
Test Name :PT
Test Result:= 19.3 sec.
***RESULT OUT OF RANGE***
Ratio ~~>1.0~~ :
~~Calculated INR~~ [redacted]
Sample Type:citrated wh. blood
Test Date :11/10/03
Test Time :04:45
Card Lot : [redacted]
Operator : [redacted]

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

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/10/03 04:49

Patient ID: [redacted]
Test Name :APTT
Test Result:= 50.9 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/10/03
Test Time :04:47
Card Lot : [redacted]
Operator : [redacted]

| CSF | | | Blood Bank | |
|---|---|---|---|---|
| Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | |
| Directigen | | Negative | ABO/Rh | |

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

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|

# TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM _____ HOURS
TO _____ HOURS

TOTAL HOURS COVERED

DATE

## INTAKE

JP drain ~~ORAL~~ (Csm)

| TIME | TYPE | AMOUNT | ACCUM TOTAL |
|---|---|---|---|
| 06-18 | bloody | 40cc | 40cc |
| (before turning | off | SXM) | |
| 1600 | bloody | 10cc | 10cc |
| 0500 NOV | Bloody | 45cc | 55cc's |
| NOV 1700 | bloody | 30cc | 85cc |
| NOV (T-5) 05 | serosang | 20cc | |
| NOV 0600 1800 | bloody | 15cc | 15cc |
| 1800 | | | |
| 0600 | Total | | |

### INTRAVENOUS

| TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |

### IRRIGATIONS (N/G, Bladder, etc.)

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |

### BLOOD/BLOOD DERIVATIVES

| TIME STARTED | PRODUCT (i.e. Bl, Alb, P. cells, etc.) | TIME COMPL | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |

### OTHER INTAKE

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |

GRAND TOTAL INTAKE

USAPPC V1.00

* JP OUTPUT *

D/c'd 13 NOV 03 [redacted]

b(2)-2

# [redacted]

b(6)-4

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 30<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): UNK |

4. PROPOSED SURGICAL PROCEDURE: (R) TB/FB Fx FHD

NO PMHX per patient thru translator
gross exploration

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

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

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

[redacted]

b(6)-4

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

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

_____ _____DATE

11. POSTOPERATIVE EVALUATION:

Awake, able to move. Bowel sitz clean and intact pre-post op dressing intact

b(6)-2

| [redacted] PREOPERTIVE EVALUATION PREPARED BY | 13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) |
|---|---|
| [redacted] CPT AN | [redacted] MAJ N |
| DATE: [redacted] TIME: 0220 | DATE: 7NOV03 TIME: 0400 |

*REVERSE OF DA FORM 5179, JUN 91*

USAPA V1.01

b(6)-2

**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 [redacted] CPT / AN

3. DATE 8NOV03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0805 NUMBER 1-1 (2)

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: pt not english speaker.

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D | RELIEF SCRUB | |
| | PFC [redacted] 91D b(6)-2 | | |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E b(6) | RELIEF CIRCULATOR | |
| | CPT [redacted] 66E | | |

7. POSITION AND POSITIONAL AIDS *(Specify)* pt on fracture table. (R) foot c̄ traction bow w padded knee holder. (L) leg straight on foot holder that is padded.

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

COMMENTS: pt positioned by Dr. [redacted]

**8. SKIN PREPARATION**

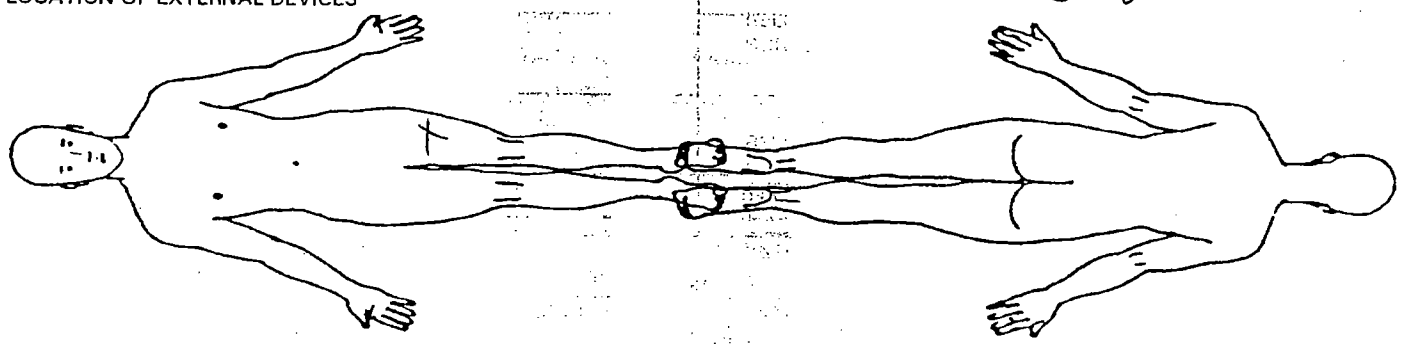
HAIR REMOVAL ☒ YES ☐ NO Dr. [redacted]
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: no nicks or cuts noted.

PREP SOLUTION *(Specify)* Beta / Beta b(6)-2
SITE: (R) leg BY WHOM: CPT [redacted]
SITE: (L) thigh groin BY WHOM: CPT [redacted]

COMMENTS: no pooling of prep noted.

**9. LOCATION OF EXTERNAL DEVICES**



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

**10. COUNTS** — C = Correct I = Incorrect

| | | | Initial Other** | First Closing Count | Final Closing Count | SCRUB b(6)-2 | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | C | | C | SPC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

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

# [redacted] b(6)-4

[redacted] 8 NOV 03 b(2)-2

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

☒ ESU NO: Valleylab CUT 50 COAG 50
GROUND PAD: BRAND Valleylab 67507
LOT NO: 13538 2005-08

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

13. PROSTHESIS, IMPLANTS [X] YES [ ] NO IF YES NAME: ID NUMBER MANUFACTURER

IM NAILING set
load #03 29401
10x330mm

Load #03294 01
IM Nailing set
Instruments.
42
36
38

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S):

0.9 % NACL

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES [X] NO [ ] IF YES, SITE C-ARM (R) leg

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES [ ] NO [ ] | NAME | NAME |
| FROZEN SECTION (FS) YES [ ] NO [ ] | NAME | NAME |
| CULTURE (C) YES [ ] NO [ ] | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES [X] NO [ ]

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 10mm JP Drain | | |
| SITE | Groin | | |

18. DRESSING/IMMOBILIZATION *(Specify)*

- fluffs
- kerlix
- ace wrap

GROIN
- fluffs 4x8
- Jock strap.

19. ADDITIONAL INFORMATION

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

anesthesia:
CRNA [redacted], CRNA General

20. OPERATION(S) PERFORMED

IM nailing (R) femur
I&D Groin wound.

21. PATIENT TRANSFERRED TO PACU TIME 1208 METHOD litter

22. REGISTERED NURSE SIGNATURE [redacted] RT/AN b(6)-2

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT** b(6)-2

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

1. PATIENT TRANSPORTED TO OPERATING [illegible] VIA litter BY Anesthesia

2. PATIENT IDENTIFIED [redacted] WED AND PROCEDURE VERIFIED BY CPT [redacted] AN (Emergency)

3. DATE 1 Nov 03 TIME PATIENT ARRIVED IN SUITE 0223

4. PATIENT IN ROOM TIME 0225 NUMBER 6-1

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: Pt able to follow commands, aware ∅ NKDA
Npo ?????

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] | RELIEF SCRUB | |
| | SGT [redacted] PEREZ | | b(6)-2 |
| ASSIGNED CIRCULATOR | MAJ [redacted] AN | RELIEF CIRCULATOR INT | |
| | CPT [redacted] AN | | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)* bilateral arms placed on bed, anatomical alignment neutral

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

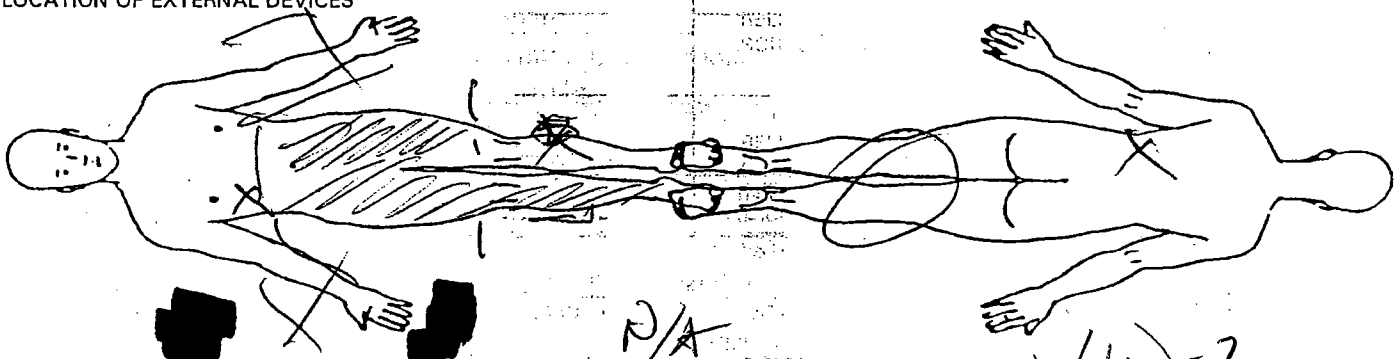
COMMENTS: Arms on arm board, <90° supported, strap above (L) knee.

**8. SKIN PREPARATION** b(6)-2

HAIR REMOVAL ☑ YES ☐ NO
DONE BY: ☑ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP
COMMENTS: ∅ cuts or nicks noted

PREP SOLUTION *(Specify)* BETA/BETA
SITE: (R) leg BY WHOM: CPT [redacted]
SITE: Umbilicus to thighs BY WHOM: MAJ [redacted]
COMMENTS: ∅ pooling of solution noted

**9. LOCATION OF EXTERNAL DEVICES**



[redacted] [redacted] N/A b(6)-2

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

**10. COUNTS** C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | [redacted] | [redacted] |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | MAJ |
| Instrument | ☑ Yes | ☐ No | | C | C | SGT [redacted] | |
| Other | ☐ Yes | ☑ No | | | | | |

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

[redacted]

b(6)-4

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

☑ ESU NO: Valley Lab 40 Rem #1
GROUND PAD: BRAND Rem Valley Lab
LOT NO: 235 38 2005/08

☑ ESU NO: Valley Lab 20 Rem #1
GROUND PAD: BRAND Rem Valley Lab
LOT NO: 65706 2004/01

☐ BIPOLAR NO:

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

13. PROSTHESIS, IMPLANTS ☐ YE ☑ NO IF YES NAME: ID NUMBE FACTURER

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted] b(6)-2

15. X-RAY IN OPERATING [redacted] IF YES, SITE
YES ☐ NO ☑

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 16Fr Foley | 2. 3/8 Penrose | 3. |
| SITE | 1. Bladder (Ex) | 2. Groin | 3. |

18. DRESSING/IMMOBILIZATION (Specify) (R)
Gauze
Fluff
Kerlix
Webril
Splint
ACE
Fluff
4x8
TAPE
Scrotal Support

19. ADDITIONAL INFORMATION
S: Dr [redacted] Ave 2 [redacted] Type: GBEFA
Dr
Dr
Dr [redacted] b(6)-2
Dr

Bowie site clean pre-post op clean, intact.
Dressing dry clean, intact

20. OPERATION(S) PERFORMED
Groin Exploration / I & D of (R) leg / Head laceration closure

21. PATIENT TRANSFERRED TO PACU TIME 0350 METHOD Lifter

22. REGISTERED NURSE SIGNATURE
[redacted] MD Dr b(6)-2

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

**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 CPT [redacted]

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

3. DATE 15 Nov 03 TIME PATIENT ARRIVED IN SUITE 0927

4. PATIENT IN ROOM TIME 0927 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

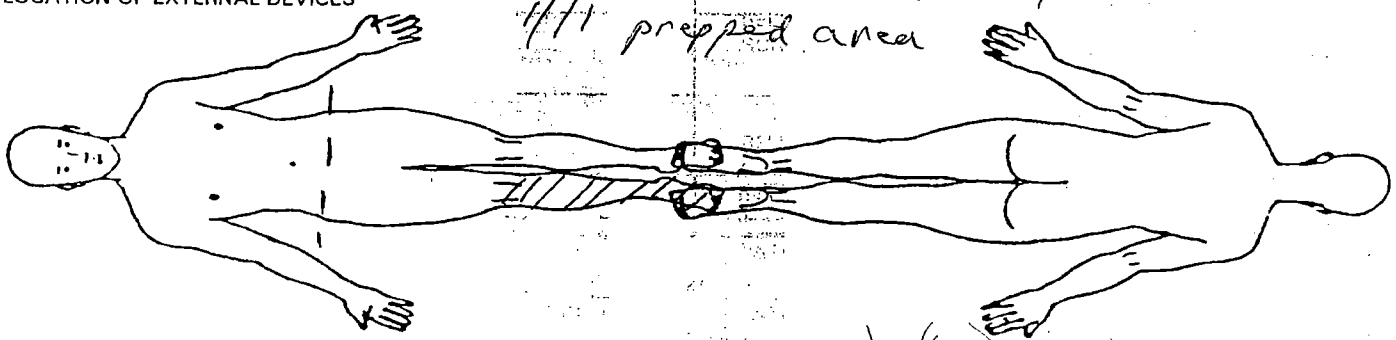
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Povidone scrub & solution
SITE: Rt Leg BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of solution

9. LOCATION OF EXTERNAL DEVICES




b(6)-2

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

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | SGT [redacted] | MAJ [redacted] |
| Other | ☐ Yes | ☑ No | | | | SGT | MAJ |

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

ED
# [redacted]

b(6)-4

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ YE ☐ NO IF YES NAME: ID NUMBE ACTURER

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO; TYPE(S): N.S.

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
anes: CPT [redacted]

b(6)-2 A1

20. OPERATION(S) PERFORMED

DPC Rt leg

21. PATIENT TRANSFERRED TO PACU | TIME 1010 | METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN

*REVERSE OF DA FORM 5179-1, OCT 87*

USAPA V1.00

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOV 2003 | DAY 15 15 16 17 18 | HOUR

PULSE (O) — TEMP. F (•) — TEMP. C (Centigrade Equivalents, for Reference only)

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

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

[redacted]

b(6)-4

# MEDICAL RECORD — VITAL SIGNS RECORD

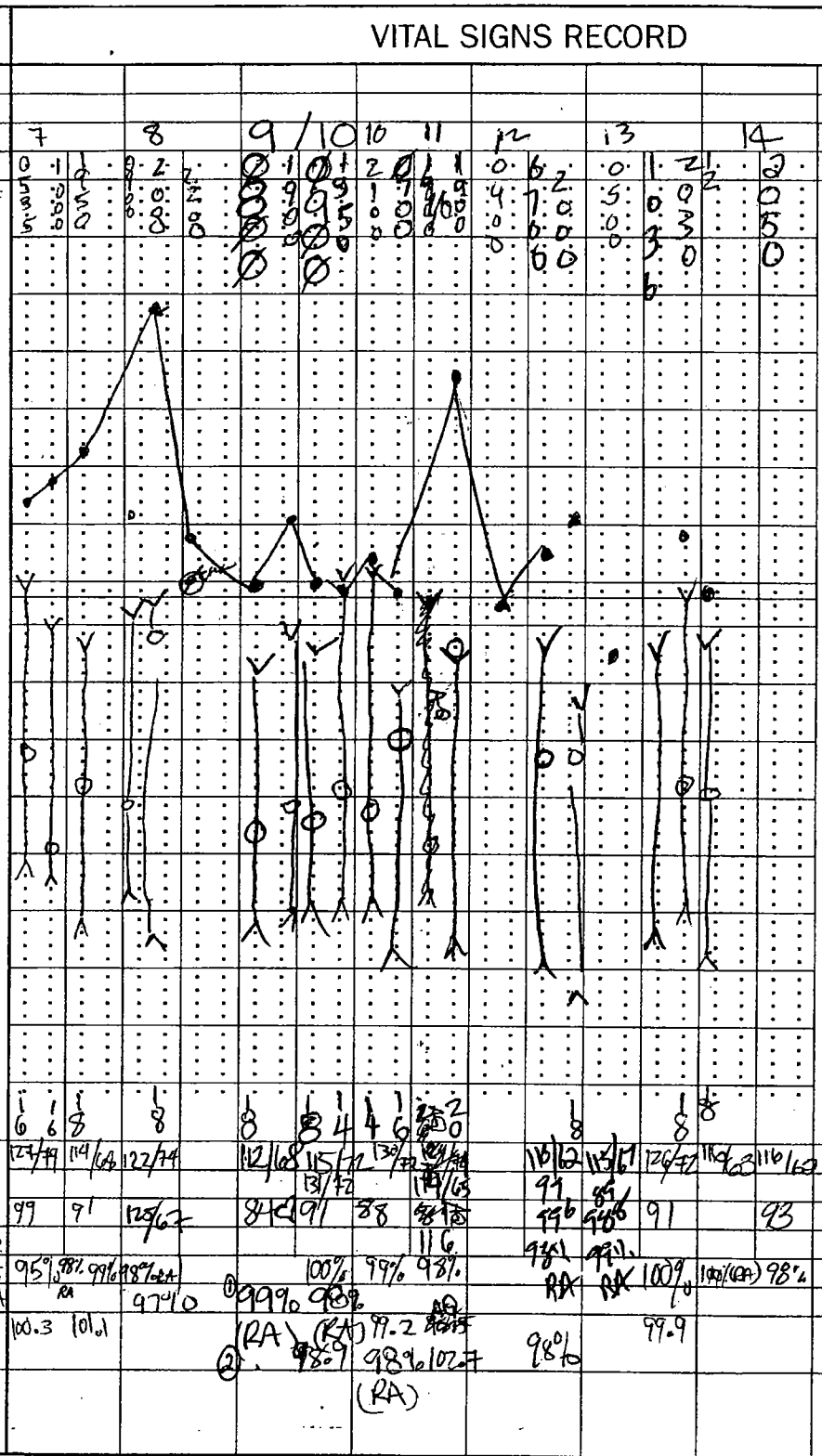
HOSPITAL DAY

POST- DAY

MONTH-YEAR NOVEMBER DAY 7 8 9/10 10 11 12 13 14

19 2003 HOUR

PULSE (O) — TEMP. F (•) — TEMP. C




(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

Pulse

HEIGHT: WEIGHT Pulse

$O_2$ Sat

$O_2$ Sat

Temp

Temp

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

# [redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

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

## ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

**Age** 36 **DAYS MOS YRS** **Sex ( ) MALE ( ) FEMALE**

ASA Physical State 1 2 3 4 5 E
WT: 72 KG/LB HT: ____ IN.
ALLERGIES: NKA

**PROPOSED PROCEDURE:** ____
**SURGICAL SERVICE:** ____
**NPO SINCE:** 1800

**HABITS:**
TOBACCO: Ø
ETOH: Ø
DRUGS: Ø

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( ) ____
( ) ____
( ) ____
( ) ____
( ) ____
( ) ____

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

**LABORATORY STUDIES:**

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

**PREOPERATIVE**
**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

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

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
(1) Chest

**PHYSICAL EXAMINATION**
BP 120/54 HR 99 R / T ____
Pain Scale 0-10 3
HEENT - Teeth Natural
Trachea M-2
TMJ/Neck ____
Oropharnyx ____
Nares ____
CHEST: CTA
CARDIAC: NSR
EXTREMITIES: ____
IV Access: ____
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since 1800

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

**INFORMED CONSENT/COUNSELING STATEMENT:** Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian. b(6)-2

The patient/le[redacted]agrees. Questions answered.
Signed: [redacted] Date: 09 Nov 03 Time: 0159 Hrs

**POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)**
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

**SEDATION KEY:**

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

Patient Identification: (Ward) ____

# [redacted]
b(6)-4

WAMC Form 2300 (Revised) 15 Mar 01 MCXC-DOS



PATIENT RECORD COPY

Previous edition is obsolete
☆ U.S. GPO: 2002-729-283

# 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) | 0215 | 30 | 45 | 3^00 | 15 | 30 | 45 | 4^00 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl/Sol/cc | ( ) | 100 | 50 | 50 | 50 | | | | | |
| Rocuronium 10mg/cc | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| VOLAT AGENT: Forane % del | | 3-2-1.5-1.25 | | | | 1 | | | | |
| % e.t. | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | |
| O2 2 L/Min | | | | | | | | | | |

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

**FLUIDS**

| LINE site | | 0215 | 30 | 45 | 3^00 | 15 | 30 | 45 | 4^00 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|
| (L) #5 NS | Warmed | | | | | | | | | |
| (R) #4 RL | Warmed | | | | | | #6 | | | 2300cc |
| | Warmed | | | | | | | | | |
| | Warmed | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | <50 |
| | TOTAL URINE |
| | 500 |

**FLUIDS - SUMMARY**: CRYSTALLOID- 2300; COLLOID-; BLOOD-

**PHYS STATUS**: 1 2 3 4 5 E

**BODY WEIGHT**: KG / LB

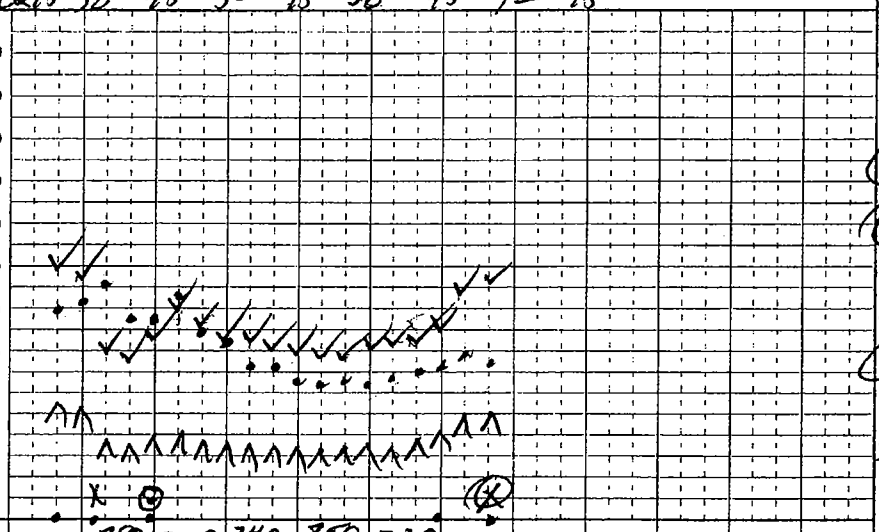
**HEMATOCRIT**:

**INITIAL DATA**: BP- 120/54; HR- 99; 96%

**EQUIP CHECK**: OK?- Y N

**PATIENT RECHECK**: OK for PROCEDURE? TIME-

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




**VENTIL**

| | 0215 | 30 | 45 | 3^00 | 15 |
|---|---|---|---|---|---|
| VT - ml | 780 | 770 | 740 | 750 | 730 |
| f - breaths/min | 8 | 8 | 8 | 8 | 8 |
| Peak inf pres / PEEP | 17 | 17 | 14 | 15 | 16 |
| MODE - S(pon), A(ssist), C(on) | CV | CV | CV | CV | CV |

**MONITORS/ACCESSORIES**

| | | 0215 | 30 | 45 | 3^00 | 15 |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | | 31 | 30 | 31 | 32 | 31 |
| BP/oth | ✓ FIO2 (Frac or %) | | .74 | .71 | .74 | .70 | .68 |
| ART line | ✓ SpO2 (%) | 96 | 99 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | ST | SR | SR | SR | SR | SR |
| ✓ Gas analyzer | TEMP-site | | | | | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4) (5)

**REMARKS**

Code drugs with numbers, events with letters

(1) V/S Taken
(2) Induced c Diprivan 160mg Anectine 100mg Intubated #6 OG —
(3) Procedure begun
(4) Procedure ended Robinul 0.4mg Neostigmine 1.5mg
(5) Breathing well O2, & cuff, suctioned, extubated, to recovery

**RECOVERY AT**: PACU ICU ____ (Specify); OTHER ____; CONDITION: Guarded; RESP- SpO2- BP- 112/51 HR- 73

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0159 | 0225 | 0355 |
| | Ready | Begin | End |
| PROC | 0241 | 0244 | 0344 |

PROCEDURES and CPT Codes: ~~Ex Fix~~ Scrotal Repair; Repair head laceration; Corona Repair

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

# [redacted] b(4)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen Endo

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #7.0 ET tube c #3 Miller

SURGEONS: [redacted]

AN[redacted] b(4)-2

PROCEDURE LOCATION: OR

DATE: 07 Nov 03

PAGE 1 OF 1

# MEDICAL RECORD - ANESTHESIA

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

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

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fent | (mcg) | 150 | | <100> | | | 150 | | | 25, 25 | | 50 | |
| Lido | (mg) | 100 | | | | | | | | | | | |
| Prop | (mg) | 125 | | | | | | | | | | | |
| Vec | (mg) | 10 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | 380 % del / % e.t. | 1.5 | 0.8 | 0.8 | 0.8 | 0.8 | 1.2 | 1.5 | 1.5 | 1.2 | 2.0 | 1.2 | 1.0 |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 8-2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (X)(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PIV (L) | ☑ Warmed | (1) LR 1000 | | | | | (1) LR 1000 | | | | | | (1) LR 1000 |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| | 50 |
| | TOTAL URINE |
| | 350 |

FLUIDS - SUMMARY
CRYSTALLOID- 2200
COLLOID- Ø
BLOOD- Ø

REMARKS

Code drugs with numbers, events with letters

(X) T+F Dd on ICW, To OR
#1 (1) Induction
(2) Start/Stop
(3) Ancef 1gm IVPB per scheduled dose
(4) Levaquin 500mg IVPB per schedule
cont on page 2

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

**BODY WEIGHT:** 75 (KG) LB

**HEMATOCRIT:** 40.5

**INITIAL DATA:**

BP- 123/62

HR- 101

**EQUIP CHECK**

OK?- (Y) N

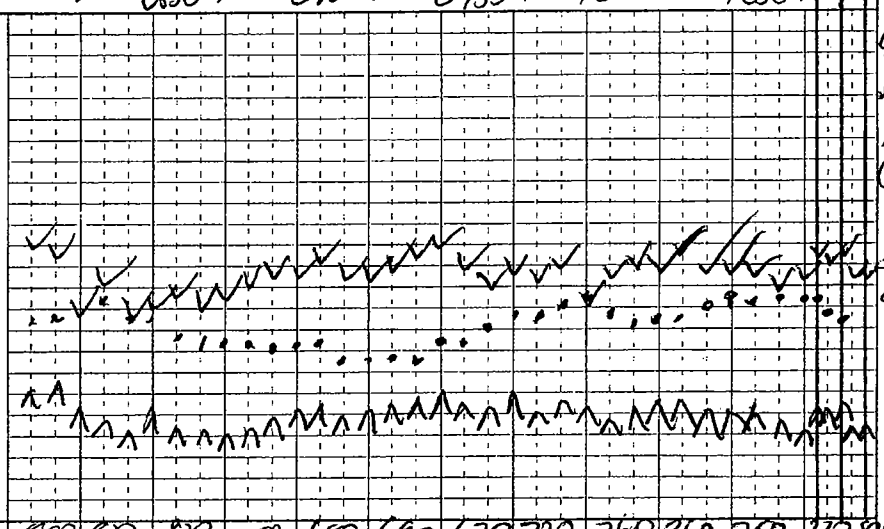
**PATIENT RECHECK**

OK for PROCEDURE?

TIME- 0745

TIME → 0830, 0900, 0930, 1000, 1030, 1100

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




**VENTIL**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 850 | 850 | 820 | 780 | 680 | 690 | 670 | 720 | 760 | 360 | 280 | 770 | 820 |
| f - breaths/min | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 6 | 4 | 6 | 6 |
| Peak inf pres / PEEP | 20 | 20 | 19 | 17 | 17 | 17 | 18 | 18 | 19 | | | | |
| MODE - S(pon), A(ssist), C(on) | SAC | C | C | C | C | C | C | C | C | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 33 | 31 | 30 | 30 | 30 | 30 | 32 | 32 | 36 | 49 | 52 | 47 |
| BP/oth | FIO2 (Frac or %) | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | .91 | .91 | 1.0 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | | 37.8 | 37.8 | 37.8 | 38.0 | 38.1 | 38.0 | 38.1 | 37.9 | 37.8 | 37.6 | 37.4 |
| | N-M Block (T/4) | | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → a b [redacted] a

RECOVERY AT 1134
PACU ICU (Specify)
OTHER b(6)-2
CONDITION: Pain MAP
RESP- 12 SpO2- 100
BP- 130/85 HR- 107

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0745 | 0805 | 1202 |
| PROC | Ready | Begin | End |
| | 0815 | 0823 | 1153 |

PROCEDURES and CPT Codes:
IM Nail (R) Tib + (L) Groin washout

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
[redacted]

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
DL x1 MIII Grade I view. (+) ETCO2 + BFBS. tied @ 22cm @ lip. eyes taped

SURGEONS: [redacted] b(6)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: 1-1
DATE: 8 Nov 03
PAGE 1 OF 2

# MEDICAL RECORD - ANESTHESIA

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

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

| DRUG | (Units) |
|---|---|
| Fent (600) | (mcg) |
| | ( ) |
| | ( ) |
| | ( ) |
| | ( ) |
| | ( ) |
| VOLAT AGENT: Iso | % del / % e.t. |
| AIR | L/Min |
| N2O | L/Min |
| O2 | L/Min |

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

**FLUIDS**

LINE site: OPIV ☐ Warmed ☐ Warmed ☐ Warmed ☐ Warmed

**LOSSES**: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP- See page 1; HR-

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME → 1130 · 1200 · 1230 · 1300

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

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

**VENTIL**

| | 1130 | 1200 | 1230 |
|---|---|---|---|
| VT - ml | 800 | 700 | |
| f - breaths/min | 5 | 6 | |
| Peak inf pres / PEEP | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S |

**MONITORS/ACCESSORIES**

| | | 1130 | 1200 | 1230 |
|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 45 | 44 | 38 |
| BP/oth | FIO2 (Frac or %) | 1.0 | 1.0 | 60 |
| ART line | SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR |
| Gas analyzer | TEMP-site | 37.5 | 37.4 | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS / Position: [redacted]

| TOTALS | TOTAL EBL |
|---|---|
| | |
| | TOTAL URINE |
| | see |

FLUIDS - SUMMARY: CRYSTALLOID- page 1; COLLOID-; BLOOD-

REMARKS — Code drugs with numbers, events with letters

cont from page 1
Extubated P
SU + OP Suite
SU cont to
PACU. Report
to PACU RN
[redacted]
CRNA
b(6)-2

RECOVERY AT: PACU ICU ____ (Specify) OTHER

CONDITION: See page 1
RESP- SpO2-
BP- HR-

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | | | |
| PROC | Ready | Begin | End |

PROCEDURES and CPT Codes:

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

[redacted]
b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

See page 1

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

SURGEON: [redacted] b(6)-2

ANES: [redacted]

PROCEDURE LOCATION: 1-1

DATE: 8 Nov 03

PAGE 2 OF 2

# MEDICAL RECORD - ANESTHESIA

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

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

| DRUG | (Units) | | | |
|---|---|---|---|---|
| Propofol | (ml) | | | |
| Fentanyl | (mg) | 150 | 50 | |
| | ( ) | | | |
| | ( ) | | | |
| | ( ) | | | |
| | ( ) | | | |
| VOLAT AGENT: SEVO | % del | 3.0 | 2.0 | (4) |
| | % e.t. | | | |
| AIR | L/Min | | | |
| N2O | L/Min | | | |
| O2 | L/Min | 3/2 | 2 | 8 |

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

**FLUIDS**

| LINE site | | | | |
|---|---|---|---|---|
| | ☐ Warmed | | | |
| | ☐ Warmed | | | |
| | ☐ Warmed | | | |
| LR 18g | ☐ Warmed | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

**PHYS STATUS**: 1 2 3 4 5 E

**BODY WEIGHT**: KG / LB

**HEMATOCRIT**:

**INITIAL DATA**: BP- 164/70; HR- 90

**EQUIP CHECK**: OK? Y N

**PATIENT RECHECK**: OK for PROCEDURE? yes; TIME-

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

TIME → 0950 · 1000 · 30 · 1100 · 30 · 1200 · 30

**VENTIL**

| | | | |
|---|---|---|---|
| VT - ml | | 880 | 910 |
| f - breaths/min | | 6 | 5 |
| Peak inf pres / PEEP | | | |
| MODE - S(pon), A(ssist), C(on) | S/A | S | S |

**MONITORS/ACCESSORIES**

| | | | | |
|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | | 48 | 46 |
| BP/oth | FIO2 (Frac or %) | .43 | .43 | .44 |
| ART line | SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | STL |
| Gas analyzer | TEMP-site | 34 | 36.6 | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

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

**TOTALS**: TOTAL EBL - mil; TOTAL URINE - Ø

**FLUIDS - SUMMARY**: CRYSTALLOID- 400; COLLOID- Ø; BLOOD- Ø

**REMARKS**: Code drugs with numbers, events with letters

RECOVERY AT 1005

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0910 | 0925 | 0930 |
| | Ready | Begin | End |
| PROC | 0930 | 0945 | 1010 |

PROCEDURES and CPT Codes: (R) I+D Tibia

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

H [redacted]

b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: General LMA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Visa - OK Sux 50% FIO2, #4 LMA Placed OT attempt 30cc Fully Inflated.

SURGEONS: [redacted] b(6)-2

[redacted]

PROCEDURE LOCATION: OR2

DATE: 16 Nov 05

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 23430 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

# RADIOLOGIC CONSULTATION REQUEST/REPORT

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

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| CT w/contrast head chest abd. pelvis / X-Ray Skull Pelvis Abd. (R) Tib/Fib (R) Shoulder | 36 | M | | ER | |
| | FILM NO. | | | | PREGNANT ☐ YES ☒ |
| | REQUESTED [redacted] | | | | TELEPHONE |
| | SIGNATURE OF REQUESTOR [redacted] | | | | DATE REQUESTED 7 Nov 0 |

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

CXR GSW b(6)-2

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

RADIOLOGIC REPORT

| PATIENT'S IDENTIFICATION (Use name of hospital either civilian or military, Ward, Clinic, Medical Facility) | LOCATION OF MEDICAL RECORDS |
|---|---|
| EPW | LOCATION OF RADIOLOGIC FACILITY |
| # [redacted] b(6)-4 | SIGNATURE |

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — RADIOLOGY

STANDARD FORM 519-2 (1)
Prescribed by GSA/FPMR
FPMR (41 CFR) 101-11.505

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

NSN 7540-01-165-7294

519-

# RADIOLOGIC CONSULTATION REQUEST/REPORT

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

ICU3

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| AP + Lat R tibia | | | | PACU | |
| | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY (Print) [redacted] | | | | TELEPHONE/PAGE NO. |
| | [redacted] OR b(6)-2 | | | | DATE REQUESTED 8NOV03 |

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

post IM nailing

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

RADIOLOGIC REPORT

| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)* | LOCATION OF MEDICAL RECORDS |
|---|---|
| [redacted] b(6)-4 | LOCATION OF RADIOLOGIC FACILITY |
| | SIGNATURE |

# RADIOLOGIC CONSULTATION REQUEST/REPORT

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

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER |
|---|---|---|---|---|---|
| CT Head<br>Chest Abd/Pelvis | | | | | |
| | FILM NO. | | b(6)-2 | | PREGNANT ☐ YES |
| | REG [redacted] | | | | TELEPHONE |
| | S [redacted] | | b(6)-2 | | DATE REQU |

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

posterior /suboccipital defect /laceration

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

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION (For Place of Patient Entry Only)

[redacted]

b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
2 — RADIOLOGY

STANDARD FORM 513-2
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.6

## 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]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

11-7-03 0800

- Admit ICW Dr [redacted] b(6)-2
- S/P GSW (L) groin (R) leg [redacted]
- Stabs
- routine vitals
- Heparin IV
- Advance Diet to Reg
- Bedrest
- Scrotal support
- Remove drain PRN
- Percocet 5/325 q4° PRN pain
- Demerol 50mg IVq4°PRN breakthrough
- Phenergan 25mg IVq6°PRN nausea
- Ambien 10mg PO q HS PRN insomnia
- Ancef 1gm IVPB q8°
- Levaquin 500mg IVPB qD
- Foley to gravity drainage
- Change scrotal fluff BID
- Valium 5mg PO [redacted] q8° x 48° then q HS

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

b(6)-2

[redacted]

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER

7/NOV/03 HOURS

1) change (L) inguinal dressing b.i.d
- first one now

[redacted]

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

MEDCOM - 23434

b(u)-2 AN
unless noted dif.

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| [redacted] b(u)-4 | 11-7-03 | 1500 HOURS | |
| | NPO PMN | [redacted] | |
| | [redacted] | | |
| NURSING UNIT: 24° ✓ / ROOM NO.: 0330 / BED NO.: [redacted] | | | |

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| b(e)-4 [redacted] | 11-8-03 | 1100 HOURS | |
| | - Resume fluids & orders, Rg diet | | |
| | ✓ PT for crutch training, NWB RLE | | |
| | - XR: AP + LAT (R) Leg on Recovery | | |
| NURSING UNIT / ROOM NO. / BED NO. | | [redacted] | |

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| b(e)-4 [redacted] noted with [redacted] 08NOV03 1325 | 11/8 | HOURS | |
| | JP to low cont | | |
| | suction x 24 hr | | |
| | then bulb | | |
| NURSING UNIT / ROOM NO. / BED NO. | | [redacted] | |

| PATIENT IDENTIFICATION | DATE OF ORDER | | |
|---|---|---|---|
| b(e)-4 [redacted] noted [redacted] | 11/10 | [redacted] | |
| | cont Ancef + | | |
| | levaquin | | |
| | D grain dressing q day | | |
| NURSING UNIT / ROOM NO. / BED NO. | | [redacted] | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE [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(e)-4 [redacted] | | | | 11-11-03 | 1620 HOURS | |
| | | | | - D/C Foley | [redacted] | |
| | | | | b(a)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| ICW 1 | | | | | | |

1635 noted [redacted] 11 Nov

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| [redacted] | | | | 11/12 | HOURS | |
| | | | | D/C Groin | | |
| | | | | JP | [redacted] b(a)-2 | |
| NURSING UNIT | ROO[redacted] | BED NO. | | | | |

Noted [redacted] 12 Nov 03 0715

| PATIENT IDENTIFI[redacted] | | | | DATE OF ORDER | | |
|---|---|---|---|---|---|---|
| 24 5 V on 13 Nov 03 | | | | 0520 | [redacted] HOURS | |
| [redacted] | | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| b(e)-4 [redacted] | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-6

Noted [redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11-14-03 | TIME OF ORDER: 1930 HOURS | LIST TIME ORDER NOTED AND SIGN

NPO p MN

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted] 15 NOV 03 1800

NURSING UNIT: 24th W | ROOM NO.: 17 NOV | BED NO.: @ 0200

DATE OF ORDER: 11-15-03 | TIME OF ORDER: 1200 HOURS

- Resume preop orders, meds, activities ordered
- D/C wet to dry dressing D's
- start dry dressing D qD to lower leg wound.

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER b(6)-2 HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER HOURS

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] b(6)-4 | | | | 11-18-03 | _____ HOURS | b(6)-2 [redacted] |
| | | | | - Remove sutures from Right | | |
| | | | | knee and single suture from | | |
| | | | | proximal tibia | | |
| | | | | - D/C to EPW CAMP Body | | |
| | | | | - | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| ICW#1 | 2 | G | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

b(6)-2
AM

| 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 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7Nov | [redacted] | Routine Vital | D | [redacted] | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 7Nov | [redacted] | Advance Diet | D | | | | | | | | | | | | |
| | | As TOL | N | | | | | | | | | | | | |
| 7Nov | [redacted] | Bedrest | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 7Nov | [redacted] | Scrotal support | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 7Nov | [redacted] | Reinforce Dsg Prn | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 7Nov | [redacted] | Foley to gravity | D | | | | | | | | | | | | |
| | | drainage | N | | | | | | | | | | | | |
| 7Nov | [redacted] | Change scrotal fluff | 10 | | | | | | | | | | | | |
| | | BID | 22 | | | | | | | | | | | | |
| 7Nov | [redacted] | Δ (L) inguinal dsg | 10 | | | | | | | | | | | | |
| | | BID (1st one now) | 22 | | | | | | | | | | | | |
| 08 Nov | [redacted] | OOB to chair Q | 10 | | | | | | | | | | | | |
| | | ambulate c crutches | 22 | | | | | | | | | | | | |
| 08 Nov | [redacted] | UP to low cont. | 06 18 | | | | | | | | | | | | |
| | | suction X 24° (1200 09Nov03) | 18 06 | | | | | | | | | | | | |
| | | the | | | | | | | | | | | | | |
| 08 | [redacted] | UP to bulb suction | 06 18 | | | | | | | | | | | | |
| | | (record amt) | 18 06 | | | | | | | | | | | | |
| 10Nov | [redacted] | Δ groin drsg Qday | 10 | | | | | | | | | | | | |
| | | (R) inguinal | X | X | X | X | | | | | | | | | |
| 10Nov | | Amb. c crutches + | 06 | | | | | | | | | | | | |
| | | NWB (R) LE | 18 | | | | | | | | | | | | |
| 10Nov | [redacted] | WTD drsg Δ post | 10 | | | | | | | | | | | | |
| | | (R) leg daily | X | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (L) Groin (R) Leg

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo _____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 7Nov | [redacted] | Admit ICW 1 Dr [redacted] | 7Nov | — | 0530 | [redacted] |
| 7Nov | [redacted] | Stable | 7Nov | | 0530 | [redacted] |
| 8NOV | [redacted] | NPO @ MN | 8Nov | 0001 | | |
| 08 | [redacted] | Resume pre-op orders | 08 | | | |
| 08 | [redacted] | PT for crutch training NWB @ LEG | DONE | | | |
| 08 | [redacted] | XR: AP/LAT @ leg in recovery | DONE | | | |
| ~~8NOV~~ | [redacted] | ~~PT FOR CRUTCH TRAINING~~ [redacted] | | | | |
| 11NOV | [redacted] | DIC foley | 11NOV | now | 1635 | [redacted] |
| 12 NOV | [redacted] | DIC groin up | 12 NOV 08 | | | |
| 14NOV | [redacted] | NPO @ MN 15NOV | 15NOV | | | [redacted] |
| 15 NOV | [redacted] | Resume pre-op orders, meds, act., vitals | 15 | | | [redacted] |
| 15 | [redacted] | DIC VAD dressing OS | 15 | | | [redacted] |
| 11/18 | [redacted] | Remove sutures from @ knee & single | 11/18 | | | |
| | [redacted] | suture from proximal tibia. | | | | |
| 11/18 | [redacted] | D/C from EPW Camp today | 11/18 | | | [redacted] |
| | [redacted] | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 07NOV | [redacted] | Reinforce drsg pm | 7/11/E | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | b(6)-2 All | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
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| ---- | ---- | | | | | | | | | | | | | | | |
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