AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	Neurosurgery Progress / Procedure Notes NOTES
9/29/03	Pre-op Dx: Penetrating GSW to Brain
10:30	Post-op Dx: Same w/ occlusion posterior Sagittal sinus
	Procedure: (R)(L) ICA cerebral Angiogram / Transfemoral
	Surgeon: [redacted] (b)(6)-2 Anesth: [redacted] (Na Pentothal) (b)(6)-2
	Indication: Penetrating Parietal GSW w/ intractable ICP
	Finding: Occlusion Posterior 1/3 of Superior Sagittal Sinus
	Antrograde Venous flow via Troland / Labbé
	Venous collaterals to Deep System of Sagittal Sinus
	Normal (L)(R) ICA flow
	Comp: ∅
	Drain: ∅
	(L) common femoral sheath removed good distal pulses, Equipment 5 Fr MPD/038 glide/5Fr sheat
	[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)

[redacted] (b)(6)-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
15sep03 (1940)	they might drop. [redacted]
cont	(2050) Pt's ICP's have been in the 21-23 range in past hour. Level checked and zeroed. A-line zeroed and positioned. Bumped up dopamine from 5mcg → 8mcg/kg/min. Dr [redacted] (b)(6)-2 notified. In to see pt. [redacted] (b)(6)-2
(b)(6)-2 (2120)	Dr [redacted] into see pt. Gave a pt bolus of 200mg of pentothal for ↑ ICP's. Dropped pt's BP. ↑ Dopamine to 12mcg/kg/min. SBP's ↑ to 105. Pt's pupils still fixed and dilated. ICP's down to 17 for a bit but back up to low 20's. Pt maintaining Sats @ 95% c̄ an increase of RR to 16. Dr is choosing to withdraw pentothal and treat BP & sats as needed. [redacted] (b)(6)-2
(2320)	Suctioned pt. Sats ā were 99%. p̄ 97%. Fluffy to moderate secretions. ICP ā were 6. High was 14. Increase on Dopamine for SBP >100. [redacted]
16sep03 (0600)	Pt did well throughout the night until approx 0400. Took off humidifier on vent. Pt desats from 98% down to 88%. Bagged pt [redacted]. Got sats up to 98%. Gave pt lidocaine [redacted] to a suctioning. Got 9g amts of yellowish. Pt sats @ 98% and started dropping again. Replaced humidifier and sats went up. BP started (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.

EPW# [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
	to drop. Had to titrate Dopamine. Now @ 15 mcg/kg/min. Had to suction, pt around 0530 d/t lowering sats and coarse lungs. Pt tolerated ok. Sats now @ 98%. Pt stable @ this time. Report given to LT [redacted] (b)(6)-4 [redacted]
9.30/(pm)	Assumed pt care from LT [redacted] (b)(6)-4. Dopa @ 15 mcg/kg/min, 0SY2 US [redacted] (b)(6)-4 2Ckel @ 150 cc/hr, Dobutrex [redacted] clouded, [redacted] to grunting, [redacted] intact [redacted] training. Pt in no apparent distress, VSS, appropriate, no issues noted [redacted]
9.30/1800	Pt remains stable dopa @ 7.5 mcg/kg/min, fio2 60%, peep 5, VE 700, RR 14, spo2 100%. O/O remains QS. No issues noted of existing. Report given to LT [redacted] (b)(6)-4 [redacted] (b)(6)-4
9/30/3 (1920)	Received report from LT [redacted] (b)(6)-4 and assumed care of pt @ 1815. See DA Form 4700 OP 375 for assessment data. Dopamine stopped @ 1830. BP's maintained in the 120's-130's [redacted] (b)(6)-4
9/30/3 (2130)	Started pt's bath around 1950. Did linen. Put pt in straight line c̄ HOB ↑ 45°. Pt had duoderm to buttocks, small blister, size of pencil eraser, to lower back and one to (R) side. No skin breakdown on backside. Small sores on (R) medial arm above elbow small, scabbed over, old blisters. Skin breakdown ~~of~~ on tongue (R) side where ETT was. Moved ETT to (L) side and secured. Cuff checked and good. Dr [redacted] (b)(6)-4 came in to see patient. No new orders. [redacted] (b)(6)-4
10/3/0615	Report given to LT [redacted] (b)(6)-4. Pt did OK throughout night. SBP around 130-150's. ICP went to a max of 35 but back down. Pt's

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
30SEP03	Neurosurgery
0835	(3) Afebrile. Requiring 15 mg/kg/min Dopamine.
	Vent on 85% FIO2.
	I/o 4700/2900; Urine 2-15/hr.
	No response this Am - Pentothal off.
	Pupils Fixed/dilated since angiogram yesterday.
	Lungs LLL rhonchi.
	(MP) (1) GSW head - changed after angiogram yesterday.
	Likely suffering brain death. Anticipate
	unresponsive brain death exams today.
	(2) Pneumonia - receiving Vanc/Cipro. Continue
	Supportive ventilator care.
	[redacted] (b)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
25SEP03	DNR Note.
2113	Despite aggressive interventions this evening, ICP has continued to be an ongoing problem. His pentothal coma has reached maximum interventions - further pushes have caused drops in blood pressure. Together with pulmonary problems, ICP has made this patient's overall prognosis poor. I discussed today's angiography
(b)(6)-2	findings with Dr. [redacted] We both agree that this patient's likelihood of recovering to independent function is extremely unlikely. For this reason, we have agreed to make the patient DNR and pursue palliative care. We will begin tonight by stopping pentothal. Pressors will be used until Dopamine reaches 20 µg/kg/min, then we will elevate no further.
	[redacted] (b)(6)-2

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

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

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

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

PROGRESS NOTES
Medical Record

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	Neurosurgery Notes
10/01/03	ICP 10-12 with ventric clamped draining 9-12 cc/hr but over
0901	past 3° hours has ↑ SBP to 190+. Plan wean dopamine drip
	as discount clinda it is and ensure that the
	central line is irrigated. ↓ IV fluids to 100 cc/hr. Given
	10 mg labetalol ↓ SBP from 195 → 140.
	[redacted] (b)(6)-2
02OCT03	Neurosurgery
0643	S/O Tm 100.2, Intermittent hypertension. ICP 7-14
	I/O 4000/4191, Ventric 15-30/h.r.
	146 / 4.3) 9 / 27 (7.48-34.6-84-2
	GCS 3T.
	Pupils reactive / 3.
	Corneal ⊖.
	Gag ⊖.
	Oculocephalic ⊖.
	Cough ⊖.
	Motors response ⊖.
	A/P (1) GSW brain. Exam remains low despite
	ICP controlled x 48°. Will discuss palliative
	GR.
	(2) LLL pneumonia - Improving. Continue Vanc/Cipro.
	[redacted] (b)(6)-2

STANDARD FORM 509 (REV. 5/1999) B
USAP

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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
01 OCT 03	Neurosurgery
0619	(S/O) Tm 99.7, HR 100-115, SBP 140-160 off pressors. ICP 15-20
	I/O 5700/3000 CSF 6-18/hr.
	11.3) 9.2 / 30.3 (347 148/108 / 5.4 / 1.1 (182 7.36-43.3-106-24
	No eye opening. Gaze conjugate. Pupils 4/R
	Corneal (-)
	Oculocephalic (-)
	Gag (-)
	Cough (-)
	Noxious central (-)
	Noxious peripheral (-)
	(A/P) (+) GSW head, better controlled. Will observe off Pentothal today.
	(2) Pneumonia, improved clinically. Continue Vanc/Lipro.
	[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)*

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

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
10/01/03 (0615)	pupils checked around 0100 and then again @ 0600 @ 0100
cont. —	pupils 4mm sluggish. @ 0600 pupils 3mm and fixed. Dr
(b)(6)-2	[redacted] in and got about 4mm and reactive sluggish. No pain
	response. [redacted] (b)(6)2
01Oct03	Assumed pt's care @ 0615. Pt hemodinamically stable @ this
0700	moment. ↓ F_iO_2 45% ↑ RR 16. per doctor's order.
	0740 ↓ F_iO_2 to 40%. Will draw ABG @ 0815
(b)(6)-2	0850 Called Dr. [redacted] to notified BP 190/70's. 0900 Dr.
(b)(6)-2	[redacted] @ bedside given 10mg labetalol IVP. & ↓ IVF @ 100cc/hr.
	per doctor's order. Will continue to monitor.
	Next ABG @ 0820 pH [illegible] PCO_2 36.9 PO_2 104 HCO_3 24 SO_2 98%
(b)(6)-2	Dr. [redacted] notified. [redacted] ILT AW (b)(6)-4
1210	@ 1100 suctioned mouth BP ↑ 180's/70's & progressively ↓ till
	110's/40's @ 1130 ETT [redacted] suctioned x1 & secretions per O_2 98%
	BP ↑ 140/60's pt's mouth suctioned @ 1200. BP 160's/69's at this (b)(6)2
	time. O_2 sat 100%. Will continue to monitor [redacted]
1410	Pt's BP ↑ 190's/80's Called Dr [redacted] (b)(6)-2 5mg labetalol IV [redacted] given.
	BP @ this time 169/66 ICP 10mmHg. Will continue to monitor.
	[redacted]
	(b)(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.	

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

DATE	NOTES
10.2/0700	Assumed pt care from CPT [redacted] (b)(6)-4 Pt in no apparent distress, c̄ coverage on right side, USS, gel bed. NS 72 USS locked @ 100cc/hr, FTG, dobhoff clamped, nontoxic intact, CSF drain open to pt to drain, UO elevated but line not correlating c̄ MAP, physician [redacted] aware, per Dr. [redacted] monitor BPs c̄ MAP. Pt remains on DNR status. No other issues noted, [redacted] Per Dr. [redacted] possible to total withdrawal of care.
(b)(6)-2	
(b)(6)-2	
(b)(6)-2	Day this PM will consult c̄ Dr [redacted] decision making of care and cont to monitor. [redacted] KTAN
10.2/0910	Dr. [redacted] (b)(6)-4 evaluated pt and intends to monitor pt for 48 hours at which time if neuro exam doesn't improve palliative care will be initiated (to include DCS cont). No further guidance given @ this time. [redacted] KTAN BSN.
(b)(6)-2	
02OCT03 0947	Neurosurgery - Palliative Care
	Pt with 3 days unresponsive brainstem exam except pupillary reactivity on serial exams. Given patient's current exam and prognosis, his likelihood of recovery to independent function is nill. I have discussed this case with Dr. [redacted] and we both agree palliation is this patient's most human intervention. Will initiate.
(b)(6)-2	
	[redacted] (b)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
@10.2/0950	Decomm initiated palliative care per Dr. [redacted] (b)(6)-2 order MD. PC removed from vent & cardiac monitor replace Accumair with (b)(6)-2 ETT intact. IV fluids stopped. will cont to monitor [redacted] KIRN
10.2/1033	At 1033 no HR detected on monitor nor auscultated. Dr [redacted] (b)(6)-2 notified per order. (b)(6)-2 [redacted] KIRN
10.2/1035	Dr. [redacted] (b)(6)-2 present & pronounced expired patient dead. Time of death 1033. All invasive devices removed [redacted] KIRN (b)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

STREET ADDRESS: EPW #[redacted] (b)(6)-4

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: 22 09 03 | TIME: 0022

TRANSPORTATION TO FACILITY: Ambulance

SEX: M

DUTY/LOCAL PHONE: AREA CODE | NUMBER

AGE: ?

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS			
ITEM	YES	NO	N/A
PRP			
FLYING STATUS			

MEDICAL HISTORY OBTAINED FROM

THIRD PARTY INSURANCE		
ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: ?

ALLERGIES: ?

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

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INTITIAL SERIES ☒ YES ☐ NO

CHIEF COMPLAINT

CATEGORY OF TREATMENT

☒ EMERGENT
☐ URGENT
☐ NON-URGENT

TIME
INITIALS

VITAL SIGNS

TIME	0030	0035			
BP	107/82	119/55			
PULSE	72	96			
RESP	16	16			
TEMP		99(R)			
WT					

LAB ORDERS

✓ CBC/DIFF	ABG	✓ PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	UA MSCC/CATH		✓ CHEM: 12 & lytes
BLOOD C&S X			
Type Screen			

X-RAY ORDERS

✓ CXR PA & LAT/PORTABLE	C-SPINE
ACUTE ABDOMEN	LS SPINE
SINUS	HEAD CT
ANKLE R/L	
✓ Intubat. 1 0025	

ORDERS

✓ PULSE OX | ✓ MONITOR | ✓ ECG SR 80's C 123

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0023	SUCC 100			0023	DILANTIN 150mg
↓	LIDOCAINE 100			0028	Vecuronium, Etomidate, Anthony Scope
↓	FENTANYL 100				Tel. 5 in JM
	ETOMIDATE 10				

DISPOSITION: ☐ HOME ☐ FULL DUTY

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

MODIFIED DUTY UNTIL | RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☒ IMPROVED ☐ UNCHANGED ☐ DETERIORATE

ADMIT TO UNIT/SERVICE | TIME OF RELEASE

REFERRED ▶ | TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

EBW #[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

445

NSN 7540-01-075-3786

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

TEST RESULTS

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

PROVIDER HISTORY/PHYSICAL GSW to head

ΦPMHS/Soc Hx

eye opens to pain verbal to pain
lower limbs to pain

See Neuro Surg note

Head ⊕ small GSW mid occiput Φ intracranial bleed Φ stroke

eyes dysconjugate PE sluggish 3-6 m GCS 10

PSI 2° Amb / GSW to head / combative
pulled away

⊕ erosion upon arrival to ED
Pt ↑ OR for CT ≈ N/S

CONSULT WITH	TIME	ACTION
N/S		

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP [redacted]

PROVIDER SIGNATURE AND ST [redacted] (b)(6)

DIAGNOSIS GSW to head

CODES

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

[redacted] (b)(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: 16 HEIGHT: WEIGHT: 65 kg	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKA 3. PREVIOUS SURGERY [ ] NO [X] YES (type): See H+P

4. PROPOSED SURGICAL PROCEDURE: Cerebral Arteriogram

5. ADDITIONAL INFORMATION: Last PO: Yesterday Medical Hx: See H+P Implants: 0 Medications: See Chart
Jewelry removed: yes/no Family waiting: yes/no

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

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

[redacted] (b)(6)-4

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

10. O[redacted]OMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 [redacted] - CPT/AN 29SEP03 DATE

11. POSTOPERATIVE EVALUATION:
pt remains intubated, No S/S of distress noted
Dressing CDI

12. PREOPERTIVE EVALUATION PREPARED BY	13. PREOPERTIVE EVALUATION PREPARED
(b)(6)-2 (Signature and Title) [redacted] CPT/AN	[redacted] CPT/AN (b)(6)-2
DATE: 29SEP03 TIME: 0752	DATE: 29SEP03 TIME: 1015

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the prr t agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Wheeled litter BY Anesthesia

2. PATIENT IDEN RECORD REVIEWED AND PROCEDURE
VERIFIED BY CPT [redacted] (b)(6)-2

3. DATE 29SEP03 TIME PATIENT ARRIVED IN SUITE 0830

4. PATIENT IN ROOM TIME 0830 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	SGT [redacted] 91D (b)(6)-2	RELIEF SCRUB	(b)(6)-2
ASSIGNED CIRCULATOR	CPT [redacted] 66E (b)(6)-2	RELIEF CIRCULATOR	CPT [redacted] 66E (0920-0940)

7. POSITION AND POSITIONAL AIDS (Specify) PT on padded OR bed Head on foam doughnut, Bilat. Arms rolled in towels + tucked to sides in CAP. & sheets, Foam doughnuts under heels

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

COMMENTS: Correct Body Alignment maintained

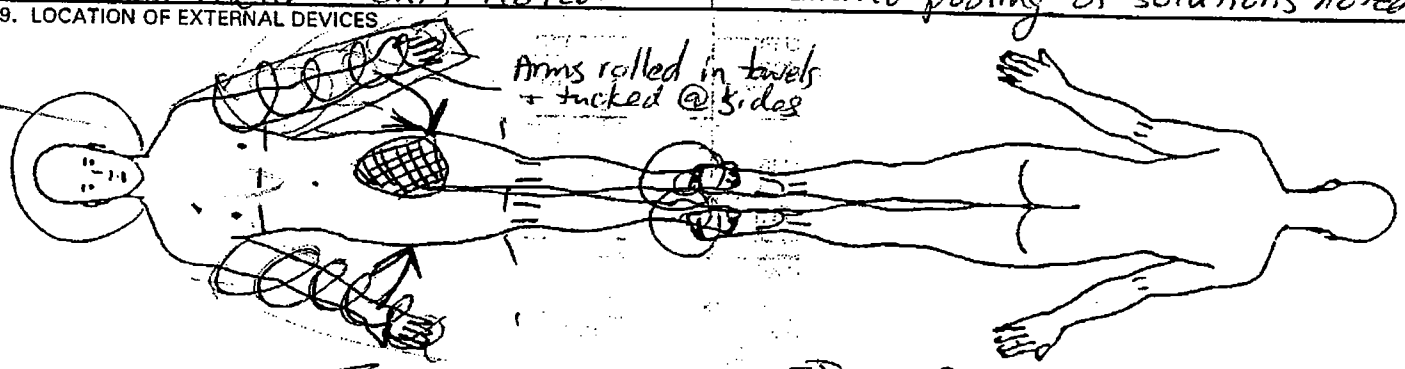
8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR (L) Groin by CPT [redacted] (b)(6)-2
☐ CLIP

COMMENTS: no nicks or cuts noted

PREP SOLUTION (Specify) Betadine Paint
SITE: (L) Groin BY WHOM: SGT [redacted]
SITE: BY WHOM: (b)(6)-2
COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad Safety Strap = = = Tourniquet prep.

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☐ No				(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes	☐ No	C		C	SGT [redacted]	CPT [redacted]
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

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

[redacted] (b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Heparin+NS 4000U/1000cc	QS	intra-op	Im flush	CPT [redacted]	Dr [redacted]
Visipaque, Iodixanol	140 ml	intra-op	injection	CPT [redacted]	Dr [redacted]
					(b)(6)-2

WOUND IRRIGATION ☐ YES ☒ NO, TYPE(S):

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ fluoro via C-arm IF YES, SITE Upper Body (Chest) neck, Head

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)*
2x2 plain sponge + opsite.

19. ADDITIONAL INFORMATION
WC-I
Dr [redacted] Anesthesia-CPT [redacted] CRNA - GEN/Endo
(b)(6)-2

DA Form 5179 initiated

20. OPERATION(S) PERFORMED
Cerebral Arteriogram

21. PATIENT TRANSFERRED TO ICU3 TIME 1012 METHOD wheeled litter.

22. [redacted] (b)(6)-2 MEDCOM - 20056 (b)(6)-2 [redacted] CPT/Ant

(b)(2)-2 YASCU # [redacted] (b)(6)-4 8 ETT 26 @ lip

[redacted]

VENTILATOR FLOW SHEET

GSW back of head

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
22 Sep	0110	SIMV	14	600	100	5	20	14	91	99%	117/60							
	0331	SIMV	14	600	60	5	20	16	90	100	170/75	7.37	41	332	-1	24	100	↑RR 20, ↓FiO2 35
	0531	SIMV	20	600	35	5	21	20	83	100	159/75							
	0800	SIMV	20	600	35	5	21	20	90	100	163/76							
	1000	SIMV	↓18	600	35	5	21	18	96	99	130/73							
	1200	SIMV	18	600	35	5	22	18	69	100	162/78							
	1400	SIMV	18	600	35	5	21	18	89	100	158/79							
	1553	SIMV	18	600	35	5	23	18	85	100	174/83							
	1900	SIMV	18	600	35	5	22	18	78	100	183/86							
	2043	SIMV	18	600	35	5	21	18	74	100								
	2200	SIMV	18	600	35	5	24	18	75	100	175/80	7.40	36	154	-2	23	99	1
23 Sep	0015	SIMV	18	600	35	5	23	18	73	100	168/78	7.32	35.1	xxx	-8	18	xxx	↑RR 20
	0418	SIMV	22	600	35	5	28	18	77	100	174/83	7.42	28.6	204	-2	21	100%	1515 CTA
	0530	SIMV	21	600	35	5	28	18	78	100	183/83							
	0800	SIMV	21	600	35	5	29	21	67	100	160/78							
	1000	SIMV	21	600	35	5	31	21	64	100	176/82							
	1200	SIMV	21	600	35	5	35	21	119	100	165/82							
	1400	SIMV	21	600	35	5	45	21	82	99	186/90							
	1648	SIMV	21	600	50	8	41	21	125	99								
	1810	SIMV	21	600	75	8	45	21	117	100	161/80	7.369	34.4	76	-5	20	95	
	2016	SIMV	21	600	75	8	43	21	118	100	146/80							
	2315	SIMV	21	600	65	10	37	21	111	100	117/69							
	0145	SIMV	21	600	60	10	37	21	115	99	115/69							
	0400	SIMV	21	600	70	10	36	21	112	100	132/61	7.35	34	79	-6	19	95	SX
	0500	SIMV	21	600	70	10	40	21	111	97	103/54							SX – Tolerated b/u Flow
	1000	SIMV	21	600	80	10	33	21	105	100	139/63							
	1200	SIMV	21	600	80	10	36	21	101	100	138/62							
	1400	SIMV	21	600	80	10	38	21	105	100	141/63							
	1550	SIMV	21	600	80	10	33	21	107	100	140/70							
	1949	SIMV	21	600	75	10	39	21	121	99	154/61							
	2012	SIMV	21	600	75	10	36	21	123	100	151/64							25 coarse
	0000	SIMV	21	600	70	10	35	21	114	100	158/73	7.34	36	131	-6	20	99	↑RR 22 ↓FiO2 65
	0240	SIMV	22	600	60	10	36	22	117	100	132/63							
	0415	SIMV	22	600	55	10	34	22	113	100	137/63							
	0630	SIMV	22	600	50	10	32	22	100	100	131/60							SX per nurse

RR 2

75%

(b)(6)-2

MEDCOM - 20057

(b)(2)-2 NACU (b)(6)-4 # [redacted] 8 ETT 26@ L4

[redacted] VENTILATOR FLOW SHEET

GSW back of head

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
25 Sep	0816	SIMV	22	600	50	10	34	22	94	100	119/61							
	1000	SIMV	↓20	600	↓40	↓7	29	20	87	100	125/64							
	1200	SIMV	20	600	↑60	↑10	31	20	101	100	138/63							
	1630	SIMV	20	600	50	10	32	20	99	100	133/64							
	1832	SIMV	20	600	50	10	32	20	101	100	144/64							
	2002	SIMV	18	600	50	10	34	18	103	100	144/66	7.36	37.8	88	-4	22	96.8	BBS coarse
	2207	SIMV	18	600	50	10	34	18	96	100	136/60							
26 Sep	0018	SIMV	18	600	50	10	32	18	90	100	135/58							
	0350	SIMV	18	600	50	10	33	18	92	100	129/61							
	0358	SIMV	18	600	50	10	34	18	94	100	147/73							
	0530	SIMV	18	600	50	10	33	18	96	100	147/75							
	0800	SIMV	↓16	600	↓40	10	31	16	125	98	107/58							
	1000	SIMV	16	600	40	10	31	16	123	98	107/57							
	1200	SIMV	16	600	40	10	30	16	109	100	120/63							
	1400	SIMV	16	600	40	10	31	16	109	100	124/62							
	1545	SIMV	14	600	40	8	29	14	104	100	138/69							
	1930	SIMV	18	600	40	8	27	18	114	100	87/32	7.39	40.8	97	0	25	97	Pcr + 6
	2230	SIMV	18	600	40	6	27	18	99	100	115/61							ABG @ 2400hrs
27 Sept	0050	SIMV	18	600	40	6	27	18	91	100	111/58							All vals WNL
	0455	SIMV	18	600	40	5	27	18	95	100	123/64	7.44	38	119	2	26	99	
	0610	SIMV	18	600	40	5	27	20	107	96	124/55							
	0830	SIMV	↓16	600	40	5	27	16	103	100	118/63							
	1000	SIMV	16	600	40	5	28	16	102	99	107/59							
	1400	SIMV	16	600	40	5	28	16	102	99	109/60							
	1600	SIMV	16	600	40	5	27	16	102	98	110/60							
	1800	SIMV	16	600	40	5	29	16	102	98	111/59							
	2000	SIMV	16	600	40	5	29	16	103	99	118/60							
28 Sept	0026	SIMV	16	600	40	5	29	16	110	99	116/62							
	0230	SIMV	16	600	40	5	27	16	102	98	119/62							
	0400	SIMV	16	600	40	5	30	18	105	98	118/62							
	0531	SIMV	16	600	40	5	33	16	164	95	108/62							am care, Sx
	0800	SIMV	16	600	40	5	31	16	105	98	119/63							
	1000	SIMV	16	600	40	5	31	16	104	97	121/63							
	1200	SIMV	16	600	40	5	32	16	103	97	113/60							
	1400	SIMV	16	600	40	5	30	16	103	95	114/60							
	1800	SIMV	16	600	50	5	34	16	102	95	114/59							
	2002	SIMV	16	600	40	5	28	16	109	97	100/43							
	2227	SIMV	16	600	100	5	35	16	115	97	112/44							

* Pt Sat

(b)(6)-2

MEDCOM - 20058

(b)(2)-2 Pacu DNR (b)(6)-4

[redacted] VENTILATOR FLOW SHEET

#[redacted]
8 ETT
26 @ lip

29th - Alb Q4X24 (~~22, 26, 10, 11, 18~~ (22)) GSW back of head

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
29 Sept	0110	SIMV	18	600	70	10	36	18	119	95	100/92							Alb tx Started
	0400	SIMV	24	600	70	10	35	18	112	98	110/56	7.45	41	74	4	28	95	ZOK
	0500	SIMV	20	600		10	29	8	110	98	113/59	7.45	41	79	4	28	96	ZOK Alb BBS coarse
	0800			OR														
	1310	SIMV	14	700	70	10	40	14	104	95	108/53							Alb tx
	1851	SIMV	14	700	70	10	40	14	104	94	101/51							Alb tx BBS coarse
	2019	SIMV	16	700	70	10	38	16	101	96	99/40							Alb tx BBS coarse
	2355	SIMV	16	700	70	10	41	14	94	100	108/42							ZOK
	0200	SIMV	12	600	70	10	36	14	100	97	111/41							ZOK
	0410	SIMV	10	600	70	10	29	10	104	97	116/43	7.43	36	76	0	25	94	ZOK nurse made event 8'
	0535	SIMV	10	600	80	10	33	10	104	97	108/46							ZOK
	0800	SIMV	10	600	80	10	40	10	100	97	124/101							ZOK nurse ox. pt desat FiO2 80%
	1000	SIMV	10	600	80	10	29	10	128	96	126/60							RRR
	1200	SIMV	10	600	80	10	30	10	125	97	126/60							RRR
	1400	SIMV	10	700	80	15	39	10	120	97	131/69							RRL
	1530	SIMV	12	700	70	15	42	12	115	97	116/5							LK
	1806	SIMV	14	700	60	15	40	12	110	100	109/49							OAH
	1957	SIMV	14	700	60	15	37	12	100									BS coarse
	2128	SIMV	14	700	60	15	41	12	115	100	141/63							
	2355	SIMV	14	700	60	10	32	14	114	100	123/64	7.42	34.4	154	-2	22	99	OH
1 Oct	0210	SIMV	12	700	50	10	31	12	120	98	132/65							ZOK
	0400	SIMV	12	700	50	10	31	12	117	99	131/64							ZOK
	0530	SIMV	12	700	50	10	28	12	114	100	150/67							ZOK
	0800	SIMV	14	700	40	10	33	14	114	100	177/74							RRR
	1030	SIMV	14	700	40	10	34	14	105	100	162/67							RRR
	1200	SIMV	14	700	40	10	33	14	101	100	124/62							RRR
	1400	SIMV	14	700	40	10	29	14	99	100	171/72							RRR
	1557	SIMV	14	700	40	10	41	14	99	99	176/65							OAH
	1804	SIMV	14	700	40	10	33	14	100	100	164/61							OAH
	2010	SIMV	14	700	40	10	35	14	101	100	178/71							
	2204	SIMV	14	700	40	10	38	14	103	100	172/82							
	2330	SIMV	16	700	40	10	35	16	107	100	198/99							Sx OH
	0122	SIMV	16	700	40	10	35	20	99	100	171/86							ZOK
	0458	SIMV	16	700	40	10	27	20	91	100	160/79							ZOK
	0600	SIMV	16	700	40	10	35	16	117	98	160/107							ZOK min care
																		RRR
																		RRR

DC'd 0900

MEDCOM - 20059

Ward/Section: FC43	REQUESTING PHYSICAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: EPW [redacted] (b)(6)-4	DATE: 22 Sep	TIME: 2000
		SSN/PEEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	App		N/A	Mono		Negative
Hgb		14-18 g/dl(M) 12-16 g/dl(F)	Glu		Negative	**Microbiology**		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 fi(M) 81-99 fi(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Macroscopic Urinalysis**		
RBC Morph			HCG		Negative			

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

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

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

0 1)

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

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

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

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

======= PICCOLO =======
09/22/03 07:56 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: (b)(6)-2 3152/VM
OPER #: [redacted] DR #: 000
SERIAL #: (b)(6)2 [redacted]

GLU	120*	73-118	MG/DL
BUN	5*	7-22	MG/DL
CRE	0.9-	0.6-1.2	MG/DL
CK	825*	39-380	U/L
NA+	123*	128-145	MMOL/L
K+	4.1	3.3-4.7	MMOL/L
CL-	102	98-108	MMOL/L
tCO2	17*	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/dl
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)-2

Ward/Section: ICU #3	REQUESTING PHYSICAN [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW # [redacted] (b)(6)-4	DATE 22 Sept	TIME 1815	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
RBC		4.7-6.1 x10
Hgb		14-18 g/dl(M) 12-16 g/dl(F)
Hct		42-52%(M) 37-47%(F)
MCV		80-94 fi(M) 81-99 fi(F)
Plt		130-500 x10³

(b)(6)-4

ID: [redacted]
WB

22-09-03
18:25

			Patient Limits	
WBC	15.1 H	x10^3/uL	4.5	10.5
RBC	4.64	x10^6/uL	4.00	6.00
Hgb	12.1	g/dL	11.0	18.0
Hct	37.6	%	35.0	60.0
MCV	81.0	fL	80.0	99.9
MCH	26.1 L	pg	27.0	31.0
MCHC	32.3 L	g/dL	33.0	37.0
Plt	236.	x10^3/uL	150.	450.
LYM	9.7 *L	%	20.5	51.1
LYM	1.5 *	x10^3/uL	1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count		
Directigen		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

Other		ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU #3	REQU[redacted]SICAN: (b)(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. EPW #[redacted]	(b)(6)-4	DATE 22SEP03	TIME 1815	SSN/PEEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
CI		98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^{+}		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA^{++}		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	*TEST*	*RESULT*	*REF. RANGE*
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	*TEST*	*RESULT*	*REF. RANGE*	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	*RESULT*	*REF. RANGE*	NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K^{+}		3.3-4.7 mmol/l	*TEST*	*RESULT*	*REF. RANGE*
Drug of Abuse			CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
			tCO2		18-33 mmol/l	K^{+}		3.3-4.7 mmol/l
						CL^{-}		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 3	REQUESTING PHYSIC[redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6)-4	DATE 22 Sep 03	TIME 1650	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set Rate		
Other		

(b)(6)-4

ID: [redacted]
MB

22-09-03
16:30

			Patient Limits	
WBC	15.1 H	x10^3/uL	4.5	10.5
RBC	4.82	x10^6/uL	4.00	6.00
Hgb	12.7	g/dL	11.0	18.0
Hct	39.1	%	35.0	60.0
MCV	81.1	fL	80.0	99.9
MCH	26.3 L	pg	27.0	31.0
MCHC	32.4 L	g/dL	33.0	37.0
Plt	254.	x10^3/uL	150.	450.
LYM	9.1 *	%	20.5	51.1
LYM	1.4 *	x10^3/uL	1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-3	REQUESTING PHYSICAN: [redacted] (b)6-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)-4	DATE: 22Sep03 TIME: 1600	SSN/PEEUDO SSN:

(I-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

```
======= PICCOLO =======
09/22/03                 04:32 PM
REFERENCE RANGE:          MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #(b)(6)-2  3152AM
OPER #: [redacted]      DR #: 000
SERIAL #: [redacted]
.....(b)(6)-2.....
GLU   121*  73-118   MG/DL
BUN     5*  7-22     MG/DL
CRE   0.7   0.6-1.2  MG/DL
CK    849*  39-380   U/L
NA+   127*  128-145  MMOL
K+    4.2   3.3-4.7  MMOL
CL-   103   98-108   MMOL
tCO2  18    18-33    MMOL

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

REMARKS:		
REPORTED BY:	DATE: 22Sep03	LAB ID NO.:

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

Ward/Section: ICU3

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

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

DATE: 22 SEP 03

TIME: 0340

SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		
(Hemat		
Segs		
Bands		
Lymph		
Atyp		
RBC Morph		
Spun Hematoc		
Set Rate		
Other		
Co		
TEST		
PT		
APTT		
D dime		
FDP		
REMA		
REPO		

(b)(6)-4

ID: [redacted] 22-09-03
WB 03:39

			Patient Limits	
WBC	17.2 H	x10^3/uL	4.5	10.5
RBC	4.56	x10^6/uL	4.00	6.00
Hgb	11.8	g/dL	11.0	18.0
Hct	36.9	%	35.0	60.0
MCV	81.0	fL	80.0	99.9
MCH	25.9 L	pg	27.0	31.0
MCHC	32.0 L	g/dL	33.0	37.0
Plt	274.	x10^3/uL	150.	450.
LY%	9.7 * L	%	20.5	51.1
LY#	1.7 *	x10^3/uL	1.2	3.4

22/09/03 03:39
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] (b)(6)-2 DR #: 000
SERIAL #: [redacted] (b)(6)-2

GLU	126*	73-118	MG/DL
BUN	7	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	1002*	39-380	U/L
NA+	139	128-145	MMOL/L
K+	4.6	3.3-4.7	MMOL/L
CL-	105	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

Urinalysis

TEST	RESULT	REF. RANGE
		N/A
		N/A
		Negative
		Negative
		Negative
		N/A
		Negative
		N/A
		Negative
		0.2-1.0
		Negative
		Negative
		Negative

CSF

igen		Negative	

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

LAB ID NO.:

UB C,

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: EPW # [redacted] (b)(6)-4	DATE: 22Sep03	TIME: 0045	SSN/PSEUDO SSN:

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

(Piccolo) Chemistry 12

```
======= PICCOLO =======
22/09/03                 00:55
REFERENCE RANGE:          MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: (b)(6)-2 3141AA4
OPER #: [redacted]  DR #: 000
SERIAL #: (b)(6)-2 [redacted]
.......................
```

TEST	RESULT	REF. RANGE	
GLU	141*	73-118	MG/DL
BUN	7	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	998*	39-380	U/L
NA+	139	128-145	MMOL/L
K+	3.9	3.3-4.7	MMOL/L
CL-	106	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

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

```
======= PICCOLO =======
22/09/03                 01:03
REFERENCE RANGE:          MALE
PATIENT #: [redacted] (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: (b)(6)-2 3204AA4
OPER #: [redacted]  DR #: 000
SERIAL #: (b)(6)-2 [redacted]
.......................
```

TEST	RESULT	REF. RANGE	
ALB	3.5	3.3-5.5	G/DL
ALP	117*	26-84	U/L
ALT	30	10-47	U/L
AMY	38	14-97	U/L
AST	43*	11-38	U/L
TBIL	0.5	0.2-1.6	MG/DL
BUN	7	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	106	100-200	MG/DL
CRE	0.7	0.6-1.2	MG/DL
GLU	147*	73-118	MG/DL
TP	7.0	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
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

Liver Panel Plus

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

(Piccolo) Electrolyte

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

(b)(6)-4

ID: [redacted]
UB

22-09-03
00:54

			Patient Limits	
WBC	18.1 H	x10^3/uL	4.5	10.5
RBC	4.96	x10^6/uL	4.00	6.00
Hgb	12.9	g/dL	11.0	18.0
Hct	40.3	%	35.0	60.0
MCV	81.1	fL	80.0	99.9
MCH	26.1 L	pg	27.0	31.0
MCHC	32.1 L	g/dL	33.0	37.0
Plt	276.	x10^3/uL	150.	450.
LY%	12.9 *L	%	20.5	51.1
LY#	2.3 *	x10^3/uL	1.2	3.4

REMARKS:

REPORTED BY:

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 10^6
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	A Pos

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/22/03 12:57 AM (b)(6)-2

Patient ID: [redacted] (b)(6)-4
Test Name :APTT
Test Result:= 45.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/22/03
Test Time :12:55 AM
Card Lot :100208
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/22/03 01:04 AM (b)(6)-2

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.46
Sample Type:citrated wh. blood
Test Date :09/22/03
Test Time :01:01 AM
Card Lot :010301
[redacted] : [redacted] (b)(6)-2

Microbiology Report

ABN SINA - HOSPITAL Laboratory

Name:	Specimen: [redacted]	Status: Final
Patient ID: [redacted] (b)(6)-4	Source: Sputum (b)(6)-4	Collected:
Ward/Rm: /	Ward of Iso:	Attd. Phys:

1 Staphylococcus aureus Status: Final

1 S. aureus

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	<=8/4				
Ampicillin	>8	BLAC			
Azithromycin	<=2	S			
Cefazolin	<=8				
Cefepime	<=8				
Cefotaxime (c)	<=8				
Ceftriaxone (c)	<=8				
Cephalothin	<=8				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5	S			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	<=4				
Levofloxacin	<=2	S			
Linezolid	4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Ofloxacin	<=2	S			
Oxacillin	N/R				
Penicillin	>8	BLAC			
Pip/Tazo (d)	<=4				
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	<=2/38	S			
Vancomycin	<=2	S			

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

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

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

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

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

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

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

Name:	Specimen: [redacted]	Status: Final
Patient ID: [redacted] (b)(6)-4	Source: Sputum (b)(6)-4	Collected:
Ward/Rm: /	Ward of Iso:	Req. Phys: [redacted]

(b)(6)-2

Microbiology Report

ABN SINA - HOSPITAL Laboratory

Name:	[redacted] (b)(6)-4	Specimen:	[redacted] (b)(6)-4	Status:	Final
Patient ID:		Source:	Sputum	Collected:	
Ward/Rm:	/ ICU3/Rm2/Bed 4	Ward of Iso:		Attd. Phys:	

1 Staphylococcus aureus Status: Final

1 S. aureus

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	<=8/4				
Ampicillin	>8	BLAC			
Azithromycin	<=2	S			
Cefazolin	<=8				
Cefepime	<=8				
Cefotaxime (c)	<=8				
Ceftriaxone (c)	<=8				
Cephalothin	<=8				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5	S			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	<=4				
Levofloxacin	<=2	S			
Linezolid	4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Ofloxacin	<=2	S			
Oxacillin	N/R				
Penicillin	>8	BLAC			
Pip/Tazo (d)	<=4				
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	<=2/38	S			
Vancomycin	<=2	S			

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

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

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

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

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

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

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

Microbiology Report

ABN SINA - HOSPITAL Laboratory

Name:	Specimen: [redacted] (b)(6)-4	Status: **Final**
Patient ID: [redacted] (b)(6)-4	Source: Sputum	Collected:
Ward/Rm: /	Ward of Iso:	Attd. Phys:

1 Staphylococcus aureus Status: Final

1 S. aureus

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	<=8/4				
Ampicillin	>8	BLAC			
Azithromycin	<=2	S			
Cefazolin	<=8				
Cefepime	<=8				
Cefotaxime (c)	<=8				
Ceftriaxone (c)	<=8				
Cephalothin	<=8				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5	S			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	<=4				
Levofloxacin	<=2	S			
Linezolid	4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Ofloxacin	<=2	S			
Oxacillin	N/R				
Penicillin	>8	BLAC			
Pip/Tazo (d)	<=4				
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	<=2/38	S			
Vancomycin	<=2	S			

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

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

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

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
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For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

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

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

Name:	Specimen: [redacted] (b)(6)-4	Status: **Final**
Patient ID: [redacted] (b)(6)-4	Source: Sputum	Collected:
Ward/Rm: /	Ward of Iso:	Req. Phys: [redacted] (b)(6)-2

Tech:

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

LAST, FIRST,MI. | DA | SSN:

i-STAT EC8+

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

Pt Name:_____

Glu_____113 mg/dL

BUN_____6 mg/dL

Na_____136 mmol/L

K_____*** mmol/L

Cl_____107 mmol/L

TCO2_____23 mmol/L

AnGap_____*** mmol/L

Hct_____39 %PCV

Hb*_____13 g/dL

*via Hct

PH_____7.381

PCO2_____36.2 mmHg

HCO3_____21 mmol/L

BEecf_____-4 mmol/L

Sample Type_:

23SEP03 21:05

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

Physician:_____

Ser# [redacted]

User [redacted]

(Piccolo) Che

TEST	RESULT
ALB	
ALP	
ALT	
AMY	
AST	
TBIL	
BUN	
CA^{++}	
CHOL	
CRE	
GLU	
TP	

(Piccolo) Met

TEST	RESULT
GLU	
BUN	
CRE	
CK	
NA^+	
K^+	
CL^-	
tCO2	

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

09/23/03 09:13 PM

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3152AM

OPER #: [redacted] (b)(6)-2 DR #: 000

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

GLU	117	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	♦♦♦	0.6-1.2	MG/DL
CK	411*	39-380	U/L
NA+	♦♦♦	128-145	MMOL/L
K+	4.2	3.3-4.7	MMOL/L
CL-	104	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

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

anel Plus

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
5.4-8.1 g/dl

olyte

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

						...		128-145 mmol/l
					18-33 mmol/l	K^+		3.3-4.7 mmol/l
						CL^-		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section:	REQUESTING PHYSICAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
ICU 3	[redacted] (b)(6)-4	

LAST, FIRST, MI.		DATE	TIME		SSN/PEEUDO SSN:
[redacted] (b)(6)-4		23SEP03	1600		

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

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

======= PICCOLO =======
09/23/03 04:39 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: (b)(6)-2 [redacted]

GLU	127*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	556*	39-380	U/L
NA+	♦♦♦	128-145	MMOL/L
K+	3.8	3.3-4.7	MMOL/L
CL-	106	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

I-Stat
Bun - 5
NA - 136

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
CO2		18-33 mmol/l

REMARKS: (b)(6)-2

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	23 Sep 03	

Ward/Section: I-03	REQUESTING PHYSICAN: [redacted] (b)(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted]	(b)(6)-4	DATE 9/23	TIME 1100	SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (ar 41-51 mmHg (ve
PO2		80-105 mmHg (a N/A (ven)
TCO2		23-27 mmol/L (a 24-29 mmol/L (v
HCO3		22-26 mmol/L (a 23-28 mmol/L (a
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
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l

======= PICCOLO =======
23/09/03 11:02
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: L [redacted]
....(b)(6)-2.....

GLU	104	73-118	MG/DL
BUN	4*	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	703*	39-380	U/L
NA+	123*	128-145	MMOL/L
K+	3.8	3.3-4.7	MMOL/L
CL-	105	98-108	MMOL/L
tCO2	21	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/dl
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS: (b)(6)-2

REPORTED BY: [redacted]	DATE: 23 Sep 03	LAB ID NO.:

(b)(6)-2

Ward/Section: IW3	REQUESTING PHYSICAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] (b)(6)-4	DATE: 8/23	TIME: 1100	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
RBC		4.7-6.1 x10
Hgb		14-18 g/dl(M) 12-16 g/dl(F)
Hct		42-52%(M) 37-47%(F)
MCV		80-94 fi(M) 81-99 fi(F)
Plt		130-500 x10³ verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

AB

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST,MI. EPW [redacted] (b)(6)-4	DATE 9.23	TIME	SSN/PEEUDO SSN: EPW [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL

i-STAT G3+

Pt: [redacted] 66-4

Pt Name:_____

TCO2_____25 mmol/L

At 37C

pH_____7.379

PCO2_____39.9 mmHg

PO2_____77 mmHg

HCO3_____24 mmol/L

BEecf_____-2 mmol/L

sO2*_____95 %

*calculated

Sample Type_:

23SEP03 09:04

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

Physician:_____

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

Ver: [redacted]

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALP		35-55 u/dl

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

23/09/03 09:04

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3141AA4

OPER #: [redacted] DR #: 000

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

GLU	113	73-118	MG/DL
BUN	6*	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	743*	39-380	U/L
NA+	126*	128-145	MMOL
K+	3.4	3.3-4.7	MMOL
CL-	103	98-108	MMOL
tCO2	21	18-33	MMOL

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/dl
K+		3.3-4.7 mmol/l
Cl-		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: FCU3	REQUESTING [redacted] (b)(6)-4	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. (b)(6)-4 EPW [redacted]	DATE 9/23	TIME 0800	SSN/PEEUDO SSN EPW [redacted] (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		[illegible]

(b)(6)-4

ID: [redacted] 23-09-03
WB [redacted] 08:24

				Patient Limits	
WBC	15.4 H	x10^3/uL		4.5	10.5
RBC	4.57	x10^6/uL		4.00	6.00
Hgb	11.7	g/dL		11.0	18.0
Hct	36.8	%		35.0	60.0
MCV	80.6	fL		80.0	99.9
MCH	25.5 L	pg		27.0	31.0
MCHC	31.7 L	g/dL		33.0	37.0
Plt	224.	x10^3/uL		150.	450.
LYZ	9.9 *L	%		20.5	51.1
LY#	1.5 *	x10^3/uL		1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU3	REQUESTING PHYSICAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. CPW [redacted] (b)(6)-4	DATE 23Sep03	TIME 0400	SSN/PEEUDO SSN:

(Hematology) CBC

======= PICCOLO =======
23/09/03 04:46
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)-2

GLU	106	73-118	MG/DL
BUN	5*	7-22	MG/DL
CRE	0.4*	0.6-1.2	MG/DL
CK	741*	39-380	U/L
NA+	~~126*~~ 136	128-145	MMOL/L
K+	3.5	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

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

(b)(6)-4

ID: [redacted] 23-09-03
WB 04:48

			Patient Limits	
WBC	14.1 H	x10^3/uL	4.5	10.5
RBC	4.48	x10^6/uL	4.00	6.00
Hgb	11.4	g/dL	11.0	18.0
Hct	36.3	%	35.0	60.0
MCV	80.9	fL	80.0	99.9
MCH	25.4 L	pg	27.0	31.0
MCHC	31.4 L	g/dL	33.0	37.0
Plt	236.	x10^3/uL	150.	450.
LY%	9.8 *L	%	20.5	51.1
LY#	1.4 *	x10^3/uL	1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

over

Ward/Section: 3	REQU[redacted]ICAN: (b)(6)-4	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)-4	DATE 23SEP03	TIME 0000	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WT		
RI		
Hg		
Hc		
MC		
Plt		
Ly		
(I		
Se		
Ba		
Lyn		
Aty		
RBC		
Mo		
Spu		
Hem		
Set		
Othe		
TES		
PT		
APTT		
D dim		
FDP		

== PICCOLO ==
23/09/03 00:17
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)-2

GLU	108	73-118	MG/DL
BUN	5*	7-22	MG/DL
CA++	9.0	8.0-10.3	MG/DL
CRE	0.7	0.6-1.2	MG/DL
NA+	128	128-145	MMOL/L
K+	3.8	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

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

(b)(6)-4
ID: [redacted] 23-09-03
NB 00:19

			Patient Limits	
WBC	15.1 H	x10^3/uL	4.5	10.5
RBC	4.70	x10^6/uL	4.00	6.00
Hgb	12.3	g/dL	11.0	18.0
Hct	38.1	%	35.0	60.0
MCV	81.0	fL	80.0	99.9
MCH	26.2 L	pg	27.0	31.0
MCHC	32.3 L	g/dL	33.0	37.0
Plt	237.	x10^3/uL	150.	450.
LY%	10.6 *L	%	20.5	51.1
LY#	1.6 *	x10^3/uL	1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS.

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU3	REQUESTING PHYSICAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: BPW [redacted] (b)(6)-4	DATE: 23 Sep 03 / TIME: 2035	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
R		
H		
H		
M		
P		
L		
S		
I		
L		
A		
RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set Rate		
Other		

(b)(6)-4

ID: [redacted] 23-09-03
WB 21:08

				Patient Limits	
WBC	16.6 H	x10^3/uL		4.5	10.5
RBC	4.99	x10^6/uL		4.00	6.00
Hgb	12.4	g/dL		11.0	18.0
Hct	40.3	%		35.0	60.0
MCV	80.8	fL		80.0	99.9
MCH	24.9 L	pg		27.0	31.0
MCHC	30.9 L	g/dL		33.0	37.0
Plt	237.	x10^3/uL		150.	450.
LY%	5.6	*L	%	20.5	51.1
LY#	0.9	*	x10^3/uL	1.2	3.4

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		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MISC
ARC

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

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

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1	~~Neg~~	
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

```
======= PICCOLO =======
24/09/03                 00:59
REFERENCE RANGE:          MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #:              3024AA4
OPER #: [redacted]       DR #: 000
SERIAL #: (b)(6)2 [redacted]
.....
GLU   120*   73-118   MG/DL
BUN   ♦♦♦7   7-22     MG/DL
CRE   0.6    0.6-1.2  MG/DL
CK    331    39-380   U/L
NA+   ♦♦♦137 128-145  MMOL/L
K+    3.6    3.3-4.7  MMOL/L
CL-   103    98-108   MMOL/L
tCO2  24     18-33    MMOL/L

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

REMARKS:

REPORTED BY:

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST,MI.	DATE	TIME	SSN/PEEUDO SSN:
EPW [redacted] (b)(6)-4	24Sep03	0040	

(Hematology) CBC

TEST	RESULT	REF. RANGE
V		
R		
H		
H		
M		
P		
L		
S		
E		
L		
A		

(b)(6)-4

ID [redacted] 24-09-03
WB 00:58

			Patient Limits	
WBC	14.8 H	x10^3/uL	4.5	10.5
RBC	4.68	x10^6/uL	4.00	6.00
Hgb	11.9	g/dL	11.0	18.0
Hct	38.2	%	35.0	60.0
MCV	81.6	fL	80.0	99.9
MCH	25.5 L	pg	27.0	31.0
MCHC	31.2 L	g/dL	33.0	37.0
Plt	224.	x10^3/uL	150.	450.
LY%	4.4 *L	%	20.5	51.1
LY#	0.7 *	x10^3/uL	1.2	3.4

RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set Rate		
Other		

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count		
Directigen		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

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

(I-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		
ALT		
AMY		
AST		
TBIL		
BUN		
CA+		
CH		
CF		
G		
T		

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
[illegible]		7-22 mg/dl
[illegible]		8.0-10.3 mg/dl
[illegible]		0.6-1.2 mg/dl
[illegible]		128-145 mmol/dl
[illegible]		3.3-4.7 mmol/l
[illegible]		98-108 mmol/l
2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
3		3.3-5.5 g/dl
P		26-84 u/l
T		10-47 u/l
ST		14-97 u/l
AMY		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

======= PICCOLO =======
24/09/03 04:50
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
...(b)(6).2.....

GLU	137*	73-118	MG/DL
BUN	♦♦♦9	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	280	39-380	U/L
NA+	♦♦♦142	128-145	MMOL
K+	3.9	3.3-4.7	MMOL
CL-	105	98-108	MMOL
tCO2	22	18-33	MMOL

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

REQUESTING PHYSICAN: [redacted] (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
	DATE 24 Sep	TIME 0430	SSN/PEEUDO SSN:

RANGE	Urinalysis TEST	RESULT	REF. RANGE	Misc. Serology TEST	RESULT	REF. RANGE
0.8 x10	Color		N/A	RPR		Negative
.1 x10	App		N/A	Mono		Negative
g/dl(M) g/dl(F)	Glu		Negative	**Microbiology**		
%(M) %(F)	Bili		Negative	Source		
fi(M) fi(F)	Ket		Negative	Gram Stain		
0 x10³	SG		N/A	Occ Bld		Negative
.1%	Bld		Negative	H. pylori		Negative
ential	pH		N/A	Micro Parasites		
	Prot		Negative	Malaria		
	Urob		0.2-1.0	O & P		
	Nit		Negative	Other		
	Leuk		Negative	**Macroscopic Urinalysis**		
	HCG		Negative			

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 WITHE EVERY UNIT OF BLOOD REQUESTED)

GE	UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

[redacted] (b)(6)-2

[redacted] (b)(6)-4

ID: [redacted] 24-09-03
WB 04:48

			Patient Limits	
WBC	14.8 H	x10^3/uL	4.5	10.5
RBC	4.78	x10^6/uL	4.00	6.00
Hgb	12.2	g/dL	11.0	18.0
Hct	39.3	%	35.0	60.0
MCV	82.2	fL	80.0	99.9
MCH	25.6 L	pg	27.0	31.0
MCHC	31.1 L	g/dL	33.0	37.0
Plt	226.	x10^3/uL	150.	450.
LYM	4.3 *L	%	20.5	51.1
LYM	0.6 *L	x10^3/uL	1.2	3.4

TEMP 99.1
FiO2 70%

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

LAST, FIRST, MI:	DATE	TIME	SSN/PEEUDO SSN:
	24 Sep 03	0800	

(i-STAT)

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** PRINT CANCELLED **

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i-STAT G3+

Pt: 0815
Pt Name:_____

TCO2________20 mmol/L

At 37C
PH_______7.358
PCO2______33.6 mmHg
PO2_________68 mmHg
HCO3________19 mmol/L
BEecf_______-7 mmol/L
sO2*________93 %
   *calculated

A Patient Temp
PH_______7.354
PCO2______34.0 mmHg
PO2_________69 mmHg

Patient Temp: 99.1F
FIO2________: 70
Sample Type_:

** PRINT CANCELLED **
```

(Piccolo) Chemistry 12

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

```
======= PICCOLO =======
09/24/03                 09:19 AM
REFERENCE RANGE:            MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #:              3141AA4
OPER #: [redacted]       DR #: 806
SERIAL #: (b)(6)-2 [redacted]
.......................
GLU   132*  73-118   MG/DL
BUN   ♦♦♦   7-22     MG/DL
CRE   0.8   0.6-1.2  MG/DL
CK    140   39-380    U/L
NA+   124*  128-145  MMOL/L
K+    3.5   3.3-4.7  MMOL/L
CL-   109*  98-108   MMOL/L
tCO2  26    18-33    MMOL/L

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

Burn - 5

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
CO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
S	5-2-03	

Ward/Section: CW3	REQUESTING PHYSICAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST,MI. [redacted] (b)(6)-4	DATE 24 Sep	TIME 0800	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Ly		
(		
Se		
Ba		
Ly		
At		
Rl		
M		
Sp		
He		
S		
Other		

(b)(6)-4

ID: [redacted] 24-09-03
WB 08:17

				Patient Limits	
WBC	14.5 H	x10^3/uL		4.5	10.5
RBC	4.60	x10^6/uL		4.00	6.00
Hgb	11.7	g/dL		11.0	18.0
Hct	37.8	%		35.0	60.0
MCV	82.1	fL		80.0	99.9
MCH	25.4 L	pg		27.0	31.0
MCHC	30.9 L	g/dL		33.0	37.0
Plt	219.	x10^3/uL		150.	450.
LY%	5.0 *L	%		20.5	51.1
LY#	0.7 *L	x10^3/uL		1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

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

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EPW [redacted] (b)(6)-4	DATE 24Sep	TIME 1200		SSN/PSEUDO SSN: [redacted] (b)(6)-4

[illegible]

[illegible]

[illegible] mmol/L

[illegible]

[illegible]

[illegible] mmHg

[illegible] mmHg

[illegible] mmol/L

[illegible] mmol/L

[illegible] %

Calculated

Patient Temp

[illegible] mmHg

[illegible] mmHg

Patient Temp: 97.3F

[illegible]

Sample Type: [illegible]

[illegible]

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

[illegible]

[illegible]

[illegible]

(Piccolo) Chemistry 12

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

======= PICCOLO =======
09/24/03 11:54 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3141AA1
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)-2

GLU	138*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	185	39-380	U/L
NA+	121*	128-145	MMOL/L
K+	3.5	3.3-4.7	MMOL/L
CL-	111*	98-108	MMOL/L
tCO2	23	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/dl
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REPORTED BY: (b)(6)-2 [redacted]	DATE: 22Sep03	LAB ID NO.:

F_iO_2 80%

Ward/Section: ICU 3	REQUESTING PHYSICAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST,MI. EPW [redacted] (b)(6)-4	DATE 24 Sep 03	TIME 1200	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
RE		
Hg		
He		
MC		
Pl		
Ly		
(		
Se		
Br		
Ly		
At		
RI		
Mi		
Sp He		
Se		
Other		

(b)(6)-4

ID: [redacted] 24-09-03
WB 11:55

			Patient Limits	
WBC	14.0 H	x10^3/uL	4.5	10.5
RBC	4.40	x10^6/uL	4.00	6.00
Hgb	11.1	g/dL	11.0	18.0
Hct	35.8	%	35.0	60.0
MCV	81.4	fL	80.0	99.9
MCH	25.3 L	pg	27.0	31.0
MCHC	31.0 L	g/dL	33.0	37.0
Plt	199.	x10^3/uL	150.	450.
LY%	4.9 *L	%	20.5	51.1
LY#	0.7 *	x10^3/uL	1.2	3.4

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

LAST, FIRST,MI:		DATE 24Sep03	TIME 1535	SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE

i-STAT EG7+ 80% FIO2

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

Pt Name:_____

Na_____145 mmol/L

K_____2.7 mmol/L

TCO2_____29 mmol/L

iCa_____1. mol/L

Hct_____36 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.336

PCO2_____35.8 mmHg

PO2_____95 mmHg

HCO3_____19 mmol/L

BEecf_____-7 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

pH_____7.336

PCO2_____35.8 mmHg

PO2_____95 mmHg

Patient Temp: 98.6F

Sample Type:

24SEP03 15:38

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

Physician:_____

Ser# [redacted]

Ver: [redacted]

(Piccolo) Chemistry 12

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

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

24/09/03 15:58

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3141AA4

OPER #: [redacted] DR #: 000

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

GLU	130*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	161	39-380	U/L
NA+	♦♦♦	128-145	MMOL/L
K+	3.3	3.3-4.7	MMOL/L
CL-	110*	98-108	MMOL/L
tCO2	23	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

I-Stat

Bun-11

Na-143

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
CO2		18-33 mmol/l

DATE:	LAB ID NO.:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] (b)(6)-4	DATE: 24 Sep 03	TIME: 1535	SSN/REFUDO SSN: [redacted] (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
V		
R		
H		
H		
M		
P		
L		
S		
B		
L		
A		

(b)(6)-4

ID: [redacted]
WB

24-09-03
15:42

			Patient Limits	
WBC	15.1 *H	x10^3/uL	4.5	10.5
RBC	4.46	x10^6/uL	4.00	6.00
Hgb	11.5	g/dL	11.0	18.0
Hct	36.6	%	35.0	60.0
MCV	82.1	fL	80.0	99.9
MCH	25.8 L	pg	27.0	31.0
MCHC	31.4 L	g/dL	33.0	37.0
Plt	204.	x10^3/uL	150.	450.
LY%	3.5 *L	%	20.5	51.1
LYN	0.5 *	x10^3/uL	1.2	3.4

RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set Rate		
Other		

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Macroscopic Urinalysis

CSF

Cell Count			
Directigen		Negative	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

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

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
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 (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		18-33 mmol/l

======= PICCOLO =======
09/24/03 08:54 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: (b)(6) 2 [redacted]

GLU	138*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	100	39-380	U/L
NA+	117*	128-145	MMOL
K+	3.6	3.3-4.7	MMOL
CL-	111*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

1 stat done to recheck sodium →

---
i-STAT EC8+

Pt: 815
Pt Name:_____

Glu_____133 mg/dL
BUN_____13 mg/dL
Na_____[illegible] mmol/L
K_____*** mmol/L
Cl_____116 mmol/L
TCO2_____23 mmol/L
AGap_____*** mmol/L
Hct_____40 %PCV
Hb*_____14 g/dL
*via Hct

PH_____7.320
PCO2_____41.8 mmHg
HCO3_____22 mmol/L
BEecf_____-5 mmol/L
Sample T
245EP0 20:41

REMARKS:

REPORTED BY: (b)(6)-2 [redacted]	DATE: 24 Sep 03	LAB ID NO.:

1 ea

Ward/Section: ICU3	REQUESTING PHYSICAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: EPW [redacted] (b)(6)-4	DATE: 24Sep03 TIME: 2000	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
W		
Rl		
Hq		
Hc		
MC		
Pl		
Ly		
(I		
Se		
Ba		
Lyn		
Atyp		
Imm		
RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set Rate		
Other		

ID: [redacted] 24-09-03 20:25
WB

			Patient	Limits	
WBC	19.1 H	x10^3/uL	4.5	10.5
RBC	4.99	x10^6/uL	4.00	6.00
Hgb	12.7	g/dL	11.0	16.0
Hct	41.0	%	35.0	60.0
MCV	82.3	fL	80.0	99.9
MCH	25.6 L	pg	27.0	31.0
MCHC	31.1 L	g/dL	33.0	37.0
Plt	261.	x10^3/uL	150.	450.
LY%	3.0 *L	%	20.5	51.1
LY#	0.6 *L	x10^3/uL	1.2	3.4

Urinalysis

TEST	RESULT	REF. RANGE
Color		
App		
Glu		
Bili		
Ket		
SG		
Bld		
pH		
Prot		
Urob		0.2
Nit		
Leuk		
HCG		

CSF

Cell Count		
Directigen		

Coagulation Studies

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

Bl (MUST SUBMIT

Misc. Serology

TEST	RESULT	REF. RANGE
		Negative
		Negative
		Negative
		Negative

pH@EPW@@@

1-STAT 03+
Pt: [redacted] (b)(6)-4
Pt Name:_____
CO2_____19 mmol/L
At 37C
pH_____7.297
PCO2_____36.7 mmHg
PO2_____[illegible] mmHg
HCO3_____18 mmol/L
BEcf_____-9 mmol/L
SO2*_____97 %
*calculated

At Patient Temp
pH_____7.283
PCO2_____38.4 mmHg
PO2_____112 mmHg
Patient Temp: 100.5F
FIO2_____: 75
Sample Type_: ART
Field1_____: .
24SEP03 20:43
Oper: [redacted]
Physician:_____ (b)(6)-2
Ser# [redacted]
Wer: [redacted]

REMARKS:

REPORTED BY: **DATE:** **L**

MISC.
ABG → CLRT

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
EPW [redacted] (b)(6)-4	9/25/03	2130	

(i-STAT)

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

(Piccolo) Chemistry 12

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

(Piccolo) Metabolic Panel

```
======= PICCOLO =======
09/25/03                10:00 PM
REFERENCE RANGE:          MALE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #:             3152AA4
OPER #: [redacted]  DR #: 000 (b)(6)-2
SERIAL #: [redacted]
.....................
GLU   144*   73-118   MG/DL
BUN   ♦♦♦    7-22     MG/DL
CRE   1.3*   0.6-1.2  MG/DL
CK    1325*  39-380    U/L
NA+   120*   128-145  MMOl/L
K+    2.8*   3.3-4.7  MMOl/L
CL-   116*   98-108   MMOl/L
tCO2  ♦♦♦    18-33    MMOl/L

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

I-Stat

Bun-20

Na-156

TCO_2 24

(Piccolo) Metlyte 8

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

```
ID [redacted]                    25-09-03
DB (b)(6) 4                      21:32
                                 Patient
                                 Limits
WBC  20.5 H  x10^3/uL   4.5  10.5
RBC  4.13    x10^6/uL   4.00  6.00
Hgb  10.5 L  g/dL       11.0  18.0
Hct  33.9 L  %          35.0  60.0
MCV  82.0    fL         80.0  99.9
MCH  25.4 L  pg         27.0  31.0
MCHC 31.0 L  g/dL       33.0  37.0
Plt  347.    x10^3/uL   150.  450.
LYM  3.4  *L %          20.5  51.1
LYM  0.7  *L x10^3/uL   1.2   3.4
```

REMARKS: CBC

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6) -4	DATE: 9/25 TIME: 1500	SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

======= PICCOLO =======
09/25/03 03:30 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
....(b)(6) 2.....

GLU	143*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	1263*	39-380	U/L
~~NA+~~	~~118*~~	~~128-145~~	~~MMOL~~
K+	2.6*	3.3-4.7	MMOL/L
CL-	114*	98-108	MMOL/L
tCO2	♦♦♦	18-33	MMOL/L

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

I-Stat
NA - 152
TCO2 - 21

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

ST	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

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
EPW [redacted] (b)(6)4	25 Sep	115 S	[redacted] (b)(6)4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANG
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

======= PICCOLO =======
09/25/03 12:45 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: (b)(6)2 [redacted]

GLU	155*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	1156*	39-380	U/L
NA+	120*	128-145	MMOL
K+	2.3*	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
N		7-22 mg/dl
+		8.0-10.3 mg/dl
E		0.6-1.2 mg/dl
+		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
LB		3.3-5.5 g/dl
LP		26-84 u/l
LT		10-47 u/l
MY		14-97 u/l
AST		11-38 u/l
BIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

REMARKS:

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

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted]	DATE 25Sep03	TIME 0400	SSN/PSEUDO SSN:

(i-STAT) TEST	(Piccolo) Chemistry 12 RESULT	REF. RANGE	(Piccolo) Metabolic Panel TEST	RESULT	REF. RANGE
Na		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		26-84 u/l	BUN		7-22 mg/dl
Cl		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		11-38 u/l	NA^{+}		128-145 mmol/l
PO2		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2		7-22 mg/dl	CL^{-}		98-108 mmol/l
HCO3					18-33 mmol/l
sO2					
BEecf					
AnGap					
Ca					
BUN					
GLU					
Creat					
Hct					
Hgb					

(b)(6)4

```
======= PICCOLO =======
25/09/03                 04:58
REFERENCE RANGE:          MALE
PATIENT #:  [redacted]
METLYTE 8
DISC LOT #:              3141AA4
OPER #: [redacted]       DR #: 000
SERIAL #: [redacted]
(b)(6)2
.........................
GLU   134*   73-118    MG/DL
BUN   ***    7-22      MG/DL
CRE   0.5*   0.6-1.2   MG/DL
CK    ***    39-380    U/L
NA+   ***    128-145   MMOL
K+    3.3    3.3-4.7   MMOL
CL-   110*   98-108    MMOL
tCO2  ***    18-33     MMOL

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

(b)(6)-4

```
ID: [redacted]                25-09-03
UB                            05:00
                            Patient
                            Limits
WBC   17.9 H  x10^3/uL   4.5  10.5
RBC   4.41    x10^6/uL   4.00  6.00
Hgb   11.2    g/dL       11.0  18.0
Hct   36.0    %          35.0  60.0
MCV   81.6    fL         80.0  99.9
MCH   25.4 L  pg         27.0  31.0
MCHC  31.2 L  g/dL       33.0  37.0
Plt   279.    x10^3/uL   150.  450.
LYM%  3.9 *L  %          20.5  51.1
LYM   0.7 *L  x10^3/uL   1.2   3.4
```

TEST	REF. RANGE
Troponin-I	
Drug of Abuse	

Lipid Panel Plus TEST	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

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

misc
CBC

Ward/Section: JCU3	REQUESTING PHYSICAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST,MI. [redacted] (b)(6) 4	DATE 25 Sep 03	TIME 0040	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WE		
RB		
Hgl		
Hct		
MC		
Plt		
Lyn		
Se		
Ba		
Lyn		
Aty		
RB		
Mo		
Spu Hem		
Set		
Oth		

```
======= PICCOLO =======
09/25/03                12:46 AM
REFERENCE RANGE:            MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #:              3024AA1
OPER #: [redacted]       DR #: 000
SERIAL #: [redacted]
... (b)(6)2 ...
GLU   132*  73-118   MG/DL
BUN   ***   15-22    MG/DL
CRE   0.9   0.6-1.2  MG/DL
CK    ***   39-380   U/L
NA+   ***   128-145  MMOL/L
K+    3.7   3.3-4.7  MMOL/L
CL-   110*  98-108   MMOL/L
tCO2  29    18-33    MMOL/L

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

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		
Bl		
Pr		
Ni		
Le		
Ic		
Bi		

(b)(6)4

```
ID: [redacted]                25-09-03
WB                            00:46
                            Patient
                            Limits
WBC   16.9 H  x10^3/uL   4.5  10.5
RBC   4.50    x10^6/uL   4.00  6.00
Hgb   11.6    g/dL       11.0  18.0
Hct   37.4    %          35.0  60.0
MCV   83.1    fL         80.0  99.9
MCH   25.7 L  pg         27.0  31.0
MCHC  30.9 L  g/dL       33.0  37.0
Plt   245.    x10^3/uL   150.  450.
LY%   4.1 *L  %          20.5  51.1
LY#   0.7 *L  x10^3/uL   1.2   3.4
```

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
c Bld	Negative
pylori	Negative
cro rasites	
alaria	
& P	
ther	

Macroscopic Urinalysis

Blood Bank

IUST SUBMIT SF 518 WITH VERY UNIT REQUESTED

BO/Rh

Crossmatch
EVERY UNIT OF BLOOD ED)

TE	UNIT	TYPE	CROSSMATCH
PT			
APT.			
D dimer	<20 ug/ml		
FDP	< 10 ug /ml		

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Over

Ward/Section: ICU3	REQUESTING PHYSICIAN: (b)(6) 2 [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 9/26/03	TIME 0405	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(i-STAT)

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

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		
AMY		
AST		
TBIL		
BUN		
CA++		
CHOL		
CRE		
GLU		
TP		

(Piccolo) Metabolic Panel

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

Liver Panel Plus

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

Electrolyte

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

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

09/26/03 04:34 AM

REFERENCE RANGE: MALE

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

BASIC METABOLIC

DISC LOT #: 3145AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

(b)(6) 2

GLU	132*	73-118	MG/DL
BUN	♦♦♦19	7-22	MG/DL
CA++	9.0	8.0-10.3	MG/DL
CRE	0.6	0.6-1.2	MG/DL
NA+	125*155	128-145	MMOL/L
K+	3.0*	3.3-4.7	MMOL/L
CL-	110*	98-108	MMOL/L
tCO2	♦♦♦24	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

(b)(6) 4

ID: [redacted]			26-09-03	
WB			04:17	
			Patient Limits	
WBC	18.8 H	x10^3/uL	4.5	10.5
RBC	3.88 L	x10^6/uL	4.00	6.00
Hgb	9.8 L	g/dL	11.0	18.0
Hct	31.6 L	%	35.0	49.0
MCV	81.4	fL	80.0	99.9
MCH	25.3 L	pg	27.0	31.0
MCHC	31.1 L	g/dL	32.0	37.0
Plt	347.	x10^3/uL	150.	450.
LY%	4.3 * L	%	20.5	51.1
LY#	0.8 *	x10^3/uL	1.2	3.4

REMARKS: CBC

REPORTED BY: **DATE:** **[illegible] NO.:**

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EPW [redacted] (b)(6) 4	DATE 26Sep03	TIME 0025	SSN/PSEUDO SSN: [redacted] (b)(6) 14

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
N		7-22 mg/dl
+		8.0-10.3 mg/dl
E		0.6-1.2 mg/dl
+		128-145 mmol/l
		98-108 mmol/l
O_2		18-33 mmol/l

======= PICCOLO =======
26/09/03 00:29
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6) 2

GLU	144*	73-118	MG/DL
BUN	18	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	1476*	39-380	U/L
NA+	118*	128-145	MMOL
K+	2.4*	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	24	18-33	MMOL

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

(b)(6) 4
[redacted] 26-09-03
00:30

				Patient Limits	
WBC	18.3 H	x10^3/uL		4.5	16.5
RBC	3.82 L	x10^6/uL		4.00	6.00
Hgb	9.6 L	g/dL		11.0	18.0
Hct	31.5 L	%		35.0	60.0
MCV	82.5	fL		80.0	99.9
MCH	25.1 L	pg		27.0	31.0
MCHC	30.4 L	g/dL		33.0	37.0
Plt	326.	x10^3/uL		150.	450.
LY%	3.8 *L	%		20.5	51.1
LY#	0.7 *L	x10^3/uL		1.2	3.4

REMARKS: CBC

REPORTED BY:	DATE:	LAB ID NO.:

======= PICCOLO =======
09/26/03 08:47 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	166*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	♦♦♦	0.6-1.2	MG/DL
CK	1569*	39-380	U/L
~~NA+~~	~~123*~~	~~128-145~~	~~MMOL~~
K+	3.9	3.3-4.7	MMOL
CL-	117*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

BUN - 19
CRE - 0.9
NA - 152
CO2 - 24

[redacted]

STAT ☐ (Specify)

STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505

PATIENT

======= PICCOLO =======
26/09/03 15:09
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	146*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	1432*	39-380	U/L
NA+	~~120*~~	128-145	MMOL
K+	4.0	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

No 154

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

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

26SEP03 15:08
Sample Type:
*calculated
sO2*_____99 %
BEecf_____0 mmol/L
HCO3_____24 mmol/L
PO2_____125 mmHg
PCO2_____34.2 mmHg
pH_____7.447
At 37C
TCO2_____25 mmol/L

i-STAT G3+
Pt: [redacted] (b)(6)4
Pt Name:_____

SPW [redacted] (b)(6)4

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

09/27/03 03:24 AM

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: 3152AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

(b)(6)2

GLU	141*	73-118	MG/DL
BUN	[redacted]	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	1081*	39-380	U/L
NA+	[redacted]	128-145	MMOL
K+	2.9*	3.3-4.7	MMOL
CL-	115*	98-108	MMOL
tCO2	[redacted]	18-33	MMOL

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

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

REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY MD DAT

(b)(6)4

[redacted]

ICU

SPECIMEN/LAB RPT. NO.

PATIENT STATUS

ID: [redacted]

			Patient Limits
WBC	13.7 H	x10^3/uL	4.3 10.5
RBC	3.54 L	x10^6/uL	4.00 6.00
Hgb	8.8 L	g/dL	11.0 18.0
Hct	28.7 L	%	35.0 60.0
MCV	81.3	fL	80.0 99.9
MCH	24.9 L	pg	27.0 31.0
MCHC	30.7 L	g/dL	33.0 37.0
Plt	237.	*x10^3/uL	150. 450.
LYM	7.8 H	%	20.5 51.1
LYM	1.1 H	x10^3/uL	1.2 3.4

27-09-03 03:25

(b)(6)4

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

09/27/03 03:36 PM

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3152AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

(b)(6)2

GLU	145*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	943*	39-380	U/L
NA+	124*	128-145	MMOL
K+	3.2*	3.3-4.7	MMOL
CL-	112*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

Bun 20

+CO2 30

(b)(6)4

ICU

SPECIMEN/LAB RPT. NO.

PATIENT STATUS

URGENCY ROUTINE TODAY

PATIENT STATUS BED AMB OUTPATIENT NP DOM

PATIENT'S MED. RECORD

EPW ICU3 27SEP03

(b)(6)4 [redacted]

SPECIMEN/LAB RPT. NO.

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY | MD | DATE | LAB ID NO.

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

27/09/03 20:37

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: 3152AA4

OPER #: [redacted] DR #: 000

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

GLU	152*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	863*	39-380	U/L
NA+	130	128-145	MMOL/L
K+	3.3	3.3-4.7	MMOL/L
CL-	114*	98-108	MMOL/L
TCO2	♦♦♦	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 1+, ICT 0

Bun 19 Cr 39

ID: [redacted]

HR:

28-09-03 04:44

			Patient Limits	
WBC	8.9	x10^3/uL	4.5	10.5
RBC	4.17	x10^6/uL	4.00	6.00
Hgb	10.3 L	g/dL	11.0	18.0
Hct	33.6 L	%	35.0	60.0
MCV	80.5	fL	80.0	99.9
MCH	24.7 L	pg	27.0	31.0
MCHC	30.7 L	g/dL	33.0	37.0
Plt	401.	x10^3/uL	150.	450.
LY%	13.5 *L	%	20.5	51.1
LY#	1.2 *L	x10^3/uL	1.2	3.4

EPW [redacted] (b)(6)4 ICU3 28SEP03

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

REQUESTING PHYSICIAN'S SIGNATURE Dr [redacted] (b)(6)2 | REPORTED BY | MD | DATE

REMARKS

I-107

i-STAT EC8+

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

Pt Name:

Glu 139 mg/dL

BUN 20 mg/dL

Na 157 mmol/L

K *** mmol/L

Cl 122 mmol/L

TCO2 32 mmol/L

AnGap *** mmol/L

Hct 31 %PCV

Hb* 11 g/dL

*via Hct

pH 7.425

pCO2 47.0 mmHg

pO2 31 mmol/L

BEecf 6 mmol/L

Sample Type:

28SEP03 04:43

Oper: [redacted]

Physician: (b)(6)2

Ser# [redacted]

Ver:

TEST(S) SPECIMEN TAKEN

DATE 28Sep03 TIME 0030 A.M. P.M.

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____29 mmol/L

At 37C

PH_____7.489

PCO2_____36.9 mmHg

PO2_____80 mmHg

HCO3_____28 mmol/L

BEecf_____5 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

PH_____7.492

PCO2_____36.6 mmHg

PO2_____79 mmHg

Patient Temp: 98.3F

FIO2_____: 40

Sample Type_:

28SEP03 14:56

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

(b)(6)-2

REMARKS

TECH

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

ID: [redacted]

WB

28-09-03
14:57

			Patient Limits	
WBC	7.5	x10^3/uL	4.5	10.5
RBC	4.11	x10^6/uL	4.00	6.00
Hgb	10.1 L	g/dL	11.0	18.0
Hct	33.3 L	%	35.0	60.0
MCV	80.9	fL	80.0	99.9
MCH	24.7 L	pg	27.0	31.0
MCHC	30.5 L	g/dL	33.0	37.0
Plt	376.	x10^3/uL	150.	450.
LY%	14.7 *L	%	20.5	51.1
LY#	1.1 *L	x10^3/uL	1.2	3.4

Aug 29, 02
Y-190

[redacted]

(b)(6)-4

TEST(S) SPECIMEN TAKEN TIME

i-STAT EC8+

Pt: [redacted]

Pt Name:_____

Glu_____130 mg/dL

BUN_____19 mg/dL

Na_____155 mmol/L

K_____3.3 mmol/L

Cl_____121 mmol/L

O2_____35 mmol/L

iGap_____3 mmol/L

Hct_____28 %PCV

Hb*_____10 g/dL

*via Hct

PH_____7.472

PCO2_____46.6 mmHg

HCO3_____34 mmol/L

BEecf_____10 mmol/L

Sample Type_:

** PRINT CANCELLED **

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

MISC

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

PATIENT STATUS: ☒ MED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO.

ID NO.

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

557-107

PATIENT'S MED. RECORD

EPW
CJ 3
28Sep 03

(b)(6)4

EPW# [redacted]

(b)(6) 4

EPC # [redacted]

ICU #3

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY | MD | DATE

29Sep

REMARKS

TEST(S) REQUESTED: CBC, chem 8

SPECIMEN TAKEN: DATE 29Sep03 TIME 0500 A.M. P.M.

RESULTS

ID	[redacted]			
WB	29-09-03 0517			
		Patient Limits		
WBC	10.8 H	x10^3/uL	4.5	10.5
RBC	4.22	x10^6/uL	4.00	6.00
Hgb	10.5 L	g/dL	11.0	18.0
Hct	34.0 L	%	35.0	60.0
MCV	80.5	fL	80.0	99.9
MCH	24.9 L	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	377.	x10^3/uL	150.	450.
LYM	11.9	#L %	20.5	51.1
LYM	1.3 *	x10^3/uL	1.2	3.4

(b)(6) 2

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

29/09/03 05:17

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3141AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

(b)(6) 2

GLU	134*	73-118	MG/DL
BUN	[redacted]	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	429*	39-380	U/L
NA+	133	128-145	MMOL
K+	4.9*	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	37	18-33	MMOL

INST QC: OK CHEM QC: OK

HEM 0 , LIP 1+, ICT 0

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY | MD | DAT | TECH

Dr. [redacted]

REMARKS (b)(6) 2

TEST(S) REQUESTED: CBC, chem 8

SPECIMEN TAKEN: DATE 29Sep03 TIME 1445 A.M. P.M.

RESULTS

ID	(b)(6) 4			
WB	29-09-03 1540			
		Patient Limits		
WBC	10.0	x10^3/uL	4.5	10.5
RBC	3.95 L	x10^6/uL	4.00	6.00
Hgb	9.7 L	g/dL	11.0	18.0
Hct	31.6 L	%	35.0	60.0
MCV	80.4	fL	80.0	99.9
MCH	24.5 L	pg	27.0	31.0
MCHC	30.5 L	g/dL	33.0	37.0
Plt	357. *	x10^3/uL	150.	450.
LYM	11.4	#L %	20.5	51.1
LYM	1.1 L	x10^3/uL	1.2	3.4

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

09/29/03 03:28 PM

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: 3141AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

(b)(6) 2

GLU	143*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	368	39-380	U/L
NA+	[redacted]	128-145	MMOL
K+	4.6	3.3-4.7	MMOL
CL-	112*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

Bun 21

CO2-32

Na-152

======= PICCOLO =======
30/09/03 04:48
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	153*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	168	39-380	U/L
NA+	[redacted]	128-145	MMOL
K+	4.6	3.3-4.7	MMOL
CL-	115*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

ID: [redacted] 30-09-03
MB 09:21

			Patient Limits	
WBC	12.0 H	x10^3/uL	4.5	10.5
RBC	3.90 L	x10^6/uL	4.00	6.00
Hgb	9.7 L	g/dL	11.0	16.0
Hct	31.5 L	%	35.0	60.0
MCV	80.7	fL	80.0	99.9
MCH	24.9 L	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	749.	x10^3/uL	150.	450.
LYM	7.6 H	%	20.5	51.1
LYM	0.9 H	x10^3/uL	1.2	3.4

(b)(6) 4

REMARKS [redacted]
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTI

(b)(6) 2

EPW# [redacted]

i-STAT EC8+

Pt: 815
Pt Name:_____

Glu_____151 mg/dL
BUN_____18 mg/dL
Na_____151 mmol/L
K_____*** mmol/L
Cl_____119 mmol/L
TCO2_____30 mmol/L
AnGap_____*** mmol/L
Hct_____29 %PCV
Hb*_____10 g/dL
*via Hct
pH_____7.444
PCO2_____42.1 mmHg
HCO3_____29 mmol/L
BEecf_____5 mmol/L
Sample Type_:

30SEP03 04:10

SPECIMEN/LAB RPT. NO.

======= PICCOLO =======
10/01/03 05:20 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6) 2

GLU	132*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	1.1	0.6-1.2	MG/DL
CK	1407*	39-380	U/L
NA+	~~[redacted]~~ 148	128-145	MMOL
K+	5.4*	3.3-4.7	MMOL
CL-	108	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

ID: [redacted] 01-10-03
MB 04:52

			Patient Limits	
WBC	11.3 H	x10^3/uL	4.5	10.5
RBC	3.74 L	x10^6/uL	4.00	6.00
Hgb	9.2 L	g/dL	11.0	16.0
Hct	30.3 L	%	35.0	60.0
MCV	80.0	fL	80.0	99.9
MCH	24.6 L	pg	27.0	31.0
MCHC	30.4 L	g/dL	33.0	37.0
Plt	347.	x10^3/uL	150.	450.
LYM	10.6 H	%	20.5	51.1
LYM	1.2 H	x10^3/uL	1.2	3.4

(b)(6) 4

i-STAT CREA

Pt: [redacted]
Pt Name:_____

Crea_____1.2 mg/dL
Sample Type_:

30SEP03 04:10

Oper: [redacted]
Physician:_____
Ser# [redacted]
Ver: [redacted]

(b)(6) 2

MEDCOM - 20106

TEST(S)

DATE 10 OCT 03

======= PICCOLO =======
10/01/03 03:45 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	113	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	1131*	39-380	U/L
NA+	120*	128-145	MMOL
K+	4.9*	3.3-4.7	MMOL
CL-	109*	98-108	MMOL
tCO2	♦♦♦	18-33	MMOL

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

(b)(6)2

(b)(6)4

rgu 10ct03

Bun 8
Co2 8
Na 148
K 4.1

[redacted] 01-10-03 15:01

			Patient Limits	
WBC	9.1	x10^3/uL	4.5	10.5
RBC	3.68 L	x10^6/uL	4.00	6.00
Hgb	9.0 L	g/dL	11.0	16.0
Hct	29.6 L	%	36.0	46.0
MCV	80.4	fL	80.0	99.9
MCH	24.5 L	pg	27.0	31.0
MCHC	30.4 L	g/dL	33.0	37.0
Plt	343.	x10^3/uL	150.	450.
LYZ	13.5	uL %	20.5	51.1
LYM	1.2 *	x10^3/uL	1.2	3.4

ID: [redacted] 02-10-03 05:06

			Patient Limits	
WBC	11.8 H	x10^3/uL	4.5	10.5
RBC	3.63 L	x10^6/uL	4.00	6.00
Hgb	8.9 L	g/dL	11.0	16.0
Hct	29.1 L	%	36.0	46.0
MCV	80.0 L	fL	80.0	99.9
MCH	24.4 L	pg	27.0	31.0
MCHC	30.5 L	g/dL	33.0	37.0
Plt	343.	x10^3/uL	150.	450.
LYZ	10.1 uL	%	20.5	51.1
LYM	1.2 uL	x10^3/uL	1.2	3.4

(b)(6)2

======= PICCOLO =======
10/02/03 05:04 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: 00[redacted]

GLU	124*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	719*	39-380	U/L
NA+	~~[illegible]~~* 146	128-145	MMOL
K+	4.7	3.3-4.7	MMOL
CL-	108	98-108	MMOL
tCO2	29	18-33	MMOL

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

PREVIOUS EDITION USABLE

[redacted] ICU 3 20 OCT 03

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

REMARKS [redacted]

(b)(6)2

TECH MD DATE

LAB ID NO.

MISC

URGENCY ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO.

PHYSICIAN'S COPY

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)							
STP	(mg)	125/125	60/65	125/125				
VECURONIUM	(mg)	7		3				
FENTANYL	(µg)	NONE						
	( )							
	( )							
VOLAT AGENT	FORANE % del	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	% e.t.							
AIR	L/Min							
N2O	L/Min							
O2	L/Min	3	3	3	3	3	3	3

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

(1) SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (2) (3) (4)

FLUIDS

LINE site (MA)	☐ Warmed	
~~FORANE~~ ETCO2	☐ Warmed	
(8) PERIPH. LINE	☐ Warmed	NS1 — NS2A
	☐ Warmed	400 LIB

LOSSES — EST BLOOD LOSS / URINE – 700

TOTALS	TOTAL FLUID
625	410 cc
10	
	TOTAL URINE
	200

FLUIDS - SUMMARY

CRYSTALLOID–	500
COLLOID–	Ø
BLOOD–	Ø

REMARKS-

Code drugs with numbers, events with letters

(1) PT ID IN ICU3, TRACH IN PLACE.
(2) RM-O2-MONITORS
(3)-(4) surgeon request 10-20 sec of apnea periodically for Flouro.
(5) OOR TO PACU
(6) RPT TO PACU/ICU3
(7) IN PACU DR [redacted] (b)(6) CONCERNED C BP 90/50's 10mg Ephedrine given C 5mcg/kg/min Dopamine

PHYS STATUS: 1 2 3 (4) 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT: 28

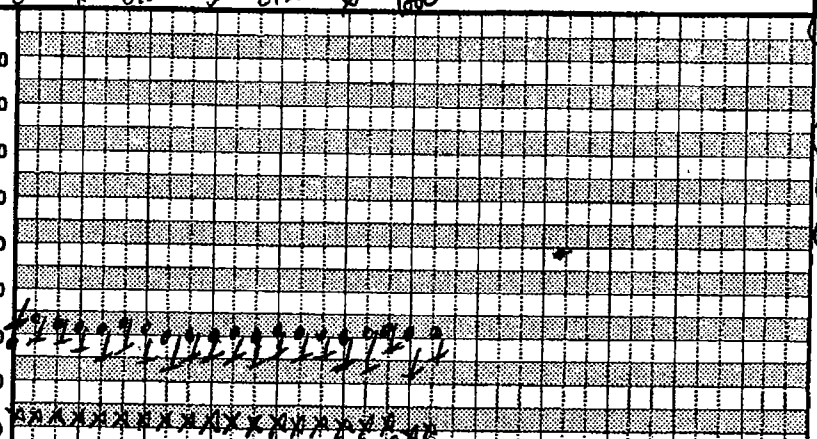
INITIAL DATA: BP – 88 148; HR– 92

EQUIP CHECK: OK?– (✓) N

PATIENT RECHECK: OK for PROCEDURE? ✓ TIME– 0835

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T – ✗; MAP ~~ANES~~ X-X; PROC-⊙-Ø

TIME → 0830 × 0900 ✓ 0930 ⊗ 1000



VENTILATION

VT – ml		620	680	630	620	620	730	700
f – breaths/min		18	18	18	18	18	16	16
Peak inf pres / PEEP		38	38	38	38	38	39	36
MODE– S(pon), A(ssist), C(on)		CV	CV	CV	CV	CV	CV	CV
✓ BP/Auto Cuff	✓ ET CO2 (torr)	33	32	31	31	31	36	36
BP / oth	✓ FIO2 (Frac or %)	.70	.70	0.72	0.72	0.72	0.71	0.72
✓ ART line	✓ SpO2 (%)	100	100	100	100	100	100	100
Steth- PC/ES	✓ EEG	ST	ST	ST	ST	ST	ST	ST
Gas analyzer	✓ TEMP- site	AVAIL						
	✓ N-M Block (T/4)	0/4						
Warming blkt								
Conv warmer								

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

RECOVERY AT 1010 — (PACU) ICU ____ (Specify) — OTHER ____

CONDITION: RESP– 16 SpO2– 97 BP– 90/50 HR– 102

ANESTHESIA PROVIDER TIME

	Start	Room	End
ANES	0725	0830	1030
	Ready	Begin	End
PROC	0840	0914	1005

PROCEDURES and CPT Codes: Cerebral angiogram

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — ETT in place from ICU3

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

SURGEONS: [redacted]

ANESTHETISTS: [redacted] CPT CRNA (b)(6) 2

PROCEDURE LOCATION: OR1

DATE: 29 SEP 03

PAGE 1 OF 1

PATIENT RECORD — WAMC OP 376 REVISED 1 Jan 99

PRE-ANESTHETIC ASSESSMENT PLAN OF CARE

AGE: 2 Days Mos Yrs

GENDER: (X) Male ( ) Female
ALLERGIES: Unknown

P S: 1 2 3 4 5 E
WT: 70 (Kg) Lb HT: ____ In.

PROPOSED PROCEDURE: Cerebral Angiogram
SURGICAL SERVICE: [redacted] (b)(6)-2
NPO SINCE:

PREOP DX / MECHANISM OF INJURY: GSW to Head s/p prolonged ↑ ICP

HABITS:

Tobacco:
EtOH:
Drugs:

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) Zantac IV q8°
( ) Dilantin 100 mg q8°
( ) Pentothal gtt 400 mg/hr
( ) Levenox
( ) Cipro q12
( ) Vancomycin q12

PREMEDICATIONS:

None / Yes @ ____ Hrs

LABORATORY STUDIES:

155	121	19
3.3	35	130
		1.0

10
28

Other:

PAST MEDICAL HISTORY / SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	~~unable~~
Angina	N	Y	unable to obtain
MI	N	Y	history from pt.
CVA	N	Y	
Other	N	Y	All history from chart
Pulmonary:			
Asthma	N	Y	#8.0 OETT
URI	N	Y	Sinu 18 IV 650
COPD	N	Y	FiO2 70%
Other	N	Y	PEEP 10
Renal System:			
ARF/CRF	N	Y	
Other	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
GERD/PUD	N	Y	
Endocrine:			
Diabetes	N	Y	
Steroids	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	Ventricular drainage tube
Neuropathy	N	Y	ICP
Gynecological:			
Pregnancy	N	Y	
Other	N	Y	
Other Problems:	N	Y	
Familial Hx	N	Y	

SURGICAL HISTORY

unknown

PHYSICAL EXAMINATION

BP: 111/61 HR: 101 RR: ____ T: 101.1

Pain (0/10 Scale):

Airway Exam:
Dentition: OETT
Trachea:
TMJ/C-spine:
Oropharynx:

Chest:
Lungs: Rhonchi
Heart: ST-regular

IV Access: L Radial ART
R Femoral triple lumen

Ulnar Filling:

Back:

Other: ICP <20

* BP 90/50s @ 0725. Pl[redacted]
DR. [redacted]

ANESTHETIC PLAN: ( ) Local/MAC ( ) Regional: ____ (X) General: Intubation / Mask-LMA Notes: (b)(6)-2

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives, and risks of anesthesia including death have been explained to and discussed with patient and/or legal guardian. The patient/legal guardian seems to understand and agrees to proceed. Questions answered.

( ) Sedated/nonresponsive/minor patient with no family or guardian present.

Signed: [redacted] (b)(6)-2 CRNA Date: ____ Time: ____

PATIENT IDE[redacted]CATION:

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

POST-ANESTHESIA EVALUATION AND NOTE:

( ) No apparent anesthetic complications.
( ) Other (see progress notes)

Signed: ____ Date: ____ Time: ____

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR in AM		M		4W3	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print)		[redacted]		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR		[redacted]		DATE REQUESTED 3 Sep 03

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

Intubated/vent

(b)(6) 2

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

RADIOLOGIC REPORT

No comparison.

ETT Tip in (R) main bronchus.

Lungs appear clear/adequate.

[redacted] MD.

(b)(6) 2

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

EPW

[redacted] (b)(6) 4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

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

EPW [redacted]

(b)(6) 4

DATE OF ORDER: 22SEP03 TIME OF ORDER: 0257 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit ICU 3 - Neuro - [redacted]
2. Dx GSW Head. (b)(6) 2
3. Condition Serious
4. Vitals q 1°
5. Activity Bed Rest, ↑ HOB 30-60°
6. Nursing Foley. Art line.

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

Ventriculostomy open @ 5 mmHg. Record ICP, CPP, and Ventric. output q 1°.

7. Diet NPO.
8. IV N5 @ 100/hr.

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

9. meds Dilantin 1000 mg bolus IV, then 100 mg IV q 8°. Fentanyl drip - TTE for pain. Versed drip @ 4 mg/hr. Vecuronium drip @ 5 mg/hr. & Ranitidine 50 mg IV q 12°. Mannitol 25 grams IV x 1. [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

10. Get ABG now, RT to Δ RR to keep pCO2 30-35. ABG, Chem 8, CBC, CXR q AM.
11. Vent 700, SIMV, Rate 16, Peep 5. FiO2 60%, wean for sat > 95%.
12. CN Dr [redacted] q ICP > 30 [redacted]

(b)(6)2

NURSING UNIT | ROOM NO. | BED NO.

2 + hr cc Done

MEDCOM - 20111

300 [redacted]

DA FORM 4256

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

EPW # [redacted]

(b)(6)4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 22 Sep 03 — TIME OF ORDER: 0704 HOURS — LIST TIME ORDER NOTED AND SIGN

1. Mannitol 25 grams IV q 6° — 0710.

[redacted] (b)(6) 2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 22 Sep 03 — TIME OF ORDER: 0845 HOURS

1. NG Tube for meds.
2. Tylenol 650 mg PT/PR q 4° prn temp > 100.4
3. Δ Mannitol to 12.5 g IV q 4°

[redacted] (b)(6) 2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

[redacted] ORDER — HOURS

1. Labs now and q Δ @ 1500: CBC, Chem 8

[redacted] (b)(6) 2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 22 Sep 03 — TIME OF ORDER: 1800 HOURS

1810 1. Start 3% Sodium Chloride @ 100 cc/hr.

done 1810 BL 2. Repeat Chem 8 after results CT scan @ 2000 [illegible] Chem 04, Chem 8 04 [illegible]

3. [redacted] Flush of IV fluids q 3h.

24 hr cc. Dow 23 Sep 03 @ 0300 [redacted]

(b)(6) 2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

EPW # [redacted]

(b)(6) 4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
22SEP03	2032 HOURS	
(1) ↑ 3% NS to 20 cc/hr.		
(2) ↓ IVF (NS) to 50 cc/hr.		
(3) ↑ Mannitol to 25 grams IV q4°		
(4) ↓ Lab to CBC/Chem 8 @ 2400.		
(b)(6) 2 [redacted]		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
23SEP03	0100 HOURS	
(1) ↑ 3% NS to 30 cc/hr		
V.O. - Pt [redacted]		
[redacted]		

NURSING UNIT | ROOM NO. | BED NO.

24 hr cc Done 23SEP03 e0100 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
22SEP03	0837 HOURS	0700
(1) ↑ Vecuronium to 10 mg/hr.		
(2) [redacted]		

(b)(6) 2

NURSING UNIT | ROOM NO. | BED NO.

ATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
9/23	~~0800~~ HOURS	0800
(1) Per Dr. [redacted] give additional 25mg IVP [redacted] inter. V/O read by KI [redacted]		
	1130	1130
(1) Per Dr. [redacted] give additional 25mg IVP [redacted] & thiopental 25mg IVP, [redacted] read by KI [redacted]		

038

URSING UNIT | ROOM NO. | BED NO.

24 hr cc Done 24SEP [redacted] e0100 hrs [redacted]

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

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MEDCOM - 20113

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.
ICU3		

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	9.23.	HOURS	
1	Ex U/O Dr [redacted] Prop ↑ 10. U/O Rewidly ICU		[redacted]
	[redacted]		(b)(6)2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
24 hr cc Done		

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
		HOURS	
1	CXR – S/P W/D ETT 20 cm / teeth.		
2	NC Vecuronium		
3	Bag / Suction Q 2°		
4	~~Cosyn 3.75 [illegible] IV Q 6°~~		Start 0000 hrs
5	~~Cipro [illegible] IV Q 12 d~~		Start 2000 hrs
	24 Sep 03 @ 0100 hrs [redacted]		[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	23 Sep 03	1930 HOURS	
1	PCXR		
	V.O. Dr [redacted]		[redacted]
			(b)(6)2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
24 hr cc Done		

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	24 Sep 03	0650 HOURS	
1	▲ Mannitol to 25 grams IV q 40 prn ICP > 20.		
2	Place Dobhoff feeding tube, KUB to confirm		
3	Begin Tube Feeds Ensure Plus @ 10 cc/hr.		
4			
	24 Sep 03 @ 2000 [illegible]		[redacted]

24 Sep 03 0700 04

538

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

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MEDCOM - 20114

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 UNT: ICU3 | ROOM NO. | BED NO.

DATE OF ORDER: 23SEP03 | TIME OF ORDER: 1234 HOURS | LIST TIME ORDER NOTED AND SIGN: 1246

(1) Thiopental 350 mg Bolus, then 5 mg/kg/hr drip. (70 kg)

[redacted]

PATIENT IDENTIFICATION

[redacted] (b)(6)4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 23SEP03 | TIME OF ORDER: 1434 HOURS | 1455

(1) D/C NS IVF.
(2) D/C Versed drip.
(3) Wean Fentanyl Off
(4) A Ranitidine to 150 [redacted] -Tube ≈ 12°

[redacted] (b)(6)2

PATIENT IDENTIFICATION

DATE OF ORDER: 23SEP03 | TIME OF ORDER: 1553 HOURS

(1) D/C Fentanyl
(2) ↓ Vecuronium drip to 5 mg/hr.

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted] (b)(6)4

DATE OF ORDER: 9/23 | TIME OF ORDER: HOURS

(1) ↑ 3 L NS to 40 cc/hr per u/o by Dr. [redacted] Aud by ICU [redacted]

[redacted]

038

NURSING UNIT | ROOM NO. | BED NO.

24 hr cc Dor 9/23/03 Ble 0100 [redacted]

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

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MEDCOM - 20115

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6)4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24Sep03 1030 OH	HOURS	
① ↓ Hrs pressure by 50% now (1 DOxy/hr).		
[redacted]		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
24Sep03 Done OH	HOURS
24 Sep 03	
1- CPR (Pharmacle) @ 1000	
[redacted]	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
24Sep03 1400 Done OH	1215 HOURS
01 Gram stain & Blood fluids Cx.	
02 Cx hay @ 1315	
V.O Dr. [redacted]	
[redacted]	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
24Sep03 1730 OH	1723 HOURS
① KCl 20 mEq / 250 NS over 4°	
[redacted]	

238

NURSING UNIT	ROOM NO.	BED NO.
24hr CC	Done	

24Sep03 @ 2000 hr [redacted] OPT IN

(b)(6)2

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

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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

EPW [redacted]

(b)(6)4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
25 Sep 03	2100 HOURS	
(1) ↑ NS to 100 cc/hr		
(2) ↓ 3% hyd to 25 cc/hr		
V.O. Dr [redacted]		
[redacted]		

PATIENT IDENTIFICATION

EPW [redacted]

(b)(6)4

NURSING UNIT	ROOM NO.	BED NO.
2+ hr cc bore		

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
25 Sep 03	0000 HOURS	
(1) Lasix 20 mg IVP now		
V.O. [redacted]		
[redacted]		
(b)(6)2 [redacted]		
25 Sep 03 @ 0100 ho [redacted]		

PATIENT IDENTIFICATION

EPW [redacted] (b)(6)4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	HOURS	
(1) D/C 3% NS.		
(2) ↑ Tube feeds to 30 cc/hr.		
(3) Δ Chem 8 to 0400, ~~[illegible]~~ 1500		
(4) Δ CBC to 0400 (& Am)		
[redacted]		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
D38		

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	HOURS	
(1) Call Dr. [redacted] JCP > 20.		
(2) ↓ Pentothal to 50 mg/hr.		
(3) Δ Zantac to 50 mg IV q 8		
(4) Levaquin 750 mg SQ q 12°		
(5) ↓ FIO2, Fe[illegible] > 95.		
(6) Δ RR to [illegible] 35-45.		
(7) ↓ PEEP to 7. [redacted]		

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WH[illegible] BE USED.

☆ U.S. GOVE[illegible]

(b)(6)2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

26 Sep 03 0815 OM

DATE OF ORDER	TIME OF ORDER ____ HOURS	LIST TIME ORDER NOTED AND SIGN
(1) D/C Mannitol.		
(2) Bolus 350 mg Thiopental.		
(3) Thiopental drip 50 mg/hr.		
[redacted]		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER ____ HOURS
9/26	1807
(1) ↑ Thiopental 100 mg/hr.	
(2) Vecuronium Drip 10 mg/hr [redacted]	
[redacted]	

(b)(6)(2

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

26 Sep 03 0824 OM

DATE OF ORDER	TIME OF ORDER ____ HOURS
26 Sep 03	1026
01 Bolus 350 mg thiopental	
V.O Dr. [redacted] / LT [redacted]	
[redacted]	

NURSING UNIT	ROOM NO.	BED NO.

(b)(6)2

PATIENT IDENTIFICATION

26 Sep 03 2044 OM

DATE OF ORDER	TIME OF ORDER ____ HOURS
26 Sep 03	1120
01 350 mg thiopental IVP	
02 ↑ thiopental @ 200 mg/hr	
V.O Dr [redacted]	
[redacted]	

038

NURSING UNIT	ROOM NO.	BED NO.

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-353-710

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: 9.25.03 TIME OF ORDER: ____ HOURS

(1) 40 meq KCl IVPB

[redacted]

LIST TIME ORDER NOTED AND SIGN

(b)(6)2

PATIENT IDENTIFICATION

[redacted] (b)(6)4

NURSING UNIT	ROOM NO.	BED NO.
ICU 5		

DATE OF ORDER: 25 Sept 03 TIME OF ORDER: 1530 HOURS

(1) KCl 40 meq IV in 100 cc NS over 4°

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 26 Sep 03 @ 0050 TIME O[redacted] HOURS

1) 40 meq KCl in 100 cc NS IV over 3° x 2 rounds.

V.O. Dr [redacted]

[redacted] 09/26/03 0110

24° [redacted] 9/26/03 0120

(b)(6)2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
038		

DATE OF ORDER: 26 SEP 03 TIME OF ORDER: 0646 HOURS

1. NC NS IVF.
2. ↑ TF to 60 cc/hr.
3. When FIO2 to 40% as tolerated, then taper PEEP to Five.
4. ↓ RR to pCO2 goal ~40.
5. Rev Lytes & K+ [redacted]

24 hr cc Done 26 Sep 03 @ 16[redacted]

[redacted]

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 - 353-710

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: ICU3 | ROOM NO. | BED NO.

DATE OF ORDER: 27Sep03 TIME OF ORDER: 2120 HOURS

1. 40 mEq KCL in 250cc NS over 3hrs
V.O. [redacted] CPTA [redacted]

(b)(6)2

[redacted]

PATIENT IDENTIFICATION

[redacted]

(b)(6)2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27SEP03 TIME OF ORDER: 2315 HOURS

1. ↑FIO2 to keep Sats > 98%
2. Bag/Suction pm for mucus plugs
3. Protect suctioning with 50 mg Lidocaine IV no more than q 1°
4. Restart Vancomycin 500 mg IV q 12° [redacted] 28Sep03 0100
5. Pull back ETT to 23 cm lip (done)
6. Albuterol Nebulizer q 4° x 24° [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 28Sep03 @2300 TIME OF ORDER: HOURS

1) 200mg Na Pentothal IVP now x1 [redacted]
2) ↑ Na Pentothal to 400mg/hr [redacted] 28Sep03 2300
V.O. Dr [redacted] CPTA

[redacted]

(b)(6)2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

29Sep03 0645 done OH

DATE OF ORDER: 29SEP03 TIME OF ORDER: 0638 HOURS

1. ↑TV to 700.
2. Repeat ABG in 30-60 min.
3. On call for angiography
4. Bolus 500 cc NS

0638

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHIC[illegible] USED.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1[illegible]

MEDCOM - 20120

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

29 Sep 03
1030
004

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
29 SEP 03	1024 HOURS	
1 Dopamine drip to keep SBP ≥ 100.		
2 Ephedrine 10 mg IV x 1 (done).		
[redacted] (b)(6) 2		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

29 Sep 03
Done
004

DATE OF ORDER	TIME OF ORDER	
29 Sep 03	1300 HOURS	
01 Pentothal @ 200 mg/hr		
V.O Dr [redacted]		
(b)(6) 2 [redacted]		

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	

D38

NURSING UNIT	ROOM NO.	BED NO.

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

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

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

29 Sep 03 1040 OH

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
9/29/03	10:30 HOURS	
(1) D5 0.9NS w/ 20 KCL @ 150 cc/hr		
[redacted]	(b)(6) 2	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

(b)(6) 4

#[redacted]

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
01 OCT 03	1609 HOURS	
(1) Labetalol 5-10 mg IV q 10 pm SBP >180.		
[redacted]	(b)(6) 2	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]	HOURS	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

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

D38

NURSING UNIT	ROOM NO.	BED NO.

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-383-710

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6) 4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
29SEP03	2119 HOURS	
(1) Palliative Care. No escalation of therapeutic interventions.		
(2) Pt is DNR - No CPR. No Defib/Cardioversions. No ACLS medications.		
(3) May elevate Dopamine as needed to maximum 20 µg/kg/min.		

PATIENT IDENTIFICATION

[redacted] 09/29/03 2255

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
	HOURS
(4) Call Dr. [redacted] with questions.	
[redacted]	(b)(6) 2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
9/29/03 @ 2100	HOURS
1) Bolus 200 mg theopentol IVP now x1 V.O. Dr. [redacted]	
[redacted]	(b)(6) 2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
9:30	0630 HOURS 0630
(1) 500 mg bolus x1 per V/O Dr. [redacted] V/O per reveal ICU [redacted]	

038

NURSING UNIT	ROOM NO.	BED NO.

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

☆ U.S. GOVERNMENT

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: 30SEP 2003 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

DNR.

[redacted]

(b)(6) 2

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 01OCT 2003 | TIME OF ORDER: _____ HOURS

DNR

[redacted]

PATIENT IDENTIFICATION

[redacted]

(b)(6)4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 02OCT2003 | TIME OF ORDER: _____ HOURS

DNR

[redacted]

(b)(6) 2

PATIENT IDENTIFICATION

[redacted]

538

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 03OCT2003 | TIME OF ORDER: _____ HOURS

DNR.

[redacted]

A FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, [illegible] MAY BE USED.

☆ U.S. GOVERN

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT: ICU3 | ROOM NO. | BED NO.

DATE OF ORDER: 30Sep03 | TIME OF ORDER: 2100 HOURS | LIST TIME ORDER NOTED AND SIGN

1. Dc IV Zantac when Pharmacy supply is depleated then begin Tagamet
2. Tagamet 300mg IVPB Q6hr [redacted]

V.O. Dr [redacted]

09/30/03 2300 AN

PATIENT IDENTIFICATION: [redacted]

b)(6)4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 01OCT03 | TIME OF ORDER: 0625 HOURS

10Oct03 0700 OM DONE

1. ↑ RR to 14, adjust to keep CO_2 ~40
2. ↓ Peep to 45%, incr to 40 for Sat > 95%.

(b)(6)2

[redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10Oct03 | TIME OF ORDER: 2000 HOURS

1. may increase RR to 14 & elevate HOB further if ICP > 20

V.O. [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 02OCT03 | TIME OF ORDER: 0943 HOURS

(b)(6)2

1. Palliative Care: Room air T-piece
2. Saline Lock IV
3. D/C IV medications & narcotics
4. Morphine 5-10 mg IV ~~q1° prn~~ pain
5. Notify [redacted] when cardiopulmonary arrest
6. Pt is [redacted] R, no CPR, no shock, no meds

0938

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

☆ U.S. GOVERNMENT PRINTING OFFICE

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

10 OCT 03 0910 Date OH

NURSING UNIT | ROOM NO. | BED NO.

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	10/1/03	0907 HOURS	
1	Labetalol 10 mg IVP from SBP > 190 if		
	DBP > 70 x1		
	[redacted]		
2	IVF @ 100cc/hr		
	VO Dr [redacted] /LT		
	[redacted]		

(b)(6) 2

PATIENT IDENTIFICATION

10 Oct 03 1410 Date OH

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	10/1/03	1400 HOURS	
1	Labetalol 5mg IVP x1		
	V.O [redacted] /LT		
	[redacted]		

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
		HOURS	

PATIENT IDENTIFICATION

038

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.

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24	25	26	27	28	29	30	1
22 Sep 03	[redacted]	Condition: serious	[redacted]											
			[redacted]											
22 Sep 03	[redacted]	Vitals q1°	06	[redacted]										
			18	[redacted]										
22 Sep 03	[redacted]	activity BR ↑	06	[redacted]										
		HOB 30-60°	18	[redacted]										
22 Sep 03	[redacted]	nursing foley	06	[redacted]										
		art line	18	[redacted]										
22 Sep 03	[redacted]	Ventriculostomy	06	[redacted]										
		open e 5mmHg	18	[redacted]										
		Record ICP, CPP	06											
		Ventric output q1°												
22 Sep 03	[redacted]	Diet NPO	06	[redacted]										
			18	[redacted]										
22 Sep 03	[redacted]	RT to change RR	06	[redacted]										
		to keep pCO2 30-35	18	[redacted]										
22 Sep 03	[redacted]	Vent 700, SIMV,	06	[redacted]										
		Rate 10, PEEP 5	18	[redacted]										
		FIO2 60%, wean												
		for sat > 95%												
22 Sep 03	[redacted]	Call Dr Teff c	06	[redacted]										
		ICP > 30	18	[redacted]										
22 Sep 03	[redacted]	ABG, Chem 8, CBC	04	[redacted]										
		qam												
22 Sep 03	[redacted]	CXR qam	04	[redacted]										
~~22 Sep~~	~~[redacted]~~	~~Nitroprusside Formula~~	~~06~~	[redacted]										
			18	[redacted]										
~~22 Sep~~	~~[redacted]~~	~~Q4H BG~~												

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: ESW to read

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION: EPW [redacted]

(b)(6)4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)2

(b)(6)2

~~[illegible]~~ 4/4

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Sept Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS (b)(6)2	Date to be Done	Time to be Done	Time Done	Initials
22 Sep 03	[redacted]	Admit ICU 3 - neuro - [redacted]	22 Sep 03	0195 approx	0195	[redacted]
22 Sep 03	[redacted]	ABG now	22 Sep 03	now	0200	[redacted]
22 Sep 03	[redacted]	CT Scan @ 2000 hrs tonight	22 Sep 03	2000	2000	[redacted]
23	[redacted]	peep 7/10	9/23	1530	1730	[redacted]
23 Sep	[redacted]	CXR - s/p w/o ETT bacon/teeth	9/23	2130	2130	[redacted]
24 Sep	[redacted]	Place dobhoff feeding tube, KUB to confirm.	9/24	ASAP	1800	[redacted]
24 Sep	[redacted]	CXR (portable) @ 1000	9/24	1000	1000	[redacted]
25 Sep	[redacted]	↓ Peep to 7	9/25/03	now		[redacted]
26 Sep	[redacted]	Rev lytes p K+ boluses	9/26/03	ASAP	0815	[redacted]

(b)(6)2

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

CLINICAL RECORD

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

Mo. 9 Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25	26	27	28	29	30	01	02
22Sep	[redacted]	Lab now & QA	15	[redacted]				DC		22 Sep 03				
		@ 1500 CBC, Chem 8						2100 mrs						
22Sep 03	[redacted]	CBC; chems q4°	00		[redacted]									
			04		[redacted]									
			08		[redacted]									
			12											
			16					DC d 25 Sep 03 @ 1700						
			20	[redacted]										
22Sep 03	[redacted]	(R) Femoral line flush	00		[redacted]									
			18	[redacted]										
22Sep 03	[redacted]	Bag/Suction	06		[redacted]									
		q2h	18	[redacted]										
24Sep	[redacted]	Begin tube feeds	06			[redacted]								
		Ensure plus @ 30cc/hr	08		[redacted]									
9.25	[redacted]	CBC qam (0400)	04				[redacted]							
9.25	[redacted]	Chem 8, 0400, 1500	04				[redacted]							
			15			[redacted]	[redacted]							
9.25	[redacted]	↓ RR to keep pCO2 35-45	06				[redacted]							
			18				[redacted]							
9.25	[redacted]	↓ FiO2 for Sats > 95	06				[redacted]							
			18				[redacted]							
9/25/03	[redacted]	Call Dr Teff if ICP > 20	06				[redacted]							
			18				[redacted]							
9/26/03	[redacted]	~~FWF~~ to 60 cc/hr	06				[redacted]							
			18				[redacted]							
9/26/03	[redacted]	Wean FiO2 to 40% as tole	06				[redacted]							
		rated then taper PEEP to five	18				[redacted]							
9/26/03	[redacted]	↓ RR to PCO2 goal ~40	06				[redacted]							
			18				[redacted]							

(b)(6)2

(b)(6)2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW to Head

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

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
9/25	[redacted]	~~9-9, Sleep 7~~				
29 Sep	[redacted]	~~↑ FiO2 to Keep Sat >98%~~				
29 Sep	[redacted]	pull back ETT to 23 cm @ lip	done			

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

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
29 Sep	[redacted]	Bag/Sx PRN for mucus														
----	----	plug.														
26 Sep 03	[redacted]	↑ FiO2 to Keep Sat														
----	----	>95%														
----	----															
----	----															
----	----															
----	----															
----	----															
----	----															

USAPA V1.00

CLINICAL RECORD

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

Mo. 09 Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 29	30	01
9/29/03	[redacted]	Palliative Care, No escalation	06	/	[redacted]	
		of therapeutic interventions	18	[redacted]		
9/29/03	[redacted]	Pt is DNR - No CPR, no	06	/	[redacted]	
Updated 19.30, 10.1, 10.2		defib/ Cardioversion, no	18	[redacted]		
		ACLS medications				
9/29/03	[redacted]	Call Dr [redacted] with questions	06	/	[redacted]	
			18	[redacted]		

b)(6)2

(b)(6)2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW to head

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

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. 9 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	22	23	24	25
22 Sep 03	[redacted]	hS @ 100cc/hr	06	/	[redacted]		D/C'd 22 Sep 03	
	-----		18				@ 2100 hrs	
22 Sep 03	[redacted]	Dilantin 100 mg IV	04	/	[redacted]			
	-----	q8h	12	/	[redacted]			
	-----		20	/	[redacted]			
22 Sep 03	[redacted]	Fentanyl drip TTE	06	/	[redacted]		D/C	
	-----	for pain	18	[redacted]			9.23	
22 Sep 03	[redacted]	Versed drip @	06	/	[redacted]		D/C	
	-----	1 mg/hr	18	[redacted]			9.23	
22 Sep 03	[redacted]	Vecuronium drip @	06	/	[redacted]		D/C	
	-----	10 mg/hr d/c'd 9.23	18	OK			9.23	
22 Sep 03	[redacted]	Ranitidine 150 mg	10	/	[redacted]		Ranitidine	
	-----	IVq12 d/c'd 9.23 9/29	22	/	[redacted]		23 Sep 03 @ 0100	
~~22 Sep~~	[redacted]	~~Mannitol 40 12.5 gm~~	~~04~~	/				
	-----	~~IV q6~~	~~08~~	/	[redacted]		D/C'd 22 Sep	
	-----		12	/	[redacted]		03 @ 2100 hrs	
	-----		16	/	[redacted]			
	-----		20	/	[redacted]			
	-----		24	/				
22 Sep 03	[redacted]	3% hS to 20cc/hr	06	/	/		D/C'd 23 Sep 03	
	-----		18	/	[redacted]		@ 0100 hrs	
22 Sep 03	[redacted]	hS @ 50cc/hr	06	/	/	[redacted]	D/C	
	-----		18	[redacted]			9.23	
~~22 Sep 03~~	[redacted]	~~Mannitol to 25GM~~						
	-----	IVq4h						
9.23	[redacted]	Vecuronium drip 5mg/hr	06	/			D/C'd 23 Sep 03	
	-----		18	/	[redacted]		@ 0130 hrs	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW head

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

E Pvt [redacted]

(b)(6) -4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)2

(b)(6)2

MEDCOM - 20132

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

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. Sept Yr. 03

Verify by Initialing: Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
22 Sep 03	[redacted]	Dilantin 1000 mg bolus IV	22 Sep 03	ASAP	0330	[redacted]
22 Sep		Mannitol 25 GM IV X1	22 Sep 03	ASAP	0330	
9-23		mannitol 25 mg IVP x1	9-23 0730	ASAP	[illegible]	
9-23		mannitol 25 mg IVPM	9-23	ASAP	1100	
9-22		thiopental 1 gm/kg (50 cc)	9-23	ASAP	1105	
9-24		↓ thiopental by 50% now (100 mg/hr)	9-24	now	1020	
9-24		KCl 20 mEq/250 NS over 4°	9-24	ASAP	1730	
9-25		40 mEq KCl IVPB x1	9-25	ASAP	1100	
9-25		40 mEq KCl IVPB x1 now	9-25	ASAP	1600	
9/26/03	[redacted]	40 mEq KCl in 100 cc NS IV over 3° x2 now	9/26/03	ASAP	0110	[redacted]
			9/26/03	ASAP		

(b)(6) 2

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED															
22 Sep 03	[redacted]	Tylenol 650 mg PO/PR Q4° PRN temp >100.4	22 Sep 03 0330	9/23 0730	9/23 1100	9/23 1500	9/23 2000	9/23 0300	9/23 0600	9/23 0900								
			[redacted]															

(b)(6) 2

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

(b)(6)-2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED
22 Sep 03	[redacted]	mannitol 25 GMS	00	[redacted]
	-----	IV q4h	04	[redacted] D/C IV
	-----		08	[redacted]
	-----		12	[redacted]
	-----		16	[redacted]
	-----		20	[redacted]
23 Sep 03	[redacted]	3% NS @ 40 cc/hr 22-9-23	06	[redacted] D/C 24 Sep 03 @ 0100 hrs
	-----		18	[redacted]
23 Sep 03	[redacted]	Zosyn 3.375 GMS	00	[redacted]
	-----	IV q6h	06	[redacted]
	-----		12	[redacted]
	-----		18	[redacted]
23 Sep 03	[redacted]	Cipro 400 mg IV	10	[redacted]
	-----	q12h	22	[redacted]
23 Sep 03	[redacted]	Thiopental gtt	06	[redacted]
	-----	5 mg/kg/hr (70 kg)	18	[redacted] D/C 24 Sep 03 @ 1030 hrs
23 Sep 03	[redacted]	Thiopental gtt	06	[redacted]
	-----	~~100~~ 50 mg/hr	18	[redacted] D/C 9:25
24 Sep 03	[redacted]	NS @ 100 cc/hr	06	[redacted] D/C 9:25
	-----		18	[redacted]
24 Sep 03	[redacted]	3% NaCl @ 25 cc/hr	06	[redacted] D/C
	-----		18	[redacted] 9:25
23 Sep 03	[redacted]	Zantac 150 mg ~~IV~~	10	[redacted]
	-----	~~PO~~ q ~~8~~ 8h 23-9-45	14	[redacted]
	-----		22	[redacted] (b)(6)-2
9:25	[redacted]	Lovenox 30 mg SQ q12°	10	[redacted]
	-----		22	[redacted]

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW to Head

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

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
	23	24	01	02	03	04	05	06

MEDCOM - 20134

DA 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
26 Sep	[redacted]	Bolus 350mg thiopental	26 Sep 03	NOW	0815	[redacted]
		(b)(6) 2				

(b)(6) 2

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
27 Sep 03	[illegible]	Δ Mannitol bo 250 rams IV q 4° prn ~~FSP~~ > 80	26 Sep 1610
		(b)(6) 2 [redacted]	

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

(b)(6)-2

(b)(6)-2

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

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 26	27	28	29	30	1	2	3
23Sep03	[redacted]	Cipro 400mg IV q 12h	10	[redacted]							
	-----		22								
23Sep03	[redacted]	Zosyn 3.375 gms IV	00								
	-----	q 6h	06	[redacted]							
	-----		12	[redacted]							
	-----		18								
23Sep03	[redacted]	Zantac 50mg IV q 8h	06	[redacted]							
	-----		14	[redacted]							
	-----		22	[redacted]							
25Sep03	[redacted]	Lovenox 30mg Sq q 12°	10	[redacted]							
	-----		22	[redacted]							
22Sep03	[redacted]	Dilantin 100mg IV q 8h	04	[redacted]							
	-----		12	[redacted]							
	-----		20	[redacted]							
26Sep03	[redacted]	Thiopental drip ~~[redacted]~~	06	[redacted]							
	-----	@ 300mg/hr	18	[redacted]							
26Sep03	[redacted]	Vecuronium drip 10mg/hr	06	[redacted]							
	-----		18	[redacted]							
26Sep03	[redacted]	Vancomycin 500 mg IV	00	[redacted]							
	-----	q 12h	12	[redacted]							
9.27.03	[redacted]	Cipro 400mg IV q12°	10	[redacted]							
	-----		22	[redacted]							
28Sep03	[redacted]	Vancomycin 500mg IV q12	12	[redacted]							
	-----		24	[redacted]							
28Sep	[redacted]	Albuterol Neb q 4° x	06	[redacted]							
	-----	24°	18	[redacted]							

Dcd 09/30/03

D/C 9.27.03

D/C

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW to head

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

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

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. Sep Yr. 03

Verify by Initialing: Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
9/27	[redacted]	40 mEq KCl IVPB x1	9/27	ASAP	0730	[redacted]
9/27	[redacted]	40 mEq KCl IVPB x1	9/27	ASAP	1130	[redacted]
9/27	[redacted]	40 mEq KCl in 250 cc NS over 2 hrs.	9/27	now		
9/28	[redacted]	200 mg Na Pentothal IVP now x1	9/28	2300	2300	[redacted]
9/29	[redacted]	200 mg theopentol bolus IVP now x1	9/29	2100	2100	[redacted]
9/30	[redacted]	500 cc NS bolus x1	9/30	0630	0630	[redacted]

(b)(6)-2

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

Order/ Exp'n Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED
22 Sep 03	[redacted]	Tylenol 650 mg	0800 1100 1600 2000 [redacted]
		Pt/PR Q4° pm temp >100.4	
10 Oct 03	[redacted]	Labetalol 5-10 mg IV	10 Oct 1610 1800 2030 2340 0130 0520 0830 10 mg 5 m 5 m 10 m 5 m 10 m 10 m [redacted]
		q1° pm SBP >180.	

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

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. Sep Yr. 03

Verify by Initialing: Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	[redacted]	Labetalol 10mg IVP for SBP>190° if CPP	10Oct03	NOW	0900	[redacted]
		>70x1				
	[redacted]	Labetalol 5mg IVP x1	10Oct03	NOW	1408	[redacted]
		(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
30Sep03	[redacted]	Pretreat suction c̄ lidocaine	2315 28Sep	0200 28Sep	0800 29Sep	1940 29Sep	2300 29Sep	0400 30Sep	2130 30Sep							
		5Dmg IV - no more than 0.1°	[redacted]													

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

(b)(6)-2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 29	29	30	01	02	03
29Sep03	[redacted]	Pretreat suction with	06	/	[redacted]				
	-----	Lidocaine 50mg IV - NO more	18	[redacted]					
	-----	than q1°							
29Sep03	[redacted]	Thiopental drip ~~@400mg/hr~~	06	/	[redacted]				
	-----	~~hr~~ 300mg/hr 29Sep03	18	[redacted]					
29Sep03	[redacted]	Dopamine drip to keep	06	/	[redacted]				
	-----	SBP ≥ 100	18	/	[redacted]				
29Sep03	[redacted]	D5 0.9NS w/ 20KCl @ [redacted]	06	/	[redacted]				
	-----	100cc/hr	18	/	[redacted]				
9/29/03	[redacted]	May elevate dopamine	06	/	/	[redacted]			
	-----	as needed to maximum	18	/	[redacted]				
	-----	20mg/kg/min							
9/30/03	[redacted]	Tagament 300mg IVPB	00	/	/	/	/	[redacted]	
	-----	Q6hrs (when pharmacy is	06	/	/	/	[redacted]		
	-----	depleted of zantac)	12	/	/	/	[redacted]		
	-----		18	/	/	/	[redacted]		

(b)(6)-2

DC'd 09/29/03 KT 2112

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW to head

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
	23	24	01	02	03	04	05	06

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED

EPW [redacted] (b)(6) 4

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) ~~OA Appr~~ 8Mar 89

	22Sep 03 INITIAL SHIFT ASSESSMENT						
	TIME	0600	INITIAL [redacted]	1830	INITIAL [redacted]	22Sep03 0200	INITIAL [redacted]
NEURO	PUPILS	[illegible]		2mm/reactive to light		Pinpoint/unreactive	
	SENSORIUM	[illegible]		Sedated & paralized		Sedated & paralized	
		[illegible]		c Versed/fentanyl/vec		~~ICP monitor to be placed~~	
		[illegible]		TOF 0/4.		Ventriculostomy placed	
		[illegible]				withdraws c left side only	
RESPIRATORY	RESPIRATION PATTERN	[illegible]		normal on SIMV 18		normal on SIMV	
	BREATH SOUNDS	[illegible]		PEEP5 TV 600 FIO2 35%		CTA(B)	
	SECRETIONS	[illegible]		ETT #8 @ 26 cm		0	
		[illegible]		~~suction PRN~~			
		[illegible]		deferred until sure			
		[illegible]		tors evident			
SKIN	COLOR	[illegible]		NFR		NFR	
	INTEGRITY	[illegible]		Intact x 6 sw to		Intact x 6 sw to occiput	
		[illegible]		head/ventriculostomy			
IV SITE	LOCATION	[illegible]		(R) ac 18G / (L) ac x 2 18G		(L) arm & (R) arm	
	CONDITION	[illegible]		~~(R) femoral TLC~~ / Dressing		C,D,I	
		[illegible]		all patent. Dressing			
		[illegible]		C,D,I			
		[illegible]					
		[illegible]					
GASTRO	ABDOMEN	[illegible]		flat/nondistended		flat/nondistended	
	BOWEL SOUNDS	[illegible]		BS present x4		Hypoactive x 4 quads	
				quadrants			
				~~BM reported~~			
GU	URINE	[illegible]		foley to gravity		foley to gravity	
	COLOR/CLARITY	[illegible]		clear yellow		clear yellow	
		[illegible]		adequate out.		adequate output	
CARDIOVASCULAR	CARDIACRHYTHM	[illegible]		NSR ~~ectopy~~		NSR ~~ectopy~~	
		[illegible]		radial/pedal pulses			
		[illegible]		palpable +2			
		[illegible]		~~edema~~			

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on [redacted])

PREPARED BY (Signature & Title) [redacted] CPT/AN

DEPARTMENT/SERVICE/CINC FCU 3

DATE 22Sep 03 (b)(6)-2

[redacted] INDICATIONS (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)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

20618 MAP - D'D mannitol (b)(6)-4 [redacted]

HOSPITAL DAY

DATE																		
VITAL SIGNS — TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line				179/76	162/75	175/82	159/75	144/74		135/84	149/90	149/90	146/95	154/99	144/97	137/97	140/90	
BP cuff MAP				118/58						86	94	88	94	99	91	102	104	
Temperature				99.2			101.6	101.9		102.1	101	100.9	100.9	100.2	99	99.9	99.5	
Pulse				89	92	87	89	91		94	90	89	94	90	91	93	95	
Respiratory Rate				16	16	20	20	20		16	18	18	18	18	18	18	18	
ICP				33	~~28~~	~~28~~	6	4		50	12	34	25	25	26	27	31	
CPP					72	81	59	93		71	90	65	69	73	66	75	73	
O2 sats				100	100	100	100	100		100	100	100	100	100	100	100	100	
Cerebral Oximeter														64 / 73	65 / 70	65 / 62	50 / 66	

INTAKE — TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	~~100~~	~~100~~	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	1000
Versed			3	3	3	4	4	4	8	4	4	4	4	4	4	4	4	32
fent			5	5	5	5	5	5	30	5	5	5	5	5	5	5	5	40
vecuron			5	5	5	5	5	5	30	5	5	5	5	5	5	5	5	40
PB												50						50
Mannitol										100				50				150
TOTALS									901									1318

OUTPUT																			
URINE — HOUR				35	30	40	40	180	90	40	90	110	120	100	150	200	260	130	
URINE — TOTAL					65	155	335	435	525	565		800	920	940	1060	1260	1520	1650	1170
URINE — SP gr																			
URINE — S/A																			
NG, OUTPUT																			
NG, PH																			
NG, GUIAC																			
EMESIS																			
STOOL												18	15	15	20	14	20	102
DRAINS — Entric					10	15	15	15	15	70	18	14						

(b)(6)-4 [redacted]

3 2 9

POST-OP DAY

VITAL SIGNS	14	17	18	19	20	21	22	23
	76							
	114	112	114	115	115	118	115	115
	81	82	83	86	91	83	83	83
	104	105	110	118	114	120	115	114
						99.6		98.3
	100	100	100	100				
	85	79	78	78	82	73	78	74
	18	18	18	18	18	18	18	18
	26	29	33	31	33	27	25	34
	79	74	77	81	81	83	77	80
	100	100	100	100	100	100	100	100
	64	59	53	61	49	59	45	55
	65	69	61	64	63	68	66	63

INTAKE	14	17	18	19	20	21	22	23	8°T
	100	100	100	100	100	50	50	50	650
	6	6	6	6	6	6	6	6	48
	5	5	5	5	5	5	5	5	40
	5	5	5	5	5	10	5	5	40
	50			60					
			10	10	10	20	20	20	90
									1160

OUTPUT	14	17	18	19	20	21	22	23	8°T
	20	15	20	15	15	20	20	14	14

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME	2300	0315	0730	0954	1341			
	MODE	SIMV	SIMV						
	F_IO_2	100	60						
	TV	600	600						
	RATE	14	16						
	PEEP	5	5						
A	pH	7.30	7.35	7.49	7.49	7.46			
B	PCO_2	46	41	29.6	34.1	31.7			
B	pO_2	305	332	147	122	180			
B	HCO_3	25	24	22	22	23			
G	SAT	100	100	100	100	100			
G	BASE	-2	-1	-1	-1	-1			

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

DAILY ACTIVITIES NURSING DUTIES	TIME				TURN SUCTION	TIME
	MOUTH CARE					
	BATCH					
	SKIN CARE					
	FOLEY CARE					
	TRACH CARE					
	ROM EXERCISES					

24-180 TOTALS

NURSE'S SIGNATURE / INITIALS

[redacted]

WT Yesterday _____ wt Today _____

INTAKE: IV _____ Po _____ TOTAL _____

OUTPUT: Urine: _____ TOTAL _____

BALANCE _____

(b)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

OTSG APPROVED *(Date)* QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0700	INITIALS [redacted]		INITIALS	[redacted]	INITIALS 530
	PUPILS	3mm equal round				3mm / nonreactive	
	SENSORIUM	Sedated & paralized, cancer of foot				Sedated & paralized	
		imp 0/4 TOF. O2 Sat 99%				c Thiopentale 350mg/hr	
		c sedation, ventric intact				c Vecuronium @ 5mg/hr	
		ICP 30s-40s CSF bloody 10-12cc/hr.				ICP between 20-30 range	
RESPIRATORY	RESPIRATION PATTERN	been disturbed SIMV					
	BREATH SOUNDS	35% FiO2 RR 21				coarse crackles (B)/BS ↓	
	SECRETIONS	PEEP 10/ ETT #8 26 teeth				to (L) lung. ETT #8 @ 26 teeth.	
		C7A(B) I' lower (L) lobe				creamy yellow secretions	
		diminished ventilation (B) lobe				sx by mouth. Sm amt sx from	
		atelectasis.				ETT. Vent: SIMV 21, TV 600, Resp 10 FiO2 7	
SKIN	COLOR	appropriate for race				WFR	
	INTEGRITY	staples into 6-8cm (R) frontal				Intact x ventric site	
		lobe 4-6cm incisal stomach covered/clean				c GSW to head	
IV SITE	LOCATION	(R) FA PIV (L) AC PIV (R) FA PIV				(L) AC x2 18G / RAC 18G	
	CONDITION	(R) femoral central line TC				(R) femoral TLC, (L) rad	
		(L) radial a-line				a line.	
						Patent / CID I	
GASTRO	ABDOMEN	soft nondistended				flat / nondistended	
	BOWEL SOUNDS	BBS hyp (L) rare				+BS hyp (L) rare	
		clamped				clamped	
GU	URINE	yellow amber OS.				clear yellow urine	
	COLOR/CLARITY	Foley.				via foley	
						adequate UOP	
CARDIOVASCULAR	CARDIACRHYTHM	NSR 75 ectopy PVC				Sinus tach 110's	
		TC radial & pedal				Radial & pedal pulses	
		pulses (+) FVD				palpable.	

LEGEND

Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6) 2 [redacted]

(Continue on reverse)

PREPARED BY *(Signature)* [redacted] CPT IAN | DEPARTMENT/SERVICE/CINC FCU 3 | DATE 23 Sep 03

PATIENT'S INDICATIONS *(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)*

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line		173/80	177/83	175/76	169/77	153/87	179/82	190/91		173/79	199/98	183/86	186/86	176/83	174/82	185/88	179/89	
~~BP cuff~~ MAP		106	107	103	100	113	107	119		102	119	111	114	105	104	113	111	
Temperature	97.6	100.2	100.1	99.6	98.4	98.8	99.5	99.1		98.8	98.1	97.5		98.5			98.6	
Pulse		70	75	80	76	90	75	76		80	94	62	66	94	88	83	111	
Respiratory Rate		18	18	20	20	20	21	21		21	21	21	21	21	21	21	21	
O2 sats		100	100	100	100	100	100	100		100	100	100	100	100	96	96	97	
FIO2		35	35	35	35	35	35	35		35	35	35	35	35	35	35	35	
ICP	35	50	25	29	29	20	30	33		27	32	40	36	38	42	28	28	
CPP		56	82	71	71	93	77	86		75	87	71	78	67	67	85	83	
Cerebral O2 sat	55/69	61/71	59/72	56/70	55/70	49/62	49/65	48/60		51/63	53/65	48/62	54/64	47/63	54/62	52/61	53/62	

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	50	50	50	50	50	50	50	50		50	50	50	50	50	50	50	20	
3% ns	30	30	30	30	30	30	30	30		30	40	40	40	40	40	40	40	
Versed	6	6	6	6	6	6	6	6		6	6	6	6	6	6	6	—	
Fent	10	10	10	10	10	10	10	10		10	10	10	10	10	10	10	7	
Vec	5	5	5	5	5	5	5	10		10	10	10	10	10	10	10	10	
Thiopental																17	17	
TOTALS																		

OUTPUT	HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR	200	170	140	80	40	200	90	180		60	180	90	150	80	180	240	80	
	TOTAL	200	370	510	590	630	830	925											
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Ventric	15	15	20	12	11	12	11	11		9	7	8	11	11	9	10	8	

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23
	157/76	151/79	169/82	176/92	151/10[illegible]	142/69	135/68	135/77
	102	101	107	114	93	92	88	89
	97.5		98.9		99.1		98.6	97.7
	118	121	117	114	115	121	116	111
	21	21	21	21	21	21	21	21
	99	99	100	100	100	100	100	100
	35	35	35	75	75	75	75	70
	25	20	28	24	25	25	22	24
	77	101		80	77	67	64	65
	52/64	50/64	53/65	55/64	55/64	58/64	70/68	61/69

INTAKE	16	17	18	19	20	21	22	23	8°T
IV	20	20	20	20	20	20	20	20	160
3	40	40	40	40	40	40	40	40	320
	–	–	–	–	–	–	–		
	–	–	–	–	–	–	–		
rect	5	5	5	5	5	5	0		30
Bent	17	17	17	17.5	17.5	17.5	17.5	17.5	140

OUTPUT									
	80	50	60	60	50	110	80	40	680
11 →	20	10	15	10	13	14			93

ACUITY LEVEL CLASSIFICATION

RESPIRATORY									
TIME	0140	0300	0500	0800	1500				
MODE	SIMV	SIMV	SIMV	SIMV	SIMV				
F_IO_2	35	35	35	35	35				
TV	600	600	600	600	600				
RATE	18	20	22	21	21				
PEEP	5	5	5	5	5				
A: pH	7.40	7.35	7.47	7.43	7.35				
A: PCO_2	36.3	35.1	28.6	34.7	38.2				
B: pO_2	159	?	204	137	66				
B: HCO_3	23	18	21	23	21				
G: SAT	94	?	100	99	92				
G: BASE	-2	-8	-2	-1	-4				

LABORATORY									
TIME					1500				
GLUCOSE									
Na/K					138/5.6				
Cl/CO_2					22				
BUN/Cr									
WBC/PLATELET									
Hct/Hgb									

ACTIVITY									
TIME									
MOUTH CARE									
BATCH									
SKIN CARE									
FOLEY CARE									
TRACH CARE									
ROM EXERCISES									

TURN

SUCTION

TIME

24 HR TOTALS | NURSES SIGNATURE | INITIALS

WT Yesterday _____ wt Today _____

[redacted] (b)(6)-2

INTAKE

IV _____

Po _____

OUTPUT

Urine: _____

TOTAL _____

MEDCOM - 20145

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INITIAS [redacted]	(b)(6)-2	INITIAS	1830	INITIAS [redacted]
	PUPLIS	2mm nonreactive.				3mm sluggish rx (B)	
	SENSORIUM	on Thiopentale 350mg/hr				sedated c̄ Thiopental	
		ICP between 8-10				100mg/hr	
						ICP 10's-20's	
RESPIRATORY	RESPIRATION PATTERN	Vent. SIMV 21 FiO2				normal on SIMV 21 TV600 Peep 10 FiO2	
	BREATH SOUNDS	70% RR 21 PEEP 10.				coarse (B) LSR	
	SECRETIONS	Suction for q1° thick				Sm amt thick yellow	
		mucous.					
						ETT #8/23 cm. lip	
SKIN	COLOR	NFR.				NFR	
	INTEGRITY	Intact				Intact c̄ Kinetic sitter	
						SSW to feed	
IV SITE	LOCATION	(B) fa PIV (W) ACPIV x2				(L) acPIV x2 / (R) FA x1	
	CONDITION	(B) femoral CL TL				(B) Femoral TLC / (R) radial	
		(W) A-line radial				a line	
						Patent / C,D,I	
GASTRO	ABDOMEN	Soft nondistended				Flat/nondistended	
	BOWEL SOUNDS	(-) BS x4. (W) nare				⊕BS x4	
		NG Tube clamped				Dobhoff c̄ TF @ 10cc/hr	
						⊕ stool	
GU	URINE	Foley				Foley to gravity	
	COLOR/CLARITY	Amber urine				Amber / clear	
						Decreasing UOP but >30cc	
CARDIOVASCULAR	CARDIACRHYTHM	STach 100-110's ⊕				Sinus Tach ⊕ ectopy	
		ectopy, pulses +2x4				Pulses palpable x4	
						(radial & pedal (B))	
						FA's edematous	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

(b)(6)-2

PREPARED BY (Last, First, MI) [redacted] CPT HAN

DEPARTMENT/SERVICE/CINC RUS

DATE 24 Sep 03

[redacted] (Print or type all entries give: Name—Last, First, Initials; grade; date; hospital or medical [redacted])

EPW [redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	122/69	138/76	142/68	141/60	135/62	95/56	131/62	127/58		114/58	99/59	129/69	143/64	127/59	157/67	142/63	150/66	
BP Cuff																		
Temperature	97.8	98.3	98.1	97.0	97.3	98.3	98.4	99.1		99.1	98.1	98.3	97.9	97.6	97.7	97.9	98.6	
Pulse	111	110	117	119	117	113	112	114		113	111	107	103	101	105	105	112	
Respiratory Rate	21	21	21	21	21	21	21	21		21	21	21	21	21	21	21	21	
O2 sats	100	100	99	99	99	99	100	100		98	100	100	100	100	97	100	100	
FIO2	65	60	60	60	60	70	70	70		70	80	80	80	80	80	80	80%	
MAP	88	88	90	90	83	68	83	80		76	71	84	87	79	91	85	88	
ICP	25	25	25	18	16	10	10	8		9	10	8	9	9	13	9	23	
CPP	63	63	55	72	67	58	73	72		67	61	72	78	70	78	76	65	
cerebral O2	52/68	51/63	52/64	57/63	59/65	72/76	55/63	66/67		66/69	74/76	66/69	64/68	63/68	60/64	62/66	67/70	

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	20	20	20	20	20	20	20	20	160	20	20	20	20	20	20	20	20	160
3% NS	40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40	40	320
Thiopental	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	140	17.5	17.5	5	5	5	5	5	5	54.5
IVPB	50				100		50		200			300		150				450
TOTALS																		

OUTPUT		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR	40	140	100	40	45	55	80	110	70	75	70	34	38	35	43	31	35	360
	TOTAL		100	200	340	385	440	520	630	700		145	179	217	252	294	325	360	
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Ventric	12	14	12	22	16	22	15	32	14.6	20	25	19	20	18	31	10	17	16

POST-OP DAY

VITALS	14	17	18	19	20	21	22	23
ABP	143/71	131/63	115/70	153/69	159/67	141/65	134/64	132/62
NBP								
temp T	98.5	98.8	97.2	99.4	100.4		99.8	99.4
Pulse	107	111	117	120	123	112	117	117
RR	21	21	21	21	21	21	21	21
O2 sat	100	100	100	100	100	100	100	100
FIO2	80	80	80	75	75	70	70	70
mAP	94	84	94	93	94	91	85	85
ICP	20	21	25	20	20	17	13	19
CPP	74	63	69	67	74	74	72	66
CVP	64/62	67/70	69/68	66/64	66/68	66/65	65/72	69/74

INTAKE	14	17	18	19	20	21	22	23	8°T
IV fluid	20	20	20	20	20	20	100	100	100
3% NS	40	40	40	40	40	40	80	80	80
Isoprel	5	5	5	5	5	5	5	5	40
NPO			50		100		250		100
TF			10	10	10	10	10	10	60

OUTPUT	14	17	18	19	20	21	22	23	8°T
	115	100/215	60/175	30	50	60	35	26	32
	20	22	18	10	14	16	14	10	30

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	0000	0400	0800	1200	1600	2000	2400
	MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	F_IO_2	60	60 Δ70	70 Δ80	80%	80%	75	75
	TV	600	600	600	600	600	600	600
	RATE	21	21	21	21	21	21	21
	PEEP	10	10	10	10	10	10	10
ABG A	pH	7.35	7.36	7.35	7.36	7.33	7.35	7.34
ABG B	PCO_2	34.4	34.8	32.6	36	35.8	34.7	36.3
ABG B	pO_2	80	73	68	88	95	105	131
ABG B	HCO_3	19	20	19	20	19	18	20
ABG G	SAT	95	94	93	96	97	97	99%
ABG G	BASE	-6	-6	-7	-5	-7	-9	-6

LABS	TIME							
	CLUCOSE							
	Na/K							
	Cl/CO_2 480							
	BUN/Cr 960							
	WBC/PLATE 250							
	Hct/Hgb 1050							
	120							
	2860							

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

24-180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE — IV _____ — TOTAL _____

OUTPUT — Urine: _____ — TOTAL _____

NURSE'S SIGNATURE | INITIALS

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)* QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630	INTILAS [redacted]	1845	INTILAS [redacted]		INTILAS
NEURO	PUPLIS	3mm PER ~~[illegible]~~		PER 3mm Very sluggish			
	SENSORIUM	sluggish. non responsive.		No response to pain			
		to painful stimuli or s[illegible]		Head aligned straight			
RESPIRATORY	RESPIRATION PATTERN	even unlabored SIMV		Vent SIMV 16, 600, FiO2 50,			
	BREATH SOUNDS	VT 600, fio2 55% peep 10		Resp. ETT 8.0 24cm @			
	SECRETIONS	RR 22, spo2 100%. Thick		lip. Thick yellow			
		yellow ETT secretions. ET		secretions @ cough			
		at 8 2cm @ tooth. not		CTA Rhonchi. LLL wheezes			
		non-breathing vent.		LLL crackles.			
SKIN	COLOR	appropriate for race.		NFR. Approx 6cm incision to			
	INTEGRITY	incision c̄ staples intact. Gauze		(R) Anterior lobe c̄ staples.			
		(R) lumbar lobe accepted		Drain to (R) crown of head			
IV SITE	LOCATION	(L) antecubital started		WDI (R) AC 18g SL, (L) AC,			
	CONDITION	(R) dc (L) (R) Femoral TL		(L) lateral AC SL. (R) groin			
		(L) radial A-line.		CTLC. All ports flush.			
				(L) radial A-line. All			
				dressings CDI. A-line &			
				ICP zeroed			
GASTRO	ABDOMEN	Soft nondistended		Soft, nondistended.			
	BOWEL SOUNDS	hypo. BS (L) flank x (R)		Hypoactive. NGT to			
				(L) nares infusing peristaltic			
				230cc. EBM.			
GU	URINE	amber		Foley to DD. Clear			
	COLOR/CLARITY	F+G, QS.		yellow urine			
CARDIOVASCULAR	CARDIACRHYTHM	NSR ST & ectopy		ST & ectopy. S1 S2.			
		S1 S2 +2 radial pulses		(R) pedal 2+, (L) pedal bilat			
		+1 pedal pulses.		radial 3+. Capr refill <3sec.			
				3+ edema BUE. T on pillows.			

LEGEND

Cr - Creatinine
F_IO - Fraction of Inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

b)(6)2

[redacted] & Ti[redacted] CPT / AN | DEPARTMENT/SERVICE/CINC ICU 3 | DATE 05 Sep 03

[redacted] INDICATIONS *(For typed [illegible] written entries give: Name—Last, First, middle; grade; date; hospital or medic[illegible] facility)*

EPW

[redacted]

(6)(6) 4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

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

☐ DIGNOSTIC STUDIES

☐ TRETMENT

#1155 2400-1500

DATE 9.25. DX

HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
BP Arterial line	144/67	147/66	149/65	132/64	130/66	135/70	160/67	127/60	114/60	121/59	123/58	129/61	160/74	135/60	128/61	156/65
BP Cuff																
Temperature		100.2		99.2	99.2		98.6	98°					97.5			
Pulse	113	117	120	117	117	110	105	97	94	97	97	97	98	102	99	101
Respiratory Rate	21	21	22	22	22	22	22	22	22	20	20	20	20	20	20	20
O2 sats	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
FIO2	70	65	60	60	60	55	55	50	50	50	40	40	60	60	60	45
MAP	91	90	88	86	88	79	94	80	70	76	76	80	98	81	80	83
ICP	22	18	16	16	15	18	20	8	9	14	8	11	12	10	11	10
CPP	69	72	70	72	76	73	72		61	62	68	69	86	71	69	73
cerebral O2	64/69	66/69	60/70	62/69	61/69	59/65	63/69	52/64	54/60	62/72	63/73	60/69	65/68	62/69	60/68	59/69

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	800
3%	25	25	25	25	25	25	25	–	175	–								
NPB	50						50	–	50	–		200	25	175	25	25	25	450
Thiopent	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	40
TF	10	10	10	10	10	10	10	10	80	30	30	30	30	30	30	30	30	240
TOTALS									1145									1530

OUTPUT		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR / TOTAL	21	25	30	40	50	70	50	58	344	46	46	36	52	60	70	72	58	440
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Ventric	15	20	18	18	19	15	2	8	8	15	18	16	20	13	16	12	118	
TOTALS																			

POST-OP DAY

	16	17	18	19	20	21	22	23
ABP	140/63	160/71	166/71	136/61	148/66	143/61	133/56	123/63
NBP								
Temp	98.2			99.5	99.6	98.5	97.9	
Pulse	99	103	106	106	105	101	96	90
RR	20	18	18	18	18	18	18	18
O2 Sat	100	100	100	100	100	100	100	100
FIO2	50	50	50	50%	50%	50	50	50
MAP	85	96	96	84	90	83	80	84
ICP	12	15	10	21	22	13	18	11
CPP	73	81	86	63	68	70	62	73
Cerebral O2	66/68	63/66		64/66	63/66	62/67	60/65	59/69

	16	17	18	19	20	21	22	23	8°T
VS	100	100	100	100	100	100	100	100	800
3%									
VPB	25	25	25	25	25	100	250	—	475
Thiop	5	5	5						
IV	30	30	30	30	30	30	30	30	240

	30	70/120	92/242	110/322	90/412	100/512	65/577	50/627	627
Urine	12	13	13	27	6	13	5	20	109

ACUITY LEVEL CLASSIFICATION

RESPIRATORY												
TIME		0400	0820	1925								
MODE		SIMV	SIMV	SIMV								
F_IO_2		60	50	60								
TV		600	600	600								
RATE		22	22	18								
PEEP		10	10	10								
ABG	pH	7.37	7.46	7.36								
	PCO_2	30.8	26.5	39.9								
	pO_2	126	155	88								
	HCO_3	18	18	24								
	SAT	99	100	96								
	BASE	-7	-6	-1								

LABORATORY												
TIME		1925										
GLUCOSE		133										
Na/K		151										
Cl/CO_2		119/25										
BUN/Cr		18										
WBC/PLATELET												
Hct/Hgb		33/11										

ACTIVITIES DAILY												
TIME												
MOUTH CARE		KH 2100										
BATCH												
SKIN CARE												
FOLEY CARE												
TRACH CARE												
ROM EXERCISES												

TURN

SUCTION

TIME

KH 2100

~~KH 2100~~

24-HRS TOTALS

WT Yesterday

wt Today

INTAKE

IV 5230

OUTPUT

Urine: 1911

vent 345

NURSE'S SIGNATURE

INITIALS

[redacted]

(b)(6) Z

(b)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)* QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INITIAL [redacted]		INITIAL	1930	INITIAL [redacted]
	PUPILS	3mm sluggish, no				3mm/unreactive	
	SENSORIUM	responsive to pain				Pentothal drip @ 300mg/hr	
		stimuli. HOB ↑				Vecuronium @ 10mg/hr	
		head aligned + shaggy				~~Ø~~ responses to tact/pain	
						HOB 30°/Body aligned/ETT 20	
RESPIRATORY	RESPIRATION PATTERN	Vent SIMV 18 TV 600				normal on SIMV 18 TV 600 Peep	
	BREATH SOUNDS	FiO2 50% Peep 10.				FiO2 40% ø	
	SECRETIONS	ETTF8 24cm @ lip.				clear but ↓ LL	
		thick yellow/greenish				ETT #8 24cm lip	
		sporchons. ø cough					
		CTA (R) L (+) crackles.					
SKIN	COLOR	WFR. Incision over				WFR	
	INTEGRITY	head CDI.				Intact ~~x~~ ESD to head	
						ventric site	
IV SITE	LOCATION	@ groin CL TLC. @ Radial				(R) Femoral TLC (L) Radial	
	CONDITION	A-line. PIV's (R) AC (L) AC				aline. (L) ac PIV x2	
		(L) lat. AC. All CDI.				(R) FA PIV.	
						All patent/ø S/S	
						phlebitis	
GASTRO	ABDOMEN	Soft non distended.				Soft non distended	
	BOWEL SOUNDS	Hypoactive BS x4. Dobhoff				⊖ BS. Dobhoff to LIS	
		(L) nare. TF PERATIVE				TF @ 60cc/hr	
		@ 30cc/hr ø BM.				ø BM with ssd	
GU	URINE	Foley to gravity. drai-				Foley to gravity	
	COLOR/CLARITY	ning amber urine.				yellow/clear/	
						adequate amt	
CARDIOVASCULAR	CARDIACRHYTHM	Tach ø ectopy. +2 peri-				Sinus Tach ø ect	
		pheral pulses. X4. cap.				peripheral pulses palpable	
		refill < 3sec. +3 edema				X4	
		Upper ext.				(R) FA's edematous	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

(b)(6) 2

PREP[redacted] D RN/AN | DEPARTMENT/SERVICE/CINC ICU 3 | DATE 26 Sep 03

PATIENT [redacted] *written entries give: Name—Last, First, middle; [redacted] al facility)*

[redacted] (b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS																	
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial line	134/59	149/101	125/100	125/105	131/63	144/72	164/77	182/74		110/62	128/68	158/86	151/74	132/80	126/65	127/65	124/63
BP Cuff																	
Temperature	97.0 @	97.1 @		96.8 @		97.9 @	98.2 @	97.7		97.7		98.6		98.2		97.4	
Pulse	89	91	92	91	95	95	105	106		114	109	121	117	113	110	106	103
Respiratory Rate	18	18	18	18	18	18	18	16		16	16	16	16	16	16	16	16
O2 Sats	100	100	100	100	100	100	100	100		100	100	100	99	100	100	100	100
FiO2	50	50	50	50	50	50	50	40%		40	40	40	40	40	40	40	40
MAP	79	89	80	84	84	94	104	100		81	90	116	100	91	87	87	84
ICP	12	13	10	9	9	12	31	27		16	20	34	23	24	20	19	19
CPP	67	76	70	75	75	82	73	73		65	70	82	77	67	67	68	65
Cerebral O2	60/68	62/70	60/68	55/67	58/66	60/68	69/72	69/68		73/72	69/73	70/72	71/72	70/72	70/72	69/72	69/72

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
MIVF-NS	100	100	100	100	100	100	100	OFF	200									
IVPB	50		40	40	40	140	140		450			250		100	50	50	0	450
Vent										2.5	2.5	5	5	10	10	10	10	55
Vec																		
TF	30	30	30	30	30	30	30	60	270	60	60	60	60	60	60	60	60	480
								1420										785
TOTALS																		

OUTPUT																		
URINE HOUR / TOTAL	10/10	80/150	80/230	60/290	80/370	65/435	115/550	130/680	120	130	44	105/49	125/174	90/264	85/94	65/10	85/10	1099
URINE SP gr																		
URINE S/A																		
NG OUTPUT																		
NG PH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS Ventric	16	16	15	11	21	10	15	14	119		10	16	10	10	12	10	15	83
DRAINS																		1182

POST-OP DAY

VITAL SIGNS	14	17	18	19	20	21	22	23
BP	152/41	109/61	108/61	123/64	88/38	107/59	111/60	114/59
					112/47			
Temp	97.1	97.7	98.3	97.8	100	99.4	98.1	
HR	106	108	107	111	112	102	105	97
RR	14	16	18	18	18	18	18	18
O_2	100	99	99	100	99	100	100	100
FiO_2	40	40	40	40	40	40	40	40
MAP	97	80	78	88	not 74	77	78	78
ICP	30	20	17	23	20	17	13	12
CPP	67	60	61		54	60	65	66
cerebral O_2	74/76	70/76	68/75	71/75	75/79	77/77	72/76	69/77

INTAKE	14	17	18	19	20	21	22	23	8°T
IVF									
IVPB					100		50		150
Pent	10	10	15	15	15	15	15	15	90
Vec	10	10	10	10	10	10	10	10	80
TF	60	60	60	60	60	60	60	60	480
									1800
24 Intake 3205									

OUTPUT	14	17	18	19	20	21	22	23	8°T
	65	65/130	60/190	50	70	30	35/115	70/185	485 / 48
Vent	10	12	15	15	17	15	14	12	110
							48		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME	0640	0815	1500	1800
		MODE	SIMV	SIMV	SIMV	SIMV
		F_IO_2	50	40	40	40
		TV	600	600	600	600
		RATE	18	16	16	18
		PEEP	10	10	08	8
ABG	A	pH	7.36	7.35	7.38	7.39
	B	PCO_2	38.4	40.9	37.4	40.5
		pO_2	122	115	129	97
		HCO_3	22	23	22	25
	G	SAT	99	98	99	97
		BASE	-4	-3	-3	0

LABORATORY	TIME	0030							
	GLUCOSE	144							
	Na/K	152/2.4	152/3.3	155/3.3					
	Cl/CO_2	114/24							
	BUN/Cr	18/0.7							
	WBC/PLATELET	19.3/326							
	Hct/Hgb	31.5/9.6	43/15	30/10					

ACTIVITY / TIME	TIME	0030			TIME
TURN	MOUTH CARE	KH 0030	[redacted]		
	BATH	KH 0530			
	SKIN CARE	KH 0530			
SUCTION	FOLEY CARE	KH 0530			KH 0030
	TRACH CARE	NA			KH 0300
	ROM EXERCISES	N/A			KH 0530
	Linen Δ	KH 0530			

24 HR TOTALS | NURSE'S SIGNATURE | ID [redacted]

WT Yesterday ____ wt Today ____

INTAKE: IV ____ TOTAL ____

OUTPUT: Urine: ____ TOTAL ____

[redacted]

(b)(6) 2

(b)(6) 2

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8Mar 89

(b)(6) 2

INITIAL SHIFT ASSESSMENT

	TIME	0700	INTILAS		INTILAS	1830	INTILAS [redacted]
NEURO	PUPLIS	3mm Perr sluggish				3mm/sluggish	
	SENSORIUM					Pentotal @ 300mg/hr	
						~~Ø~~ response to tactile	
						painful stimuli	
RESPIRATORY	RESPIRATION PATTERN	even & unlabored SIMV				normal on SIMV 16	
	BREATH SOUNDS	Fio2 40% vt 600 peep 5 RR 16				TV 600 peep 5 Fio2 40%	
	SECRETIONS	ETT #8 2cm @ teeth. Thick				ETT #8 2cm @ lip	
		yellow coating on cath, ↑				BS CTA	
		cough					
SKIN	COLOR	appropriate for race				hcK	
	INTEGRITY	Ø Temp 6-8cm incision				Intact ✗ 6s ID to occipital	
		staples intact occipital area				ventric site ✗ staples	
I-V SITE	LOCATION	6cm incision 6 staples intact.					
	CONDITION	(R) Femur TLC patent.				(R) femoral TLC	
		(L) radial art line				(L) radial art line	
GASTRO	ABDOMEN	Soft slightly distended				Soft / ~~slightly~~ mild distention	
	BOWEL SOUNDS	hypo BS x 4 quadrants				hypoactive x 4 quads	
		Ø urine, peritoneal catheter				Dobhoff to (L) nare	
		Ø BM/flatus.				Ileobag. Ø BM witnessed	
GU	URINE	amber/clear Foley QS.				amber/clear	
	COLOR/CLARITY					via foley	
						adequate output	
CARDIOVASCULAR	CARDIACRHYTHM	NSR-ST Ø ectopy.				Sinus tach. Ø ectopy	
		+2 radial & pedal pulses				peripheral pulses	
		Ø JVD				(radial & pedal) +2 ~~pulses~~	

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Rank, Name) [redacted] OPT / AW | DEPARTMENT/SERVICE/CINC ICU 3 | DATE 27 Sep 03

b)(6) 2

PATIENT'S SUBJECTIONS (For typewritten entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

#

[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

[redacted] (b)(6)-4

DATE | DX | HOSPITAL DAY

VITALS SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial line	108/56	119/60	120/65	124/63	147/72	127/65	136/68	128/63		120/64	118/63	120/64	119/64	133/66	114/61	124/61	111/61	
	BP Cuff																		
	Temperature	96.5	96.5	97.4	97.9	97.7	98.3	98.3						98.5					
	Pulse	92	90	95	99	101	104	104	101		104	103	105	105	105	105	104	101	
	Respiratory Rate	18	18	16	16	16	16	16	16		16	16	16	16	16	16	16	16	
	O2 sats	100	100	100	100	100	100	100	98		100	100	100	100	100	100	100	100	
	FIO2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40	
	MAP	74	77	80	83	95	86	90	83		83	83	84	83	88	79	79	79	
	ICP	8	9	17	17	15	20	21	13		9	12	12	16	15	11	11	11	
	CPP	66	68	63	66	80	66	69	70		74	71	72	67	73	68	69	68	
	cerebral O2	64/74	69/73	67/72	70/74	67/68	65/64	83/71	76/69		70/74	72/75	71/74	66/74	68/74	72/73	71/72	69/71	

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	IVF																		
	IVPB					100		50	25	175	25	25	125	25	125	25	25	25	400
	Pentothal	15	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	15	60
	Tec	10	10	10	10	10	10	10	–	70	–	–	–	–	–	–	–		↓
	TF	60	60	60	60	60	60	60	60	480	60	60	60	60	60	60	60	60	480
																			1000
	TOTALS									845									1000

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	URINE		60	65 / 125	60 / 185	70 / 255	70 / 325	100 / 425	60	60	605	70	78	70	70	70	100	100	80	638
		SP gr																		
		S/A																		
	NG	OUTPUT																		
		PH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	Vertical DRAINS		14	15	18	15	15	17	18	12	124	10	11	11	12	12	15	11	15	97
																				735

POST-OP DAY

VITALS	16	17	18	19	20	21	22	23
BP	114/61	113/60	114/61	112/60	115/60	111/59	113/60	113/60
T								
P		89		85		93	92	93
R	102	102	101	102	104	104	101	100
SpO2	16	16	16	16	16	16	16	16
FiO2	100	100	100	98	99	98	98	98
MAP	40	40	40	40	40	40	40	40
ICP	80	79	79	78	78	77	79	81
PPG	12	12	13	18	17	17	15	15
	68	67	66	60	61	60	64	66
	76/73	70/72	70/72	70/72	72/73	74/72	74/73	75/74

INTAKE	16	17	18	19	20	21	22	23	8°T
IV									
IV	75	25			100	75			625
	15	15	15	15	15	15	15	15	120
FT	60	60	60	60	60	60	60	60	480
									1225

OUTPUT	16	17	18	19	20	21	22	23	8°T
	120	80	110	90	140	80			1070
	13	12	12	16	17	15	14	16	124

ACUITY LEVEL CLASSIFICATION

RESPIRATORY										
	TIME	900								
	MODE	SIMV								
	F_IO_2	40								
	TV	600								
	RATE	18								
	PEEP	6								
A	pH	7.44								
A	PCO_2	34.2								
B	pO_2	115								
B	HCO_3	23								
G	SAT	99								
G	BASE	-1								

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

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

24-180 TOTALS	NURSE'S SIGNATURE	INITIALS
WT Yesterday ____ wt Today ____		
INTAKE ____ OUTPUT ____		
IV ____ Urine: ____		
TOTAL ____ TOTAL ____		

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED *(Date)* QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0610	INTILAS [redacted]	1845	INTILAS [redacted]		INTILAS
	PUPLIS	3mm sluggish		PER 4mm, non-reactive			
	SENSORIUM	Ø response to		Ø response to stimuli			
		painful stimuli.		Pentothal @ 15cc			
		Pentothal @ 200mg/hr					
RESPIRATORY	RESPIRATION PATTERN	Vent SIMV 16 TV 600		Vent SIMV 16, TV 600,			
	BREATH SOUNDS	PEEP 5 FiO2 40% ET		FiO2 50%, Peep 5. Coarse			
	SECRETIONS	24cm lip.		Ⓡ wheezes - all lung fields			
		BS Ⓡ lobe coarse.		ETT #8.0 24cm @ lip.			
SKIN	COLOR	NFR		NFR, WDI, Incision			
	INTEGRITY	Intact GSW to occipital		on Parietal Ⓡ side head			
		Ventricle site c staples.		o staples intact. GSW to occipital			
IV SITE	LOCATION	Ⓡ femoral TLC		head Ⓛ femoral TLC			
	CONDITION	Ⓡ radial CDI		Infusing Pentothal @			
				15cc/hr. Ⓡ radial a-line			
				Ventriculostomy top parietal			
				Ⓡ side. Both zeroed CDI.			
GASTRO	ABDOMEN	soft hypoactive BS x4		Slightly distended.			
	BOWEL SOUNDS	Dobhoff Ⓡ nare TF		~~Abd~~ hypoactive BS x4			
		60cc/hr.		Dobhoff Ⓛ nares. TF			
				Resume 60cc/hr.			
GU	URINE	Foley		Foley to DP. Clear			
	COLOR/CLARITY	Amber urine		yellow urine.			
		adequate amount					
CARDIOVASCULAR	CARDIACRHYTHM	Stach Ø ectopy		ST Ø ectopy. S1S2.			
		peripheral pulses +2 x4		Pedial/Radial pulses 2+.			
		cap. refill <3sec.		Cap Refill <3sec. Anasarca			
				2-3+.			

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

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

DEPARTMENT/SERVICE/CINC FCU B

DATE 28 Sep 03

PATIENT'S INDICATIONS *(For typed or written [redacted] give: Name—Last, First, middle; grade; date; hospital or medical facility)*

EPW

(b)(6)-4

[redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

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

☐ DIGNOSTIC STUDIES

☐ TRETMENT

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

DATE	DX													HOSPITAL DAY				
VITAL SIGNS — TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	118/62	117/61	117/61	116/61	118/60	134/64	117/62	113/63		120/64	124/64	116/60	114/62	116/62	124/62	116/60	112/59	
BP Cuff																		
Temperature	99.0	98.7	98.4	98.2		98	97.9	98.7			99.0	98.7	98.6	98.5	98.5	98.1	98.3	
Pulse	110	107	103	101	102	105	104	104		105	105	106	105	104	104	104	102	
Respiratory Rate	16	16	16	16	16	16	16	16		16	16	16	16	16	16	16	16	
O2 sats	98	98	99	99	99	99	97	98		98	98	98	97	98	97	95	97	
FiO2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40	
MAP	82	82	81	80	82	82	80	82		83	83	81	80	82	83	80	79	
ICP	16	14	12	10	11	17	14	12		14	15	15	15	15	15	15	12	
CPP	66	68	69	70	69	70	68	70		69	68	66	67	67	68	65	67	
cerebral O2	75/74	75/73	72/72	67/70	66/70	61/72	68/69	65/72		65/68	68/65	68/65	67/65	68/66	68/66	63/64	63/63	
INTAKE — TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF																		
IVPB					100		50		150				100			50		150
Pentobarbital	15	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	15	120
TF	60	60	60	60	60	60	60	60	480	60	60	60	60	60	60	60	60	480
TOTALS																		
OUTPUT — URINE HOUR / TOTAL	220	340	110/450	90/540	90/630	70/700	120/820	160	980	110	95/205	115/320	145/465	90/555	110/665	80/745	85/830	830
URINE SP gr																		
URINE S/A																		
NG OUTPUT																		
NG PH																		
NG GUIAC																		
EMESIS																		
STOOL																		
Ventricular DRAINS	16	15	14	12	15	17	17	12	119	13	12	15	15	16	15	15	12	113
DRAINS																		
DRAINS																		

POST-OP DAY

VITAL SIGNS	14	17	18	19	20	21	22	23
	113/59	113/60	111/58	102/45	99/43	99/44	108/48	98/56
	98.8	98.5	98.8		99.7			
	104	104	107	106	109	110	115	119
	16	16	16	16	16	16	16	
	98	98	97	99	97	98	93	
	40	40	40	50	40%	50%	50%	
	79	80	78	65	63	64	69	
	14	14	14	10	13	12	22	
	65	66	64	55	50	52	47	
	65/69	66/67	65/64	66/66	67/66	64/63	64/65	66/63

INTAKE	14	17	18	19	20	21	22	23	8°T
	50	80			100				
	15	15	15	15	15	15	15	15	
	60	60	60	60	60	60	60	60	

OUTPUT									
	90	155/16	100/265	95/360	110/470	170/640	120/760	110/870	870
	12	12	15	40	13	15	9	14	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	0600	1500	2000						
	MODE	SIMV	SIMV	SIMV						
	F_IO_2	40	40	40						
	TV	600	600	600						
	RATE	16	16	16						
	PEEP	5	5	5						
ABG	pH	7.43	7.48	7.44						
	PCO_2	41	36.9	41						
	pO_2	69	80	74						
	HCO_3	28	28	28						
	SAT	97	97	95						
	BASE	3	5	4						

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

DAILY ACTIVITIES	TIME				TURN	TIME				
	MOUTH CARE	[redacted]								
	BATCH									
	SKIN CARE									
	FOLEY CARE				SUCTION	[redacted]				
	TRACH CARE	N/A				[redacted]				
	ROM EXERCISES					[redacted]				

24 HR TOTALS	NURSE'S SIGNATURE	INITIALS
WT Yesterday ____ wt Today ____	[redacted]	
INTAKE		
IV ____	OUTPUT Urine: ____	

MEDCOM - 20160

-3

(b)(6) -2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED *(Date)* QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INTILAS [redacted]	1830	INTILAS [redacted]		INTILAS
	PUPLIS	4mm dilated non		Dilated pupils, fixed			
	SENSORIUM	reactive. Pentothal		@6mm. No response			
		@ 400mg/hr. No respon-		GCS@3T. Pentothal gtt			
		sive to painful stimuli		@300mg/hr.			
		Ø cough reflex.					
RESPIRATORY	RESPIRATION PATTERN	Vent. SIMV 20 TV 600		Vent SIMV 14, TV 600,			
	BREATH SOUNDS	PEEP 5 FiO2 70%. lungs		FiO2 70%, Peep 10. #8.0@			
	SECRETIONS	(R) expiratory wheezes		22cm@6p. Inspiratory			
		(R) ronchi throughout		wheezes exp. wheezes			
		Large amount of secretions		LW LLL. Thick whitish-			
		No suctioning.		yellow secretions. Secretions			
SKIN	COLOR	NFR		NFR. Incision to (R) pericardial			
	INTEGRITY	ventriculostomy site		& staples & ventriculostomy			
		CDI		(R) groin, angiogram site			
IV SITE	LOCATION	(R) CL TLC femoral		Soft, no swelling.			
	CONDITION	(L) radial A-line		(R) groin TLC. Allport			
		CDI.		flush. CDI. (L) radial			
				A-line CDI, zeroed correlates.			
				(R) wrist SC 10g. flushes.			
				Ventriculostomy (R) pericardial			
GASTRO	ABDOMEN	Soft non distended.		Slightly distended.			
	BOWEL SOUNDS	+ BS x4, 100 BM @		ABS x4. ØBM. Dobhoff			
		this time.		to (L) nares, clamped.			
GU	URINE	Foley		Foley to DD, clear			
	COLOR/CLARITY	Clear amber ø		light yellow.			
		sediments					
CARDIOVASCULAR	CARDIACRHYTHM	Stach ø ectopy		ST ø ectopy S, S2 low			
				BPs. Dopamine TTE SBP 200.			
				Capreffil <3sec, Radial 3+/			
				Pedal 2+ pulses. 3 tarasahara			

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

PREPARED [redacted] *Title)* (b)(6) 2

DEPARTMENT/SERVICE/CINC CV3

DATE 29Sep03

PATIENT'S INDICAT[redacted] *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)*
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DATE 29Sep03 | DX GSW to head | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
BP Arterial line			110/58	114/59	111/57	116/59	97/60	85/47	90	99/52		120/50	120/54	112/53	112/53	110/58	105/55	
BP Cuff	110/47	115/49																
Temperature		101.1 (A)	100.2 (A)			99.2 (A)		98.8		98.6		98.7		98.8	98.2	98.0	97.9	
Pulse	119	121	119	115	112	110	105	98		99		109	108	109	106	106	105	
Respiratory Rate	16	18	20	20	20	20	20	20		16		16	16	16	16	14	14	
SpO2	95	94%	95%	98%	99%	98%	98%	100%		100%		93%	96%	95%	96%	95%	96%	
FiO2	70%	70%	70%	70%	70%	70%	70%	70%		70%		70%	70%	70%	70%	70%	70%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
MAP	70	73	75	78	76	73	67	61		68			73	71	71	72	71	
ICP	20	23	17	11	10	13	7	3		10			8	10	10	16	18	
CPP	50	50	58	67	66	60	60	58		58			65	61	61	56	53	
Cerebral O2 ↓/R	74/66	73/73	71/74	72/74	67/72	66/72	61/68	51/67		58/68				65/70	63/68	66/69	66/69	

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
Pentothal	20	20	20	20	20	20	20	20	160	17.5		17.5	17.5	15	18	12	12	103.5
IVPB	100	100	150		150		50		550					200		50		250
IVF								500 bolus	500			500 OR	150	150	150	150	150	1250
Dopamine													13.1	13.1	13.1	13.1	13.1	65.5
TF	60	60	60	60	60	80	stopped		330									
TOTALS																		

OUTPUT		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR	100	130	200	90	80	140	80	120	210	75		70	129	234	200	216	155	1780
	TOTAL		290	490	580	660	1010	1090					975	1105	1339	1540	1756	1911	
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Ventric	14	11	18	9	11	8	8	5	77	8			15	10	15	10	13	63

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23
	108/54	106/53	100/51	150/53	106/55	104/42	100/42	105/42
						107/38		
	97.4	97.6	97.9	98'			97.2	
	105	101	102	107	109	101	101	99
	14	14	14	14	14	16	16	16
	96%	96%	95%	95	95%	95%	96%	99%
	70%	70%	70%	70%	70%	70%	70%	70%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	71	69	67	70	71	61	60	60
	14	12	14	17	22	21	16	6
	57	57	53	53	49	40	44	54
	70/70	65/68	64/67	106/69	73/74	68/68	69/70	66/65

INTAKE	16	17	18	19	20	21	22	23	8°T
	12	12	12	12	12	22	SIMV		
					100	120	200		
	150	150	150	150	150	150	150	150	
	13.1	13.1	13.1	13.1	13.1	31.5	26.3	34.1	

OUTPUT	16	17	18	19	20	21	22	23
	155/155	130/285	170/415	140/555	120/675	130/805	30/835	65/900
	15	10	8	9	4	4	4	2

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY		TIME	0037	0143	0314	0504	0700	0815	1120	1300	1400
		MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
		F_IO_2	70	70	70	70	70	70	70	70	70
		TV	600	600	600	600	700	700	700	700	700
		RATE	16	18	20	20	20	16	16	16	14
		PEEP	10	10	10	10	10	10	10	10	10
	A	pH	7.35	7.412	7.46	7.44	7.55	7.48	7.5	7.50	7.43
	B	PCO_2	54.7	45.7	40.8	41.2	28.0	32.6	32.7	31.2	38.2
	B	pO_2	85	73	74	79	76	147	65	71	68
	B	HCO_3	30	29	28	28	25	24	25	24	26
	G	SAT	95%	94	95%	96%	97%	99%	94%	96%	94%
	G	BASE	4	4	4	4	2	-1	2	1	2

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

ADDITIONAL ITEMS DONE	TIME			TURN SUCTION	TIME			
	MOUTH CARE	[redacted]						
	BATCH							
	SKIN CARE	[redacted]						
	FOLEY CARE	1850			[redacted]			
	TRACH CARE	N/A			[redacted]			
	ROM EXERCISES				1940			
					2330			

(b)(6) 2

24 HR TOTALS

NURSE'S SIGNATURE | INITIALS

WT Yesterday _____ wt Today _____

[redacted]

(b)(6) 2

INTAKE

IV _____

OUTPUT

Urine: _____

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date) QA Appr 8 Mar 89

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6) 2

INITIAL SHIFT ASSESSMENT

			INITIALS		INITIALS		INITIALS
NEURO	TIME	0700	[redacted]	1830	[redacted]		
	PUPILS	5mm PER, fixed		PER 4mm, Sluggish.			
	SENSORIUM	non responsive to painful stimuli. Insert over bronchovest & gag reflex.		GCS 2T. No response to painfull Stimuli. ⊘ gag reflex.			
RESPIRATORY	RESPIRATORY PATTERN	on mechanical SIMV		Vent SIMV 14 TV 700, FiO2 60%,			
	BREATH SOUNDS	FiO2 30% PEEP 5 RR 10 VT 600		Peep 15. ETT #8.0 @ 24cm @			
	SECRETIONS	ETT #8 20 cm to tube (D) lobar dimmished (B) lower lobe dimmished (D) thick yellow secretions		teeth. Expiratory wheezes all lung fields. Crackles (D) lobes & ins LL. Thick yellow secretions			
SKIN	COLOR	appropriate for race.		NFR, Staples (B) Parietal ⊘			
	INTEGRITY	S-dam incisional staples c/d/i drainage (A) temporal lobe & occipital lobe		Ventriculostomy Crown of head			
IV/ARTERIAL	LOCATION	(D) radial A-line, (B) femoral		TC Ventriculostomy drain			
	CONDITION	(R) Swan 20G, PIV. all patent. A-line correlates c̄ NIBP		(P) crown of head zeroed (D) radial A-line correlates ⊘ NIBP, zeroed (P) wrist 189 82. All patent. CDI.			
GASTRO	ABDOMEN	mildly slightly distorted		Slightly distended.			
	BOWEL SOUNDS	⊘ BS ⊘ BM odiffes. (D) ileo are clear/red.		hyperactive BS. ⊘ BM Dobhoff (D) ileos, clamped			
GU	URINE: COLOR/CLARITY	amber F+G QS.		Foley to gravity. Clear yellow urine. Foley site cleaned			
CARDIOVASCULAR	CARDIAC RHYTHM	ST 5 ectopy, +2 radial & pedal pulses ⊘ JVD drip @ 15 mg/kg/min goal Z Sup > 100		ST 5 ectopy S/S 2 Radial 2+, Pedal 2+ pulses. Cap refill < 3 sec. ⊘ JVD. Dopamine off at this time. 2+ Anasarca.			

LEGEND: Cr - Creatinine; F_iO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREP[redacted]nature & Title) [redacted] (b)(6) 2

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 30Sep03

PATIENT'S JU[redacted]d (For typed or written entries give: Name—last, first, middle; gra[redacted], date; hospital or medical facility)

[redacted] (b)(6) 4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 30Sep03 | DX | HOSPITAL DAY

VITALS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line	101/42	109/41	111/41	109/42	109/43	104/42	107/40	133/50		119/43	136/58	142/64	132/55	135/58	136/58	135/56	110/50	
	BP Cuff																		
	Temperature		97.9				98.5							98.7					
	Pulse	94	94	99	101	104	103	101	100		100	115	117	121	121	120	120	117	
	Respiratory Rate	16	12	12	12	10	16	10	10		10	10	10	10	10	10	10	10	
	Sats	99	99	98	98	97	98%	98	98		97	97	94	92	92	96	97	96	
	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	FiO2	70%	70%	70%	70%	70%	80%	80	80		80	70	80	80	80	80	80	70	
	MAP	60	60	61	62	63	61	60	73		66	82	88	78	82	82	82	70	
	ICP	6	10	10	14	20	13	7	8		9	15	20	25	22	18	20	18	
	CPP	54	50	51	48	43	48	53	65		58	67	68	53	60	64	62	52	
	Cerebral O_2 4/R	57/67	58/67	62/67	64/69	68/68	69/70	60/66	63/68		61/68	73/71	73/72	73/70	71/69	78/73	78/74	75/71	

INTAKE	TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
	MIVF	150	150	150	150	150	150	150	150	1200	150	150	150	150	150	150	150	150	1200
	Dopamine	36.8	39.4	39.4	39.4	39.4	39.4	39.4	45	318[2]	52.5	52.5	39.4	39.4	20	26.3	26.3	19.7	276[1]
	IVPB	150				150		50		350			250		150				400
	bolus							500	-	500									~~500~~
	TOTALS									2368									1876 ~~2376~~

OUTPUT		HOUR / TOTAL	200/200	100/300	80/380	90/470	120/590	60/650	140/790	105/895	165	110	110	90	120	140	110	140	985
	URINE	sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS	Ventric	2	9	26	16	10	10	7	13	93	13	12	13	8	8	6	6	8	74
	TOTALS										~~988~~								1059

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	24
	114/52	103/64	105/65	134/62	143/79	142/63	132/63	119/62	
				114/52		114/53		121/53	
	99.1				99.9				
	115	111	111	115	114	116	115	115	
	14	14	14	14	14	14	14	14	
	97	100	100	100%	97%	100%	100%	100%	
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	70	70	60	60	60	60	60	60	
	72	65	65	85	96	87	86	82	
	18	9	9	25	18	19	12	12	
	54	56	56	60	78	69	74	70	
	63/67	62/64	62/65	61/68	62/65	68/73	71/72	76/74	

INTAKE	16	17	18	19	20	21	22	23	8° T
	150	150	150	150	150	150	150	150	1200
	13'	13'	13'	Ø	Ø	Ø	Ø	Ø	39.3
					150		250		400
									1639.3

OUTPUT	16	17	18	19	20	21	22	23	8° T
	140	120/60	120/35°	165/515	100/1015	95/71°	110/820	150/47°	970
	8	7	12	23	6	10	18	19	83

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY		0053	0149	0251	0350	2135	0400			
MODE		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			
F_IO_2		70%	70%	70%	70%	60%	60			
TV		700	700	600	600	700	700			
RATE		16	12	12	10	14	14			
PEEP		10	10	5	5	15	10			
ABG	pH	7.59	7.51	7.49	7.43	7.41	7.42			
	PCO_2	24.4	26.2	30.0	36.4	36.3	34.4			
	PO_2	71	74	71	70	123	154			
	HCO_3	23	21	23	25	23	22			
	SAT	97%	96%	96%	94%	99%	99			
	BASE	2	-2	Ø	Ø	-1	-2			

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

ACTIVITIES OF DAILY LIVING	TIME								
	MOUTH CARE	[redacted] 1630							
	BATH	[redacted] 2030							
	SKIN CARE	[redacted] 2030							
	FOLEY CARE	[redacted] 2030							
	TRACH CARE / ETT	[redacted] 2030							
	ROM EXERCISES								
	Linen Δ	[redacted] 2030							

TURN / SUCTION	TIME					
	[redacted] 2000					

(b)(6)2

24 HR I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	
INTAKE	OUTPUT		
IV 5883.6	Urine: 2850		
po	Vomit: 250		
TOTAL 5884	TOTAL 3100		
BALANCE +2784			

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date) QA Appr 8 Mar 89

(b)(6) 2

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

INITIAL SHIFT ASSESSMENT

			INITIALS		INITIALS		INITIALS
NEURO	TIME	0615	[redacted]			1830	[redacted]
	PUPILS	3mm reactive				3mm/brisk-cx. Pain	
	SENSORIUM	no responsive to pain stimuli.				⊖ sedatives. no response to painful stimuli	
RESPIRATORY	RESPIRATORY PATTERN	Vent SIMV 12 FiO2 50%				Vent SIMV H TV 700	
	BREATH SOUNDS	TV 700 PEEP 10. lungs				Deep 10 FiO2 40%	
	SECRETIONS	GACV L base. ⊖ cough reflex ⊖ gag reflex.				LS coarse bilat. ETT #8 25cm lip	
SKIN	COLOR	NFR. ventricular bony				NFR	
	INTEGRITY	⊖ signs infection. Robin pad on heel CDI				Backside assess. dressed at this time. Ventric site LS sts inf.	
I.V. SITE	LOCATION	(R) Proin CL TLC. (L)				(R) femoral TLC/(R) wrist	
	CONDITION	radial A-line (R) wrist PIV 18g. All CDI, patent.				PIV Patent / ⊖ sts phlebitis	
GASTRO	ABDOMEN	firm, distended				firm / mild to mod distend	
	BOWEL SOUNDS	⊕ BS x4. Dobhoff to (L) nare clamped				⊕ BS ⊖ BM witnessed Dobhoff to (L) nare dumped	
GU	URINE:	Foley				Foley to gravity	
	COLOR/CLARITY	adequate amount of clear amber urine				deep yellow urine adequate out.	
CARDIOVASCULAR	CARDIAC RHYTHM	Stock pacing +2 peripheral pulses +4 cap. refill <3 sec. +2 upper extremities edema.				NSR — ST — PVCs Radial pulses +2 pedal pulses +1	

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

(Continue on reverse)

PREP[redacted] (Signature & Title) [redacted] (b)(6) 2

DEPARTMENT/SERVICE/CLINIC: ICU 3 / PACU

DATE: 01 OCT 03

PATIENT'S [redacted]CATION (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

DATE 01OCT03 | DX GSW to head | HOSPITAL DAY

VITALS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line	125/64	155/73	130/66	132/64	138/67	151/68	142/67	127/59		156/68	159/68	146/69	181/69	134/50	137/55	182/70	164/74	
	BP Cuff	119/52	134/65	127/57	124/56	122/56	125/59	123/56			115/54		124/58						
	Temperature	99.7 (A)				99.7 (A)			99.7		99.8	100.1	100.0	100.7	100.3	99.1	99.2	99.8	
	Pulse	114	121	121	118	116	115	114	110		110	100	103	108	103	101	109	103	
	Respiratory Rate	14	12	12	12	12	12	12	14		14	14	14	14	14	14	14	14	
	Sats	100%	99%	98%	99%	99%	100%	100%	100%		100%	100%	100%	100%	99%	100	100	99	
	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	FiO_2	60%	50%	50%	50%	50%	50%	50%	45%		40%	40%	40%	40%	40%	40	40	40	
	MAP	85	101	89	89	90	94	91	80		92	90	94	94	71	77	102	99	
	ICP	15	36	27	22	19	21	16	7		9	11	10	18	17	7	8	13	
	CPP	70	65	62	67	71	73	75	73		83	79	84	76	54	70	94	86	
	Cerebral O_2 L/R	76/74	79/73	77/73	76/72	76/73	69/69	71/71	62/69		53/67	50/60	55/65	57/66	56/66	57/67	53/65	54/62	

INTAKE	TIME	24	01	02	03	04	05	06	07	8° T									8° T
	D5NS c 20 KCl	150	150	150	150	150	150	150	150	1200	150	100	100		100	100	100	100	750
	IVPB	150				150				300			100	100	200	100			500
	TOTALS									1500									2250

OUTPUT		HOUR / TOTAL	155/155	130/285	140/425	140/565	212/777	155/932	135/1067	230/1297	1297	125	350/350	170/705	200/905	60/965	115/1080	155/1235	185/1420	1420
	URINE	sp gr																		
		S/A																		
	NG	OUTPUT																		
		pH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS	Ventric	18	10	7	6	9	6	11	10	77	12	30	21	21	12	19	22	20	157
	TOTALS									1374										1577

POST-OP DAY

VITALS	16	17	18	19	20	21	22	23
	178/66	157/64	162/57	178/72	172/65	153/60	162/71	171/81
T	99.3	98.7	99.1	99.9	100.2		100.2	99.7
P	103	99	100	104	100	100	100	104
RR	14	14	14	14	14	14	14	14
SpO2	99	98	100	100	100	100	100	100
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	40	50	40	40	40	40	40	40
MAP	91	83	81	96	89	83	92	103
ICP	9	10	9	21	24	16	21	27
	82	83	72	75	65	67	71	
	52/60	50/61	50/64	54/61	57/60	50/61	52/64	52/66

INTAKE	16	17	18	19	20	21	22	23	8° T
	100	100	100	100	100	100	100	100	800
					100		250		350
									1150

OUTPUT	16	17	18	19	20	21	22	23	
	135	175/310	150/46	100/560	150/740	120/560	120/480	130/110	110
	15	120	15	16	17	20	20	15	130
									1240

4000 → 24° Intake

MEDCOM - 20169

24° output

-191

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	0220	0430	0710	0805	1500
	MODE	SIMV	SIMV	SIMV	SIMV	SIMV
	F_iO_2	50%	50%	45%	40%	40%
	TV	700	700	700	700	700
	RATE	12	12	14	14	14
	PEEP	10	10	10	10	10
ARTERIAL BLOOD GAS	pH	7.34	7.36	7.41	7.42	7.41
	PCO_2	43.3	43.3	37.5	36.9	38.3
	pO_2	95	106	118	104	85
	HCO_3	24	24	24	24	25
	SAT	97	98	99	98	97
	BASE	-2	-1	0	-1	0

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

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

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS (b)(6)2

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0700	INITIALS [redacted]		INITIALS	INITIALS
	PUPILS	Equal, reactive to light & accomod				
	SENSORIUM	resp to pain RU				
		stimuli & responds to				
RESPIRATORY	RESPIRATORY PATTERN	[illegible]				
	BREATH SOUNDS	[illegible]				
	SECRETIONS	[illegible]				
SKIN	COLOR	appropriate for race, [illegible]				
	INTEGRITY	[illegible] staples, C/D/I [illegible]				
		[illegible] occipital [illegible]				
IV SITE	LOCATION	[illegible] 20G PIV (Good - d/c'd)				
	CONDITION	[illegible]				
		[illegible] control [illegible]				
		patent.				
GASTRO	ABDOMEN	[illegible]				
	BOWEL SOUNDS	[illegible]				
		[illegible]				
GU	URINE:	[illegible] clear [illegible]				
	COLOR/CLARITY	[illegible]				
CARDIOVASCULAR	CARDIAC RHYTHM	[illegible] BP 130/[illegible]				
		[illegible] radial, dilat, [illegible] pedal				
		[illegible] pedal pulse				

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

(Continue on reverse)

(b)(6) 2

PREPARED BY (Signature & Title) [redacted] CPT/AN

DEPARTMENT/SERVICE/CLINIC ICU 3

DATE 20 Oct 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

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	00	01	02	03	04	05	06	07	08	08	09	10	11	12	13	14	15	X
BP Arterial Line	168/89	152/83	183/89	176/85	173/83	153/77	116/93											
BP Cuff							136/70	136/78		138/79	144/81							
Temperature	99.7	99.1	99.7	98.7	99.9	98.8					98.9							
Pulse	100	97	102	97	96	91	95	102		108	115							
Respiratory Rate	16	16	16	16	16	16	14	16		16	16							
O2 Sats	100	100	100	100	100	100	100	100		100	100							
FIO2	40	40	40	40	40	40	40	40		40	40							
MAP	103	103	113	108	106	101	95	103		103	108							
ICP	14	11	14	13	13	11	7	9		16	23							
CPP	89	92	99	95	93	90	88	94		87	75							
cerebral O2	51/63	46/65	51/66	51/64	56/65	53/67	53/67	58/70		62/70	62/67							

INTAKE																		
TIME	00	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
IVF	100	100	100	100	100	100	100	100	100	100	100							
IVPB	200				100													
TOTALS																		

OUTPUT																		
URINE	HOUR	150	140	140	150	175	120	110	185		165	110						
	TOTAL		290	430	580	755	850	960										
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	Ventricular	31	28	25	26	25	25	20	12		13	15						
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	X
INTAKE									8° T
OUTPUT									

ACUITY LEVEL CLASSIFICATION

RESPIRATORY										
	TIME	0045								
	MODE	SIMV								
	F_IO_2	40								
	TV	700								
	RATE	16								
	PEEP	10								
A	pH	7.45								
A	PCO_2	35.8								
B	pO_2	107								
B	HCO_3	25								
B	SAT	98								
G	BASE	1								

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

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

24 hr I&O TOTALS

wt Yesterday _____ wt Today _____

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

BALANCE _____

NURSE'S SIGNATURE	INITIALS

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)
A L L D 1	1 Z

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
[redacted]	Epw7T [redacted] (b)(6)4		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	1 9 Y	X	9	unknown

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		~~9 9~~ 20	0 0 0 0 0 0 8 1 5

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	Z	0257	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 8	0 9 3 4 2 0 0 0 0

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	
		1		X NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
O	1 Un 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

b)(2) 2

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
[redacted] Baghdad	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
3 0		0 3 1 0 0 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
H B D A		0 3 0 ~~9~~ ~~2~~ 2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
I Z		0 3 0 ~~9~~ ~~2~~ 2

FOR LOCAL USE

GSW Head

Blood
N

486
3484

1

Cause Death
#3

450

(b)(6) 2

ADMITTING OFFICE [redacted] (Required)	SIGNATURE OF ADMITTING CLERK
[redacted]	[redacted]

DA FORM 29[redacted]9

USAPPCV1.0

(b)(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) EPW # [redacted] (b)(6)-4			3. GRADE EPW	ADMISSION REMARKS
4. SEX M	5. AGE 34	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION N	
11. FMP 99		12. SSN [redacted]		13. ORGANIZATION (b)(6)-4		14. WARD ICW1	
15. FLYING STATUS —	16. RATING/ OSG —	17. DEPT./ BEN K78	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE WIA	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION direct from ER				22. HOURS OF ADMISSION 0230	23. CLINIC SERVICE AEAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION /C to camp		26. DATE OF DISPOSITION 28Sep03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK		28. DATE OF THIS ADMISSION 22Sep03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] Baghdad					30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

(b)(2)-2

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW (L) Shoulder, GSW (R) foot

892.1
880.11
E991.2

86.28

35. Total Days This Facility

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

36. Total Days All Facilites

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

SIGNATURE OF ATTENDING MEDICAL OFFICER [redacted] (b)(6)-2

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

DA FORM 3647, MAY 79

MEDCOM - 20174

USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
9-22-03	ortho consult
	34 y/o Iraqi male shot by U.S. forces as he was approaching checkpoint earlier tonight.
	(L) shoulder: 2 cm / 1 cm
	puncture holes (Back)
	@ scapula, TTP, no shoulder effusion.
	Rom @ shoulder ↓ diffusely, minimal swelling
	2+ Radial, ulnar pulse, no neurologic deficits
	(R) foot puncture hole base 4th toe
	XR: foot - shrapnel, no fx
	Shoulder - subcutaneous shrapnel
	(A) Shrapnel wound (L) shoulder (R) foot
	(P) Irrigate in ED, dress, oral Abx [redacted] b6-2
	RTD

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

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

[redacted] (b)(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
22 Sept 03	Assume duty of PT. AtO x3, VSS. Ø c/o pain. Ambulate minimal. Maintains regular diet. No meds necessary except motrin. Lower extremities pulse stable. Will continue to monitor. [redacted]
1630	Pt has been ↑ to BR x 4. ↓ extremity splint to (R) leg (+) distal pulses. Pt has shoulders wrapped c ace bandage. Pt displays some discomfort while moving in & out of bed. Does not require anything for pain. Tolerated meals ⊖ NV. Will continue to monitor skin for breakdown under restraints — [redacted]
(b)(6)-2	
@1920-	assumed care of pt @1800. VSS, no c/o @ this time. Sitting ↑ bed, 2pt restraints on. Speaking little English. LS CTA, HRR, ⊕BS, voiding to toilet s difficulty. (+) foot drsg c ½ splint CDI, ⊕CMS to RLE. Back drsg CDI, wrapped c ace drsg. Plan: O/S P.T. for assist amb. device. Pain meds prn.
(b)(6)-2	Will monitor. — [redacted]
	addendum: 2pt restraints on, ⊖ signs of skin or
(b)(6)-2	circulation compromise. — [redacted]

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

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
23 Sept 03	Assumed care of pt. Pt T in bed ⊖ s/s of resp distress, pain or discomfort @ present time. Pt tolerated reg meal for breakfast. Pt has ace wrap and Kulix around shoulder blades hugs CTA. ⊕ leg Δ dsg. Normal dsg from bottom of ⊕ foot. Dsg D&I. Strong equal pulse. Pt ambulated to BR. Will continue to monitor — [redacted] 9/LOHG
(b)(6) -2	

STANDARD FORM 509 (REV. 6/1999) BACK

USAPA V1.00

Bd 3

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT [redacted] (Patient) (b)(6)-2	LOG NUMBER	TREATMENT FACILITY
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS: [redacted] (b)(6)-4

CITY | STATE | ZIP CODE

ARRIVAL

DATE (Day, Month, Year): 22 Sep 03 | TIME: 0020

TRANSPORTATION TO FACILITY

SEX: M

AGE: 34

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

ITEM	YES	NO	N/A
PRP			
FLYING STATUS			

MEDICAL HISTORY OBTAINED FROM

THIRD PARTY INSURANCE

ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: Ø

ALLERGIES: NKDA's

INJURY OR OCCUPATIONAL ILLNESS

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

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INTITIAL SERIES ☒ YES ☐ NO

CHIEF COMPLAINT: GSW - back

CATEGORY OF TREATMENT

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 0020

INITIALS: [redacted]

b)(6)-2

VITAL SIGNS

TIME	0023	0030	0100		
BP	156/104	143/92	132/82		
PULSE	105	88	91		
RESP	20	19	17		
TEMP oral	98.0				
WT		99/[illegible]	[illegible]		

LAB ORDERS

☒ CBC/DIFF | ABG ☒ PT/PTT | BHCG/URINE/BLOOD/QUANT

☒ URINE C&S | UA MSCC/CATH | CHEM:

BLOOD C&S X

☒ Chem 12

☒ Elect.

X-RAY ORDERS

☒ CXR PA & LAT/PORTABLE | C-SPINE

ACUTE ABDOMEN | LS SPINE

SINUS | HEAD CT

ANKLE R/L | [illegible] | R foot

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0010	Begin [illegible] 5 by IV	[redacted]	[illegible]		Percocet 2 po bid po
0010	Ancef 1 gm IV		[illegible]		
	Tet. 250 IM		[illegible]		

DISPOSITION: ☐ HOME ☐ FULL DUTY

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

MODIFIED DUTY UNTIL | RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☒ IMPROVED ☐ UNCHANGED ☐ DETERIORATE

ADMIT TO UNIT/SERVICE | TIME OF RELEASE

REFERRED ▶ | TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

EPW # [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
		ANL

TEST RESULTS

CBC		SMAC				ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC 12.1			137	108	9	SUP 02	PH	PO2	RESULTS CXR ⊕ shoulder injury ⊕ shoulder	
H/H 16.0/44.1			4.0	20	.9	PCO2	SAT	OTHER	CXR neg for acute dx	
PLT 290										
PT						U/A DIP			EKG INTERPRETATION ⊕ shoulder ⊕ ant foot	
APTT		BHCG	ETOH	GLU		MICRO				

PROVIDER HISTORY/PHYSICAL
34 yo male, TBW, states to interpreter that he was at someone's house when people began fighting + he was shot out by US soldiers, 2 GSWs noted to upper left [redacted] back. [redacted] 2 CT for [redacted] ⊕ SOB min ⊕ Head/neck pain ⊕ N/V

DIAGS ⊕ / ⊕ no min distress, VSS
HEENT OP/no char/post ⊕ PD eyes clear
Chest: CTA ⊕ ⊕ ↓ BS
CV: RRR ⊕ murmur
Abd: soft, NT ⊕ deg pain
Back ⊕ GSW ⊕ shoulder posteriorly sup mid scapula area
Mp ⊕ shoulder ~ ⊕ ACJ

ETT ↓ ⊕ DM ⊕ shoulder 2° pain
Pulses ⊕ x 4
N/V intact ext dist x 4
See ortho C/S

CONSULT WITH	TIME	ACTION
ortho		

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP [redacted]

PROVIDER SIGNATURE [redacted] (b)(6)-2

DIAGNOSIS
① GSW to ⊕ shoulder
② " " ⊕ foot

CODES

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

[redacted]
(b)(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

510-112 NSN 7540-00-634-412

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
22Sep03	0335		= pt. transported from EMT via litter c̄ DX (L) shoulder / (R) foot. (L) shoulder c̄ Dsg CDI, able to move (L) shoulder / (L) arm S difficulty, ⊖ edema, ~~H~~ IV to (L) FA running NS bolus, then @ 120cc/h. (R) foot has SAM splint c̄ ACE CDI, 2+ pedal pulse, ⊖ edema @ this time. X2 restraints, skin integrity intact. A+O, speaks some English, VSS. D/C Meds (Keflex & Percocet) Scripts turned in to Pharmacy, pending D/C to EPW camp in AM after PT c/s for L Splint. Continue to monitor. [redacted] b6-2

(Continue on reverse side)

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

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

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

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

(b)(6)-2

Ward/Section: ER	REQUESTING PHYSICIAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. (b)(6)-4 GPW # [redacted]	DATE 22Sep03	TIME 0035	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE

======= PICCOLO =======
22/09/03 00:48
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	100	73-118	MG/DL
BUN	9	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	479*	39-380	U/L
NA+	137	128-145	MMOL/L
K+	4.0	3.3-4.7	MMOL/L
CL-	108	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

(b)(6)-2

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

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

RAPIDPOINT COAG ANALYZER V4.5
SERIAL #005485 09/22/03 12:5

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.2
Calculated INR = 1.29
Sample Type:citrated wh. blood
Test Date :09/22/03
Test Time :12:52 AM
Card Lot :010301
Operator : [redacted] (b)(6)-2

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yellow	N/A
App	CLR	N/A
Glu	NEG	Negative
Bili	NEG	Negative
Ket	NEG	Negative
SG	1.020	N/A
Bld	NEG	Negative
pH	5.0	N/A
Prot	NEG	Negative
Urob	0.2	0.2-1.0
Nit	NEG	Negative
Leuk	NEG	Negative

ID: [redacted] 22-09-03
WB (b)(6)-4 00:50

			Patient Limits	
WBC	12.1 H	x10^3/uL	4.5	10.5
RBC	5.07	x10^6/uL	4.00	6.00
Hgb	16.0	g/dL	11.0	18.0
Hct	49.1	%	35.0	60.0
MCV	96.9	fL	80.0	99.9
MCH	31.7 H	pg	27.0	31.0
MCHC	32.7 L	g/dL	33.0	37.0
Plt	290.	x10^3/uL	150.	450.
LYZ	22.0 *	%	20.5	51.1
LYN	2.7 *	x10^3/uL	1.2	3.4

======= PICCOLO =======
22/09/03 00:48
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER # [redacted] DR #: 000 (b)(6)-2
SERIAL #: [redacted]

ALB	3.6	3.3-5.5	G/DL
ALP	82	26-84	U/L
ALT	55*	10-47	U/L
AMY	98*	14-97	U/L
AST	63*	11-38	U/L
TBIL	0.5	0.2-1.6	MG/DL
BUN	9	7-22	MG/DL
CA++	8.7	8.0-10.3	MG/DL
CHOL	134	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	108	73-118	MG/DL
TP	7.2	6.4-8.1	G/DL

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

MUST SUBMIT SF 518 WITH

(b)(6)-2

RAPIDPOINT/COAG ANALYZER V4.54
SERIAL [redacted] 09/22/03 01:01 AM

Patient ID: [redacted] (b)(6)-4
Test Name :APTT
Test Result:= 42.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/22/03
Test Time :12:58 AM
Card Lot :100208
Operator : [redacted] (b)(6)-2

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)-2

Ward/Section: ER	TESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. ERW # [redacted] (b)(6)-4	DATE 22Sep	TIME 0035	SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CxR foot shoulder	34	M	[redacted]	ER	
	FILM NO.		(b)(6) 4		PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print)		[redacted]		TELEPHONE/PAGE NO.
	SIGNATURE		[redacted]		DATE REQUESTED 22 Sep 03

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

GSW back (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 *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW # [redacted] (b)(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION

MEDCOM - 20183

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

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

22 Sep 03 PD 0330

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 22 Sep 03 TIME OF ORDER: 0230 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit ICW
2. Dx Gsw to R shoulder R foot
3. Stable
4. NKDA
5. Regular diet
6. Bedrest c̄ BR privileges
7. IV bolus T L NS then 120cc/h

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

8. Percocet 2 tabs in am
9. Motrin 800 mg c̄ breakfast
10. D/C pt in am to EPW camp
11. C/S pt in am for L splint foot and crutches/and/or cane

NURSING UNIT: 84V [redacted] | ROOM NO.: 14/AN | BED NO.: 22 Sep 03 0330

Thanks! [redacted]

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER: TIME OF O[redacted] HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(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 21 2003
2286B	[redacted]	Regular diet	06-18	X [redacted]
			18-06	[redacted]
2286B	[redacted]	BR c̄ BRP	06-18	X [redacted]
			18-06	[redacted]
		(b)(6) - 2		

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS: GSW (L) shoulder / (R) foot

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

PATIENT IDENTIFICATION:

[redacted] (b)(6) 4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-22

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
22Sep	[redacted]	admit to ICW 1, Stable	22Sep03	0300	[redacted]	(b)(6)2
22Sep	[redacted]	D/C pt. in AM to EPW camp	22Sep03			
22Sep	[redacted]	C/S PT in AM for L splint	22Sep03			
	----	foot & crutches / cane				

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

USAPA V1.00

THERAPEUTIC INSTRUCTIONS (DOCTOR'S ORDERS)

ORDER DATE	ORDER NUMBER	MEDICATIONS, DOSE, FREQUENCY		21	22	DATE DISPENSED
22Sep03 [redacted]		IV: NS @ 120cc/	0648 1806	X	RD(8)	Dcd
		Single order Percocet 2 tabs in AM	D/T/I	9/23 0815 8 18		
22Sep03	RD	Motrin 800mg c breakfast	D/T/I			
		~~PRN meds~~ ~~Percocet 2 tabs in AM~~	D/T/I			
22Sep03	RD	IV Bolus TL NS	D/T/I	22Sep03 0330 RD		

ALLERGIES ☐ YES ✓ NO PRIMARY DIAGNOSIS

NKDA GSW (L) shoulder / (R) foot

PATIENT'S PROBLEM

[redacted] (b)(6)-4

PATIENT'S PHYSICIAN

☐ YES ☐ NO

DISPENSING TIMES

PREPARED BY QUARTER HOUR

0 1 2 3 4 5 6 7 8 9 10 11 12 13

6 7 8 9 10 11 12 13 14 15 16 17 18 19

12 13 14 15 16 17 18 19 20 21 22 23

ADMISSION AND CODING INFORMATION

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

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

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

6. DATE OF BIRTH (Y Y Y Y M M D D)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
Z	Z	Z	Z	Z	Z	Z	Z	3	4	4	X	9	UNK

10. LENGTH OF SERVICE			ETS	11. FMP		12. SOCIAL SECURITY NUMBER								
32	33	34		35	36	37	38	39	40	41	42	43	44	45
				9	9	[redacted]								

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	0230	(b)(6)-4
	Z		

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

17. UNIT LOCATION (State or Country Code)		18. MOS							19. TRAUMA	PREV. ADMISSION	
62	63	64	65	66	67	68	69	70	71	YEAR	☒ NO
									1		

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	1CW1	UNK
Ø		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
		UNK
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
[redacted] Baghdad		UNK

)(2)-2

21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (Y Y M M D D)					
73	74	75	76	77	78	79	80	81	82	83	84	85	86
5	Ø							Ø	3	Ø	9	2	3

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (Y Y M M D D)					
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102
A	E	A	A							Ø	3	Ø	9	2	2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (Y Y M M D D)					
103	104	105	106	107	108	109	110	111	112	113	114	115	116

FOR LOCAL USE

GSW ⓛ shoulder, GSW ⓡ foot

D x 8761 Trauma 9
8921 Inj 569
E9912
HA

ADMITTING OFFICER (Signature, as required)

[redacted] (b)(6)-2

SI[redacted]G CLERK

[redacted] (b)(6)2

DA FORM 3985 MAR 89

(b)(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) EPW [redacted] (b)(6)-4		3. GRADE EPW	ADMISSION REMARKS
4. SEX M	5. AGE 27	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION N
11. FMP 99		12. SSN [redacted]	13. ORGANIZATION —			14. WARD ICW 1
15. FLYING STATUS —	16. RATING/DSG —	17. DEPT./BEN K78	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE WIA
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION direct from ER				22. HOURS OF ADMISSION 0315	23. CLINIC SERVICE AEAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION d/c to camp		26. DATE OF DISPOSITION 22 Sep 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK		28. DATE OF THIS ADMISSION 22 Sep 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] Baghdad					30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

(b)(2)-2

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Shrapnel (L) tib/fib — 890.0

E991.2

93.57

35. Total Days This Facility

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

36. Total Days All Facilites

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

SIGNATURE OF ATTENDING MEDICAL OFFICER [redacted] (b)(6)-2 → [redacted]

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V3.10

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

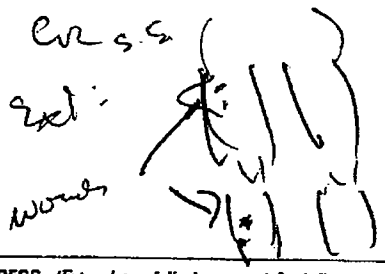
PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

Iraqi and test by US. forces trying to drive through check point

multiple
gsw
MOS

PHYSICAL EXAMINATION

Head - WNL
Chest - WNL
Cvr s.s
Ext:
wounds



wounds @ thigh by surgical, clean, sept compartments 2-DT | PT

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

(A) Shrapnel wound (R) Thigh leg
(P) Observation

(b)(6) - 2

IC[redacted]	DATE	IDENTIFICATION NO.	ORGANIZATION

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

REGISTER NO.	WARD NO.

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

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
0030	27 y/o ♂ presented in ED c/o pain to his (Rt) Leg and pelvis area. PG rands PERRLA EOM = Clear all fields skin warm & dry. (+) Neuro, motor, sensory, PG states he can walk but is c/o to move all extremities the (Rt) Leg slowly. PG has good peripheral pulses vital signs assessed. IV [redacted] 2 cc/hr bloods drawn [redacted] sent. X-ray requested. [redacted]
0100	PG → X-ray [redacted] (b)(6)-2 <
0140	PG returned from X-ray PG endorsed to Nurse [redacted]
0238	B/P 128/64 P88 · R18 SAT [redacted]

STANDARD FORM 600 (REV. 6-97) BACK

☆ U.S. GPO:1998-432-786/75236

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	D/C.
9/22/03	Frag: 6" shot in (R) leg last night - Soft tissue wounds cleaned & dressed - Continue daily dressing D's Oral Abx and pain meds.
	[redacted] (b)(6)-2

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

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

[redacted] (b)(6)-4

REGISTER NO.	WARD NO.

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
22Sept 03 0325	Pt VSS alert and oriented (+) pedal pulses Lungsounds clear. CDI Ø drainage Ø swelling Ø bleeding. [redacted]
22 Sept 1130	Assume duty of Pt. VSS, A+O x3. Ambulated to and from restroom. IV changed out. Pulse lower extremities good. Reg diet maintained. Dsg changed. Will continue to monitor. [redacted] (b)(6)-2 a/ly
22SEP@2145	Assumed care of pt @ 1800. VSS. Alert speaking arabic. ↑amb c̄ assist to BR. LSCTA, HKR, (+)BS, void s̄ difficulty. (R) thigh dsg CDI, (R) shin dsg CDI, (+) CMS. (R) FA IV HL d, fluids well. awaiting ride to EPW camp. Pain well controlled c̄ percocet. Plan: monitor NV status, monitor pain control. (b)(6)-2 [redacted] CPR addendum: 2pt restraints on s̄ sign of skin or circulation compromise. [redacted] (b)(6)-2
23Sept03 0600	Alert & oriented OOB ambulating to BR. (A) FA HL patent/intact. Dsg to (R) LE intact & dry. Bilateral pedal pulses palpable. Denies pain @ this time. Will continue plan of care. [redacted] AN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME LAST	FIRST (b)(6)-2	MI	SPONSOR'S ID NUMBER (SSN or Other)
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

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

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER	TREATMENT FACILITY [redacted] (b)(2)-2
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION			ARRIVAL	
STREET ADDRESS			DATE *(Day, Month, Year)* 22 sept 03	TIME 0030
CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY F/A	

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

CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS				EMERGENCY ROOM VISIT	
pt Denies	ITEM	YES	NO	WHEN *(Date)*	DATE LAST VISIT	24 HOUR RETURN ☐ YES ☐ NO
	IS THIS AN INJURY?			WHERE	TETANUS	
ALLERGIES pt Denies	INJURY/SAFETY FORMS				DATE LAST SHOT	COMPLETED INTITIAL SERIES ☒ YES ☐ NO
	HOW					

CHIEF COMPLAINT
(R) Leg GSW

CATEGORY OF TREATMENT		VITAL SIGNS					
☐ EMERGENT	TIME 0030	TIME	0030	0250			
☒ URGENT		BP	122/72	122/64			
	INITIALS CUJ	PULSE	64	88			
		RESP	14	18			
☐ NON-URGENT		TEMP	99.8				
		WT					

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 Lytes		ACUTE ABDOMEN		LS SPINE
	BLOOD C&S X	☒ T&S				SINUS		HEAD CT
						ANKLE R/L	☒ KUB	
					☒	(R) Leg	☒ Pelvis	

ORDERS

☒ PULSE OX 99% ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
	1 Gram Ancef IV	[redacted]	0205		Gobs 2 L NS [redacted] b6-2
	Tetanus .5cc IM		0205		
	MSO4 5mg IV		0210		
	Dilaudid 2.5 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				
☐ DETERIORATE	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

[redacted] (b)(6)-4

NSN 7540-01-075-3786

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

TEST RESULTS

CBC		SMAC		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC 14.5		136 / 3.5	104 / 25	9 / .7	97	SUP 02	PH	PO2	RESULTS	(R) small shrapnel t6/t6 c
H/H 10.4						PCO2	SAT	OTHER		
PLT 228										
PT 2					U/A	DIP			EKG INTERPRETATION	
APTT	BHCG	ETOH	GLU			MICRO				

PROVIDER HISTORY/PHYSICAL

27 y/o ♂ s/p GSW to (R) t6/t6/

O: A&O x4 in in no distress. VSS speech clear/articulate
Heart RRR clear/pat no PD
Chest c TTA (B)
Wt down ~~on~~ L/T

Ext: (R) 4cm open wound lat aspect (R) mid t6
(R) small puncture comb (R) lat thigh
N/V intact 2pt/cap ref < 2sec
Pulses ankles (B)

A/P: multi shrapnel (L) t6/t26 N/V int

CONSULT WITH	TIME	ACTION
Ortho		

RESIDENT/MEDICAL STUDENT SIGNATURE A[redacted]

PROVIDER SIGNATURE AND STAMP [redacted] (b)(6)-2

DIAGNOSIS

CODES

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

[redacted] (b)(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																	
POST- DAY		22 Sept		22 Sept 03		22 Sept											
MONTH-YEAR	DAY																
19	HOUR	0635			1	0840											
PULSE (O)	TEMP. F (•)																TEMP. C
	105°																40.6°
180	104°																40.0°
170	103°																39.4°
160	102°																38.9°
150	101°																38.3°
140	100°																37.8°
130	99°																37.2°
	98.6°																37.0°
120	98°																36.7°
110	97°																36.1°
100	96°																35.6°
90	95°																35.0°
80																	
70																	
60																	
50																	
40																	
RESPIRATION RECORD		16	18		18	127/68											
BLOOD PRESSURE		25/62	114/61		124/60												
	A	85	1458			065											
		98.1	795			0979											
HEIGHT:	WEIGHT →		98.0 →														
		POX				95%											

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

VITAL SIGNS RECORDS

Medical Record

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

(b)(6)-2

Ward/Section: ER	REQUESTING PHYSICIAN: DR [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted]	DATE: 22 Sep 03 / TIME: 0051	SSN/PSEUDO SSN: [redacted]

(b)(6)-4

(Hematology) CBC

ID [redacted]
MR

22-09-03
01:00

			Patient	Limits	
WBC	14.5 H	x10^3/uL	4.5	10.5
RBC	5.26	x10^6/uL	4.00	6.00
Hgb	16.4	g/dL	11.0	18.0
Hct	49.6	%	35.0	60.0
MCV	94.4	fL	80.0	99.9
MCH	31.1 H	pg	27.0	31.0
MCHC	33.0 L	g/dL	33.0	37.0
Plt	228.	x10^3/uL	150.	450.
LYM	19.6 *	%	20.5	51.1
LYM	2.8 *	x10^3/uL	1.2	3.4

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Urinalysis

======= PICCOLO =======
22/09/03 01:24
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: (b)(6)-2 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	97	73-118	MG/DL
BUN	8	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	245	39-380	U/L
NA+	136	128-145	MMOL
K+	3.5	3.3-4.7	MMOL
CL-	104	98-108	MMOL
tCO2	25	18-33	MMOL

INST QC: OK CHEM QC: OK

Misc. Serology

======= PICCOLO =======
22/09/03 01:07
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4 (b)(6)-2
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	4.2	3.3-5.5	G/DL
ALP	65	26-84	U/L
ALT	55*	10-47	U/L
AMY	56	14-97	U/L
AST	41*	11-38	U/L
TBIL	0.4	0.2-1.6	MG/DL
BUN	7	7-22	MG/DL
CA++	9.2	8.0-10.3	MG/DL
CHOL	119	100-200	MG/DL
CRE	0.7	0.6-1.2	MG/DL
GLU	104	73-118	MG/DL
TP	8.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #0005485 09/22/03 01:06 AM
Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 12.7 sec.
RESULT NOT RANGE CHECKED*
Specimen Type:citrated whole blood
Test Date :09/22/03
Test Time :01:04 AM
Reagent Lot :010301 [redacted] (b)(6)-2
Operator

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #0005485 09/22/03 01:09 AM
Patient ID: [redacted] (b)(6)-4
Test Name :APTT
Test Result:= 33.9 sec.
RESULT NOT RANGE CHECKED*
Specimen Type:citrated wh. blood
Test Date :09/22/03
Test Time :01:06 AM
Reagent Lot :100208 [redacted] (b)(6)-2
Operator

MUST SUBMIT ... EVERY UNIT REQUESTED

ABO/Rh	AB Pos

Crossmatch
EVERY UNIT OF BLOOD
STED)

	CROSSMATCH

REMARKS:

REPORTED BY: DATE: LAB ID NO:

(b)(6)-2

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)-4	DATE 22 [illegible] / TIME 0030	SSN/PSEUDO SSN: [redacted]

(b)(6)-4

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

EPW #[redacted]

(b)(6)-4

Noted + transcribed 22 Sep 03 0315

[redacted] (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 9/22 — TIME OF ORDER _____ HOURS — LIST TIME ORDER NOTED AND SIGN

- ICW 1 Sn-3
- Stable
- Routine orders
- Daily dressing Δ's (D) leg wet to dry
- Hep lock IV
- Regular Diet
- Ing and Lib

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
22 Sep 03	0315	24

DATE OF ORDER _____ TIME OF ORDER _____ HOURS

- Percocet 1 q 3-4 prn
- MSO4 2-8 mg IVP q1 prn breakthrough
- Ambien 10 mg po q HS prn
- Phenergan 25 mg IVP q 4 prn nausea

Chart [redacted] IV / AN

PATIENT IDENTIFICATION

(b)(6)-4

EPW #[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW 1		

DATE OF ORDER 9/22 bm — TIME OF ORDER _____ HOURS

D/C pt today

[redacted] 9/22/03 0855 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER _____ HOURS

A 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. ___ Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23
22Sep03	[redacted]	Routine Vitals	06-18	X	[redacted]	
			18-06	[redacted]		
22Sep03	[redacted]	Daily DSG Δ's	10	X	[redacted]	
		(L) leg WD		[redacted]		
22Sep03	[redacted]	Reg diet	06-18	X	[redacted]	
			18-06	[redacted]		
22Sep03	[redacted]	Up ad lib	06-18	X	[redacted]	
			18-06	[redacted]		

(b)(6)-2

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS:
shrapnel (L) tib fib

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

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
22 Sep 03	[redacted]	ICW1 DR. O	22 Sep 03		0300	[redacted] (b)(6)-2
22 Sep 03	[redacted]	Stable	22 Sep 03		0300	[redacted]

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

USAPA V1.00

(b)(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	22	23																	
22Sep03	[redacted]	HL IV flush Q shift	06-18	X	[redacted]																		
			18-06	[redacted]																			
22Sep03	[redacted]	PRN meds Percocet 1 tab q4 prn	D/T/I	2350 2200 0500 1945 3	2350 0330	[redacted]																	
22Sep03	[redacted]	MSO4 2-8mg IVP Q1 prn breakthrough pain	D/T/I																				
22Sep03	[redacted]	Ambien 10mg PO QHS prn	D/T/I																				
22Sep03	[redacted]	Phenergan 25mg IVP q6 prn nausea	D/T/I																				

ALLERGIES: ☐ YES ☑ NO — NKDA

PRIMARY DIAGNOSIS: shrapnel (L) tib fib

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

ADMISSION AND CODING INFORMATION

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

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

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
Z Z Z Z Z Z Z Z	27 Y	X	9	UNK

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

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	Z		(b)(6)-4

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

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	NO
		1		☒

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

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
UNK	UNK

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(6)-2 [redacted] Baghdad

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
5 0		Ø 3 Ø 9 2 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A E A A		Ø 3 Ø 9 2 2

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

FOR LOCAL USE

Shrapnel (2) tib/fib

DX 8911 PROC 9659
E9912
[redacted] Trauma 99
INJ 569

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

SIGNATURE OF ADMITTING CLERK [redacted]

DA FORM 3985 MAR 89

INPATIENT TREATMENT RECORD COVER SHEET

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

b)(6)-1

1. REGISTER NUMBER [redacted]	2. [redacted]					3. GRADE —	ADMISSION REMARKS
4. SEX M	5. AGE 27	6. RACE Z	7. RELIGION UNK	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION	
11. FMP 99	12. SSN [redacted]		13. ORGANIZATION —			14. WARD ICU1	
15. FLYING STATUS —	16. RATING/ DSG	17. DEPT./ BEN K79	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE NBI	

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: DIRECT FROM ER

22. HOURS OF ADMISSION: 0845

23. CLINIC SERVICE: ABMA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: —

25. TYPE DISPOSITION: 05

26. DATE OF DISPOSITION: 030924

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): —

27b. TELEPHONE NO.: UNK

28. DATE OF THIS ADMISSION: 030922

ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] (BAGHDAD)

30. DATE OF INITIAL ADMISSION

32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. [redacted]

(b)(2)-2

33. CAUSE OF INJURY: BLAST INJURY

☐ Check if Continued on Reverse

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: BURNS TO HANDS, FACE AND BACK

948.20
941.20
944.20
943.25
942.24
872.61
882.1
E993

35. Total Days This Facility

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

36. Total Days All Facilites

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

SIGNATURE [redacted]

SIGNATURE OF END OF [redacted]

DR. [redacted]

(b)(6)-2

USAPPC V1.10

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

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

27yo Iraqi civilian male s/p Blast injury c̄ burns to face, Bil hands + (L) shoulder + back.

Meds: Ø

PMed Hx: ?

P Surg Hx: ?

PHYSICAL EXAMINATION

Pox - 98% RA BP 132/78 T - 97 HR - 85 RR 23

HEENT - Ruptured (L) TM / Flash burn Face

General - Patient distress

Lungs - CTA (B)

Abd - benign / Back - Burn to (L) shoulder back

Ext - 1° Burns to Bil hands / ? schrapnel wounds

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

A/P: Blast injury c̄ Burns to hands / face + back

(1) Admit

(2) Icu monitoring for airway compromise

(b)(6)-2 [redacted]

SIGNATURE	DATE	IDENTIFICATION NO.	ORGANIZATION
[redacted]	22Sep03		

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

REGISTER NO.	WARD NO.

[redacted] (b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
12 Sep 1900	cont. VSS. Slight burns to face 1°. pt has 2° burn to hands bilaterally and to (R) scapula. IV site ⊖ erythema or swelling c̄ LR @ 125 cc/hr. will continue to monitor [redacted]
13 Sep 03 0800	Received report from ongoing shift. VSS, afebrile. IV site intact LR @ 120 cc/hr, remained NPO, dressing intact. Plan: Document change diet to regular, burn cue, DC foley [redacted]
1500	Pt up to the bathroom, washed hair singed from the incident yesterday. ~~Wounds~~ Burnt areas to the face, hands + scapular area care done per protocol. Bacitracin to the face, sulfamylon ointment to the ears + silvadene cream to the hands. Pt denies pain ⊖ during dressing change. Received a total of MSO4 10 mg (5 mg per dressing change + 5 mg an hour later). Plan: Transfer to ICU 2. DC IV to HL when tolerating meals and DC foley c̄ consultation c̄ physician [redacted]
1535	Rec'd report on pt from ICU2. Pt ambulated to ICU1. Pt has burns to facial area, bacitracin placed on face. Both hands bandaged. Dsg D&I. Dsg to (L) shoulder area D&I. (R) A/C patent ⊖ S/S of redness or edema at insertion site. ⊖ c/o pain, resp distress or discomfort @ present time. Will continue to monitor VSS (b)(4) [redacted]
1650	N/C PT Foley, 650cc in Foley bag [redacted]
1711	✓ concur c̄ assessment above: [redacted]

(b)(6)

CIV [redacted] b6-4

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
22 Sep 03	
0900	Admission note
T 97.0-83-	Iraqi male involved in a recent explosion admitted to unit
22- 132/78	alert. Unable to speak English. PERRLA, (R) hand covered c̄
O2 sat 98%	dressing, (L) hand c̄ small multiple shrapnel wound. Face &
RA	hair small "burns". Verbalizes pain to head & hands.
	Blood (dry) noted from the nose. No active bleeding.
	Plan: X ray hands & head. Pain management — [redacted] Kg/1Pa
0915	Medicated c̄ MSO4 4mg IVP for pain. Applied silvadene to both
	hands & back, no blister noted on the hands, few small blisters
	noted on the (L) scapular area. Awaiting pt to calm down before
	debridement. Chest & hands X-ray pending — [redacted] in Kg/1Pa
1030	Chest & hand X-ray done. Pt continue to have 98% SaO_2 in RA.
1100	Gave another dose of MSO4 5mg IVP, pt. Foley draining clear yellow
	urine. Pt verbalizes ↓ in pain.
1500	Pt denies need for pain medication @ this time. Looked @
	face in the mirror, appeared to have calmed down after
	conferring face not disfigured. Afebrile — [redacted] Kg/1Pa
1600	Pt denies pain @ this time. Foley draining ≥5 yellow
	urine >60cc/hr. IVF LR @ 120 cc/hr, pt received DPO.
	Afebrile. VSS — [redacted] Maj 1Pa
1800	received report from day shift, pt is laying in bed - cont

(b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

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

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1950 23 Sep 03	Rt ala, VSS, bacitracin applied to facial burns, drsgs A'd to burn site on extr + (R) shoulder. silvadene applied. pre-medicated c̄ MSO4 5mg, then another 5mg 1 hr later. Ø resp. distress noted. LR infusing into (R) AC s̄ edema or redness @ site. Voiding via urinal & ambulating s̄ difficulty. Will monitor
24 Sep 03	[redacted], 91Cm6
0001	Abx given, sleeping c̄ Ø distress noted [redacted]
0500	I/O recorded on form DD 792 [redacted]
0530	labs drawn from (R) AC. Heparin Sq given
	[redacted] 91Cm6
24 September 2246	Received pt resting in bed in stable condition. VSS A+O x3, ambulatory. OOBTC. Dry A'd to burns bilat done, w/ silvadene cream. instructed pt on drsg changes via interpreter. IV replaced SVG per apparenc - unable to record exact amt as pt cont to void in toilet ~~per~~ despite reeducation. Bacitracin placed on face to keep moist. instructed pt per interpreter. Will cont

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

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

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

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

(b)(6)-2

PROGRESS NOTES
Medical Record

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

USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	To monitor pt. Waiting for side bars. D/C order written. Narrative summary forwarded to PAD & notified of orders. D/C meds forwarded into pharmacy. [redacted]
	/ / / (b)(6) -2

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
24 Sep 03	DC Summary
0435	27 yo male c <10% BSA partial thickness burns including burns of face & hands secondary to a/c gravity injury. Pt will need continued treatment of hands & back c silvadene & Foci c bacitracin for 14 days. Recommend civilian follow-up in 7-10 days. Dressings preserved for QA.
	[redacted] (b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

C # [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

MEDICAL RECORD — AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
23 Sep 03	Surgery PT stable / Afebrile Lungs: CTA Card: RRR Abd: soft, nt, nd Wounds: dressings c/w clean Ext: stable Plan: to ward Advance diet Ambulate [redacted] (b)(6)-2
24 Sep 03	Surgery PT stable Wounds healing well May go home today Needs to cont bid dressing as per 7-10 days cont Bacitracin to face bid [redacted] (b)(6)-2

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

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

NSN 7540-01-075-3786

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER | TREATMENT FACILITY [redacted] (b)(2)-2

RECORDS MAINTAINED AT

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)* 22 Sep 03 | TIME 0845

TRANSPORTATION TO FACILITY

SEX M

DUTY/LOCAL PHONE: AREA CODE | NUMBER

AGE 27

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

ITEM	YES	NO	N/A
PRP			
FLYING STATUS			

MEDICAL HISTORY OBTAINED FROM

THIRD PARTY INSURANCE

ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: Ø

ALLERGIES

INJURY OR OCCUPATIONAL ILLNESS

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

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INTITIAL SERIES ☒ YES ☐ NO

CHIEF COMPLAINT: Burn, shrapnel

CATEGORY OF TREATMENT

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 0845

INITIALS

VITAL SIGNS

TIME					
BP					
PULSE					
RESP					
TEMP					
WT					

LAB ORDERS

☒ CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT
☒ URINE C&S	UA MSCC/CATH		☒ CHEM: 12
BLOOD C&S X			

X-RAY ORDERS

☒ CXR PA & LAT/PORTABLE	C-SPINE
ACUTE ABDOMEN	LS SPINE
SINUS	HEAD CT
ANKLE R/L	

☐ PULSE OX

ORDERS

☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COM[redacted]	TIME	PATIENT'S RESPONSE
0846	IV 1L sage @ AC	[redacted]		0850	(b)(6)-2
	O2				
	Foley Cath				
0845	2mg Morphine	[redacted]		0851	

DISPOSITION: ☐ HOME ☐ FULL DUTY

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

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATE

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

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

PATIENT'S SIGNATURE

[redacted] (b)(6)-4

[redacted]

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

L-119

MEDICAL RECORD

NSN 7540-00-634-4124

VITAL SIGNS RECORD

HOSPITAL DAY

ST- DAY

MONTH-YEAR | DAY | HOUR

Sep 2003 | 23 | 24th

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

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

O2sat

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.

77

[redacted] (b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

(b)(6)-2

Ward/Section: EMT	ESTING PHYSICIAN: [redacted]	IORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI [redacted] (b)(6)-4		DATE 22 Sep	TIME 0954	SSN/PSEUDO SSN: [redacted]

(b)(6)-4

(Hematology) CBC

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

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS:

REPORTED BY: [redacted]	DATE: 22 Sep 3	LAB ID NO.:

(b)(6)-2

ID: [redacted]
WB

22-09-03
09:30

			Patient Limits	
WBC	14.8 H	x10^3/uL	4.5	10.5
RBC	5.20	x10^6/uL	4.00	6.00
Hgb	15.7	g/dL	11.0	18.0
Hct	48.0	%	35.0	60.0
MCV	92.3	fL	80.0	99.9
MCH	30.2	pg	27.0	31.0
MCHC	32.7 L	g/dL	33.0	37.0
Plt	310.	x10^3/uL	150.	450.
LY%	40.1 *	%	20.5	51.1
LY#	5.9 *	x10^3/uL	1.2	3.4

ID: [redacted]
WB

22-09-03
05:24

			Patient Limits	
WBC	13.2 H	x10^3/uL	4.5	10.5
RBC	5.31	x10^6/uL	4.00	6.00
Hgb	15.7	g/dL	11.0	18.0
Hct	48.9	%	35.0	60.0
MCV	92.0	fL	80.0	99.9
MCH	29.6	pg	27.0	31.0
MCHC	32.1 L	g/dL	33.0	37.0
Plt	242.	x10^3/uL	150.	450.
LY%	23.2 *	%	20.5	51.1
LY#	3.1 *	x10^3/uL	1.2	3.4

(b)(6)-4

RAPIDPOINT COAG AN
SERIAL [redacted] 09/22/03

Patient ID: [redacted]
Test Name :PT
Test Result:= 14.1 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.2
Calculated INR = 1.26
Sample Type:citrated wh. blood
Test Date :09/22/03
Test Time :09:26 AM
Card Lot :010301
Operator : DAVIS

(b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/22/03 09:31 AM

Patient ID: 821
Test Name :APTT
Test Result:= 46.8 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/22/03
Test Time :09:28 AM
Card Lot :100208
Operator : DAVI

i-STAT EC8+

Pt: [redacted]
Pt Name:_____

Glu_____162 mg/dL
BUN_____16 mg/dL
Na_____139 mmol/L
K_____3.3 mmol/L
Cl_____105 mmol/L
TCO2_____26 mmol/L
AnGap_____12 mmol/L
Hct_____51 %PCV
Hb*_____17 g/dL
*via Hct
PH_____7.387
PCO2_____41.6 mmHg
[illegible] mmol/L

(b)(6)-2

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (S... to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)-4	DATE 22 Sep	TIME	SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF.
ALB		
ALP		
ALT		
AMY		
AST		
TBIL		
BUN		
CA++		
CHOL		
CRE		
GLU		
TP		
TES		
GLU		
BUN		
CRE		
CK		
NA+		
K+		
CL-		
tCO2		

======= PICCOLO =======
22/09/03 09:24
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
...(b)(6)-2.....

ALB	3.8	3.3-5.5	G/DL
ALP	62	26-84	U/L
ALT	15	10-47	U/L
AMY	52	14-97	U/L
AST	30	11-38	U/L
TBIL	0.6	0.2-1.6	MG/DL
BUN	12	7-22	MG/DL
CA++	8.7	8.0-10.3	MG/DL
CHOL	126	100-200	MG/DL
CRE	0.4*	0.6-1.2	MG/DL
GLU	167*	73-118	MG/DL
TP	7.7	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
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

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
tCO2		18-33 mmol/l

REMARKS:
(b)(6)-2

REPORTED BY: [redacted]	DATE: 22 Sep 03	LAB ID NO.:

(b)(6)-2

Ward/Section: ICW1	REQUESTING PHYSICAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST,MI. #[redacted] - (b)(6)-4	DATE 24Sep	TIME 0600	SSN/PSEUDO SSN: #[redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L
HCO3		22-26 mmol/L 23-28 mmol/L
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
CO2		18-33 mmol/l

======= PICCOLO =======
09/24/03 05:26 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #: 3152AM
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)-2

GLU	104	73-118	MG/DL
BUN	7	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	226	39-380	U/L
NA+	125*	128-145	MMOL/L
K+	4.1	3.3-4.7	MMOL/L
CL-	97*	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

REMARKS:

REPORTED BY: I

(b)(6)-2

Ward/Section: ICW 1	REQUESTING PHYSICAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. #[redacted] (b)(6)-4	DATE 24Sep	TIME 0550	SSN/PEEUDO 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 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	App		N/A	Mono		Negative
Hgb		14-18 g/dl(M) 12-16 g/dl(F)	Glu		Negative	Microbiology		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 fi(M) 81-99 fi(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Macroscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

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

22 Sep 03 _____ HOURS

(1) Admit to ICU #1
(2) Dx - Burn injury
(3) Condition stable
(4) Vitals - per ICU protocol
(5) Allergies - Unknown
(6) Activity - Bedrest

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

_____ HOURS

(7) Foley to gravity
(8) Nursing - notify MD for temp >100.4, BP >160/90 or <90/50, HR >120 or <50, RR >25 or <10, UOP <40cc/hr, Pox <95%

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

_____ HOURS

(9) Diet - NPO
(10) IVF - 125cc/hr LR ✓
(11) LABS - ⊕
(12) PA & LAT Chest XRAY [redacted]
XRAY bil hands [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

_____ HOURS

(13) Meds - MSO4 - 2-4mg IV q 3-4° prn DC
(14) Silvadene cream to Bil hands ✓ and (L) back/shoulder burns [redacted]
Bacitracin ointment to face [redacted]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

240 ✓ [redacted] Maj/AN 9/23 0800

(b)(6)-2

[redacted]

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

INICAL RECORD - DOCTOR'S ORDEI

For u... 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.
24	[redacted]	(b)(6)-2

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
22 Sep 03	HOURS	
1- ZANTAC 50 mg IVPB q 8°		
2- MSO4 1-5 q 2° IVP		
[redacted]		
Mri plan 0800		

PATIENT IDENTIFICATION

[redacted] (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
23 Sep 03	HOURS	
✓ 1- TRANSFER TO ICW		
✓ 2- UP AD-LIB		
✓ 3- VS q 4°		
✓ 4- I/O q SHIFT CALL FOR UO < 300cc/q shift		
✓ 5- Hep-Lock IV		
✓ 6- REGULAR DIET		
✓ 7 SILVADENE TO EXT BURNS		

(b)(6)-2

PATIENT IDENTIFICATION

no pain 23 Sept @ 1615

[redacted] (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
24/0345	24	ngn

DATE OF ORDER	TIME OF ORDER	
	HOURS	
✓ 8- BACITRACIN TO FACE PRN - KEEP FACE MOIST		
✓ 9- HEPARIN 5000u SC q12°		
✓ 10- ZANTAC 50 mg IVPB q 8°		
✓ 11- MSO4 1-4 mg IVP q 10 min PRN		
12 - CBC + chem 7 q A.M		

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

[redacted] (b)(6)-4

[redacted] (b)(6)-2

NURSING UNIT	ROOM NO.	BED

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24 Sep 03	_____ HOURS	
1- DC Heparin		
2- cont bid Sterile Dressing changes		
3- cont monitoring TV Procs		
D/C		
4- May f/u @ Bmed. physician		[redacted] (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
	_____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
	_____ HOURS

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 (MEDICATIONS)

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

Mo. ____ Yr. ____

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 22	23	24	25	26	27
22Sept	[redacted]	IVF: LR @ 125cc/hr	06	/	✓				
		(may HL IV)	18	[redacted]					
22Sept	[redacted]	Zantac 50mg IVPB	08	/	[redacted]				
		q8°	16	[redacted]					
			24	[redacted]					
23Sept	[redacted]	Heparin 5000c SQ	06	/	/	[redacted]			
		q12	18	/	[redacted]				
23Sept	[redacted]	H/L IV	06	/		[redacted]			
			18						
			06	/	[redacted]				

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Burn injury

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 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*				Mo._____ Yr._____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
22 Sept	[redacted]	MSO4 - 2-4mg IVP	Aecl														
		Q3-4° prn	22 Sept 12														
22 Sept	[redacted]	MSO4 1-5mg Q1°	22 Sept 0900	22 Sept 1100	[redacted]	[redacted]	[redacted]	24	24								
		IVP	5 mg MW	5 mg AL	5mg	5mg	5mg	5mg	5mg								
			P	P	[redacted]												
23	[redacted]	MSO4 1-4mg IVP Q1° prn PAIN	D/T	24 Sept 0900	24 Sept 0900												
			D/I	0050	5mg	[redacted]											

(b)(6)-2

(b)(6)-2

USAPA V1.00

CLINICAL RECORD | **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**

For use of this form, see AR 40-40, 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 20	23	24	25	26	27
22 Sept	[redacted]	condition Stable	06	/	[redacted]				
			18	[redacted]					
22 Sept	[redacted]	Vitals - per ICU protocol	06	/	[redacted]				
			18	[redacted]					
22 Sept	[redacted]	Activity: Bedrest	06	[redacted]					
			18	[redacted]					
22 Sept	[redacted]	Foley to gravity	06	/	[redacted]				
			18	[redacted]					
22 Sept	[redacted]	Nursing - notify MD	06	[redacted]					
		for temp > 100.4, BP > 160/	18	[redacted]					
		or < 90/50; HR > 120 or < 80							
		RR > 25 or < 10, UOP < 40 cc/hr							
		Pox < 95%							
22 Sept	[redacted]	Diet - NPO	06	[redacted]					
			18	[redacted]					
22 Sept	[redacted]	Silvadene cream to	06	[redacted]					
		Bil hands and @ back/	18	[redacted]					
		Shoulder burns BID							
22 Sept	[redacted]	Bactracin ointment to	06	[redacted]					
		face BID	18	[redacted]					
23 Sept	[redacted]	Up Ad-lib	06						
			13						
			18						
23 Sept	[redacted]	Reg diet	06						
			13						
			18						
		VS Q 4°	06						
			10						
			14						
			18						

Dcd

Dcd

Dcd

Dcd

Rewritten

Rewritten 23 Sept 03

(b)(6) - 2

(b)(6) - 2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: Burn injury

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
22 Sept	[redacted]	PA + LAt Chest X-ray; XRay Bill hands	22 Sept	Now	Now	done
	----	(b)(6)-2				

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

CLINICAL RECORD | **TH[illegible]EUTIC DOCUMENTATION CARE PL[illegible] ON-MEDICATION)**

For use of this form, see AR 40-4[illegible] the proponent agency is the Office of The Surge[illegible] General.

Mo. ____ Yr. 2003

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 23	24
23Sep	[redacted]	Act. Up ad-lib	06	[redacted]	
			18	[redacted]	
23Sep	[redacted]	VS Q4°	06		[redacted]
			10		[redacted]
			14	[redacted]	
			18	[redacted]	
			22	[redacted]	
			02	[redacted]	
23Sep	[redacted]	I&O q shift call	06	[redacted]	[redacted]
		Jpn round <300 q shift	18	[redacted]	
23Sep	[redacted]	Hh IV	06	[redacted]	[redacted]
			06	[redacted]	
23Sep	[redacted]	Regdiet	07		[redacted]
			12		[redacted]
			17	[redacted]	
23Sep	[redacted]	Silvadene to ext	06	[redacted]	[redacted]
		burns	18	[redacted]	
		Bacitracin to face	06	[redacted]	[redacted]
		PRN keep face moist	18	[redacted]	
23Sep	[redacted]	CBC + chem 7 q AM	06	[redacted]	[redacted]

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Burn injury

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
	----	~~CBC + Chem 7 q AM~~				
9/24	----	D/C Home				
"	----	Cont MD dos Δ's silvadene				
"	----	cont bacitracin to face BID				
"	----	May f/u w. main physician				

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

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 1600 HOURS TO 2400 HOURS | TOTAL HOURS COVERED 24 | DATE 23 Sept 03

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
1900	H20	200	200cc
2300	H20	400	600cc
24Sep03(0001-1800)			
0100	H20	400	400cc

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
?	1000	LR	900	2340	900
24Sep03(0001-1800)					

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] (b)(6)-4

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
2000	400	400cc			
2230	200	600			
2400	520	1120cc			
24 Sep 03 (0001-1800)					
0200	250	250cc			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

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)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

DD FORM 792, JAN 74

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 1700 HOURS TO 1800 HOURS | TOTAL HOURS COVERED | DATE 24Sep

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0500	1000	LR @125cc/hr			

IRRIGATIONS *(N/G, Bladder, etc.)*

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT *(i.e. B1, A1b, P. cells etc.)*	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

NURSING FLOW SHEET

TIA SHIFT ASSESSMENT

	Time: 0700 Initals: [redacted] 662	Time: Initals:
Pupils	PERRLA	
Sensorium / LOC / GCS	Alert + oriented X3 Able to verbalize needs, follows commands thru the interpreter	
Cardiac Rhythm PR: / QRS: Pulse Strength Cap Refill/JVD Edema Chest Pain	SB low 50's strong pedal + radial < 3 seconds mild edema both legs from burn injury	
Respiratory Pattern Breath Sounds Secretions Cough	RRR CTA ε ↓ (L) mid lobe, pt smokes none	
Color Integrity Backside	WNL for race. Facial flash burn applied Bacitracin. Burns to (L) scapula, upper back + bilateral hands	
Access Devices Location Condition	(R) arm (AC) D + I no infiltration or redness	
Abdomen Bowel Sounds Stoma/Ostomy	(+) bowel all quadrants	
Device Color / Clarity	foley to gravity clear yellow urine	

PREPARED BY (Signature & Title)

[redacted] Maj/AN

DEPARTMENT/SERVICE/CLINIC ICU #1 [redacted] (b)(2)-2

DATE 23 Sep 03

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

NAME: (b)(6)-2

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

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

LSAFPC V2.00

DATE

PT'S NAME

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV	112/81	124/73	124/72			132/78	124/64	123/64	123/67															
IBP				97.6				97.7																
P	97.8	63				63	62	61	58															
PULSE	67	55	60			24	18	19	17															
RESP	11	14	22			99	99	99	99															
SP02	98	99	99			RA	RA	RA	RA															
FIO2	RA	RA	RA																					
INPUT																								
IV LR	125	125	125	125	125	125	125	125	125															
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE	300						320		500															
NGT																								
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL																								

MEDCOM - 20232

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 66-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0830	INTILAS [redacted]	1800	INTILA [redacted]		INTILAS
NEURO	PUPLIS	PERRLA		PERRL			
	SENSORIUM	A & OX3. able to verbalize needs		A+O X3 responds to verbal + pain stimuli			
RESPIRATORY	RESPIRATION PATTERN	RRR CTA		RRR			
	BREATH SOUNDS	Sat 98-100% RA		CTA bilaterally			
	SECRETIONS	none		none			
SKIN	COLOR	WNL - flash 1°		NFR 1° burn to face			
	INTEGRITY	Burns to the face		2° to (R) (L) hands			
		(2) respiratory + hands		(R) scapula			
IV SITE	LOCATION	(R) AC #18		(R) Ac			
	CONDITION	started 9/22/03 ER		CDI No signs of infiltration or swelling			
		LR @125 cc/hr		LR 125 cc/hr			
GASTRO	ABDOMEN	Soft - non tender		Soft non tender			
	BOWEL SOUNDS	active bowel sounds		active BS X4 quads			
		placed NPO on admit		NPO			
GU	URINE	foley, clear yellow urine,		Foley to gravity			
	COLOR/CLARITY			clear yellow			
CARDIOVASCULAR	CARDIACRHYTHM	NSR 3 ectopy @ ↓60s		S.S. 3 extra sounds, pulses +2 ulnar, brachial cap refill 3 secs			
		pulses strong radial + pedal					

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CINC | DATE

PATIENT'S INDICATIONS (For typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

[redacted] @ IV
(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DATE		OX 06	07	08	09	10	11	12	13	14	15	16	17	18	HOSPITAL DAY 19	20	21	22	23
VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial line																		
	BP Cuff				132/70	148/79		139/77	136/76	137/70	124/73	132/77		127/68	128/74	124/70	137/66	131/70	126/66
	Temperature				97.0			97.9		97.9		99.1							
	Pulse				88	78		60	77	70	65	65		55	60	50	53	57	51
	Respiratory Rate				29	15		16	11	9	9	29		14	20	16	18	16	15
	SAO2 %				98	98		98	98	100	100	97		98	99	98	99	100	97
	source				RA	RA		RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA
INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	LR														125	125	125	125	125
	Ranitac																		
	TOTALS																		
OUTPUT	URINE HOUR / TOTAL				200	200/400		150/550		150/700		150/850	150/1000		300	75	100	50	80
	URINE SP gr																		
	URINE S/A																		
	NG OUTPUT																		
	NG PH																		
	NG GUIAC																		
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

A 117 871

POST-OP DAY 24 01 02 03 04 05 06

VITAL SIGNS	14	17	18	19	20	21	22	23	
	124/66	124/61	124/71	116/60	115/71	116/65			
	55	53	76	51	49	45			
	15	13	18	17	17	16			
	99	99	97	99	100	98			
	RA	RA	RA		RA	RA			

INTAKE	14	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125			
	50								

OUTPUT									
	100	100	50	100	50	40			

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	B: pO_2									
	B: HCO_3									
	G: SAT									
	G: BASE									

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

ACTIVITIES DAILY	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN SUCTION	TIME					

24-180 TOTALS	NURSE'S SIGNATURE	INITIALS
	[redacted]	[illegible]
	(b)(6)-2	

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	MTF LOCATION (State or Country Code.)
A I I D I	I Z

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
[redacted]	[redacted] (#[redacted])		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
UNK	27 Y	Z	9	UNK

(b)(6)-4

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
—	—	99	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
—	Z	0845	—

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
—	K79	—

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	
—	—	9		☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0	ICU1	UNK

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
	UNK	UNK

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
05		030924

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
ABMA		030922

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

FOR LOCAL USE

DX: 94120
94224
DX: BURNS TO HANDS, FACE AND BACK
94420
94800
BB21
E0919

Trauma
9
Injury
599

ADMITTING OFFIC[redacted]ed)

SIGNATURE [redacted] ADMITTING CL[redacted]

DA FORM 2[redacted]5, [redacted]AR 89

USAPPCV1.0

(b)(6)-2

PATIENT'S CLEARANCE RECORD

For use of this form, see AR 40-2; the proponent agency is OTSG

DATE OF DISCHARGE	TIME OF DISCHARGE
26 Sep 03	0900

SIGNATURE OF WARD OFFICER

[redacted] 9/WMC

(b)(6)-2

PATIENT'S IDENTIFICATION

ACTIVITY CLEARANCE

(The final activity with which the patient must clear will be the disposition office.)

Military	INITIALS*	Non-military	INITIALS*
1. Patient's Trust Fund		1. Patient's Trust Fund	
2. Medical Services Account Officer		2. Medical Services Account Officer	
3. Clothing and Baggage		3. Clothing and Baggage	
4. Medical Holding Unit		4. Postal Service	
a. Supply		5. Change of Address	
b. Pay Section		6. Other *(Specify)*	
c. Service Records		7.	
d. Insurance and Allotments		8.	
5. Postal Service		9.	
6. Change of Address		10.	
7. Other *(Specify)*		11.	
8.		12.	
9.		13.	

REMARKS

DATE	SIGNATURE OF PATIENT ADMINISTRA[redacted]
26 Sep 03	(b)(6)-2

* INITIALS OF PERSON AUTHORIZING CLEARANCE.

DA FORM 4029, MAR 73 REPLACES DA FORM 8-258, 1 DEC 59, WHICH WILL BE [illegible] USAPPC V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

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1. REGISTER NUMBER	2. NAME (Last, First, Mi)	3. GRADE	ADMISSION REMARKS
[redacted]	[redacted] (# [redacted])	—	

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	32	Z	UNK	UNK	—	No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
99	[redacted]	—	ICWI

15. FLYING STATUS	16. RATING/DSG	17. DEPT/BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
—	—	K79	—	—	BI

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
DIRECT FROM ER	0900	AEAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
UNK		030924

27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
UNK	UNK	030922	

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29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
[redacted] BAGHDAD		

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

BLAST INJURY (HOTEL BOMBING)

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: (1) TIB FIB INJURY (OPEN Fx) 823.91

E991.9

79.66

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	2	2

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	2	2

SIGNATURE OF ATTENDING MEDICAL OFFICER: [redacted]

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 (b)(6)-2

MEDCOM - 20238

EDITION OF 1 NOV 68 IS OBSOLETE

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

32 YO. ♂ WITH BLAST INJURY (L) DISTAL TIBIA BONE, SURGERY, ADMITTED FOR IV

PMH - (−)

RDS - (−)

NKDA

LAST P.O. 0700

PHYSICAL EXAMINATION

WDWN · BF/NC

NECK SUPPLE

CHEST - AT

ABD - BUSA

EXT - 2CM WOUND ON MEDIO-DISTAL TIBIA. GOOD TO BONE. NO INJECTION

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

(D) BLAST WOUND (L) LEG

(P) BONE FOR IV

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SIGNATURE [redacted]	DATE 22 SEPT 03	IDENTIFICATION NO.	ORGANIZATION

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

REGISTER NO.	WARD NO.

[redacted] (b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
22 Sept'03	pt transferred from EMT to ICW 1 via litter 32 y/o male injur on c/o pain to (L) tib/fib pt received 1gm Ancef also received tetanus shot NPO awaiting OR today. WS pt awake + alert x3 pulse regular & rate within ~~age~~ range for age, respirations within range and rate for ~~age~~ age. lungs clear no cough abdomen soft and non-distended, urine clear pt voiding in bathroom, without crutches pts ambulate (with some pain) lower left tib/fib wrapped with ace, minimal swelling and bleeding extremity slight elevated, skin warm, dry and intact will monitor — [redacted]
22SEP@2145	Pt arrived from OR @ 2045, VSS. Drowsy, but awakens to voice. LS CTA, HRR, (+) BS (-) POV. (L) ankle bulky dsg c penrose, CDI. (+) CMS to LLE. IVFS LR@125cc/hr to (L) FA 3 s/sx of infection or infiltration TOL 5m sips of H2O. (-) post op void. Plan: monitor pain, monitor dsg & neurovascular status ✓ for post op void. — [redacted]
23 Sept @ 2200	Assumed care of pt. Pt resting comfortably @ present time. IV in (L) AC patent (-) swelling or edema @ site. (L) ankle dsg D&I. (+) distal

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

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

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

REGISTER NO. | WARD NO.

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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