*SEE PROGRESS NOTES: (b)(6)-4

Name _____ VITAL SIGNS Date 8-2-02

°F °C

105 40.6 240
104 40.0 220
103 39.4 200
102 38.9 180
101 38.3 160
100 37.8 140
99 37.2 120
98.6 37.0 110
98 36.7 100
97 36.1 90
96 35.6 80
95 35.0 70
60
50
40
30

HR X SBP DBP TEMP •

HEMODYNAMICS	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
HR	149		149		146	162	148	146	145	138	139	138	138				129			131		116		
Rhythm	ST		ST		ST	ST	ST	ST	ST	ST	ST	ST	ST				ST			ST				
RESP.	10		22		22	22	20	22	20	22	22	22	22											
CUFF BP	116/67		110/68		110/68	102/76	120/69	118/72	115/74	115/69	117/69	131/79	141/69				132/63			110/64		128/83		
MAP						86	109	87	80	87	83	88	81											
PAS/PAD																								
PCW																Temp	37.1							
CVP					0	1	1	0			5	5	5				8					13		
CO/CI																								
SVRI	100%		98		99	99	99	98			97	97	99				97%			95%		93%		

SiO2

DRUG	UNITS	05	06	07	08	09	11	12	01	02	03	05	06	07	08	09	11	12	01	02	03	04
Ancef	1 Gm IV Q6°																					

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

MISCELLANEOUS HOURLY OBSERVATIONS

MEDCOM - 3218

*SEE PROGRESS NOTES: (b)(6)-4

Date 8-2-02

INTAKE CC/HR

	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
LR @ 125	125	125	125	125	125	700	125	125	125	125	125	125	125		500	50	500				500		250	
IV MEDS						90						90					50							
Propofol	12	12																						
Blood Products																								
PRBC									500															
Tube Feedings																								
NG/Meds																								
ORAL					25			25							2950		100							
Hourly Total																								
Cumulative Total																	3050				3500		3750	

3750
3210
540

OUTPUT CC/HR

	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
Urine Hourly					75	200		160			160								500				600	
Urine Cumulative																								
NG								1000									CLAMPED							
Emesis/Gastric								350																
Stool																								
Output Hourly								1950			160								500				600	
Output Cumulative											2010								2610				3210	
Spec. Grav./U.R.																								
Gastric pH																								

TRANSFUSION THERAPY

TYPE	UNIT NO.	TYPE	UNIT NO.	TYPE	UNIT NO.
PRBC	(b)(6)-4				

TOTAL INTAKE

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
ORAL	50			
IV				
NG				
Bld				

TOTAL OUTPUT

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
URIN				
NG				

RESPIRATORY SUPPORT SYSTEM

Date 1 Aug 02

Time	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
FiO_2																	50		40			40		
Ventilator Model																	754		754			754		
PEEP/CPAP, cmH_2O																	0		0			0		
Vent Mode																	A/C		A/C			A C		
Volume set, ml•breath^{-1}																	750		750			750		
Rate set•min^{-1}																	10		12			12		
Insp. Flow Rate, l•min^{-1}																	—		—			—		
Pres. Support, cm H_2O																	—		—			—		
Spontaneous Rate																	2		0			1		
Spontaneous TV																	—		—			—		
Tot Min Vent, l•min^{-1}																	7.4		8.9			8.9		
Pres. Control cmH_2O																	—		—			—		
Peak Airway Pressure																	18		19			20		
Therapist's Initials																	TMS	TMS	TMS			TMS		

BLOOD GAS LABORATORY VALUES

Time Obtained																		22:02						
Source (A or V)																		A						
pH																		7.352						
PCO_2 mmHg																		33.5						
PO_2 mmHg																		208						
tO_{2c} Vol %																		20						
HCO_{3c} mmol/L																		19						
ABE_c mmol/L																		-7						
tHb g/dL																		—						
O_2Hb %																		—						
SO_2 %																		100						
Ca ++ mmol/L																		—						
Na + mmol/L																		—						
K + mmol/L																		—						
Cl- mmol/L																		—						
Tonometer PCO_2																		—						
Ton-Art PCO_2																		—						

ON-LINE PARAMETERS

Pulse Oximeter SaO_2																	96	100	100			100		
Oximeter SvO_2																		—	—			—		

MEDCOM - 3220

*SEE PROGRESS NOTES:

INTAKE CC/HR

Date 1Aug02

INTAKE	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
LR @ 125																	↑	125						125
																								750
JN NSD																			50k	50k	50k	50k		200
																								950
Propofol																	10	11	12	12	12	12	12	12
Blood Products																								
PRBC																				(1)	200			
Tube Feedings																								
NG/Meds																								
ORAL																								
Hourly Total																								
Cumulative Total																								950

OUTPUT CC/HR

OUTPUT	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
Urine Hourly																		30	30	130				500
Urine Cumulative																								
N/G																								50
Emesis/Gastric																								
Stool																								
Output Hourly																								
Output Cumulative																								
Spec. Grav./U.R.																								
Gastric pH																								730

MEDCOM - 3221

TRANSFUSION THERAPY

TYPE	UNIT NO.	TYPE	UNIT NO.	TYPE	UNIT NO.

TOTAL INTAKE

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
ORAL				
IV				
NG				
Bld				
TOTAL				

TOTAL OUTPUT

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
URIN				
NG				
TOTAL				

PT #127

NURSING PROGRESS NOTE

20:45 - Pt admitted from OR - VSS on chart, Temp 33.5 Hypothermia Blk applied as well as BLK x 2 & towel on head. (R) thigh Dressing CDI. - ABD - Incision & Staples (L) Drainage noted. Pt IV: LR @ 125, Propofol @ 14.3 mc/kg/min - Pupil - Sluggish - Bilateral. Temp 22:30 34.4 Small amount of Blood Drainage from NG - Breath Sounds = Bilatorally Endo tube 8.0 - - Labs Indicated K 2.7 4 Runs of 10 mcg Started ——— /LT (b)(6)-2 /R

22:00 - Pt giving Sing Noises, Pt moving Eyes open (b)(6)-2 (b)(6)-2 /R

22:30 MSO4 given for ↑ in BP + HR. (b)(6)-2

2330 - MSO4 given for ↑ in BP + HR /LT (b)(6)-2 /R

01:30 - Pt medicated & MSO4 10 mg - Nitroex Sing, Due to Pt awake opening Eyes moving Arms & legs VSS Rem 122 Sat 100% - Lungs Bilateral clear. (R) L Stump Saturated top Dressing And under Stump, Dressing changed ——— LT (b)(6)-2 /R

03:30 - Propofol @ 28 L mc/kg/min. - VSS!

04:00 - Pt HR ↑ - 140S - O2 Sat falling 94% low - Determined Fault & E-Doc Pt manually bagged - Rt Notified - Pt Sat 100% - Heart Rate 120S - E-Doc - Repaired - Vent Exchanged & Another - Pt Sat 100%

@ 05:00 - Pt Sedated for Secret clean Drainage - MD. NOTIFIED During Round - ——— /LT (b)(6)-2

ADDRESSOGRAPH (b)(6)-4

RESPIRATORY PROGRESS NOTE

2050 pt out of O.R. intubated ET Tube size 8.0 estimated 26 @ lip vent settings: RR 10 VT 750 FIO2 50% A/C mode ♡R 78 RR Total 12 SAT 96% BS clear/diminished/ Bilaterally ——— (b)(6) /RT

2202 ABG per Major (b)(6)-2 pH 7.352 pCO2 33.5 pO2 208 HCO3 19 BE-7 ——— (b)(6)-2 /RT

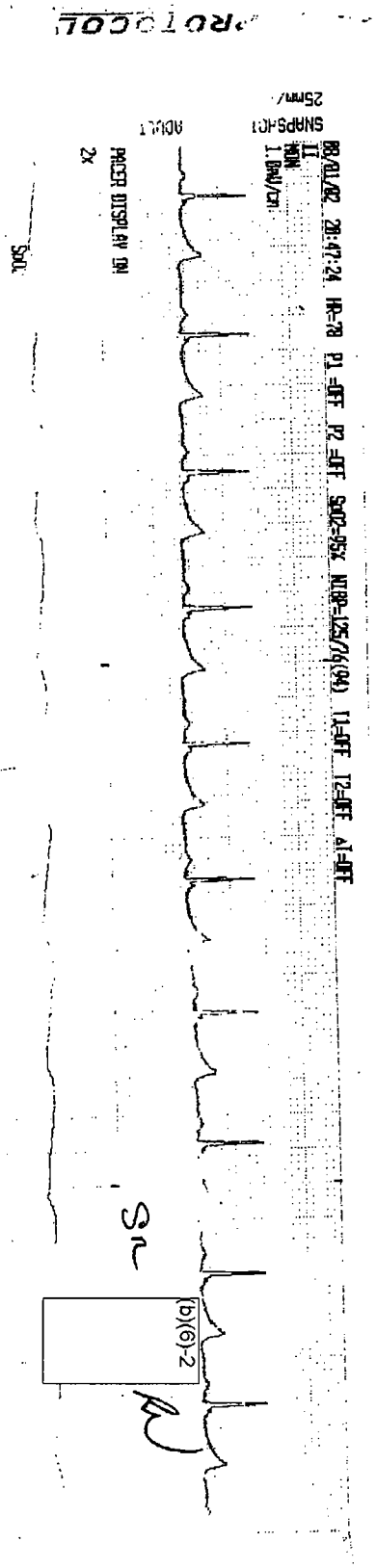
2300 As per ABG results vent Δ RR ↑ 12 FIO2 ↓ 40% start weaning protocol in morning per Dr. B ——— (b)(6)- /RT

0145 pt stable on current vent settings ♡R 119 RR 13 SAT 100 BS clear (b)(6)-2 /RT

0430 experienced some problems w/EDOC, biomed called, vents switched out problem resolved ——— (b)(6) /RT

0500 pt stable on vent ♡R ↑ 136 ——— (b)(6)-2 /RT

EKG RHYTHM STRIPS



*SEE PROGRESS NOTES:

STAT LABORATORY DATA

Date 1 Aug 02

Time																								
Glucose																								
BUN/CR.																								
Na+																								
K+																								
Cl-																								
HCO_3-																								
WBC																								
Hb/Hct																								
PLT																								
PT/ct																								
PTT/ct																								

ONE-TIME / PRN MEDICATIONS

TIME	DRUG/DOSE	Route	Init.	DRUG/DOSE	Route	Init.	DRUG/DOSE	Route	Init.
22:00	NIMBEX 5mg	IV	(b)(6)-2						
22:30	MSO4 2mg	IV							
23:30	MSO4 2mg	IV							
0:30	MSO4 2mg	IV							
01:30	NIMBEX 5mg	IV							
01:30	MSO4 2mg	IV							
02:20	MSO4 2mg	IV							
04:00	MSO4 2mg	IV							
05:00	MSO4 2mg	IV							

ISOENZYMES

DATE				
TIME				
CPK				
MBU				
MB%				
LDH				

HT.
WGT.
WGT.
YESTERDAY
PREVIOUS DAY
INTAKE
OUTPUT
BSA
ALLERGIES
ADDRESSOGRAPH

Propofol 5-50 mcg / kg / min
(titrate to effect.)

NIMBEX 5-15 mg (TITRATE TO EFFECT)

MSO4 1-2mg Q 1° PRN

LR @ 125 cc/Hour.

SIGNATURE AND INITIALS
AND RESP. THERAPIST

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

MEDCOM - 3224

*SEE PROGRESS NOTES: Pt. # (b)(6)-4 (b)(6)-2

Name _____ VITAL SIGNS Date 1 Aug 02

°F °C

105 40.6
104 40.0
103 39.4
102 38.9
101 38.3
100 37.8
99 37.2
98.6 37.0
98 36.7
97 36.1
96 35.6
95 35.0

HR X SBP DBP TEMP •

240 220 200 180 160 140 120 110 100 90 80 70 60 50 40 30

05 06 07 08 09 10 11 12 01 02 03 04 05 06 07 08 09 10 11 12 01 02 03 04

15 30 45

HEMODYNAMICS	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
HR																78	81	94	111	125	125	122	127	144
Rhythm																SR	SR	SR	SR	ST	ST	ST	ST	ST
RESP.																12	12	12	12	12	14	14	12	12
CUFF BP																125/76	141/88	124/91	118/83	121/84	110/78	124/76	110/74	111/65
MAP																(94)	(102)	(103)	(95)	(100)				
PAS/PAD																								
PCW																33.3	33.7	34.1	35.2	33.8	31.9			
CVP																								
CO/CI																								
SVRI																96.6	100%	100%	100%	100%	100%	100%	100%	95%

DRUG	UNITS	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04

MISCELLANEOUS HOURLY OBSERVATIONS

SPECIMEN/LAB RPT. NO.

MISC

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

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

SPECIMEN SOURCE (Specify): AKA

PATIENT'S MED. RECORD

(b)(6)-4

(b)(6)-4

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

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

(b)(6)-2 (b)(6)-2 (b)(6)-2 TECH 17 Aug (b)(6)-4

557-107

Culture

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	17 Aug 02	1315		

Initial Gramstain - no organisms seen
Normal skin flora
1+ Enterobacter cloacae

19 Aug 02

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

ICU

SPECIMEN/LAB. RPT. NO.

CHEM I

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (specify)

(b)(6)-4

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

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

(b)(6)-2 (b)(6)-2 (b)(6)-2 TECH 18 Aug 02

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	PHOSPHATASE ALKALINE	PHOSPHA-TASE-ACID	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	BUN	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (specify)
METHOD CD	AUTOMATED							X	X	X	X																		
	MANUAL																												
	RESULTS	(X)						137	3.8	102	33																		

CHEMISTRY I
STANDARD FORM 546 (JULY 1971)—GSA FPMR 110-11.8

SPECIMEN/LAB. RPT. NO

CHEM I

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

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

PATIENTS MED. RECORD

(b)(6)-4

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 (b)(6)-2 REPORTED BY (b)(6)-2 MD TECH DATE 13 Aug 02 LAB. ID. NO.

REMARKS

Lytes BUN Creat.

TEST(S)																																			
SPECIMEN TAKEN																																			
TIME	A.M.	P.M.	(X)																																
REQUESTED				GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)							
DATE	RESULTS			110	13	1.0	125 ↓L	3.9	101	20										275															

546-107

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

(b)(6)-4

SPECIMEN/LAB RPT. NO.

MISC

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 (b)(6)-2 REPORTED BY (b)(6)-2 MD TECH DATE 8.14.02 LAB ID NO.

REMARKS

(R) leg AKA | Gramstain C+S

TEST(S)				
SPECIMEN TAKEN				
DATE	TIME	A.M.	P.M.	REQUESTED
8 Aug 02	1418		(P)	Wound Culture

RESULTS

Gram Stain
No Organisms Seen

Culture
1. Mixed Skin Flora
2. Enterobacter cloacae (see lab for sensitivity report)

557-107-01

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

(b)(6)-4

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

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

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

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

LAB. ID. NO.

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

REQUESTING PHYSICIAN'S SIGNATURE: Dr (b)(6)-2 (b)(6)-2 REPORTED BY (b)(6)-2 MD DATE

REMARKS

TEST(S)	SPECIMEN TAKEN DATE 8-13-02 TIME 1126 A.M. P.M.	REQUESTED [X]	RESULTS
RBC COUNT			
HEMOGLOBIN			
HEMATOCRIT			
MCV			
MCH			
MCHC			
WBC COUNT			7800
WBC DIFF AND BLOOD CELL MORPH: IMMATURE			
NEUTRO-BANDS			
NEUTROSEGS			
LYMPHS			
EOSINOPHILS			
BASOPHILS			
MONOCYTES			
PLATELETS			
RBC			
SED. RATE			
PLATELET COUNT			
RETICULOCYTE COUNT			
CLOTTING TIME			
BLEEDING TIME			
PTT CONTROL			
PTT PATIENT			
CONTROL			
PATIENT			
% ACTIVITY			
RATIO			
SICKLING TEST			
LE PREP			

549-107

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

(b)(6)-4

ICU

CHEM 1

SPECIMEN/LAB. RPT. NO

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

0700

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 (b)(6)-2 (b)(6)-2 REPORTED BY (b)(6)-2 (b)(6)-2 MD DATE

TECH

Na K Cl

TEST(S)	SPECIMEN TAKEN DATE 8.12.02 TIME 1350 A.M. P.M.	REQUESTED [X]	RESULTS
GLUCOSE			88
UREA N.			13
CREATININE			
URIC ACID			
SODIUM			134
POTASSIUM			4.3
CHLORIDE			101
CO_2			
PHOSPHATE			
CALCIUM			
TOTAL PROTEIN			
ALBUMIN			
GLOBULIN			
ALKALINE PHOSPHATASE			
ACID PHOSPHATASE			
SGOT			
LDH			
CPK			
BILIRUBIN (TOTAL)			
BILIRUBIN (DIRECT)			
CHOLESTEROL			
TRIGLYCERIDES			
AMYLASE			
LIPASE			
PROFILE (Specify)			

546-107

CHEMISTRY I
STANDARD FORM 546 (Rev. 6-77)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

(b)(6)-4

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

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

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

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

LAB. ID. NO.

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 (b)(6)-2 MD DATE

REMARKS

TEST(S)	SPECIMEN TAKEN DATE TIME A.M. P.M.	REQUESTED PQ	RESULTS
RBC COUNT			
HEMOGLOBIN			11
HEMATOCRIT			31
MCV			
MCH			
MCHC			
WBC COUNT			
WBC DIFF AND BLOOD CELL MORPH: IMMATURE			
NEUTRO-BANDS			
NEUTROSEGS			
LYMPHS			
EOSINOPHILS			
BASOPHILS			
MONOCYTES			
PLATELETS			
RBC			
SED. RATE			
PLATELET COUNT			
RETICULOCYTE COUNT			
CLOTTING TIME			
BLEEDING TIME			
PTT CONTROL			
PTT PATIENT			
CONTROL			
PATIENT			
% ACTIVITY			
RATIO			
SICKLING TEST			
LE PREP			

549-107

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

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

TEST(S) | SPECIMEN TAKEN | DATE | TIME | A.M. P.M. | RESULTS | REQUESTED (X)

RBC COUNT
HEMOGLOBIN
HEMATOCRIT
MCV
MCH
MCHC
WBC COUNT
WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC
SED. RATE
PLATELET COUNT
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
PTT: CONTROL, PATIENT
PT: CONTROL, PATIENT
% ACTIVITY
RATIO
SICKLING TEST
LE PREP

Enter in above space
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
REMARKS

MD DATE | TECH | LAB. ID. NO.

HEMATOLOGY
URGENCY: ROUTINE, BED, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)
SPECIMEN/LAB RPT. NO.

MED. RECORD

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

TEST(S) | SPECIMEN TAKEN | DATE | TIME | A.M. P.M. | RESULTS | REQUESTED (X)

RBC COUNT
HEMOGLOBIN
HEMATOCRIT
MCV
MCH
MCHC
WBC COUNT
WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC
SED. RATE
PLATELET COUNT
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
PTT: CONTROL, PATIENT
PT: CONTROL, PATIENT
% ACTIVITY
RATIO
SICKLING TEST
LE PREP

Enter in above space
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
REMARKS

MD DATE | TECH | LAB. ID. NO.

HEMATOLOGY
URGENCY: ROUTINE, BED, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)
SPECIMEN/LAB RPT. NO.

MED. RECORD

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

TEST(S) | SPECIMEN TAKEN | DATE 8.12.02 | TIME 1355 | A.M. P.M. | RESULTS | REQUESTED (X)

RBC COUNT
HEMOGLOBIN 11.0
HEMATOCRIT 36.1
MCV
MCH
MCHC
WBC COUNT
WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC
SED. RATE
PLATELET COUNT
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
PTT: CONTROL, PATIENT
PT: CONTROL, PATIENT
% ACTIVITY
RATIO
SICKLING TEST
LE PREP

Enter in above space
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
REMARKS

MD DATE 07 | TECH 1355 | LAB. ID. NO.

HEMATOLOGY
URGENCY: ROUTINE, BED, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)
SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

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

TEST(S)

SPECIMEN TAKEN — DATE — TIME 0725 A.M. / P.M.

METHOD: MANUAL / AUTOMATED

RESULTS	(X)	REQUESTED
		GLUCOSE
		UREA N.
		CREATININE
		URIC ACID
		SODIUM
		POTASSIUM
		CHLORIDE
		CO_2
		PHOSPHATE
		CALCIUM
		TOTAL PROTEIN
		ALBUMIN
		GLOBULIN
		PHOSPHATASE ALKALINE
		PHOSPHA-TASE-ACID
		SGOT
		LDH
		CPK
		BILIRUBIN (TOTAL)
		BILIRUBIN (DIRECT)
		BSP
		CHOLESTEROL
		TRIGLYCERIDES
		AMYLASE
		LIPASE
		PROFILE (specify)

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 (b)(6)-2

REPORTED BY

MD TECH DATE 10 Aug 02

LAB. ID. NO.

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

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

SPECIMEN SOURCE: BLOOD ☐ / OTHER (specify) ☐

SPECIMEN/LAB. RPT. NO.

CHEM I

CHEMISTRY I

STANDARD FORM 549 (Rev. 7-78) GSA FPMR 110-11.8

(b)(6)-4

ICW

H+H; Na; Cl; BUN @ 0800

(b)(6)-4

TEST(S)

SPECIMEN TAKEN — DATE 8-10-02 — TIME 0725 A.M. / P.M.

RESULTS	REQUESTED	(X)
8.4	RBC COUNT	
27.1	HEMOGLOBIN	
	HEMATOCRIT	
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS 0

H+H

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

Hct @ 0730

(b)(6)-2

MD TECH DATE

LAB. ID. NO.

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE: VEIN / CAP / OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

HEMATOLOGY

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR 549-107

(b)(6)-4

ICW

CHEM I

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE: BLOOD / OTHER (specify)

SPECIMEN/LAB. RPT. NO.

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD TECH DATE 11 Aug 02

LAB. ID. NO.

REMARKS

H + H ~~@ 24~~ ~~(Due 10 Aug 02 @ 2000 Hours)~~

LYTES (0700)

TEST(S)																																			
SPECIMEN TAKEN																																			
DATE	TIME	A.M. / P.M.																																	
		(X)	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	PHOSPHATASE ALKALINE	PHOSPHA-TASE-ACID	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	BSP	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (specify)							
			RESULTS	99	9			130	4.0	101	27																								

METHOD: AUTOMATED / MANUAL

CHEMISTRY I

STANDARD FORM 549 (Rev. 7-78) GSA FPMR 110-11.8

TEST(S)
SPECIMEN TAKEN
DATE | TIME A.M. P.M.

RESULTS	REQUESTED	(X)
	RBC COUNT	
9.1	HEMOGLOBIN	X
30.5	HEMATOCRIT	X
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PT CONTROL	
	PT PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS: MAT
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: (b)(6)-2
MD DATE: 8/9/02
TECH: 8/9/02
LAB. ID. NO.
SPECIMEN/LAB RPT. NO.
HEMATOLOGY URGENCY: ROUTINE, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR

(b)(6)-4

OR

TEST(S)
SPECIMEN TAKEN
DATE | TIME A.M. P.M.
REQUESTED
RESULTS

CBC

WBC	6.0
RBC	2.92
Hgb	8.6
Hct	26.6
MCV	90.8
MCH	29.5
MCHC	32.5
Plt.	164

REMARKS: (b)(6)-2
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MD DATE
TECH 8/9/02
LAB ID NO.
SPECIMEN/LAB RPT. NO.
MISC URGENCY: ROUTINE, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE (Specify)

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR

(b)(6)-4

FCW

CHEM I
SPECIMEN/LAB. RPT.
URGENCY: ROUTINE, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, OUTPATIENT, NP
SPECIMEN SOURCE: BLOOD, OTHER (specify)
LAB. ID. NO.

Enter in above space: PATIENT IDENTIFICATION — TREATING FACILITY — W (b)(6)-2
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
DATE 9 AUG 02
TECH
REMARKS: H&H @ 2000 WITH type & CROSS. IF HCT <28% TRANSFUSE 1 UNIT PRBC)

METHOD: AUTOMATED / MANUAL
SPECIMEN TAKEN: DATE 8-9-02 TIME 2003 A.M. P.M.
REQUESTED (X)
RESULTS: GLUCOSE, UREA N., CREATININE, URIC ACID, SODIUM, POTASSIUM, CHLORIDE, CO_2, PHOSPHATE, CALCIUM, TOTAL PROTEIN, ALBUMIN, GLOBULIN, PHOSPHATASE ALKALINE, PHOSPHATASE ACID, SGOT, LDH, CPK, BILIRUBIN (TOTAL), BILIRUBIN (DIRECT), BSP, CHOLESTEROL, TRIGLYCERIDES, AMYLASE, LIPASE, PROFILE (specify)
Hgb 9.9
HCT 33.2

CHEMISTRY I

======= PICCOLO =======
08/09/02 07:47 PM
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
METLYTE 8
DISC LOT #: 2261BA4
OPER #: (b)(6)-2
DR #: 000
SERIAL #: (b)(6)-4

GLU	93	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	1486*	39-380	U/L
NA+	121*	128-145	MMOL
K+	4.9*	3.3-4.7	MMOL
CL-	96*	98-108	MMOL
tCO2	19	18-33	MMOL

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

(b)(6)-4

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

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

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

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

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD 1835 DATE 8.3.02 TECH

LAB. ID. NO.

REMARKS

CBC

TEST(S)	SPECIMEN TAKEN DATE	TIME 1715 A.M. P.M.	REQUESTED [X]	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	PTT CONTROL	PTT PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
	RESULTS			2.21	6.2	19.7	89.3	28.3	31.7	7.5											141											

WBC DIFF AND BLOOD CELL MORPH

549-107 HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR

1-STAT 6+

Pt: (b)(6)-4

Pt Name:

Glu 90 mg/dL

BUN 17 mg/dL

Na 135 mmol/L

K *** mmol/L

Cl 99 mmol/L

Hct 20 %PCV

Hb* 7 g/dL

*via Hct

Sample Type:

04AUG02 01:04

Chart: (b)(6)-2

Clan:

ICU#1

#(b)(6)-4

SPECIMEN/LAB RPT. NO

HEMATOLOGY

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

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

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

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD 91km4 TECH DATE 4aug02

LAB. ID. NO.

REMARKS

H+H

SPECIMEN TAKEN	DATE	TIME	A.M. P.M.	REQUESTED [X]	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	PTT CONTROL	PTT PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
	RESULTS				9.8	30.1																											

WBC DIFF AND BLOOD CELL MORPH

549-107 HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR

1-STAT EC4+

Pt: (b)(6)-4

Pt Name:

Glu mg/dL

Na mmol/L

K mmol/L

Hct %PCV

Hb* 7 g/dL

*via Hct

Sample Type:

04AUG02 04:53

Chart: 3B4

Physician:

Ser# (b)(6)-2

Ward JAMS043C CLEW A84

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.

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

REMARKS

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

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

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

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

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

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

549-107

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.
2 Aug 02	1215	P.M.

RESULTS	REQUESTED	(X)
8.2 (L)	RBC COUNT	
21.1 (L)	HEMOGLOBIN	X
	HEMATOCRIT	X
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS (b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD DATE 1240

TECH 8.2.02

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

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

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

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

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

549-107

(b)(6)-4

ICU #1

(b)(6)-4

ICU#1

HEMATOLOGY

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

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

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

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE 1920

TECH 8.2.02

LAB. ID. NO.

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.
2 Aug 02	1900	

RESULTS	REQUESTED	(X)
9.7 x 2 = 0.7	RBC COUNT	X
27.0 x 3 = 8.1	HEMOGLOBIN	X
	HEMATOCRIT	X
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
	LE PREP	

HEMATOLOGY

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

549-107

(b)(6)-4

8.2.02
0200

CBC, LYTES, BUN
CREAT

SPECIMEN/LAB. RPT. NO

CHEM I

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

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

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

REMARKS | TECH

TEST(S)	SPECIMEN TAKEN	TIME A.M. P.M.	REQUESTED (X)	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)
	DATE		RESULTS	137				143	5.7	107																		

CHEMISTRY I — STANDARD FORM 546 (Rev. 8-77) — 546-106

```
======= PICCOLO =======
08/02/02                    03:34
REFERENCE RANGE:            MALE
PATIENT #: (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #:                 2193AA4
OPER #: (b)(6)-2            DR #: 000
SERIAL #: (b)(6)-4          0
.......................
ALB   2.3*   3.3-5.5   G/DL
ALP   41     26-84     U/L
ALT   23     10-47     U/L
AMY   112*   14-97     U/L
AST   60*    11-38     U/L
TBIL  1.8*   0.2-1.6   MG/DL
BUN   8      7-22      MG/DL
CA++  5.6*   8.0-10.3  MG/DL
CHOL  53*    100-200   MG/DL
CRE   0.9    0.6-1.2   MG/DL
GLU   139*   73-118    MG/DL
TP    3.9*   6.4-8.1   G/DL

INSI QC: OK    CHEM QC: OK
HEM 1+, LIP 0 , ICT 0 .
```

Pt # (b)(6)-4

ICU-1
0800

SPECIMEN/LAB. RPT.

CHEM I

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

PATIENT STATUS: ☐ BED ☐ A ☐ OUTPATIENT ☐ NP ☐ D

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY (b)(6)-2 | MD | DATE 8.2.02 0130 | LAB. ID. NO.

REMARKS | TECH 2Aug02

TEST(S)	SPECIMEN TAKEN	TIME A.M. P.M.	REQUESTED (X)	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)
	DATE		RESULTS						4.5 mmol/L																			

CHEMISTRY I — STANDARD FORM 546 (Rev. 8-77) — 546-106

```
--STAT 6+

Pt: (b)(6)-4
Pt Name: (b)(6)-4

Glu_________110 mg/dL
BUN_________10 mg/dL
Na__________141 mmol/L
K___________4.5 mmol/L
Cl__________103 mmol/L
Hct_________23 %PCV
Hgb_________8 g/dL
Via hct

Sample Type_:

02AUG02      08:14

Oper: (b)(6)-2

Physician:__
```

Ser# (b)(6)-4

(b)(6)-2

TEST(S)

SPECIMEN TAKEN

Unit

RESULTS	REQUESTED	(X)
4.42	RBC COUNT	
13.1	HEMOGLOBIN	
40.2	HEMATOCRIT	
91.0	MCV	
29.5	MCH	
32.5	MCHC	
8.8	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
24.5	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
252	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PT CONTROL	
	PT PATIENT	
	PTT CONTROL	
	PTT PATIENT	
	PTT % ACTIVITY	
	PTT RATIO	
	SICKLING TEST	
	LE PREP	

TIME A.M. P.M.

REMARKS: maj

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY: (b)(6)-2

MD

DATE: 01AUG02

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

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

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

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

CBC

EMT

HEMATOLOGY

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

549-107

PATIENT'S MED. RECORD

#

(b)(6)-4

T G3+

Pt: 0

Pt Name: (b)(6)-4

TCO2_____23 mmol/L

Pt 37C

pH_____7.387

PCO2_____36.7 mmHg

PO2_____372 mmHg

HCO3_____22 mmol/L

BEecf_____-3 mmol/L

sO2*_____100 %

*calculated

Sample Type_:

01AUG02 18:42

Oper: (b)(6)-2

Physician: Major (b)(6)-2

Ser# (b)(6)-4

Ver: JAMS043C
CLEW A84

1-STAT 6+

Pt: (b)(6)-4

Pt Name:_____

Glu_____182 mg/dL

BUN_____7 mg/dL

Na_____145 mmol/L

K_____2.7 mmol/L

Cl_____98 mmol/L

Hct_____28 %PCV

Hb*_____10 g/dL

*via Hct

Sample Type_:

01AUG02 18:52

Oper: (b)(6)-2

Physician:_____

Ser# (b)(6)-4

Ver: JAMS043C
CLEW A84

1-STAT G3+

(b)(6)-4

Pt: 0

Pt Name:_____

TCO2_____19 mmol/L

BEecf_____-7 mmol/L

sO2*_____100 %

*calculated

Sample Type_:

01AUG02 22:02

Oper: (b)(6)-2

Physician: Major (b)(6)-2

Ser# (b)(6)-4

Ver: JAMS043C
CLEW A84

RT (b)(6)-2

(b)(6)-4

PT = 14.9 SEC
INR = 1.32
aPTT 34.7 SEC

SPECIMEN/LAB. RPT. NO.

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 8.01.02

LAB. ID. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS
GLUCOSE				
UREA N.				
CREATININE				
URIC ACID				
SODIUM				
POTASSIUM				
CHLORIDE				
CO_2				
PHOSPHATE				
CALCIUM				
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				
LIPASE				
PROFILE (Specify)				

546-106

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records

SPECIMEN/LAB. RPT. NO.

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LABORATORY FILE

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 8.01.02

LAB. ID. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS
GLUCOSE				
UREA N.				
CREATININE				
URIC ACID				
SODIUM				
POTASSIUM				
CHLORIDE				
CO_2				
PHOSPHATE				
CALCIUM				
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				
LIPASE				
PROFILE (Specify)				

546-106

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records

(b)(6)-4

SPECIMEN/LAB. RPT. N

CHEM 1

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

PATIENT STATUS: ☐ BED ☐ AM ☐ OUTPATIENT ☐ ☐ NP ☐ DO

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 8.1.02

LAB. ID. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS
GLUCOSE				182
UREA N.				7
CREATININE				
URIC ACID				
SODIUM				145
POTASSIUM				3.7
CHLORIDE				98
CO_2				
PHOSPHATE				
CALCIUM				
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				
LIPASE				
PROFILE (Specify)				

546-106

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records

(b)(6)-4

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 8.1.02

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS
GLUCOSE				
UREA N.				
CREATININE				
URIC ACID				
SODIUM				
POTASSIUM				
CHLORIDE				
CO_2				
PHOSPHATE				
CALCIUM				
TOTAL PROTEIN				5.0
ALBUMIN				3.3
GLOBULIN				
ALKALINE PHOSPHATASE				43
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				
BILIRUBIN (TOTAL)				1.4
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				109
LIPASE				
PROFILE (Specify)				

546-106

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records. FPMR 101-11.806-8

31 AST
30 ALT
13 LDH

MEDCOM - 3236

NAME
Here

MICROBIOLOGY RE

Name :
ID # : (b)(6)-4

Antimicrobial Susceptibility and Organism I

Specimen : (b)(6)-4 Physician :
Source : Not Specified

Iso/Result: 02 Enterobacter cloacae

Antimicrobic/Dose	MIC	System	Urine	CC
Amikacin		S	**	--
Amox/K Clav(c)		R		
Amp/Sulbactam(c)		R		
Ampicillin		R		
Aztreonam		R		
Cefazolin		R		
Cefepime		R		
Cefotaxime(c)		R		
Cefotetan		R		
Cefoxitin		S		
Ceftazidime(a)		I		
Ceftriaxone(c)		R		
Cefuroxime(b)		R		
Cephalothin		R		
Chloramphenicol		I		
Ciprofloxacin		R		
ESBL-a Scrn		R		
ESBL-b Scrn				
Gatifloxacin				
Gentamicin		R		
Imipenem(c)		R		
Levofloxacin		S		
Meropenem(c)		R		
Moxifloxacin		S		
Nitrofurantoin		R		
Norfloxacin				
Pip/Tazo(d)				
Piperacillin(a)		S		
Tetracycline		R		
Ticar/K Clav(a)		R		
Tobramycin		S		
Trimeth/Sulfa		R		

#, ##/###, or S = Susceptible R = Not Reported BLac = B

I = Intermediate
R = Resistant
R* = Resistant, ESBL

CC = Cost Code
MIC = mcg/ml (mg/L)
EBL? = Suspected ESBL

TFG =
Blank =
ESBL =

For Blood and CSF Isolates, a Beta-Lactamase test is recommended for Enterococ
IB appears in place of S, +, ++, or +++ with species known to possess inducibl
resistant to all B-lactam drugs. Monitoring of patients during/after therapy i
R* Resistance due to extended-spectrum beta-lactamases (ESBL).
EBL? Suspected ESBL. Confirmatory tests needed to differentiate ESBL from oth
(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in pati
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use <8=S,
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K c
refer to the penicillin interpretations.
(d) For non Beta-lactamase producing enterococci, refer to penicillin interpret

---

* Interpretations based on approx. adult attainable systemic/urine levels, exc
NCCLS. Doses are guidelines; consider weight and renal/hepatic function. U
** Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin
are based on FDA approved breakpoints.

For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isola
non-meningitis infections, use <2=S, 2=I, >2=R.

Tech : _____
Report Date : 08/19/02 10:50

Source : Not Specified
Collected : **/**/** **:**

Name :
ID # : (b)(6)-4

516-108

NSN 7540-00-634-4156

MEDICAL RECORD

OPERATION REPORT

PREOPERATIVE DIAGNOSIS

	FIRST ASSISTANT	SECOND ASSISTANT	
(b)(6)-2			TIME BEGAN: 1505
(b)(6)-2	ANESTHETIC General		TIME ENDED: 1525
(b)(6)-2 RN	SCRUB NURSE (b)(6)-2	TIME OPERATION BEGAN 1510	TIME OPERATION COMPLETED 1515

DRAINS *(Kind and number)* 4

SPONGE COUNT VERIFIED 4

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

OPERATION PERFORMED

dsg Δ @ stump

DESCRIPTION OF OPERATION *(Type(s) of suture used, gross findings, etc.)*

PROSTHETIC DEVICES *(Lot no.)*

DATE OF OPERATION 15 Aug 02

Dressing changed
wound debrided. Hematoma
removed
Wound closed c̄ Kerlex no tract on
on skin applied

SIGNATURE OF SURGEON (b)(6)-2 LTC MC

DATE 15 Aug 02

PATIENT'S IDENTIFICATION (Stamp or type give: Name - last, first, middle; grade; date; hospital or medical facility)

(b)(6)-4

REGISTER/I.D. NO.

WARD NO.

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

USAPPC V1.00

MEDICAL RECORD

OPERATION REPORT

PRE-OPERATIVE DIAGNOSIS

Infected right AKA stump

(b)(6)-2 | (b)(6)-2 | SECOND ASSISTANT

(b)(6)-2 | ANESTHETIC General | TIME BEGAN 1530 | TIME ENDED

(b)(6)-2 RN | (b)(6)-2 | TIME OPERATION BEGAN 1535 | TIME OPERATION COMPLETED 1545

POST-OPERATIVE DIAGNOSES

Same

(b)(6)-2 | SPONGE COUNT VERIFIED (b)(6)-2

SENT TO LABORATORY FOR EXAMINATION

OPERATION PERFORMED

Dressing change / debridement.

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | PROSTHETIC DEVICES (Lot no.) | DATE OF OPERATION

Less purulent material

SIGNATURE OF SURGEON (b)(6)-2 (b)(6)-2 (b)(6)-2 | DATE 14 Mar 02

(For typed or written entries give: Name - last, first, middle; grade; date, hospital or medical facility) | REGISTER/I.D. NO. | WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.4.1

(b)(6)-2

FIRST ASSISTANT (b)(6)-2

SECOND ASSISTANT

(b)(6)-2

ANESTHETIC General

(b)(6)-2 RN

(b)(6)-2 RD

SCRUB NURSE (b)(6)-2 RD

TIME OPERATION BEGAN 1350

TIME BEGAN: 1340

TIME ENDED: (b)(6)-2

TIME OPERATION COMPLETED 1400

SUTURES (Kind and number) Poly inserted prior to entering OR.

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION u/a

SPONGE COUNT VERIFIED + Sharps / correct

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION 13 Aug 02

Wound Debrided
No new pus pockets found
Pulse Lavage Used
Wound Dressed
Complications - 0

SIGNATURE OF SURGEON (b)(6)-2

RATING LTC MC

DATE 13 Aug 02

Grade, date, hospital or medical facility

NAME - last, first, middle:

REGISTER/I.D. NO.

WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 8-...)
Prescribed by GSA and ICMR, FPMR ...

(b)(6)-2

FIRST ASSISTANT

SECOND ASSISTANT

(b)(6)-2 CRNA

ANESTHETIC General

TIME BEGAN 1622

(b)(6)-2 RN / (b)(6)-2 aID

TIME OPERATION BEGAN 1630

TIME ENDED 1705

TIME OPERATION COMPLETED (b)(6)-2

OPERATIVE DIAGNOSIS (b)(6)-2 aID

(Kind and number) foal inserted prior to entering OR

SPONGE COUNT VERIFIED + Sharps / correct

SPECIMENS FORWARDED TO LABORATORY FOR EXAMINATION (b)(6)-2

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

Wound Debrided pus pockets opened wound pulse lavaged & dressed

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION 12 Aug 02

SIGNATURE OF SURGEON (b)(6)-2 (b)(6)-2 LTC MC

DATE 12 Aug 02

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

(b)(6)-4

REGISTER/I.D. NO.

WARD NO.

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-72)
Prescribed by GSA and ICMR, FPMR (41 CFR) 101-11.4

516-108

MEDICAL RECORD

NSN 7540-00-634-4131

OPERATION REPORT

PREOPERATIVE DIAGNOSIS
S/P GSW

SURGEON		FIRST ASSISTANT	SECOND ASSISTANT
(b)(6)-2			

ANESTHETIST		ANESTHETIC	TIME BEGAN
(b)(6)-2	CRNA	General	1112

CIRCULATING NURSE				TIME OPERATION BEGAN	TIME ENDED / TIME OPERATION COMPLETED
(b)(6)-2	RN	(b)(6)-2	aID	1112	1145

DRAINS *(Kind and number)*
Foley inserted prior to entering O.R.

SPONGE COUNT VERIFIED
correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
Nya

OPERATION PERFORMED

DESCRIPTION OF OPERATION *(Type(s) of suture used, gross findings, etc.)*

PROSTHETIC DEVICES *(Lot no.)*

DATE OF OPERATION
11 Aug 02

Right D Bridel
3 Packets of Pus Found
Wound Irrigated c Pulse
Lavage c
Dressing applied

SIGNATURE OF SURGEON
(b)(6)-2
CTC MC

DATE
11 Aug 02

ed or written entries give: Name - last, first, middle: date; hospital or medical facility)

REGISTER/I.D. NO.

WARD NO

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.606-6

USAPPC V1.00

516-108

NSN 7540-00-634-4139

MEDICAL RECORD

OPERATION REPORT

PREOPERATIVE DIAGNOSES (b)(6)-2 9 Aug 02

S/P BK AKA

SURGEON (b)(6)-2	FIRST ASSISTANT	SECOND ASSISTANT	
(b)(6)-2	ANESTHETIC General		TIME BEGAN 1620 / TIME ENDED 1740
CIRCULATING NURSE (b)(6)-2 RN	SCRUB NURSE (b)(6)-2 91D	TIME OPERATION BEGAN 1632	TIME OPERATION COMPLETED 1730
OPERATIVE DIAGNOSES (b)(6)-2	2 91D		

DRAINS (Kind and number)	SPONGE COUNT VERIFIED
foley inserted prior entering to O.R. + Sharps	/ correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

N/A

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)	PROSTHETIC DEVICES (Lot no.)	DATE OF OPERATION 9 Aug 02

Debridement Right thigh

Wound sharply debrided to viable non infected tissue 6 cm femur removed

Wound irrigated c pulse lavage & closed over lap pads c rubber bands

SIGNATURE OF SURGEON (b)(6)-2	(b)(6)-2	LTC MC	DATE 9 Aug 02
PATIENT'S IDENTIFICATION		entries give: Name - last, first, middle; or medical facility)	REGISTER/I.D. NO. / WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.606-3

USAPPC

516-108 NSN 7540-00-634-4150

MEDICAL RECORD

OPERATION REPORT

PREOPERATIVE DIAGNOSIS
S/P GSW

(b)(6)-2		FIRST ASSISTANT	SECOND ASSISTANT
(b)(6)-2 CRNA		ANESTHETIC General	TIME BEGAN: 1403 TIME ENDED:
(b)(6)-2 RN		(b)(6)-2 RN	TIME OPERATION BEGAN 1415 / TIME OPERATION COMPLETED 1500

OPERATIVE DIAGNOSES

DRAINS (Kind and number) (Delineated prior to Entry & CR staples) / SPONGE COUNT VERIFIED correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
None

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | PROSTHETIC DEVICES (Lot no.) | DATE OF OPERATION

Debrid Right Thigh
Wound Irrigated c Betadine
staples Removed
Pus Noted Alg Fascial Planes
As well As S/c Tissue + skin
All Purulent/Necrotic tissue
Excised Wound Left open
Packed c Betadine Soaked
Lap Pads closed c Rubber
Bands

SIGNATURE OF SURGEON (b)(6)-2 LTC MC | DATE 8 Jul 02

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; Rank; date; hospital or medical facility) (b)(6)-4 | REGISTER/I.D. NO. | WARD NO

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.900-5
USAPPC

516-108

NSN 7540-00-634-4155

MEDICAL RECORD

OPERATION REPORT

PREOPERATIVE DIAGNOSIS

S/P AKA

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
(b)(6)-2		

ANESTHETIST	ANESTHETIC	TIME BEGAN 0955
(b)(6)-2	General	TIME ENDED: 1116

CIRCULATING NURSE	SCRUB NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
(b)(6)-2 RN	(b)(6)-2 BSN	1013	1112

OPERATIVE DIAGNOSES

DRAINS (Kind and number)	SPONGE COUNT VERIFIED
~~Foley inserted~~ prior to entering O.R.	4 sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

n/a

OPERATION PERFORMED

dcons/wound closure @ icg

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)	PROSTHETIC DEVICES (Lot no.)	DATE OF OPERATION
		5aug02

SIGNATURE OF SURGEON	DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER/I.D. NO.	WARD NO.
(b)(6)-4		

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-6

516-108

NSN 7540-00-634-4156

MEDICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS
SIP GSW / AKA (R) leg

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
(b)(6)-2		

ANESTHETIST	ANESTHETIC	TIME BEGAN / TIME ENDED
(b)(6)-2	General	1200 / 1335

CIRCULATING NURSE	SCRUB NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
(b)(6)-2 RN / (b)(6)-2 RN	(b)(6)-2 RN	1200	1327

OPERATIVE DIAGNOSES

DRAINS (Kind and number): Foley inserted prior to entering O.R. | SPONGE COUNT VERIFIED: + sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION: N/A

OPERATION PERFORMED: Modification of AKA

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | PROSTHETIC DEVICES (Lot no.) | DATE OF OPERATION: 3 August

Debrided Right thigh
Patient A/K Amputation c̄ coagulopathy S/P
Prev Saphenous Vein Bypass Graft Now Fr
Debridement Dead muscle All compartments Femer
Findings Dead muscle All Dead
Shorted to Approx Greater Trochanter & All Dead
muscle removed. The Graft had clotted some
Femoral artery was tied above the Graft c̄
2-0 vicryl suture ligature + 2-0 vicryl Free tie.
Hemostasis was achieved & the skin from the
end of the stump was closed c̄
Gain to the end of the stump was closed c̄
2-0 vicryl running fascial suture & skin staples
The end of the stump had traction
applied to the skin c̄ rubber band

SIGNATURE OF SURGEON: (b)(6)-2 LTC MC | DATE: 3 Aug 02

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility) | REGISTER/I.D. NO. | WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-5

516-108

NSN 7540-00-634-4156

MEDICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS

GSW (R) leg

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
(b)(6)-2	(b)(6)-2	—

CIRCULATING NURSE	ANESTHETIC	TIME BEGAN: 1917
(b)(6)-2 CRNA	General	TIME ENDED: 2040

SCRUB NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
(b)(6)-2 RN (b)(6)-2 RN (b)(6)-2 RN (b)(6)-2 RN	1917	2025

OPERATIVE DIAGNOSES

DRAINS (Kind and number)

Foley inserted prior to entering OR.

SPONGE COUNT VERIFIED

Sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

A. (R) leg

OPERATION PERFORMED

AKA

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION 10Aug02

Patient c̄ uncontrolled bleeding from R thigh. Tourniquet applied @ 40 mmHg & emergency Amputation RLE at mid thigh accomplished. Vessels tied c̄ 2-0 chromic suture ligature. Tourniquet removed, thigh repeatedly irrigated c̄ pulse lavage, packed c̄ CAS gauze. Flap fp c̄ #1 Nylon. Patient transferred to ICU in stable condition.

SIGNATURE OF SURGEON (b)(6)-2 LTC MC

DATE 10Aug02

PATIENT'S IDENTIFICATION (If of type of written entry, give name - last, first, middle; grade; date; hospital or medical facility)

REGISTER/I.D. NO.

WARD NO.

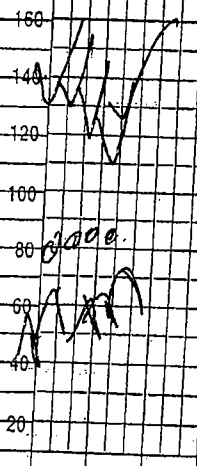
(b)(6)-4

OPERATION REPORT
Medical Record

MEDCOM - 3248

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-5

POSITION / EVENTS	TIME
l / min. O_2	3
l / min N_2O / Air	
% Sevoflurane / Desflurane	1.5%
mg PENT / PROPOF (Lido)	150
mg DTC / SUCC / MIVACR / ROC/RAP	
mg MSO_4 / mcg ml FENT	
mg MIDAZ	



EBL	
Urine	
IV #1	
Incision	
☐ BP R L	EKG SR SR
	$ETCO_2$
☐ Tourniq	SpO_2 99 99
↑	Temp
↓	Resp

Procedure: Dressing Chgs under Anesthesia

Anesthesiologist: (b)(6)-2

Surgeon: (b)(6)-2

Anesth. Start	Anesth. End	Date
1500	1529	15AUG02

ASA 1 (2) 3

Totals

Premed: None

Wt

Allergies: NKDA

PT ID: (b)(6)-2

☐ Verbal ☐ Armband Sig

ATBX: Time:

☐ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA

☐ Stylette ☐ Cuff Tube Size: 8.0

Blade: MAC3 ☐ Cricoid Pres. Easy/Difficult (b)(6)-2 at 21cm

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R

Pt sustained breathing well extubated awake good air exchange to PACU ICW

Crystalloids	Colloids	Total EBL
150	Ø	

Urine: Ø

Diagnosis: S/P AKA

Phase I	128/59	127	20	97		Temp
Phase II						

Patient Identification: (b)(6)-4

ANESTHESIA RECORD

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION

PHYSICAL STATUS

1 2 3 4 5 E

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)

Pt known to use multiple anesthetics

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS

PREOPERATIVE DIAGNOSIS	PREMEDICATION	
	SIGNATURE OF EVALUATING PHYSICIAN	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1996 - 716-994/83312

POSITION / EVENTS	TIME 1530	16	X	Totals
l / min. O_2	6	6		
l / min N_2O / Air				
% Sevoflurane / Desflurane	2	X		
mg PENT / PROPOF (Lido)	100			
mg DTC / SUCC / MIVACR / ROC/RAP	100			
mg MSO_4 / mcg ml FENT	2.5			
mg MIDAZ				

200 180 160 140 120 100 80 60 40 20

EBL				
Urine				
IV #1				
Incision				
☐ BP R L	EKG	SR	SR	SR
	$ETCO_2$		33	
☐ Tourniq	SpO_2	99	99	99
↑	Temp		99	
↓	Resp			

Procedure: Dressing Change

Premeds: None | Wt | Allergies: NKDA

PT ID: ☐ Verbal ☐ Armband Signatur (b)(6)-2

ATBX: _____ TIME: _____

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block ☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA _____

☐ Stylette ☐ Cuff Tube Size: 8.0

Blade: MAC 3 ☐ Cricoid Pres Easy/Difficult

smooth uneventful IV induction

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R

Pt spontaneous breathing well extubated awake good Airway

Crystalloids	Colloids	Total EBL
200	None	Urine

Diagnosis: S/P ARA

Anesthesiologist	Anesth. Start	Anesth. End	Date
(b)(6)-2	1535		14AUG
Surgeon (b)(6)-2 (b)(6)-2	ASA 1 2 3		

	BP	P	R	O_2Sat	Temp
Phase I	138/68	79	20	100	
Phase II					

(b)(3)-1

(b)(3)-1

Patient Identification: (b)(6)-4

Afganistan

ANESTHESIA RECORD

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 E		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)

Chart Reviewed
Pt
examined

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1996 - 716-994/83312

POSITION / EVENTS	TIME 1330	14	15	16	Totals
l / min. O_2	6	1			
l / min N_2O / Air		2			
% Sevoflurane / Desflurane	2				
mg PENT / PROPOF (Lido)	140				
mg DTC / SUCC / MIVACR / ROC/RAP	100				
mg MSO / mcg/ml FENT					
mg MIDAZ	1				
Ketamine	10				
Morphine		5			
Reglan		10			
200					
180					
160					
140					
120					
100					
80					
60					
40					
20					
EBL					
Urine					
IV #1	1000				
Incision					
BP R L	EKG SR	SR	SR	SR	
	ETCO₂ 32	33	33		
Tourniq	SpO₂ 99	99	99	99	
↑	Temp	98	98	99	
↓	Resp	0	0	0	

Premeds: None

Wt:

Allergies: NKDA

PT ID: ☐ Verbal ☑ Armband Signature: (b)(6)-2

ATBX: _____ TIME: _____

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block ☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA _____

☐ Stylette ☐ Cuff Tube Size: 8.0

Blade: MAC 4 ☐ Cricoid Pres. Easy/Difficult

smooth uneventful IV intact

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R

Pt spontaneous breathing well extubated awake good Air exchange to PACU

Procedure: Irrigation Debridement (R) AKA

Anesthesiologist: (b)(6)-2

Anesth. Start: 1335 Anesth. End: 1420 Date: 13AUG02

ASA 1 2 3

Surgeon: (b)(6)-2 (b)(6)-2

Crystalloids: 400 Colloids: 0 Total EBL: 0 Urine

Diagnosis: S/P Amputation (R) AKA

	BP	P	R	O₂Sat	Temp
Phase I	124/71	113		96	
Phase II					

(b)(3)-1

(b)(3)-1

Patient Identification

(b)(6)-4

Afganistan

ANESTHESIA RECORD

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 E		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY? Pt	HGB ..... RBC ..... HCT ..... OTHER Known to us	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT) VV stable to ICU I	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS

PREOPERATIVE DIAGNOSIS	PREMEDICATION	
	SIGNATURE OF EVALUATING PHYSICIAN	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1996 - 716-994/83313

1630 - 1700

POSITION / EVENTS	TIME			Totals
l / min. O_2	6	1.5		
l / min ~~N_2O~~ / Air		1.5		
% Sevoflurane / Desflurane		2		
mg PENT / PROPOF (Lido)		100		
mg DTC / SUCC / MIVACR / ROC/RAP				
mg MSO_4 / mcg/ml FENT				
mg MIDAZ				
Ketamine mg		50		
200				
180				
160				
140				
120				
100				
80				
60				
40				
20	SV	SV	SV	
V/T L/MIN	5	4	6	
EBL				
Urine				
IV #1 RL				
Incision				
☒ BP R L				
EKG	SR	SR	SR	
$ETCO_2$	36	42		
☐ Tourniq SpO_2	98	98	98	
↑ Temp				
↓ Resp	SV	SV	SV	

(b)(6)-2

Premeds

Wt

Allergies: NKA

PT ID (b)(6)-2

☐ Verbal ☐ Armband

ATBX: See Chart TIME:

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA

☐ Stylette ☐ Cuff Tube Size:

Blade: ☐ Cricoid Pres. Easy/Difficult

LMA #5 E 25cc Air + ETCO2 BCBS

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R

1630 NIMS on PMC - O2 IV induction, LMA #5 ↓ good seal, Trendel 8.5 fr CVC R IJ P. betadine prep x 3, inadvertent carotid stick, RIJ found transducer, seldinger technique sutured in place. old RSA CVC D/C'd 5 problem

16 FCU #2 P VSS

Procedure: I+D dressing Δ

Crystalloids	Colloids	Total EBL
600		0
		Urine 0

Diagnosis: (R) AKA G/PGSW

Anesthesiologist	Anesth. Start	Anesth. End	Date
(b)(6)-2 CPT/NC	1630	1705	12 Aug 02
	ASA 1 2 3		

Surgeon (b)(6)-2 LTC MC

	BP	P	R	O_2Sat	Temp
Phase I	126/75	115	22	98	
Phase II					

(b)(3)-1

(b)(3)-1

Afganistan

Patient Identification (b)(6)-2 / A+ O

(b)(6)-4

ANESTHESIA RECORD

MEDCOM - 3255

1100 · 30 · 1200

POSITION / EVENTS | TIME | Totals

O2 / Air

Sevoflurane / Desflurane

mg PENT / PROPOF (Lido)

mg DTC / SUCC / MIVACR / ROC/RAP

mg MSO4 / mcg ml FENT

mg MIDAZ

Premeds: No

Allergies: NKA

PT ID: (b)(6)-2

☐ Verbal ☐ Airecane

ATBX _____ TIME _____

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask

Intubation ☒ Oral ☐ Nasal RAE

☐ Stylette ☒ Cuff Tube Size 8

Blade Mac 4 ☐ Cricoid Pres

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Lower Plate

Arms Board L R Tucked L R Padded <90°

200 180 160 140 120 100 80 60 40 20

1107 NIMS on, PMC-O2 IV induction, easy intubation + ET CO2 BBS R/L P.A.P.

(b)(6)-4 PRBC ↑ in ICW

No problems.

1152 SV, returned reflexes (+) Extubated to ICW.

5 mg morphine left in ICW RN — O. (b)(6)-2 CRNA/MC

SV NR

540/36 400/18

EBL

Urine

IV #1 NSS 400

Transfusion PRBC 250

☒ BP ☒ ☒

☐ Tourniq

EKG	SR	SR	SR	SR	SR	
ETCO2		36	25	29	36	
SpO2	99	100	99	98	100	
Temp		101				
Resp	SV	SV	SV	SV	SV	

Procedure: Debridement Right leg stump

Blood Loss: 400 | Urine: 250 | Tot. Eff.: _____

Diagnosis: (R) AKA

Anesthesiologist (b)(6)-2 CRNA MC

Anesth. Start 1107 | Anesth. End 1158 | Date 11 Aug 02

ASA 1 (2) 3

Phase I BP 114/76 P 110 R 19 O2Sat 99% on RA

Phase II

Surgeon Dr. (b)(6)-2 LTC MC

(b)(3)-1

(b)(3)-1

Patient Identification

(b)(6)-4

Afganistan

ANESTHESIA RECORD

POSITION / EVENTS	TIME	1615	1645		18			Totals
l / min.	O_2	3	1.5	1.5	8			
l / min	N_2O / Air	3	1.5	1.5	X			
% Sevoflurane / Desflurane	ISO	2	1.5	0.8	X			
mg PENT / PROPOF (Ldd)		180						
mg DTC / SUCC / MIVACR / ROC/RAP		140						
mg MSO / meg ml FENT		2						
mg MIDAZ								
lasix				5				
Morphine			1111					
200								
180								
160								
140								
120								
100								
80								
60								
40								
20								
EBL								
Urine		NS 1000		LR				
IV #1	LR 1000			1000				
Incision								
☒ BP (R) L	EKG	SR	SR	SR	SR	SR	SR	SR
	ETCO$_2$		32	36	37	37	38	30
☐ Tourniq	SpO$_2$	98	99	99	99	99	99	99
↑	Temp		99	102	102	102	102	102
↓	Resp	O	X	X	X	O	X	O

Premeds: None

Wt:

Allergies: NKDA

PT ID: (b)(6)-2

☐ Verbal ☐ Armband

ATBX: TIME:

☐ GA. INHA ☒ GA. IV ☐ MAC ☐ Bier Block
☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA

☒ Stylette ☒ Cuff Tube Size: 8.0 BSEnt

Blade: ☐ Cricoid Pres Easy/Difficult 2 icu

Smooth uneventful induction

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded

Acute Blood loss T&C sent for PRBCs.

B/L rales given lasix

Pt successful breathing well extubated and have good Air exchange to ICW.

Procedure: Irrigation Debridement Revision of Stump.

Crystalloids	Colloids	Total
1700	Ø	400
		Urine 700

Diagnosis: S/P Amputation (R) AKA Infection.

Anesthesiologist	(b)(6)-2	Anesth. Start	Anesth. End	Date
		1615	1750	9AUG02
		ASA 1 2 3		

Surgeon: (b)(6)-2

	BP	P	R	O2 Sat	Temp
Phase I	101/52	140	20	99	
Phase II					

(b)(3)-1

(b)(3)-1

Patient Identification: (b)(6)-4

Afganistan

ANESTHESIA RECORD

POSITION / EVENTS	TIME									Totals
	1400	15	30	45	1500	15	30	45		
l / min. O2	6	1								
l / min N2O / Air		1								
% Sevoflurane / Desflurane		2		2.2		1				
mg PENT / PROPOF (Ido)		150								
mg DTC / SUCC / MIVACR / ROC/RAP		100								
mg MSO / mcg ml FENT		1	1.5	1.5						
mg MIDAZ										
Phenylephr mg				40						
200										
180										
160										
140										
120										
100										
80										
60										
40										
20										
TV mL PIP	760/9/23									
ESL										
Urine										
IV #1										
Incision										
☐ BP R L EKG	SR	SR	SR	SR	SR	SR	SR			
ETCO2		30	36	40	35	35				
☐ Tourniq SpO2	98	97	97	98	98	99	99			
↑ Temp										
↓ Resp	16	9	9	19	9	SV				

Premeds: Valium 7.5mg IV; Ketamine 20mg IV

Wt: 160 lbs

Allergies: NKA

PT ID: ☐ Verbal ☐ Armband Sig: (b)(6)-2

ATBX: See Chart TIME:

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block
☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☒ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☒ Oral ☐ Nasal RAE R L ☐ LMA

☐ Stylette ☒ Cuff Tube Size: 7

Blade: #4 MAC ☒ Cricoid Pres. Easy/Difficult

+ETCO2 BLBS

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R

<90°

1402 - NIMS on, Pre-O2 mask smooth IV induction, easy intubation, all P.P.

Hgb 9.1

Pt spontaneous breathing well extubated & awake alert good Air exchange & CW

Procedure

Crystalloids	Colloids	Total EBL	Urine
LL	0	300	

Diagnosis: Right leg Amputation traumatic

Anesthesiologist	Anesth. Start	Anesth. End	Date
(b)(6)-2 CRE/NE	1402	1520	8 Aug 02
(b)(6)-2 MD	ASA 1 2 3		

Surgeon

	BP	P	R	ETCO2	Temp
Phase I	100/60	140	20	40	
Phase II					

(b)(3)-1

(b)(3)-1

Afganistan

Patient Identification

(b)(6)-4

ANESTHESIA RECORD

POSITION / EVENTS	TIME 0930	10	X	11	X	12	Totals
l / min. O₂	3	2		2			
l / min N₂O / Air							
% Sevoflurane / Desflurane ISO	3	1.5		1.0		.8	
mg PENT / PROPOF (Lido)	180						
mg DTC / SUCC / MIVACR / ROC/RAP	120						
mg MSO₄ / mcg FENT	2						
mg MIDAZ							
Toradol		30					

Premeds: None | Wt | Allergies: NKDA

PT ID: (b)(6)-2

☒ Verbal ☐ Armband Signature

ATBX: TIME:

☒ GA, INHA ☐ GA, IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA

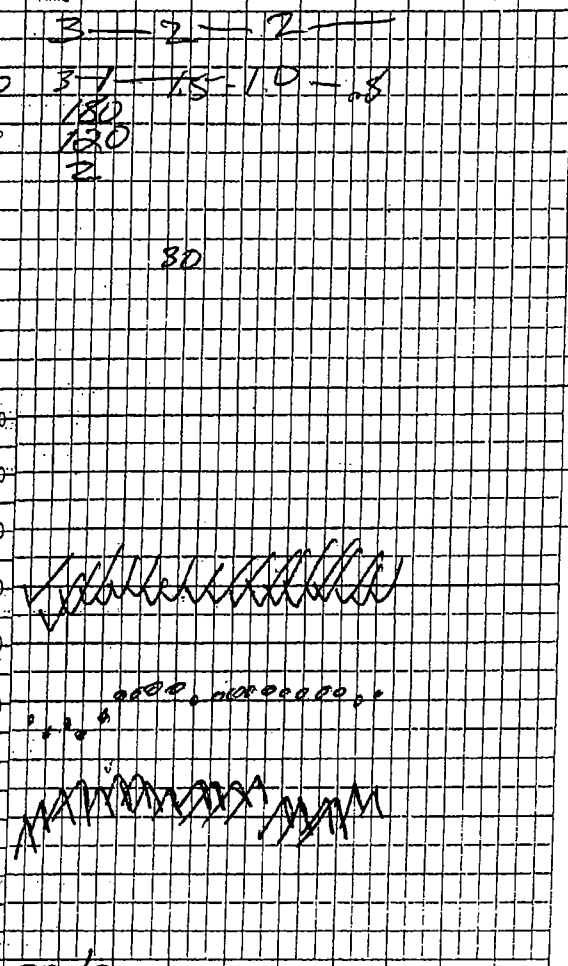
☐ Stylette ☐ Cuff Tube Size: 8.0 BS Cut 21cm

Blade: MAC 4 ☐ Cricoid Pres. Easy/Difficult

Smooth uneventful IV induction

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R



Pt supported breathing well extubated awake good Air exchange to PACU

IV/PIP	700/21							
EBL								
Urine								
IV #1	LR1000							
Incision								
☒ BP R L	EKG	SR	SR	SR	SR	SR	SR	SR
	ETCO₂		30	31	33	37	38	35
☐ Tourniq	SpO₂	100	100	100	100	100	100	100
↑	Temp		98	98	99	99	99	99
↓	Resp	SV	S	S	SV	SV	SV	SV

Procedure: Irrigation Debridement Closure Revision of Stump

Crystalloids: 1200 | Colloids: Ø | Total: 150 | Urine:

Diagnosis: S/P Amputation (R) leg

Anesthesiologist: (b)(6)-2

Anesth. Start: 0935 | Anesth. End: 1120 | Date: 5AUG02

ASA 1 2 3

Phase I: BP 130/80 P 100 R 20 O₂ Sat 11 Temp

Phase II:

Surgeon: (b)(6)-2

(b)(3)-1

(b)(3)-1

Patient Identification

(b)(6)-4

Afganistan

ANESTHESIA RECORD

POSITION / EVENTS	TIME 12	x	13	x	14	Totals
l / min. O₂	4 — 4					
l / min N₂O / Air						
% Sevoflurane / Desflurane Iso	1 — 1.5 - 2.5 — 1.0					
mg PENT / PROPOF (Lido)	180					
mg DTC / SUCC / MIVACR / ROCRAP	40					
mg MSO₄ / mcg/ml FENT						
mg MIDAZ						
Morphine	5		5			
200						
180						
160						
140						
120						
100						
80						
60						
40						
20						
EBL		300	100			
Urine						
IV #1 LR1000						
Incision						
☒ BP (R) L / EKG	SR	SR	SR	SR	SR	SR
ETCO₂		37	36	30	32	32
☐ Tourniq / SpO₂	99	98	99	98	96	97 97
↑ Temp		99	99	99	101	
↓ Resp						

Procedure: Debridement Revision of Stump.

Premeds: None

Wt:

Allergies: NKDA

PT ID: (b)(6)-2

☐ Verbal ☒ Armband Sign

ATBX: Ancef 2 TIME: 1150

☒ GA. INHA ☐ GA IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☒ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☒ Oral ☐ Nasal RAE R L ☐ LMA

☐ Stylette ☐ Cuff Tube Size: MACS x 1 8.0

Blade: ☐ Cricoid Pres. Easy/Difficult

BSE at 21 cm

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect

Arms Board (L) (R) Tucked L R Padded (L) (R)

Pt sweet toned Breathing well extubated awake good Air exchange to PACU

Crystalloids	Colloids	Total EBL
2200	Ø	400
		Urine 400

Diagnosis: S/P Amputation (R) leg AKA

	BP	P	R	O₂ Sat	Temp
Phase I	132/82	102	20	94	
Phase II					

Anesthesiologist: (b)(6)-2

Anesth. Start	Anesth. End	Date
1155	1345	3AUG02

ASA (2) 3

Surgeon: (b)(6)-2

(b)(3)-1

(b)(3)-1

Patient Identification: (b)(6)-4

Afganistan

ANESTHESIA RECORD

POSITION / EVENTS	TIME 1930	2000	2030	2100
l / min. O₂	9	2	9	
l / min N₂O (Air)	8		7	
% Sevoflurane / Desflurane (USE)	6	5	9	18
mg PENT / ~~PROPOF~~ (Lido)				50
mg DTC / SUCC / MIVACR / ROCRAC				10
mg MSO₄ / mcg ml FENT	150	100		
mg MIDAZ				
KCL 20 mEq				

Totals

Premeds | Wt | Allergies

(b)(6)-2

PT ID (b)(6)-2

☐ Verbal ☐ Armband Signature

ATBX: _____ TIME: _____

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Oral

Intubation ☐ Oral ☐ Nasal RAE ☐ ☐ LMA

☐ Stylette ☐ Cuff Tube Size: _____

Blade: _____ ☐ Cricoid Pres. Easy/Difficult

Pre intubated

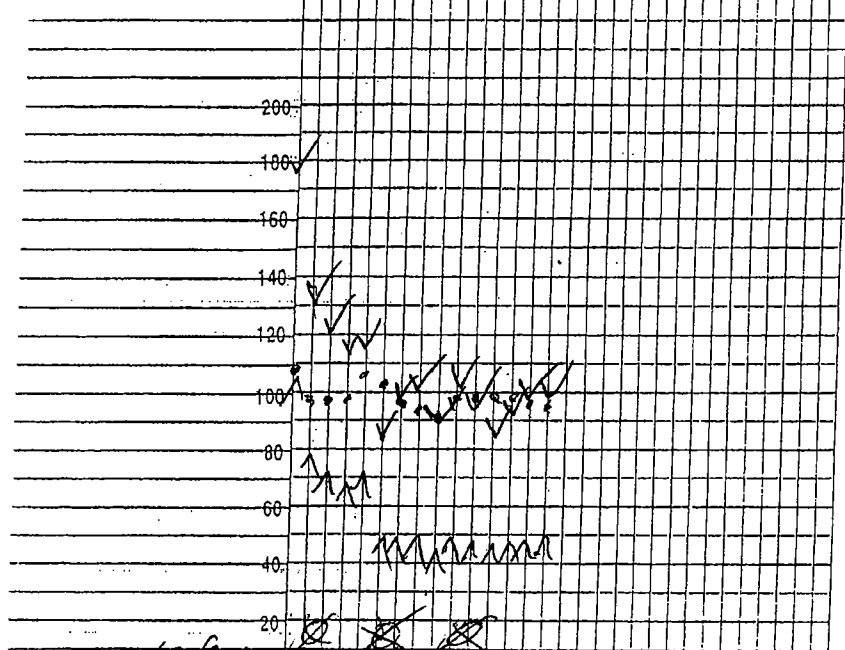
Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board (L) (R) Tucked L R Padded L R

1930 FFP #5226331 250 cc

K 2.7 Hct 40

2030 PRBC 117 5009



VT ~~P~~ 10

	1930	2000	2030	2100
EBL				
Urine				
IV #1				
Incision				
BP (L) arm				
EKG	ST	SR	SR	SR
ETCO₂		30	30	30
SpO₂		100	100	100
Temp				
Resp		9	9	9

incision 1927

300 PRBC

Procedure: Syllo-lipe (R) AK amputation (R) leg exploration of stump wound ligature of bleeders

Crystalloids	Colloids	Total EBL
2000	250	

Urine

Diagnosis: G-SW Multiple Uncontrolled bleeding (R) Leg

Anesthesiologist		Anesth. Start	Anesth. End	Date
(b)(6)-2 (b)(6)-2 (b)(6)-2	(b)(6)-2	1915	2040	31 May 02
		ASA 1 2 3		

Surgeon (b)(6)-2

(b)(3)-1

(b)(3)-1

	BP	P	R	O₂Sat	Temp
Phase I					
Phase II					

Patient Identification

Pt (b)(6)-4

Afganistan

ANESTHESIA RECORD

Standard Form 517

CLINICAL RECORD — ANESTHESIA

1215 X 15 X 14 X 13 X

ANESTHETIC(S) — HOUR

Forane — .3 .5 .6

γ ETOMIDATE 20 100

γ Sux

γ Norcuron

ml Fentanyl (4 2 3 1 5 ml) 1 2 2

Neosyn 100mg/ml 1/1

OXYGEN 15 1/1

CO2 ABSORB.

ETCO2 37 26 30 30 29 28 28 29 27 28 28 28 29 29

EKG S S S S S S S S S S S S S S

SYST 100 100 100 100 100 100 100 100 100 100 100 100 100 100

ANALGES. Ancef 2G IVPB 1225-1235

INDUCTION

SATIS

UNSATIS AND WHY

REMARKS

1310 Clsmgd

Heparin 5K IVPB 1358

1515 HH 4/12

CODE

● PULSE

○ RESP.

V B.P.

X ANES.

⊙ OPER.

T TOURN.

220 200 180 160 140 120 100 80 60 40 20

FLUIDS

B BLOOD

R SALINE

D5W

DX EXPAND

S/C

NUMBERS FOR REMARKS

Albumin (X 50ml) (50

Whole Blood #1 #2 #3 X #4 #5

IV FLUIDS 1000/2000/3000/4000/5000 7000

POSITION Supine

(b)(6)-2 CHART

RS

ENDOTRACHEAL: SIZE 8.0 BLADE Miller ORO NASO INHET PACK

REMARKS: RS/Cricoid, Cords visible ETTOL = 385 ETPO 850 Dentition Intact. Lscrib be OG

RECOVERY

REFLEX IN O.R.

EMESIS

ASPIR.

EXCITEMENT

HYPOTENSION

OTHERS

OPERATION PERFORMED

Exploratory Laparotomy

Splenectomy, Fasciotomy (B)

over leg, Skin Graft (R)

Femoral Artery, Donor (L)

Removal

TOTAL FLUIDS

Whole Blood 2 units

Crystalloid ml

Hespan 500 ml

Albumin 100 ml

EBL

NAME(S) OF SURGEON(S)

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

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

1154 mt Male HC

REGISTER NO. WARD NO. DATE 31 Aug 2002

Pg 1 of 2

ANESTHESIA

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS FIRMR (41 CFR) 201-45.505 OCTOBER 1975 517-111-01

MEDCOM - 3262

Standard Form 517

(b)(6)-4

CLINICAL RECORD — ANESTHESIA

1545 18 · X · 17 · X · 18 · X · 19

ANESTHETIC(S)

Forane
Neosyn 100mg/ml
Norcuron
Fentanyl
Versed
morphine

HOUR

INDUCTION

SATIS

UNSATIS AND WHY

L/MIN OXYGEN 5

ETCO2 CO2 ABSORP. 30 30 30 30

ERS

SATIONS OF ARTERIES 100 100 100 100

REMARKS

1620 H/H 7/22

1645 Report to Medicine Made ET secure. controlled cont. USS NAME

CODE

PULSE

RESP.

B.P.

ANES.

OPER.

TOURN.

220 200 180 160 140 120 100 80 60 40 20

FLUIDS

BLOOD

SALINE

D5W

DX EXPAND

NUMBERS FOR REMARKS

PRBCs
Whole Blood
Albumin
Cryoprecipitate

HC/HG HC/HG

IV FLUIDS

POSITION

AGENTS AND TECHNICS

Totals:
Albumin 100 ml
Whole Blood 8 units
PRBCs 1 unit
Cryoprecipitate 10 units
Hespan 500 ml
Versed 10 mg
Fentanyl 5 ml
Morphine 10 mg
EBL 6000 ml
U/O 900 ml

ENDOTRACHEAL: SIZE ..... BLADE ..... ORO ..... NASO ..... CUFF ..... PACK .....

REMARKS:

RECOVERY

REFLEX IN O.R. .....

EMESIS .....

ASPIR. .....

EXCITEMENT .....

HYPOTENSION .....

OTHERS .....

OPERATION PERFORMED

See Page 1 of 2

TOTAL FLUIDS

NAME(S) OF SURGEON(S)

Signature of Anesthetist

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

Trauma Mylette

REGISTER NO.

WARD NO.

DATE

Page 2 of 2

ANESTHESIA

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
Under (41 CFR) 201-45.505
OCTOBER 1975

MEDCOM - 3264

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 8-9-02

DATE AND HOUR REQUIRED 1652

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE AKA Revision

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

SIGNATURE OF VERIFIER

DATE VERIFIED 9 Aug 02

TIME VERIFIED 1700

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR

ABO O

Rh Pos

RECIPIENT

ABO O

Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK:

[ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 91KMY

SECTION III – RECORD OF TRANSFUSION

(b)(6)-4

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2 (b)(6)-2

AT *(Hour)* 8-11-02 ON *(Date)* 1035 91KMY

IDENTIFICATION

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

1st VERIFIER (b)(6)-2

2nd VERIFIER *(Signature)* (b)(6)-2 91W3M6

TEMP. 99.6 PULSE 110 BP 140/72

DATE OF TRANSFUSION

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME DATE COMPLETED INTERRUPTED

REACTION [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER ____

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

[ ] NO [ ] YES *(Specify)*

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

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

WARD

(b)(6)-4

pt #

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* ~~1000~~ 450 ML

REMARKS:

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

- [x] ~~TYPE AND SCREEN~~ (b)(6)-2
- [x] CROSSMATCH

DATE REQUESTED 9 Aug 02

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF: (b)(6)-2

RhIG TREATMENT? DATE ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2 LTC

SIGNATURE OF OPERATIVE PROCEDURE

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

SIGNATURE OF VERIFIER

DATE VERIFIED 8-9-02

TIME VERIFIED 2100

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp.

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2 91KM4

AT *(Hour)* 0900 ON *(Date)* 8-11-02

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2

2nd VERIFIER *(Signature)* (b)(6)-2 91W3M6

TEMP. 100.4 PULSE 110 BP 147/84

DATE OF TRANSFUSION 11 Aug 02

TIME STARTED 0915

POST-TRANSFUSION DATA

(b)(6)-4

AMOUNT GIVEN 450 ML

TIME DATE COMPLETED 1030 11 Aug 02

INTERRUPTED

REACTION

- [x] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

SEX MALE

WARD CCU

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH (x3)

DATE REQUESTED: 9AUG02

DATE AND HOUR REQUIRED: 1602

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: OKC Revision

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

SIGNATURE: (b)(6)-2

DATE: (b)(6)-2 9AUG02

TIME VERIFIED: 1700

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.: (b)(6)-4

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS:

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY: (b)(6)-2

AT *(Hour)*: 1832 ON *(Date)*: 8-9-02

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2

2nd (b)(6)-2 *(Signature)*: (b)(6)-2

PRE-TRANSFUSION

TEMP. 120 PULSE 150 BP 80/40

DATE OF TRANSFUSION: 9AUG02 TIME STARTED: 1850

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 UNIT ML

TIME COMPLETED: 1900 DATE: 9 AUG 02 INTERRUPTED

REACTION

- [x] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2

CPT, AN

WARD

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-66)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 8-9-02

DATE AND HOUR REQUIRED: 1652

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: AKA Revision

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

SIGNATURE OF VERIFIER: (b)(6)-2

DATE VERIFIED: 9 Aug 02

TIME VERIFIED: 1700

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.: (b)(6)-4

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

AT *(Hour)*: 1832 ON *(Date)*: 8-9-02

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2

2nd VERIFIER *(Signature)*: (b)(6)-2

PRE-TRANSFUSION

TEMP. 102 PULSE 150 BP 80/40

DATE OF TRANSFUSION: 9AUG02 TIME STARTED: 1840

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 UNIT ML

TIME DATE COMPLETED: 1830 @ 9 AUG 02 INTERRUPTED

REACTION: [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

SEX | WARD

Pt # (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 8-3-02

DATE AND HOUR REQUIRED 8-3-02

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)* maj (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

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

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

DONOR

ABO O

Rh POS

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN n/A

CROSSMATCH Comp.

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 91km4

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2 91km4

AT *(Hour)* 8-4-02 ON *(Date)* 0500

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2 1LT ANL

2nd VERIFIER *(Signature)* (b)(6)-2 RW 1LT

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION 8-4-02

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED INTERRUPTED

REACTION [ ] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER ____

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

[ ] NO [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

SEX M

WARD ICU#1

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

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

VOLUME REQUESTED (If applicable): 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 8-3-02

DATE AND HOUR REQUIRED: 8-3-02

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print): Maj. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: R leg amputation

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

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.: # (b)(6)-4

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMP.

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

DATE: 91KM4

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature): (b)(6)-2 91KM4

AT (Hour): 0130 ON (Date): 8/4/02

IDENTIFICATION

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

1st VERIFIER (Signature): (b)(6)-2 RT ANK

2nd VERIFIER (Signature): (b)(6)-2 RN, RT

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION: 8-4-02

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN _____ ML

TIME DATE COMPLETED INTERRUPTED

REACTION [ ] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

[ ] NO [ ] YES (Specify) _____

SIGNATURE OF PERSON NOTING ABOVE

PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

(b)(6)-4

SEX: M

WARD: ICU #1

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

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

VOLUME REQUESTED (If applicable): 1 unit ML

REMARKS:

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

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

DATE REQUESTED: 8-1-02

DATE AND HOUR REQUIRED: 8-1-02

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify):

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print): MAJ (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Gunshot Wound RLE BKA

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

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

DATE: 91Km4

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature): (b)(6)-2

AT (Hour) / ON (Date): 91Km4

IDENTIFICATION

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

(b)(6)-2 91C3/0

2nd VERIFIER (Signature): (b)(6)-2

PRE-TRANSFUSION

TEMP. 100.4 PULSE 112 BP 140/58

DATE OF TRANSFUSION: 03 Aug 02

TIME STARTED: 1830

PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entry NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

(b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 500 ML

TIME DATE COMPLETED: 2100 3 Aug 02 INTERRUPTED

REACTION: [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

[x] NO [ ] YES (Specify) _____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2

WARD: OR/EMT

M

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS:

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

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 8-1-02

DATE AND HOUR REQUIRED: 8-1-02

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: maj. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Gunshot wound (R) leg BKA

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

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.: # (b)(6)-4

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2 91KM4

DATE

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2 91KM4

AT *(Hour)*: 1255pm ON *(Date)*: 8-2-02

IDENTIFICATION:

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

1st VERIFIER *(Signature)*: (b)(6)-2 91C4D

2nd VERIFIER *(Signature)*: (b)(6)-2 CPT An

PRE-TRANSFUSION

TEMP. 101 PULSE 147 BP 118/72

DATE OF TRANSFUSION: 2 Aug 02 TIME STARTED: 1505

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entry)*
NAME - Last, first, middle; rank/rate; hospital number and name of facility.

(b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 500 ML

TIME DATE COMPLETED: 1500 2 Aug 02 INTERRUPTED

REACTION: [X] NONE [ ] SUSPECTED

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

DESCRIPTION: [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN [ ] OTHER ____

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

SIGN: (b)(6)-2 (b)(6)-2 CPT Aa

(b)(6)-2

SEX: M WARD: OR/EMT

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 2 Aug 02

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2 MAJ MC

DIAGNOSIS OR OPERATIVE PROCEDURE

Multiple GSW

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

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 5

(b)(6)-4

ABO B

Rh POS

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

RECIPIENT

ABO B

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 91km4

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INDICATED AND ISSUED BY (Signature) (b)(6)-2 91km4

AT *(Hour)* 12:10 pm ON *(Date)* 8-2-02

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2 ILTANC

(b)(6)-2

(b)(6)-2 CPTAN

PRE-TRANSFUSION

TEMP. 100.2 PULSE 104 BP 120/73

DATE OF TRANSFUSION 2 Aug 02

TIME STARTED 1215

POST-TRANSFUSION DATA

AMOUNT GIVEN 500 ML

TIME/DATE COMPLETED/INTERRUPTED 02 Aug 02 1400

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE

PULSE

BLOOD PRESSURE

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

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

[X] NONE

SIGNATURE (b)(6)-2

(b)(6)-2 CPT AN

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name, [illegible] rank; rate; hospital or medical facility) (b)(6)-2

SEX M

WARD ICU #1

200 (b)(6)-4 ICU #1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 3273

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

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

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

DATE REQUESTED 8-1-02

DATE AND HOUR REQUIRED 8-1-02

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)* Maj (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Gunshot wound (R) leg BKA

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

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

DONOR

ABO O1

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 911cm4

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2

AT *(Hour)* 2016 ON *(Date)* 8-1-02

IDENTIFICATION:

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

1st VERIFIER *(Signature)* (b)(6)-2

2nd VERIFIER *(Signature)* (b)(6)-2

PRE-TRANSFUSION

TEMP. PULSE ~~101/73~~ BP 101/49

DATE OF TRANSFUSION 01 aug 02 TIME STARTED 2020

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML TIME DATE 2040 01 aug 02 COMPLETED INTERRUPTED

REACTION [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER ____

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

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

SIGNATURE OF PERSON (b)(6)-2

M EMT/OR

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 8-1-02

DATE AND HOUR REQUIRED: ASAP

REQUESTING PHYSICIAN *(Print)*: MAS (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

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

VOLUME REQUESTED *(If applicable)* ____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 9 Aug 02

DONOR

ABO: AB

Rh: Neg

RECIPIENT

ABO: Unknown

Rh:

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2

AT *(Hour)* 1930 ON *(Date)* 8-1-02

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2

2nd VERIFIER *(Signature)* (b)(6)-2

PRE-TRANSFUSION

TEMP. PULSE 78 BP 120/70

DATE OF TRANSFUSION: 01 Aug 02

TIME STARTED: 1950

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME DATE COMPLETED: 1940 01 Aug 02 INTERRUPTED

REACTION

- [x] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

SEX

WARD

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

- [x] ~~TYPE AND SCREEN~~ (b)(6)-2
- [x] CROSSMATCH

REQUESTING PHYSICIAN *(Print)* DR (b)(6)-2 LC

DIAGNOSIS OR OPERATIVE PROCEDURE

DATE REQUESTED 9 Aug 02

DATE AND HOUR REQUIRED

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

VOLUME REQUESTED *(If applicable)* 4 Units ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? ____

DATE VERIFIED 8-9-02

TIME VERIFIED 2100

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2

AT *(Hour)* 0815 ON *(Date)* 1 Aug 02

IDENTIFICATION

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

(b)(6)-2

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME DATE COMPLETED INTERRUPTED 10 Aug 02 @ 0945

REACTION [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER _____

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

[ ] NO [x] YES *(Specify)* 2 clotting in bag

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 RT, AN

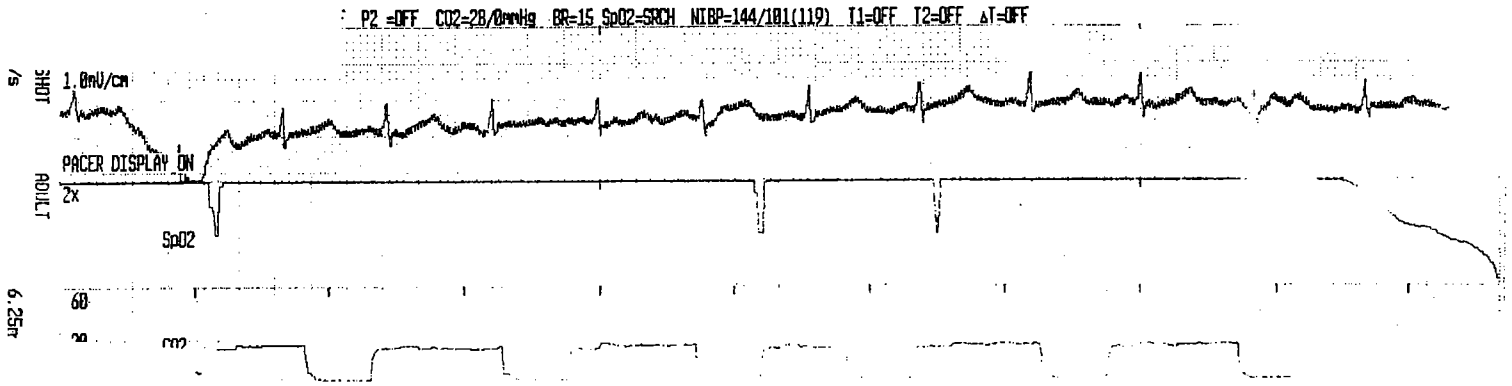
PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.)* (b)(6)-2

SEX MALE WARD CCU

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY


P2 =OFF CO2=28/0mmHg RR=15 SpO2=SRCH NIBP=144/101(119) T1=OFF T2=OFF ΔT=OFF
1.0mV/cm
PACER DISPLAY ON
2x
SpO2
60
CO2

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

NURSING UNIT	ROOM NO.	BED NO.

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

19Aug02 0930
1. D/c Elavil
2. Haldol 1 mg po q12 hrs regularly
3. D/c Percocet
4. Tylenol #3 1 po q4 hrs PRN Pain

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

19Aug02 0945
1. D/C IV.

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

20Aug02 0930
1. Transfer to Defiance Center today
2. Continue Daily Dressing Changes

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

20Aug02 0930
1. Haldol 2x daily in pm
2. Motrin 800 TID PRN

(b)(6)-2

FORM 1 APR 79 4256 REPLACES EDITION OF

MEDCOM - 3278

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		8

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

17Aug02 ① D/c Demerol
0930 ② Percocet ∓ PO
& 4 hrs PAN Pain

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

17Aug02 ① Moisten Dressings
1235 ∓ ½ strength DAKIN'S
Solution (Dilute 50/50
∓ Sterile Saline or
Water). Keep
Dressings Moist

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER ____ HOURS

18Aug02 ① Infuse Plus KM 0810

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		8

DATE OF ORDER | TIME OF ORDER ____ HOURS

AJV NS ⇒ LR(5R) VO Dr

(b)(6)-2

18Aug02 ① Once A Day
0930 Dressings
② Order more ½ strength
DAKIN'S Solution
③ Plan Transfer tomorrow

(b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 ... SEE ...

(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

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

15Aug02 Postop Orders
1530 ① Resume High Protein Diet
② Do not make NPO @ 2400 hrs
③ Will change c̄ Ketamine @ Bed side

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

④ NPO @ 0300 Tomorrow
⑤ Resume Prem Pre op Orders

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 16AUG02 | TIME OF ORDER 1700 HOURS

Dressing Change with Dry gauze at Bedside Daily

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

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

17Aug02 ① BID Dressing change
0920 Irrigate c̄ Saline
Put Kerlex/ABD in wound
Wrap c̄ Kerlex &
Use Stockinette
② Culture Wound c̄ Next
Dressing change

(b)(6)-2

FORM 1 APR 79 4256 REPLACES EDITION OF 1 ... USED.

MEDCOM - 3280

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

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

13 Apr 02
1415

Post op Orders
1. High Protein Diet
2. NPO P 2400 hrs
3. Foley Removal 1400
st CAP if unable to void By 2200 hrs
4. Hold Tramadol PRN

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

5. Phenergan 25 mg IV q4hs PRN
6. Elavil 50 mg po qhs PRN
7. Celacet po qD RS
8. IV NS @ 125 cc/hr
9. Dulcolax Supp qS Today

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

10. Demerol 25 mg IV q3hs PRN pain
11. Toradol 30 mg IV q4hs PRN x 3 Doses total
12. Finish LR then Switch to NS Rate 125 cc/hr

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME _____

(b)(6)-2

NAME 02
Resume meds orders
NPO P 2AM

(b)(6)-2

(b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF

MEDCOM - 3281

D.

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

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
12Aug02	1700 HOURS	
	Post op Orders	
	① High Protein Diet	
	② NPO p 2400 hrs Fri or 13Aug	
	③ Haldol 5mg PO TID prn	
	④ Demerol 25mg IV Q3hrs prn pain	
	⑤ Phenergan 25mg IV Q4hrs prn N/V	
	⑥ Elavil 50mg po qhs prn	
	⑦ Colace 100 po QD	
	⑧ IV NS @ 125cc/hr	
	⑨ Change/Reinforce Dressing as needed	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
12Aug02	1710 HOURS	
	Chest Xrg today R/O pneumothorax	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
12Aug02	HOURS	
	Tylenol 325mg IV Q4H PRN	
13Aug02	0815	
	① CBC Lytes, BUN, Cont this AM	
	② PPD - abd. lab	

FORM 1 APR 79 **4256** REPLACES EDITION OF

CLINICAL RECORD - DOCTOR'S ORDI

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

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

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | LIST TI ORDE NOTED SIG

HOURS

11Aug02 ① Transfuse 2 units
0845 Packed Cell N

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

1200 HOURS

11Aug02 Post op Orders
① ICW
② Diet as tolerated High Protein
③ NPO P 2400 hrs For OR 12 Aug
④ Ancef 1000 mg IV Q8hrs
Gentamycin 500 mg IV Q24hrs
⑤ Haldol 1 mgm PO TID PRN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

HOURS

⑥ Demerol 25 mgm IV Q3hrs PRN pain
⑦ Phenergan 25 mgm IV Q4hrs PRN Nau
⑧ Remove all staples
⑨ Robaxin 500 mgm PO Q6hrs PRN
⑩ Colace 1 PO QD
⑪ IV NS @ 200 cc/hr
⑫ H&H 1400 & 0700 12 Aug

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER

HOURS

⑬ Na, K, Cl 0700 12 Aug
⑭ If Hct < 28% Transfuse 1 Unit Packed Cells

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

11Aug02 ① DC Ancef
1524 ② DC Gentamycin

(b)(6)-2

A FORM 1 APR 79 4256 REPLACES EDITION OF

MEDCOM - 3283

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

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

PATIENT IDENTIFICATION

#: (b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
8Aug02	0900 HOURS	
① Pt NPO for OR		
~~Lidocaine~~		
VO Dr (b)(6)-2		
(b)(6)-2		
(b)(6)-2		
(b)(6)-2		
Note		

NURSING UNIT	ROOM NO.	BED NO.
ICW		8

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
10Aug02	0830 HOURS
① Switch IV to NS @ 150 cc/hr	
② Repeat H/H Lytes CK 11 Aug 0700	
(b)(6)-2	
(b)(6)-2	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
10Aug02	1030 HOURS
~~10Aug02 1000 NPO For OR TOMM~~	
(b)(6)-2	
(b)(6)-2	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
10Aug02 1220	HOURS
① Cancel above order	
② NPO p 2400 hrs	
③ High Protein Diet	
(b)(6)-2	
(b)(6)-2	

NURSING UNIT	ROOM NO.	BED NO.

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

MEDCOM - 3284

PAC = #0

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

9 Aug 02 Post op Orders
1740 ① Return to ICW
② NPO until alert
then Diet as tolerated
③ IV LR @ 150cc/hr
④ U/O Q 2hrs
⑤ Ancef 1000 mgm IV Q 8hrs

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

⑥ Gentamycin 500 mgm IV Q 24hrs
⑦ Haldol 1 mgm PO TID PRN
⑧ Demerol 25 mgm IV Q 3hrs PRN Pain
⑨ Phenergan 25 mgm IV Q 4hrs PRN Nausea
⑩ Give 2 units packed cells Now
⑪ H&H Q 24hrs if Hct < 28%
Transfuse 1 unit packed cells

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

⑫ H/H WA, & BUN @ 0800 - 10 Aug 02

(b)(6)-2

⑬ H/H at 2000 & following orders above concerning transfusion (MO. Tech DR)

FORM 1 APR 79 4256 REPLACES E

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

MEDCOM - 3285

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER 1515 HOURS — LIST TIME ORDER NOTED AND SIGN

8 Aug 02 Post op Orders

1. Return to ICW
2. NPO until alert Then Diet as tolerated
3. IV LR @ 200cc/hr
4. U/O Q 2 hrs
5. Ancef 1000 gm IV Q 8 hrs

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER _____ HOURS

6. Gentamycin 500 gm IV Q 24 hrs
7. Haldol 1 gm PO TID PRN
8. ~~Morphine Q 1~~
9. Demerol 25 gm IV Q 3 hrs PRN Pain

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER _____ HOURS

10. Phenergan 25 gm IV Q 4 hrs PRN Nausea
11. H & H NA, K, Cl (b)(6)-2 Tomorrow morning Before 6 hrs
12. NPO PRN Q 2 hrs (b)(6)-2 UTCM

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME

13. From 9 Aug 02 (b)(6)-2 (b)(6)-2 UTCM

PN 08 Aug 02

NURSING UNIT	ROOM NO.	BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION (b)(6)-4

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

6 AUG 02 CT abd, thoraxin

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

6 AUG 02 D/C Fentanyl

② Colace 1 daily

CT, HO

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 0930 | TIME OF ORDER | HOURS

7 AUG 02 make colace daily PRN

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

7 AUG 02 Phenergan 12.5 IV Q4H PRN

1035 7 AUG

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

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION (b)(6)-4

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

4Aug02 ① NPO B 2400 hrs
2020 ② For OR 5Aug02

(b)(6)-2

(b)(6)-2

LTCM

NURSING UNIT | ROOM NO. | BED NO.

RN

Aug 4. 2240

PATIENT IDENTIFICATION

DATE OF ORDER 5Aug02 | TIME OF ORDER 2010 (L) HOURS

(b)(6)-2

CXR NOW

U.O. Dr. (b)(6)-2 (b)(6)-2

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 5 AUG 02 | TIME OF ORDER 2050 HOURS

(b)(6)-2

D/C IV Fluids

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER 6AUG02 | TIME OF ORDER

① No chest X-ray this AM
② CBC this AM
③ Haldol 1 mg PO TID
9PM

(b)(6)-2

(b)(6)-2

(b)(6)-2

FCW

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER ____ HOURS	LIST TIME ORDER NOTED AND SIGN
3 Aug	D/C [illegible] (done) (b)(6)-2	
09'10		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER ____ HOURS	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER ____ HOURS	

NURSING UNIT | ROOM NO. | BED NO.

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 - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

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

3 Aug 1345 Post op Orders
1. ICU
2. NPO ± sips water when alert
3. IV LR @ 200 cc/hr x 4 hrs then 125 cc/hr if u/o > 30 cc/hr

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

4. CBC 1700 hrs & Tomorrow AM
5. PN cef 1000 gm IV Q 8 hrs
6. Gentamycin 500 gm IV Q 24 hrs

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

7. Tylenol 650 gm PO Q 6 hrs PRN Fever
8. Fentanyl 50 micrograms IV Q 2 hrs PRN pain
9. Demerol 25 gm IV Q 4 hrs PRN Severe Pain

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

3 Aug 1800 Clear NG - 6 hr's & measure & vomitus Q 4 hrs

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

Icu #1

DATE OF ORDER | TIME OF ORDER 05:00 HOURS | LIST TIME ORDER NOTED AND

8-2-02 - DRAW K⊕ @ 08:00 (b)(6)-2

Sent to lab - W/O DR (b)(6)-2

LCA (b)(6)-2

2 Aug 02 0838 Ancef 1 gm IV q 6 hrs

Continue KCl 500 ml IV and

H+H @ 12N (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

2 Aug 02 0830 NSOG 2 mg IV q 1 hr prn

Bowel sound NS due to pain + opiate

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

02 Aug 02 1904

(1) Post transfusion H/H

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

(2) Tylenol 325 mg ~~i to iii~~ q 4-6° prn or NG tube PRN

or 650 mg PR q 4-6° PRN

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

3 Aug 02 8:21 L

Fentanyl 50 mcg IV Q2° PRN

Elavil 50 mg PO QHS PRN

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

01AUG02

TRANF-se 2 UNITS
PRBC
TRAUMA PANEL
CXR
T L LR w-ol
open.

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

10mg

(b)(6)-2

to OR

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

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

Pt. # (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

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

1 Aug 02 Post op Orders

2030 ① Admit ICU

② measure U/O q 1hr

③ Has 2 units Packed cells

④ 2300 hr CBC & Lytes Blood Count

⑤ Vent Setting

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

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

750 cc TV

50% FIO2

10 B/M

Assist Control

(b)(6)-2 RT

NURSING UNIT	ROOM NO.	BED NO.

⑥ Morphine 4 mg IV q 1hr prn pain

⑦ NG to Continuous Suction

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

⑧ Palysis Asp

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

NURSING UNIT	ROOM NO.	BED NO.

01 Aug 02 2100

① Propofol 5-50 mcg/kg/min (titrate to effect)

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

② Nimbex 5-15 mg per hr (titrate to effect)

③ ABG in 30 minutes

(b)(6)-2

④ LR at 125 cc/hr

(b)(6)-2

⑤ Morphine 1-2 mg q 1-hr PRN

NURSING UNIT	ROOM NO.	BED NO.

(b)(6)-2

01 Aug 02 2150

(b)(6)-2

KCL 40 MEQ over 4hr

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

page 3

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

PATIENT #6

NURSING UNIT | ROOM NO. | BED NO.

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

TRANSFER BAGRAM
DX: S/P MULTIPLE GSW
RLE.
CONDITION: [redacted] CRITICAL
VITALS: Q1°
ALLERGIES: UNKNOWN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

ACTIVITY: BEDREST
NURSING:
I & O
FOLEY → GRAVITY
NGT TO SUCTION
PULSE ✓ Q1°

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

DIET: NPO
VENT: F_IO_2 100%
TV 700
RR 12
PEEP 5
WEAN AS TOLERATED

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

MED: LR @ 200cc/HR
ANCEF 1 g IV Q8
MSO4 2-5mg IV Q1
VERSED 1-2 @ 1° PRN
ZANTAC 50mg IV Q8

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

DA FORM 1 APR 79 4256 REPLACES EDITION OF

MEDCOM - 3294

PAGE 1

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/DA Yr.

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: SP Ampulee

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Verify by Initialing		THE..PEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 8 Yr 02
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
13Aug02	(b)(6)-2	Straight Cath Ø void by 2200°	13AUG	2200	(b)(6)-2	(b)(6)-2
	-----		14Aug	0001	✓	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION / TIME/DATE COMPLETED
13Aug02 19Aug02	(b)(6)-2 9WD3NV	A/Reinforce Drsgs	(b)(6)-2
13Aug02 20Aug02	(b)(6)-2 9WD3NV	Foley removed @ 1400 if unable to void by 2200	(b)(6)-2
-----	-----		
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USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. Aug Yr. 02

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 16	17	18	19	20
11 Aug	(b)(6)-2	H/NS @ 200cc/°	08	(b)(6)-2	Order	Sd		(b)(6)-2
	-----	"	20					
11 Aug	(b)(6)-2	Anacj 100mg PO/ qd°	05					
	-----		13					
	-----		21					
11 Aug	(b)(6)-2	Gentamycin 500mg IVq24	20					
11 Aug	(b)(6)-2	Colace PO QD	20	(b)(6)-2				
12 Aug	(b)(6)-2	H/NS @ 125cc/°	08				Order	(b)(6)-2
Recorded 13 Aug 02	-----		20					
	-----							
16 Aug	1CM	DRSG Δ @ Bedside	09			Order Sd	17 Aug	(b)(6)-2
	-----	Dry Gauze Daily						
	-----							
17 Aug	(b)(6)-2	Irrigate w/ NS drsg Δ	11					
	-----	6" Kerlex then ABD	22			MLC	Order Sd	
	-----	Cover w/ Stockinette						
	-----	Master Dressing w/						
	-----	to stump Δ Dakin						
	-----	Solution (Dilute						
	-----	50/50 w/ sterile Saline						
	-----	alternate) Keep dressing						
	-----	moist						
18 Aug	(b)(6)-2	D/L R @ 125 cc/°	08				(b)(6)-2	
	-----		20					
19 Aug	(b)(6)-2	Haldol 1 mg PO Q12	08				(b)(6)-2	
	-----		20				(b)(6)-2	
19 Aug	(b)(6)-2	Dakin's drsg Δ	09					(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P amputee

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. Aug Yr. 02

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
14Aug	(b)(6)-2 9111 9116	Transfuse 1 U Packed Cells if HCT<28%	16Aug	TODAY set by results		
13Aug	(b)(6)-2 9111 3116	Dulcolax Suppository today	13Aug		14Aug 1040	(b)(6)-2
		Fleet B.I.D. irrigate				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
16Aug 19Aug	(b)(6)-2	Hydrol 5mg PO TID prn	12Aug 2000	Received 13Aug	8/12 2100	13Aug 2100	14Aug 2100	8/15 0600	8/16 2130	8/17 1335	8/18	13Aug			(b)(6)-2	
16Aug 19Aug		Demerol 25mg IVq3° prn pain	8/11 1630	12Aug 0330	8/12 2105	8/13	8/13 0100		Received	13Aug 1830		8/14	8/14 1630	8/15 1630	15Aug 0300	
12Aug 19Aug		Phenergan 25mg IVq4 prn nausea		12Aug 0635	12Aug 1145	8/12 2100	8/13 0100	8/13 0500	8/13 1700	13Aug Received	14Aug 0047	8/14 0947	8/14 1630	8/14 2630	15Aug 1100	(b)(6)
12Aug 19Aug		Elavil 50mg PO q4S pm	12Aug 2100	Received 13Aug	2100	8/17 2030	8/18 2030								(b)(6)-2	
8Aug 15Aug		Tylenol 650 mg PO q6° prn Fever	14Aug 2100	8/15 0700												
12Aug 19Aug		Tradol 30mg IVq4 prn	12Aug 1800	Received 13Aug	13Aug 2030	14Aug 1245	14Aug 2130	15Aug 0600							(b)(6)-2	
13Aug		Demerol 25mg IV q°3 PRN pain	12Aug 1500	13Aug 1500	8/14 0700	8/15 0600	8/16 2200	8/16 0600	8/16 2100	8/17	8/17 0500					
13Aug		Phenergan 25mg IVq4 PRN nausea	8/15 2300	8/16 0700	8/16 0600	8/16 2100	8/17 0100	8/17 0500								
12Aug 19Aug		Percocet 1 PO q4 prn	14Aug 0945	14Aug 1330	8/14 1745	8/15 2100	8/16 0700	8/18 0600	8/18 0945	8/15 1745	8/15 2111	19Aug 0530			(b)(6)-2	
19Aug 31Aug		Tylenol #3 1 PO q4 pain	14Aug 2300	14Aug 1400	8/19	8/19 2335										

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

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED
9Aug02	(b)(6)-2	IF HH ON		
	-----	10 Aug 02 →		
	-----	HCT <28%		D/C ed
	-----	TRANSFUSE 1		
	-----	UNIT PACKED CELLS.		
9Aug02	(b)(6)-2	H+H, Na, Cl, BUN		done
	-----	@ 0800 ON 10 Aug02		
9Aug02	(b)(6)-2	H+H, Type + X		
	-----	@ 2000 TODAY.		
	-----	IF HCT <28%		done
	-----	TRANSFUSE 1 UNIT		
	-----	PRBC.		

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

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 Aug Yr. 02

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	AUG DATE DISPENSED 8/8	9	10	11	12	13	14	15	16	17	18	19	20	21
8Aug02	(b)(6)-2	IV LR @ 200cc° cont.	15	(b)(6)-2		Relieved						(b)(6)-2					
8Aug02		[redacted]	15		(b)(6)-2												
	-----		15														
	-----		20	(b)(6)-2													
[redacted]	(b)(6)-2	[redacted]	20														
8Aug[redacted]		[redacted]	08														
	-----		20														
9Aug[redacted]	(b)(6)-2	[redacted]	08				D/C		8/10/02								
	-----		20														
9Aug02	(b)(6)-2	ANCEF 1000 MG IV	05			(b)(6)-2											
	-----	Q8°	13	(b)(6)-2	(b)(6)-2												
	-----		21														
9Aug02	(b)(6)-2	Gentamycin 500mg IV															
		Q24°	20														
10Aug02		NSS IV @ 150cc/HR	08														
	-----		20														

8Aug02	(b)(6)-2	U/O Q2°	08		(b)(6)-2												
8Aug02	(b)(6)-2	U/O Q2°	20	(b)(6)-2													
[redacted]		[redacted]															

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Amputation

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

MEDCOM - 3300

* RECORD

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													
8Aug02	(b)(6)-2	PRN Haldol 1 gm PO TID	8/8 1630													
8Aug02		Demerol 25mg IV Q3 PRN	8/8 1530	8/8 1830	(b)(6)-2	9Aug 0530	8/9 2130									
8Aug02		Q4° PRN Nausea Phenergan 25mg IV	8/8 1300													
------		Tylenol 650mg PO Q6° PRN fever	8Aug 2100	10Aug 1515	10Aug 2200	(b)(6)-2										
3Aug 10Aug		Elavil 50mg PO qHS prn														
7Aug 14Aug		Colace 1 qd prn														
7Aug 14Aug																
9Aug02		HALDOL 1 gm PO TID PRN.	8/11 0100													
9Aug02		DEMEROL 75 mg IV Q3° PRN PAIN.	8/8 1530	(b)(6)-2	0945	(b)(6)-2	10Aug 1514	10Aug 2200	8/11 1020							
9Aug02		PHENERGAN 25MG IV Q4° PRN NAUSEA														
------	------															
------	------															
------	------															

TRANSCRIBED

(b)(6)-2

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 8 Yr. 02

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 4	5	6	7	8
	(b)(6)-2	Cancefiqm IV	5		(b)(6)-2			
	-----	q8°	13		(b)(6)-2			
	-----		21		(b)(6)-2			
	-----	Gentamycin 500mg	23					
	-----	~~IV D/Ced~~						
3 Aug	(b)(6)-2	~~Claxil 50mg PO~~	9:00		(b)(6)-2			

	-----							
5 Aug	(b)(6)-2	D/C IVF						
5 Aug		Regular Diet						
6 AUG		HALOLIMG PO TID	05		(b)(6)-2			
			13					
			21					
8/6/2		~~COLACE 1 PO QD.~~	09					

DC Bug — (b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p Amputation

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

Pt # (b)(6)-4

Bed #8

Received See Sheet #2 (b)(6)-2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. 8 Yr. 02
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														
	(b)(6)-2	Tylenol 650mg PO q6° PRN fever	8/4 2000	8/4 2005 (b)(6)-2	8/4 2000	8/4 2045	8/5 0300	8/5 2000									
		~~Fentanyl 50mg IV q2° PRN Pain~~	8/4 1500	8/4 1900	8/4 2100	8/5 0230	8/5 1153	8/5 1353	8/5 1600								
		Demerol 25mg IV q6° PRN Pain	8/4 1600	8/5 0050	8/5	8/5 1153	8/5 1330		(b)(6)-2	8/6 1610 (b)(6)-2	8/7	8/7 0830	8/7	8/7 87		8/11	8/12 0332
3 Aug 02 10 Aug 02		Elavil 50mg PO q 45 PRN	8/4 2200	(b)(6)-2													
		HT															
7 AUG		Colace ÷ QD PRN															
7 AUG		Q4° Nausea Dramamine 12.5 PRN	8/7 1035	8/7 1435													

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET	FROM 0730 HOURS TO 0730	TOTAL HOURS COVERED 24	DATE 9 AUG 02

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0730	NPO	Ø	

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0730		LR @ 200 cc/HR	1200		1200
1330	50	Ancef	50		1350
2100	50	Ancef	50		1400
2000	50	Gentamycin	50		1450
0500	50	Ancef	50		1500
1930	2400	LR @ 200/HR	2400	0730	3900

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

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

(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

DD FORM 1 JAN 74 792

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

*U.S. Government Printing Office: 1994 — 300-727/

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0730	50	50	0630	250	1100
0930	100	150			
1130	300				
1330	320				
1530	OR				
1730	OR				
1930					
2130					
2230	300	300			
2430	350	650			
0230	100	750			
0430	100	850			

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)*

(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

DD FORM 1 JAN 74 792

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

*U.S. Government Printing Office: 1994 — 300-727/10

TWENTY-FOUR HOUR PATIEN[redacted]E AND OUTPUT WORKSHEET

FROM 1030 HOURS
TO [redacted]

TOTAL HOURS COVERED: 12

DATE: 8Aug-9Aug

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
(b)(6)-2	1000	LR			1000
2000	100	Gentamycin	100	2128	100
2130	50	Ancef	2130	2250	50
0500	50	Ancef			50

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

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

(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

DD FORM 1 JAN 74 792

EDITION OF 1 SEP 64 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED.

*U.S. Government Printing Office: 1994 — 300-727/10

OUTPUT

URINE (Foley)

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
1930	200	200	0730	100	
2030	175	375	0930	50	
2130	325	700	1030	00	
2230	40	740	1130	300	
2330	135	875			
2430	200	1075			
0130	200	1275			
0230	200	1475			
0330	120	1595			
0430	280	1875			
0530	150	2025			
0630	100	2125			

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)*

(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

DD FORM 1 JAN 74 792

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

*U.S. Government Printing Office: 1994 — 300-727/10

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.)
1	2	3	4	5	6	7	8	
(b)(3)-1								

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

6. DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
								3	0	Y	Z	Z	Muslim

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									

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	2114	
	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
			K	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
									9		

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

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
(b)(3)-1 Bagram

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)							
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
Ø	5							2	0	0	2	Ø	8	2	0

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYYYMMDD)							
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
A	A	A	A							2	0	0	2	0	8	0	1

27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYYYMMDD)							
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122
		A	1	1	I	1		2	0	0	2	0	8	0	1

FOR LOCAL USE

Multi GSW RLE

T: 9
Inj: 569

Dx: 8972
8940
E9912

PR: 8417
8628
9357
9904x11
9907

Blood: Y

(b)(6)-2

SIGNATURE OF ADMITTING CLERK
(b)(6)-2

EDITION OF MAR 2000 IS OBSOLETE (b)(6)-2 USAPA V1.00

MEDCOM - 3308

TREATMENT RECORD COVER SH (Plate Imprinting)

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

(b)(6)-4

Afghan Male (POC)

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

ADMITTING OFFICER

25. TYPE DISPOSITION: RTD

26. DATE OF DISPOSITION: 15AUG02

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

33. CAUSE OF INJURY

☐ CHECK IF CONTINUED ON REVERSE

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Syncope
post ORIF (L) hip fx from GSW
H/O Seizure disorder

35. TOTAL DAYS THIS FACILITY

☐ CHECK IF CONTINUED ON REVERSE

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				3	

36. TOTAL DAYS ALL FACILITIES

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				3	

(b)(6)-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

(b)(6)-2

DA FORM 3647-1, 1 MAY 1979 EDITION OF

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

Afghani male c̄ ? seizure earlier today. pt c̄ po intake of 2 bottle of water yesterday (?) today received ~~2~~ 1 L NS IVF just prior to presentation
100.3 - 18 - 98 - 118/58
98% on RA

ALLERGIES: —

MEDICATIONS: —

PAST ILLNESS/PREGNANCY: Seizure disorder

LAST MEAL:

pt c̄ (R) hip GSW c̄ resultant femoral neck fracture unable to ambulate at present

PHYSICAL EXAMINATION

	NORMAL	ABNORMAL
HEENT	✓	
NECK	✓	
CHEST	✓	
LUNGS	✓	
HEART	✓	
ABDOMEN	Soft ~~BL~~ c̄ ḡ tender	
RECTAL	✓	
EXTREMETIES	✓	
NEURO	✓	
BACK	(-) CVA tender	

U/A

137 | 97 | 12
3.7 | 11.5

8.6 | 9.8 | C
31.7

PROGRESS (Enter date of discharge and final diagnosis)

CHEAD N

IMPRESSION: (1) Dehydration (-) urine output
(2) Femoral neck fx s/p ORIF
(3) R/O seizure.
(4) Ativan

TREATMENT: - Admit
- ~~Cefazolin~~ 1 gram IV. — Done
- CT Abd/Pelvis.
- Tylenol 1 gram IV — Done

MSO4 4mg total given

DATE	IDENTIFICATION NO.	ORGANIZATION
13AUG02		

(b)(6)-2

PATIENT'S IDENTIFICATION

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

REGISTER NO.	WARD NO.

B+

(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

pt ⊕

(b)(6)-4

MEDCOM - 3310

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE	DETAINEE CONSULT NOTES			
13 AUG 02	PMH:	PSH	All	FH
1500	Siezures x 2 yrs	(R) ORIF femoral neck	NKDA	ØS2
	on 2 meds in past			
Meds	name of meds unkn			
Motrin PRN	6-7 episodes in past 2 yrs			

Pt claims to be 16 y/o. He was recently hospitalized for GSW to (L) hip/buttock. He is s/p ORIF (L) femoral neck. He was d/c to IDF today. While at IDF, pt went to use bathroom with assistance of 2 people. Pt broke out into cold sweat and felt chilled. He also felt dizzy, nauseated, and he vomitted. Apparently he collapsed on the toilet, urinated on himself, and was shaking uncontrollably. Initially he was evaluated by the medic at IDF. Medic noted pt had urinated on himself. Interpreter was not available at that time. Initial VS → P98 T 100.3 118/58. An IV was started and pt given IVF → NS. Then pt transported via ambulance to CSH. In ER pt c/o (L) lower ext pain, and not being able to think properly. CT of the head was negative. Pt admitted for observation and to initiate Dilantin.

CONT (b)(6)-2

RELATIONSHIP TO SPONSOR | SPONSOR | 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.

PROGRESS NOTES
Medical Record

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

BT (b)(6)-4

T 100.4 P 91 118/64

Gen: NAD

Neck: supple

Heart: RRR

Lung: CTA (2)

Abd: soft, mild tenderness to palpation

137	97	12	113
3.7			

8.6	9.8	31.7

Head CT: nl

A/P (1) Boss seizure, in pt. c̄ h/o seizures
- (1) head CT
- Start Dilantin

(2) S/P (1) ORIF femoral head
- cont pain control
- P.T.

(b)(6)-2

14 AUG 02
1000

Pt. resting quietly. Ambulating with PT. Does not at present. No seizure activity noted. Will cont dilantin, T activity c̄ crutches. Cap. IV rē lab pending

(b)(6)-2

15 AUG 02

~~discharge summary~~

Pt readmitted to ICW after being a ~~[illegible]~~ opsode of IDF. Pt. only c/c that pm when he had it. CT neg. Pt. has h/o seizure disorder - started on dilantin c̄ readmission. Pt. still refuses to attempt to ambulate c̄ crutches. Pt. will not bear weight on good leg. Pt. will be d/c to IDF. No crutches until pat. cooperative. reg diet, dilantin 100 mg daily, motrin 800 mg T.I.D. PRN. re- PRN

(b)(6)-2

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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

1. Date/Time: 15AUG02 1330

2. Discharge to: ☐ Home ☐ Other *(specify)* IDF

3. Mode: ☐ Ambulatory Other *(specify)*

4. Accompanied by:

5. Activity: ☐ ~~Limitations~~ *(specify)*

no cooperative

_____ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☒ No Dietary Restrictions If special, identify

_____ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
dilantin	100 mg	daily	
motrin	800 mg	TID PRN	

_____ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Ø		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ clinic in _____ (time period).

PRN

_____ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

11. Signature (Registered Nurse)

12. Additional Information:

13. Patient Identification:

COPY 3 - HEALTH RECORD / OUTPATIENT TREATMENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE. USAPPC V1.00

510-112 NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
13 AUG 02		1600	100.4-91-118/64 PO2 95% RA Admitted from EMT c/o (L) hip (R) hip pain & dehydration. IV (L) antecubital NSS @ 125cc. Lungs clear, abd soft nontender (bowel sounds) (+) all 4 quads. Pulses (+). Ø NVD. Made comfortable in bed. MP present. Shoulders and leg and R wrist - (b)(6)-2 RN
13 AUG 02		1630	Urine output 800cc clear yellow liquid ~~Foley~~ Cath draining to gravity. (b)(6)-2 RN
13 AUG 02		1830	Foley cath output 600cc. Pt ate 80% dinner tolerated well. 1 Percocet given for pain IV NSS @ 125cc cont. Resting comfortably ~~[illegible]~~
13 AUG 02		2000	99.2 - 132/78 - 80 - 20 NSS @ 125cc. Resting No S/S discomfort Foley d/c'd. (b)(6)-2 RN
14 AUG 02	0022		Pt voided 550cc of clear yellow urine Ø% burning or pain on urination (b)(6)-2 Sgt, USMC
14 AUG 02	1310		AXO. IV NS @ 125cc/hr via (L) Antecub. Ø S/S of dehydration Void (urinal) VSS. Sleeping for short intervals. No verbal c/o pain. Drsg d'd. (b)(6)-2 91WM
14 AUG 02	2110		Pt resting in bed VS 72-100.8-136/80-20 percocet given for (L) hip pain. IV NSS infusing (L) AC ⊼ difficulty. (b)(6)-2 RN
15 AUG 02	1102	0 METHO	Attempted crutch training ⊼ success. Demonstrate pt watched. Once o his feet stood leaning

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. | WARD NO.

BT (b)(6)-4

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
	1102		ORTHO (cont) on bed. Assisted to stand x 1 c crutches. on attempts to ambulate Pt. stated "Allah" began swaying his self side to side & emurging his head back & forth & round in circle. c MAX (A) to stand would not use crutches. Began to fall. I had to hold him up & put in bed max (A) x 2. No more statements of pain. Fell asleep. Removed crutches. Spoke to Dr. (b)(6)-2 ⇒ Pt is safer ō crutches to return to Detainee Center. No more crutch training (b)(6)-2

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
13 Aug 02		X	1500 TO EMT via stretcher, eval by DR (b)(6)-2, 18g (L) F/A LR w/o c/o pain ↓ (L) groin, staples intact on (L) SRF, wound well approximated, belly tender to touch B/S (+) all (4) quads. Lungs clear bilaterally. 16 French Foley inserted 3 problem, 30 mg Toradol IVP 18g placed (L) A/A, IV removed from (L) F/A 2° obstruction by hand cuffs. TO CT scan via stretcher 1530. Back from CT scan, labs drawn and sent, MSO4 2 mg IVP for pain (b)(6)-2 1545 2 mg MSO4 IVP for pain (b)(6)-2 1610 Report to ICW pt ↓ c/o of pain. 70-48-144/62 (b)(6)-2

Continue on reverse side.

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

REGISTER NO | WARD NO.

BT (b)(6)-4

pt (b)(6)-4

NURSING NOTES
Standard Form 510
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.306-6—October 1975
510-109

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY																		
POST- DAY																		
MONTH-YEAR	DAY	13AUG02		14AUG02														
19	HOUR	8		8														
PULSE (O)	TEMP. F (°)	16		8														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°
120	98°																	37.0°
110	97°																	36.7°
100	96°																	36.1°
90	95°																	35.6°
80																		35.0°
70																		
60																		
50																		
40																		
RESPIRATION RECORD		24		8:D														
BLOOD PRESSURE		118/64		128/70														
HEIGHT:	WEIGHT →																	
		95% PO																
			(b)(6)-2	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; grade; rank; rate; hospital or medical facility)*

REGISTER NO.

WARD NO.

BT# (b)(6)-4

STANDARD FORM 511 (REV. 7-91) BACK

*U.S. Government Printing Office: 1992 — 312-071/50030

STANDARD FORM 545 Rev.
10-75 545-108

LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE 8-13-02	TIME 1516	A.M. P.M.
RESULTS	REQUESTED	(X)
3.23	RBC COUNT	
9.8	HEMOGLOBIN	
31.7	HEMATOCRIT	
98.0	MCV	
30.4	MCH	
31.0	MCHC	
8.6	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
210	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PROTHROMBIN CONTROL	
	PROTHROMBIN PATIENT	
	PROTHROMBIN % ACTIVITY	
	PROTHROMBIN RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS: Dr. (b)(6)-2

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: (b)(6)-2
MD: (b)(6)-2
DATE: (b)(6)-2
LAB. ID. NO.

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ OUTPATIENT ☐ NP ☐ DOM ☐ AMB
SPECIMEN SOURCE: ☐ VEIN ☐ OTHER (Specify) ☐ CAP

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

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE 8-13-02	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
113	GLUCOSE	
12	UREA N.	
	CREATININE	
	URIC ACID	
137	SODIUM	
3.5	POTASSIUM	
97	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS: MJ

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: (b)(6)-2
MD: (b)(6)-2
DATE: 8/14/02
LAB. ID. NO.

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ OUTPATIENT ☐ NP ☐ DOM ☐ AMB
SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records, FPMR 101-11.505-6
546-106

PATIENT'S MED. RECORD

BT

EMT

(b)(6)-4

SPECIMEN/LAB. RPT. NO.

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

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

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7
- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☐ HEMATOLOGY (SF 549)
- ☐ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

MOUNTED ON STRIPS 1, 3, 5, AND 7
- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

MOUNTED ON STRIPS 1, 4, AND 7
- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

General Services Administration and Interagency Committee on Medical Records
Prescribed by GSA ICMR
FPMR 101-45.505

LABORATORY REPORT DISPLAY

MEDCOM - 3318

☆ GPO—1991—304—610

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	RBC COUNT	
x9 10	HEMOGLOBIN	
x27 30%	HEMATOCRIT	
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PROTIME: CONTROL	
	PROTIME: PATIENT	
	PROTIME: % ACTIVITY	
	PROTIME: RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS (b)(6)-2

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MD DATE (b)(6)-2

HC 11131

Specimen on counter - machine down

LAB. ID. NO.

URGENCY: ROUTINE, TODAY, PRE-OP, STAT

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

SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)

PATIENTS MED. RECORD

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-78)

General Services Administration and Interagency Committee on Medical Records FPMR 101-11 806-8

549-106

(b)(6)-4

TEST(S)

SPECIMEN TAKEN (b)(6)-2

DATE	TIME
RESULTS	REQUESTED
92	GLUCOSE
8	UREA N.
	CREATININE
	URIC ACID
139	SODIUM
4.2	POTASSIUM
100	CHLORIDE
	CO_2
	PHOSPHATE
	CALCIUM
	TOTAL PROTEIN
	ALBUMIN
	GLOBULIN
	ALKALINE PHOSPHATASE
	ACID PHOSPHATASE
	SGOT
	LDH
	CPK
	BILIRUBIN (TOTAL)
	BILIRUBIN (DIRECT)
	CHOLESTEROL
	TRIGLYCERIDES
	AMYLASE
	LIPASE
	PROFILE (Specify)

REMARKS (b)(6)-2

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MD DATE (b)(6)-2

LAB. ID. NO.

URGENCY: ROUTINE, TODAY, PRE-OP, STAT

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

SPECIMEN SOURCE: BLOOD, OTHER (Specify)

PATIENTS MED. RECORD

CHEMISTRY I

STANDARD FORM 546 (Rev 8-77)

PRESCRIBED BY GSA ICMR FIRMR (41 CFR) 201-45.505

546-107

(b)(6)-4

CHEM 1

SPECIMEN/LAB. RPT. 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.
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

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

RADIOLOGIC REPORT

Normal CT head

(b)(6)-2

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

RADIOLOGIC CONSULTATION

MEDCOM - 3320

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

Hospital #

(b)(3)-1

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

13 Aug 02

13 Admit ICU

Dx ① R/O seizure

② Dehydration

③ s/p ORIF ⓛ L.P

Condition Good ④ Anemia

Vitals q shift

Allergies unk

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

Activity as tolerated

Nursing - Record I/O's

Diet - Regular

IVF - NS at 125 cc/h

meds - Percocet ½ po q 4-6 PRN pain

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

Wound Dressing is q D

PT/OT Consult

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

13 AUG 02 1711 RN 13AUG02 1600

PATIENT IDENTIFICATION

① Dilantin 400mg po now

DATE OF ORDER | TIME OF ORDER | HOURS

then 300mg po after 2hrs

then 300mg po after 4hrs

then 100mg po TID

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

13 AUG 2000 RN 13AUG02 1400

① CBC, lytes, dilantin level in AM

② MEDCOM - 3321

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION

SED.

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

#1 (b)(6)-4

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED A... SIGN

14/AUG02 ① Cancel Dilantin level (b)(6)-2

#9 Bed

NURSING UNIT: 1CW | ROOM NO. | BED NO.: 1SAB

1300 ① discharge today

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ... HOURS

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 ... ED.

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARD (NON-MEDICATION)

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 COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
13 AUG	(b)(6)-2	Wound Irrig Δ QD	10	(b)(6)-2
13 AUG		VS Q Shift		
13 Aug		Foley Cath	08	D/C'd

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. Aug Yr. 02

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	Aug 2007 DATE DISPENSED: 13 Aug	14	15	16	17	18	19	20
Aug 13,	(b)(6)-2	NSS @ 125cc cont	10	(b)(6)-2							
Aug 13			20								
Aug 13		Dilantin 400 mg PO Now	18	(b)(6)-2							
Aug 13		Dilantin 300 mg PO	20								
Aug 13		Dilantin 100mg PO TID									
Aug 13		Dilantin 300mg PO	24	(b)(6)-2							
Aug 13		Dilantin 100mg PO TID	5		(b)(6)-2						
Aug 13		" "	13		(b)(6)-2						
Aug 13		" "	21								

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ORif (L) hip

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO.

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

ADMISS. . AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1
MTF LOCATION (State or Country Code.): A F

3. REGISTER NUMBER: (b)(6)-4

NAME (Last, First, Middle Initial): PUC AFGHAN MALE

4. PAY GRADE:

5. SEX: M

6. DATE OF BIRTH (YYYYMMDD):

7. AGE AT ADMISSION: 1 6 y

8. RACE: X

9. ETHNIC BACK-GROUND: 9

RELIGION: MUSLIM

10. LENGTH OF SERVICE:

ETS:

11. FMP: 9 9

12. SOCIAL SECURITY NUMBER: (b)(6)-4

ORGANIZATION (Active Duty Only):

13. MARITAL STATUS:

HOUR OF ADMISSION: 1500

BRANCH / CORPS:

14. FLYING STATUS:

15. BENEFICIARY CATEGORY: K 7 8

16. ZIP CODE OF RESIDENCE: 0 9 3 5 4

17. UNIT LOCATION (State or Country Code): A F

18. MOS:

19. TRAUMA:

PREV. ADMISSION: YEAR: NO [X]

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: Ø

WARD: ICW

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 339th CSH Bagram, Afghanistan

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:

21. TYPE OF DISPOSITION: Ø 1

22. MTF TRANSFERRED TO:

23. DATE OF DISPOSITION (YYYYMMDD): 2 0 0 2 0 8 1 5

24. CLINIC SVC - ADMITTING: A A A A

25. MTF TRANSFERRED FROM:

26. DATE THIS ADMISSION (YYYYMMDD): 2 0 0 2 0 8 1 3

27. LOCATION OF OCCURRENCE (Battle Casualty Only):

28. MTF OF INITIAL ADMISSION: (b)(3)-1

29. DATE INITIAL ADMISSION (YYYYMMDD): 2 0 0 2 0 8 1 3

FOR LOCAL USE

Dx 7802
78039

(b)(6)-2

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

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

MAR 89

USAPA V1.00

INPATIENT TREATMENT RECORD COVER SHI

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

1. REGISTER NUMBER (b)(6)-4	2. NAME (Last, First, MI) Afghan Adult male				3. GRADE —	ADMISSION REMARKS
4. SEX M	5. AGE 25	6. RACE unk	7. RELIGION muslim	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION —
11. FMP 99	12. SSN —		13. ORGANIZATION Local National			14. WARD ICW
15. FLYING STATUS —	16. RATING/ DSG —	17. DEPT./ BEN —	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE IN5
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION 2321	23. CLINIC SERVICE AAAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION D5		26. DATE OF DISPOSITION 03 July 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 29 Jun 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 Bagram, Afghanistan					30. DATE OF INTIAL ADMISSION 29 Jun 03	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
31. SELECTED ADMINISTRATIVE DATA						

☐ Check If Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Burns to face
hands & legs

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
				D5	

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
				D5	

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

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

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

29 JUN 03 ADMIT

2328 25yo ♂ ~~involved in~~ sustained flash burns 2° to Grenade attack on 25 JUN 03. Initially seen @ FST. Wound Debridement done.

PMHx / PSHx - Denies. MEDS - Ø

ALL - NKDA

PE/ Afeb. SaO2 RA = 95% 115/70. R = 16

Alert, mmm.

~ 20-30% Facial Burn.

RRR S1 S2, Back ≅ injury.

CTA (B). ABD - Soft, NT/ND. (+) BS. ~~Ø~~ masses

(B) Hands & distal LE ≅ Burns.

LABS (P)

A/P - Flash Burns 2° to Grenade Attack.

> IVF

> Pain management.

> Dr. (b)(6)-2 to see pt. (b)(6)-2 MD.

CPT IMC

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.

(b)(6)-4

Bed 4

ICW

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30 JUN 03 1400	O) Pt. to and from surgery for cleansing of wounds. appeared to tolerate well. VS WNL, appears A&O. Ate approx 70% supper and is drinking fluids. IV LR at 100 cc/hr running in R arm. Urinated in urinal approx 800 cc out this shift. All dressings intact and dry. A/P) Cont. to monitor — (b)(6)-2 SG-RN
1 July 03	O - Pt. T ad lib, VS WNL, eating & I+O good. Ø (b)(6)-2 c/o pain c̄ drsg A, skin improving. — (b)(6)-2
2 July 03	Surgery Face healing nicely Plan dressing changes c̄ Silvadene to extremities Will teach wound care Home when ride available (b)(6)-2
3 July	Surgery Face healing Ø more dressings needed Other wounds healing well Plan d/c to home 7-4-03

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

NSN 7540-00-634-4176 600-108

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
6-30-03	Surgery H&P CC Burns Hx Pt is 25y/o Afghan man who reportedly was injured by a grenade. He was injured 6-26-03. He was cared for @ (b)(3)-1 then transferred here for further care. PMH - unknown PE Awake & alert c̄ burns to face & ears Lungs clear CV RRR Abdomen flat Burns on (R) thenar eminence & dorsum of (L) hand - partial thickness Ø evidence of infection (L) LE c̄ shrapnel wounds & partial thickness burns RLE c̄ partial thickness burns A - 25y/o ♂ s/p burn injuries ~10% TBSA P - To OR for initial dressing A local wound care encourage nutrition (b)(6)-2

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b)(6)-4

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)

Brief Op Note
6/30/03 Pre Op Dx Burns to face + all
Name + extremities
Post Op Dx - same c̄ partial thickness
burns to face + ears, (R) thenar
eminence + dorsum of (L) hand
as well as bilat LE
Operation burn scrubbing c̄ dressing
change under anesthesia
Surgeon (b)(6)-2
Anesth LMA General
Disposition to ICU → ICU Wounds on
extremities dressed in Silvadene, face
+ ear wounds dressed in Xeroform
+ Bacitracin

(b)(6)-2

U.S. Government Printing Office: 1991 — 312-071/40202
STANDARD FORM 600 BACK (REV. 5-84)

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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

1. Date/Time: 7-3-03

2. Discharge to: ☐ Home ☒ Other *(specify)*

3. Mode: ☒ Ambulatory Other *(specify)*

4. Accompanied by:

5. Activity: ☐ Limitations *(specify)*

No restrictions

_____ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☒ No Dietary Restrictions If special, identify

_____ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Benadryl	25-50 mg po	q 6°	prn itching
Bacitracin ointment	to face + ears		
Motrin	800 mg po	tid	prn pain
Silvadene - apply to burns as directed		q day	

_____ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Silvadene dressings to open extremity wounds daily		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ clinic in _____ (time period).

by local provider when you return home.

_____ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

11. (b)(6)-2 Col AW

12. Additional Information:

13. Patient Identification:

(b)(6)-4

COPY 1 - INPATIENT RECORD COPY

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

For use of this form, see AR 40-66, the prop[illegible] agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Gurney BY (b)(6)-2

2. PATIENT IDENTIF[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2

3. DATE 30 June 03 TIME PATIENT ARRIVED IN SUITE 1035

4. PATIENT [illegible] TIME 1035 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Mg (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

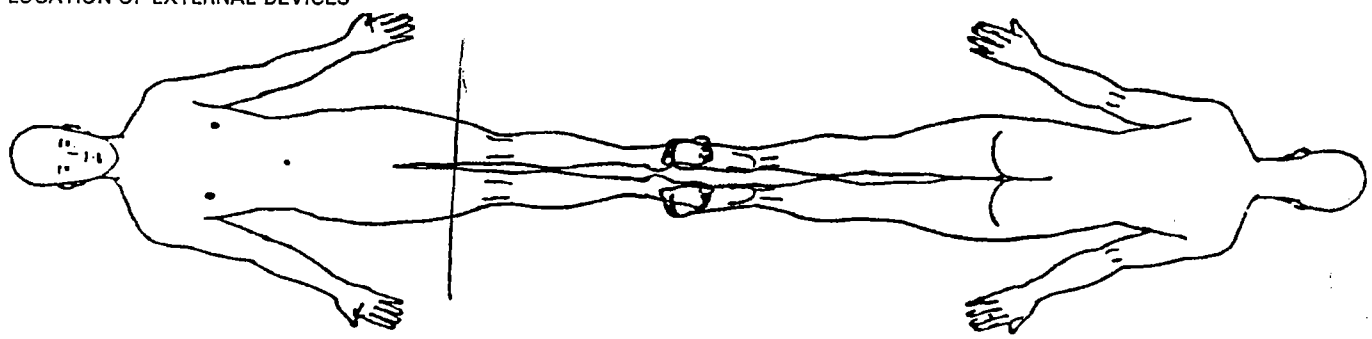
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)*
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☐ No					
Needle Sharp	☐ Yes	☐ No					
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

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

TA (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 ☐ ☒ NO IF YES NAME: ID NUMI UFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Silvadene cream			topical		MAG (b)(6)-2
Bacitracin oint					
Petroleum Jelly					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): NACL 2 Hebiclens

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)* Silvadene - tapped - Kerlix to legs - (B) hand

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED

F & D Burns Dressing D

21. PATIENT TRANSFERRED TO ICU | TIME 1135-2 | METHOD Gurney

22. REGISTERED NURSE SIGNATURE

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

MEDCOM - 3333

511-117

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																			
POST-	DAY 30																		
MONTH-YEAR JUN/JUL	DAY	30 JUN 03		01 JUL		02 JUL													
2003	HOUR																		

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

RESPIRATION RECORD: 16 16 6

BLOOD PRESSURE: 96/52 114/63 132/52 112/1.. 85/45 92/54; 100/58 108/56

HEIGHT: WEIGHT →

1 S 5 [illegible]%; 2nd 5 [illegible]%: 95% 92% 93% 94% 95% 93%; 93%

1 S SET

2nd SET

(b)(6)-2

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

(b)(6)-4

ICW Bed 4

VITAL SIGNS RECORDS
Medical Record

STANDARD FORM 511 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

STANDARD FORM 545 (REV 10-75)
545-

LABORATORY REPORT DISPLAY

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

TEST(S)		
SPECIMEN TAKEN		
DATE 29 JUN 03	TIME 2310	A.M. / P.M.
RESULTS	REQUESTED	(X)
5.04	RBC COUNT	
14.8	HEMOGLOBIN	
43.4	HEMATOCRIT	
86.0	MCV	
29.3	MCH	
34.1	MCHC	
4.1 L	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
200	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
43.4	PTT PATIENT	
	PTC CONTROL	
13.1	PTC PATIENT	
	% ACTIVITY	
1.17	~~RATIO~~ INR	
	SICKLING TEST	
2.8	LE PREP LY#2	
4	LY#	

REMARKS: CBC + Diff / PT PTT / PLATELETS

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: (b)(6)-2
TECH
MD DATE 2347Z 29 JUN 03
HEMATOLOGY
URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB. RPT. NO.
PATIENT'S MED. RECORD

(b)(6)-4

CHEMISTRY I 546-107
STANDARD FORM 546 (Rev. 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

TEST(S)		
SPECIMEN TAKEN		
DATE 29 JUN 03	TIME 2310	A.M. / P.M.
RESULTS	REQUESTED	(X)
97	GLUCOSE	
8	UREA N.	
1.2	CREATININE	
	URIC ACID	
138	SODIUM	
4.3	POTASSIUM	
99	CHLORIDE	
25	CO_2	
	PHOSPHATE	
8.7	CALCIUM	
6.8	TOTAL PROTEIN	
2.7	ALBUMIN	
	GLOBULIN	
63	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
40	SGOT	
	LDH	
242	CPK	
0.7	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
133	CHOLESTEROL	
	TRIGLYCERIDES	
69	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
30	ALT	

REMARKS: MET LYTES / LIVER PANEL

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: (b)(6)-2
TECH
MD DATE 2355Z 29 JUN 03
CHEM I
URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB. RPT. NO.
PATIENT'S MED. RECORD

(b)(6)-4

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE *(Check one)*

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

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

LABORATORY REPORT DISPLAY

☆U.S. GOVERNMENT PRINTING OFFICE : 1991 0 288--923

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
I&D Burns			
	PHYSICAL STATUS 1 2 3 4 5 6 7		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) Unknown	BP ..... PULSE ..... ECG (IF PERTINENT) Unknown	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) Unknown	(ALLERGIES) PKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS

PREOPERATIVE DIAGNOSIS	PREMEDICATION
Burns	

SI (b)(6)-2 DATE 06/30/03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1990 — 281-782/20239

Standard Form 517

CLINICAL RECORD — ANESTHESIA

ANESTHETIC(S) 80 1100 36 1200 HOUR

O2
SOD
Versed
Anturg
Dyr
Tor 32d

INDUCTION
SATIS
UNSATIS AND WHY

REMARKS

OXYGEN 10 6 6 6
CO_2 ABSORP. 40 40 40 40
SpO2 99 98 98 98
LEVEL OF ANAL-ANES. ER 52 52 52 52

CODE
● PULSE
○ RESP.
V ^ B. P.
X ANES.
Ⓠ OPER.
T TOURN.

220 200 180 160 140 120 100 80 60 40 20

FLUIDS
B BLOOD
N SALINE
G 5% G/W
DX EXPAND.

NUMBERS FOR REMARKS

IV FLUIDS RV

POSITION

AGENTS AND TECHNICS

SpO2 92
124
13
909

ENDOTRACHEAL: SIZE 6 mm BLADE ..... ORO ..... NASO ..... CUFF ..... PACK .....
REMARKS:

RECOVERY
REFLEX IN O.R. .....
EMESIS .....
ASPIR. .....
EXCITEMENT .....
HYPOTENSION .....
OTHERS .....

OPERATION PERFORMED: I&D of Bursa

TOTAL FLUIDS: 1100

NAME(S) (b)(6)-2
(b)(6)-2
Signature of Anesthetist: CRT

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
(b)(6)-4
(b)(3)-1

REGISTER NO. # (b)(6)-4
WARD NO. 16
DATE

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

517-111

POST ANESTHESIA CARE UNIT FLOWSHEET

(b)(6)-4

Time Received From OR: ~~[illegible]~~ 1134 **Procedure:** I&D Face, hands legs (L) ear

ASA: ~~[illegible]~~ **Allergies:** NKA **EBL:** Ø

U.O. in OR: _____ **Drains:** Ø

Fluids Received in OR: Type Crystal **Amount** 1200

Anesthesia: General / 30 Toradol reversed 5 fent

Time	1140	1155	1210	12							
Temp	96.9										
HR	116	98	92								
RR	10	16	18								
BP	124/66	115/65	112/63								
O2 Sat	92	92	91								
Activity	2	2	2								
Resp	2	2	2								
Circ	2	2	2								
Consc	2	2	2								
Color	2	2	2								
Total	10	10	10								

Notes:

Transferred to: ICW **Via:** litter **Report to:** SSG (b)(6)-2

Name: (b)(6)-2 CPT AN **Date:** 30 JUN 03

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

DATE OF ORDER: 29 JUN 03 TIME OF ORDER: 2321 HOURS

LIST TIME ORDER NOTED AND SIGN

ADMIT - ICW
Dx - FOB BURNS
CONDN - Stable
✓ VITALS - Routine.
✓ ALL - NKDA
✓ NURSING - ✓ Sa O2 Q4°
Keep SaO2 > 88%

(b)(6)-2 SSG RN 30JUN03 0300

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

DATE OF ORDER: TIME OF ORDER: HOURS

DIET - NPO ~~x meds~~
✓ IVF - ~~D5 0.9NS + 20K~~ LR @ 250 cc/hr.
✓ MEDS - MSO4 1-10 mg IV Q1-2° PRN
Darvocet N-100
1 PO Q4-6° PRN Pain
✓ ACTIVITY - OOB → chair TID
✓ LAB - CBC, Meflyte 8 in AM

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

DATE OF ORDER: TIME OF ORDER: HOURS

Dr. (b)(6)-2 to see pt.

(b)(6)-2 SSG RN 30JUN03 0315

A NPO to strict NPO (b)(6)-2
for OR today
↓ iv fluid to LR
@ 150 cc/hr

CPT, MC

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

DATE OF ORDER: TIME OF ORDER: HOURS

Admit to ICU → ICW
Dx Burns to face, ears hands + legs
Condition Stable
✓ VS per routine
✓ Activity ad lib

(b)(6)-2 SSG RN 1730 30JUN03

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: # (b)(6)-4

NURSING UNIT: ICW | ROOM NO.: | BED NO.: 4

DATE OF ORDER: 6-30-03 | TIME OF ORDER: Noon Z HOURS | LIST TIME ORDER NOTED AND SIGN

✓ iv LR @ 100cc/hr
Heplock when taking po well
✓ Meds Percocet 1-2 po q 4-6° prn pain
✓ MSO4 1-10mg iv q 1° prn pain not relieved by Percocet

PATIENT IDENTIFICATION: # (b)(6)-4

NURSING UNIT: ICW | ROOM NO.: (b)(6)-2 | BED NO.: 4

DATE OF ORDER: 6-30-03 | TIME OF ORDER: Noon Z HOURS | (b)(6)-2

✓ Regular diet plus Ensure tid
✓ Motrin 800mg po tid c̄ meals
✓ Please Δ hand and leg dressings q day c̄ Silvadene (b)(6)-2

SSG [illegible] 30 JUN 03 1300

PATIENT IDENTIFICATION: # (b)(6)-4

NURSING UNIT: ICW | ROOM NO.: | BED NO.: 4

DATE OF ORDER: 6-30-03 | TIME OF ORDER: 1625Z HOURS

Wash wounds well c̄ soap & water & reapply Silvadene.
✓ Face & ear dressings - Δ daily Neoform & Bacitracin wash with soap & H2O & then reapply (b)(6)-2

PATIENT IDENTIFICATION: # (b)(6)-4

NURSING UNIT: ICW | ROOM NO.: | BED NO.: 4

DATE OF ORDER: 6-30-03 | TIME OF ORDER: Noon Z HOURS

✓ Vaseline to lips prn to prevent cracking (b)(6)-2

✓ Vermox 100mg po BID x 6 doses
✓ Multi vitamin 1 po q day (b)(6)-2 (b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4				7-3-03	0815 HOURS	
				Send scripts		
				Teach wound care		
				D/C to home when a		
				ride is available		
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

(b)(6)-2

(b)(6)-2

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

CLINICAL RECORD	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.	JUN Mo. JUL Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED Z	30	7/1	2	3
29 JUN	(b)(6)-2	Vital Signs Routine	D	(b)(6)-2				
			E	(b)(6)-2				
29 JUN	(b)(6)-2	✓ SaO2 Q 4°	02	(b)(6)-2	93%	97%	✓	(b)(6)-2
		Keep ↑ 88%	06				✓	
			10				✓	
			14	✓	(b)(6)-2	✓		
			18	✓	(b)(6)-2			
			22	✓				
29 JUN	(b)(6)-2	Activity OOB → Chair	02	(b)(6)-2				
		TID Ad Lib	10	(b)(6)-2				
			18		(b)(6)-2			
30 JUN	(b)(6)-2	Reg Diet + Ensure	B	→ (b)(6)-2				
			L	→ (b)(6)-2				
			S	(b)(6)-2				
30 JUN	(b)(6)-2	Δ Hand and leg dressings	06	(b)(6)-2				
		Daily Wash wounds c̄ soap and H2O re-apply silvadene						
30 JUN	(b)(6)-2	Δ Face and ear dressings	06	(b)(6)-2				
		Daily Δ xeroform and bacitracin. Wash c̄ soap and H2O then reapply.						

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: Flash Burns 2° Grenade Blst

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: # (b)(6)-4

ICW Bed 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. JUN JUL Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 30	7/1	2	3
29JUN	(b)(6)-2	IV LR @ 250cc/hr	D E	(b)(6)-2	D/C'd 30/JUN/03		
30JUN	(b)(6)-2	IV LR @ 150cc/hr	D E	(b)(6)-2			
30JUN	(b)(6)-2	IV LR @ 100cc/hr Heplock when po well	D E	(b)(6)-2			
30JUN	(b)(6)-2	Motrin 800mg tid c̄ meals	02 0230 0230	(b)(6)-2 (b)(6)-2			
30JUN	(b)(6)-2	Vermox 100mg BID x 6 doses	04 16	(b)(6)-2 (b)(6)-2			
30JUN	(b)(6)-2	Multi-vitamin T pOQD	06	(b)(6)-2			
~~30JUN~~	(b)(6)-2	~~Vaseline to lips PRN~~		(b)(6)-2			
30JUN	(b)(6)-2	Saline lock-flush q Shift	D E				

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: Flash burns secondary to Grenade (b)(6)-2

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION: # (b)(6)-4

ICW Bed 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													
29JUN	(b)(6)-2	MSO4 1-10 mg IV Q1-2° PRN														
29JUN	(b)(6)-2	DARMCET N-100 T PO Q 4-6° PRN PAIN														
30JUN	(b)(6)-2	Percocet T-II PO Q 4-6° PRN pain	30JUN TT 1600	30JUN 2215 (b)(6)-2	(b)(6)-2 1 JUN 1600 TT	25 JUL (b)(6)-2 TT 1515										
30JUN	(b)(6)-2	MSO4 1-10mg IV Q 1° PRN pain not relieved by Percocet														
30JUN	(b)(6)-2	Vaseline to lips PRN to prevent cracking	1600 (b)(6)-2 30JUN	1600 (b)(6)-2 1 JUN												

USAPA V1.00

(b)(6)-4

ROUTINE

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)-4	(b)(6)-4		AMC	U / P / R X	—

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO
30	X Male / Female	70 Kg		AMBULATORY / X LITTER 2A	(b)(6)-2	(b)(3)-1

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS	
	KAF	BAF	16a. MEDICAL	16b. NON MED
	14b. ORIGINATING FACILITY PHONE NUMBER (b)(3)-1	15b. DESTINATION FACILITY PHONE NUMBER (b)(3)-1		

17. DIAGNOSIS

30 y/o SUSTAIN-C FLASH BURN
& PUNCTURE WOUNDS LE FOLLOW
GRENADE ATTACK

18. X BATTLE CASUALTY / DISEASE / NON-BATTLE INJURY

19. CLINICAL ISSUES *(Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)*

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		/	HYPERTENSION	f.		/	MOTION SICKNESS	k.		/	AMBULATORY
b.		/	CARDIAC HX	g.		/	VISION IMPAIRED	l.		/	AMBULATORY AID
c.		/	DIABETES	h.		/	VOIDING PROBLEMS	m.		/	SELF-MEDS
d.		/	RESPIRATORY	i.		/	BOWEL PROBLEMS	n.			ADEQUATE SUPPLY OF MEDS
e.			EARS/SINUS	j.			SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
25-JUN-03		Ø

20d. DIET: X REG / 3GM NA / CARDIAC / DIABETIC ____ CALS

____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4

____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE ____ / OTHER *(Specify)* ____

TPN: Change to D10 at ____ cc/hr for max of ____ days

TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT		TRACTION		ORTHOPEDIC BRACES
		SUCTION	IV PUMP	CHEST TUBE/HEIMLICH
		NG TUBE	TRACH	RESTRAINTS
		STRYKER FRAME	MONITOR	OTHER *(Explain in 23)*
		INCUBATOR	FOLEY	

O2: NONE LITERS: ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS	X-RAYS	FINANCIAL	
X	INPATIENT RECORDS	OB RECORDS	OTHER *(Specify)*	
	NARRATIVE SUMMARY	DENTAL RECORDS		

MEDICATIONS/TREATMENTS

- BACITRACIN BID TO FACE
- SILVADENE DRESS BID TO EXT WOUNDS
- ~~ANCEF~~
- PERCOCET 1-2 PO q6h PRN
- MS 2-4 mg IVP q 30 min PRN DRESS C AG?

IV's HEP LOCK
NO VENT

HCT 40%

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
27-JUN-03	100	90	16	106/60

22. BRIEF NARRATIVE

30 y/o c̄ 10% BSA 2° BURN
FACE, BILAT HANDS & BILAT LE

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
	T=96.7 P=83 BP=123/67.
	CONJ PINK
	FACE: 50% 2° PICKER
	LUNGS CTA
	COND RRR
	ABD BS (+) SOFT NT
	EXT: 100% PARTIAL THICKNESS BURNS ALL 4 EXT.
	SHRAPNEL WOUNDS BILATERAL ANKLES NO FOREIGN BODIES NO FX
	PT INITIALLY TAKEN TO OR FOR WOUND DEBRIDEMENT, PT INTUBATED OVERNIGHT FOR OBSERVATION FOR CONCERN FOR POSSIBLE INHALATION INJURY. PT TO STABLE C̄ GOOD OXYGENATION & ONLY MILD FACIAL SWELLING. EXTUBATED IN A
	PLAN TXF FOR WOUND CARE.

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

(b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FO

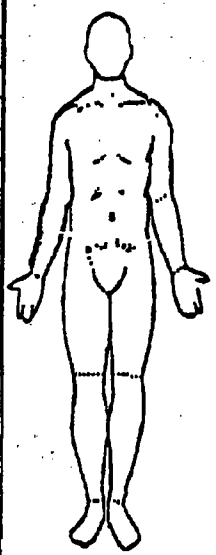
RED 8

23. ASSESSMENT/PROGRESS *(Continued)*

DATE/TIME	NOTES	DATE/TIME	NOTES
29 June @ 0430 - VSS, T-97.7, P-80, R-20, O2 95% RA, BP-110/56. U/O - 500 cc LYC, [redacted]			
@ 0830 - A dressings to OU lower legs, (R) hand, Xeroform over Silvadene, kerlex, Keep (R) leg elevated [redacted]			
@ ~~1000~~ 0920 - Ancef 1g, Zantac 50mg [redacted]			
@ 0930 - VSS, T-99.9, P-87, R-16, O2-94% RA, BP-109/58 [redacted]			
29 June 03 Kandahar ⇒ Bagram AF Afghanistan [redacted] Cpt [illegible]			
1600 - T 97.7°F (oral) P 79, R 20, BP 100/50			
SpO2 95% RA. ZANTAC 50mg given [redacted]	IE/AN		
2015z/0045L pt in plane with litter & difficulty of speech distortion - IV, intact - pt of English speaking but hydrogenic modality - pt denies pain discomfort - cont to monitor [redacted]			
2120z/0550L pt resting quietly - tolerating flight well - of speech distortion [redacted]			

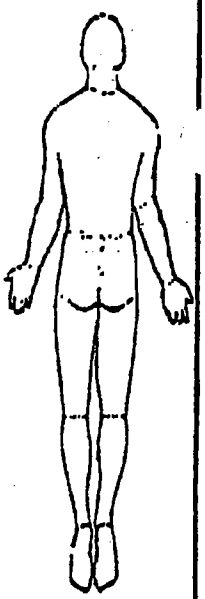
GLASCOW COMA SCALE	SCORE	DATE/TIME: PREFLIGHT	INFLIGHT					POSTFLIGHT
1. EYE OPENING	SCORE							
SPONTANEOUS	4							
TO SOUND	3							
TO PAIN	2							
NO RESPONSE	1							
2. BEST VERBAL RESPONSE	SCORE							
ORIENTED	5							
DISORIENTED	4							
INAPPROPRIATE WORDS	3							
INCOMPREHENSIBLE SOUNDS	2							
NONE	1							
2. BEST VERBAL RESPONSE	SCORE							
OBEYS COMMANDS	6							
RESPONSE TO PAIN								
LOCALIZES	5							
WITHDRAWS	4							
DECORTICATE	3							
DECEREBRATE	2							
NO RESPONSE	1							
TOTAL = 1 + 2 + 3								

[X] IDENTIFY FINDING BY NUMBER



1 - BURN
2 - CAST/SPLINT
3 - DRESSING
4 - DRAINAGE
5 - ECCHYMOSIS
6 - HEMATOMA
7 - PAIN
8 - PRESSURE AREA
9 - RASH
10 - OTHER

WRITE # FOR FINDING ON DRAWING



Rt Lt Lt Rt

F FORM 3899, MAR 95 *(REVERSE)*

☆U.S. GOVERNMENT PRINTING OFFICE:1995—393-369

MEDICAL RECORD — **INTRAOPERA[illegible] [illegible]CUMENT**

For use of this form, see AR 40-66, the propo[illegible] [illegible] office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY EMT

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY MJR (b)(6)-2

3. DATE 05 JUNE 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 800 NUMBER # (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC (b)(6)-2	RELIEF SCRUB	
	SPC. (b)(6)-2		
ASSIGNED CIRCULATOR	SPC (b)(6)-2	RELIEF CIRCULATOR	
	PFC (b)(6)-2		

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

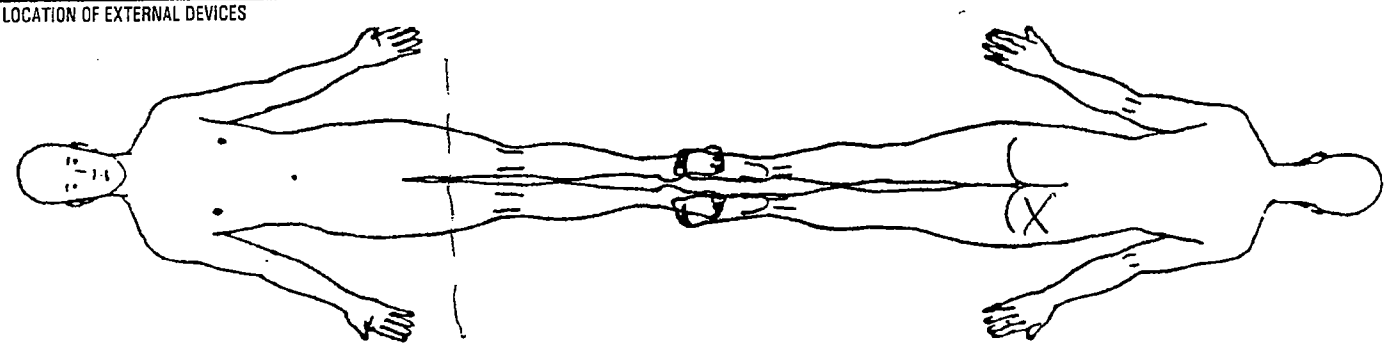
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* NO PREP
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

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

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

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

AMF C→

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

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

SPECIMEN TAKEN
DATE 26 JUNE 2717 A.M. P.M.
REQUESTED
CBC
RESULTS
WBC- 4180
band- 4
seg- 64
lymph- 31
eosin- 0
baso- 0
mono- 2
PLI- Adequate
RBC- Normocytic
Hct- 45
Hb- 15

EMARKS
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
EQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
MD DATE 26 JUNE 13
TECH
MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT NO
BLOOD
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR HIMR (41 CFR) 201-45-505
557-107
PATIENT'S MED. RECORD

Bed 8

SPECIMEN TAKEN
DATE 26 JUN 2717 A.M. P.M.
REQUESTED
UA
RESULTS
color yellow
clarity - clear
SG - 1.015
pH - 5.0
leukocyte - negative
nitrite - negative
protein - negative
glucose - negative
ketones - negative
urobilinogen - normal
bilirubin - negative
blood - negative

EMARKS
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
EQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
MD DATE 26 JUNE 13
MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR HIMR (41 CFR) 201-45-505
557-107
LABORATORY FILE

Bed 8

(b)(6)-4

i-STAT EG7+
Pt: 8
Pt Name:
Glucose - 110 mg/dL

Na	140 mmol/L
K	3.3 mmol/L
TCO2	24 mmol/L
iCa	1.06 mmol/L
Hct	45 %PCV
Hb*	15 g/dL

*via Hct

At 37C

pH	7.487
PCO2	30.3 mmHg
PO2	76 mmHg
HCO3	23 mmol/L
BEecf	0 mmol/L
sO2*	96 %

MEDCOM - 3348

MEDICAL RECORD - ANESTHF

F :his form, see AR 40-66; the proponent ; OTSG

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

DRUG	(Units)													
Versed	( )	1				1 1/2								
Fentanyl	( )	2				1								
Pipercuronium	( )	200												
Anectine	( )	100												
	( )													
	( )													

ANESTHETIC AGEN

VOLAT AGENT	Forane % del	1.0	1.5											
	% e.t.													
AIR	L/Min													
N2O	L/Min													
O2 5	L/Min													

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

FLUIDS

LINE site	☐ Warmed													
@ 1000 cc NS	☐ Warmed	Mixed NS												
@ 500 cc	☐ Warmed	1000 cc NS												
	☐ Warmed													

LOSSES

EST BLOOD LOSS														
URINE -														

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 80 KG/LB

HATOCRIT:

INITIAL DATA: BP- 119 HR 133 177 HR- 119

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE? TIME-

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

TIME	1315	1905
220		
200		
180		
160		
140	✓✓✓✓	
120		
100	✓✓✓✓✓✓✓✓✓✓✓✓	
80	∧∧∧∧	
60	∧∧∧∧∧∧∧∧∧∧∧∧	
40		
20		

VENTIL

VT - ml				
f - breaths/min	12	24	20	24
Peak inf pres / PEEP				
MODE - S(pon), A(ssist), C(on)	S C	C	C	

MONITORS/ACCESSORI

BP/Auto Cuff	ET CO2 (torr)	48	50	45	45
BP/oth	FIO2 (Frac or %)	.70	.76	.70	.56
ART line	SpO2 (%)				
Steth- PC/ES	ECG	NSR	ST	SR	R
Gas analyzer	TEMP-site				
	N-M Block (T/4)				
Warming blkt					
Conv warmer					

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

TOTALS — TOTAL EB: 150 cc; TOTAL URI: 200

FLUIDS SUMMARY
CRYSTALLOID- 3500 cc
COLLOID- 0
BLOOD- 0

REMARKS
Code drugs with numbers, events with letters

① To OR #1
Monitors
Place
Preoxygenate
To O2 sat
Rapid
Sequence
Cricoid
Pressure
Orally
Intubated
8.0 ETT
Cuff &
Tube secure.
⊕ FiO2.

② To PACU.
Intubated.

RECOVERY AT: PACU ICU (Speci
OTHER
CONDITION: C/1905
RESP- 14 SpO2- 99
BP- 98/47 HR- 89

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1730	1805	19
PROC	Ready	Begin	End
	1810	1810	18

PROCEDURES and CPT Codes: FAIE
IBD ⑥ LGS & B Hernias

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

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
Amc
Male
(b)(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
8.0 oral ETT.

SURGEONS: (b)(6)-2 Mot.

ANESTHETISTS: (b)(6)-2 Cmwa.

PROCEDURE LOCATION: OR #
DATE: 25 June
PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1

MEDCOM - 3349

ROUTINE

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial): (b)(6)-4
2. SSN: (b)(6)-4
3a. STATUS
3b. SERVICE
4. PRECEDENCE: U | P | R
5. GRADE
6. AGE: 30
7. SEX: X Male | Female
8. WEIGHT: 70 Kg
9. BLOOD TYPE
10. CLASSIFICATION (1A-5F): AMBULATORY | X LITTER
11. ACCEPTING PHYSICIAN: (b)(6)-2
12. CITE/AUTHORITY NO.: (b)(3)-1
13. APPT/SURG DATE
14a. ORIGINATING FACILITY: KAF
14b. ORIGINATING FACILITY PHONE NUMBER: (b)(3)-1
15a. DESTINATION FACILITY: BAF
15b. DESTINATION FACILITY PHONE NUMBER: (b)(3)-1
16. NUMBER OF ATTENDANTS
16a. MEDICAL
16b. NON MED

17. DIAGNOSIS

30 y/o Substantial Flash Burn & punctate wounds left forearm. Grenade attack

18. X BATTLE CASUALTY | DISEASE | NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		/	HYPERTENSION	f.		/	MOTION SICKNESS	k.		/	AMBULATORY
b.		/	CARDIAC HX	g.		/	VISION IMPAIRED	l.		/	AMBULATORY AID
c.		/	DIABETES	h.		/	VOIDING PROBLEMS	m.		/	SELF-MEDS
d.		/	RESPIRATORY	i.		/	BOWEL PROBLEMS	n.			ADEQUATE SUPPLY OF MEDS
e.			EARS/SINUS	j.			SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS

20a. DATE: 25-Jun-03
20b. TIME
20c. ALLERGIES: 0

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC ____ CALS

RENAL ____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4

TUBE ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE ____ | OTHER (Specify) ____

TPN: Change to D10 at ____ cc/hr for max of ____ days

TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

	TRACTION	ORTHOPEDIC BRACES
SUCTION	IV PUMP	CHEST TUBE/HEIMLICH
NG TUBE	TRACH	RESTRAINTS
STRYKER FRAME	MONITOR	OTHER (Explain in 23)
INCUBATOR	FOLEY	

O2: None | LITERS: | ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS	X-RAYS	FINANCIAL
X INPATIENT RECORDS	OB RECORDS	OTHER (Specify)
NARRATIVE SUMMARY	DENTAL RECORDS	

20i. MEDICATIONS/TREATMENTS

- Bactroban BID to face
- Silvadene dress BID to ext wounds ~~Arches~~
- Percocet 1-2 po q6h prn
- ms 2-4 cc IVP q 3° prn dress c AS

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
27-Jun-03	100	90	16	106/6

22. BRIEF NARRATIVE

30 y/o c 10% BSA 2° burn face, bilat hands & bilat LE

23. ASSESSMENT/PROGRESS

DATE/TIME — NOTES

T=96.7 P=83 BP=123/67.
Conj P-CR
Back: 50% 2° pecr
Lacs CTO
Cold RLL
Abd BS (+) soft NT
Ext 100% bordol tannos
Burns all 4 ext.
- Shrapnel wounds bilat ankles
No foreign bodies No Fx

Pt initially taken to OR for wound debridement. Pt intubated overnight for observation for concern for possible inhalation injury. Pt'm to stable c good oxygenation & only mild facial swelling. Extubated in A

Plan TXF for wound care.

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN: (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FO

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 JUN 03 TIME OF ORDER: 20:00 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ADMIT PACU S/P BURN DEBRIDEMENT
2. VITALS Q 2°
3. ALLERGIES: NONE
4. DIET: NPO
5. IVF: RL @ 150 ml/hr
6. CXR: @ 01:00
7. VENT SETTINGS: VT 650 ml P5 FIO2 50% SIMV RATE 16

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

8. ABG @ 01:00
9. WEAN FIO2 TO 24% MAINTAIN SaO2 >92%
10. SILVADENE TO HANDS / LOW EXTR
    DRESSING BID
11. BACTRACIN TO FACE WOUNDS BID
12. ANCEF 1000 mg IV q 8°
13. CBC/LYTES @ 01:00

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

14. FOLEY CATH TO GRAVITY
15. ~~FENTANYL 100 mcg q 2° PRN~~
16. VERSED 2 mg IV q 4° PRN
17. MSO4 4-6 mg IV q 2-4° PRN
18. ZANTAC 50 mg q 8°
19. VECURONIUM 10 mg IV PRN

(b)(6)-2

24 JUN DC (b)(6)-2 FAN 1930

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2

NURSING UNIT | ROOM NO.

DATE OF ORDER TIME OF ORDER

26 JUN 03 0135Z HOURS

1. LOVENOX 30 mg SC B.D

(b)(6)-2

26 JUN 03

1. PROTEIN SHAKES QID

THANK-YOU

(b)(6)-2

(b)(6)-2

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

(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

(b)(6)-4

Transcribed (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 27 JUN 03 TIME OF ORDER: 0515 HOURS — LIST TIME ORDER NOTED AND SIGN

1. PLEASE Δ IV SITE
2. RL @ KVO RATE ✓
3. D/C ~~[illegible]~~ ANCEF ✓
4. D/C MSO4 ✓
5. PERCOCET 1-2 q 3° PRN PAIN ✓
6. MSO4 2-4 mg PRN DRESSING Δ ✓ OR PAIN REFRACTORY TO PERCOCET

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

7. D/C FOLEY ✓
8. CXR
9. BACITRACIN TO FACE BID ✓ NO SILVADENE NO HYDROCORTISONE
10. AMBULATE - TID ✓
11. UP IN CHAIR - TID ✓ THANK - [illegible] (b)(6)-2

PATIENT IDENTIFICATION

NOTED (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: V.O. 27 June @ 1100 HOURS MAS, MC

D/C O2

(b)(6)-2 (b)(6)-2 (b)(6)-2 DONE LT/AN 27 JUN 2200Z

PATIENT IDENTIFICATION

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

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 28 JUN 03 TIME OF ORDER: HOURS

1) Regular diet ✓
2) Up in chair TID ✓
3) Ambulate BID c assistance ✓
4) Elevate R foot ✓
5) Xeroform gauze over drainage dressing Δ BID

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

24hr DONE LT/AN 2200Z (b)(6)-2 JUN 03

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

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1
2. LOCATION (State or Country Code.): A F
3. REGISTER NUMBER: (b)(6)-4
NAME (Last First Middle Initial): (b)(6)-4 Afghan Adult Male
(b)(6)-4
4. PAY GRADE:
5. SEX: M
6. DATE OF BIRTH (YYYYMMDD): 19730101
7. AGE AT ADMISSION: 30 Y
8. RACE: X
9. ETHNIC BACKGROUND: 9
RELIGION: Muslim
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99 20
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS: 2
HOUR OF ADMISSION: 2321
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: ~~K1~~ K78
16. ZIP CODE OF RESIDENCE: 093540000
UNIT LOCATION (State or Country Code): AF
18. MOS:
19. TRAUMA:
PREV. ADMISSION: YEAR ☐ NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1
WARD:
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY:
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION: 05
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (YYYYMMDD): 20030703
24. CLINIC SVC - ADMITTING: AAAA
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (YYYYMMDD): 20030602
LOCATION OF OCCURRENCE (Battle Casualty Only): AF
28. MTF OF INITIAL ADMISSION: (b)(3)-1
29. DATE INITIAL ADMISSION (YYYYMMDD): ~~20030603~~

FOR LOCAL USE

1070 BSA 2° burns Grenade

Trauma	Injury	Dx	PR
1	448	94811	9357
		E993	

(b)(6)-2

ADMITTING OFFICER (Signa (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

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

‹TIENT TREATMENT RECORD COVE ET

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

1. REGISTER NUMBER (b)(6)-4			2. NAME (Last, First, MI) (b)(6)-4			3. GRADE	ADMISSION REMARKS
4. SEX m	5. AGE 35	6. RACE X	7. RELIGION muslim	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP 99		12. SSN		13. ORGANIZATION		14. WARD ICW	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN		18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE BC	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø					22. HOURS OF ADMISSION 1430	23. CLINIC SERVICE	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION Ø5		26. DATE OF DISPOSITION Ø3 Ø9 18	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION Ø3 Ø9 17	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 AFGHANISTAN						30. DATE OF INTIAL ADMISSION Ø3 Ø9 17	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

1. IED (RP) finger 18 Sep03

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
				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
				1	1

SIGNATURE OF (b)(6)-2

SIGNATURE OF (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
	CARS Op Note
15 Sept 03	
	Pre/Post Op Dx: Fingertip injury
	Oper: I+D : revision amputation
	Mydriasis
	Local Anesthesia.
	0 complications.
	(b)(6)-2
	(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.
(b)(6)-4		

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
17SepT03	(S) 35 y/o local national c̄ tractor inj to (R) hand x 3 days
Allergies	Hand got caught in fan blade of tractor injuring 3 fingers
NKDA	Initial visit treated c̄ irrigation, Abx, and sutured avulsed flap
Meds	of ring finger. Pt denied wanting to fly to BAF for surgical tx.
Keflex	Now ↑ pain has decided he wants to get it fixed. Denies any
Motrin	F/C No redness/streaking noted.
Ampicillin	
1gm Inj x2	(O) A & O x3 NAD WDWN RHD VSS
P - 83	UE → (R) hand Pinkie/Ring/middle finger (+) avulsion c̄ bone exposed
O_2 - 95%	(+) necrotic skin to middle finger distal tip.
BP - 130/90	∅ streaking ∅ lymphadenopathy (+) edema (+) erythema
	NVS - ⊕TTP distal [redacted] R/M/U intact
	A/P S/P (R) hand open fx c̄ avulsion to middle/ring/pinkie finger
	- Rocephin 1gm IM inj
	- Bulk dressing
	- Removed fingernails S/P 3 days
	- Sutured Ring finger avulsion S/P 3 days c̄ 4,0 vicryl
	- Placed on Motrin & Keflex
	- Would like to be evaced for further tx.
	(b)(6)-2
	ILT [redacted] PA-C
	B6-2

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.

(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

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-378

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL — DATE: DAY 17, MONTH 09, YR. 03 — TIME 1430

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data): Keflex (Rocephin today) Motrin Ampicillin 1gm x2 IV

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): (b)(3)-1

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): 3 dold traumatic injury 3-4-5th digits (R) — SEX: M — AGE: 35

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS			
TIME	1435		
BP	132/85		
PULSE	68		
RESP.	16		
TEMP.	98.1(O)		
WT. (Child)			

CATEGORY (See reverse)
- EMERGENT
- URGENT
- NON-URGENT

ORDERS	INITS.	TIME
Ancef 2gm IV	[illegible]	1445
Gent 70	[illegible]	
(Rx, mobility)	[illegible]	1440
X-Rays 3-4-5 (R)	[illegible]	1440

ASSESSMENT/DIAGNOSIS

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

35 yo LN fan caught in fan blade of tractor 3 days ago. Initial visit to local physician — irrigated, Rx'd ⅰ antibiotics as above — pt seen today by a PA, given Rocephin, placed on keflex; sent because pt now decided he wants it all fixed.

PE exposed bone (R) middle finger — also Sutures noted pad of (R) Ring finger — superficial avulsion lac to volar aspect little finger — NO sutures noted Nails taken on Little/Ring fingers prior to arrival

X-Ray = Distal tuft amputation middle finger
Distal tuft fracture of ring finger.

Wounds cleaned, dressed. Aluminafoam Splint placed to protect finger.

7.7 > 13.6 / 40.4 < 185

140	103	9	106
4.5	25	1.3	

DISPOSITION (Check all that apply)
- HOME
- FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY / TODAY
- 72 HOURS / ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- IMPROVED
- UNCHANGED
- DETERIORATED

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

(b)(6)-4

#(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP: (b)(6)-2 MAJ MC

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

~~Rede~~ Boarded tonight
F/U Ortho Clinic in AM for revision
Continue Keflex as prescribed

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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

1. Date/Time: 18SEP03

2. Discharge to: [X] Home Other *(specify)*

3. Mode: [X] Ambulatory Other *(specify)*

4. Accompanied by: MD

5. Activity: [ ] Limitations *(specify)*

no restrictions

(b)(6)-2

Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: [ ] No Dietary Restrictions If special, identify ↑ fruit/veg

_____ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: [ ] No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Tylenol #3			

(b)(6)-2

Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Keep dressing on (R) arm for one week, Keep clean + dry		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ clinic in _____ (time period).

to own MD

(b)(6)-2

Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

Stable

11. Signature (Registered Nurse): (b)(6)-2 MAJ

12. Additional Information:

13. Patient Identification:

(b)(6)-4

(b)(6)-4

COPY 1 - INPATIENT RECORD COPY

MEDICAL RECORD — **INTRAOPERAT OCUMENT**

For use of this form, see AR 40-66, the propo ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Amb BY [redacted] (b)(6)-2

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

3. DATE 18 Sept 03 TIME PATIENT ARRIVED IN SUITE 0340

4. PATIENT IN ROOM TIME 0340 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

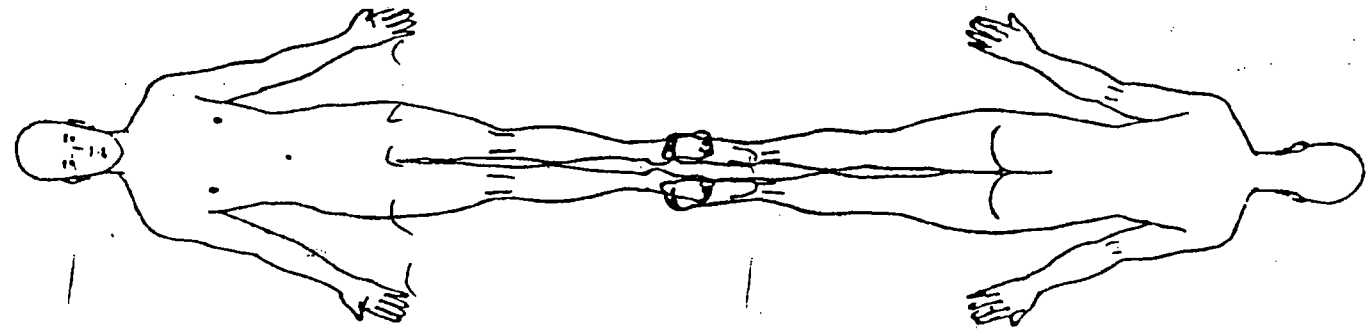
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub + Sol
SITE: (R) hand BY WHOM: [redacted] (b)(6)-2
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☐ No					
Needle Sharp	☐ Yes ☐ No					
Instrument	☐ Yes ☐ No					
Other	☐ Yes ☐ No					

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

[redacted] (b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
0.5% marcaine		0345	Local	(b)(6)-2	(b)(6)-2

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
Normal

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*
4X4 Xeroform
Splint (R) hand
(b)(6)-2

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED
I&D (R) finger

21. PATIENT TRANSFERRED TO Ward TIME METHOD AMB

22. REGISTERED NURSE SIGNATURE (b)(6)-2

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

MEDCOM - 3360

#(b)(6)-4

SPECIMEN/LAB. RPT. NO.

CHEM I

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP

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

SPECIMEN SOURCE: STAT ☐ ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 URE

REPORTED BY (b)(6)-2 MD

DATE 1455 TECH 17 Sep

LAB. ID. NO.

REMARKS METCYTE B

546-106

TEST(S)																																			
SPECIMEN TAKEN																																			
DATE	TIME	A.M.	P.M.	(X)	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)					
17 Sep	1435				RESULTS	166	9	1.3		140	4.5	103	25									412													

CHEMISTRY I

STANDARD FORM 546 (Rev. 6-71)
Generally Accepted by Services Administration and Interagency Committee on Medical Records, FPMR 101-11.806-6

#(b)(6)-4

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP

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

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

PATIENTS MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD

DATE 17 Sept 1445Z TECH

LAB. ID. NO.

REMARKS CBC

549-107

TEST(S)																																			
SPECIMEN TAKEN																																			
DATE	TIME	A.M.	P.M.	(X)	REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	CONTROL	PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST		
17 Sep	1435				RESULTS	4.45	13.6	40.4	90.7	30.5	33.6	7.7	WBC DIFF AND BLOOD CELL MORPH									185											13.6	1.1	

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-70)
Prescribed by GSA/FCMR
FIRMR (41-CFR) 201-45.505

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examina

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	(b)(6)-2	
(R) hand	35	M			
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print)		(b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE		(b)(6)-2		DATE REQUESTED 17 Sept 03

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

3rd old injury to 3rd, 4th, 5th digits (R)

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
17 Sept 03		

RADIOLOGIC REPORT

Distal tuft amputation middle finger
Distal tuft fracture of ring finger

(b)(6)-2

1915 hrs
17Sep03

(b)(6)-2

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

35 y.o. LN

(b)(6)-4

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 3362 TATION IT

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

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	(b)(3)-1
2. MTF LOCATION (State or Country Code.)	AF
3. REGISTER NUMBER	(b)(6)-4
NAME (Last, First, Middle Initial)	(b)(6)-4
4. PAY GRADE	
5. SEX	M
6. DATE OF BIRTH (YYYYMMDD)	19680101
7. AGE AT ADMISSION	359
8. RACE	X
9. ETHNIC BACKGROUND	9
RELIGION	muslim
10. LENGTH OF SERVICE	
ETS	
11. FMP	~~29~~ 20
12. SOCIAL SECURITY NUMBER	(b)(6)-4
ORGANIZATION (Active Duty Only)	
13. MARITAL STATUS	
HOUR OF ADMISSION	1430
BRANCH / CORPS	
14. FLYING STATUS	
15. BENEFICIARY CATEGORY	~~K70~~ K78
16. ZIP CODE OF RESIDENCE	
17. UNIT LOCATION (State or Country Code)	
18. MOS	
19. TRAUMA	
PREV. ADMISSION	YEAR / NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	Ø
WARD	ICW
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	(b)(3)-1 Bagram Afghanistan
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE	
21. TYPE OF DISPOSITION	Ø5
22. MTF TRANSFERRED TO	
23. DATE OF DISPOSITION (YYMMDD)	030918
24. CLINIC SVC - ADMITTING	
25. MTF TRANSFERRED FROM	
26. DATE THIS ADMISSION (YYMMDD)	030917
27. LOCATION OF OCCURRENCE (Battle Casualty Only)	
28. MTF OF INITIAL ADMISSION	(b)(3)-1
29. DATE INITIAL ADMISSION (YYMMDD)	030917

FOR LOCAL USE

Dx 8860 81612 E9190

Pr 843 7964 9659 9354

Inj Trauma 989 9

ADMITTING O (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

INPATIENT TREATMENT RECORD COVER SHE

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

1. REGISTER NUMBER (b)(6)-4			2. NAME (Last, First, MI) (b)(6)-4			3. GRADE	ADMISSION REMARKS
4. SEX M	5. AGE 37	6. RACE	7. RELIGION Muslim	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP 99		12. SSN		13. ORGANIZATION		14. WARD ICW	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE BC	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION 10202	23. CLINIC SERVICE AABA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION 05	26. DATE OF DISPOSITION 03 Sept 27		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 03 Sept 26		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INITIAL ADMISSION 03 Sept 26		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

GSW (R) buttock c̄ retained bullet

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

retained bullet (R) posterior medial deep upper thigh-buttock

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
				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
				2	

(b)(6)-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

LTC WE USAR (b)(6)-2 Spe

DA FORM 3647, MAY 79 EDITION OF 1 AU USAPPC V1.10

MEDICAL RECORD	PROGRESS NOTES
DATE	
	Admit Note/Surg consult
9/26/03 11:25	SP Klotishikoff with GSW (R) buttock yesterday debrided in Ghazni local hospital presents for consideration of removal & other injuries contributing to peripheral nerve paresthesia c/o pain @ cleaned/debrided entry wound (R) lat buttock RLE pedal pulses LT/motor intact distally
	R-Chest C-neg
	HS NT & HSM/massive
	11.6) 16.8/48.5 242 142/103/4.5/23 13 (1.6) 98
	UA ⊖
	ST XRAY - shows deep bullet posterior medial high thigh-buttock adj pelvis
	Risks - well lodged deep bullet & good myocutaneous coverage, removal would be req extensive debridement of clean areas risks > benefit
	Plan - Admit/observe overnight Ok in am.
	(b)(6)-2 & LTC Mc USAR
9/27/03	0400 Gary [illegible] comfortable NVS
	Pain clinically looks pretty good & [illegible]
	Dry wound Ok [illegible] — SD Rx Percocet/Ancef
	(Continue on reverse side)

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

REGISTER NO. (b)(6)-2 WARD NO. 42 Mc USAR

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Name): BAF (b)(3)-1

LOG NUMBER

ARRIVAL			
DATE			TIME
DAY	MONTH	YR.	
26	SEPT	03	1020Z

TRANSPORTATION TO HOSPITAL *(Attach care enroute sheet)*: ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER *(Specify)*

CURRENT MEDS. *(tetanus immunization and other data)*

HISTORY OBTAINED FROM: ☒ PATIENT ☐ OTHER *(Specify)*

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION *(City, State and ZIP Code)*

HOME TELE. NO. *(Inc. area code)*

CHIEF COMPLAINT(S) *(Include symptom(s), duration)*: GSW to (R) thigh to buttock

SEX: M AGE: 37

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS			
TIME	1024		
BP	148/94		
PULSE	87		
RESP.	16		
TEMP.	98.6		
WT. (Child)			

CATEGORY *(See reverse)*: ☐ EMERGENT ☐ URGENT ☐ NON-URGENT

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures, include medication given and follow-up)

Shot in (R) upper thigh to buttock yesterday. Treated by local hospital in Ghazni then by U.S. medics.
Complaints of weakness (+) pain
O: & blood in stool & blood in urine

Heart: NCAT pale ears cyanotic NL/NL
TMS (-) pilonidal rash
Chest: CTA
Card: RRR ⊘ murmur
Lungs: CTA
Abdomen: soft NT ND (+) BS
Ext: MOS (R) upper lateral thigh (+) pain intact 3 cm anterior GSW thigh (-) bleeding
Spinal (-) bruising tender
(-) testicles/scrotum swelling
Neuro: non focal 2+ deep tendon reflexes
A/P: GSW to (R) lateral thigh

ORDERS	INITS.	TIME
Medrol 8 mg	(b)(6)-2	
Keflex 500 mg		
Motrin 800 mg		
Phenergan		

ASSESSMENT/DIAGNOSIS: (b)(6)-2

DISPOSITION *(Check all that apply)*		
HOME		FULL DUTY
QUARTERS		
24 Hrs.	48 Hrs.	72 Hrs.
MODIFIED DUTY UNTIL:		
DAY	MONTH	YEAR
REFERRED TO *(Indicate clinic)*		
EMERGENCY		TODAY
72 HOURS		ROUTINE
ADMIT. TO HOSP. UNIT/SERVICE		

CONDITION UPON RELEASE	
IMPROVED	☒ UNCHANGED
DETERIORATED	

TIME OF RELEASE: 1140

(b)(6)-2 (CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION *(Mechanical imprint)* FOR WRITTEN ENTRIES GIVE: *Name - last, first, middle ... ISN; DOB, service status, name and relation of sponsor or ... of kin. (IMPORTANT: LIST FACILITY HOLDING TREA... MENT RECORD).* (b)(6)-2 AND ID STAMP (b)(6)-2

INSTRUCTIONS TO PATIENT *(Include ... plans)* (b)(6)-2 ... and follow-up

General Surg

Admit General Surg

(b)(6)-4 LN Male

374.0

EMERGENCY CARE AND TREATMENT
Medical Record Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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

1. Date/Time: 21 Oct 03

2. Discharge to: ☒ Home Other *(specify)*

3. Mode: ☒ Ambulatory Other *(specify)* (b)(6)-2

4. Accompanied by: (b)(6)-2

5. Activity: ☐ Limitations *(specify)*

unrestricted

___ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☒ No Dietary Restrictions If special, identify

___ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Keflex	take 2 capsules three times per day until all are gone. (Antibiotic)		
Percocet	one tablet every 4 hours as needed for pain.		

___ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Change gel (Bedtime, morning, and morning as instructed		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ clinic in _____ (time period).

follow up in 5 days (22 Oct 03)

___ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

stable

11. Signature (Registered Nurse): SFC (b)(6)-2 RN

12. Additional Information:

13. Patient Identification: (b)(6)-4 (b)(6)-2

COPY 3 - HEALTH RECORD/OUTPATIENT TREATMENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE.

civil affairs

318. (b)(3)-1

231- (b)(3)-1 medops

(b)(3)-1

SJA (b)(6)-2 Surg. cell

(b)(3)-1 (b)(6)-2 ops G3

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

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

WARD: ICW

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE: 26 SEP 03 pt # (b)(6)-4

PATIENT'S NAME		TEMP	PULSE	RESP	B/P	POX%	~~BM~~ Neuro V's	INITIAL
date 26 SEP	time 1200	96.8	96		134/73	90%		(b)(6)-2
26 Sept	1440	100.4	94	24	131/79			
27	0300	98.1	88		131/88	93%		

DA FORM 3950, JUN 91 Previous editions are obsolete. USAPA V1.01

#(b)(6)-4 374.0. LN Male

TEST(S)
SPECIMEN TAKEN
DATE 26 Sept 03 TIME 10:00 A.M. P.M.

RESULTS	REQUESTED	(X)
5.75	RBC COUNT	
16.8	HEMOGLOBIN	
48.5	HEMATOCRIT	
84.3	MCV	
29.3	MCH	
34.8	MCHC	
11.6	WBC COUNT	
11	WBC DIF AND BLOOD CELL MORPH: IMMATURE	
24	NEUTRO-BANDS	
31	NEUTROSEGS	
34	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
240	PLATELETS	
normal	RBC	
	SED. RATE	
242	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PROTHROMBIN: CONTROL	
	PROTHROMBIN: PATIENT	
	PROTHROMBIN: % ACTIVITY	
	PROTHROMBIN: RATIO	
	SICKLING TEST	
33.8	LYMPH	
3.5	LYMPH	

REMARKS Ur & WBC & diff & plts

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD (b)(6)-2
DATE 26 Sept 03
LAB. ID. NO. 10542

EMT

URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☒
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM ☐
SPECIMEN SOURCE: VEIN ☒ CAP ☐ OTHER (Specify) ☐
SPECIMEN/LAB RPT. NO.

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

PATIENTS MED. RECORD

#(b)(6)-4 374.0. LN Male

TEST(S)
SPECIMEN TAKEN
DATE 26 Sept 03 TIME A.M. P.M.

RESULTS	REQUESTED	(X)
	ROUTINE	
yellow	COLOR	
1.010	SPECIFIC GRAVITY	
0.2	UROBILINOGEN	
trace	OCCULT BLOOD	
neg	BILE	
neg	KETONES	
neg	GLUCOSE	
trace	PROTEIN	
7.5	pH	
	MICROSCOPIC	X
NSN	WBC	
NSN	RBC	
NSN	EPITH CELLS	
NSN	CASTS: WBC	
NSN	CASTS: RBC	
NSN	CASTS: HYALINE	
NSN	CASTS: GRANULAR	
NSN	BACTERIA	
NSN	CRYSTALS	
NSN	MUCUS	
neg	NITRITE	
neg	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

REMARKS Ur & micro

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD (b)(6)-2
DATE 26 Sept 03
LAB. ID. NO. 10542

EMT

URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☒
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM ☐
SPECIMEN SOURCE: ROUTINE ☐ OTHER (Specify) ☐
SPECIMEN/LAB RPT. NO.

URINALYSIS
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505
550-107

PATIENTS MED. RECORD

#(b)(6)-4 374.0. LN Male

CHEM 1
URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☒
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM ☐
SPECIMEN SOURCE: BLOOD ☐ OTHER (Specify) ☐
SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

EMT

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQ (b)(6)-2
REPORTED BY
MD (b)(6)-2
DATE 26 SEPT 03
LAB. ID. NO. 10542

REMARKS MED Lyte 8

TEST(S)
SPECIMEN TAKEN
DATE 26 Sept 03 TIME 10:00 A.M. P.M.

RESULTS	REQUESTED	(X)
98	GLUCOSE	
13	UREA N.	
1.6	CREATININE	
	URIC ACID	
141	SODIUM	
4.5	POTASSIUM	
103	CHLORIDE	
23	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
246	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

546-107

CHEMISTRY I
STANDARD FORM 548 (Rev. 8-77)
PRESCRIBED BY GSA (ICMR) (41 CFR) 201-45.505

MEDCOM - 3370

PO[illegible] ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 1150 **Procedure:**

ASA: 2 **Allergies:** NKDA **EBL:**

U.O. in OR: Foley **Drains:** x2 penrose (R) upper ext

Fluids Received in OR: Type LR/0.9 **Amount** 700

Anesthesia: General LMA

Time	1150	1200	1215								
Temp	96.1										
HR	100	100	102								
RR	26	27	23								
BP	120/64	127/76	100/78								
O2 Sat	88	90	95								
Activity	0	0	2								
Resp	1	1	1								
Circ	2	2	2								
Consc	0	0	1								
Color	2	2	2								
Total	5	5	8								

Notes:

MSO4 10 Zofran 6 mg
Fentanyl 5 cc Zantac 50 mg
Versed 5 mg Reglan 10 mg

Transferred to: **Via:** **Report to:**

Name: # (b)(6)-4 **Date:**

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.
PA/Lateral Thigh/hip (R)				EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

S/P GSW Entry but no exit

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
26 Sep 03		

RADIOLOGIC REPORT

Bullet lodging (in thigh) ~~just inf~~ at location corresponding to end of entry site & track. On AP view just inferior to level of inf pubic ramus and on lat view posterior to femur.

Discussed c Dr. (b)(6)-2 (b)(6)-2

1600L
26 Sep 03

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT

MEDCOM - 3372

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

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.
iliac crest thru Mid Femur proximal CT Scan (R) Thigh/Buttock		M		outpt	# (b)(6)-4
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	(b)(6)-2			LTCOL USAF	DATE REQUESTED 10/2/03

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

GSW q refined schrapnel - bullet
define location / proximity to vessels / bone

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
10/2/03		

RADIOLOGIC REPORT

Bullet lodged approx 4 cm below symphysis pubis in region of gracilis and Adductor Longus/Brevis muscles.

loss of hs. fat planes (bullet track in iliopsoas & sartorius muscle groups

(b)(6)-2
LTCOL
20 Oct 03

CS

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUESTER/RECEIVER RT DRD

MEDCOM - 3373

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

NSN 7540-00-634-4165

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Exploration debridement / removal of bullet

B. STATEMENT OF REQUEST

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

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

Exploration - removal of bullet - debridement

Risks - bleeding, infection, need for additional surgery

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

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

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

4. Exceptions to surgery or anesthesia, if any, are: _____

(If "none", so state)

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

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

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

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

(Cross out any parts above which are not appropriate)

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

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2

MD

(Signature of Counseling Physician/Dentist)

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

(b)(6)-2

X (b)(6)-2 10/02/03

(Signature of Witness, excluding members of operating team) *(Signature of Patient)* *(Date and Time)* 11:30 am.

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

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

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)*	REGISTER NO.	WARD NO.

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

Medical Record

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

USAPPC V2.00

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

NURSING UNIT: ICW | ROOM NO.: (b)(6)-2 | BED NO.: 10

DATE OF ORDER: 9/26/63 | TIME OF ORDER: 11:30 HOURS | LIST TIME ORDER NOTED AND SIGN

Admit [illegible] W
to return home tomorrow
VS per routine & per pt
Neuro/neuro ✓ (R) leg
walk & crutches assist/supervised
PVN
Percocet 1 po (b)(6)-2

9/26/63 1200 (b)(6)-2

PATIENT IDENTIFICATION: # (b)(6)-4

NURSING UNIT: ICW | ROOM NO.: | BED NO.: 10

DATE OF ORDER | TIME OF ORDER | HOURS

Cefazolin [illegible]
Pt as tolerated
SL [illegible] in am. if
dest tolerated 5 problems
fm m clinic pin wound in
1-2 wks
some drainage do dry dressing Δ
2 days (b)(6)-2 LTC me USAR

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

9/27/63 0800
Ok to home
fm SL on clinic
(b)(6)-2 LTC me USAR

(b)(6)-2

27 SEP 63

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

THE. EUTIC DOCUMENTATION CARE PLA. .ON-MEDICATION)

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

Mo. Sept Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30
9/26		VS Routine	D	(b)(6)-2			
			N				
9/26		CMS ✓ RLE	D				
			N				
9/26		TW /crutches	D				
			N				
9/24		DAT (dietastol.)	D				
			N				
9/24		Saline damp/dry	06				
		dressing Δ g d RLE	X				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	- - - - -	Admit ICU				
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
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	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED												
- - - - -	- - - - -	Motrin (adult) 200-800mg po Q4H PRN for pain													
9/26	(b)(6)-2	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain													
- - - - -	- - - - -	Morphine Sulfate (MSO4) 1-10mg IV or IM Q2H-Q4H PRN for pain													
- - - - -	- - - - -	Ambien (Zolpidem) 10mg po at HS PRN for sleep													
- - - - -	- - - - -	Benadryl (Dipenhydramine) 12.5 - 25mg po at HS for sleep. MR x 1													
- - - - -	- - - - -	Maalox 1-2 tabs po Q2H PRN for GI upset													
- - - - -	- - - - -	Milk of Magnesia 30cc po QD PRN for constipation													
- - - - -	- - - - -	Bisacodyl (Dulcolax) suppository (adult) 1 rectally QD PRN													
- - - - -	- - - - -	Glycerin suppository (pediatric) 1 rectally QD PRN for constipation													
- - - - -	- - - - -	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea													

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Month Sept Year 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 26	27
9/26	(b)(6)-2	Ancef 1gm q8°	02	X	(b)(6)-2
	- - - - - -		10	(b)(6)-2	
	- - - - - -		18		
9/26	(b)(6)-2	SL IV	D		(b)(6)-2
	- - - - - -		N		
	- - - - - -				
	- - - - - -				
	- - - - - -				
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	- - - - - -				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	- - - - -					
	- - - - -					
	- - - - -					
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	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED														
- - - - -	- - - - -	Motrin (adult) 200-800mg po Q4H PRN for pain															
9/26	(b)(6)-2	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	0500 27 Sept	(b)(6)-2													
- - - - -	- - - - -	Morphine Sulfate (MSO4) 1-10mg IV or IM Q2H-Q4H PRN for pain		(b)(6)-2													
- - - - -	- - - - -	Ambien (Zolpidem) 10mg po at HS PRN for sleep															
- - - - -	- - - - -	Benadryl (Dipenhydramine) 12.5 - 25mg po at HS for sleep. MR x 1															
- - - - -	- - - - -	Maalox 1-2 tabs po Q2H PRN for GI upset															
- - - - -	- - - - -	Milk of Magnesia 30cc po QD PRN for constipation															
- - - - -	- - - - -	Bisacodyl (Dulcolax) suppository (adult) 1 rectally QD PRN															
- - - - -	- - - - -	Glycerin suppository (pediatric) 1 rectally QD PRN for constipation															
- - - - -	- - - - -	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea															

USAPA V1.00

ADMISSION AND CODING INFORMATION

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

(b)(6)-4

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	A F	(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19660101	037			Moslem

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		~~49~~ 20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1020z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	~~K76~~ K790	

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

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
	ICW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
05		030927

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
AABA		030926

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
		030926

FOR LOCAL USE

Inj Trauma
450 1

Dx: 8901
E9912

Pr: 8302

ADMITTING OFFICER (Signature as required)

(b)(6)-2

2 LTC MC USAR

SIGNATURE OF ADMITTING CLERK

(b)(6)-2

Spc

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

.TIENT TREATMENT RECORD COVER .ET

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

1. (b)(6)-4	2. NAME (Last, First, MI) (b)(6)-4					3. GRADE	ADMISSION REMARKS
4. SEX M	5. AGE 23	6. RACE	7. RELIGION Muslim	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP Ø		12. SSN		13. ORGANIZATION		14. WARD ICW	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE Dis	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø				22. HOURS OF ADMISSION 1700 Z	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION Home		26. DATE OF DISPOSITION 07 Oct 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 01 Oct 03		ADMITTING OFFICER (b)(6)-2
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 BAGRAM AFGHANISTAN					30. DATE OF INTIAL ADMISSION 01 Oct 03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

1. Revision Ex-Fix (Lt) c I&D
2. STSG (Rt) 8 Oct 03

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
				7	7

36. Total Days All Facilites

a. ABSENT (b)(6)-2	CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
			7	7

SIGNATURE OF

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM

EDITION OF 1 AUG 73 IS OBSOLETE

USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

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

CNRS

10 Oct 03 23 yo afghan male sustained GSW to (L) LE on 26 Sept 03

Initial Rx: ex fix + I+D; subsequent I+D

PE: NVI (L) LE
Ex fix in good position
Dressing clean

X-ray: Ex distal tib fib; bone loss in good alignment

A/P Admit
Cont Abx
Repeat I+D / skin graft in AM.

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
452ND CSH			
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.

#(b)(6)-4

Local Atg Law

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

City of Kandahar

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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

1. Date/Time:	2. Discharge to: ☒ Home Other *(specify)*	4. Accompanied by:
7 OCT 03	3. Mode: ☒ Ambulatory Other *(specify)*	Air Evac

5. Activity: ☐ Limitations *(specify)*

Up c crutches

_____ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☒ No Dietary Restrictions If special, identify

_____ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Percocet	1-2 every 4-6 hours as needed for pain.		

_____ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Clean pin sites as instructed		
Change LE dressing in 4-5 days as instructed		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in ~~FST~~ Kandahar clinic in ~~1 week~~ (time period).

return to Bagram 45 in one month 11-7-03

_____ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

Stable

11. Signature/Registered Nurse (b)(6)-2 MAJ

12. Additional Information:

13. Patient Identification

(b)(6)-4

COPY 1 - INPATIENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE.

MEDCOM - 3383

MEDICAL RECORD	PROGRESS NOTES
DATE	
01OCT03 1800	0) 23 y/o Afghan to ICW from EMT. GSW to LLE on 26SEP03. Appears A+O x3. No other apparent injuries. External fixator in place. Given PRN pain meds per request as well as IV antibiotic. NPO p̄ midnight for OR in am. A/P) Continue to monitor — (b)(6)-2 556PN
02OCT03 0830Z	Returned from recovery S/P I&D & dressing Δ in OR. Alert, responsive. (L) ↓ leg c̄ external fixator and dressing C/D/I. Scheduled for another dressing Δ 05 October. Drinking sips of H_2O S difficulty. (L) leg ↑ on pillow. Appears comfortable at this time. Will monitor — SPC (b)(6)-2
4 OCT 03 1430	Pt spent a lot of time outside. Wanted to get away from Pt next to him b/c of odor giving him a headache. c/o pain in the leg. Received Morphine first, Percocet 2nd time. Requests the injection. (L) leg ↑ on pillow. Resting quietly at this time. Will cont. to monitor. — (b)(6)-2 N.S.
7OCT	D/C Nph: S/x: Written instructions/Meds/Supplies provided A/P: Pt for home D/C, f/u c̄ Kandahar PST at RMU in 1 month. — (b)(6)-2 MAT

(Continue on reverse side)

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

(b)(3)-1

REGISTER NO.

WARD NO. ICW

(b)(6)-4

ICW
Bed #2

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

558-103 (See instructions on back of this sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL — DATE: DAY / MONTH / YR. 01 Oct 03 — TIME: 1700

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (Including immunization and other data): Aureof, gent

HISTORY OBTAINED FROM: ☐ PATIENT ☒ OTHER (Specify)

ALLERGIES

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): Local Afghan

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): Tib / Fib Fracture

SEX: M AGE:

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS			
TIME	1700		
BP	134/70		
PULSE	84		
RESP.	16		
TEMP.	98		
WT. (Child)			

CATEGORY (See reverse)
- ☐ EMERGENT
- ☐ URGENT
- ☒ NON-URGENT

ORDERS	INITS.	TIME
MS 4mg	(b)(6)-2	1705

ASSESSMENT/DIAGNOSIS: (L) Tib Fib fx s/p GSW

DISPOSITION (Check all that apply)
- ☐ HOME ☐ FULL DUTY
- QUARTERS: ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic):
- ☐ EMERGENCY ☐ TODAY
- ☐ 72 HOURS ☐ ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- ☐ IMPROVED ☐ UNCHANGED
- ☐ DETERIORATED

TIME OF RELEASE:

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

GSW to (L) lower leg on 26 Sept - surg. c ext. fixator. hx large soft tissue loss sent from Kandahar "needs skin graft" 23yo ♂ AMF currently on Ancef + Gent. - Pt had operation 29 Sep - ex fix, sharp debridement + copious irrigation LDose Gent @ 1405Z

PE A+O3

lungs occas. rhonchi that clears c deep inspiration

Con rsm

ABD soft ND distension

Ext good DP pulse (L) Ex fix in place dressings not removed.

X-Ray

135 | 58 | 8
4.3 | 24 | 0.9 | 98

(0.4) 9.0 / 26.6 (492k

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

#(b)(6)-4

Local Afghan

SIGNATURE OF PROVIDER AND ID STAMP: (b)(6)-2 MAJ MC

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

EMERGENCY CARE AND TREATMENT
Emergency Room Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD — **INTRAOPERATIV[illegible] [illegible]CUMENT**

For use of this form, see AR 40-66, the proponent [illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING RO[illegible] (b)(6)-2
VIA Gurney BY

2. PATIENT IDENT[illegible] [illegible]ORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2

3. DATE 20 Oct 03 TIME PATIENT ARRIVED IN SUITE (b)(6)-4

4. PATIENT IN ROOM TIME 0625 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

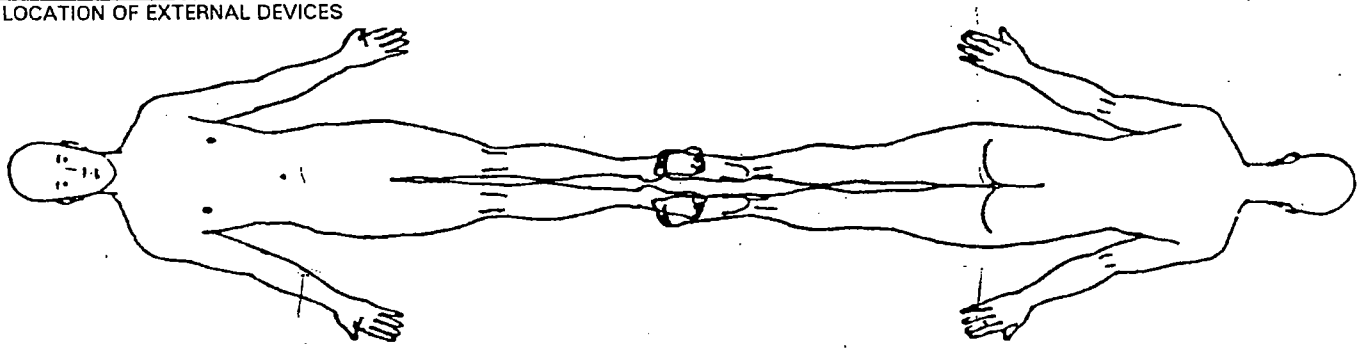
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub & Sol
SITE Mid thigh to toes BY WHOM:
SITE Circumferentially BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☐ No					
Needle Sharp	☐ Yes	☐ No					
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medica* (b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Kerlix
Coban

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED

Reposition Ex-fix - I&D

21. PATIENT TRANSFERRED TO ICU TIME 0720 METHOD Gurney

22. REGISTERED NURSE SIGNATURE (b)(6)-2

REVERSE OF DA FORM 3179-1, OCT 87 USAPA V1.01

MEDICAL RECORD

INTRAOPERATIV[illegible]OCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA WIC BY (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2

3. DATE 5 Oct 03 TIME PATIENT ARRIVED IN SUITE 0325

4. PATIENT IN ROOM TIME 0325 NUMBER # (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

NURSING PERSONNEL

ASSIGNED SCRUB	Sgt (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

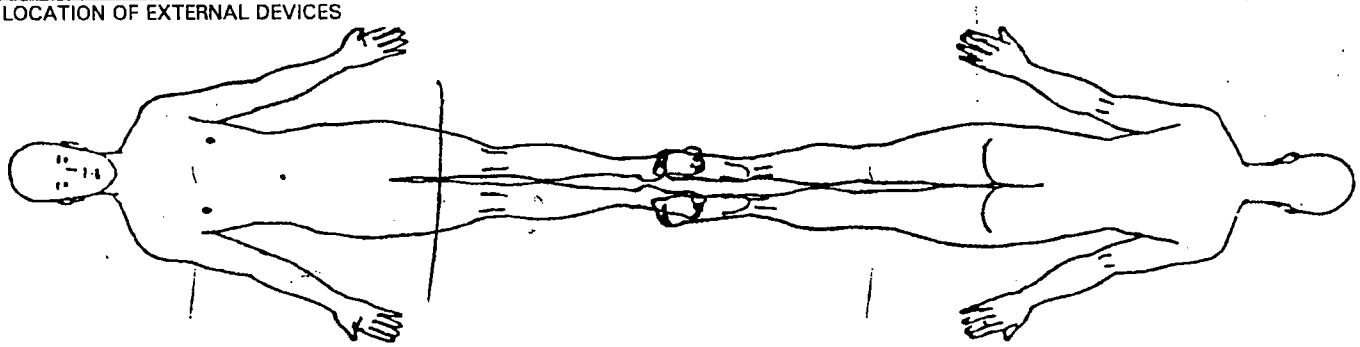
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub / Sol
SITE: Leg - toes to BY WHOM: (b)(6)-2
SITE: groin, cremfinum BY WHOM: (b)(6)-2

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap = = = Tourniquet

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No		✓		Sgt (b)(6)-2	Maj (b)(6)-2
Needle Sharp	☒ Yes	☐ No		✓		Sgt (b)(6)-2	Maj (b)(6)-2
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*
(b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Mumalat					

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

OTHER ORDERS	TIME	CARRIED OUT BY

(b)(6)-2

PHYSICIAN'S

15. X-RAY IN IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Kerlex
Cotton Balls
Coban

19. ADDITIONAL INFORMATION

Start -0345

20. OPERATION(S) PERFORMED

I & D STSG (2) lower leg

21. PATIENT TRANSFERRED TO ICU TIME 0450 METHOD Gurney

22. REGISTERED NURSE SIGNATURE

(b)(6)-2

REVERSE

(b)(6)-4

USAPA V1.01

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

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

WARD: ICW

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE: OCT pt # 424

PATIENT'S NAME (b)(6)-4		TEMP	PULSE	RESP	B/P	POX%	BM	INITIAL
date 1	time 1700	98'	84	16	134/70	98%		(b)(6)-2
2	0255	99.5	92	20	132/55	96%		
	1400	98.3	96	16	116/46	92%		
10/3	0230	99.2	95	16	98/57	95%		
3	1500Z	97.8	108	20	122/68	94%	—	
10/4	~~1500~~ 0300	97.4	89	16	115/64	97%		
		99.0	98	20	105/43	98		
10/5	0255	98.1	89		120/58	97%		
10/5	1748	99.1	62	18	118/60	98%		
10/6	0300Z	98.6	97	20	125/57	99%		

DA FORM 3950, JUN 91 Previous editions are obsolete. USAPA V1.01

MEDCOM - 3390

#(b)(6)-4

EMT

Local Afghan

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

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

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

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

PATIENTS MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE: Dr (b)(6)-2

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

DATE: 01 Oct 03 1725Z

LAB. ID. NO.: (b)(6)-4

REMARKS: CBC c̄ diff & platelets

549-107

HEMATOLOGY
STANDARD FORM 549 Rev. 7-78
Prescribed by GSA/ICMR
FIRMR (41-CFR) 201-45.505

TEST(S)																																			
SPECIMEN TAKEN																																			
DATE	TIME	A.M. P.M.	(X)	REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	CONTROL	PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
												WBC DIFF AND BLOOD CELL MORPH																						
01 Oct 03				RESULTS	2.99 L	9.0 L	26.6 L	89.0	30.2	33.9	10.4	2	68 H	20	4			6				492 H												

#(b)(6)-4

EMT

Local Afghan

CHEM I

SPECIMEN/LAB. RPT. NO.

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

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE: Dr (b)(6)-2

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

DATE: 01 Oct 03 1730Z

LAB. ID. NO.: (b)(6)-4

REMARKS: Metabolic 8

546-107

CHEMISTRY I
STANDARD FORM 546 (Rev. 6-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

TEST(S)																																			
SPECIMEN TAKEN																																			
DATE	TIME	A.M. P.M.	(X)	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM TS 134	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)						
01 Oct 03				RESULTS	98	8	0.9		135	4.3	98	24										2489 H													

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE: I+D/Revise Ex Fix (L) lower ext

DATE	OR NO.	PAGE OF	SURGEON(S)
020603	A	1	(b)(6)-2 / (b)(6)-2

ITEM	START	STOP
Anesthesia	0625	
Procedure	0645	0910

PRE-PROCEDURE
- ☐ Identified ☐ ID Band ☐ Questioning
- ☐ Chart Review ☐ Permit Signed
- ☐ NPO Since 8PM
- Pre-anesthetic State: ☐ Calm ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
- ☐ Anes. Machine # A Checked
- ☐ Safety Belt On ☐ Axillary Roll
- ☐ Arm Restraints ☐ Arms Tucked
- ☐ Pressure points checked and padded
- ☐ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☐ Stethoscope ☐ Esoph ☐ Precord ☐ Other
- ☐ Non-Invasive B/P ☐ Nerve Stimulator
- ☐ Continuous EKG ☐ V Lead EKG
- ☐ Pulse Oximeter ☐ Oxygen Analyzer
- ☐ End Tidal CO_2 ☐ Resp Gas Anlyzr
- ☐ Temp ____ ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ ____
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line ____
- ☐ CVP ____
- ☐ PA Line ____
- ☐ IV(s) 18 L AC
- ☐ ____

ANESTHETIC TECHNIQUES
- Method: ☐ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☐ Pre-O_2 ☐ LMA
- ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal
- Regional: ☐ Position ____
- ☐ Prep ____ ☐ Local ____
- ☐ Needle ____
- ☐ Drug(s) ____
- ☐ Dose ____ ☐ Attempts x ____
- ☐ Site ____ ☐ Level ____
- ☐ Catheter ____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☐ Intubation ☐ Oral ☐ Nasal ☐ Direct Vision ☐ Magill's ☐ Blind ☐ Dif. see Rmks ☐ Fiber Op ☐ Stylet
- ☐ Attempts x ____ ☐ Blade ____
- ☐ Tube size ____ ☐ Endobronchial
- ☐ Regular ☐ RAE ☐ Armored ☐ Laser
- ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ N2
- ☐ Uncuffed, leaks at ____ cm H_2O
- ☐ Secured at ____ ☐ ET CO_2 Present
- ☐ Breath Sounds Bilat
- ☐ Circuit: ☐ Circle ☐ Non-rebreathing
- ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
- ☐ Mask Case ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	B/P	O_2 Sat
0916	120/76	94
☐ PACU	P ____ R ____ T 97.6	
☐ ICU ☐ L&D		

- ☐ Awake ☐ Spont Resp ☐ Oral Airway
- ☐ Asleep ☐ Ventilator ☐ Nasal Airway
- ☐ Stable ☐ Extubated ☐ Face Shield O_2
- ☐ Unstable ☐ Intubated ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME: 0600 • 0630 • 0700 • 0730 • 0800 • 0830 • 0900

AGENTS

	0600	0630	0700	0730	0800	0830	0900	TOTALS
☐ Hal ☐ Enf ☐ Iso (%)		0.54	3.5	3.5	1.5			
☐ N_2O ☐ Air (L/min)								
Oxygen (L/min)		2						
Fentanyl (cc)		2	2	6	1			
Versed (mg)		5						
Ancef (mg)		50						
Propofol (mg)		200						

FLUIDS

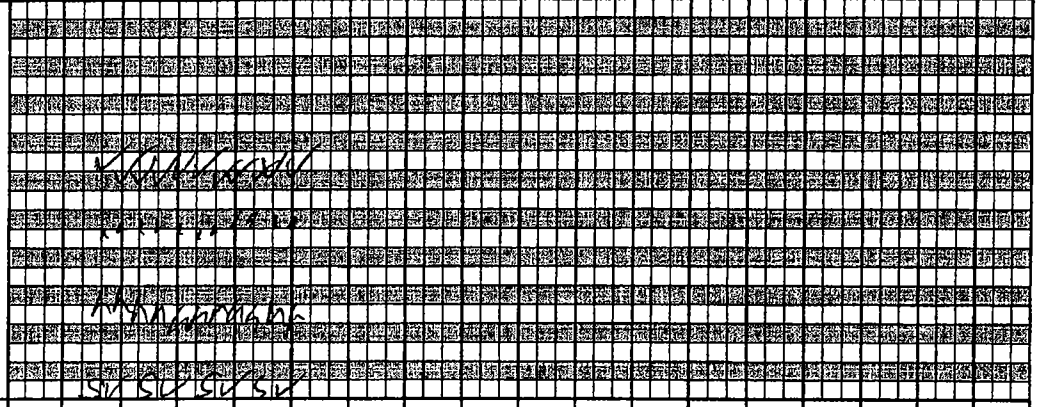
	0600	0630	0700	0730	0800	0830	0900	TOTALS
LR					600			

MONITORS

	0600	0630	0700	0730	0800	0830	0900	TOTALS
Urine (ml)	D Foley							
EBL (ml)		50	50	100				
EKG		SR	SR	SR	SR	SR		
% O_2 inspired (FIO_2)		80	77	26	26	26		
O_2 Saturation (SaO_2)		100	99	99	99	99		
End Tidal CO_2		40	56	58	62	62		
Temp: ☐ °C ☐ °F								

VITAL SIGNS

Baseline Values: B/P 120/76; P 90; R 22



VENT

	0600	0630	0700	0730	0800	0830	0900	TOTALS
Tidal Vol. (ml)								
Resp. Rate								
Peak Pres. (cm H_2O)								
PEEP (cm H_2O)								
Symbols for Remarks		ⓐ						
Position	Supine							

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V / Λ B/PCUFF PRESSURE
- ⊥ / T ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- Ø ASSISTED RESP
- ⊗ CONTROLLED RESP
- T TOURNIQUET

ANESTHESIA PROVIDER(S) (b)(6)-2 CRNA

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

REMARKS 0625 pt → OR A monitors, O_2, smooth IV induction LMA #4 x 1 attempt ⊗ BBS ⊗ ETCO2

0916 to PACU | ICU VSSS/ Report to RN.

(b)(6)-4

(b)(3)-1

(b)(3)-1

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
23	☒ M ☐ F	in./cm.	150 (D) lb./kg.	B/P 116/72 P 86 R 16 T 99.4

PROPOSED PROCEDURE
I&D Lower left Revise Ex Fix

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*
?

CURRENT MEDICATIONS *(If none, check here ☐)*
MSO4
ANCEF

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*
?

ALLERGIES *(If NKDA, check here ☐)* ?

AIRWAY/TEETH/HEAD AND NECK
MP II

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

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

OK for Planned Procedure

PROBLEM LIST/DIAGNOSES
SP GSW (L) lower left

ASA PS: 1 2 (3) 4 5 E

LAB STUDIES: Hgb/HcT/CBC, Electrolytes, Urinalysis
Other

PLANNED ANESTHESIA/SPECIAL MONITORS
General LMA

PRE-ANESTHESIA MEDICATIONS ORDERED
None

SIGNATURE OF EVALUATOR(S)
(b)(6)-2
CRNA

POST-ANESTHESIA NOTE
Signed Date Time

OPTIONAL FORM 517 BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE: I+D (L) hamstring / STSG

DATE	OR NO.	PAGE	OF	SURGEON(S)
5 02 03	A	1		(b)(6)-2

ITEM	START	STOP
Anesthesia	0325	
Procedure	0345	0440

PRE–PROCEDURE

- ☐ Identified ☐ ID Band ☐ Questioning
- ☐ Chart Review ☐ Permit Signed
- ☐ NPO Since
- Pre-anesthetic State: ☐ Calm ☐ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY

- ☐ Anes. Machine # A Checked
- ☐ Safety Belt On ☐ Axillary Roll
- ☐ Arm Restraints ☐ Arms Tucked
- ☐ Pressure points checked and padded
- ☐ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT

- ☐ Steth ☐ Esoph ☐ Precord ☐ Other
- ☐ Non-Invasive B/P ☐ Nerve Stimulator
- ☐ Continuous EKG ☐ V Lead EKG
- ☐ Pulse Oximeter ☐ Oxygen Analyzer
- ☐ End Tidal CO_2 ☐ Resp Gas Anlyzr
- ☐ Temp ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line
- ☐ CVP
- ☐ PA Line
- ☐ IV(s) 20 L&C
- ☐

ANESTHETIC TECHNIQUES

Method: ☐ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.

General: ☐ Pre-O_2 ☐ Lidocaine ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal

Regional: ☐ Position ☐ Prep ☐ Local ☐ Needle ☐ Drug(s) ☐ Dose ☐ Attempts x ☐ Site ☐ Level ☐ Catheter ☐ See Remarks

AIRWAY MANAGEMENT

- ☐ Intubation ☐ Oral ☐ Nasal
- ☐ Direct Vision ☐ Magill's ☐ Blind
- ☐ Diff. see Rmks ☐ Fiber Op ☐ Stylet
- ☐ Attempts x ☐ Blade
- ☐ Tube size ☐ Endobronchial
- ☐ Regular ☐ RAE ☐ Armored ☐ Laser
- ☐ Cuffed ☐ Min. Occ. Pres. ☐ Air ☐ NS
- ☐ Uncuffed, leaks at cm H_2O
- ☐ Secured at ☐ ET CO_2 Present
- ☐ Breath Sounds
- ☐ Circuit: ☐ Circle ☐ Non-rebreathing
- ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
- ☐ Mask Case ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	B/P	O_2 Sat
0445	123/62	98
PACU	99	22
ICU ☐ L&D		T

☐ Awake ☐ Spont Resp ☐ Oral Airway
☐ Sleep ☐ Ventilator ☐ Nasal Airway
☐ Stable ☐ Extubated ☐ Face Shield O_2
☐ Unstable ☐ Intubated ☐ T-Piece O_2

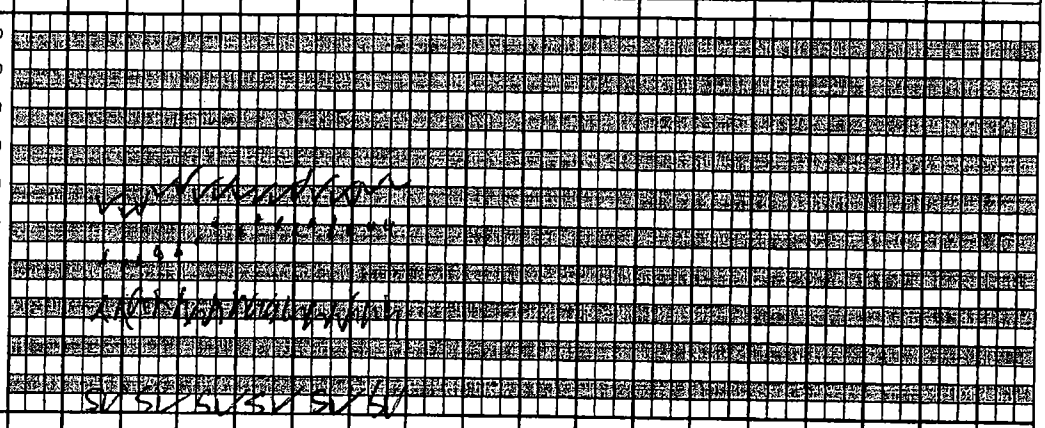
CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME: 0300 · 0330 · 0400 · 0430 · 0500

																										TOTALS
AGENTS: ☐ Halothane ☐ Enflurane ☐ Isoflurane (%)			1.5-2.5	2.5	1.5	X																				
☐ N_2O ☐ Air (L/min)																										
Oxygen (L/min)			6	2	2	2	4																			
Morphine (mg)			200																							
Versed (mg)			5																							
Fentanyl (mg)			3	1																						
FLUIDS: LR																										
MONITORS: Urine (ml)																										
EBL (ml)				50		50	100																			
EKG			SR	SR	SR	SR	SR																			
% O_2 Inspired (FIO_2)			83	83	83	83	83																			
O_2 Saturation (SaO_2)			99	99	99	98	98																			
End Tidal CO_2			40	60	35-30	30	60																			
Temp: ☐ °C ☐ °F																										

VITAL SIGNS — Baseline Values: B/P 130/69, P 89, R 17



VENT																										
Tidal Vol. (ml)																										
Resp. Rate																										
Peak Pres. (cm H_2O)																										
PEEP (cm H_2O)																										
Symbols for Remarks																										
Position			Supine																							

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V Λ B/PCUFF PRESSURE
- ⊥ T ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- Ø ASSISTED RESP
- ⊗ CONTROLLED RESP
- T TOURNIQUET

ANESTHESIA PROVIDED (b)(6)-2 LNNA

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

REMARKS 0325 pt to ORA monitors O_2 LMA x 1 & Transtra
@ 135 @ ET CO_2
0345 procedure start
0440 procedure end SV, VSS LMA removed
0445 to ICU/PACU VSS SV
Report to RN

(b)(6)-4

(b)(3)-1

(b)(3)-1

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
23	☒ M ☐ F	in./cm.	lb./kg.	B/P 132/63 P 100 R 18 T

PROPOSED PROCEDURE
I&D Lower left STSW

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*
No problems

CURRENT MEDICATIONS *(If none, check here ☐)*
MSO4

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK
MPO

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ~~☐ CHART~~
☐ SIGNIFICANT OTHER ☐ PATIENT

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

OK for planned procedure

(b)(6)-2

CRNA

PROBLEM LIST/DIAGNOSES
SPGSW Lower left

PLANNED ANESTHESIA/SPECIAL MONITORS
General LMA

ASA PS: 1, (2), 3, 4, 5, E

LAB STUDIES: Hgb/HcT/CBC, Electrolytes, Urinalysis
Other

PRE-ANESTHESIA MEDICATIONS ORDERED

(b)(6)-2

CRNA

Signed, Date, Time

POST-ANESTHESIA NOTE

OPTIONAL FORM 517 BACK

POST ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0722 **Procedure:** I&D of TIB fx reduction ext fix

ASA: _____ **Allergies:** _____ **EBL:** 100 cc

U.O. in OR: _____ **Drains:** _____

Fluids Received in OR: Type _____ **Amount** 500cc LR

Anesthesia: 5cc ext 5mg Ver 6mg Zofran

Time	0720	0735	0800	0810							
Temp	94.5										
HR	96	94	91	107							
RR	25	9	15	12							
BP	120/56	137/68	149/75	132/68							
O2 Sat	91	94	93	95							
Activity	1	1	2	2							
Resp	1	2	2	2							
Circ	2	2	2	2							
Consc	1	1	1	2							
Color	2	2	2	2							
Total	7	8	9	10			1				1

Notes:

Transferred to: ICW **Via:** litter **Report to:** _____

Name: (b)(6)-4 **Date:** 2 Oct 03

PO. . ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0450 **Procedure:** I&D

ASA: _____ **Allergies:** _____ **EBL:** 100

U.O. in OR: Ø **Drains:** Ø

Fluids Received in OR: Type LR **Amount** 100

Anesthesia: _____

Time	0450	0500									
Temp	96.8										
HR	100	127									
RR	19	14									
BP	123/62	148/82									
O2 Sat	96	96									
Activity	0	2									
Resp	2	2									
Circ	1	2									
Consc	0	2									
Color	1	2									
Total	4	10									

Notes:

100 mcg fentanyl 0520

Transferred to: ICW **Via:** Litter **Report to:** SGT (b)(6)-2

Name: # (b)(6)-4 **Date:** 05 OCT 03

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.
(L) Tib / Fib		M		EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* DR (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR Cpt (b)(6)-2			ANC	DATE REQUESTED 01 Oct 03

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

tib / fib FRACTURE by GSW

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
1 Oct 03		

RADIOLOGIC REPORT

Comminuted fracture of
distal tibia
No definite fibula fx
Ankle mortise intact grossly
External Fixator hindfoot / Proximal tibia

(b)(6)-2

0620
20 Oct 03

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

(b)(6)-4

Local Afghan

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST

MEDCOM - 3398

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

(b)(6)-4

Local Afghan

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER: 1 Oct 03 — TIME OF ORDER: _____ HOURS — LIST TIME ORDER NOTED AND SIGN

- Admit ICW
- Dx: GSW (L) Tibia
- Vitals per routine

(b)(6)-2

SSG RN 1800 01 OCT 03

PATIENT IDENTIFICATION

(b)(6)-4

Local Afghan

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER: _____ — TIME OF ORDER: _____ HOURS

NPO ÷ MN (OR in AM)

Use pain mgt protocol.

Admit ÷ give IV q 8°

PATIENT IDENTIFICATION

(b)(6)-4

Local Afghan

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER: _____ — TIME OF ORDER: _____ HOURS

Thank You.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

Local Afghan

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER: 2 Oct 03 — TIME OF ORDER: _____ HOURS

- Resume prop orders
- Advance diet as tolerated.

(b)(6)-2

(b)(6)-2

10/2/03

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
				NPO p MN 4 OCT for		
				5 OCT Surgery		(b)(6)-2
				(b)(6)-2		4 OCT 03
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER _____ HOURS	
				5 OCT 03		
				Restore prep orders		
				(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.				

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

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo OCT Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
01 OCT	(b)(6)-2	NPO p MN	01 OCT	MN	0001	(b)(6)-2
10/3		800mg motrin	10/3	A.	0400	
10/3		MOM	10/3		1030	
10/4		NPO p MN	10/4	MN	0021	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED														
-----	-----	Motrin (adult) 200-800mg po Q4H PRN for pain															
-----	-----	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	01 OCT 1800	01 OCT 2240	02 OCT 0300	02 OCT 1330	10/2 2230	10/3 1850	10/4 0005	10/4 1055	10/4 1500	10/4 1930	10/5 1500	10/5 2230	10/5 2350	10/5 1450	10/5 1455
-----	-----	Morphine Sulfate (MSO4) 1-10mg IV or IM Q2H-Q4H PRN for pain	10/2 0400 5mg	10/2 1150 5mg	10/2 1530 10mg	10/2 2230	10/2 1330	10/3 5mg	10/4 5mg								
-----	-----	Ambien (Zolpidem) 10mg po at HS PRN for sleep															
-----	-----	Benadryl (Dipenhydramine) 12.5 - 25mg po at HS for sleep. MR x 1						10/03 π	10/24 T								
-----	-----	Maalox 1-2 tabs po Q2H PRN for GI upset															
-----	-----	Milk of Magnesia 30cc po QD PRN for constipation															
-----	-----	Bisacodyl (Dulcolax) suppository (adult) 1 rectally QD PRN															
-----	-----	Glycerin suppository (pediatric) 1 rectally QD PRN for constipation															
-----	-----	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea															

(b)(6)-2

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED Z	1	2	3	4	5	6	7
01 OCT	(b)(6)-2	Ancef 1 gm IV q 8°	02		(b)(6)-2						
			10								
			18		(b)(6)-2						
01 OCT	(b)(6)-2	Vital Signs q shift	D		(b)(6)-2						
			N		(b)(6)-2						
		Percocet 1-2 TAB PO q 4° PRN PAIN			1015 0956 (b)(6)-2						

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW Lower Leg (L)

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

ICW

Bed 2

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

MEDCOM - 3402

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6: (b)(3)-1	7 8: A F	9 10 11 12 13 14 15: (b)(6)-4	(b)(6)-4	16 17	18: 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: 1 9 8 0 0 1 0 1	27 28 29: 2 3 4	30	31	muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36: 0 0	37 38 39 40 41 42 43 44 45: (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1700	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52: ~~K 7 6~~ K78	53 54 55 56 57 58 59 60 61

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

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: 0	ICW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 BAGRAM, AFGHANISTAN

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74: 0 5	75 76 77 78 79 80	81 82 83 84 85 86: 0 3 1 0 0 7

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: 0 3 1 0 0 1

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: J 5 0 4 8	111 112 113 114 115 116: 0 3 1 0 0 1

FOR LOCAL USE

Dx: V5416 Pri 7966 (2)
V537 8669

ADMITT (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

MEDCOM - 3403

AMBULANCE RUN DATA SHEET

TIME 0816 Z DATE 2 OCT 03

FLA NUMBER_____

1. PATIENT AGE_____

   ✓ ADULT
   - JUVENILE
   - PEDIATRIC
   - INFANT

2. SEX (M) / F

3. CONDITION (STABLE) / UNSTABLE

4. TYPE OF INJURY:
   HEAD INJURY - LN
   HR 119 GCS- 5
   BP 122/90
   O^2 96%
   Resp. 21 per minute

5. INTERVENTIONS PERFORMED:
   2 IV NORMAL SALINE

15 MINUTES OUT

PASS THIS INFORMATION TO EMT

ENT TREATMENT RECORD COVER ET

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

1. REGISTER NUMBER (b)(6)-4	2. NAME (b)(6)-4			3. GRADE	ADMISSION REMARKS
4. SEX m	5. AGE 25	6. RACE	7. RELIGION muslim	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
11. FMP 20	12. SSN	13. ORGANIZATION			14. WARD ICW
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE In
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø			22. HOURS OF ADMISSION 0850Z	23. CLINIC SERVICE	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE		25. TYPE DISPOSITION Ø5		26. DATE OF DISPOSITION 11 Oct Ø3	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)		27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION Ø2Oct Ø3	ADMITTING OFFICER (b)(6)-2
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 BAGRAM AFGHANISTAN				30. DATE OF INTIAL ADMISSION Ø2Oct Ø3	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

Fall

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

CHI, Resolving (R) Hemiparesis
S/P Feeding Jejunostomy 10/6/03

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
				9	9

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				9	9

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

SIGNATURE OF RAD OR MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

(b)(6)-4

02 Oct 2003

Approx 20-25 yo Afghani male involved in MVC possible ejection c̄ ? LOC

PMH Unknown

Airway intact c̄ spontaneous respirations

Primary initial VS P 105 BP 120/90 RR 24 GCS 8
Equal rise of chest c̄ good breath sounds
peripheral pulses equal bilateral

Secondary VS remain stable BP 110/70 P 107 RR 32
O2 Sat 100% GCS 8

Airway / Breath ∅ change
Facial / Forehead lacerations, (R) Facial swelling
PERRL @ 6mm
lungs clear
heart tachy
∅ c̄ c̄ c̄ c̄ long bone injury
∅ prostate, ∅ scrotal hematoma
c̄ c̄ c̄ c̄ c̄ c̄ c̄ c̄

GCS Eyes 1
Verbal 1
Motor 6
8

Pt given versed then propofol then RSI (we had ∅ paralytic or etomidate)

NGT + Foley placed

Vitals →

Vitals

	1015 L	1039 L	1100 L	1403
BP	120/90	110/70	110/70	110/60
P	105	107	109	109
RR	24	32	36	18 ↓
O2sat	99%	100%	99%	97%

Nothing else known, 3 others were treated for minor injuries. Pt remained ↓ LOC & nonverbal nonresponsive to sternal rub c times but did at times withdraw to pain prior to sedation

Re-eval @ 0726 Z, Pt remained stable
ō VSS - (L) pupil @ 4mm
lungs clear (R) pupil @ 6mm
heart tachy GCS 8 sedated
O2sats 98%

MEDICAL RECORD	PROGRESS NOTES
DATE	
10/2/03 1000	Admit note ~25 yo AM victim MVA? [illegible] vehicle c̄ LOC intubated/sent from [illegible] stable en-route [illegible] (E) [illegible] blood (R) pupil 8m (L) 4m appt facial lacs closed/contusions forehead (R) cheek abrasions Resp - clear c̄ bilat Cor reg Abd - soft/flat for BS ∅ guarding ± tender Rectal not well performed ∅ obvious deformities pulses x 4 Neuro - intub ∅ responsive did [illegible] 10 mg (L) [illegible] 9.7 / 14.3 / 42.2 / 155 139/105/10 / 4.3/17 / 0.8 116 Alb-1.3 SGOT-44 TBili-0.7 cPK 1020 CH-73 Amy 271 7.38/37/133/22 Hct-MRBC ⊖ MB Dx - CHI c̄ ventricle blood ∅ shift Depressed Plan - CT Abd pelvis R/O visceral injury no pneumothorax vs holter vs cus given alcohol watch closely maintain vent/sedation [redacted] LOC [illegible] vs [illegible] 10/3/03 CT spine ⊖ Abd ⊖ Head stable [illegible] vessel 3 [illegible] (Continue [redacted] CL [illegible]

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

(b)(3)-1

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

(b)(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
10/4/03 0700	[illegible] ® side of all T 101 VSS, stable NOT by auto [illegible] Abd - soft NT [illegible] NO Ext - [illegible] [illegible] Plan - NPO to gravity [illegible] tonight or tomorrow am, discuss transfer of care [illegible] Medicine ⇒ [illegible] today
07:55	Discussed [illegible] will transfer to [illegible] — thanks — [illegible] LTC MC USAR
call pm —	
4 Oct 03	T ⇒ 103 VSS on [illegible] pneumonia via nasal transport coughing ⇒ [illegible] [illegible] - infection likely since on bags Plan - begin [illegible], cultures, ↓ glucose [illegible] TPS [illegible] LTC MC USAR

DATE	NOTES
6 OCT 03	(S) MBT 2° Auto Accident with Intraventricular hemorrhage. Surgical evacuation and treatment performed and placed on NG tube feedings to follow nutrition. (O) Pt Exam - Responds to tactile stimuli but not to verbal Chest / Abd symmetrical negative to auscultation / Polydrus force + distension good abdominal sounds. A: Stroke (hemorrhagic) c MBT on tube feeds P - Recommend PEG (gastric tube?) (b)(6)-2 [redacted] MSG MC
07 OCT 03	In surgery (gastrostomy)
08 OCT 03	Tolerated surgery well, wound looks clean & dry. Tube feedings continue today (solution → feedings). Abd - not distended. Plan: Same feedings (tolerance) Transfer next Tuesday (b)(6)-2 [redacted] (b)(6)-2 [redacted] MSG MC

(b)(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
10/5/03	G Surg Ø response actively moving (L) LLE on appe AVSS ~~good~~ TF 5 diff or sig residual R-coarse Rhet at (B) bd of lower cr lung A-flat soft NT good BS Ø bowel/bypass Ø CT chang Ø movement (L) cases stable cont severe Ø bowel support profiling (Ø) radiation consult/assumption of care will ↑TF to goal (b)(6)-2 CPT MC USAR
10/6/03	General Surg
0445 (L)	CHI = (R) hemi paresis ↓ LOC, Pt has pulled Nasoentric feeding tube & po Intake Needs Nutrition, Albumin 2.9 AF/VSS Ø O2 Lungs CTA Abd soft NT/ND (+) BS Plan - OR tomorrow for feeding Jejunostomy - NPO ± NN - Prophylaxis (b)(6)-2
10/6/03	Prop flu
1452	CXR RLL opacity Clear 224 / 13.5 / 33.7 / 8.0 133 / 97 / 10 / 4.4 / 26 / 0.1 / 114 CPK 1735 OK for OR tomorrow, Feeding J tube (b)(6)-2 cpt

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

(b)(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
07OCT03	General Surgery op note
	preop Dx CHI poor nutrition
	postop Dx Same
	Procedure Feeding Jejunostomy tube - 16 Fr Red Rubber Robinson cath
	Surgeon (b)(6)-2
	Anes (b)(6)-2
	EBL Min
	Complic ø
	(b)(6)-2
	(b)(6)-2 cpt
08OCT03	Gen Surg PN
	POD#1 s/p Feeding Jejunostomy
	Doing well (P) op Nx hemodynamically
	AF/VSS U/O 1300/shift. J Tube NSC 20 cc/hr good flow
	Dx Comp CTA CV RRR Dx
	Abd Sm amount of drainage in drains J tube Site Clean
	(A) Doing well ō op day 1
	Advance TFs to 1/2 Strength
	(b)(6)-2
	(b)(6)-2 cpt

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

(b)(6)-4

MEDCOM - 3412