**BATES PAGES MEDCOM 8241-8840 HAVE BEEN PREVIOUSLY RELEASED**

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. 5 Yr 03

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 12 | 13 | 14 |
|---|---|---|---|---|---|---|
| 13 | [redacted] | Ancef 1gm IVBB 930 | 06 | / | [redacted] | |
| | | | 14 | / | [redacted] | |
| b6-2 | | | 20 | [redacted] | | |
| | | | | | | |
| 13 | [redacted] | HL IV | 06 | / | [redacted] | |
| | | | 14 | / | [redacted] | |
| | | | 22 | / | [redacted] | |
| | | | | | | |
| 13 | [redacted] | Reflex 500mg Q10 | 6 | / | / | |
| | | | 12 | / | / | |
| | | | 18 | / | | |
| | | | 24 | / | | |

D/C [redacted] 14 May

b6-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: (R) ankle fx p orif

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b6-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 5 Yr. 23 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | MED BOX SHEET has Tylox signed out at 2200? | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | --bb-2 | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 10 | [redacted] | Tylox II PO q4° | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | | | | | | | | |
| ----- | ----- | prn-pain | | | | | | | | | | | | | | |
| 13 10 | [redacted] | Demerol 50mg IV | | | | | | | | | | | | | | |
| ----- | ----- | prn-breakthrough | | | | | | | | | | | | | | |
| 13 16 | [redacted] | Phenergan 25mg | | | | | | | | | | | | | | |
| ----- | ----- | IV prn-nausea | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
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| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 12 May 03 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1620

Allergies: PCN OR Intake: Crystalloid LR Colloid

Pre-op V/S: 136/54 92 OR Output: UOP EBL

Procedures: Cast Ankle Meds/Times:

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

Pre Op Meds History

| Time | 1545 | 1625 | 1630 | 1650 | 1651 | 1705 | 1720 | 1805 | 1830 | 1900 | 1910 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | | | | | | | 98 | 99 | 98 | 96 | 94 | 96 |
| FIO2 | | | | | | | | | | | | |
| Methods | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | |
| 160 | | | | 168 | | | | | | | | |
| 140 | | | | | 141 | V | V | V | V | | V | V |
| 120 | 135 | 130 | | 123 | | | | | | | | |
| 100 | | | | 94 | 94 | | | | | | | |
| 80 | 79 | 89 | | 73 | 86 / 81 | 10 / 0 | 0 / 1 | 1 / 0 | 0 / 1 | | 8 / 8 | |
| 60 | 52 | | | 58 | | | 1 | | | | | |
| 40 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| RR | 11 | 11 | | 7 | | 13 | 12 | 13 | 12 | 10 | 18 | 16 |
| T | 97 | | | 97.9 | 99 | 98 | 98 | 98 | 98 | 99 | 99 | 99 |
| Time | | | | | | | | | | | | |
| Pain (0-10) | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | |

## Pacu Intake

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

X-rays: Labs:

## Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 0 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 1 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 0 | 2 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 7 | 11 | 11 |

**Codes**

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

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

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

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

Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC PACU

DATE 12 May 03

PATI[redacted]IFICA[redacted] entries give: Name – last, [redacted]dle; grade; date; hospital or medical [redacted]ty)

EPW [redacted] bb-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies: PCN

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1630 | | Romazicon | IV | | | |
| 1637 | | 50mg Narcan | IV | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

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

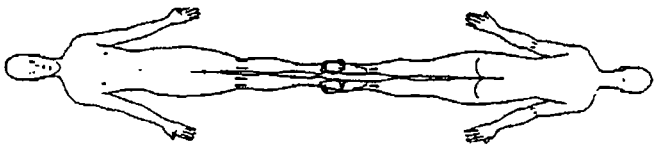
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | Rt Ankle | ACE/Splint | Ø |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

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

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1620 Transferred from OR to ICU II for PACU care. Irrig, EPW of unknown age Q ⊂ OR of (R) ankle. Pt remains sedated.
1626 Pt ⊂ Ø RESPS. BVM given & anesthesia consulted. [redacted] b6-2
1630.4 Romazicon IV given [redacted]
1637 50mg Narcan IV given [redacted]
1638 Anesthesia called to [illegible] pt reportedly "not breathing". Pt VSS 120/70, HR 82, O2 sat 100%. Pt being bagged ⊂ BVM ⊂ O2. Jaw thrust applied. Pt taking slow spontaneous respirations. Romazicon 2mg titrated in ⊂ no effect. 50mg Narcan titrated in over 5min ⊂ ↑ resp rate & effort ⊂ long intervals. Lungs clear. Pt awake & responding to stimuli. VSS O2 sat 100% [redacted] NRT O2.
b6-2

**Discharge Criteria:**
**Date:** **Time:** **PARS:**
**BP:** **T:** **HR:** **RR:** **Sa02:**
**Pain Level at D/C (0-10):**
**Intake:**_____ **Output:**_____
**Additional Data:**_____
**Transferred To:**_____
**Report Given To:**_____
**Transferred Via: W/C Litter Gurney Ambulance**
**Transferred By:**_____
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**_____

# 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 |
|---|---|---|---|---|---|
| A 1 1 D 1 | | 0 0 1 3 0 3 5 | EPW [redacted] b6-4 | EPW | M |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 4 2 Y | X | 9 | UNK |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| — | — | 9 9 | [redacted] b6-4 |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| — | UNK | 1131 | — |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| — | K 7 6 | — |

| 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 |
|---|---|---|
| 0 | ICW 2 | — |

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): —

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] 62-2

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: —

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 2 1 | | 0 3 0 5 1 4 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| A A A A | | 0 3 0 5 1 2 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYMMDD) |
|---|---|---|
| | | |

FOR LOCAL USE

Dx: (R) Ankle Fx P ORIF

DX: 8244
E8859

Rx: 7936

Trauma
9

Injury
949

ADMITTING OFFICER (Signature, as rep[redacted] b6-2

Dr. [redacted] MAS

SIGNATURE OF ADMITTING CLERK: [redacted] b6-2

DA FORM 2085, MAR 80

# INF[illegible]NT TREATMENT RECORD COVER SI[illegible]

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER: 13055 | 2. NAME (Last, First, MI): EPW [redacted] b6-2 | | | | 3. GRADE: EPW | ADMISSION REMARKS |
| 4. SEX: M | 5. AGE: 21Y | 6. RACE: IRAQI | 7. RELIGION: UNKNOWN | 8. LENGTH OF SVC: | 9. ETS: | 10. PREVIOUS ADMISSION |
| 11. FMP | 12. SSN | | 13. ORGANIZATION | | | 14. WARD: ICW 2 |
| 15. FLYING STATUS | 16. RATING/DSG | 17. DEPT./BEN | 18. BRANCH/CORPS | 19. UIC/ZIP | | 20. TYPE CASE |

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: DIRECT FROM ER

22. HOURS OF ADMISSION: 0845

23. CLINIC SERVICE: AEAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

25. TYPE DISPOSITION: EPW CAMP

26. DATE OF DISPOSITION: 18 MAY 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

27b. TELEPHONE NO.

28. DATE OF THIS ADMISSION: 14 MAY 03

ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted]

30. DATE OF INITIAL ADMISSION

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA: b2-2

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

OPEN FX (L) HUMERUS 2° GS

35. Total Days This Facility

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 4 | 4 |

36. Total Days All Facilites

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

SIGNATURE OF ATTENDING MEDICAL OFFICER: [redacted] b6-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647 M[redacted] LTC, MC

EDITION OF 1 AUG 76 IS OBSOLETE

053

MEDICAL RECORD | ABBREVIATED MEDICAL RECORD

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

S - 21 yo Iraqi EPW ♂, s/p GSW to (L) arm, s/p wound debridement and Ex Fix to (L) humerus 2° across this Adm 2° GST [redacted], presents for continued tx + evaluation of (L) pneumothorax 2° to retained lead in chest wall per XRAY. Pt c other complaints appropriate post op / post injury pain to (L) arm + shoulder.

PHYSICAL EXAMINATION BP - HR - RR - T - Wt - 70 kg

Fix 100% RA

HEENT - clear
CV - RRR S (M)
Lungs - CTA (B)
Chest - ⊘ wounds
Back - ⊘ wounds - TTP upper flank ⊘ PTX
Ext - (L) upper arm wound - clear + healthy appearing / Ex Fix in place
Abd - Benign

XRAY - Retained lead in probable soft tissue of upper flank (L)

PROGRESS (Enter date of discharge and final diagnosis)

21 yo EPW ♂ s/p GSW to (L) arm, now c Ex Fix + retained lead chest wall - ⊘ PTX
(1) Admit for continued tx - Abx x 72 hr
(2) Expect I+D of wound 24-48°

[redacted] b6-2

SIGNATURE OF PHY[redacted]E 6/14/03 | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDEN[redacted]ION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

[redacted] b6-4

Iraqi EPW

ABBREVIATED MEDICAL RECORD
Standard Form 589
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975 539-106

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14MAY03 | BRIEF OP NOTE: |
| 0130 | PROCEDURE: I&D / Ex Fix (L) HUMERUS |
| | PRE-OP DIAGNOSIS: GSW (L) HUMERUS → HEMATA |
| | POST-OP DIAGNOSIS: SAME |
| | SURGEON: [redacted] b6-2 ASSISTANT: [redacted] b6-2 |
| | EBL: 150 cc |
| | FLUIDS: 1400 |
| | UOP: 500 cc |
| | TT: Ø |
| | POST-OP PLAN: |
| | (1) ELEVATE (L) UE |
| | (2) ANCEF / GENT x 72° |
| | (3) MONITOR FOR DEVELOPMENT of TENSION PTX |
| | [redacted] b6-2 |
| | LTC MC 1352 |

| 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. |
|---|---|---|
| LOG#: [redacted] b6-4<br>SSAN#:<br>NAME: EPW | | |

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14 May 03 1500 | Assumed care of Pt @ 1300. AtO x 3. VSS. (B) CS CTA, (+) $S_1, S_2$, regular HR rhythm, (+) BS x 4 hypoactive. (L) UE Ex Fix CDI, (+) mvt, sensation, cap refill < 3 sec of (L) FA/HAND. Pt c/o arm pain controlled by MSO4. LR @ 125cc/hr via bb-2 (R) AC PIV. Will Monitor [redacted] |
| 150545 May 03 | Pt is awake, alert. Airway is patent. Breathing is even and unlabored. LS clear but diminished in (B) bases. Abd soft, non-tender, and but somewhat distended suprapubically. BS(+) x 4. Pt remains NPO. Foley to ↓ gravity but no urine in bag. Foley manipulated somewhat and drained approx 350cc urine. Suprapubic distention relieved. Pt also c/o mod. pain to (L) UQ. No splenomegaly noted to (L) UQ c inspiration and palp. Ex fix to (L) UE limits ROM, but drsg is ACE c Velcro, CDI. FROM to RUE, (B) LE, and all are neurovascularly intact. IV to (R) lateral AC infusing LR @ 125cc/h. [redacted] |
| 15 May 03 0840 | PT vitals T 98.9 P 106 R 28 BP 120/86 [redacted] bb-2 1330 Pt (A)O x 3 - c obvious distress. c/o PN @ this time in (A)m 10 c/c. Pt in semi-fowler position. VS B/P 130/80. P 115 Reg R 16 (B) CTA. T 99.6 Told Pt to drink water [redacted] |
| 15 May 03 2000 | Assumed care of Pt @ 1900. VSS. AtO x 3. NADX via (R) AC HL, patent bb-2 (L) UE Ex Fix dressing with bloody drainage. MD notified, no new orders. (+) sensation, ROM of fingers, cap refill < 3 sec (L) UE. Denies pain. Tol PO well. C/W assessment w/ NC. bb-2 Will Monitor [redacted] |

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

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

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

REGISTER NO. | WARD NO.

EDW [redacted] bb-4

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 15 May 03 | 2140: Assumed care @ 2100. Pt presently asleep, supine (L) UE ex fix in place (+) change to dorsal side (+) moderate, sanguinous. app 3cc's on chest pad. No evidence of pain @ this time. (+) movement, (+) sensation |
| BP 110/60 | (+) swelling to hand. 2330: MSO4 & 1mg SIVP administered for pain to (L) UE. |
| HR 108 | Eval pending. [redacted] b6-2 |
| RR 30 | |
| T 99.4° | 2345: S1S2 present regular; lung sounds clear anteriorly; abd soft, nontender, +BS |
| SpO2 95% | x4, good strength in all non injured extremities. 2+ pulses pedal, radial. cap refill <3sec |
| 16 MAY 03 | 0100 UOP 500cc CLEAR YELLOW FLUID → HC [redacted] 9M |
| 1 | 0015: PIV infiltrated – 20g placed to (R) FA (+) flush, (+) BR. b6-2 |
| 15 Tkmay 2100 – 0500 | (+) SL w/ 10cc NS S/P infusion AKB. [redacted] b6-2 |
| TOTAL | 0315: Pt sleeping quietly – (+) Foley to gravity – clear, yellow urd. |
| UOP: 500 | [redacted] b6-2 |
| 125 | 0430: UOP = 125 cc clear yellow upon foley to gravity. |
| TOTAL 625 | [redacted] b6-2 |
| 16 0530 May 03 | Pt is resting comfortably at this time. Lung sounds clear to all fields. Breathing is even and unlabored. Abd is soft, nontender, and is distended. Foley to gravity draining clear yellow urine. Pt remains NPO for possible surgery today. Dressing to (L) UE and Ex Fix has not soaked through. Large to posterior portion of upper arm. PMS is intact. IV to (R) FA flushes well. ROM to all other extremities. Pt has a subdued affect but responds appropriately when questioned. [redacted] 16 May |
| 0605 | PT vitals T99.1 P95 R24 BP 126/84 — Spo[redacted] 9MW b6-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

| LAST NAME | FI[redacted] | MIDDLE [redacted] | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| Cont'd 1525 16 May 03 | pulses. DUE to est fixator drainage drainage noted. MD already notified. HL to RLA flushes well ⊘ S/S of infiltration. Will cont to monitor — [redacted] 9 MAY 06 b6-2 |
| 16 May 1900 | Emptied 1100cc clamber color urine from foley cath. ⊘ complaints voiced @ this time. — [redacted] 9 MAY 06 b6-2 |
| 2330: | Assumed care of PT @ 2100. VSS. Pt. Alert. Pt. c/o Pain in (L) arm. 2mg MSO4 given IVP good results. Ext. Fixator to (L) arm intact. Bright red bloody drainage from pinsites. MD aware per last shift. Will continue to monitor drainage. HR Reg, Lungs CTA, BS (+) X4. — b6-2 [redacted] CPAN |
| 0430: | 185 cc dark yellow urine out per foley — [redacted] |
| 170530 Ly OT | Pt is asleep but arousable. Airway is patent. Breathing is ~~[illegible]~~ and unlabored, ~~[illegible]~~ at Lung sounds clear to all fields. Abd soft, nondistended & distended. BS(+)4. Pt remains NPO for OR. Foley to gravity; ↓ drop from last shift. FROM to (R) UE and (R) LE. RUE has Ex Fix & ACE that has large amount of serosanguinous drainage noted. Dry reinforced on previous shift. MD aware. Dressing clean, dry, intact to all extremities. IV to (R) forearm flushes well. — [redacted] CPAN |
| 17 MAY 03 | OP NOTE b6-2 |
| | ANE & HOST - OP DX - FX ARM. GSW (L) HUMERUS |
| | PROCEDURE - DEBRIDEMENT (L) ARM HUMERUS |
| | SURGEON - [illegible] - [illegible] |
| | VO 550 [illegible] CAP ANAIN 4x8 |
| | FINDINGS [illegible] ARMY [illegible], [illegible] |
| | WOUND - PLAN 1 CBG & DRC IN 48 |
| | [redacted] b6-2 |
| | LTC, MC ORTHOPEDIC SERVICE |

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



MEDCOM - 8851

053

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16MAY03 0800 | General Surgery Team Note |
| | S: P&D #2, S/P wound debridement & ex-fix of (C) humerus. Denies complaints this AM. Tolerating regular diet. Pain well controlled. |
| | O: Alert & cooperative. Intact ex-fix |
| | A/P: P&D #2, S/P ex fix. (C) To OR in AM for I&D |
| | [redacted] b6-2 |
| 16 1230 May 03 | MOP total for shift = 175 cc. Ht encouraged to ↑ PO fluids. Instructed pt to drink at least 2L $H_2O$/gatorade prior to NPO tonight at 2400. [redacted] |
| 16 MAY 03 1500 | Pt vital signs BP 110/72, P. 90, R. 18, Temp. 98.5 SPC [redacted] b6-2 |
| 16May03 1525 | assumed pt care @ 1430. pt awake & alert. lung sound CTA. abd BS hypoactive. BLE c̄ good capreffill & ⊕ pedal |

| 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. ICW2

# [redacted] b6-4

PROGRESS NOTES
Medical Record

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

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 17MAY03 1400 | Assumed care of Pt @ 1300. VSS, A+O x3. LR @ 75cc/hr via (R) FA IV. (+) BS x 4. (B) LS CTA. (L) UE ex FIX CDI, (+) sensation, strength, mvt, cap refill <3sec, palpable pulse in (2) hand. Resting comfortably. c/w assessment WNL. Will Monitor — [redacted] b6-2 |
| 17 May VS: BP 104/60 HR 82 RR 14 T 98.6 SpO2 92% | 2000: Pt c/o (+) shoulder pain. Morphine 2mg IVP administered. Eval pending. Pt suddenly awake, alert, oriented. RN SI'd flushed s/p morphine w/ 5cc NS. (+) (R) ~~[illegible]~~ (wrist gap) FA Eval (+) for good pain control [redacted] |
| 17MAY03 | 2215 UOP 1600cc CLEAR YELLOW FLUID → [redacted] q1W b6-2 |
| | 2130: Pt resting w/o c/o pain. Ex fix dressing intact, Ø drainage (+) movement all digits, (+) sensation, cap refill ≤ 3sec, (+) ~~[illegible]~~ edema to hand. Attempted elevation of arm, pt complained of ref. indicating ↑ pain. S/S2 present regular, (-) swelling to non injured extremities, + cap refill ≤ 3sec. c/c digits (+) 2+ pulses bilat radial, pedals. Lung sounds clear abd non distended, non tender, VBS x 4q. UOP per foley to gravity. Muscle strength, ROM equal and normal in all non injured extremities. PIV to (R) FA 18g d/c'd, [redacted] |
| 18MAY03 0530 | 0230: Pt sleeping quietly Ø cardiac arrest [redacted] |
| | UOP 2600cc CLEAR YELLOW FLUID → [redacted] q1W 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.

# [redacted] b6-4

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 16/1530 May 03 | Pt is asleep but arousable. No c/o pain. Airway is intact. Lung sounds are clear to all fields. Abd is soft, nontender, and nondistended at this time. Foley to gravity. BS(+) x 4. Tolerating PO well. ROM to RUE and (B)LE. Neurovascularly intact to all extremities. ROM to LUE limited 2° pain. LUE has ex fix. Dressing is ACE wrap that is CDI. IV site (R) FA is HL'd & flushes well. [redacted] |
| 18 May 03 | 0800 [redacted] Hep lock with 18 g in R forarm —— Spe[redacted] bb-2 |
| 18 MAY 03 | DIRECTED BLOWS AND ATTEMPTED ESCAPE POST OP IN O.R. YESTERDAY WILL RETURN TO PW ASMC TODAY 2° SECURITY TREATMENT. VSSA. DSG INTACT. bb-2 [redacted] LTC, MC ORTHOPEDIC SERVICE |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-01-075-3786

62-2

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

| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
|---|---|---|---|---|
| STREET ADDRESS | | | DATE *(Day, Month, Year)* 14 May 03 | TIME 0816 |
| CITY | STATE | ZIP CODE | TRANSPORTATION TO FACILITY Air Evac | |

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| M | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM | YES | NO |
| | | | PRP | | | X | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | X | DD 2568 IN CHART | | |
| 21 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

| CURRENT MEDICATIONS | INJURY OR OCCUPATIONAL ILLNESS | | | | EMERGENCY ROOM VISIT | |
|---|---|---|---|---|---|---|
| None | ITEM | YES | NO | WHEN *(Date)* 13 May 03 | DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| | IS THIS AN INJURY? | X | | WHERE | TETANUS | |
| ALLERGIES | INJURY/SAFETY FORMS | | X | Iraq | DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |
| NKDA | HOW EPW Fired on U.S. Solder | | | | | |

CHIEF COMPLAINT GSW (L) Humerus

| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ EMERGENT | TIME 0818 | TIME 0818 | 0838 | | | | |
| | | BP 151/79 | 134/70 | | | | |
| ☐ URGENT | | PULSE 94 | 75 | | | | |
| | INITIALS [redacted] 662 | RESP 14 | 14 | | | | |
| ☐ NON-URGENT | | TEMP 98.8 | | | | | |
| | | WT | | | | | |

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

ORDERS

☒ PULSE OX 100% ☐ MONITOR ☒ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 0830 | 2-4 mg Morphine IV | JV | [redacted] 662 | | |
| | | | | | |
| | | | | | |

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

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

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

[redacted] 66-4

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

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

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

PROVIDER HISTORY/PHYSICAL

S: Transfer. s/p humeral fx s/p GSW ≈ external fixator.
Also bullet lodged in chest wall

O: Ex fix in place
Lungs - CTAB; ⊖ subq air in chest wall
Heart - RRR

X-ray - (P)
Chest xR - ⊖ pneumothorax
⊕ bullet (L) chest wall

A: (1) ⊕ humeral fx ≈ ext. fixator
(2) chest wall bullet - stable currently

P: Ortho consult bb-2
seen by Dr. [redacted] + brief look by Dr. [redacted] bb-2

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

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

[redacted] bb-2

STAMP
MAJ, MC
FP/Sports Med.

DIAGNOSIS

as above

CODES

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

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

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

# NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 14 MAY 03 | 0230 | | PT ADMITTED TO PT HOLD VIA LITTER FROM POST-OP. A+O×3 PERRLA LUNG SOUNDS CLEAR TO AUSCULTATION. LR RUNNING @ 100cc/hr (R) AC Ø S/S INFECTION (L) ARM ELEVATED DRESSING CDI FOLEY DRAINING CLEAR YELLOW URINE. 5mg MSO4 GIVEN IV FOR PAIN. VS: BP: 124/68 P: 77 R: 16 T: 98.6 |
| | | | PT RESTING AT THIS TIME — [redacted] PFC GIWMG |
| | 0430 | | PT C/O PAIN 5mg MSO4 GIVEN IV — [redacted] PFC GIWMG |
| | 0600 | | PT RESTING AT THIS TIME. DRAINED 1200cc CLEAR YELLOW URINE FROM FOLEY — [redacted] PFC GIWMG b6-2 |
| 14 MAY 03 | 1000 | | Pt transfer from ICU via wheeled litter. IV NS c̄ 4mg MSO4 infusing in RFA tko. Foley to gravity. Dsing to (L) shoulder and arm CDI. O2 SATS 95% room air. T 99.1 P80 R20 B/P 150/80. |
| 14 May 03 | ~~2330~~ 1330 | | Pt c̄ c̄ ×3. Confusion delirious. Pt hold c̄/c̄ this time. Ø c̄/o Pt c̄ this time. V/S 120/80 P 91 Reg R16 (B) CTA T 99.6° Week Scream- |
| 14 May 03 | | 2115 | Assumed care of pt. Pt resting in bed. (L) external fixator in place - |
| VS 22⁴⁵: 140/80 HR 98 T. 100.1 | RR: 40 SpO2 - 89-92% RA | | dressing CDI. IVF's LR infusing @ 125 c̄/h. into 18g PIV to (R) AC (+) s/s of infiltration. IV site reinforced. — b6-2 [redacted] |
| | | 2315: | Physical Assessment. Lungs sounds clear, shallow, (B) ~~[illegible]~~ with breath |
| BP 150/100 P 95 T 100.3° RR 24 SpO2 92% | [redacted] 15 MAY 2004 | | RR 40; SpO2 89-92% RA, chest wall uneven R to L, ØJVD, S1S2 regular HR 95 bpm. (+) c/o (L) chest pain; (+) whining, grimacing on palpation to (L) flank and anterior (L) chest wall. Dr [redacted] b6-2 notified. (+) BS assessment per MD. MSO4 ordered c̄ administered c̄ Re Evaluation in 1°. Pt repositioned in bed. HOB @ 30°. Abd soft, non tender, (-) BS ×4. (+) movement (+) sensations to all digits (L) hand cap refill |

*U.S. Government Printing Office: 1997 - 426-423/69052

STANDARD FORM 510 (REV. 7-91) BACK

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 |
|---|---|---|---|
| 14 May | | 2315 | ≥3 sec. ⊕ drainage @ this tm to (L) VE. ⊕ bilby to gravity drainage clear yellow urine. Eval pt. cont — [redacted] |
| 15 May | | 0445 | Pt sleeping - awakens spontaneously to external stimuli. WF's infusing VS as noted. Monitoring to cont [redacted] |
| | | 0300 | - VS: 138/62 HR - 98-100 RR 30, SpO2 92% T: 100.0 - Dr [redacted] notified. Pt to Radiology on stretcher accompanied by staff for CXR. Results pend. ing. MSO4 2mg IVP administered prior to CXR. — [redacted] |
| | | 0310 | Pt in no distress @ rest ⊕ pain to (L) arm and chest on movement. — [redacted] |
| | | 0345 | Returned to unit. VOP 1200 clear yellow. Drainage from dorsal aspect of wound unchanged in size. Drainage = Sanguinous |
| | | 0430 | Pt sleeping quietly. ⊘ evidence resp distress or pain. Cont monitoring — [redacted] |
| | | 0445 | ⊕ restraints bilateral upper extremity, 2-pt leather ⊕ all times this shift except in transport to CXR. — [redacted] |

b6-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

[redacted]

b6-4

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 8858

MEDICAL RECORD

# PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.

1. AGE: 21 y.o.

HEIGHT:

WEIGHT: 70 Kg

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)
☒ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOO
REACTION:

3. PREVIOUS SURGERY [ ] NO [✓] YES (type):
I&D, ext. Fix Lt humerus, Lt pneumothorax

4. PROPOSED SURGICAL PROCEDURE: Gent debrid
I&D Lt upper extremity wound

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition_____
Tobacco____ppd X___yrs. Body Piercing_____ Diabetes (Y) (N) ROM_____ ASA/Motrin w/72 hrs (Y) (N)
ETOH_____ Implants_____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures_____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to:<br>✓ 1) Surgical Procedure & Operating Room Environment<br>___ 2) Separation Anxiety (Child)<br>✓ 3) Surgical Outcomes | o Pt. verbalizes any specific anxiety.<br>o Pt. Exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures. (e.g., warm blanket, touch).<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to:<br>✓ 1) Positioning<br>___ 2) Effects of Anesthesia<br>✓ 3) Medical/Smoking History | o Pt. will be able to breathe without difficulty during immediate intraoperative phase . | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress.<br>o Assist anesthesia during intubation and extubation. |
| C. INTEGUMENT<br>✓ Potential impairment of skin integrity due to:<br>✓ 1) Intraoperative Immobility<br>✓ 2) ESU Pad Placement<br>___ 3) Positional Aids<br>___ 4) Prosthesis<br>✓ 5) Pooling of Prep Solutions | o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas). | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o Keep prep fluids from pooling. |

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

Civ # [redacted] Vo-4

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

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

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

b6-2 [redacted] MAJ AN 17 May 03 DATE

11. POSTOPERATIVE EVALUATION:
LEVEL OF CONSCIOUSNESS: ☐ A&O ☑ Drowsy ☐ Sleepy ☐ Intubated Combative
LEVEL OF ACTIVITY: ☑ Moves All Extremities ☐ Moves Upper Extremities ☐ Transferred to litter with roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☑ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y) (N)
BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] MAJ AN
DATE: 17 MAY 03 TIME: 0805

b6-2

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] MAJ AN
DATE: 17 May 03 TIME: 0940

**MEDICAL RECORD**

# INTRAOPERATIVE DOCUMENT

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: Litter BY CPT [redacted] bb-2 / MA [redacted]

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ [redacted] bb-2

3. DATE 17 May 03 TIME PATIENT ARRIVED IN SUITE 0810

4. PATIENT IN ROOM TIME 0810 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] bb-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] bb-2 | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: 1/2 lateral on beanbag, pillow under Rt leg Left leg bent

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

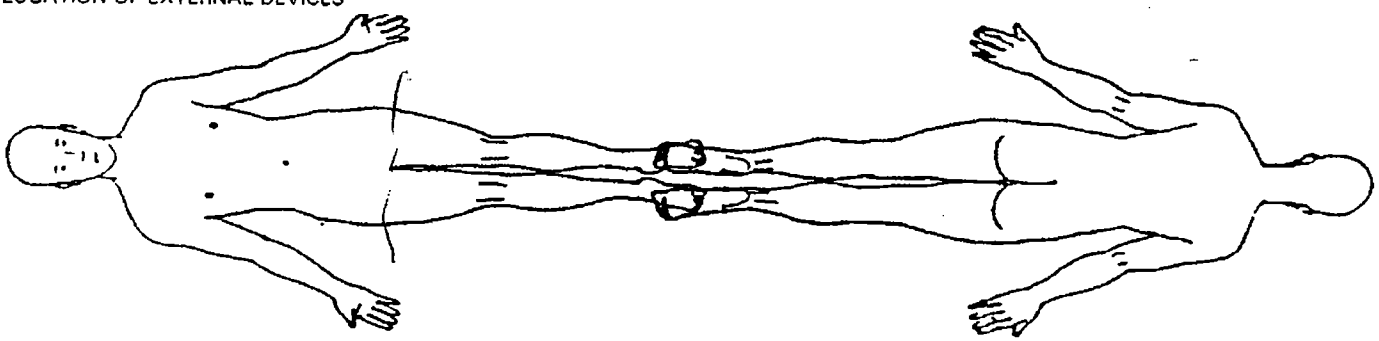
PREP SOLUTION *(Specify)* Betadine / Brandt's

SITE: Left arm + BY WHOM: MAJ [redacted]

SITE: fixator BY WHOM: bb-2

COMMENTS: No pooling of solution

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 bb-2 | CIRCULATOR bb-2 |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | | C | C | SPC [redacted] | MAJ [redacted] |
| Needle Sharp | ☒ Yes ☐ No | | C | C | SPC [redacted] | MAJ [redacted] |
| Instrument | ☐ Yes ☐ No | | | | | |
| Other | ☐ Yes ☐ No | | | | | |

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

Civ # [redacted] bb-4

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

☒ ESU NO: Valley Lab #4

GROUND PAD: BRAND 3M

LOT NO: 2005 10 07

☐ 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): N.S.

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

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform
Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surgeon Dr [redacted] b6-2 Anes CPT [redacted] b6-2

ESU at 20/20 Bovie plate site dry & intact pre and post-op.

20. OPERATION(S) PERFORMED

I&D Left humerus

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICU 2 b6-2 | 0905 | Litter |

22. REGISTERED NURSE SIGNATURE

[redacted] MAJ AN

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.01

**MEDICAL RECORD** — **INTRAOPERAT[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 Litter BY MAJ [redacted] b6-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b6-2

3. DATE 14 May 2003 TIME PATIENT ARRIVED IN SUITE 0001

4. PATIENT IN ROOM TIME 1001 NUMBER /

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Iraqi Epw

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] b6-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] b6-2<br>SGT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)
Pt in proper Alignment on litter
☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

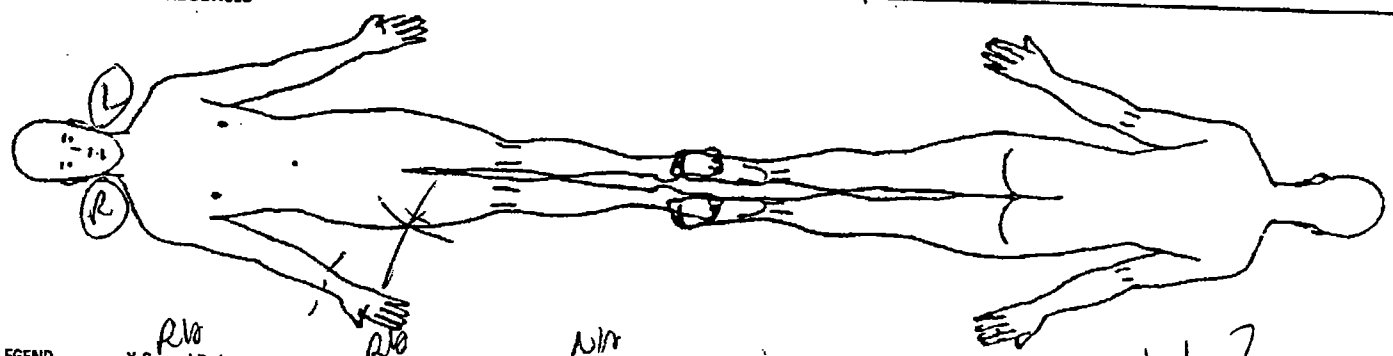
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Betadine scrub/paint
SITE: Left Arm/Shoulder BY WHOM: CPT [redacted]
SITE: BY WHOM: b6-2

COMMENTS: No pooling noted

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad RN — Safety Strap RN --- Tourniquet N/A

10. COUNTS

C = Correct I = Incorrect

Initial count - SPC [redacted] / CPT [redacted] b6-2

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | C | C | | |
| Needle Sharp | ☒ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☒ No | | | | SPC [redacted] b6-2 | CPT [redacted] |
| Other | ☐ Yes | ☒ No | | | | | |

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

LOG [redacted] # [redacted] b6-4

SSAN#

NAME:

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

☒ ESU NO: ~~Conmed 0211272~~ RN FOH000952
GROUND PAD: BRAND Conmed
LOT NO: 0211272

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5

MEDCOM - 8863

USAPA V1.01

13. PROSTHESIS, IMPLANTS [X] YES [ ] NO IF YES NAME: ID NUMBER; MANU

Hoffman II External Fixator Lot# J328563
Stryker

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES [ ] NO [X]

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S): 0.9% Normal saline

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| Foley cath | pre-op | COT [redacted] |
| | | b6-2 |
| | | |
| PHYSICIAN'S SIGNATURE [redacted] b6-2 | | |

15. X-RAY IN OPERATING ROOM YES [ ] NO [X] IF YES, SITE

16. LABORATORY SPECIMENS

| SPECIMEN (S) YES [ ] NO [X] | NAME | NAME |
|---|---|---|
| FROZEN SECTION (FS) YES [ ] NO [X] | NAME | NAME |
| CULTURE (C) YES [ ] NO [X] | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES [X] NO [ ]

| TYPE/SIZE | 1. 16 Fr Foley | 2. | 3. |
|---|---|---|---|
| SITE | 1. Bladder | 2. | 3. |

18. DRESSING/IMMOBILIZATION (Specify)

Xeroform, 4x8, ABD, Kerlix, Ace

19. ADDITIONAL INFORMATION

Surgeons - Dr [redacted] / Dr [redacted] b6-2
Anesthesia - CPT [redacted]

CPW
LOG # [redacted] b6-4
SSAN#
NAME: b6-2

14 May 03 0000 - GCS 7, traumatic, RSI & arterial pressure 126/73 97 96%
Drancoven iso, drugs: Ketamine, succinylcholine, valium,
MSO4, gentamycin 80mg IVPB started @ 0020, VSS throughout
EBL: 150 crystalloid: 1400 UO: 500 pt extubated, transferred to ICU [redacted] CPT RN

20. OPERATION(S) PERFORMED

Incision & Debridement with washout of Left open humerus fracture & External Fixation left humerus

21. PATIENT TRANSFERRED TO Post-op b6-2 TIME 0135 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] CPT

REVERSE OF DA FORM 5179-1, OCT 87



USAPA V1.01

b6-4 [redacted]

1-119 NSN 7540-00-634-

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 14MAY 15May 16May 17May 18May

19 HOUR

PULSE (O) / TEMP. F (°) / TEMP. C (Centigrade Equivalents, for Reference only)

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

RESPIRATION RECORD RR

BLOOD PRESSURE

SpO2

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICW2

138 ~~144~~/62

[redacted] b6-4

100

JR

**VITAL SIGNS RECORDS**

Medical Record

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

EPW [redacted] b6-4

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

SPECIA

1C1

PATIENT
☐ BED
OUTPAT.
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RE

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

REQUESTING PHYSICIAN'S SIGNATURE: DR. [redacted] b6-2

REPORTED BY: [redacted] b6-2

MD

TECH

DATE: 14 MAY 03

LAB ID NO.

REMARKS: CBC

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
PRESCRIBED BY GSA/ICMR
FPMR (41 CFR) 101-45-505

| TEST(S) | SPECIMEN TAKEN DATE | TIME | A.M. / P.M. | REQUESTED | RESULTS |
|---|---|---|---|---|---|
| | 14 May | 1230 | | | WBC 11.2<br>RBC 4.42<br>Hgb 12.3<br>Hct 39.5<br>MCV 89.5<br>Plt 322<br>Lyt 1.7 |

EPW [redacted] b6-4

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

SPECIMEN/LAB RPT. NO.

1CW2

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: DR [redacted] b6-2

REPORTED BY

MD

TECH

DATE: 14 MAY 03

LAB ID NO.

REMARKS: CHEM 7

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
PRESCRIBED BY GSA/ICMR
FPMR (41 CFR) 101-45-505

| TEST(S) | SPECIMEN TAKEN DATE | TIME | A.M. / P.M. | REQUESTED | RESULTS |
|---|---|---|---|---|---|
| | 14 May | 1230 | | | |

PICCOLO ====
14/05/03 12:46
REFERENCE RANGE: MALE
PATIENT #: [redacted] b6-4
METLYTE 8
DISC LOT #: 3083AA4
OPER [redacted] DR #: [redacted] b6-2
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| GLU | 101 | 73-118 | MG/DL |
| BUN | 6* | 7-22 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| CK | 1504* | 39-380 | U/L |
| NA+ | 137 | 128-145 | MMOL |
| K+ | 4.0 | 3.3-4.7 | MMOL |
| CL- | 101 | 98-108 | MMOL |
| TCO2 | 26 | 18-33 | MMOL |

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

MEDCOM - 8866

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-68; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "1" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| midazolam | (mg) | 3 | | | | 2 | | | | | | | | 5 mg | min |
| fentanyl | (mcg) | 150 | 100 | | | | | | | | | | | 250 mcg | |
| STP | (mg) | 350 | | | | | | | | | | | | 350 | TOTAL URINE |
| Succ | (mg) | 120 | | | | | | | | | | | | 120 | |
| | ( ) | | | | | | | | | | | | | X | 550 cc Foley |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT | 150 % del | 1.0 | 1.5 | 1.3 | 1.3 | X | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | 6 | 6 | | | | | | | | |

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

**FLUIDS**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LINE site LR (cc) (R) arm | ☒ Warmed | 600 | (850) | | | | | | | | | | | |
| Anest Tg IVPB insens | ☐ Warmed | x | x | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; Foly URINE - (525) (550)

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

**BODY WEIGHT**: 70 KG LB

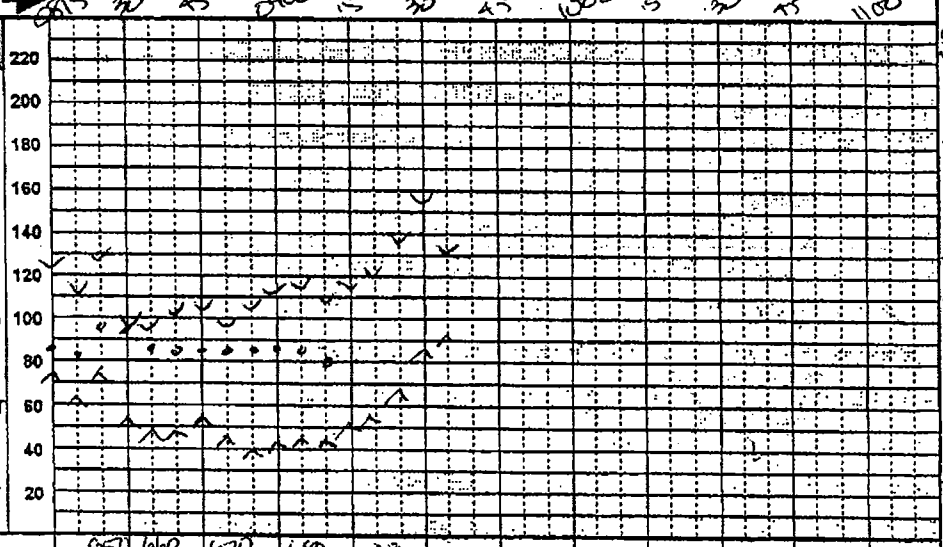
**HEMATOCRIT**: 34.5

**INITIAL DATA**: BP- 122 / 74; HR- 86

**EQUIP CHECK**: OK? Y N

**PATIENT**: OK for PROCEDURE? Y/N; TIME- 0730

**SYMBOLS**: BP by cuff (Adult cuff); Heart rate; Resp rate; BR (transduced); TOURNIQUET; ANES- X-X; PROC- ⊙-⊙




**VENTILATION**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| I:E= 1:2 VT - ml | 650 | 660 | 670 | 680 | 700 | | |
| Ⓐ/HME f - breaths/min | 18 | 10 | 8 | 9 | 9 | 14 | 18 |
| Peak inf pres / PEEP | | 26 | 24 | 21 | 21 | — | |
| MODE - S(pon), A(ssist), C(on) | S | C | C | C | C | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff / ✓ ET CO2 (torr) | | 26 | 29 | 32 | 30 | — | — |
| BP/oth / ✓ FIO2 (Frac or %) | .85 | .86 | .85 | .85 | .85 | | |
| ART line / ✓ SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 95 | |
| Steth- PC/ES / ✓ ECG | SR | SR | SR | SR | SR | SR | |
| ✓ Gas analyzer / ✓ TEMP-site Skin | | 96 | 96 | 97 | | | |
| ✓ N-M Block (T/4) | 0/4 | 0/4 | | | | | |
| Warming blkt | ✓ | | | | | | |
| Conv warmer | | | | | | | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position → @arm secured 90° on padded armboard. Supine → Ⓡ lateral →

**FLUID SUMMARY**: CRYSTALLOID- LR = 500; COLLOID- X; BLOOD- X

**REMARKS** — Code drugs with numbers, events with letters

0730 Ⓐ I D on ward. NPO verified. Chart + Labs reviewed. Prep completed. Plan GETA.
0810 In OR iso 2-1 via lift. Moves to bed by self. Mask on. Pre O2. N induc. Eyes taped shut. See airway note below. Bite block in place.
0928 To Litter by 4. Oral Sxn. Resp even. LS wheezy bilat. Albuterol 4 puffs via ETT. Extubated c̄ Ⓟ pressure breaths. Hits & kicks providers → Versed given; restraints applied. To ICU for recovery @ 0931. Report to nursing staff. bb. VSS. O.V. Fa

**RECOVERY AT** 0935; PACU ICU ____ (Spec); OTHER T=95 AX; CONDITION: Stable; RESP-18 SpO2-95%; BP-132/92 HR-109

**ANESTHESIA PROCEDURE TIME**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0730 | 0810 | 0917 |
| PROC | Ready | Begin | End |
| | 0818 | 0900 | 0912 |

PROCEDURES and CPT Codes: I + D Ⓛ upper arm wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA O2 / 150

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Easy mask vent. DLX I ENOC 3 by L[redacted]. @ Stylet @ Secured ETCO2 @ BBS = B.O. ETT secured @ 23cm @ teeth. Atraumatic.

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

#[redacted] EPW bb-4

[redacted]

SURGEONS: [redacted] bb-2

ANESTHETIST: [redacted] CRT/CRNA bb-2

PROCEDURE 150 LOCATION: OR 2-1 DATE: 17 MAY 03

## ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 24 DAYS MOS YRS  Sex (X) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 70 KG/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: I/D LLE
SURGICAL SERVICE: Ortho
NPO SINCE: ____

**HABITS:**
TOBACCO: (+)
ETOH: ____
DRUGS: ____

**CURRENT MEDICATIONS:**
( ) = ordered as premed
( ) ampicillin
( ) MSO4
( ) ____
( ) ____
( ) ____
( ) ____

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

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

11.2 > 12.3 / 39.5 (222) (12 MAY)

137 | 101 | 6 (101)
4.0 | 26 | 0.8 (14 MAY)

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

| | | |
|---|---|---|
| **Cardiovascular:** | | |
| Hypertension | N Y | |
| Angina | N Y | |
| MI | N Y | |
| CVA | N Y | (-) per chart |
| Other | N Y | |
| **Pulmonary System:** | | |
| Asthma | N Y | |
| Bronchitis/URI | N Y | |
| COPD | N Y | (-) |
| Other | N Y | mild 2° RHAINED (and per xray) |
| **Renal System:** | | |
| Acute/Chronic RF | N Y | |
| **Gastrointestinal:** | | |
| Hepatitis | N Y | |
| Hiatal Hernia | N Y | |
| PUD/GERD | N Y | |
| **Endocrine System:** | | |
| Diabetes | N Y | (-) per chart |
| Steriods | N Y | |
| Thyroid | N Y | |
| **Neurological:** | | |
| Seizures | N Y | |
| Neuropathy | N Y | |
| Other | N Y | |
| **Gynecological :** | | |
| Pregnancy | N Y | |
| **Other Significant Hx:** | N Y | ASP ex f.x GSW |
| | N Y | |
| **Familial HX** | N Y | (-) hemmens |

**ASSESSMENT**
PAST SURGICAL/ANESTHETIC GA
ulna fx (hemm

**PHYSICAL EXAMINATION**
BP 120/72 HR 86 R 16 T 98.0
Pain Scale 0-10 0
HEENT - Teeth intact
Trachea midline
TMJ/Neck 3 FB
Oropharynx MPII
Nares
CHEST: CTA (B) DM
CARDIAC: S1 S2
EXTREMITIES:
IV Access: (R) FA #18g
Ulnar Filling:
BACK:
OTHER:

NPO Since 12M.

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

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

The [redacted] guardian seems to understand and agrees. Questions answered.
Sig[redacted] CRNA Date: 17 May 03 Time: 0855 Hrs

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

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

#[redacted] 66-4 EPW

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

# Doctor's Orders—Post-OP

126th OP 4256

| Nurse Complete | Dr.'s Select | |
|---|---|---|
| | | DATE: 14MAY03 TIME: 0130 |
| ☐ | ☒ | 1. Admit to: ☐ OR ☒ PACU ☐ ICW ☒ Patient Holding |
| ☐ | ☒ | 2. Diagnosis: S/P Ex Fix (L) Humerus |
| ☐ | ☒ | 3. Condition: ☐ Critical ☐ Guarded ☒ Stable ☐ VSI ☐ SI |
| ☐ | ☒ | 4. Allergies: See SF 558 |
| ☐ | ☒ | 5. Vitals: ☒ Unit SOP ☐ Notify Dr. for SBP < ___ or > ___, DBP < ___ or > ___, HR < ___ or > ___, RR < ___ or > 30, or Temp > |
| ☐ | ☒ | 6. Activities: ☒ Bed Rest, ☐ BRP, ☐ OOB ASAP w/ assist, ☐ Sit up and dangle when stable ☐ Other: |
| | | 7. NRSG: |
| ☐ | ☒ | a. Propaq monitor w/ Pulse-ox |
| ☐ | ☒ | b. $O_2$ to maintain SAT's above 94% |
| ☐ | ☐ | c. Maintain Vent settings at MODE=_____ Vt=_____ RR=_____ PEEP= FIO$_2$= |
| ☐ | ☒ | d. ☒ Reinforce or ☐ Change dressing for bleed-through X1 then notify Dr. |
| ☐ | ☒ | e. I's & O's |
| ☐ | ☐ | c. Suction NT ETT PRN |
| ☐ | ☐ | d. CT to ☐ $H_2O$ seal or ☐ Suction at |
| ☐ | ☒ | 8. Diet: ☐ NPO ☐ Clear fluids as tolerated ☒ Other: AAT TORB |
| ☐ | ☒ | 9. IV: ☒ NS or ☐ LR TRA 100 cc/hr ☐ DEXTRAN or ☐ Hespan X 500 cc bolus titrated then _____ cc/hr ☐ Albumin 100cc X.____ TRA _____ cc/hr ☒ When tolerating PO fluids, complete current fluid then SL. |
| ☐ | ☐ | 10. BLOOD: ☐ T&S or ☐ T&C _____ units ☐ Transfuse _____ units ☐ PRBCs or ☐ Whole Blood |
| | | 11. Medications: |
| ☐ | ☐ | a. Tobramycin 300mg IV Q12hrs X |
| ☐ | ☐ | b. Clindamycin 600mg IV |
| ☐ | ☒ | c. Cefazolin 1 gram IV @ 8° (0900) GENTAMYCIN 80mg IV @ 8° |
| ☐ | ☒ | d. Phenergan 12-25mg Titrate ☒ IV ☐ IM Q4hrs PRN nausea/vomiting |
| ☐ | ☐ | g. Droperidol 1mg ☐ IV ☐ IM X 1 PRN Nausea/Vomiting |
| ☐ | ☒ | h. $MSO_4$ 1-3mg Titrate ☒ IV ☐ IM Q10min PRN Pain |
| ☐ | ☐ | i. Robinul 0.1mg IV X 1 |
| ☐ | ☐ | j. Zantac 50 mg ☐ IV or ☐ IM or ☐ 6.25mg/hr infusion |
| ☐ | ☐ | k. Tetanus Immune Globulin |
| ☐ | ☐ | l. Toradol ☐ IV 30mg or ☐ IM 60 mg |
| ☐ | ☐ | m. Maintain sedation/paralysis w/ Rocuronium and $MSO_4$ PER SOP |
| ☐ | ☒ | 12. LABS: a. iSTAT ☐ Glucose ☐ ABG ☐ BMP ☐ CMP Completed 0150 am |
| | | 13. Additional: ELEVATE (L) UE |
| | | 106-2 |
| | | Signature: [redacted] LIGNE |
| | | LOG# [redacted] PT NAME: PT SSAN# |

66-4

053

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

# [redacted] b6-4 Iraqi EPW

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 14MAY03 TIME OF ORDER 0845 HOURS | LIST TIME ORDER NOTED AND SIGN

1. Admit to ICW ✓
2. Dx - GSW (D) Arm s/p ex fix ✓
3. Condition - stable ✓
4. Vitals - per floor ✓
5. Allergies - unknown ✓
6. Activity - restraints + guard ✓

PATIENT IDENTIFICATION

EPW [redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

7. Nursing - notify for Temp > 100.4 ✓
   BP > 160/90 or < 90/50 ✓
   HR > 120 or < 50 · RR > 28 or < 10
8. Diet - NPO ✓ ✓
9. IVF - 125 cc/hr CR ✓

PATIENT IDENTIFICATION

EPW [redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

10. LABS - CBC / Chem 7 ✓
11. Meds - MSO4 - 2mg IVP q 3-4 hr prn
    Ancef 1 grams IVPB q 8
    Gentamicin 80 mg IV q 8

PATIENT IDENTIFICATION

EPW [redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER

14 MAY 03 12:00 [redacted] q/wMb [redacted] b6-2 b6-2

038

NURSING UNIT | ROOM NO. | BED NO.

Chart ✓ done [redacted] b6-2 1430 15 May 03

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

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

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# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

#[redacted] b6-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 22P | [redacted] b6-2 | 4 |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 15 MAY 03 | 0700 HOURS | |
| ① Regular diet | | |
| ② P/c IVR when tolerating po. | | Noted SSS 5/15/03 0740 [redacted] b6-2 |
| ③ Maintain heplock [redacted] | | 1530 |
| 0830 16 May s | | 0800 |

PATIENT IDENTIFICATION

b6-4 [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW2 | ~~ICU~~ T | 3 |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| 16 MAY 03 | 0800 HOURS | |
| ① Regular diet today | | |
| ② NPO p midnight | | b6-2 [redacted] |
| ③ Have translator explain plan to go to OR tomorrow to clean wound [redacted] | | 1530 16 May 03 |
| 04° VS [redacted] | ITIAN | 5/16/03 2325 |

PATIENT IDENTIFICATION

b6-4 [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW2 | T | 3 |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |

PATIENT IDENTIFICATION

Ø38

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |

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

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

PATIENT IDENTIFICATION

EPW [redacted] b6-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 17 MAY 03 | 0920 HOURS | |
| ADMIT TO [redacted] | | b6-2 |
| DX ESBX (C) THUMBNUS | | |
| COMM STRESS | b6-2 | [redacted] |
| VS ROUTINE | | |
| ACT RESTRAINTS | | 19 AM |
| CONTINUOUS ENERGY | | NOTED a Sent |
| REG DIET | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| IV 75cc LR / HEPLOCK WHEN PO OK | HOURS | 17 May 03 1120 |
| MORS | | |
| GENTAMICIN 80MG IVPB | | |
| ANCEF 1GM IVPB | | |
| NS 2MG IV Q15' PRN UP TO 12MG IN 4HR | | |
| TYLEX 2-30 PO Q6° PRN | | |
| NPO P MN (THURSDAY NOV) | | |

PATIENT IDENTIFICATION

Chart ✓ done [redacted] 18 May 0720

b6-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| [redacted] | | b6-2 |
| 18 MAY 03 | 0720 | |
| D/C TO HOME ✓ | | Noted |
| [redacted] | | 0930 19 AM |
| | | |
| | | |
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b6-2

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |
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DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

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

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 05 Yr. 2003 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|
| 14 MAY | [redacted] | VITALS PER FLOOR | 06 | [redacted] | | | |
| | | | 14 | | | | |
| | | | 22 | | | | |
| 14 MAY | [redacted] | ACTIVITY – RESTRAINTS | 06 | | | | |
| | | AND GUARD | 14 | | | | |
| | | | 22 | | | | |
| 14 MAY | [redacted] | DIET – NPO | 07 | | | | |
| | | | 11 | | | | |
| | | | 17 | | | | |
| | | | | | | | |
| 15 May | [redacted] | Diet Regular | 07 | | | NPO | |
| | | | 11 | | | NPO | |
| | | | 17 | | | | |

b6-2

DCL 5/15/03 cf 07-15

b6-2

b6-2

| ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO |
|---|---|---|
| UNKNOWN | GSW (L) Arm S/P EX FIX | PAGE NO: |

PATIENT IDENTIFICATION:

EPW [redacted] b6-4

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 MAY Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 14MAY | [redacted] | Admit to ICW | 14MAY | — | DONE | [redacted] |
| 14MAY | [redacted] | Dx - GSW (R) Arm S/p EX FIX | 14MAY | — | — | [redacted] |
| 14MAY | [redacted] | CONDITION STABLE | 14MAY | — | | [redacted] |
| 14MAY | [redacted] | ALLERGIES — UNKNOWN | 14MAY | — | | [redacted] |
| 14MAY | [redacted] | LABS CBC / CHEM 7 | 14MAY | — | | [redacted] |
| 16 | [redacted] | NPO ↑ MN | 16 May | 2400 | 2400 | [redacted] |
| 16 | [redacted] | Translator explain to pt OR tomorrow | 16 May | | Done | |
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b6-2

b6-2

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION / TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14MAY | [redacted] | NOTIFY DOCTOR FOR | [redacted] | | | | | | | | | | | | | |
| ---- | b6-2 | TEMP > 100.4 | | | | | | | | | | | | | | |
| ---- | ----- | BP > 160/90 OR < 90/50 | | | | | | | | | | | | | | |
| ---- | ----- | HR > 120 OR < 50 | | | | | | | | | | | | | | |
| ---- | ----- | RR > 25 OR < 10 | | | | | | | | | | | | | | |
| ---- | ----- | | | | | | | | | | | | | | | |
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USAPA V1.00

# [redacted] b6-4

| 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. 05 Yr. 2003 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 17 | 18 |
|---|---|---|---|---|---|
| 17 May | [redacted] | Vitals Routine | 06 | [redacted] | |
| | | | 13 | [redacted] | |
| | | | 21 | [redacted] | |
| | | | | | |
| 17 May | [redacted] | Act: Restraints | 06 | [redacted] | |
| | | | 13 | [redacted] | |
| | | | 21 | [redacted] | |
| | | | | | |
| 17 May | [redacted] | Regular Diet | 06 | / [redacted] | |
| | | | 11 | [redacted] | |
| | | | 17 | [redacted] | |

b6-2

ALLERGIES: ☐ YES ☒ NO ~~NKA~~ unknown allergies

PRIMARY DIAGNOSIS: Ex Fix ⓛ Humerus

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b6-4

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 05 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 17 | [redacted] | Admit c/o [redacted] / [redacted] b6-2 | | | | [redacted] |
| 17 | [redacted] | Condition: stable, UNKNOWN Allergies | | | | [redacted] |
| 17 | [redacted] | NPO, NN 18 May (tomorrow Noc) | 18 May | 2400 | | |
| 18 | [redacted] | DC to ASMC | 18 MAY | | | |
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b6-2

b6-2

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

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 05 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 14 | 15 | 16 |
|---|---|---|---|---|---|---|
| 14 MAY | [redacted] | ~~EV 1254/hr LR~~ | 06 | [redacted] | | |
| | | HL (15 May 03) | 14 | [redacted] | | D/C 15 May 03 |
| | | | 22 | [redacted] | | |
| 14 MAY | [redacted] | ANCEF 1 gram IVPB | 8 | / | [redacted] | |
| | | q 8° | 16 | [redacted] | [redacted] | |
| | | | 24 | [redacted] | [redacted] | |
| 14 MAY | [redacted] | GENTAMICIN 80 mg IV | 06 | / | [redacted] | |
| | | q 8° | 14 | / | [redacted] | |
| | | | 22 | [redacted] | [redacted] | |
| 15 May | [redacted] | Heplock IV | 10 | / | / | [redacted] |
| | | | 14 | / | / | [redacted] |
| | | | 22 | / | [redacted] | [redacted] |

b6-2

ALLERGIES: ☐ YES ☐ NO

Unknown

PRIMARY DIAGNOSIS: GSW (R) Arm S/P Ex Fix

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [redacted] b6-4

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. MAY Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 5/13 | [redacted] | DC IV when tolerating PO. Furosemide HL | 5/13 | Today | | [redacted] b6-2 |
| b6-2 | | | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 May | [redacted] | MSO4 - 2mg IVP | 14 May 03 1500 2mg | 14 May 1900 2mg | 14 May 2300 2mg | 15 May 0330 2mg | 15 May 2330 2mg IVP | 16 May 0700 | 16 May 2130 | 17 May 0300 | 17 May 0700 | [redacted] | | | | | |
| | | q 3-4° prn | | | | | | | | | | | | | | | |
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b6-2

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. 05 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 17 | 18 | 19 |
|---|---|---|---|---|---|---|
| 17 Aug | [redacted] | IV LR @ 75 cc/hr. HL when | 06 | [redacted] | | |
| | | tolerating PO OK | 13 | [redacted] | | |
| | | | 21 | [redacted] | | |
| | | | | | | |
| 17 Aug | [redacted] | Gentamycin 350 mg IV q day | 00 | [redacted] | | |
| | | | | | | |
| 17 Aug | [redacted] | Ancef 1 gram IV q 8 hrs | 08 | [redacted] | | |
| | | | 16 | [redacted] | | |
| | | | 24 | [redacted] | | |

b6-2

ALLERGIES: ☐ YES ☒ NO — PRIMARY DIAGNOSIS: ~~NKDA~~ unknown allergies — Ex Fix ⓛ Humerus

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: # [redacted] b6-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo. 05 Yr. 03 |
|---|---|---|---|---|---|---|
| **Order Date** | **Clerk/ Nurse** | **SINGLE ORDER, PRE-OPERATIVES** | **Date to be Given** | **Time to be Given** | **Time Given** | **Initials** |
| | - - - - - | | | | | |
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| **Order/ Expir Date** | **Clerk/ Nurse** | **PRN MEDICATION, DOSE, FREQUENCY** | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* **TIME/DATE DISPENSED** | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 May | [redacted] | MS 2mg IV q15 pm up to | 5/17 1230 | 17 May 03 [illegible] | | A May 03 0600 | | | | | | | | | | |
| - - - - - | - - - - - | 12mg in 4hrs. | [redacted] | | | [redacted] | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| 17 May | [redacted] | Tylox 1-II PO q6hrs pm | 5/18 0600 [illegible] [redacted] | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
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USAPA V1.00

Blood Ø  EBL 150  Bowel

# MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: I/D (R) Ex fix (L) Humerus
PHYSICIAN: [redacted] / [redacted]
ANESTHESIA BY: [redacted]
Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES:
AIRWAYS: Time DC'D
ETT Nasal Oral Trach
OXYGEN:
Mask Nasal Face Blow-By
Prongs Tent
Liter/min. 5 LPM %

ASA History
Cardiac Rhythm NSR
IV#1 LR Patent Infiltrated
Site (R) Arc Rate 120 Gauge 18
IV#2 Patent Infiltrated
Site Rate Gauge

b6-2

| Time | B/P | P | R | O2SA | Temp | Act | Resp | Circ | LOC | Skin | PARS | COMMENTS | Neuro-Vascular |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PRE-OP | / | ~~109~~ | ~~24~~ | ~~97~~ | ~~38~~ | | | | | | | | Extr: L R Upper Lower; Pulse DP PT RAD |
| PRE-OP | / | | | | | | | | | | | | Blanche Warm Pulse Moves Y N |
| 0130 | 133/76 | 109 | 24 | 97 | 38 | 1 | 2 | 2 | 1 | 2 | 8 | O2@5LPM via NRB | Blanche Warm Pulse Moves Y N |
| 0140 | 133/63 | 102 | 21 | 100% | 38 | 1 | 2 | 2 | 1 | 2 | 8 | | Blanche Warm Pulse Moves Y N |
| 0150 | 140/65 | 116 | 20 | 100% | 38 | 1 | 2 | 2 | 1 | 2 | 8 | HCT 36 Hb 12 | Blanche Warm Pulse Moves Y N |
| 0200 | 138/66 | 106 | 19 | 98% | 38 | 1 | 2 | 2 | 1 | 2 | 8 | O2@2LPM via NRB | Blanche Warm Pulse Moves Y N |
| 0210 | 141/69 | 107 | 18 | 100% | 38 | 1 | 2 | 2 | 1 | 2 | 8 | | Blanche Warm Pulse Moves Y N |
| 0220 | 128/61 | 112 | 19 | 98% | 38 | 1 | 2 | 2 | 1 | 2 | 8 | RA | Blanche Warm Pulse Moves Y N |
| 0230 | 136/61 | 104 | 19 | 99% | 38 | 1 | 2 | 2 | 1 | 2 | 8 | | Blanche Warm Pulse Moves Y N |
| | / | | | | | | | | | | | | Blanche Warm Pulse Moves Y N |
| | / | Total | Input | | | 2000 (crys) | | | | | | | Blanche Warm Pulse Moves Y N |
| | / | | Output | | | 400 urine | | | | | | | Blanche Warm Pulse Moves Y N |
| | / | | | | | 150 EBL | | | | | | | Blanche Warm Pulse Moves Y N |
| | / | | | | | | | | | | | | Blanche Warm Pulse Moves Y N |

Input - Output
2000 (crys) - 400 urine

## POST ANESTHESIA RECOVERY SCORE "PARS"

**Activity - General Anesthesia**
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

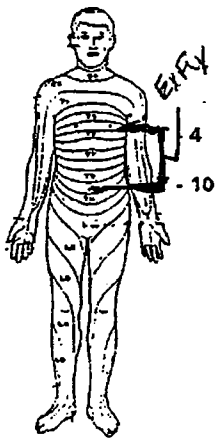
**Activity - SAB or Subarachnoid Block**
2--Moves all four extremities with control
1--Moves both upper extremities

**Respirations**
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

**Circulation**
2--BP 20% preanesthetic level
1--BP 20 - 50% preanesthetic level
0--BP 50% or more preanesthetic level

**Level of Consciousness**
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

**Skin**
2--Normal ski[redacted]lor & temperature greater than 96°
1--Ski[redacted]otchy, dusky &/or temperature 95 - 96°
0[redacted]emperature less than 95°




| DRESSING: | Status | Location |
|---|---|---|
| Gauze | Dry/Intact | (R) Arm |
| Opsite | | |
| Bandaid | | |
| Steri-strips | | |
| Collodian | | |
| Peri-pad | | |
| Coban | | |
| Cotton Balls | | |
| Ace Wrap | | |
| Stockinette | Dry/Intact | (R) Arm |

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

[redacted] (Signature & Title) [redacted]glwm6 b6-2

DEPARTMENT/SERVICE/CLINIC: 120 FST

DATE: 14 May 03

[redacted]TIFICATION (For typed or written entries give: Name--last, first, [redacted]te; hospital or medical facility)

LOG #: [redacted] b6-4
SSAN#:
NAME: IRAQI. EPW

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

Report to PT Hold 0220
PT to PT Hold 0230

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Revised) 1 Oct 94

MEDCOM - 8881

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 17 MAY 03 Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In:

Allergies: NKA known OR Intake: Crystalloid Colloid

Pre-op V/S: — OR Output: UOP EBL

Procedures: L Fixator Meds/Times:

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

Pre Op Meds History

| Time | 0930 | 0940 | 0945 | 1000 | 1015 | 1030 | 1035 |
|---|---|---|---|---|---|---|---|
| SaO2 | 93 | 94 | 97 | 96 | 96 | 92 | |
| FiO2 | 50 | 50 | 50 | 50 | RA | RA | |
| Methods | | | | | | | |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | | | | | | | |
| | ^ | ^ | ^ | ^ | | ^ | |
| 120 | | | | | ^ | | |
| 100 | • | • | • | • | • | • | |
| 80 | | | | | | | |
| | v | v | v | v | v | v | |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| RR | 16 | 18 | 22 | 16 | 14 | 15 | |
| T | 95 | | | 98.2 | | | |

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

Pacu Intake

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

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula
V/S
X = A-line BP
^ = Cuff BP
• = Pulse
TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal
LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] CMP

DEPARTMENT/SERVICE/CLINIC: ICU 2

DATE: 17 May 02

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

EPW [redacted] b6-4

12/37H/H

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

## MEDICATIONS

Allergies:

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

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (L) arm | + | + | + | <3 | W | Norm |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

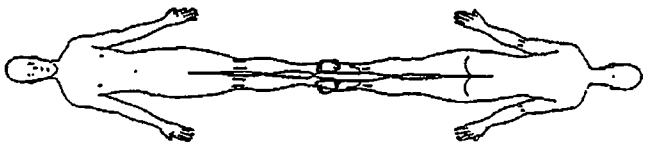
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (L) UA | Ace | CDI |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

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

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0935 | SR | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

0935 - Arrived from OR. [redacted] but arousable. VSS. Placed in 4 pt restraints foley cath in place IVF infusing c TKO. [redacted] b6-2

1035 Alert, VSS, ØNV, Ø complaints of pain external fixator (L) humerus

**Discharge Criteria:**
**Date:** 17May **Time:** 1035 **PARS:** 10
**BP:** **T:** **HR:** **RR:** **Sa02:**
**Pain Level at D/C (0-10):** 0
**Intake:** 50 **Output:**
**Additional Data:**
**Transferred To:** ICW 2
**Report Given To:** Lt [redacted] b6-2
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** SSG [redacted], Sgt [redacted]
**Cleared IAW Recovery Room SOP B-3** b6-2
**Charge Nurse Signature:** [redacted]

| 1. DATE AND TIME OF CAPTURE | 2. SERIAL NO. [redacted] A |
|---|---|
| 13 1940 May 03 | |
| 3. NAME [redacted] | 4. DATE OF BIRTH |
| 5. RANK | 6. SERVICE NO. |
| civilian | |
| 7. UNIT OF EPW | 8. CAPTURING UNIT [redacted] |
| theif | |
| 9. LOCATION OF CAPTURE *(Grid coordinates)* [redacted] | 62-2 |
| 10. CIRCUMSTANCES OF CAPTURE | 11. PHYSICAL CONDITION OF EPW | 12. WEAPONS, EQUIPMENT, DOCUMENTS |
| EPW stole wave, fired on US soldiers | | Sniper Rifle |

b6-4

b6-4

DD FORM 2745, MAY 96

REPLACES DA FORM 5976, JAN 91, USABLE UNTIL EXHAUSTED.

| 1. DATE AND TIME OF CAPTURE | 2. SERIAL NO. [redacted] B |
|---|---|
| 13 1940 May 03 | |
| 3. NAME [redacted] | 4. DATE OF BIRTH |
| 5. RANK | 6. SERVICE NO. |
| civilian | |
| 7. UNIT OF EPW | 8. CAPTURING UNIT [redacted] |
| theif | |
| 9. LOCATION OF CAPTURE *(Grid coordinates)* [redacted] | 62-2 |
| 10. CIRCUMSTANCES OF CAPTURE | 11. PHYSICAL CONDITION OF EPW | 12. WEAPONS, EQUIPMENT, DOCUMENTS |
| EPW stole a home, fired on US soldiers | | Sniper Rifle |

b6-4

b6-4

DD FORM 2745, MAY 96

REPLACES DA FORM 5976, JAN 91, USABLE UNTIL EXHAUSTED.

055
~~038~~

# 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 |
|---|---|---|---|---|---|
| A1(D( | IZ | 00135 | b6-4 EPW [redacted] | EPW | M |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 2 1 Y | K | 9 | UNKNOWN |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| — | — | 99 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| — | U | Ø845 | b6-4 |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| — | K78 | |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION YEAR | NO |
|---|---|---|---|---|
| ~~IZ~~ | — | 1 | | X |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| Ø | ICW2 | |

| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
|---|---|
| [redacted] b6-2 | |

| TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
|---|
| |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYYYMMDD) |
|---|---|---|
| 24 | | 20030518 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYYYMMDD) |
|---|---|---|
| AEAA | | 20030514 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYYYMMDD) |
|---|---|---|
| | | |

FOR LOCAL USE

DX: GSW (L) ARM

S/P EX FIX (L) ARM

DX: 81230
89912

DX: 7961
7817

ADMITTING OFFICER (Signature, as required)

[redacted] b6-2, LTC, MC

SIGN[redacted] TIN[redacted] b6-2 [redacted] E, SPC, 91G10

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAFA V1.00

MEDCOM - 8885

INP. T TREATMENT RECORD COVER SHE

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

| | | | | | |
|---|---|---|---|---|---|
| 1. REGISTER NUMBER: 13056 | 2. NAME (Last, First, MI): EPW # [redacted] b6-4 | | | 3. GRADE: EPW | ADMISSION REMARKS |
| 4. SEX: M | 5. AGE: UNK | 6. RACE: X | 7. RELIGION: MUSLIM | 8. LENGTH OF SVC: — | 9. ETS: — |
| 10. PREVIOUS ADMISSION: NO | 11. FMP: 99 | 12. SSN: [redacted] | 13. ORGANIZATION: b6-4 | 14. WARD: ICW2 | 15. FLYING STATUS: N |
| 16. [redacted] | 17. DEPT./BEN: K78 | 18. BRANCH/CORPS: — | 19. UIC/ZIP: — | 20. TYPE CASE: WIA | |

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: DIRECT FROM ER

22. HOURS OF ADMISSION: 1145

23. CLINIC SERVICE: AEAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:

25. TYPE DISPOSITION:

26. DATE OF DISPOSITION: 24 MAY 2003

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):

27b. TELEPHONE NO.:

28. DATE OF THIS ADMISSION: 14 MAY 2003

ADMITTING OFFICER: b6-2 AR [redacted]

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] 62-2

30. DATE OF INTIAL ADMISSION:

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

35. Total Days This Facility

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 10 | 10 |

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

NATURE OF AT[redacted] b6-2 [redacted] b6-2

FA[redacted]

MEDCOM - 8886

061

MEDICAL RECORD | ABBREVIATED MEDICAL RECORD

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

[illegible] MALE, GSW TO (L) KNEE, INVOLVING MEDIAL CONDYLE, OMITTED FOR ETD, ? DRIF, NO [illegible] AVAILABLE

PHYSICAL EXAMINATION

WDWN NGD
[illegible]
[illegible] SUPPLE
CHEST - [illegible]
ABD - SOFT
EXT - [illegible] POSITIVE - [illegible] TOST
[illegible], [illegible] POSITIVE [illegible]
[illegible] FX (L) MEDIAL CONDYLE

PROGRESS (Enter date of discharge and final diagnosis)

(M) TO DX FOR ETD (L) KNEE, PLOVERS OMIT

b6-2

| SIGNATURE OF [redacted] | DATE [illegible] | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|

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

b6-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975 539-105

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14May03 | 1230 B/P 122/72 P 84 R 18 T 98.8 SPO2 98%. Pt transferred from EMT. GSW to (L) knee. VSS. LR @ 100cc/hr to 16 g (R) wrist. HR Regular. Lungs CTA throughout Bowel sounds active x4. Radial pulses strong Regular. 1 (L) knee GSW - distal pulse present. Keep NPO for surgery today. Last dose of Ancef @ 1100. No c/o pain @ this time. [redacted] 9wlmc b6-2 |
| 14MAY03 1325 | PT vitals taken T 98.6 P85 R20 B/P 110/68 [redacted] 9110 |
| 14May 1340 | VSS lung sounds CTA, abd soft nontender BS(+) x4 quads. pulses (+) (L) knee GSW. pt awaiting surgery. (-) complaints voiced. IV RFA infusing LR @100cc/° 5 diff. (-) redness or edema noted. will cont to monitor [redacted] 9wlmc b6-2 |
| 14May 1900 | Rec'd pt from ICU. pt returned from surgery in stable condition (L) LE c̄ ace wrap & wound vac draining 5 diff. pt unable to void in ICU. will encourage to drink H2O. IV infusing 5 diff. new orders rec'd & noted. will cont to monitor [redacted] 9wlmc b6-2 |
| 14MAY03 1930 | Pt vitals taken BP 138/78 P. 94, R. 20, Temp 98.1 SPO2 98% SPC [redacted] b6-2 |

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

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

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

REGISTER NO. | WARD NO.

[redacted] b6-4

PROGRESS NOTES
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 14May 2030 | pt voided 200cc. c/o pain given ∴ Percocet per PRN orders. ⓛ leg ↑ per orders. Will cont to monitor [redacted] 91WM6 |
| 15May03 0020 | Pt care assumed @ 2100. Pt awake and alert, ~~at~~ long morphine given for pain @ 2400. Pt had temperature of 102.3 @ 2300, 650 mg of tylenol given. Temperature @ 101.2 @ 2400, @ 0200 temp 100.0. IV infiltrated, started again in ⓡ FA. Lung sounds stable, CTA with equal rise and fall of chest. Pulses palpable x4, bowel sounds present x4 quadrants. Ace wrap on ⓛ le CDI, ⊕ sensation, ⊕ ROM, cap refill <3 seconds on LLE. wound draining w/o difficulties, will continue to monitor. b6-2 |
| b6-2 | SPC [redacted] 91WM6 |
| 15MAY03 0630 | Assume pt care at 0500. VS B/P 130/82 P 80 R 18 T 99.1 Pt AWAKE AND ALERT. c/o PAIN TO ⓛ knee. HRR regular. Lungs CTA throughout. Bowel sounds present x4. UOP Clear yellow Approx. 500cc this a.m. Full ROM to upper extremities and RLE. LLE Wrapped from knee to toes. Dsg CDI. Pt HAS + SENSATION AND ABLE TO WIGGLE TOES. CAP REFILL < 3sec. LR @ 125cc/hr to ⓡ forearm. NO s/s redness/ infiltration ∴ percocet adm. for pain. Will continue to monitor. [redacted] |
| 0700 | MSO4 ~~10mg~~ adm. IVP for pain [redacted] |
| 1240 | approx 140 cc RED DRAINAGE FROM WOUND EVAC. [redacted] b6-2E |
| 15MAY03 | Pt vitals taken BP 120/82, P. 120, R. 18, TEMP [redacted] SPO2 98% SPC [redacted] b6-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

14 MAY 03 ORTHO OP NOTE

1450 PRIOR DX: (1) GSW TO (L) KNEE
(2) DVT (L) MORE FOREIGN CONTENT IN

PRE OP DX: SAME

PROCEDURE: I&D, ORIF (L) KNEE

SURGEON: ALBERTSEN, OLIVERO

CBL - MIN: 77 - 73 MINS

PLYNOS: 1000 CC

FINDINGS: MINIMAL DISPLACED, COMPLETE MEDIAL CONDYLE FX, INTERNAL WOUND SURFACE SUPERIOR, ANATOMIC REDUCTION OF ARTICULAR SURFACE, FIXED WITH 2 6.5 mm CANCELLOUS screws.

PLAN: SPLINT
WEIGHT BEAR
SHORT 3 days IVP @ 8 hrs

[redacted] b6-2

ALBERTSEN COL

| 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. |
|---|---|

GPW [redacted] b6-4

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| [illegible] | POB #1 |
| | (S) N/A |
| | (O) VSS [illegible] |
| | [illegible] |
| | (P) IV [illegible] |
| | [redacted] b6-2 |
| [illegible] | POB #2 |
| | (S) N/A |
| | (O) [illegible] CLR FONT |
| | [illegible] 100 CLS [illegible] |
| | (P) [illegible] |
| | [redacted] b6-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

15May03 1330 assumed pt care @ 1300. VSS Temp 100.9 given ÷ Tylenol 650 mg for temp per prn orders. pt c/o pain given 4mg MSO4 & ÷ Percocet per prn orders. lungs sounds CTA. abd soft nondistended BS(+)x4 quads. RLE FROM, LLE wrapped from knee ↓ toes. pulses(+) pt able to wiggle toes. BLE c̄ good cap refill. IV: LR infusing @125cc/hr 5 diff. (-) S/S of infiltration in (R)FA. will cont to monitor [redacted] bb-2 9lwm6

15May03 1645 pts has had approx 250cc. fluid intake. (-) output will cont to monitor SG [redacted] 9lwm

15May03 1800 pt voided 550cc. cl. golden color urine, pt ate 100% of supper tray. (-) complaints voiced @ this time [redacted] bb-2 9lwm

15May03 2000 pt resting, pt c/o pain @ 1920 given ÷ Percocet for pain per prn orders. wound evac. draining 5 diff. draining red drainage. wound evac was [redacted] emptied @1300 so very little drainage noted on this shift only 10cc. [redacted] 9lwm6

15May03 2300 PA have assumed @2100. VSS, pt aware and alert, pt given percocet for pain. Dressing on LLE CDI. PA has (+) ROM in toes, (+) sensation, and capillary refill under 3 seconds in LLE. Hemovac at (L) thigh is intact, draining dark red fluid. Lungs CTA [redacted] bb-2 0,1c

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

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

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

EPW

# [redacted] bb-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

| DATE | NOTES |
|---|---|
| | equal rise and fall of chest. Pulses ⊕x4, bowel sounds ⊕x4. ⊕ leg elevated, will continue to monitor. SPC [redacted] 9Lwm6 |
| 0130 | Pt c/o pain keeping him awake in LLE, 5mg MSO4 given |
| 16May03 | will continue to monitor. SPC [redacted] 9Lwm6 — b6-2 |
| 0400 | Hemovac drained, 15cc noted this shift. SPC [redacted] 9Lwm |
| 0545 | PT vitals T 100.1 P 102 R 14 BP 134/80 —— Spc [redacted] 9Lwm b6-2 |
| 160550 May 03 | Pt awake, alert, Ox3, c/o ~~[illegible]~~ pain. Percocet ⅔ tabs PO. Currently asleep & c/o pain. Hemovac to ⊕ LE draining serosanguinous drainage. Long leg splint/cast to LLE is CDI. All other systems (neuro, cardiovascular, pulmonary, GI, GU) are normal. Pt neurovascularly intact to ⊕ LE. [redacted] b6-2 |
| 161245 May 03 | Hemovac output = 10cc serosang. [redacted] |
| 16 May 03 1400 | Pt vitals taken BP 128/68, P. 90, R. 16, TEMP. 99.6 SPC [redacted] b6-2 |
| 16May03 1430 | assumed pt care @ 1300. VSS. Breath sounds CTA equal & unlabored. BS⊕ abd soft nondistended pulses ⊕x4. LLE elevated c̄ hemovac @ thigh area. HL flushed & diff CTA. Ø c/o pain @ this time. Will cont to monitor [redacted] 9Lwm6 |
| 16May03 2030 | Hemovac emptied 5cc not for this shift. Ø complaints voiced @ this time [redacted] 9Lwm6 b6-2 |
| 16May03 2300 | Pt care assumed @2100. VSS, pt awake and alert, pt had c/o pain @ ile and head @ 2215. 3mg MSO4 given for pain, no pain noted at this time. Lung sounds CTA with equal rise and fall of the chest, pulses palpable x4, Bowel sounds ⊕x4 quadrants. LLE elevated, dressing CDI. Hemovac draining dark red fluid. IV site @ LFA CDI, flushes well. SPC [redacted] 9Lwm6 b6-2 |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 2320 | Pt has no other complaints @ this time, |
| 16May03 | resting in bed. Will continue to monitor. SPC [redacted] 91WM |
| 0130 | Pt c/o moderate pain in LLE, 6mg MSO4 given, b6-2 |
| | will continue to monitor. SPC [redacted] 91WM |
| 0140 | IV infiltrated after dosage of MSO4, new IV |
| | started in Rfa. Will continue to monitor. SPC [redacted] 91WM |
| 0300 | Pt has complaints of pain, 2 SS tabs percocet given for relief. Will continue to monitor. SPC [redacted] 91WM b6-2 |
| 0415 | Hemovac drained 5cc this shift. SPC [redacted] 91WM |
| 17MAY05 | Assumed pt care @ 0500: T98.0 P98 R16 B/P 116/70 |
| 0530 | Sat 98% Pt awake and alert. Lungs CTA. Foley on |
| | R leg T good RCM / CDI. AOX4. HL in R[redacted] |
| | patient. Denies any c/o @ this time [redacted] b6-2 |
| 17May05 | (5) [redacted] |
| 0910 | (8) [redacted] |
| | [redacted] |
| | (9) [redacted] |
| | (10) [redacted] IV [redacted] x 48 hrs → P.O. |
| | [redacted] b6-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

#[redacted] b6-4

REGISTER NO.

WARD NO. PCW2

**PROGRESS NOTES**
Medical Record

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

| DATE | NOTES |
|---|---|
| 17May03 1315 | PT vitals taken T99.8 P97 R20 B/P 116/68 — [redacted] b6-2 |
| 17May03 1415 | assumed pt care @ 1300. VSS. pt sleeping easily aroused to verbal stimuli. Lung sounds CTA abd soft nondistended BS(+)x4 quads. (D) leg c̄ wrap (+) pulse removed d/c on previous shift. (R) leg FROM (+) pulse HL (D) FA (+) s/s of infection noted. Restraints bilat (+) signs of breakdown noted. Ø c/o pain voiced @ this time. Will cont to monitor — [redacted] 91WM4 |
| 17May03 2400 | UP 600cc yellow CLEAR FLUID — [redacted] b6-2 |
| 18May03 0100 | Pt care assumed at 2100. VSS, patient sleeping aroused to verbal stimuli. Lung sounds CTA with equal rise and fall of chest, Bowel sounds present x4 quadrants, pulses palpable x4, LLE dressing CDI, (+) sensation and ROM. Heplock @ LFA flushes well. Pt has no complaints at this time, will continue to monitor. SPC [redacted] 91WM6 b6-2 |
| 18May03 0220 | UP 260cc CLEAR YELLOW FLUID — [redacted] |
| 18May03 0730 | Assumed pt care @ 0500: T 97.2 P 98 R 16 B/P 128/72 b6-2 SATS: 98%. A+O x 3 - (+) BS x4. HL (D) FA patent to flush. Drsng (R) Leg CDI. c/o pain to (R) leg. Will continue to monitor — b6-2 [redacted] 91WM6 |
| 1030 | c/o pain in (R) leg. Percocet given for pain PRN — b6-2 [redacted] 91WM6 |
| 18May03 1330 | pt resting c̄ eyes closed easily aroused to verbal stimuli. Lung sounds CTA, abd soft BS(+)x4 quads LLE c̄ wrap mid thigh to foot. pedal pulses (+). BLE c̄ FROM (+) pulses. HL to (D) FA c̄ s/s of infection. Drsng to LLE — |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| cont 18 May 1330 | C.D.I. ⊘ Complaints voiced @ this time. Will cont to monitor — b6-2 [redacted] 91WM6 |
| 18MAY1335 | PT vitals taken T 99.0 P 94 R 20 B/P 110/66 — [redacted] 91W |

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

[redacted] b6-4

REGISTER NO. | ~~WARD NO.~~ ZCW2

**PROGRESS NOTES**
Medical Record

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18 May 03 0115 | Assumed care of pt @ 2100. Pt. given ½ Percocet @ 0115 for pain. HR 106, VS otherwise stable. Lungs CTA, BS (+) X4. Cast to (L) LE CDI. Will continue to monitor [redacted] |
| 19 May 03 0545 | Assume pt care @ 0500. Pt awake alert and |
| B/P 118/76 | oriented to surroundings. C/o pain LLE. VSS. HR regular. |
| P 98 R16 | Lungs CTA throughout. Bowel sounds active x4. pt c/o pain |
| T 97.7 | on palpation of LLQ. Wrap on LLE CDI. Pt has |
| | +sensation to toes, pulse present. Will adm. percocet for pain and |
| | continue to monitor. HL to (L) AC flushes well. no s/s |
| | redness/infiltration. [redacted] |
| | 0530 ½ percocet adm. for pain [redacted] |
| | 0715 HL (L) AC DC'd, 18G HL (R) forearm flushes well / b6-2 |
| | no s/s infiltration/redness [redacted] |
| 19 Mar 03 | Pt. vitals taken BP 110/64 P. 90, R. 20, Temp 98.7 |
| 1430 | SPC [redacted] |
| | b6-2 |
| 19 Mar 03 | (S) N/A |
| 1633 | (S) [illegible] |
| | [illegible] |
| | (O) S [illegible] PDD #5 |
| | (P) [illegible] |

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

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

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID [illegible] or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO. 1CW2 | WARD NO.

# [redacted] b6-4

PROGRESS NOTES
Medical Record

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b6-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| [redacted] | [redacted] | | |

| DATE | NOTES |
|---|---|
| 19May03 2000 | VSS – dsg intact on (L) Knee, (+) pedal pulse in (L) foot – IV patent – no c/o pain @ this time — [redacted] CPT AN b6-2 |
| 20 May 03 0030 | Pt care assumed @ 2100 & pt alert and aware with elevated pulse and complaints of pain, 6mg MSO4 given for pain. Pt has dressing on LLE, CDI. Pulses palpable x4, lung sounds CTA with equal rise and fall of the chest, bowel sounds +x4 quadrants. No other complaints at this time, will continue to monitor. SPC [redacted] 91WM4 |
| 20MAY03 0115 | UOP 300cc CLEAR YELLOW FLUID — [redacted] 91W |
| 20MAY03 0230 | UOP 240cc CLEAR YELLOW FLUID — [redacted] 91W |
| 20MAY03 0400 | UOP 200cc CLEAR YELLOW FLUID — [redacted] 91W b6-2 |
| 20MAY03 0500 | UOP 200cc CLEAR PALE YELLOW FLUID — [redacted] 91W |
| 20May03 0530 B/P 128/80 P 106 R 16 T 99.3 | Assume pt care @ 0500. Pt awake, moving around in discomfort. Elevated temp and pulse rate. S/S 52 audible regular, Lungs CTA throughout. Bowel sounds x4 active. Radial/pedal pulses palpable. Dsg to (L) knee CDI. Will continue to monitor. — [redacted] 91WM4 |
| 0545 | 650mg Tylenol adm for pain. (L) knee elevated – LL (R) FA no S/S redness/infiltration. — [redacted] 91WM4 |
| 1220 | pt c/o pain. 1/2 percocet adm. pt ambulated with crutches to BR x3 today. BM x2 regular. Will continue to monitor pain. — [redacted] 91WM4 b6-2 |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20 May 2145 | Pt care assumed @2100. VSS, pt alert and awake with c/o slight pain in his R knee. Dressing on ile CDI. (+) ROM, (+) sensation and capillary refill <3 seconds. Lungs CTA with equal rise and fall of chest, pulses palpable x4, bowel sounds present x4 quadrants. IV in R LFA dislodged. Pt resting, will continue to monitor. SPC [redacted] 91WM6 bb-2 |
| 2300 | IV started @ 2230 in R FA, will continue to monitor. SPC [redacted] 91WM bb-2 |
| 21 0530 May 03 | Patient is asleep but arousable. Airway is patent and lung sounds are clear to all fields (B). Abd is soft, nontender, and [illegible] distention. Pt voids spontaneously. (B) UE and (R) knee have FROM and are neurovascularly intact. Drsg to (L) knee is CDI, Limited ROM and is neurovascularly intact. [redacted] bb-2 |
| 21 May 03 1350 | pt awake & alert. lung sounds CTA throughout c̄ equal rise & fall of chest. Abd soft BSP x4 quads. LLE c̄ Ace bandage wrapped c̄ ace wrap, drsing CDI. (+) pulse. RLE c̄ FROM strong (+) pulse. BUE c̄ FROM strong (+) pulses. HL to RFA bb-2 (0)S/S of infection noted. Will cont to monitor — [redacted] 91WM6 |
| 21 May 1430 | PT c̄ pt, pt ↑ on crutches. pt tol well — [redacted] 91WM6 bb-2 |
| 21 May 2125 | Pt care assumed @ 2100. PT in for Therapy. Pt crying out in pain. Sing MSO4 IV given c̄ ∴ Percocet PO. Pt. CSMTS Bilat. lower ext. WNL. HR Reg, Lungs CTA, BS(+) x4. will continue to monitor. — [redacted] CTAN. bb-2 |

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

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

[redacted] bb-4

REGISTER NO.

WARD NO. 4CW2

PROGRESS NOTES
Medical Record

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b6-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| [redacted] | | | |

| DATE | NOTES |
|---|---|
| 22May03 0545 | Assume pt care @ 0500. Pt asleep easily arousable. |
| B/P 119/64 P 100 | VSS. no c/o pain @ this time. HR regular. Lungs CTA |
| R14 T98.0 | throughout. Radial/pedal pulses strong bilat. Abd. bowel sounds x4 |
| | active) no c/o pain/tenderness on palpation. Ace bandage to |
| | (L) knee. Sm. amt drainage noted and marked. HL to (R) FA no |
| | s/s redness/infiltration. Will continue to monitor. [redacted] |
| 1115 | pt c/o pain, 1/2 percocet adm. [redacted] |
| 1415 | Vital signs taken BP 118/72 P 110 R 14 |
| | T 98.2 SpO2 98% SPC [redacted] b6-2 |
| 22May 1430 | assumed pt care @ 1300. 1330 PT in c̄ pt, pt given 4 mg MSO4 |
| | for pain per order. lungs CTA, abd soft ⊕ distention BS ⊕ x4. LLE |
| | c̄ Kerlix dressing CDI ⊕ pedal pulse. RLE c̄ FROM strong ⊕ pulses |
| | BLE c̄ FROM ⊕ strong pulses. HL (L) wrist flushes s diff. well |
| | cont to monitor [redacted] b6-2 |
| 22 may 03 | Pt care assumed at 2100. VSS, pt alert and aware with |
| 2300 | complaints of a small amount of pain @ 11e. Lungs CTA, |
| | pulses palpable x4, Bowel sounds present x4 quadrants. LLE |
| | dressing CDI, ⊕ sensation and ⊕ ROM ankle. HL @ 1 wrist |
| | flushes well, will continue to monitor. SPC [redacted] b6-2 |
| 23May | 0230: PT c/o pain to (R) knee, ⊕ crying, grossly |
| | facial grimacing. MSO4 4 mg IVSP administered to (L) |
| | 18G PIV. ⊕ flush - BR PIV sl'd c̄ 3cc NS s/p |
| | MSO4 eval pending [redacted] b6-2 |

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

21 MAY 03 — PT NOTE

1415 HRS — HX: ♂ c̄ GSW (L) KNEE.

T/M: PNT c/o PAIN AT PATELLA APEX & MEDIAL ASPECT. (+) EDEMA AT BOTH AREAS. WOUND DRESSED ACE WRAP KERLEX GAUZE PACK, NO DRAINAGE. PNT (E) SITTING, ASSISTED SIT-STAND, GOOD ~~BAL~~ STRENGTH & BALANCE. PNT GUARDED KNEE: Ø WTBEARING → c/o PAIN. AROM ~40°

DIAG: AMBUL (3PT, WBAT). ROM. EXERCISE

INTERV: WT SHIFTING c̄ CRUTCHES. AMBUL. AROM ~40°. PROM ~65°

G: ↑ WT BEARING ↑ AROM ~90° X 1WK.

SPC [redacted] b6-2

91W10 N9 PT TECH

21 May 03 2150 — PT Note

Hx: knee none, amb

T&M: Pat amb SBA crutches NWB (L) LE ~200' c̄ ↓ COB

AROM: 10 ~ 35/40° c̄ pain

PROM during session → 5 ~ 70° c̄ ↑ pain

Diag: Poor ROM

Interv: edu / As above

Cont OT — NSG help get ext

G: AROM: 5 ~ 75° — 1wk

AROM 0 - 90° 2wks b6-2

| RELATIONSHIP TO SPONSOR | LAST [redacted] 28CSH CPT, SP | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) [redacted] b6-4 ICW2/BED #T4

REGISTER NO.

WARD NO. ICW2

PROGRESS NOTES
Medical Record

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

| DATE | NOTES |
|---|---|
| 230520May03 | Pt is asleep but arousable. Airway is patent. Breathing is even and unlabored. Lung sounds are clear to all fields. No c/o pain at this time. Abd is soft, nontender and ≠ distention. BS(+)x4. Tolerating PO well. ROM to (B) UE and (B) LE. All extremities are neurovascularly intact. (B) LE drag to knee is ACE; CDI. (B) LE appears to have contractures -- pt cannot straighten leg completely by himself. PT is working w/ Pt for this [redacted] 66-2 |
| 23May03 1446 | Assumed care at 1300. VSS. A+Ox3. Pt is resting comfortably. (B) LE drag/ace wraps CDI. PT working with patient on strength/stabilizing (B) LE. NPO. Abx via (R) wrist PIV, [illegible] HL. O/W assessment WNL. Will cont to monitor [redacted] 66-2 |
| 23May03 1650 | ORTHO DISCHARGE NOTE. (S) S/P ORIF OF (L) MEDIAL CONDYLE BY S/P GSW 14 May 03. PAIN PULLED PDD #3. SUTURES OUT, WOUND WELL HEALED. PATIENT HAS BEEN INSTRUCTED IN MOTION AND STRENGTHENING EXERCISES. DISCHARGED TOMORROW TO PDW CAMP. CONTINUE WEIGHT BEAR AS TOLERATED. TYLOX, 1-2 EVERY 4-6 HRS PRN #20. KEFLEX 250 Q10 #40 [redacted] 66-2 |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME [redacted] ER

LAST | FIRST

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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. PCW2

# [redacted] 66-4

**PROGRESS NOTES**
Medical Record

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

| DATE | NOTES |
|---|---|
| 23 May 03 2215 | S: Assumed care of PT @ 2100. VSS. IV restarted in (L) AC in order to give IV Morphine for breakthrough pain during PT. HR Reg, Lungs CTA, BS (+) x4. Pedal pulses 2+ Cap refill < 3sec. (+) rom ~~both~~ [redacted] toes (L) ft c̄ (+) sensation. Will cont to monitor. — bb-2 [redacted] |
| 24 MAY 03 0700 | Pt. showed signs of pain ie: facial grimace & moaning. Demerol Morphine Given. Pt. currently resting comfortably in bed c̄ no signs/symptoms of pain. VSS: Temp 98.5, P 96, Sats 98%, BP 122/75, RR 16. IV in (L) AC flushed well c̄ Sec NS c̄ no signs of infection or infiltration. Assessment within normal limits. Pt. consumed 100% of breakfast. Will continue to elevate (L) leg & monitor pain. — bb-2 [redacted] |
| 24 May 03 1335 | pt resting c̄ eyes closed easily aroused to verbal stimuli. VSS. airway patent lung sounds CTA throughout abd soft BS (+) x4 quads. LLE c̄ wrap CDI (B) LE c̄ strong (+) pulses. RLE c̄ FROM. BUE c̄ FROM strong (+) pulses. (0) c/o pain voiced @ this time. pt has discharge orders, awaiting transportation. — [redacted] bb-2 |
| 24 May 03 1512 | pt leaving unit via litter in stable condition. meds given to pt. — [redacted] bb-2 |

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

PT Note

23 MAY 03 HX: ROM, AMBUL (L) KNEE

T/M: PNT (L) KNEE ~10°-20° FLEX, PNT UNABLE FULLY EXT KNEE

PNT HX [redacted] LYING SUPINE & BOLSTER UNDER KNEE SO KNEE ~5°-10° FLEX,

~~AROM~~

DIAG: ROM FLEX + EXT

INTERV: PROM ~60° FLEX ~5° EXT. ADVISED PNT & ICW2 STAFF PLACE BOLSTER

UNDER PNT HEEL TO ALLOW GRAVITY TO ASSIST & KNEE EXT. Ø AMBUL DUE Ø CRUTCHES.

G: ↑ AROM ~5° EXT & ~45° FLEX X 1wk.

SPC [redacted] 66-2

91W10N9 PT TECH

23 May 03 PT Note

Hx none

T/M: Tylox given (30 min break) - supine 5 min PROM - passive

leg raise let drop into ext ~ & pressure Ext - 5°

Flex & oscillations then PROM ~ 60°

Diag: Lack terminal ext (L) LE

Interv: Edu Pt above

Cont PT

G: Ø Δ

[redacted] 66-2

CPT, SP 28 CSH

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

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

[redacted] 66-4

ICW2/BED #

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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 14, MONTH MAY, YR. — TIME 03

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): [ ] PRIVATE VEHICLE [ ] AMBULANCE [X] OTHER (Specify) AIRMEDEVAC

CURRENT MEDS. (tetanus immunization and other data)

HISTORY OBTAINED FROM: [ ] PATIENT [ ] OTHER (Specify)

ALLERGIES: NKA

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 (L) FEMUR

SEX: M — AGE: ~~[illegible]~~ APPROX 20

POSSIBLE THIRD PARTY PAYER? [ ] YES [ ] NO

TIME SEEN BY PROVIDER

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1050 | 1115 | |
| BP | 127/70 | 114/69 | |
| PULSE | 94 | 84 | |
| RESP. | 18 | 16 | |
| TEMP. | | | |
| WT. (Child) | 60K | | |

CATEGORY (See reverse)
- [ ] EMERGENT
- [x] URGENT
- [ ] NON-URGENT — b6-2

| ORDERS | INITS. | TIME |
|---|---|---|
| IV, S q 4 Dm | [redacted] | 1055 |
| Ancef 1.0 | | 1055 |
| Golytely 1 L LR | | 1045 |
| MSO4 4 mg | | 1050 |
| X-RAY (L) Femur/Tib/Fib | | 1045 |
| CBC - MFT 8 | | 1045 |

ASSESSMENT/DIAGNOSIS: (L) tib 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: ICU

CONDITION UPON RELEASE
- [x] 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)

S. APPROX 20y/o IRAQI EPW C/O GSW (L) FEMUR AREA, SKIN DUCK CONDITION NORMAL

O. VSS. IV, LR, w/o 16ga (R) ARM, LUNG SOUNDS CTA BILATERALLY, SPO2 100% RA, DISTAL PULSE PRESENT (L) DORSALIS PEDIS

LPN recieves additional 4mg of Morphine Lt. Gluteal Total 8mg given here at (SH) — 1125

A: Above

Plan

Staff

PMs diff 2° Arabic speaker ¢ SOB

mn-dist VSS

Focused Exam

¢ Pelvis/Abd/Chest pain ~~¢~~ on palp Chest CTA (B)

(L) Lext:

(P) GSW 2cm med aspect of (L) knee

(P) " " lat aspect of (L) knee

(P) 2 places distal pulses (B) —

Xray (P) tib fx ¢ drop

→ Admit Ortho

ICW 2

(CONTINUE [redacted] D)

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).

Iraqi EPW

[redacted] b6-4

SIGNATURE OF PROV[redacted] b6-2

INSTRUCTIONS TO PAT[redacted]tions ordered, any limitations and follow-up plans)

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

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA gurney BY anesthesia

2. PATIENT IDENTIFIED [redacted] DURE
VERIFIED BY [redacted]

3. DATE 14MAY03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN R[illegible]
TIME 1445 NUMBER 1-1 (3)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: medicated. Accep @ 1055
non-english speaker. translator not available.

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D<br>b6-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E, AN<br>CPT [redacted] 66E, AN | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: b6-2

8. SKIN PREPARATION

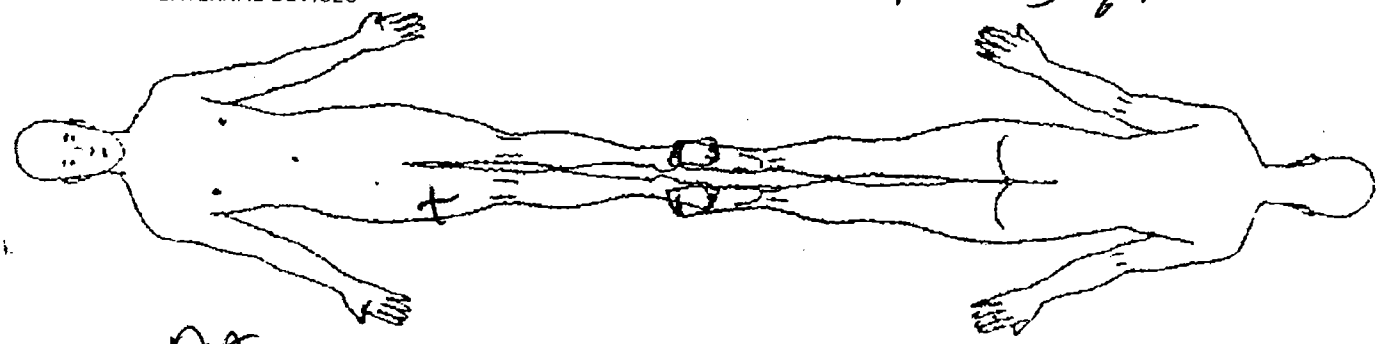
HAIR REMOVAL ☒ YES ☐ NO CPT [redacted]
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: no nicks or cuts noted.

PREP SOLUTION (Specify) Beta/Beta b6-2
SITE: (L) leg BY WHOM: CPT [redacted] /CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet ↑ 275mmhg @ 1514 ↓ @ 1627

C = Correct I = Incorrect

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

b6-2

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

EPW [redacted] b6-4

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

☒ ESU NO: #1 CUT 30 COAG 30
GROUND PAD: BRAND 3M HealthCare
LOT NO: 2005-10 OT

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 8906

13. PROSTHESIS, IMPLANTS [X] YES [ ] NO IF YES NAME: ID NUMBER, MANUFACTURER

Calcaneous Screw 6.5mm x 32mm x [redacted] 75mm
" " x 70mm

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES [ ] NO [X]

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S):
0.9% NACL

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| [redacted] | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM YES [X] NO [ ] IF YES, SITE
AP Lat (L) Knee

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES [ ] NO [X] | NAME | NAME |
| FROZEN SECTION (FS) YES [ ] NO [X] | NAME | NAME |
| CULTURE (C) YES [ ] NO [X] | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES [X] NO [ ]

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. Hemovac/1/4" | 2. | 3. |
| SITE | 1. (L) Knee | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs, Kerlix, Xeroform, Ace, Splints

19. ADDITIONAL INFORMATION

Surgeon:
Dr. [redacted]
Dr. [redacted] b6-2

Bruce Pre - CDI
Post - CDI

b6-2
anesthesia:
CPT [redacted], CRNA
MAJ [redacted], CRNA

20. OPERATION(S) PERFORMED
ORIF (L) Knee

21. PATIENT TRANSFERRED TO ICU 2 | TIME Post Op. | METHOD [redacted] b6-2

22. REGISTERED NURSE SIGNATURE [redacted] CPT, AN [redacted] CPT, AN

b6-2

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR MAY 19 2003 | DAY 20 21 22 23 24 | 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° 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 RR

BLOOD PRESSURE

SpO2

HEIGHT: WEIGHT

Record special data only when so ordered

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

#[redacted]

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7–95) BACK

66-4

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY | HOUR

19

PULSE (O) | TEMP. F (•) | TEMP. C

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: ~~WEIGHT~~

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICW2

F-3

# [redacted] 66-4

**VITAL SIGNS RECORDS**

Medical Record

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

| Ward/Section: EMT | REQUESTING PHYSICIAN: Dr. [redacted] b6-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. | DATE: 1 May 05 / TIME: 1030 | SSN/PSEUDO SSN: [redacted] b6-4 |

**(ESTAT)**

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

**Misc. Chemistry**

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

**(Piccolo) Chemistry 12**

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

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | 97 | 73-118 mg/dl |
| BUN | 9 | 7-22 mg/dl |
| CRE | 0.9 | 0.6-1.2 mg/dl |
| CK | 679 | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | 138 | 128-145 mmol/l |
| $K^+$ | 3.6 | 3.3-4.7 mmol/l |
| $CL^-$ | 99 | 98-108 mmol/l |
| $tCO_2$ | 24 | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

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

**(Piccolo) Electrolyte**

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

**REMARKS:** b6-2

| REPORTED BY: [redacted] | DATE: 14 May | LAB ID NO.: |
|---|---|---|

CBC

| | |
|---|---|
| WBC | 13.9 |
| RBC | 4.36 |
| Hgb | 13.2 |
| HCT | 42.4 |
| MCV | 97.3 |
| MCH | 30.3 |
| MCHC | 31.1 |
| PLT | 292. |
| Ly% | 11.6 |
| Ly# | 1.6 |

ICW #2

# ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 20 DAYS MOS YRS  Sex XX MALE ( ) FEMALE

PROPOSED PROCEDURE: (L) Knee I&D, ORIF
SURGICAL SERVICE: Ortho
NPO SINCE: 1200

ASA Physical State 1 (2) 3 4 5 (E)
WT: 70 KG/LB HT: ____ IN.
ALLERGIES: NKDA

**HABITS:**
TOBACCO: (+)
ETOH: (+)
DRUGS: (+) Hardy

**CURRENT MEDICATIONS:**
( ) = ordered as premed
( ) Ancef 1gm q8hrs
( ) MSO4 prn
( ) LR @ 100cc/hr
( )
( )
( )

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

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

13.9 > 13.2 / 42.4 < 292
134 | 99 | 9 < 97
3.6 | 29 | 0.9

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

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

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

Renal System:
- Acute/Chronic RF N Y

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

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

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

Gynecological :
- Pregnancy N Y N/A

Other Significant Hx: N Y GSW (L) Knee (L) tib Fx
N Y
Familial HX N Y

**ASSESSMENT**
PAST SURGICAL/ANESTHETIC
Ø

**PHYSICAL EXAMINATION**
BP 122/72 HR 95 R 18 T ____ 98%
Pain Scale 0-10 ____
HEENT - Teeth Missing / Fmt teeth
Trachea MPI-II
TMJ/Neck TMD 3 FB
Oropharnyx
Nares
CHEST: (+) BBS - CTA
CARDIAC:
EXTREMITIES:
IV Access: Hep (R) wrist
Ulnar Filling:
BACK:
OTHER:

NPO Since 1200 / No food x 48hrs

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify: ) (X) General: Mask Intubation RSI
PA counseled for Anesthesia via interpreter. R/B/A explained. Agrees to GETA.

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

The patient/le[redacted] seems to understand and agrees. Questions answered.
Signed: [redacted] CPT [redacted] bb-2 Date: 14 May 03 Time: 1300 Hrs

**POST-ANES[redacted]LUATION AND NOTE (NON ASU)**
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICW 2

EPW # [redacted] bb-4

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

ICW #2

Drug abuser
EtOH, smo

# MEDICAL RECORD — ANESTHESIA

| DRUG | Units | Amount |
|---|---|---|
| Versed | (mg) | 5 |
| Fentanyl | (mcg) | 150 |
| Lidocaine | (mg) | 50 |
| Pentothal | (mg) | 250 |
| Sch | ( ) | 120 |
| Zemuron | ( ) | 50 20 |
| WHAT Anes. ISO | % del | 0.8 1.5 1.5 0.6 0.6 0.2 |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 10-2-2-2-2-2-2-6-6 |

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS -- MG / MCG / ML, "1"=CONSTANT INFUSION

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

100/150 Naloxone Hy 40/40

| LINE site | | |
|---|---|---|
| 16g (B) Arm | ☐ Warmed | LR — 800 — / #2 |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |

EST BLOOD LOSS
URINE –

| TOTALS | |
|---|---|
| 5 | min |
| 500 | |
| 250 | |
| | None |

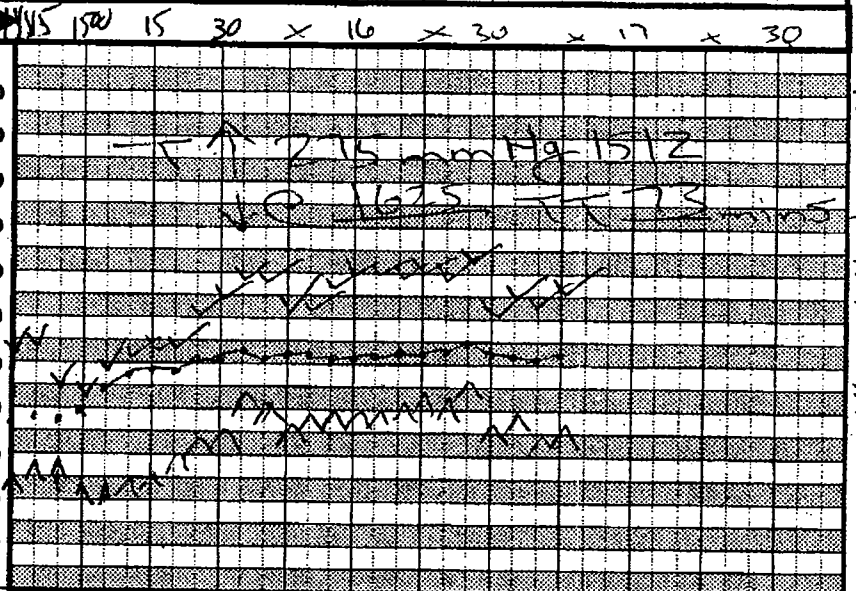
CRYSTALLOID– 1000 RL
COLLOID– None
BLOOD– None

REMARKS– Code drugs with numbers, events with letters

1430 Pt'd on ICW 2. To OR via litter.
1445 In room. ⊕ monitors, moved self to OR table. Sweet IV induction. Eyes taped, ⊕ padded. Arm < 90°. OG inserted [redacted]
1510 Relief [redacted] CRNA
1605 Zofran 4mg IV [redacted]
1612 1hr on T, Dr A made aware.
1640 Responsive, suct & extub ⊕. diff. To ICU for recovery stable. Report given to RN

TIME 1445 1500 15 30 x 16 x 30 x 17 x 30

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




| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VT – ml | 5 | 780 | 780 | 780 | 800 | 250 | 350 | 400 | 350 |
| f – breaths/min | 14 | 8 | 7 | 7 | 7 | 6 | 13 | 14 | 14 |
| Peak inf pres / PEEP | – | 19 | 20 | 20 | 20 | | | | |
| MODE– S(pon), A(assist), C(on) | S | C | C | C | C | S | S | S | S |
| ET CO2 (torr) | ⊕ | 30 | 31 | 32 | 32 | 44 | 48 | 46 | 41 |
| FIO2 (Frac or %) | .91 | .91 | .88 | .88 | .88 | .88 | .88 | .88 | .88 |
| SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ECG | SR | SR | SR | SR | SR | ST | ST | ST | ST |
| TEMP- site | | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| N-M Block (T/4) | 4/4 | 2/4 | 0/4 | 4/4 | 4/4 | to sustained tetany | | | |

BP/Auto Cuff ☒; BP / oth ☒; ART line ☒; Steth- PC/ES ☒; Gas analyzer ☒; Warming blkt; Conv warmer

with letters & symbols, min under REMARKS

EVENTS Position → ⊙ → → →

| | Start | Room | End |
|---|---|---|---|
| ANES | 1430 | 1445 | 1700 |
| | Ready | Begin | End |
| PROC | 1455 | 1515 | 1640 |

RECOVERY AT
PACU (ICU 2) (Specify)
OTHER
CONDITION:
RESP– 24 SpO2– 100
BP– 123/69 HR– 108

PROCEDURES and CPT Codes
(1) I&D Lt knee
(2) ORIF Lt tibia

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
DVL x 1 attempt. #8 ETT, MAC blade, Grade 3 view, ⊕ BSS ⊕ ETCO2. Secured @ 21 cm teeth. Soft tube block placed. Atraumatic.

PERSONNEL IDENTIFICATION– Typed or written entries: Name, Grade/Rate, Medical facility

SURGEONS: [redacted]
ANESTHETISTS: [redacted] CPT CRNA [redacted]
MEDICAL RECORDER [redacted]

PROCEDURE LOCATION: OR 1
DATE: 14 May 03
PAGE 1 OF 1

EPW # [redacted] bb-4
bb-2

WAMC OP 376 REVISED 1 Jan 99
PATIENT RECORD
MEDCOM - 8913
*U.S. GPO: 2002-729-180/40137

061

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

EPW [redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 14 May 03 TIME OF ORDER: 1145 HOURS

LIST TIME ORDER NOTED AND SIGN

1. GSW to (L) KHOV
2. to OR today
3. NPO
4. IV - LR at 100 cc/hr
5. MSO4, 2-6 mg IVPB Q 3 hr PRN

[redacted] b6-2 1210 14 May 03

PATIENT IDENTIFICATION

[redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER:

6. DALAT 1 Gram IVPB Q 8 [redacted] b6-2

PATIENT IDENTIFICATION

[redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

PATIENT IDENTIFICATION

[redacted] b6-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

038

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984 - 462-710

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: GPW [redacted] b6-4

NURSING UNIT: ICW2 | ROOM NO. | BED NO.

DATE OF ORDER: 14 MAY 03 | TIME OF ORDER: 1645 HOURS | LIST TIME ORDER NOTED AND SIGN

1. TO ICW 2 VIA ICU-2
2. S/P I+D, ORIF (2) KNEE b6-2
3. COMOLVW: BOIN
4. VS - Q SHIFT
5. UP TO LID, CONTEND NWB [redacted]
6. RESTRAINTS PER GPW PROTOCOL

PATIENT IDENTIFICATION: # [redacted] b6-4

NURSING UNIT: ICW2 | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

7. ELEVATE (L) KNEE
8. EMPTY AND RECORD DRAIN Q SHIFT
9. REGULAR DIET
10. IV LR AT 125 CC/HR NOW LOCK WHEN TOLERATE P.O WISELY
11. TYLENOL 650 MG Q 4-6 HRS PRN
12. PERCOCET, 1-2 P.O Q 4-6 HRS PRN
13. MSO4, 2-6 MG IVP Q 2 HRS PRN
14. ONCE T GRAM IVPB Q 8 HRS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

SPC [redacted] 24/S 0900 15MAY03

b6-2

[redacted] b6-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24 MAY 03 | TIME OF ORDER: HOURS

1. D/C ONCEPS
2. KEFLEX 250 MG P.O. Q 6 #40
3. TYLOX 1-2 P.O. Q 4-6 HRS PRN #20
4. D/C IV
5. MIGRATE TO PDW COMP WITH OBAS MEDS IN AM

b6-2

24 VSG [redacted] LUTAN 5/23/03 0330

[redacted] b6-2

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

MEDCOM - 8915

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. 5 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | DATE COMPLETED | | | | | | | | | | |
| 14May | [redacted] | NPO | 6 | DC'd 5/14/03 | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 14May | [redacted] | VS q Shift | 6 | [redacted] | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 14May | [redacted] | Activity: ↑ ad lib c crutch | 6 | [redacted] | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 14May | [redacted] | Diet: Regular | 6 | [redacted] | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 14May | [redacted] | Elevate (L) knee | 6 | [redacted] | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 14May | [redacted] | Empty wound vac q Shift | 6 | [redacted] DC'd | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |

b6-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (L) knee S/P I+D orif (L) knee

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

# [redacted]

b6-4

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 | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo MAY Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 14MAY | [redacted] | TO OR TODAY | 14MAY | | | |
| 14May | [redacted] | Admit to ICU2 c/A ICU2 | 14May | 1900 | 1900 | [redacted] |
| 23 | [redacted] | D/C to POW camp with meds in AM | 24 | ~~AM~~ | | 662 |
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662

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

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14MAY | [redacted] | IV LR @ 100cc/hr | 06 | [redacted] | | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 14MAY | [redacted] | Anet ÷ 9 IVPB q8hrs | 6 | [redacted] | | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | | |
| | | | 2 | [redacted] | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 14May | [redacted] | ~~IV LR @ 125cc/hr~~ | 6 | [redacted] | | | | | | | | | | |
| | | HL when taking P.O. | 14 | [redacted] | | | | | | | | | | |
| | | well | 22 | [redacted] | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ~~JA~~ | [redacted] | Keflex 250mg P.O. QID | 06 | [redacted] | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | |

Rewritten 3/14/03

D/C 23MAY03

D/C 23MAY03

b6-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (L) knee S/P I+D ORIF (L) knee

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: # [redacted] b6-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | | Mo. _____ Yr. _____ |
|---|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | |
| | - - - - - | | | | | | |
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| | - - - - - | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED |
|---|---|---|---|
| 14May | [redacted] | MSO4 2-5mg IVP | Rewritten 5/14/03 |
| - - - - | - - - - | q2hr PRN pain | |
| - - - - | - - - - | | |
| 14May | [redacted] | MSO4 2-6mg IVP | 14May 2230 6mg IVP [redacted] 5mg/0030 15mg/03 [redacted] 5/15 0650 [redacted] 5/15 1130 [redacted] 5/15 1920 [redacted] 5/16 0130 [redacted] 22 15 16 [redacted] 0130 17mg 6mg [redacted] 0300 19mg 6mg [redacted] 21 14 2120 5mg [redacted] |
| - - - - | - - - - | q 2° PRN pain | |
| - - - - | - - - - | | |
| 14May | [redacted] | Percocet 1-2 po q4° | 5/14 2015 [redacted] 5/15 0000 [redacted] 5/15 [redacted] 5/15 1920 [redacted] 5/15 0330 [redacted] 5/15 0525 [redacted] 5/16 0130 [redacted] 5/17 0300 [redacted] 5/17 1230 [redacted] 5/17 2030 [redacted] 5/18 [redacted] 18May 0430 [redacted] 18May 1030 [redacted] 18May 1930 [redacted] 19 May P3 0110 [redacted] |
| - - - - | - - - - | PRN pain | |
| - - - - | - - - - | | |
| 14May | [redacted] | Tylenol 650mg q4° | 5/15 0315 [redacted] 5/15 1145 [redacted] 5/15 1845 [redacted] 5/16 1100 [redacted] |
| - - - - | - - - - | | |
| 14May | [redacted] | Percocet 1-2 po q4° | 5/14 0545 [redacted] 5/17 [redacted] 5/20 [redacted] 5/21 1100 [redacted] 5/21 1545 [redacted] 5/21 [redacted] 5/22 [redacted] 5/22 1115 [redacted] 5/24 [redacted] 5/23 0015 [redacted] 5/23 1605 [redacted] |
| - - - - | - - - - | PRN PAIN | |

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 |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 May | [redacted] | MSO4 2-6mg IVP | 22 May 1337 10mg | 22 May 0330 HMK | [redacted] | 23 May 0615 4mg | 23 May 0930 4mg | 23 May 1150 6mg | 23 May 2140 [redacted] | [redacted] | 24 May 0542 6mg IVP | [redacted] | 24 May 0833 6mg | [redacted] | | |
| | - - - - - | q 2° prn pain | | | | | | | | | | | | | | |
| | - - - - - | | | | | | | | | | | | | | | |
| 23 | [redacted] | Tylox 1-2 PO Q4-8° PRN PAIN | 5/23 1115 [redacted] | 1 PO | | 5/24 0800 1110 [redacted] | [redacted] | | | | | | | | | |
| | - - - - - | | | | | | | | | | | | | | | |
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USAPA V1.00

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General.

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

OTSG APPROVED (Date)

Date: 14 May 03
Time In: 1700
Allergies: unknown
Pre-op V/S: _____
Procedures: I&D (L) Knee, OLIF

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1000 Colloid _____
OR Output: UOP 0 EBL _____
Meds/Times: _____

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds / History

| Time | 1700 | 1705 | 1710 | 1720 | 1730 | 1735 | 1745 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 | 99 | 95 | | | | | | | | |
| FIO2 | 55 | 55 | 35 | 35 | 6L | 2L | RA | | | | | | | | |
| Methods | | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| RR | 20 | 18 | 19 | 19 | 16 | 18 | 15 | 19 | | | | | | | |
| T | 101 | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | |
| Pain (0-10) | | | | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | | | | |

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

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1630 | LR | 100 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: _____ Labs: _____

**Post-Anesthesia Recovery score**

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

**Codes**

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

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

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

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

PREPARED BY (Signature & Title): [redacted] MMSA
b6-2

DEPARTMENT/SERVICE/CLINIC: PACU - ICU #2

DATE: 14 May 03

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

ED W #[redacted] b6-4

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

## MEDICATIONS

Allergies:

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

## NEUROVASCULAR

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

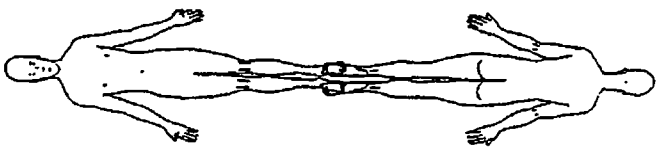
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (L) Thigh | White Ace | Ø |
| 30' | (L) Leg | secure wrap | Ø |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

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

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1700: Pt received from OR via litter c Anesthesia in attendance. (R) PIV c ~~L~~ TKO. Site I, dry & clean. (L) leg hemovac drain intact c small amt blood noted in tubing.
1800 Pt drowsy, pain. Alert [redacted] oper. NA O2 sats 98%. Lungs clear. Sinus rythm ø ectopy. PPx4. Admin BS x4 gm Ancef fs. Ice to wound.
1845 Transferred to ICW 2 via litter. Report given to LT [redacted] bb-2

Discharge Criteria:
Date: 14 May 03 Time: PARS:
BP: 130/78 T: 166.° HR: 98 RR: 18 Sa02: 95
Pain Level at D/C (0-10):
Intake: 100 Output: Ø
Additional Data:
Transferred To: ICW 2
Report Given To: ICW #2
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted] bb-2
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:

061
~~038~~

# ADMISSION AND CODING INFORMATION

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

| 1. REPORTING MTF | 2. [redacted] LOCATION (State or Country Code.) |
|---|---|
| A I I D I | I Z |

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| [redacted] | b6-4 EPW [redacted] | EPW | M |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| — | UNK | X | 9 | MUSLIM. |

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

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| — | U | 1145 | — b6-4 |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| — | K 7 8 | — |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION YEAR | |
|---|---|---|---|---|
| — | — | 1 | | X NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| Ø | ICW2 | UNK |

| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
|---|---|---|
| | UNK | UNK |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYYYMMDD) |
|---|---|---|
| Ø 5 | | 2 0 0 3 0 5 2 4 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYYYMMDD) |
|---|---|---|
| A E A A | | 2 0 0 3 0 5 1 4 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYYYMMDD) |
|---|---|---|
| | | |

FOR LOCAL USE

DX: DGSW (L) KNEE
(2) S/P I&D ORIF (L) KNEE

DX: 8912
E9912

DX: ~~S8016~~ (D2)
F1320
F1660

ADMIT[redacted] (Sig[redacted]ed) [redacted] b6-2

SIGNATURE OF ADMITTING [redacted] b6-2

DA FORM 2985, MAR 2000 EDITION [redacted] MEDCOM - 8923 USAPA V1.00

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER 0013093 | 2. NAME (Last, First, MI) EPW [redacted] | | | | | 3. GRADE EPW | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 21 | 6. RACE | 7. RELIGION UNK | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION NO | |
| 11. FMP ~~NA~~ 20 | | 12. SSN [redacted] | | 13. ORGANIZATION | | 14. WARD ICW2 | |
| 15. FLYING STATUS | 16. RATING/ DSG | 17. DEPT./ BEN ~~NA~~ KNO | | 18. BRANCH/CORPS | 19. UIC/ZIP | 20. TYPE CASE ~~NA~~ NA | |

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct from E.R.

22. HOURS OF ADMISSION: 1500

23. CLINIC SERVICE: AEAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:

25. TYPE DISPOSITION: D/C

26. DATE OF DISPOSITION: 30MAY03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):

27b. TELEPHONE NO.:

28. DATE OF THIS ADMISSION: 16 MAY

ADMITTING OFFICER: Dr. [redacted] b6-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b2-2

30. DATE OF INTIAL ADMISSION:

32. UNITS SERVICE BLOOD COMPONENT TRANSFUSED:

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(R) Open Tib fx w/ Ex fx

35. Total Days This Facility

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/CDOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 14 E | 14 |

36. Total Days All Facilites

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/CDOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 14 | 12 |

SIGNATURE OF ATTENDING MEDICAL OFFICER: Dr. [redacted] b6-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER: [redacted]

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

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

21 y/o Iraqi male shot by American troops thru AM while looting.

PMHx: Ø
PSHx: Ø
MeDS: Ø
Allergies: NKDA

PHYSICAL EXAMINATION

HEENT: wnl
chest: CTA
Ext: ~~SGn~~ (R) LE, 2+DP/PT, 5/5 EHL/FHL, open wound circular border (R) LE a proximal medial border a knee, knee effusion

XR: proximal tibia ⊓ Bi-fx, butterfly fragment alignment

PROGRESS (Enter date of discharge and final diagnosis)

(A) Open tib/fib (R) leg s/p GSW
(P) To OR for ORD

b6-2

| SIGNAT[redacted] | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| | 5-16-03 | | |

PAT[redacted] (Name of patient or typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)

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

# [redacted] b6-4

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

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 5/16/03 | Brief Op Note<br>Pre Op Dx: Open Right tibia fx<br>Post Op Dx: Same<br>Procedure: I&D & Ex Fix (R) tibia fx<br>Surgeon: [redacted] b6-2<br>EBL: 100<br>Fluids: 1000<br>TT: ∅<br>Anesthesia: GETA<br>Cell ∅ |
| | [redacted] |
| 2345 | Assumed care of PT @ 2100. Pt. Alert. Pt. denies pain at this time. Ext. Fixator to (R) LE intact. Edema to (R) ft lt. Capr refill < 3sec, (+) sensation, (+) rom toes, pulse 2+. Marked bloody drainage noted (sm. quantity, dsng ∅ saturated). HR Reg, Lungs CTA, BS (+) XY. Will continue to monitor. — b6-2 |
| | [redacted] |
| 0200 | Pt. denies pain. ↑ bleeding to pin sites, dsng ∅ saturated. will continue to monitor. — ☆DRS |
| 0400 | Pt. denies pain, dsng to pin sites saturated with bright red blood. MD notified. MD instructions are to reinforce dsng & continue to monitor. Dr [redacted] |

(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. TCW2

# [redacted] b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

## PROGRESS NOTES

| DATE | |
|---|---|
| | reinforced. Will continue to monitor. — [redacted] |
| 160700 May 03 | Pt awake, alert, Ox3. Speaks English. Airway patent. Breaths even and unlabored during sounds clear to all fields. Abd soft, nontender, BS(+)x4. Voids spontaneously. Afebrile. All extremities x (+) LE, RLE drsg is Kerlix to Extra Large amt of seeping drsg noted. [redacted] reinforced prn. [redacted] c/o pain x ± movement. IV to (R) AC flushes well, ± s/s infection [redacted] ± PN |
| 17 May 03 | Pt was asleep. Woke Pt up - Pt in semi-fowlers position. Pt (AO)x3. No obvious distress. Took Electro pads off Pt. 4/5 124/70 R16 (B) TP T100° P83 Rg [redacted] SPC 9/10 |
| 17 MAY 03 | Assumed care of pt @ 1300. VSS. AHOx3. Pt resting. Reinforced drsg with ab pad and Kerlex roll. Ex Fix intact. (+) LE elevated 30°. (+) pulse, warmth, mvt, sensation, cap refill <3sec (B) LE. IV HL. (+) LOCTA, (-) BS x4. Q4 assessment [redacted] Will Monitor [redacted] |
| 17 May 03 | 2300: Assumed care @ 2100. Pt was resting in bed, awake and oriented x3. VS: BP 130/74 HR 91 RR 14 T: 100.4°F SpO2 96% RA. Pt denies pain. (R) LE bandaged w/ kerlix and ace; (+) ex fix, (+) large amts of fresh blood. Knee bent slightly reinforced w/ dressing, leg straight and elevated. Dr. [redacted] notified of VS. IS ordered, no other action taken. [redacted] Monitoring to continue (R) RLE (+) sensation (+) movement to all toes, (+) limited range of motion (+) (R) knee (+) pain on palpation and movement. IS introduced to and taught to pt. Pt presently practicing. S182 present, normal. (+) swelling to (R) foot, (-) swelling to other extremities. 2+ pulses pedal x2, radial x2. Cap refill ≤3sec. c/o all toes. Lung sounds clear, chest movement equal, symmetrical, pt denies SOB, dyspnea. O2 sats 96%. Abd soft, nondistended, nontender, (+) BS x4. Muscle strength normal in all non-injured extremities. (+) 18g PIV to (R) FA placed 16 May 03. (+) flush (-) BR. [redacted] |
| 17 MAY 03 | 2315 COP 120cc CLEAR YELLOW FLUID → [redacted] |
| | @220: PT sleeping. Awakens for H2O intake returns to sleep [redacted] |

STANDARD FORM 509 (REV. 7-91) B[redacted]
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AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 180550 May 03 | Pt asleep and comfortable at this time. Airway is patent. Lung sounds clear to all fields. Abd soft, nontender, + distention. BS(+)x4. Voids spontaneously. FROM to (R)UE and LLE. Neurovascularly intact as well. Limited ROM to (R)LE 2° pain and edema. Kerlix gauze around extrix by large amount of sanguinous drainage; that drsg was reinforced on previous shift. Neurovascularly intact to (R)LE. MD aware of blood to drsg. [redacted] |
| | b6-2 |
| | Brief Op Note |
| 5-18-03 | Pre op Dx: Open (R) tibia fx |
| | Post op Dx: same |
| | Procedure: Open IM nail = DPC |
| | Anesthesia: GETA |
| | Surgeon: [redacted] b6-2 |
| | EBL: [illegible] |
| | Fluids: [illegible] |
| | Cx: 0 |
| | Drain: 5/8" penrose |
| | [redacted] b6-2 |
| 18 MAY 03 1342 | PT Vitals taken T99.0 P 69 R20 B/P 110/68 [redacted] |

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

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

REGISTER NO.

WARD NO. ICW2

# [redacted] b6-4

**PROGRESS NOTES**
Medical Record

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

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 18MAY03 1400 | ~~Assumed care of Pt @ 1300. VSS. A~~ Pt transferred from ICU#1 p̄ recovery. VSS, easily arousable. (B)LS CTA, HR RRR, (+)BS x4, (R)LE Ex Fix dsg CDI. (+)sensation, pulse strong, cap refill <3 sec, mvt of toes (R)LE. (+)Pain ī mvt. Resting comfortably. PIV HL. Will monitor. — [redacted] |
| 19 May 03 0100 | Assumed care of PT @ 2100. Temp 100.6. Pt denies pain. Ext Fixator to (R)LE intact. Dsing has min. bloody drainage from pin sites. HR Reg, Lungs CTA BS(+)X4. Will continue to monitor — [redacted] |
| (all) b62 | 0800 45 May 03 Pt is alert but [illegible]. Airway intact. Breathing is even and unlabored. Lung sounds clear to all fields. Abd is soft and [illegible], and ī distention. Voids spontaneously. Neurovascularly intact to all extremities. (B)UE FROM, LLE FROM, but FROM to (R)LE 2° Ex Fix, and Ankle way is CDI. Pt ambulating ī crutches. — [redacted] |
| 0800 T 99.6 P 86 R 16 BP 126/64 | 19May03 1420 Pt CAOX3. Alert [illegible] distress. Pt in semi-fowler position. Pt understands little english. V/S [illegible] P70 Re T 99.8 R 16 (B) CTA. Pt has slight Temp. [redacted] |
| 19 may 03 1900 | VSS - IV patent - dsg A done on (R)LE wound, penrose drain intact, no purulent drainage noted - no c/o pain - [redacted] |
| 0130 | Pt care assumed @ 2100. Pt AOX3, VSS, no complaints of pain. IV site intact, heplock flushes well. Lung sounds CTA with equal rise and fall of the chest. Pulses palpable x4, bowel sounds present x4 quadrants. Dressing on RLE CDI. Pt has (+) sensation, pain, and cap refill <3 seconds. No complaints @ this time, will continue to monitor. SPC [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20 May 03 0615 | Assumed pt care @ 0500. Pt. A&O x 3 - (+) BS x 4 lungs CTA. Ht (R) FA patent. drsg c̄ pins on (R) leg CDI. slight edema in (R) foot. NSS - b6-2 will continue to monitor — [redacted] 91WM |
| 20 May 03 | 1630 stated new Heplock on (L) forearm. D.C. old Heplock on (R) Arm. Pt was c/o tenderness on (R) arm where Hep was. (L) arm Heplock (-) S/S of infection, (-) infiltration. b6-2 [redacted] (-) edema, (-) ecchymosis of right. secured c̄ tape SPC 910 |
| 20 May 03 1940 b6-2 | VSS - dsg Δ done on (R) LE as ordered, area of swelling noted on inside (R) knee, Dr. [redacted] aware and saw swelling, penrose drain removed from wound on inside (R) calf, small amount of drng. on kerlix when dsg removed, sutures intact on inside (R) knee - IV abx continue - pt. c/o sternal pain, coughing when deep breath taken, lungs clear, no difficulty breathing, will monitor b6-2 [redacted] CRA |
| 5/20/03 2030 | Assumed care of PT @ 2100, VSS. PT A&O x 3. HR Reg, Lungs CTA, BS (+) x 4. Pt. denies pain (cont...) |

| 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 |
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| 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. IC W2 |
|---|---|---|

PROGRESS NOTES
Medical Record

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

[redacted] b6-4

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

| DATE | NOTES |
|---|---|
| | Ext. Fix to (R) LE intact. (+) ROM toes, (+) sensation, capr refill < 2sec, pulse 2+. Will continue to monitor. [redacted] LT/AN |
| 21 May 03 0700 | Pt. A+O x 3. lungs CTA. (+) BS x 4. Pulse present in all extremities. EXT. FIX to (R) LE intact. (+) ROM in toes. (+) sensation. Denies any discomfort @ this time [redacted] 9L used |
| 1326 | Pt vital signs taken BP 118/78 P 87 T 98.7 R 14 SpO2 98% [redacted] SPC [redacted] 9L |
| b6-2 1400 | Assumed care of Pt @ 1300. VSS. A+O x 3. Denies pain (R) EXF fix Drsg CDI (+) palpable pulse, cap refill < 3sec, mvtg (R) LE. O/A assessment WNL [redacted] |
| (all) 21 May 03 2245: | Pt napping in bed watching activity around ward. Ex Fix intact dressing CDI. 1+ swelling to ankle and foot cap refill < 3sec. 2+ pulse feedback. Pt denies pain, leg remains elevated. No crutches @ BS. d'V2 present regular. Lung sds clear, abd. soft, non-tender. Last BM x 2 days. Pt states (+) voiding, no problems. Bilat UE strength normal, (R) LE normal, muscle tone good x 3 extremities. 18g PIV to (L) FA intact. (+) flush (-) BM. Pt comfortable w/o needs @ this time [redacted] |
| 116/50 80 12 99.4°F 98% RA | 0130: Pt sleeping quietly. PIV SL'd [redacted] |
| | 0315: Pt awake rubbing (R) leg, ace bandage in hand. Pt states bandage was too tight & causing pain. Pt ref. pain meds, massaged extremity and replaced Ace. Pt resting [redacted] |
| | 0420: Pt sleeping quietly [redacted] |
| | Late note: 22:30 (L) FA PIV infiltrated. (R) PIV to FA placed SL'd off. |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 22May03 | 0600 → Pt is asleep but arousable. Airway is patent. Breathing is even and unlabored. |
| | Lung sounds clear to all fields. Abd is soft, nontender and ± distention. BS⊕x4. Denies |
| T98.8 | N/V. Void spontaneously FROM to (B)LE and (D)LE. Neurovascularly intact to all extremities. |
| P69 | RLE has Ex Fix and Kerlix gauze. Dry & CDI. Pt is able to TTWB ± crutches. IV |
| R22 | to (P) FA flushes well and ± s/s of infiltration or infection. [redacted] |
| BP114/78 | |
| 22 0460 May03 | Dry & completed to (P) LE. Ex Fix pins cleaned ± NS. ~~Drsg~~ [redacted] Skin |
| | around pins is healthy and ± s/s of infection. [redacted] |
| 22 MAY03 | Assumed care of Pt @ 1300. VSS, A+Ox3, Denies pain. IVABX |
| 1730 | Q8° (P) FA IV patent. (R) Ex Fix CDI. C/W WNL ~~Ess~~ will |
| | monitor. [redacted] |
| 23 May03 | Assumed pt care @ 2100. VSS, A+Ox3, no c/o pain at this time. |
| 0080 | Lung sounds CTA, pulses palpable x4, bowel sounds present x4 quadrants. |
| | Ex Fix with dressing on RLE CDI, ⊕ sensation, ⊕ rom. Heplock @ |
| | RFA flushes well. Will continue to monitor. SP[redacted] allowance |
| 23 0515 May03 | Pt is asleep but arousable. Airway intact. Breathing is even and unlabored. Lung sounds |
| | clear to all fields. Abd is soft, nontender, and ± distention. BS⊕x4. Void spontaneously. |
| | FROM to (B)LE and (D)LE. All extremities are neurovascularly intact. (R)LE has Ex Fix |
| | to (P) shin wrapped ± Kerlix and ACE wrap. Drsg is CDI. Pt may TTWB ± crutches. |
| | IV to ~~RFA~~ (P) FA flushes well and is ± s/s of infiltration or infiltration. [redacted] |

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

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

REGISTER NO.

WARD NO. ICW2

[redacted] b6-4

PROGRESS NOTES
Medical Record

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USAPA V1.00

b6-4

| [redacted] | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 23May03 1940 | VSS - resting most of shift - dsg intact on (R) leg - IV patent - tolerated regular diet @ dinner - no % pain @ this time - b6-2 assumed care @ 1300 — [redacted] RN |
| 23May 03 | 2120: Assumed care @ 2100. Pt presently awake, alert, oriented, conversing in English. c̄/staff. Calm, cooperative. (R) LE ex fix intact - ace over LE, ø drainage. 2"x2" gauze over inner aspect of knee dried drainage, dime size, noted. RE Elevated. (-) swelling. (+) sensation, (+) movement to foot/all toes. Leg bent, pt encouraged to straighten and maintain straight or opposed to flexed. Pt denies pain @ this time. VS WNL. Assessment normal c̄ exception of injury. Lungs clear throughout. S1S2 present. BBD soft Nontender. (+) BS x4. Last BM - yesterday 22 May 03. (+) void'g per urinal. All non-injured extremity equally strong, muscle tone good. Pulses 2+ x 4 pedal/radial, (-) swelling. Monitory to con [redacted] b6-2 |
| | 0110: Pt awake states unable to sleep. Light dimmed, noise level ↓. Rest periods [redacted] b6-2 |
| | 0440: Pt sleeping quietly [redacted] |
| 24May03 | 0850 Pt sleeping, easily aroused. Pt reports "no pain" at this time. Dsg to RLE intact c̄ old drainage. Pt has ø edema to RLE. (+) BS x4. lungs clear bilaterally anterior & posterior. Hx flush 5 difficulty. RLE c̄ brisk cap refill & normal pulse — 20 [redacted] RN |
| | 1150 Place Hx to (L) AC. ~~but HAS to~~ on 3rd attempt 22g Cath. b6-2 |
| | D/C Hx to (R) fa. — 1[redacted] AN |

STANDARD FORM 509 (REV. 5/1999) BACK

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24MAY03 1515 | Assumed care of PT @ 1300. VSS, A+O x3. Resting comfortably. Dsg Δ to (R) LE. Sticks on medial knee CDI c̄ scant drainage. Wound on calf draining serous fluid, ⊖si/sx of infection. New W→D dsg applied pin care done ace Bandage applied. (+) sensation, cap refill <3sec, mvt of toes (R) LE. Denies pain. Now Resting comfortably. IV ABX via HL. patent ⊖/w WNL. Will monitor [redacted] bb-2 |
| 2125: | Assumed care of PT @ 2100. Pt. denies pain. Ext. Fix to (R) LE intact. Dsgs dry & intact. ~~(+) cap refill~~ (R) LE c̄ (+) sensation, pulse 2+, cap refill <3sec, (+) ROM. HR Reg, lungs CTA, BS(+) x4. Will continue to monitor. [redacted] |
| 25 May 03 | 0525 Pt awake, A+O x3. Lungs CTA/(+) BS x4. Abd soft, nondistended. (R) Ext Fix intact, dsg intact c̄ old drainage. Mild edema to RLE, 2+ pedal pulses. Pt able to wiggle toes ⅋ + pain, (+) sensation to all toes, brisk cap refill to RLE. Pt reports mild pain, ~~left~~ does not want pain meds at present ~~HL~~ [redacted] bb-2 HL to (D) ac flushed ⅋ difficulty [redacted] |
| 25may03 1430 | PT vitals taken T99.6 P66 R18 B/P110/64 Sp02 98 [redacted] bb-2 |
| 25May03 | Wounds & pin site clean & dry. D/C IV ABX. Start oral D/C antibiotics 5 days + Δ to cont. pain D/C [redacted] bb-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | |
|---|---|---|---|
| | LAST | FIRST | MI [redacted] |

| 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. TCW2

[redacted] bb-4

**PROGRESS NOTES**
Medical Record

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

b6-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| EPW | | | [redacted] |

| DATE | NOTES |
|---|---|
| 25MAY03 1900 | IV abx D'd to oral Keflex, 1st dose given @ 1800 - fixator to be removed in 5 days and cast placed @ that time - SL removed, site ⊂ S/S infection - no c/o pain - ⊕ 2 pedal pulse and <2sec cap refill in toes of (R) foot - Simple dsg placed on wound on (R) thigh - [redacted] |
| 2315: | Assumed care of PT @ 2100. Ext. Fix to (R) LE intact. Dsng noted to be slipped off, dsng D'd to site. Serosanguinous drainage and dried blood noted @ site. CSMTS (R) LE WNL. Pt. A&O HR Reg, Lungs CTA BS ⊕ X4. Will cont. to monitor [redacted] |
| 25MAY03 2320 | UOP 220cc CLEAR YELLOW FLUID → [redacted] |
| 26MAY03 0120 | Pt ↑ in bed for breakfast this a.m, tolerated well. Pt has ex fixator to (R) LE intact. Dsg of 4x4 c̄ lrg area sero-sang drainage. Stitches intact. (R) LE has brisk cap refill at DP pulse, warm & dry. Pt reports ⊕ sensation to (R) LE. Lungs CTA, (R) BS x2, Pt A&O x3 — ILT [redacted] AN |
| 0740 | Pt ↑ to bathroom. Lrg BM of soft, formed brown stool — ILT [redacted] AN |
| 26MAY03 1800 | Assumed care of Pt @ 1300. VSS. A&Ox3 ⊘ pain. Dsg c̄ serosanguous drainage dsg removed. site ⊘ s/s of infection, stitches ODI. New Dsg applied pin care done. (R) LE ⊕ mvt, sensation, cap refill >3sec. O/W, Assessment WNL. Will Monitor [redacted] |
| 26MAY03 2300 | Pt care assumed @ 2100. VSS, A&Ox3, no complaints of pain. Dressing c̄ ex fix on LRE CDI. Pt has ⊕ ROM, sensation in LRE. Lung sounds CTA, pulses palpable x4, bowel sounds present x4. Will continue to monitor. SPC [redacted] |

STANDARD [redacted] (REV. 5/1999) BACK

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

| DATE | NOTES |
|---|---|
| 27 May 03 | Assumed care of Pt @ 0500: Pt. alert + oriented times 3. Lungs CTA. (+) BS x4. Pulse palpable + |
| 0515 T97.4 | strong in all extremities. Ex-fix c̄ dsing (R) leg CDI. |
| P82 | Full ROM in all extremities. Denies any discomfort |
| R16 | @ this time — [redacted] 91WM6 — |
| BP110/74 | [redacted] bb-2 |
| SpO2 99% | |
| 27 May 03 1820 | pt. resting throughout shift - dsg Δ done earlier in day - PO abx continue - VSS - (+) 2 pedal pulse in (R) foot - assumed care @ 1800 - [redacted] AW bb-2 |
| 27 May 03 21:00 | Pt. received resting in bed. A+O x3. VS WNL. PERRLA (+) WNL. LCA (R). BS (+) x4. Skin W+D. Sutures to (R) LE intact C+D. Ext. fix. to (R) LE and dsgs CDI. (+) PPP. (+) sensation to (R) LE. Will cont to mon [redacted] DT/AD — |
| 21:45 | Pt. voided lt. [redacted] yellow clear urine 225cc [redacted] AD bb-2 |
| 28 May 03 | Pt sleeping, easily aroused. A+O x3. Ø c/o pain at present. Lungs CTA, (+) BS x4. RLE c̄ external fixator intact. RLE warm + dry, brisk cap refill to toes. Pt reports sensation to all toes. DP pulse ✓. Dsg to RLE CDI — [redacted] INT [redacted] AW bb-2 |
| | 1210 Dsg Δ to (R) LE. Area is approx 1" x ½ in, beefy red except small waxy beige area in lower right corner. Area has small |

| 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. ICW2

[redacted] bb-4

**PROGRESS NOTES**
Medical Record

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

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| | amount of sero-sang drainage. Applied W-D drsg. Patient tolerated well. ——— ILT [redacted] AN |
| 28May03 1400 | Assumed care of Pt @ 1300. VSS, A+Ox3. Denies pain. W-D drsg on (R)LE CDI. Drsg to (R)LE Ex Fix pins CDI. O/W assessment WNL. Will monitor ——— [redacted] |
| 1428 | Pt vital signs taken BP 120/78 P80 T97.8 R14 SpO2 98% ——— SPC [redacted] 91W |
| 2100 | Ext. Fix to (R)LE intact. Drsng to (R)LE CDI. CSMTS (R)LE WNL. HR Reg. Lungs CTA, BS (+)4. Pt denies pain. will continue to monitor. ——— [redacted] |
| 29May03 | 0740 Pt awake, tolerated breakfast. Offer pt. bath, pt refusing, states "too tired" because unable to sleep last night. Pt reports bathing on yesterday. Ø pain @ present, denies inability to sleep was due to pain. (R)LE c fixator & drsg CDI. Lungs CTA (+)BS. Pt reports will receive cast today or tomorrow — ILT [redacted] AN |
| 29May03 1330 | assumed pt care @ 1300. VSS. Airway patent. Assessment WNL. (R)LE, drsing CDI, stitches intact Ø S/Sx of infection (+) pulses x4. Ø complaints voiced @ this time. will cont to monitor ——— [redacted] 91WM |
| 29May03 1932 | Drsing to RLE Δ'd. Stitches in tact, quarter size wound WNL Ø signs of infection noted. Ø complaints voiced @ this time — [redacted] 91WM |
| 29May03 2030 | Pt stable at this time. Ø complaint of pain. VSS. PERRLA lungs clear bilaterally. Abd soft, non-tender. Bowel sounds (+) x4 quad. External fixator pin site c/d/i. Brisk capillary refill and strong pedal pulses to bilat LE ——— [redacted] ILT/AN |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 30 May 03 0300 | Pt voided 300cc Clear yellow urine to urinal. [redacted] b6-2 |
| [redacted] 0445 | Pt stable at this time. Sleeping comfortably. Ø complaints during night. [redacted] |
| 30 May 03 | Assumed care of pt @ 0500. Pt is sleeping quietly. Lungs CTA. Bowel sounds x4 quads. Capillary refill x4 less than 3 sec. Pt has ext. fix. to right leg. Pt has Ø c/o pain or discomfort. [redacted] b6-2 |
| @900 | Pt is now NPO. Pt will be getting ext. fix. removed [redacted] b6-2 |
| 30 May 03 1330 | Pt vitals taken BP 108/62, P 70, R 16, Temp 98.8 [redacted] b6-2 |
| 30 May 03 2010 | Pt. returned from OR to recovery in ECU #2 - VSS - no c/o pain - ex fix on (R) LE replaced c (R) leg cast, groin to ball of foot, pt. can wiggle (R) toes, cap refill <2 seconds in (R) toes - IV patent, saline locked on return from OR - pt. A&Ox3 - tolerating water - (+) BS - b6-2 [redacted] |
| 0200 | AAOx3. Perr.A. Lungs clear bilaterally. Abd soft, nontender, bowel sounds x4 quads. Cast from (R) groin to toes. Brisk cap refill |

| 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. BCW2

[redacted]

EPN

b6-4

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| | Pt able to move toes (R) foot. IV to (R) PC HL. Flushes easily. Ø complaints at this time. To D/C to EPW camp in am [redacted] ILT/ 66-2 |
| 31 May 0430 | Pt stable at this time. To be D/C to EPW camp this am TO receive Care Class/instruction prior to D/C. Ø complaints. [redacted] NTAN 66-2 |
| 31 May 03 1430 | Assumed pt care @ 1300. VSS. Pt awake & alert. lung sounds CTA, abd soft BS(+) x 4 quads. (L) leg c̄ from strong (+) pulse. (R) leg c̄ cast from top of thigh down to 1/2 toes. BUE c̄ from (+) pulses. Ø complaints voiced @ this time. Will cont to monitor [redacted] 9 Wunke 66-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA 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 5, MONTH 6, YR. 03 — TIME 3P

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (Tetanus immunization and other data): Ancef 1gr 1332

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 leg

SEX: M — AGE: 21

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 3P | 1516 | 1545 |
| BP | 121/59 | 121/59 | 117/55 |
| PULSE | 88 | 78 | 67 |
| RESP. | 10 | 12 | 12 |
| TEMP. | 100.1 | | |
| WT. (Child) | SpO2 99% | 96 | 98% 0.5 |

CATEGORY (See reverse)
- EMERGENT
- URGENT
- NON-URGENT 66-2

| ORDERS | INITS. | TIME |
|---|---|---|
| NPO | | |
| X-RAY PA/LAT (R) Leg | | |
| IV R Brief L | | |
| CBC + Type & Scr | | 1515 |
| Tetanus 0.5cc | | 1513 |
| Morphine 5mg | | 1529 |
| Td .5cc IM | | 1530 |

ASSESSMENT/DIAGNOSIS: ① Open fx ⓡ tib GSW

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)

21 y/o ♂ s/p GSW to ⓡ tib thru and approx 0800 HRS

ROS neg ↓ tingling/numbness/cold Abd pain/Back pain

Ancef given @ 13

F

12.2/ 12.5 41.5

O: AAO x 4 in mild distress. VSS

HEENT: OP/NS clear/moist non PD

eyes clear

Chest CTA(B)

CV: RRR

Abd: Flat, soft NT

Ext: ⊕ open wound prox aspect tib 8×3 cm

c̄ exposed bone

M/V intact distally

⊕2 dorsal pedis pulses (B)

XR

⊕ fx prox tib

c̄ shortened

ED Course: Open tib fx s/p GSW

→ Admit

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 S[redacted])

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).

SIGNATURE OF PROVIDER A[redacted] 66-2

INSTRUCTIONS TO PATIE[redacted]ed, any limitations and follow-up plans)

H[redacted] EPW

[redacted] 66-4

EMERGENCY CARE AND TREATMENT

MEDCOM - 8940

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 5-30-01 | D/C Note |

Iraqi ♂ who sustained open (L) TIB/FX.
Treated: Ex fix until wound healed. Ex fix removed today & Long leg cast applied. Pt should have follow up xrays in 3 weeks. Pt can ambulate if crutches are given [redacted] b6-2

| 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. TBW2

EPW

[redacted] b6-4

PROGRESS NOTES
Medical Record

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

MEDICAL RECORD

# PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.

1. AGE: 21

HEIGHT:

WEIGHT: Unknown

2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodine, Tape, Medication)
☑ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD
REACTION:

3. PREVIOUS SURGERY [ ] NO [✓] YES (type):
See H+P

4. PROPOSED SURGICAL PROCEDURE:
(R) Ef-Fix T.6/Fib Fx

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

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>___ Potential for anxiety related to:<br>___ 1) Surgical Procedure & Operating Room Environment<br>___ 2) ~~Separation Anxiety (Child)~~<br>___ 3) Surgical Outcomes | o Pt. verbalizes any specific anxiety.<br>o Pt. Exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures. (e.g.. warm blanket, touch).<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>___ Potential for respiratory dysfunction due to:<br>___ 1) Positioning<br>___ 2) Effects of Anesthesia<br>___ 3) Medical/Smoking History | o Pt. will be able to breathe without difficulty during immediate intraoperative phase . | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress.<br>o Assist anesthesia during intubation ~~and extu~~bation. |
| C. INTEGUMENT<br>___ Potential impairment of skin integrity due to:<br>___ 1) Intraoperative Immobility<br>___ 2) ESU Pad Placement<br>___ 3) Positional Aids<br>___ 4) ~~Prosthesis~~<br>___ 5) Pooling of Prep Solutions | o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas). | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o Keep prep fluids from pooling. |

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

EPW [redacted] 66-4

VERIFICATIONS AT HOLDING AREA:
✓ ID/Allergy Band ✓ Dentures Removed
✓ H & P unknown ✓ Contacts Removed
✓ NPO Since ___ ✓ Jewelry Removed
! ~~UHCG/LMP~~ ✓ ! Body Pierce Removed
✓ Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by (R) T.6 Pn
P.A./Anesthesia/Surgeon
! Contact Precautions (Y) (N)
! Family/Friend: none

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

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

_____ DATE

11. POSTOPERATIVE EVALUATION:
LEVEL OF CONSCIOUSNESS: ☐ A&O ☒ Drowsy ☐ Sleepy ☐ Intubated
LEVEL OF ACTIVITY: ☒ Moves All Extremities ☐ Moves Upper Extremities ☐ Transferred to litter with roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y) (N)
BREATHING EASY: (Y) (N)

12. PREOPERAT[redacted]EPARED BY (Signature and Ti[redacted] PT/A
DATE: 16 May 03 TIME: [redacted] 1120

13. POSTOPERATIVE [redacted] BY (Signature and Title) [redacted] OPR/A
DATE: 16 May 03 TIME: 1805

REVERSE OF FORM 5179, JUN 91 MEDCOM - 8943 USAPA V1.0

66-2

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 21<br>HEIGHT: } unknown<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): unknown |

4. PROPOSED SURGICAL PROCEDURE:

I & D

5. ADDITIONAL INFORMATION:

Ex Fix present RLE

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

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

[redacted] b6-4

[redacted]

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.01

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

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

[redacted] 18May03 DATE

11. POSTOPERATIVE EVALUATION:

66-2

Pt s s/s of distress. Dovie pad site clear pre & post-op

12. PREOPERTIVE EVALUATION PREPARED BY

[redacted]

DATE: 18May03 TIME: 1145 66-2

13. PREOPERTIVE EVALUATION PREPARED

[redacted] RN

DATE: 18May03 TIME:

REVERSE OF DA FORM 5179, JUN 91

USAPA V1.01

MEDICAL RECORD

# PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.

1. AGE: 21

HEIGHT:

WEIGHT: 65 kg

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)
☑ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD
REACTION:

3. PREVIOUS SURGERY [ ] NO [X] YES (type):
See Hx

4. PROPOSED SURGICAL PROCEDURE:
Ex. Fix Removal

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition WNL (R) leg c̄ multiple wounds
Tobacco ∅ ppd X___ yrs. Body Piercing ∅ Diabetes (Y) (N) ROM ↓ (R) leg ASA/Motrin w/72 hrs (Y) (N)
ETOH ___ Implants ∅ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures ∅ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to:<br>___ 1) Surgical Procedure & Operating Room Environment<br>___ 2) ~~Separation Anxiety (Child)~~ ↓<br>___ 3) Surgical Outcomes | o Pt. verbalizes any specific anxiety.<br>o ~~Pt.~~ Exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures. (e.g., warm blanket, touch).<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to:<br>___ 1) Positioning<br>___ 2) Effects of Anesthesia<br>___ 3) Medical/Smoking History | o Pt. will be able to breathe without difficulty during immediate intraoperative phase . | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress.<br>o Assist anesthesia during intubation and extubation. |
| C. INTEGUMENT<br>✓ Potential impairment of skin integrity due to:<br>___ 1) Intraoperative Immobility<br>___ 2) ESU Pad Placement<br>___ 3) Positional Aids<br>___ 4) Prosthesis<br>___ 5) Pooling of Prep Solutions | o Pt. ~~will not~~ exhibit signs of impairment of skin integrity (e.g., reddened areas). | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o Keep prep fluids from pooling. |

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

EPW [redacted] bb-4

VERIFICATIONS AT HOLDING AREA:
[redacted] Allergy Band [redacted] res Removed
[redacted] & P [redacted] cts Removed
! NPO Since [redacted] elry Removed
! ~~LHCG/LMP~~ ↓ [redacted] dy Pierce Removed
[redacted] nt/Blood Transfusion
[redacted] Witnessed/Dated
! Surgical Site/Consent verified by (R) leg
Pt./Anesthesia/Surgeon
! Contact Precautions (Y) (N)
! Family/Friend: ___

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

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

10. OR NURSING [redacted] TE D/ADDITIONAL INTRAOPERATIVE INTERVENTION S NOTED.

[redacted] CPT/A bb-2 30 May 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☑ N/A DRESSING DRY & INTACT: (Y)(N)

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

LEVEL OF ACTIVITY: ☐ Moves All Extremities ☐ Moves Upper Extremities

[redacted] leg ☐ Transferred to liter with roller due to spinal

12. [redacted] (Signature and T[redacted] 13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Ti[redacted] CPT/A

DATE: 30 May 03 TIME: 1520 bb-2 DATE: 30 May 03 TIME: 1730 bb-2

**MEDICAL RECORD** | **INTRAOPER[illegible]E DOCUMENT**

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: Litter BY Anesthesia (LTC Gyllinfuson)

2. PATIENT I[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT b6-2

3. DATE 16 May 03 TIME PATIENT ARRIVED IN SUITE 1610

4. PATIENT IN ROOM TIME 1610 NUMBER 1-7

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Pt awake, voiced no complaints

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted], ORT b6-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] An | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt transferred to OR table, anatomically aligned for surgical procedure

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO

DONE BY: ☒ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☒ RAZOR [redacted] b6-2 CPT

☐ CLIP

COMMENTS: ∅ nicks or cuts noted

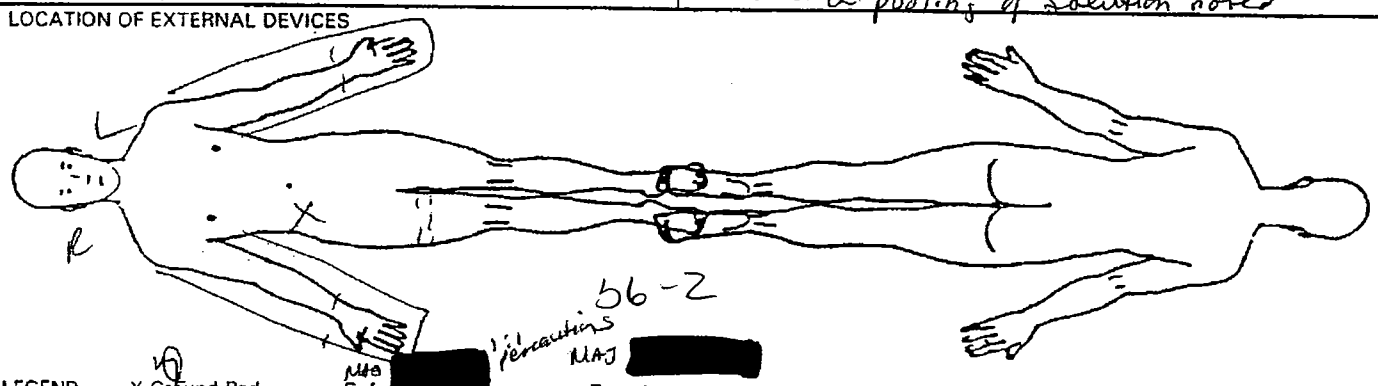
PREP SOLUTION (Specify) Betadine/Betadine b6-2

SITE (R) T.6/Feb BY WHOM: CPT [redacted], An

SITE: BY WHOM:

COMMENTS: ∅ pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES




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

10. COUNTS

C = Correct I = Incorrect

Initial: CPT [redacted] / PFC [redacted]

| | | | Initial Other | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | C | C | C | SPC [redacted] b6-2 | |
| Needle Sharp | ☒ Yes | ☐ No | C | C | C | | CPT [redacted] An |
| 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;)

EPW [redacted] b6-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO 30/30

☒ ESU NO: #1

GROUND PAD: BRAND 3M

LOT NO: 2005-10 OT

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

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

Huffman II
CM - 5029-8-830 - x1 4920-2-140 x2
5018-5-150 - x4 4920-2-020 x2
4920-1-010 x2

14. MEDICATIONS/ORDERS

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

| MEDICATIONS.SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9-1. NAC

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

PHYSICIAN'S SIGNATURE [redacted] b6-2

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE (R) Tib/Fib

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs Ex-Fix
Kerlix
ACE
ABD

19. ADDITIONAL INFORMATION

Surgeons Anesthesia
[redacted] [redacted], LTC
b6-2

20. OPERATION(S) PERFORMED

Ex-Fix + I+D (R) Tib/Fib Fx

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICU-2 b6-2 | 1805 | litter c O2 |

22. REGISTERED [redacted] CPT/A

REVERSE OF DA FORM 5179-1, OCT USAPA V1.0

MEDCOM - 8949

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General. b6-2

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: Litter BY Anesthesia Staff
2. PATIENT IDENTIFIED AND REVIEWED AND PROCEDURE VERIFIED BY [redacted] Maj IAN
3. DATE 18 May 03 TIME PATIENT ARRIVED IN SUITE 1135
4. PATIENT IN ROOM TIME 1135 NUMBER OR #2

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: NPO p MN, NKDA.

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] b6-2 | RELIEF SCRUB | PFC [redacted] b6-2 |
| ASSIGNED CIRCULATOR | MAJ [redacted] ILT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt. in supine position on padded OR table BUE on padded armboards <90°

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

COMMENTS: Normal anatomic body alignment maintained.

**8. SKIN PREPARATION**

HAIR REMOVAL [ ] YES [X] NO

DONE BY: [ ] OR [ ] NURSING UNIT

METHOD: [ ] DEPILATORY [ ] RAZOR [ ] CLIP

COMMENTS: N/A

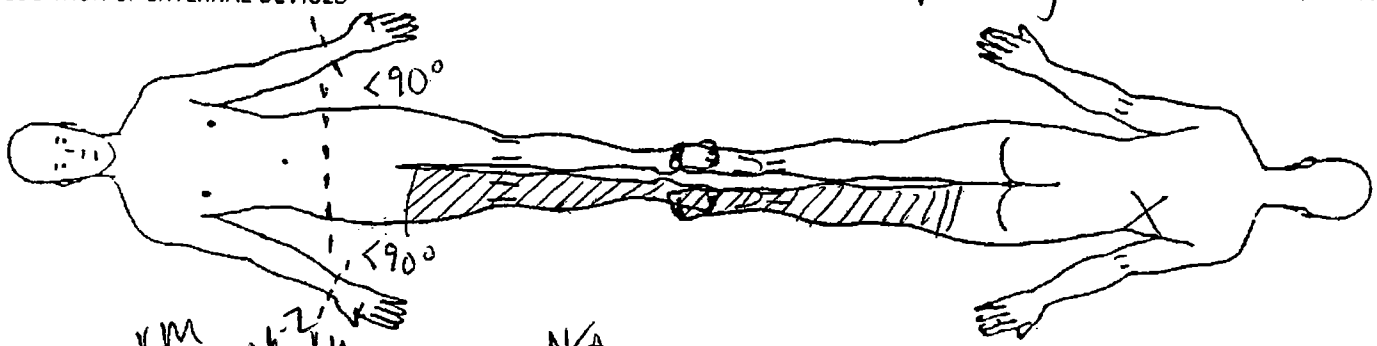
PREP SOLUTION (Specify) Betadine/Betadine b6-2

SITE: RLE BY WHOM:

SITE: Circumferentially BY WHOM: ILT [redacted]

COMMENTS: No pooling or reaction noted

**9. LOCATION OF EXTERNAL DEVICES**




LEGEND [redacted] Pad KM b6-2 LM -- Safety Strap N/A = = = Tourniquet

Initial: SPC [redacted] ILT

**10. COUNTS**

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | [X] Yes | [ ] No | / | C | C | PFC [redacted] | ILT [redacted] |
| Needle Sharp | [X] Yes | [ ] No | / | / | / | | |
| Instrument | [ ] Yes | [X] No | / | / | / | | |
| Other | [ ] Yes | [X] No | / | / | / | | |

b6-2

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

EPW [redacted] b6-4

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

[X] ESU NO: #4 Cut 30 Coag 30

GROUND PAD: BRAND 3M

LOT NO: 2005-10 OT

[ ] ESU NO:

GROUND PAD: BRAND

LOT NO:

[ ] BIPOLAR NO:

MEDICAL RECORD

# INTRAOPER[illegible]VE DOCUMENT

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: Litter BY Anesthesia

2. PATIENT IDE[redacted]ED AND PROCEDURE VERIFIED BY [redacted] CPT/A

3. DATE 31 May 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER b6-2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted], ORT b6-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CP[redacted]n | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt transferred to OR table anatomically aligned for surgical procedure & towel under head (B) arms on pads & arm boards less 90°

☒ 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:

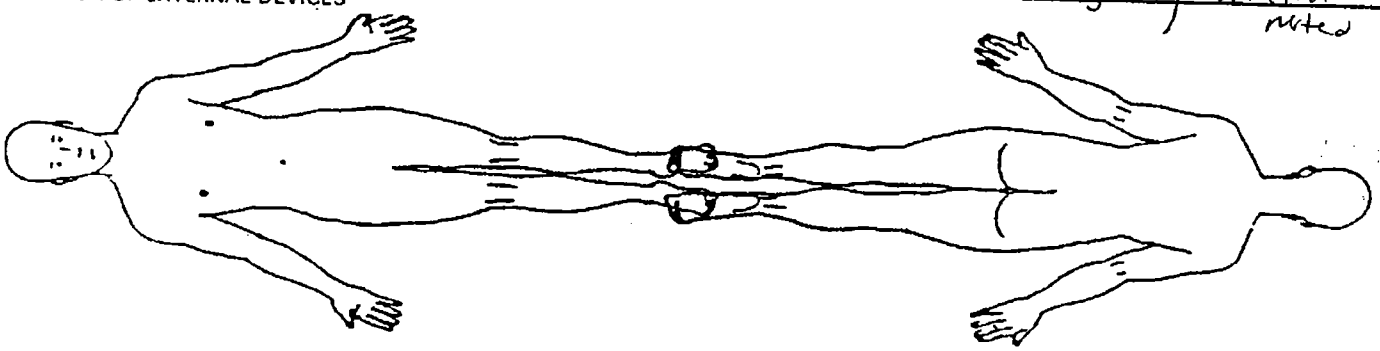
PREP SOLUTION (Specify) Betta/Betta

SITE: (R) leg BY WHOM:

SITE: BY WHOM: Dr. [redacted]

COMMENTS: Q pooling of solution noted

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;)

EPW [redacted] b6-4

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

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

| MEDICATIONS.SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - Q.S.

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

PHYSICIAN'S SIGNATURE [redacted] b6-2

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. Penrose 5/8" | 2. | 3. |
| SITE | 1. RLE | 2. | 3. |

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

19. ADDITIONAL INFORMATION
Surgeon: Dr. [redacted] b6-2
Anesthesia: LTC [redacted] CPT [redacted]

DA 5179 initiated

20. OPERATION(S) PERFORMED
I&D RLE

21. PATIENT TRANSFERRED TO ICU 2 TIME See DA 7389 METHOD Litter c̄ O2

22. REGIS[redacted] Maj/AN

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

[redacted] Maj/AN b6-2 May 03

MEDCOM - 8952

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

14. MEDICATIONS/ORDERS

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

| MEDICATIONS.SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted] b6-2

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
CAST
Fluffs
Xeroform

19. ADDITIONAL INFORMATION
Surgeon
[redacted]
b6-2
Anesthesia
[redacted]

20. OPERATION(S) PERFORMED
Removal Ex. Fix + placement of Cast

21. PATIENT TRANSFERRED TO RR TIME 1746 METHOD litter

22. REGISTERED [redacted] CPSA
b6-2

REVERSE OF DA FORM 5179-1, OCT USAPA V1.01

MEDCOM - 8953

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST-OP DAY

MONTH-YEAR May 2003

DAY / HOUR

PULSE (O) — TEMP. F (•) — TEMP. C (Centigrade Equivalents, for Reference only)

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

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICW2

EPW [redacted] bb-4

STANDARD FORM 511 (REV. 7-95) BACK

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR MAY 2003 | DAY | HOUR

PULSE (O) | TEMP. F (•)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

TEMP. C: 40.6° 40.0° 39.4° 38.9° 38.3° 37.8° 37.2° 37.0° 36.7° 36.1° 35.6° 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

SpO2

HEIGHT: WEIGHT

Record special data only when so ordered

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

REGISTER NO.

WARD NO. HW2

T-4 EPW [redacted] b6-4

**VITAL SIGNS RECORDS**

Medical Record

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

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY | HOUR

May 19 2003 | 29 | 30 May 31

PULSE (O) | TEMP. F (°)

105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C (Centigrade Equivalents, for Reference only)

40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

RESPIRATION RECORD RR 16 | 18 | 16 | 12 | 14

BLOOD PRESSURE 114/64 | 120/70 | 114/60 | 120/70

HEIGHT: | WEIGHT → 98 | 98 | 95%

Record special data only when so ordered

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

REGISTER NO.

~~WARD~~ NO. ICW2

EPW #[redacted] 66-4

**VITAL SIGNS RECORDS**

Medical Record

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

LTTD1 C Y DO NOT TA E MAKE COPIES

| Ward/Section: EM 7 | REQUESTING PHYSICIAN: Dr [redacted] b6-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | |
|---|---|---|---|
| LAST, FIRST, MI. E P W | DATE 16 May | TIME 1505 | SSN/PSEUDO SSN: [redacted] b6-4 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | 12.5 | 4.8-10.8 x $10^3$ |
| RBC | 4.64 | 4.7-6.1 x $10^9$ |
| Hgb | 12.7 | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | 41.5 | 42-52% (M) 37-47% (F) |
| MCV | 89.4 | 80-94 fl (M) 81-99 fl (F) |
| Plt | 281 | 130-500 x $10^3$ verified |
| Lymph % | 10.7 | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |

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

**Urinalysis**

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

**Cell Count**

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

**Coagulation Studies**

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

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| ABO/Rh | |
|---|---|

**Blood Transfusion**

MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Micro Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

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

**Microscopic Urinalysis**

REMARKS:

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

bHS C DO NOT TA

| Ward/Section: ENT | REQUESTING PHYSICIAN: May [redacted] b6-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: # [redacted] b6-4 | DATE: 17 May 03 / TIME: 1823 | SSN/PSEUDO SSN: # [redacted] b6-4 |

[redacted]

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|---|---|---|---|---|---|---|---|---|
| WBC | 9.3 | 4.8-10.8 x $10^3$ | Color | | N/A | RPR | | Negative |
| RBC | 4.03 | 4.7-6.1 x $10^9$ | App | | N/A | Mono | | Negative |
| Hgb | 9.4 | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | [redacted] | | |
| Hct | 32.2 | 42-52% (M) 37-47% (F) | Bili | | Negative | Source | | |
| MCV | 80.0 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | 385 | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | 30.1 | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| [redacted] | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | [redacted] | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | [redacted] | | | | | |
| Sed Rate | 32 | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

[redacted]

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

REMARKS:

REPORTED BY: b6-2 [redacted] DATE: 17 May 03 LAB ID NO.:

IE
NKA

# MEDICAL RECORD - ANESTHESIA

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

## ANESTHETIC AGENTS AND DRUGS

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

| DRUG (Units) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Versed (mg) | (5) | | | | | | |
| Fent (cc) | 2 | 2 | 1 | | | | |
| Props (mg) | 100 | | | | | | |
| Sux (mg) | 80 | | | | | | |
| ... (mg) | | | 0.125 | QT ... 0.3 | ... | | |
| MSO4 (mg) | | | | 2 2 | 2 | | |
| VOLAT. AGENT ... % del | 1 | 1.5 | 1.5 | 1.5 | 1.0 | | |
| % e.t. | | | | | | | |
| AIR L/Min | | | | | | | |
| N2O L/Min | | | | | | | |
| O2 L/Min | 6 | 2 | 2 | 2 | 2 | 6 | 6 |

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

TOTALS | TOTAL EBL: 100 | TOTAL URINE: ∅

FLUIDS SUMMARY
CRYSTALLOID- 1100 LR
COLLOID- ∅
BLOOD- ∅

## FLUIDS

| LINE site | | | | | | | |
|---|---|---|---|---|---|---|---|
| Rt 18 ☐ Warmed | 600 | 700 | 750 | 800 | 1000 | 1100 | |
| ☐ Warmed | | | | | | | |
| ☐ Warmed | | | | | | | |
| ☐ Warmed | | | | | | | |

## LOSSES

EST BLOOD LOSS
URINE -

REMARKS
*Code drugs with numbers, events with letters*

Preop in RMT
OR c MP ... 
RSI position
prep/drape
1730 XRAY

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

BODY WEIGHT: 65 (KG)

HEMATOCRIT: 41

INITIAL DATA:
BP- 110/55
HR- 92

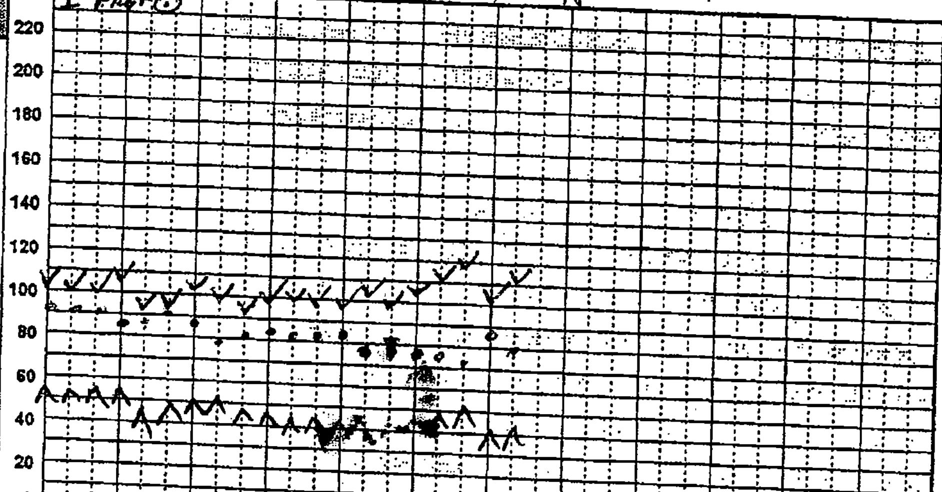
EQUIP CHECK
OK?- (Y) N

PATIENT
OK for PROCEDURE: Yes
TIME- 1610

TIME → 1615 30 X 1700 X 30 X 1800

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

I PREP ①



RLE Tour 300 mm
↑ c ___
↓ c ___
___ min TT.

## VENTIL.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| VT - ml | 900 | 840 | 710 | 500 | 500 | | |
| f - breaths/min | 8 | 7 | 7 | 6 | 6 | 14 | 16 |
| Peak inf pres / PEEP | 17 | 14 | 16 | 13 | 13 | | |
| MODE - S(pon), A(ssist), C(on) | C | C | C | C | C | S | S |

## MONITORS/ACCESSORIES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| X BP/Auto Cuff | X ET CO2 (torr) | 33 | 31 | 31 | 37 | 40 | | |
| BP/oth | X FIO2 (Frac or %) | .9 | .84 | .87 | .87 | 0.80 | .8 | |
| ART line | X SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | X ECG | SR | SR | SR | SR | SR | SR | |
| Gas analyzer | X TEMP-site S | 98 | 99 | 98 | 98 | 99 | 99 | |
| | X N-M Block (T/4) | 4 0 | 4 | + TRT | ∅ ... | | | |
| Warming blkt | | | | | | | | |
| Conv warmer | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS*

EVENTS
Position → supine

RECOVERY AT: 1800
PACU (100) ... (Spec)
OTHER
CONDITION: stable
RESP- 16 SpO2- 99%
BP- 97/... HR- 92

ANESTHESIA PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1600 | 1610 | 1805 |

| | Ready | Begin | End |
|---|---|---|---|
| PROC | 1615 | 1627 | 1753 |

PROCEDURES and CPT Codes:
I:D open ® Tib Fx c ext fix placement

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GA RSI 4mac #8 ETT ... BS=B eyes taped 6.3 ...

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
OLT to ...

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
LAW
# [redacted]

b6-4

SURGEONS: b6-2
[redacted] AST [redacted]

ANESTHETISTS: LTC/ [redacted]
CPT / AN CRNA

PROCEDURE LOCATION: OR 1
DATE: 16 MAY 03

MEDCOM - 8959 203-50-8384

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## ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 21 DAYS MOS (YRS) Sex (✓) MALE ( ) FEMALE

PROPOSED PROCEDURE: _____
SURGICAL SERVICE: _____
NPO SINCE: Stated liquids not eaten in 2 days

ASA Physical State (1) 2 3 4 5 (E)
WT: 65 (KG/LB) HT: 170 IN/cm
ALLERGIES: NKDA

**HABITS:**
TOBACCO: Ø
ETOH: Ø
DRUGS: Ø

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

() Ancef 1gm IVPB @
() MSO4 1529 1300
( )
( )
( )
( )

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

**LABORATORY STUDIES:**
HB/HCT: 12.2 / 41.5
U/A: _____
OTHER: _____

T&S 1515

**PREOPERATIVE**

**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

| | | | |
|---|---|---|---|
| **Cardiovascular:** | | | |
| Hypertension | N | Y | |
| Angina | N | Y | |
| MI | N | Y | |
| CVA | N | Y | |
| Other | N | Y | |
| **Pulmonary System:** | | | |
| Asthma | N | Y | |
| Bronchitis/URI | N | Y | |
| COPD | N | Y | |
| Other | N | Y | |
| **Renal System:** | | | |
| Acute/Chronic RF | N | Y | |
| **Gastrointestinal:** | | | |
| Hepatitis | N | Y | |
| Hiatal Hernia | N | Y | |
| PUD/GERD | N | Y | |
| **Endocrine System:** | | | |
| Diabetes | N | Y | |
| Steriods | N | Y | |
| Thyroid | N | Y | |
| **Neurological:** | | | |
| Seizures | N | Y | |
| Neuropathy | N | Y | |
| Other | N | Y | |
| **Gynecological :** | | | |
| Pregnancy | N | Y | N/A |
| **Other Significant Hx:** | N | Y | 1800 Shot in the lower extremity |
| | N | Y | |
| **Familial HX** | N | Y | |

**ASSESSMENT**
PAST SURGICAL/ANESTHETIC
Ø

**PHYSICAL EXAMINATION**
BP 117/60 HR 67 R 12 T 100.1
Pain Scale 0-10 _____
HEENT - Teeth intact
Trachea midline
TMJ/Neck FROM
Oropharnyx MP2
Nares patent
CHEST: CTA B
CARDIAC: RRR (-) m
EXTREMITIES:
IV Access: 18G (R) A
Ulnar Filling: _____
BACK: _____
OTHER: _____

NPO Since _____

ANESTHETIC PLAN: { } LOCAL { } MAC (✓) Regional (Specify): SAB (✓) General: Mask Intubation

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

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: [redacted] CRNA/CRT Date: 5-16-03 Time: 1609 Hrs

b6-2

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

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

EPW # [redacted]

b6-4

**SEDATION KEY:**

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

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

MEDCOM - 8960

Previous edition is obsolete
☆ U.S. GPO: 2002-729-283

# MEDICAL RECORD - ANESTHE

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

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

| DRUG | (Units) | 12 | x | 30 | x | 13 | x | 30 | x | 14 |
|---|---|---|---|---|---|---|---|---|---|---|
| Versed | (mg) | 3 | | | | | | | | |
| Fent | (cc) | 2 | | .5.5 | 1 | | | | | |
| Lido/Prop | (mg) | 20/150 | | | | | | | | |
| Sux | (mg) | 80 | | | | | | | | |
| REG Lino | (mg) | 10 | | | | | | | | |
| | ( ) | | | | | | | | | |
| VOLAT AGENT | Fam % del | X2 | 1.5 | 1 | 1.5 | .8 | Ø | | | |
| | % e.t. | | | | | | | | | |
| AIR | L/Min | | | | | | | | | |
| N2O | L/Min | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | 6 | | | | |

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

**FLUIDS**

| LINE site RA 18 ga | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Warmed | 300 | 500 | 600 | 800 | | | | | | |
| ☐ Warmed | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | |

**LOSSES**

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

**TOTALS**

TOTAL EBL: Min.

TOTAL URINE: Ø

**FLUIDS - SUMMARY**

CRYSTALLOID- LR=800cc

COLLOID- Ø

BLOOD- Ø

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

**BODY WEIGHT** 65 KG LB

**HEMATOCRIT**

**INITIAL DATA**

BP- 110/52

HR- 100

**EQUIP CHECK**

OK?- Y N

**PATIENT**

OK for PROCEDURE ✓

TIME- 1130

**TIME** 1130 12 x 30 x 13 x 30 x 14

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

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | | |
|---|---|---|---|---|---|
| VT - ml | 740 | 650 | 650 | >700 | |
| f - breaths/min | 8 | 7 | 7 | 14 | 14 |
| Peak inf pres / PEEP | 14 | 14 | 14 | — | |
| MODE - S(pon), A(ssist), C(on) | C | C | C | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 46 | 44 | 40 | 47 | — |
| BP/oth | ✓ FIO2 (Frac or %) | .9 | .8 | .8 | .8 | RA |
| ART line | ✓ SpO2 (%) | 100 | 100 | 100 | 100 | 99 |
| Steth- PC/ES | ✓ ECG | ST | ST | SR | SR | SR |
| Gas analyzer | ✓ TEMP-site S | 98 | 98 | 98 | 99 | |
| | ✓ N-M Block (T/4) | 4 | 0 | 4 | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position → Arms ∠90° Head/Neck Neutral

**REMARKS** Code drugs with numbers, events with letters

Pmpo NPO 4hrs to OR 18g RAC RSI c̄ cricoid pressure/pmy/hypo

1225 Report received & assumed cares — Gabelmeier CRNA

1235 Resp eval/reg. Airway reflex intact. OGT suc el d/cd. oral sxn el Extubated c̄ ⊕ pressure. Spont respirations ensue.

1240 to ICU 1 for recovery. Report to Nursing staff. VSS.

**RECOVERY AT** 1240

PACU ICU 1 ____ Spec

OTHER Te 98.9

CONDITION: Stable RA

RESP-16 SpO2-100%

BP-115/63 HR-76

**ANESTHESIA/PROCEDURE TIMES**

| | Start | Room | En |
|---|---|---|---|
| ANES | 1120 | 1135 | 1255 |
| PROC | Ready | Begin | En |
| | 1145 | 1155 | 1235 |

PROCEDURES and CPT Codes:

Repair Tibial Wound without c̄ DPC REE wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GA RSI cricoid gd I min 8.0 ETT 3 mAc + RT Lor-TS = Δ GBD eyes taped

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

OGT for Gastric

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

FPW [redacted] ICW #2

b6-4

SURGEONS: [redacted] b6-2

ANESTHETISTS: [redacted] LT-CPT / AN CRNA

PROCEDURE LOCATION: OR 2

DATE: 18 MAY 03

MEDCOM - 8961 8384 [redacted]

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**ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)**

Age 21 DAYS MOS YRS  Sex ( ) MALE ( ) FEMALE

PROPOSED PROCEDURE: I&D [redacted] LE
SURGICAL SERVICE: [redacted] b6-2
NPO SINCE: 0800 - [redacted] breakfast

ASA Physical State 1 2 3 4 5 E
WT: 100 KG/LB HT: 170 cm
ALLERGIES: NKDA

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

**CURRENT MEDICATIONS:**
( ) = ordered as premed
( ) Ancef 1g q8hr LD 0800
( )
( )
( )
( )
( )

**PREMEDICATIONS:**
None Yes (●) ____ Hrs) /CC
____ mg IV IM PO
____ mg IV IM PO
____ mg IV IM PO

**LABORATORY STUDIES:**
HB/HCT: ____/____
U/A:
OTHER:
[redacted]
17MAY: 9.4 / 9.3 / 32.2 / 385
16MAY 12.5 / 12.7 / 41.5 / 281

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

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

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

Renal System:
Acute/Chronic RF N Y

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

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

Neurological:
Seizures N Y
Neuropathy N Y
Other N Y

Gynecological :
Pregnancy N/A

Other Significant Hx: N Y s/p open tib/fib fx w/ CSW.
N Y
Familial HX N Y

**ASSESSMENT**
PAST SURGICAL/ANESTHETIC
I&D 75x Fx (R) tibia (16MAY)
GETA

**PHYSICAL EXAMINATION** 5'2
BP 114/70 HR 78 R 14 T 99.8
Pain Scale 0-10
HEENT - Teeth Intact
Trachea Midline
TMJ/Neck FROM
Oropharynx MP II
Nares
CHEST: CTA (B)
CARDIAC: S S2 RRR
EXTREMITIES:
IV Access: 18g AL (R) arm.
Ulnar Filling:
BACK:
OTHER:

NPO Since breakfast 0800

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

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

The patient/legal [redacted] understand and agrees. Questions answered.
b6-2 Signed: [redacted] JA — O.K  Date: 18 MAY 03  Time: 1128 Hrs

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

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

EPW [redacted] ICW 2
b6-4

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

# MEDICAL RECORD — ANESTHESIA

| DRUG | Units | |
|---|---|---|
| Versed | mg | 2+2 |
| Fent | (cc) | 2+2 |
| Lido | ( ) | |
| Propofol | ( ) | 2 1+1 |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT | % del | |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 8L/min → |

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML. "I" = CONSTANT INFUSION

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

| TOTALS | |
|---|---|
| 4mg | 6 |
| 4cc | |
| 40mg | 6 |

FLUIDS – SUMMARY
CRYSTALLOID – 500ml LR
COLLOID – 4
BLOOD – 6

REMARKS – Code drugs with numbers with letters

FLUIDS
LINE site 18g (L) ☐ Warmed
☐ Warmed
☐ Warmed
☐ Warmed

LOSSES — EST BLOOD LOSS
URINE –

PHYS STATUS: (1) 2 3 4 5 E

BODY WEIGHT: 65 KG LB

HEMATOCRIT:

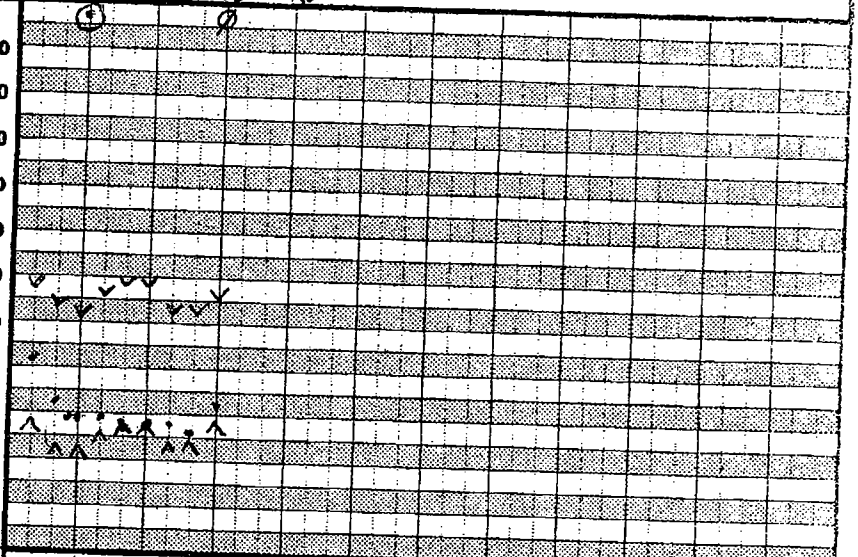
INITIAL DATA: BP – 118/56 HR – 84

SIGN CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? Y 9 TIME – 1650

TIME → 1700 15 30 45 1800

SYMBOLS: BP by cuff V ^ ; Heart rate ● ; Resp rate ; BP (transduced) ; TOURNIQUET T – ✗ ; ANES – X-X ; PROC – ⊙ – Ø




| | | |
|---|---|---|
| | VT – ml | |
| | f – breaths/min | 12 12 12 |
| | Peak inf pres / PEEP | |
| | MODE – S(pon), A(ssist), C(on) | S S S |
| BP/Auto Cuff | ET CO2 (torr) | |
| BP / oth | FIO2 (Frac or %) | >.21 >.21 >.21 |
| ART line | SpO2 (%) | 100 100 100 |
| Steth- PC/ES | ECG | SR SB SB |
| Gas analyzer | TEMP- site | Nasal → |
| | N-M Block (T/4) | |
| Warming blkt | | |
| Conv warmer | | |

Mark with letters & symbols, explain under REMARKS

EVENTS
Position → Lt Supine

RECOVERY AT 1745
PACU ICU 2
OTHER
CONDITION: A/O x3, pain-5/10
RESP – 16 SpO2 – 100
BP – 107/4 HR – 56

| | Start | Room | |
|---|---|---|---|
| ANES | 1655 | 1705 | 1750 |
| PROC | Ready | Begin | |
| | 1706 | 1707 | 1745 |

PROCEDURES and CPT Codes
Removal Ex-Fix Rt tibia & casting

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
MAC

AIRWAY MANAGEMENT: Intubation route, blade, techniques, comments
Natural.

PATIENT IDENTIFICATION – Typed or written entries: Name, Grade/Rate, Medical facility
EPW # [redacted] ICW 2
b6-4

SURGEONS: D – [redacted] b6-2
ANESTHETISTS: MAJ [redacted] N2

PROCEDURE LOCATION
DATE 30 May 03
PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA
WAMC OP 376 REVISED 1 Jan 99
PATIENT RECORD
MEDCOM - 8963
U.S. GPO: 2002-72[illegible]

## ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 21 DAYS MOS YRS  Sex (x) MALE ( ) FEMALE

PROPOSED PROCEDURE: Remove Frx (R) tib + place cast
SURGICAL SERVICE: [redacted]
NPO SINCE: 0730 [redacted] b6-2

ASA Physical State 1 2 3 4 5 E
WT: 65 KG/LB HT: 170 cm IN
ALLERGIES: NKDA

**HABITS:**
TOBACCO: Ø
ETOH:
DRUGS:

**CURRENT MEDICATIONS:**
( ) = ordered as prained
( ) Keflex 500mg PO QID
( )
( )
( )
( )
( )

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

**LABORATORY STUDIES:**
HB/HCT: ____/____
U/A:
OTHER:
10 MAY 03
12.5 / 12.7 / 41.5 / 281

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

Cardiovascular:
Hypertension N Y
Angina N Y
MI N Y
CVA N Y
Other N Y
Pulmonary System:
Asthma N Y
Bronchitis/URI N Y
COPD N Y
Other N Y
Renal System:
Acute/Chronic RF N Y
Gastrointestinal:
Hepatitis N Y
Hiatal Hernia N Y
PUD/GERD N Y
Endocrine System:
Diabetes N Y
Steriods N Y
Thyroid N Y
Neurological:
Seizures N Y
Neuropathy N Y
Other N Y
Gynecological:
Pregnancy N Y N/A
Other Significant Hx:
N Y Open tib/fib fx @ leg
N Y SP GSW 5/10/03
Familial HX N Y

**ASSESSMENT**
PAST SURGICAL/ANESTHETIC
I&D / ORIF (R) tibia 16 MAY
(R) tibia washout 18 MAY
both GETA Ø complic

**PHYSICAL EXAMINATION**
BP 110/60 HR 72 R 16 T 98.6 98.2
Pain Scale 0-10
HEENT - Teeth Intact
Trachea Midline
TMJ/Neck FROM
Oropharnyx MP 2
Nares Patent
CHEST: CTA
CARDIAC: S1 S2 RRR
EXTREMITIES:
IV Access:
Ulnar Filling:
BACK:
OTHER:

NPO Since 0730 + breakfast

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): IV sedation & GAB/LA
{ } General: Mask Intubation

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

The patient/legal guardian seems to understand and agrees. Questions answered.
b6-2 Signed: [redacted] CRNA Date: 30 MAY 03 Time: 1430 Hrs

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

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

EKW # [redacted] b6-4 KW 2
[redacted]

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

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



Previous edition is obsolete
☆U.S. GPO: 2002-729-283

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

EPW [redacted] b6-4

NURSING UNIT: ICW | ROOM NO.: #2 | BED NO.:

DATE OF ORDER: 5-16-03 | TIME OF ORDER: 1600 HOURS | LIST TIME ORDER NOTED AND SIGN

- Admit ICW-2
- NPO
- ~~KC @ 100c/hr~~
- 5-16-03 1800
- Stat Lab
- Routine vitals
- Ambulate c crutches TTWB (PT)

PATIENT IDENTIFICATION

EPW [redacted] b6-4

NURSING UNIT: ICW | ROOM NO.: #2 | BED NO.: 24°V/S

DATE OF ORDER: | TIME OF ORDER: | HOURS

- Heparin IV
- Ancef 1gm IVPB q8°
- Demerol 50-75 mg IV q 4° prn [redacted] b6-2
- Tylox 1 p.o. q 4° prn pain
- Phenergan 25 mg IV q6° prn nausea
- Regular Diet

PATIENT IDENTIFICATION

[redacted] b6-2

DATE OF ORDER: 5/18/03 | TIME OF ORDER: 0900 HOURS

NPO now

V.O. Dr. [redacted] LCTAN b6-2

5-18-03 0830

Resume all preop orders

Regular Diet

Daily Dressing & R&E [redacted] b6-2

NURSING UNIT: 24°V/S | ROOM NO.: [redacted] | BED NO.: ICTAN

PATIENT IDENTIFICATION: b6-2

DATE OF ORDER: 5/19/03 | TIME OF ORDER: 0900 HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER 5/20/03 TIME OF ORDER 1700 HOURS

LIST TIME ORDER NOTED AND SIGN

Begin daily dressing D's today

[redacted] b6-2

NURSING UNIT 24W/S | ROOM NO. 0030 | BED NO. 23 mo/03

repeat order

[redacted] b6-2

PATIENT IDENTIFICATION

b6-4

[redacted]

EPW

DATE OF ORDER 5-25-03 TIME OF ORDER 0845 HOURS

① D Tylox to Percocet

[redacted] b6-2

NURSING UNIT ICW2 | ROOM NO. T | BED NO. 4

PATIENT IDENTIFICATION

b6-4

[redacted]

EPW

DATE OF ORDER 5/25/03 TIME OF ORDER 15-30 HOURS

D/C IV

D/C Amp

Start Keflex 500mg 210 po

[redacted] b6-2

1630

[redacted] b6-2

NURSING UNIT ICW2 | ROOM NO. T | BED NO. 4

~~24 VS GABM ICTAN 5/20/03 2100~~

PATIENT IDENTIFICATION

b6-4

[redacted]

EPW

DATE OF ORDER 5/30/03 TIME OF ORDER 0830 HOURS

NPO Now

[redacted] b6-2

[redacted]

1500 b6-2

NURSING UNIT ICW2 | ROOM NO. | BED NO. 4

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

EPW b6-4

DATE OF ORDER: 30 May 03 TIME OF ORDER: 2050 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) resume pre-op orders
(2) DC heplock
(3) DC to EPW camp in AM

per Dr Olivero Taken by [redacted] b6-2

NURSING UNIT: FCW2 ROOM NO.: BED NO.: 11

PATIENT IDENTIFICATION: 30 May 03 2200

[redacted] 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

**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. 5 Yr. 2003

*VERIFY BY INITIALING*

*INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 30 | 31 | 1 |
|---|---|---|---|---|---|---|
| 16 | [redacted] | Routine Vitals | 5 | [redacted] | | |
| | | | 13 | | | |
| | | | 21 | | | |
| | | | | | | |
| 16 | [redacted] | Ambulate c̄ crutches | 5 | [redacted] | | |
| | | TTWB (PT) | 13 | | | |
| | | | 21 | | | |
| | | | | | | |
| 18 | [redacted] | Regular Diet | 5 | [redacted] | | |
| | | | 11 | | | |
| | | | 17 | | | |
| | | | | | | |
| 18 | [redacted] | Daily Dsg A (R) LE | 16 | | Orders D/C 30 May 03 | [redacted] |

b6-2

b6-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (R) Open Tib fx w/Ex fx

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted] b6-4

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 | | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* | | | | Mo 5 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk [redacted] | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 29 | [redacted] | NPO now | | 0900 | | [redacted] |
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b6-2

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

CLINICAL RECORD

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(NON-MEDICATION)*

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

Mo. 05 Yr. 2003

*VERIFY BY INITIALING*

*INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | [redacted] | Routine Vitals | 5 | / | [redacted] | | | | | | | | | | | | |
| | | | 13 | / | | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | | | |
| 16 | [redacted] | Ambulate c̄ crutches TTWB (PT) | 5 | / | [redacted] | | | | | | | | | | | | |
| | | | 13 | / | | | | | | | | | | | | | |
| | | | 21 | [redacted] | | | | | | | | | | | | | |
| 16 | [redacted] | Reg Diet | 6 | / | [redacted] | | | | | | | | | | | | |
| | | | 11 | / | [redacted] | | | | | | | | | | | | |
| | | | 17 | / | [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | NPO | 06 | / | / | / | | | | | | | | | | | |
| | | | 11 | / | / | / | | | | | | | | | | | |
| | | | 17 | / | / | / | | | | | | | | | | | |
| 18 | [redacted] | Regular Diet | 5 | / | / | / | [redacted] | | | | | | | | | | |
| | | | 11 | / | / | / | | | | | | | | | | | |
| | | | 17 | / | / | [redacted] | | | | | | | | | | | |
| 18 | [redacted] | Daily Dsg Δ (R) LE | 16 | / | / | [redacted] | | | | | | | | | | | |

b6-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (R) open Tib fx w/ Δ fx

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted] b6-4

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

b6-2

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 03 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 16 | [redacted] | ADMIT ICW-2 : STABLE | 16 | | 2020 | [redacted] |
| 16 | [redacted] | Resume all pre-op orders | | | | [redacted] |
| | ----- | | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ----- | ----- | | | | | | | | | | | | | | | |
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USAPA V1.00

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 05 Yr. 03 |
|---|---|---|

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 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | [redacted] | HL IV | 5 | / | [redacted] | | | | | | | | | | | | |
| | | | 13 | / | [redacted] | | | | | | | | | | | | |
| | | | 21 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 16 | [redacted] | Ancef 1gm IVPB Q8° | 08 | / | [redacted] | | | | | | | | | | | | |
| | | | 16 | / | [redacted] | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| | | | | / | | | | | | | | | | | | | |
| 25 | [redacted] | Keflex 500 mg PO Q·LD | 06 | — | | | | | | | | | | | | | |
| | | | 12 | — | | | | | | | | | | | | | |
| | | | 18 | — | | | | | | | | | | | | | |
| | | | 24 | — | | | | | | | | | | | | | |

b6-2

D/C'd

D/C'd see below

| ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: (R) open tib fx c ex fix | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO. |
|---|---|---|

PATIENT IDENTIFICATION:

EPW #[redacted] b6-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo. 5 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/6 | [redacted] | Demerol 50-75 mg | | | | | | | | | | | | | | |
| | | IV Q4° PRN Breakthrough | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 1/6 | [redacted] | Tylox 1 po Q4° | | | | | | | | | | | | | | |
| | | PRN PAIN | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 1/6 | [redacted] | Phenergan 25mg | | | | | | | | | | | | | | |
| | | IV Q6° prn nausea | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 25 | [redacted] | Percocet 1 PO | | | | | | | | | | | | | | |
| | | Q4° prn pain | | | | | | | | | | | | | | |
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b6-2

Tylox Med to Percoc

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. 05 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ N[redacted] | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 30 | 31 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| b6-2 25 | [redacted] | KEFLEX 500 mg PO QID | [redacted] | | | | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | | | |

b6-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: (R) open tib fx c̄ ox fix

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW # [redacted] b6-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo._____ Yr. _____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 116 | [redacted] | Demerol 50-75 mg | | | | | | | | | | | | | | |
| | | IV Q4° PRN Breakthrough | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 116 | | Phenergan 25 mg | | | | | | | | | | | | | | |
| | | IV Q 6° prn nausea | | | | | | | | | | | | | | |
| 25 | | Percocet 1 PO Q4° | | | | | | | | | | | | | | |
| | | prn pain | | | | | | | | | | | | | | |
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b62

USAPA V1.00

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 14/5/03
Time In: 1510
Allergies: Ø
Pre-op V/S:
Procedures: S/P THF/FUP PRF

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1000 Colloid
OR Output: UOP Ø EBL 100
Meds/Times: Ancef @1300 in EMT

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds History

| Time | 1510 | 1515 | 1530 | 1530 | 1545 | 1 |
|---|---|---|---|---|---|---|
| SaO2 | 99 | 99 | 98 | 96 | 98 | 96 |
| FiO2 | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | 118/48 | 112/42 | 98/43 | 98/45 | 100/49 | 103/44 |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | | | | | |
| 100 | ^ | | | | ^ | |
| 80 | • | • | • | • | • | • |
| 60 | | | | | | |
| 40 | ✓ | | | | | |
| 20 | | | | | | |
| RR | 15 | 16 | 19 | 13 | 14 | 13 |
| T | 98.8 | | | | | |
| Time | | | | | | |
| Pain (0-10) | 0 | 0 | 0 | | | |
| LOS | | | | | | |

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

## Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
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X-rays: Labs:

## Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 10 | 11 | 11 |

**Codes**

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature & Title): LT [redacted] b6-2

DEPARTMENT/SERVICE/CLINIC: ICU 2

DATE: 14/5/03

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

EPW [redacted] b6-4

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

## MEDICATIONS

Allergies:

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

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | RLE | RLE | + | P | B | cool | Pale |
| 15' | RLE | RLE | + | | | | |
| 30' | | | | | | | |
| 45' | | RLE | + | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | Bright |
| D/C | RLE | RLE | + | P | B | cool | Pale |

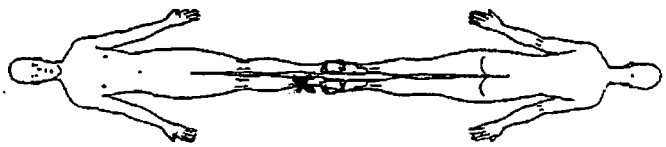
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | RLE | Fixator | Minimal |
| 30' | RLE | Kerlex | Minimal |
| 60' | RLE | Fixator | minimal |
| D/C | RLE | Fixator | minimal |



## PACU OUTPUT

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

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1610 | NSR | — | — NO |
| | | | |
| | | | |
| 1645 | NSR | — | — NO |

WAMC OP 173-E

## NURSING NOTES

Ancef given @ 1300 in EMT
5 mcg Fent
5 cc versed — OR
6 mg MSO4 / see intraop sheet
[redacted]

66-2

MAP (167)

Discharge Criteria:
Date: 11/5/03 Time: 1915 PARS: 11
BP: 98/42 T: 98.8 HR: 74 RR: 13 Sa02: 98
Pain Level at D/C (0-10):
Intake: Ø Output: Ø
Additional Data: None
Transferred To: ICW
Report Given To: [redacted]
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP B.3
Charge Nurse Signature: [redacted]

66-2

b6-4

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 13 March 03
Time In: 1345
Allergies: NKDA
Pre-op V/S: 115/76 14 99% 18.9 F
Procedures: EPW (R) leg
Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 800 Colloid
OR Output: UOP EBL
Meds/Times: Versed 2mg, Fentanyl

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

Pre Op Meds History

| Time | 1345 | 1350 | 1355 | 1415 | 1430 |
|---|---|---|---|---|---|
| SaO2 | 100% | 100% | 99% | 99% | 99% |
| FiO2 | RA | RA | RA | RA | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | X |
| 115/76 | X | X | X | X | |
| 100 | | | | | |
| 80 | X | X | X | X | X |
| 60 | | X | X | X | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 18 | 18 | 16 | 18 | 21 |
| T | 98.4 | | | | 110 |
| Time | | | | | |
| Pain (0-10) | | | | | |
| LOS | | | | | |

## Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1845 | LR | 400 | RFA | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

## Post-Anesthesia Recovery score

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

Codes:
AIRWAY: A = Ambu, BB = Blow-by, M = Mask, FT = Face Tent, RA = RoomAir, NC = Nasal Cannula
V/S: X = A-line BP, " = Cuff BP, = Pulse
TEMP: S = Skin, O = Oral, A = Axillary, T = Tympanic, R = Rectal
LOS: C = Cervical, T = Thoracic, L = Lumbar, S = Sacral

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

(Continue on reverse)

PREPARED BY (Signature): [redacted] RN BSN b6-2
DEPARTMENT/SERVICE/CLINIC: IW#1
DATE: 5-18-03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)
EPW [redacted] b6-4

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

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

NURSING NOTES

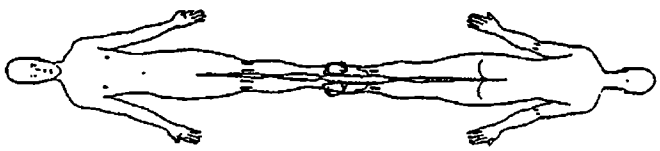
Assumed care at approx 1300. Pt stable @ time @ xfer. Pt easily arousable by voice

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | WE/LE | full | + | P | b | w | |
| 15' | WE/LE | full | + | P | b | w | |
| 30' | WE/LE | full | + | P | b | w | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

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

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

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm | RLE | Kerlix Ace bandage | c/d/I |
| 30' | RLE | c/d/I | |
| 60' | | | |
| D/C | | | |



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

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

Discharge Criteria:
Date: 5-18 Time: PARS: 11
BP: 119/64 T: 99.0 HR: 71 RR: 14 Sa02: 99%
Pain Level at D/C (0-10):
Intake: / Output: /
Additional Data:
Transferred To: ICW 2
Report Given To: ILT [redacted]
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By: ILT [redacted] ed Cpt [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: [redacted]

b6-2

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 30 may
Time In: 1745
Allergies: NKDA
Pre-op V/S: BP 160 84
Procedures: Splint removed, cast applied

Anesthesia Type (Circle): General, Spinal, Epidural, IV Sedation, Nerve Block local
OR Intake: Crystalloid 500 LR Colloid
OR Output: UOP Ø EBL minimal
Meds/Times: versed 4 mg, 40 mg propofol, 4cc Fent

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

Pre Op Meds History

| Time | 1745 | 1750 | 1755 | 1800 | 1805 | 1810 | 1815 | 1820 | 1825 | 1830 | 1835 | 1840 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| FiO2 | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | |
| 100 | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| 80 | | | | | | | | | | | | |
| 60 | • | • | • | • | • | • | • | • | • | • | • | • |
| 40 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 20 | | | | | | | | | | | | |
| RR | 12 | 13 | 14 | 12 | 13 | 10 | 10 | 12 | 10 | 10 | 15 | 18 |
| T | RA | | | | | | | | | | RA | |
| Time | 1750 | | | | | | | | | | 1820 | |
| Pain (0-10) | Ø | | | | | | | | | | Ø | |
| LOS | | | | | | | | | | | | |

## Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1750 | LR | 500cc | IV AC | | 250 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

## Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 1 | 1 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 10 |

**Codes**

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

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] MAN b6-2

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 30 May 03

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

Ci FRW [redacted] b6-4

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

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

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) foot | CAST | + | P | B | C | P |
| 15' | " | " | + | P | B | C | P |
| 30' | " | " | + | P | B | C | P |
| 45' | " | " | + | P | B | C | P |
| 60' | " | " | + | P | B | (C) W | (C) P |
| 90' | | | | | | | |
| D/C | " | " | + | P | B | W | P |

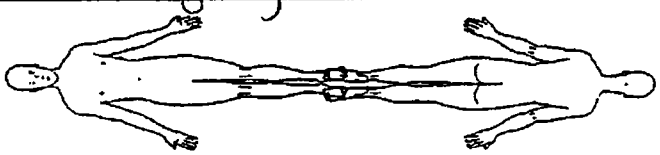
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) foot/leg | CAST | None |
| 30' | | | |
| 60' | " " | CAST | NONE |
| D/C | R foot/leg | CAST | NONE |



## PACU OUTPUT

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

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1800: PT Received to ICU2 for Recovery, s/p ~~extren~~ external fixator removal + cast placement (R) leg. PT drowsy/sleeping but moves easily. VSS. will monitor — [redacted] NAMAN b6-2

2000: PT fully awake. VSS, CMS + to RLE. LR @ TKO via (D) AC IV. Ø UOP. Report provided to ICU2 Nurse. b6-2

[redacted] NAMAN

**Discharge Criteria:**
**Date:** 30 May **Time:** 2000 **PARS:** 10
**BP:** 106/52 **T:** 97.4 **HR:** 62 **RR:** 16 **SaO2:** 100%
**Pain Level at D/C (0-10):**
**Intake:** Ø po; 250 LR **Output:** Ø
**Additional Data:**
**Transferred To:** ICU2 b6-2
**Report Given To:** CPT [redacted]
**Transferred Via:** W/C (Litter) Gurney Ambulance
**Transferred By:** NAV [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:** C [redacted] NAMAN

# ADMISSION AND CODING INFORMATION

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

| | |
|---|---|
| 1. REPORTING MTF | A I I D I |
| 2. MTF LOCATION (State or Country Code.) | I Z |
| 3. REGISTER NUMBER | 0 0 1 3 0 9 3 |
| NAME (Last, First, Middle Initial) | EPW [redacted] b6-4 b6-4 |
| 4. PAY GRADE | EPW |
| 5. SEX | M |
| 6. DATE OF BIRTH (YYYYMMDD) | 1 9 8 2 0 1 0 1 |
| 7. AGE AT ADMISSION | 2 1 Y |
| 8. RACE | X |
| 9. ETHNIC BACKGROUND | 9 |
| RELIGION | UNK |
| 10. LENGTH OF SERVICE | |
| ETS | — |
| 11. FMP | ~~9~~ 9 20 |
| 12. SOCIAL SECURITY NUMBER | [redacted] b6-2 |
| ORGANIZATION (Active Duty Only) | — |
| 13. MARITAL STATUS | UNK Z |
| HOUR OF ADMISSION | 1500 |
| BRANCH / CORPS | N/A |
| 14. FLYING STATUS | |
| 15. BENEFICIARY CATEGORY | ~~6~~ 7 6 K78 |
| 16. ZIP CODE OF RESIDENCE | |
| 17. UNIT LOCATION (State or Country Code) | |
| 18. MOS | |
| 19. TRAUMA | BC |
| PREV. ADMISSION | YEAR ☒ NO |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | Ø |
| WARD | ICW 2 |
| NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | — |
| ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | — |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | [redacted] b2-2 |
| TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | — |
| 21. TYPE OF DISPOSITION | ~~5 0~~ 05 |
| 22. MTF TRANSFERRED TO | |
| 23. DATE OF DISPOSITION (YYMMDD) | Ø 3 Ø 5 3 Ø |
| 24. CLINIC SVC - ADMITTING | A E A A |
| 25. MTF TRANSFERRED FROM | |
| 26. DATE THIS ADMISSION (YYMMDD) | Ø 3 Ø 5 1 Ø |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | I Z |
| 28. MTF OF INITIAL ADMISSION | |
| 29. DATE INITIAL ADMISSION (YYMMDD) | |

FOR LOCAL USE

Dx: (R) Open Tib fx w/ Ex fx

GSW

Dx: 82392
89912

Px: 7966
787
8659

Trauma
1
In
450

ADMITTING OFFICER (Signature, as required) [redacted] b6-2

SIGNATURE OF ADMITTING CLERK [redacted] b6-2

# INPATIENT TREATMENT RECORD COVER SHEET

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

66-4

| REGISTER NUMBER | 2. NAME (Last, First, MI) | 3. GRADE | ADMISSION REMARKS |
|---|---|---|---|
| [redacted] | unknown EPW [redacted] | EPW | |

| 4. SEX | 5. AGE | 6. RACE | 7. RELIGION | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION |
|---|---|---|---|---|---|---|
| m | 34 | X | unk | N/A | N/A | |

| FMP | 12. SSN | 13. ORGANIZATION | 14. WARD |
|---|---|---|---|
| 99420 | [redacted] 64 | N/A | 7CW2 |

| 15. FLYING STATUS | 16. RATING/OSG | 17. DEPT./BEN | 18. BRANCH/CORPS | 19. UIC/ZIP | 20. TYPE CASE |
|---|---|---|---|---|---|
| NO | | ~~K77~~ K78 | N/A | unk | NBI |

| SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION | 22. HOURS OF ADMISSION | 23. CLINIC SERVICE |
|---|---|---|
| Direct from ER | 0145 | AEAA |

| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | 25. TYPE DISPOSITION | 26. DATE OF DISPOSITION |
|---|---|---|
| unk | Q1 | 21 may 03 |

| 27. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION | ADMITTING OFFICER |
|---|---|---|---|
| unk | unk | 17 may 03 | DR [redacted] 66-2 |

| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | 30. DATE OF INITIAL ADMISSION | 32. UNITS OF W[redacted] COMPONENT T[redacted] |
|---|---|---|
| [redacted] 62-2 | | |

SELF [redacted]

☐ Check if Continued on Reverse

CAUSE OF INJURY

DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: Stab (R) chest pneumothorax

884.0 34.04
860.5 97.41
E986

**Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 4 | 4 |

**Total Days All Facilites**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. [redacted] | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| | [redacted] | | | [redacted] | |

[redacted] SIGNATURE OF ATTENDING MEDI[redacted] SIGNATU[redacted]

DR [redacted]

FORM 364, MAY 79 [redacted] EDITION OF 1 AUG 75 IS OBSOLETE USAFPC V1.10

MEDCOM - 8983 66-2

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

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

~30 y/o IRAQI MALE S/P STAB WOUNDS x 3 (L (R) POST CHEST, 1 (L) POST. CHEST, 1 (L) ARM) c̄ (R) HEMOPNEUMOTHORAX → CHEST TUBE AT IRAQI FACILITY c̄ H/O ~900 cc EVACUATED ON INSERTION.

PMH ?

PSH ?

MEDS ?

ALL ?

PHYSICAL EXAMINATION VS: HR 94 BP: 104/58 SaO2 100% - FACE MASK

HEENT: PERRL

NECK: Ø SQ AIR OR SWELLING

CHEST: (B) POST. WOUNDS (CLOSED); CTA (B)

CARD: RRR

ABD: ND; Ø PAIN c̄ PALP

EX: (L) ARM CLEAN SUPERFICIAL WOUND

HCT = 29%

PROGRESS (Enter date of discharge and final diagnosis)

FAST: Ø HEMOPERICARDIUM OR HEMOPERITONEUM

CXR: EXPANDED (B) LUNGS c̄ EFFUSION; SCANT (R) SIDED SQ AIR

A/P STAB, (B) CHEST c̄ (R) PTX / HEMOTHORAX

CURRENTLY STABLE c̄ FUNCTIONING CHEST TUBE
- OBSERVE CLOSELY
- FOLLOW CHEST TUBE OUTPUT
- SERIAL HCT, CXR

| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] b6-2 | 17 MAR 03 | | |

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

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

UC[redacted] b6-4

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

117

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

| DATE | NOTES |
|---|---|
| 17 May 03 | (1015) Pt laying in HOB↑ eyes closed NAD noted at this time VSS. B/P 98/61 AR 95 RB Sat 98% (1345) Pt c/o pain administered 5mg MSO4 via Capt [redacted] VSS HR 85 B/P 97/56 RR 20 SAts 95% on 2L will continue to monitor [redacted] (1445) Pt resting quietly c eyes closed NAD VSS B/P 92/55 HR 80 RR 20 SAts 96% [redacted] |
| 17 May 03 | 1700 Received pt. Pt resting in bed. Pt assessment done. Pt has exp. wheezes bilat. Pt has c/o pain. MSO4 given. Pt does not want to eat dinner, but drank 400cc water. Pt has no difficulty breathing and no other complaints at this time [redacted] 1900- Maj [redacted] came by to check on pt. Wrote orders for Tylox 1-2 tabs q4 prn for pain and incentive spirometry q1 while awake [redacted] 2230- Pt asked for food. Gave him MRE, but he didn't like it. Pt asked for water instead [redacted] 0400- Pt experiencing pain on right side of chest. Right side is tender to touch and is larger than left side. Pt O2 sats 99-100%. Dr. [redacted] notified. X-ray ordered [redacted] 0430- Pt is nauseated, tried to vomit but nothing came up. Dr. [redacted] said it was possibly from the MSO4 [redacted] 0430- X-ray came back. Lung is inflated [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 17 MAY 03 0330 | Rec'd pt from EMT via litter/hx. Pt fell from car jacking) 2 incision (small) to upper back closed/intact secured w/sutures (R) CT to [redacted] secured/patent → 15cm $H_2O$ Sx. PIV's/HL patent/benign. Monitor on/alarms set. Care plan reinforced → CT, IVs, meds, act. level/diet, safety, compliance rehab, coping: needs much reinforcement. for further assessment refer to flowsheet. CBC/CXR ~~ordered 0400 ordered~~ for 0400 VSS/Afeb Sats mid 90's @ RA (b)(6)-2 [redacted] Sgt/LPN |
| 17 MAY 03 0500 | Sats in mid 90's - (94-95) @ RA (+XR) lab done. CT → 16cc sang drainage. Pt resting in NAD. No complaints voiced - ~~smoking~~ [redacted] (b)(6)-2 |
| 0530 | Recieved report Pt resting quietly c̄ eyes closed HOB ↑ (A) Chest tube draining → 15cm $H_2O$ suction VSS: B/P 99/56 RR 20, HR 87 Sat. 95% NAD noted will continue to monitor (b)(6)-2 [redacted] |
| 0815 | Pt C/O Pain couldn't rated on pain scale may [redacted] administered 2mg $MSO_4$ IVP will continue to monitor VSS 97/63 B/P RR 26 HR 92 Sat 97% (b)(6)-2 [redacted] |
| 0945 | Pt C/O Pain administered 4mg $MSO_4$ IVP via Cap'd will continue to monitor + assess (b)(6)-2 [redacted] |

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

| 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. |
|---|---|---|
| Civ # [redacted] (b)(6)-4 | | |

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18 May 03 | Receive pt in report. Pt resting quietly in bed eyes closed. NAD noted at this time. VSS: BP 91/49 HR 88 RR 11 SPO2 96% will continue to monitor — SOG [redacted] (b)(6)-2 |
| | (0700) Pt refused tray. decided to drink milk. will offer tray again later. (0845) pt c/o pain to shoulders and (R) side. administered 3mg MSO4 IVP via Capt [redacted] will continue to monitor — SOG [redacted] (b)(6)-2 |
| 18 May 03 1100 | Called to ICU (1) to assist c̄ sedation for (2) CT placement. Pt unable to speak English. NKDA. VSS. NRM placed @ wl. All monitors on. Suction BVM available @ bedside. (2) Antecubital vein IV functional. Pt sedated c̄ 5mg Versed (titrated), 100mg Ketamine (titrated) & 180mg Propofol (titrated). VSS throughout procedure. Spontaneous Respirations throughout procedure. BSBC. [redacted] and CRN |
| Pre-op VS | |
| 120/80 | |
| 110 | |
| R-20 | |
| ~~O2 sat 96%~~ | |
| NRM. | |
| post procedure | |
| 100/60 | |
| 97 | |
| 100% | |
| 16 | |

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

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

REGISTER NO. | WARD NO.

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 18 MAY 03 | GEN SURG. |
| 1100 | NO SOB |
| | (D) T: 98.7 HR: 84 BP: 111/62 SaO2: 95% - RA : 50cc CHEST |
| | EXAM: ↓ BS ON (R) TUBE DRAINAGE |
| | RRR ∅ AIR LEAK |
| | POST. CHEST WOUNDS ∃ EVIDENCE OF |
| | INFECTION |
| | CXR: APICAL (R) PTX |
| | - 28 F CHEST TUBE PLACED UNDER STERILE |
| | CONDITIONS USING CONSCIOUS SEDATION |
| | C̄ POSITIVE RUSH OF AIR. |
| | POST - FLUM C̄ RESOLUTION OF PTX |
| | (AIR) STAB (R) CHEST C̄ PTX |
| | - CONT. DRAINAGE, FLUM TOILET |
| | [redacted] b(6)-2 |
| 5/18/03. | Nursing: Pain Mgt |
| 1230 | 3mg. MSO4/UPX1 @ 1230HRS. pt continued to c/o of pain and |
| | @ 1330 ~~3mg~~ 3 more MSO4/UPX1 given with positive effect [redacted] |
| 5/18/03 | Nursing: Nutrition. b(6)-2 |
| 1235 | Pt refused lunch despite encouragement. He has agreed to |
| | put in some effort C̄ liquids. Took po. fluids mainly ∃ |
| | c/o. [redacted] b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | Nursing: End of Shift. |
| 5/18/03 | T-max 99F. A&O x3. RA Sats. 93-97% Incentive Spirometer |
| 1650 Hrs | QI: LOA- Double CT @ lateral thorax #1 and #2. Insertion |
| | site ~~SSI~~ c̄ mild edema proximal to insertion site. H.O. notified |
| | site assessed by H.O. Chest tube #1 placed today chg on |
| | output 140cc of Sero fluid while on low suction. Suction |
| | Chest tube #2 is to 20cm $H_2O$ Seal c̄ output of 15cc. |
| | Pain Mgt effective c̄ Morp IVP and tylox P.O. Mod Soft PT. |
| | active BS. needs encouragement c̄ food intake. NSR c̄ Telemetry. |
| | Will continue to monitor pt's status. [redacted] b(6)-2 |
| 18MAY03 | Rec'd A&O x3 / coherent / pleasant. Care plan reinforced; CT, |
| for further assessment refer to flowsheet | pain control, meds, nutrition / feeding, coping; safety. D/C |
| | planning; needs reinforcement. PO intake highly encouraged |
| | VSS / Afeb. CT #1 / #2 status unchanged. CT #1 draining |
| mod amt of | serosang drainage - CT dsg C, D, & I. HOB ↑ repositioned for |
| | comfort - Max Emotional Support / Reassurance provided |
| | b(6)-2 [redacted] Sgt KTA |
| AM May 03 | Pt. medicated PRN / c̄ effect. relief. Eating bread / crackers |
| 0430 | for now. PO intake highly encouraged VSS / Afeb. |
| CXR done | Total output for CT #1 56 / CT #2 187 new) → sero-sang. |
| | [redacted] Sgt / LPN 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.

Civilian # [redacted] b(6)-4

ICU I

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | NOTES |
|---|---|
| 19May03 | 0510 Assumed care. Report given by [redacted] b(6)-2 night shift. |
| | 0600 Tolerated po fluids well. [redacted] b(6)-2 |
| | Release to cpt |
| | 0730 Update given to Dr [redacted] |
| | Orders received [redacted] b(6)-2 |
| | 1100 2 Tylox po given. c/o (B) CW pain [redacted] |
| | 1200 Pt intake was 25% of food tray. (-) N/V/D, tolerated well. |
| | Continues to c/o (B)(CW) pn. Fluid intake po tolerated well. [redacted] b(6)-2 |
| | 1400 Tot Tylox po [redacted] b(6)-2 |
| | 1500 CT #2 D/C (-) secretions [redacted] b(6)-2 |
| | 1530 Chest X-ray done [redacted] b(6)-2 |
| | 1540 late Entry: Vaseline gauze place over CT site. Other CT drainage in place, secure, no sx [redacted] b(6)-2 |
| | 1600 PCXR repeat. [redacted] |
| | 1700 Foley D/C, 2000cc [redacted] |
| 19May03 | 1700 - Received pt resting in bed. Pt VSS. Pt c/o pain in right side. Pt given MS04 and Tylox. Pt will not eat dinner. Pt offered bread and turned that down also. No other issues at this time. Sgt [redacted] b(6)-2 |

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

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

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

**PROGRESS NOTES**
Medical Record

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

[redacted]
b(6)-4

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

| DATE | NOTES |
|---|---|
| | 2200 |
| 19 May 03 | Pt attempted to urinate but couldn't. — [redacted] LPN b(6)-2 |
| | 2330 - Pt could not urinate. Reinserted Foley and got 1,350cc urine. Also had to change IV sites. IV is in left forearm antecubital. Site is c/d/i, running NS @ 125cc/hr [redacted] LPN b(6)-2 |
| | 0400 - Pt resting in bed. VSS. No c/o pain [redacted] LPN b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

## PROGRESS NOTES

| DATE | |
|---|---|
| 20May03 | 0510. Report given. VSS. See Shunted Sem Assessment [redacted] b(6)-2 0715 Pt. Removed by [redacted] 500 @ 95% on RA [redacted] b(6)-2 0930 PCXR taken [redacted] b(6)-2 1200 Orders received to [redacted] b(6)-2 1440 OOB to chair [redacted] 1615 Report given to [redacted] walked to new floor. VSS. C SOB/distress noted [redacted] b(6)-2 |
| 20may03 1630 | transferred from ICU ambulatory - VSS - lung sounds decreased on (R), difficult for pt to take deep breaths wincing, lung sounds on (L) clear to auscultation - (+) BS - (+) pedal pulses (B) - no IV access - bandage on (L) upper arm covering skin abrasion, two sutures on upper (R) back noted, dsg on (R) chestwall CDI - Foley to gravity draining clear yellow urine, to be removed @ 0600 per MD order - pt. acting appropriately, obeys simple commands in English - By Given I.S and demonstrated use, will continue to encourage use q1° while pt. awake [redacted] b(6)-2 |
| 20may03 1900 | I.S done q1° by pt. - medicated [redacted] on (R) side c̄ Percocet PO - [redacted] b(6)-2 |

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

[redacted] b(6)-4

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 21 May 03 | P.T. voided 690cc out of Catheter amber yellow Sp[redacted] |
| 21 May 03 | Pt vital signs taken BP 110/72 P 89 T 98.1° R 14 |
| 1302 | SPO2 98% — SPC[redacted] b(6)-2 91 W |
| 21 May 03 | PT voided 1000 cc amber color urine — Sp[redacted] b(6)-2 |

(Continue on reverse side)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

20 May 03 2300: Assumed care of PT @ 2100. Pt. ambulated & then OOB to chair x 2°. Pt. follows commands. Pt. c/o pain c deep breathes. ↓ LS (R) side. Lung sounds to (L) lung CTA. HR Reg, BS (+) X4. Foley to gravity c̄ clear yellow urine. Drsng to (R) CW CDI. Will continue to monitor. — b(6)-2 [redacted] LPN

21 MAY 03 0730: Assumed Care of pt @ 0500. Pt. awake and oriented. c/o pain on (R) chest. BS x4. Foley D'cd. Will continue to monitor — [redacted] b(6)-2 glwn

21 MAY 03 GEN SURG

REMAINING CHEST TUBE REMOVED YESTERDAY

Ø PTX ON POST-PULL CXR

AF, VSS SaO2 95-97%

A/P SIP STAB c̄ (R) PTX

- DIC TO EPW CAMP

- SUTURE REMOVAL IN 1 WEEK

b(6)-2 [redacted] rng

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

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

REGISTER NO.

WARD NO.

**PROGRESS NOTES**
Medical Record

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

[redacted] b(6)-4

[redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

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

21MAY03 1900 Assumed care of Pt @ 1300 VSS, A+O x 3. Ambulate to BR x 3. DTV by 1400, void 700cc clear amber urine. Tol PO well. (R) side LS ↓ @ bases (L) side CTA. Staples to (R) collarbone CDI, Drsg to CT site Δ'd. Site Ø s/s of infection, staples intact. Dry Drsg placed. Pt. ambulatory transport to EPW camp. Will monitor [redacted] b(6)-2

21 May 03 2135: Assumed care @ 2100°. Pt presently on ambulatory around ward s/p trip to ward commode. (+) incentive spirometer use, reteaching in proper use provided w/pt demonstrating s/p teaching. Pt alert, oriented, calm. ⊖ evidence resp difficulties. (+) wnds to (R) & (L) shoulders posterior, approx 4 cm in length, both approximated well with stitches. ⊖ evidence infection ⊖ drainage. WNDs open to air. (+) dressing to (R) chest wall CDI. (+) Pressing to (L) brachial CDI. S/S2 present. Lungs diminished (R) base, Sats 95%, RR . VBS & ↓ g. Pt voiding clear yellow. Ø PIV. No evidence of pain @ this time — [redacted] b(6)-2

120/64
HR 96
RR 24
99.6°

22 May 0000: Pt c/o (R) lateral thoracic region. Reassured & tol PO administered. Equal pulsing — [redacted] b(6)-2

0100: Pt sleeping quietly - No evidence of pain — [redacted] b(6)-2

0430: Pt sleeping quietly — [redacted] b(6)-2

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

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

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

PROGRESS NOTES
Medical Record

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

[redacted] b(6)-4

[redacted]

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

| DATE | NOTES |
|---|---|
| 22 May 03 | 0600 → Pt is asleep but arousable. Airway is patent, breathing is even and unlabored. Lung sounds are clear but diminished in bases. Abd is soft, nontender and distended, BS |
| 0530 T 98.6 | (+) x 4. Pt tolerating PO - difficulty. O'd CT site to (R) flank is CDI and covered c gauze |
| P96 | and tape. Pt neurovascularly intact to all extremities and AMOM to all extremi[redacted] |
| R18 | [redacted] |
| BP 98/62 | b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

[redacted]

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY [redacted] b(2)-2 |
|---|---|---|---|
| | | RECORDS MAINTAINED AT | |

| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
|---|---|---|---|---|
| STREET ADDRESS | | | DATE *(Day, Month, Year)* 17 May 03 | TIME 0115. |
| CITY | STATE | ZIP CODE | TRANSPORTATION TO FACILITY medvac | |

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| M | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM | YES | NO |
| | | | PRP | | | | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | | DD 2568 IN CHART | | |
| 34 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

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

CHIEF COMPLAINT Stab wound / carjacking

| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ EMERGENT | TIME | TIME | 0124 | 0155 | | | |
| | | BP | 105/59 | 114/68 | | | |
| ☒ URGENT | | PULSE | 104 | 97 | | | |
| | INITIALS | RESP | 20 | 26 | | | |
| | | TEMP | 100.4 | 100.1 Sitz | | | |
| ☐ NON-URGENT | | WT 95 | % RA | | | | |

| LAB ORDERS | | | | | X-RAY ORDERS | | |
|---|---|---|---|---|---|---|---|
| ✓ CBC/DIFF | ABG | ✓ PT/PTT | BHCG/URINE/BLOOD/QUANT | | ✓ CXR PA & LAT/PORTABLE | | C-SPINE |
| URINE C&S | UA MSCC/CATH | | ✓ CHEM: Met 8 | | ACUTE ABDOMEN | | LS SPINE |
| BLOOD C&S X | | | | | SINUS | | HEAD CT |
| ✓ T&S | | | | | ANKLE R/L | | |
| ✓ CLOSS Match | | | | | | | |

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 0200 | Td 0.5cc | Streck | | | |
| 0250 | Foley | | | | |
| 0205 | MSO4 0 IVP | PAX | | | |

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

| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED ▶ | TO | WHEN |
|---|---|---|---|---|
| ☐ IMPROVED ☒ UNCHANGED | ICU #1 | | | |
| ☐ DETERIORATED | TIME OF RELEASE | I have received and understand these instructions. | | |
| | | PATIENT'S SIGNATURE | | |

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

EPW [redacted] b(6)-4

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

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

| CBC | | SMAC | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|
| WBC | | | SUP O2 | PH | PO2 | RESULTS | |
| H/H | | | PCO2 | SAT | OTHER | CXR = chest tube in lungs Fully inflated. | |
| PLT | | | | | | | |
| PT | | | U/A | DIP | | EKG INTERPRETATION | |
| APTT | BHCG | ETOH | GLU | MICRO | | | |

PROVIDER HISTORY/PHYSICAL

Iraqi civilian from Iraqi hospital. s/p stabbed R & L upper shoulders. (R) PneTX; chest tube placed; reported 1400cc out (900cc in the 1st 10min). Ancef given. Sutured wounds @ hospital. 10-mg MSO4 @ 0024 = 1½ hr ago.

c/o (R) chest pain @ chest tube site.

(0) Neck supple; no deviated trachea

lgs = CTA (B) ♡ = RR ~ tachy 100's.

ABD = ND NABS NT; Fast = No blood seen ∅

Rectal = nl prostate; stool in vault; guaiac neg

Ext = ∅ lower leg edema.

8.4
15.3 × 238
27

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| [redacted] | | Dr [redacted] |
| b(6)-2 | | b(6)-2 |

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP [redacted], MC FAMILY PRACTICE b(6)-2

DIAGNOSIS

(R) Pneumothorax s/p stab wound.

CODES

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

[redacted]

b(6)-4

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

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

558-104

7540-01-075-3786

# MEDICAL RECORD

## EMERGENCY CARE AND TREATMENT *(Patient)*

#2

LOG NUMBER | TREATMENT FACILITY

RECORDS MAINTAINED AT

### PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

SEX

AGE

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

### MILITARY STATUS

| ITEM | YES | NO | N/A |
|---|---|---|---|
| PRP | | | |
| FLYING STATUS | | | |

MEDICAL HISTORY OBTAINED FROM

### ARRIVAL

DATE *(Day, Month, Year)* | TIME

TRANSPORTATION TO FACILITY

### THIRD PARTY INSURANCE

| ITEM | YES | NO |
|---|---|---|
| ADDITIONAL INSURANCE | | |
| DD 2568 IN CHART | | |

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS

ALLERGIES

CHIEF COMPLAINT

### INJURY OR OCCUPATIONAL ILLNESS

| ITEM | YES | NO | WHEN *(Date)* |
|---|---|---|---|
| IS THIS AN INJURY? | | | WHERE |
| INJURY/SAFETY FORMS | | | |

HOW

### EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

### TETANUS

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

0228 BP 116/62 P 96 R 17

### CATEGORY OF TREATMENT

☐ EMERGENT

☐ URGENT

☐ NON-URGENT

TIME

INITIALS

### VITAL SIGNS

| TIME | 0203 | 0208 | 0213 | 0218 | 0223 |
|---|---|---|---|---|---|
| BP | 102/62 | 103/58 | 104/58 | 100/56 | 104/64 |
| PULSE | 96 | 96 | 93 | 94 | 96 |
| RESP | 25 | 29 | 26 | 20 | 26 |
| TEMP | | | | | |
| WT | | | | | |

### LAB ORDERS

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

### X-RAY ORDERS

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | HEAD CT |
| ANKLE R/L | |

### ORDERS

☒ PULSE OX

☐ MONITOR

☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | | | | | |

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 72 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED | TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

[redacted] 1/6)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

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

[redacted]

MEDCOM - 8999

Date 30 May 93

PATIENT ASSESSMEN[redacted]

TIME 0530 SIGNATU[redacted]

## SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature

Color: Pale / Cyanotic / Jaundiced

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

## NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

## CARDIOVASCULAR

Pulse (0 - 4): +2 Radials +2 Pedals

Capillary Refill: 2 Seconds Homan's Sign

Jugular Venous Distension none Edema 0

Heart Sounds RR

Rhythm NSR PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | [redacted] | |
| Site | | | [redacted] | |
| Solution | | | [redacted] | |
| Chest Pain | | | | |

## RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: RR

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm: 40 sec

Air Leak No Yes Crepitus No

Character of Drainage: Red

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | Coarse | |
| Diminished | | |
| Absent | | |

## GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings:

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character

Drains:

## GENITOURINARY

Urine Color: yellow Character: cl

Voiding: Continent / Incontinent / Catheter

## EMOTIONAL/PSYCHOSOCIAL

DNOS

OTHER:

PATIENT ASSESSMENT

TIME: SIGNATURE:

## SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature

Color: Pale / Cyanotic / Jaundiced

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

## NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

## CARDIOVASCULAR

Pulse (0 - 4): Radials Pedals

Capillary Refill: Seconds Homan's Sign

Jugular Venous Distension Edema

Heart Sounds

Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | [redacted] | |
| Site | | | [redacted] | |
| Solution | | | | |
| Chest Pain | | | | |

## RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns:

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

## GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings:

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

## GENITOURINARY

Urine Color: Character:

Voiding: Continent / Incontinent / Catheter

## EMOTIONAL/PSYCHOSOCIAL

OTHER:

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | | | | | | | | | | | | | 118/68 | 12/70 | 109/62 | 119/64 | 111/66 | 107/69 | 125/80 | 120/75 | 113/66 | 113/66 | 113/68 | 119/57 |
| TEMP | | | | | | | | | | | | | | | | | | 97.6 | | | | | 97.8 | |
| HR | | | | | | | | | | | | | 88 | 83 | 94 | 75 | 93 | 77 | 84 | 87 | 84 | 82 | 92 | 96 |
| RR | | | | | | | | | | | | | 19 | 19 | 23 | 13 | 22 | 20 | 20 | 17 | 19 | 19 | 21 | 19 |
| SA02 | | | | | | | | | | | | | 100 | 97 | 96 | 96 | 94 | 97 | 99 | 96 | 97 | 98 | 96 | 97 |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
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| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | 240 | | | 100 | | 50 | | | | | 200 | |
| IV | | | | | | | | | | | | | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 |
| NGT | | | | | | | | | | | | | | | | | | 50 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
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| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | | | | | | | | | | | | | | | | | | 1,350 | | | 550 | | 400 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
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| BALANCE | | | | | | | | | | | | | | | | | | | | | | | | |
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MEDCOM - 9001

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | 102/56 | 110/62 | 109/74 | | 50/60 | 101/70 | 94/70 | 100/62 | 100/64 | 106/60 | 104/77 | 104/60 | | | | | | | | | | | | |
| TEMP | 96 | | | | | | | | | | | | | | | | | | | | | | | |
| HR | 82 | 85 | 85 | 90 | 99 | 86 | 66 | 71 | 70 | 78 | 77 | 50 | | | | | | | | | | | | |
| RR | 17 | 17 | 22 | | | | | | | | | | | | | | | | | | | | | |
| SA02 | 97 | 96 | 98 | 99 | 98 | 98 | 96 | 97 | 95 | 95 | 91 | 101 | | | | | | | | | | | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | 450 | | | | | | | | | | | | | | | | | | | | | |
| IV. | | | 50 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 250 | 1075 | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | 350 | | | 300 | | | 450 | | | 500 | | 1075 | 1625 | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 9002

20mcl

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR May DAY 20 21 MAY 22 May

19 2003 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F (°) | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° / 98.6° | 37.2° / 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD RR 20 26 21 04 24 16

BLOOD PRESSURE 150/66 110/54 120/64 104/62 140/90 110/70

SpO2 98% 97% 95% 98%

HEIGHT: WEIGHT

Record special data only when so ordered

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

[redacted] b(6) -4

REGISTER NO.

WARD NO. ICW2

**VITAL SIGNS RECORDS**

Medical Record

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

b(6)-2

| Ward/Section: FMT | QUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) | |
|---|---|---|---|
| LAST, FIRST, MI. EFW | DATE 17May | TIME 0151 | SSN/PSEUDO SSN: [redacted] b(6)-4 |

**(I-STAT)**

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

**Misc. Chemistry**

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

**(Piccolo) Chemistry 12**

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

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | 104 | 73-118 mg/dl |
| BUN | 11 | 7-22 mg/dl |
| CRE | 0.8 | 0.6-1.2 mg/dl |
| CK | 183 | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | 131 | 128-145 mmol/l |
| $K^+$ | 4.4 | 3.3-4.7 mmol/l |
| $CL^-$ | 107 | 98-108 mmol/l |
| $tCO_2$ | 22 | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

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

**(Piccolo) Electrolyte**

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

**REMARKS:** Blood type - B POS

| REPORTED BY: [redacted] | DATE: 17May03 | LAB ID NO.: |
|---|---|---|

LAST CARD DO NOT TAKE

| Ward/Section: EMT | REQ[redacted] PHYSICIAN: b(6)-2 | LA[redacted]ATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. FPW | DATE 17 May 03 | TIME 0131 | SSN/PSEUDO SSN: [redacted] |
|---|---|---|---|

b(6)-4

[redacted]

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|---|---|---|---|---|---|---|---|---|
| WBC | 15.3 | 4.8-10.8 x $10^3$ | Color | | N/A | RPR | | Negative |
| RBC | 3.55 | 4.7-6.1 x $10^9$ | App | | N/A | Mono | | Negative |
| Hgb | 8.4 | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | [redacted] | | |
| Hct | 27.3 | 42-52% (M) 37-47% (F) | Bili | | Negative | Source | | |
| MCV | 77.0 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | 238 | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | 8.6 | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| [redacted] | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | [redacted] | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | [redacted] | | | | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

[redacted]

| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
|---|---|---|---|---|---|
| PT | 12.7 | 9.8-13.6 secs | | | |
| APTT | 22.6 | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| **REPORTED BY:** [redacted] | **DATE:** 17 May 03 | **LAB ID NO.:** |
|---|---|---|

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

**Blood Bank**

| ABO/RH | IAT | |
|---|---|---|
| Unit | Type | Crossmatch |

**Misc. Chemistry**

| | |
|---|---|
| CKMB | |
| Troponin | |
| DOA | |
| Alcohol | |

**Microscopic Urinalysis**

**Chemistry (Pl[illegible]yzer)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALT | | 10-47 U/L |
| AST | | 11-38 U/L |
| GGT | | 5-56 U/L |
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 U/L |
| Amylase | | 14-97 U/L |
| Ca | | 8-10.3 mg/dl |
| Chol | | <200 mg/dl |
| Creat | | 0.6-1.2 mg/dl |
| BUN | | 7-22 mg/dl |
| GLU | | 73-118 mg/dl |
| Tbili | | 0.2-1.6 mg/dl |
| TP | | 6.4-8.1 g/dl |
| UA | | 2.2-6.6 mg/dl (F)<br>3.6-8.0 mg/dl (M) |
| $Na^+$ | | 128-145 mmol/L |
| K | | 3.3-4.7 mmol/L |
| Cl | | 98-108 mmol/L |
| $CO_2$ | | 18-33 mmol/L |
| CK | | 39-380 U/L |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Gluc | | Negative |
| Bili | | Negative |
| Ketone | | Negative |
| SG | | N/A |
| Blood | | Negative |
| pH | | N/A |
| Protein | | Negative |
| UrOb | | 0.2-1.0 |
| Nitrite | | Negative |
| HCG | | Negative |

**Hematology**

| TEST | RESULT | REF. RA |
|---|---|---|
| WBC | 12.0 | 4.8-10.8 × |
| RBC | 5.7 | 4.7-6.1 × 10 |
| Hgb | 14.1 | 14-18 g/dl ( |
| Hct | 39.2 | 12-16 g/dl ( |
| MCV | 81.7 | 42-52% (M)<br>37-47% (F) |
| Plt | 230 | 80-94 fl (M)<br>81-99 fl (F) |
| Lymph% | 32.2 | 130-300 × 10 |
| Retic | | Verified |
| PT | | 20.5-51.1% |
| APTT | | 0.5-1.5% (adul |
| D dimer | | 9.8-13.6 secs |
| FDP | | 21-34 secs |
| Segs | | <20 ng/ml |
| Bands | | <10 ng/ml |
| Lymph | | Mono |
| Atyp | | Eos |
| RBC Morph | | Baso |
| Other | | Imm |
| Spun Crit | | |
| Man WBC | | 42-52% (M)<br>37-47% (F) |
| Manual Plt | | 98-10.8 × 10 |
| | | 130-300 × 10 |
| | | Verified |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Culture | |
| KOH/WP | |
| O&P | |
| Occ Bld | |
| Other | |

Malaria

SSN

(b)-4

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: 17 MAY 03 TIME OF ORDER: 1900 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ~~BERCORET~~ TYLOX 1-2 PO Q4° PRN PAIN ✓
2. SPIROMETRY Q1° WHILE AWAKE ✓

[redacted]

b(6)-2 [redacted]

b(6)-2 [redacted]

b/18/03

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: 19 MAY 03 TIME OF ORDER: 1500 HOURS

1. DIC FOLEY
2. CALL MD IF NO URINE OUTPUT BY 2300

b(6) [redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: 19 MAY 03 TIME OF ORDER: 1620 HOURS

1. CHEST TUBE TO WATER SEAL
2. CXR AT 2200

[redacted]

b(6)-2 [redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: 02-19-03 TIME OF ORDER: 2300 HOURS

1. FOLEY TO GRAVITY - INABILITY TO VOID — RE-INSERT W/ DR [redacted]

b(6)-2

[redacted]

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

CIV # [redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| | 17 MAY 03 | 0145 HOURS | |
| 1 | ADMIT TO ICU | | |
| 2 | DX: STAB (R) CHEST, PNEUMOTHORAX | | |
| 3 | COND: STABLE | | |
| 4 | VS: Q 1° | | |
| 5 | ALL: NKDA | | |
| 6 | ACTIVITY: BEDREST, HOB ≥30° | | |
| 7 | DIET: NPO | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |
| 8 | IVF: ~~TRNS~~ D 125cc/hr | | |
| 9 | O2: 10L FACE MASK | | |
| 10 | STRICT I/O's | | |
| 11 | FOLEY TO GRAVITY | | |
| 12 | CHEST TUBE TO -15 cm H2O SUCTION | | |
| 13 | CBC AT 0400 | | |
| 14 | CXR AT 0400 | | |

b(6)-2

PATIENT IDENTIFICATION

CIV # [redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |
| 15 | MEDS: MSO4 I-6 mg IV Q1-2° PRN PAIN | | |
| | 6-14-22 ANCEF I gm IVPB Q8° | | |
| 16 | CALL MD FOR: T >101° | | |
| | HR >115 | | |
| | SBP <90 | | |
| | SaO2 <92% | | |
| | CHEST TUBE OUTPUT | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |
| | >100cc/hr | | |
| | 17 MAY 03 0840 | | |
| 1 | REG DIET | | |
| 2 | CXR QAM | | |

b(6)-2 [redacted] MD

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DA FORM 1 APR 79 4256 REPLACES EDIT MEDCOM - 9008 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

EPW [redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW2 | T | 1 |

| | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| | 20 MAY 03 | 1200 HOURS | |
| 1 | TRANSFER TO ICW2 | b(6)-2 | [redacted] |
| 2 | DX: S/P (R) PNEUMOTHORAX | | |
| 3 | COND: STABLE | | 1630 |
| 4 | ROUTINE VS | | |
| 5 | ACTIVITY: OOB 2 HRS EACH SHIFT | | |
| 6 | ALL: NKDA | | |
| 7 | ~~D/C IVF~~ DSL | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW2 | T | 1 |

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |
| 8 | ~~D/C IV~~ BID INCENTIVE SPIROMETRY Q1° WHILE AWAKE | | |
| 9 | PERCOCET 1 PO Q6° PRN PAIN | | |
| 10 | WALK QSHIFT | | |
| 11 | CALL MD FOR: T >101.5 HR >110 SaO2 <92% | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW2 | T | 1 |

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |
| 12 | FOLEY TO GRAVITY | | |
| 13 | D/C FOLEY AT MIDNIGHT | | |
| | b(6)-2 | [redacted] | |

~~24 hrs OTR~~ ~~JETTAN 5/20/03 2230~~

PATIENT IDENTIFICATION

21 May 03 2115 Verified [redacted] b(6)-2

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW2 | T | 1 |

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | 21 MAY 03 | 0800 HOURS | |
| 1 | D/C PT TO EPW CAMP | | |
| | b(6)-2 | [redacted] | |
| | chart ✓ done [redacted] 21 my 2130 | | |

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 |
|---|---|---|---|---|---|
| EPW #[redacted] b(6)-4 | | | | 20 MAY 03 1120 HOURS | |
| | | | (1) | DIC IVF [redacted] | |
| | | | (2) | DIC IV C [redacted] SDZ | |
| | | | (3) | DIC ANCEF | |
| | | | | [redacted] b(6)-2 [redacted] | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

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

b(6)2 ✓

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|
| 5/17 | [redacted] | VS : Q1° | 05 | / | [redacted] | | | |
| | | | 17 | [redacted] | | | | |
| 5/17 | [redacted] | Activity : Bedrest, HOB≥30° | 05 | [redacted] | | | | |
| | | | 17 | [redacted] | | | | |
| 5/17 | [redacted] | Diet : NPO | 06 | / | [redacted] | | | |
| | | | 12 | / | | | | |
| | | | 18 | / | | | | |
| 5/17 | [redacted] | Strict I/Os | 05 | / | [redacted] | | | |
| | | | 17 | [redacted] | | | | |
| 5/17 | [redacted] | Foley to gravity | 05 | / | [redacted] | | | |
| | | | 17 | [redacted] | | | | |
| 5/17 | [redacted] | Chest tube to -15cm | 05 | / | [redacted] | | | |
| | | $H_2O$ suction | 17 | [redacted] | | | | |
| 5/17 | [redacted] | Reg Diet | 06 | / | [redacted] | | | |
| | | | 12 | [redacted] | | | | |
| | | | 18 | [redacted] | | | | |
| 17May | [redacted] | IS q 1° while awake | 05 | / | / | [redacted] | | |
| | | | 17 | / | [redacted] | | | |
| 17May03 | [redacted] | CXR q AM | 04 | [redacted] | | | | |
| 18May03 | [redacted] | ~~Incentive Spirometer q 1 awake~~ | | [redacted] | | | | |

DCd 1700 19May03

| ALLERGIES: ☐ YES ☒ NO | PRIMARY DIAGNOSIS: | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO |
|---|---|---|
| NKDA | Stab (R) chest, pneumothorax | PAGE NO: ____ |

PATIENT IDENTIFICATION:

CIV [redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | | Mo May Yr 2003 |
|---|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | |
| 5/17 | [redacted] | Admit to ICU; cond stable | | | | [redacted] | |
| 5/17 | [redacted] | CBC at 0400 | 5/17 | 0400 | [redacted] | [redacted] | b(6)-2 |
| 5/17 | [redacted] | CXR at 0400 | 5/17 | 0400 | [redacted] | | |
| 5/17 | [redacted] | CXR in AM | 5/18 | 0400 | 0400 | [redacted] | |
| | b(6)-2 | | | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5/17 | [redacted] | Call MD for T>101° | | | | | | | | | | | | | | |
| | b(6)-2 | HR >115, SBP<90 | | | | | | | | | | | | | | |
| | | $SaO_2$ <92% + chest | | | | | | | | | | | | | | |
| | | tube output >100cc/hr | | | | | | | | | | | | | | |
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USAPA V1.00

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. May 13 Yr. 2003 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|
| 5/18 | [redacted] | Incentive Spirometer Qi | 05 | [redacted] | | | | | |
| | b(6)-2 | while awake. | 17 | | | | | b(6)-2 | |
| 5/19 | [redacted] | Chest Tube Q6 | 13 | [redacted] | | | | | |
| | | Water Seal | 19 | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Stable ⓡ chest Pneumo S/P CT Placement X2

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

CIV [redacted] b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo _____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 19May | [redacted] | D/C Foley Call MD | 19May | 2300 | 2300 | [redacted] |
| | b(6)-2 | if no urine output | | | | |
| | | by 2300 | | | | |
| 19May | [redacted] | PCXR @ 2200 Bunch | 19May | 2200 | 2200 | [redacted] |
| 20May | [redacted] | Reinsert Foley Catheter | 19May | 2330 | 2330 | [redacted] |
| | b(6)-2 | | | | | |
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b(6)-2

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

b6-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 5 Yr. 2003 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 20 | 21 | 22 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | VS q shift - call | 06 | / | [redacted] | | | | | | | | | | | |
| | b(6)-2 | MD for T>101.5, HR>110, | 14 | [redacted] | | | | | | | | | | | | |
| | | SaO2<92% | 22 | [redacted] | | | | | | | | | | | | |
| | | | / | [redacted] | | | | | | | | | | | | |
| 20 | [redacted] | OOB 2° q shift | 06 | / | [redacted] | | | | | | | | | | | |
| 20 | [redacted] | walk q shift | 14 | [redacted] | | | | | | | | | | | | |
| | b(6)-2 | | 22 | [redacted] | | | | | | | | | | | | |
| | | | / | | | | | | | | | | | | | |
| 20 | [redacted] | IS q1° while | 06 | / | [redacted] | | | | | | | | | | | |
| | b(6)-2 | awake | 14 | [redacted] | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | |
| | [redacted] | b(6)-2 | / | [redacted] | | | | | | | | | | | | |
| 20 | [redacted] | Foley to gravity | 06 | / | [redacted] | | | | | | | | | | | |
| | b(6)-2 | | 14 | [redacted] | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | |
| | | | / | / | | | | | | | | | | | | |
| 21 | [redacted] | Regular diet | 07 | / | [redacted] | | | | | | | | | | | |
| | b(6)-2 | | 13 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |

D/C'd 21 May 03 0730 [redacted]

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P (R) Pneumothorax

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 5 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 20 | [redacted] | transfer to ICW2 | — | — | 1030 | [redacted] |
| 20 | [redacted] | condition stable | noted | | | [redacted] |
| 20 | [redacted] | DC Foley @ mn | 21 | 0000 | 0730 | [redacted] |
| [illegible] | [redacted] | D/C pt to EPW camp | 21 | | | |
| | b6-2 | | | | | |
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b6-2

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

CLINICAL RECORD

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

*Mo.* ____ *Yr.* ____

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 16 | 17 | 18 | 19 20 |
|---|---|---|---|---|---|---|---|
| 5/17 | [redacted] | IVF : NS @ 125cc/hr | 05 | / | [redacted] | | |
| | 66-2 | | 17 | | [redacted] | | D/C 2017 |
| | | | | | | | |
| 5/17 | [redacted] | $O_2$ : 10L face mask | 05 | / | [redacted] | | |
| | | | 17 | [redacted] | / | | [redacted] |
| | | | | | | | |
| 5/17 | [redacted] | Ancef 1 gm IVPB | 06 | / | [redacted] | | |
| | | Q8 | 14 | / | [redacted] | | D/C 2017 |
| | | | 22 | / | [redacted] | | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS:
Stab (R) chest, pneumothorax

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

PATIENT IDENTIFICATION:
CIV [redacted] 66-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | | Mo._____ Yr._____ |
|---|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5/17 | [redacted] | MSO4 ÷-6mg IV | date time | 17May 1730 | 17May 1915 | 17May 2230 | 18May 0230 | 18May 0330 | 18May 0400 | 18 MA 0845 | [redacted] | [redacted] | 18May 1800 | 18May 1814 | 18May 2100 | 18May 2240 | 19MAY 0400 |
| | [redacted] | g 1-2° prn pain | dose init | 6mg | 6mg | 6mg | [redacted] | | | [redacted] | [redacted] | [redacted] | 6mg | [redacted] | 6mg | 4mg | [redacted] |
| 17May | [redacted] | Tylox ÷-½ PO Q4 PRN | | 17May 1915 | 18May 0230 | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | 19May 1800 | | | | |
| | | | | [redacted] | [redacted] | | [redacted] | | | [redacted] | [redacted] | [redacted] | | | | | |
| | | MSO4 ÷-6mg IV | 18May 6mg 1730 | 18May 4mg 1900 | 18May 0330 6mg | | | | | | | | | | | | |
| | | g 1-2° prn pain | [redacted] | | | | | | | | | | | | | | |

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 5 Yr 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | |
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ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P (R) pneumothorax

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo. 5 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
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| | - - - - - | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 23 | [redacted] | percocet po q6 prn-pain | 20 MAY [redacted] | 21 MAY 0730 | 21 MAY [redacted] | | | | | | | | | | | |
| - - - - - | 20-2 | | | | 5(6)-2 | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
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USAPA V1.00

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

| | INI[redacted]T ASSESSMENT | | | | | |
|---|---|---|---|---|---|---|
| | TIME | 0300 | INITIALS [redacted] | 0530 | INITIA[redacted] | 1/6-2 | INITIALS |
| NEURO | PUPILS | PERRLA | | PERRLA | | | |
| | SENSORIUM | AO X3 | | | | | |
| | | Coherent/pleasant | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | even/unlabored | | even unlabored | | | |
| | BREATH SOUNDS | CTA (L) | | (R) Side Clear | | | |
| | SECRETIONS (—) | Crude ↓ | | (R) Side Chest tube | | | |
| SKIN | COLOR | Norm for race | | | | | |
| | INTEGRITY | Mostly intact | | intact | | | |
| IV SITE | LOCATION X3 | LAC → D[redacted] | | ~~R~~ LAC | | | |
| | CONDITION | 125cc/hr | | 2 u upper back | | | |
| | | (R) AC + (L) wrist | | LAC (L) ~~[illegible]~~ wrist IV → 125cc/hr | | | |
| | | HL | | NS | | | |
| | | all patent/benign | | | | | |
| GASTRO | ABDOMEN | soft NT/ND | | soft | | | |
| | BOWEL SOUNDS hyper | (+) x4 | | x4 | | | |
| GU | URINE: COLOR/CLARITY | cl/yellow | | yellow | | | |
| | | foley | | foley | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | NSR HR 90s | | NSR HR 80 | | | |
| | | S1S2 only | | $S_1 S_2$ | | | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

[redacted] 1/6-3 [redacted] LPN

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: TCU 2nd JCU | DATE: 17 Aug 03

P[redacted] (Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] 1/6-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

0500 — 1[illegible] output → 150
Inp - IVP - 100
PO - 300
IV - 1500



DATE 17MAY03 DX stabbed wounds back HOSPITAL DAY

| VITAL SIGNS | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial Line | | | | 114 | 101 | 99 | 108 | 99 | 88 | 90 | 98 | 93 | 94 | 91 | 92 | 102 |
| BP Cuff | | | | 64 | 57 | 56 | 64 | 62 | 54 | 60 | 61 | 59 | 60 | 56 | 65 | 54 |
| Temperature | | | | 98.6 | | | | | | | | | 98.7 | | | |
| Pulse | | | | 98 | 98 | 88 | 81 | 87 | 85 | 88 | 95 | 90 | 88 | 87 | 80 | 84 |
| Respiratory Rate | | | | 14 | 14 | 20 | 20 | 23 | 21 | 21 | 11 | 23 | 22 | 24 | 20 | 18 |
| Sat 2 | | | | 95 | 95 | 95 | 98 | 97 | 96 | 96 | 98 | 96 | 95 | 95 | 96 | 99 |
| pain | | | | | | | | | | | | | | | | |
| extremities | | | | | | | | | | | | | | | | |

| INTAKE | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NS | | | | 125 | 125 | 125 | 125 | 125 | | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 |
| IVPB (Ancef) | | | | | | | 50 | | | | | | | | | | | 50 |
| P.O | | | | | | | | | | | | | | 300 | | | | 300 |
| TOTALS | | | | | | | | | | | | | | | | | | |

| OUTPUT | | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | | | | | | 100 | 150 | 100 / 800 | | | 100 | 100 | 100 | | 50 | 100 | 200 | 900 |
| | SP gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | |

MEDCOM - 9022

) Total
)0 Total



POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 96/52 | 102/55 | | | | | | | |
| | 82 | 78 | | | | | | | |
| | 21 | 20 | | | | | | | |
| | 95 | 94 | | | | | | | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8°T |
|---|---|---|---|---|---|---|---|---|---|
| | 125 | 125 | | | | | | | |
| | 50 | (100) | | | | | | | |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 100 | | | | | | | | |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY DATA | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ABG | pH | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | |
| | $pO_2$ | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | |
| | SAT | | | | | | | | | |
| | BASE | | | | | | | | | |

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

| ACTIVITIES OF DAILY LIVING | TIME | | |
|---|---|---|---|
| | MOUTH CARE | NOT DUE | 1600 |
| | BATH | | 1900 |
| | SKIN CARE | | 1900 |
| | FOLEY CARE | | 1900 |
| | TRACH CARE | | 1900 |
| | ROM EXERCISES | | |
| | Pedal care | | |

| TURN | TIME | | | |
|---|---|---|---|---|
| | | | | |

| SUCTION | | | | |
|---|---|---|---|---|
| | | | | |

24 HRS I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | | Urine: | |
| po | | | |
| | | | |
| TOTAL | | TOTAL | |

NURSE'S SIGNATURE

[redacted]

SPC [redacted]

5/9-2

MEDCOM - 9023

## NEUROLOGICAL ASSESSMENT

| COMA SCALE | | HOURS | |
|---|---|---|---|
| EYES OPEN | SPONTANEOUSLY | 4 | |
| | TO SPEECH | 3 | |
| | TO PAIN | 2 | |
| | NO EYE OPENING | 1 | |
| BEST VERBAL RESPONSE | ORIENTED | 5 | |
| | CONFUSED | 4 | |
| | VERBALIZES | 3 | |
| | VOCALIZES | 2 | |
| | NO VOCALIZATION | 1 | |
| BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | |
| | LOCALIZES PAIN | 5 | |
| | FLEXION WITHDRAWAL | 4 | |
| | ABNORMAL FLEXION | 3 | |
| | EXTENSION TO PAIN | 2 | |
| | NO MOTOR RESPONSE | 1 | |

**LEGEND**

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

| LIMB MOVEMENT | | |
|---|---|---|
| ARMS | NORMAL POWER | |
| | MILD WEAKNESS | |
| | SEVERE WEAKNESS | |
| | ABNORMAL FLEXION | |
| | ABNORMAL EXTENSION | |
| | NO RESPONSE | |
| LEGS | NORMAL POWER | |
| | MILD WEAKNESS | |
| | SEVERE WEAKNESS | |
| | ABNORMAL FLEXION | |
| | ABNORMAL EXTENSION | |
| | NO RESPONSE | |

R Right
L Left

Record separately if there is a difference between the two sides.

| PUPILS | | |
|---|---|---|
| RIGHT | SIZE | |
| | REACTION | |
| LEFT | SIZE | |
| | REACTION | |

+ + Brisk
+ Slow
- No Response

PUPIL SCALE: 2 3 4 5 6 7 mm

ICP

CEREBRAL PERFUSION PRESSURE

+ Intact
- Abnormal

## VASCULAR ASSESSMENT

| HOURS | | |
|---|---|---|
| | R L | |
| | R L | |
| | R L | |
| | R L | |
| | R L | |

**LEGEND**

+ + Normal
+ Weak
- Absent
D Doppler
R Right
L Left

5/18/03



MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | | TIME | 0500 | INITIALS [redacted] | 5/6-2 | INITIALS [redacted] | 5/6-2 | INITIALS |
|---|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | | Alert/Oriented X3 | | PERRLA | | | |
| | SENSORIUM | | | | AAO 3 Coherent | | | |
| | | | | | cooperative | | | |
| | | | | | | | | |
| | | | | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | | Regular | | even/unlabored | | | |
| | BREATH SOUNDS | | Wheezing Bilateral | | wheezing (+) R side | | | |
| | SECRETIONS | | | | (R) side ↓ - DCTA | | | |
| | | | (R) side Chest tube | | ← 2 CT | | | |
| | | | to water seal | | 0500 Dyspnea | | | |
| | | | 15cm | | noted | | | |
| SKIN | COLOR | | | | Warm for Race | | | |
| | INTEGRITY | | intact | | Sutures to upper back | | | |
| | | | staples x2 | | wounds closed/healed | | | |
| IV SITE | LOCATION | | Neck | | (2) AC | | | |
| | CONDITION | | AC IV NS 125cc/hr | | patent/heparin | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| GASTRO | ABDOMEN | | Soft | | Soft NT ND | | | |
| | BOWEL SOUNDS | | X 4 quads | | (4) quad | | | |
| | | | | | | | | |
| | | | | | | | | |
| GU | URINE: | | Clear | | Clear/yellow | | | |
| | COLOR/CLARITY | | yellow | | | | | |
| | | | Foley trauma | | foley | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | | SR 79 | | (NSR) | | | |
| | | | S 132 | | S 120's | | | |
| | | | | | pacing | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

LEGEND

Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE

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

# [redacted] 60-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 18 MAY 03 | DX Stab Wounds X2 | HOSPITAL DAY

| VITAL SIGNS | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | | | | | | 91/49 | 103/51 | 105/53 | | 104/52 | 94/57 | 114/60 | 115/67 | 123/75 | 100/66 | 105/63 | 117/77 | |
| Temperature | | | | | | 98.7 | | | | | 98 | | | | | | 99.7 | |
| Pulse | | | | | | 72 | 85 | 76 | | 80 | 78 | 78 | 108 | 88 | 80 | 83 | 100 | |
| Respiratory Rate | | | | | | 11 | 19 | 15 | | 13 | 15 | 18 | 25 | 28 | 22 | 24 | 28 | |
| SPO2 | | | | | | 95 | 99 | 99 | | 95 | 95 | 98 | 97 | 92 | 95 | 95 | 95 | |
| Source | | | | | | | | | | | | | | | RA | RA | RA | |
| open | | | | | | | | | | | | | | | | | | |
| intermittent | | | | | | | | | | | | | | | | | | |

| INTAKE | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NS | | | | | | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1375 |
| PO | | | | | | | | 100 | | | | 150/250 | | 150/360 | | | 120/480 | 480 |
| IVPB (Ancef) | | | | | | | 50 | | | | | | | | 50/100 | | | 100 |
| | | | | | | | | | | | | | | | | | | 1935 |
| TOTALS | | | | | | | | | | | | | | | | | | |

| OUTPUT | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR | | | | | 200 | 200 | 200 | 200 | 200 | 100 | 200 | 200 | 200 | 250 | 200 | 250 | | |
| | TOTAL | | | | | | | | | | | | | | 1100 | 1300 | 1550 | | 1790 |
| | SP GR | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| Chest tube | OUTPUT #1 | | | New CT | | | | | | | | | | | | | | | 140 |
| | OUTPUT #2 | | old | CT | | | | | | | | | | | | | | | 15 |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | Total |
| STOOL | | | | | | | | | | | | | | | | | | | 1905 |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 189/68 | 100/65 | 110/70 | 105/50 | 106/60 | 105/56 | 106/54 | 106/56 | |
| | 94 | 64 | 86 | 94 | 92 | 93 | 94 | 83 | |
| | 21 | 21 | 24 | 21 | 22 | 21 | 21 | 20 | |
| | 96 | 98 | 96 | 97 | 98 | 98 | 98 | 94 | |
| | RA | | | | | | | | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | |
| | | 210 | | 120 | 120 | | 120 | | |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 1300/1500 | | |
| | | 140 | | | | | | | |
| | | 15 | | | | | | | |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ABG | pH | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | |
| | $pO_2$ | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | |
| | SAT | | | | | | | | | |
| | BASE | | | | | | | | | |

| LABORATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TURN | TIME | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | | | | | |
| | BATH | | | | | | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | |
| | TRACH CARE | | | | | | | | |
| | ROM EXERCISES | | | | | | | | |

24°I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | | Urine: | |
| po | | | |
| TOTAL | | TOTAL | |

| NURSE SIGNATURE | INITIALS |
|---|---|
| [redacted] | [redacted] |
| b(6)-2 | |

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

| | | TIME | 0570 | INITIALS [redacted] | 1745 | INITIALS [redacted] | 1/6-2 | INITIALS |
|---|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | | PERRLA | b(6)-2 | Perrla | | | |
| | SENSORIUM | | AAOX3 | | A+O x3 | | | |
| | | | Pt complains of pn on | | | | | |
| | | | (Pt) side, site of CT | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | | Regular | | regular | | | |
| | BREATH SOUNDS | | Wheezes bilateral | | clear bilat | | | |
| | SECRETIONS | | [illegible] | | one chest tube on right | | | |
| | | | [illegible] | | side to 15cm water seal | | | |
| | | | [illegible] | | | | | |
| | | | [illegible] | | | | | |
| SKIN | COLOR | | Appropriate for ethnicity | | normal for race | | | |
| | INTEGRITY | | warm & dry [illegible] | | dry & intact | | | |
| | | | [illegible] | | | | | |
| IV SITE | LOCATION | | (L)AC IV 125cc/hr NS | | Lac 125NS | | | |
| | CONDITION | | patent | | | | | |
| GASTRO | ABDOMEN | | soft, [illegible] | | soft tender | | | |
| | BOWEL SOUNDS | | x4 quad. [illegible] | | bowel sounds | | | |
| | | | [illegible] | | hyperactive | | | |
| GU | URINE: | | [illegible] | | Foley pulled | | | |
| | COLOR/CLARITY | | yellow [illegible] | | | | | |
| | | | Foley to gravity | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | | NSR [illegible] | | S1S2 NSR | | | |
| | | | S1S2 [illegible] | | cap refill <2 secs | | | |
| | | | [illegible] | | pulses +2 radial & pedal | | | |
| | | | [illegible] | | | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

[redacted] b(6)-2

(Continue on reverse)

PREPAR[redacted] & Title) [redacted] RN/LPN

DEPARTMENT/SERVICE/CLINIC ICU 2 west

DATE 9 MAY 03

PATIENT'S IDENTIFIC[redacted] entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

**VITAL SIGNS**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial Line | 115 | 103 | 103 | 104 | 109 | 115 | 112/65 | 114 | | 110 | 113 | 110 | 115 | 110 | 108 | 115 | 112 | |
| BP Cuff | 62 | 57 | 57 | 58 | 64 | 67 | 66 | 60 | | 63 | 60 | 67 | 74 | 62 | 59 | 68 | 63 | |
| Temperature | 99.0 | | | | | 98.9 | 98.5 | 98.1 | | 98.8 | 98.7 | 99.1 | | | | | 98.3 | |
| Pulse | 85 | 95 | 85 | 81 | 83 | 84 | 88 | 86 | | 83 | 85 | 85 | 91 | 93 | 94 | 101 | 89 | |
| Respiratory Rate | 18 | 14 | 14 | 23 | 18 | 18 | 19 | 20 | | 17 | 18 | 14 | 19 | 17 | 14 | 18 | 18 | |
| Sats | 98 | 93 | 94 | 96 | 95 | 98 | 97 | 96 | | 94 | 95 | 98 | 97 | 98 | 95 | 97 | 96 | |
| Source | RA | → | → | → | → | RA | RA | RA | | RA | RA | RA | RA | RA | RA | RA | RA | |

**INTAKE**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NS | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1000 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1000 |
| PO | | | | | | | 240 | | 240 | | | | 210 | | 210 | | 105 | 525 |
| IVPB | | | | | | | 50 | | 50 | | | | | | | 50 | | 50 |
| TOTALS | | | | | | | | | 1340 | | | | | | | | | 1575 |

**OUTPUT**

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE HOUR | | | | | 1300 | | 1300 | | 1350 | | | | | 1100 | | | | 1100 |
| URINE TOTAL | | | | | 1300 | | 1300 | | 1350 | | | | | 1100 | | | | 1100 |
| CT OUTPUT 1 | new | | 187 | | 81 | | | | 187 | | | | | | | | 9cc | 9 |
| CT OUTPUT 2 | old | | | | 56 | | | | 56 | | | | | | | | | 2 |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 1700 | INITIALS [redacted] | b(6)-2 | INITIALS | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | A+O x 3 | | | | | |
| | SENSORIUM | Pain sensation to | | | | | |
| | | all extremities | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | neg ~~[illegible]~~ / exp | | | | | |
| | BREATH SOUNDS | wheezing bilat | | | | | |
| | SECRETIONS | | | | | | |
| | | CT to right lung | | | | | |
| | | to water seal 15cc | | | | | |
| SKIN | COLOR | NPR | | | | | |
| | INTEGRITY | intact | | | | | |
| | | stair wounds on back dry + intact | | | | | |
| I.V. SITE | LOCATION | L AC 125cc NS | | | | | |
| | CONDITION | | | | | | |
| GASTRO | ABDOMEN | soft | | | | | |
| | BOWEL SOUNDS | hyperactive | | | | | |
| GU | URINE: | clear yellow | | | | | |
| | COLOR/CLARITY | foley to gravity | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | NSR | | | | | |
| | | S1 S2 | | | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU Quest

DATE

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

Civ [redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

2425 intake / 1660 output



DATE | DX | HOSPITAL DAY

**VITAL SIGNS**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 104/79 | 97/59 | 100/51 | 115/52 | 96/65 | 111/49 | | | | | | | | | | | | |
| Temperature | | | 96.1 | | | | | | | | | | | | | | | |
| Pulse | 73 | 67 | 69 | 77 | 87 | 72 | | | | | | | | | | | | |
| Respiratory Rate | 22 | 20 | 18 | 14 | 17 | 11 | | | | | | | | | | | | |
| SpO2 | 94 | 100 | 99 | 98 | 97 | 95 | | | | | | | | | | | | |
| pain | | | | | | | | | | | | | | | | | | |
| sedation | | | | | | | | | | | | | | | | | | |

**INTAKE**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NS | 125 | 125 | 125 | 125 | 125 | 125 | | | | | | | | | | | | |
| H2O | | 100 | | | 200 | | | | | | | | | | | | | |
| Ancef | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | 2425 | | | | | | | | | | | | |

^ H2 Anx

**OUTPUT**

| | | HOUR / TOTAL | 24 / 50 | 01 / 50 | 02 / 100 | 03 / 175 | 04 / 125 | 05 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | | sp gr | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | |
| NG | | OUTPUT | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | |

POST-OP DAY

| VITAL SIGNS | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| | 116 | 118 | 120 | 109 | 119 | 114 | 107 | 125 | |
| | 66 | 68 | 70 | 62 | 64 | 66 | 69 | 80 | |
| | | | | | | | 97.6 | | |
| | 86 | 88 | 83 | 94 | 75 | 93 | 77 | 84 | |
| | 19 | 19 | 19 | 23 | 13 | 22 | 20 | 20 | |
| | 96 | 100 | 97 | 96 | 96 | 94 | 97 | 99 | |
| | RA | RA | RA | RA | RA | RA | RA | RA | |

| INTAKE | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
| | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | |
| | | 240 | | | 100 | | 50 | | |
| | | | | | | | 50 | | |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 450 / 45 | 200 | | | | | | 1,350 | |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY DATA | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | | | | | | |
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| A | pH | | | | | | | | | |
| A | $PCO_2$ | | | | | | | | | |
| B | $pO_2$ | | | | | | | | | |
| B | $HCO_3$ | | | | | | | | | |
| B | SAT | | | | | | | | | |
| G | BASE | | | | | | | | | |

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

| ACTIVITIES OF DAILY LIVING | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | | TIME | | | | |
| | MOUTH CARE | | | | TURN | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | | Urine: | |
| po | | | |
| | | | |
| TOTAL | | TOTAL | |

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS

[redacted]

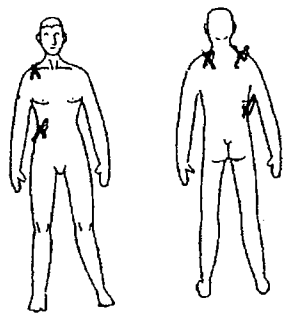
MEDCOM - 9032

6/6)-4

1. LAST NAME, FIRST NAME: EPW [redacted]
RANK / GRADE
☒ MALE / HOMME
☐ FEMALE / FEMME
RELIGION / RELIGION
SSN / NUMÉRO MATRICULE
SPECIALTY CODE / GPM

2. UNIT / UNITÉ
FORCE / ÉLÉMENT
NATIONALITY / NATIONALITÉ
A/T | AF/A | N/M | MC/M
BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE
FRONT / DEVANT | BACK / ARRIÈRE



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

Bilateral Stab wounds both shoulders
(R) Hemothorax
Chest tube
(R) side, PTX

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE
☒ ALERT / ALERTE
☐ VERBAL RESPONSE / RÉPONSE VERBALE
☐ PAIN RESPONSE / RÉPONSE À LA DOULEUR
☐ UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS: 124 | TIME / HEURE: 0036
6. TOURNIQUET / GARROT: ☐ NO / NON ☐ YES / OUI | TIME / HEURE:
7. MORPHINE / MORPHINE: ☐ NO / NON ☒ YES / OUI | DOSE / DOSE: 10gr | TIME / HEURE: 0029
8. IV / IV: 1000mL LR | TIME / HEURE: 0031

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

Chest tube (R) side @ 0031
1000 mL IV LR @ 0031
1 gr. Ancef @ 0038
10 gr Morphine IM @ 0029

@ 0040 CT drained ~1400 cc, pt hd in shock

10. DISPOSITION / DISPOSITION
☐ RETURNED TO DUTY / RETOUR À L'UNITÉ
☐ EVACUATED / EVACUÉ
☐ DECEASED / DÉCÉDÉ
TIME / HEURE: 0039
DATE/DATE (YYMMDD): 16 May 03

11. PROVIDER / UNIT / OFFICIER MÉDICALE / UNITÉ
SAC [redacted] 9th MD [redacted]

DD Form 1380, NOV 1999, which is the only authorized edition of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.
DD Form 1380
DEC 91
U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

6/6-2

☆U.S. GOVERNMENT PRINTING OFFICE: 2001-478-671

| 1. DATE AND TIME OF CAPTURE | 2. SERIAL NO. 0378127 A | |
|---|---|---|
| 16MAY03 1800 | | |
| 3. NAME | | 4. DATE OF BIRTH |
| 5. RANK | 6. SERVICE NO. | |
| 7. UNIT OF EPW | 8. CAPTURING UNIT [redacted] | |
| 9. LOCATION OF CAPTURE *(Grid coordinates)* Hay Al Anbar | | |
| 10. CIRCUMSTANCES OF CAPTURE | 11. PHYSICAL CONDITION OF EPW | 12. WEAPONS, EQUIPMENT, DOCUMENTS |
| Carjacking | poor/stabbed | none |

b2-2

DD FORM 2745, MAY 96 REPLACES DA FORM 5976, JAN 91, USABLE UNTIL EXHAUSTED.

| 1. DATE AND TIME OF CAPTURE | 2. SERIAL NO. 0378127 B | |
|---|---|---|
| 3. NAME | | 4. DATE OF BIRTH |
| 5. RANK | 6. SERVICE NO. | |
| 7. UNIT OF EPW | 8. CAPTURING UNIT | |
| 9. LOCATION OF CAPTURE *(Grid coordinates)* | | |
| 10. CIRCUMSTANCES OF CAPTURE | 11. PHYSICAL CONDITION OF EPW | 12. WEAPONS, EQUIPMENT, DOCUMENTS |

DD FORM 2745, MAY 96 REPLACES DA FORM 5976, JAN 91, USABLE UNTIL EXHAUSTED.

| DATE AND TIME OF CAPTURE | 2. SERIAL NO. 0378127 C | |
|---|---|---|
| ME | | 4. DATE OF BIRTH |
| | 6. SERVICE NO. | |
| W | 8. CAPTURING UNIT | |
| APTURE *(Grid coordinates)* | | |
| APONS, SPECIAL EQUIPMENT, DOCUMENTS | | |

PW

REPLACES DA FORM 5976, JAN 91, USABLE UNTIL EXHAUSTED.

كارت شعبة الطوارئ
Emergency Unit Card

دائرة صحة

مستشفى

التسلسل (19)

اسم المريض — الجنس ♂ — العمر 21

تاريخ الدخول ( تذكر الساعة واليوم بالكامل ) 5/16
٨,٢٠ مساء

Complaints : assault multiple stab wds, mainly in the chest

Duration :

Present History : dyspnea
Pale

Clinical Findings CVS —
pale
dyspn
↓ air entry on (Rt) side
Soft abd

CXR ⇒ (Rt) hemothorax

Provisional Diagnosis :

1 - 2

Management : Chest Tube, ⇒ 900 cc blood in 10 min.

Laboratory Exam. (Findings) :

Radiological Exam. (Findings) : CXR

- Other Exam. (ECG, ... etc.) :

- Treatment

- Follow Up :

| 4 hour | 8 h. | 12 h. | 16h. | 20h. | 24h |
|---|---|---|---|---|---|
| | | | | | |

Temperature Chart

| Time | B.P. | P.R. | R.R. |
|---|---|---|---|
| 8'30 | 110/60 | 100 | |
| 9'30 | 190/60 | 130 | |
| | | | |
| | | | |

Observation Chart

- تاريخ وساعة خروج المريض من شعبة الطوارىء :
- حالة المريض عند الخروج :

اسم وتوقيع الطبيب المعالج

1/61-2

[redacted]

الاسم

التوقيع

( ملاحظة ) : لا يجوز بقاء المريض اكثر من ٢٤ ساعة في الطوارىء واذا تطلبت حالة المريض رعاية صحية لمدة اطول يحال الى الوحدة الطبية السريرية المختصة في المستشفى )

# ADMISSION AND CODING INFORMATION

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

| 1. REPORTING MTF | 2. MTF LOCATION (State or Country Code.) | 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|---|---|
| A I I D I | I Z | 0 0 1 3 1 0 2 | Unknown EPW [redacted] b(6)-4 | EPW 1 | M |

| 6. DATE OF BIRTH (YYYYMMDD) b(6)-4 | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| unk | 34y | X | 9 | unknown |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| unk | unk | 20 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS b(6)-4 |
|---|---|---|---|
| N/A | M | 0145 | N/A |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| NO | K77 | unk |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION |
|---|---|---|---|
| IZ | UN/A | 1 | YEAR / ☑ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| Q | ICU2 | unk |

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): unk

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY:

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: unk

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| Q1 | | 030521 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| | | 030517 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYMMDD) |
|---|---|---|
| | | |

FOR LOCAL USE

Dx:
(R) CHEST PNEUMOTHORAX ~~(STAB WOUND)~~

Dx: 8601
89682

Px: 8622
3471
3404

ADMITTING OFFICE: FOR [redacted] b(6) 2

SIGNATURE OF [redacted] b(6)-2

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | |
|---|---|---|---|---|---|
| 1. REGISTER NUMBER 0013961 b(2)-4 | 2. NAME (Last, First, MI) EPW [redacted] b(6)-4 | | | 3. GRADE EPW | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 25Y | 6. RACE IRAQI | 7. RELIGION UNKNOWN | 8. LENGTH OF SVC — | 9. ETS — |
| 11. FMP 99 | 12. SSN b(6) 4 [redacted] | | 13. ORGANIZATION — | | 10. PREVIOUS ADMISSION |
| 15. FLYING STATUS — | 16. RATING/DSG | 17. DEPT./BEN K78 | 18. BRANCH/CORPS — | 19. UIC/ZIP — | 14. WARD ICW2 |
| | | | | | 20. TYPE CASE WIA |

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: DIRECT FROM ER

22. HOURS OF ADMISSION: 1745

23. CLINIC SERVICE: AEAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK

25. TYPE DISPOSITION: EPW CAMP

26. DATE OF DISPOSITION: 18 MAY 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK

27b. TELEPHONE NO.: UNK

28. DATE OF THIS ADMISSION: 17 MAY 03

ADMITTING OFFICER: DR [redacted] b(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(2)-2

30. DATE OF INTIAL ADMISSION

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

GUNSHOT FX (L) FIBULA

Dx: 823.11, E991.2

88.29, 99.29, 93.54

35. Total Days This Facility

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 1 | 1 |

36. Total Days All Facilites

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

SIGNATURE OF [redacted] LTC, MC [redacted] b(6)-2

[redacted] AV 79 b(6)-2

[redacted] COM - 9038

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

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

25 y/o INACT PW ↑ c̄ (L) LEG FRAGMENT WOUND & D. AGO. Ø RX TO BATT. Ø FCS

PMH ⊖
PSH ⊖
NKA
MEDS ECOM & MLC
NOS N/C Ø FCS

PHYSICAL EXAMINATION

A&OX3
CHEST CTA
CON NAD c̄ (M)
ABD SOFT NT c̄ NABS
EXT - 2X WAT (L) PROX LEG WOUNDS c̄ SIGN INFECTION. 2X SM PUNCTURES ANT KNEE Ø EFFUSION NVI c̄ ↑ PERONEAL FXN.

PROGRESS (Enter date of discharge and final diagnosis)

XR - FX PROX FIB SHAFT c̄ METALLIC FRAGS.
A 4 DAY OLD LOW ENERGY GSFX (L) FIBULA
P WCM WND CARE, ABX SPLINT. TO PW PEN TOMORROW

[redacted] b(6)-2
LTC, MC
ORTHOPEDIC SERVICE

| SIGNATURE | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] | 17 MAY 03 | | |

| PATIENT IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO. |
|---|---|---|
| [redacted] b(6)-2 | | |

[redacted] b(6)-4

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

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## PROGRESS NOTES

| DATE | |
|---|---|
| 17MAY03 | 2130hrs UDP 700cc CLEAR AMBER FLUID – PC [redacted] 9IW |
| 18May03 | [redacted] Pt care assumed @2100. VSS, pt resting but awaken b(6)-2 |
| 0100 | to verbal stimuli. Pt has no c/o at this time. Lung sounds CTA with equal rise and fall of chest, pulses palpable x4, bowel sounds present x4 quadrants. Pt has heplock in LFA, flushes well without s/s infection or infiltration. Pt has reddened vesicle on (L) hand, no complaints of pain @ site. Dressing on LLE CDI, (+) sensation, ROM, and capillary refill <3 seconds. Will continue to monitor. SPC [redacted] 9IWMC b(6)-2 |
| 18MAY03 | S COMFORTABLE IN SPLINTS |
| | O VSSA |
| | WOUNDS S SIGN INFECTION |
| | NVI C CLOSED BF |
| | A 4 DAY-OLD LOW ENERGY GSW (L) GRUM HAS |
| | P "STOOD THE TEST OF TIME" - HAS NO SIGN INFECTION DESPITE THE DELAY IN PRESENTATION. WILL RX AS OUTPT C PO ABX & SPLINTING. |
| | [redacted] b(6)-2 |
| | LTC, MC ORTHOPEDIC SERVICE |
| 18MAY03 | Assumed pt care @ 0500: T96.1 P73 R16 B/P 104/60 SAT 97 |
| 0700 | A+Ox3, (+) BS x4. AL (+) FA patent to flush. Dsng on (L) foot CDI. Edema noted on (R) foot. Will continue to monitor [redacted] 9IWMC b(6)-2 |

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00