6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to: ✓ 1) Intraoperative Mobility ✓ 2) Positioning 3) Existing Disease 4) Safety Devices ✓ 5) Hypothermia	✓ 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. ✓ Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. ✓ Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to: ✓ 1) Pain ✓ 2) Intraoperative Hazards 3) Prosthesis ✓ 4) Positioning ✓ 5) Transfer pt. to/from OR table E.2. ✓ Potential discomfort due to: ✓ 1) Length of Surgery ✓ 2) Positioning 3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. ✓ Diminished visual perception due to being: ✓ 1) Pre-Medicated 2) W/O Glasses F.2. ✓ Potential for decreased communication due to: 1) Diminished Hearing ✓ 2) Language Barrier F.3. Potential injury due to dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. ✓ Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. ✓ Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side. o Validate pt.'s understanding of verbal communication. 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 COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 [redacted] CPT USN 12 June 03 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. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)-2 DATE [redacted] CPT USN TIME: 0800

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)

DATE: 12 June 03 TIME: 1045

All (b)(6)-2 except where noted

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 Anesthesia

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

3. DATE 12 June 03 TIME PATIENT ARRIVED IN SUITE (CW → OIR)

4. PATIENT IN ROOM TIME 0835 NUMBER 2-1 | 1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Allergies: nkda NPO ∅ MN

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted]	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] CPT [redacted] (0900)	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

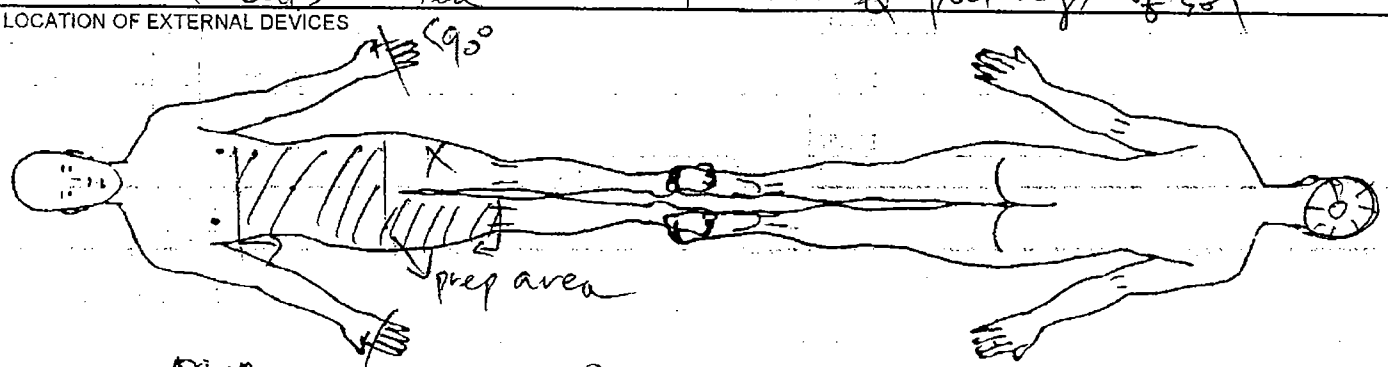
COMMENTS: correct body alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☐ NO
DONE BY: ☑ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP
COMMENTS: ∅ Cuts noted

PREP SOLUTION (Specify) Beta/Beta
SITE: Abd BY WHOM:
SITE: Rt. thigh BY WHOM: CPT [redacted]
COMMENTS: ∅ pooling of sol

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

C = Correct I = Incorrect

		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No	/			[redacted]	[redacted]
Needle Sharp	☒ Yes ☐ No		C	C		
Instrument	☐ Yes ☐ No	/	/	/		
Other	☐ Yes ☐ No	/	/	/	/	/

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

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

ICU 1

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

☒ ESU NO: Valleylab Force II #4
GROUND PAD: BRAND Valleylab REM Polyhesive II
LOT NO: 68936 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME AND NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

	1.	2.	3.
TYPE/SIZE	Penrose JP x2		
SITE	Lower Abd		

19. ADDITIONAL INFORMATION
WC
Surgeons: [redacted] Anesthesia: [redacted] Anesthesia Type: General

Bovie Pad site intact pre-op yes : post-op C/I Bovie Settings: Coag/Cut 30/30
Tourniquet Site intact pre-op N/A : post-op N/A
Tourniquet Time: Up N/A Down N/A

20. OPERATION(S) PERFORMED

I & D Suprapubic wound

21. PATIENT TRANSFERRED TO: Icu | TIME see DA7389 | METHOD Gurney c safety strap on

22. [redacted] SIGNATURE [redacted] CPT AN

REVERSE OF DA [redacted] 1, OCT 87 USAPA V1.01

MEDCOM - 9843

(b)(6)-2

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 0050 HOURS TO _____ HOURS | TOTAL HOURS COVERED | DATE 10 May

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
10 May 23-07	NPO	Ø	Ø

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
23-07	2000cc	LR, NS	2000	0500	2000
	150cc	100 TIMENTIN, 50 ZOFRAN 50 zantac	150	0200	2,150.00
	200	50 zofran, 100 Timentin	200		2,350cc
	500	50 zof 50 ulcysyr 100 Tim 250 Vanc 50 zant	500		2850
	1000	NSLR	1000		3850
2100	1000	LR			

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

OUTPUT

(L) NEPHROSTOMY URINE TUBE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0430	800	800			
1400	250	1050			
2200	150	1200			
		3050			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL
0130	10cc	GRN BILE	10cc
0430	3cc	" "	13cc
2200	200		213
		236	

SUPRAPUBIC FOLEY ~~CHEST~~

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0430	250	250			
1400	100	350			
2200	10	360			
		960			

JP DRAIN EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	210	@60cc 0200 + 80cc @0430, 70cc 0630	210
1400	120		330
	70	18/30 22/40	400
		940	

RED RUBBER ~~STOOLS~~

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0600	Bloody	Watery	200cc	200cc
1400	3 Large chunk	- leaky bag	340	540
2200				540 +++
			1280	

~~JP~~ FOLEY OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	Ø cc	~~60cc, 80cc 0200 0430~~	Ø cc
1400	15		15
2200	10	25	25
GRAND TOTAL OUTPUT			

REMARKS

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

[redacted] (b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

1 May

(1) Nephrostomy TUBE

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0600	~~350~~ 350	350			
0800	400	750			
1435	200	950			
2200	~~3 ounce~~	~~950 +++~~			
↓	175	1125			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL
0600	5-10cc	G-type	Jcc
1435	30	Dark green	35cc
2200	100	Brown,	135
2300	100	light Brown/dk	235

~~CHEST~~ SUPRAPUBIC FOLEY

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0600	20	20			
1430	100	120			
2200	~~3 ounce~~	~~220 +++~~			

EMESIS JP DRAIN

TIME	AMOUNT	TYPE	ACCUM TOTAL
0600	30	serosang	30
0800	5	serosang	35
1030	60	serosang	95
1330	40	serosang	135
1430	20	serosang	155
2200	100		255
2300	30	Serosang	285

~~STOOLS~~ RED RUBER

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0600	serosang.		60	60
1430	serosang.	~~++++~~	200	260
2200	3 soaked			260+++
2300	serosang.		60	~~320~~ a

~~OTHER OUTPUT~~ FOLEY

TIME	AMOUNT	TYPE	ACCUM TOTAL
0600	25	Blood tng	25
1430	10	Blood tinge	35
	0		35

GRAND TOTAL OUTPUT

REMARKS

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

[redacted] (1)(6 6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

12 May 03

OUTPUT

(L) Nephrostomy TUBE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
~~23-07~~	~~725~~ error	~~725~~			
23-07	100cc	100cc			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	75	lt. grn.	75
0630	25	lt. grn	100
0330	400	lt. grn	500

SUPRAPUBIC ~~CHEST~~ FOLEY

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
23-07	50	50			

~~EMESIS~~ JP DRAIN

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	100	serosang.	100
2330	40		140

~~STOOLS~~ RED RUBBER

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0415	Amber urine		625	625
0630	CAU		200	825

~~OTHER OUTPUT~~ FOLEY CATH.

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	Ø	Ø	Ø

GRAND TOTAL OUTPUT

REMARKS

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

[redacted] (b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM _____ HOURS
TO _____ HOURS

TOTAL HOURS COVERED

DATE

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0000	oral care H_2O	60	60

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
23-07	70cc/hr	LR	560	07	560

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

13 MAY 3

OUTPUT

(L) Nephrostomy ~~URINE~~ Tube

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0600	80	80			
07	60	140			
0800	70	210			
1400	250	460			
2100	950	~~450~~ 1310			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL
0600	800	grn tint H_2O	800

Suprapubic ~~CHEST~~ Foley

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0600	60	60			
0800	50	110.			
1400	150	260			
2130	50	310			

~~EMESIS~~ JP

TIME	AMOUNT	TYPE	ACCUM TOTAL
0030	40	Serosang	40
0200	40	Serosang	80
0600	90	Serosang	170
0700	50	Serosang	220
0800	45	Serosang.	265.
1400	400		665
2130	340	Serosang	

Red Robin ~~STOOLS~~

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
23-07	CTU		425	425
0600	CYU		150	575
1400			400	975
2130		CTU	150	1125

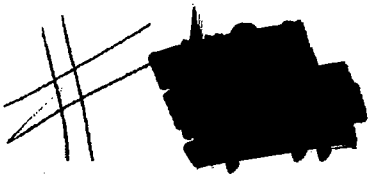
~~OTHER OUTPUT~~ FOLEY CATH

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	5cc	Bld.	5cc
1400	10	Blud.	15
2130	10	Bloody	25

GRAND TOTAL OUTPUT

REMARKS

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



(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM _____ HOURS
TO _____ HOURS

TOTAL HOURS COVERED

DATE

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
2330	H_2O	110	110
0200	H_2O	120	330
0400	H_2O	60	390
0600	H_2O	240	630
1130	H_2O	180	810
1230	Jello / H_2O	240	1050
1400	milk.	200	1250
1600	H_2O / OJ TANG	400	1650
2000	Jello	120	1770

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
2300	70	LR @ 70cc/hr	560	0700	560
0600	500	LR	500	0700	1060
~~0700~~					
1200	100	IVPB.	100		1160
1400	70	LR	560		1720
2100	70	LR @ 70cc/°	490		1810

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

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

14 may 03

OUTPUT

(L) Nephrostomy ~~URINE~~ Tube

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
~~0245~~	~~275~~	~~27~~ error			
0600	925	925			
1400	600	1525			
2300	400	1925			
15 May 2200	1200	1200			

JP DRAIN ~~NASOGASTRIC~~

TIME	AMOUNT	TYPE	ACCUM TOTAL
0030	90	Serosang	90
0230	100	Serosang	190
0600	90	Serosang	280
0640	50	Sero Sang	330
0714	240	Sero Sang	570
2300	200	Sero Sang	770
	80		850
15 May 2200	300	Sero Sang	350

Suprapubic ~~CHEST~~ Foley

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
23-07	30	30 Blood			
0714	50	80			
2300	100	180 blood			

~~EMESIS~~ ~~JP~~

TIME	AMOUNT	TYPE	ACCUM TOTAL

RED ROBIN ~~STOOLS~~

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0245	CYU	—	275	275
0714 00			1000	1275
2300	CYU	clear	500	1775
15 May 2200	250	CYU	250	250

Foley ~~OTHER OUTPUT~~ CATH

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	Ø		Ø
0714	10		10
2300	Ø		10
GRAND TOTAL OUTPUT			

REMARKS

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

[redacted] (b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM _____ HOURS
TO _____ HOURS

TOTAL HOURS COVERED

DATE

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0230	H_2O	240	240

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
23-07	70cc/hr	LR@70cc/hr	560	07	560
0330	100cc	Unasyn	100	0000	660
2400		Unasyn	100		760

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

[redacted] (b)(6)-4

16 May 03

OUTPUT

LT Nephrostomy URINE tube

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
06	450	450			
22	460	910			

JP ~~NASOGASTRIC~~ Drain

TIME	AMOUNT	TYPE	ACCUM TOTAL
07	100		100
22	60		160
15	90		250

Suprapubic ~~CHEST~~ Cath drain

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
08	1025	1025			

~~EMESIS~~ BM

TIME	AMOUNT	TYPE	ACCUM TOTAL
2000	Med	dk. brown	
2200	Med	dk brown	

Red Robin ~~STOOLS~~

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
07	yell	cl	600	600
22	yell	cl	200+	800

Foley ~~OTHER OUTPUT~~

TIME	AMOUNT	TYPE	ACCUM TOTAL
06	10		10
22	5		15

GRAND TOTAL OUTPUT

REMARKS

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

[redacted] (b)(6)-4

INTAKE EQUIVALENTS (Serving levels cc)

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

DD FORM 792, JAN 74

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

USAPPC V1.00

D May

OUTPUT

Lt Nephrostomy URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0600	900	900			
1500	1400	2300			
2300	2200	4500			

JP ~~NASOGASTRIC~~

TIME	AMOUNT	TYPE	ACCUM TOTAL
02	120		120
06	100		220
10	160		384
1500	40		424
2300	60		484

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

~~EMESIS~~ BM

TIME	AMOUNT	TYPE	ACCUM TOTAL
	X1		

Red Robin STOOLS Ileal Conduit

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0200			475	475
1500			350	825
2300	yellow/clear	(Cerkins)	40	865

Foley ~~OTHER OUTPUT~~

TIME	AMOUNT	TYPE	ACCUM TOTAL
06	8	Red	8
15	15	Red	27
23	30	Dirty	57
GRAND TOTAL OUTPUT			

REMARKS

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

[redacted] (b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

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

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM _____ HOURS
TO _____ HOURS

TOTAL HOURS COVERED

DATE

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
1500	water	8oz	
1600	water	8oz	
1800	juice	8oz	
2000	~~water~~		
	water →	16oz	40oz

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
2400		LR TKO	800		800

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

18 MAY

OUTPUT

URINE L Neph.

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0600	1400	1400			
1445	2400	3800			

~~NASOGASTRIC~~ FOLEY CATH

TIME	AMOUNT	TYPE	ACCUM TOTAL
0600	0	NONE OUT	0
1445	0		

ILEAL CONDUIT ~~CHEST~~

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
2400	100	100			
0300	Leaking	~~[illegible]~~ 150			
0600	400	550			
1440	200	730			

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL
2400	App 100cc	Clear tea colored	App 100cc
1045	200cc	mixed w/ food	

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT JP #1

TIME	AMOUNT	TYPE	ACCUM TOTAL
2400	50cc	Serous	50
0600	75	Serous	125
1445	200	yellow w/ clot	325
GRAND TOTAL OUTPUT			

REMARKS

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

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

INTAKE EQUIVALENTS *(Serving levels cc)*

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

DD FORM 792, JAN 74

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

USAPPC V1.00

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM _____ HOURS
TO _____ HOURS

TOTAL HOURS COVERED

DATE 18 MAY

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
2400	H_2O	220	220
0300	H_2O	440	680
0600	H_2O	440	1120

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
2400	TKO	LR	300	N/A	300
0600	TKO	LR	200	N/A	500

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

19 May 03

OUTPUT

~~URINE~~ L NEPH

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
23-07	200	200			
2100	2200	2400			

~~NASOGASTRIC~~ ILEAL CONL

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	700	CYU	700
0600	200	CYU	900
1315	1000	Clear yellow urine	1900
2100	200	CYU	2100

FOLEY CATH. ~~CHEST~~

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
23-07	Ø	Ø			
2100	Ø	Ø			

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0030	BRN	FORMED	SM	

OTHER OUTPUT JP #1

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	180	Sero Sang	180
1315	150	yellowish	230
2100	150		380
GRAND TOTAL OUTPUT			

REMARKS

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

INTAKE EQUIVALENTS *(Serving levels cc)*

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

OUTPUT

(L) NEPH — URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
2307	1000	1000			
1425	800	1800			
1730	700	2500			

ILEAL CONDUIT — NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	600	CYU	600
1425	60cc	Cyu	660

FOLEY CATH. — CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
2307	Ø	Ø			
1425	Ø	Ø			
1730	Ø	Ø			

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

JP #1 — OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL
23-07	130	serous	130.
1425	110	yellow	240
1730	40	Sanos	280
GRAND TOTAL OUTPUT			

REMARKS

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

INTAKE EQUIVALENTS *(Serving levels cc)*

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM ____ HOURS TO ____ HOURS	TOTAL HOURS COVERED	DATE

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
1730	water/juice	24a	24a

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
		Ø			

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
	Ø		

BLOOD/BLOOD DERIVATIVES

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

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
	Ø		

GRAND TOTAL INTAKE

USAPPC V1 00

CHEMISTRY UPV

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

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN:
EPW - [redacted] (b)(6)-4	30 May 03	0400	

(STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
Base def		(-2) – (+3) mmol/L
Glucose		10-20 mmol/L
Lactate		1.12-1.32 mmol/L
BUN		8-26 mg/dl
Glucose		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		
Magnesium release		

(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) Chemistry 12

TEST	RESULT	REF. RANGE
GLU	107	73-118 mg/dl
BUN	9	7-22 mg/dl
CRE	0.5	0.6-1.2 mg/dl
CK	58	39-380 u/l (M) 30-190 u/l (F)
NA^+	136	128-145 mmol/l
K^+	4.4	3.3-4.7 mmol/l
CL^-	100	98-108 mmol/l
tCO_2	26	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2 [redacted]	30 May 03	

Ward/Section:	REQUE[illegible]G PHYSICIAN:	LA[illegible]RATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN:
[redacted] (b)(6) - 4	30 mar 05	0400	

[redacted]			[redacted]			[redacted]		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	8.4	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	3.26	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	29.5	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	476	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %	21.2	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]			[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		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

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

LAST COPY DO NOT TAKE MAKE COPY

Ward/Section: ICU1	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
EPW-[redacted] (b)(6)-4	03 June 03	0930	

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	5.9	4.8-10.8 x 10^3
RBC	3.11	4.7-6.1 x 10^9
Hgb	9.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.5	42-52% (M) 37-47% (F)
MCV	91.5	80-94 fl (M) 81-99 fl (F)
Plt	481	130-500 x 10^3 verified
Lymph %	31.3	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

Cell Count		
Directigen		Negative

Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

(BLOOD PRODUCTS REQUESTED)

UNIT	TYPE	CROSSMATCH

REMARKS:

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

Ward/Section	TESTING PHYSICIAN:	CHEMISTRY RESULT FORM
ICU 1		(Subject to Final Review and Edit)

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN
EPW - [redacted] (b)(6) - 4	03 JUN 03	043	

(i-STAT)

TEST	RESULT	REF. RANGE
Na	138	138-146 mmol/L
K	4.0	3.5-4.9 mmol/L
Cl	103	98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BBecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	18	8-26 mg/dl
GLU	93	70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	32	38-51% PCV
Hgb	11	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

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

Chem Stry Only

Ward/Section: ICU I	REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted] (b)(6) -4	DATE 6/3/03	TIME 0732		SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB	2.2	3.5-5.5 g/dl
ALP	92	26-84 u/l
ALT	15	10-47 u/l
AMY	109	14-97 u/l
AST	19	11-38 u/l
TBIL	0.3	0.2-1.6 mg/dl
BUN	16	7-22 mg/dl
CA^{++}	8.8	8.0-10.3mg/dl
CHOL	130	100-200 mg/dl
CRE	0.7	0.6-1.2 mg/dl
GLU	107	73-118 mg/dl
TP	6.8	6.4-8.1 g/dl

(Piccolo) Metabolic 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CA^{++}		8.0-10.3 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
CK		39-380 u/l (M) 30-190 u/l (F)
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

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

Ward/Section: ICU I	ESTING PHYSICIAN: Dr [redacted] (b)(6)-2	ABORATORY RESULT FO (Subject to the Privacy Act of 19

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN
[redacted] (b)(6)-4 [redacted] (b)(6)-2	6/12/03	0730	

[redacted]

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. R
WBC	4.6	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	3.72	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	10.3	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	[redacted]		
Hct	34.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	91.4	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	354	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negat
Lymph %	27.4	20.5-51.1%	Bld		Negative	H. pylori		Negat
[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 SE WI EVERY UNIT REQ STE		
Other			Directigen		Negative	ABO/Rh		

[redacted]

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

REMARKS:

REPORTED BY: (b)(6)-2 [redacted]	DATE: 12 June 03	LAB ID NO.:

ection: ICU I | REQUESTING PHYSICIAN: Dr [redacted] (b)(6)-2 | CHEMISTRY RESULTS
(Subject to the Privacy Act of 19

FIRST, MI: [redacted] (b)(6)-4 | DATE: 6/12/03 | TIME: 0730 | SSN/PSEUDO SSN: [redacted] (b)(6)-4

[redacted]

RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
	138-146 mmol/L	ALB	3.0	3.5-5.5 g/dl	GLU		73-118 mg
	3.5-4.9 mmol/L	ALP	120	26-84 u/l	BUN		7-22 mg/dl
	98-109 mmol/L	ALT	23	10-47 u/l	CA^{++}		8.0-10.3 mg
	7.31-7.45	AMY	89	14-97 u/l	CRE		0.6-1.2 mg
	35-45 mmHg (art) 41-51 mmHg (ven)	AST	24	11-38 u/l	NA^+		128-145 m
	80-105 mmHg (art) N/A (ven)	TBIL	0.3	0.2-1.6 mg/dl	K^+		3.3-4.7 mmo
	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	12	7-22 mg/dl	CL^-		98-108 mm
	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA^{++}	9.5	8.0-10.3mg/dl	tCO_2		18-33 mmol
	95-98%	CHOL	147	100-200 mg/dl	[redacted]		
	(-2) – (+3) mmol/L	CRE	0.9	0.6-1.2 mg/dl	TEST	RESULT	REF RAN
	10-20 mmol/L	GLU	106	73-118 mg/dl	ALB		3.3-5.5 g/dl
	1.12-1.32 mmol/L	TP	8.1	6.4-8.1 g/dl	ALP		26-84 u/l
	8-26 mg/dl	[redacted]			ALT		10-47 u/l
	70-105 mg/dl	TEST	RESULT	REF RANGE	AMY		14-97 u/l
	0.7-1.5 mg/dl	GLU	100	73-118 mg/dl	AST		11-38 u/l
	38-51% PCV	BUN	14	7-22 mg/dl	TBIL		0.2-1.6 mg
	12-17 g/dl	CRE	0.9	0.6-1.2 mg/dl	GGT		5-65 u/l
[redacted]		~~CK~~		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
RESULT	REF RANGE	NA^+	140	128-145 mmol/l	[redacted]		
		K^+	4.9	3.3-4.7 mmol/l	TEST	RESULT	REF RAN
		CL^-	103	98-108 mmol/l	NA^+		128-145 mm
		tCO_2	27	18-33 mmol/l	K^+		3.3-4.7 mmo
					CL^-		98-108 mmo
					tCO_2		18-33 mmol

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

12 June 03

Ward/Section: ICU 1	ESTING PHYSICIAN: [redacted] (b)(6) -2	ABORATORY RESULT F (Subject to the Privacy Act of 1	
LAST, FIRST, MI. [redacted] (b)(6) -4	DATE	TIME	SSN/P [redacted] (b)(6) -4

Hematology/CBC			Urinalysis			MICROSCOPY		
TEST CBC	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	7.6	4.8-10.8 x 10^3	Color		N/A	RPR		Negati
RBC	3.59	4.7-6.1 x 10^9	App		N/A	Mono		Negati
Hgb	9.8	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiol		
Hct	31.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	88.5	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	354	130-500 x 10^3 verified	SG		N/A	Occ Bld		Neg
Lymph %	1.1	20.5-51.1%	Bld		Negative	H. pylori		Nega
[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]			[redacted]		
Sed Rate			Cell Count			MUST SUBMIT SF 8 W EVERY UNIT REQ EST		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			[redacted]		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMAT
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

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

Chem 12-c Lytes

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

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB	3.5	3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP	135	26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT	16	10-47 u/l	CA++		8.0-10.3 mg
pH		7.31-7.45	AMY ✓	51	14-97 u/l	CRE		0.6-1.2 mg/dl
pCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	22	11-38 u/l	NA		128-145 mmol
pO2		80-105 mmHg (art) N/A (ven)	TBIL	0.4	0.2-1.6 mg/dl	K+		3.3-4.7 mmol
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	12	7-22 mg/dl	CL-		98-108 mmol
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA++	9.9	8.0-10.3mg/dl	tCO_2		18-33 mmol/l
sO2		95-98%	CHOL	128	100-200 mg/dl			
BEecf		(-2) – (+3) mmol/L	CRE	1.1	0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU	165	73-118 mg/dl	ALB		3.3-5.5 g/dl
iCa		1.12-1.32 mmol/L	TP	7.8	6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA+		128-145 mmol/l			
Troponin-I			K+		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL-		98-108 mmol/l	NA+	138	128-145 mmol
			tCO_2		18-33 mmol/l	K+	3.7	3.3-4.7 mmol
						CL-	100	98-108 mmol
						tCO_2	30	18-33 mmol

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

Ward/Section: ICU	REQUESTING PHYSICIAN: (b)(6)-4			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted]	DATE 16 JAN 03	TIME 0403		SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

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

(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	130	73-118 mg/dl
BUN	7	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	29	39-380 u/l (M) 30-190 u/l (F)
NA^+	136	128-145 mmol/l
K^+	3.6	3.3-4.7 mmol/l
CL^-	103	98-108 mmol/l
tCO_2	25	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: (b)(6)-2 [redacted]	DATE: 16 Jan 03	LAB ID NO.:

ard/Section: Tent 1	REQUESTING PHYSICIAN: (b)(6)-4		LABORATORY RESULT (Subject to the Privacy Act of
AST, FIRST, MI: EPW [redacted]	DATE: 16 JUN 03	TIME: 0605	SSN/PSEUDO SSN:

Hematology/CBC			Urinalysis			Misc-Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF
BC	4.0	4.8-10.8 x 10^3	Color		N/A	RPR		Neg
BC	2.83	4.7-6.1 x 10^6	App		N/A	Mono		Neg
gb	7.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
ct	25.2	42-52% (M) 37-47% (F)	Bili		Negative	Source		
CV	89.2	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
	262	130-500 x 10 verified	SG		N/A	Occ Bld		N
ymph %	25.8	20.5-51.1%	Bld		Negative	H. pylori		
Hematology/Manual Differential			pH		N/A	Micro Parasites		
egs		Mono	Prot		Negative	Malaria		
ands		Eos	Urob		0.2-1.0	O & P		
ymph		Baso	Nit		Negative	Other		
typ		Imm	Leuk		Negative	**Microscopic Urinal**		
BC Morph			HCG		Negative			
pun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Ba**		
ed Rate			Cell Count			MUST SUBMIT SF 518 V EVERY UNIT REQUES		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

REPORTED BY: (b)(6)-2 [redacted]	DATE: 16 Jun 03	LAB ID NO:

d/Section: LV 1	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
ST, FIRST, MI [redacted] (b)(6)-4	DATE 12 JAN 03 / TIME 0930	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
EST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	3.5	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	2.80	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	7.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	24.9	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	89.0	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
PLT	271	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %	40.1	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hematology) Manual Differential			pH		N/A	Micro Parasites		
gs		Mono	Prot		Negative	Malaria		
nds		Eos	Urob		0.2-1.0	O & P		
mph		Baso	Nit		Negative	Other		
p		Imm	Leuk		Negative	**Microscopic Urinalysis**		
C rph			HCG		Negative			
n natocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Rate			Cell Count			**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**		
ner			Directigen		Negative	ABO/Rh		

Coagulation Studies			**Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**		
EST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
		9.8-13.6 secs			
TT		21-34 secs			
limer		<20 ug/ml			
P		<10 ug/ml			

MARKS:

(b)(6)-2 [redacted] 17 Jan 03

Ward/Section: ICU 1	K... ESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6)-4	DATE 17 June 03	TIME 0430	SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

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

(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	93	73-118 mg/dl
BUN	10	7-22 mg/dl
CRE	0.6	0.6-1.2 mg/dl
CK	33	39-380 u/l (M) 30-190 u/l (F)
NA^+	133	128-145 mmol/l
K^+	4.3	3.3-4.7 mmol/l
CL^-	102	98-108 mmol/l
tCO_2	25	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

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

ection: ICU #1 | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FO
(Subject to the Privacy Act of 19

FIRST, MI [redacted] (b)(6)-4 | DATE 17 Jan 08 | TIME 1230 | SSN/PSEUDO SSN

[redacted]

RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RAN
	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-11[illegible] mg
	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
	98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-1[illegible] mg
	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1[illegible] mg
	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^+		128-1[illegible] mm
	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^+		3.3-4.7 mmo
	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^-		98-10[illegible] mm
	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA^{++}		8.0-10.3mg/dl	tCO_2		18-33 mmol
	95-98%	CHOL		100-200 mg/dl	[redacted]		
	(-2) – (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RAN
	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5[illegible] g/dl
	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-8[illegible] u/l
	8-26 mg/dl	[redacted]			ALT		10-4[illegible] u/l
	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-9[illegible] u/l
	0.7-1.5 mg/dl	GLU	106	73-118 mg/dl	AST		11-38 u/l
	38-51% PCV	BUN	9	7-22 mg/dl	TBIL		0.2-1[illegible] mg
	12-17 g/dl	CRE	0.9	0.6-1.2 mg/dl	GGT		5-65 u/l
[redacted]		CK	32	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8[illegible] g/dl
T RESULT	REF. RANGE	NA^+	132	128-145 mmol/l	[redacted]		
in-I		K^+	3.9	3.3-4.7 mmol/l	TEST	RESULT	REF. RAN
of		CL^-	98	98-108 mmol/l	NA^+		128-145 mm
		tCO_2	26	18-33 mmol/l	K^+		3.3-4[illegible] mmo
					CL^-		98-10[illegible] mm
					tCO_2		18-33 mmol

ARKS:

[redacted] (b)(6)-2

d/Section: ICU #1 | REQ ING PHYSICIAN: | BORATORY RESULT FORM (Subject to the Privacy Act of 1974)

ST, FIRST, MI: [redacted] (b)(6)-4 | DATE: 17 June 03 | TIME: 1230 | SSN/PSEUDO SSN:

(Hematology) CBC

EST	RESULT	REF. RANGE
BC	6.1	4.8-10.8 x 10^3
C	3.20	4.7-6.1 x 10^9
b	8.6	14-18 g/dl (M) 12-16 g/dl (F)
	28.3	42-52% (M) 37-47% (F)
V	88.4	80-94 fl (M) 81-99 fl (F)
	286	130-500 x 10^3 verified
mph %	16.5	20.5-51.1%

Hematology) Manual Differential

gs		Mono	
nds		Eos	
mph		Baso	
p		Imm	
C rph			

m matocrit		42-52% (M) 37-47% (F)
Rate		
ner		

Coagulation Studies

EST	RESULT	REF. RANGE
		9.8-13.6 secs
TT		21-34 secs
limer		<20 ug/ml
P		<10 ug/ml

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

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

Ward/Section: ICU#1

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

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

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

DATE 19 JUN 03 TIME 0615

SSN/PSEUDO SSN:

[redacted]

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
pCO2		35-45 mmHg (art) 41-51 mmHg (ven)
pO2		80-105 mmHg (art) N/A (ven)
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
iCa		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

[redacted]

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

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

[redacted]

TEST	RESULT	REF. RANGE
GLU	118	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.9	0.6-1.2 mg/dl
CK	77	39-380 u/l (M) 30-190 u/l (F)
NA^+	128	128-145 mmol/l
K^+	4.5	3.3-4.7 mmol/l
CL^-	99	98-108 mmol/l
tCO_2	25	18-33 mmol/l

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

[redacted]

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

[redacted]

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:

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

SP

19 Jun 03

ICU #1 [redacted] (b)(6)-2

EPW# [redacted] (b)(6)-4 19 June 03 1800 15

Hematology CBC			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	6.5	4.8-10.8 x 10^3	Color		N/A	RPR		Negati
RBC	3.70	4.7-6.1 x 10^6	App		N/A	Mono		Negati
Hgb	10.1	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	32.5	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	87.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	354	130-500 x 10^3 verified	SG		N/A	Occ Bld		N
Lymph %	14.6	20.5-51.1%	Bld		Negative	H. pylori		Ne
Hematology Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 W EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT FOR CROSSMATCH REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMAT
PT		9.8-13.6 secs			
APTT		21-31 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORT [redacted] (b)(6)-2	DATE: 19 June 03	LAB ID NO.:

(b)(6)-4

EPW #[redacted] ICU#1 20JUN03 0400 (b)(6)-2 [redacted]

Hematology CBC			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	4.7	4.8-10.8 x 10³	Color		N/A	RPR		Negat
RBC	3.68	4.7-6.1 x 10⁶	App		N/A	Mono		Negat
Hgb	10.1	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	32.6	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	88.4	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	404	130-500 x 10³ verified	SG		N/A	Occ Bld		N
Lymph %	30.6	20.5-51.1%	Bld		Negative	H. pylori		N
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Exam**		
RBC Morph.			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			MUST SUBMIT SF 518 W EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

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

[redacted] (b)(6)-2

[redacted] (b)(6)-2

Ward/Section: ICU 1	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FOR (Subject to the Privacy Act of 197[illegible])	
LAST, FIRST, MI: EPW# [redacted] (b)(6)-4	DATE: 20JUN03	TIME: 0400	SSN/PSEUDO SSN:

[redacted]

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
pCO2		35-45 mmHg (art) 41-51 mmHg (ven)
pO2		80-105 mmHg (art) N/A (ven)
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
iCa		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Crea		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

[redacted]

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

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

Chem8

[redacted]

TEST	RESULT	REF. RANGE
GLU	97	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	46	39-380 u/l (M) 30-190 u/l (F)
NA+	142	128-145 mmol/l
K+	4.1	3.3-4.7 mmol/l
CL-	98	98-108 mmol/l
tCO2	27	18-33 mmol/l

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
tCO2		18-33 mmol/l

[redacted]

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

[redacted]

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

REMARKS:

[redacted] 20Jun03

(b)(6)-2

Ward/Section: ICU #1

REQUESTING PHYSICIAN

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

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

DATE: 21 June 03

TIME: 0400

SSN/PSEUDO SSN:

[redacted]

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
pCO2		35-45 mmHg (art) 41-51 mmHg (ven)
pO2		80-105 mmHg (art) N/A (ven)
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
iCa		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Crent		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

[redacted]

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

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

[redacted]

TEST	RESULT	REF. RANGE
GLU	73	73-118 mg/dl
BUN	13	7-22 mg/dl
CRE	0.4	0.6-1.2 mg/dl
CK	113	39-380 u/l (M) 30-190 u/l (F)
NA^+	138	128-145 mmol/l
K^+	4.0	3.3-4.7 mmol/l
CL	101	98-108 mmol/l
tCO_2	24	18-33 mmol/l

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

[redacted]

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

[redacted]

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

REMARKS: [redacted] 21 Jun 03

(b)(6)-2

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

21 June 03 0400

Hematology/CBC			Urinalysis			Micro Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	4.8	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	3.18	4.7-6.1 x 10^6	App		N/A	Mono		Negative
Hgb	8.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	28.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	87.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	316	130-500 x 10^3 verified	SG		N/A	Occ Bld		Neg
Lymph %	34.1	20.5-51.1%	Bld		Negative	H. pylori		Neg
Hematology/Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microcoagulation**		
RBC Morph			HCG		Negative			

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

Coagulation Studies			Blood Bank Unit Crossmatch (ATTEAST [illegible] SF 518 WITH EVERY UNIT ORDERED) (BLOOD STUDIES)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMAT
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	21 Jun 03	

(b)(6)-2

Ward/Section	REQUESTING PHYSICIAN	CHEMISTRY RESULTS (Subject to the Privacy Act of 1974)
ICU #1	Jaqor	

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN
Epw [redacted] (b)(6)	22Dec03	0400	

[redacted]

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

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
[redacted]		
TEST	RESULT	REF. RANGE
GLU	101	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.6	0.6-1.2 mg/dl
CK	55	39-380 u/l (M) 30-190 u/l (F)
NA+	129	128-145 mmol/l
K+	3.7	3.3-4.7 mmol/l
CL-	101	98-108 mmol/l
tCO_2	27	18-33 mmol/l

TEST	RESULT	REF. RANGE
GLU		73-1[illegible] mg
BUN		7-22 mg/d
CA++		8.0-1[illegible]3 m
CRE		0.6-1[illegible] mg
NA+		128-[illegible]5 m
K+		3.3-4[illegible] mm
CL-		98-1[illegible] mm
tCO_2		18-3[illegible] mm
[redacted]		
TEST	RESULT	REF. RANGE
ALB		3.[illegible] g/d
ALP		26-8[illegible] u/l
ALT		10-4[illegible] u/l
AMY		1[illegible]-9[illegible] u/l
AST		1[illegible]-3[illegible] u/l
TBIL		0.2-1[illegible] mm
GGT		5-6[illegible]
TP		6.4-[illegible] g/d
[redacted]		
TEST	RESULT	REF. RANGE
NA+		128-[illegible]5 m
K+		3.3-[illegible] mm
CL-		98-1[illegible] mm
tCO_2		18-3[illegible] mm

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] (b)(6)-2	22Dec03	

Ward/Section: KU #1	TESTING PHYSICIAN: [redacted] (b)(6) -2	LABORATORY RESULT F (Subject to the Privacy Act of 1		
LAST, FIRST, MI. EPW [redacted] (b)(6) -4	DATE 22 Jan 03	TIME 0400	SSN/PSEUDO SSN:	

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	3.9	4.8-10.8 x 10^3	Color		N/A	RPR		Negati
RBC	3.20	4.7-6.1 x 10^9	App		N/A	Mono		Negati
Hgb	8.8	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative			
Hct	28.2	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	88.1	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	271	130-500 x 10^3 verified	SG		N/A	Occ Bld		Neg
Lymph %	31.0	20.5-51.1%	Bld		Negative	H. pylori		Neg
			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			
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)						
Sed Rate			Cell Count			MUST SUBMIT SF 518 W EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

REPORTED BY: (b)(6) -2 [redacted]	DATE: 22 Jan 03	LAB ID NO.:

Last Copy

TCU# 1 [redacted] (b)(6) -2

FIRST, MI.

EPW# [redacted] (b)(6) -4 25 JUN 2003 0819

LABORATORY RESULT

Hematology CBC			Urinalysis			Misc. Serology	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT
WBC	4.4					RPR	
RBC	2.86					Mono	
Hgb	7.7					Microbiology	
Hct	25.0					Source	
MCV	87.3						
Plt	266						
Lymph	26.8						
Manual Differential							
		Mono					
		Baso				Other	
						Micro Spot Urinalysis	

	CSF	Blood Bank
		MUST SUBMIT SF 518 W/C. EVERY UNIT REQUESTED
		ABO/RH

Blood Bank Crossmatch				
RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH

REMARKS:

ORDERED BY: [redacted] (b)(6) -2 25 JUN 03

ection: Lab #1 | REQUES | PHYSICIAN:

LA ATORY RESULT FORM
(Subject to the Privacy Act of 1974)

FIRST, MI: [redacted] (b)(6)-4 | DATE: 28JUN03 | TIME: 0430 | SSN/PSEUDO SSN:

Hematology (CBC)

T	RESULT	REF. RANGE
	5.0	4.8-10.8 x 10^3
	2.92	4.7-6.1 x 10^9
	7.8	14-18 g/dl (M) 12-16 g/dl (F)
	24.8	42-52% (M) 37-47% (F)
	84.9	80-94 fl (M) 81-99 fl (F)
45	[redacted] 26.7	130-500 x 10^3 verified
%	439	20.5-51.1%

natology Manual Differential

		Mono	
		Eos	
		Baso	
		Imm	

ocrit		42-52% (M) 37-47% (F)
te		

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

	RESULT	REF. RANGE
		9.8-13.6 secs
		21-34 secs
er		<20 ug/ml
		<10 ug/ml

Blood Bank Unit Crossmatch
MUST SUBMIT SF 518 WITH EACH UNIT OF BLOOD REQUESTED

UNIT	TYPE	CROSSMATCH

ARKS:

RTED BY: [redacted] (b)(6)-2 | **DATE:** | **LAB ID NO.:**

Ward Section: KU #1

REQUESTING PHYSICIAN:

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

LAST, FIRST, MI: [redacted] (b)(6) -2

DATE: 28 June 0

TIME: 0430

SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/l
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PcO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		24-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BExcf		(-2) - (+3) mmol/l
AnGap		10-20 mmol/l
iCa		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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	104	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	35	39-380 u/l (M) 30-190 u/l (F)
NA	127	128-145 mmol/l
K	4.2	3.3-4.7 mmol/l
CL	101	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:

REPORTED BY:

DATE:

LAB ID NO.:

rd/Section | S. ...G PHYSICIAN | ...ISTRY RESULT FORM

ST FIRST MI | DATE | TIME | SSN [redacted] (b)(6) -4

EMT

(i-STAT)

TEST	RESULT	REF. RANGE
		138-146 mmol/L
		3.5-4.9 mmol/L
		98-109 mmol/L
pH	7.391	7.31-7.45
pCO2	41.7	35-45 mmHg (art) 41-51 mmHg (ven)
pO2	202	80-105 mmHg (art) N/A (ven)
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
SO2	100	95-98%
BEecf	0	(-2) – (+3) mmol/L
nGap		10-20 mmol/L
		1.12-1.32 mmol/L
		8-26 mg/dl
		70-105 mg/dl
reat		0.7-1.5 mg/dl
ct		38-51% PCV
gb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
ropanin-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	134	73-118 mg/dl
BUN	14	7-22 mg/dl
CRE	0.6	0.6-1.2 mg/dl
CK	122	39-380 u/l (M) 30-190 u/l (F)
NA+	135	128-145 mmol/l
K+	4.5	3.3-4.7 mmol/l
CL-	107	98-108 mmol/l
tCO_2	23	18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT
GLU	
BUN	
CA++	
CRE	
NA+	
K+	
CL-	
tCO_2	

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: [redacted] (b)(6) -2 | DATE: 28 Jan 03 | LAB ID NO.:

(b)(6) -4

[redacted] (Will Stay Only)

Section: 1143 | REQUESTING PHYSICIAN: [redacted] (b)(6) -2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

, FIRST, MI: | DATE: 29 Jun | TIME: 0320 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____25 mmol/L

At 37C

pH_____7.054

PCO2_____42.8 mmHg

PO2_____76 mmHg

HCO3_____24 mmol/L

BEecf_____-2 mmol/L

SO2*_____94 %

*calculated

FIO2_____: 40

Sample Type_: ART

29JUN00 12:44

Oper: [redacted]

Physician:_____

Ser# 40746

Ver: JAM0045A
CLEW A01

(Picolo) 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

(Picolo) 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

(Picolo) 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

(Picolo) 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

(Picolo) Activity 8

TEST	RESULT	REF. RANGE
GLU	135	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.5	0.6-1.2 mg/dl
CK	264	39-380 u/l (M) 30-190 u/l (F)
NA^{+}	132	128-145 mmol/l
K^{+}	4.3	3.3-4.7 mmol/l
CL^{-}	107	98-108 mmol/l
tCO_2	22	18-33 mmol/l

ARKS:

RTED BY: [redacted] | DATE: | LAB ID NO.:

(b)(6) -2 6/27

ard/Section: RI ~~ING~~ PHYSICIAN:

ABORATORY RESULT FORI
(Subject to the Privacy Act of 1974)

AST, FIRST [redacted] (b)(6)-4 | DATE | TIME | SSN/PSEUDO [redacted] (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
BC	19.2	4.8-10.8 x 10^3
BC	4.85	4.7-6.1 x 10^9
gb	12.7	14-18 g/dl (M) 12-16 g/dl (F)
ct	42.0	42-52% (M) 37-47% (F)
CV	86.6	80-94 fl (M) 81-99 fl (F)
t	445	130-500 x 10^3 verified
ymph %	25.6	20.5-51.1%

(Hematology) Manual Differential

egs		Mono	
ands		Eos	
ymph		Baso	
typ		Imm	
BC lorph			

oun ematocrit		42-52% (M) 37-47% (F)
ed Rate		
ther		

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yellow	N/A
App	Clear	N/A
Glu	Nes	Negative
Bili	Nes	Negative
Ket	Nes	Negative
SG	1.030	N/A
Bld	Trace Hemolyzed	Negative
pH	5.0	N/A
Prot	Nes	Negative
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RAN
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITI EVERY UNIT REQUESTED

ABO/Rh		

Coagulation Studies

TEST	RESULT	REF. RANGE
T	12.6	9.8-13.6 secs
PTT	27.9	21-34 secs
dimer		<20 ug/ml
DP		<10 ug/ml

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

UNIT	TYPE	CROSSMATCH

EMARKS:

EPORTED B [redacted] (b)(6)-2 | **DATE:** | **LAB ID NO.:**

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

1522 28Jun03

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	16.4	4.8-10.8 x 10^3
RBC	4.20	4.7-6.1 x 10^6
Hgb	10.7	14-18 g/dl (M) 12-16 g/dl (F)
Hct	36.1	42-52% (M) 37-47% (F)
MCV	85.9	80-94 fl (M) 81-99 fl (F)
plt	384	130-500 x 10^3 verified
Lymph %	18.1	20.5-51.1%

(Hematology) Manual Differenti

Segs		Mono	
Bands		Eos	
Metamyelo		Baso	
Myelo		Imm	
Blasts			
Hct		42-52% (M) 37-47% (F)	
Platelet			
Other			

Coagulation Studies

TEST	RESULT	REF. RANGE
PT	13.4	9.8-13.6 secs
PTT	26.4	21-34 secs
D dimer		<20 ug/ml
DIC		<10 ug/ml

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A

i-STAT G3+

Pt: 002

Pt Name:_____

TCO2_____22 mmol/L

At 37C

pH_____7.440

PCO2_____38.7 mmHg

PO2_____91 mmHg

HCO3_____21 mmol/L

BEecf_____-3 mmol/L

sO2*_____98 %

*calculated

At Patient Temp

pH_____7.444

PCO2_____38.6 mmHg

PO2_____91 mmHg

Patient Temp: 98.5F

FIO2_____: 50

Sample Type_: ART

28JUN03 15:13

Oper: 0022

Physician:_____

Ser# 40746

Ver: JAM3045A
CLEW A01

Misc. Serology

TEST	RESULT	REF. R
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WI
EVERY UNIT REQUESTE

ABO/Rh	

Bank Unit Crossmatch (18 WITH EVERY UNIT OF BLOOD REQUESTED)

TYPE	CROSSMATC

REMARKS:

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

DATE: 28JUN03

LAB ID NO.:

Tab F 989

Ward Section: ICU 3 | Requ[redacted] | [redacted] (b)(6)-2 | **CHEMI[redacted] RESULT FORM** (Subject to the Privacy Act of 1974)

AST, FIRST, M[redacted] (b)(6)-4 | DATE: 28 Jun | TIME: 1830 | SSN/PSEUDO SSN:

ABG

(I-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.461	7.31-7.45
pCO2	31.1	35-45 mmHg (art) 41-51 mmHg (ven)
pO2	126	80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	22	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	99%	95-98%
BEecf	-2	(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
iCa		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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

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

(b)(6)-2

Ward/Section:	RE[illegible]TING PHYSICIAN:	[illegible]ORATORY RESULT FORM (Subject to the Privacy Act of 1974)
OR	Dr [redacted] (b)(6) -2	

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
# [redacted] (b)(6) -4	28 Jun 03	1220	0352

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

CSF

Cell Count	
Directigen	Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch

(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

-START COPY-

Pt: [redacted]

Pt Name:_____

Glu_____118 mg/dL

BUN_____14 mg/dL

Na_____141 mmol/L

K_____3.7 mmol/L

Cl_____113 mmol/L

TCO2_____20 mmol/L

AnGap_____13 mmol/L

Hct_____35 %PCV

Hb_____12 g/dL

*Via PCO

pH_____7.486

PCO2_____28.4 mmHg

HCO3_____19 mmol/L

Lactate_____-5 mmol/L

Sample Type:

28JUN03 1834

User: 2605

Physician:_____

User# [redacted]

Ver: JAM3045A
C_EW A91 [redacted]

(b)(6) -2

DATE:	LAB ID NO.:

Ward/Section: ICU 3 | K. J | PHYSICIAN:

CHEM. RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: # [redacted] (b)(6)-4 | DATE: 28 Jun | TIME: 1522 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
pCO2		35-45 mmHg (art) 41-51 mmHg (ven)
pO2		80-105 mmHg (art) N/A (ven)
HCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
iCa		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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(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	127	73-118 mg/dl
BUN	14	7-22 mg/dl
CRE	0.6	0.6-1.2 mg/dl
CK	352	39-380 u/l (M) 30-190 u/l (F)
NA^+	134	128-145 mmol/l
K^+	4.4	3.3-4.7 mmol/l
CL^-	112	98-108 mmol/l
tCO_2	20	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: [redacted] (b)(6)-2 | **DATE:** 28 Jun 02 | **LAB ID NO.:**

(b)(6) -4

#[redacted] 29 Jun 0500

1443

[redacted] (b)(6)-2

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	12.2	4.8-10.8 x 10³
RBC	3.7	4.7-6.1 x 10⁶
Hgb	9.5	14-18 g/dl (M) 12-16 g/dl (F)
Hct	31.2	42-52% (M) 37-47% (F)
MCV	84.2	80-94 fl (M) 81-99 fl (F)
Plt	331.	130-500 x 10³ verified
Lymph %	21.6	20.5-51.1%

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. R
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

CSF

Cell Count		
Directigen		Negative

Blood Bank

MUST SUBMIT SF 518 WI
EVERY UNIT REQUESTE

ABO/Rh	

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

UNIT	TYPE	CROSSMATC

DATE:	LAB ID NO.:

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.357 44.3

PCO2_____44.0 mmHg

PO2_____71 mmHg

HCO3_____25 mmol/L

BEecf_____-1 mmol/L

sO2%_____93 %

*calculated

At Patient Temp

pH_____7.353

PCO2_____44.8 mmHg

PO2_____72 mmHg

Patient Temp: 99.1F

FIO2_____: 40

Sample Type: ART

29JUN03 16:11

Oper: [redacted]

Physician:_____

Ser# 40746

Ver: JAHS045A
CLEW A01

Ward/Section: KLV #1

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

CHEMISTRY RESULT F
(Subject to the Privacy Act of 1

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

DATE: 29 Jan 03 | TIME: 0400 | SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

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

(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	111	73-118 mg/dl
BUN	11	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	57	39-380 u/l (M) 30-190 u/l (F)
NA^+	136	128-145 mmol/l
K^+	3.5	3.3-4.7 mmol/l
CL^-	104	98-108 mmol/l
tCO_2	24	18-33 mmol/l

(Piccolo) Metabolic Pan

TEST	RESULT	REF. R
GLU		73-118 m
BUN		7-22 mg/d
CA^{++}		8.0-10.3 n
CRE		0.6-1.2 m
NA^+		128-145 n
K^+		3.3-4.7 mm
CL^-		98-108 m
tCO_2		18-33 mm

(Piccolo) Liver Panel Pl

TEST	RESULT	REF. R
ALB		3.3-5.5 g/
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 m
GGT		5-65 u/l
TP		6.4-8.1 g/

(Piccolo) Electrolyte

TEST	RESULT	REF. R
NA^+		128-145 n
K^+		3.3-4.7 m
CL^-		98-108 m
tCO_2		18-33 mm

REMARKS:

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

DATE: 29 Jan 03

LAB ID NO.:

ection: ICU #1 | REQUI | G PHYSICI [redacted] (b)(6) -2 | L. RATORY RESULT FORM (Subject to the Privacy A

FIRST, MI [redacted] (b)(6) -4 | DATE 29 Jan 03 | TIME 0400 | SSN/PSEUDO SSN

(Hematology) CBC			Urinalysis			Misc. Serology		
T	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF
WBC	4.8	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	2.91	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	7.6	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	24.7	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	85.1	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	467	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lym%	48.1	20.5-51.1%	Bld		Negative	H. pylori		Negative
matology) Manual Differential			pH		N/A	Micro Parasites		
		Mono	Prot		Negative	Malaria		
		Eos	Urob		0.2-1.0	O & P		
		Baso	Nit		Negative	Other		
		Imm	Leuk		Negative	**Microscopic Urinalysis**		
			HCG		Negative			
crit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
e			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen		Negative	ABO/Rh		

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

RKS:

RTED BY: [redacted] (b)(6) -2 | DATE: 29 Jan 03 | LAB ID NO.:

MEDCOM - 9896

NEUROLOGICAL ASSESSMENT

HOURS	15	17	18	19	20	21	22	23	24	01	02	03	04
SPONTANEOUSLY 4	4	4	4	4	4	4	4	4	4	4	4	4	4
TO SPEECH 3													
TO PAIN 2													
NO EYE OPENING 1													
ORIENTED 5													
CONFUSED 4													
VERBALIZES 3													
VOCALIZES 2													
NO VOCALIZATION 1	1	1	1	1	1	1	1	1	1	1	1	1	1
OBEYS COMMANDS 6	6	6	6	6	6	6	6	6	–	6	6	6	6
LOCALIZES PAIN 5													
FLEXION WITHDRAWAL 4													
ABNORMAL FLEXION 3													
EXTENSION TO PAIN 2													
NO MOTOR RESPONSE 1													
NORMAL POWER													
MILD WEAKNESS													
SEVERE WEAKNESS	4/R	X	X	X	X	X	X	X	X	X	X	X	X
ABNORMAL FLEXION													
ABNORMAL EXTENSION													
NO RESPONSE													
NORMAL POWER													
MILD WEAKNESS													
SEVERE WEAKNESS	4/R	X	X	X	X	X	X	X	X	X	X	X	X
ABNORMAL FLEXION													
ABNORMAL EXTENSION													
NO RESPONSE													
SHT SIZE	4	4	4	4	4	4	4	4	4	4	4	4	4
SHT REACTION	–	+	+	+	+	+	+	+	+	+	+	+	+
FT SIZE	2	2	2	2	2	2	2	2	2	2	2	2	2
FT REACTION	+	+	+	+	+	+	+	+	+	+	+	+	+
SCALE	2	3	4	5	6	7 mm							
L PERFUSION URE													

LEG
C (
by su
T Trac
S Slur
D Dys
R Rec
E Exp
R R
L L
Record separa there differe betwe two sic
+ + I
+ S
– I Res
+ Inta
– Abn

VASCULAR ASSESSMENT

HOURS		15	17	18	19	20	21	22	23	24	01	02	03	04
RADIAL	R	+	+	+	+	+	+	+	+	+	+	+	+	+
	L	+	+	+	+	+	+	+	+	+	+	+	+	+
PEDAL	R	+	+	+	+	+	+	+	+	+	+	+	+	+
	L	+	+	+	+	+	+	+	+	+	+	+	+	+
POST TIB	R	D	D	D	D	D	D	D	D	D	D	D	D	D
	L	D	D	D	D	D	D	D	D	D	D	D	D	D

LEGE
+ + No
+ W
– Al
D Do

ICU #1

(b)(6)-2

MEDICAL RECORD [redacted] ANESTHESIA

DRUG	Dosage	
Versed	(mg)	2.5
Fentanyl	(mcg)	150 / 100
Propofol	(mg)	140
Lidocaine	(mg)	50
SCH	(mg)	100
Rocuronium	(mg)	
VOLAT AGENT: ISO	% del	1.5 - 0.8 - 1.8 - 1.2 - 1.5 - 1.5 - 0.8 - 1.0 / 0.4
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 / 6

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

Neo 5 / glyco 1

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

FLUIDS

LINE site		
20G (R) AC	☐ Warmed	NS — (300) — 400 — 400
18G (L) Arm	☐ Warmed	LR — (200) — 300 — 400
	☐ Warmed	
	☐ Warmed	

LOSSES: EST BLOOD LOSS; URINE –

TOTALS	
TOTAL FLUID	100 ml
TOTAL URINE	Not Meas.

FLUIDS – SUMMARY
CRYSTALLOID – 800 ml
COLLOID – ∅
BLOOD – ∅

REMARKS – Code drugs with numbers, events with letters

0820 Pt. in ICU 1. To OR via litter c̄ MP Fernat
0835 In room ⊕ monitors ⊕ O_2, moved self to OR table. Smooth IV induction. PP padded, arms < 90. IV started (L) Arm p̄ induction. Easy mask ventilation.
0905 Procedure started.
0944 – Dr. [redacted] (b)(6) taking over case from CPT [redacted]
Pt c̄ regular, SV. extubated p̄ suction oropharynx. Patent airway – to ICU. Report given.

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 65 KG / LB

HEMATOCRIT: 10.3/34

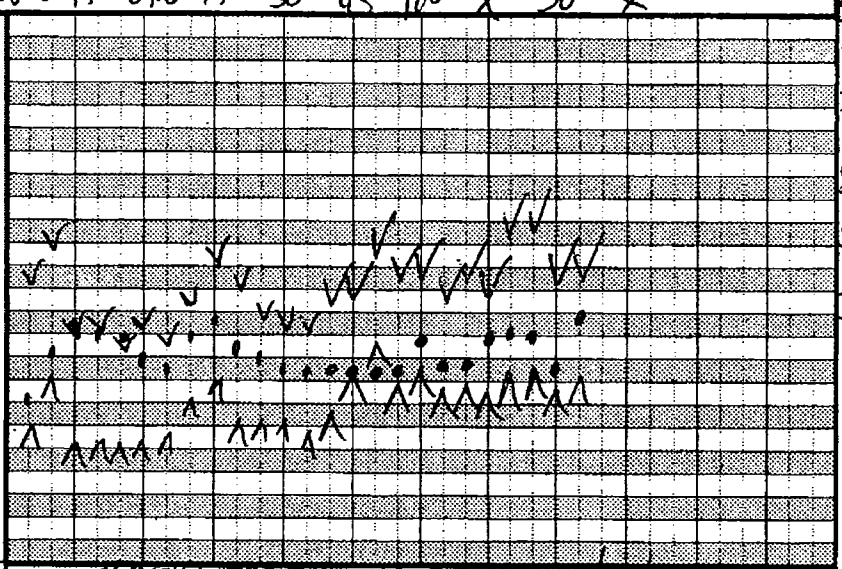
INITIAL DATA: BP – 130 / 74; HR – 66

EQUIP CHECK: OK? – (Y) N

PATIENT IDENTIFICATION: OK for PROCEDURE? 0700; TIME – Okay

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES – X-X; PROC – ⊕ – ∅

TIME → 0830 45 0900 15 30 45 1000 X 30 X



VT – ml	–	760	740	720	710	700	710	700	710	SV
f – breaths/min	20	8	8	8	8	8	8	8	8	
Peak inf pres / PEEP	–	29	29	29	29	29	28	29	29	14
MODE – S(pon), A(ssist), C(on)	S	C	C	C	C	C	C	C	C	1/1005
BP/Auto Cuff	ET CO2 (torr)	⊕	34	30	30	29	31	30	33	33
BP / oth	FIO2 (Frac or %)	.71	.71	.71	.71	.71	.71	.71	.71	
ART line	SpO2 (%)	100	100	100	100	100	100	100	100	100
Steth – PC/ES	ECG	ST	ST	ST	SR	SR	SR	SR	SR	
Gas analyzer	TEMP – site	Skin	–	98	98					
	N-M Block (T/4)		4/4	4/4	1/4	1/4	2/4	2/4	2/4	4/4
Warming blkt										
Conv warmer										

Side burn. tetany

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

RECOVERY AT: PACU (ICU) #1 (Specify); OTHER; CONDITION: Awake; RESP – 20; SpO2 – 99%; BP – [illegible]; HR – 126

	Start	Room	End
ANES	0820	0835	1050
PROC	Ready 0845	Begin 0908	End 1038

PROCEDURES and CPT Codes: Closure of Wound at ~~Skin Graft~~ to Suprapubic Area

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: DL x 1 attempt c̄ MA 3 blade, #7 ETT, Grade I view. ⊕ BBS, ⊕ ETCO2, secured @ 22 cm teeth. Atraumatic. Eyes taped, soft tissue block placed.

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

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

ICU #1

SURGEON: [redacted]

ANESTHETIST: [redacted] CPT / CRNA [redacted]

MEDICAL RECORD [redacted]

PROCEDURE LOCATION: OR 2

DATE: 12 JUL 03

PAGE 1 OF 1

(b)(6)-2

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 9898

PATIENT RECORD

ICU 1

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 21 DAYS MOS YRS Sex (X) MALE ( ) FEMALE

ASA Physical State 1 (2) 3 4 5 E
WT: 86 KG/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Skin graft to Suprapubic Area
SURGICAL SERVICE: Urology
NPO SINCE: Mid

HABITS:
TOBACCO: (+)
ETOH:
DRUGS:

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) Ancef (OCTOL)
( ) Ativan
( ) Phenergan
( ) Percocet
( ) 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:

T&S
4.6 | 10.3 / 34.0 | 354
140 | 103 | 14 | 100
4.9 | 27 | 0.9

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	S/P (R) Nephrectomy / Illeal Conduit
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	S/P pelvic GSW Mar 22
	N	Y	
Familial HX	N	Y	Hx Aggressive Behavior

ASSESSMENT
PAST SURGICAL/ANESTHETIC
Mar 03 (R) Nephrectomy / Ileal loop
Evacuation Pelvic Hematoma
Closure Bladder Wound Inc
(Surgery done on USS Comfort)

PHYSICAL EXAMINATION
BP 130/24 HR 88 R 18 T ____
Pain Scale 0-10 ____
HEENT - Teeth Intact Dentition
Trachea
TMJ/Neck
Oropharnyx MPI
Nares
CHEST: (+) BBS
CARDIAC: RRR
EXTREMITIES:
IV Access: Rt (R) Arm
Ulnar Filling:
BACK:
OTHER:

NPO Since Mid

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

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

(b)(6)-2

The pati[redacted]eems to understand and agrees. Questions answered.
Signed: [redacted] CRT / CRNA Date: 12 Jun 03 Time: 0710 Hrs

POST-ANE[redacted] EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

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

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] (b)(6) -4

DATE OF ORDER: 30 May 03 TIME OF ORDER: 03 HOURS

LIST TIME ORDER NOTED AND SIGN

① Benadryl 25-50mg po q6hr prn Itching/sleep
Sophie Pellman. OTR

[redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO. 2

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER: 31 May 03 TIME OF ORDER: 0724 HOURS

Please get an AP pelvis

[redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

noted 01 June 03 received [illegible]
sent [redacted] 91C 20

PATIENT IDENTIFICATION

DATE OF ORDER: 2132 TIME OF ORDER: 6/2/03 HOURS

CBC, chem 8 in Am

[redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

noted 02 June 03 2200
sent to [illegible] 91C 20

PATIENT IDENTIFICATION

DATE OF ORDER: 6/3/03 TIME OF ORDER: 0704 HOURS

Needs IVP. tomorrow

[redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

EPW (b)(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 5-30-03 TIME OF ORDER: 0023 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU, I-Surgery
2. Dx: S/P (R) Nephrectomy, Ileal conduit
3. Condition stable
4. VS per routine
5. All: NKDA
6. Ostomy care
7. Regular diet

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 5/30/03 TIME OF ORDER: 0140 HOURS

8. ~~Dilaudid 1/2 tab PO Q4 PRN~~
9. Atrovent Inh PO q6 prn
10. Colace 100mg PO bid
11. Phenergan 25mg PO or PR q6 prn
12. FeSO4 325mg PO qd
13. OBC, chair in AM
14. No dressing until seen by Surgery (b)(6)-2

PATIENT IDENTIFICATION

EPW (b)(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 May 03 TIME OF ORDER: 0500 HOURS [redacted]

1. KUB today done 0700 PO
2. Dressing change BID
3. ~~[illegible]~~ [redacted] ~~[illegible]~~ drey dry ~~Dressed~~

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: 4:00 PM HOURS [redacted] (b)(6)-2

- Percocet 2 q 4 PRN
- Augment dur 5 3 cap
- Ensure (+) daily
- MSO4 2-8 IV q 2h PRN pain or chest Δ's
- Urology to [redacted]

24 [redacted] 0700 [redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED. (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION	NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4 # [redacted] (b)(6)-2 [redacted]	ICU I			9 JUN 03 0818 HOURS (1) NPO after midnight. Anesf for OR call to OR [redacted] (b)(6)-2 noted 09 Jun 0 [redacted] 1100 1750	
(b)(6)-4 # [redacted]	ICU I			11 JUN 03 1550 HOURS Anesf for oncall to OR NPO after midnight / Ane 6/12/03 [redacted] 0633 [redacted] (b)(6)-2	
				6/12/03 1045 HOURS Fentanyl 100mcg IVPX1 now V.O. dr / Fentanyl [redacted] (b)(6)-2	(b)(6)-2 dmp Boo 6/12/03 [redacted]
	ICU I			24 0 [redacted]	
	ICU I			DATE OF ORDER TIME OF [redacted] HOURS DC Cent / Stat [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

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

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

NURSING UNIT: ICU I | ROOM NO.: | BED NO.: 9

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

12 JUN 03 ICU 1030

RETURN to ~~ward~~ when extubated by anesthesia

Dr O s/p wound closure

Condition stable

VS q 2°

Diet Regular c̄ 3 ensure

Cans extra per day

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

NURSING UNIT: ICU I | ROOM NO.: | BED NO.: 9

DATE OF ORDER | TIME OF ORDER | HOURS

IVF LR @ 100 cc/h

heplock when tolerating PO

strict Bedrest

O2 2L NC - wean to keep O2 sat > 92%

meds:

Colace 100mg PO BID

FeSO4 325mg PO QD

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

NURSING UNIT: ICU I | ROOM NO.: | BED NO.: 9

DATE OF ORDER | TIME OF ORDER | HOURS

MSO4 2-8mg IVP q 1h PRN pain

Percocet 1-2 PO q 4° PRN pain

Ancef 1gm IVPB q 8° - last dose 0900

Give ~~ancef~~ Gentamycin 320mg IVPB q 24

phenergan 12.5mg IVP q 6° PRN nausea

Urosing to continuous drainage

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

NURSING UNIT: ICU I | ROOM NO.: | BED NO.: 9

DATE OF ORDER | TIME OF ORDER | HOURS

JP to Suction drainage

Strict I/O Record as "Upper JP" and "Lower JP" separately

(b)(6)-2 [redacted]

Tentryl 100mg [redacted] done

~~Decreased~~ 12mg [redacted] done

[redacted]

DA FORM 1 APR 79 4256 REPLA MEDCOM - 9903 [redacted] MAY BE USED. [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6) -4

noted

started yesterday 14 Jun 03

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

DATE OF ORDER: 13 JUN | TIME OF ORDER: 1043 HOURS | LIST TIME ORDER NOTED AND SIGN

S ~~D/C Amoxil~~ DC Gent

Start Cipro 400 q 12 PO

(b)(6)-2

[redacted]

0944 03

Noted

PATIENT IDENTIFICATION

DATE OF ORDER: 15 JUN 03 | TIME OF ORDER: 1300 HOURS

Lab CBC / chem 8 qAm

+ WF to [redacted] (b)(6)-2

[redacted]

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

Noted 16 Jun 03 0215

Noted

PATIENT IDENTIFICATION

DATE OF ORDER: 16 JUN 03 | TIME OF ORDER: 1150 HOURS

DC Amox

DC IV dep. ✓

Start Cipro 500 q PO BID

(b)(6)-2

[redacted]

(b)(6)-4

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

Noted

PATIENT IDENTIFICATION

DATE OF ORDER: 16 JUN 03 | TIME OF ORDER: 0700 HOURS

D percocet to Tylenol #3 20

Pharm. out of Stock (b)(6)-2

[redacted]

1-2 po Q 4-6° prn

pain.

[redacted]

#[redacted]

(b)(6)-4

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

20 Jun 03 0500

6/16/03

DA FORM 1 APR 79 4256 REPLACES ... WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

[redacted](6)-4

ICU

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6-17-03 TIME OF ORDER: 1700 HOURS

LIST TIME ORDER NOTED AND SIGN: [redacted]

U/O per Dr [redacted] long
[redacted] Bisacodyl per rectal
[redacted]
[redacted](6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19 JUN 03 TIME OF ORDER: 0820 HOURS

- Place NG tube
- Keep on low intermittent suction - Recent order
Send CBC, chem 8
AAS
NPO
- Repeat CBC, chem 8 @ 0600 tomorrow

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER:

Repeat Abdomen supine/upright abdomen in AM

[redacted]
(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6/19/03 TIME OF ORDER: 1000 HOURS

- Dulcolax Supp x PR now, repeat in 2hr if no result
- Repeat Abdomen upright/supine 9 AM x 3 d
- CBC, chem 8 [redacted] x 3 d

[redacted]
(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] (b)(6)-4 UNIT / ROOM NO. / BED NO.	20 JUN 03 — 0933 HOURS A IVF 125cc/hr LR A MSO4 2-4mg IVP q 2° PRN p DC Cipro/Flagyl Ahd upright / supine flex tests Repeat GD x 3 days Hold Colace / FeSO4 while NPO	
IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	
[redacted] (b)(6)-4 UNIT / ROOM NO. / BED NO.	Replace NG out — HOURS 1:N L NS Zantac 50mg IVPB q 8° [redacted] (b)(6)-2	(b)(6)-2
IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	
[redacted] (b)(6)-4 UNIT / ROOM NO. / BED NO.	20 June 03 — 1630 HOURS D/C NGT per Dr [redacted] noted 20 June 03 Sgt [redacted] MC20	
IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	
[redacted] (b)(6)-4 UNIT / ROOM NO. / BED NO.	21 June 03 — 0900 HOURS Advance to Regular diet, Dr [redacted] Resume Colace / FeSO4 [redacted] (b)(6)-2	

CLINICAL RECORD - DOCTOR'S ORDERS

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

IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] (b)(6)-4			22 JAN 13	0809 HOURS	
			Meglocillin		NOTED 1337
			[redacted] (b)(6)-2		[redacted] (b)(6)-2
UNIT	ROOM NO.	BED NO.			

IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
UNIT	ROOM NO.	BED NO.			

IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
UNIT	ROOM NO.	BED NO.			

IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION	NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER / TIME OF ORDER / ORDERS	LIST TIME ORDER NOTED AND SIGN
[redacted] (b)(6)-4	ICU 1			19 Jun 03 1830 HOURS (1) VO DR @ 75cc/° / hr. [redacted] [redacted] LPN Noted 20 Jun 03 0530 [redacted] (b)(6)-2	Noted 1830 19 Jun [redacted]
[redacted] (b)(6)-4	ICU		9	23 Jun 03 0849 HOURS Dzantac 20 PO 150 g PO BID [redacted] (b)(6)-2	Noted 0900 [redacted]
	KU 1		9	24 June 03 0100 HOURS Tylenol 325 g T-II Tabs q 4° PRN VO: [redacted] For [redacted] (b)(6)-2	
	ICU		9	24 June 0100 HOURS Tylenol III now & 1 Noted 24 Jun 03 VO DR [redacted] (b)(6)-2	

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] (b)(6)-4				27 JUN 03	0829 HOURS	
				CBC, chem 8 in AM		
				[redacted] (b)(6)-2		
EPW [redacted] (b)(6)-4	ICU#1		9	27 June 03	2130 HOURS	
				VO Percocet 1-2 po PRN q 4° for pain		
				[redacted] DR		(b)(6)-2
EPW # [redacted] (b)(6)-4	ICU#1		9	30 JUN 03	30 JUN 03 HOURS	
				(1) DC Suction drain		
				(2) Wet to dry dress BID		
				[redacted]		(b)(6)-2
				3 JUL 03	0933 HOURS	
				Ambulate as tolerated		3 JUL 03
				DC Zantac DC Cipro		[redacted] 1000
				[redacted] (b)(6)-2		

DA FORM 1 APR 79 4256 REPLAI MEDCOM - 9909 ICH MAY BE USED.

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

'ATIENT IDENTIFICATION

EPW

[redacted]

(b)(6) -4

DATE OF ORDER 7 Jul 03 TIME OF ORDER 1854 HOURS

LIST ORD NOTED SIG

① △ MSO4 Route From IV to SQ

VO: Dr [redacted] b)(6)-2

For [redacted] CPT/AN

Noted 7/7/03 @ 1857

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

IURSING UNIT | ROOM NO. | BED NO.

'ATIENT IDENTIFICATION

DATE OF ORDER 14 Jul 03 TIME OF [redacted] 0850 HOURS

OK for transfer to EPW Camp

Namuh Sung Light

meds as chart

[redacted] (b)(6) -2

IURSING UNIT | ROOM NO. | BED NO.

'ATIENT IDENTIFICATION

DATE OF ORDER [redacted] HOURS

IURSING UNIT | ROOM NO. | BED NO.

ATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

URSING UNIT | ROOM NO | BED NO.

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 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29
10 May 03	[redacted]	Notify MD For T >101.5, P>120	07	[redacted]						
	.....	P<60, SBP >170<100, Sat<98%	19	[redacted]						
10 May 03	[redacted]	(L) Nephrostomy Tube	07	[redacted]			DC 23 MAY 03			
	.....	to gravity	19							
10 May 03	[redacted]	Foley to gravity	07	[redacted]				D/C		
	.....		19	[redacted]				D/C		
10 May 03	[redacted]	JP Bulb to suction-record	07	[redacted]				D/C		
	.....	output QS	19	[redacted]				D/C		
10 May 03	[redacted]	Dsg Δ to buttock wounds	07	[redacted]						
	.....	wet to dry BID	19	[redacted]						
10 May 03	[redacted]	Bacitracin Ointment to	09	[redacted]						
	.....	Penis BID	21	[redacted]						
10 May 03	[redacted]	Incentive Spirometer Q1°	07	[redacted]						
	.....	while awake	19	[redacted]						
14 May 03	[redacted]	Diet: Regular	07	[redacted]						
	.....		12	[redacted]						
	.....		17	[redacted]						
18 May 03	[redacted]	Vital Signs QS	07	[redacted]						
	.....		19	[redacted]						
10 May 03	[redacted]	Strict I&O's	07	[redacted]						
	.....		19	[redacted]						
18 May 03	[redacted]	Dakins 1/4 strength W→D	09	[redacted]						
	.....	dsg Δ to upper portion	21	[redacted]				D/C 5/27/03		
	.....	of wound only	/							
20 MAY 03	[redacted]	ACT: Bedrest & BRP	07	/	/	/	/	[redacted]		
	.....	—	19	/	/	/	[redacted]			
	.....									

(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

SIP (R) Nephrectomy, Ileal Conduit

ADDITIONAL PAGES IN USE: ☒ YES [redacted]

PAGE NO:

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

[redacted] (b)(2)-2

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 [illegible] — USAPA V1.00

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo May Yr 2003

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23 May 03	[redacted]	JP drainage for creatnine 5/24 @0500	5/24/03	0500	0800	[redacted]
24 May 03	[redacted]	CBC x1	24 May	1530	1530	[redacted]
24 May 03	[redacted]	Hold PM Abd dressing Δ	26 MAY 03	2100	2130	[redacted]
5/26/03		Tac for 2u PRBCs in AM	26 MAY 03	ASAP	2130	[redacted]
		& Meptoch IV				
27 May 03	[redacted]	2U PRBC over 4hrs	27 May	ASAP	0800	[redacted]
27 May 03	[redacted]	Post transfusion CBC				
27 May 03	[redacted]	Draw CBC @ 0500 hrs 5/28/03	5/28/03	0500	0515	[redacted] (b)(6)-2
		(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													

USAPA V1.00

(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. May Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30	1	2	3							
27May03	[redacted]	Heplock IV	07	/	[redacted]									5/1/03			
	.....		19	08	CS												
27May03	[redacted]	Abd dsg Δ: pack	09	/	[redacted]									5/3/03			
	.....	lower portion with dry	~~21~~	~~08~~													
	.....	gauze and cover upper	/														/
	.....	portion c̄ dry 2x2															
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(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: s/p (R) nephrectomy, Ileal Conduit

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

[redacted] (b)(2)-2

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (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 29	30	31	1	2	3	4	5	6	7	8	9	10	11
5/30	[redacted]	VS per routine	05	/	[redacted]												
			17		[redacted]												
5/30	[redacted]	Ostomy Care	05	/	[redacted]												
			17		[redacted]												
5/30	[redacted]	Regular diet	06	/	[redacted]												
		A[illegible] with [illegible]	12	/	[redacted]												
		q[illegible] (+/ daily)	18	/	[redacted]												
5/30/03	[redacted]	Dressing change: Wet	05	/	[redacted]												
		to dry with Curlex															
		Super Sponge BID	17	/	[redacted]												
5/30/02	[redacted]	Urostomy to continuous	05	/	[redacted]												
		drainage	17														
5/30/02	[redacted]	NIO! Saline flushes	05		[redacted]												
		@ HL Site of Shaft	17		[redacted]												

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS: S/P (R) Nephrectomy / Ileal conduit

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

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

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
5/30	[redacted]	Admit to ICU 1 - Surgery; Stable	—	—	—	[redacted]
5/30	[redacted]	CBC, chem 8 in a.m.	5/30	0400	done	[redacted]
5/30	[redacted]	No dressing Δ until seen by surgery	noted	—	—	[redacted]
6/1	[redacted]	AP Pelvis	6-1	0230	done 0230	[redacted]
6-2	[redacted]	CBC, chem 8 in Am	6-3	0400	0430	[redacted]
6/31	[redacted]	Needs IVP today	done	—	—	[redacted]
6-9	[redacted]	NPO ⊼ midnight	6-10	12 mid	12 mid	[redacted]
6-9	[redacted]	~~Anesth~~ Anesth Im on call to OR	6-10			

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													

USAPA V1.00

(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 12	13	14	15	16	17	18	19	20	21	22	23	24	25
12 Jun 03	[redacted]	Condition & Status	05	[redacted]													
			17														
12 Jun 03	[redacted]	VS Q 20	05														
			17														
12 Jun 03	[redacted]	Diet Regular c ~~3 square meals~~	05														
		~~Extra per day~~	17														
12 Jun 03	[redacted]	STRICT Bedrest	05														
			17														
12 Jun 03	[redacted]	Urostomy to continuous drain	05														
			17														
12 Jun 03	[redacted]	JP to suction drain	05														
			17														
12 Jun 03	[redacted]	~~JP~~ STRICT I/O	05														
		Read as "upper JP" and lower JP" separately	17														
14 June	[redacted]	wet to dry dsg to	05														
	[redacted]	@ Lower back bid	17														
15 June 03	[redacted]	Labs CBC/Chem 8 qAM	04														
19 Jun 03	[redacted]	LIS-NGT-Record	05														
	[redacted]	output	17														
19	[redacted]	NPO	05														
			17														
21	[redacted]	Advance to Regular Diet															

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx S/P wound closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

(b)(6)-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. 6 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 24	25	26	27	28	29	30	1	2	3	4	5	6	7
6/12/03	[redacted]	Condition: stable	05	[redacted]													
			17	[redacted]													
6/12/03	[redacted]	VS q2 ~~4°~~ /	05	[redacted]													
		Δed [redacted] 06 Jun03	17	[redacted]													
6/12/03	[redacted]	Strict Bedrest	05	[redacted]													
			17	[redacted]													
6/12/03	[redacted]	urostomy FO /	05	[redacted]													
		continous drain	17	[redacted]													
6/14/03	[redacted]	wet to dry drsg		[redacted]													
		Δ to (R) LB BID	05	[redacted]													
6/21/03	[redacted]	~~advance to Reg diet~~	17	[redacted]													
6/21/03	[redacted]	advance to Reg diet	05	[redacted]													
6/24/03	[redacted]	start suctioning G	17	[redacted]													
	[redacted]	bulb suction —	05	[redacted]													
		may suction to wall	17	[redacted]													
		suction @ low															
		intermitten if															
		bulb suct fails.															
6/25/03	[redacted]	Redress wound c	05	[redacted]													
		new evac system	17	[redacted]													
25/00	[redacted]	mg ↑ use bedside /	05	[redacted]													
		commode	17	[redacted]													
27 June03	[redacted]	CBC, chem 8 in AM	05	[redacted]													
1 July	[redacted]	wet to dry dressing BID	05	[redacted]													
			17	[redacted]													
3/4/03	[redacted]	Ambulate as	05													[redacted]	
		tolerated	17													[redacted]	

Dead 30 June

needed [redacted]

b(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: DX: S/P wound closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW # [redacted] (b)(6)-4
ICU #1

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 7 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 8	9	10	11	12	13	14
12 Jun	[redacted]	CONDITION: STABLE	05	[redacted]						
			17	[redacted]						
12 Jun	[redacted]	VS Q4°	05	[redacted]						
			17	[redacted]						
12 Jun	[redacted]	URostomy to continuous	05	[redacted]						
	[redacted]	drain	17	[redacted]						
1 Jul	[redacted]	WET TO DRY DRESSING	05	[redacted]						
	[redacted]	CHANGE BID	17	[redacted]						
21 Jun	[redacted]	REGULAR DIET	07	[redacted]						
			11	[redacted]						
	[redacted]		17	[redacted]						
25 Jun	[redacted]	MAY USE BEDSIDE	05	[redacted]						
		COMMODE	17	[redacted]						
3 Jul	[redacted]	AMBULATE AS	05	[redacted]						
		TOLERATED	17	[redacted]						

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx. S/p WOUND CLOSURE

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

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

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6) -2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Jan Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
19 Jan	[redacted]	Place NGT Tube	19 Jan	0001	done	[redacted]
19	[redacted]	CBC, chem 8 AAS	19	0030	done	[redacted]
19	[redacted]	Report CBC / chem 8	19	0600	0600	[redacted]
19	[redacted]	Request abd x-ray Supine/upright again	19	0600	0600	[redacted]
	-----					
20 Jan	[redacted]	DC NGT per DR [redacted]	20 Jan	1630	1630	[redacted]

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

(b)(6) -2

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
6/24/03	[redacted]	CBC, chem 8, UA, CXR today	7/4/2003	1030	1030	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													

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. ____ 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	23	24	25
6/19/03	[redacted]	Abdominal xray	04	[redacted]			X	X	X
		upright/supine							
		9am x3d 0400							
6/19/03	[redacted]	CBC chem 8a am x	04	[redacted]			X	X	X
		3d 0400 [redacted]	04						
21 Jun	[redacted]	Condition: Stable	05	[redacted]					
			17						
21 Jun	[redacted]	VS Q2°	05	[redacted]					
			17						
21 Jun	[redacted]	Strict Bedrest	05	[redacted]					
			17						
21 Jun	[redacted]	Ilostomy to	05	[redacted]					
		Cont drainage	17						
21 Jun	[redacted]	Labs CBC/Chem 8 9Am	04	[redacted]					
21 Jun	[redacted]	Advance to regular diet	05	[redacted]					
			17						

(b)(6)-2

Transfer to new page

Transcribed

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

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

ICU# 1

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. May Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 23	24	25	26	27	28	29
15 May 03	[redacted]	Levofloxin 500mg PO QD	12	[redacted]						
~~[illegible] 03~~	[redacted]	Ditropan XL 1 tab PO QD	12	[redacted]						
19 May 03	[redacted]	Diazepam 10mg IM QAM	0745	[redacted]						
21 May 03	[redacted]	FeSO4 325mg Tab PO QD	12	[redacted]						
10 May 03	[redacted]	MVI 1 Tab PO QD	12	[redacted]						
23 MAY 03	[redacted]	Colace 100mg PO BID	09	[redacted]						
			20	[redacted]						
27 May 03	[redacted]	Prilosec 20mg PO QD	20	[redacted]						
28 May	[redacted]	MOM 30cc PO qlegunitil stools soft then pm	06	[redacted]						
			12	[redacted]						
			18	[redacted]						
			24	[redacted]						

28 May 03

(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

S/p (R) Nephrectomy, Ileal Conduit

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

[redacted] (b)(2)-2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

MEDCOM - 9922

EDITION OF 1 DEC 77 WILL BE USED UNTIL

(b)(6)-2

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. May Yr. 2003

Verify by Initialing: Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
26 May	[redacted]	Premedicate Blood transfusion with 650mg tylenol + 50mg benadryl	26 May	27 May PRAP	0745	[redacted]
27 May	[redacted]	Valium 5mg IV now (dsg change)	27 May	0700	0700	[redacted]
28 May	[redacted]	Vitamin K 5mg IM	28 May	0900	1000	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
16 May 03	[redacted]	Ativan 1mg PO Q6° PRN	1mg 5/26 2110 [redacted]; 5/26 [redacted]; 5/27 [redacted]
19 May 03	[redacted]	Percocet 1-2 tabs PO Q4° PRN	5/23 0315 [redacted]; 5/23 1200 [redacted]; 5/23 2000 [redacted]; 5/24 3000 [redacted]; 5/25 [redacted]; 5/25 2110 [redacted]; 5/25 2230 [redacted]; 27 May [redacted]; 5/27 [redacted]; [redacted]; 28 May 0600 [redacted]; 28 May 0800 [redacted]; 21 [redacted]
19 May 03	[redacted]	Phenergan 12.5-25mg IM Q4° PRN	05/24 25mg 1256 [redacted]
19 May 03	[redacted]	Colace 100mg PO BID PRN	
28 May	[redacted]	MOM 30cc q6° prn	

(b)(6) -2

Verify by Initialing	THERA IC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. ____ Yr. ____

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED															
5-30-08 10/22	[redacted]	MSO4 2-8 mg IV q 2°	11 Jun 4 mg 1100	11 Jun 2 mg 1730	12 Jun 4 mg 0615	12 Jun 3 mg [redacted]												
5-30	[redacted]	Percocet 1-2 PRN Pain a 4°	11 Jun 11 PO 0430	11 Jun 11 PO 2120														

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5

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.

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 29	30	31	1	2	3	4	5	6	7	8	9	10	11
5/30	[redacted]	Colace 100mg BID PO	10	/	[redacted]												
			22	/	[redacted]												
				[redacted]													
5/30	[redacted]	FeSO4 325mg PO QD	10	/	[redacted]												

b)(6) 2

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS:
s/P (R) Nephrectomy/ILLeal conduit

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. 1

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
5/30	[redacted]	Ativan 1mg PO q6° prn	0245 1mg PO														
5/30	[redacted]	Phenergan 25mg PO or PR q6° prn															
5/30 q0	[redacted]	Percocet 1-II PRN Pain q 4°	1940 2 PO	12mn 2 PO	1900 2 PO	1800 2 PO	0130 2 PO	1800 2 PO	0230 2 PO	0230 2 PO	1710 2 PO	4 June 1345 2 PO	0410 2 PO	0540 2 PO	0115 2 PO	1900 2 PO	1925 2 PO
		MS04 2-8 mg IV q2° Daily pain order Δ5	5/31 2033 5mg	5/31 2033 5mg	2000 5mg	0530 5mg	0530 5mg	4 June 1230 5mg	1730 5mg	2000 5mg	2200 6mg	1000 5mg	6mg	5mg	1800 5mg		
		PRCS →	0420														
		MS04 →	0715														

Don't Kill! Sleep! Beagle!

(b)(6) -2

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

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													
5/30/07	[redacted]	Benedryl 25-50mg	5/30 [redacted]													
		Q6° PRN Itching	25mg PO													
		/Sleep														

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 12	13	14	15	16	17	18	19	20	21	22	23	24	25
12/Jun03	[redacted]	Cefaclor 100mg BID	10	[redacted]													
		PO	22														
12/Jun03	[redacted]	FeSO4 325mg PO	10	[redacted]													
		QD															
12/Jun03	[redacted]	IVF LR @ 100cc/hr	05	[redacted]													
		heplock when	17	[redacted]													
		tolerating PO															
12/Jun03	[redacted]	O2 per NC -	15	[redacted]													
		wean to keep	17	[redacted]													
		O2 Sat > 92%															
12/Jun03	[redacted]	Percocet 1gm TUPB	08	[redacted]													
		q8° - last dose	16	[redacted]													
		0900	24	[redacted]													
12/Jun	[redacted]	Gentamicin 3 Day	10	[redacted]													
		IVPB q24															
6/13/03	[redacted]	Start Cefpo 400mg IV	10	[redacted]													
		q 12°	22	[redacted]													
6/16	[redacted]	Heplock IV, run RLC	05														
		TKO	17														
6/15	[redacted]	↓ IVF to TKO	05														
		LR	17														
6/16	[redacted]	Start Cefpo 500mg PO	10														
		bid	22														
6/20	[redacted]	Hold Cefaclor, FeSO4	05														
		while NPO	17														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: DX: S/P wound closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ___

PATIENT IDENTIFICATION:

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

ICU

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6) - 2

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
6/12/03	[redacted]	Fentanyl 100mcg IV x1 now	6/12/03	1045	1045	[redacted]
6/17	[redacted]	Bisacodyl Rectal 10mg	6/17/03	1700	1700	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
12/Jun	[redacted]	MSO4 2-8mg IVP Q1H PRN pain	6/12/03 2mg 0900	6-12 2am	6-12 4am 2100	6-12 4am 2300	6-12 4am 0300	6-12 0400	6-13 0000	6-14 0010	6-14 0130	6-14 0315	6-14 0530	15June 3mg 1400	14 1030	14 [redacted]	
			0900 1645	1800	1 2am 4am 3345	1 2am 4am 0600	6-15 2130	6-15 0445 4mg IM	[redacted]	6-17 0430 4mg	[redacted]	6-17 0800 2mg	6-17 1100 3mg	6-17 1200 [redacted]	6-17 1230 4mg	6-17 1330 5mg	6-17 1500 4mg
12/Jun	[redacted]	Percocet 5/325 PO Q4° PRN pain	6/12 1430	6-12 [redacted]	6/13 [redacted]	6-13 2045 [redacted]	6-14 0400 [redacted]	14 Jun 1530 [redacted]	[redacted]								
12/Jun	[redacted]	Phenergan 12.5mg IVP Q6° PRN nausea	1900 0300 D.R.	[redacted]	1200 6/18 [redacted] 25mg	6/18 [redacted]	6/18 1500 12.5mg	6/19 0230	6/19 0030								
						6/18 12.5mg	[redacted]	[redacted]									
15June03	[redacted]	MSO4 2-8mg IVP Q1° PRN	6/17/03	6/15 1830	6/15 1940	6/15 2130	6/15 2220	0030 4mg	0330 4mg	6/16 1790 4mg	6-16 1900 6mg	6-16 2310 8mg	6-16 2330 8mg	6-16 2400 4mg	6-17 0230 4mg	6-17 1630 2mg	
			1621 6mg	4mg	5 mg	6mg	6mg	6/15	4/16	6/17 1830	6-17 2000 6mg	6-18 0330	6/18 1210 4mg	6/18 1200 4mg	6/18 1500 6mg	6/18 8mg	6/19 0030 5mg
			[redacted]													1810	

5mg

USAPA [redacted]

Change to T-3 IVP 0927 24 June 03

Transcribed to new page 24 June 03 0923 AP

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. 7 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 8	9	10	11	12	13	14
21 Jun	[redacted]	Ioplace 100mg PO BID	10	[redacted]						
			22	[redacted]						
21 Jun	[redacted]	FeSO4 325mg QD PO	10	[redacted]						

b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx. s/p wound closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 6 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 19	20	21	22	23	24	25	26
19 Jun	[redacted]	LR @ 75cc/h	05	/							
			17	[redacted]		DCd					
20 Jun	[redacted]	NIVF 125cc/hr	05	/	[redacted]						
		LR	17	/	[redacted]						
20 Jun	[redacted]	Replace NG out	05	/	[redacted]						
		NPO	17	/		DC'd					
20 Jun	[redacted]	Zantac 50mg	08	/	/	[redacted]					
		IVPB Q8°	16	/	[redacted]			DC 23 Jun 03			[redacted]
~~21 Jun~~	[redacted]	~~Resume Celebrex 100mg~~	~~04~~	/		[redacted]					
		~~BID PO~~									
21 Jun	[redacted]	Resume Celebrex 100mg	10	/	/	[redacted]					
		BID PO	22	/	/	[redacted]					
21 Jun	[redacted]	Resume FESO4 325mg	10	/	/	[redacted]					
		QD PO									
21 Jun	[redacted]	O2 per NC - wean to	05	/	/	[redacted]					
		keep O2 Sat 79%	17	/	/	[redacted]					
22 June	[redacted]	HOB 10cm IV	08	/	/	/	[redacted]				
23 Jun 03	[redacted]	Zantac to PO 150mg BID	~~10~~	/	/	/					
			~~22~~	/	/	/	/	1544			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Wound closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

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

ICU I

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6) -2-

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
2/2/2003	[redacted]	Percocet I-II /	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		q 4° PRN for pain															
2/3/03	[redacted]	MS04 2-4 mg IVP	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		q2° pain															
2/3/03	[redacted]	Percocet I-II /	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		q4° PRN for Pain															
4/10		MS04 2mg mg IVP															
		Q2° PRN															
2/2/03	[redacted]	MS04 2mg SQ Q2° PRN PAIN /															

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(b)(6) - 2

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													
6/13/03	[redacted]	Tylenol #3 1-11 PO	24JUN 2300 11	25JUN 11 0335	26JUN 1800 2	26JUN 1800	25JUN 0530 11	25JUN 1430 11	02JUL 2 2330	3JUL 0750 11	3JUL 1520 11	6JUL 0330 11 PO	4JUL 1415 11	05JUL 0945 11 PO	07JUL 0915 11	
- - - - -	[redacted]	94° PRN Pain	[redacted]					[redacted]								
6/20/03	[redacted]	Amsol 2-4mg	24JUN 4m 1800	24JUN 4m 2000	24JUN 2200	24JUN 2400	25JUN 1915 4mg		26JUN 0200 4m	26 JUN 0700	26 JUN 2030 4mg	27 JUN 2003 1155		05JUL 1745 4m	05JUL 2201 1449	06JUL 0940 4m
- - - - -	- - - - -	IVP Q2° PRN	[redacted]				[redacted]			16 4mg	[redacted]	6R	27JUL 1800 4m	27JUL 2000	27JUL 2200 4m	28JUL 0200 4m
- - - - -	[redacted]	Pain	25JUL 0420 4m	25JUL 1750 4m	28JUL 2000 4m	28JUL 0200 4m	30JUL 1500 4m	30JUL 4m 1700	30JUL 3m 2000	[redacted]	[redacted]		01JUL 1430	01JUL 2330 4m	[redacted]	
6/24/03	[redacted]	Tylenol 1-11	27JUL 11 PO 2330	27JUL 2200												
- - - - -	- - - - -	325mg PO 94° PRN		[redacted]												
6/12/03	[redacted]	Phenergan 12.5mg	26JUN 1800	26JUN 2300												
- - - - -	- - - - -	IVP Q6° PRN	[redacted]													
- - - - -	[redacted]	Nausea														
26JUN	[redacted]	Ambien 10mg QHS	26JUN 2020 10mg	25JUN 2000 10mg	24JUN 2000 10mg	02JUL 1R in	02JUL 2100	05JUL 1R 0100								
- - - - -	- - - - -	PRN	[redacted]		[redacted]		[redacted]									
- - - - -	- - - - -															
- - - - -	- - - - -															

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(b)(6) -2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 6 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 24	25	26	27	28	29	30	1	2	3	4	5	6	7
6/21/03	[redacted]	Resume Coface	10	[redacted]													
		100 mg BID PO	22	[redacted]													
6/21/03	[redacted]	Resume FeSO4	10	[redacted]													
		325mg QD PO															
6/22/03	[redacted]	Flush heplock IV	08	[redacted]													
6/23/03	[redacted]	Δ zantac to PO	10	[redacted]													
		150 BID	22	[redacted]													
6/24/03	[redacted]	Cipro 500mg PO BID	10	[redacted]													
			22	[redacted]													

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: DX: S/P wound closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW# [redacted]
ICU#1

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
13 Jun	[redacted]	Tylenol #3 T-TT PO														
		Q4° PRN PAIN														
27 Jun	[redacted]	PERCOCET T-TT Q4°	8 Jul 1735 TT	8 Jul 1730 [illegible]	8 Jul 2430 [illegible]	9 Jul 0950 T	9 Jul 1445 TT	10 Jul 1730 [illegible]	11 Jul 1230 [illegible]	12 Jul 0230 [illegible]	13 Jul 2054 TT	14 Jul 0140 TT	14 Jul 0530 [illegible]			
		PRN PAIN	[redacted]			[redacted]		[illegible]	[illegible]		[redacted]	[redacted]				
7 Jul	[redacted]	MSO4 2mg SQ Q8° PRN PAIN	2245 [illegible] [redacted]	12 Jul [illegible] 2300												
12 Jun	[redacted]	Phenergan 12.5mg Q6° PRN NAUSEA														
24 Jun	[redacted]	Tylenol T-TT 325mg PO Q4° PRN	08 Jul 2000 [illegible]	08 Jul 0330 [illegible]	9 Jul 2013 [illegible]	10 Jul 0600 [illegible]	10 Jul 1125 TT CC	11 Jul 0520 [illegible]	12 Jul [illegible]	13 Jul 1500 TT	13 Jul 0930 TT @	14 Jul [illegible]	13 Jul TT DHS			
								[illegible]	TT	[redacted]						

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
6/19/03	[redacted]	Dulcolax Syp. 1 TAB now repeat in 10 hr if no result	6/19/03	1000	1000	[redacted]
6-24 am	[redacted]	Tylenol #3 Tabs now	24 June	0100	0100	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
6/16/03	[redacted]	Tylenol #3 1-II po	6/16	6-16	6-16	6-17	6-17	6-17	6-17	6-18	6-19	6-20	6-21	6-21	
		q4° PRN Pain	II PO 1430	II PO 1940	II PO 2230	II PO 0319	II 0800	II 1200	II 1630	II 0800			II PO	II PO	
6/19/03	[redacted]	Dulcolax													
6/20	[redacted]	Amen 2-4mg IVP q2o4 PRN pain	6-21 2240	6-22 0100 4mg	6-22 0400 8mg							8mg 0400			
			6-21 2215 4mg	[redacted]		6-23 1580 4mg	6-23 2200 4mg	6-23 0200 4mg	6-23 0400 4mg						
6-23-03	[redacted]	Tylenol #3 1-II 325 PO q4° PRN	0100 6-23												

Transcribed to new sheet 6/14

Transcribed to new sheet 6/14 24 June 03

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

INITIAL SHIFT ASSESSMENT

	TIME	0500	INITIALS [redacted]	1730	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PERRLA.		PEARL			
	SENSORIUM	A&O x3 full Rom		full Rom to upper and			
		Blat UE + LE Dems		Lower extremities.			
		my pain.		Alert x3 - c/o pain			
RESPIRATORY	RESPIRATORY PATTERN	Regular. RA.		Regular RA			
	BREATH SOUNDS	CTA Bilat lobes		CTA BIL			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	pale		Pale			
	INTEGRITY	Abd wound, Pubic wound		Abd wounds Pubic			
		and R posterior illiac		and @ Posterior illiac.			
IV SITE	LOCATION	wound all c̄ small Sero		small Amt of bloody			
	CONDITION	drainage. Dry changed		drainage noted. dress			
		by Dr. Ø S/Sx of infection		intact. Ø s/s of infection			
		noted		noted			
GASTRO	ABDOMEN	flat NT		flat NT			
	BOWEL SOUNDS	active BS		BS(+)			
GU	URINE:	clear yellow via Urostomy		clear yellow illeostomy			
	COLOR/CLARITY	clear yellow					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR - S/Low. palpable		NSR - ⊕ Pulses			
		peripheral pulse 1-3+		TOUE and LE			
		Bilat UE/LE. cap refill		B/L. cap Refill <2 sec			
		<3 sec.					

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 [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 5/30/07

PATIENT'S IDENTIFICATION (If of type [redacted] —last, first, middle; grade; date; hospital [redacted] facility)

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

ICU I

☐ 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						118/63	122/73	122/72		132/78	131/75	120/71	122/70					
BP Cuff		119/71	122/70	120/71	131/85	118/70	122/73	130/72		138/78	131/75	120/71	120/70	121/71	120/76	120/68	117/65	
Temperature		98	98	98	98	98	97.8	97.6		98.2	98.2	98	98	98.2			98.6	
Pulse		95	86	93	88	87	98	92		105	106	104	98	101	108	103	107	
Respiratory Rate		33	22	27	20	26	24	28		22	23	20	22	26	26	28	26	
Source		RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	
Pulse ox		98	98	99	98	98%	98%	98%		98%	99	98%	99%	99	98	99	99	

pain

intervention

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
P.O. water								200		100 300				200 500				
Ensure										120				100 220				
TOTALS																		

OUTPUT

		TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
Foley catheter URINE		HOUR				300		400	100	100		100	100	100	100	100	100	100	100	
		TOTAL		170		470		400	500	600		700	800	900	1000	1100	1200	1300	1400	
		sp gr																		
		S/A																		
NG		OUTPUT																		
		pH																		
		GUIAC																		
EMESIS																				
STOOL					large.															
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	119/70	127/78	119/83	104/64	121/75	124/89	127/74	130/77	
	98	99	96			100	100	93	
	109	104	105	103	100	117	93	96	
	10	31	22	31	21	30	22	17	
	RA	RA	RA	RA	RA	RA	RA	RA	
	98	986							

INTAKE	16	17	18	19	20	21	22	23	8°T
	200/700	580/1200	50/130 emu	50/130 emu					1200

OUTPUT									
	100/1300	100/1600	200/1800	100/2000					2000

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_iO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

LABORATORY	TIME	0/50								
	GLUCOSE	107								
	Na/K	139/4.2								
	Cl/CO_2	104/26								
	BUN/Cr	9/0.5								
	WBC/PLATELET	8.4/176								
	Hct/Hgb	29.5/9.4								

ACTIVITIES OF DAILY LIVING	TIME			
	MOUTH CARE			
	BATH			
	SKIN CARE			
	FOLEY CARE			
	TRACH CARE			
	ROM EXERCISES			

TURN	TIME				
SUCTION					

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	[redacted]
[redacted] /RN	
(b)(6)-2	

5/31/03

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 (0800)	INITIALS [redacted]	1800	INITIALS		INITIALS
NEURO	PUPILS	Peerla 3mm.		PeerL			
	SENSORIUM	A+O + 3. moves all extremities		Alerty moves all extremities			
RESPIRATORY	RESPIRATORY PATTERN	RA		Regular			
	BREATH SOUNDS	CTA- Bilat		CTA Bil			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	Pale		Pale			
	INTEGRITY	Bilat graft for Surgery		Abd wounds Pubic			
		prem. (L) LE Medial		and Posterior Illac			
IV SITE	LOCATION	valve. and Cue Abd		small Amt of bloody			
	CONDITION	incision and Pelvic		drng noted on dress.			
		wound 2D [illegible]		- dress intact. O S/S			
		Pubectomy - LB [illegible]		of infection noted.			
		[illegible]					
		[illegible]					
GASTRO	ABDOMEN	[illegible]		Flat NT			
	BOWEL SOUNDS	flat.		BS(+) all quad s			
		Abd Soft NC BS (+)					
GU	URINE:	Yellow yellow [illegible]		clear drain from			
	COLOR/CLARITY	Urine clear & small		ileostomy into foley bag			
		amt [illegible]					
CARDIOVASCULAR	CARDIAC RHYTHM	NO [illegible]		NSR - Pulses Palapable			
		NSR & [illegible]		to UE and LE.			
		pulses palpable					
		[illegible] HR & RFA					
		Dopa.					

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREP[redacted]

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 5/31/03

PATIENT IDENTIFICATION (For typed or [illegible] entries give: Name—last, first, middle; grade; date; hospital or medical facility)

(b)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 31 May 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	127/76	127/76	120/76	120/79	125/71	116/67	127/75	125/73	133/83	133/83	100/78	120/72	119/77	113/75	118/78	116/70	115/70	
Temperature	98	97.6	98.6	97.5	98.1		97.5					98			98			
Pulse	91	92	97	91	99	100	92	92	106	106	103	113	115	96	98	94	96	
Respiratory Rate	16	19	20	17	16	21	17	20	15	15	21	22	26	24	28	22	20	
	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
O2 SATS	99	99	98	98	99	98	98	99	99	99	98	99	98	98	98	99	99	
Source						RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
pain																		
intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
	10		100															
Breakfast								250 cc		TP 450		200	250 750					
Ensure										160 160			160 300				160 480	

OUTPUT																		
Ileostomy / URINE	HOUR / TOTAL	100		150 250		100 350	100 450	100 550	100 650		100 750	100 850	100 950	100 1050	100 1150	100 1250	200 1450	100 1550
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
						115			
	123/74	111/74	136/72			118/65	129/75	94/60	
	98	96%							
	95	94	99			94	96	105	
	22	21	19			24	18	19	
	RA	RA	RA			RA	RA	RA	
	98								

INTAKE	16	17	18	19	20	21	22	23	8° T
		~~400~~ 240							720

OUTPUT	16	17	18	19	20	21	22	23	
Urine last	100/160	100/180	100/100			200/200		100/220	220
Stool				19 x1					

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	ABG: pH									
	ABG: PCO_2									
	ABG: pO_2									
	ABG: HCO_3									
	ABG: SAT									
	ABG: 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 hr I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

[redacted]	INITIALS
[redacted] 1020	[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 6/1/03

OTSG APPROVED (Date) QA Appr 8 Mar 89

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		TIME	INITIALS		INITIALS		INITIALS
		6/1/03 0800	[redacted]	6-1-03 1800	[redacted]		
NEUROLOGIC	PUPILS	Pearla 3mm.		Pearl 3mm			
	SENSORIUM	full Rom all ext		full ROM UL and LE			
		limited @ LE but					
		full Extension and					
		movement					
RESPIRATORY	RESPIRATORY PATTERN	unremarkable		Regular			
	BREATH SOUNDS	CTA bilat		CTA B/L			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	pale		PALE			
	INTEGRITY	mid lower back 1/4 cm open		normal to pubic area			
		wound a satellite wound @ 1 inch		drainy mod amt serosanguous			
IV SITE	LOCATION	from the wound about 1 [illegible]		drainage soaked through to			
	CONDITION	size mid line not wound		diss. wound diss to @ loin			
		and pubic region. All		back is intact and dry			
		wounds Pink & moist Silver					
		nitrate applied @ body wounds					
		and mid abd. while wet					
		not dry applied					
		to sacral wound.					
GASTRO	ABDOMEN	normal		flat NT			
	BOWEL SOUNDS	@ BS		BS @ all quads			
GU	URINE:	ileostomy urine @		ileostomy draining			
	COLOR/CLARITY	clear yellow		clear yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR 90 BP 110/60		NSR			
		pulsatile peripheral					
		pulses. HL @ FA					
		Murmur. S diff.					

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 [redacted] DEPARTMENT/SERVICE/UNIT [redacted] DATE 6/1/03

PATIENT'S IDENTIFICATION [redacted] (Attach labels give: Name—last, first, middle; grade; date [redacted] y)

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 01 June 03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line			114	128/73														
	BP Cuff	122/74		116/80	120/73	122/70	112/72	109/72	114/67		132/74	127/66	124/68	127/71	123/69	114/65	124/73	113/65	
	Temperature																		
	Pulse	89		85	83	87	99	94	92		95	100	94	60	95	96	94	101	
	Respiratory Rate	18		22	18	17	24	18	18		23	27	19	16	18	23	27	25	
	Pain Level	RA		RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	
	pain intervention																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	PO fluid						200		200/450				300/750					300/1050	
	TOTALS																		

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	Hourly URINE		200			100/300	100/400			750/1150		100/1250	200/1450	100/1550	100/1650	100/1750	100/1850	200/2050	200/2250	
		sp gr																		
		S/A																		
	NG	OUTPUT																		
		pH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS																			
	TOTALS																			

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	P/69		137/94		129/90	123/64	128/74	120/70	
			98.2						
	103		86		100	98	100	102	
	22		29		26	18	20	24	
	RA		RA		RA	RA	RA	RA	

INTAKE	16	17	18	19	20	21	22	23	8°T
			540/1590			120/710			1710

URINE OUTPUT									
	202/2450		100/2550				700/3250		3250
3400					49				

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	A: 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				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	

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	[redacted]
(b)(6) - 2	

5/2/03

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	0540	INITIALS [redacted]	1730	INITIALS [redacted]		INITIALS
NEURO	PUPILS	Peerlla 3mm		Pecrlr 3m			
	SENSORIUM	full ROM all Extr		Full Rom to All Extr			
		More easily extend hip		.....			
		right L Elbow flexion					
		bear Emerging Extension.					
RESPIRATORY	RESPIRATORY PATTERN	CTA Bsounds		Regular			
	BREATH SOUNDS	CTA		CTA BIL			
	SECRETIONS	N/A		N/A			
SKIN	COLOR	Pale		Pale			
	INTEGRITY	L-B-mid Abd + Rubber,		incision site mid Abd			
		drains hands & feet		drains wound topobic & L/D Low back			
IV SITE	LOCATION	RFA 20g		RFA 20g			
	CONDITION	Site Dry		site patent, flushes			
				RS/Son infiltration			
GASTRO	ABDOMEN	flat RS		flat NT			
	BOWEL SOUNDS			BS+ all quads			
GU	URINE:	Foley Urinary tube		ileostomy & bag to drains			
	COLOR/CLARITY			tea color Y			
		clear yellow		clear yellow			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR		NSR			
		2+/3+ pedals					

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREP [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU 2 cont

DATE:

PATIENT S[redacted]e: Name—last, first, middle; grade; dat[redacted] facility)

Ep W 0239 (b)(6)-4

(b)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 6-2-03 | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	128/61	128/72	139/91	126/65	120/60	109/64	112/70	126/65		134/84	128/76	122/74	128/76	126/68	119/63	116/58		
Temperature								97.6										
Pulse	97	94	97	100	95	89	97	88		97	102	112	107	104	98	100		
Respiratory Rate	29	34	29	33	26	22	22	30		15	21	15	23	25	22	28		
Source	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA		
pain intervention																		

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
PO. fluids							100/100	160/26			100/360		200/560			100/740		
TOTALS																		

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	Ileostomy	HOUR		200		200	100	550	100	100		100	100	200	100	100	100	100	100	
		TOTAL				400	500	1050	1150	1250		1350	1450	1650	1750	1850	1950	2050	2150	
		sp gr																		
		S/A																		
NG		OUTPUT																		
		pH																		
		GUIAC																		
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS									
	16	17	18	19	20	21	22	23	
	108/72	122/63	130/70	131/71	132/71	112/65	119/66	126/71	
	103	92	100	94	103	106	90	101	
	21	20	20	22	14	21	24	7	
	RA	RA	RA	RA	RA	RA	RA	RA	

INTAKE									
	16	17	18	19	20	21	22	23	8° T
	/	600/1340	/						1340

OUTPUT									
	200/2350	50/2400	/	/	/	300/2700	50/2750	200/2950	2950

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH									
A	PCO_2									
A	pO_2									
B	HCO_3									
B	SAT									
G	BASE									

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

DAILY ACTIVITIES DONE										
	TIME									
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN						
	TIME					
SUCTION						

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[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	[redacted] 6/3/03 INITIALS [redacted]	1800 INITIALS [redacted]	INITIALS
NEURO	PUPILS	Peerla -	Peerla	
	SENSORIUM	full. AROM all Ext.	AAOX3 coherent/	
		Denies any sustained by	cooperative	
		last perfect π pupils	MAE	
		clog sheet/lock face & palmar		
RESPIRATORY	RESPIRATORY PATTERN	Sitting on a stool.	even/unlabored	
	BREATH SOUNDS	RAO Sat 98-100	CTA (B)	
	SECRETIONS	CTA.	none noted	
SKIN	COLOR	Normal for Pale -	Pale	
	INTEGRITY	LB dressing Mid Abd dressing,	A Bed dsg/	
		Pelvic dressing -	lower back dsg intact	
IV SITE	LOCATION	(RFA)	RFA	
	CONDITION		patent/benign	
GASTRO	ABDOMEN	soft tender @ the Surgical	Soft NT/ND	
	BOWEL SOUNDS	incis but Rebound tenderness	(+) X4	
		active BS.		
GU	URINE:	clear yellow via Hemo	cl/yellow via	sediment
	COLOR/CLARITY	Cecal valve	ileal cecal valve	
CARDIOVASCULAR	CARDIAC RHYTHM	SR 5 Ectopics Papable	NSR 5 ectopy	
		Peripheral pulses 3+/2+	PPP - strong/palp.	
		Blat UE/LE.	MAE -	

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] CPTA.

(Continue on reverse)

PREP[redacted]

DEPARTMENT/SERVICE/CLINIC: ICU [redacted] ICU I

DATE: 6/3/03

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

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

ICU I

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

(b)(6)-2

DATE 6-3-03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line	134/80																	
	BP Cuff	126/76	124/77	122/66	117/70	117/64	112/64	114/68	120/76		102/62	134/70	128/77	118/68			121/66	124/87	
	Temperature		97.5								98						97.5		
	Pulse	112	103	105	113	100	95	110	110		114	117	112	102			98	99	
	Respiratory Rate	34	29	13	13	24	19	29	25		22	22	27	21			22	24	
	Source	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA			RA	RA	
	Sats %						96	100	98		98	99	98	98	97		97	97	
	pain intervention																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	PO								250/250		200/400			250/600		200/900		300/1200	
	TOTALS																		

OUTPUT		HOUR / TOTAL																	
	URINE Ileostomy		200/200	200/400		200/600	100/100	150/850	100/950	100/1050		100/150	100/250	100/1350	100/1450	100/1550	100/1650	100/1750	100/1850
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	122/82	132/69	143/73	119/73	134/73	123/73	123/73	126/75	
	97	97.9				98.6			
	99	99	99	107	102	95	94	98	
	20	20	20	→			→	→	
	RA	RA	RA	→			→	→	
	96	96	97	97	→		→	→	

INTAKE	16	17	18	19	20	21	22	23	8° T

OUTPUT	16	17	18	19	20	21	22	23	
	100/100	100/250	100/300	200/500	100/600	100/700	100/800		
							↓ emptied		
							Lge Brown Soft		

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 DAILY LIVING	TIME	08		
	MOUTH CARE	[redacted]		
	BATH	[redacted]		
	SKIN CARE	[redacted]		
	FOLEY CARE Removed urine Hendy	[redacted]		
	TRACH CARE	[redacted]		
	ROM EXERCISES	[redacted]		

TURN	TIME				

SUCTION	TIME				

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S 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	4 June	INITIALS [redacted]	8PM	INITIALS [redacted]		INITIALS
NEURO	PUPILS	Reactive to Light - 1 E Ptx		PERRLA			
	SENSORIUM	A/O. ability to move all extremities.		A/O X3 coherent/cooperative MAE			
RESPIRATORY	RESPIRATORY PATTERN	unlabored, even		unlabored/even			
	BREATH SOUNDS	CTA		CTA (B)			
	SECRETIONS	⊘ noted		⊘ noted			
SKIN	COLOR	pt forearm		pale			
	INTEGRITY	abd & lower back disc.		abd/lowerback disc intact			
IV SITE	LOCATION	R forearm		(R) FA			
	CONDITION	patent, intact, saline lock flushed per shift		patent/benign			
GASTRO	ABDOMEN	soft nontender		soft NT/ND			
	BOWEL SOUNDS	active BS in all quadrants		(+) 1/4			
GU	URINE: COLOR/CLARITY	ileal valve in place clear yellow urine noted.		Ileostomy bag intact Cl/yel sediment			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR ≅ ectopy ≠1 peripheral pulses		NSR ≅ ectopy PPP - strong & palp.			

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) [redacted] Sgt / LPN

DEPARTMENT/SERVICE/CLINIC ICU 2nd

DATE 04 JUN 03

PATIENT [redacted] (Typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

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

ICU

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

(b)(6)-2

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	120/67	125/79	128/80	127/69	117/66		130/75	129/61		121/78	126/73				108/58	131/63		
Temperature			98.0								98.7							
Pulse	98	98	99	94	103		89	107		131	96				104	110		
Respiratory Rate	14	14	14	14	14		16	29			21				15	23		
Spo2																		
pain																		
intervention																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO										400					400			
TOTALS																		

OUTPUT

URINE	HOUR	60	100	100	100	100	80											
	TOTAL	60	160	260	360	460	540				475							
	SPGr										1075							
	GA																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

urinary output

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	105/60	109/74					132/77		
		98.4					98.9		
	109	109					98		
	21	20					20		
		96					96		

INTAKE	16	17	18	19	20	21	22	23	8°T
			300			300			

OUTPUT									
	150/125						50/125		
	100 gall BRUN								

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME									
		MODE									
		F_IO_2									
		TV									
		RATE									
		PEEP									
ARTERIAL BLOOD GAS	A	pH									
		PCO_2									
		pO_2									
	B	HCO_3									
		SAT									
	G	BASE									

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

DAILY ACTIVITIES OF 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	

BALANCE _____

NURSE'S SIGNATURE [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	9 June	INITIALS [redacted]	1800	INITIALS [redacted]		INITIALS
NEURO	PUPILS	1 Grade		PERRLA			
	SENSORIUM	A/O, calm		Pro x3			
				coherent			
				MAE			
RESPIRATORY	RESPIRATORY PATTERN	unlabored / even		Ventilated			
	BREATH SOUNDS	CTA		CTA (B)			
	SECRETIONS	ø		D			
SKIN	COLOR	NL for race		pale			
	INTEGRITY	abdominal + lower back		dry / lower back		Bed decubit.	
		clean		dressing intact		Scabbed - off bed	
IV SITE	LOCATION	Hep lock @ forearm		HL @ RFA		now.	
	CONDITION	patent, intact, flushed		patent / benign			
		per shift					
GASTRO	ABDOMEN	soft NT		Soft NT/ND			
	BOWEL SOUNDS	active		+ x 4 quad.			
GU	URINE:	clear yellow drainage		yellow c			
	COLOR/CLARITY	noted in bag		sediment			
				Urostomy bag intact			
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 ø Ectopy		+ STD 101-108			
				ectopy			
				S1 S2 only			

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 [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 05JUN82

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

CPT [redacted]

(b)(6)-4

ICU /

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

(b)(6)-2

#4 (b)(6)-4

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff							131/74									132/94		
Temperature							98°									—		
Pulse							101									113		
Respiratory Rate							15									23		
pain																		
intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO																		
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL						500 / 500							550 / 1050				
	10 gr						emptied							emptied				
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
							124/72		
							95		
							16		
							24		

INTAKE	16	17	18	19	20	21	22	23	8°T
				360			240		

OUTPUT									
		350/100					400/1050		1000

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 HR I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURS[redacted]

[redacted]

MEDCOM - 9957

(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	6 June	INITIALS [redacted]	06 Jun 03	INITIALS [redacted]		INITIALS
NEURO	PUPILS	alert, sensitive, peerle		AAO X3			
	SENSORIUM	calm cooperative low threshold to pain.		PERRLA coherent			
RESPIRATORY	RESPIRATORY PATTERN	even / unlabored		even / unlabored			
	BREATH SOUNDS	clear to Auscultation		CTA (B)			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	WL to pink		Pink			
	INTEGRITY	abdominal drsg & lower back wound.		abd/lower back drsg intact			
IV SITE	LOCATION	R EA		RPA (new)			
	CONDITION	patent due to change but pt is very agitated to change site. will attempt to keep site. discuss c̄ MD.		patent (begin)			
GASTRO	ABDOMEN	Nondistended, tender to palpation		soft NT/ND			
	BOWEL SOUNDS	+		+ x 4 quad			
GU	URINE:	Foley bag		Urinary bag intact			
	COLOR/CLARITY	yellow c̄ sediment		c̄ / yell sediment			
CARDIOVASCULAR	CARDIAC RHYTHM	$S_1 S_2$ Ø Ectopy		$S_1 S_2$ only ST → NSR Ectopy			

b)(6) -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

(Continue on reverse)

PREP[redacted] & Title) Sgt / LPN DEPARTMENT/SER[redacted] DATE 06 Jun 03

PATI[redacted] written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

(b)(6)-4

EPW [redacted]

SICU 1

[redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDCOM - 9958

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

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							153/72									126/96		
Temperature							98.4									/		
Pulse							124									96		
Respiratory Rate							26									20		
pain																		
intervention																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO																		
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL						900											
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
							116		
							98.9		
							98		
							20		

INTAKE	16	17	18	19	20	21	22	23	8° T
			360						360

OUTPUT									
	550 / 450						800 / 200		2050
			SM Gravity Soft						

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			
	MOUTH CARE			
	BATH			
	SKIN CARE			
	FOLEY CARE			
	TRACH CARE			
	ROM EXERCISES			

TURN	TIME					
SUCTION						

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	2050
po	360		
TOTAL	360	TOTAL	2050
BALANCE	1690		

NURSE'S SIGNATURE | INITIALS

[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

b)(6)-2

INITIAL [redacted] FT ASSESSMENT

	TIME	[redacted] INITIALS	1730 [redacted] INITIALS	1900 INITIALS
NEURO	PUPILS	PERRLA	PERRLA	PERRLA
	SENSORIUM	AFOX3 calm	AFOX3 calm	AFOX3
		Cooperative		
RESPIRATORY	RESPIRATORY PATTERN	unlabored, even	unlabored, even	Reg
	BREATH SOUNDS	Bil BS CTA	CTA (B)	CTA B/L
	SECRETIONS			
SKIN	COLOR	normal for race	pale	pale
	INTEGRITY	Abd clean & C	Abd drg/leaves	Abd dressing intact
		some drainage intact	back drg intact	Back dry/intact
IV SITE	LOCATION	(R) femoral line	RFA	medial of thigh, small bloody discharge
	CONDITION	A/L intact 5	patent/benign	(R) femoral is patent 5
		S/S of redness		S/S of infiltration
		not infl		
GASTRO	ABDOMEN	tender, nondistended	Soft - tender	soft - flat
	BOWEL SOUNDS	BS x4	hyperactive - ND	BS (+) all quads
			(+) x4	
GU	URINE:	urostomy bag intact	urostomy bag intact	urostomy bag draining
	COLOR/CLARITY		yellow c sediment	clear yellow urine
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 NOTED	NSR → ST Ectopy	NSR
		ECG NSR	S S2 only	

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)

PRE[redacted] LPN | DEPARTMENT/SERVICE/CLINIC: ~~ICU 2nd~~ ICU | DATE: 8-9 June 03

PAT[redacted] (Other entries give: Name—last, first, middle; [redacted] date; hospital or medical facility)

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

ICU 1

☐ 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																		
BP Cuff							110/67				120/69					110/67		
Temperature							98.7				98.7					97.4		
Pulse							88				92					82		
Respiratory Rate							22				20					22		
pain intensity																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO								360						360				
TOTALS																		

OUTPUT

URINE	HOUR						060								950			
	TOTAL						600											
	sp gr						emptied								empty			
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
BP			124/74						
T			134/79				119/68		
P			98						
R			113				101		
			20				14		

INTAKE	16	17	18	19	20	21	22	23	8°T

OUTPUT									
		100				200/900	300/1200		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME									
		MODE									
		F_IO_2									
		TV									
		RATE									
		PEEP									
	A	pH									
		PCO_2									
		pO_2									
	B	HCO_3									
		SAT									
	G	BASE									

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

ACTIVITIES OF DAILY LIVING	TIME									
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME									
SUCTION										

24°I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

NURSE'S SIGNATURE [redacted] INITIAL [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

b)(6) -2

INITIAL SHIFT ASSESSMENT

	TIME	8 June	INITIALS [redacted]	8 June 03	INITIALS		INITIALS
NEURO	PUPILS	Pearl		Pe RRLa			
	SENSORIUM	Intact, Alert/oriented		Alert x3			
		language barrier but able					
		to express what he wants					
RESPIRATORY	RESPIRATORY PATTERN	even - unlabored		Resp-Reg-even			
	BREATH SOUNDS	CTA		CTABL			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	NL for race		Normal for Race			
	INTEGRITY	abdominal & lower back		Abd & (R) lower back wounds			
		wounds.		dress intact			
IV SITE	LOCATION	(R) forearm.		(R) forearm intact			
	CONDITION	Intact, patent.		Patent			
GASTRO	ABDOMEN	soft NT		soft - NT flat			
	BOWEL SOUNDS	+ active		BS(+) & equal s			
GU	URINE:	urostomy bag, draining		Ileostomy patent drain			
	COLOR/CLARITY	yellow urine c̄ sediment		clear yellow urine			
		GS		GS			
CARDIO-VASCULAR	CARDIAC RHYTHM	S1 S2 Ø Ectopy.		NSR			

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 2 cont

DATE

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

[redacted] (b)(6)-4

GPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 6-8-03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line																		
	BP Cuff	120/74				131/74					137/74				134/76				
	Temperature										98.4				/				
	Pulse	98				96					92				106				
	Respiratory Rate	20				19					18				20				
	pain intervention																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
	TOTALS																		

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
	URINE		1200				400 / 1600				1600			900 / 2500						2500
		sp gr																		
		S/A																		
	NG	OUTPUT																		
		pH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS																			
	TOTALS																			

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
			120/88						
			120/80					82/71	
			99						
			112					94	
			21					11	
			98.8						

INTAKE	16	17	18	19	20	21	22	23	8°T
			500						500

OUTPUT									
			200		100/400			700/100	1100

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	A	pH								
		PCO_2								
		pO_2								
	B	HCO_3								
		SAT								
	G	BASE								

LABORATORY DATA	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		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	[redacted]
		(b)(6) -2	
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

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

(b)(6) -2

INITIAL SHIFT ASSESSMENT

		TIME	INITIALS		INITIALS		INITIALS
NEURO		0530	[redacted]				
	PUPILS	PERRLA		PERRLA			
	SENSORIUM	intact, Alert, able to communicate pain thirst, hunger		Alert x3			
RESPIRATORY	RESPIRATORY PATTERN	even, unlabored		Reg even			
	BREATH SOUNDS	CTA		CTA Bil			
	SECRETIONS	0					
SKIN	COLOR	NL for race		Normal for Race			
	INTEGRITY	abdominal wound & lower back wound noted		Drsgs to Abd wound and @ Lower back intact			
IV SITE	LOCATION	@ peripheral line in FA		@ peripheral in @ fa			
	CONDITION	patent, intact flushed ĉ NS		-area - is patent flushed ĉ NS			
GASTRO	ABDOMEN	soft, NT		soft flat NT			
	BOWEL SOUNDS	+ active		BS (+) all quads			
GU	URINE:	urostomy - bag attached, draining		urostomy basinfat			
	COLOR/CLARITY	yellow urine ĉ sediment		draining clr yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	$S_1 S_2$, 0 Ectomy		NSR			

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] (b)(6) -4

EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 09 June 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line															✓			
BP Cuff				126/74											128/78			
Temperature				98.2											98.4			
Pulse				104											92			
Respiratory Rate				22											18			
pain																		
intubation																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL			300											1000 / 1300			
	10 gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
BP		140/79							
T		98T							
P		114							
R		29							

INTAKE	16	17	18	19	20	21	22	23	8° T

OUTPUT								
		po						

ACUITY LEVEL CLASSIFICATION

VENTILATOR DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	A	pH								
		PCO_2								
		pO_2								
	B	HCO_3								
		SAT								
	G	BASE								

LABORATORY DATA	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		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	[redacted]
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

(b)(6) - 2

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME		INITIALS CE	10	INITIALS		INITIALS
NEURO	PUPILS	PERRLA. 2mm		Perrla 2mm			
	SENSORIUM	A&Ox3		A&Ox3			
				follows verb command			
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored		Reg			
	BREATH SOUNDS	CTA(B)		CTA B/L			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	Normal for race		Normal for Race			
	INTEGRITY	Dressing to abdominal & lower back wound, intact		Diss to abd & (R) Lower back wound intact			
IV SITE	LOCATION	(R) peripheral line in tx		(R) peripheral IV			
	CONDITION	patent, flushed c NS		in tx is patent, flushed c NS			
GASTRO	ABDOMEN	N.D. (+) tenderness		Flat ~~Non T~~ (+)			
	BOWEL SOUNDS	(+) BS x 4		tenderness BS (+) x4 quads			
GU	URINE:	Urostomy bag		Ileostomy drainage			
	COLOR/CLARITY	Draining yellow urine		clr yellow urine.			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR		NSR			

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREP[redacted] (Signature & Title) GST, USA

DEPARTMENT/SERVICE/CLINIC ICU 2nd

DATE 10 JUL 03

(b)(6)-2 [redacted] (If typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-4

EPW

☐ 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																		
BP Cuff													120/61				124/64	
Temperature																	97.6	
Pulse													97				84	
Respiratory Rate													17				16	
pain																		
intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO										360							360	
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL										700/700						700/1400	4hr
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
BP			118/70					128/90	
			116/60					120/90	
T			97.1					97.7	
P			102					101	
R			20					8	

INTAKE	16	17	18	19	20	21	22	23	8° T

OUTPUT									
			25					600	800

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	A: 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 DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[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	0700	INITIALS [redacted]	1730	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PERRLA		PERRLA 3 m			
	SENSORIUM	Alert and Oriented		Alert x3			
RESPIRATORY	RESPIRATORY PATTERN	unlabored, even		Reg			
	BREATH SOUNDS	BBS CTA		Clear B/L			
	SECRETIONS	∅ secretions		∅			
SKIN	COLOR	normal for race		normal for Race			
	INTEGRITY						
IV SITE	LOCATION	H/L (R) Arm		Heplock (R) FA			
	CONDITION	intact ∅ S/S of redness or edema		patent flush & NS			
GASTRO	ABDOMEN	Abd dressing to		Abd drsg and drsg to			
	BOWEL SOUNDS	Abd. nondistended BS x4		(R) lower back intact BS (+) x all quads			
GU	URINE:	Ostomy bag		ileostomy draining			
	COLOR/CLARITY	draining yellow urine		clear yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus rhythm S1 & S2 noted		NSR			

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) [redacted] SGT LPN

DEPARTMENT/SERVICE/CLINIC ICU Quest

DATE 11 JUN 03

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

~~Trembly, D~~
~~201 6779~~

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

(b)(6)-2

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

DATE 11 June 03 | DX | HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	104/60				110/72			128/74					124/71			120/70		
Temperature					97.4			97.8										
Pulse	70	97			91			100					97			104		
Respiratory Rate	13	15			12			15					28			21		
pain																		
intervention																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
Oral																		
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL	200				300				500				1000				600	1600
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
BP			144/70	141/76			150/70		
P			109	115			112		
R			28	27			21		

INTAKE	16	17	18	19	20	21	22	23	8° T
		600				500/100			

OUTPUT									
			100						100

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	A: 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				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 HR I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	[redacted]
		(b)(6) -2	
INTAKE	OUTPUT		
IV 1000	Urine: 2200		
po			
TOTAL	TOTAL		
BALANCE			

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 [redacted] ASSESSMENT

NEURO	TIME	0600	INITIALS [redacted]		INITIALS		INITIALS
	PUPILS	Peerla 3mm					
	SENSORIUM	full, lucid,					
		depressed affect					
		responds to commands					
		ARM all Ext. ↓ B/L at LE					
RESPIRATORY	RESPIRATORY PATTERN	on ventilator 2° d/o pneumo					
	BREATH SOUNDS	Regular breaths					
	SECRETIONS	on RA of Cuff					
		to breathe - SpO2 98%					
		LCTA					
SKIN	COLOR	normal for race					
	INTEGRITY	LB dsg, mid Abd and					
		pelvic, moderate drainage					
IV SITE	LOCATION	Left Subclavian					
	CONDITION	(R) FA 20g site					
		patent					
GASTRO	ABDOMEN	Tout, active BS.					
	BOWEL SOUNDS	(+) frequent					
GU	URINE:	clear yellow UA					
	COLOR/CLARITY	clear to cloudy					
		drainage bag					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR - 60's					
		palpable peripheral					
		pulses 2+/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

(Continue on reverse)

b)(6)-2

PREPARED BY (Signature & Title) [redacted] SPC

DEPARTMENT/SERVICE/CLINIC ICU

DATE 12 June 03

[redacted] entries give: Name—last, first, middle; grade; date; hospital or medical facility)

ICU#1 [redacted] EPW

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE Bogure | DX | 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	140/75			122/68		120/75		130/74					142/89	132/84	137/87	131/78	130/75	
Temperature								98					96	97	98		98.2	
Pulse	94			92		88		88					142	95	100	104	108	
Respiratory Rate	15			16		9		18					32	19	18	22	21	
SpO2								98					98	98			98	
Source								RA					RA	RA			RA	
pain																		
intervention																		

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
RL														100	100/200	100/300	100/400	
WABX											10		100/110	100/250	100/350	100/410	100/500	1870
OP/Cryptolab											800							
PO												200					200/400	
TOTALS																		

OUTPUT			24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR						825					450				300				1875
	TOTAL											1275				1475				1635
	sp gr																			
	SGA																			
	OUTPUT		GOOL												100					
JP	Lower PH																		50	
	GUAR																		10	
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	135/72	119/51	108/51	128/71	112/55	117/65	121/62	105/59	
	97.2		98			98.7			
	117	125	111	100	107	100	116	107	
	24	20	23	23	31	18	20	17	
	96%	99	95	99	99	98	98	99	
	RA	RA	RA	RA	RA	RA	RA	RA	

INTAKE	16	17	18	19	20	21	22	23	8° T
IV	150	100	100/250	100/350	100/450	100/550	100/650	100/750	750
PO		100						230	330

OUTPUT	16	17	18	19	20	21	22	23	
Drain	250 / 125					200 / 1925			1925
Urine						10			10
Urine						50			50
Void						700			700

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

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

ACTIVITIES OF DAILY LIVING	TIME	0600			TURN	TIME				
	MOUTH CARE	BO								
	BATH	Bed								
	SKIN CARE	dmp								
	FOLEY CARE	dmp			SUCTION					
	TRACH CARE	NA								
	ROM EXERCISES	Bed								

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS [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

NEURO	TIME	6/13/03	INITIALS [redacted]	6-13-03	INITIALS		INITIALS
	PUPILS	Perrla 3mm		Peerla 3m			
	SENSORIUM	full. Ⓐ Acom all		Alert x3			
		Not. Percocet 2ips					
		q 4 prn for pain ☹					
		positive effect					
RESPIRATORY	RESPIRATORY PATTERN	Normal RS		Reg unlabored			
	BREATH SOUNDS	CTA Bilat		CTA Bil			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	Normal for Race		Normal for Race			
	INTEGRITY	midline Abd incision		midline abd incision			
		and Pelvic dry. D&I.		wound to pubic area dress intact			
IV SITE	LOCATION	Ⓛ FA & RFA BOTH		Ⓛ & Ⓡ FA are patent			
	CONDITION	Site clear D&I		S/S of infiltration			
GASTRO	ABDOMEN	Flat. (+) BS. all quads		Flat BS (+) all quads			
	BOWEL SOUNDS						
		Tolerating P.O. ☹ N&V.					
		But ↓ food intake.					
GU	URINE:	Urinary via Ileal conduit		yellow cloudy ☹ foul odor			
	COLOR/CLARITY	dark clear yellow		cloudy ☹ sediment			
		☹ small sediments					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR → ST when in Pain		NSR			
		BP slightly elevated ☹					
		Pain subsided on med					
		Tachycardia. apyrexia					
		< Bus					

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 [redacted]

DEPARTMENT/SERVICE/CLINIC: ~~ICU Post~~ ICU I

DATE: 6/13/03

PATIENT'S IDENTIFI[redacted] Name—last, first, middle; grade; date; hospital or medical facility)

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

ICU I

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

(b)(6)-2

DATE 13 June 03 | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	109/71	112/69	92/61	108/51	100/57	120/66	114/68	120/68		106/65	122/71	125/77	108/75	151/71	134/78	136/77	132/78	
Temperature		98.2			98.4									98.4				
Pulse	108	99	105	99	98	103	107	111		73	97	101	99	100	109	96	99	
Respiratory Rate	21	23	17	26	16	20	22	26		19	22	24	24	20	20	27	14	
SaO_2	98%	99	98	99	98	98	97	98		98	99	98	98	99	98	99	98	
Ventilator	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	
pain																		
intervention																		

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IV LR 100 cc/h	100	100/200	100/300	100/400	100/500	100/600	100/700	100/800		100/0	100/200	100/300	100/400	100/500	100/600	100/700	100/800	800
ORAL			238					50/50	1460			100		20/30				800
IV PAC							200	200										
IV ABX							50	50			200/250					50/300		300
																		1800
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		50	300/350		200/550	100/650	100/750	100/850	850	850	100/100	100/200	100/300	100/400	150/550	150/700	150/850	150/1000	
	SP GR																			
	S/A																			
JP	Upper			60							60	30/90							80	
NG	Lower			60							60	60/120							60	
	GUIAC										990									
EMESIS																			1090	1090
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS									
	16	17	18	19	20	21	22	23	
	148/82	136/70	139/74	128/71	138/74	134/92	136/70	134/73	
T	99		98.6						
P	97	93	92	101	98	90	103	105	
R	19	36	13	23	27	30	17	22	
Spo2	98							98	
	RA	RA	RA	RA	RA	RA	RA	RA	

INTAKE									
	16	17	18	19	20	21	22	23	8°T
	150	100/200	100/300	100/400	100/500	100/600	100/700	100/800	800
IV	C1PRO						200		

OUTPUT									
			300		300/600				600
UP	UPdin				60				60
	Lowe				40				40

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 [redacted]

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

INITIALS

[redacted]

MEDCOM - 9981

(b)(6)-2

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

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

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0500	INITIALS [redacted]	1700	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PERRLA		PERRLA			
	SENSORIUM	alert / oriented		Alert x3			
		follows simple commands		follows simple commands			
		communicates pain		communicates pain			
RESPIRATORY	RESPIRATORY PATTERN	even unlabored		Reg unlabored			
	BREATH SOUNDS	CTA		CTA BIL			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	Nl for pt		Normal for Race			
	INTEGRITY	abdominal dsg. lower		Abd dsg Lower (R)			
		back dsg noted		back dsg intact			
IV SITE	LOCATION	Saline lock - (R) forearm		saline Lock (R) forearm			
	CONDITION	peripheral line in (L)		peripheral line in (L)			
		arm. infusing		arm is patent			
		Fluid ~ difficulty					
GASTRO	ABDOMEN	soft tender to palpation		flat, soft, NT			
	BOWEL SOUNDS	active		BS @ x 4			
		2 JP drains in place		2 P drains in place			
GU	URINE:	yellow urine noted		cloudy yellow			
	COLOR/CLARITY	draining ~ difficulty		ileostomy drain ~			
		ileostomy.		diff.			
CARDIOVASCULAR	CARDIAC RHYTHM	(R) Ectopy. RRR		NSR			

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: 14 Jun 03

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

[redacted] (b)(6)-4

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

DATE 14 June 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
14 June 03 TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	128/66	104/71	128/70	126/69	133/54					126/61			139/62		124/77		142/77	
Temperature																		
Pulse	95	101	94	97	100					100			98		106		103	
Respiratory Rate	18	15	20	18	15													
SPO2	99%		98	99	95					97%			96%		98%		97%	
pain intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR 100 ml/h	100	100/200	100/300	100/400	100/500	100/600	100/700	100/800		100/900	100/1000	100/1100	100/1200	100/1300	100/1400	100/1500	100/1600	
IV Ancef 1gm	50									50		200						
TOTALS																		

OUTPUT																		
URINE HOUR				500	200				200	400			600				500	
URINE TOTAL					700					1100			1700				2200	
URINE sp gr																		
URINE S/A																		
JP Upper output										10							5	
NG Lower output										20							10	
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
BP		137/65			129/66	137/68	131/66	129/60	
T		96.5						98.3	
HR		94			97	95	97	95	
RR		12			35	20	33	24	
SpO2						96	97	97	

INTAKE	16	17	18	19	20	21	22	23	8° T
LR	100/100	100	100/50	100/50	100/100	100/50	100/100	100/100	800
	50								
	CIPRO	IV					200		200

OUTPUT	16	17	18	19	20	21	22	23	
		450					875/1325		1325
JP	UPPER	20					70		90
	LOWER	10					30		50

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

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

DAILY ACTIVITIES OF 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'S SIGNATURE [redacted] INITIALS [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

b(6)-2 [redacted]

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	INITIALS	1800	INITIALS		INITIALS
NEURO	PUPILS	Perla 3mm.	Perla 3mm			
	SENSORIUM	full. AROM all Ext ō	A&O x3.			
		c/o pain on full extension	Cal or / int on intermittently			
		of Bilat LE RX.	a/x/o as above			
RESPIRATORY	RESPIRATORY PATTERN	Normal. Regular 20's30's	even/unlabored			
	BREATH SOUNDS	CTA Bilat	CTA (B)			
	SECRETIONS	Ø	Ø			
SKIN	COLOR	Normal for Race	Norm. for Race		2 JP's	
	INTEGRITY	Mid Abll Dsg and Pelvic	dsg to abd/lower		intact-drainage	
		dsg D&I. LB Dsg D&I.	Back intact		Scant-Mod sang.	
IV SITE	LOCATION	(R) FA HL. D&I RFA HL	(R) FA → TKO		drainage	
	CONDITION	D&I.	patent/benign			
GASTRO	ABDOMEN	Taut (+) tenderness on	Soft NS (+) tenderness			
	BOWEL SOUNDS	palpation 2° Abd Surgical	2° incisional			
		wound. Active bs x4	(+) x4			
			LBM - 13 JUN			
GU	URINE:	Cloudy yellow via	Cl/yellow c/sediment			
	COLOR/CLARITY	Urosystem tube. The				
		Stoma is Pink & Moist.				
CARDIOVASCULAR	CARDIAC RHYTHM	NSR ō Ectopy.	ST → NSR			
		Peripheral pulses full	ō ectopy			
		2+ Equal Bilat LE.	S, S2 only			

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

b(6)-2 [redacted]

(Continue on reverse)

PREP[redacted]

DEPARTMENT/SERVICE/CLINIC: ICU ~~Unit~~ I

DATE: 6/1/93

PATIENT'S [redacted] (Use: Name—last, first, middle; grade; date; hospital or medical facility)

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

ICU-I.

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

b(6)-2

DATE 15 JUN 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	100/65	130/88	137/88	132/73	145/79	128/68	132/74	116/72		138/76	125/66	137/71	115/63	118/67	131/69	131/70	130/72	
Temperature					97.1					99								
Pulse	88	93	90	81	85	82	94	80		90	97	88	99	94	94	96	88	
Respiratory Rate	18	17	36	12	15	12	16	27		12	20	20	24	22	20	20	10	
SPO2	94	96	96	94	97	94	96	98		98	99	98	99	98	98	98	98	
						RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	
pain intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR/100cc/hr	100	100/400	100/300	100/400	100/300	10/510	10/520	10/530	530	10/10	10/20	10/30	10/40	20/60	20/80	20/100	20/120	120
PO								200	200				250/450					250
Ancef 1gm	50						50/100		100	100		100/200				50/250		200
									830									570
																		620
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL	200				800/1000			400/1400	1400			500		300/500	300/1100	300/1400	300/1700	1700
	10 gr																	
	S/A																	
JP	DRAIN OUTPUT					40			40/80	80						50		50
NG	DRAIN OUTPUT					10				10	10/20							20
	GUIAC									1440								1770
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

Temp

VITAL SIGNS	16	17	18	19	20	21	22	23	
	142/73		141/68		135/71		132/69		
							98.8		
	98		100		93		98		
	12		16		14		18		
	97		97		97		97		
	RA		RA		RA		RA		

INTAKE	16	17	18	19	20	21	22	23	8° T
	20	[illegible]	20	20	20	20	20	26	160
							200		300
							200 ↑ cups		
							emptied ↑		

OUTPUT	16	17	18	19	20	21	22	23	
	300/300	300/600					1200/1800		
upper							60		
lower							20		
							[illegible]		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_iO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

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

ACTIVITIES OF DAILY LIVING	TIME	0700			
	MOUTH CARE	done			
	BATH	BB			
	SKIN CARE	done			
	FOLEY CARE	upstairs done			
	TRACH CARE	N/A			
	ROM EXERCISES	Active			

TURN / SUCTION	TIME				
TURN					
SUCTION					

24° I&O TOTALS

wt Yesterday ______ wt Today ______

INTAKE		OUTPUT	
IV	______	Urine:	______
po	______		______
TOTAL	______	TOTAL	______

BALANCE ______

NURSE'S SIGNATURE	INITIALS
SAT/[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	[redacted]	INITIALS [redacted]	1800	INITIALS [redacted]		INITIALS
NEURO	PUPILS	Peerla 3mm		Perrla 3mm			
	SENSORIUM	full. A+OX3. AROM all Ext.		Alatx3			
		Limited LE Contractures 2°		Verbalizes need for pain			
		prolonged flexion.		meds and oth needs.			
				AROM to All Ext.			
RESPIRATORY	RESPIRATORY PATTERN	Normal unlabored.		Reg unlabored			
	BREATH SOUNDS	CTA Bilat		CTA BIL			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	Normal for Race.		Normal for Race			
	INTEGRITY	Surgical wounds Mid line Abd.		Surg wounds midline			
		Supra umbilicus to the pelvis		Abd to Pelvis and Low back			
IV SITE	LOCATION	and Lower back.		saline lock TO® FA			
	CONDITION	IV on RFA. HL. Site WI		flushed q shift ± NS			
GASTRO	ABDOMEN	Slightly distended and tight		Flat NT Tender @ surg			
	BOWEL SOUNDS	(+) c/o pain c̄ palpation		site c̄ palpation and			
		and activity. Bowel sounds		movement. BS(+) x4 quads			
		active x 4 quads					
GU	URINE:	Clear yellow c̄ occasional		clear yellow c̄ sediment			
	COLOR/CLARITY	sediments. Draining		ileostomy patent - Stool			
		Q via Urostomy - Stool Pouch		past pink.			
CARDIOVASCULAR	CARDIAC RHYTHM	SR Tachy. BP 152 Bilat		NSR			
		UE+LE 2+ full pulses.					

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 (Sign [redacted] | DEPARTMENT/SERVICE/CLINIC ICU | DATE 16 JUN 03

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

EDW H [redacted]

(b)(6)-4

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

(b)(6)-2

DATE | DX | Temp | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line	124		154	159	[illegible]													
BP Cuff	68		78	85	90		119/65			122/69		124/64		137/77		128/[illegible]		
Temperature					97.0													
Pulse	99		97		94		99			93		99		108		96		
Respiratory Rate	16		16		16		20			16		20		22		18		
Sat 2	99		96		95		94			98		97		96		98		
Source	RA		RA		RA		RA			RA		RA		RA		RA		
pain intensity																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	LR	20	20	20	20	20	20	20/80	20/100	100	20	20/40	20/60	20/80	20/100				100
	PO																		
	Abx.	50								50	50		200/250						250
	Ancef																		
	Pio flush							250		250	250					250			250
										400			200						200
	TOTALS																		800

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	URINE						1000 Foley				1000	200/200	200/400	200/600	200/800	200/1000	200/1200	200/1400	200/1600	1600
		SP gr																		
		S/A																		
	NG	output					30				30								40	40
		pH					10				10								10	10
		GUIAC																		
	EMESIS										1040									
	STOOL																			1650
	DRAINS																			
	TOTALS																			

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
							97/62		
	129/63	127/63	120/66	127/63			117/62		
		98.4					97.5		
TR	99	98	83	98			95		
RR	18	20	18	18			20		
SaO_2	96	98	98	98			99		
	RA	RA	RA	RA			RA		

INTAKE	16	17	18	19	20	21	22	23	8°T
IV	4KO		10	10/20	10/30	10/40	10/50	10/60	60
PO		160		100					260

OUTPUT									
								450	1650
	P								Ø
	Urer								Ø
	Low								

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

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

DAILY LIVING ACTIVITIES	TIME				TIME					
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN

SUCTION

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

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

(b)(6)-2

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INITIALS [redacted]	1700	INITIALS [redacted]		INITIALS
NEURO	PUPILS	3mm Pupils brisk		Pearl @ 3m			
	SENSORIUM	follows commands		Alert & follows			
		appropriate & stays moved		simple commands			
		all extrem. Pain mgd					
		c MS04 IVP					
RESPIRATORY	RESPIRATORY PATTERN	eventilated		Reg unlabored			
	BREATH SOUNDS	CTA		CTA B/L			
	SECRETIONS	Ø		Ø			
		Sp-02 100% on RX RR 20s					
SKIN	COLOR	appropriate per race		Normal for Race			
	INTEGRITY	see wound care note		D Rss to Abd intact dry			
				DRSS to (R) low back intact			
IV SITE	LOCATION	(R) FA PIV c NS KVO		(R) FA IV LR TKO			
	CONDITION						
GASTRO	ABDOMEN	Soft tender @ incision		soft Tender @ incision			
	BOWEL SOUNDS	site BS x4 Hearty		site BS (+) x4			
		appetite (-) BM as of yet		Lg BM 1800			
GU	URINE:	Straw c lg amounts		clear yellow c sediment			
	COLOR/CLARITY	of sediment		in lg amts			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR c ectopy S S2		NSR			
		(-) JVD +2 bilat radial					
		& dorsalis Pedis pulses					

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 2 west

DATE: 6-17-03

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

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 07 June 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line			115/55															
BP Cuff	115/40		115/55		116/61		146/68			109/57		116/66		105/55		152/77		
Temperature							98.1											
Pulse	94		98		90		95			86		92		89		90		
Respiratory Rate	20		18		20		20			12		12		16		12		
SpO2	100		100		100		100			100		100				100		
pain																		
intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR TKO	10	10/20	10/20	10/40	10/50		10/60			10/90		20/110		10/120		20/130		
Po											50			40	300		300	

OUTPUT																		
URINE	HOUR		200	40		300		315				350			100		150	
	TOTAL			240		540		815				1165			1265		1415	
	10 gr																	
	S/A																	
JP	upper	20				15								12				
	Lower	0				0			15									
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	/
	131/66		128/70		134/71		127/66		
			97.4		98.7				
	85		93		110		100		
	16		19		21		14		
	99		99		100		94		

INTAKE	16	17	18	19	20	21	22	23	8°T
	20/150	10/160	10/170	10/180	10/190	10/200	10/210	10/220	220

OUTPUT									
	600/255	/	200	/	300/60	/	200/100	/	200
	UP								
	UPPER			40					
	LOW			Ø					

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME										
	MODE										
	F_IO_2										
	TV										
	RATE										
	PEEP										
	A: pH										
	A: PCO_2										
	A: pO_2										
	B: HCO_3										
	B: SAT										
	G: BASE										

LABORATORY	TIME	0430									
	GLUCOSE	97									
	Na/K	133/4.3									
	Cl/CO_2	102/25									
	BUN/Cr	10/.6									
	WBC/PLATELET	35/271									
	Hct/Hgb	24.9/7.7									

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

24 HR I&O TOTALS	NURSE'S SIGNATURE	INITIALS
wt Yesterday _____ wt Today _____	[redacted]	[redacted]
INTAKE: IV _____ po _____ _____ TOTAL _____	[redacted]	[redacted]
OUTPUT: Urine: _____ _____ _____ TOTAL _____		

(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	0530	INITIAL [redacted]	1755	INITIAL [redacted]		INITIALS
NEURO	PUPILS		PERRLA		equal			
	SENSORIUM		Alert + Or x3		a+o, drowsy -			
			follows commands		MAE			
			MSO4 IV + T-3					
			for pain					
RESPIRATORY	RESPIRATORY PATTERN		Reg, even unlabored		even unlabored			
	BREATH SOUNDS		CTA		CTA (B)			
	SECRETIONS		Ø		Ø			
			Resp Rate - 10's					
			O2 - 100% on RA					
SKIN	COLOR		normal for race		normal for race			
	INTEGRITY		dressing to Abd		drsg to abd lower			
			intact + dry		back intact			
IV SITE	LOCATION		(L) forearm		(L) FA			
	CONDITION		clean, dry, intact		patent/benign			
			(-) redness					
			(-) swelling					
			(LB) Bulky drsng, dry +					
			intact					
GASTRO	ABDOMEN		incision, soft, tender		soft NT/ND			
	BOWEL SOUNDS		BS x4		BS (+) x4			
			RLQ ~~drain~~ ileostomy					
			stoma - pink + moist					
GU	URINE:		clear yellow		urostomy bag			
	COLOR/CLARITY		ileostomy drain		intact - cloudy			
					yellow			
CARDIOVASCULAR	CARDIAC RHYTHM		Sinus Rhythm		NSR → ST			
			peripheral pulses		↓ ectopy			
			Bilat strong UE/LE		S1 S2 only			

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of Inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

b)(6)-2

PREPARED BY (Signature & Tit [redacted] 91W10

DEPARTMENT/SERVICE/CLINIC ~~ICU 2 East~~ ICU I

DATE 8 June 03

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

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

ICU #1

☐ 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																		
BP Cuff		102/77		120/72	122/71		136/72			121/60		109/58	114/60			134/77		
Temperature																		
Pulse		115		95	107		98			93		98	93			102		
Respiratory Rate		22		12	16		12			16		14	21			16		
SpO2		100		99	100		100			100%		100%	100%			97%		
Source																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
LRTKO		10/320	10/320	10/240	10/250	10/260	19/220	19/280	200	19/10	19/20	19/30	10/40	19/50	19/100	110/110	10/120	120
P.O.							200		200						200			200
TOTALS									300 / 200									120

OUTPUT

URINE	HOUR	200				200		100		100	100		200		100		100	
	TOTAL					100		100		100	100		300		400		500	500
	10 gr																	
	S/A																	
JP	~~UPRN~~ OUTPUT					0				30/30		5/35						35
~~NG~~	~~24 hour~~					0												
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
																		535
TOTALS								1209										535

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	8° T
	123/[illegible]		137/56		90/58			112/69	[redacted]
	[illegible]				(A) 98.8		(D) 101.0	95	
	99		104		108			98	[redacted]
	19		16		16			16	
	100%		100		100			96	
			RA		RA			RA	

INTAKE	16	17	18	19	20	21	22	23	8° T
	19/10	10	10	10	10	10	10	10	80
				250					250

OUTPUT	16	17	18	19	20	21	22	23	8° T
	50/50						500/750		750
							amp filed		
							2300		
							15 sec		
							cardiac		
							~~pool~~		
							~~stool~~		
							smelling		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	A: 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	8°S			TURN	TIME				
	MOUTH CARE	Self								
	BATH	Self								
	SKIN CARE	NA								
	FOLEY CARE	NA			SUCTION					
	TRACH CARE	NA								
	ROM EXERCISES	Self								

24° I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	[redacted]
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

(b)(6)-2

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT [redacted]

NEURO	TIME	0530	INITIALS [redacted]	1800	INITIALS [redacted]	INITIALS
	PUPILS	Perrla x3mmbil		Perrla		
	SENSORIUM	A+O x 3		A+O		
		follows commands		calm/coherent		
RESPIRATORY	RESPIRATORY PATTERN	even unlabored		even/unlabored		
	BREATH SOUNDS	CTA Bil		CTA(B)		
	SECRETIONS	Ø		Ø		
SKIN	COLOR	normal for race		pale		
	INTEGRITY			drsg to abd/lower back intact		
IV SITE	LOCATION	(L) FA		LFA		new PIV 20g started to (R) AC 20g.
	CONDITION	dry + intact		patent/benign		
		(-) swelling		↓		
		dressing to FA +		infiltrated		
		bach intact +		@2000		
		dry				
GASTRO	ABDOMEN	soft, NT, incision		Aff NT/ND		
	BOWEL SOUNDS	BS x4		(+) x4		
		RLQ - ileostomy intact		(+) flatus		
		stoma - pink, moist				
GU	URINE:	cloudy yellow		urostomy bag intact		
	COLOR/CLARITY	urostomy bag		cloudy/yel		
		intact				
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus Rhythm →		NSR → ST		
		Sinus Tachy		sectoly		
				S.S. only		

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

(b)(6) -2

PREPA[redacted] (Signature & Title) [redacted] Sgt/LPN
DEPARTMENT/SERVICE/CLINIC ~~ICU~~ ICU / 19
DATE [redacted] Jun 03

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

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

ICU # 1

☐ 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																		
	BP Cuff	105/77	78	105/80		97/85		103/82			119/70		124/78		111/70				
	Temperature			98.9															
	Pulse	108		108		110		116			116	100 →			119		112		
	Respiratory Rate	14		14		18		100%			22	21 →			24		19		
	Sats	100									100%	100% →			100%		100%		
	Source	RA		RA		RA		RA											
	pain																		
	intervention																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	LR	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	80
	PO																		
	TOTALS																		

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	URINE					300			100			200		100		50		100		450
		sp gr				bag														
		S/A				ripped		Sdec												
	NG	OUTPUT				tore		bilious				100cc		50cc		300cc		100cc		550
		pH				leaking														
		GUIAC																		
	EMESIS					replaced		emptied												
	STOOL					emptied														
	DRAINS																			
	TOTALS																			550 1000

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
			125/73		125/84		125/86		
							98.9		
	111		113		103		106		
	22		18		18		18		
	96%		98		98		98		
	C		RA		RA		RA		

INTAKE	16	17	18	19	20	21	22	23	8°T
	10	10	10	75	75	75	75	75	405
							3 ☼		
							Nacl clamped		
							x 1 °		
							abx.		

OUTPUT									
	50/50						240/240		740
	2000								

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	ABG: pH									
	ABG: PCO_2									
	ABG: pO_2									
	ABG: HCO_3									
	ABG: SAT									
	ABG: BASE									

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

ACTIVITIES DAILY / ACTIVITIES EVENING	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	

BALANCE _____

PHYSICIAN 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		INITIALS		INITIALS		INITIALS
NEURO		0600	[redacted]	1700	[redacted]		
	PUPILS	PEARLA (B)		PEARLA A			
	SENSORIUM	AAO x3		Alert x3			
RESPIRATORY	RESPIRATORY PATTERN	(=) unlabored		Reg unlabored			
	BREATH SOUNDS	CTA (B) 20 bpm		CTA B/L			
	SECRETIONS	Ø		Ø			
SKIN	COLOR	Normal for race		Normal for Race			
	INTEGRITY	Dry		Abd dress and drains to (R) Lower back clean and intact			
IV SITE	LOCATION	(R) AC		(L) AC IVcath LR			
	CONDITION	20g patent 75cc/hr NO S/S inf.		@ 125 ml/hr - 0 S/S of infiltration			
GASTRO	ABDOMEN	Soft NON Dist.		Soft Tender NON dist			
	BOWEL SOUNDS	hyperactive		BS(+) x4 quads			
		DSg intact, Δ'd					
GU	URINE:	Urostomy to gravity		ileostomy draining			
	COLOR/CLARITY	Cloudy, yellow		cloudy yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR S1S2 Au SC.		NSR			

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2

PREPARED BY [redacted] *(Sig & Title)* [redacted] /LPN
DEPARTMENT/SERVICE/CLINIC ~~ICU Post~~ ICU / [redacted] Jun03

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

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

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

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	123/80		117/86		125/80		127/80			127/77		127/71		105/75		115/71		
Temperature					98.6		97.5			121								
Pulse	165		107		100		99			80		109		114		115		
Respiratory Rate	16		16		16		20			100		19		19		14		
Sats	99		98		96		99			RA		99		99		100		
Source	RA		RA		RA		RA					RA		RA		RA		
pain intensity																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR	75	75	75	75	75	75	75	75	600	75	75	125	125	125	125	125	125	900
1:1 NS (OOT NGT)															100		50	150
Zantac																		
									600						225		175	1050
TOTALS																		

OUTPUT																		
URINE	HOUR					350	30	50				170			50		110	
	TOTAL					350	380	430		430								330
	sp gr																	
	S/A																	
NG	OUTPUT						900			330	0	0	75	0	0	75	0	50	200
	pH						bilious											
	GUIAC						emptied											
EMESIS																		
STOOL																		
DRAINS																		
TOTALS						930			330									530

POST-OP DAY

VITAL SIGNS

16	17	18	19	20	21	22	23	
116/71		123/66		145/62		128/66		
		97.9						
112		119		98		100		
20		19		17		6		
100		100		96		100		
RA		RA		RA		RA		

INTAKE

16	17	18	19	20	21	22	23	8° T
125	125/250	125/375	125/500	125/620	125/750	125/875	125/1000	1000
50								
175								

OUTPUT

/	/	/	200/	/	400/600	/	/	600

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		
BATH		
SKIN CARE		
FOLEY CARE		
TRACH CARE		
ROM EXERCISES		

TURN — TIME

SUCTION

24° I&O TOTALS

wt Yesterday ______ wt Today ______

INTAKE: IV ______ po ______ TOTAL ______

OUTPUT: Urine: ______ TOTAL ______

BALANCE ______

[redacted] SIGNATURE — INITIALS

[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	0545	INITIALS [redacted]	1800	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PERRLA		PERRLA			
	SENSORIUM	O+A X3		Alert X3 -			
		Follows commands		follows simple commands			
RESPIRATORY	RESPIRATORY PATTERN	Reg, even, unlabored		Reg unlabored			
	BREATH SOUNDS	CTA Bilat		CTA Bil			
	SECRETIONS	Ø		Ø			
		Resp Rate 15s-20s					
		100% on RA					
SKIN	COLOR	normal for Race		normal for Race			
	INTEGRITY	dressing to abdomen		dressing to Abd and Ⓡ			
		intact + dry		Lower back dry intact			
IV SITE	LOCATION	Ⓛ AC		Ⓛ AC - LR @ 125ml/hr			
	CONDITION	clean, dry, intact		is patent Ø S/S of infiltration			
		Ⓝ swelling					
		Ⓝ redness					
		Bulky dressing to					
		Ⓛ Ⓐ dry + intact					
GASTRO	ABDOMEN	Soft & tender		soft & flat - Tender			
	BOWEL SOUNDS	BS X4		BS Ⓐ X4 quads			
GU	URINE:	cloudy yellow		yellow cloudy			
	COLOR/CLARITY	ileostomy draining		ileostomy patent			
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus Rhythm		NSR			

LEGEND

Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

b)(c)-2

PREPARED BY (Signature & Title) [redacted] 9/10/10

DEPARTMENT/SERVICE/CLINIC ICU 2nd

DATE

b6-2

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

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

ICU # 1

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 21 Jun 03 | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff			137/67		113/67		115/67			115/63	114/67	113/55		114/50		114/60		
Temperature										97.6								
Pulse			94		90		94			96	100	102		102		92		
Respiratory Rate			15		17		24			18	20	22		17		19		
SpO2			98		100		100%			100	99	99		100%		98%		
Source										RA	RA	RA		RA		RA		
pain																		
intervention																		

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR 125 ml/hr	125	125/250	125/375	125/500	125/625	125	125	125	1000	125	125	125	125	125	125	125	125	1000
Zantac	50								50	50								
TOTALS	175								1050	175								

OUTPUT		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE					200			175/375	75/450		450	85/535	90/625		100	75	75	75	75	450
		sp gr																		
		S/A																		
NG		OUTPUT																		
		pH																		
		GUIAC																		
EMESIS																				
STOOL																				
DRAINS																				
TOTALS											450									450

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	137/78		130/89		117/66		121/88		
					98				
	77		87		89		87		
R	20		22		20		20		
	100		98		100		99		
	RA		RA		RA		RA		

INTAKE	16	17	18	19	20	21	22	23	8° T
I	125	125/100	125/100	125/100	125/100	125/75	125/100	125/100	1000
	PO	300	120						

OUTPUT	16	17	18	19	20	21	22	23	
O	250/50	/	/	/	250/400	/	/	450	710

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY	TIME									
	MODE									
	F_iO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	A: 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		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	
INTAKE	OUTPUT	(b)(6) -2	
IV	Urine:		
po			
TOTAL	TOTAL		

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

(b)(6)-2

INITIAL SHIFT ASSESSMENT

	TIME	1800	IN[redacted]	INITIALS		INITIALS
NEURO	PUPILS	Pearla x 3 u				
	SENSORIUM	Alert x3 follow commands				
RESPIRATORY	RESPIRATORY PATTERN	Reg unlabored				
	BREATH SOUNDS	CTA BIL				
	SECRETIONS	Ø				
SKIN	COLOR	Normal for Race				
	INTEGRITY	DRSSS from mid-lwr chest				
		TUBulus intact, DSS to R				
IV SITE	LOCATION	Lower back intact				
	CONDITION	IV TO (R) FA is patent				
		Ø S/S of infiltration				
GASTRO	ABDOMEN	soft - Tender				
	BOWEL SOUNDS	BS (+) x 4 quad S				
GU	URINE:	cloudy yellow, mod				
	COLOR/CLARITY	amt of sediment				
CARDIOVASCULAR	CARDIAC RHYTHM	NSR				

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 [redacted] (Signature & Title) Sgt/LPN

DEPARTMENT/SERVICE/CLINIC ~~ICU 2nd~~ ICU 1

DATE 23 June 03

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

(b)(6)-2

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE	DX													HOSPITAL DAY				
VITAL SIGNS TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	121/71		139/69		133/74		111/72			122/72		114/69		104/68		118/73		
Temperature					98.6													
Pulse	94		100		105		96			81		89		95		95		
Respiratory Rate	16		16		16		22			21		25		26		34		
Sat 2	97		96		96		99					97		96		98		
Source	RA		RA		RA		RA			RA		RA		RA		RA		
pain																		
situation																		
INTAKE TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO			150				100	80		150	150	100	100	120	200	200	150	
Zantac	50									50								
TOTALS																		
OUTPUT URINE HOUR / TOTAL					1800 / 1800	200	200	200	1800	150 / 1950	225 / 2175	350 / 2525	1900	425	800	550	700	
URINE sp gr																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

3445
190

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	127/70		122/68		123/60		122/71		
			97.5				103.8		
	88		103		97		91		
	22		29		27		28		
	96		99		100		100		
	RA		RA		RA		RA		

INTAKE	16	17	18	19	20	21	22	23	8° T
LR	300	125	125	125	125				
		25	25	25	25	25	25	25	1200

OUTPUT									
	100		600		600/1200				1200

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				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	[redacted]
[redacted] 9/(b)	[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	0615	INITIALS [redacted]	1700	INIT [redacted]	INITIALS
NEURO	PUPILS	PERRLA 3mm bilat		PERRLA 3mm		
	SENSORIUM	A+O x3		Alert		
		follows commands		follows commands		
RESPIRATORY	RESPIRATORY PATTERN	Reg, even, unlabored		Reg - unlabored		
	BREATH SOUNDS	CTA		CTA B/L		
	SECRETIONS	Ø		Ø		
SKIN	COLOR	Normal for Race		Normal for Race		
	INTEGRITY	abd dsng clean, dry + intact		Abd dsg clean, dry intact		
INTRAVENOUS	LOCATION	(R) wrist		(R) wrist - is patent		
	CONDITION	intact + dry		Ø infiltration		
		(-) swelling				
		(-) infection				
		(-) redness				
GASTROINTESTINAL	ABDOMEN	soft, nontender		Soft - non tender		
	BOWEL SOUNDS	BS x4		BS @ x4 quads		
	URINE: COLOR/CLARITY	Bright yellow		clear yellow		
		urostomy intact		ileostomy patent		
CARDIAC	CARDIAC RHYTHM	Sinus tachy		WSR		

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]

(Continue on reverse)

PREPARED [redacted] (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU 2nd ICU

DATE: 28 JUN 03

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

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

b)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

PAGE

	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07	/	08	09	10	11	12	13	14	15
rterial Line																	
uff					100/63	115/65						110/60				113/65	
perature					99.6							97.6					
e					102	112						109				91	
iratory Rate					24	30						18				19	
SpO2					100	99%						99%				100%	

TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15
PO	500				300												

ALS

		24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15
URINE / NE	HOUR / TOTAL	600				500				1100			500				300	
	sp gr																	
	S/A																	
JP	OUTPUT																	
	pH																	
	GUIAC																	
IS																		
L																		

ACUITY LEVEL CLASSIFICATION

	17	18	19	20	21	22	23	/
B/P	119/57							
T	97.5							
P	89							
R	12							
SpO2	99							

	17	18	19	20	21	22	23	8° T
PO	500							
UR vol								
JP								

RESPIRATORY DATA

		TIME							
		MODE							
		F_iO_2							
		TV							
		RATE							
		PEEP							
ABG	A	pH							
		PCO_2							
		pO_2							
	B	HCO_3							
		SAT							
	G	BASE							

LABORATORY DATA

	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		NURSE'S SIGNATURE
wt Yesterday ______	wt Today ______	[redacted]
INTAKE	OUTPUT	
IV ______	Urine: ______	
PO		

(b)(6) -2

PAGE

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

PORT TITLE

NTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

TIME	0530	INITIALS [redacted]	1750	INITIALS [redacted]		INITIALS
PUPILS	perrla 3mm bilat		Perrla			
SENSORIUM	a+o x3		a+o			
	follows commands		MAE			
			coherent/calm			
RESPIRATORY PATTERN	even, unlabored		even/unlabored			
BREATH SOUNDS	CTA		CTA (B)			
SECRETIONS	Ø		Ø			
COLOR	normal for race		Norm for Race			
INTEGRITY	Abd. dressing clean, dry + intact		abd dsg c,d+I			
LOCATION	(R) wrist		(R) wrist			
CONDITION	clean, dry + intact		pat/benign			
	(-) redness					
	(-) swelling					
	(-) infection					
ABDOMEN	soft, nondistended		soft NT ND			
BOWEL SOUNDS	BS x 4 quads		(+) x 4			
URINE: COLOR/CLARITY	cloudy yellow urostomy gas		cloudy/yellow urostomy bag			
	tan		packed			
CARDIAC RHYTHM	Sinus Rhythm		NSR → ST			
	→ Sinus		3 ectopy			
	Tachy		S1 S2 only			

(b)(6) -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]

(Continue on reverse)

[redacted]	DEPARTMENT/SERVICE/CLINIC	DATE
	ICU 2nd ICU 1	29 June 03

T'S IDENTIFICATION (For typed or written entries give: Name—last, first, e; grade; date; hospital or me[redacted]

(b)(6) -4 EPW # [redacted]
ICU # 1

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specif

PAGE

DX		HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07	/	08	09	10	11	12	13	14	15
terial Line																	
uff					117/63		117/68					95/57					
erature																	
					99		105					97					
ratory Rate					21		30					15					
							100%					99%					
Terministra[illegible]																	

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15
PO																	

ALS

		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15
urine (…NE)	HOUR / TOTAL							300					200					
	sp gr																	
	S/A																	
JR	OUTPUT	0	0	0	0	0	0	0	0		0	0	0					
	pH																	
	GUIAC																	
IS																		
L																		

	17	18	19	20	21	22	23	
						112/59		
						104		
[redacted]						18		
17 99%						99%		
99%						98.6 (A)		
PO	17	18	19	20	21	22	23	8° T
			300	200				500
Urine						400/1000		1800

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 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE OUTPUT

[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.

PORT TITLE

NTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

TIME	0700	INITIALS [redacted]	1710	INITIALS [redacted]	INITIALS
PUPILS	PERRLA 3mm				
SENSORIUM	Alert & Oriented		Ado Coherent/calm		
RESPIRATORY PATTERN	Even, unlabored		Even/unlabored		
BREATH SOUNDS	BBS CTA		CTA (B)		
SECRETIONS					
COLOR	normal for race		Norm for race		
INTEGRITY					
LOCATION	(R) Arm		~~(R) arm~~ new		
CONDITION	2 c/s of redness OR edema		(L) AC patent + benign		
ABDOMEN	Soft nondistended		Soft NT/ND		
BOWEL SOUNDS	BS x 4		+ LBM 02 fed		
URINE: COLOR/CLARITY	UA) Foley to bag drainage		Urostomy bag intact/secured		
CARDIAC RHYTHM	NSR S1 + S2 Noted O JVD		NSR - ST Ectopy S1 S2 only		

(b)(6)-2

LEGEND			
	Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional
	F_IO_2 - Fraction of inspired O_2	PCO_2 - Pressure of Arterial CO_2	SA1 - Saturation
	HCO_3 - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy

(Continue on reverse)

PARED [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU 2 unit

DATE: 2 Jul 03

[redacted] ritten entries give: Name—last, first, [redacted] grade; date; hospital or medical facility)

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
Arterial Line																	
Cuff	113/40		110/20	98/9	112/73	112/67	116/50	118/67		101/63	105/63	110/54	119/60	104/54	107/47	105/63	
mperature	103		99.9	99.6	99.1	99.8											
lse	121		110	107	107	92	91	93		94	96	89	91	94	99	127	
spiratory Rate	23		19	22	20	19	23	11		14	16	16	22	23	22	18	
SPO2	98		98	98	98	99	97	96		97	99	98	97	99	98	97%	

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15
PO	100		150			60							360				

TALS

	HOUR / TOTAL	1300			1100 / 2400	350 / 750					1000		600				
INE	sp gr																
	S/A																
	OUTPUT																
G	pH																
	GUIAC																
SIS																	
OL																	
INIS																	

PAC

ACUITY LEVEL CLASSIFICATION

	16	17	18	19	20	21	22	23	
							102		
162/60							100/49		
99							98.5		
101									
18							18		
Sytr Sonce 97%							97% RA		

RESPIRATORY	TIME												
	MODE												
	F_IO_2												
	TV												
	RATE												
	PEEP												
ARTERIAL BLOOD GAS	A	pH											
		PCO_2											
		pO_2											
	B	HCO_3											
		SAT											
	G	BASE											

	16	17	18	19	20	21	22	23	8° T
						500			500

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

	16	17	18	19	20	21	22	23	8° T
16 200							200 160		1000

ACTIVITIES OF DAILY LIVING	TIME												
	MOUTH CARE												
	BATH												
	SKIN CARE												
	FOLEY CARE												
	TRACH CARE												
	ROM EXERCISES												

TURN	TIME								
SUCTION									

24°I&O TOTALS

NURSE'S SIGNATURE

wt Yesterday

wt Toda [redacted]

INTAKE

IV

PO

OUTPUT

Urine:

(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 (1
QA Appr 8 Mar 8

INITIAL SHIFT ASSESSMENT

NEURO	TIME	1500	INITIAL [redacted]	1925	INIT [redacted]	INIT
	PUPILS	PERRLA		PERRLA		
	SENSORIUM	A/Ox3 Follows all commands		A+Ox3, Cooperative Follows Commands		
RESPIRATORY	RESPIRATORY PATTERN	even, unlabored		Even, unlabored		
	BREATH SOUNDS	CTA(B)		CTA (B)		
	SECRETIONS	Ø		Ø		
SKIN	COLOR	NFR		WD, I		
	INTEGRITY	warm+dry		Warm + Dry		
IV SITE	LOCATION					
	CONDITION					
GASTRO	ABDOMEN	soft ND (+) tenderness		Soft, Non Tender		
	BOWEL SOUNDS	X4, hyperactive in lower quads		BS x4		
GU	URINE:	urostomy		urostomy		
	COLOR/CLARITY	yellow c sediment		yellow c sediment		
CARDIOVASCULAR	CARDIAC RHYTHM	NSR		NSR		
		S1S2		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)

[redacted] (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 09 JUL

[redacted] or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

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

☐ HISTORY/PHYSICAL ☐ FLOW CHA

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (S)

☐ DIAGNOSTIC STUDIES

(b)(6)-2

09 JUL 03

E	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial Line						127/					124/				130/		
BP Cuff						/67					/74				/67		
Temperature																	
Pulse						81					80				89		
Respiratory Rate						18					20				23		
SpO2						98					98				98		
						RA					RA				RA		
pain intensity																	
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15

TOTALS

URINE	HOUR / TOTAL			750/750		900/1650		1625/1625		2075		1425		275/700		200/900		200/1100 (1100)
	10 gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		

DAY

6	17	18	19	20	21	22	23	/
	133/67	140/77				138/85		
	88	99				98		
	18	16				18		
	98	98				99		
	RA	RA				RA		

6	17	18	19	20	21	22	23	8° T
1257	900/356	350/1045	0/1080	0/1675	750/1412	800/[illegible]	/	

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				TURN	TIME		
MOUTH CARE							
BATH							
SKIN CARE							
FOLEY CARE				SUCTION			
TRACH CARE							
ROM EXERCISES							

24° I&O TOTALS	NURSE'S SIGNATURE
wt Yesterday ________ wt Today ________	
INTAKE / OUTPUT	
IV ________ Urine: ________	
po	

MEDICAL RECORD—SUPPLEMENTAL MEDICAL F

For use of AR 40-66; the proponent agency is the Office of General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	INITIALS		INITIALS	1745	INITIALS
NEURO	PUPILS	PERRLA	[redacted]	(b)(6)-2			
	SENSORIUM	A&O X3 Follows all				Follows (unintelligible)	
		Commands				A+O	
RESPIRATORY	RESPIRATORY PATTERN	even, unlabored				CTA, even, unlabored	
	BREATH SOUNDS	CTA (B)				⊖ Adv sounds	
	SECRETIONS	Ø				⊖ copious s/l	
SKIN	COLOR	NPR					
	INTEGRITY	Warm & Dry				NPR	
						Warm & Dry	
IV SITE	LOCATION						
	CONDITION					Ø	
GASTRO	ABDOMEN	SOFT ND/NT				Soft, ND/NT	
	BOWEL SOUNDS	X4				Ea Ea	
						BS+	
GU	URINE	urostomy				urostomy	
	COLOR/CLARITY	yellow/C, sediment					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR				NSR	
		S1S2				Pulses X4	
						S1/S2 - NSR	

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 2 West

DATE: 10 Aug

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

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

ICU#

DATE | DE | HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line	179					126/					148/				143/			
	BP Cuff	72					/52					/72				/82			
	Temperature																		
	Pulse	89					107					91				88			
	Respiratory Rate	98					98					98				98			
		RA					RA					RA				RA			
	pain																		
	sedation																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	Rb	800																	
	TOTALS																		

OUTPUT																			
	URINE	HOUR	100					20		200		20		215			475		
		TOTAL	800							675									1025
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY

VITAL SIGNS

	16	17	18	19	20	21	22	23	
BP	114/75						115/53		
HR	96						92		
RR	16						14		
SAT	100						100		
Temp	98²								

INTAKE

	16	17	18	19	20	21	22	23	8° T
IV									
	445				1200/115				

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			
BATH			
SKIN CARE			
FOLEY CARE			
TRACH CARE			
ROM EXERCISES			

TURN / SUCTION — TIME

24° I&O TOTALS

wt Yesterday ______ wt Today ______

INTAKE: IV ______ po ______ TOTAL ______

OUTPUT: Urine: ______ TOTAL ______

BALANCE ______

NURSE'S SIGNATURE | INITIALS

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	INITIALS		INITIALS	1720	INITIALS [redacted]
NEURO	PUPILS	0630		3mm PERRLA			
	SENSORIUM			Can move all limbs		Follow commands	
				AAO x3		A+O x3	
RESPIRATORY	RESPIRATORY PATTERN			Even unlabored		Even. unlabored	
	BREATH SOUNDS			CTA(B)		CTA Bilat	
	SECRETIONS			∅			
				RR 14/min		Sats 100% on RA	
				Spo2 100			
				RA			
SKIN	COLOR			NFP T 97.9		NSR	
	INTEGRITY			Dry, intact		Dry, intact	
						Medline in-place	
I.V. SITE	LOCATION						
	CONDITION					∅	
GASTRO	ABDOMEN			Soft NDNT-T		Soft ND/NT	
	BOWEL SOUNDS						
GU	URINE via			urostomy		urostomy intact	
	COLOR/CLARITY			Clear yellow			
CARDIOVASCULAR	CARDIAC RHYTHM			HR 85 SR52		NSR, S1/S2	
				Mild Bilpapels		Pulses x4 (3+)	
				pulse x 4			

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; Sao - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] LPN, AN

DEPARTMENT/SERVICE/CLINIC ICU 2 East

DATE 11 JUL 03

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

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

(b)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

DATE 4 JUL 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line					126					118				128				
BP Cuff					80					83				69				
Temperature					[illegible]					96.7				97.2				
Pulse					91					87				101				
Respiratory Rate					16					18				18				
SATS					100					99				100				
					[illegible]					RA				RA				
					97.9													

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO										300				300				
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL									550				850				
	SG gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

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

POST-OP DAY

	16	17	18	19	20	21	22	23	
T	103		110				130		
	70		70				70		
	77.9		97.5						
P	103		85				85		
R	20		16				18		
Bp	99/6		110				100		
							RA.		

	16	17	18	19	20	21	22	23	8° T
	100								
	400						400		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY										
	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH									
	PCO_2									
	pO_2									
B	HCO_3									
	SAT									
G	BASE									

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

ACTIVITIES OF DAILY LIVING										
	TIME									
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME				

SUCTION					

24 hr I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
PO	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS

[redacted] (b)(6) -4

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

DTSG APPROVED (Date) QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT					
	TIME		INITIALS	[redacted]	INITIALS	1700	INITIALS [redacted]
NEURO	PUPILS	PERRLA 3mm		PERRLA		Perrla	
	SENSORIUM	A/O x3		A/O x3		A+O x3	
RESPIRATORY	RESPIRATORY PATTERN	even, unlabored		Reg even		even, unlabored	
	BREATH SOUNDS	CTA(B)		CTA B/L		CTA-B	
	SECRETIONS	0		0		0	
SKIN	COLOR	NFR		NFR		NFR	
	INTEGRITY	ulcer dry		warm dry		dry, intact dressing	
				Abd dress dry, intact		to abd c/d/i	
IV SITE	LOCATION						
	CONDITION						
GASTRO	ABDOMEN	soft NDNT		soft NT		soft nontender	
	BOWEL SOUNDS	x4		BS(+) x4		+BS x4 qds	
GU	URINE:	urostomy		ileostomy		urostomy	
	COLOR/CLARITY	yellow		clear yellow		clear yellow	
CARDIOVASCULAR	CARDIAC RHYTHM	NSR, S1S2		NSR, S1S2		S1S2	
						NSR	
						+2 pedal/radial	
						equal	
						<3 sec cap refill	

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; SVA - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2

[redacted]

DEPARTMENT/SERVICE/CLINIC	DATE
ICU 2 West	12 Sep

[redacted] (Name, address: hospital or medical facility) give: Name—last, first, [redacted]

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-NU)

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

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line					110					114				119				
BP Cuff					80					86				66				
Temperature																		
Pulse					83					88				88				
Respiratory Rate					12					20				18				
O2					99					97				100				
RA/O2					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
IV																		
TOTALS																		

OUTPUT

URINE	HOUR				400		800		1600	215		100		300			450	1125
	TOTAL						600					55		65			1175	
	SP GV																	
	SIA																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

[redacted] (b)(6)-4

POST-OP DAY

	16	17	18	19	20	21	22	23	
	88								
	81		138/90				127/71		
			92				92		
	105		101				95		
	18		18				20		
	99		100				98		
	RA		RA				RA		
	16	17	18	19	20	21	22	23	8° T
	TB/TB					160/11			

ACUITY LEVEL CLASSIFICATION

		TIME									
VENTILATOR		MODE									
		F_iO_2									
		TV									
		RATE									
		PEEP									
ARTERIAL BLOOD GAS	A	pH									
		PCO_2									
		pO_2									
	B	HCO_3									
		SAT									
	G	BASE									

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

	TIME									
ACTIVITIES DONE	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME				
SUCTION					

24 I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today		
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

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 ASSESSMENT

		TIME	INITIALS		INITIALS		INITIALS
NEURO	PUPILS	0500	[redacted]				
	SENSORIUM	PERRLA					
		A/O X3 follows all					
		commands					
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored					
	BREATH SOUNDS	CTA(B)					
	SECRETIONS	(-)					
SKIN	COLOR	NFR					
	INTEGRITY	warm, dry & intact					
IV SITE	LOCATION						
	CONDITION						
GASTRO	ABDOMEN	SOFT ND/NT					
	BOWEL SOUNDS	x4					
GU	URINE	Urostomy					
	COLOR/CLARITY	yellow w/ sediment					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR					
		S,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; SVA - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

[redacted]

DEPARTMENT/SERVICE/CLINIC: ICU Quest

DATE: 15JUL03

[redacted] (For typed or written entries give: Name—last, first, middle; rank; hospital or medical facility)

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

(b)(6) -2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

DATE

HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line						134/46					131/77			130	139/71			
BP Cuff			110															
Temperature			~~98.4~~															
Pulse			82			79					80				96			
Respiratory Rate			20			24					28				26			
SpO2			99			99					99				99			
						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
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL						45/45			175	25		100/56		125/500		125/125		1025
	Sp Gr																	
	Sp.G.																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS									175									1025

	16	17	18	19	20	21	22	23	
V I T A L S I G N S		HR/BP				118/68			
		111/60				95/60			
		99/Pn				99/Pn			

	16	17	18	19	20	21	22	23	8°T

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME									
		MODE									
		F_iO_2									
		TV									
		RATE									
		PEEP									
ARTERIAL GASES	A	pH									
		PCO_2									
		pO_2									
	B	HCO_3									
		SAT									
	G	BASE									

LABS AND DIAGNOSTIC TESTS		TIME									
		GLUCOSE									
		Na/K									
		Cl/CO_2									
		BUN/Cr									
		WBC/PLATELET									
		Hct/Hgb									

ACTIVITIES OF DAILY LIVING		TIME									
		MOUTH CARE									
		BATH									
		SKIN CARE									
		FOLEY CARE									
		TRACH CARE									
		ROM EXERCISES									

TURN		TIME									
SUCTION											

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS

For use of ... DICAL RECORD—SUPPLEMENTAL MEDICAL DATA
... A 40-66; the proponent agency is the Office of The Surgeo

REPORT TITLE
INTENSIVE CARE ... SING FLOW SHEET

... HOVED (Date)
...A Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME 0530	INITIALS		INITIALS		INITIALS
NEURO	PUPILS	3mm Perrla					
	SENSORIUM	AOX3 & c/o of headache.					
RESPIRATORY	RESPIRATORY PATTERN	even unlabored					
	BREATH SOUNDS	CTA, B					
	SECRETIONS	Ø					
SKIN	COLOR	warm & DRY					
	INTEGRITY	NPR. wound site CDI, NO S/S infect.					
IV SITE	LOCATION	Ø					
	CONDITION						
GASTRO	ABDOMEN	NT, ND,					
	BOWEL SOUNDS	BS X4 quads					
GU	URINE	urostomy c					
	COLOR/CLARITY	clear yel/low output					
CARDIOVASCULAR	CARDIAC RHYTHM	S1, S2, ST					

LEGEND: Cr - Creatinine; FiO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; FiO - Fractional; Sat - Saturation; TRACH - Tracheostomy

(Continue on reverse)

(b)(6) -2

PI... [redacted]
...ate; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CLINIC: ICU 2nd floor

DATE: 14 July 03

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-NU)

EPW [redacted] (b) (6) -4
ICU #1

DATE 14 July | 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		128	116				117											
	BP Cuff		62	68				68											
	Temperature																		
	Pulse		88	86				78											
	Respiratory Rate		13	16				18											
			99	100				98											
			RA	RA															

INTAKE	TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T
			500																
	TOTALS																		

OUTPUT		HOUR / TOTAL		100															
	URINE	Spg																	
		SA																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

[redacted] (b)(6)-4
epw
ICU

SPW (b)(6)-4 28th 000-00-0239

Respond to [redacted]

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

IRAQI

1. NAME	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE (U / P / R)	5. GRADE
[redacted] (b)(6)-4	[redacted] (b)(6)-4		Civilian		

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
20	X Male / Female			AMBULATORY / LITTER		

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS
10 MAY 03	[redacted] (b)(2)-2		16a. MEDICAL / 16b. NON MED
	14b. ORIGINATING FACILITY PHONE NUMBER [redacted] (b)(2)-2	15b. DESTINATION FACILITY PHONE NUMBER	

17. DIAGNOSIS

POD#20 s/p ileal loop
(R) Nephrectomy
evacuation pelvic hematoma
closure bladder neck
laceration

18. BATTLE CASUALTY / DISEASE / NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		X	HYPERTENSION	f.		X	MOTION SICKNESS	k.		X	AMBULATORY
b.		X	CARDIAC HX	g.		X	VISION IMPAIRED	l.	X		AMBULATORY AID
c.		X	DIABETES	h.	X		VOIDING PROBLEMS	m.		X	SELF-MEDS
d.		X	RESPIRATORY	i.		X	BOWEL PROBLEMS	n.	X		ADEQUATE SUPPLY OF MEDS
e.		X	EARS/SINUS	j.		X	SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES

20d. DIET: REG / 36M NA / CARDIAC / DIABETIC ____ CALS

RENAL ____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4

TUBE ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE ____ OTHER (Specify) ____

TPN: Change to D10 at ____ cc/hr for next of ____ days

TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

	TRACTION	ORTHOPEDIC BRACES
SUCTION	IV PUMP	CHEST TUBE/HEIMLICH
NG TUBE	TRACH	RESTRAINTS
STRYKER FRAME	MONITOR	OTHER (Explain in 23)
INCUBATOR	FOLEY	

22: LITERS: ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS	X-RAYS	FINANCIAL
INPATIENT RECORDS	OB RECORDS	OTHER (Specify)
NARRATIVE SUMMARY	DENTAL RECORDS	

21. PRE-FLIGHT VITALS:

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
29 May 03	98.2	90	13	120/71

22. BRIEF NARRATIVE

pt is lack of pt's insight
Transfer to [redacted]. b2-2
Hx of Aggressive Behaviors.

BLUE FOLDER HAS to BE WITH PT GUARD HAIN OF CUSTODY

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
29 May 03	Pt can ambulate c/w/assist. Pt has ileal conduit output 1000cc Q6H clear yellow urine & mucous. Abdominal dsg intact reinforce when needed Δ'd QD 0900. Pt tolerates PO meds + diet. HL 18gauge (R) FA. No medication due for this patient until tomorrow AM. [redacted] and ITAN [redacted] has been hospitalized 2 1 Mos; Pt Allegedly reverts to name changes; hx of being aggressive towards staff - Biting last episode 3 weeks ago - Does self care - [redacted] cont NCUSAF 29 May 03 Pt Ambulated and discharged by MPS - [redacted] Capt USAF, NC 1800L Tolerated Dry → O Bulbed Dry 1500Z Ambulated via litter. Urethra draining cloudy yellow urine. Abd dry dsg. Alert & responds to commands c/o pain. Medicated to 2 tablets tabs IAW APR [redacted]

(b)(6)-2

24. MEDICATIONS/TREATMENTS

Colace 100mg Po BID
FeO2 1 tab Po QD
MVI 1 tab QD
Prilosec 20mg PO QD

STAMP AND SIGNATURE OF FLIGHT SURGEON

FORM 3899, MAR 95

Point of Contact (1st Sgt, etc.). Unit (here): MR.

29 May 03

1930L / 1630Z Solitary flight - Occasionally restless 2° to discomfort of aerial climb. Allow [illegible] Airum [redacted] (b)(6)-2

b)(2) -2

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION
A l l D 1	I 2 (State or Country Code.)

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
0 0 1 3 2 8 5	UNK- CIV	CIV	M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
U N K	2 1 Y	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	0023	— 664

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
Ø	ICU1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME [redacted] TREATMENT [redacted]LITY (b)(2) -2		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. [redacted]	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
5 0		0 3 0 6 2 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A B A A		0 3 0 5 3 0

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)

FOR LOCAL USE

S/p (R) Nephrectomy, Ileal Conduit

Dx: V5843 8793 V442

Pr: 7719 5462 8670 9607

[redacted] ure, as required [redacted]

SIGNATURE OF ADMITTING CLERK [redacted]

[redacted] MAR 80 (b)(6) -2

(b)(6) -4

INPATIENT TREATMENT RECORD C[illegible] SHEET

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

1. REGISTER NUMBER: 0013297	2. NAME (Last, First, MI): EPW [redacted] (b)(6)-4				3. GRADE: N/A	ADMISSION REMARKS
4. SEX: M	5. AGE: 26y	6. RACE: Z	7. RELIGION: unk	8. LENGTH OF SVC: N/A	9. ETS: N/A	10. PREVIOUS ADMISSION: NO
11. FMP: 99	12. SSN: (b)(6)-4 [redacted]			13. ORGANIZATION: N/A		14. WARD: ICW2
15. FLYING STATUS: N/A	16. [illegible]/DSG	17. DEPT./BEN: K76	18. BRANCH/CORPS: N/A	19. UIC/ZIP		20. TYPE CASE: N/A
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct from ER				22. HOURS OF ADMISSION: 0120	23. CLINIC SERVICE: AEAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: —			25. TYPE DISPOSITION: 56		26. DATE OF DISPOSITION: 19 Jul 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): —			27b. TELEPHONE NO.: —		28. DATE OF THIS ADMISSION: 31 Mar 03	ADMITTING OFFICER: (b)(6)-2 [redacted]
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. [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW (L) leg c̄ ex fix + fasciotomy

823.93
736.79
E991.2

79.66
86.59
86.28

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	51	51

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	51	51

SIGNATURE OF ATTEN[illegible] [redacted] (b)(6)-2

SIGNATURE OF RAD OR MEDICAL RECORDS OFFICER [redacted]

A FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

MEDICAL RECORD | ABBREVIATED MEDICAL RECORD

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

PHYSICAL EXAMINATION

See 558

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (*For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility*) | REGISTER NO. | ~~WARD NO.~~ LCW2

EPW

[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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
2 May 0130	Pt received on ward. Bleeding from bandage around (L) leg noted. Marked old bleeding & will monitor. External fixator intact to have ortho surg consult in am. VSS. PERRLA. Lungs clear bilat. Abd soft, nontender. Bowel sounds x4 quads. Foley to gravity 850 cc clear yellow urine out. Good cap refill & strong pulses to bilat lower extremities. Given 4 mg MSO4 for pain. [redacted]
(b)(6)-2	
0430	Pt stable at this time. Alert and Awake. Complains of shaking at this time. Ø c/o being cold. Drsg to (L) LE checked - no spread of bleeding noted to leg. Pt has leg elevated on blanket at this time. Ø c/o pain at this time. [redacted]
0505	Pt awake, Ø c/o pain at present. Lungs CTA, (+) BS x4. IV site to (R) AC patent, Ø S/S infection. (L) LE c external fixator in tact. Drsg c multiple areas of bloody drainage. 2+ DP pulse to (L) LE. Pt able to move toes & reports feeling in each toe. Brisk cap refill to (L) LE [redacted]

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

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

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)* | REGISTER NO. | WARD NO. TCW7

EPW

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

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