

(b)(2)-2

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|---|---------------------|---|---|---|--------------------------------|-------------------|-------------------|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | | 3. Grade CIV | Admission Remarks |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion MUSLIM | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICW | | |
| 15. FlyStatus | | 17. Dept / Ben K78-PRISONER OF WAR/INTER | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case BC | | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 14:20 | 23. Clinic Service ABA - GENERAL SURGERY | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp TRF-OTH | 26. Date of Disp 2003-09-17 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-09-09 | Admitting Officer: (b)(6)-2 | | |
| 29. Reporting MTF 0580 - (b)(2)-2 | | | | 30. Date Init Adm 2003-09-09 | 32. Units Blood Components | | |
| 31. Selected Administrative Data Marital Status: Z DoB: [REDACTED] (b)(6)-4 In/Out Patient: Inpatient MOS: [REDACTED] | | | | | | | |
| 33. Cause Of Injury: Sustained injuries while firing at US ammo storage in North Tikrit | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: Left chest wall GSW, intraarticular GSW to elbow, Left ulnar nerve contusion Debridement & primary closure: left chest wall, left elbow GSW, ulnar nerve decompression | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days (b)(6)-2 | Supplemental Care | Bed Days | Total Sick Days | | |
| Signature of Attending Medical Officer (b)(6)-2 [REDACTED] COL, MC | | | Signature of PAD or Medical Records Officer (b)(6)-2 | | | | |

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 7174

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

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

SEE DR KOSMOWSKI'S
 558 FOR HX & EDW PE
 NERVO EXAM @ ICDI. L LT
 SF

PHYSICAL EXAMINATION

A INMUNIZATION (L)
 ELBOW GSW & ULNAR FRACTURES
 A DEFENSE IN OR, POSSIBLE
 NEUROPATHY

PROGRESS (Enter date of discharge and final diagnosis)

| | | |
|---|---|--------------|
| SIGNATURE OF PHYSICIAN <i>[Redacted]</i> | IDENTIFICATION NO. <i>[Redacted]</i> | ORGANIZATION |
| PATIENT'S IDENTIFICATION NO. <i>[Redacted]</i> | REGISTER NO. | WARD NO. |

[Redacted]

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
 INTERAGENCY COMMITTEE ON MEDICAL RECORDS
 FORM (41 CFR) 201-45.506
 OCTOBER 1975
 USAPPG V1.00

MEDCOM - 7175

MEDICAL RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

89 Sep 03 1530 - Admission - 21yo ♂ received from EMT via
 litter. Dx: GSW to @ FLANK @ SPINA COELUM AR FRAGS.
 VSS, ANO x3, PERICIA, LUNGS CTA BLAT @ SYMMETRICAL
 RISE + FALL IN CHEST. S1-S2 STRONG AND REGULAR. CAP REFLEX @
 IN ALL EXTREMITIES, PULSES PALPABLE (BRACHIAL) IN @ @ @
 HYPO ACTIVE BOWEL SOUNDS x4: COUNT TO @ FOREARM. C, D, F.
 MOTOR, SENSORY SKILLS IMPAIR. DRSG TO @ FOOT C, D, F. CBC
 SENT TO LAB. CAR @ 1900. PATIENT NPO DUCTO
 PRE-OP. WILL CONTINUE TO MONITOR THROUGHOUT

9 Sep 03 Nursing: Elimination Pt. void 600cc via Foley. Clear
 1830 yellow. Pt. in pre-op status.

9 Sep 03 APNOTE

2005 ANTERIOR @ ELBOW GSW @ OPEN JT & URBAN
 NERVE LESION. @ CHEST WALL GSW

POSTERIOR @ ELBOW GSW @ OPEN JT & URBAN
 NERVE CONTUSION. @ CHEST WALL GSW

ANTERIOR-POSTERIOR @ ELBOW JT & URBAN
 NERVE RECOMMISSION. ANTERIOR @ CHEST WALL

BUNG ENAMULE/KOMMUSKI

FURAS 600 LA EXAMIN TO SI @ 250MM WD 200
 Cx @ BRAIN @ SPECIMEN BULLET FRAGMENTS

(CONT)

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

SPONSOR'S NAME BSN/ID NO. RELATIONSHIP TO SPONSOR

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-87)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|--|
| 10 SEP 03 0645 | Nursing Void. Pt 9/10 pain, had due to void post-op. Assist pt to OOB to ward latrine, Pt void 475 cc clt, and void urine. (b)(6)-2 |
| 10 SEP 03 1345 | 1345 - Assessment - ATO #3, PAIN, WOUND VIA BLAT, S & STAINS AND REE @BSX4. RECUSO BREAKFAST AND ARE APPROX 30% OF LUNCH OOB TO BR. SPUNE TO (C) ARM, C/D, I. MISS TO (C) FOOT C/D, I - CONTINUES IN ANGER. 9/10 PAIN SINCE A.M. WILL CONTINUE TO MONITOR. (b)(6)-2 |
| 10 SEP 03 1500 | PND 1 S NO/CO O VSSA ASSESSMENT OF WOUND WOUND WELL HEALED A STABLE P 72° IN ABN. (b)(6)-2 JMC ORTHOPEDIC SERVICE |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5/1988)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDCOM - 7179

| MEDICAL RECORD | PROGRESS NOTES |
|------------------|--|
| DATE | NOTES |
| 10 Sep 8 1815 | Nurses Notes: Assumed care of Pt ATO 03 Pt answers appropriately to questions asked by saying Yes/No or kind of head. Breathing intact & SOB or Labored Breathing. Lying in bed appears comfortable & c/o pain at this time. Wound pulses well. Dressings dry/clean and intact. Abd soft and nontender. Pt tolerated about 10% of meal. Anal therapy continues. Pt Ambulates to SR tolerates it well. Will continue to monitor. (b)(6)-2 |
| 2030 | Pt awake sitting up in bed. c/o pain in Pericostal Pb given for Pain. Will continue to monitor Pain status. (b)(6)-2 |
| 2250 | Pt c/o pain in pericostal and 4mg Morphine given Pt Temp 100.8 will reassess. Encourage Pt to ↑ Pb fluids. gave cool wash cloth to pt to wipe Self/face. (b)(6)-2 |
| 2305 | Temp at this time 100.6 will continue to monitor (b)(6)-2 |
| 2330 | Temp = 99.0 & fever present. Pt ate and complied & drinking water. Will continue to monitor. (b)(6)-2 |

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

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

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|---|
| 11 Sep 03 0950 | <p>Nursing Assessment: Pt sleeping, easily aroused. Clo... pain, radiated to pericard. Pt alert, Lung CRT, On 80% O2 on RA. HR 68, reg. Ht to (Cac) parent. mild edema to (L) fingers. Abd soft, flat, (D) x4. (L) UE to splint a ace wrap cast. (L) fingers to brisk cap refill, warm, dry. Pt able to move all fingers. Drg to (A) flank to quartersize area drainage marked, & additional drainage noted.</p> |
| 11 Sep 03 1818 | <p>Nursing notes: Assumed case of pt AFD. & clo pain breathing intact & SOB or labored breathing Pt able to move all extremities except (L) arm in slight. Pt able to wiggle fingers on affected arm = delayed movement of (L) ring finger and pinky. Cap refill brisk on affected arm warm to touch = normal coloration. Abd soft and non tender Pt tolerated regular diet & N/W voids spontaneously ambulates to outside BR tolerates it well. IVSL pushes well & S/S of infection at site. If Ancef therapy continues, will continue to monitor status.</p> |

(b)(6)-2

(b)(6)-2

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

(b)(6)-4

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-87)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

MEDCOM - 7181

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|--|
| 12 SEP 03 | <p>ADZ</p> <p>S LOCAL ANA</p> <p>O VASA</p> <p>WINDS CECAL</p> <p>ELBOW ROM 30-110°</p> <p>A BONES OK</p> <p>P FINISH 72° W/ASX</p> <p>BD ROM</p> |
| 12 SEP 03 1515 | <p>Nursing: Pt awake, no pain, pt had some pain to ROM exercise before splint placed. Lumbar CTA, no SOB, no SOB's 90% on RA, HR 84, no edema to extremities. He to @fa leaking DIC H, placed 20g catheter to @ hand on 1st attempt, pt tolerated well. Abd soft, nontender, pt tolerating reg diet well. GSW to @ elbow has staples intact. Dried drainage at incision site, no active drainage. Mild swelling & redness @ site. Skin is warm, dry, pt able to move elbow to ↑ pain. ROM exercises ordered BID by MD. No difficulty to void, ↑ to BRT NP extant</p> |
| 1830 | <p>Pt awake alert no pain to SOB & MV. Splint in place on @ arm & edema noted. @ pulses. @ sensation. Pt on reg diet and tolerates. Splint CO2 & drainage noted. Pt able to move ext xy. Will continue to monitor</p> |
| 12 SEP 03 0805 | <p>Pt no pain to @ arm if Percocet given will monitor</p> |
| 1200 | <p>Acet given pt asleep given. Monitor no pain will continue to monitor</p> |

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|---|
| 13 Sep 03 | 0530 Pt asleep easily, arousable. No eye pain. Meds given for above. DU patient to review of info taken will give report to oncoming shift. (b)(6)-2 |
| 13 Sep 03 1120 | Nursing: Shift Note Pt. drowsy at beginning of shift. Pain & I p exercises. Alert at present, eating & hydrating well, tolerating po. Voiding w/o difficulty. % of being able to fully wiggle 4 th & 5 th finger of injury @ hand. Dress. D&T sling removed & I for exercise. % seen of distress. Continue to assess. (b)(6)-2 |
| 13 Sep 03 | Slight pain @ V88A Assess any pinprick if present but ↓ @ SF A ULN. NEMOTONIA LUMBAR P OK seen |
| | (b)(6)-2 |

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

(b)(6)-4

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

MEDCOM - 7183

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------|---|
| 13 Sep 03 2379 | <p>Nursing notes: Assumed case of Pt as leg. but easily aroused. Breathing intact & SOB or labored breathing. 0% pain or discomfort. 100% access. Pt able to move extremities able to move fingers on affected arm. Splint dry and intact & bleeding or drainage noted. Will continue to monitor status.</p> |
| 0525 | <p>Pt clo pain 11 Percocet 10 given for pain. Will continue to monitor status.</p> |
| 14 Sep 2003 0915 | <p>Nursing: ROM: Pt drug & splint remove, pt perform ROM exercise to elbow x 10 minutes. Medication pt 11 Percocet for pain. Old drug 2x3 in area of serous drainage. P exercise replace drug of xeroform gauze, 4x4 & Kerlix wrap. Splint & ace wrap reapplied.</p> |
| 14 Sep 2003 0935 | <p>Nursing Assessment: Pt awake & alert. Lung crackles O2 sat 96% on ROM. HR 100, reg, mod edema to all fingers on @ hand. HR to @ hand patent. Abd = Abd soft, flat, nontender, @BSX. Pt tolerate reg breakfast this a.m. DUE to ace wrap & splint @ DUE warm, dry, +2 radial pulse, brick cap refill to fingers. Pt, ↑ core to mp escort, amb well.</p> |
| 14 Sep 03 2576 | <p>Pt. performed ARom with assistance. Pt tolerated procedure well. premedicated 11 Percocet. Will continue to monitor.</p> |

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|---|
| 15 Sep 03 1115 | Nursing: ROM/Drug Δ. Premed pt Percocet. Remove old drug. Diru size area of drainage from scab to D of wound of sero-sang fluid. Pt perform ROM exercise to DUE x 10 minutes, ↑ pain, but pt tolerated well. Apply new drug of Xeroform & 4x4, & KURUX roll. Splint reapplied & ace wrap. |
| 15 Sep 03 1120 | Nursing: HL 3 days old DIC HL to R hand. |
| 15 Sep 03 | <p>ADD L</p> <p>S NO CLO</p> <p>O USSA</p> <p>WOUNDS CLEAN</p> <p>ELBOW ROM 30-100°</p> <p>UNABLE TO ADDRESS WOUND A. F&U.</p> <p>A BONES WERE</p> <p>P STARTS OUT of SIC IN 48°</p> |

(b)(6)-2

LPS, MC
ORTHOPEDIC SERVICE

15 Sep 03
19:37

Received care of patient @ 18:00 Pt. awake in bed, Alert x3. Pt assessment @ 19:37 - skin warm, dry, intact. PERIPHERAL EXTREMITY BUCAL mucosa moist/pink. Lung sounds clear to auscultate (R) throughout

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FRMR (41 CFR) 201-9.202-1

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|----------------------------|---|
| 15 Sep 03 not continued | Pacer sounds @ x4 quadrants. Abdomen soft & tender. ⊕ Radial pulses ⊕ ⊕ 2 strength. 5 staples to ⊕ chest wall clean/dry/intact & op site |
| 19:35 | over them. incision well approximated. s/s infection. ACE wrap / Kerlix dressing to ⊕ arm clean/dry/intact. ⊕ IV's to ⊕ digits. ⊕ non-pitting edema noted to top of hand. & clo pain @ this time. pt. performed ROM w/ some assistance. improvement noted in extension/flexion & strength squeezing to ⊕ arm/hand. will continue to monitor |
| 00:00 | Pt. clo pain to ⊕ arm. ⊕ Percocet given. will monitor |
| 16 Sep 03 09:05 | Nursing: pt awake, ⊕ clo pain. A&T. wrap off, ⊕ site 91% on RA. HR reg, RR, ⊕ IV access. Mod edema to fingers on ⊕ hand, ⊕ radial pulse both extremities. Abd soft, nontender, ⊕ BS x4 Dress to ⊕ elbow Ad. old dressing & small amt sero-sang drainage. Wound & staples, dd, & neo drainage present, ⊕ active drainage noted. Flow plus proximal & distal to elbow swollen, tender to touch. ⊕ fingers/arm warm, dry, brick cap refill. pt perform ROM exercises x 10 minutes. Rapidly dress of 4x4, Kerlix & bandage & ace wrap. |
| 16 Sep 03 18:52 | Nurses Notes: Assumed care of pt A&T. Pt breathing intact ⊕ SOB or labored breathing. dressing to ⊕ arm clean dry and intact. Pt able to perform ROM & pain. Encouraged pt to wiggle fingers more often and perform ROM more often PL verbalize understanding per interpreter. Pt voids spontaneously. ⊕ clo pain Abd soft and non tender swelling noted to fingers and arm on ⊕ |

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

b6-2

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------|---|
| 17 SEP 03 | NARRATIVE SUMMARY |
| [REDACTED] | ADMITTED 9 SEP 03 D/C'D 17 SEP 03 |
| TIKMT | ① CHEST WALL GSW |
| | ② INTRAARTICULAR GSW ④ ELBOW |
| | ③ ④ ULNAR NERVE CONTUSION |
| | PROCEDURES - DEBRIDEMENT & PRIMARY CLOSURE ④ CHEST WALL WOUND |
| | DEBRIDEMENT & PRIMARY CLOSURE |
| | ④ ELBOW GSW |
| | ④ ULNAR NERVE DECOMPRESSION |
| | HISTORY - 20 Y/O IRANIAN MALE |
| | ENGAGED BY US FORCES 25 SEP 03 |
| | WHEN HE ENGAGED THEM, SUSTAINED |
| | PENETRATING GSW THROUGH ELBOW |
| | TENDON & FRAGMENT IN OULCATION |
| | FOSSA. HAD DENSE ULNAR N. DYSFUNCTION |
| | HAD SUPERFICIAL ④ CHEST WALL WOUND |
| | 5 PULMONARY CONTUSION OR PNEUMO. |
| | UNDERWENT ABOVE PROCEDURES EMERGENC |
| | UNDER GA. RECEIVED 72° IV ABX. HAD |
| | A SINGLE FEVER SPIKE WHICH RESOLVED |
| | & PULMONARY CONT. |

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

(b)(6)-4

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

MEDCOM - 7187

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------|---|
| | STAPLES REMOVED & WOUNDS SCENESUMPTUARY ON POD 8. ELBOW ROM 25-110°. ULNAR NERVE S/S & SENSATION RECOVERING (NERVE FOUND INTACT BUT CONUSION AT SURGERY). |
| | DISID - D/C IN MFCUSCUBM MEDS - VICODIN #40 FCU - CONFINEMENT MEDICAL ASSETS ACT - INSTRUCTED TO DO ARM EXERCISES. |
| | (b)(6)-2 |

STANDARD FORM 600 (REV. 6-97) BACK

U.S. GPO: 2002 - 491-600/50618

MEDCOM - 7188

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

17 Sep 03 ORTHO PN S/P (L) Elbow IAD, (L) FRANK IAD

(S) Pt Down with no complaints

(C) AF, TACHY, STABLE

(L) Elbow incisions were APPROX. STAPLES REMOVED/ STERIL STRIPS

(L) FRANK INCISIONS WERE APPROX. STAPLES REMOVED/ STERIL STRIPS.

(ALP) (1) No evidence POSS OF INFECTIONS.

(2) D/C TO EPW CONFINEMENT FACILITY.

(3) WORK FROM (L) ELBOW.

(b)(6)-2

(b)(6)-2

WJ/MC

17 Sep 03 Nursing: Discharge off, d/c to responsible guards. Pt. meds given to escorting unit. Allowed ambulate with wood C unit + D-raps

(b)(6)-2

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-87)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: 21

HEIGHT:

WEIGHT: 60

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)
[X] NKDA [] PCN [] LATEX [] IODINE [] TAPE [] FOOD
REACTION: per EMT record

3. PREVIOUS SURGERY [X] NO [] YES (type):
per EMT record

4. PROPOSED SURGICAL PROCEDURE:
Lt elbow debridement + irrigation
ulnar nerve repair

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition
Tobacco 1 ppd X yrs. Body Piercing Diabetes (Y) (N) ROM ASA/Motrin w/72 hrs (Y) (N)
ETOH yes Implants Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

Table with 3 columns: 6. PATIENT PROBLEMS AND NEEDS, 7. PATIENT GOALS AND EXPECTED OUTCOMES, 8. OR NURSING INTERVENTIONS. Includes sections A (Psychosocial), B (Aeration), and C (Integument) with handwritten notes like 'Iraqi Male', 'Semi-Emergent', and 'Arabic speaking'.

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

(b)(6)-4 [Redacted patient identification box]

VERIFICATIONS AT HOLDING AREA:

- ! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since ! Jewelry Removed
! UICG/LMP N/A ! Body Pierce Removed
Consent/Blood Transfusion
Signed/Witnessed Date N/A
! Surgical Site/Consent verified by
Pt./Anesthesia Surgeon (b)(6)-2
! Contact Precautions (Y) (N)
! Family Friend: N/A

| 6. PATIENT PROBLEMS AND NEEDS | PATIENT GOALS AND EXPECTED OUTCOMES | OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION: <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to: 1) <u>Intraoperative Mobility</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input checked="" type="checkbox"/> 3) <u>Existing Disease</u> <input checked="" type="checkbox"/> 4) <u>Safety Devices</u> <input type="checkbox"/> 5) <u>Hypothermia</u> | o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse) | o Check for support stockings or ace wraps. If none, check with doctors. N/A o Check that support stockings are correctly applied. (b)(6)-2 o Offer pillow for under knees. N/A o Place and take down legs from stirrups with slow bilateral motion. N/A o Check that rings and all piercings have been removed. (b)(6)-2 |
| E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to: 1) <u>Pain</u> <input type="checkbox"/> 2) <u>Intraoperative Hazards</u> <input type="checkbox"/> 3) <u>Prosthesis</u> <input checked="" type="checkbox"/> 4) <u>Positioning</u> <input checked="" type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u> E.2. <input checked="" type="checkbox"/> Potential discomfort due to: 1) <u>Length of Surgery</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input type="checkbox"/> 3) <u>Arthritis</u> | o Pt. will be transferred to OR table w/ difficulty. o Pt. will not experience unnecessary physical discomfort. | o Have sufficient people available for transfer. (b)(6)-2 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. <input checked="" type="checkbox"/> Diminished visual perception due to being: 1) <u>Pre-Medicated</u> <input checked="" type="checkbox"/> 2) <u>W/O Glasses</u> F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to: <input checked="" type="checkbox"/> 1) <u>Diminished Hearing</u> <input checked="" type="checkbox"/> 2) <u>Language Barrier</u> F.3. <input checked="" type="checkbox"/> Potential injury due to dentures: 1) <u>Lipbar</u> 4) <u>Caps</u> 2) <u>Lower</u> 5) <u>Crowns</u> 3) <u>Bridges</u> | o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraoperative period. | c Introduce self. Keep pt. informed where he/she is and what is happening. (b)(6)-2 c Inform pt. in which direction to move and assist if necessary. N/A c Speak clearly and slowly. c Address pt. from side. c Validate pt.'s understanding of verbal communication. N/A c 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. (b)(6)-2 ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED. MAJAN 98SEP03 DATE

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

12. PREOPERATIVE EVALUATION PREPARED BY (b)(6)-2 MAJAN
 13. POSTOPERATIVE EVALUATION PREPARED BY (b)(6)-2 MAJAN
 DATE: 9 SEP 03 TIME: 1823 DATE: 9 SEP 03 TIME:

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|---|---|--|---------------------|
| For use of this form, see AR 40-66, the procedure manual is the office of The Surgeon General. | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> | | 2. PATIENT IDENTIFIED BY <u>CRNA</u> VERIFIED BY <u>MAJ, AN</u> | |
| 3. DATE <u>9 SEP 03</u> TIME PATIENT ARRIVED IN SUITE <u>1845</u> | | 4. PATIENT IDENTIFICATION TIME <u>1845</u> NUMBER <u>1-1</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input type="checkbox"/> CALM <input checked="" type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | |
| COMMENTS: <u>Anaesthetic-speaking.</u> | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>SSG</u> (b)(6)-2 | <u>910</u> | RELIEF SCRUB |
| ASSIGNED CIRCULATOR | <u>MAJ</u> (b)(6)-2 | <u>AD, bldg</u> | RELIEF CIRCULATOR |
| 7. POSITION AND POSITIONAL AIDS (Specify) <u>beanbag, pt placed in floppy lateral-mostly supine position. Pillow under left leg. Rt arm abducted less than 90° on padded armboard.</u> | | | |
| <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | |
| COMMENTS: | | | |
| 8. SKIN PREPARATION | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | PREP SOLUTION (Specify) <u>Beta</u> (b)(6)-2 | |
| DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT | | SITE: <u>Lt chest/abd wall</u> BY WHOM: (b)(6)-2 | |
| METHOD: <input type="checkbox"/> DEPILETORY <input type="checkbox"/> RAZOR | | SITE: <u>LUE</u> BY WHOM: (b)(6)-2 | |
| CLIP | | COMMENTS: <u>No pooling noted. Chux used.</u> | |
| COMMENTS: | | | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND X Ground Pad -- Safety Strap === Tourniquet <u>↑ to 250 mm Hg for 51 minutes</u> | | | |
| 10. COUNTS | | | |
| C = Correct I = Incorrect | | | |
| | Other** | First Closing Count | Final Closing Count |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>C</u> |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>C</u> |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>I</u> | <u>I</u> |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>I</u> | <u>I</u> |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| (b)(6)-4 | | <u>Setting</u> <input checked="" type="checkbox"/> ESU NO: <u>000442 VL FORCE II</u> GROUND PAD: BRAND <u>VL REM</u> LOT NO: <u>69671 EXP 2005-04</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input checked="" type="checkbox"/> BIPOLAR NO: <u>000442 VL FORCE II</u> <u>Setting: 5</u> | |

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

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION YES NO, TYPE IS **NSS**

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

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

15. X-RAY IN OPERATING ROOM YES NO

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | / |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | / |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | / |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
Thuff
Wet/Dry
Plaster splints
Ace Wraps

19. ADDITIONAL INFORMATION (b)(6)-2, (b)(6)-2

MAJ (b)(6)-2 *CRNA*
-> CPT (b)(6)-2 *CRNA*

20. OPERATION(S) PERFORMED
Lt elbow BSW D+I, Debridement Lt lateral chest wall wound.
Lt ulnar nerve exploration.

21. PATIENT TRANSFERRED TO *ICU* TIME METHOD *litter*

22. REGISTERED NURSE SIGNATURE (b)(6)-2 *MAJAN*

| MEDICAL RECORD | | VITAL SIGNS RECORD | | | | | | |
|-------------------|-------------|--------------------|--------|--------|--------|--------|--------|--------|
| HOSPITAL DAY | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| POST-MONTH-YEAR | DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| SEP 2003 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| HOUR | | 1200 | 1800 | 0600 | 1200 | 1800 | 0600 | 1200 |
| PULSE (O) | TEMP. F (°) | 100 | 98 | 98 | 98 | 98 | 98 | 98 |
| | TEMP. C | 37.8 | 36.7 | 36.1 | 36.1 | 36.1 | 36.1 | 36.1 |
| 180 | 105° | | | | | | | |
| 170 | 104° | | | | | | | |
| 160 | 103° | | | | | | | |
| 150 | 102° | | | | | | | |
| 140 | 101° | | | | | | | |
| 130 | 100° | | | | | | | |
| 120 | 99° | | | | | | | |
| 110 | 98.6° | | | | | | | |
| 100 | 98° | | | | | | | |
| 90 | 97° | | | | | | | |
| 80 | 96° | | | | | | | |
| 70 | 95° | | | | | | | |
| 60 | | | | | | | | |
| 50 | | | | | | | | |
| 40 | | | | | | | | |
| ESPIRATION RECORD | | 5 | 1 | | | | 6 | |
| BLOOD PRESSURE | | 124/67 | 122/63 | 117/61 | 118/61 | 116/63 | 120/61 | 124/61 |
| HEIGHT: | | 5'8" | 5'8" | 5'8" | 5'8" | 5'8" | 5'8" | 5'8" |
| WEIGHT → | | 140 | 138 | 136 | 136 | 136 | 136 | 136 |
| SpO2 | | 98 | 97.8 | 98.6 | 97.8 | 96.1 | 97 | 98 |
| SaO2 | | 98 | 99.6 | 96 | 96 | 96 | 96 | 98 |
| Sp10 T | | | 100.6 | | | | | |
| | | | 99.0 | | | | | |
| | | | 97.8 | | | | | |

(Centigrade Equivalents, for Reference only)

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

REGISTER NO. WARD NO.

(b)(6)-4

VITAL SIGNS RECORDS Medical Record

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

| | |
|-----------------------|---------------------------|
| MEDICAL RECORD | VITAL SIGNS RECORD |
|-----------------------|---------------------------|

| | | | | | | | | | | | | | | |
|--------------|-------------|---|--|--|--|--|--|--|--|--|--|--|--|---------|
| HOSPITAL DAY | | 8 | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | | | | | | | | | | | |
| 19 | HOUR | | | | | | | | | | | | | |
| PULSE (C) | TEMP. F (°) | | | | | | | | | | | | | TEMP. C |
| 180 | 105° | | | | | | | | | | | | | 40.6° |
| 170 | 104° | | | | | | | | | | | | | 40.0° |
| 160 | 103° | | | | | | | | | | | | | 39.4° |
| 150 | 102° | | | | | | | | | | | | | 38.9° |
| 140 | 101° | | | | | | | | | | | | | 38.3° |
| 130 | 100° | | | | | | | | | | | | | 37.8° |
| 120 | 99° | | | | | | | | | | | | | 37.2° |
| 110 | 98.6° | | | | | | | | | | | | | 37.0° |
| 100 | 98° | | | | | | | | | | | | | 36.7° |
| 90 | 97° | | | | | | | | | | | | | 36.1° |
| 80 | 96° | | | | | | | | | | | | | 35.6° |
| 70 | 95° | | | | | | | | | | | | | 35.0° |
| 60 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

| | | | | | | | | | | | | | |
|--------------------|------------|--|--|--|--|--|--|--|--|--|--|--|--|
| RESPIRATION RECORD | | | | | | | | | | | | | |
| BLOOD PRESSURE | 105/63/115 | | | | | | | | | | | | |
| HEIGHT: | WEIGHT | | | | | | | | | | | | |
| | → | | | | | | | | | | | | |
| | 5'10" | | | | | | | | | | | | |
| | 145 | | | | | | | | | | | | |

| | | |
|--|--------------|----------|
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (Last, first, middle); hospital or medical facility) | REGISTER NO. | WARD NO. |
|--|--------------|----------|

(b)(6)-4

VITAL SIGNS RECORDS
 Medical Record

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

| Ward/Section: <i>Ica</i> | | | Requesting Physician: (b)(6)-2 | | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | | | |
|--------------------------|--------|------------------------|--------------------------------|--------|--------------------|--|-------------|-----------------------------|------------|--|----------------|
| Name: (b)(6)-4 | | | Date: <i>9/9/03</i> | | Time: <i>1530</i> | | Patient # | | | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range | | | |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | <i>14.6</i> | 4.8 - 10.8 x 1E3 | | | |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | <i>4.96</i> | 4.7 - 6.1 x 1E6 | | | |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | <i>15.3</i> | 14 - 18 g/dL (M); 12-16 (F) | | | |
| Na | | 128 - 125 mmol/L | Bili | | Negative | Hct | <i>46.1</i> | 45 - 52% (M); 37 - 47% (F) | | | |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | <i>93.0</i> | 80 - 99 fL | | | |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | Plt | <i>247</i> | 130 - 500 1E3 | | | |
| tCO2 | | 18 - 33 mmol/L | Bld | | Negative | Lymph% | <i>10.0</i> | 20.5 - 51.1 % | | | |
| | | | pH | | N/A | | | | | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph | | | |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp | | | |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm | | | |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph | | | |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est | | | |
| Tbili | | 0.2 - 1.6 mg/dL | | | | | | | | | |
| TP | | 6.4 - 8.1 g/dL | | | | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | | | | | | |
| BUN | | 7 - 22 mg/dL | | | | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | | | | ph | | 7.31 - 7.45 | Gram Stain | | N/A |
| | | | | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | | | | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | | | | |
| | | | sO2 | | 95 - 100% | | | | | | |
| Additional Instructions: | | | | | | | | | | | |
| Reported By: (b)(6)-2 | | | Date: <i>9/9/03</i> | | Lab ID #: (b)(6)-4 | | | | | | |

MEDCOM - 7197

LABORATORY RESULT FORM

Subject to the Privacy Act of 1974)

Ward/Section: _____ Physician: _____
 Name: (b)(6)-4 _____ Date: 9/9/03 Time: 1415 Patient # _____

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-------------|--------|------------------|------------|--------|------------|------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 95 | 73 - 118 mg/dL | Color | yellow | N/A | WBC | 135 | 4.8 - 10.8 x 1E3 |
| BUN | 10 | 7 - 22 mg/dL | App | clr | N/A | RBC | 554 | 4.7 - 6.1 x 1E6 |
| Creat | 0.9 | 0.6 - 1.2 mg/dL | Glu | ny | Negative | Hgb | 170 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 135 | 128 - 125 mmol/L | Bili | ny | Negative | Hct | 517 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.7 | 3.3 - 4.7 mmol/L | Ket | ny | Negative | MCV | 933 | 80 - 99 fL |
| Cl | 107 | 98 - 108 mmol/L | SGav. | 1.030 | N/A | Plt | 263 | 130 - 500 1E3 |
| tCO2 | 25 | 18 - 33 mmol/L | Bld | 5-2 | Negative | Lymph% | 225 | 20.5 - 51.1 % |

| Chemistry 12/LFT | | | pH | | | Hematology Manual Diff | | |
|------------------|--|----------------|----------|------|-----------|------------------------|--|-----------|
| ALB | | 3.5 - 5.5 g/dL | Prot | ny | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | norm | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | ny | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | ny | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Pit Est |

| Chemistry 12/LFT | | | pH | | | Coagulation | | |
|------------------|--|------------------|----|--|--|-------------|-----|-------------|
| Tbili | | 0.2 - 1.6 mg/dL | | | | PT | 150 | 9.1 |
| TP | | 6.4 - 8.1 g/dL | | | | aPTT | 159 | 21 - 34 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | INR | | N/A |
| Chol | | 100 - 200 mg/dL | | | | | | |

| Chemistry 12/LFT | | | Blood Gas | | | MISC | | |
|------------------|--|-----------------|-----------|--|-------------|------------|--|----------|
| Creat | | 0.6 - 1.2 mg/dL | | | | Malaria | | Negative |
| BUN | | 7 - 22 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | | N/A |

| Other Chem | | | PCO2 | | | UA Tox | | |
|------------|--|------------------------|------|--|-----------|--------|--|----------|
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

Additional Instructions:

Report (b)(6)-2 _____ Date: 9/9/03 Lab ID # (b)(6)-4 _____

MEDCOM - 7198

MEDICAL RECORD ANESTHESIA TOTALS

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

| | | |
|----------|-------|--------------|
| Verbal | mg | 10 |
| Verbal | 400 | (10) |
| Propofol | mg | 150 |
| Co/Vec | mg | 100 |
| Vec | 100ml | 1 |
| Neo | mg | 1 |
| Adrenal | mg | 1 |
| Vec | % del | 20 20 15 1.0 |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 2 2 2 2 2 |

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

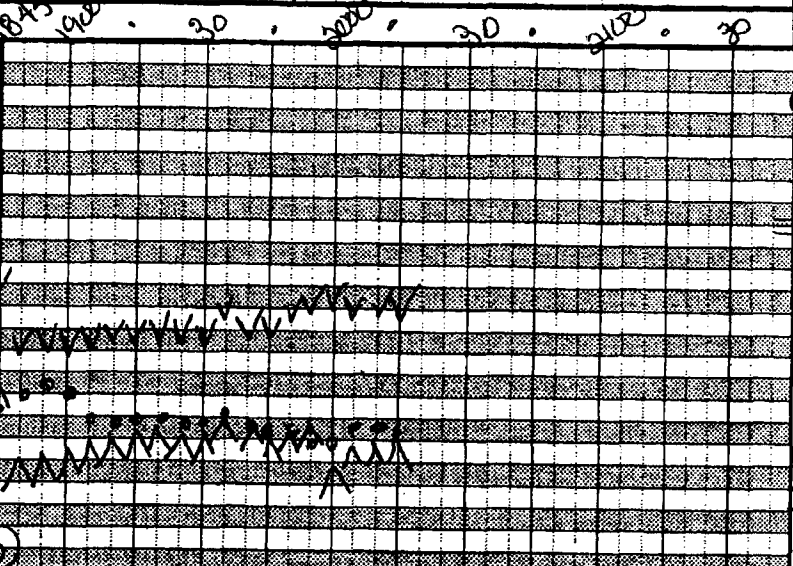
LINE #105(B)
FA

EST BLOOD LOSS URINE -

TIME → 18:45 19:00 19:30 20:00 20:30 21:00 21:30

SYMBOLS

BP by cuff V
Heart rate ^
Resp rate ●
BP (transduced) ⊕
TOURNIQUET T-
ANES- X-X
PROC- ⊖-⊖



TOTALS

| | |
|-------------|-----|
| CRYSTALLOID | 600 |
| COLLOID | 0 |
| BLOOD | 0 |

REMARKS

Code drugs with numbers, events with letters

1) Diam ICU → BR
2) Pre-O2 monitor on I & II by MA
3) 1900 P. Lieber CRNA relief
4) Fr. Sx 2 / extubate 2 p.p. 5' 5" TV 55kg Sx 2 98% → 1 cu via stretch O2. 1st patient. Report given

TQ LUS 250mmHg
↑ 1907
↓ 1958
+ time 51 min

1:5 1:2 VT - ml

HME 1 - breathers

Peak inf pres / PEEP

MODE - S(pn) A(ssist) C(on)

BP / Auto SpO2 FIO2 (Frac or %)

ART line SpO2 (%)

Steth- PC/ES ECG

Temp-analizer TEMP - site

N-M Block (T/4)

| | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|
| 320 | 110 | 120 | 110 | 120 | 110 | 120 |
| 17 | 15 | 15 | 15 | 12 | 14 | |
| S | C | C | C | A | S | |
| F | 30 | 29 | 31 | 34 | 32 | 35 |
| 24 | 25 | 24 | 25 | 28 | 28 | 25 |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| SR | SR | SR | SR | SR | SR | SR |
| 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 |

RECOVERY AT 19:20

PACU 96.7

OTHER 96.7

CONDITION: awake 97
RESP-16 SpO2-100
HR-110 RR-12/12

| ANES | Start | Room | End |
|------|-------|-------|-----|
| 1920 | 1945 | 2025 | |
| PROC | Ready | Begin | End |
| 1900 | 1909 | 2016 | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position → Pressure p15 padded BUS < 90 soft wrap on taped manipulation

PROCEDURES and CPT Codes

Exploration I/D
debridement (2) lateral chest wall

ANESTHETIC TECHNIQUES: Describe block techniques under Remarks

GA

AIRWAY MANAGEMENT: Intubation route, block, technique, comments
WY 11 attempt #2 max #30 of 22cm lip
A-GC-A-BBS. Cut ft. 507

PATIENT IDENTIFICATION - Type of facility: Name, Grade/Year, Medical facility

SURGEON [Signature]

ANESTHETIST [Signature]

PROCEDURE LOCATION OR 1-1

DATE 04 Sep 03

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | | | |
|------------------------|--|--|---|-----------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER 12 SEP 03 | TIME OF ORDER 1205 HOURS | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | REMOVE SPUNT FOR BID ROM EXERCISES R 10 MIN | | |
| NURSING UNIT | | | (b)(6)-2 | | |
| ROOM NO. | | | (b)(6)-2 | | |
| BED NO. | | | (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER 13 SEP 03 | TIME OF ORDER 1720 HOURS | LIST TIME ORDER NOTED AND SIGN |
| NURSING UNIT | | | (b)(6)-2 | | |
| ROOM NO. | | | (b)(6)-2 | | |
| BED NO. | | | (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER 14 SEP 03 | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| NURSING UNIT | | | (b)(6)-2 | | |
| ROOM NO. | | | (b)(6)-2 | | |
| BED NO. | | | (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| NURSING UNIT | | | (b)(6)-2 | | |
| ROOM NO. | | | (b)(6)-2 | | |
| BED NO. | | | (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| NURSING UNIT | | | (b)(6)-2 | | |
| ROOM NO. | | | (b)(6)-2 | | |
| BED NO. | | | (b)(6)-2 | | |

noted

- ① DIC TO MAP done
- ② OUTPT Rx
- ③ FLU CONFINEMENT MEDICAL ASSESS

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7202

VERIFY BY INITIALING INITIAL PROPER C... FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | |
|------------|-------------|------------------------------------|----|----------------|----|----|----|--|--|--|--|--|--|--|--|--|
| | | | | 9 | 10 | 11 | 12 | | | | | | | | | |
| 9 Sep | (b)(6)-2 | vs q 2° | 06 | ✓ | | | | | | | | | | | | |
| | | | 08 | ✓ | | | | | | | | | | | | |
| | | | 10 | ✓ | | | | | | | | | | | | |
| | | | 12 | ✓ | | | | | | | | | | | | |
| | | | 14 | ✓ | | | | | | | | | | | | |
| | | | 16 | (b)(6)-2 | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 20 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | |
| | | | 02 | | | | | | | | | | | | | |
| | | | 04 | | | | | | | | | | | | | |
| 9 Sep | (b)(6)-2 | BR | 06 | (b)(6)-2 | | | | | | | | | | | | |
| | | | 08 | | | | | | | | | | | | | |
| 9 Sep | (b)(6)-2 | NPO : PRE OP | 06 | (b)(6)-2 | | | | | | | | | | | | |
| | | | 14 | (b)(6)-2 | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |

See other sheet

See other sheet

See other sheet

See other sheet

ALLERGIES: YES NO PRIMARY DIAGNOSIS: NKDA @ FLANK, @ SUPRACORONARY FRACS
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | |
|----------------------|--------------|---|----|---|----|----|----|----|----|----|----|----|----|----|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 9 Sep | (b)(6)-2 | VS Routine | 06 | / | | | | | | | | | | |
| | | | 14 | / | | | | | | | | | | |
| | | | 22 | / | | | | | | | | | | |
| 9 Sep | (b)(6)-2 | ACTIVITY: EDW restraint | 06 | / | | | | | | | | | | |
| | | COBZOTID | 18 | / | | | | | | | | | | |
| 9 Sep | (b)(6)-2 | Diet Reg | 07 | / | | | | | | | | | | |
| | | | 12 | / | | | | | | | | | | |
| | | | 17 | / | | | | | | | | | | |
| 9 Sep | (b)(6)-2 | IS q 1° while awake | 06 | / | | | | | | | | | | |
| | | | 18 | / | | | | | | | | | | |
| 12 Sep | (b)(6)-2 | Remove splint for | 10 | / | / | / | | | | | | | | |
| | | BID ROM exercises | 20 | / | / | / | | | | | | | | |
| | | X 10 min | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Gsw @ Elbow + chest wall c
NKA Under neuroproxia
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ___ Yr. ___ | |
|--|-------------|---|------------------------|------------------------------|--|-----------------|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | |
| 9 SEP | (b)(6)-2 | IV NS @ 200cc/hr | 06 ⁰⁰ 18 | 9 | 10 | 11 | 12 |
| | | | | (b)(6) | see other white sheet | | |
| / | | | | | | | |
| ALLERGIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | PRIMARY DIAGNOSIS: | | | ADDITIONAL PAGES IN USE: | | |
| NKDA | | FRANK @ SUPRA COR'DYLAR FRAGS | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PATIENT IDENTIFICATION: | | | | DISPENSING TIMES | | | |
| (b)(6)-4 | | | | USE PENCIL. CIRCLE MED TIMES | | | |
| | | | | D 7 8 9 10 11 12 13 14 | | | |
| | | | | E 15 16 17 18 19 20 21 22 | | | |
| | | | | N 23 24 01 02 03 04 05 06 | | | |

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

MEDCOM - 7209

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General.

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

DTSG APPROVED (Date)

Date: 9 Sept 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 2019 IV Sedation Nerve Block
 Allergies: NE OR Intake: Crystalloid 600 Colloid _____
 Pre-op V/S: 140/90/94 OR Output: UOP 300 EBL 0
 Procedures: HL Fibers Meds/Times: Anest 1900
HL/D/Rest

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

Pre Op Meds History

| Time | SaO2 | FiO2 | RR | T | Methods |
|-------------|------|------|----|---|---------|
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| Time | 2019 | | | | |
| Pain (0-10) | 10 | | | | |
| LOS | NA | | | | |

| Pacu Intake | | | | | |
|---|----------|--------|-------|--|---------|
| Time | Solution | Amount | Site | By | Infused |
| 2019 | ANEST | 150 | RAM | M30 | |
| X-rays: | | | Labs: | | |
| Post-Anesthesia Recovery score | | | | | |
| Criteria | ADM | 30' | D/C | Codes | |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 | AIRWAY A = Ambu BB = Blow-by M = Mask | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 | FT = Face Tent RA = Room Air NC = Nasal Cannula | |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 2 | 2 | 2 | V/S X = A-line BP - = Cuff BP = Pulse | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal | |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 12 | 12 | 12 | | |

PREPARED BY: [Signature] DEPARTMENT/SERVICE/CLINIC: ICU DATE: 9 Sept 03

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

Name - last: _____

01 rcd

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

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

NURSING NOTES

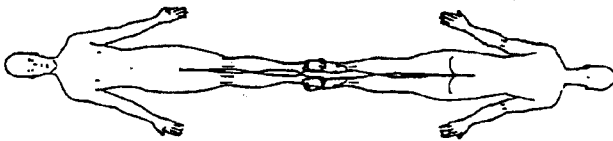
0219 Pt From OR back (trache), Rpt
 From CRNA, Piv @ Arm HR @ TKO
 Dress @ Arm @ Chest Wall
 all Rpt to RN ICU

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

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

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

| DRESSINGS | | | |
|-----------|----------------|------|----------|
| Time | Location | Type | Drainage |
| Adm | LA Arm L Chest | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



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

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

Discharge Criteria:
 Date: Time: PARS:
 BP: T: HR: RR: SaO2:
 Pain Level at D/C (0-10):
 Intake: Output: _____
 Additional Data: _____
 Transferred To: _____
 Report Given To: _____
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: _____
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

WAMC OP 173-E

MEDCOM - 7212

| 1. REPORTING MTF | | | | | | | | 2. ACTION | | ADMISSION AND DODGING INFORMATION | | | | | | | | | | | |
|---|-----|-----|-----|------------------------------|-----|-----------|---|---------------------------------------|---|---|---------------------|----------------------------|--------|---|-----------|------------------------------------|-----|----|--------------|----|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | |
| (b)(2)-2 | | | | | | | | I | Z | 3. REGISTER NUMBER | | | | | | NAME (Last, First, Middle Initial) | | | 4. PAY GRADE | | 5. SEX |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | (b)(6)-4 | | | | | | EPW | | | 16 | 17 | 18 | | | |
| (b)(6)-4 | | | | | | | | 6. DATE OF BIRTH (YYYYMMDD) | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | RELIGION | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | MUSLIM | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | | | | | ETS | | 11. FMP | | 12. SOCIAL SECURITY NUMBER | | 16. ZIP CODE OF RESIDENCE | | | | | | | |
| 32 | 33 | 34 | 35 | | 36 | 37 | | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | (b)(6)-4 | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | | 13. MARITAL STATUS | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | |
| | | | | | | | | 46 | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | | | | | | 15. BENEFICIARY CATEGORY | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | POW / INT | | | | | | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | |
| | | | | | | | | K 7 8 | | | | 0 | 9 | 3 | 2 | 3 | 0 | 0 | 0 | 0 | |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | 19. TRAUMA | | | | PREV. ADMISSION | | | | | | | | | |
| 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | I BC | | | | YEAR <input checked="" type="checkbox"/> NO | | | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION | | | | | | | | WARD | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | |
| 72 | ICW | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | |
| 0 | | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | | | | |
| 05 TRF-OTH | | | | | | | | 20030917 | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | | | |
| A B A A | | | | | | | | 20030909 | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | |
| <p>① Chestwall GSW INTRAPERTRICULAR GSW TO ② ELBOW ③ ULNAR NERVE CONTUSION Debridement + primary closure! ④ Chestwall, Left GSW ULNAR NERVE DECOMPRESSION Sustained injuries while firing @ US ammo storage IN ⑤ IIRAIT</p> | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7213

| | | | | | |
|--|---|------------------------------------|--|---|--------------------|
| 1. Reporting MTF (b)(2)-2 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | 5. Sex M |
| 6. DoB (YYYYMMDD) [REDACTED] | | 7. Age at Admission (b)(6)-2 | 8. Race X | 9. Ethnicity 9 | Religion MUSLIM |
| 10. Length of Service ETS | | 11. FMP 99 | 12. Social Security Number (b)(6)-4 | | |
| Organization (Active Duty Only) | | 13. Marital Status Z | Hour of Admission 14:20 | Branch / Corps: | |
| 14. Flying Status | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | | |
| 17. Unit Location | 18. MOS | | 19. Trauma BC | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | | Ward: ICW | Name / Relationship of Emergency Addressee | | |
| | | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: (b)(2)-2 | | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-09-17 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-09-09 | | |
| 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-09-09 | | |
| FOR LOCAL USE | | | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | |
| Admission Diagnosis Narrative: Left chest wall GSW, intraarticular GSW to elbow, Left ulnar nerve contusion | | | | | |
| Procedure Narrative(s): Debridement & primary closure: left chest wall, left elbow GSW, ulnar nerve decompression | | | | | |
| Cause of Injury Narrative: Sustained injuries while firing at US ammo storage in North Tikrit | | | | | |
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>DX. 8751 88101 9571 E9229</p> <p>PROC 0449 8628 8659</p> <p>I T 1 450</p> </div> | | | | | |
| Admitting Officer (Signature, as required) (b)(6)-2 | | (b)(6)-2 | | Signature of Admitting Clerk | |

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

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

25yo Male Iraqi who was shot by US Forces in Right lower extremity at ~ 0700 hrs. He presented with arterial bleed from the GSW.

MRDA $\frac{moss}{y}$ $\frac{PMH}{\phi}$ $\frac{PSH}{b}$ $\frac{147}{42} \frac{141}{315}$
 +e
 UA - ⊖

PHYSICAL EXAMINATION VS - P 100 12/1/66 R- wt ?

Gen - Thin Male in AD for pain.
 Heart - & Neck - & Lungs - CTA Chest - &
 Abdom &
 Gen - &
 RLS - GSW distal leg - No distal pulses to DP, PT

Wound - GSC-15

PROGRESS (Enter date of discharge and final diagnosis)

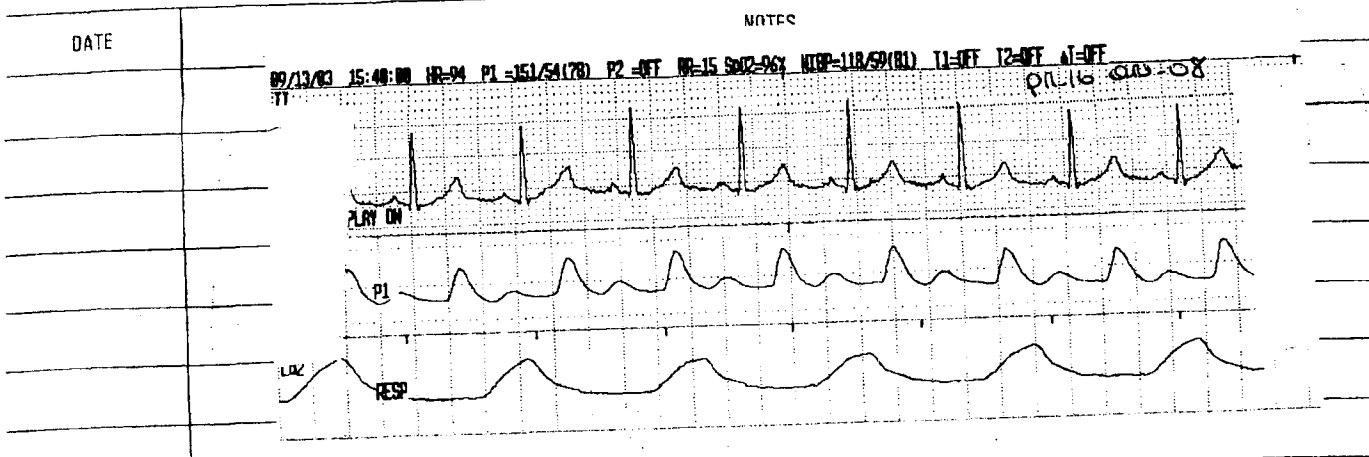
A. GSW w/ distal leg injury RLS
 P. to OR for exploration

| | | | | | |
|----------|---|--------------------|--------------|----------|--|
| (b)(6)-2 | MD | | | | |
| (b)(6)-2 | DATE | IDENTIFICATION NO. | ORGANIZATION | | |
| | 13 Sept 67 | | | | |
| (b)(6)-4 | en entries give Name last, first, middle initial, date, hospital or medical facility) | | REGISTER NO. | WARD NO. | |

ABBREVIATED MEDICAL RECORD
 Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
 INTERAGENCY COMMITTEE ON MEDICAL RECORDS
 FORM 1 (41 CFR) 201-45.505
 OCTOBER 1975
 USAPPC V1.00

MEDCOM - 7217



13 Sept 2003 1600 Given 30mg lorazepam instead of 40mg lorazepam as ordered by Dr. (b)(6)-2

Dr. (b)(6)-2 returned to pharmacy is out of original dose of 40mg. (b)(6)-2 mg

13 Sept 2003 1800 Patient given complete bed bath and shave. Tended all residual wounds all of which remained. (R) leg is noted bloody drainage around ace bandage. Posterior pedal pulse remains palpable. Patient in S1 S2 sleep. (b)(6)-2 mg

13 Sept 2003 1430 Patient ct pain to (R) lower leg given 5mg Morphine IV. Nausea started 5 mins immediately following pain and attempted Phenergan administration but nausea resolved. Patient sitting up at 45°, sleeping. O₂ 4L N/C sat 107%. (b)(6)-2 mg

13 Sept 2003 210 Patient given 2mg Morphine IV for ct pain. (R) to (R) ace bandage. (b)(6)-2 mg

13 Sept 2003 2120 Patient ct pain to (R) leg given additional 2mg Morphine IV. Reflexive coughing is also decreased from 168% to 145%. Well content to manage pr for pain. (b)(6)-2 mg

2200 Primairin urinary assessed. Patient reports quanta 1L (b)(6)-2 Patient reflexive coughing also present. Puses remain doppler to posterior tibial area of (R) ankle. O₂ did to 4L N/C is sat @ 97%.

iB/P 134/60, NIBP 116/54. Temp 99°. Will continue to monitor and notify I/O of any complaints. (b)(6)-2 mg

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

| DATE | NOTES |
|--------------------|---|
| 1500 13 Sept 43 | <p>S/P IAD (R) ^{leg} (L) GSW \pm Unstable Repair. Arrived to ILL @ 1500 -</p> <p>assisted to bed \pm 4 persons. Received 5 liters Crystalloid, 500 cc Heparin, 2 units PRBC's. 2 liters U.O. ECG 400cc. (1) Secularian placed in ER</p> <p>Received 250mg Pentyl, 10mg Morphine, 2mg Versed prior to arrival to ILL. Received antibiotics in ENT Primetial 50mg, Amikacin 1gm @ 0830. No known allergies. Patient assessed upon arrival, found as per DA Form 4700. A line secured \pm good manual BIP 127/58, O₂ sat 92% \pm Ventmask @ 45% FiO₂. Central line \pm LR urinary @ 125cc/hr. Site 5 redness on Ulnar, OP side intact. HR 186 to (1) A, oprel placed, site 5 redness on orange, placed Foley to Foley \pm clear yellow urine. (2) Tibial \pm all wrap covering exposed tibia for (3) ankle. Ultrasound palpate pulse after cutting small window through bandage. Able to hear strong (4) posterior tib pulse via doppler. O₂ sat via pulse ox to (5) extremity 99%. No evidence of external drainage to wound. Tees cool to touch. Plan: (1) Monitor vital signs, LOC post anesthesia and call H-U \pm changes in assessment (2) check pulses Q1^o as added to (3) lower extremity (3) Encourage frequent pulmonary toilet and attempts to wean patient as tolerated to maintain O₂ sat @ 90%</p> |

15 Sept 43
1530 Lab results received placed on chart.

| | | | | |
|-------------------------|------------------------------|-------|-----------------------|----------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | (b)(6)-2 |
| | LAST | FIRST | MI | (b)(6)-2 |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT | |

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

(b)(6)-4

PROGRESS NOTES
Medical Record

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

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

1356003

OP NOTE

1540

PRE-OP DX - GSW to R LE w/ Penetrating injury
POST-OP DX - GSW to (R) PT requiring revascularization - (R)
TIB/FIB FT

PROCEDURE - (R) FEMORAL ARTERIOGRAM, (R) PT reverse w/ jump graft
RSV.

SURGEONS - DR. (b)(6)-2 / (b)(6)-2 ANESTH - MAJ (b)(6)-2

FINDINGS - COMMUNICATED DISAL TIB/FIB FT (R), (R) PT INJURY w/ TRANSECTION

DESCRIPTION - GSW - RIGHT FEMORAL - artery anteriorly after external cut off
of distal right posterior tibial artery. trifurcated in situ w/ 3 vessel runoff
Hemorrhage - DP non-occlusive. Proximal / distal ends of posterior tibial artery
dissected then controlled with vascular clamps. TIBIA also stabilized
w/ external fixator (Hoffman II). 8 cm segment of Saphenous vein
harvested for ipsilateral leg and flushed w/ heparinized saline.
Femoral artery flushed w/ heparin saline as well as PT. Vessels
were spatulated and sutured. Anastomosis made
w/ Double armed 6-0 PDS suture. x 2. Good pulsatile flow
seen. A graft procedure showed flow thru PT in foot -
triphase doppler signal heard. Wound closed in layers - then
Staple / PDS - Drains applied. Pt. to be procedure with - her
cannula and the expected. - transported to ICU in stable condition

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME: CHIEF LTJG

SPONSOR'S ID NUMBER (SSN or Other)

LAST

FIRST

MIDDLE

MI

DEPT./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

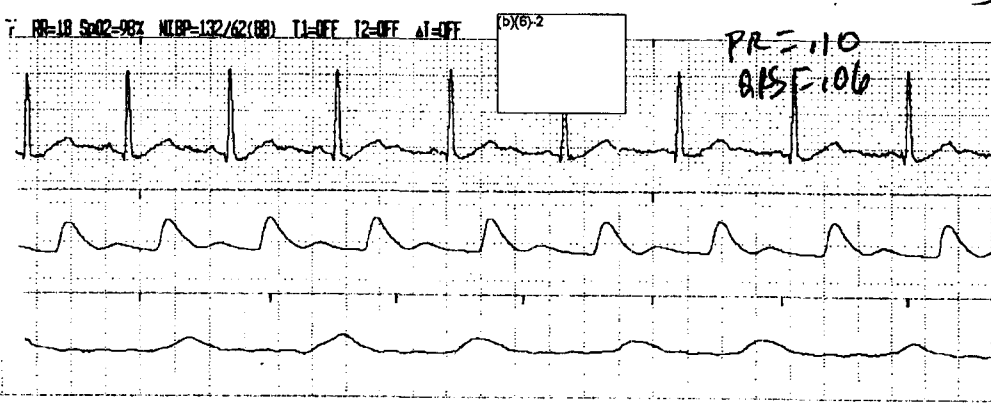
MEDCOM - 7221

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER
 (b)(6)-4

DATE NOTES

13 Sep 03
 2200 Report from MAS (b)(6)-2 client in bed awake, connected to cardiac resp. monitor. IV infusing via DSE Cordis. Oxygen via N/C @ 4L per min. Sleg patent and draining, (R) foot lower extremity in external fixator and drsg intact. Some bloody drainage noted to drsg, will monitor closely. pulse doppled to (R) posterior tibial, none noted to (R) pedal, pulses verified in another RN (MAS (b)(6)-2), doctor already aware. Drsg dr (b)(6)-2 1LT

2230 Complete assessment done, see DA form 4700. (b)(6)-2 4LT



2400 Client asleep in NAD, O2 set 99%. decreased Oxygen to 3L NC.

14 Sep 03
 0030 NO changes in previous assessment to pulses. (b)(6)-2 1LT

0200 O2 set 97% on 3L NC, client in NAD, RR 18. (b)(6)-2 1LT

0230 no changes in previous assessment at this time. (b)(6)-2 1LT

0430 client in c/o pain to (R) leg. medicated with 4mg MSO4 IV at this time. (b)(6)-2 1LT

0430 client in c/o pain, medicated with 1mg morphine IV for pain to (R) leg. (b)(6)-2 1LT

0500 medicated with 25mg Phenergan for nausea, drsg in large amt drainage, reinforce with Kenlex and ABD pads. blood drawn from ant line sent to lab. (b)(6)-2 1LT

LAST NAME (b)(6)-4 FIRST NAME MIDDLE INITIAL ID NUMBER (b)(6)-4

DATE NOTES

14 Sep 03 0530 client in bed asleep, appears comfortable at this time. (b)(6)-2 1LT/AN

0600 Report given to next shift, (2) post tib pulse verified & SAT Smith. Client on 3L NC, connected to cardiac resp monitor. Radial ant line intact & good waveform, Foley patent and draining clear yellow urine. (2) LE & drug DTB. (2) LE drug DTB. (b)(6)-2 1LT/AN

~~Large section of the form is crossed out with a large X.~~

| MEDICAL RECORD | | PROGRESS NOTES | | | | |
|--|---|----------------|-----|----------|---------------|---|
| DATE | BP | P | R | NOTES | T | |
| 14 Sept 03 | 0840 | 159/68 | 104 | 18 | SAO2 98% 3LO2 | T 98.4 |
| | 0845 | 137/69 | 102 | 21 | SAO2 98% 3LO2 | T 98.2 |
| | 0850 | 146/67 | 89 | 17 | 96% | T 98.1 |
| | 0900 | 140/64 | 83 | 14 | 97% | T 98.0 pt |
| PT appears to be resting comfortably, NAD report given to CPT AF. 1st Unit PRBC infusing 5 difficulty NAD, & adverse reaction noted / | | | | | | |
| 0930 | 151/61 | 80 | 14 | 97% | SAO2 97.5 | T 97.5 |
| no ev. of resp distress | | | | | | |
| 1006 | 160/67 | 76 | 16 | 98% | 98% | PT awake - no complaint |
| 1020 | VS 160/66 | 74 | 15 | 98% | 96% | transfusion completed at 1026 & adverse reactions noted. VS 162/64-74 T. 97.7 NO SOB or resp distress noted / |
| 1030 | 2nd unit B+ PRBC verified & Cpt AF, AN. | | | | | transfusion started at 1039 VS 151/62, 80, 15, SAO2 98% 3LO2 T 97.3 / |
| 1045 | 162/63 | 78 | 15 | SAO2 98% | 3LO2 | T 97.0 |
| 1050 | 156/61 | 78 | 15 | SAO2 98% | 3LO2 | T 97.4 |
| 1055 | 157/62 | 77 | 13 | SAO2 97% | 3LO2 | T 97.6 |
| 1110 | 156/61 | 78 | 16 | SAO2 98% | 3LO2 | T 98.6 |
| & adverse reaction, appears comfortable / | | | | | | |

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

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5/1988)
 Prescribed by GSANCMR FPMR (41CFR) 101-11.2036(N10)
 USAPA V1.00

| MEDICAL RECORD | PROGRESS NOTES | |
|--------------------|--|--|
| DATE | NOTES | |
| 14 Sept 03 0700 | 0700 Assumed care of pt. Received report from Lt (b)(6)-2 pt in bed HOB at 20° angle. O ₂ 3L via NC SAT 98% LR infusing 125cc/hr → central line 5 difficulty. A-Line zeroed. Foley → quantity draining clear yellow urine. Posterior tib pulse ⊕ verified ⊕ Doppler ⊕ Lt barrel, AN. Initial Assessment completed. noted on Lt form 420. Will continue to monitor Lt (b)(6)-2 SGT USA GNUM/6 | |
| 0700 | pt C/o pain. MSO4 4mg given IVP ⊕ Dorsalis pedis pulse verified ⊕ Doppler Will continue to monitor Lt (b)(6)-2 SGT USA GNUM/6 | |
| 0745 | Dr (b)(6)-2 @ Dr (b)(6)-2 in verified pulses to Dorsalis pedis ⊕ posterior tib ⊕ Doppler ⊕ distress noted Lt (b)(6)-2 SGT USA GNUM/6 | |
| 0824 | O ₂ PRBC unit verified ⊕ CPT AF, AN baseline VS. 153/63 - 87 - 97.7 started at 0824: (b)(6)-4 stopped transfusion @ 0826 medicate ⊕ benadryl 25mg WP ⊕ 650mg tylenol po. 0835 restarted transfusion 146/64 - 84 - 97.4 ⊕ 3/5 of adverse reaction Lt (b)(6)-2 | |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSARCMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

Antib - Primafan 500mg / Amikacin 1gm
IV Fluids in - LR 4000cc, NS 1000cc HESPERON - 500cc
BLOOD PRODUCTS - 2u PRBC's MBL - 400cc UO - 2000 cl
Drains - Foley cath.

(b)(6)-2 MD
MAJ, MC USA (b)(6)-2
CHIEF, DOS

14 Sept 93
1438

Surgery SUZ
S: No C/O - Sleepy - Coop
O: Afebrile, VS normal

LOVANDY 8.8 8.7 181 133/1102 8.7 ABG 7.377/45.1/92/28/3/97
PILIMACIN 25.6 41/24 110

AMIKACIN RLE - Tracheostomy tube by Doppley in both
PT and DP - vst palpable. Food Warm Pink eye right
A: POD #1 & FIX / Revascularization - Arterial
P: D with transfuse 2u PRBC's to max urine
O: Del w/ engorged heart
② Pen OR times for anal washout

(b)(6)-2

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

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

| MEDICAL RECORD | | PROGRESS NOTES | | | | |
|--|---|----------------|-----------------------|------------------------------------|------------------|--------|
| DATE | BP | P | R | NOTES | SAO ₂ | T |
| 14 SEP 03 | 1125: 154/64 | 82 | 15 | | 98% 3WC | 97.6 |
| | 1140 139/61 | 84 | 18 | | 96% 3WC | 97.2 |
| 1135 | <p>1135 Pt c/o pain to (R) legs 4mg MSOL NP administer to (R) AC = (F) effect will continue to monitor /</p> | | | | | |
| 1200 | VSS 144/61 | 81 | 15 | | 98% 3WS | T 98.1 |
| 1230 | <p>Transfusion complete. VS 97.7 - 162/64 - 76 - 17 SAOL 98% & adverse reaction noted, pt tolerate transfusion well & SOB, or Resp distress noted will monitor /</p> | | | | | |
| 1410 | <p>Pt in bed resting NAD noted VSS ROST given to CPT AF /</p> | | | | | |
| 1500 | <p>Received Report around com of pt. Pt sleeping supine HOB @ 30° O₂ pulse 3L SAOL 99% RR 17 BPM & s/s resp distress. (U) N/A RR 14/59 HR: 83. (RR 17 99% ^{error} (b)(6)-2) Pt sleeping quietly awaken spontaneously verbal stimuli: pain. RR infusing @ 125 cc/hr through (U) subclavian cordis - SL & evidence of. (U) A line + (U) radial. (U) RS PIV to (U) AC - SL (U) & ex fix to (U) L ext. minimal drainage noted (U) gauge to (U) lower extremity, dim size red drainage to dorsal side of calf. (U) movement to (U) LE. (U) movement by toe (U) foot, (U) swelling.</p> | | | | | |
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) | | |
| | LAST | FIRST | MI | | | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT | | | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | | | REGISTER NO. | WARD NO. | |

(b)(6)-4

MEDCOM - 7227

PROGRESS NOTES
 Medical Record
STANDARD FORM 589 (REV. 5/1999)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

2500 / 2650
m / mt

MEDICAL RECORD PROGRESS NOTES

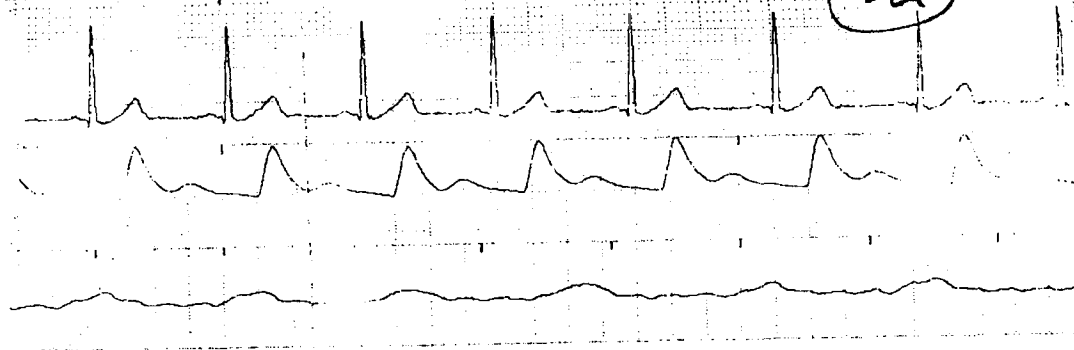
| DATE | NOTES |
|------|---|
| | (R) legs x 5 (L) LE cap up till 1.5 sec. Monitoring to cont. Will encourage IS use, PO fluid intake. VOP WVP |
| 1700 | M50, 5mg SIVP administered for 40 pain. Pt relaxed, & passed green, the wave s/p administration, (+) sterile dressing & to (+) sub. cortis. (+) flush (+) blood return, LR cont infusing @ 25 cc/hr. |
| 1730 | Sat ↓ 92% - 93% - Deep breathing encouraged. IS use. SaO ₂ ↑ 95-96% will cont to monitor. No s/s Resp distress |
| 1750 | O ₂ ↑ SL per VC for SaO ₂ 93% - PaO ₂ ↑ 95-96% |
| 1810 | Report given to LT (b)(6)-2 Pt care transferred (b)(6)-2 |
| 1830 | Assessment done, see DA Form 4700. Client good effort on incentive spirometry, client wheeze + rhonchi bilat, no notified, orders obtained. Drsg to RLE moderate amt of bloody drainage. LLE moderate bloody drainage on drsg. (+) groin drsg intact. |
| 1900 | Respiratory therapy completed. albuterol breathing treatment. lungs clear bilat. RR 16, humidity added to nasal cannula. HR ↓ 74, O ₂ sat ↑ 95%. |
| 1940 | Client L/O pain to leg, medicated with 5mg morphine IV for pain. |
| 2000 | Client calm at this time, no other complaints, reposition |

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

(b)(6)-4

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

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|--|
| 14 Sep 03 2005 | <p>8(BB) P2=OFF RR=16 SpO2=95% NIBP=OFF T1=OFF T2=OFF AT=OFF</p>  <p style="text-align: right;">(92)</p> |

| | |
|-------------------|--|
| 2200 | <p>no changes in pulse checks, ⊕ dopple. to ⊕ pedal and post fib. client ⊕ clear breath sounds bilat, no distress noted.</p> |
| 2400 | <p>teeth brushed, NPO status begin.</p> |
| 15 Sep 03 0100 | <p>client c/o pain, medicated ⊕ 5mg morphine IV.</p> |
| 0130 | <p>client asleep in NAD</p> |
| 0300 | <p>decreased oxygen ⊕ HL NC ⊕ this time, O2 sat 98%.</p> |
| 0400 | <p>assessment done, no changes, wiggle ⊕ great toe. ⊕ doppled pulses to RLE.</p> |
| 0500 | <p>oxeg reimposed to RLE. ⊕ doppled pulses. SiO2 decreased to 34 NC, O2 Sat 97%.</p> |
| 0520 | <p>labs drawn from ⊕ radial ant line and sent for analysis</p> |
| 0600 | <p>Report given to MAF, client in bed converted to monitor FvF ⊕ 125cc/hr. O2 ⊕ 3L NC ⊕ humidity.</p> |

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

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
 Prescribed by OSAACMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

15 Sept 03
1218

OP NOTE

PRE-OP DX - clotted Graft
POST-OP DX - Same
PROBLEMS - Arterys, Fogarty Arterectomy, Graft
Remain, T&D
SURGONS - Dr (b)(6)-2 / (b)(6)-2 (b)(6)-2
Findings - Thrombosed graft - good rim of p. Thrombosis/graft
Remain

DESCRIPTION - GETA - BETADINE D/SP OR BLE - RLE wound
found w/ finding of graft thrombosis. A small venotomy was made
in the sub and fogarty thrombectomy performed w/ removal of clot - good
back bleed as well as antegrade. Urinal fluid w/ Hcg saline
w/ 1 cm of graft was examined for routine secondary for metastasis -
artery created w/ suture - 6-0 PDS. Pt was heparinized
w/ 5000 Units Heparin IV. Arterys Arterial patent graft w/ good
runoff. To facilitate wound closure - skin edges pie crusted.
Wound sutured w/ PDS Lavage 4L NS. Closure w/ subdermal
sutures of 2-0 Vicryl pulled by Mattress w/ 0-PDS. (+) Dressing placed
distal to graft arterial (thrombolytic), LLE - 2 weeks rest -
Skin edges closed w/ Vycryl/PDS. Pt tol procedure well -
unremarkable, extubated and returned to CCU w/ stable counts.

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

DEPARTMENT/SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT: (DATE)

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

(b)(6)-4

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

(b)(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE: 15 Sept 03
 NOTES: OR Staff x2. +
 1400: Pt returned to unit on stretcher accompanied by OR Staff
 x2. Pt asleep, responds spontaneously to painful stimuli.
 O₂ per V. mask @ 10-15 L, afebrile. SaO₂ = 98-100%
 RR 12-14 BPM. Evidence resp distress. CR & TKO via cortis
 (L) LE & ace & discharge evident. (R) LE (+) ex fix - chancy
 OPI. (+) movement by toe only - difficult to assess
 sensation @ this time. (+) movement, full ROM to (L) LE
 (+) sensation, LSC throughout, (+) cough, chest movement
 even, breathing unlabored. NSR, BP 140's systolically
 50's diastolically HR 80's, afebrile @ 98.7 US.
 consistent @ baseline. 18g PIV to (L) AC DIC'd RT
 3 day / 72° A protocol. 20g PIV placed to (L) PA
 Heparin started @ 1000 units/hr = 20cc/hr to
 PIV. Coag, CBC, Chem & ABG drawn, sent to lab
 values pending. (+) LR to cortis & to 100 cc/hr from
 previous 15 cc/hr order. A-line zeroed, leveled &
 good wave form. NIBP to (C) Brachd. Pt cont to sleep
 c/out evidence of discomfort monitoring
 1530: Pt awakened to consume lunch. ↑ HR to 120-140.
 c no other v/s. Pt denies pain, dizziness N/V.

(b)(6)-2

(b)(6)-2

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

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSANCMR FPMR (41CFR) 101-11.2030(N10)
 USAPA V1.00

(b)(6)-4

MEDCOM - 7232

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

15 Sept 1990. Pt in good spirits. Translator @ BS to translate plan of care, all questions answered, concerns addressed. Pt encouraged ↑ consumption of food. Completing approx 60% solids & 1 can ^{primitive} mixed & 8 oz milk. Pt shaved, performed oral hygiene HR and tummy. Dr [redacted] not. RBC lab values return w/H/H 8-26 / PT/PTT- 13.4-56.1. No action taken. Monitoring cont. [redacted]

1645. Pt remains tachy between 120-130s - TIC order & premeds 5182, CBC, ABC chem 6-coag. Tics taken to lab 1730. 1735 - Pt premedicated. Procedure explained to pt. Pt verbally agrees to infusion of PRBC's. Possible reactions explained. See translator.

1819. Report given to Lt [redacted] Conf [redacted] [redacted] [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.

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1989)
Prescribed by DSANCMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted box]

MEDCOM - 7233

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

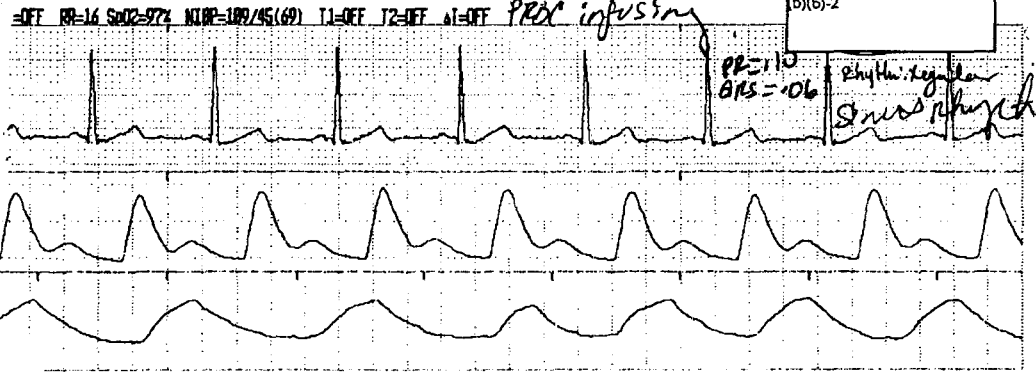
15 Sep 03
1816 Report received from day shift RN CPT [redacted] client in bed awake + alert, connected to cardiac/resp monitors. IVF infusing via BSC Cordis @ 100 cc/hr. Heparin infusing via [redacted] PIV @ 2000/hr (1000 units/hr). Foley patent + draining. Pulse checks to RLE done via doppler & auscultation to pedal and post tib pulses. Client able to wiggle great toe. Swelling noted to RLE toes & foot. [redacted] ILLA

1900 Complete assessment done, see SA form 4700. [redacted]

1925 Dr [redacted] notified of coag results. PT: 12.8 APTT 37. orders obtain, Heparin 1000 units bolus IV done and Heparin infusion rate increased to 1200 units/hr. [redacted]

1950 1st unit PRBC infusion started, LR infusion held until blood infusion completed PRBC unit #1 [redacted]

2015 remained in client for 25 minutes, no infusion reaction noted at this time, see SF 511 vital sign ^{report} sheet for vital signs [redacted]



RELATIONSHIP TO PATIENT
DEPART./SERVICE
PATIENT'S IDENTIFICATION: (For 1)

[redacted]

PROGRESS NOTES
Medical Record

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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER (b)(6)-4 |
|-------------------------------------|--|----------------|-----------------------|
| DATE | NOTES | | |
| 15 sep 03 2140 | First unit PRBC completed at this time. Primatin 500mg. IV infusion started 14PB to Heparin infusion — (b)(6)-2 UTA | | |
| 2145 | 2nd unit PRBC infusion initiated. PRBC#2 (b)(6)-4 (b)(6)-2 UTA | | |
| 2215 2215 (b)(6)-2 | Infusion of PRBC continues, no reactions noted at this time (b)(6)-2 | | |
| 2230 | Assessment done, moderate drainage to drossy on RLE. LLE & gage dross D+I. (2) groin dross intact & drainage. — (b)(6)-2 UTA | | |
| 2345 16 sep 03 0015 | 2nd unit PRBC completed, no transfusion reaction noted. (b)(6)-2 blood drawn from (2) radial site for coags and sent for analysis. Late entry (2) 2345 LR infusion restarted after completion of PRBC. — (b)(6)-2 UTA | | |
| 16 sep 03 0030 | Coag results PT 12.7, APTT 35.9 will recheck in one hour then notify MD of results. — (b)(6)-2 UTA | | |
| 01 | Blood drawn from (2) radial A-line and sent to lab for post transfusion analyses of ABG, CBC, Chem 8, and coags — (b)(6)-2 | | |
| 0135 | client awake c/o pain, medicated w/ 5mg morphine IV for pain — (b)(6)-2 UTA | | |
| 0200 | Lab results back, Dr (b)(6)-2 notified, orders obtained, 2500 units Heparin below groin and heparin infusion increased to 1400 units/hr. — (b)(6)-2 UTA | | |
| 0400 | Medicated per order, client asleep in NAD — (b)(6)-2 UTA | | |
| 0450 | c/o pain medicated w/ 5mg morphine — (b)(6)-2 UTA | | |
| 0600 | Report given to Sgt Sale. Client in bed connected to cardiac/resp monitor. IVF @ 100 cc/hr + heparin @ 1400 units/hr infusing. Foley patent + draining. zipper check done & (2) Doppler pulses to RLE. (2) rad ant line intact & good pulses + warm and pink fingers to (2) hand. — (b)(6)-2 UTA | | |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.0

MEDCOM - 7235

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|-----------|---|----------------|-----------|
| DATE | NOTES | | |
| 0500 | 0400 Labs drawn A-line patent ⊕ wave form. No s/s of infection. Pt asleep easily arousable. Pt has no c/o pain at this time. Pulses on ⊕ LE auscultable & Doppler. VSS S _o 2 99% ⊕ RA. No distress noted. Will continue to monitor for (b)(6)-2 ^{give} ^{same} 0530 Preman infusion started Cordis patent. CPT ⊕ no s/s of infection. VSS S _o 2 99% ⊕ RA. No distress noted. Will continue to monitor (b)(6)-2 ^{give} (b)(6)-2 | | |
| | 0545 Pt awake No c/o pain at this time. TU patent VSS S _o 2 100% ⊕ RA. Will give report to oncoming shift (b)(6)-2 ^{give} ^{same} <u>Smg Ms over to next shift</u> (b)(6)-2 | | |
| 0630 | Report received from SPC (b)(6)-2 - pt lying in bed comfortably. Assessment performed (see 044700), VSS, sats 98-99% on RA, ⊕ % pain or discomfort. Will monitor (b)(6)-2 ^{signature} | | |
| 0830 | Pt resting comfortably - bathed & linen Ad. Ad dressing to central line. (b)(6)-2 ^{signature} | | |
| 0845 | Pt turned himself onto ⊕ side. (b)(6)-2 ^{signature} | | |
| 1:00 | Pt ^{(b)(6)-2} Dr ^{(b)(6)-2} & Dr ^{(b)(6)-2} in to dressing to ex fix. Incision sites actively bleeding, site otherwise free from s/sx infection. Redressed ⊕ combine, super sponge & ACE wrap. Proximal pins left open to air - pin care done. Pt experienced moderate pain only during pin cleaning. Ortho shoe applied & resistance band tied to ex fix so pt can exercise ankle. This was explained to pt through the interpreter. Pt verbalized understanding. No pain medication was given, pt tolerated well. Pt now sitting up in bed ⊕ magazine. (b)(6)-2 ^{signature} | | |

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

10/30/03 1930 Received pt this pm awake in bed VSS SaO2 100%
 & RA. Assessment done site D4 4700. Ex-fix on @ LE. &
 drainage noted. Pt has no c/o pain at this time. Pulses auscultated
 & doppler on @ LE. I.U. sites patent & no sig of infiltration.
 Will continue to monitor (b)(6)-2 911/11/03 2100 Pt
 resting in bed at this time. Pulses auscultated & doppler on
 @ LE. VSS. SaO2 100% on RA. Pt does DS on own.
 Foley draining QS clear yellow urine. No distress noted
 will continue to monitor (b)(6)-2 911/11/03 2200
 Primium infusion started. Cordis patent no sig of infection.
 VSS SaO2 100% & RA. Pt is sleeping at this time. No distress
 noted will continue to monitor (b)(6)-2 911/11/03 2300
 2400 Pt had c/o pain, headache. Pt given Simg IUP Ms as
 ordered for pain. VSS SaO2 98% & RA RR 15 I.U. site
 patent & no sig of infection. Will continue to monitor for
 pain (b)(6)-2 911/11/03 2415. Pt has no c/o pain
 at this time. Ms @ effect. SaO2 98% & RA RR 18 Pt is in
 bed awake. No distress noted will continue to monitor
 (b)(6)-2 911/11/03 0200 Pt sleeping at this
 time. VSS SaO2 98% & RA. Dsh CPE. No distress noted
 Will continue to monitor (b)(6)-2 911/11/03

RELATIONSHIP TO SPONSOR SPO SPONSOR'S ID NUMBER
 (SSN or Other)

LAST FIRST MI

DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

REGISTER NO. WARD NO.

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSANCMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

17 Sept 03 BENISLAZ SURG(SM)
1045 S: Pt status - Wnt pain in very well controlled

By 1500/h O: Afebrile T-98° P-70 BP-110/51 R-14-18 98% sat
Coxa - 13.8/45.2 132/105 (0.6) 9.3
3.8/24 - 98 28/3 (1.4)

Amoxicillin RLE - Penicillin Drug - Bleeding from - Pie crust
by 2 skin - Superficial epidermolysis of midpoints
of incisions. Very brisk erythema from in
both DP/PT. Foot numb, cap refill = 2 sec.
Pain site cure, New drug appointment =
A1 POD # 4

P@ Continue IV heparin for 5 days until the
change to NSA/Heparin
② continue trial cure, antibiotics, Bactrim.

(b)(6)-2
MD
(b)(6)-2
MAJ MC USMC
CHIEF, DOS

RELATIONSHIP TO SPONSOR SPONSOR'S NAME 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; REGISTER NO. WARD NO.
Date of Birth; Rank/Grade)

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSANCMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

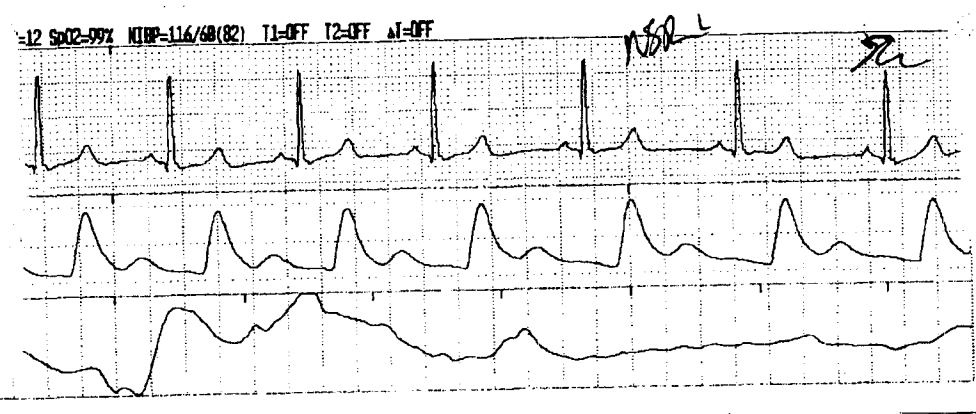
MEDICAL RECORD PROGRESS NOTES

DATE NOTES

17 Sep 03 1530 Pt/c/o pain to (R) leg, 5/10. 5mg MSO₄ given. Will monitor for effect. (b)(6)-2 SGT/UDN

1730 Pt sitting up in bed reading c/o boredom. Pt denies pain or discomfort. Actively doing JS - will report to oncoming shift. (b)(6)-2 SGT/UDN

17 Sep 03 1900 Report received from SGT (b)(6)-2 client in bed awake connected to cardiac monitor; (R) radial art line zeroed + calibrated - good waveform on monitor. Assessment done, see flow sheet DA form 4700 for assessment. Denies pain at this time. (b)(6)-2 UDN



2100 client awake, alert, talking & interactive, appears happy client talking + laughing. Denies pain at this time. (b)(6)-2 UDN

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

DEPARTMENT/SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

(b)(6)-4

PROGRESS NOTES Medical Record STANDARD FORM 509 (REV. 5/1999) Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2030(X10) USAPA V1.00

| | | | | |
|-----------|----------|------------|----------------|-----------|
| LAST NAME | (b)(6)-4 | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
| | | | | (b)(6)-4 |

| DATE | NOTES |
|---------------------------|--|
| 17 Sep 03 2200 | Medicated per orders, External fixator pins cleaned w/ 1/2 peroxide and sterile water mixture, tol. well. blood drawn from (R) radial art line + sent to lab. (b)(6)-2 (u/v) |
| 2380 | Dr (b)(6)-2 aware of PT 13.4 + APTT 35.9, bolus of 1000 units Heparin given then rate increased to 1800 units/hr (b)(6)-2 (u/v) |
| 2400 18 Sep 03 0100 | Medicated w/ 5mg morphine IV for pain. (b)(6)-2 (u/v) Assessment done, good relief from pain w/ morphine no changes in other assessments. (b)(6)-2 (u/v) |
| 0300 | child asleep at this time in NAD. (b)(6)-2 (u/v) |
| 0430 | PtV to (R) FA dcd, found out. Heparin infusion to (R) C Cordis. (b)(6)-2 (u/v) |
| 0540 | labs drawn and sent. (b)(6)-2 (u/v) |
| 0600 | Report given to SGT (b)(6)-2 (b)(6)-2 (u/v) |
| 0620 | Report received, assessment performed, pt now sleeping in bed 3 Clopain. PTT still w/ parameters, will monitor & recheck as ordered. (b)(6)-2 SGT/CRN |
| 0830 | Pt resting comfortably, ate 50% of breakfast + 1 Carnation Shake (b)(6)-2 SGT/CRN |
| 1030 | New PtV started in (L) FA for administration of abx (not compatible w/ Heparin). 18G to (L) FA, flushed & heparinized. (b)(6)-2 SGT/CRN |
| 1230 | Pt ate 50% of lunch, did IS afterward. Requested to "hang leg off of bed" for comfort. Reading a book in bed. Denies pain. (b)(6)-2 SGT/CRN |

STANDARD FORM 509 (REV. 5/1999) BACB

USAPA V1.0f

MEDCOM - 7240

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|------------|---|
| | Antibiotic - Primaxin / Amikacin IV flush in 1200 cLR US - 11 pcc Dms - Filly (b)(6)-2 (b)(6)-2 MD MAJ, MC USA CHIEF, DOS (b)(6)-2 |
| 18 Sept 03 | General Surgery SVE SI No - C10 pnd 01 T 97° 113/51 P-88 P-20 7.1 $\frac{9.9}{29.5}$ C141 COAG - 12.7/45 cLR Hop gth 1400 u/hm |
| 11 x 4 | RLE - Triphasic duplex flow in DP/PT Dressing intact - Rob hum - Cap refill < 1 sec A: HD 3 - SP Revascularization/EXTENSIVE PULMON RLE CON P: 10 Cutaneous heparinoids, catheter - (2) |
| | (b)(6)-2 MD MAJ, MC USA CHIEF, DOS |

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

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

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5/1998)
 Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(h)(10)
 USAPA V1.00

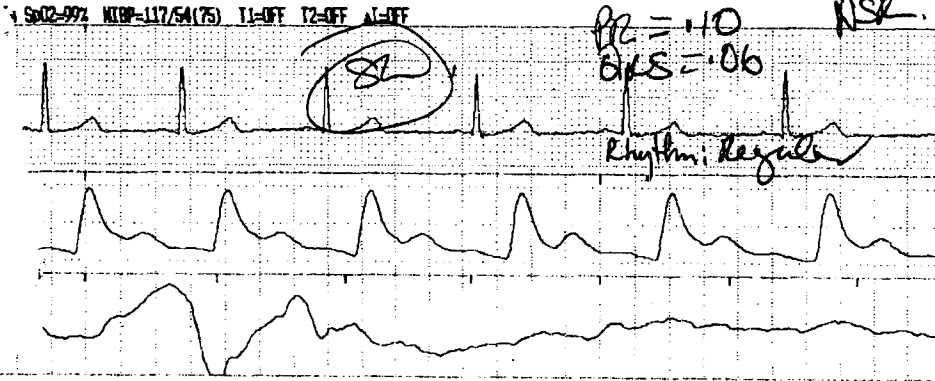
LOCAL RECORD

PROGRESS NOTES

DATE

NOTES

18 SEP 03 Sent coags to lab, pt resting comfortably in bed 5-
 1400 complaints _____ (b)(6)-2 SGT/PCA
 1600 Coag results well within parameters outlined by Dr. _____ (b)(6)-2 SGT/PCA
 1800 Pt sitting up in bed, \emptyset c/pain _____ (b)(6)-2 SGT/PCA
 Pt sitting up in bed reading, states that he is hungry. No AS since assessment. VSS; gave report to ILT _____ (b)(6)-2 SGT/PCA
 1500 Report from SGT _____ (b)(6)-2 client in bed awake, connected to cardiac monitor. A line rechecked + calibrated = good waveform. Lead and site intact. Foley patent + draining. _____ (b)(6)-2 CPA
 1900 See DA Form 4700 for assessment _____ (b)(6)-2 ILT



1945 c/p pain, 5mg M104 IV given _____ (b)(6)-2 ILT

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

| | | |
|--------------------|------------------------------|-----------------------|
| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|--------------------|------------------------------|-----------------------|

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

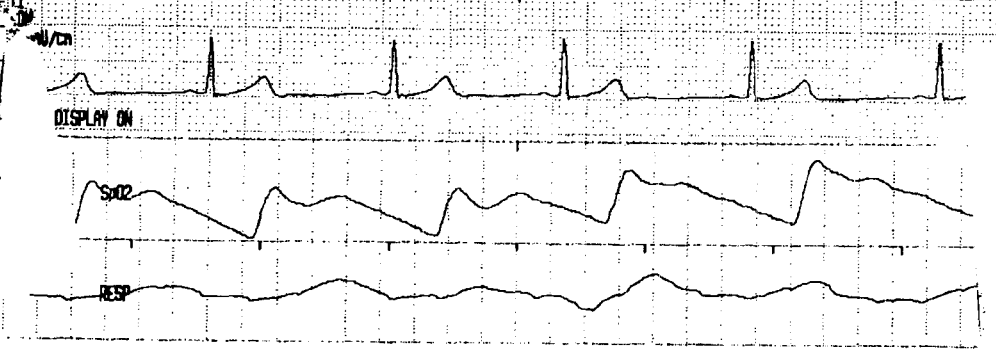
(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSANCMR FPMR (41CFR) 101-11.203(b)(1)(i)
 USAPA V1.00

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

| DATE | NOTES |
|-------------------|---|
| 18 SEP 03 2200 | Pin care done to RLE Ext. fixator. 1/2 sterile H ₂ O and peroxide mixture, tel well. (b)(6)-2 |
| 2250 | blood drawn from Radial ant line sent to lab. (b)(6)-2 |
| 2340 | complete bath given, assessment done, Foley cath given, ant line fell out, pressure held until all bleeding stopped, no hematoma noted at site, pressure dressing applied to gauze and tape to secure. (b)(6)-2 |
| 0200 | client asleep at this time in NAD (b)(6)-2 |
| 0400 | client asleep, medicated c promalin IV, no change (b)(6)-2 |
| 0500 | blood drawn from @ hand and sent to lab. (b)(6)-2 |
| 0600 | lab results back, PT 13.4, PTT 66.1, results therapeutic for heparin drip at this time, report given to MAR client asleep. (b)(6)-2 |

09/19/03 06:06:44 HR=56 P1=OFF P2=OFF RR=15 SpO2=97% NIBP=109/48(21) T1=OFF T2=OFF A1=OFF



| | |
|------------------|---|
| 09/19/03 0630 | Received report from the previous shift. Patient denies pain or discomfort at this time. Sleeping in bed, HR at 50 bpm. Monitor shows sinus bradycardia & ectopy. Surveillance site to be changed or discontinued and heparin to discontinue. Site is intact. Will perform dressing change today. Heparin infusion @ 2000/hr, LR infusion @ 100 cc/hr. 186 to @ FA, well D/C, unable to flex. |
|------------------|---|

STANDARD FORM 509 (REV. 5/1999) BACB
USAPA V1.0

MEDCOM - 7243

| MEDICAL RECORD | | PROGRESS NOTES | |
|--------------------|---|----------------|--|
| DATE | | NOTES | |
| 0630 18 Sept 03 | (B) Labs & Doppler Pedal and Posterior Tibial pulses all present - near clapper. Plan: (1) Monitor pulses @ 1° as ordered (2) Perform Pur Case as ordered (3) Call H U for changes in assessment | (b)(6)-2 | |
| 19 Sept 03 0900 | Clonidine, measured 0.5 mg Morphine IVP as requested. Patient Feeling completely asleep | (b)(6)-2 | |
| 19 Sept 03 1200 | Patient refused lunch stated he didn't like soup. Given Omeprazole under breakfast tolerated 3 GI repeats. Well circumferential p/w intact. | (b)(6)-2 | |
| 19 Sept 03 1400 | Patient informed that Dr (b)(6)-2 expected 6:45. Patient very upset with crying episode. Assured patient Dr (b)(6)-2 is an excellent physician. New to post to (b)(6)-2 FA 186 | (b)(6)-2 | |
| 19 Sept 03 1600 | Heparin infusion as ordered. Pulses 2+ to left + 1+ to right. Labs & Doppler guided to Doppler Pedal + Posterior Tibial | (b)(6)-2 | |
| 19 Sept 03 1800 | Patient reports gurgles in stomach Report from Mx walker, client in bed awake connected to cardiac monitor, FVF infusing via (b)(6)-2 cordis, Heparin drip @ 2000 units/hr @ 40 cc/hr infusing, no active bleeding noted at IV sites or incision site to (b)(6)-2 groin, or surgical sites to BCE. | (b)(6)-2 | |
| 1900 | Assessment done, see OA form 4700 | (b)(6)-2 | |

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

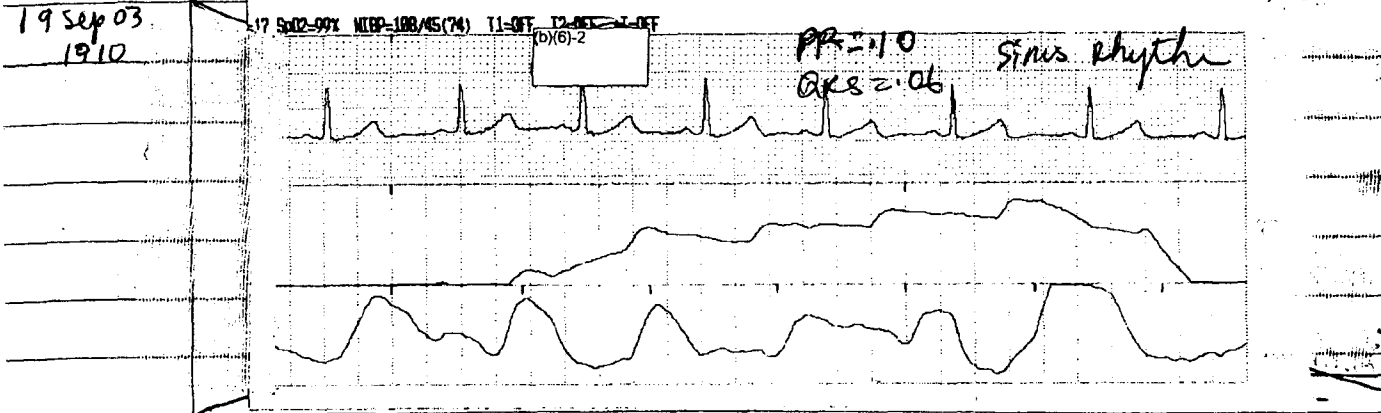
| | | |
|---|--------------|----------|
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|--------------|----------|

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1996)
 Prescribed by OASD/CMR FPMR (41CFR) 101-11.203(b)(1)(C)
 USAPA V.1.0

LAST NAME (b)(6)-4 FIRST NAME MIDDLE INITIAL ID NUMBER (b)(6)-4

DATE NOTES



2100 Client in bed asleep at this time. (b)(6)-2 11:00 AM

2200 Pin care done to external fixator insertion sites & 1/2 mixture of povidone and sterile water. medicated & pumason as ordered. See well. (b)(6)-2 11:55 AM

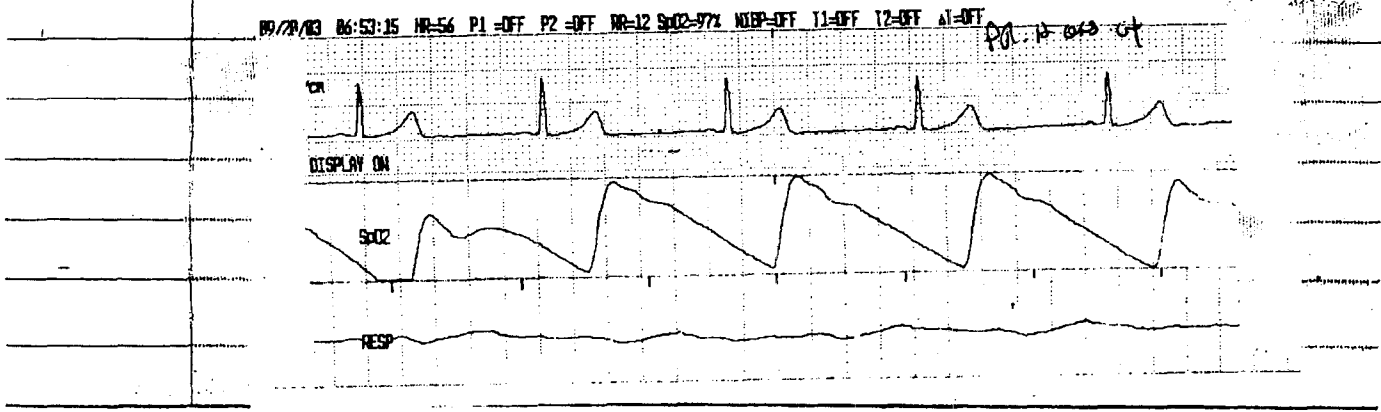
2400 Assessment done, no changes from previous assessment. (b)(6)-2 12:45 PM

0200 client asleep in NAD (b)(6)-2 12:45 PM

0355 cp pain to @ leg, medicated @ 3mg morphine IV, no other changes in previous assessment. (b)(6)-2 1:30 PM

0550 blood drawn from @ hand, and sent to lab. (b)(6)-2 1:55 PM

0600 Report given to MRS (b)(6)-2, client in bed asleep, connected to cardiac monitor. Heparin @ 2000 units/hr (40cc/hr) + CR @ 100cc/hr, Solox patient & drainage. (b)(6)-2 1:55 PM



STANDARD FORM 509 (REV. 5/1999) BACB USAPA V1.0

MEDCOM - 7245

| MEDICAL RECORD | PROGRESS NOTES | |
|----------------|--|----------|
| DATE | NOTES | |
| 20 SEP 03 | <p>ORLANDO IN</p> <p>(5) PT NO SEVERE PAINS THIS AM. ACUTE ONSET.</p> <p>(6) FOOT \bar{c} IMPACT CAP REFILL, PAIN ON PALPATIONS DIFFUSE DRESSING REMOVED \bar{c} JET OF BLOOD FROM MEDIAL SIDE. NO SUBSEQUENT NATURAL BLEEDING; NO DIFFUSE OOZING FROM SKIN INCISIONS. DOPPLER PULSES OK DP/PT BEYOND ZONE OF INJURY.</p> <p>(7) PAIN LIKELY 2^o TO HEMOSTATIC PRESSURE.</p> <p>(8) CONT. CURRENT CARE FOR FX. PLANS D TO PTB IN 2-4 WKS IF POSSIBLE</p> | |
| | (b)(6)-2 | (b)(6)-2 |

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

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(D)(10)
DSAPA V.1.00

MEDCOM - 7246

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

21 Sept 03
1100
GENERAL SURGERY SVC
SI No C/O of pain. No fever or chills
D: Abdominal VS intact:
6.6 - 8.4 / 25.9 (348) 127/98 / 7.5/24
COAG - 12.4/27.4

RLE - ⊕ DP/PT - Cephalic reflex < 2 sec.

A. IDPOD 6/8 Revascularization / Ext Extrem RLE

(2) ANOMIA

P. ⊕ Transfusion of 2 u PRBC's to optimize O2 delivery for healing.

(2) Drug Multisystem

(b)(6)-2
MD
(b)(6)-2
MAJ, MC USA
CHIEF, DOS

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

(b)(6)-4

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

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-----------|---|
| 21 Sep 03 | Transfusion complete - VS: 116/43, 64, 14, 98 ⁷ , Sa+5 (0076) |
| 1400 | still monitoring for reaction, [redacted] SGT/KPN |
| 1405 | Second unit transfusing, VS: 116/48, 84, 98 ⁸ |
| | 1410: 108/45, 86, 98 ⁸ |
| | 1415: 109/43, 79, 98 ⁸ |
| | 1420: 103/48, 71, 98 ⁸ |
| | 1435: 109/54, 92, 98 ⁸ |
| | 1450: 115/62, 97, 98 ⁸ |
| | 1505: 110/51, 74, 98 ⁸ |
| | 1510: Transfusion complete, Dr. [redacted] in to do dressing. Left distal pin sites open for pin care. Pt medicated c 4mg MSO4. post transfusion VS: 116/45, 64, 98 ⁸ |
| | Will monitor [redacted] SGT/KPN |
| 1715 | Pt resting, PIV started in @FA, flushed & heurked, Pt 5% pain or discomfort [redacted] SGT/KPN |
| MOO | <p>MAN: Pt, sitting up in bed, @ by elevated, monitor BP, SpO2 in place - Vital Signs stable - afebrile 97.4 Lungs clear bilat x all lobes - normal active bowel sounds - Pt able to move all extremities palpable pulses x both UE: & @ LE - @ LE c ds to leg - pins exposed on ext. @ Sbx of only noted - will continue to monitor [redacted]</p> |

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

[redacted] (b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSANCMR FPMR (41CFR) 101-11.2030(N)10
 USAPA V1.0L

NOTES

ATTE
DE
RE
5

Physicians at bedside with patient. Observed dressing and
 repositioning. Hepatic SA to be void by Dr (b)(6)-2 No
 other new orders pending (b)(6)-2
 1800 Legals given to COT (b)(6)-2 No changes in assessments (b)(6)-2
 Case Assessed. Physical Assessment Completed & recorded on Flow
 sheet (b)(6)-2 CPT/AN
 1) Vc For Bowel Routine Received (b)(6)-2 CPT/AN
 2) Pin Care Completed, Foot Released (b)(6)-2 CPT/AN
 3) 2200 Meds given (b)(6)-2 CPT/AN
 4) Pt % Pain MSO4 4mg IV given (b)(6)-2 CPT/AN
 5) 0203 @ 0200 Pt resting & eyes closed (b)(6)-2 CPT/AN
 6) 500 24° I+O IV 2300 PD 940. Yc 4075 Balance 655
 Pt % Pain MSO4 4mg IV (b)(6)-2 CPT/AN
 0640 Report received, assessment performed; pt resting comfortably
 5% pain. Will monitor for As (b)(6)-2 Sgt/AN
 0830 Pt bathed & Ad, resting comfortably 5% pain. Will monitor.
 (b)(6)-2 Sgt/AN
 1030 Pt % pain to leg, given 3mg MSO4. Will monitor for
 relief. (b)(6)-2 Sgt/AN
 1230 First unit PRBCs started infusing (premedicated c 25mg Benadryl
 & 650mg Tylenol - pre transfusion VS: 110/46, 67, 98'
 1235: 115/53, 92, 98³ - up eating lunch
 1240: 104/44, 94, 98⁵
 1245: 116/57, 83, 97⁸ - pt lying back down
 1300: 121/45, 83, 96⁰
 1315: Pt moved injured leg and told (b)(6)-2 that it began to hurt
 badly, 2mg MSO4 given through (b)(6)-2 hard PIV. VS: 124/49, 67, 97⁹
 (b)(6)-2 Sgt/AN

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE

NOTES

0730
20 Sept 03
Report received from ICF (b)(6)-2 Patient lying supine clopains. Given 5mg Morphine IVP. Monitor shows SBADeg of activity. IVP activity to USC @ 100cc/hr. Heparin @ 40u/hr. PTT returned 2 results 14.7/14.4 IVP to (b)(6)-2 5 uprelviam on orders. R. attend patient orders. P on order cleanse to peroxide. Foot to popper pulses to dorsalis pedis and posterior tibial etc.

0730
20 Sept 03
Patient to severe pain to (b)(6)-2 lower leg, yellow in agony. Given 5mg Morphine IVP unrelieved. Dr (b)(6)-2 called. Given an additional 5mg Morphine 2 minutes later. No relief from patient. Dressing removed and huge clot, lacer to blood oozing from incision. Dr (b)(6)-2 redressed incision, pulses to good quality noted. Patient expressed relief from pain after 30 minutes. Heparin stopped and patient comfortable at 0845.

20 Sept 03
1000
Pain given complete last. Dressing to (b)(6)-2 TUB/FIB reinforced with Kerlex due to exsuffing drainage.

1200
20 Sept 2003
Patient clopains, given 5mg Morphine IVP. Appetite improved from level 1 to 2. Extremities dependent on order. Noted bloody drainage seeping through and layer of Kerlex. Pulses remain by doppler dependent to (b)(6)-2 dorsalis pedis and posterior tibial area. Patient's pain given 5mg Morphine IVP. IVP rate to 186-reinforced to new opsite, flushed + patient.

RELATIONSHIP TO SPONSOR: [] SPONSOR'S NAME: (b)(6)-2 MEMBER: []
 LAST: [] FIRST: [] MI: [] (SSN or Other): []
 ART. SERVICE: [] HOSPITAL OR MEDICAL FACILITY: [] RECORDS MAINTAINED AT: []
 PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade)
 REGISTER NO.: [] WARD NO.: []

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

MEDCOM - 7251

MEDICAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING PHYSICIAN (Sign each entry) |
|-----------|---|
| 16 Sep 03 | Report received from 1LT (b)(6)-2 - pt resting in bed. |
| 0630 | Assessment performed (see DA4700). Pt on regular diet + C supplement will consult MAJ (b)(6)-2 for alternatives to Percative shakes. (b)(6)-2 SGT/LPN |
| 0800 | Pt ate 10% of breakfast, drank 1 Carnation, pt bathed and rolled, labs drawn. Pt now resting comfortably - denies pain. (b)(6)-2 SGT/LPN |
| 0825 | PTT came back from lab @ 45.2. Heparin Ad to 1500U per Dr. (b)(6)-2 (b)(6)-2 SGT/LPN |
| 1030 | Pt resting comfortably - antibiotics administered. Pt denies pain. (b)(6)-2 SGT/LPN |
| 1230 | Pt ate 50% of lunch + 1/2 nausea. Pt has been resting comfortably all day. (b)(6)-2 SGT/LPN |
| 1430 | Aline no longer correlating - poor wave form. Re-zeroed & still unable to detect correct pressure. Will notify (MID) (b)(6)-2 SGT/LPN |
| 1615 | Pt resting comfortably - legs elevated for comfort. (b)(6)-2 SGT/LPN |
| 1730 | Pt sitting up in bed, denies pain. Will give report to oncoming shift. (b)(6)-2 SGT/LPN |

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

(b)(6)-4

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

MEDCOM - 7252

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|---|
| 22 Sep 03 0700 | Report received from SGT (b)(6)-2, assessment performed; pt resting comfortably, Ad dressing to (R) groin; no abrasions, hematoma, or pain noted. Will monitor. SGT/LPN |
| 0705 | Pt % pain - 11 Percocet given (b)(6)-2 SGT/LPN |
| 0900 | Pt bathed, dressings to (L) lower leg Ad, sites cleaned w/ betadine, small (approx 2 in) incision w/ staples & smaller incisions to rear of calf, pt resting 5 % pain. Will continue to monitor. SGT/LPN |
| 1100 | Pt sleeping, 0 % pain, pin care done. SGT/LPN |
| 1300 | Pt transferred to ICU per drs order - Report given to SGT (b)(6)-2 SGT/LPN |
| 1405 | Admission - Received from ICU via UTR. Dx: GSW TIBIA FX, ATOB, PAIN 3mm, WOUNDS CIA BLAST & SYMMETRICAL RISE AND FALL IN CHEST. S-S, STRONG AND REGULAR, CAP REFILLS, PULSES PALPABLE IN ALL EXTREMITIES, DOPPLER TO (R) LE - POS. MOTOR SKILLS / NERVES INTACT. Given Percocet x 11 FOR PAIN. Antibiogram - Amox - continues q 8h. PAIN RELIEF GIVEN TO (R) LE. WOUNDS APPROX 2 INCH WITH STAPLES TO SHIN AND CALF. (b)(6)-2 Will continue to monitor - SGT, LPN |

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

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

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

(b)(6)-4

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

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

22 Sep 03 ORTHO PN
 ① SH ② BRITIC TIBIA Fr c
 REVASCLARIZATION. Done w/ w
 ① AF, JSS
 GRAY SKIN OVERTING Fr.
 PAINFUL FT PULSES.
 AP ① Cont Daily DSG N's.
 ② HEPARIN 5000 u SQ. (b)(6)-2

22 Sep 03 Received care of pt @ 1800. Pt. Awake and alert in bed. ① PERLEA
 01:45 MR. ① EOM WNL. Exeal mucosa pink/moist. Skin warm/dry/intact.
 Lungs clear to auscultate ② throughout. HR regular S/S ①.
 Bowel sounds ④ x 4. Abdomen soft/nontender. ① radial pulses
 ② strength ③. ④ pedal pulse detected c use of doppler
 device. External fixator in place/intact. ACE wrap dressing
 applied to ex-fix. Superior pinsite #1 well approximated 5 x 5
 infection. Pt able to move/feel digits to ① feet < 3 sec
 cap refill noted to ① digits. ② complaints of pain @ this time
 HL to ② forearm patent/intact will continue to monitor

23 Sep 03 11:30 PM Nursing: Pt awake, alert. Lung CTA, ① SOB, ① sat 97% on RA.
 HR ① reg, ① edema nkd. Abd soft, nontender. Pt attempt BU this
 am ① results. Dsg to ① LE c ext fix intact. Old dsg c ① dollar size
 area serious debrided. Several dime size area open wounds. Proximal
 end of wound gray-black in color, staples intact. Distal end c stitches
 intact. Dsg of ① c Kertex wrap + ace applied. ① fix debrided.
 c ① H2O2/NS mixture. Dsg to ① LE CTA, staples intact SKIN →

STANDARD FORM 509 (REV. 5/1999) B (b)(6)-2
 USAPA V1.0

MEDCOM - 7254

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|--|
| 22 Sep 08 1100 | Well approximated. ϕ drainage noted. 4x4 gauze \cup |
| (cont'd) | Kwik applied. Pt received Percocet for pain (b)(6)-2 |
| 23 Sep 08 | Received care of pt @ 1800. Pt. Awake/alert in bed. PERRLAE |
| 19:28 | w/2. \oplus EOM w/2. Buccal mucosa pink/moist. Skin warm |
| | dry/intact. Lung sounds clear to auscultate \oplus throughout. |
| | Bowel sounds \oplus 4 quadrants. Abdomen firm & distended. |
| | Pt. attempted to have BM unsuccessfully. Crutch |
| | walked NWB to \textcircled{R} leg. Pt. instead \bar{c} crutches. Needs |
| | reinforcement \bar{c} PT for crutch walking. \textcircled{L} leg external |
| | flexor intact. 1 st 2 superior pins \textcircled{R} \textcircled{L} s/s infection. |
| | all other pins wrapped \bar{c} ace wrap dressing. Dressing |
| | c/d/t \oplus pedal pulses \oplus \bar{c} doppler device. Pt. has limited |
| | ROM to \textcircled{L} lower extremity digits. \textcircled{L} NV \checkmark s w/2. to \textcircled{L} |
| | foot. \bar{c} complaints of pain @ this time. Will continue to |
| | monitor (b)(6)-2 |
| 20/4 | Pt. \bar{c} pain to \textcircled{L} leg. \bar{c} Percocet \bar{c} will monitor for |
| | results (b)(6)-2 |

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

(b)(6)-4

PROGRESS NOTES
Medical Record

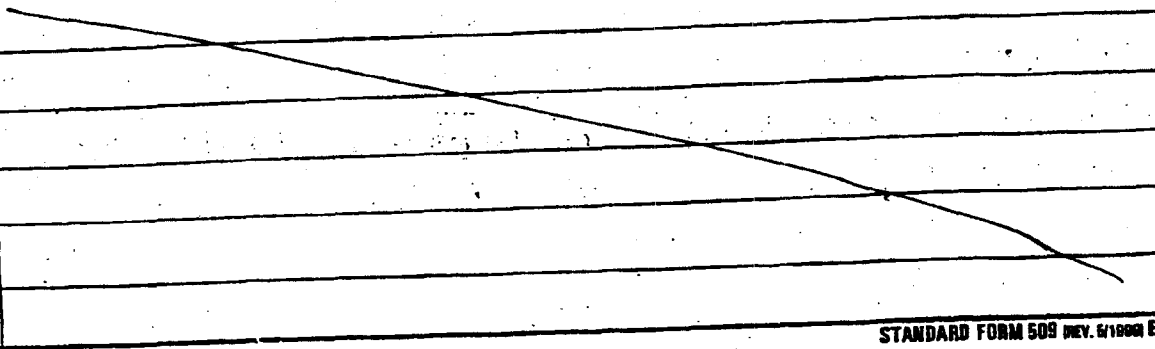
STANDARD FORM 508 (REV. 5/1998)
Prescribed by GSA/NCMR FPMR (41CFR) 101-11.203(d)(10)
USAPA V1.00

DATE NOTES

805 Sep 2003 Nursing: Pt in bed, gasping for breath & clinching bedside table. Possible seizure. O₂ applied w/ ucl N/C. MD notified. Interpreter in, attempt to talk to pt, pt unresponsive. Eyes rolled back in patient head, unresponsive to sternal rub. Pt foaming @ mouth. Activity last VS ABP, O₂ Sat 78% before O₂ applied, ↑ HR. Activity last approx 10-12 minuts. (b)(6)-2

0020 Nursing: Pt. Pupils unequal (R pupil 5mm / (L) pupil 1mm (b)(6)-2

24 Sep 2003 2002.7 Nursing: Pt HR begin to increase again, activity resumes of pt clinching fist & thrashing around. Pt C deep, quick, shallow breaths, ↑ O₂ back up to ucl from bL to mnt O₂ Sat, Sat's at 98% @ 6L O₂ N/C. A/PD notified, in to see pt, pt to post-ictal phase. Labs drawn for chem/cbc. Lump cl, encourage pt to take slow, deep breaths. Pt reports recent history of seizure last 4-5 months. Pt unsure if had child hood hx of seizure. Valium ordered for pt if another seizure occurs. Dilantin po started @ loading day today, start mnt dosing 25 Sep. (b)(6)-2
 Seizure last approx 5 minutes (b)(6)-2



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

| DATE | NOTES |
|-------------------|---|
| 24 SEP 03 1720 | to apply O ₂ mask, pt ↑ gasping for air & thrashing, mask removed, pt remained @ 94-99% O ₂ sat on RA, 15mg Valium given IVP, 10mg Haldol (5mg x 2) IM given & 50mg Benadryl IM given. Pt began to calm & all nells pink. (b)(6)-2 |

| | |
|-------------------|---|
| 24 SEP 03 1625 | ortho PD (S) Pt I now onset "seizure" episodes today. Subjective Hx of seizure D/O. Witnessed elements both genuine and continued components. (C) AF, USS (E) Leg wounds S & D. Pin sites OK. (M) (1) (2) Leg S & D. Cont Ex Fix / Dant DSG D's (2) Defur SZ Monitor to Dr (b)(6)-2 |
|-------------------|---|

| | |
|---------------------|--|
| 24 SEP 2003 1630 | Nursing: Pt Dsg to (D)EX 2 removed. Staples removed from both sites, skin-strips placed, OTA. Pt tolerated well. (b)(6)-2 |
|---------------------|--|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|--|
| 24 Sep 9 1911 | <p>Nursing Notes: Assumed care of Pt ATO 03. Pt sometimes appears drowsy but easily aroused. Vitals stable & c/o pain or discomfort & repeat of seizure activities. Pt able to move a w/ knees without complaint or complication. IV site flushes well & c/o of infection at site. Pt voids spontaneously via bedside commode. ambulates w/ assistance to outside bathroom. will continue to monitor status.</p> <p style="text-align: right;">(b)(6)-2 ca 10/1/20</p> |
| 25 Sep 03 1734 | <p>Nursing Shift note Pt. bright & alert. Pkell & seizure activity noted. Sats range 95-98%. ambulated to inside bathroom. who assists using crutches. SOB noted. Dressing changed & reviewed by Dr. (b)(6)-2 to continue current tx. Pt. interactive w/ staff & peers - (b)(6)-2</p> |
| 26 Sep 03 1900 | <p>Nursing Notes: Assumed care of Pt ATO 03 tolerated regular diet & NPO. & seizure activities from last recorded vitals. patient stable & compliant. Breathing intact & SOB or labored breathing - Able to wiggle toes on affected (R) leg. Coloration normal for ethnicity. IV site flushes well & c/o of infection at IV site - will continue to monitor dressing to (R) leg. Clean, dry and intact.</p> <p style="text-align: right;">(b)(6)-2 10/1/20</p> |

(b)(6)-4

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--------------------|---|
| 21 Sep 03 1150 | <p>Nursing: Pt awake, CUA. & glo pain @ present. Lung O₂ Sats 98% on RA. HR 68, reg, mild edema to @L5 Ht to @ac, Patent. Abd soft, nontender @BSx4 Pt tol. reg diet. Vomiting difficult, ↑ OOB c crutches to latrine @LE c ext fixator intact. Dry N & pin care performed @LE c multiple open wounds draining sero-sangu fluid. Area of gray-black skin @ proximal end of merise sta _____ (b)(6)-2</p> |
| 20 Sep 03 20:48 | <p>Received care of pt @ 18:00. Awake and alert in bed. Restraints x 2 @ wrist/ankle. PE PERRA @ WNR. x @ pupil larger than @ pupil. @ EOM WNR. Buccal mucosa pink/moist. Skin warm/dry/intact. Lungs clear to auscultate @ throughout HR regular S/Sa present. Bowel sounds @ x 4 quadrants Abdomen soft/non-tender x 4 quadrants Ex-fix to @ lower extremity intact c proximal pins OTAS s/s infection ACE wrap dressing clean/dry/intact to all other pin sites @ UV's to @ foot digits. @ pedal pulses @ c dopplers. complaints of pain @ this time Ht @ ac patent/intact will continue to monitor _____ (b)(6)-2</p> |
| 21 Sep 03 0600 | <p>Pt. complained of pain x 2 @ 22:30. Percocet given @ 0300 + Percocet given will continue to monitor _____ (b)(6)-2</p> |
| 21 Sep 03 1410 | <p>Nursing: Pt awake, & glo pain. Pt alert. Lung O₂ Sats 98% on RA. HR 64, reg, mild edema to @L5. @ pulse via doppler to @ DIP. Ht to @ ac, Patent. Abd soft, nontender @ BSx4. Pt tolerating reg diet. Pt ↑ OOB c crutches to B.R. Ext fix intact, Dry N conducto. Drainage continues from multiple open wound sites. _____ (b)(6)-2</p> |

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--|--|
| 27 Sep 03 21:22 | Received care of pt @ ^{SMO} 18:00. Pt. Awake/alert in bed. ^{(b)(6)-2} PERRLA @ WNR. EOM @ WNR. Buccal mucosa @ WNR pink/moist. Skin warm/dry/intact. Lung sounds clear to auscultate @ throughout. Bowel sounds @ x4 quadrants. Abdomen soft/nontender @ radial pulses @ @ 2 strength. IV to @ DAC patent/intact @ external fixator in place to @ leg. Proximal pins s/s infection. Distal pins ACE wrap bandage clean/dry/intact @ UVV's to @ foot. @ Pedal pulses @ feet @ Dopplers do pain x 11 percent given. Dressing to @ thigh clean/dry/intact. will continue to monitor. ^{(b)(6)-2} |
| 28 Sep 03 05:30 20 Sep 2003 08:50 | Nursing - Sleep - Pt slept 7 h this shift ^{(b)(6)-2} Nursing. Pt awake, alert. No little pain. Lung O2 @ Sats 98% on RA, @ SOB. HR 74, reg, @ @ mild edema. HL to @ ac, flush 5 difficulty. @ Homans. Abd soft, nontender @ @ x4. Pt tolerating reg diet. 1 SOB @ crutches to latrine. Ext fix to @ LE intact, drsg A will be complete later. Strips to @ LE @. Drsg to @ inguinal area Ad. @ drainage noted. @ LE warm, dry, @ popliteal pulse @ BP. @ sensation. brsk cap refill. ^{(b)(6)-2} |
| 28 Sep 03 15:42 | Received care of pt @ 14:00 Pt. awake and alert in bed. Postnaught ^{(b)(6)-2} x2 @ ankle @ wrist. PERRLA @ WNR x @ pupil larger than @ pupil. EOM @ WNR. Buccal mucosa pink/moist. Lung sounds clear to auscultate @ throughout. Bowel sounds @ @ quadrants. Abdomen soft/nontender. Radial pulses @ @ @ 2 strength. IV to @ Forearm intact/patent. @ lower leg ex fix intact. Proximal pin sites O2A s/s infection all other pins sites @ ACE wrap dressing clean/dry/intact. @ Pedal ^{(b)(6)-4} |

STANDARD FORM 600 (REV. 6-97) BACK
 U.S. GPO: 2002 - 481-600/50618

MEDCOM - 7261

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

29 Sep 03 19:56
 NVV's to feet w/2. (B) pedal pulses (C) Dopplers. complaints of a headache. if tylenol given will continue to monitor
 continued (b)(6)-2

29 Sep 03 2315
 Nurses Notes: Assumed care of pt sleepy but easily aroused. of c/o pain or discomfort at this time. Antiepileptic therapy continues of S/S of distress. of seizure activities vitals stable. will continue to monitor status (b)(6)-2

30 Sep 2003 0800
 Nursing: Pt awake of c/o pain. Lung CTA, O2 Sat 97% DURA, of SOB. HL reg, mild edema to RLE. HL to (D) wrist, plus is difficulty. Abd soft flat, nontender (D) BS xt, pt tolerating reg diet. ↑ OOB to crutches to latrine, denies any difficulty to void. Stim - strips to posterior (D) legs, cath. Dreg to (D) LE CTA, ext fix intact. (D) LE (C) Doppler DIP pulse, warm dry. (b)(6)-2

30 Sep 03 16:19
 Received care of pt. @ 14:00 pt A+Ox3 RRPLA (C) w/2. Femg w/2. Buccal mucosa pink/moist. Lungs clear to auscultate throughout. Bowel sounds (C) 4 quadrants. Abdomen soft/non-tender. (C) pedal pulses (C) Dopplers. complaints of pain will continue to monitor (b)(6)-2

30 Sep 03 21:00
 Nurses Notes: Resumed care of Patient Sleepy but easily aroused breathing intact of SOB or labored breathing vitals stable of S/S of seizure activities or distress. able to move all extremities ambulates with use of crutches to restroom antibiotic therapy continues (b)(6)-2

(b)(6)-4

STANDARD FORM 600 REV. 6-87 BACK
 U.S. GPO: 2002 - 491-600/50618

MEDCOM - 7263

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|---|
| 01 OCT 03 1500 | <p>Nursing: Pt awake, alert @ 1400. Pain, Respirs even, O2 Sat's 99% on RA, HR 62, reg, mild edema to @. (+) Dopple pulse. Abd soft, nondistended, @ BS x4. ↑ COB, amb to crutches. Dreg Δ to @. Old dreg to small amt. sup-surg drainage. Multiple wounds have started to scab. Stim-strips intact, sm. amt serous drainage noted. 4x4 Kerlix, KERN on v ael wrap applied. Pin care complete. — (b)(6)-2</p> |
| 01 OCT 03 1500 | <p>Received care of pt @ 1400. Pt awake/alert in bed. Appears comfortable. FEEL A @ W. Fern @ W. Bucal mucosa pink/moist. Lung sounds clear to auscultate @ throughout. HE reg. S. Sa W. Bowel sounds @ x4 quadrants. Abdomen soft/nontender. Dressing to @ thigh Δ'd. Staples intact. mild erythema @ staple insertion sites. New dressing clean/dry/intact. External Breater intact & proximal pins O.K. Other pins covered EACE wrap dressing clean/dry/intact @ Pedal pulses @ @ @ @ @ dopplers. a complaints of pain @ this time will continue to monitor — (b)(6)-2</p> |
| Addendum | <p>rs was per flowsheet — (b)(6)-2</p> |
| 10 Oct 03 2215 | <p>Annual care of Pt. A @ @, VS stable. Staples intact. dressing clean, dry intact. External fixator intact. @ complaint of pain. Ambulatory to latrine with crutch assistance. IV Patent. Continuing antibiotic therapy. Continuing Heparin SQ Bid. — (b)(6)-2 Cencur 2 above assessments — (b)(6)-2</p> |

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-----------------------------|---|
| <p>02 Oct 2003 1020</p> | <p>Nursing: Pt awake, 0 c/o pain. Alert, Lunges CRT, O₂ sat 97% HR 74, reg, mild edema to @LE. Ht to @Wt, patent. Abd soft, flat, nontender @BSx4 Pt tol reg diet. ↑ OOB amb to crutches. Denies any constipation n/v. Denies any difficulty c/ voice through translator. Prog CRT.</p> |
| <p>2 Oct 03 1805</p> | <p>Nursing: Shift note Pt. bright & alert. Pt ambulated to latrine w/o SOB, difficulty IV infusing for antibiotics only. Communicates via translator. Per physician, Pt will possibly have x-fib removed < 1 week. Pt remain c non-weight bearing @ swelling or infection noted. Pt encouraged to stay up during the day to promote better night sleep. Continue to assess infection, mobility & impaired coping c long-term hospitalization which are WNL at present.</p> |
| <p>2 Oct 03 2215</p> | <p>A second case of Pt @ 2200. A+c x 3 VS stable c/o pain x 1 given Tylenol q 4h PO, distal pulses intact, dressing clean, dry, intact ambulates with crutch resistant antibiotic therapy continues Concur c above assessment</p> |
| <p>3 Oct 2003 0946</p> | <p>Nursing: Pt awake, 0 c/o pain. ↑ OOB to chair for AM care. Lunges CRT, O₂ sat 98% on RA, 0 SOB. HR 58, reg, mild edema to @LE. Ht to @Wt, patent. Abd soft, nontender @BSx4. Pt tol reg diet. Der ↑ OOB to outside latrine c crutches. Prog to @LE c ext fix intact. Pn care complete. Old drug c 1/2 dollar size area of sero-drug drainage. Prapply Hct, Kenix & ace wrap</p> |

(b)(6)-4

STANDARD FORM 600 (REV. 6-97) BACK

U.S. GPO: 2002 - 491-600/50618

MEDCOM - 7265

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------------|--|
| 3 Oct 2003 0740 (cont) | Pt tolerated well. _____ 117 [redacted] #1 |
| 3 Oct 03 16:11 | Received care of pt. @ 14:00. Pt awake/alert in bed. Ambulate to BR x 1 c crutches WNB to @ leg. PEPPLA @ WNR. EOM @ WNR. Skin pink/warm/dry. Lung sounds clear to auscultate @ throughout. HR regular. S ₂ present. Bowel sounds @ x4 quadrants. Abdomen soft/non-tender x4 quadrants @ Radial pulses @ @ 2 strength. HR to @ wrist patent/intact. Dressing to @ upper thigh changed. Staples intact s/s infection new dressing applied. Clean/dry/intact. External fixator intact. Proximal 2 pins OTA s/s infection. All other pinsites wrapped @ ACE wrap dressing clean/dry/intact. UV's to @ feet WNR @ pedal pulses @ Doppler reading x combed of pain @ this time. Will continue to monitor [redacted] (b)(6)-2 |
| 3 Oct 03 | Assumed care of pt @ 2200 A+ O x3 VS stable. Clo pain x1 given 4. PO Tylenol @ 2225 continues antibiotic therapy. External Fixator intact dressing clean, dry, intact distal pulses: feet and toes to latrine with nurse assistants _____ 912 [redacted] (b)(6)-2 |
| 4 Oct 2003 0750 | Nursing. Patient awake, c/o WNL pain. ALUA, Lung @, @ sats 99% on RA, @ SOB. HR @, reg, edema noted. RL to @ wrist patent. Abd soft, flat, nontender. @ @ x4 Pt tol reg diet. ↑ OOB to outside latrine s difficulty. Dressing to @ @ @. Ext fix intact. Pulse to R D/P pulse palpable by hand, +1. @ @ warm, dry, @ brisk cap refill, pt indicates @ sensation to all toes - [redacted] (b)(6)-2 |
| 4 Oct 03 1945 | Received care of pt @ 1400. Pt awake and alert in bed. @ PEPPLA WNR. @ EOM WNR. Buccal mucosa pink/moist. Lung sounds clear to auscultate @ throughout. HR regular. S ₂ present. Bowel sounds @ x4 quadrants. Abdomen [redacted] (b)(6)-2 |

STANDARD FORM 600 (REV. 6-87) BACK
U.S. GPO: 2002 - 491-800/50818

MEDCOM - 7266

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------------------------|--|
| 4 OCT 03 1945 note continued | <p>(b)(6)-2</p> <p>Abdomen soft/non-tender x 4 quadrants. Radial pulses (6) strength. HL to Forearm patent/intact. Stapes to upper thigh & sterile 4x4 clean/dry/intact noted. Ex-Fx intact & 2 proximal pins O/A & s/s infection noted. all other pins covered & kerlix wrap. NV's to feet WNL. Doppler pulses (6), & complaints of pain @ this time. Will continue to monitor — (b)(6)-2</p> |
| 4 Oct 03 0915 | <p>Nurses Notes: Assumed conc of pt Sleepy but easily aroused. Slept most of shift & c/o pain or discomfort. LU Ancep Therg. Continues. Vitals Stable. Ex-Fx in place & bleeding or drainage. Able to move all extremities & complain of complication. Will continue to monitor status — (b)(6)-2</p> |
| 5 Oct 03 1400 | <p>Nursing: Shift Note Pt. bright & alert most of shift. One episode of going to bathroom, being assisted to ground, requiring litter carry back to bed. Pt. responsive to sternal rub, mild pressure. Pt. able to eat lunch & ambulate outside afterward. Pt. stats were 98%-100% during interaction. Pt. dressing & scant amount of dry dark brown drainage. Continue to ambulate to restroom. All sites w/o s/s infection. — (b)(6)-2</p> |
| 5 OCT 03 1945 | <p>Per (b)(6)-2 Pt. resting Received care of pt @ 1900. Pt resting in bed. Awake and alert. PERRLA WNL. EOM WNL. Buccal mucosa pink/moist. Skin warm/dry/intact. Lung sounds clear to auscultate throughout. HR regular</p> |

STANDARD FORM 600 (REV 6-87) BACK

U.S. GPO: 2002 - 481-600/50618

MEDCOM - 7267

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5 Oct 14:45
 note cont'd
 S, S₂ present. Bowel sounds ⊕ x4 quadrants. Abdomen soft / non-tender. ⊕ Radial pulses ⊕ ⊕ strength. Ex-fix intact to ⊕ leg. 2 proximal pins OTA. Other pins c Kerlix wrap clean, dry, intact. ⊕ NVV's to ⊕ 5th digits. ⊕ Doppler pulses ⊕ feet. Dressing to upper ⊕ thigh clean, dry, intact

Attendum will continue to monitor, & complaints of pain @ this time

1800 Staples removed to upper ⊕ thigh. Pt. tolerated well. Cleared c Sterile H₂O. Bacitracin applied to staple sites.

5 Oct 2300
 Nurses Notes: Assumed care of Pt sleepy but easily aroused. Pt states OK & c/o pain or discomfort at this time. Able to wiggle toes on affected ⊕ leg. Ambulates

~~with assistance of catchers. U. force of Pt. will continue to monitor status~~

~~2330 Pt. has pain after repositioning from bed. The tylenol 100 mg was administered for pain. Will continue to monitor status.~~

~~Received care of pt @ 1800. Pt. in bed awake and alert. PERLA @ WL. FOM @ JWL. Buccal mucosa pink/moist. Skin warm/dry/intact. Lung sounds clear to auscultate ⊕ throughout HR regular S, S₂. Bowel sounds~~

16 Oct 11:07
 ERROR

STANDARD FORM 600 (REV. 6-97) BACK

MEDCOM - 7268

*U.S. GPO: 2002 - 491-500/50618

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

7 OCT 03 PT AAO, PERRLA, USS, Lungs CTA 98% on RA, Pulses palpable in 3 ext, Bowel sounds present in a 4 quad, \emptyset N/V, \emptyset complaints of pain, (b)(6)-2 SGT 91WML

7 OCT 03 I concur with the above assessment (b)(6)-2

8 OCT 03 Pt c/o 2/3 diarrhea if Immedium given will monitor (b)(6)-2

8 OCT 03 PT AAO, PERRLA USS Lungs CTA SaO₂ 98%, pulses palpable in 3 ext, bowel sounds present all 4 quad, voiding via latrine, \emptyset complaints of pain will continue to monitor (b)(6)-2 SGT 91L-ML

9 Oct 03 Nursing Shift Observation Pt. slept throughout night (b)(6)-2
0600 \emptyset problems noted (b)(6)-2 SPZAN

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

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSACMR FPMR (41CFR) 101-11.2030(NIC)
USAPA V1.00

(b)(6)-4

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

8 OCT 03

WOUNDHEAL Summary

DOA: 13 SEP 03

DOB: 8 OCT 03

Di: (R) LEG GR III C OPEN TIBIA
fx 20 GSW, EPW

PROCEDURES:

13 SEP 03: I+D TIBIA FX, EX FIX
TIBIA FX; VASCULAR REPAIR POST
TIB C SURFENOUS GRAFT.

16 SEP 03: THROMBECTOMY POST TIB
ARTERY C GRAFT REVISION

6 OCT 03: REMOVAL EX FIX,
TRANSITION TO LONG LEG CAST

HOSP. COURSE: INITIAL GRAFT THROMBOSIS
TX C THROMBECTOMY, GRAFT REDUNDANCY
EXCISION. SMALL AREA OF SEROUS

DRAINAGE @ TIME OF EX FIX D/C →

PLAN WEEKLY PLASTER CAST Δ MINIMAL
RADIOGRAPHIC CALLUS @ TRANSITION
TO LLC.

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.

PROGRESS NOTES
Medical Record

STANDARD FORM 508 (REV. 5/1989)
Prescribed by GSARCMR FPMR (41CFR) 101-11.203(h)(1)
USAPA V1.00

MEDCOM - 7272

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

| DATE | NOTES |
|----------|----------------------------------|
| 9 Oct 03 | CONDITION: STABLE |
| | DISPOSITION: DIC TO MP CUSTOMY |
| | RETURNS TO (b)(2)-2 FOR CAST |
| | IN 4 DAYS PLAN WEEKLY |
| | N'S UNTIL DRAINAGE STOPS. |
| | REMAIN ON CLINDAMYCIN 450mg |
| | PO BID AND ASA FOR ONE MONTH. |
| | MEDS: PERCOCET TID PO q 6-6H PRN |
| | CLINDAMYCIN 450mg PO BID x 30d |
| | ASA TID PO qd x 60d. |
| | (b)(6)-2 |
| | (b)(6)-2 |

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER MANUFACTURER
 Hoffman II load # 4804 Blue/Blue X Curve Bar X 4
 5mm pins x 4 4920-1-010 4920-2-140
 Blue/Green 2 Pass X 2
 4920-2-020

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|--------------------------------------|--------|------|-------------|-------------|----------|
| Contracon | Q5 | I/O | Inj. Artery | [Redacted] | (b)(6)-2 |
| Heparin 1000 (1cc in 100cc) .9% NaCl | Q5 | I/O | Inj. Artery | [Redacted] | (b)(6)-2 |
| Surgical | Q5 | I/O | Topical | [Redacted] | (b)(6)-2 |

WOUND IRRIGATION YES NO, TYPE(S):
 NSS

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

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

15. X-RAY IN OPERATION YES NO IF YES, SITE
 RLE

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1. | 2. | 3. |
|-----------|---|----|----|
| | 1. 16 Fr Foley | | |
| SITE | 1. Bladder - yellow vinyl + placed prior to arrival | 2. | 3. |

18. DRESSING/IMMOBILIZATION (Specify)
 xeroform
 4x8 Ace
 Kerlex
 Webber

19. ADDITIONAL INFORMATION
 Dr (b)(6)-2
 Dr (b)(6)-2
 Maj (b)(6)-2 CRNA/CPT (b)(6)-2 CRNA

20. OPERATION(S) PERFORMED
 1) Arteriogram RLE 2) Vascular Repair RLE 3) Ex-Fix PEI
 1) I + O of RLE WD

21. PATIENT TRANSFERRED TO ICU TIME 1500 METHOD litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2
 WJW

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the procedure is the office of The Surgeon General.

| | | |
|---|--|-----------|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>anesthesia</u> | 2. PATIENT ID (b)(6)-2 VERIFIED BY <u>WSTW</u> | PROCEDURE |
| 3. DATE <u>15 Sep 03</u> TIME PATIENT ARRIVED IN SUITE | 4. PATIENT IN TIME <u>0900</u> NUMBER <u>1</u> | |

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---------------------|---|-------------------|---|
| ASSIGNED SCRUB | <u>Sp</u> (b)(6)-2 <u>91D</u> | RELIEF SCRUB | <u>PFG</u> (b)(6)-2 <u>910 (11³⁵-66)</u> |
| ASSIGNED CIRCULATOR | <u>Mt</u> (b)(6)-2 <u>66E</u> <u>Maj</u> (b)(6)-2 <u>66E</u> | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

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

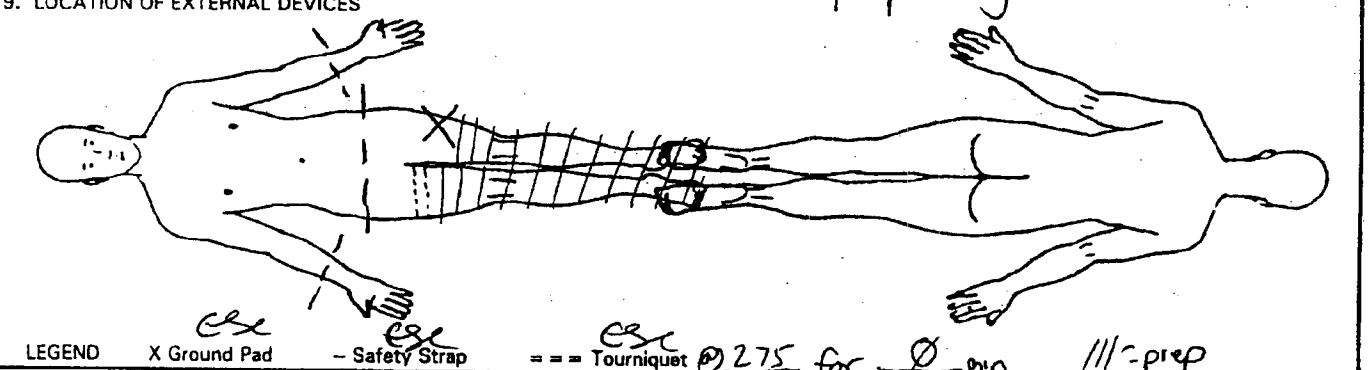
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Beta/Beta Brand's Sol.
 SITE: RLE to TQ BY WHOM: (b)(6)-2
 SITE: LLE to groin BY WHOM: (b)(6)-2

COMMENTS: pooling or irritation



10. COUNTS

C = Correct I = Incorrect

| | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|--------------|---|---------------------|---------------------|----------|------------|
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | (b)(6)-2 | (b)(6)-2 |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

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

(b)(6)-4

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

ESU NO: 1 ant/coag = 30/30
 GROUND PAD: BRAND Valley Lab
 LOT NO: 69671 exp 2005-04

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

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES, NAME: ID NUME UFACTURER
Hoffman (in place prior to arrival)

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|--|-----------|------------|------------------------|-------------------|-----------------|
| <i>Heparin 1000u (• 1cc in 100cc • 9% Na Cl)</i> | <i>Q5</i> | <i>I/O</i> | <i>intra graft</i> | <i>(b)(6)-2</i> | <i>(b)(6)-2</i> |
| <i>Conray</i> | <i>Q5</i> | <i>I/O</i> | <i>A-Gram</i> | <i>[REDACTED]</i> | <i>(b)(6)-2</i> |

WOUND IRRIGATION YES NO, TYPE(S):
NSS *(b)(6)-2*

OTHER ORDERS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|-----------------|------|----------------|
| <i>(b)(6)-2</i> | | |

15. X-RAY IN OPERATING ROOM IF YES, SITE
 YES NO *U* *LLE/RLE*

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 2. | 3. |
|---|----|----|
| <i>Foley</i> | | |
| SITE | 2. | 3. |
| <i>1. Bladder at arrival in place</i> | | |

18. DRESSING/IMMOBILIZATION (Specify)
fluffs xeroform
kerlex 4x8s
webril
ocel

19. ADDITIONAL INFORMATION
Dr (b)(6)-2
Dr (b)(6)-2
Dr (b)(6)-2
Mag (b)(6)-2 *CRNA/SSG (b)(6)-2* *AT*

20. OPERATION(S) PERFORMED
I+D RLE w/o
RLE Vascular repair revision
A-gram
LLE wounds I+D

21. PATIENT TRANSFERRED TO *ICU* TIME *11/25* METHOD *litter*

22. REGISTERED NURSE SIGNATURE *(b)(6)-2*
U/A

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the procedure is the office of The Surgeon General.

| | | | |
|--|--|---|--|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Amb</u> BY <u>mg</u> (b)(6)-2 | | 2. PATIENT IDENTIFIED VERIFIED BY <u>lt/m</u> (b)(6)-2 | |
| 3. DATE <u>6 Oct 03</u> TIME PATIENT ARRIVED IN SUITE | | 4. PATIENT IN ROOM TIME <u>1130</u> NUMBER <u>2</u> | |

5. PREOPERATIVE EMOTIONAL STATUS

CALM
 ANXIOUS
 EXCITED
 CRYING
 ANGRY
 WITHDRAWN
 OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---------------------|--------------------------------|-------------------|---------------------|
| ASSIGNED SCRUB | <u>Spe</u> (b)(6)-2 <u>910</u> | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>lt</u> (b)(6)-2 <u>66E</u> | RELIEF CIRCULATOR | <u>CP1</u> (b)(6)-2 |

7. POSITION AND POSITIONAL AIDS (Specify)

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

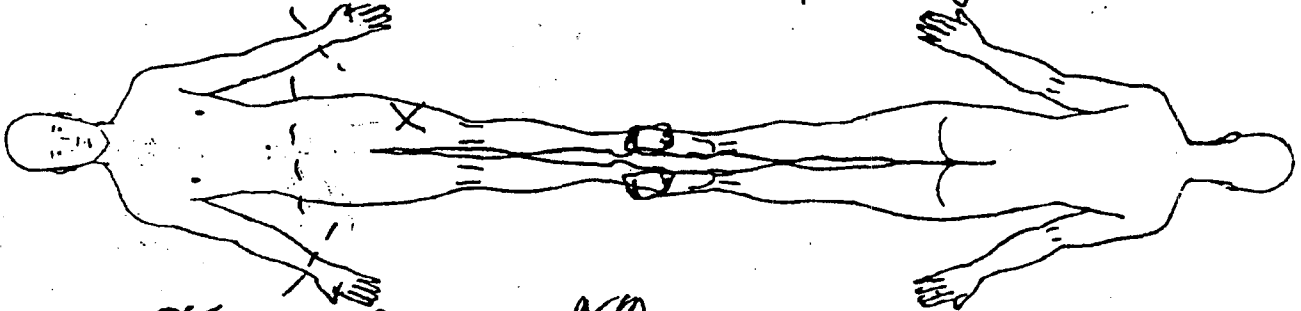
COMMENTS:

8. SKIN PREPARATION

| | | | |
|--------------|---|-------------------------|----------------------------|
| HAIR REMOVAL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | PREP SOLUTION (Specify) | <u>Hibiclens</u> |
| DONE BY: | <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT | SITE: | <u>AE ex-fix pin sites</u> |
| METHOD: | <input type="checkbox"/> DEPLATORY <input type="checkbox"/> RAZOR | SITE: | |
| | <input type="checkbox"/> CLIP | | |

COMMENTS: φ pooling/irritation

9. LOCATION OF EXTERNAL DEVICES



LEGEND X esl Ground Pad --- en Safety Strap === mt Tourniquet

| 10. COUNTS | C = Correct I = Incorrect | | SCRUB | CIRCULATOR |
|--------------|---|---------------------|-------|------------|
| | Other** | First Closing Count | | |
| Sponge | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Needle Sharp | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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

(b)(6)-4

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

ESU NO: 1 cut/corr = 30/30
 GROUND PAD: BRAND Weller Lab
 LOT NO: 69263 exp 2005-03
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____
 BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUM: 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):
nss

OTHER ORDERS TIME CARRIED OUT BY

PHYSICIAN'S SIGNATURE *(b)(6)-2* *(b)(6)-2*
May

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

16. LABORATORY SPECIMENS

| | | |
|--|------|------|
| SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
Telfa Xeroform
fluff plaster cast

19. ADDITIONAL INFORMATION
Dr (b)(6)-2 SSG (b)(6)-2 ortho Tech

May (b)(6)-2 CRNA

20. OPERATION/IST PERFORMED
Removal of G-fix RLE

21. PATIENT TRANSFERRED TO *ICU* TIME *1255* METHOD *litter*

22. *(b)(6)-2 W/M*

15 Sep 03

Blood Transfusion

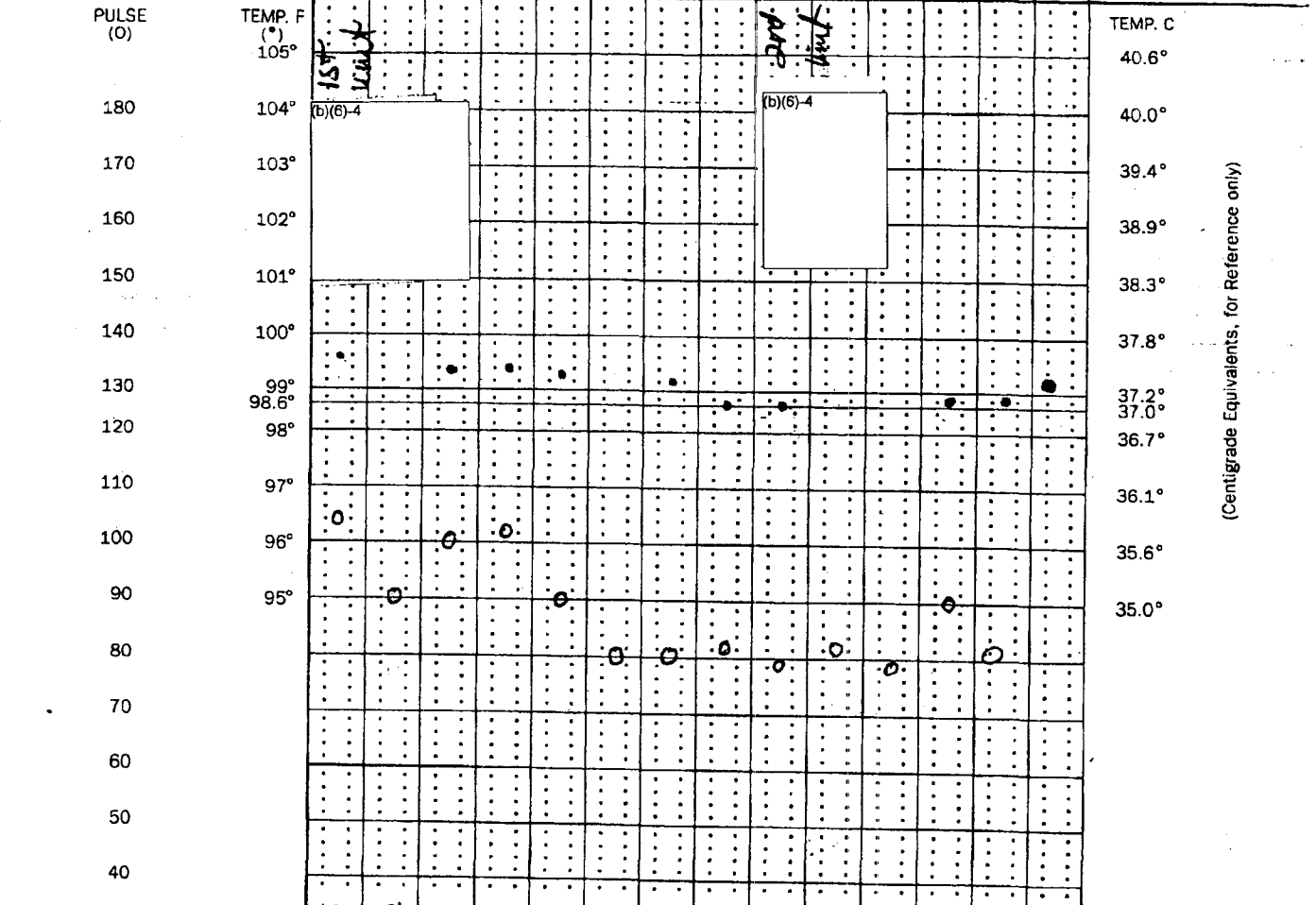
15 Sep 03

511-14

NSN 7540-00-634-412

MEDICAL RECORD VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | |
|--------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| HOSPITAL DAY | | | | | | | | | | | | | | | | |
| POST- | DAY | 15 | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 15 | | | | | | | | | | | | | | |
| 19 | HOUR | 1900 | 1905 | 2000 | 2015 | 2030 | 2045 | 2100 | 2115 | 2130 | 2145 | 2150 | 2155 | 2200 | 2215 | 2230 |



| | | | | | | | | | | | | | | | |
|--------------------|----------|----------------------|--------|--------|--------|--------|--------|--------|---------------------|-----------------------|--------|--------|--------|--------|--------|
| RESPIRATION RECORD | | 16 | 18 | 12 | 18 | 18 | 17 | 16 | 16 | 18 | 18 | 16 | 15 | 19 | 22 |
| BLOOD PRESSURE | | 105/49 | 108/49 | 119/54 | 119/52 | 106/52 | 107/53 | 109/51 | 108/47 | 119/52 | 121/50 | 127/60 | 114/52 | 125/61 | 109/59 |
| O2 Sat | | 98% | 98% | 99% | 100% | 98% | 97% | 99% | 99% | 100% | 100 | 100 | 100 | 98% | 100% |
| HEIGHT: | WEIGHT → | | | | | | | | | | | | | | |
| Infusion rate | | 50 | 50 | 50 | 200 | 200 | 200 | 200 | | 50 | 50 | 50 | 200 | 200 | 200 |
| Notes | | First unit initiated | | | | | | | First unit complete | Second unit initiated | | | | | |

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

REGISTER NO. _____ WARD NO. _____

(b)(6)-4

VITAL SIGNS RECORDS
Medical Record

STANDARD FORM 811 (REV. 7-95)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|--------------|----------------|------|------|------|------|------|------|------|
| OST- | DAY | 16 | 30 | 10 | 20 | 7 | 4 | 5 |
| MONTH-YEAR | DAY | 21 | | | | | | |
| 19 | HOUR | 04 | 04 | 04 | 04 | 04 | 04 | 04 |
| PULSE (0) | TEMP. F (°) | 98.0 | 98.0 | 98.0 | 98.0 | 98.0 | 98.0 | 98.0 |
| | 105° | | | | | | | |
| | 180 | | | | | | | |
| | 170 | | | | | | | |
| | 160 | | | | | | | |
| | 150 | | | | | | | |
| | 140 | | | | | | | |
| | 130 | | | | | | | |
| | 120 | | | | | | | |
| | 110 | | | | | | | |
| 100 | | | | | | | | |
| 90 | | | | | | | | |
| 80 | | | | | | | | |
| 70 | | | | | | | | |
| 60 | | | | | | | | |
| 50 | | | | | | | | |
| 40 | | | | | | | | |

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

| BLOOD PRESSURE | HEIGHT | | WEIGHT | |
|----------------|--------|-----|--------|----|
| | IN | CM | LB | KG |
| 110/70 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |
| 108/68 | 5'02" | 157 | 140 | 63 |

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

REGISTER NO.

(b)(6)-4

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | DAY | | MONTH-YEAR | | DAY | | HOUR | |
|--------------|-------------|-----|-----|------------|------|-----|-----|------|-----|
| | | 24 | 25 | 12 | 2003 | 6 | 7 | 8 | 9 |
| PULSE (O) | TEMP. F (°) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| 180 | 104° | | | | | | | | |
| 170 | 103° | | | | | | | | |
| 160 | 102° | | | | | | | | |
| 150 | 101° | | | | | | | | |
| 140 | 100° | | | | | | | | |
| 130 | 99° | | | | | | | | |
| 120 | 98.6° | | | | | | | | |
| 110 | 98° | | | | | | | | |
| 100 | 97° | | | | | | | | |
| 90 | 96° | | | | | | | | |
| 80 | 95° | | | | | | | | |
| 70 | | | | | | | | | |
| 60 | | | | | | | | | |
| 50 | | | | | | | | | |
| 40 | | | | | | | | | |

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

| BLOOD PRESSURE | HEIGHT | WEIGHT |
|----------------|--------|--------|
| 112/56 | 5'00" | 179 |
| 110/51 | 4'9" | 179 |
| 114/55 | 4'8" | 187 |
| 116/58 | 4'8" | 186 |
| 113/51 | 4'9" | 186 |
| 117/62 | 4'9" | 186 |

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

(b)(6)-4

REGISTER NO. WARD NO.

VITAL SIGNS RECORDS
Medical Record

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

| Ward/Section: | | Requester: | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | | | | | |
|---------------------------------|--------|------------------------|-------------------|--|--------------|-------------------------------|--------|-----------------------------|-------------|----------------|--|
| Name: (b)(6)-4 | | Date: 13 Sept 03 | Time: 1000 | Patient # | | | | | | | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | | | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range | | | |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | 12.7 | 4.8 - 10.8 x 1E3 | | | |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | 3.71 | 4.7 - 6.1 x 1E6 | | | |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 11.1 | 14 - 18 g/dL (M); 12-16 (F) | | | |
| Na | | 128 - 125 mmol/L | Bili | | Negative | Hct | 33.0 | 45 - 52% (M); 37 - 47% (F) | | | |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 89.0 | 80 - 99 fL | | | |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | Plt | 225 | 130 - 500 1E3 | | | |
| tCO2 | | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 10.8 | 20.5 - 51.1 % | | | |
| Chemistry 12/LFT | | | pH | | N/A | Hematology Manual Diff | | | | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph | | | |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp | | | |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm | | | |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph | | | |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est | | | |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | | | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | | | 9.8 - 13.6 sec | |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | | | 21 - 34 sec | |
| Chol | | 100 - 200 mg/dL | | | | INR | | | | N/A | |
| Creat | | 0.6 - 1.2 mg/dL | | | | Blood Gas | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | | | | Malaria | | |
| GLU | | 73 - 118 mg/dL | ph | 7.462 | 7.31 - 7.45 | Gram Stain | | N/A | | | |
| Other Chem | | | PCO2 | 34.5 | 35 - 45: Art | UA Tox: | | Negative | | | |
| Troponin | | Negative | PO2 | 53.5 | 80 - 105 | HCG | | Negative | | | |
| GLU Only | | 73 - 118 mg/dL | HCO3 | 25 | 22 - 26 | | | | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | 26 | 23 - 27 | | | | | | |
| | | 30 - 190 µg/L - Female | BE | 1 | (-2) - 3 | | | | | | |
| | | | sO2 | 100 | 95 - 100% | | | | | | |
| Additional Instructions: | | | | | | | | | | | |
| Reported By | | | Date | | Lab ID # | | | | | | |

MEDCOM - 7286

| | | | | | |
|---|--------------------------|------------------------------------|------------------------|---------------------------------------|----------------|
| Ward/Section: ICU | | Requesting Physician: DR | | Laboratory Result Form i-STAT EG7+ | |
| (b)(6)-4 | | DATE 13 Sept 03 | | TIME 1515 | |
| Hematology (CBC) | | | Urinalysis | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 16.1 | 4.8-10.8 x 10 | Color | | N/A |
| RBC | 3.57 | 4.7-6.1 x 10 | App | | N/A |
| Hgb | 10.6 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative |
| Hct | 32.1 | 45-52% (M) 37-47% (F) | Bili | | Negative |
| MCV | 89.9 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative |
| Plt | 229 | 130-500 x 10 Verified | SG | | N/A |
| Lymph % | 15.8 | 20.5-51.1% | Bld | | Negative |
| (Hematology) Manual Diff | | | pH | | N/A |
| Segs | | | Prot | | Negative |
| Bands | | | Urob | | 0.2-1.0 |
| Lymph | | | Nit | | Negative |
| Atyp | | | Leuk | | Negative |
| RBC Morph | | | HCG | | Negative |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | Chem 7 | | |
| Sed Rate | | | TEST | RESULT | REF. RANGE |
| Other | | | GLU | 116 | 73-118 mg/dl |
| Coagulation Studies | | | BUN | 6 | 7-22 mg/dl |
| Test | Result | Ref. Range | CRE | 0.7 | 0.6-1.2 mg/dl |
| PT | 16.5 | 9.8-13.6 secs | [REDACTED] | | |
| APTT | 40-3 | 21-34 secs | NA* | 136 | 128-145 mmol/l |
| INR | | | K* | 4.9 | 3.3-4.7 mmol/l |
| | | | CL* | 108 | 98-108 mmol/l |
| | | | CO2 | 21 | 18-33 mmol/l |
| Microscopic UA | | | | | |
| Results: | | | | | |
| Remarks: ABG For all future ABG. Please Submit New Lab Sheet! | | | | | |
| Reported (b)(6)-2 | DATE: 13 SEP03 | | LAB ID NO: (b)(6)-4 | | |

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

Na_____140 mmol/L
K_____4.4 mmol/L
TCO2_____23 mmol/L
iCa_____1.19 mmol/L
Hct_____25 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
PH_____7.238
PCO2_____50.1 mmHg
PO2_____150 mmHg
HCO3_____21 mmol/L
BEecf_____ -6 mmol/L
SO2*_____99 %
*calculated

At Patient Temp
PH_____7.264
PCO2_____46.2 mmHg
PO2_____139 mmHg

Patient Temp: 95.2F
FIO2_____ : 45
Sample Type: ART

13SEP03 15:15

Oper: **[REDACTED]** *blu-n*
Physician: _____

Ser# (b)(6)-4
Ver: (b)(6)-2

Cbc + ABG + Coag

LAST, FIRST, MI. (b)(6)-4 DATE 13 SEP TIME 1150 (Su) o the Privacy Act of 1974 SSN/PSEUDO SSN (b)(6)-4

| (Hematology) CBC | | | Urinalysis | | | Microbiology | | |
|------------------|--------|---------------------------------------|------------|--------|------------|--------------|--------|------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 11.3 | 4.8-10.8 x 10 ³ | Color | | N/A | RPR | | Negative |
| RBC | 3.25 | 4.7-6.1 x 10 ⁹ | App | | N/A | Mono | | Negative |
| Hgb | 9.6 | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Microbiology | | |
| Hct | 29.3 | 42-52% (M) 37-47% (F) | Bili | | Negative | Source | | |
| MCV | 89.3 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | 168 | 130-500 x 10 ³ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | 9.4 | 20.5-51.1% | Bld | | | | | |

(Hematology) 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 |

PH DATE 13 Sept TIME 1300 P.M.

RESULTS REQUESTED (X)

Pro 35.6 RBC COUNT

Urc 10.6 HEMOGLOBIN

31.7 HEMATOCRIT

Nit 8.0 MCV

29.9 MCH

Leu 13.4 MCHC

WBC COUNT

HC IMMATURE

NEUTROBANDS

NEUTROSEGS

LYMPHS

EOSINOPHILS

BASOPHILS

MONOCYTES

PLATELETS

RBC

Ce

Co

Dir

SED. RATE

PLATELET COUNT

RETICULOCYTE COUNT

CLOTTING TIME

BLEEDING TIME

P CONTROL

T PATIENT

CONTROL

PATIENT

% ACTIVITY

RATIO

SICKLING TEST

LE PREP

REMARKS (b)(6)-2

ABG + CBC

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-4

TECH 13 Sept 03

ADJ DATE

LAB. ID. NO.

HEMATOLOGY

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

AMB

DOM

SPECIMEN SOURCE

VEIN

CAP

OTHER (Specify)

PATIENT'S MED. RECORD

WITH ED

CH

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

14.25 21.01 11.04

USE 01 1315

| | |
|------------------|-----------------------|
| pH | 7.65 7.465 |
| pCO ₂ | 36.5 |
| pO ₂ | 547 |
| DE | -1 |
| HCO ₃ | 23 |
| HCO ₂ | 24 |
| SO ₂ | 100 ⁹ 10 |
| Ca ²⁺ | 1.15 |

MEDCOM - 7289

| | | | | | | | | |
|-------------------------------------|------------|--------------------------|-------------------------|---------------------------|------------------------|------------------------|-------------|-----------------------------|
| Ward/Section: EMH | | Request: (b)(6)-2 | | LABORATORY RESULT FORM | | | | |
| Name: | | Date: 13 Sept | Time: 0816 | Patient # (b)(6)-4 | | | | |
| Chemistry 7 | | Urinalysis | | Hematology (CBC) | | | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | | 73 - 118 mg/dL | Color | yellow | N/A | WBC | 147 | 4.8 - 10.8 x 1E3 |
| BUN | | 7 - 22 mg/dL | App | clear | N/A | RBC | 471 | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | neg | Negative | Hgb | 14.1 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | | 128 - 125 mmol/L | Bili | neg | Negative | Hct | 42.0 | 45 - 52% (M); 37 - 47% (F) |
| K | | 3.3 - 4.7 mmol/L | Ket | neg | Negative | MCV | 89.2 | 80 - 99 fL |
| Cl | | 98 - 108 mmol/L | SGav. | 1030 | N/A | Plt | 315 | 130 - 500 1E3 |
| tCO2 | | 18 - 33 mmol/L | Bld | mod | Negative | Lymph% | 11.7 | 20.5 - 51.1 % |
| Chemistry 12/LEA | | | pH | 5.0 | N/A | Hematology Manual Diff | | |
| ALB | 3.8 | 3.5 - 5.5 g/dL | Prot | mod | Negative SSA-2+ | Segs | | Lymph |
| ALP | 70 | 26 - 84 µg/dL | Urob | norm | 0.2 - 1.0 | Bands | | Atyp |
| ALT | 22 | 10 - 47 µg/dL | Nit | neg | Negative | Mono | | Imm |
| AMY | 39 | 14 - 97 µg/dL | Leuk | neg | Negative | Eos | | RBC Morph |
| AST | 39 | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | 1.0 | 0.2 - 1.6 mg/dL | 3-5 H. casts | | | Coagulation | | |
| TP | 6.7 | 6.4 - 8.1 g/dL | some amorph | | | PT | | 9.8 - 13.6 sec |
| Ca | 8.5 | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | 132 | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | 1.0 | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | 7 | 7 - 22 mg/dL | Blood Gas | | | Malaria | | Negative |
| GLU | 123 | 73 - 118 mg/dL | ph | 7.433 | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | PCO2 | 29.5 | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | 133 | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | 20 | 22 - 26 | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | 21 | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | -5 | (-2) - 3 | | | |
| | | | sO2 | 99 | 95 - 100% | | | |
| Additional Instructions: T+S | | | | | | | | |
| (b)(6)-2 | | | Date: 13 Sept 02 | Lab ID # (b)(6)-4 | | | | |

MEDCOM - 7290

| Ward/Section: | | Patient's Name: | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | | |
|--------------------------|--------|------------------------|------------|--|--------------|------------------------|--------|-----------------------------|
| Name: | | Date: | Time: | Patient # | | | | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | 7.5 | 4.8 - 10.8 x 1E3 |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | 327 | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 10.1 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | | 128 - 125 mmol/L | Bili | | Negative | Hct | 29.7 | 45 - 52% (M); 37 - 47% (F) |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 88.3 | 80 - 99 fL |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | Plt | 196 | 130 - 500 1E3 |
| tCO2 | | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 11.8 | 20.5 - 51.1 % |
| Chemistry 12/EFT | | | pH | | N/A | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| Other Chem | | | Blood Gas | | | Gram Stain | | N/A |
| Troponin | | Negative | ph | 7.410 | 7.31 - 7.45 | UA Tox: | | Negative |
| GLU Only | | 73 - 118 mg/dL | PCO2 | 34.4 | 35 - 45: Art | HCG | | Negative |
| CK | | 39 - 380 µg/L - Male | PO2 | 274 | 80 - 105 | | | |
| | | 30 - 190 µg/L - Female | HCO3 | 22 | 22 - 26 | | | |
| | | | TCO2 | 23 | 23 - 27 | | | |
| | | | BE | -3 | (-2) - 3 | | | |
| | | | sO2 | 100 | 95 - 100% | | | |
| Additional Instructions: | | | | | | | | |
| Report to (b)(6)-2 | | Date | 13 Feb 10 | | Lab ID # | (b)(6)-4 | | |

MEDCOM - 7291

Post - review

| | | | | | | | | |
|--|--------|---------------------------------|--|--------|---------------------------------------|--|--|----------------|
| Ward/Section: <small>(b)(6)-4</small> | | | Requesting Physician: Dr. <small>(b)(6)-2</small> | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST, FIRST, MI | | | DATE | | TIME | | SSN/PSEUDO.SSN: <small>(b)(6)-4</small> | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 9.3 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 3.67 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 11.2 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 32.7 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 88.0 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 161 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 9.4 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | Chem 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | Malaria Smear | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Results: | | |
| APTT | | 21-34 secs | NA* | | 128-145 mmol/l | | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: <small>(b)(6)-2</small> | | | DATE: 14 Sept 08 | | LAB ID NO: <small>(b)(6)-4</small> | | | |

MEDCOM - 7292

ward/Section: **ICU** Requesting Physician: **Dr** (b)(6)-2
 name: (b)(6)-4 Date: **14 Sep 03** Time: **0900** Patient #: (b)(6)-4

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

| Chemistry | | | Urinalysis | | | Hematology (CBC) | | |
|------------------|--------|------------------------|------------|--------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 110 | 73 - 118 mg/dL | Color | | N/A | WBC | 8.8 | 4.8 - 10.8 x 1E3 |
| BUN | 7 | 7 - 22 mg/dL | App | | N/A | RBC | 2.90 | 4.7 - 6.1 x 1E6 |
| Creat | 0.9 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 8.7 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 133 | 128 - 125 mmol/L | Bili | | Negative | Hct | 25.6 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.1 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 88.3 | 80 - 99 fL |
| Cl | 102 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 181 | 130 - 500 1E3 |
| tCO2 | 24 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 16.3 | 20.5 - 51.1 % |
| Chemistry 12/BEI | | | pH | | N/A | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | Blood Gas | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | | | | Gram Stain | | N/A |
| Other Chem | | | | | | UA Tox: | | Negative |
| Troponin | | Negative | | | | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | | | | | | |
| CK | 2828 | 39 - 380 µg/L - Male | | | | | | |
| | | 30 - 190 µg/L - Female | | | | | | |
| | | | | | | | | |
| | | | ph | 7.397 | 7.31 - 7.45 | | | |
| | | | PCO2 | 45.1 | 35 - 45: Art | | | |
| | | | PO2 | 92 | 80 - 105 | | | |
| | | | HCO3 | 28 | 22 - 26 | | | |
| | | | TCO2 | 29 | 23 - 27 | | | |
| | | | BE | 3 | (-2) - 3 | | | |
| | | | sO2 | 97 | 95 - 100% | | | |

Additional Instructions:

Reported By: (b)(6)-2 Date: **14** Lab ID #: **MEDCOM - 7293**

Ward/Section: **ICU** Requesting Physician: **Dr** (b)(6)-2
 Date: **15 Sep 03** Time: **0520** Patient # (b)(6)-4
LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

| Chemistry | | | Urinalysis | | | Hematology (CBC) | | |
|-------------------|--------|------------------------|------------|--------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 91 | 73 - 118 mg/dL | Color | | N/A | WBC | 7.2 | 4.8 - 10.8 x 1E3 |
| BUN | 6 | 7 - 22 mg/dL | App | | N/A | RBC | 2.96 | 4.7 - 6.1 x 1E6 |
| Creat | 0.7 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 8.8 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 135 | 128 - 125 mmol/L | Bili | | Negative | Hct | 26.0 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.1 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 86.1 | 80 - 99 fL |
| Cl | 97 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 127 | 130 - 500 1E3 |
| tCO2 | 25 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 12.6 | 20.5 - 51.1 % |
| Chemistry (24 hr) | | | pH | | | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TB | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | ph | 7.384 | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | Blood Gas | | | UA Tox: | | Negative |
| Troponin | | Negative | PCO2 | 49.3 | 35 - 45: Art | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | PO2 | 148 | 80 - 105 | | | |
| CK | >5000 | 39 - 380 µg/L - Male | HCO3 | 29 | 22 - 26 | | | |
| | | 30 - 190 µg/L - Female | TCO2 | 31 | 23 - 27 | | | |
| | | | BE | 4 | (-2) - 3 | | | |
| | | | sO2 | 99 | 95 - 100% | | | |

Additional Instructions: _____
 Reported By: (b)(6)-2 Date: **15** Lab ID #: **MEDCOM - 7294**

1° Post Hepatitis Inflow

| | | | | | | | | |
|--|-------------|---------------------------------|---------------------------------------|------------|----------------|--|-----------------------------|----------------|
| Ward/Section: ICU | | | Requesting Physician: Dr. (b)(6)-2 | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST, FIRST, MI | | | DATE 15 Sept 03 | | TIME | | SSN/PSEUDO SSN: (b)(6)-4 | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 0.9 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 2.89 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 8.7 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 26.1 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 90.1 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 134 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 17.7 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | Chem 9 [REDACTED] | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 97 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 7 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 0.5 | 0.6-1.2 mg/dl | | | |
| PT | 13.4 | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | 56.1 | 21-34 secs | NA* | 138 | 128-145 mmol/l | Results: | | |
| INR | | | K* | 4.2 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 102 | 98-108 mmol/l | | | |
| | | | CO2 | 24 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: ABG, CBC, Chem 9, Coag Panel | | | | | | | | |
| Remarks: 1° post Hepatitis Inflow | | | | | | | | |
| Report (b)(6)-2 | | | DATE: R | | LAB ID NO: | | | |

MEDCOM - 7295

pH. 7.424

PCO₂ - 44.0

PO₂ 102

BE 4

HCO₃ - 29

TCO₂ - 30

SO₂ 98%

[REDACTED]

[REDACTED]

* Please SUBMIT New Lab Forms
When Requesting ABG

MEDCOM - 7296

(b)(6)-2

| | | |
|-----------------------------|-----------------------------------|--|
| Ward/Section: ICU | Requesting Physician: D | Laboratory Result Form (Subject to the Privacy Act of 1974) |
|-----------------------------|-----------------------------------|--|

| | | |
|------------------------------------|---------------------|------------------------------------|
| LAST, FIRST, MI (b)(6)-4 | TIME 1700 | SSN/PSEUDO SSN: (b)(6)-4 |
|------------------------------------|---------------------|------------------------------------|

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|--------------------------|-------------|---------------------------------|---------------|-------------|----------------|---|------------|----------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 5.4 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 2.77 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 8.4 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 24.5 | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | 88.5 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 142 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 12.6 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CHEM 8 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 192 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 9 | 7-22 mg/dl | | | |
| | | | PT | 12.8 | 9.8-13.6 secs | CRE | 0.8 | 0.6-1.2 mg/dl |
| APTT | 37.7 | 21-34 secs | CK | | | Malaria Smear Results: AB⁵ → | | |
| INR | | | NA* | 133 | 128-145 mmol/l | | | |
| | | | K* | 4.0 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 103 | 98-108 mmol/l | | | |
| | | | CO2 | 30 | 18-33 mmol/l | | | |

From
also 8:00 u
w/ tips

Microscopic UA

Results: **ABG, CBC, Chem 8 Type: Cross Coag**

Remarks: **2 into**

| | | |
|------------------------------|------------------------|------------|
| Reported by: (b)(6)-2 | DATE: 15 SEP 03 | LAB ID NO: |
|------------------------------|------------------------|------------|

1730 - Temp 99.9 Tympanic

MEDCOM - 7297

| | |
|------------------|-------|
| pH | 7.446 |
| pCO ₂ | 41.3 |
| pO ₂ | 100 |
| BE | 4 |
| HCO ₃ | 28 |
| TPO ₂ | 30 |
| SO ₂ | 92% |

MEDCOM - 7298

2500 mals n 1400 u/w rev - 6°

| | | | |
|--|---|---|--|
| ward/Section: FCU | Requesting Physician: Dr. (b)(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | |
| name: (b)(6)-4 | Date: 16 Sep 03 | Time: 0130 | Patient # (b)(6)-4 |

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-------------|--------|------------------|------------|--------|------------|------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 104 | 73 - 118 mg/dL | Color | | N/A | WBC | 8.5 | 4.8 - 10.8 x 1E3 |
| BUN | 7 | 7 - 22 mg/dL | App | | N/A | RBC | 34 | 4.7 - 6.1 x 1E6 |
| Creat | 0.6 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 29.3 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 132 | 128 - 125 mmol/L | Bili | | Negative | Hct | 29.3 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.6 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 88.6 | 80 - 99 fL |
| Cl | 101 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 128 | 130 - 500 1E3 |
| tCO2 | 24 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 12.9 | 20.5 - 51.1 % |

| Chemistry 12/PT | | | Hematology Manual Diff | | | | | |
|-----------------|--|----------------|------------------------|--|-----------|-------|--|-----------|
| A LB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| A LP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| A LT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| A MY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| A ST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt Est |

| Coagulation | | |
|-------------|------|----------------|
| PT | 130 | 9.8 - 13.6 sec |
| aPTT | 32.8 | 21 - 34 sec |
| INR | | N/A |

| Misc | | |
|------------|--|----------|
| Malaria | | Negative |
| Gram Stain | | N/A |
| UA Tox: | | Negative |
| HCG | | Negative |

| Other Chem | | | Blood Gas | | |
|------------|--|------------------------|-----------|-------|--------------|
| Tr oponin | | Negative | ph | 7.432 | 7.31 - 7.45 |
| GLU Only | | 73 - 118 mg/dL | PCO2 | 43 | 35 - 45: Art |
| COX 4864 | | 39 - 380 µg/L - Male | PO2 | 83 | 80 - 105 |
| | | 30 - 190 µg/L - Female | HCO3 | 29 | 22 - 26 |
| | | | TCO2 | 30 | 23 - 27 |
| | | | BE | 4 | (-2) - 3 |
| | | | sO2 | 96 | 95 - 100% |

Additional Instructions:

| | | |
|---|------------------------|----------|
| Report (b)(6)-2 | Date: 16 Sep 03 | Lab ID # |
| MEDCOM - 7299 | | |

Ward/Section: ICU Requesting Physician: Dr [redacted] Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST, FIRST MI: [redacted] DATE: 16 Sep 03 TIME: 0015 SSN/PSEUDO SSN: [redacted]

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|--------------------------|-------------|---------------------------------|-------------------|--------|----------------|----------------|--------|----------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CHEM 7 [redacted] | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| | | | CRE | | 0.6-1.2 mg/dl | | | |
| PT | <u>12.7</u> | 9.8-13.6 secs | [redacted] | | | Malaria Smear | | |
| APTT | <u>35.9</u> | 21-34 secs | NA* | | 128-145 mmol/l | Results: | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |

Microscopic UA

Results:

Remarks:

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

| | | | | | | | | |
|-------------------------------------|------------------|---------------------------------|--|------------|----------------|--|--------|----------------|
| Ward/Section: ICU | | | Requesting Physician: Dr [b)(6)-2] | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST FIRST MI [b)(6)-4] | | | DATE 16 Sep 03 | | | TIME 1800 | | |
| SSN/PSELID/ SSN [b)(6)-4] | | | | | | | | |
| Hematology (CBC) | | | Urinalysis | | | MISC. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 7.1 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 3.29 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 9.9 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 29.5 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 89.5 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 141 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 20.4 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CHEM 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | Malaria Smear | | |
| PT | 12.7 | 9.8-13.6 secs | [REDACTED] | | | Results: | | |
| APTT | 45.2 | 21-34 secs | NA* | | 128-145 mmol/l | | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: Reported | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: | [b)(6)-2] | DATE: | 16 Sep 03 | LAB ID NO: | | | | |

MEDCOM - 7301

| | | | | | | | | |
|-----------------------------------|-------------|----------------------------------|--|--------|---------------------|--|------------------------------------|----------------|
| Ward/Section: <i>ICU</i> | | | Requesting Physician: <i>(b)(6)-2</i> | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST, FIRST MI <i>(b)(6)-4</i> | | | DATE <i>16 Sep 03</i> | | TIME <i>1260</i> | | SSN/PSEUDO SSN: <i>(b)(6)-4</i> | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CHEM 7 [REDACTED] | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | | | |
| PT | <i>13.6</i> | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | <i>49.2</i> | 21-34 secs | NA* | | 128-145 mmol/l | Results: | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: <i>(b)(6)-2</i> | | | DATE: <i>16 SEP 03</i> | | LAB ID NO: | | | |

MEDCOM - 7302

| | | | | | | | | |
|------------------------------------|-------------|---------------------------------|--|--------|---------------------|--|------------------------------------|----------------|
| Ward/Section: ICU | | | Requesting Physician: (b)(6)-2 | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST, FIRST, MI (b)(6)-4 | | | DATE 17 Sep 03 | | TIME 1515 | | SSN/PSEUDO SSN: (b)(6)-4 | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | | | |
| PT | 13.3 | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | 45.9 | 21-34 secs | NA* | | 128-145 mmol/l | Results: | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: (b)(6)-2 | | | DATE: 17 Sep 03 | | LAB ID NO: | | | |

MEDCOM - 7303

Ward/Section: ICU Requesting Physician: (b)(6)-2 Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-4 DATE: 17 Sep 03 TIME: 0600 SSN/PSE/ID/CCN: (b)(6)-4

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|--------------------------|--------|---------------------------------|---------------|--------|----------------|----------------|--------|----------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 4.7 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 3.16 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 9.3 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 28.3 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 89.5 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 149 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 25.9 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CHEM 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 98 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 5 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 0.6 | 0.6-1.2 mg/dl | Malaria Smear | | |
| PT | 138 | 9.8-13.6 secs | [REDACTED] | | | Results: | | |
| APTT | 45.2 | 21-34 secs | NA* | 132 | 128-145 mmol/l | | | |
| INR | | | K* | 3.8 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 105 | 98-108 mmol/l | | | |
| | | | CO2 | 24 | 18-33 mmol/l | | | |

Microscopic UA

Results:

Remarks:

R: (b)(6)-2 DATE: 17 Sep 03 LAB ID NO: (b)(6)-4

bolus 1000
 ↑ rate to 1800 units / hr

Ward/Section: **ICU** Requesting Physician: Dr. **(b)(6)-2** Laboratory Result Form
 (Subject to the Privacy Act of 1974)

LAST FIRST MI **(b)(6)-4** TIME **17 Sep 03 2200** SSN/PSEL/DO SSN: **(b)(6)-4**

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|---------------------------------|-------------|---------------------------------|-------------------|--------|----------------|----------------------|--------|----------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | Malaria Smear | | |
| PT | 13.4 | 9.8-13.6 secs | [REDACTED] | | | Results: | | |
| APTT | 35.9 | 21-34 secs | NA* | | 128-145 mmol/l | | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |

Microscopic UA
 Results:

Remarks:

Reported by: **(b)(6)-2** DATE: **17 Sep 03** LAB ID NO.: **(b)(6)-4**

Ward/Section: ICU Requesting Physician: Dr. (b)(6)-2 Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST FIRST MI (b)(6)-4 DATE 18 Sep 03 TIME 2250 SSN/PSE/ID/SSN (b)(6)-4

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|--------------------------|-------------|---------------------------------|--------------|--------|----------------|---------------------------|--------|----------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| | | | Segs | | | Prot | | Negative |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET <u>7</u> | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| | | | CRE | | 0.6-1.2 mg/dl | | | |
| PT | <u>15.1</u> | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear Results: | | |
| APTT | <u>57.3</u> | 21-34 secs | NA* | | 128-145 mmol/l | | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |

Microscopic UA

Results:

Remarks:

(b)(6)-4 DATE: 18 Sep LAB ID NO: (b)(6)-4

| | | | | | | | | |
|--------------------------|--------|------------------------|------------|--|--------------|------------------------|--------|-----------------------------|
| Ward/Section: ICU | | Request: (b)(6)-2 | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | | |
| Name: (b)(6)-4 | | Date: 18 Sep 03 | | Time: 1400 | | Patient: (b)(6)-4 | | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | | 4.8 - 10.8 x 1E3 |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | | 14 - 18 g/dL (M); 12-16 (F) |
| Na | | 128 - 125 mmol/L | Bili | | Negative | Hct | | 45 - 52% (M); 37 - 47% (F) |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | | 80 - 99 fL |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | Plt | | 130 - 500 1E3 |
| tCO2 | | 18 - 33 mmol/L | Bld | | Negative | Lymph% | | 20.5 - 51.1 % |
| Chemistry 12/LFT | | | pH | | N/A | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | PR - Bat |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | 12.9 | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | 56.6 | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | | | | Gram Stain | | N/A |
| Other Chem | | | Blood Gas | | | UA Tox: | | Negative |
| Troponin | | Negative | ph | | 7.31 - 7.45 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | PCO2 | | 35 - 45: Art | | | |
| CK | | 39 - 380 µg/L - Male | PO2 | | 80 - 105 | | | |
| | | 30 - 190 µg/L - Female | HCO3 | | 22 - 26 | | | |
| | | | TCO2 | | 23 - 27 | | | |
| | | | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |
| Additional Instructions: | | | | | | | | |
| Reported By: (b)(6)-2 | | Date: 18 SEP 03 | | Lab ID # | | | | |

MEDCOM - 7307

ward/Section: ICU Reque. Physician: Dr [b](6)-2 **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)

name: [b](6)-4 Date: 18 Sep 03 Time: 0540 Patient # [b](6)-4

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-------------------|--------|------------------|------------|--------|------------|------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| G _{LU} | 96 | 73 - 118 mg/dL | Color | | N/A | WBC | 3F | 4.8 - 10.8 x 1E3 |
| B _{UN} | 7 | 7 - 22 mg/dL | App | . | N/A | RBC | 314 | 4.7 - 6.1 x 1E6 |
| C _{reat} | 0.5 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 9.4 | 14 - 18 g/dL (M); 12-16 (F) |
| N _a | 131 | 128 - 125 mmol/L | Bili | | Negative | Hct | 27.6 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.7 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 87.9 | 80 - 99 fL |
| Cl | 101 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 182 | 130 - 500 1E3 |
| CO ₂ | 23 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 22.3 | 20.5 - 51.1 % |

| Chemistry 12/LFT | | | pH | | | Hematology Manual Diff | | |
|-------------------|--|------------------|----------|--|-----------|------------------------|------|----------------|
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt Est |
| T _{bili} | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | 12.8 | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | 43.1 | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| C _{reat} | | 0.6 - 1.2 mg/dL | | | | WBC | | |
| B _{UN} | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| G _{LU} | | 73 - 118 mg/dL | | | | Gram Stain | | N/A |

| Other Chem | | | Blood Gas | | |
|---------------------------|------|--|------------------|-------|-------------|
| PCO ₂ | 42.0 | 35 - 45: Art | ph | 7.425 | 7.31 - 7.45 |
| PO ₂ | 87 | 80 - 105 | TCO ₂ | 29 | 23 - 27 |
| HCO ₃ | 26 | 22 - 26 | BE | 3 | (-2) - 3 |
| TCO ₂ | 29 | 23 - 27 | SO ₂ | 97 | 95 - 100% |
| U _{creatinine} | | Negative | | | |
| U _{glucose} Only | | 73 - 118 mg/dL | | | |
| U _{creatinine} | 970 | 39 - 380 µg/L - Male 30 - 190 µg/L - Female | | | |

Additional Instructions:

Reported By: _____ Date: _____ Lab ID #: _____

MEDCOM - 7308

| | | | | | |
|-----------------------------|------------|---|----------|--|--------------|
| Ward/Section: ICU | | Requesting Physician: Dr [redacted] | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | |
| Name: (b)(6)-4 | | Date: 19 Sep 03 | | Patient #: (b)(6)-4 | |
| Time: 0600 | | | | | |
| Chemistry 7 | | Urinalysis | | Hematology (CBC) | |
| Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 58 | 73 - 118 mg/dL | Color | | N/A |
| BUN | 8 | 7 - 22 mg/dL | App | | N/A |
| Creat | 0.7 | 0.6 - 1.2 mg/dL | Glu | | Negative |
| Na | 133 | 128 - 125 mmol/L | Bili | | Negative |
| K | 3.9 | 3.3 - 4.7 mmol/L | Ket | | Negative |
| Cl | 102 | 98 - 108 mmol/L | SGav. | | N/A |
| tCO2 | 26 | 18 - 33 mmol/L | Bld | | Negative |
| Chemistry 14/17 | | pH | | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 |
| ALT | | 10 - 47 µg/dL | Nit | | Negative |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative |
| AST | | 11 - 38 µg/dL | Micro UA | | |
| Tbili | | 0.2 - 1.6 mg/dL | | | |
| TP | | 6.4 - 8.1 g/dL | | | |
| Ca | | 8.0 - 10.3 mg/dL | | | |
| Chol | | 100 - 200 mg/dL | | | |
| Creat | | 0.6 - 1.2 mg/dL | | | |
| BUN | | 7 - 22 mg/dL | | | |
| GLU | | 73 - 118 mg/dL | | | |
| Other Chem | | Blood Gas | | Coagulation | |
| Troponin | | Negative | ph | | 7.31 - 7.45 |
| GLU Only | | 73 - 118 mg/dL | PCO2 | | 35 - 45: Art |
| CK | | 39 - 380 µg/L - Male | PO2 | | 80 - 105 |
| | | 30 - 190 µg/L - Female | HCO3 | | 22 - 26 |
| | | | TCO2 | | 23 - 27 |
| | | | BE | | (-2) - 3 |
| | | | sO2 | | 95 - 100% |
| | | | | MISC | |
| | | | | Malaria | Negative |
| | | | | Gram Stain | N/A |
| | | | | UA Tox: | Negative |
| | | | | HCG | Negative |
| Additional Instructions: | | | | | |
| Reported By | | Date | | Lab ID # | |

MEDCOM - 7309

Ward/Section:

ICU

Requesting Physician:

Dr

(b)(6)-2

Laboratory Result Form

(Subject to the Privacy Act of 1974)

LAST, FIRST MI

(b)(6)-4

SSN/PSEUDO SSN:

(b)(6)-4

20 Sep 05

TIME

0550

Hematology (CBC)

Urinalysis

Misc. Serology

| TEST | RESULT | REF. RANGE |
|---------|--------|---------------------------------|
| WBC | 61 | 4.8-10.8 x 10 |
| RBC | 312 | 4.7-6.1 x 10 |
| Hgb | 9.2 | 14-18g/dl (M) 12-16 g/dl (F) |
| Hct | 28.2 | 45-52% (M) 37-47% (F) |
| MCV | 90.4 | 80-94 fl (M) 81-99 fl (F) |
| Plt | 275 | 130-500 x 10 |
| Lymph % | 17.9 | 20.5-51.1% |

| 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 |

| TEST | RESULT | REF RANGE |
|------|--------|-----------|
| PRP | | Negative |
| Mono | | Negative |

| 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 |
| CHOL | | 100-200 mg |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

(Hematology) Manual Diff

| Segs | Rate |
|----------|--------------------------|
| Segs | |
| Bands | |
| Lymph | |
| Typ | |
| BC | |
| orph | |
| in | |
| matocrit | 42-52% (M) 37-47% (F) |

MET 7

Coagulation Studies

| Result | Ref. Range |
|--------|---------------|
| 144 | 9.8-13.6 secs |
| 66.4 | 21-34 secs |

| TEST | RESULT | REF. RANGE |
|------|--------|----------------|
| GLU | 58 | 73-118 mg/dl |
| BUN | 8 | 7-22 mg/dl |
| CRE | 0.7 | 0.6-1.2 mg/dl |
| NA* | 137 | 128-145 mmol/l |
| K* | 4.4 | 3.3-4.7 mmol/l |
| CL* | 101 | 98-108 mmol/l |
| CO2 | 25 | 18-33 mmol/l |

Malaria Smear

Results:

Microscopic UA

S:

(b)(6)-2

DATE:

(b)(6)-2

MEDCOM - 7310

| | | | | | | | | |
|---------------------------------|-------------|---|-------------------|--|----------------|--------------------------|--------|---------------|
| Ward/Section: <u>ICU</u> | | Requesting Physician: <u>Dr. [REDACTED]</u> | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | | | |
| LAST, FIRST, MI (b)(6)-4 | | DATE | | TIME | | SSN/PSEUDO SSN: (b)(6)-4 | | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | <u>7.1</u> | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | <u>3.32</u> | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | <u>10.2</u> | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | <u>30.2</u> | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | <u>90.8</u> | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | <u>352</u> | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | <u>16.8</u> | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 17 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | | 128-145 mmol/l | Results: | | |
| INR | | | K* | | 3.3-4.7 mmol/l | | | |
| | | | CL* | | 98-108 mmol/l | | | |
| | | | CO2 | | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: (b)(6)-2 | | DATE: <u>20 Sep 03</u> | | LAB ID NO: (b)(6)-4 | | | | |

MEDCOM - 7311

1/Section:

ICU

Requesting Physician:

(b)(6)-2

Laboratory Result Form

(Subject to the Privacy Act of 1974)

ST, FIRST, MI

(b)(6)-4

DATE

21 Sep 03

TIME

16:15

SSN/PSELID/SSN:

(b)(6)-4

Hematology (CBC)

Urinalysis

Misc. Serology

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | | |
|---------------------------------|--------|---------------------------------|--------------|--------|----------------|----------------------------------|--------|---------------|------|--------|
| WBC | 10.6 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative | | |
| RBC | 3.36 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative | | |
| Hgb | 10.3 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | | | |
| Hct | 30.7 | 45-52% (M) 37-47% (F) | Bili | | Negative | | | | Test | Result |
| MCV | 91.3 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl | | |
| Plt | 358 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l | | |
| Lymph % | 11.2 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l | | |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l | | |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l | | |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl | | |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl | | |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg | | |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 7 | | | CRE | | 0.6-1.2 mg/dl | | |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl | | |
| Other | | | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl | | |
| Coagulation Studies | | | BUN | | 7-22 mg/dl | | | | | |
| Test | Result | Ref. Range | CRE | | 0.6-1.2 mg/dl | | | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | | | | | |
| APTT | | 21-34 secs | [REDACTED] | | | Malaria Smear Results: | | | | |
| INR | | | NA* | | 128-145 mmol/l | | | | | |
| | | | K* | | 3.3-4.7 mmol/l | | | | | |
| | | | CL* | | 98-108 mmol/l | | | | | |
| | | | CO2 | | 18-33 mmol/l | | | | | |

Microscopic UA

Results:

Remarks:

Reported by:

(b)(6)-2

DATE:

21 Sep 03

LAB ID NO:

MEDCOM - 7312

Ward/Section: ICU Requesting Physician: (b)(6)-2 Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST, FIRST MI: (b)(6)-4 DATE: 20 Sept TIME: 0500 SSN/PSEUDO SSN: (b)(6)-4

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|------------------|-------------|----------------------------------|------------|--------|------------|---------------------|--------|--------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | <u>6.6</u> | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | <u>2.86</u> | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | <u>8.4</u> | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | <u>25.9</u> | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | <u>90.7</u> | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | <u>348</u> | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | <u>15.1</u> | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |

| (Hematology) Manual Diff | | | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|--------------------------|--|--------------------------|------|--------|------------|------|--------|---------------|
| Segs | | | pH | | N/A | AMY | | 14-97 u/l |
| Bands | | | Prot | | Negative | AST | | 11-38 u/l |
| Lymph | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Atyp | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| RBC Morph | | | Leuk | | Negative | CA** | | 8.0-10.3 mg |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | HCG | | Negative | CHOL | | 100-200 mg |
| Sed Rate | | | | | | CRE | | 0.6-1.2 mg/dl |
| Other | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |

| Coagulation Studies | | | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|---------------------|-------------|---------------|------|------------|---------------|------|--------|--------------|
| PT | <u>12.4</u> | 9.8-13.6 secs | GLU | <u>103</u> | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| APTT | <u>27.4</u> | 21-34 secs | BUN | <u>8</u> | 7-22 mg/dl | | | |
| INR | | | CRE | <u>1.3</u> | 0.6-1.2 mg/dl | | | |

| Malaria Smear | | | TEST | RESULT | REF. RANGE |
|---------------|--|--|------|------------|----------------|
| Results: | | | NA* | <u>127</u> | 128-145 mmol/l |
| | | | K* | <u>4.5</u> | 3.3-4.7 mmol/l |
| | | | CL* | <u>98</u> | 98-108 mmol/l |
| | | | CO2 | <u>24</u> | 18-33 mmol/l |

Microscopic UA

Results:

Remarks:

(b)(6)-2 DATE: 21 Sept LAB ID NO:

| | | | | | | | |
|-----------------------------|------------|--|----------------------|--|--------------|-------------------------------|-------------|
| Ward/Section: ICU | | Requesting Physician: (b)(6)-2 | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | |
| Name: (b)(6)-4 | | Date: 22 5 | Time: 0530 | Patient #: (b)(6)-4 | | EPW | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result |
| GLU | 108 | 73 - 118 mg/dL | Color | | N/A | WBC | 7.1 |
| BUN | 10 | 7 - 22 mg/dL | App | | N/A | RBC | 337 |
| Creat | 1.0 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 100 |
| Na | 136 | 128 - 125 mmol/L | Bili | | Negative | Hct | 32.6 |
| K | 4.5 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 92.9 |
| Cl | 97 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 246 |
| tCO2 | 22 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 18.2 |
| Chemistry 12/LEP | | | pH | | N/A | Hematology Manual Diff | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | | |
| Tbili | | 0.2 - 1.6 mg/dL | | | | | |
| TP | | 6.4 - 8.1 g/dL | | | | | |
| Ca | | 8.0 - 10.3 mg/dL | | | | | |
| Chol | | 100 - 200 mg/dL | | | | | |
| Creat | | 0.6 - 1.2 mg/dL | | | | | |
| BUN | | 7 - 22 mg/dL | | | | | |
| GLU | | 73 - 118 mg/dL | | | | | |
| Other Chem | | | Blood Gas | | | Coagulation | |
| Troponin | | Negative | ph | | 7.31 - 7.45 | PT | 14.4 |
| GLU Only | | 73 - 118 mg/dL | PCO2 | | 35 - 45: Art | aPTT | 27.6 |
| CK | | 39 - 380 µg/L - Male 30 - 190 µg/L - Female | PO2 | | 80 - 105 | INR | N/A |
| | | | HCO3 | | 22 - 26 | MISC | |
| | | | TCO2 | | 23 - 27 | Malaria | Negative |
| | | | BE | | (-2) - 3 | Gram Stain | N/A |
| | | | sO2 | | 95 - 100% | UA Tox: | Negative |
| HCG | | | | | | | |
| Negative | | | | | | | |
| Additional Instructions: | | | | | | | |
| Reported By: (b)(6)-2 | | Date: 2/25/14 | | Lab ID #: (b)(6)-4 | | | |
| MEDCOM - 7314 | | | | | | | |

Ward/Section: **ICW** Patient # (b)(6)-4 Date: **24 Sep 03** Time: **0839** Laboratory Result Form
 (Subject to the Privacy Act of 1974)

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-------------|------------|------------------|------------|--------|------------|------------------|-------------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | 7.5 | 4.8 - 10.8 x 1E3 |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | 3.91 | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 11.6 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 135 | 128 - 125 mmol/L | Bili | | Negative | Hct | 36.2 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.5 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 92.6 | 80 - 99 fL |
| Cl | 100 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 562 | 130 - 500 1E3 |
| CO2 | 29 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 13.8 | 20.5 - 51.1 % |

| Chemistry 12/LFT | | | Urinalysis | | | Hematology Manual Diff | | |
|------------------|------------|------------------|------------|--------|------------|------------------------|--------|----------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| ALB | 3.1 | 3.5 - 5.5 g/dL | pH | | N/A | Segs | | Lymph |
| ALP | 82 | 26 - 84 µg/dL | Prot | | Negative | Bands | | Atyp |
| ALT | 58 | 10 - 47 µg/dL | Urob | | 0.2 - 1.0 | Mono | | Imm |
| AMY | 39 | 14 - 97 µg/dL | Nit | | Negative | Eos | | RBC Morph |
| AST | 54 | 11 - 38 µg/dL | Leuk | | Negative | Baso | | Plt. Est |
| Bili | 0.7 | 0.2 - 1.6 mg/dL | Micro UA | | | Coagulation | | |
| P | 7.1 | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | 8.9 | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | 192 | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | 1.0 | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | 16 | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | 107 | 73 - 118 mg/dL | | | | Gram Stain | | N/A |

| Other Chem | | | Blood Gas | | | MISC | | |
|------------|--------|------------------------|-----------|--------|--------------|---------|--------|------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| Amponin | | Negative | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Urea Nitro | | 73 - 118 mg/dL | PO2 | | 80 - 105 | HCG | | Negative |
| Urea Nitro | | 39 - 380 µg/L - Male | HCO3 | | 22 - 26 | | | |
| Urea Nitro | | 30 - 190 µg/L - Female | TCO2 | | 23 - 27 | | | |
| | | | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

(b)(6)-2 Date: **24 Sep 03** Lab ID # MEDCOM - 7315

| MEDICAL RECORD | | ANESTHESIA | | TOTALS |
|----------------|---|------------|--|-------------------|
| VERSCEL (mg) | 2 | | | 400 |
| | | | | 2000 |
| ISO % del | X | | | |
| AIR L/Min | | | | CRYSTALLOID- 5000 |
| N2O L/Min | | | | COLLOID- 500 |
| O2 L/Min | 8 | | | BLOOD- 500 |

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

LINE # 1000 Warmed
1000 NS Warmed
1000 Hypox Warmed
1000 R/1000 Warmed

400 EST BLOOD LOSS
1500 URINE

TIME → 1500

16343 E

SYMBOLS:
BP by cuff V
Heart rate ^
Resp rate ●
BP (transduced) BP
TOURNIQUET T
ANES- X-X
PROC- 0-0

70 KG LB
BP- 130/64
HR- 88
OK7- (Y) N
OK for PROCEDURE? Y
TIME- 0910

| | |
|-----|---|
| 220 | |
| 200 | |
| 180 | |
| 160 | 1 |
| 140 | |
| 120 | |
| 100 | |
| 80 | 7 |
| 60 | |
| 40 | |
| 20 | |

REMARKS

Code drugs with numbers, event with letters

1445 Cont From page #2

1455 pt 5 y good TV pt MAEW Extubated & pos p/ces p suctioning

| | |
|-------------------------------|----------------------|
| VT - ml | |
| f - breath/min | 12 |
| Peak inf pres / PEEP | |
| MODE- S (non), Assist, C (on) | S |
| BP/Auto Cuff | ET CO2 (torr) 46 |
| BP / oth | FIO2 (Frac or %) .83 |
| ART line | SpO2 (%) 100 |
| Steth- PC/ES | ECG 5R |
| Gas analyzer | TEMP- site |
| | N-M Block (T/4) |
| Warming blkt | |
| Conv warmer | |

| | |
|-------------|-----------------|
| RECOVERY AT | 1500 |
| PACU (GID) | (Specify) |
| OTHER | |
| CONDITION: | stable |
| T- 95.2 | |
| RESP- 24 | SpO2- 96 |
| BP- 140/62 | HR- 150 |
| ANES | Start Room End |
| | 0830 0910 1510 |
| PROC | Ready Begin End |
| | 0910 0935 1455 |

Mark with letters & symbols, explain under REMARKS

EVENTS Position → 0

PROCEDURES and CPT Codes

I/D @ lower leg & vascular repair

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

(b)(6)-4

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

AIRWAY MANAGEMENT: Intubation route, mode, technique, comments

SEE EMT sheet

SURGEONS: (b)(6)-2 (b)(6)-2

ANESTHETISTS: (b)(6)-2 (b)(6)-2

PROCEDURE LOCATION 1-1

DATE 13 Sept 03

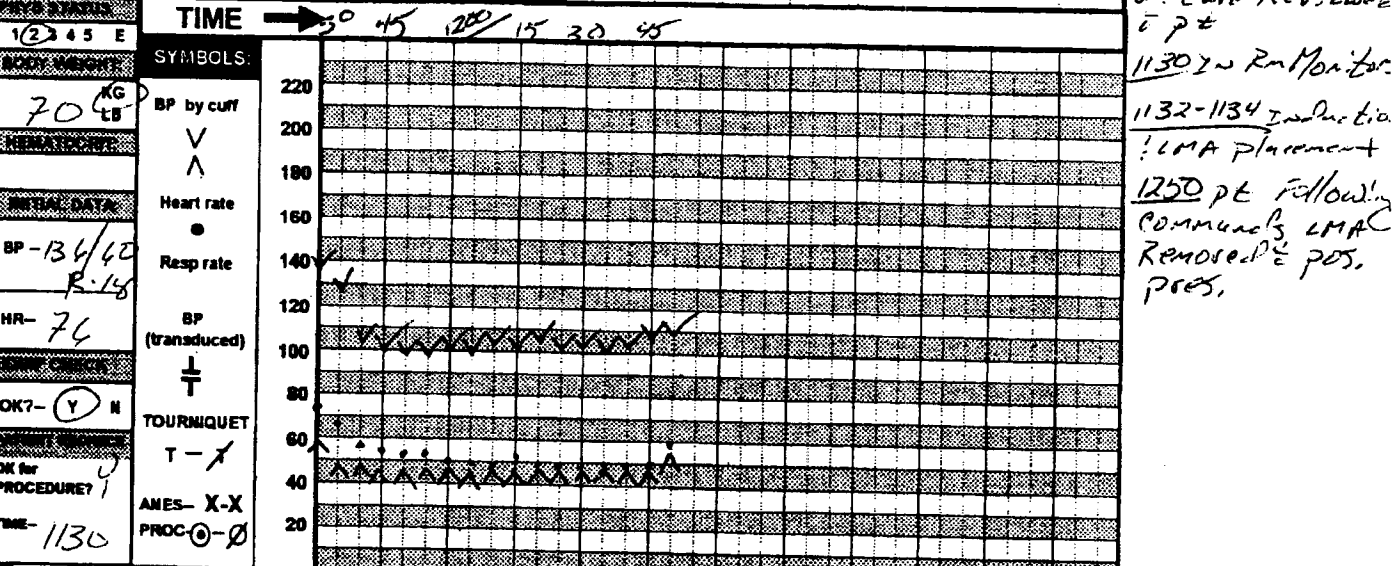
PAGE 3 OF 3

WANC OP 376 REVISED 1 Jan 99

MEDICAL RECORD ANESTHESIA TOTALS

| | | | |
|---|-------------------------|--|--|
| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MO / MG / U/L "1" = CONSTANT INFUSION | Versed (mg) 3 | | |
| Fent (mcg) 100.50 | | | |
| Propofol (mg) 150 | | | |
| | | | |
| | | | |
| | | | |
| ISD % del | X-1.0-2.0-2.0-2.0-2.0-8 | | |
| % e.t. | | | |
| AIR L/Min | | | |
| N2O L/Min | | | |
| O2 L/Min | | | |

| | | | |
|--|----|----------------------------------|--|
| SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | |
| LINE site | LR | <input type="checkbox"/> Warmmed | |
| | | <input type="checkbox"/> Warmmed | |
| | | <input type="checkbox"/> Warmmed | |
| | | <input type="checkbox"/> Warmmed | |
| EST BLOOD LOSS | | | |
| URINE | | | |



| | | | | | | |
|-------------------------------|-------------------|-----|-----|-----|-----|--------|
| VT - ml | 12 | 6 | 7 | 10 | 10 | 14 |
| I - breath/min | | | | | | |
| Peak inf pres / PEEP | | | | | | |
| MODE - S (pon), Assist, Clon) | S | S | S | S | S | S |
| BPI Auto Cuff | ET CO2 (torr) | (+) | 50 | 50 | 45 | 43 (+) |
| BP / oth | FI O2 (Frac or %) | .90 | .90 | .90 | .84 | .87 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP- site | | | | | |
| | N-M Block (T4) | | | | | |

| | |
|-------------|------------|
| RECOVERY AT | 1255 |
| PACU ICU | (Specify) |
| OTHER | |
| CONDITION: | stable |
| RESP - 18 | SpO2 - 100 |
| BP - 114/66 | HR - 75 |

Mark with letters & symbols. EVENTS Position → 0-1

PROCEDURES and CPT Codes

Remove Ex Fix

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
C.A.

AIRWAY MANAGEMENT: Intubation route, block, technique, comments
#4 LMA X1, Bile BS ETCORX SWA105

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2 (b)(6)-2 (b)(6)-2

PROCEDURE LOCATION: 1-1

DATE: 6.0.203

PAGE OF: 1 / 1

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

(b)(6)-4

(b)(6)-4

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 7321

U.S. GPO: 2002-729-180/40137

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 32 DAYS MOS YRS

Sex MALE () FEMALE

PROPOSED PROCEDURE: DiD (R) Vascular Repair
 SURGICAL SERVICE: Gen/ortho (R) lower leg
 NPO SINCE: _____

ASA Physical State 1 (2) 4 5 (E)
 WT: 70 KG/LB HT: 69 IN.
 ALLERGIES: NADA

HABITS:
 TOBACCO: Yes
 ETOH: ph
 DRUGS: _____

CURRENT MEDICATIONS:
 () = ordered as premed
 () Pranaxol 500mg
 () Amitkacis 1GR
 () _____
 () _____
 () _____

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

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

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW

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

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

Renal System:
 Acute/Chronic RF N Y _____

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

Endocrine System:
 Diabetes N Y _____
 Steroids N Y _____
 Thyroid N Y _____

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

Gynecological:
 Pregnancy N Y _____

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

Familial HX
 N Y _____
 N Y _____
 N Y _____

ASSESSMENT PAST SURGICAL/ANESTHETIC

PHYSICAL EXAMINATION
 BP _____ HR _____ R _____ T _____
 Pain Scale 0-10 _____
 HEENT - Teeth Intact
 Trachea Midline
 TMJ/Neck ROM
 Oropharynx MPL
 Nares _____
 CHEST: ETA
 CARDIAC: S, S2
 EXTREMITIES:
 IV Access: _____
 Ulnar Filling: _____
 BACK: _____
 OTHER: _____
 NPO Since ?

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

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

The patient/legal guardian seems to understand and agrees. Questions answered.
 Signed: _____ Date: 13 Sept 03 Time: 0830 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 () NO APPARENT ANESTHETIC COMPLICATIONS () OTHER
 Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

SEDATION KEY:

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|---|--|--|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) (b)(6)-2 |
| | DATE REQUESTED 13 SEP 03 DATE AND HOUR REQUIRED 0945 | DIAGNOSIS OR OPERATIVE PROCEDURE GSW RLE |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) | SIGNATURE OF VERIFIER Specimen in Lab |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | DATE VERIFIED Suspicious TIME VERIFIED SF 518 |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|------------------------------|------------------------------|--|--|
| UNIT NO. (b)(6)-4 | TRANSFUSION NO. (b)(6)-4 | TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH Comp | PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| DONOR ABO B Rh pos | RECIPIENT ABO B Rh pos | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE 13 Sep |
| REMARKS: Exp: 16 Sep 2003 | | | |

SECTION III - RECORD OF TRANSFUSION

| | | | | |
|---|---|---|---------------------|-------------|
| PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2 | | POST-TRANSFUSION DATA AMOUNT GIVEN 350 ML TIME/DATE COMPLETED/INTERRUPTED 1130 13 Sept 03 | | |
| AT (Hour) 1025 | ON (Date) 13 Sept 2003 | REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | TEMPERATURE 96.6 | PULSE 69 |
| IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | | |
| 1st VERIFIER (Signature) (b)(6)-2 CRT/CRNA | | DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) | | |
| 2nd VERIFIER (Signature) (b)(6)-2 MAS/CRNA | | OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) | | |
| PRE-TRANSFUSION TEMP. 96.6 PULSE 75 BP 123/54 | DATE OF TRANSFUSION 13 Sept 03 TIME STARTED 1055 | | | |
| SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MAS/CRNA | | PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) (b)(6)-4 (b)(6)-4 | | |

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 7323

Medical Record Copy

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

| | | |
|--|--|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH X 2U DATE REQUESTED: 13 Sep 03 DATE AND HOUR REQUIRED: _____ | REQUESTING PHYSICIAN (Print) (b)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE GSW RLE I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____ | SIGNATURE OF VERIFIER Specimen in lab |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | DATE VERIFIED TIME VERIFIED See previous of 5/8 |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|---------------|------------------------|---|---|
| UNIT NO. | TRANSFUSION NO. | TEST INTERPRETATION | PREVIOUS RECORD CHECK: |
| | | ANTIBODY SCREEN: N/A | <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD |
| | PATIENT NO. [REDACTED] | CROSSMATCH: Comp | SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| DONOR | RECIPIENT | CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 13/03 | |
| ABO B | ABO B | REMARKS: Exp: 16 Sept 2003 | |
| Rh POS | Rh POS | | |

SECTION III - RECORD OF TRANSFUSION

| | |
|--|--|
| PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2 AT (Hour) 1025 ON (Date) 13 Sept 03 IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) (b)(6)-2 MAS/CZWA 2nd VERIFIER (Signature) (b)(6)-2 CTT AV | POST-TRANSFUSION DATA AMOUNT GIVEN: 350 ML TIME DATE COMPLETED: 1055 13 Sept 03 INTERRUPTED: _____ REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. DESCRIPTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER T-96.6 B/P-125/54 HR-75 OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MAS/CZWA |
| PRE-TRANSFUSION TEMP. 96.8 PULSE 74 BP 127/50 DATE OF TRANSFUSION: 13 Sept 03 TIME STARTED: 1030 | SEX: _____ WARD: _____ |

(b)(6)-4

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 5-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45.505
 518-122

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|---|--|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) (b)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE Art Repair (GSLW) |
| | DATE REQUESTED 13 Sept 03 | I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____ | SIGNATURE OF VERIFIER DATE VERIFIED SEE 1st TIME VERIFIED 510 |
| REMARKS: _____ | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|---|---|--|---|
| UNIT NO. (b)(6)-4 DONOR ABO O Rh POS | TRANSFUSION NO. _____ RECIPIENT ABO B Rh POS | TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMP | PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 DATE 13 Sept 03 |
| REMARKS: Exp Date: 15 Sept 2003. | | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | |

SECTION III - RECORD OF TRANSFUSION

| PRE-TRANSFUSION DATA | | POST-TRANSFUSION DATA | | | | |
|---|---|---|---|----------------------------|--------------------|---------------------------------|
| INSPECTED AND ISSUED BY (Signature) (b)(6)-2 AT (Time) 0810 ON (Date) 14 Sept 03 | AMOUNT GIVEN 325 ML | TIME/DATE COMPLETED/INTERRUPTED 1026 14 Sept 03 | REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | TEMPERATURE 97.7 | PULSE 76 | BLOOD PRESSURE 162/64 |
| I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | | | | |
| 1st VERIFIER (Signature) (b)(6)-2 SGT USA 91WMC | DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____ | | | | | |
| PRE-TRANSFUSION TEMP. 97.7 PULSE 87 BP 154/63 | OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ | | | | | |
| DATE OF TRANSFUSION 14 Sept 03 | TIME STARTED 0824 | (b)(6)-2 SGT 91WMC | | | | |
| PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) | | SEX M | WARD ICU | | | |

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 7325

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|---|--|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) * (b)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE Art. Repair (GSLW) |
| | DATE REQUESTED 13 Sept 03 DATE AND HOUR REQUIRED ASAP | I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) | SIGNATURE OF VERIFIER |
| RI (b)(6)-4 | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | DATE VERIFIED SEE 1st 518 TIME VERIFIED |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|------------------------------------|------------------------------|--|--|
| UNIT NO. (b)(6)-4 | TRANSFUSION NO. (b)(6)-4 | TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH N/A Comp | PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| DONOR ABO B Rh pos | RECIPIENT ABO B Rh pos | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE 13 Sept 03 |
| REMARKS: Exp Date: 16 Sept 2003 | | | |

SECTION III - RECORD OF TRANSFUSION

| | | | | | |
|--|---|--|---|----------|--|
| PRE-TRANSFUSION DATA (b)(6)-2 | | POST-TRANSFUSION DATA AMOUNT GIVEN 370 ML TIME/DATE COMPLETED/INTERRUPTED 1239 14 Sept 03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 97.9 PULSE 95 BLOOD PRESSURE 159/70 | | | |
| AT (Hour) 1025 ON (Date) 14 Sept 03 | IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | | |
| 1st VERIFIER (Signature) (b)(6)-2 | DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) | | OTHER DIFFICULTIES (Equipment, clots, etc.) | | |
| PRE-TRANSFUSION TEMP. 97.3 PULSE 80 DATE OF TRANSFUSION 14 Sept 03 TIME STARTED 1039 | (b)(6)-2 | | SGT USA QUWM16 | | |
| PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name, grade, rank, rate; hospital or medical facility) (b)(6)-4 | | M | | WARD ICW | |

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 7326

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|---|--|--|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) DR (b)(6)-2 |
| | DATE REQUESTED 15 Sept 03 DATE AND HOUR REQUIRED ASAP | DIAGNOSIS OR OPERATIVE PROCEDURE (b)(6)-2 |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) | SIGNATURE OF VERIFIER (b)(6)-2 |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN? | DATE VERIFIED 15 Sept 03 TIME VERIFIED 1710 |

SECTION II - PRE-TRANSFUSION TESTING

| | | | | |
|----------|-------------------------|--|--------------------|---|
| (b)(6)-4 | TRANSFUSION NO. | TEST INTERPRETATION | | PREVIOUS RECORD CHECK: |
| | PATIENT NO. (b)(6)-4 | ANTIBODY SCREEN NA | CROSSMATCH COMP | <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD |
| DONOR | RECIPIENT | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | | SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| ABO O | ABO B | REMARKS: EXP 15 SEP 03 | | DATE 15 SEP 03 |
| Rh POS | Rh POS | | | |

SECTION III - RECORD OF TRANSFUSION

| PRE-TRANSFUSION DATA | | POST-TRANSFUSION DATA | | |
|---|---|-------------------------------|-------------|--------------------------|
| INSPECTED AND ISSUED BY (b)(6)-2 | AMOUNT GIVEN All ML | TIME/DATE 15 Sep 03 @ 2345 | COMPLETED | INTERRUPTED |
| AT (Hour) 2145 | REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | TEMPERATURE 99.6 | PULSE 85 | BLOOD PRESSURE 109/48 |
| ON (Date) 15 Sept 03 | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | | | |
| IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | DESCRIPTION OF REACTION <input type="checkbox"/> URticARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) | | | |
| 1st VERIFIER (Signature) (b)(6)-2 | OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) | | | |
| 2nd VERIFIER (Signature) (b)(6)-2 | SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 | | | |
| PRE-TRANSFUSION TEMP. 98.6 | PULSE 82 | BP 108/47 | | |
| DATE OF TRANSFUSION 15 Sep 03 | TIME STARTED 2145 | | | |
| PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) | | SEX M | WARD 7CU | |

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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



MEDCOM - 7327

Medical Record Copy

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)
 RED BLOOD CELLS
 FRESH FROZEN PLASMA
 PLATELETS (Pool of _____ units)
 CRYOPRECIPITATE (Pool of _____ units)
 Rh IMMUNE GLOBULIN
 OTHER (Specify) _____

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

DATE REQUESTED: 15 Sept 03
 DATE AND HOUR REQUIRED: ASAP

REQUESTING PHYSICIAN (Print): Dr [Signature]
 DIAGNOSIS OR OPERATIVE PROCEDURE: Anemia

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

VOLUME REQUESTED (if applicable) _____ ML
 KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____
 SIGNATURE OF VERIFIER: [Signature]

REMARKS: IF PATIENT IS FEMALE, IS THERE HISTORY OF:
 RhIG TREATMENT? DATE GIVEN: N/A
 HEMOLYTIC DISEASE OF NEWBORN? N/A

DATE VERIFIED: 15 Sept 03
 TIME VERIFIED: 1710

SECTION II - PRE-TRANSFUSION TESTING

TRANSFUSION NO. _____
 PATIENT NO. (b)(6)-4 _____

TEST INTERPRETATION
 ANTIBODY SCREEN: N/A
 CROSSMATCH: Comp

PREVIOUS RECORD CHECK:
 RECORD NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [Signature]
 DATE: 15 SEP 03

DONOR: ABO O, Rh Pos
 RECIPIENT: ABO B, Rh Pos

REMARKS: Exp 15 SEP 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA
 AT (Hour): 1945 ON (Date): 15 Sept 03

POST-TRANSFUSION DATA
 AMOUNT GIVEN: All ML
 TIME/DATE COMPLETED/INTERRUPTED: 15 Sep 03 02140
 REACTION: NONE SUSPECTED
 TEMPERATURE: 98.6 PULSE: 82 BLOOD PRESSURE: 108/47

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

DESCRIPTION OF REACTION
 URTICARIA CHILL FEVER PAIN
 OTHER (Specify) _____

OTHER DIFFICULTIES (Equipment, clots, etc.)
 NO YES (Specify) _____

2nd VERIFIER (Signature): [Signature]
 PRE-TRANSFUSION TEMP: 99.8 PULSE: 117 BP: 119/53
 DATE OF TRANSFUSION: 15 Sep 03 TIME STARTED: 1950

PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)
 SEX: M WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 7328

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|--|--|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPTATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) (b)(6)-2 |
| | DATE REQUESTED 21 SEP 03 DATE AND HOUR REQUIRED | DIAGNOSIS OR OPERATIVE PROCEDURE S/P revas of RLE + 1/4 Ab ex fix R/O GSW |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) | SIGNATURE OF VERIFIER (b)(6)-2 SGT/CPN |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | DATE VERIFIED 21 Sep 03 TIME VERIFIED 1210 |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|--|--|--|---|
| (b)(6)-4 TRANSFUSION NO. | TEST INTERPRETATION ANTIBODY SCREEN N/A | CROSSMATCH COMP | PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD |
| PATIENT NO. (b)(6)-4 | REMARKS: Exp: 22 SEP 03 | | SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| DONOR B ABO Pos Rh | RECIPIENT B ABO Pos Rh | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE 21 SEP 03 |

SECTION III - RECORD OF TRANSFUSION

| | | | | |
|---|-----------------------------|---|---------------------------|--------------------|
| PRE-TRANSFUSION DATA INSPECTED AND MONITORED BY (Signature) (b)(6)-2 | | POST-TRANSFUSION DATA AMOUNT GIVEN _____ ML TIME/DATE COMPLETED/INTERRUPTED | | |
| AT (Hour) 1224 Hrs | ON (Date) 21 SEP 03 | REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | TEMPERATURE 98° | PULSE 87 |
| IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | | |
| (b)(6)-2 2ND VERIFIER (Signature) | (b)(6)-2 | DESCRIPTION OF REACTION <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN (Specify) | | |
| PRE-TRANSFUSION TEMP. 98° PULSE 67 BP 110/46 | | OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) | | |
| DATE OF TRANSFUSION 21 SEP 03 | TIME STARTED 1230 | SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 SGT/CPN | | |
| PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) | | SEX M | WARD ICU | |
| (b)(6)-4 | | BLOOD OR BLOOD COMPONENT TRANSFUSION | | |

Medical Record

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

MEDCOM - 7329

Medical Record Copy

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|---|--|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) (b)(6)-2 |
| | DATE REQUESTED 21 Sep 03 DATE AND HOUR REQUIRED | DIAGNOSIS OR OPERATIVE PROCEDURE S/P Revas of RLE Hgb 2x fix R/T GSW |
| VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) | SIGNATURE OF VERIFIER (b)(6)-2 SGT/LPN |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. |
| | | DATE VERIFIED 21 Sep 03 TIME VERIFIED 1210 |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|--------------------------------------|---|---|--|
| (b)(6)-4 DONOR ABO B Rh POS | TRANSFUSION NO. _____ PATIENT NO. (b)(6)-4 _____ RECIPIENT ABO B Rh POS | TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMP | PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | | DATE 21 Sep 03 |
| REMARKS: EXP: 22 SEP 03 | | | |

SECTION III - RECORD OF TRANSFUSION

| | | | | |
|---|---|---|------------------|-----------------------------------|
| PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2 | | POST-TRANSFUSION DATA AMOUNT GIVEN 459 ML TIME/DATE COMPLETED/INTERRUPTED | | |
| AT (Hour) 1401 ON (Date) 21 Sep 03 | REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | | TEMPERATURE 98.5 | PULSE 64 BLOOD PRESSURE 116/45 |
| IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood-Component Transfusion Form and on the patient identification tag. | | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | | |
| (b)(6)-2 (b)(6)-2 SGT/LPN | | DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) | | |
| PRE-TRANSFUSION TEMP. 99° PULSE 64 BP 116/48 | | OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) | | |
| DATE OF TRANSFUSION 21 Sep 03 | TIME STARTED 1405 | SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 SGT/LPN | | |
| PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) | | SEX M | WARD ICU | |
| (b)(6)-4 108/45 - 86 - 99% 13 98.8 | | | | |

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 7330

Medical Record Copy

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

| | | | | | |
|------------------------|--|--|--------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| # EPW (b)(6)-4 | | | 13 Feb 03 | 1570 HOURS | (b)(6)-2 |
| | | | ① Give 50 mg Fent IV now | | (b)(6)-2 |
| | | | | MATERNA | |

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

| | | | | | |
|------------------------|--|--|--------------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 13 Sept 03 | 1600 HOURS | (b)(6)-2 |
| | | | ① Change dosage to 3mg Q day | | (b)(6)-2 |
| | | | ② Change Amikacin 1gm IV Q day | | (b)(6)-2 |
| | | | V. S. Or | | (b)(6)-2 |
| | | | | | (b)(6)-2 |
| | | | | | (b)(6)-2 |

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

| | | | | | |
|------------------------|--|--|-----------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| EPW (b)(6)-4 | | | 14 Sept 03 | 0758 HOURS | (b)(6)-2 |
| | | | ① Transfuse 2 units PRBC's | | (b)(6)-2 |
| | | | IVPB over 2 hrs | | (b)(6)-2 |
| | | | ② CBC 1 ^o p temp | | (b)(6)-2 |
| | | | | | (b)(6)-2 |

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

| | | | | | |
|------------------------|--|--|-----------------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 14 Sept | 0825 HOURS | (b)(6)-2 |
| | | | ① Remediate pt's Tylenol PO 650mg | | (b)(6)-2 |
| | | | Bumexyl 25 mg QIVSP | | (b)(6)-2 |
| | | | prior to blood transfusion | | (b)(6)-2 |
| | | | | | (b)(6)-2 |

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

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED UNTIL 30 SEP 03

MEDCOM - 7332

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|----------|---------|-------------------------------------|---------------|--|
| EPW (b)(6)-4 No. 14 Sep 03 @ 1830 (b)(6)-2 | | | ↓ 14 Sep 03 | 1830 HOURS | ① Albuterol VA breathing treatment q4 PRN ② Change pulse checks & doppler to RLE to q2 V.O. Or (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | MAJ MC USA CHIEF (b)(6)-2 | | |
| EPW (b)(6)-2 Noted 14 Sept 03 2022 (b)(6)-2 | | | 15 Sep 03 | 2222 HOURS | MD |
| NURSING UNIT | ROOM NO. | BED NO. | MAJ MC USA CHIEF DOS (b)(6)-2 | | |
| (b)(6)-2 | | | 20 ✓ 15 Sep 03 @ 0300 | (b)(6)-2 | 14/2 |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| NURSING UNIT | | | ROOM NO. | BED NO. | HOURS |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| NURSING UNIT | | | ROOM NO. | BED NO. | HOURS |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7333

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | | | |
|------------------------|----------|---------|---|-----------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER 16 Sep 03 | TIME OF ORDER 0830 HOURS | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 [Redacted] | | | ① Increase Heparin to 1500cc/° V.O. Dr. [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] MD MAJ, MC USA CHIEF, DOS | | |

Noted 11 Sept 03

| | | | | | |
|------------------------|----------|---------|---|-----------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER 16 Sep 03 | TIME OF ORDER 1100 HOURS | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 [Redacted] | | | ① Repeat PT/PT @ 1200 ② Am lab: CBC, Chem 8, Coags | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] MD MAJ, MC USA CHIEF, DOS | | |

| | | | | | |
|------------------------|----------|---------|---|-----------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER 17 Sep 03 | TIME OF ORDER 1000 HOURS | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 [Redacted] | | | Pin Care to exposed proximal site 1/2 strength penicillin and Stank Water B.I.D. V.O. Dr. [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] MD MAJ, MC USA CHIEF, DOS | | |

noted @ 1500 17 Sep 03

| | | | | | |
|------------------------|----------|---------|---|-----------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER 17 Sep 03 | TIME OF ORDER 2330 HOURS | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 [Redacted] | | | ① give bolus 1000 units of Heparin ② then increase infusion rate to 1800 units/hr V.O. Dr. [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] MD MAJ, MC USA CHIEF, DOS | | |

Noted @ 2330

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7336

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | | |
|------------------------|----------|--------------------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| # | (b)(6)-4 | 17 Sept 03 | 2345 HOURS | |
| | (b)(6)-2 | ① call MD for PT 45 a 790. | | |
| | | ② COAG panel 6 after Hypni charge | | |
| NURSING UNIT | ROOM NO. | | | MD |
| | | | | MAJ, MC USA CHIEF, DDS |

| | | | | |
|------------------------|----------|---|---------------|----------------------------------|
| PATIENT IDENTIFICATION | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| # | (b)(6)-4 | 18 Sept 03 | 0840 HOURS | |
| | | ① BOLUS HEPARIN 1000 units then INCREASE qtt to 2000 units / hr | | noted 18 SEP 0845 MD SS |
| NURSING UNIT | ROOM NO. | BED NO. | | MD |
| | | | | MAJ, MC USA CHIEF, DDS |

| | | | | |
|------------------------|----------|--------------------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| # | (b)(6)-4 | 19 SEPT 03 | 0940 HOURS | |
| | | ① DC Amikacin per V/O Dr Pharmacy | | noted 19 SEP 0940 MD |
| NURSING UNIT | ROOM NO. | BED NO. | | MD |
| | | | | MAJ, MC USA CHIEF, DDS |

| | | | | |
|------------------------|-----------------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| # | EPW (b)(6)-4 | 20 Sept 03 | 0820 HOURS | |
| | | ① DC IV Heparin ② ELEVATE RLS on pillow | | |
| SING UNIT | ROOM NO. | BED NO. | | MD |
| | | | | MAJ, MC USA CHIEF, DDS |

FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 78

MEDCOM - 7337

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | | | |
|------------------------|----------|---------|-----------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 20 Sept 03 | 0900 HOURS | |
| | | | Hepatin 5000 q 2c BID | | / |
| | | | Rest 20x Tonight | | |
| | | | V. J. Da | MD | |
| | | | MAJ, MC USA | | |
| NURSING UNIT | ROOM NO. | BED NO. | CHIEF, DDS | | |

| | | | | | |
|------------------------|----------|---------|----------------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 20 Sept 03 | 1900 HOURS | |
| | | | ① Decadate Sodium 100mg PO Bid | | / |
| | | | ② MOM 60ml PO q 4h Const. Relief | | |
| | | | V. J. Da | MD | |
| | | | MAJ, MC USA | | |
| NURSING UNIT | ROOM NO. | BED NO. | CHIEF, DDS | | |

| | | | | | |
|------------------------|----------|---------|-----------------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 20 Sept 03 | 2213 HOURS | |
| | | | ① Tylenol 650mg PO q 4h PRN | | / |
| | | | V. J. Da | | |
| | | | MAJ, MC USA | | |
| NURSING UNIT | ROOM NO. | BED NO. | CHIEF, DDS | | |

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 21 Sept 03 | 1045 HOURS | |
| | | | ① Transferrin 2 UNITS PLAC | | / |
| | | | ② Premedicate w/ BENADRYL 25mg IV w/ Tylenol 650mg po. | | |
| | | | ③ CBC one hour p transferrin | | / |
| | | | ④ DC CORDIS p transferrin | | |
| | | | ⑤ Hep Lact IV | | |
| | | | ⑥ Oz Gel | | |
| | | | MAJ, MC USA | | |
| | | | CHIEF, DDS | | |
| NURSING UNIT | ROOM NO. | BED NO. | CHIEF, DDS | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 APR 77 WHICH MAY BE USED UNTIL 31 MAR 82

MEDCOM - 7338

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|------------|---------|---|---------------|--------------------------------|
| EPW | [REDACTED] | | 21 Sept 03 | 1710 HOURS | |
| | | | ① DC - PLAMATIN | | |
| | | | ② ANCEE 1 gram IV PB q 8 | | |
| | | | MAJ, MC USA CHIEF DOB | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| EPW | [REDACTED] | | 21 Sept 03 | 2058 HOURS | |
| | | | ① PERLORET - 1-2 po q 4 ^o PM/PM | | |
| | | | MAJ, MC USA CHIEF DOB | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| EPW | [REDACTED] | | 22 SEP 03 | 1845 HOURS | |
| | | | ① TRANSFER TO ICW | | |
| | | | ② DR ② GR III C TUBA 15 | | |
| | | | ③ COM: STANUS | | |
| | | | ④ VITALS & ROUTINE i DOPPLER PT PULSE | | |
| | | | ACT: Non WB ② VES. | | |
| | | | NVA | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | ① DIRT Reg. | | |
| | | | ③ PERLORET i TI PO q 4-6 h PM | | |
| | | | ④ ANCEE Tg IV q 8H | | |
| | | | ⑤ DAILY DRESSING D'S. | | |
| | | | ⑥ SUPPORT Leg/Neck i EGG CRATE. | | |
| | | | ⑦ HEPARIN 5000u SQ BID | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7339

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|----------|---------|---|---------------|--------------------------------|
| (b)(6)-4 | | | 24 Sep 03 | 0900 HOURS | |
| | | | <p>NOA</p> <p>① Load phenytoin 400mg po x1 now then 300mg po 2^o after that then 300mg po ^{(b)(6)-2} after that then 100mg po tid starting tomorrow.</p> | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 24 Sep 2003 | 1230 HOURS | |
| | | | <p>VO: Dr. ^{(b)(6)-2} / ^{(b)(6)-2} / ^{(b)(6)-2}</p> <p>① Valium 5mg IVP for seizure and notify M.D. ^{(b)(6)-2}</p> | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| <p>NOA</p> <p>① Valium 400 24 Sep 2003 AM</p> | | | 24 Sep 2003 | 1735 HOURS | |
| | | | <p>① Valium 25mg IVP x - NOW</p> <p>② Valium 7.5mg IVP x - NO</p> <p>③ Valium 5.0mg IVP x - NO</p> <p>④ Haldol 5mg IM x - NOW</p> <p>⑤ Haldol 5mg IM x - NOW</p> <p>⑥ Benadryl 50mg IM x - NO</p> | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| <p>NOA</p> <p>① Colace 100mg T po bid</p> <p>② MOM 30cc po q4^o until pm.</p> | | | 24 Sep 2003 | 1735 HOURS | |
| | | | <p>VO: Dr. ^{(b)(6)-2} / ^{(b)(6)-2} / ^{(b)(6)-2} AM</p> <p>Quochar / 24 Sep @ 2240 ^{(b)(6)-2} Garwick</p> | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 28 Sep 03 | 2132 HOURS | |
| | | | <p>① D/C Phenytoin</p> <p>② Tylenol 650mg po now + q6^o prn.</p> | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 24 ^o char / 29 Sep 03 @ 0810 | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7340

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|------------------------------|---|--------------------------------|
| (b)(6)-4 | | | 2 OCT 83 | 17:28 | |
| | | | ↓ | ① ble ca n course to i po bid | |
| | | | ADD/CHG 0820 3043 RUBINIC | (b)(6)-2 | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-2 | | | 5 OCT 83 | 18:08 | HOURS |
| | | | VO | Remove staples from upper (P) thigh | |
| | | | Dr. (b)(6)-2 | (b)(6)-2 | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7341

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|--|---------------|--------------------------------|
| (b)(6)-4 [Redacted] | | | ↓ 5 OCT 03 | 2110 HOURS | |
| (b)(6)-2 [Redacted] | | | ① NRS. P MEDICATION ② TO OR IN AM. | | |
| [Redacted] | | | [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| [Redacted] | | | 6 OCT 03 | 1305 HOURS | |
| (b)(6)-2 [Redacted] | | | ① ADMIT RR → KW ② DX (R) LEG 60 TIT C DISTAL TIB FX → SLP REMOVAL W/ FX ③ CONT: STABLE ④ VITALS: Q RR ROUTINE ⑤ ACT: NON W/ (R) LEG, EPW | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-2 [Redacted] | | | RESTRAINTS, ELEVATE (R) LEG | PLUOUS | |
| (b)(6)-2 [Redacted] | | | ⑥ NKA ⑦ DIET REG ⑧ IV NS @ 100 cc/hr, AEROK WHEN FOR PO ⑨ CLINDAMYCIN 450mg PO Q8H ⑩ HEPARIN 5000u SQ BID ⑪ MSO ₄ 1-IV mg IV q 2-4H | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| [Redacted] | | | [Redacted] | [Redacted] | |
| [Redacted] | | | ⑫ PERICORT 7 TI PO q 6H ADJ PAIN ⑬ IPRONOR 325-T ₂ q 4-6 HR PAIN FEVER, MED PAIN | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7342

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---|---------------|--------------------------------|
| (b)(6)-4 | | | 8 OCT 03 | 0910 HOURS | |
| (b)(6)-4 | | | D/C TO HP COUNTRY NON WEIGHT BEARING (R) VEG Forearm UP 28 ^{TA} CSW ~ 4 DAYS | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 8 OCT 03 | 17:07 HOURS | |
| | | | VO. Immediate 2mg i-ii PO PEN Dr | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 9 OCT 03 | 0015 | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| NURSING 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. 31st Yr. 2003

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--------------|---|----|----------------|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | | | | | | | | |
| | | | | 13 | 14 | 15 | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | (b)(6)-2 | VS: Q 1 ^o Monitor, Pulse of | 06 | | | | | | | | | | | | | | | | | | | | |
| | | Irr/Alive, PT Doppler checks | 18 | | | | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | | Act - Bedrest | 06 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | | Diet: Advance as tolerated | 06 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | | Incentive Spirometry | 06 | | | | | | | | | | | | | | | | | | | | |
| | | 10-20x/1hr TCDS Q1 ^o | 18 | | | | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | | CBC, Chem8, ABG | 06 | | | | | | | | | | | | | | | | | | | | |
| | | Q AM | | | | | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | | Call MD For T > 101 | 06 | | | | | | | | | | | | | | | | | | | | |
| | | P < 60, > 110, SBP < 100 / 160 | 18 | | | | | | | | | | | | | | | | | | | | |
| | | UO < 30cc/hr, Sat < 92% | | | | | | | | | | | | | | | | | | | | | |
| 13 Sep 03 | | Foley to Gravity | 06 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |
| 14 Sep 03 | | Change pulse checks to | 06 | | | | | | | | | | | | | | | | | | | | |
| | | doppler to RLE to 2 ^o | 18 | | | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **Post-S/P Renovascularization RLE/TLS/PAS**
 N/A RA FA

ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: **CAND - STAGE**

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) | | Yr. 2003 | | | | | | |
|----------------------|-------------|--|----|---------------------|----|----|----|----|----|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | |
| | | | | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 15 Sept 03 | (b)(6)-2 | VS Q1°, I+0, pulse up | 06 | | | | | | | |
| | | Monitor, Alive, Pulse checks | 18 | | | | | | | |
| 15 Sept 03 | | Act - Bedrest | 06 | | | | | | | |
| | | | 18 | | | | | | | |
| 15 Sept 03 | | Act - Advance to Reg'd, Supplement with Enseye/Carmentol | 06 | / / / / / / / / / / | | | | | | |
| | | | 18 | | | | | | | |
| 15 Sept 03 | | Foley to Grassy | 06 | / / / / / / / / / / | | | | | | |
| | | | 18 | | | | | | | |
| 15 Sept 03 | | Incentive Spirometry | 06 | / / / / / / / / / / | | | | | | |
| | | 10-20 x/ hour, TCDB Q1° | 18 | | | | | | | |
| 15 Sept 03 | | Call MD for T > 101 | 06 | / / / / / / / / / / | | | | | | |
| | | P < 60 on > 110, SBP < 100 on > 160, Uu < 30 u/h | 18 | | | | | | | |
| 16 Sept 03 | | Sat 92%, Loss of pulses | | / / / / / / / / / / | | | | | | |
| | | AM labs: CBC, Chem 8, Coags | 06 | | | | | | | |
| 17 Sept 03 | | Pin Care to exposed proximal site = 1/2 strength provide and sterile water QID | 06 | / / / / / / / / / / | | | | | | |
| | | | 18 | | | | | | | |
| 17 Sept 03 | | Call MD for PTT < 45 > 90 | 06 | / / / / / / / / / / | | | | | | |
| | | | 18 | | | | | | | |
| 20 Sept 03 | | Enseye RLE on pills | 06 | / / / / / / / / / / | | | | | | |
| | | | 18 | | | | | | | |

ALLERGIES: YES NO
NKDA

PRIMARY DIAGNOSIS:
Dx: SIP Foreignly Embolus, Graft Repair / IHD
Cond: Stroke

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO: _____

PATIENT IDENTIFICATION:
[Redacted]

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo <u>Sep</u> yr <u>2003</u> |
|----------------------|-------------|---|---|-----------------|-------------------------|------------------------------|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 15 Sept 03 | (b)(6)-2 | ATI: SIP Feeding, Encouraging, Gait repair | 15 Sept | 1230 | 1230 | (b)(6)-2 |
| | | TED, Coag: Stable IN=ICAD, (b)(6)-2 | 15 Sept | 1230 | 1230 | (b)(6)-2 |
| 15 Sept 03 | | CBC, chem 8, Coag Panel, ABG | 15 Sept | | 1230 1330 | (b)(6)-2 |
| | | P Appt Heparin infusion started | | | | |
| 15 Sept 03 | | T:C for 2 units PRBC | 15 Sept | 1700 | 1750 | (b)(6)-2 |
| 15 Sept 03 | | Prnmeds: Tylenol 650mg PO | 15 Sept | 1750 | | (b)(6)-2 |
| | | Demerol 25mg IV | 15 Sept | 1730 | | ERKOR 15 Sept |
| 15 Sept 03 | | CBC, Chem 8, Coags, ABG | 15 Sept | | 16 Sept 03 0130 | (b)(6)-2 |
| | | 1 ^o post 2 unit PRBC transfusion | | | | |
| 15 Sept 03 | | Administration: Unit #1 PRBC order | 15 Sept 03 | | 1450 | (b)(6)-2 |
| | | Unit #2 PRBCs over 2 | | | | (b)(6)-2 |
| 15 Sept 03 | | Botas 1000 U heparin IV | 15 Sept 03 now | | 1928 | (b)(6)-2 |
| 15 Sept 03 | | Recheck coag in 4 hours | 15 Sept 03 | | 16 Sept 03 0015 | (b)(6)-2 |
| 16 Sept 03 | | Recheck coags in 6 hours | 16 Sept 03 | 0800 | 0810 | |
| 16 Sept 03 | | Repeat PT/PTT @ 1200 | 16 Sept 03 | 1200 | 1200 | |
| 16 Sept 03 | | Coag Panel 6 ^o after Heparin change | 18 Sept 03 | 0600 | 0540 | |
| 16 Sept 03 | | CBC one hour post transfusion | 25 Sept | | Done | |
| 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. Sept. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | | | | | |
|------------|--------------|------------------------------------|----|----------------|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|
| | | | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | | | | | | | | | | |
| 21 SEPT 03 | (b)(6)-2 | IV : Heparin | 08 | (b)(6)-2 | | | | | | | | | | | | | | | | |
| 21 SEPT 03 | | Heparin 500 SQ | 10 | | | | | | | | | | | | | | | | | |
| | | BiD | 12 | | | | | | | | | | | | | | | | | |
| 20 SEPT | | Dextrose Solution | 10 | | | | | | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | | | | | |
| 21 SEPT | | Prenatal Vitamin | 10 | | | | | | | | | | | | | | | | | |
| | | P. Q Day | | | | | | | | | | | | | | | | | | |
| 21 SEPT | | Ancel 1 gram | 08 | | | | | | | | | | | | | | | | | |
| | | IV PB Q 80 | 16 | | | | | | | | | | | | | | | | | |
| | | | 24 | (b)(6)-2 | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO

NKDA

PRIMARY DIAGNOSIS:

S/P REUS effix (R) teg

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo | Yr |
|----------------------|-------------|---|-----------------|-----------------|-----------|----------|----|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | |
| 21 Sept 03 | (b)(6)-2 | DC cordis p transfusion | 21 Sept 03 | Trans | | (b)(6)-2 | |
| 21 Sept 03 | | Heplock IV | 21 Sept 03 | 1400 | 1400 | | |
| 21 Sept 03 | | D/C Foley | 21 Sept 03 | 1045 | 1045 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION | | | | | | | | | | | | | |
|-------------------|--------------|--------------------------|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | TIME/DATE COMPLETED | | | | | | | | | | | | | |
| 20 Sept 03 | (b)(6)-2 | Morphine 2-ems | D | 21 Sept 03 | | | | | | | | | | | | |
| | | IV q8 prn pain | T | 21 Sept 03 | | | | | | | | | | | | |
| | | | I | (b)(6)-2 | | | | | | | | | | | | |
| | | | E | (b)(6)-2 | | | | | | | | | | | | |
| 20 Sept 03 | (b)(6)-2 | Promegan 25mg | D | | | | | | | | | | | | | |
| | | IV q4 prn/nausea | T | | | | | | | | | | | | | |
| | | | I | | | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | |
| 20 Sept 03 | (b)(6)-2 | Tylenol 650mg PO | | | | | | | | | | | | | | |
| | | PR for pain or T > 101.5 | | | | | | | | | | | | | | |

USAPA V1.00

| VERIFY BY INITIALING | | RECURRING ACTION, FREQUENCY, TIME | HR | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | | | | | | | |
|----------------------|--------------|-----------------------------------|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/ NURSE | | | DATE COMPLETED | | | | | | | | | | | | | | | | | | | |
| 22 Sep | (b)(6)-2 | Vitals Routine | 6 | | | | | | | | | | | | | | | | | | | | |
| | | Doppler to pulse | 14 | | | | | | | | | | | | | | | | | | | | |
| 22 Sep | | Act: Non WB | 6 | | | | | | | | | | | | | | | | | | | | |
| | | (R) leg | 18 | | | | | | | | | | | | | | | | | | | | |
| 22 Sep | | Diet: Regular | 6 | | | | | | | | | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |
| 22 Sep | | Daily Dressing | 10 | | | | | | | | | | | | | | | | | | | | |
| | | Changes | | | | | | | | | | | | | | | | | | | | | |
| 22 Sep | | Support leg and | 6 | | | | | | | | | | | | | | | | | | | | |
| | | heel in egg crate | 18 | | | | | | | | | | | | | | | | | | | | |
| 05 Oct 03 | | NPO Post midnigh | 06 | | | | | | | | | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |
| 05 Oct | | Diet: Reg | 07 | | | | | | | | | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **(R) CRTT C YIB FX** ADDITIONAL PAGES IN USE: YES NO
 NKDA PAGE NO: _____

PATIENT IDENTIFICATION: **S/P Removal Exfix** ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES
 D 8 9 10 11 12 13 14 15
 E 16 17 18 19 20 21 22 23
 N 24 01 02 03 04 05 06 07

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo <u>10</u> | yr <u>2003</u> |
|----------------------|--------------|---|--|-----------------|-----------|--------------|----------------|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | |
| 22 Sep | (b)(6)-2 | Vitals Routine \bar{E} | | | | | |
| | | Doppler to Pulse | | | | ERK | |
| 5 Oct | | Remove staples to upper @ | 0500 | 1800 | 1800 | (b)(6)-2 | |
| | | High | | | | | |
| 5 Oct | | To OR in AM, | 0600 | AM | | | |
| 8 Oct | | D/C to MP CUSTODY | 800 | 0910 | 0910 | (b)(6)-2 | |
| 8 Oct | | NWB @ 1:00 | 800 | 0910 | 0910 | | |
| 8 Oct | | Follow up @ (b)(2)-2 | 22 4 PAYS | 800 | 0910 | 0910 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION | | | | |
| | | | TIME/DATE COMPLETED | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

USAPA V1.00

MEDCOM - 7351

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. SPR 2003

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING

ORDER DATE

CLERK/ NURSE

RECURRING ACTION, FREQUENCY, TIME

HR

DATE COMPLETED
22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12

22520

(b)(6)-2

vs a routine c
Dyspare on pass

06

14

22

22520

(b)(6)-2

ACT' now WB @ LER

06

18

22520

(b)(6)-2

ACT' LER

06

12

18

22520

(b)(6)-2

DAILY PASS A's

10

22520

(b)(6)-2

SUPPORT LER + REEL WITH
EAR CARE

06

18

ALLERGIES: YES NO

NKA

PRIMARY DIAGNOSIS:

Ⓟ GRAFTISA FX

PATIENT IDENTIFICATION:

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

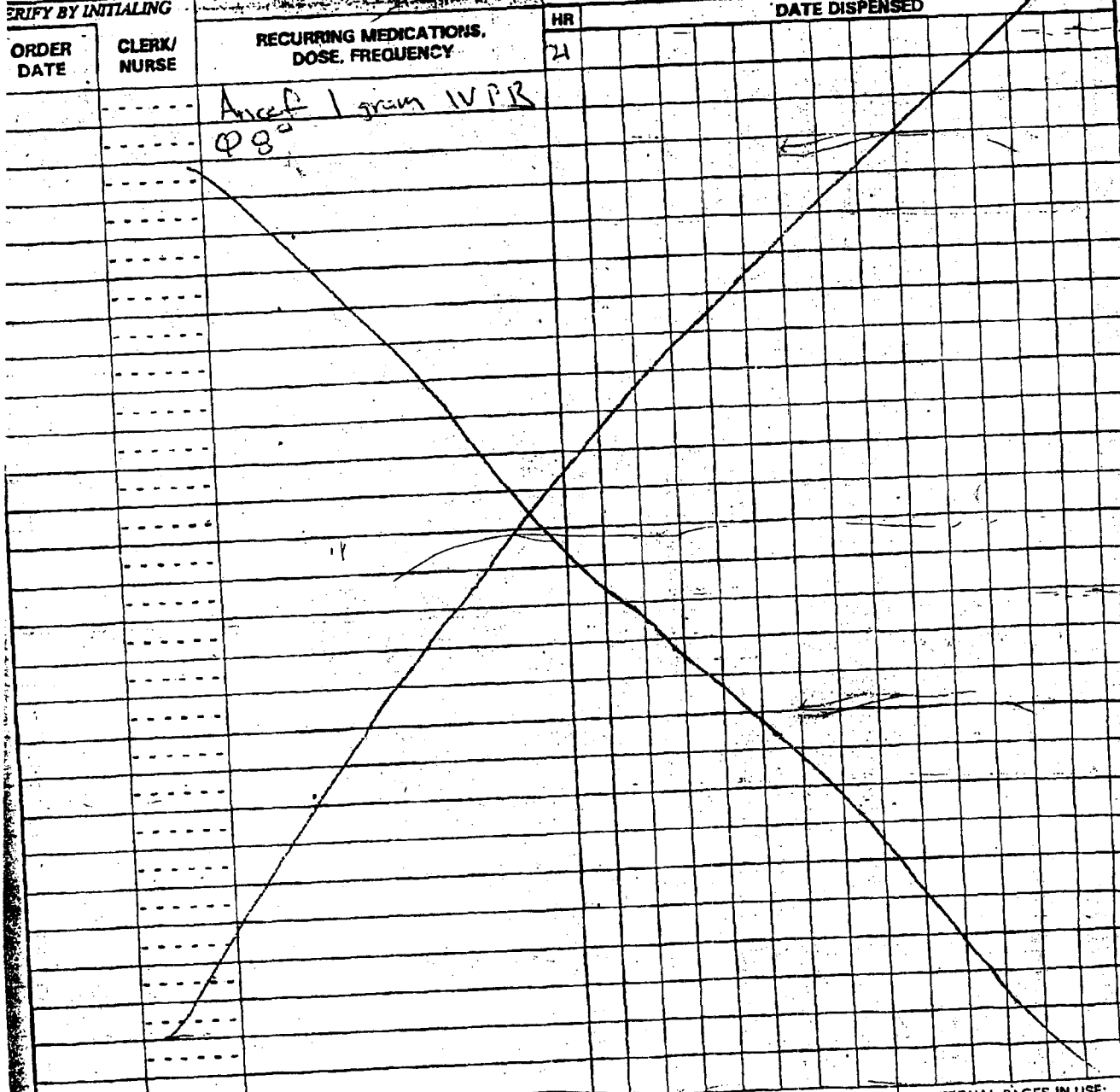
ADDITIONAL PAGES II
 YES NO

PAGE NO: _____

ACTION TIMES
USE PENCIL. CIRCLE ACTION
D 8 9 10 11 12 13
E 16 17 18 19 20 21
N 24 01 02 03 04 05

MEDCOM - 7352

IN OF 1 DEC 77 MAY BE USED.

| | | | |
|--|--|---|---------------------------------|
| 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. <u> </u> Yr. <u> </u> |
| INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | |
| VERIFY BY INITIALING | | DATE DISPENSED | HR |
| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | 24 |
| | | Ancef 1 gram IV P.B. Q 8 ^h | |
|  | | | |

ALLERGIES: YES NO
NKPA

PRIMARY DIAGNOSIS:
S/P Pulmonary Embolization, Graft Repair

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO.

PATIENT IDENTIFICATION:

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | No. <u>Sept</u> | Yr. <u>03</u> | |
|----------------------|--------------|--|--|--|------------------|------------------|---------------|---------------------|
| Order Data | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | | | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Order/ Expn Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | TIME/DATE DISPENSED |
| <u>20 Sept</u> | (b)(6)-2 | <u>MOM BORN TO PAUL</u> | | | | | | |
| | | <u>CONSTIPATION</u> | | | | | | |
| <u>20 Sept</u> | (b)(6)-2 | <u>INTERNAL GYNOGY PO</u> | | | | | | |
| | | <u>PAULSON OF 7/10/5</u> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | | | | | | | | | | | | | | | | | |
| | | | | 13 | 14 | 15 | 16 | 17 | | | | | | | | | | | | | |
| 3 Sept 03 | (b)(6)-2 | IV: LR TRA 1250/1m | 06 | / | | | | | | | | | | | | | | | | | |
| | | | 18 | / | | | | | | | | | | | | | | | | | |
| 3 Sept 03 | | Amiticain 500mg IVPB Q 12 ^o | 10 | / | | | | | | | | | | | | | | | | | |
| | | | 22 | / | | | | | | | | | | | | | | | | | |
| 3 Sept 03 | | Primorin 500mg IVPB Q 6 ^o | 04 | / | | | | | | | | | | | | | | | | | |
| | | | 10 | / | | | | | | | | | | | | | | | | | |
| | | | 16 | / | | | | | | | | | | | | | | | | | |
| | | | 22 | / | | | | | | | | | | | | | | | | | |
| 13 Sept 03 | (b)(6)-2 | Lovenox 40mg SC Q day | 10 | / | | | | | | | | | | | | | | | | | |
| 3 Sept 03 | | Lovenox 30mg SC Q day | 10 | / | | | | | | | | | | | | | | | | | |
| 13 Sept 03 | | Amiticain 1gm IVPB Q day | 10 | / | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: DN: S/P Resection w/ RLG/TID/ES
NKA BN FT
COND. Stage ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION: DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | | Mo. <u>Sept</u> Yr. <u>03</u> | | | | | | | | | | | | | | |
|-----------------------------|-----------------|---|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|--|--|--|--|--|--|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | | | | Date to be Given | Time to be Given | Time Given | Initials | | | | | | | | | | | | | |
| <u>13</u> <u>Sept 03</u> | (b)(6)-2 | Give 50mg Gentamycin IV now | | | | 13 1600 | 1500 | 1500 | (b)(6)-2 | | | | | | | | | | | | | |
| <u>14</u> <u>Sept 03</u> | | Transfuse 2 units PRBC's IVBB over 2 hrs. | | | | 14 Sept 0800 | 1239 | | | | | | | | | | | | | | | |
| <u>14</u> <u>Sept</u> | | Premedicate w/ Benzydol 25mg IV Tylenol 650mg PO prior to blood transfusion | | | | 14 Sept 0825 | 0825 | | (b)(6)-2 | | | | | | | | | | | | | |
| | | | | | | 14 Sept | 0825 | 0825 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | | | | | | | | | | | | | | | |
| | | | TIME/DATE DISPENSED | | | | | | | | | | | | | | | | | | | |
| <u>13 Sept 03</u> | (b)(6)-2 | <u>Phenergan 25mg IV</u> | D | <u>14</u> <u>Sept</u> <u>03</u> | | | | | | | | | | | | | | | | | | |
| | | <u>Q4^h prn / nausea</u> | T | 0500 | | | | | | | | | | | | | | | | | | |
| | | | I | 02 | | | | | | | | | | | | | | | | | | |
| | | | E | 0 | | | | | | | | | | | | | | | | | | |
| <u>13 Sept 03</u> | (b)(6)-2 | <u>Morphine 2-8mg IV</u> | D | <u>13</u> <u>Sept</u> <u>03</u> | <u>13</u> <u>Sept</u> <u>03</u> | <u>13</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>14</u> <u>Sept</u> <u>03</u> | <u>15</u> <u>Sept</u> <u>03</u> | <u>15</u> <u>Sept</u> <u>03</u> | | | | | | | |
| | | <u>Q2^h prn Pain</u> | T | 0700 | 0700 | 0700 | 0730 | 0700 | 0700 | 0700 | 0700 | 0700 | 0700 | 0700 | 0700 | | | | | | | |
| | | | I | 5mg | 2mg | 2mg | 4mg | 6mg | 4mg | 4mg | 4mg | 4mg | 4mg | 5mg | 5mg | | | | | | | |
| | | | E | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | | | | | | | |
| <u>14 Sept 03</u> | (b)(6)-2 | <u>Albuterol UD breathing treatment q4^h prn</u> | D | <u>14</u> <u>Sept</u> <u>03</u> | | | | | | | | | | | | | | | | | | |
| | | | T | 1400 | | | | | | | | | | | | | | | | | | |
| | | | I | 147 | | | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 7357

| Verify by Initialing | | T APEUTIC DOCUMENTATION CARE PL (MEDICATIONS) | | | | Mo. <u>SEP</u> Yr. <u>03</u> | | | |
|----------------------|-------------|---|--|----|-----|------------------------------|------------------|------------|----------|
| 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 | | | | | | |
| 21 SEP | (b)(6)-2 | Percoet 1-2x po | D | 21 | SEP | 11 | | | |
| | | 940 Pw/Pain | T | 21 | SEP | 0700 | | | |
| | | | I | | | | | | |
| | | | E | | | | | | |

USAPA V1.00

MEDCOM - 7358

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

Mo. July r. 9

CLINICAL RECORD

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | |
|-----------|-------------|--|----|----------------|----|----|----|----|----|----|----|--|--|--|--|--|
| | | | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | | | |
| 20 Jul 03 | (b)(6)-2 | IV: LR to Run @ 100 cc/hr | 06 | | | | | | | | | | | | | |
| 20 Jul 03 | (b)(6)-2 | Heparin gtt - To insure at 1000 units/hr = 10cc/hr | 18 | | | | | | | | | | | | | |
| 20 Jul 03 | (b)(6)-2 | Primairin 500mg qd | 04 | | | | | | | | | | | | | |
| 20 Jul 03 | (b)(6)-2 | Amikacin 1gram IV q 24 | 10 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Heparin gtt ↑ 1200 u/hr | 06 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | ↑ Heparin to 1400 u/hr | 18 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Increase Heparin to 1500 u/hr | 06 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Increase Heparin to 1800 u/hr | 06 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Increase gtt to 2000 u/hr | 06 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Heparin Dose Sa | 10 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | BID | 20 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Docusate Sodium 100mg b | 10 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | BID | 20 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Prenatal Vitamin - I | 10 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | PO q day | 08 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | Ancef 1gram IV q 8 | 16 | | | | | | | | | | | | | |
| 21 Sep 03 | (b)(6)-2 | | 24 | | | | | | | | | | | | | |

Handwritten notes:
 Rate changed
 16 Sep 03 0730
 17 Sep 03
 18 Sep 03
 did 14 Sep 03
 did 17 Sep 03
 did 18 Sep 03
 did 19 Sep 03
 did 20 Sep 03
 did 21 Sep 03
 did 22 Sep 03

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
 Dxt. SIP Foreign Embedding, Graft Repair

ADDITIONAL PAGES IN USE:
 YES NO

PAGE NO.

N 10A

Card - stable

PATIENT IDENTIFICATION:

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES
 O 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

USAPA V1.00

MEDCOM - 7359

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

No. Sept yr. 2003

| Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|------------|-------------|---|------------------|------------------|------------|----------|
| 15 Sept | (b)(6)-2 | Heparin Bolus 2500 units IV | 15 Sept 03 | 1300 | 1325 | (b)(6)-2 |
| 15 Sept | | Bolus 1000 u heparin IV now | 15 Sept 03 | 1400 | 1425 | |
| 15 Sept | | Premedicate Tylenol 650mg | 15 Sept | 1735 | 1735 | |
| 15 Sept | | Benedryl 25mg | 15 Sept | 1735 | 1735 | |
| 15 Sept | | Transfuse Unit # 1 PRBC | 15 Sept | | 1950 | |
| 15 Sept | | " Unit # 2 PRBC | 15 Sept | | 2145 | |
| 16 Sept 03 | | 2500 units heparin bolus | 16 Sept 03 | | 0200 | |
| 16 Sept 03 | | bolus 1000 units Heparin | 17 Sept 03 | | 2330 | |
| 17 Sept 03 | | Bolus heparin 1000 units | 18 Sept 03 | 0840 | 0840 | |
| 21 Sept 03 | | Transfuse 2 units PRBCs | 21 Sept 03 | 1400 | 1250-1300 | |
| 21 Sept 03 | | Premedicate 2 Benedryl 25mg IV and Tylenol 650mg PO | 21 Sept 03 | | 1700 | |
| 21 Sept 03 | | DC Primaxin | 21 Sept 03 | 1710 | | (b)(6)-2 |

| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | | | | | | | | | | | | | | |
|------------------|-------------|--|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|--|--|--|--|--|
| | | | TIME/DATE DISPENSED | | | | | | | | | | | | | | | | | | |
| 15 Sept 03 | (b)(6)-2 | Morphine 2-8mg IV Q2 prn / pain | 15 Sept 03 | 16 Sept 03 | 16 Sept 03 | 17 Sept 03 | 17 Sept 03 | 18 Sept 03 | 18 Sept 03 | 19 Sept 03 | 19 Sept 03 | 20 Sept 03 | 20 Sept 03 | 21 Sept 03 | 21 Sept 03 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 15 Sept 03 | (b)(6)-2 | Promethazine 6.25mg IV Q4 prn / itchy | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 15 Sept 03 | (b)(6)-2 | Morphine 2-8mg IV Q2 prn / pain | 15 Sept 03 | 16 Sept 03 | 16 Sept 03 | 17 Sept 03 | 17 Sept 03 | 18 Sept 03 | 18 Sept 03 | 19 Sept 03 | 19 Sept 03 | 20 Sept 03 | 20 Sept 03 | 21 Sept 03 | 21 Sept 03 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

USAPA V1.00

M. 09 y 03

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| CLINICAL RECORD | | DATE DISPENSED | | | | | | | | | | | |
|----------------------|-------------|--|----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| VERIFY BY INITIALING | | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| ORDER DATE | CLERK/NURSE | | | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 |
| 22SEP | (b)(6)-2 | ANDEF 1 gm q 8 ^o | 06 14 22 | / | | | | | | | | | |
| 22SEP | (b)(6)-2 | HEPARIN 5000u SQ BID | 10 27 | / | | | | | | | | | |
| 24SEP | (b)(6)-2 | Load Phenyton 400mg PO x 1 now | 09 | / | | | | | | | | | |
| 24SEP | (b)(6)-2 | Phenyton 300mg po 2 ^o p ^o th | 11 | / | | | | | | | | | |
| 24SEP | (b)(6)-2 | Phenyton 300mg po 1 ^o p ^o th | 13 | / | | | | | | | | | |
| 24SEP | (b)(6)-2 | Phenyton 100mg po tid starting tomorrow | 06 14 22 | / | / | / | / | / | / | / | / | / | / |
| 24SEP | (b)(6)-2 | Colace 100mg po BID | 06 18 | / | / | / | / | / | / | / | / | / | / |
| 24SEP | (b)(6)-2 | MOM 30cc po Q4 ^o until BM | 07 06 10 14 18 22 | / | / | / | / | / | / | / | / | / | / |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GASTRIC ULSA PO

PATIENT IDENTIFICATION:
 (b)(6)-4
 (b)(6)-4

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO. _____

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

MEDCOM - 7361 EDITION 11 77 WILL BE USED UNTIL EXHAUSTED. US

**THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)**

Mo. 21 Yr. 2002

| Initialing | | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|-------------|-------------|------------------------------|------------------|------------------|------------|----------|
| Order Date | Clerk/Nurse | | | | | |
| <u>21/8</u> | (b)(6)-2 | Haldol 5mg IM x - NOW | | | | (b)(6)-2 |
| <u>21/8</u> | (b)(6)-2 | Haldol 5mg IM x - NOW | | | 1200 | (b)(6)-2 |
| <u>21/8</u> | (b)(6)-2 | Benadryl 50mg Wix - NOW | | | 1310 | (b)(6)-2 |
| <u>?</u> | | | | | | |

| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | |
|------------------|-------------|---|--|-----------------|
| | | | TIME/DATE DISPENSED | |
| <u>21/8</u> | (b)(6)-2 | Pericort x - ii po q d-l ^o po | <u>11:20 AM</u> | <u>11:20 AM</u> |
| <u>21/8</u> | (b)(6)-2 | Valium 5mg IVP for seizure and notify MD | <u>11:30 AM</u> | <u>11:30 AM</u> |
| <u>21/8</u> | (b)(6)-2 | Tylenol 50mg po 2 ^o PEN 0 | <u>11:40 AM</u> | <u>11:40 AM</u> |

USAPA V1.00

MEDCOM - 7362

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 10 Yr. 03 | |
|----------------------|-------------|---|----|----------------|----|---------------|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | |
| 5 | (b)(6)-2 | Ancef T 9m q 8h | 6 | 6 | 7 | 8 | 9 |
| | | | 14 | D/c'd 6/21/03 | | | |
| | | | 22 | | | | |
| 5 | (b)(6)-2 | Heparin 1000u SQ BID | 10 | 10 | 11 | 12 | 13 |
| | | | 22 | D/c'd 6/21/03 | | | |
| 6 | (b)(6)-2 | LVF NSA 1000mg/hr | 06 | 06 | 07 | 08 | 09 |
| | | Heparin when PO TOL | 18 | D/c'd 6/21/03 | | | |
| 6 | (b)(6)-2 | Clindamycin 450mg PO Q 8H | 06 | 06 | 07 | 08 | 09 |
| | | | 14 | D/c'd 6/21/03 | | | |
| | | | 22 | | | | |

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: (R) Acute Tibia Fracture

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION:

NKDA

(b)(6)-4

(b)(6)-4

Supplemental Rx

PAGE NO. _____

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. | Yr. |
|----------------------|-------------|--|---|------------------|------------|----------|-----|
| Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL, PROPER COLUMN FOLLOWING ADMINISTRATION | | | | |
| | | | TIME/DATE DISPENSED | | | | |
| 6 Oct | (b)(6)-2 | M504 II-IV mg IV q 2-4 hours per surgeon | | | | | |
| 6 Oct | (b)(6)-2 | PERCOCET I-II PO 4-6H PRN PAIN | | | | | |
| 6 Oct | (b)(6)-2 | TYLENOL 325 mg - 159 4-6H PRN PAIN, MILD PAIN | | | | | |
| 8 Oct | (b)(6)-2 | Immediate 2mg I-II PO PRN | 8 Oct | 170 | 170 | (b)(6)-2 | |

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-55; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Apr 8 Mar 89

| INITIAL SHIFT ASSESSMENT | | INITIAL (0100-2) | INITIALS (0100-2) | INITIALS |
|---|---------------------|---|---|----------|
| N E U R O | TIME | 1500 | 2230 | |
| | PUPILS | Pupils 3mm diam | PERL | |
| R E S P I R A T O R Y | SENSORIUM | Alert & aware, responds in OR. response to noxious stimuli. ment | alert, aware, responds appropriately & interprets. | |
| | RESPIRATORY PATTERN | Easy & unlabored. | easy, nonlabored | |
| S T R U C T U R E | BREATH SOUNDS | lung CRT in all lobes. | clear bilat. | |
| | SECRETIONS | 0-4% sputum in cup 5 | 4 LVE, O2 sat 97%. incentive spirometry done & good effort | |
| L O C A T I O N | COLOR | All skin & mucous | WNL. | |
| | INTEGRITY | Intact & dry. @ lower | org to R+L LES. see notes. | |
| C O N D I T I O N | LOCATION | 150 - Up to 1000 to CIA/C | Ac kept full (LSC, Cordis) | |
| | CONDITION | (C) Secularman & upate URU @ 1254/m. SK 5 redness & drainage | dry skin @ L/R infusing phent, fluids @ 1254/m Purity - site patent & flushes easily | |
| A B D O M E N | ABDOMEN | FB 5 tenderness | flat, nontender | |
| | BOWEL SOUNDS | BS hyperactive x4. No flatus or nausea | BS x 4 quadrants | |
| U R I N E | URINE: | folen to gravity, clear | folen -> grav. to clear yellow urine | |
| | COLOR/CLARITY | yellow clear | | |
| C A R D I A C | CARDIAC RHYTHM | Serial Tachycardia. Pulse 214. @ Dorsalis Pulse, Posterior + @ Dorsalis Pulse absent @ Posterior Tibial pulse + | sinus rhythm -> tachy. see vascular assessment for pulses. @ radial, antline intact, good radial pulse @ tibial return, good waveform | |

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

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

ICU

13 Sept 89

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

DA FORM 1700

MEDCOM - 7365

WAMC OP 375

| DATE | | HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
|--|------------------|--------------|----|----|----|----|----|----|----|-----------------|--------|--------|--------|--------|--------|--------|--------|-----|-----------------|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| V I T A E S I G N S | BP Arterial Line | | | | | | | | | | 132/82 | 127/77 | 124/73 | 121/73 | 118/73 | 115/71 | 110/71 | | | |
| | BP Cuff | | | | | | | | | | 132/82 | 127/77 | 124/73 | 121/73 | 118/73 | 115/71 | 110/71 | | | |
| | Temperature | | | | | | | | | | 98.2 | 97.4 | | | 99.4 | | 99.2 | | | |
| | Pulse | | | | | | | | | | 106 | 97 | 101 | 90 | 85 | 95 | 95 | | | |
| | Respiratory Rate | | | | | | | | | | 19 | 15 | 17 | 16 | 15 | 17 | 16 | | | |
| | Sat | | | | | | | | | | 92.6 | 98.8 | 99.2 | 105.2 | 105.6 | 105.6 | 105.6 | | | |
| | Ox Sat | | | | | | | | | | 45.7 | 45.0 | 45.0 | 51.2 | 51.2 | 51.2 | 51.2 | | | |
| | HR | | | | | | | | | | 99 | | | | | | | | | |
| | 30 | | | | | | | | | | 127 | | | | | | | | | |
| | HR | | | | | | | | | | 96 | | | | | | | | | |
| 45 | | | | | | | | | | 100 | | | | | | | | | | |
| HR | | | | | | | | | | 105 | | | | | | | | | | |
| Pap | PT QIP Checks | | | | | | | | | PT QIP | PT QIP | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^{PT} | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^{PT} | |
| I N T E R A L E A S I G N S | HR | | | | | | | | | | 101 | 105 | 105 | 105 | 105 | 105 | 105 | 105 | | |
| | OR | | | | | | | | | | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | |
| | PRBCs | | | | | | | | | | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | |
| | Heptad | | | | | | | | | | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | |
| | IWPB | | | | | | | | | | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | |
| C U I T I E S | URINE | HOUR | | | | | | | | | | | | | | | | | | |
| | | TOTAL | | | | | | | | | | | | | | | | | | |
| | 30 gr | | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | |
| U I T I E S | DRAINS | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | |

| | | NEUROLOGICAL ASSESSMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|-------------------------|----------------------|----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|----|----|----|----|----|----|----|----|----|------------------------|----|----|--------|---|--|
| | | HOURS | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | LEGEND | | |
| C O M | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C Closed by swelling | |
| | | TO SPEECH | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | A S | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONFUSED | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VERBALIZES | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VOCALIZES | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO VOCALIZATION | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C A F | BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. | |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L M B M D V E M E N T | ARMS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | R Right L Left | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L M B M D V E M E N T | LEGS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ++ Brisk + Slow - No Response | |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | + Intact - Abnormal | | | | | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VASCULAR ASSESSMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | HOURS | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | LEGEND | | | | | | | | | | | | | | | |
| Donnellis Arterio | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ++ Normal + Weak - Absent D Doppler R Right L Left | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Posterior Tib | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7368

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-55; 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

| NEUROLOGIC | TIME | 0100 | INITIAL (b)(6)-2 | 1830 | INITIAL (b)(6)-2 | INITIALS |
|----------------|----------------------|---|------------------|--|------------------|----------------------|
| | PUPILS | reactive Pearr | | | PERRL | |
| SENSORIUM | | Alert, medicated | | make + alert | | |
| | | NSOL ting for pain | | no c/o pain | | |
| | | awarable to verbal stimuli. | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | RR Reg RR: 20 | | tachypneic | | |
| | BREATH SOUNDS | S+O2 98% on @ 3L O2 | | tr. wheezes + rhchi. wheez | | |
| | SECRETIONS | LS: CTA even + v chest. & SOB & tachypnea noted | | nonproductive cough. RR 24, O2 sat + 91% on 5L nasal cannula - no notified | | |
| SKIN | COLOR | normo for race | | WAL | | |
| | INTEGRITY | dry (b) (6) (c) (g) external see notes | | | | |
| VITALS | LOCATION | axilla (b) (6) (c) (g) drainage moderate | | | | |
| | CONDITION | AKINE (b) (6) (c) (g) wrist zeroed | | left SC, Corbis | left heptlock | left (b) (6) (c) (g) |
| | | central line (b) (6) (c) (g) clival | | intact, dso + tie | drug + side | side relay |
| GASTRO | ABDOMEN | flat, nondistended | | flat, nondistended | | |
| | BOWEL SOUNDS | (b) (6) (c) (g) BS x 4 quadrants | | (b) (6) (c) (g) BS x 4 quadrants - hypoactive | | |
| | | v active | | decreased appetite | | |
| GU | URINE: COLOR/CLARITY | color -> gravity | | color -> gravity | | |
| | | maintaining clear yellow urine | | clear yellow urine | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | HR NSR HR 84 | | sinus tachycardia HR 108 | | |
| | | S1S2 normal & extra sounds & murmur | | see vascular assessment for pulses | | |
| | | (b) (6) (c) (g) pedal dorsalis pulse = doppler | | | | |

LEGEND
 Cr - Creatinine SCIN - warm & cap refill
 ICP - Intracranial Pressure
 F_IO₂ - Fraction of Inspired O₂ PCO₂ - Pressure of Arterial CO₂
 HCO₃ - Bicarbonate PEEP - Positive End Expiratory Pressure
 SA - Fractional SA₁ - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2

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

ICU

DATE: 14 Sep 03

(b)(6)-4

MEDCOM - 7369

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

| DATE | | DX | | HOSPITAL DAY | | | | | | | | | | | | | | | | | |
|--------|------------------|------------|--------|--------------|--------|-----|-----|-----|-----|---------------|--------|--------|--------|--------|--------|--------|--------|--------|------|--|--|
| | | TIME | | | | | | | | | | | | | | | | | | | |
| | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 21 | | | |
| V | BP Arterial Line | | | | | | | | | A Line 116/61 | 145/61 | 145/61 | 159/59 | 159/59 | 159/59 | 138/56 | 138/56 | 129/55 | | | |
| I | BP Cuff A-Line | 137/67 | 154/62 | 159/66 | 157/67 | | | | | 116/57 | 125/58 | 112/58 | 119/57 | 125/57 | 130/65 | 125/56 | 102/55 | | | | |
| T | Temperature | 98.4 | | 98.3 | 98.2 | | | | | | 99.0 | 99.6 | 99.3 | 98.6 | | 98.5 | | | | | |
| A | Pulse | 94 | 82 | 86 | 92 | | | | | 81 | 83 | 87 | 82 | 87 | 74 | 77 | 78 | | | | |
| L | Respiratory Rate | 17 | 15 | 15 | 13 | | | | | 16 | 16 | 16 | 16 | 17 | 16 | 16 | 15 | | | | |
| S | SAO2 | 98% | 98% | 99% | 99% | | | | | 99% | 96% | 98% | 96% | 95% | 98% | 95% | 96 | | | | |
| I | O2 | 3L | 3L | 3L | 3L | | | | | 3L | 3L | 3L | 3L | 5L | 5L | 5L | 5L | | | | |
| N | | | | | | | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8T | | |
| I | LR | 125 | 125 | 125 | 0 | 0 | 0 | 0 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | | |
| I | IVPB | 25 | 200 | 300 | | | | | 500 | 625 | 750 | 875 | 1000 | 1125 | 1250 | 1375 | 1500 | 1625 | 1750 | | |
| N | Blood | | | | 150 | | | | 700 | 150 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| E | | | | | | | | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | | | | | | | |
| E | PO | | 75 | | | | | | | | | | | | | | 350 | 440 | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |
| O | URINE | HOUR TOTAL | 400 | 400 | 400 | 400 | 425 | 400 | 350 | 2800 | 350 | 350 | 350 | 350 | 425 | 400 | 400 | 400 | 400 | | |
| U | NG | OUTPUT | | | | | | | | | | | | | | | | | | | |
| T | EMESIS | | | | | | | | | | | | | | | | | | | | |
| P | STOOL | | | | | | | | | | | | | | | | | | | | |
| U | DRAINS | | | | | | | | | | | | | | | | | | | | |
| T | TOTALS | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7370

POST-OP DAY

ACUTY LEVEL CLASSIFICATION

| | | | | | | | | |
|------|-----------------|-----------|-----------|-----------|-----------------|-----------|-----------|-----------------|
| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
| Line | 145/123 | 152/124 | 142/123 | 145/120 | 138/126 | 124/121 | 133/114 | 109/117 |
| P | 140 | 153 | 154 | 161 | 153 | 144 | 158 | 157 |
| T | 98 ⁴ | | | | 98 ⁶ | | | 98 ³ |
| W | 72 | 75 | 76 | 97 | 75 | 77 | 100 | 74 |
| R | 19 | 16 | 16 | 19 | 16 | 15 | 14 | 15 |
| CO2 | 97 | 96 | 96 | 96 | 98 | 98 | 100 | 97.1 |
| O2 | 5L | 5L | 5L | 5L | 5L | 4L | 4L | 3L |

| | |
|------------------|-------|
| TIME | 0500 |
| MODE | NC |
| F _{O2} | 3L |
| TV | |
| RATE | |
| PEEP | |
| A | |
| PH | 7.387 |
| PCO ₂ | 45.1 |
| PO ₂ | 92 |
| B | |
| HCO ₃ | 28 |
| SAT | 97 |
| G | |
| BASE | 3 |

| | | | | | | | | | |
|------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------|
| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T |
| Line | 135 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 2500 |
| P | 1125 | 750 | 875 | 2100 | 2115 | 2250 | 2375 | 2500 | 450 |
| T | 100 | | | | | | | | 450 |
| W | 350 | | | | | | | | 450 |

| | |
|------------------|------------|
| TIME | 0500 |
| A | |
| GLUCOSE | 110 |
| NBK | 133 |
| CUK ₂ | 102 |
| B | |
| BUN/Cr | 7 |
| WBC/PLATELET | 88 |
| Hct/Hgb | 25.6 / 8.7 |

| | | | | | | | | |
|------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
| Line | 200 | 400 | 350 | 300 | 300 | 400 | 200 | 200 |
| P | 5960 | 6360 | 6710 | 7010 | 7000 | 7410 | 7610 | 8010 |
| T | | | | | | | | |
| W | | | | | | | | |

| | | | |
|---------------|--|------|--|
| TIME | | TIME | |
| A | | T | |
| MOUTH CARE | | U | |
| B | | R | |
| BATH | | N | |
| C | | S | |
| SKIN CARE | | U | |
| D | | C | |
| FOLEY CARE | | T | |
| E | | I | |
| TRACH CARE | | O | |
| F | | N | |
| ROM EXERCISES | | S | |
| G | | U | |

| | | | |
|------------------------|-------------|--------------------------|-----------------|
| 24 HOURS TOTALS | | NURSE'S SIGNATURE | INITIALS |
| wt Yesterday | wt Today | | |
| INTAKE | OUTPUT | | |
| IV | Urine: | 1400 | |
| PO | | 1800 | |
| TOTAL 3690 | TOTAL 10810 | | |

MEDCOM - 7371

NEUROLOGICAL ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | LEGEND |
|--|----------------------|--------------------|---|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|
| C O M M | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | C Closed by swelling |
| | | TO SPEECH | 3 | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | |
| A S S | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive |
| | | CONFUSED | 4 | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | |
| C A T E | BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | |
| L M B M D V M E N T | ARMS | NORMAL POWER | | | | | | | | | | | | | | R Right L Left Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | |
| | LEGS | NORMAL POWER | | | | | | | | | | | | | | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | ++ Brisk + Slow - No Response |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | + Intact - Abnormal | | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | |

VASCULAR ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | LEGEND | | | | | |
|----------------|---|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|----|----|----|----|--|
| | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | |
| Dorsalis Pedis | R | D | D | D | D | D | D | 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 | D | D | D | D | D | D | |
| Posterior Tib | R | D | D | D | D | D | D | 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 | D | D | D | D | D | D | |
| | R | / | | | | | | | | | | | | | | | | | | | |
| | L | / | | | | | | | | | | | | | | | | | | | |
| | R | / | | | | | | | | | | | | | | | | | | | |
| | L | / | | | | | | | | | | | | | | | | | | | |
| | R | / | | | | | | | | | | | | | | | | | | | |
| | L | / | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7372

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 |
| N E U R O | PUPILS | 0645 | (b)(6)-2 | | 1900 |
| | SENSORIUM | 3mm 3mm. React | | | PERL |
| | | A+O x3 (+) movement, sensation, strength to all extremities minus RLE. (+) movement to Eng toe only RLE | | | A+O x3, denies pain Moves RUE, LLE. unable to move RLE but wiggles (+) great toe. |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | WNL relaxed, even | | | easy, nonlabored. |
| | BREATH SOUNDS | Clear throughout | | | clear bibat. Or sat on RA = 100%. client with excellent effort on incentive spirometer. |
| | SECRETIONS | of sputum chest movement symmetrical | | | able to sustain 1200cc/hrs for 90 min. |
| S K I N | COLOR | NFR - (+) EN fix to | | | WNL |
| | INTEGRITY | (+) LE dressing Eminent scars damage dorsal side, (+) dressing to (L) E | | | See notes * |
| I N J E C T I O N | LOCATION | P9 IV site (+) AC - placed | | | (+) Forearm PIV ESC Cordis |
| | CONDITION | 13 Sept 03. sk (+) flush (+) blood return (+) infection infiltration. (+) subcutaneous cortisone injury 1250 units (+) infiltration infection @ vein. | | | site - dress; intact; s/dress; start @ blood return @ blood return stroke flushes easily, easily. LR (+) Hepporn @ 200cc/100cc/hr infusion (1000 units/hr). |
| | ABDOMEN | soft, non tender | | | soft non tender |
| G U | BOWEL SOUNDS | BS x4 last BM, unknown | | | (+) BS x4 quads. denies nausea, decreased appetite, refused dinner. |
| | URINE | filter to gravity clear yellow | | | filter to gravity clear yellow |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | WNL. Radial R-L palpable at (+) dorsals pedis palpable at (+) dorsals pedis posterior tibials non palpable - (+) dorsals x2 (+) 2+ edema RLE. cap refill 3 sec | | | good not fast sine tachycardia, regular at (+) radial ext-line sk + dress intact. good waveform on monitor, zenocor calibrated. |
| | LEGEND | | Cr - Creatinine | ICP - Intracranial Pressure | SA - Fractional |
| | | F _I O ₂ - Fraction of Inspired O ₂ | PCO ₂ - Pressure of Arterial CO ₂ | SA1 - Saturation | TRACH - Tracheostomy |
| | HCO ₃ - Bicarbonate | PEEP - Positive End Expiratory Pressure | | | |

PREPARED BY (Signature & Title) _____ (Continue on reverse)

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

ICU 15 Sep 03

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

| DATE | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | | | | |
|---------------------------------|-------------------------|------------|--------|--------|-----|----|----|-----|-------|----------------|---------|------------|--------------|--------|--------|--------|--------|------|----------------|--|--|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | |
| V I T A L S | BP Arterial Line | 123/84 | 116/53 | 145/44 | | | | | | 145/50 | 125/59 | 138/53 | 123/50 | 101/49 | 105/51 | 119/53 | 118/52 | | | | | |
| | BP Cuff | 117/53 | 101/51 | 113/52 | | | | | | 117/53 | 122/53 | 123/56 | 123/56 | 105/51 | 119/53 | | | | | | | |
| | Temperature | 98.3 | 99.7 | | | | | | | 98.7 | 98.9 | 99.3 | 99.9 | | 99.8 | | | | | | | |
| | Pulse | 76 | 86 | 78 | | | | | | 82 | 81 | 146 | 109 | 104 | 117 | 100 | | | | | | |
| | Respiratory Rate | 16 | 12 | 14 | | | | | | 13 | 14 | 12 | 17 | 20 | 14 | 12 | | | | | | |
| | O ₂ Sat | 95% | 96% | 97% | | | | | | 97% | 99% | 98% | 98% | 98% | 100% | 100% | | | | | | |
| | Fio ₂ | 3L | 3L | 3L | | | | | | RA | RA | RA | RA | RA | RA | RA | | | | | | |
| | Method | MC humid | Hum | Hum | | | | | | RA | RA | RA | RA | RA | RA | RA | | | | | | |
| | TS | | NA/NA | | | | | | | Drop | Drop | 1200cc x20 | 1200 x10 | | x20 | | | | | | | |
| | ⊕ Pulso. Dorcath. Peri. | | ⊕ | | | | | | | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | | | | | | | | |
| ⊕ Post T.b | | ⊕ | | | | | | | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | | | | | | | | | |
| Pain | | | | | | | | | steep | steep | Minimal | HA | Minimal | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T | | | |
| I N T A K E S | LR | 125 | 150 | 146 | 150 | | | 200 | 225 | 225 | 350 | 340 | 250 | 160 | 275 | 150 | 250 | 250 | | | | |
| | IVPB | ⊗ | ⊗ | | | | | 200 | | | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | | | | |
| | Heparin | | | | | | | | | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| | PRBC | | | | | | | | | | | | | | | | | | | | | |
| | PO | WPR | WPR | WPR | | | | | | | ⊗ | ⊗ | F | | 1320 | | 230 | 250 | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | 1570 | 1820 | | | |
| | U R I N E | HOUR TOTAL | 175 | 150 | 200 | | | | 1100 | 1625 | 150 | 150 | 50 | 300 | 200 | 350 | 300 | 300 | 300 | | | |
| | | SP gr | 175 | 150 | 200 | | | | 1100 | 1625 | 150 | 150 | 50 | 300 | 200 | 350 | 300 | 300 | 300 | | | |
| | N G | OUTPUT | | | | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | | | | |
| GUAC | | | | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | |
| D R A I N S | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7374

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|--------|----|----|---------|--------|---------|---------|---------|---------|
| V | | | 102/145 | 115/55 | 112/144 | 112/148 | 100/146 | 106/145 |
| BP | | | 115/49 | 117/47 | 102/46 | 111/47 | 112/52 | 115/50 |
| Temp | | | 99.6 | 99.3 | | 98.9 | | 97.2 |
| Hra | | | 78 | 86 | 82 | 78 | 92 | 86 |
| RPR | | | 20 | 14 | 20 | 18 | 17 | 19 |
| SpO2 | | | 97 | 99 | 97 | 98 | 100 | 99 |
| O2 | | | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 |
| Method | | | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 |

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| R | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| UPB | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| pm | 190 | 220 | 240 | 260 | 290 | 320 | 350 | 380 | 380 |
| 3C | 600 | 700 | | | | | | | 800 |
| 70 | | | | | | | | | 1700 |
| | 250 | 200 | 200 | 300 | 200 | 200 | 200 | 150 | 7050 |
| | 360 | 380 | 400 | 350 | 450 | 470 | 410 | 300 | 5100 |

| TIME | | | | | | | | |
|-----------------|------------------|--|--|--|--|--|--|--|
| MODE | | | | | | | | |
| F _{O2} | | | | | | | | |
| TV | | | | | | | | |
| RATE | | | | | | | | |
| PEEP | | | | | | | | |
| A | pH | | | | | | | |
| | PCO ₂ | | | | | | | |
| B | pO ₂ | | | | | | | |
| | HCO ₃ | | | | | | | |
| G | SAT | | | | | | | |
| | BASE | | | | | | | |

| TIME | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| GLUCOSE | | | | | | | | |
| Na/K | | | | | | | | |
| Cl/CO ₂ | | | | | | | | |
| BUN/Cr | | | | | | | | |
| WBC/PLATELET | | | | | | | | |
| HcUMgb | | | | | | | | |

| TIME | | T | U | R | N | S | I | C | T |
|---------------|------|------|---|---|---|---|---|---|---|
| MOUTH CARE | 1600 | | | | | | | | |
| BATH | 0700 | | | | | | | | |
| SKIN CARE | 0800 | 1600 | | | | | | | |
| FOLEY CARE | 0801 | | | | | | | | |
| TRACH CARE | | | | | | | | | |
| ROM EXERCISES | | | | | | | | | |

| 24 HOURS TOTALS | | NURSE'S SIGNATURE | INITIALS |
|-----------------|------------|-------------------|----------|
| wt Yesterday | wt Today | | |
| INTAKE | OUTPUT | | |
| IV | Urine: | | |
| PO | | | |
| TOTAL 7050 | TOTAL 5100 | | |
| MEDCOM - 7375 | 950 | | |

| | | NEUROLOGICAL ASSESSMENT | | | | | | | | | | | | LEGEND | | | | | |
|---|----------------------|-------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|
| | | HOURS | | | | | | | | | | | | | | | | | |
| | | 18 19 20 21 22 23 24 01 02 03 04 05 | | | | | | | | | | | | | | | | | |
| C O M M A S | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | | | | C Closed by swelling |
| | | TO SPEECH | 3 | | | | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | | | | |
| A S C E | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive |
| | | CONFUSED | 4 | | | | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | | | | |
| C A S E | BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | | | | R Right L Left Record separately if there is a difference between the two sides. |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | | | | |
| L M B M D V E M E N T | ARMS | NORMAL POWER | | | | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | |
| L M B M D V E M E N T | LEGS | NORMAL POWER | | | | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | | | | ++ Brisk + Slow - No Response |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | | | | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | | | | |

| | | VASCULAR ASSESSMENT | | | | | | | | | | | | LEGEND | | | | | |
|----------------|---|---------------------|--|--|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|---|
| | | HOURS | | | | | | | | | | | | | | | | | |
| | | 18 20 22 24 02 04 | | | | | | | | | | | | | | | | | |
| Pulses | R | | | | | | | | | | | | | | | | | | ++ Normal + Weak - Absent D Doppler R Right L Left |
| | L | | | | | | | | | | | | | | | | | | |
| Dorsalis Pedal | R | | | | | | | | | | | | | | | | | | ++ Normal + Weak - Absent D Doppler R Right L Left |
| | L | | | | | | | | | | | | | | | | | | |
| Post. Tib. | R | | | | | | | | | | | | | | | | | | ++ Normal + Weak - Absent D Doppler R Right L Left |
| | L | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | ++ Normal + Weak - Absent D Doppler R Right L Left |
| | L | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | ++ Normal + Weak - Absent D Doppler R Right L Left |
| | L | | | | | | | | | | | | | | | | | | |

MEDCOM - 7376

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | | |
|-----------------------------|---------------------|---|---|----------|---|----------|
| | | TIME | INITIALS | (b)(6)-2 | INITIALS | (b)(6)-2 |
| N E U R O | PUPILS | 0615 | | | 900 | |
| | SENSORIUM | 3mm & PERRA | | | 3mm brisk alert | |
| | | alert, oriented (language barrier), follows commands, moves extremities | | | crackles appropriate - moves Rt x4, follows commands. | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | even/unlabored | | | even/unlabored equal | |
| | BREATH SOUNDS | CTA bilaterally | | | full chest expansion. | |
| | SECRETIONS | Ø noted | | | lung sounds CTA x4 lobes & cough | |
| S K I N | COLOR | normal for race | | | leason dry to touch | |
| | INTEGRITY | dressings to B groin, @ leg | | | leg to @ lower leg - COE | |
| | LOCATION | @ FA infusing Heparin; | | | @ leg for B to | |
| I V | CONDITION | Ø signs infiltration, | | | Ø signs infiltration | |
| | | @ SC cordis infusing | | | @ cordis infusing LR @ 100 cc/hr | |
| | | LR @ 100 cc/hr | | | Ø signs of infection | |
| G A S T R O | ABDOMEN | soft, non-tender | | | A-line @ most patient | |
| | BOWEL SOUNDS | @ x4 quads, regular | | | soft non-tender | |
| | | Alert | | | B & @ x4 quads regular | |
| G U | URINE: | Foley to gravity | | | Foley → gravity | |
| | COLOR/CLARITY | clear, yellow | | | clear yellow urine | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | NR, pulses palpable | | | NR 60-70 bpm | |
| | | x3, @ LF pulses heard | | | pulses palpable equal. | |
| | | on Doppler, Ø edema noted, A-line to @ radial | | | @ LF pulses, visible @ | |
| | | LEGEND | | | | |
| | | C - Creatinine | ICP - Intracranial Pressure | | S/A - Fractional | |
| | | F _I O ₂ - Fraction of Inspired O ₂ | PCO ₂ - Pressure of Arterial CO ₂ | | SAI - Saturation | |
| | | HCO ₃ - Bicarbonate | PEEP - Positive End Expiratory Pressure | | TRACH - Tracheostomy | |

(Continue on reverse)

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

NAME: **LUAN** DEPARTMENT/SERVICE/CLINIC: **ICU** DATE: **16 Sep 03**

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

DA FORM 1 MAY 78 4700

MEDCOM - 7377

WAMC OP 375 (Revised 1988)

| DATE | | DE | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|---------------------------------|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|------|----|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L S | BP Arterial Line | 114/74 | 125/85 | 133/92 | 118/76 | 119/77 | 117/71 | 120/77 | 122/75 | 110/70 | | | | | | | | | |
| | BP Cuff | 105/74 | 112/73 | 110/71 | 100/74 | 111/74 | 107/73 | 109/73 | 107/74 | 114/70 | 107/70 | 108/71 | 111/73 | 108/73 | 101/70 | 107/74 | 111/74 | | |
| | Temperature | 97.3 | | | | | | 97.6 | | | | 98.2 | | | | | | | |
| | Pulse | 67 | 70 | 83 | 70 | 69 | 86 | 81 | 83 | 68 | 92 | 63 | 71 | 103 | 78 | 62 | 76 | | |
| | Respiratory Rate | 13 | 17 | 19 | 14 | 16 | 20 | 13 | 24 | 19 | 10 | 15 | 19 | 21 | 22 | 15 | 21 | | |
| | O2 Sat | 94% | 99 | 99 | 98 | 98 | 100 | 100 | 100 | 99 | 100 | 100 | 99 | 100 | 100 | 97 | 100 | | |
| | Oxygen | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8T |
| I M E T R I C | LR | 100 | 200 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| | Heparin 50 units/ml | 25 | 25 | 25 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 35 | 30 | 30 | 30 | 30 | 30 | 30 | |
| | Units/hr | 1400 | 1400 | 1400 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | 1500 | |
| | IVPB | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U R I N E | HOURLY TOTAL | 150 | 150 | 450 | 150 | 150 | 250 | 150 | 450 | 100 | 300 | 575 | 100 | 100 | 250 | 250 | 200 | | |
| | SP GR | 150 | 150 | 750 | 900 | 150 | 150 | 450 | 100 | 2000 | 1500 | 2675 | 200 | 400 | 250 | 250 | 200 | | |
| N G | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| D R A I N S | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7378

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|---|-----|-----|-----|-----|-----|-----|-----|-----|
| Y | | | | | | | | |
| I | 112 | 114 | 117 | 114 | 113 | 110 | 113 | 104 |
| T | 98 | | | | | | | |
| A | 60 | 65 | 62 | 60 | 58 | 64 | 63 | 63 |
| L | 15 | 15 | 15 | 14 | 13 | 17 | 15 | 15 |
| S | 98 | 99 | 98 | 100 | 99 | 98 | 100 | 99 |
| | RA | RA | RA | RA | RA | RA | RA | RA |

| | | | | | | | | |
|---|-------------------------------|--|--|--|--|--|--|--|
| R | TIME | | | | | | | |
| E | MODE | | | | | | | |
| S | F _I O ₂ | | | | | | | |
| P | TV | | | | | | | |
| J | RATE | | | | | | | |
| B | PEEP | | | | | | | |
| A | A | | | | | | | |
| | PH | | | | | | | |
| | PCO ₂ | | | | | | | |
| | PO ₂ | | | | | | | |
| B | HCO ₃ | | | | | | | |
| | SAT | | | | | | | |
| G | BASE | | | | | | | |

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|------|-----|-----|-----|-----|-----|-----|-----|-----|
| 8° T | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| | 60 | | | | | | | |

| | | | | | | | |
|---|-------------------|------|-----|--|--|--|--|
| L | TIME | 0700 | | | | | |
| A | GLUCOSE | | | | | | |
| B | Na/K | | | | | | |
| D | CaCO ₂ | | | | | | |
| R | BUN/Cr | | | | | | |
| A | WBC/PLATELET | 7.1 | 141 | | | | |
| T | Hct/Hgb | 29.5 | 9.9 | | | | |
| O | PT | 12.7 | | | | | |
| E | PTT | 45.2 | | | | | |

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|
| | 200 | 100 | 100 | 200 | 100 | 100 | 200 | 100 |
| | | | | | | | | |

| | | | | | | | |
|---|---------------|--|--|--|--|--|--|
| A | TIME | | | | | | |
| C | MOUTH CARE | | | | | | |
| D | BATH | | | | | | |
| T | SKIN CARE | | | | | | |
| I | FOLEY CARE | | | | | | |
| V | TRACH CARE | | | | | | |
| S | ROM EXERCISES | | | | | | |
| V | | | | | | | |
| I | | | | | | | |
| N | | | | | | | |
| D | | | | | | | |
| F | | | | | | | |
| G | | | | | | | |

| | | | | |
|---------------|------------|-------------------|--|----------|
| 24 H&O TOTALS | | NURSE'S SIGNATURE | | INITIALS |
| wt Yesterday | wt Today | (b)(6)-2 | | (b)(6)-2 |
| INTAKE | OUTPUT | | | |
| IV | Urine: | | | |
| PO | | | | |
| TOTAL 3164 | TOTAL 5175 | | | |

MEDCOM - 7379

NEUROLOGICAL ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | | | | | | | | | | | | LEGEND | |
|---|----------------------|-----------------------|------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|
| C O M M U N I C A T I O N | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | | | | | | | | | | | | | C Closed by swelling |
| | | TO SPEECH | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A R I S I N G | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive |
| | | CONFUSED | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| C A T A L Y S I S | BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L I M B S | ARMS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | | | | | |
| MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M O V E M E N T | LEGS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | | | | | | | ♦♦ Brisk ♦ Slow - No Response |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | | | | | | | | | | | | ♦ Intact - Abnormal | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VASCULAR ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | | | | | | | | | | | | LEGEND | |
|----------------|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|-----------|
| Dorsalis Pedis | R | 06 | | | | | | | | | | | | | | | | | | | | | | | | | ♦♦ Normal | |
| Dorsalis Pedis | L | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | ♦ Weak |
| Post. Tib. | R | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | - Absent |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | D Doppler |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | R Right |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | L Left |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7380

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-56; 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 (b)(6)-2 | TIME | INITIALS (b)(6)-2 |
| N U R S E | PUPILS | 0615 | Smn & PERLA | 1900 | PERLA |
| | SENSORIUM | | awake, alert; follows A to X3, (P) commands, moves all extremities | | MAES. |
| | | | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | | even & unlabored | | easy, nonlabored |
| | BREATH SOUNDS | | clear, bilaterally | | clear but not |
| | SECRETIONS | | (P) noted | | 102 sat 98% on R/n. |
| S K I N | COLOR | | normal for race | | WNL. |
| | INTEGRITY | | dressings to (R) LE cuff, (R) fem, (L) LE CDF | | Drug to (D) groin + BLES, External fixator to RLE. |
| | LOCATION | | (D) A infusing | | (D) A P U (L) SC cord. |
| C O N D I T I O N | CONDITION | | Heparin @ 1500 u/hr, (D) SC cortis infusing, LR @ 100 cc/hr - both patent | | one dressing intact & dry, Heparin @ 1500 u/hr, LR @ 100 cc/hr, (D) SC cortis infusing. |
| | ABDOMEN | | Soft, non-tender | | Soft, flat, non-tender |
| | BOWEL SOUNDS | | (P) X4 quads, regular diet & supplement shakes | | (P) BS X4 quads |
| G U | URINE: | | Foley to gravity | | Foley to gravity |
| | COLOR/CLARITY | | clear, yellow | | clear yellow & good output. |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | | NSR, pulses palpable X3, (R) LE heard on doppler, mild edema noted to (R) foot | | NSR 3 ectopy, (P) post tib submaximal to check due to drug over area. see Brad A-line patent vascular assessment pg 4. |
| | LEGEND | | Cr - Creatinine F _i O 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 SA1 - Saturation TRACH - Tracheostomy |

102
 98%
 102
 98%

(Continue on reverse)

PREPARED BY (Signature & Title)

(b)(6)-2

Smn
D Sant

DEPARTMENT/SERVICE/CLINIC

ICU

DATE

10 Sep 89

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

(b)(6)-4

(b)(6)-4

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

DA FORM 1700

MEDCOM - 7381

WAMC OP 375 (DA FORM 1700)

| DATE | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | |
|--------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|----------------|--------|--------|--------------|--------|--------|--------|--------|-----|----------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | 117/75 | 119/73 | 124/54 | 119/51 | 119/51 | 120/50 | 124/55 | 108/50 | 124/58 | 117/47 | 122/53 | 114/54 | 125/54 | 139/51 | 124/49 | 127/53 | | |
| | BP Cuff | 104/62 | 105/49 | 111/53 | 112/44 | 108/54 | 123/47 | 119/48 | 114/50 | 121/53 | 106/54 | 104/54 | 113/48 | 104/55 | 111/60 | 107/42 | 107/51 | | |
| T | Temperature | 98.6 | | | | | | | | | | | | 98.1 | | | | | |
| A | Pulse | 75 | 88 | 76 | 62 | 70 | 69 | 65 | 77 | 75 | 95 | 85 | 84 | 78 | 70 | 65 | 102 | | |
| A | Respiratory Rate | 12 | 16 | 10 | 14 | 18 | 15 | 16 | 17 | 21 | 12 | 17 | 19 | 21 | 16 | 16 | 14 | | |
| L | O ₂ Sat | 100 | 98 | 100 | 99 | 99 | 100 | 99 | 100 | 99 | 100 | 99 | 98 | 98 | 98 | 98 | 100 | | |
| L | Method | NA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | BA | RA | RA | RA | | |
| S | | | | | | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T |
| I | LR | 50 | 100 | 160 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| | Heparin | 50 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | |
| | Units | 50 | | | | | | | | | | | | | | | | | |
| | IVP3 | 50 | | | 50 | 100 | | | | | | 100 | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O | URINE | HOUR | 50 | 175 | 150 | 300 | 200 | 450 | 250 | 400 | 350 | 200 | 300 | 200 | 200 | 300 | 300 | 200 | |
| | TOTAL | 50 | 175 | 150 | 300 | 200 | 450 | 250 | 400 | 350 | 200 | 300 | 200 | 200 | 300 | 300 | 200 | | |
| U | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| E | EMESIS | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | |
| U | DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7382

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|------|---------|---------|---------|---------|---------|---------|---------|---------|
| Temp | 101/107 | 102/107 | 101/105 | 99/103 | 99/103 | 100/100 | 100/100 | 100/100 |
| SpO2 | 104/108 | 95/99 | 106/108 | 102/104 | 106/106 | 108/102 | 108/102 | 108/109 |
| HR | 80 | 60 | 62 | 57 | 55 | 57 | 58 | |
| RR | 20 | 15 | 16 | 12 | 13 | 13 | 12 | |
| Sat | 100 | 99% | 99% | 100% | 99% | 99% | 98% | |
| Med | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A |

| | TIME | | | | | | | | |
|-------------------------------|------------------|--|--|--|--|--|--|--|--|
| MODE | | | | | | | | | |
| F _I O ₂ | | | | | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| A | pH | | | | | | | | |
| A | PCO ₂ | | | | | | | | |
| A | PO ₂ | | | | | | | | |
| B | HCO ₃ | | | | | | | | |
| | SAT | | | | | | | | |
| G | BASE | | | | | | | | |

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T |
|------|-----|-----|-----|-----|-----|-----|-----|-----|------|
| HR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| RR | 17 | 16 | 19 | 20 | 21 | 22 | 23 | 24 | 24 |
| SpO2 | 91 | 90 | 92 | 93 | 94 | 95 | 96 | 97 | 97 |
| Temp | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |

| | TIME | 1600 | 1515 | 2200 |
|---|-------------------|---------|------|------|
| A | GLUCOSE | 46 | | |
| B | Na/K | 13/5.6 | | |
| C | CaCO ₂ | 105/34 | | |
| D | BUNCr | 5/0.6 | | |
| E | WBC/PLATELET | 47/141 | | |
| F | Hct/Hgb | 30%/9.7 | | |
| G | PT | 13.8 | 13.3 | 13.4 |
| H | PTT | 45.2 | 45.9 | 35.9 |

| | | | | | |
|----|------|------|------|------|------|
| IV | 375 | 100 | 200 | 225 | 100 |
| PO | 6400 | 4500 | 4200 | 5025 | 5125 |

| | TIME | | TIME |
|---|---------------|--|------|
| A | MOUTH CARE | | |
| B | BATH | | |
| C | SKIN CARE | | |
| D | FOLEY CARE | | |
| E | TRACH CARE | | |
| F | ROM EXERCISES | | |

| | | | |
|-----------------|----------|-------------------|----------|
| 24 HOURS TOTALS | | NURSE'S SIGNATURE | INITIALS |
| wt Yesterday | wt Today | | |
| INTAKE | OUTPUT | | |
| IV | Urine: | | |
| PO | | | |
| TOTAL | TOTAL | | |

MEDCOM - 7383

NEUROLOGICAL ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | LEGEND | | | | | | |
|---|----------------------|--------------------|---|-----|-----|-----|-----|-----|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C O M M U N I C A T I O N | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | C Closed by swelling | | | | | | |
| | | TO SPEECH | 3 | | | | | | | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | | | | | | | |
| A B S T R A C T | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive | | | | | | |
| | | CONFUSED | 4 | | | | | | | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | | | | | | | |
| C A L L E R E | BEST MOTOR RESPONSE | OBVIOUS COMMANDS | 6 | | | | | | | | | | | | | | | | | | | |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | | | | | | | |
| L I M B S | ARMS | NORMAL POWER | | | | | | | | | | | | | | R Right L Left Record separately if there is a difference between the two sides. | | | | | | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | |
| L I M B S | LEGS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | ♦♦ Brisk ♦ Slow - No Response | | | | | | |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | ● 2 | ● 3 | ● 4 | ● 5 | ● 6 | ● 7 mm | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | ♦ Intact | | | | | | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | - Abnormal | | | | | | |

VASCULAR ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | LEGEND | | | | |
|----------------|---|-------|--|--|--|--|--|--|--|----|----|----|----|----|----|--------|----|----|----|---|
| Donalds heclis | R | L | | | | | | | | 19 | 20 | 21 | 22 | 23 | 01 | 02 | 03 | 04 | 05 | ♦♦ Normal ♦ Weak - Absent D Doppler R Right L Left |
| Post. Tib | R | L | | | | | | | | D | D | D | D | D | D | D | D | D | | |
| | R | L | | | | | | | | D | D | D | D | D | D | D | D | D | | |
| | R | L | | | | | | | | D | D | D | D | D | D | D | D | D | | |
| | R | L | | | | | | | | D | D | D | D | D | D | D | D | D | | |
| | R | L | | | | | | | | D | D | D | D | D | D | D | D | D | | |

MEDCOM - 7384

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | |
|---|----------------------|--|------------------|---|------------------|
| | | TIME | INITIAL (b)(6)-2 | TIME | INITIAL (b)(6)-2 |
| N | PUPILS | 0615 | | 1900 | |
| | SENSORIUM | 3mm & PERLA | | PERLA | |
| E | | Alert, oriented, follows commands, moves all extremities | | Alert, oriented, follows commands, moves all extremities | |
| | | | | | |
| R | RESPIRATORY PATTERN | Even & unlabored | | Easy, unlabored | |
| | BREATH SOUNDS | Clear bilaterally | | Clear, bilateral | |
| | SECRETIONS | None noted | | None noted | |
| S | COLOR | Normal for race | | WNL | |
| | INTEGRITY | Dressing to R ex fix, DLE, D fem incision | | Dress to BLE + D groin | |
| I | LOCATION | DSE cath, infusing | | EG cath, DSC cath | |
| | CONDITION | LR @ 100cc/hr and iteparine, 1800u/c; patent dressing, Ad D s/sx infection | | EG cath, DSC cath; near site s/sx edema intact; s/sx edema; subcutaneous hematoma @ 100cc/hr (2000 units) @ 100cc/hr. | |
| G | ABDOMEN | soft, non-tender | | soft, non-tender | |
| | BOWEL SOUNDS | hyperactive x 4 quadrants, regular diet & supplement | | DBS x 4 quadrants, ate soft dinner. | |
| U | URINE: COLOR/CLARITY | Foley & fecalinity clear, yellow | | Sole - 30ccs clear yellow urine | |
| | | | | | |
| C | CARDIAC RHYTHM | NSR, pulses palpable x3, R pedal auscultated & doppler, mild edema noted to D foot | | NSR - see vascular assessment for pulse; R radial & line c good wave form | |
| | | | | | |

LEGEND
 Cr - Creatinine
 FiO₂ - Fraction of inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 SIA - Fractional
 SA1 - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

RECEIVED BY (b)(6)-2
 DEPARTMENT/SERVICE/CLINIC **ICU**
 DATE **18 Sep 83**

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

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

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

DA FORM 1700

MEDCOM - 7385

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|--|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|-----|
| V I T A E S I G N S | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| | BP Arterial Line | 128/74 | 109/65 | 119/74 | 109/74 | 119/74 | 124/65 | 109/74 | 120/67 | 119/67 | 119/50 | 120/65 | 115/45 | 114/45 | 119/74 | 125/57 | 109/51 | 100/56 | |
| BP Cuff | 108/70 | 118/65 | 102/74 | 109/74 | 116/65 | 116/65 | 115/65 | 110/59 | 109/46 | 120/60 | 108/45 | 110/60 | | | | | | | |
| Temperature | 97° | | | | | 96.2 | | | 97° | | | | | | 97.3 | | | | |
| Pulse | 71 | 57 | 65 | 74 | 76 | 67 | 73 | 65 | 76 | 67 | 61 | 62 | 65 | 94 | 69 | 60 | | | |
| Respiratory Rate | 12 | 11 | 14 | 11 | 17 | 16 | 19 | 10 | 19 | 14 | 13 | 17 | 19 | 26 | 14 | 15 | | | |
| O ₂ Sat | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 99 | 98 | 98 | 99 | 99 | 100 | 100 | 98 | 98 | | | |
| Oxygen | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 T |
| I N T E R A L K E T | LR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| | Heparin | 36 | 36 | 36 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| E N D | IVPB | 50 | | | | 50 | 100 | | | | | | | 50 | 50 | 50 | 50 | 50 | |
| | PO | 50 | 50 | | | | | 50 | | 50 | | | | | | 50 | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U R I N E | HOUR TOTAL | 275 | 150 | 150 | 200 | 250 | 300 | 200 | 400 | 400 | 250 | 175 | 200 | 200 | 250 | 280 | 175 | | |
| | sp gr | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | 1.025 | |
| U R I N E | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| E M E S I S | GUAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | |
| S T O O L | STOOL | | | | | | | | | | | | | | | | | | |
| | DRAINS | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7386

COST-OF-DAY

ACUITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|----------------|-----|--------|-----|-----|-----|-----|------|----|
| SBP | 103 | 118/46 | | | | | | |
| DBP | 74 | 74 | | | | | | |
| T ₁ | 97 | 97.3 | | | | | | |
| HR | 48 | 41 | 65 | 91 | 58 | 58 | 62 | 58 |
| RA | 14 | 15 | 16 | 27 | 13 | 14 | 12 | 13 |
| Sat | 93% | 100% | 98% | 98% | 98% | 99% | 100% | |
| 2 | RA | RA | RA | RA | RA | RA | RA | RA |

| TIME | | | | | | | | | |
|-------------------------------|------------------|--|--|--|--|--|--|--|--|
| MODE | | | | | | | | | |
| F ₁ O ₂ | | | | | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| A | pH | | | | | | | | |
| | PCO ₂ | | | | | | | | |
| | PO ₂ | | | | | | | | |
| | HCO ₃ | | | | | | | | |
| | SAT | | | | | | | | |
| G | BASE | | | | | | | | |

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 100 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 |
| 100 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 |
| 100 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 |
| 100 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 |
| 100 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 |

| TIME | 6:00 | 14:00 | 22:50 |
|-------------------|-------|-------|-------|
| GLUCOSE | 96 | | |
| Na/K | 13.7 | | |
| CXCO ₂ | 10.23 | | |
| BUNCr | 7.05 | | |
| WBCPLATELET | 112 | | |
| HctHgb | 28.4 | | |
| PT | 12.8 | 12.9 | 15.1 |
| PTT | 43.1 | 50.8 | 57.3 |

| | 200 | 205 | 205 | 205 | 50 | 50 | 50 | 50 |
|------|------|------|------|------|------|------|------|------|
| 2575 | 4175 | 4375 | 4575 | 4675 | 4675 | 4775 | 4775 | 4775 |

| TIME | | TIME |
|---------------|--|------|
| MOUTH CARE | | |
| BATH | | |
| SKIN CARE | | |
| FOLEY CARE | | |
| TRACH CARE | | |
| ROM EXERCISES | | |

24 HOURS TOTALS

wt Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

PO _____

MEDCOM - 7387 BALANCE

NURSE'S SIGNATURE _____ INITIALS _____

NEUROLOGICAL ASSESSMENT

| | | HOURS | | 18 19 20 21 22 23 24 01 02 03 04 05 | | | | | | | | | | | | LEGEND |
|---|----------------------|--------------------|---|-------------------------------------|-----|-----|-----|-----|--------|--|--|--|--|--|--|--|
| C O M M U N I C A T I O N | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | C Closed by swelling |
| | | TO SPEECH | 3 | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | |
| S E N S I B I L I T Y | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive |
| | | CONFUSED | 4 | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | |
| M O T O R | BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | R Right L Left Record separately if there is a difference between the two sides. |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | |
| L I M B S | ARMS | NORMAL POWER | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | |
| L I M B S | LEGS | NORMAL POWER | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | ♦♦ Brisk ♦ Slow - No Response |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | ● 2 | ● 3 | ● 4 | ● 5 | ● 6 | ● 7 mm | | | | | | | |
| CP | | | | | | | | | | | | | | | | ♦ Intact |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | - Abnormal |

VASCULAR ASSESSMENT

| | | HOURS | | 18 19 20 21 22 23 24 01 02 03 04 05 | | | | | | | | | | | | LEGEND |
|----------------|---|-------|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|-----------|
| Dorsalis Pedis | R | | | / | | | | | | | | | | | | ♦♦ Normal |
| | L | | | | | | | | | | | | | | | |
| Post tib | R | | | / | | | | | | | | | | | | ♦ Weak |
| | L | | | | | | | | | | | | | | | |
| | R | | | / | | | | | | | | | | | | - Absent |
| | L | | | | | | | | | | | | | | | |
| | R | | | / | | | | | | | | | | | | D Doppler |
| | L | | | | | | | | | | | | | | | |
| | R | | | / | | | | | | | | | | | | R Right |
| | L | | | | | | | | | | | | | | | |

MEDCOM - 7388

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 (b)(6)-2 | TIME | INITIALS (b)(6)-2 |
| N E U R O | PUPILS | 0600 | | 1900 | |
| | SENSORIUM | Pupils 3mm bil. React. | | PERLA | |
| | | A+O x3, mo+4. | | A+O x3 | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Even & unlabored | | easy, unlabored | |
| | BREATH SOUNDS | hyperinflated in all fields | | clear bilat | |
| | SECRECTIONS | o/s 200 W/O in RA | | o/s 200, o/s sat. 99% in RA | |
| S K I N | COLOR | Normal for age | | WNL | |
| | INTEGRITY | No evidence of skin breakdown | | Area to BLE - excise to BLE | |
| | LOCATION | LSC Groin J, to S | | Distal humerus (DSC Groin) | |
| S I T E | CONDITION | Infection - Hypertrophy @ distal humerus (L) ulna | | discharge site intact | |
| | | @ W x H, 18 L to | | discharge site intact | |
| | | @ forearm (D) ulna, 18 L to | | discharge site intact | |
| G A S T R O | ABDOMEN | BS x4. Appx pain | | soft flat | |
| | BOWEL SOUNDS | Rating 1/2 of bowel sounds | | @ BS +4 quads | |
| | | | | good appetite, ate 40% of dinner. Tol well. | |
| G U | URINE: | | | | |
| | COLOR/CLARITY | cloudy pink | | cloudy yellow | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | SB'S ocular, P.R. 16 | | NSR sector | |
| | | BS - 15. Present | | pulse @ to radial | |
| | | to 100 bpm. @ | | and D pedal. @ Doppler | |
| | | LEGEND | Cr - Creatinine | ICP - Intracranial Pressure | S/A - Fractional |
| | | | F _I O ₂ - Fraction of Inspired O ₂ | PCO ₂ - Pressure of Arterial CO ₂ | SAI - Saturation |
| | | | HCO ₃ - Bicarbonate | PEEP - Positive End Expiratory Pressure | TRACH - Tracheostomy |

J. J. [Signature]
 19 Sep 03

(b)(6)-2

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

DEPARTMENT/SERVICE/CLINIC: **ICU**

DATE: **19 Sep 03**

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|---------------------------------|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------|------|------|--------|--------------|--------|--------|---------|-----|-----------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 110/75 | 110/50 | 108/53 | 110/53 | 108/53 | 108/53 | 108/50 | 110/50 | 110/50 | 107 | 108 | 108/53 | 110/49 | 108/45 | 122/50 | 130/122 | | |
| | Temperature | 97.4 | 96.4 | | | | | 98.7 | | | | | 98.8 | 97.9 | | | | | |
| | Pulse | 58 | 77 | 59 | 61 | 55 | 61 | 62 | 62 | 70 | 61 | 65 | 59 | 58 | 65 | 62 | 86 | | |
| | Respiratory Rate | 12 | 16 | 11 | 14 | 13 | 16 | 15 | 18 | 23 | 15 | 14 | 15 | 17 | 12 | 14 | 22 | | |
| | O ₂ Sat | 99% | 99% | 98% | 98% | 98% | 97% | 97% | 100% | 99% | 100% | 100% | 99% | 100% | 99% | 99% | 99% | | |
| | Oxygen Method | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | | |
| | | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | R/A | | |
| M E A K E | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^{PT} | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^{PT} |
| | Heparin units | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| | LR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| | IUPS | | | | | | | | | 980 | | | | | | | | | 1180 |
| | TOTALS | | | | | | | | | | | | | | | | | | |
| | O U T P U T | URINE | HOUR | 400 | 100 | 150 | 250 | 150 | 150 | 100 | 180 | 100 | 100 | 150 | 50 | 200 | | 475 | 400 |
| | | TOTAL | 400 | 100 | 150 | 250 | 150 | 150 | 100 | 180 | 100 | 100 | 150 | 50 | 200 | | 475 | 400 | |
| | | 30 gr | | | | | | | | | | | | | | | | | |
| | | SIA | | | | | | | | | | | | | | | | | |
| | U T I L I T Y | NG | OUTPUT | | | | | | | | | | | | | | | | |
| | | PH | | | | | | | | | | | | | | | | | |
| | | GUAC | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| U T I L I T Y | DRAINS | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | |

MEDCOM - 7390

OST-OF-DAY

ACUTY LEVEL CLASSIFICATION

| OST-OF-DAY | | | | | | | | | | ACUTY LEVEL CLASSIFICATION | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | | | TIME | | | | | | | | | |
| 112/86 111/52 117/53 114/50 115/59 119/55 117/50 110/53 98% 97% 61 56 60 56 62 62 55 57 13 12 13 13 15 13 13 97% 99% 98% 98% 99% 97% 99% 98% MA-7A R/O-1A MA MA R/O MA | | | | | | | | | | MODE F _o 2 TV RATE PEEP PH A PCO ₂ PO ₂ B HCO ₃ SAT G BASE | | | | | | | | | |
| 22 23 24 01 02 03 04 05 8° T 68 72 76 80 84 88 92 96 96 100 100 100 100 100 100 100 100 240 170 180 190 200 210 220 230 240 100 100 1480 100 400 300 | | | | | | | | | | TIME 0600 GLUCOSE 98 Na/K 133/319 CU/CO ₂ 102/26 BUN/Cr 8/0.7 WBC/PLATELET 573/222 HCU/Hgb 9.4/21.2 PT 13.4 PTT 66.1 CK 559 | | | | | | | | | |
| 500 500 100 150 100 100 150 100 530 2350 2850 2750 4100 4700 4300 4450 550 2550 | | | | | | | | | | TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES TURN SUCTION | | | | | | | | | |
| 24 H&O TOTALS wt Yesterday INTAKE IV PO TOTAL 5240 | | | | | | | | | | wt Today OUTPUT Urine: TOTAL 2550 MEDCOM - 7391 | | | | | | | | | |
| | | | | | | | | | | NURSE'S SIGNATURE INITIALS (b)(6)-2 (b)(6)-2 | | | | | | | | | |

NEUROLOGICAL ASSESSMENT

| | | HOURS | | | | | | | | | | | | LEGEND | | |
|--|----------------------|--------------------|---|--|--|--|--|--|--|--|--|--|--|--------|------------------------|--|
| C O M A | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | C Closed by swelling |
| | | TO SPEECH | 3 | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | |
| S C A L E | BEST VERBAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive |
| | | CONFUSED | 4 | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | |
| E L E M E N T A R Y | BEST MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | R Right L Left Record separately if there is a difference between the two sides. |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | |
| L I M B S | ARMS | NORMAL POWER | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | |
| L I M B S | LEGS | NORMAL POWER | | | | | | | | | | | | | | Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | ++ Brisk + Slow - No Response |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | + Intact - Abnormal | |

VASCULAR ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | | LEGEND | |
|----------------|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|---|
| Dorsalis Pedis | R | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | ++ Normal + Weak - Absent D Doppler R Right L Left |
| | L | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| | R | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| | L | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| | R | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| | L | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |

MEDCOM - 7392

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-55; the proponent agency is the Office of The Surgeon General.

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | | |
|--|---------------------|---|--------------------|----------------------|---------------|---|
| TIME | | Out | INITIAL (b)(6)-(2) | MOO | IN (b)(6)-(2) | INITIALS |
| N E U R O | PUPILS | Equal | | 4mm | | PERRLM |
| | SENSORIUM | MAGNITUDE - Clo Pan Strenuously responsive | | APPROX 3 | | MAEXE1 IV MSEA for Pan |
| | | | | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Evenly unlabored - slight | | Even | | Unlabored |
| | BREATH SOUNDS | CTA - normal | | CTA | | Bilateral |
| | SECRETIONS | No evidence of pulmonary Cough or sputum J-C 2/23 95 MRA | | ⊖ | | Sputum |
| S K I N | COLOR | Normal for race | | NFR | | |
| | INTEGRITY | Special Fracture - slight Nodules | | External/Fix (R) Leg | | +1 Edem |
| | LOCATION | Left (L) Forearm | | 19g R FA | | ⊖ S/Sx Intention |
| C O N D I T I O N | CONDITION | Sites noted on admission (C) Involuntary Site Order S noted on admission L (C) Hx: M, Hx: H ⊖ 4/6/8 | | Cardia (C) Subcut | | ⊖ S/Sx Intention |
| | | | | | | |
| | | | | | | |
| A B D O M E N | ABDOMEN | BS 14 | | BSX9 | | Soft Non Tender |
| | BOWEL SOUNDS | No bowel sounds upon percussion, dark stools BM one day of empty | | | | |
| U R I N E | URINE: | Foley to gravity | | Foley to gravity | | clear / Yellow |
| | COLOR/CLARITY | Clear Yellow Urine | | clear / Yellow | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | sinus brady 100 on 5/5 - No activity RR 12 ONS - 08 S/Sx, irregular Pulse to B fem artery 1+ by doppler | | SR | | +2 Palpable Bil AET LHE, RHE by doppler |
| | | | | | | |
| | | | | | | |

LEGEND
 Cr - Creatinine
 F_iO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SA1 - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-(2) ICU DEPARTMENT/SERVICE/CLINIC ICU DATE 20 Sep 03

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

(b)(6)-(4)

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

DA FORM 1700 MEDCOM - 7393

(b)(6)-4

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|--------|--------------------|--------|-----|--------|--------|--------|--------|--------|-----|----------------|--------|--------|--------|--------------|--------|--------|--------|-----|----------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| I | BP Cuff | 114/54 | | 107/72 | 107/60 | 112/57 | 120/57 | 120/59 | | 104/54 | 104/60 | 114/64 | 120/80 | 105/61 | 114/52 | 117/63 | 112/54 | | |
| T | Temperature | 97.6 | 97 | | 96 | | | 97 | | | | 97 | | | | | | | |
| A | Pulse | 54 | 59 | 56 | 60 | 62 | 62 | 81 | 69 | 78 | 86 | 80 | 73 | 73 | 96 | 74 | 69 | | |
| E | Respiratory Rate | 12 | 13 | 11 | 13 | 11 | 12 | 15 | 16 | 16 | 17 | 18 | 16 | 15 | 14 | 13 | 15 | | |
| S | O ₂ sat | 98% | 98% | 98% | 98% | 100% | 100% | 98% | 98% | 97% | 97% | 97% | 97% | 97% | 98 | 97 | 100 | | |
| I | Oxygen | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | R/R | | |
| G | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T |
| I | LR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| N | IUPB | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| E | Heparin units | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | | | | | | | | | | |
| A | PD | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O | URINE | HOUR | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | |
| E | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| P | EMESIS | | | | | | | | | | | | | | | | | | |
| U | STOOL | | | | | | | | | | | | | | | | | | |
| T | DRAINS | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7394

NEUROLOGICAL ASSESSMENT

| | | HOURS | | | | | | | | | | | | | | | | | | | | | | | | | LEGEND | |
|-----------------------------|---------------------|--------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|
| C O M | EYES OPEN | SPONTANEOUSLY | 4 | | | | | | | | | | | | | | | | | | | | | | | | | C Closed by swelling |
| | | TO SPEECH | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | TO PAIN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO EYE OPENING | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| S A C | BEHAVIORAL RESPONSE | ORIENTED | 5 | | | | | | | | | | | | | | | | | | | | | | | | | T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive |
| | | CONFUSED | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VERBALIZES | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VOCALIZES | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO VOCALIZATION | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| C A L E | MOTOR RESPONSE | OBEYS COMMANDS | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | LOCALIZES PAIN | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | FLEXION WITHDRAWAL | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXTENSION TO PAIN | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NO MOTOR RESPONSE | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| L M B M D | ARMS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | | | | | | | R Right L Left Record separately if there is a difference between the two sides. |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V E M E N T | LEGS | NORMAL POWER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MILD WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SEVERE WEAKNESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL FLEXION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P U P I L S | RIGHT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | | | | | | | ++ Brisk + Slow - No Response |
| | LEFT | SIZE REACTION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPIL SCALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | | | | | | | | | | | | + Intact - Abnormal | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VASCULAR ASSESSMENT

| | | HOURS | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | | | | | | | | | | | | LEGEND |
|----------------|---|-------|----|----|----|----|----|----|----|----|----|----|---|--|--|--|--|--|--|--|--|--|--|--|-----------|
| Posterior Tib | R | | | | | | | | | | | | / | | | | | | | | | | | | ++ Normal |
| | L | | | | | | | | | | | | | | | | | | | | | | | | |
| Dorsalis Pedis | R | | | | | | | | | | | | / | | | | | | | | | | | | + Weak |
| | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | / | | | | | | | | | | | | - Absent |
| | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | / | | | | | | | | | | | | D Doppler |
| | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | / | | | | | | | | | | | | R Right |
| | L | | | | | | | | | | | | | | | | | | | | | | | | |

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-65; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

| INITIAL SHIFT ASSESSMENT | | | |
|--------------------------|---------------------|--|--|
| | TIME | INITIALS (0)(6)-2 | INITIALS |
| NEURO | PUPILS | 0620 2mm & PERLA | 2mm - PERLA No sig Δ |
| | SENSORIUM | Alert, awake, follows commands, moves all extremities | Alert - cooperative able to move all ext. |
| | | language barrier | |
| RESPIRATORY | RESPIRATORY PATTERN | even & unlabored | RPE - lungs CIA |
| | BREATH SOUNDS | CIA throughout | bilat & clear, & crackles |
| | SECRETIONS | 0 noted | |
| SKIN | COLOR | normal for race | normal for race |
| | INTEGRITY | dressings to RLE, groin, saturated & blood reinforced | Ds, Arc wrap TDE ↑ & debriding |
| | LOCATION | RSC cortex infusing | - & sub cutis Dd |
| CIRCULATORY | CONDITION | LRW, RRCP, R hand he pink, flushed & patent | nas 20 c wath FA |
| | ABDOMEN | soft, non-tender | ⊕ BS x 4 quads |
| | BOWEL SOUNDS | ⊕ x 4 quads, regular diet | st - nondistended reg diet - DM this shift |
| GU | URINE: | Foley to gravity | Foley d/c'd |
| | COLOR/CLARITY | clear, yellow | |
| CARDIOVASCULAR | CARDIAC RHYTHM | NSR, all pulse palpable, B/LK heard on doppler, mild edema noted to R Foot | NSR - ⊕ radial - rd ⊕ LE pulse pns in way of ⊕ LE ples |
| | | | |
| | | | |

LEGEND
 Cr - Creatinine
 F_iO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SAT - Saturation
 TRACH - Tracheostomy

PREPARED BY: [Signature] DEPARTMENT/SERVICE/CLINIC: **ICU** DATE: **21 Sept 03**
 (Continue on reverse)

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

(0)(4)

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

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|--------|------------------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|--------|--------------|----|----|----|-----|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| I | BP Cuff | 111/46 | 109/46 | 113/51 | 119/46 | 112/46 | 118/41 | 119/46 | 124/46 | m/48 | 107/51 | 110/45 | 121/58 | | | | | | |
| T | Temperature | | | | | | | | | 98.0 | | | | | | | | | |
| A | Pulse | 61 | 80 | 72 | 68 | 84 | 81 | 109 | 83 | 61 | 78 | 65 | 67 | 66 | | | | | |
| E | Respiratory Rate | 15 | 19 | 16 | 18 | 22 | 15 | 13 | 18 | 14 | 20 | 17 | 21 | 15 | | | | | |
| S | SpO2 | 98 | 100 | 100 | 99 | 100 | 100 | 99 | 99 | 99 | 99 | 99 | 100 | 99 | | | | | |
| I | O2 | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| I | IVF | 100 | 100 | 100 | 100 | 100 | 100 | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ |
| N | ARBS | | | | | | | | ∅ | | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ |
| E | IUPB | | | | | | | | | | | | | | | | | | |
| A | PO | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O | URINE | HOUR | 200 | 200 | 260 | 250 | 350 | 350 | ∅ | ∅ | 200 | ∅ | ∅ | ∅ | ∅ | | | 100 | |
| U | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| I | EMESIS | | | | | | | | | | | | | | | | | | |
| P | STOOL | | | | | | | | | | | | | | | | | | |
| U | DRAINS | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7398

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | |
|-----------------------------|---------------------|--|---|---|---|
| | | TIME | INITIALS (b)(6)-2 | INITIALS | INITIALS |
| N E U R O | PUPILS | 0615 | | | |
| | SENSORIUM | Summ & PPRLA | | | |
| | | awake, alert; follows commands, moves all extremities | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | even & unlabored | | | |
| | BREATH SOUNDS | CTA bilaterally | | | |
| | SECRETIONS | R noted, sats 98-99% on RA | | | |
| S K I N | COLOR | normal for race | | | |
| | INTEGRITY | is to R inguinal Adm. sig to R E Ctl | | | |
| | LOCATION | WFA, hepadk | | | |
| C I R C U L A T O R Y | CONDITION | flushed, patient Q/s/sx infection | | | |
| | ABDOMEN | soft, non-tender | | | |
| | BOWEL SOUNDS | Q x4 quads, regular diet | | | |
| G U | URINE: | urinal @ bedside | | | |
| | COLOR/CLARITY | clear, yellow | | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | NSR, pulses palpable R dorsalis, pedis heard on Doppler, mild edema to R foot | | | |
| | 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 | SA - Fractional SAI - Saturation TRACH - Tracheostomy |

PREPARED BY (Signature & Title) (b)(6)-2 DEPARTMENT/SERVICE/CLINIC DATE (Continue on reverse)

SGT/ICU ICU 22 Sep 89

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

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

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

| DATE | | DX | HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
|----------------------------|------------------|--------|--------------|--------|--------|--------|--------|--------|----|------|----|----|----|----|----|----|----|----|------|--|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | |
| V I T A L S | BP Arterial Line | | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 114/75 | 114/75 | 114/75 | 120/80 | 114/75 | 114/75 | 114/75 | | | | | | | | | | | | | |
| | Temperature | 97.9 | | | | | | | | | | | | | | | | | | | |
| | Pulse | 76 | 75 | 73 | 57 | 63 | 57 | 69 | | | | | | | | | | | | | |
| A L S | Respiratory Rate | 12 | 28 | 27 | 16 | 18 | 20 | 18 | | | | | | | | | | | | | |
| | | 99 | 99 | 98 | 96 | 99 | 99 | 99 | | | | | | | | | | | | | |
| I N T A K E | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T | | |
| | I.V.P.S. | 0 | 0 | 50 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | |
| | P.O. | | 150 | | 0 | 0 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | | | |
| O U T I N E | URINE | HOUR | 400 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | | | | | | | | | | |
| | SP GR | | | | | | | | | | | | | | | | | | | | |
| U R I N E | NG | OUTPUT | | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | |
| U R I N E | DRAINS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7401

POST-OP DAY

ACUTY LEVEL CLASSIFICATION

| | | | | | | | | | | | | | | | | |
|---|------|--|--|--|--|--|--|---|-----------------------------|------------------|--|--|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | R E S P I R A T O R Y S E T T I N G S L A B O R A T O R Y T E S A C T I V I T Y L E V E L S C O R E S | TIME | | | | | | | |
| 22 23 24 01 02 03 04 05 8° T [Grid with diagonal lines] | | | | | | | | | MODE | | | | | | | |
| | | | | | | | | | F _{IO₂} | | | | | | | |
| | | | | | | | | | TV | | | | | | | |
| | | | | | | | | | RATE | | | | | | | |
| | | | | | | | | | PEEP | | | | | | | |
| | | | | | | | | | A | pH | | | | | | |
| | | | | | | | | | | PCO ₂ | | | | | | |
| | | | | | | | | | | PO ₂ | | | | | | |
| | | | | | | | | | B | HCO ₃ | | | | | | |
| | | | | | | | | SAT | | | | | | | | |
| G | BASE | | | | | | | | | | | | | | | |
| 24 HOURS TOTALS | | | | | | | | TIME | 0600 | | | | | | | |
| | | | | | | | | GLUCOSE | 105 | | | | | | | |
| | | | | | | | | Na/K | 138/45 | | | | | | | |
| | | | | | | | | CaCO ₂ | 22/22 | | | | | | | |
| | | | | | | | | BUN/Cr | 10/1.0 | | | | | | | |
| | | | | | | | | WBC/PLATELET | 7/44 | | | | | | | |
| | | | | | | | | Hct/Hgb | 30/10 | | | | | | | |
| TIME | | | | | | | | T U R N | TIME | | | | | | | |
| | | | | | | | | | MOUTH CARE | | | | | | | |
| | | | | | | | | | BATH | | | | | | | |
| | | | | | | | | | SKIN CARE | | | | | | | |
| | | | | | | | | | FOLEY CARE | | | | | | | |
| | | | | | | | | | TRACH CARE | | | | | | | |
| TIME | | | | | | | | S U C T I O N | TIME | | | | | | | |
| | | | | | | | | | FROM EXERCISES | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| wt Yesterday _____ wt Today _____ INTAKE OUTPUT IV _____ Urine: _____ PO _____ _____ TOTAL TOTAL BALANCE _____ | | | | | | | | NURSE'S SIGNATURE _____ INITIALS _____ | | | | | | | | |

MEDCOM - 7402

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D...

For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General.

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

DTSG APPROVED (Date)

Date: 6 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1205 IV Sedation Nerve Block
 Allergies: NKDA OR Intake: Crystalloid 100 Colloid 0
 Pre-op V/S: 120/80-110/60 OR Output: UOP 0 EBL 0 min
 Procedures: Removal of leg Meds/Times: Surf Isoflurane Versed 3mg propofol 150mg

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

| Time | 1200 | 1205 | 1210 | 1215 | 1220 | 1225 | 1230 | 1235 | 1240 | 1245 | 1250 | 1255 | 1300 | 1305 | 1310 | 1315 | 1320 | 1325 | 1330 | 1335 | 1340 | 1345 | 1350 |
|---------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| SaO2 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| FiO2 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 |
| Methods | U | A | P | P | | | | | | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | |
| RR | 12 | 12 | 10 | 10 | | | | | | | | | | | | | | | | | | | |
| T | 38.9 | 38.4 | 38.4 | 38.4 | | | | | | | | | | | | | | | | | | | |

| Pacu Intake | | | | | |
|-------------|----------|--------|--------|----------|---------|
| Time | Solution | Amount | Site | Rate | Infused |
| 1205 | NS | 700cc | 7050FA | | 200cc |
| | | | | (b)(6)-2 | 2 |

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|--|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 | AIRWAY A = Ambu BB = Blow-by M = Mask |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 | FT = Face Tent RA = Room Air NC = Nasal Cannula |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 2 | 2 | 2 | V/S X = A-line BP * = Cuff BP = Pulse |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 12 | 12 | 12 | |

Pain (0-10) 0 Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures
 LOS 0 Safety: SR up X 2, Falls Precautions, Privacy Maintained

OPERATED BY: (b)(6)-2 SGT USA 91WM6 DEPARTMENT/SERVICE/CLINIC: ICU DATE: 6 Oct 03

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

Name - last, (b)(6)-4

(b)(6)-4

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | VE | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|------|----------|
| Time | Location | Type | Drainage |
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



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

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

WAMC OP 173-E

NURSING NOTES

1210 Pt transfer to ICU from OR via litter for recovery s/p ex-fix removal. Pt awake, alert, pleasant, monitor on. VS noted on reverse side. Cast to leg able to put two fingers in cast. (+) sensation to leg, PT q/o H/d (500mg tylenol give PO. PT tolerated well. PT had 240cc milk & nausea, intermittent noted. (b)(6)-2

1230 HR 45 pt awake oriented & complained of pain at this time / (b)(6)-2

1235 - T. 97.5 Ax, Red pt given do SGT (b)(6)-2 PD pt ready for transport (b)(6)-2

Pt transfer to ICU bed S complications / (b)(6)-2

(b)(6)-2

Discharge Criteria:
 Date: 6 Oct Time: 1240 PARS: 12
 BP: 111/64 T: 97.3 Ax HR: 51 RR: 15 SaO2: 100
 Pain Level at D/C (0-10):
 Intake: 200cc / 360 PO Output: 2
 Additional Data:
 Transferred To: ICU
 Report Given To: SGT (b)(6)-2
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: SGT (b)(6)-2
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: (b)(6)-2

MEDCOM - 7404

| 1. REPORTING MTF | | | | | | 2. MTF LOCATION | | ADMISSION AND LODGING INFORMATION | | | | | | | | | | | | | | | |
|---|-----|----|--------------------------|------------------------------|-----|---|------------|---|---------------------------|---|--------------------------|-----|-------------|----------------|-----|-----|-----|--------|--|--|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | I | Z | (State or Country Code.) | | | | | | 4. PAY GRADE | | | | 5. SEX | | | | | |
| 3. REGISTER NUMBER | | | | | | NAME (Last, First, Middle Initial) | | | | | | 16 | | | | 17 | | | | 18 | | | |
| (b)(6)-4 | | | | | | (b)(6)-4 | | | | | | | | | | | | | | m | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | UNK | | | | | | | | | |
| I | 9 | | | | | | | | | | X | 9 | | | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | | | |
| 32 | 33 | 34 | | | | 35 | 36 | | | | (b)(6)-4 | | | | | | | | | | | | |
| | | | | | | 9 | 9 | | | | | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | | | BRANCH / CORPS | | | | | | | | | |
| | | | | | | 46 | | | | 0800 | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | | | |
| 47 | 48 | 49 | | | | 50 | 51 | 52 | PO W/INT | | | | | | | | | | | | | | |
| | | | | | | K | 7 | 8 | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | | PREV. ADMISSION (b)(6)-4 | | | | | | | | | | | | |
| 62 | 63 | | | | | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | BC | | | | YEAR | | <input checked="" type="checkbox"/> NO | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION | | | | | | WARD | | | | NAME / RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | |
| 72 | | | | | | ICW | | | | | | | | | | | | | | | | | |
| O | | | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | | | |
| 73 | 74 | | | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | | | | |
| | | | | | | | | | | 2 | 0 | 0 | 3 | 1 | 0 | 0 | 8 | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | | | | | |
| REA | | | | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 1 | 3 | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | | |
| 107 | 108 | | | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ⓜ Leg gr 3 open tibia fx 2ND to GSW Ⓜ Leg 823.92 891.1</p> <p>IRRIGATION + Debridement of Ⓜ Leg fx External Fixation tibia fx Vascular Repair</p> <p>86.28 36-10 38.00</p> | | | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7405

| 1. REPORTING MTF | | | | | | | | | | 2. LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | |
|---|-----|-------------------------|----------|------------------------------|----|----|----|--|----------------------------|---|----------------------------|---|-----------|--------------------------------------|----------------|--|----|--------------|----|--------------|--|--------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | | | | | NAME (Last, First, Middle Initial) | | | | | | | | | | 4. PAY GRADE | | 5. SEX | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | | | | | | 16 | 17 | 18 | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | 31 | BACK-GROUND | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| 32 | 33 | 34 | | | | | 35 | 36 | 37 38 39 40 41 42 43 44 45 | | | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | | BRANCH / CORPS | | | | | | | | |
| | | | | | | | | 46 | | | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | | 15. BENEFICIARY CATEGORY | | | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | |
| 47 | 48 | 49 | 50 51 52 | | | | | | | | 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | | | 19. TRAUMA | | | | PREV. ADMISSION YEAR | | | | | | | | | |
| 62 | 63 | 64 65 66 67 68 69 70 | | | | | | 71 | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | | | 23. DATE OF DISPOSITION (YYMMDD) | | | | | | | | | | | | | |
| 73 | 74 | 75 76 77 78 79 80 | | | | | | 81 82 83 84 85 86 | | | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | | | 26. DATE THIS ADMISSION (YYMMDD) | | | | | | | | | | | | | |
| 87 | 88 | 89 | 90 | 91 92 93 94 95 96 | | | | | | 97 98 99 100 101 102 | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | | | 29. DATE INITIAL ADMISSION (YYMMDD) | | | | | | | | | | | | | |
| 103 | 104 | 105 106 107 108 109 110 | | | | | | 111 112 113 114 115 116 | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | | | |
| PX 82392 880B9 891A 4859 | | | | | | | | | | | | | | PROS 7817 8628 3800 3950 | | | | T I 1 450 | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | |
| E9912 | | | | | | | | | | | | | | | | | | | | | | | |

DA FORM 2985, MAR 89

EDITION OF MAY 79 IS OBSOLETE

USAPPC V1.00

MEDCOM - 7406

| 1. Reporting MTF (b)(2)-2 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
|---|--|---|--|---|--|
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | |
| 5. Sex M | | 6. DoB (YYYYMMDD) | | 7. Age at Admission | |
| 8. Race X | | 9. Ethnicity 9 | | Religion UNKNOWN | |
| 10. Length of Service ETS | | 11. FMP 99 | | 12. Social Security Number (b)(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status Z | | Hour of Admission 08:00 | |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | | 19. Trauma BC | |
| 20. Source of Admission Direct from ER | | Ward: ICW | | Prev. Admission NO | |
| Name and Location of Medical Treatment Facility: (b)(2)-2 | | Name / Relationship of Emergency Addressee | | Address of Emergency Addressee | |
| 21. Type of Disposition TRF-OTH | | 22. MTF Transferred To | | Telephone Number of Emergency Addressee | |
| 23. Date of Disposition (YYYYMMDD) 2003-10-08 | | 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | | 25. MTF Transferred From | |
| 26. Date this Admission (YYYYMMDD) 2003-09-13 | | 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | |
| 29. Date of Initial Admission 2003-09-13 | | | | | |
| FOR LOCAL USE | | | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | |
| Admission Diagnosis Narrative: RIGHT LEG GRADE 3 OPEN TIBIA FRACTURE, 2ND TO GSW RIGHT LEG 823.92 891.1 | | | | | |
| Procedure Narrative(s): IRRIGATION AND DEBRIDEMENT OF RIGHT LEG FRACTURE, EXTERNAL FIXATION TIBIA FRACTURE, VASCULAR REPAIR 86.28 36.10 38.00 | | | | | |
| Cause of Injury Narrative: TRYING TO STEAL AMMO | | | | | |
| Admitting Officer (Signature, as required) DR (b)(6)-2 | | (b)(6)-2 | | Signature of Admitting Clerk | |

MEDCOM - 7407

| | | | | | |
|---|--|---|--|--|--|
| 1. Reporting MTF (b)(2)-2 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (b)(6)-4 | | 4. Pay Grade CIV | |
| 5. Sex M | | 6. DoB (YYYYMMDD) | | 7. Age at Admission | |
| 8. Race X | | 9. Ethnicity 9 | | Religion UNKNOWN | |
| 10. Length of Service ETS | | 11. FMP 99 | | 12. Social Security Number (b)(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status Z | | Hour of Admission 08:00 | |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | | 19. Trauma BC | |
| 20. Source of Admission Direct from ER | | Ward: ICW | | Prev. Admission NO | |
| Name and Location of Medical Treatment Facility: (b)(2)-2 | | Name / Relationship of Emergency Addressee | | Address of Emergency Addressee | |
| 21. Type of Disposition TRF-OTH | | 22. MTF Transferred To | | Telephone Number of Emergency Addressee | |
| 23. Date of Disposition (YYYYMMDD) 2003-10-08 | | 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | | 25. MTF Transferred From | |
| 26. Date this Admission (YYYYMMDD) 2003-09-13 | | 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | |
| 29. Date of Initial Admission 2003-09-13 | | FOR LOCAL USE | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | |
| Admission Diagnosis Narrative: RIGHT LEG GRADE 3 OPEN TIBIA FRACTURE, 2ND TO GSW RIGHT LEG 823.92 891.1 | | | | | |
| Procedure Narrative(s): IRRIGATION AND DEBRIDEMENT OF RIGHT LEG FRACTURE, EXTERNAL FIXATION TIBIA FRACTURE, VASCULAR REPAIR 86.28 36.10 38.00 | | | | | |
| Cause of Injury Narrative: TRYING TO STEAL AMMO | | | | | |
| Admitting Officer (Signature, as required) DR (b)(6)-2 | | (b)(6)-2 | | Signature of Admitting Clerk | |

(b)(2)-2

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|--|---------------------|---|--|-----------------|---|----------------------------|-------------------|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | 3. Grade CIV | | Admission Remarks |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion UNKNOWN | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICW | | |
| 15. FlyStatus | | 17. Dept / Ben K78-PRISONER OF WAR/INTER | | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case BC | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 00:20 | | 23. Clinic Service ABA - GENERAL SURGERY | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp TRF-OTH | | 26. Date of Disp 2003-09-28 | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | | 28. Date This Adm: 2003-09-16 | | |
| 29. Reporting MTF (b)(2)-2 | | | 30. Date Init Adm 2003-09-16 | | | 32. Units Blood Components | |
| 31. Selected Administrative Data Marital Status: Z DoB: In/Out Patient: Inpatient MOS: | | | | | | | |
| 33. Cause Of Injury: TRYING TO STEAL AMMO | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: GSW LEFT BUTTOCK 877.0 IRRIGATION AND DEBRIDEMENT LEFT BUTTOCK | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | | Other Days | ConLv / Coop Care Days | | Supplemental Care | Bed Days | Total Sick Days |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | | Other Days | ConLv / Coop Care Days (b)(6)-2 | | Supplemental Care | Bed Days | Total Sick Days |
| Signature of Attending Medical Officer (b)(6)-2 MAJ, MC | | | Signature of PAD or Medical Records Officer (b)(6)-2 SSG, PAD NCOIC | | | | |

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 7409

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

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

20 y/o ♂ EPW SHOT 5-56 2600 STAMMER
 ANNO.

PMH ⊖
 PSH ⊖
 ALL - "ALL SHOTS"
 NOS - φ
 MABOS - SUBNETS
 NOS - N/C

PHYSICAL EXAMINATION

NAD
 PAINL DOWN ANTERIOR OP CROWN
 CHEST CIA CON W/IN 2nd AAD - FST
 SOFT NT @ MABOS
 EXT ① BUTTICK ENTRY NO EXIT
 N/E DISTALLY
 RN - LANCE FNAO POST TO FT

PROGRESS (Enter date of discharge and final diagnosis)

A - ① BUTTICK GSW
 P - ADMISE IN OR

| | | | | |
|--------------------------|--|-----------|--------------------|--------------|
| (b)(6)-2 | DATE | 16 SEP 03 | IDENTIFICATION NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | <small>(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)</small> | | | REGISTER NO. |
| (b)(6)-4 | | | | WARD NO. |

ABBREVIATED MEDICAL RECORD
 Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
 INTERAGENCY COMMITTEE ON MEDICAL RECORDS
 FORM (41 CFR) 201-46.505
 OCTOBER 1975
 USAPPC V1.00

MEDCOM - 7410

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF | | MEDICAL CARE |
|---------------------|-------------------------|---|--------------------------------|
| DATE | SYM. | DISEASE, DIAGNOSIS, TREATMENT, TREATING | ORGANIZATION (Sign each entry) |
| 16 Sep 03 | PT arrives at | 0215 | |
| Time 0221 | | | |
| BP $\frac{122}{57}$ | IV | right arm | 0225 |
| Pulse 109 | Soley | | 0227 |
| PO ₂ 100 | Ipratropium | IV | 0230 |
| ReTemp 99.1 | .5cc | Tetanus | |
| | pos hem | | 0234 |
| (b)(6)-4 | | No Allergies | |
| | PT claims | problem with | stomach |

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

(b)(6)-4

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

MEDCOM - 7411

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

16 Sep 03

DETAILS OF NOTE

- ① SURGEON: (b)(6)-2, 1st Ass. (b)(6)-2
- ② Dx: (L) BUTTOCK: 65 W
- ③ SVC: 62740 #
- ④ INDICATION: 20yo IRAQI MALE, SHOT IN (L) BUTTOCK WHILE RAISING AMMUNITION DUMP. 16 SEP 03. ENTRY WOUND ONLY INF/LAT (L) BUTTOCK. FRAGMENT ON X-RAY; EXTRA ARTICLES
- ⑤ PROCEDURE: DEBRIDEMENT (L) BUTTOCK WOUND.
- ⑥ DESCRIPTION: ENTRANCE WOUND SKIN EXCISED; MINIMAL CONTAMINATION; WOUND TRACKS CEPHALAD, POSTERIOR TO JOINT. NO FRAGMENT ENCOUNTERED. NO INDICATION TO EXPLORE TO FIND.
- ⑦ EBL: MINIMAL. UOP 500. FLUID: 1000 ML ANESTHESIA: GEN.
- ⑧ COMPLICATIONS: 0

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

LAST FIRST MI

DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

EDW

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/77)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(i)
 USAPA

| DATE | FIRST NAME | NOTES |
|---------------------|------------|--|
| 14 SEP 2003 1120 | | Nursing Post-Op: Pt received from ICU via stretcher. Pt move self from stretcher to bed. @ C/O pain at present. Lump C/O, pt C/O difficulty coughing & SOB. O2 Sat's 98% on RA. Place pt in high Fowler's for comfort. ILL TG, reg. IV to @ ac patient. @ edema noted. Abd soft, nontender, hypoactive BSV. Drag to (b)(6)-2 |
| 16 SEP 2003 1200 | | Nursing: Diet: Pt lunch arrive from DPAE, pt refuse to eat any food. Pt taking sips of water. (b)(6)-2 |
| 16 SEP 03 1850 | | Nursing Notes: Assumed care of pt regular diet & N.V. Pt's breathing labored breathing. able to move. S obstruction at complain. dry cough clear and intact. Abd soft w/ fluids infusing @ S/S of site. Will continue to monitor (b)(6)-2 |
| 2234 | | Game Incentive Spirometer. Pt's breath instructed pt on use. Pt comply ok to monitor. Vitals Stable (b)(6)-2 |
| 0500 | | Total recorded output = 350 cc Total recorded input = 1500 cc (b)(6)-2 |
| 17 Sep 03 | | Nursing Shift note Pt bright & alert. @ signs of resp. distress. Denied pain. Tolerating po well. Hydrating by mouth. Performed ADL's assist. Dressing changed by (b)(6)-2 |

MEDCOM - 7413

MEDICAL RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|----------------------|--|
| 17 Sep 03 (Cont.) | Nursing: cont Physicians. Pt able to ambulate w/ assist of holding other items. Void 300cc at 1500. Concretated. ↑ PO intake. Edema in lower extremities. Cont. to monitor — (b)(6)-2 <i>CPM</i> |
| 17 Sep 9 1987 | Nurses Notes: Assumed care of PT A70 x 5 Breathing intact & SOB of labored breathing & no pain this shift at this time. Pt able to move legs & pain or complication. Cap sput base in both legs able to wiggle toes and ambulate to Bath Room. Urine spontaneously. & drainage of obstructions bleeding noted on buttock dressing will continue to monitor status — (b)(6)-2 <i>ILDA</i> |
| 002A | Pt of nausea. New order for Phenergan 25mg 10 given. will continue to monitor status — (b)(6)-2 <i>lane</i> |
| 18 Sep 2003 0950 | Nursing: Assessment: Pt sleeping, easily aroused. Pt 4opain, Tylenol given. Pt alert, Kump CRA 52804 98%. HR 64, reg, & edema noted, 2 pulses x4 extremities. Abd soft, nontender. DBS x4 Pt consume small portion of reg diet for breakfast. Interpreter in to talk to Pt, Pt was |

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

EPW
(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-8.202-1

MEDCOM - 7414

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------------------|--|
| 18 Sep 2003 0150 (cont'd) | not eating because feared he was receiving pork. Interpreter explain to pt. that he would not receive pork, pt agreed to eat meals. ↑ OOB to latrine, ⊕ C/O difficulty voiding. Dress to ⊕ buttock CRT ———— (b)(6)-2 |
| 18 Sep 2003 1030 | Nursing: MD in, removed penrose drain & tied sutures ———— (b)(6)-2 |
| 18 Sep 03 19:17 | Received care of patient @ 18:00. Pt. resting comfortably in bed. Awake and alert. Dry cough/non-productive noted x 1. H ₂ O given. Dry cough subsided. VS w/2 per floor sheet skin warm/dry/intact. PERRLA ⊕ WNL. EOM ⊕ WNL. Buccal mucosa pink/moist. Lung sounds clear to auscultate throughout ⊕. Heart rate reg. S, S, WNL. Bowel sounds ⊕ x4 quadrants Abdomen soft/non-tender x4 quadrants. Dressing to ⊕ Buttocks clean/dry/intact. ⊕ pedal pulses ⊕ ⊕ strength. HL to ⊕ PE patent/intact. Small dime sized abrasion noted to forehead. Healing tissue/"scabbing" Small abrasion noted to ⊕ Hip "scabbing" noted. No pain @ this time. Will continue to monitor ———— (b)(6)-2 |
| 19 Sep 03 | Gastro or PN |
| 1035 | <p>⑤ Pt Doing well. ⊕ Compaining</p> <p>① AF, VSS</p> <p>INCISION 5 EPITA IMMEDIATELY</p> <p>CENTRAL MOIST AREA 5 FLEWIC RS</p> <p>OR DRAINAGE</p> <p>AP</p> <p>① UNCOMPLICATED ② BUTTOCK (NT)</p> <p>② Care & Sutures 4-5 DAYS → D/C</p> |

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------|---|
| 19 Sep 2003 1340 | Nursing: Pt awake, ϕ c/o pain. Alert, lung CTA, ϕ Sats 98% on RA, ϕ SOB. HR 68, reg. ϕ edema noted. Ht to ϕ AC, patent. A c/o pain to Ht site, will restart Ht. Abd soft, nontender, ϕ BS x4. Interpreter in to assist, pt reports BM of normal stool this morning. Pt \uparrow to latrines outside, voiding well. Drgg to ϕ buttock CTR ——— 14 ^{(b)(6)-2} AM |
| 20 Sep 03 03:36 | Received c/o patient @ 18:00 19 Sep 03. Pt @ 1800 A+Ox3 PERRA ϕ WNL. ϕ EOM WNL. Skin warm/dry/intact. Buccal mucosa pink/moist. Lung sounds clear to auscultate ϕ throughout. Heart Heart rate regular S.S. WNL. Bowel sounds ϕ x4. Abdomen soft - non-tender \forall 4 quadrants. Dressing to ϕ buttocks clean/dry/intact. Ht to ϕ Fore arm, patent intact. NV's to ϕ Lower extremity WNL. ϕ c/o pain @ this time or throughout shift will continue to monitor ——— ^{(b)(6)-2} AM |
| 20 Sep 2003 0905 | Nursing Assessment: Pt sleeping, easily aroused. ϕ c/o pain. Pt Alert, lung CTA, non-productive cough, ϕ Sats 98% on RA. HR 92, reg. ϕ edema to extremities, HR to ϕ patient. Abd soft, nontender, ϕ BS x4. Pt \uparrow OOB, amb well. Drgg to ϕ buttock CTR ——— 14 ^{(b)(6)-2} AM |
| 20 Sep 03 1905 | Nursing N/A: Assumed care of Pt A+O. ϕ c/o pain at this time. Breathing intact ϕ SOB or labored breathing. Dressing to Buttock clean dry and intact. Pt able to move all extremities \forall complication. Abd soft and non tender. Pt ambulatory to SR, words spontaneously. IUSL pushes well, will continue to monitor Status ——— ^{(b)(6)-2} AM |

EPW ^{(b)(6)-4}

STANDARD FORM 600 (REV. 6-97) BACK
U.S. GPO: 2002 - 491-800/50618

MEDCOM - 7416

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--------------------|--|
| 20 Sep 03 21/05 | Ancef IV to SL. Pt c/o burning redness around area of IV SL. New IV site started (C) AC. flushes OK _____ (b)(6)-2 _____ Amurog/RS |
| 21 SEP 03 | Assessment - 1049 - A&Ox3, PERRLA, Lungs clear, S/Sx stable, (P)BS x4, DSG Ad. C.I.D.I. cross & control. Assst. Tachycardia res. out. so clopoin continues IV Dose 8 mg. (b)(6)-2 Tachycardia will continue to monitor throughout _____ 397, etc |
| 21 SEP 03 | ORINO RN POD #5 slip. LHD (C) BUTTOCK GSW (S) Pt Downb Wound, & Denies Significant Pain. (C) incision wound approx 2" x 1" DRA DRAINAGE ON A&F (AP) (1) UNCOMPLICATED BUTTOCK GSW (2) CONT. DSG D'S UNTIL DRA → DIC TO WP CONTAINMENT _____ (b)(6)-2 _____ (b)(6)-2 _____ _____ |
| 21 Sep 03 | |
| 21 Sep 03 20:30 | Received care of pt. @ 1800. Pt. A+O x3. Consumed 100% of dinner. PERRLA (C) UNR. EOM (C) UNR. Skin warm/dry/intact. Buccal mucosa pink/moist. Lung sounds clear to auscultate (C) throughout. Bowel sounds (C) x4 quadrants. Abdomen soft/nontender x4 quadrants. (C) Radial pulses (C) PR strength. Dressing to (C) Buttocks intact & scant amt. serous drainage noted. HL to (C) DAC patent/intact. & clopoin |

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--------------------|--|
| 21 Sep 03 20:30 | will continue to monitor _____ (b)(6)-2 |
| 22 Sep 03 | <p>ORTRAD RN</p> <p>(S) SLV GSW (L) BUTTOCK, DENIES SIGNIFICANT PAIN</p> <p>(C) AF, USS</p> <p>CONTINUED DRAINAGE FROM BUTTOCK WOUND</p> <p>(AP) (1) CONTINUED CENTRAL INCISIONAL DRAINAGE</p> <p>(2) TD OR TOMORROW FOR I+D, CLOSURE</p> <p>(b)(6)-2</p> <p>(b)(6)-2</p> <p>_____</p> |
| 23 Sep 03 | <p>ORTRAD RN NOTE</p> <p>SURGEON: _____ (b)(6)-2 ASSIST NURSE</p> <p>SVC: ORTRAD</p> <p>DO: GSW (L) BUTTOCK 16 SEP 03</p> <p>PROCEDURE: I+D (L) BUTTOCK</p> <p>INDICATION: CONTINUED DRAINAGE (L) BUTTOCK</p> <p>FINDINGS: MODERATE MUCOUS MATERIAL → DEBRIDED / IRRIGATED</p> <p>DRAINS: WOUND PACKED & KEPT</p> <p>FIND: 300ML FBCL 2000</p> <p>COND: STABLE TO OR, COMPLICATION: NONE</p> <p>(b)(6)-2</p> <p>(b)(6)-2</p> |

MEDCOM - 7418

NDARD FORM 600 (REV. 6-87) BACK
*U.S. GPO: 2002 - 491-600/50618

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------|--|
| 0958 23 Sep 2003 | Nursing: Pt received from ICU post-op. Pt drawing pain is tolerable. Lung CRT, O2 sat 98% on RA. HR reg, & edema. IV NS @ 200 100 c/hr to @fa. Abd soft nontender, @BS x4. Pt PTV by 1500. Drsg to @ buttock CRT. _____ LT (b)(6)-2 AN |
| 23 Sep 2003 1215 | Nursing: Pt tolerated reg diet for lunch, will be void. _____ LT (b)(6)-2 AN |
| 23 Sep 2003 1510 | Nursing: Pt void 215cc cl, amber urine. HL IV. _____ LT (b)(6)-2 AN |
| 23 Sep 03 19:21 | Received care of pt @ 18:00. Pt awake/alert in bed. PERRA @ @EOM @. Buccal mucosa pink/moist. Skin warm/dry/intact. Lung sounds clear to auscultate @ throughout. HR regular S2 present. Bowel sounds @ x4 quadrants. Abdomen soft/nontender x4 quadrants @ radial pulses @ strength @. Dressing to @ buttocks intact @ scant amount bloody drainage noted @ & @ pain @ this time will continue to monitor (b)(6)-2 AN |
| 24 Sep 2003 1320 | Nursing: Pt awake & alert, @ @ pain. Lung CRT, @ O2 sat 98% on RA. HR reg, & edema, new IV site @ @fa of 18g catheter, patent. Abd soft nontender @BS x4 Pt reports to interpreter last PM 23 sep of normal stool Pt voiding well. @ O2 sat amb to bathroom @ assist, Drsg to @ buttock @ lrg area shadowing of serous @ bloody drainage across @ 4x4s. Area circled. _____ LT (b)(6)-2 AN |

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

| DATE | NOTES |
|------|-------|
|------|-------|

| | |
|-----------|--|
| 29 Sep 83 | <p>① R Torso Wound</p> <p>② AFUSS</p> <p>DRESSING CDE</p> <p>(AW)</p> <p>① GSW ② BUTTOCK</p> <p>② TO OR TOMMORROW PR</p> <p>DIC PACKING, DELETED CLOSURE</p> |
|-----------|--|

(b)(6)-2

(b)(6)-2

| | |
|-------------------|--|
| 24 Sep 83 1815 | <p>Nurses Notes: Assumed care of PT AFD sitting up in bed breathing intact & SOB or labored breathing. Vitals stable dressing to ② buttocks clean dry and intact. PT able to move all extremities without complication. Marked area on dressing of new drainage or bleeding noted. Abd soft and non tender. PT ambulate to Rest room Urine spontaneously. IV SL flushes well. will continue to monitor status.</p> |
|-------------------|--|

(b)(6)-2

108A

| | |
|-------------------|--|
| 25 Sep 83 1915 | <p>Nurses Notes: Assumed care of PT AFD c/o pain or discomfort, breathing intact & SOB or labored breathing. Dressing to ② buttocks clean and intact with marked small area of bleeding on inside. will continue to monitor for ↑ flow. IV SL flushes well. PT ambulate to Rest room without complain absent 2 checks.</p> |
|-------------------|--|

(b)(6)-2

| MEDICAL RECORD | PROGRESS NOTES | |
|--------------------|--|---------------------|
| DATE | NOTES | |
| 25 SEP 03 | OUTGO OF NOTE | |
| | Surgeon: (b)(6)-2 | ASSIST: \emptyset |
| | Dr: (L) BUTTOCK GSW | |
| | PROCEDURE: (L) BUTTOCK HD | |
| | FINDINGS: CLEAN WOUND, NO NECROTIC MATERIAL. CLOSED IN LAYERS. | |
| | ESL: 15 cc | |
| | FUND: 500 NS | |
| | COMPLICATION: NONE | |
| | CONDITION: STABLE TO RR. | |
| | (b)(6)-2 | (b)(6)-2 |
| 25 Sep 03 1738 | Post-OP/ Nursing: Pt. received from recovery team able to transfer self to bed. Alert, \emptyset Clopain Dressing \emptyset \emptyset VSS, using IS, tolerate po intake. Voiding w/o difficulty. Cont to assist. | |
| 25 Sep 03 20:00 | Pt. complained of pain to (L) buttocks. Percocet given. Will reevaluate p 1 for effectiveness. | |

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

PROGRESS NOTES
Medical Record
STANDARD FORM 508 (REV. 5/1998)
Prescribed by GSANCAR FORM 141CFR 101-11.2030N101
USAPA V1.00

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-----------------------------------|--|
| 21 20 Sep 2003 0825 | Nursing: Pt awake, p c/o pain. Lungs CTA, O ₂ sat's 99% on RA. HR 108, reg. p edema noted. HL to @fa patent. Abd soft, nontender, @BS x4. p/IV. Pt r OOB to crutches to latrines to void. Preg to @ buttock to quarter size area of sero-sang drainage. Drsg intact. _____ ut (b)(6)-2 |
| 21 Sep 2003 1020 | Nursing. Pt c/o pain to IV site. DIC. HL to @fa. Start Ibg cath to @fa, flush well. _____ ut (b)(6)-2 |
| 26 Sep 03 20:30 | Received care of pt @ 1800. Pt A+O x3. PERRIA DOWN DECOMUR. Buccal mucosa pink/moist. Skin warm dry intact. Lung sounds clear to auscultate @ throughout. HL regular SS present. Bowel sounds @ x4 quadrants. Abdomen soft/nen-tender x4 quadrants. Dressing to @ Buttocks intact to scant amount bloody drainage noted from 3 days ago/unchanged drainage & exceeding border drain @ Nu 1's @. HL to @ forearm patent. New HL/IV initiated. complaint @ this time will continue to monitor _____ (b)(6)-2 |
| 2045. | Pt complained of itching to @ buttocks. 50mg Benadryl IV given @ results will continue to monitor _____ (b)(6)-2 |
| 27 Sep 2003 1355 | Nursing: Pt awake, p c/o pain. Pt alert & oriented. Lungs CTA, O ₂ sat's 98% on RA, p SOB. HR 80, reg, p edema noted. HL to @ae patent. 2 pulses x4. Abd soft, flat, nontender @BS x4. Pt reports voiding well through interpreter. Pt r OOB, amb to crutch assistance. Preg to @ flank. Aid, old drsg to small amt dried serous drainage. Drsg to @ buttock to small amt bloody drainage. Sutures intact. New 4x4 applied _____ ut (b)(6)-2 |

STANDARD FORM 600 (REV. 6-97) BACK

U.S. GPO: 2002 - 491-600/50618

MEDCOM - 7422

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------|---|
| 27 Sep 03 21:29 | <p>Received care of pt @ 1800. A+O x3. Restraints x 2 (Wrist) Darkle. PERRLA. EOMVUR. Buccal mucosa pink/moist. Lung sounds clear to auscultate throughout. Bowel sounds x4 quadrants. Abdomen soft/nontender x4 quadrants. Radial pulses x2 strength. Dressing to buttocks intact a scant amount of bloody drainage noted. A complaint of pain @ this time will continue to monitor</p> |
| 28 Sep 03 0534 | <p>Nursing: Shift note Pt. % not sleepy Admin benzyl as ordered alert throughout the night</p> |
| 28 Sep 2003 0930 | <p>Nursing: Pt awake, no pain. Alert, gesturing when will he leave here. Lung CTA, O2 sat 98% on RA, SOB. HR 76, reg. of edema noted. HL to DAC, patent. Abd soft, nontender, BS x4. Pt ↑ OOB to BR & crutches. Amb. well. Dsg to flame Δ. Old dsg to pen tip size or serous drainage. Dsg to buttock: old dsg to scant serous drainage. Stitches intact of active drainage noted. Wound well approximated, no infection present. Zyr applied to site.</p> |
| 28 Sep 03 1601 | <p>Received care of pt @ 1400. Pt resting in bed comfortably. Awake/alert x3. Ambulating to BR. Restraints x 2 (Wrist) Darkle. Awaiting MP to take to detention center. Will continue to monitor</p> |

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------|---|
| 28 Sep 9 0011 | Nurses Notes: Assumed care of Pt A02 C/O itching at site. Benadryl given PO breathing intact & SOB w/ labored breathing. Denies pain at this time dressing clean dry and intact & obvious bleeding. Pt ambulates to 1st room & complication. Will continue to monitor status. (b)(6)-2 |
| 29 Sep 9 2400 | Nurses Notes Assumed care of Pt F00 X3 breathing intact & SOB w/ labored breathing & no pain or itching at this time. Pt moves all extremities OK. Vitals stable & S/S of distress. Will continue to monitor status (b)(6)-2 |
| 30 Sep 9 MS | Nursing. MAs in to return FPN to prison. Narratively Summary, X-ray, & A clothes given to MP (b)(6)-2 |
| | |

(b)(6)-4

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-----------|---|
| 23 Sep 03 | ORTHO NARRATIVE Summary |
| | DOA: 16 SEP 03 DOD: 28 SEP 03 |
| | Dx: LEFT BUTTOCK GUNSHOT |
| | WOUND. |
| | PROCEDURES: I+D (L) BUTTOCK |
| | 16 SEP 03; REPEAT I+D, DPC |
| | (C) BUTTOCK 23 SEP 03. |
| | HOSP COURSE: M/V IMPACT (L) |
| | BUTTOCK GSW. I+D 16 SEP 03, |
| | SUMM RETAINED, FRAGMENT, EXTRA |
| | ARTICULAR INITIAL DPC 19 SEP 03 |
| | CONTINUED DRAINAGE, REPEAT I+D |
| | 23 SEP 03. WOUNDS DPT & SUTURES |
| | IN PLACE @ TIME OF DIC 28 SEP 03 |
| | CONDITIONS: STABLE |
| | COMPLICATIONS: NONE |
| | DISPOSITION: DIC TO MP CUSTODY |
| | DETENTION W/ MP PERSONNEL REMOVE |
| | SUTURES IN 5-7 DAYS |
| | MEDS: NONE |

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

| | | | |
|---|------------|--|----------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SER | ED AT |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR <i>[Signature]</i> | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | | REGISTER NO. | WARD NO. |

(b)(6)-4

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

EMERGENCY CARE AND TREATMENT

TREATMENT FACILITY (Specify)

LOG NUMBER

ARRIVAL DATE: 16 Sep 03 0219

PORTATION TO HOSPITAL (Specify)

CURRENT MEDICATION (Specify)

HISTORY OBTAINED FROM

PATIENT OTHER (Specify)

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT (Include symptom(s), duration)

SEX: M AGE: 20

POSSIBLE THIRD PARTY PAYER

GSW to left buttock

VITAL SIGNS table with columns for TIME, BP, PULSE, RESP., TEMP., and SpO2.

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective Data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/procedures, include medication given and follow-up)

TIME SEEN BY PROVIDER: 0215

CATEGORY (See reverse) EMERGENT

S-20 y/o GSW @ buttock. AXO times 3. PT denies pain. rad. from Nothing done to relieve pain. Dressing applied in field. FAST. distal pulse @ c doppler. Heart - clear. neck - WNL. Chest - LS et al = RRR. ABD - BS x 4 @ TRD. pelvis - stable stable/abrasion on end - WNL. back - GSW @ buttock. mino. bleeding - entry wound, exit wound.

PHmx, PSHX @ ARM, FMSTX, Tabo - yes, ETOH, LOT 2300 last year, TOE 2400

ORDERS table with columns for INITS, TIME, and specific orders like M504, IV LR, Fem stick, Foley, Xray, O2.

ASSESSMENT/DIAGNOSIS

GSW @ buttock

DISPOSITION (Check all that apply) HOME, FULL DUTY, QUARTERS, MODIFIED DUTY UNTIL, REFERRED TO (Indicate clinic), EMERGENCY, TODAY, 72 HOURS, ROUTINE, ADMIT. TO HOSP. UNIT, SERVICE, CONDITION UPON RELEASE, IMPROVED, UNCHANGED, DETERIORATED.

16.2 / 16.8 / 281 / 50.4 / 132 / 104 / 3.9 / 24 / Urine - Bld - neg, Prot - neg, SG - 1.02

Xray @ hip medial fragment

DATE OF RELEASE: 0330

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) WRITTEN ENTRIES GIVE: Name - last, first, middle; DOB, service status, name and relation of sponsor or next of kin. IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD.

SIGNATURE OF PROVIDER AND ID STAMP: SPC 91BA

(b)(6)-4

TO ITW then OK

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

| DATE | HOUR | | OBSERVATIONS Include medication and treatment when indicated |
|-------------------------|------|------|--|
| | A.M. | P.M. | |
| 16 Sep 03 | 0730 | | <p>Received care of pt @ 0700. Pt transferred from EMT via litter. able to transfer self from litter to bed with difficulty. Awake and alert. \oplusPERELA \oplusFOM WNL. Skin warm/dry/intact. Buccal mucosa dry, lips chapped. moist membranes. Lung sounds clear to auscultate throughout \oplus. Heart Rate regular S/S. Bowel sounds \oplus x 4 quadrants. Abdomen soft/w tender. Dressing to \oplus Buttock clean/dry/intact. Dressing to \oplus hip clean/dry/intact \bar{c} op-site over it. \oplus Radial pulses \oplus 2 strength \oplus NV / S to \oplus leg/foot PIV \oplus AC infusing LR @ 75cc/hr. \bar{c} clo pain @ this time. Will continue to monitor (b)(6)-2</p> <p>VS WNL per flow sheet (b)(6)-2</p> |
| Addendum 16 Sep 2003 | 0755 | | <p>Nursing Assessment: Pt sleeping, easily aroused. \bar{c} clo pain. Pt alert. Lung CRT, O₂ sat 99% on RA. HR 84, reg. \bar{c} edema noted. IV to Dac CLK @ 15. Abd soft, nontender, \oplusBSV4. \bar{c} NPO/PN - call to OR. Preg to (L) buttock \bar{c} 2in diameter area bloody \bar{c} drainage. Area marked & trialed. (b)(6)-2</p> |

(Continue on reverse side)

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

(b)(6)-4

NURSING NOTES
Medical Record

| MEDICAL RECORD | | INTRAOPERATIVE | | DOCUMENT | | |
|---|---|--|--|--|--------------------------------|--------------------------------|
| <small>For use of this form, see AR 40-66, the proponent.</small> | | <small>is the office of The Surgeon General.</small> | | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>Staff - OR</u> | | 2. PATIENT ^{(b)(6)-2} VERIFIED BY <u>[Signature]</u> | | OPERATION AND PROCEDURE <u>[Signature]</u> | | |
| 3. DATE <u>16 Sept 03</u> TIME PATIENT ARRIVED IN SUITE <u>[Signature]</u> | | 4. PATIENT TIME <u>0820</u> | | NUMBER <u>61 #2</u> | | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | | | | |
| COMMENTS: | | | | | | |
| 6. NURSING PERSONNEL | | | | | | |
| ASSIGNED SCRUB | <u>SFC</u> ^{(b)(6)-2} | RELIEF SCRUB | | | | |
| ASSIGNED CIRCULATOR | <u>CPT</u> ^{(b)(6)-2} | RELIEF CIRCULATOR | <u>[Signature]</u> ^{(b)(6)-2} | <u>66E</u> | | |
| 7. POSITION AND POSITIONAL AIDS (Specify) | | | | | | |
| <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | | | | |
| COMMENTS: <u>Rear by pillow - by ax pad (R)</u> | | | | | | |
| 8. SKIN PREPARATION | | | | | | |
| HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | PREP SOLUTION (Specify) <u>Beta/Breast</u> | | BY WHOM: ^{(b)(6)-2} | | |
| DONE BY: <input checked="" type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPLATORY <input checked="" type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | SITE: <u>(C) A. the etc</u> | | BY WHOM: | | |
| COMMENTS: <u>Wicks/cuts</u> | | COMMENTS: <u>Spooly abnl</u> | | | | |
| 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 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | [Redacted] | [Redacted] ^{(b)(6)-2} |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | [Redacted] ^{(b)(6)-2} | [Redacted] |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| ^{(b)(6)-4} | | <input checked="" type="checkbox"/> ESU NO: <u>1-1</u> 80/30 GROUND PAD: BRAND <u>Walker</u> LOT NO: <u>69263 2005-03</u> | | | | |
| | | <input type="checkbox"/> ESU NO: GROUND PAD: BRAND LOT NO: | | | | |
| | | <input type="checkbox"/> BIPOLAR NO: <u>ESU pad site then post up</u> | | | | |

DA FORM 5179-1, OCT 87

REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

USAPA V1.01

MEDCOM - 7428

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

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION YES NO, TYPE(S):
MACC

OTHER ORDERS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|--------------------|------|----------------|
| <i>(Signature)</i> | | |
| (b)(6)-2 | | |
| (b)(6)-2 | | |

PHYSICIAN'S SIGNATURE *(Signature)*

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

18. DRESSING/IMMOBILIZATION (Specify)
*Pls 4x8
 Coes ACI*

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1 | 2 | 3 |
|-----------|--------------------|-------------------|---|
| | <i>16 Fr Foley</i> | <i>28 Penrose</i> | |
| SITE | <i>Med Jct</i> | <i>Distal Jct</i> | |

19. ADDITIONAL INFORMATION
Foley from SMT clear yellow drainage

20. OPERATION(S) PERFORMED
Debridement left Buttocks

21. PATIENT TRANSFERRED TO *ICU* TIME *1940* METHOD *Tilted*

22. REGISTERED NURSE SIGNATURE (b)(6)-2 *(Signature)*

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|---|---------------------|--|-------------------|
| For use of this form, see AR 40-66, the propri... | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>CP1</u> (b)(6)-2 | | 2. PATIENT IDENTIFIED, REVIEWED AND PROCEDURE VERIFIED BY <u>CRNA</u> (b)(6)-2 | |
| 3. DATE <u>23 SEP 03</u> TIME PATIENT ARRIVED IN SUITE <u>0808</u> | | 4. PATIENT IN ROOM TIME <u>0808</u> NUMBER <u>1-1</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | |
| COMMENTS: <u>Alert.</u> | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>SSG</u> (b)(6)-2 | <u>RID</u> | RELIEF SCRUB |
| ASSIGNED CIRCULATOR | <u>MAJ</u> (b)(6)-2 | <u>ANUBE</u> | RELIEF CIRCULATOR |
| 7. POSITION AND POSITIONAL AIDS (Specify) <u>Avillary Roll under right axilla, Bean bag deflated to maintain position. Arms extended in front of body. Rt dependent arm resting on padded armboard. Lt arm resting on top of pillow. Arms secured with safety strap to board. Rt dependent leg bent resting on g-crates. Lt leg straight resting on pillow. Dentals free from pressure.</u> | | | |
| <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | |
| 8. SKIN PREPARATION | | PREP SOLUTION (Specify) <u>Beta/Beta</u> (b)(6)-2 | |
| HAIR REMOVAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPLATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | SITE: <u>Lt buttocks</u> BY WHOM (b)(6)-2 SITE: <u>leg</u> BY WHOM: | |
| COMMENTS: | | COMMENTS: <u>No pooling noted. Chux used.</u> | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND: X Ground Pad - Safety Strap == = Tourniquet N/A | | | |
| 10. COUNTS | | C = Correct I = Incorrect | |
| Sponge: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Needle Sharp: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Instrument: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | First Closing Count: <u>8</u> Final Closing Count: <u>8</u> SCRUB: (b)(6)-2 CIRCULATOR: (b)(6)-2 | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | | |
| (b)(6)-4 | | | |
| 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <input checked="" type="checkbox"/> ESU NO: <u>000442 VL FORCEITE</u> GROUND PAD: BRAND: <u>VL Polyheated</u> LOT NO: <u>NOT USED</u> <input type="checkbox"/> ESU NO: BRAND: LOT NO: <input type="checkbox"/> BIPOLAR NO: | | | |

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUM: 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): NSS

OTHER ORDERS

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

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

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1. | 2. | 3. |
|-----------|----------------------|------|------|
| | fluffs | / | / |
| SITE | 1. Lt buttocks wound | 2. / | 3. / |

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs
A-BD Pad
Coverall

19. ADDITIONAL INFORMATION (b)(6)-2

Dr. (b)(6)-2 CPT (b)(6)-2 CRNA

20. OPERATION(S) PERFORMED
D+I, Lt buttocks wound.

21. PATIENT TRANSFERRED TO Icu TIME 0855 METHOD litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2 MAS, AN

MEDICAL RECORD

INTRADUPLICATION DOCUMENT

For use of this form, see AR 40-86, the

Agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA ambulance BY staff

2. PATIENT ID (b)(6)-2 PROCEDURE R

3. DATE 25 Sept 03 TIME PATIENT ARRIVED IN SUITE 0800

4. PATIENT IN ROOM NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---------------------|---------------------|-------------------|--|
| ASSIGNED SCRUB | <u>SIC</u> (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>CPM</u> (b)(6)-2 | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: gen bag Ax roll (R), pillow (L) arm between legs.

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

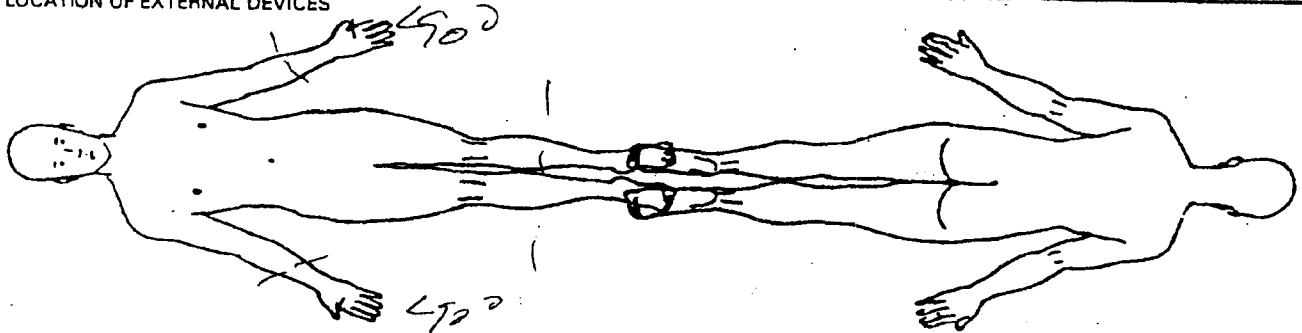
METHOD: DEPILATORY RAZOR

PREP SOLUTION (Specify) Betadine (b)(6)-2

SITE: CLABO BY WHOM: CLABO

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad - Safety Strap === Tourniquet

| 10. COUNTS | C = Correct I = Incorrect | | First Closing Count | | Final Closing Count | | SCRUB (b)(6)-2 | CIRCULATOR (b)(6)-2 |
|--------------|---|--|---------------------|--|---------------------|--|----------------|---------------------|
| | Other** | | | | | | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

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

(b)(6)-4

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

ESU NO: V 1-1 30/20

GROUND PAD: BRAND Valleylab LOT NO: 69263

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOAR NO: _____

pad its clear part of

13. PROSTHESIS, IMPLANTS NO IF YES, NAME: ID NUMB: NUFACTL RER

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): *MACL*

OTHER ORDERS *OC*

| | TIME | CARRIED OUT BY |
|--|------|----------------|
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify) *plp*
Abd
Coverall

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED *I & D (C) Buttocks GSW & closure*

21. PATIENT TRANSFERRED TO *204* TIME *0855* METHOD *Other*

22. REGISTERED NURSE SIGNATURE *(b)(6)-2* *47 n*

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------|----------|------|----|------|----|------|----|
| POST-MONTH | DAY-YEAR | 1965 | | 1965 | | 1965 | |
| DAY | HOUR | 0 | 1 | 0 | 1 | 0 | 1 |
| PULSE (O) | TEMP. F | 98 | 98 | 98 | 98 | 98 | 98 |
| | 105° | | | | | | |
| 180 | 104° | | | | | | |
| 170 | 103° | | | | | | |
| 160 | 102° | | | | | | |
| 150 | 101° | | | | | | |
| 140 | 100° | | | | | | |
| 130 | 99° | | | | | | |
| 120 | 98.6° | | | | | | |
| | 98° | | | | | | |
| 110 | 97° | | | | | | |
| 100 | 96° | | | | | | |
| 90 | 95° | | | | | | |
| 80 | | | | | | | |
| 70 | | | | | | | |
| 60 | | | | | | | |
| 50 | | | | | | | |
| 40 | | | | | | | |

(Centigrade Equivalents, for Reference only)

ESPIRATION RECORD

| BLOOD PRESSURE | | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|--------|--------|--------|--------|--------|--------|--------|
| HEIGHT: | WEIGHT | 113/61 | 115/61 | 119/62 | 121/61 | 123/61 | 123/61 |
| | | 158 | 158 | 158 | 158 | 158 | 158 |
| | | 98 | 98 | 98 | 98 | 98 | 98 |
| | | 99 | 99 | 99 | 99 | 99 | 99 |

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

REGISTER NO. WARD NO.

(b)(6)-4

VITAL SIGNS RECORDS

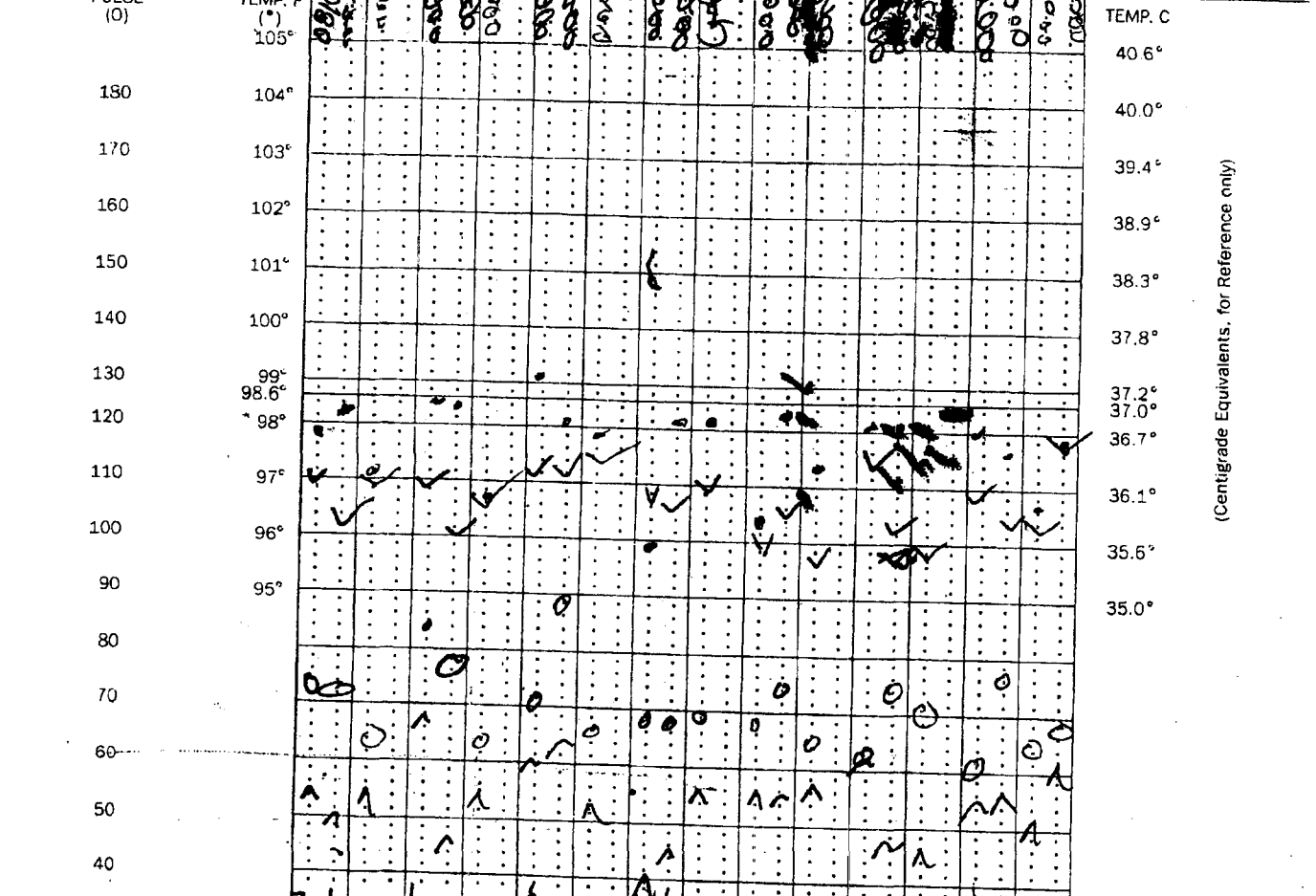
Medical Record

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

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | 7 | 8 | 9 | 10 | 11 | | |
|--------------|------|----|----|----|----|----|----|----|
| POST- | DAY | | | | | | | |
| MONTH-YEAR | DAY | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 19 | 2003 | | | | | | | |
| | HOUR | | | | | | | |



| | | | | | | | | | | | |
|--|----------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Record special data only when so ordered | BLOOD PRESSURE | | 100/60 | 100/60 | 100/60 | 100/60 | 100/60 | 100/60 | 100/60 | 100/60 | 100/60 |
| | HEIGHT: | WEIGHT → | 5'02" | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 |
| | | | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | | | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |

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

(b)(6)-4

REGISTER NO. WARD NO.

VITAL SIGNS RECORDS
Medical Record

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

MEDCOM - 7437

| | | | | | |
|---|--|--|--|---|--|
| Ward/Section: EMT | | Requesting Physician: (b)(6)-2 | | LABORATORY RESULT FORM | |
| Name: (b)(6)-4 | | Date: 16 SEP 03 | | Patient # | |
| Chemistry 7 Test Result Ref. Range GLU 113 73 - 118 mg/dL BUN 9 7 - 22 mg/dL Creat 0.7 0.6 - 1.2 mg/dL Na 132 128 - 125 mmol/L K 3.9 3.3 - 4.7 mmol/L Cl 104 98 - 108 mmol/L CO2 24 18 - 33 mmol/L | | Urinalysis Test Result Ref. Range Color 2/10 N/A App cl N/A Glu ng Negative Bili ny Negative Ket ny Negative SGav. 1.020 N/A Bld neg Negative pH 5.0 N/A Prot ng Negative Urob Norm 0.2 - 1.0 Nit ng Negative Leuk ny Negative Micro UA | | Hematology (CBC) Test Result Ref. Range WBC 16.2 4.8 - 10.8 x 1E3 RBC 5.39 4.7 - 6.1 x 1E6 Hgb 16.8 14 - 18 g/dL (M); 12 - 16 (F) Hct 50.4 45 - 52% (M); 37 - 47% (F) MCV 93.4 80 - 99 fL Plt 281 130 - 500 1E3 Lymph% 14.2 20.5 - 51.1 % | |
| Chemistry 12/LFT ALB 3.5 - 5.5 g/dL ALP 26 - 84 µg/dL ALT 10 - 47 µg/dL AMY 14 - 97 µg/dL AST 11 - 38 µg/dL Tbili 0.2 - 1.6 mg/dL TP 6.4 - 8.1 g/dL Ca 8.0 - 10.3 mg/dL Chol 100 - 200 mg/dL Creat 0.6 - 1.2 mg/dL BUN 7 - 22 mg/dL GLU 73 - 118 mg/dL | | Blood Gas pH 7.42 7.31 - 7.45 PCO2 41.5 35 - 45: Art PO2 228 80 - 105 HCO3 26 22 - 26 TCO2 28 23 - 27 BE 2 (-2) - 3 sO2 100 95 - 100% | | Hematology Manual Diff Segs Lymph Bands Atyp Mono Imm Eos RBC Morph Baso Plt. Est | |
| Other Chem Troponin Negative GLU Only 73 - 118 mg/dL CK 39 - 380 µg/L - Male 30 - 190 µg/L - Female | | | | Coagulation PT 9.8 - 13.6 sec aPTT 21 - 34 sec INR N/A | |
| Additional Instructions: | | | | MISC Malaria Negative Gram Stain N/A UA Tox: Negative HCG Negative | |
| (b)(6)-2 | | Date: 16 Sep 03 | | Lab ID # (b)(6)-2 | |

MEDCOM - 7439

WARD SECTION: _____ REQUESTING PHYSICIAN: _____
 LAST FIRST MI: _____ DATE: _____ TIME: _____

CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 SSN/PSEUDO SSN: _____

I STAT CHEMISTRY 12

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|-------|--------|--|------|--------|----------------|
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l |
| Cl | | 98-109 mmol/L | ALT | | 10-47 u/l |
| Ca | | 7.31-7.45 | AMY | | 14-97 u/l |
| CO2 | | 23-27 mmol/L (art) 41-44 mmol/L (ven) | AST | | 11-38 u/l |
| HCO3 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | TBIL | | 0.2-1.6 mg/dl |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | BUN | | 7-22 mg/dl |
| TCO2 | | 25-28 mmol/L | CA | | 8.0-10.3 mg/dl |
| GLU | | (-2) - (+3) mmol/L | CHOL | | 100-200 mg/dl |
| anGap | | 10-20 mmol/L | CRE | | 0.6-1.2 mg/dl |
| BUN | | 8-26 mg/dl | GLU | | 73-118 mg/dl |
| CRE | | 0.7-1.5 mg/dl | TP | | 6.4-8.1 g/dl |
| Hct | | 38-51% PCV | | | |
| Hgb | | 12-17 g/dl | | | |

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 |

MISC.

| TEST | RESULT | REF. RANGE |
|---------------|--------|------------|
| Proponin | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |
| | | |

LIVER PANEL

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

ELECTROLYTE

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

REMARKS:

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

ASAP

Smeg Resting wasted

MEDICAL RECORD - ANESTHESIA

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

| | | | | | | | | | | | | | | | | | | | | |
|---|----------------|-----|-----|-----|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|-----|
| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/CM ³ /AL * = CONSTANT INFUSION | Midazolam (mg) | 2 | | | | | | | | | | | | | | | | | TOTALS | |
| | Fentanyl (mg) | 100 | 50 | 50 | | | | | | | | | | | | | | | 2mg | Min |
| | Propofol (mg) | 150 | | | | | | | | | | | | | | | | | 150mg | |
| | Succ (mg) | 100 | | | | | | | | | | | | | | | | | 100mg | B |
| | () | | | | | | | | | | | | | | | | | | X | |
| | () | | | | | | | | | | | | | | | | | | X | |
| | 100 % del | | 1.8 | 1.5 | X | | | | | | | | | | | | | | | |
| | % a.t. | | | | | | | | | | | | | | | | | | | |
| | AIR L/Min | | 1 | 1 | X | | | | | | | | | | | | | | CRYSTALLOID- UR 300cc | |
| | N2O L/Min | | | | | | | | | | | | | | | | | | COLLOID- | |
| | O2 L/Min | | B | 1 | 1 | B | | | | | | | | | | | | | BLOOD- X | |

EST BLOOD LOSS _____

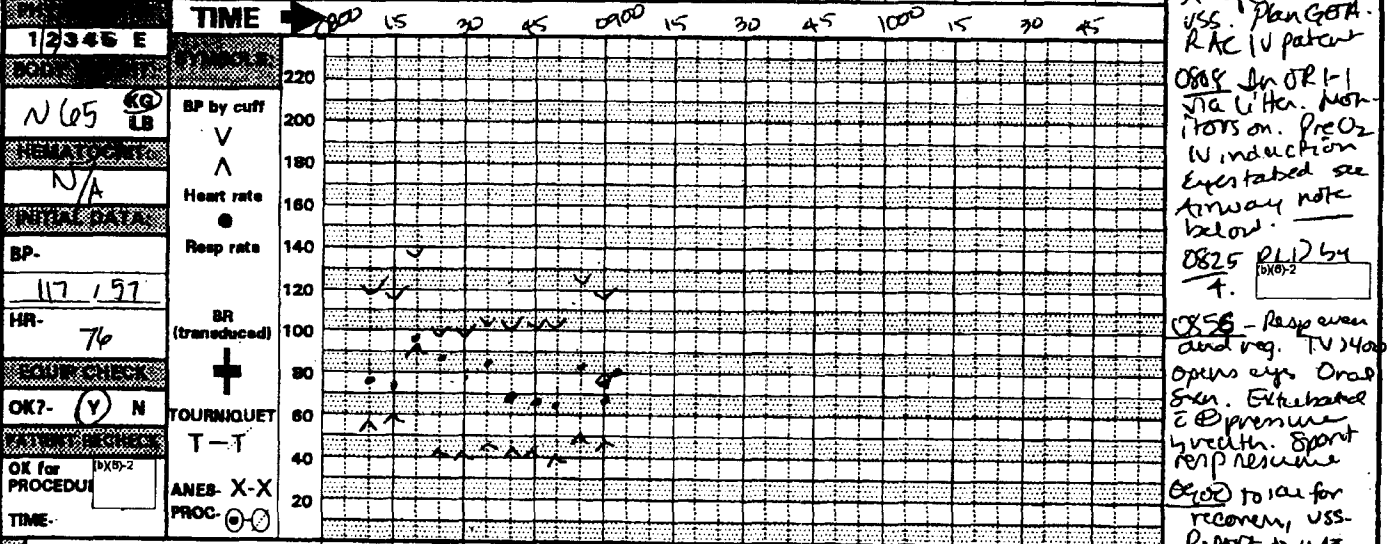
URINE - _____

LINE L/Rlec ^{(b)(6),2} Warmed _____ 360

Warmed _____

Warmed _____

Warmed _____



| | | | | | | |
|---------------------------------|-------------------------------------|-----|-----|-----|------|----|
| VT - ml | 720 | 720 | 740 | | | |
| f - breaths/min | 18 | 10 | 12 | 13 | 12 | 11 |
| Peak inf pres / PEEP | 16 | - | - | - | - | - |
| MODE - S(pon), A(assist), C(om) | S | C | S | S | S | S |
| BP/Auto Cuff | <input checked="" type="checkbox"/> | | | | | |
| ET CO2 (torr) | 40 | 36 | 52 | 46 | | |
| BP/oth | <input checked="" type="checkbox"/> | | | | | |
| FIO2 (Frac or %) | .88 | .62 | .62 | .88 | 7.21 | |
| ART line | <input checked="" type="checkbox"/> | | | | | |
| SpO2 (%) | 100 | 100 | 100 | 100 | 100 | |
| Shed- PC/EB | <input checked="" type="checkbox"/> | | | | | |
| ECG | SR | SR | SR | SR | SR | |
| TEMP-site | A/2/3 | | | | | |
| BB-M Block (T/4) | 4.9/4 | 4 | | | | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position \rightarrow @ax roll in place @ 0800 secured on pillow b/w arms @ 0800

ALPRD \rightarrow OL

PROCEDURES and CPT Codes:
 Debridement + Irig (L) buttock wound

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

^{(b)(6),4}

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
 GEMTA.

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
 DLX1 + MAC 3 grade I view of 8:0 OETT stylet passed
 easy attached @ 23cm @ 4.5cm @ 2.5cm @ 2.5cm @ 2.5cm @ 2.5cm

SURGEONS: ^{(b)(6),2}

ANESTHETISTS: ^{(b)(6),2} CRT/CRNA

PROCEDURE LOCATION: OR 1-1

DATE: 23 SEP 03

PAGE 1 OF 1

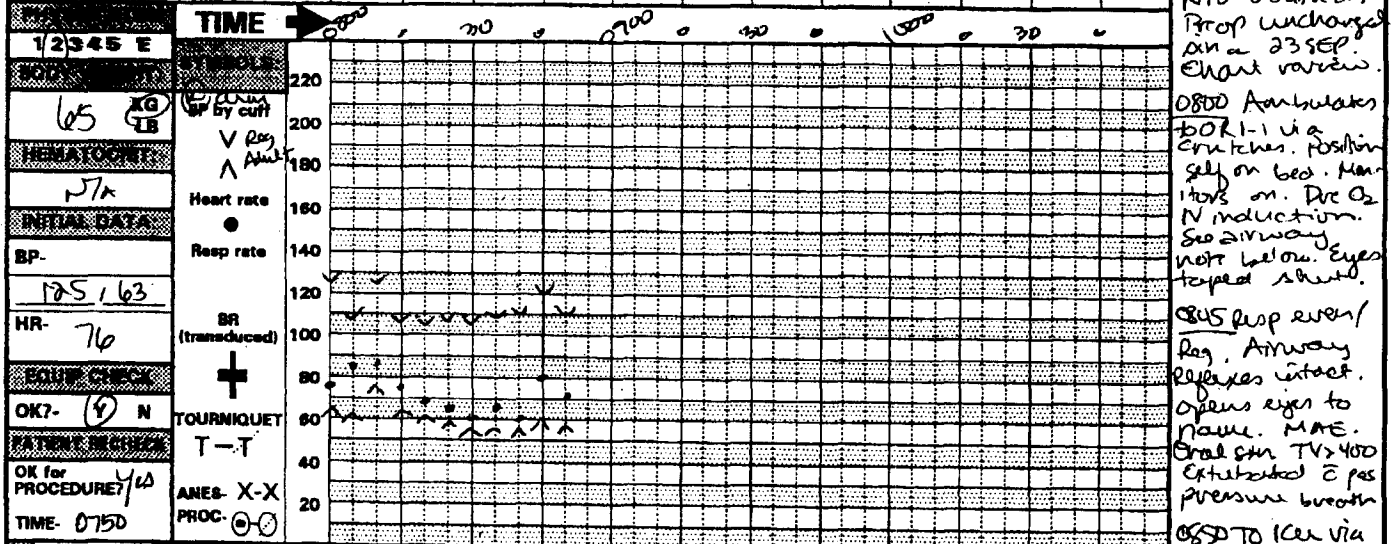
ASA II -> 106.
NLEDA

worked 50 mg fentanyl

MEDICAL RECORD - ANESTHESIA

For use... form, see AR 40-66; the proponent agency is

| | | | | | | | | | | | | |
|---|----------------|-----|-----|-----|--|--|--|--|--|---------|-------------|------------|
| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/CM/ML % = CONSTANT INFUSION | Midazolam (mg) | 2 | | | | | | | | TOTALS | 2 mg | |
| | Fentanyl (mg) | 100 | 5 | 25 | | | | | | 3000 mg | MIN | |
| | Propofol (mg) | 60 | 40 | | | | | | | 200 | TOTAL | |
| | Succ (mg) | 100 | | | | | | | | 100 | | |
| | () | | | | | | | | | X | Ø | |
| | () | | | | | | | | | | | |
| | Sevo % del | 1.5 | 2.0 | 1.8 | | | | | | | | |
| | % o.t. | | | | | | | | | | | |
| | AIR L/Min | | | | | | | | | | CRYSTALLOID | NS = 500cc |
| | N2O L/Min | | | | | | | | | | COLLOID | |
| O2 L/Min | B-2-2 | 2 | P3 | | | | | | | BLOOD | X | |



| | | | | |
|-------------------------------|------|------|------|-----|
| VT - ml | 40 | 300 | 250 | |
| f - breaths/min | 15 | 10 | 11 | |
| Peak inf pres / PEEP | - | - | - | |
| MODE - S(pon), A(sist), C(on) | SA | S | S | S |
| Auto Cuff | Y | | | |
| ET CO2 (torr) | 42 | 50 | 47 | |
| FIO2 (Frac or %) | 0.85 | 0.86 | 0.86 | RA |
| SpO2 (%) | 100 | 97 | 100 | 100 |
| ECG | SR | SR | SR | SR |
| TEMP-site/level | | | | |
| N-M Block (T/R) | 4/4 | 4/4 | | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position → Warm secured on padded armboard. Warm secured over pillow. Dorsal in place. O2, RLD

PROCEDURES and CPT Codes:
 Debridement/Irrigation Lt buttock GSW

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
 GETA.

AIRWAY MANAGEMENT: Intubation tube, blade, technique, comments
 Dlx 1 2 (b)(2) 3 by SSG (b)(2) RT. 8.0 OETT placed at second @ 2cm @ team. @ Shy Rt @ Sustained ETCO2 @ ABG = @ Site block

SURGEONS: (b)(2)

ANESTHETISTS: (b)(2)

PROCEDURE LOCATION: OR 1-1
 DATE: 25 SEP 03
 PAGE 1 OF 1

PRE-ANESTHESIA AND POST-ANESTHESIA EVALUATION

AGE: 20 HRS DAYS MOS (YRS) SEX: X MALE () FEMALE

PROPOSED PROCEDURE: D&I @ buttocks SURGICAL SERVICE: Anmo

ASA PHYSICAL STATUS 1 (2) 3 4 5 E
WEIGHT: 65 (KGS) LB HEIGHT: IN.
ALLERGIES: N/A

HABITS: TOBACCO: (+)
ETOH: (X)
DRUGS:
CURRENT MEDICATIONS:
PREMEDICATION:
LABORATORY STUDIES:
OTHER:
16 Sep 0223
16.2 / 16.8 / 281
50.4
132 / 104 / 9
3.9 / 2A / 0.7 (113)

PREOPERATIVE ASSESSMENT
PAST MEDICAL HISTORY/SYSTEMS REVIEW
Cardiovascular: Hypertension (N) Y
Angina (N) Y
MI (N) Y
CVA (N) Y
Other (N) Y
Pulmonary System: Asthma (M) Y
Bronchitis/URI (N) Y
COPD (N) Y
Other (N) Y
Renal System: Acute/Chronic RF (N) Y
Gastrointestinal: Hepatitis (N) Y
Hiatal Hernia (N) Y
PUD (N) Y
Endocrine System: Diabetes (N) Y
Steroids (N) Y
Thyroid (N) Y
Neurological: Seizures (N) Y
Neuropathy (N) Y
Other (N) Y
Gynecological: Pregnancy (N) Y
Other Significant Hx: (N) Y
Familial Hx

ASSESSMENT
PAST SURGICAL/ANESTHETIC HISTORY
PHYSICAL EXAMINATION
BP 116/52 HR 90 RESP 18
HEENT - Teeth: poor hygiene
Trachea: Midline
TMJ/Neck: FLOWN
Oropharynx: NP II
Nares: patent
CHEST: CTA (B)
CARDIAC: S52 Rbc
EXTREMITIES:
IV Access: LR 756/ur. (b)(6)-2
Ulnar Filling:
BACK:
OTHER: T+S.

ANESTHETIC PLAN: [] Local [] MAC - [] Regional (Specify): General Mask Intubation

INFORMED CONSENT/COUNSELLING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.
Signed: CAP/CPWA DATE: 16 SEP 03 TIME: 0745 Hrs

CONDITION UPON ARRIVAL TO P.A.R.R.
VITAL SIGNS: BP HR RESP SuO2
RESP STATUS: [] Spontaneous [] Assisted [] Cont'd
MENTAL STATUS: [] Awake [] Alert [] Lethargic [] Asleep
REPORT GIVEN: [] Yes [] No

POST-ANESTHESIA EVALUATION AND NOTE
[X] NO APPARENT ANESTHETIC COMPLICATIONS [] OTHER
(b)(6)-2
DATE: 17 SEP 03 TIME: 0930 Hrs

PATIENT IDENTIFICATION: (Ward:)
(b)(6)-4

ANESTHESIA PLAN OF CARE PR.

EDURAL ASSESSMENT (Sedation)

Age 20 DAYS MOS (YRS)

Sex (X) MALE () FEMALE

PROPOSED PROCEDURE: I+D Buttocks wound

SURGICAL SERVICE: Ortho

NPO SINCE:

ASA: Physical State 1 (2) 3 4 5 E
WT: 65 KG/LB HT: IN.
ALLERGIES: NEDA

HABITS:

TOBACCO: (+)

ETOH: (X)

DRUGS: (X)

CURRENT MEDICATIONS:

() = ordered as premed

() Anceby 98 hr LD 08

()
()
()
()
()
()

PREMEDICATIONS:

None Yes () Hrs) /CC

mg IV IM PO

mg IV IM PO

mg IV IM PO

LABORATORY STUDIES:

HB/HCT: /

UA: /

OTHER: /

No S/P 16.2 / 16.8 / 28
50.4

132 | 104 | 9 | 113
3.9 | 24 | 0.7

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Table with columns for system (Cardiovascular, Pulmonary, Renal, etc.) and response (N, Y). Includes handwritten 'No' and 'Buttock GSW'.

ASSESSMENT

PAST SURGICAL/ANESTHETIC

(X) Buttock I+D 9/16

PHYSICAL EXAMINATION section including BP, HR, RR, T, Pain Scale, HEENT, Trachea, TMJ/Neck, Oropharynx, Nares, CHEST, CARDIAC, EXTREMITIES, IV Access, Ulnar Filling, BACK, OTHER.

NPO Since 12M

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

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

The patient/legal guardian consents to understand and agrees. Questions answered.

Signed: [Signature] Date: 23 SEP 03 Time: 0750 Hrs

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

- 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. 3. DEEP SEDATION/ANALGESIA. Patient responds purposefully following repeated or painful stimulation. 4. ANESTHESIA. Patient does not respond to painful stimulation.

Patient Identification: (Ward) [Redacted]

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

| | | |
|---|---|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) (b)(6)-2 _____ DIAGNOSIS OR OPERATIVE PROCEDURE trauma |
| | DATE REQUESTED 16 Sept | I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. |
| | DATE AND HOUR REQUIRED 16 Sept ASAP | |
| | VOLUME REQUESTED (If applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | DATE VERIFIED 16 Sept 03 TIME VERIFIED |

SECTION II - PRE-TRANSFUSION TESTING

| | | | | |
|----------|-----------------|--|------------|--|
| UNIT NO. | TRANSFUSION NO. | TEST INTERPRETATION | | PREVIOUS RECORD CHECK: |
| | PATIENT NO. | ANTIBODY SCREEN | CROSSMATCH | <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD |
| DONOR | RECIPIENT | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | | SIGNATURE OF PERSON PERFORMING TEST |
| ABO | ABO | | | DATE |
| Rh | Rh | REMARKS: | | |

SECTION III - RECORD OF TRANSFUSION

| | | | | |
|---|--------------|--|---|-------|
| PRE-TRANSFUSION DATA | | POST-TRANSFUSION DATA | | |
| INSPECTED AND ISSUED BY (Signature) | | AMOUNT GIVEN | TIME/DATE COMPLETED/INTERRUPTED | |
| AT (Hour) ON (Date) | | ML | TEMPERATURE | PULSE |
| IDENTIFICATION | | REACTION | BLOOD PRESSURE | |
| I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | | <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. | |
| 1st VERIFIER (Signature) | | DESCRIPTION OF REACTION | | |
| 2nd VERIFIER (Signature) | | <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) | | |
| PRE-TRANSFUSION | | OTHER DIFFICULTIES (Equipment, clots, etc.) | | |
| TEMP. | PULSE | <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) | | |
| DATE OF TRANSFUSION | TIME STARTED | SIGNATURE OF PERSON NOTING ABOVE | | |
| PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) | | SEX | WARD | |

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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



MEDCOM - 7446

Medical Record Copy

RADIOLOGIC CONSULTATION REQUEST

PATIENTS NAME: [redacted] (b)(6)-4

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

UNIT: *W/H*

PROVIDER/CLINIC: [redacted] (b)(2)-2

DATE REQUESTED: *16 Sept 03*

EXAMINATION REQUESTED:

SPECIFIC REASON(S) FOR REQUEST:

RADIOLOGIC REPORT:

MEDCOM - 7447

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|--|---------------|--------------------------------|
| (b)(6)-4 | | | 16 SEP 03 | 0400 HOURS | |
| | | | ADMIT ICU (b)(6)-2 | | |
| | | | AD - (1) BUTTOK & SW | | |
| | | | CAND STABLE | | |
| | | | NKA | | |
| | | | LA @ 750/HR | | |
| | | | FOLEY TO MONITOR | | |
| | | | O2 10L NKA MS 2-4 Aug 15 | | |
| NURSING UNIT | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 16 Sep 03 | | |
| | | | ADMIT ICU (b)(6)-2 | | |
| | | | (1) No (1) BUTTOK FRAGMENTATION | | |
| | | | wound | | |
| | | | (2) CAND: STABLE | | |
| | | | (3) VS & ROUTINE | | |
| | | | (4) ADMITT: EPW RESTRAINTS | | |
| | | | (5) NKA | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | |
| | | | (1) DIET: ADV TO REG HOURS | | |
| | | | (2) IV: UR @ 100 cc/hr, D/C | | |
| | | | W/AV TO PD. | | |
| | | | (3) MSO ₄ 2-4 Aug & 15' PRN | | |
| | | | PAIN, NOT EXCEEDING 20mg | | |
| | | | (4) O ₂ VIA NC TITRATE TO | | |
| | | | > 92% | | |
| | | | (5) FOLEY TO GRAVITY. | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | |
| | | | (1) DRAWS: Penrose (1) BUTTOK | | |
| | | | (2) TIVOL 325mg T-III & | | |
| | | | 6° PAIN PAIN/FEVER/HA. | | |
| | | | (3) LABS: Ø | | |
| | | | (4) ANCEF Ig IV q 8H (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

OLDS noted
0400
16 SEP 03

DA FORM 4256
1 APR 79

REPLACES EDITION OF JUL 77, WHICH MAY BE USED.

MEDCOM - 7448

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|----------|---------|---|---------------|----------------------------------|
| (b)(6)-4 | | | 18 Sep 03 | 0025 HOURS | |
| <div style="border: 1px solid black; padding: 2px;"> (b)(6)-2 18 Sep 03 </div> | | | (D) Pheniramine 25mg IV q 4 th PM/Name | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | (b)(6)-2 MAJ, MC USA |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 19 Sep 03 | 1730 HOURS | noted |
| | | | (D) Robitussin DM (or equivalent) 2x q 6 ^h prn cough | | (b)(6)-2 2195 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 22 Sep 03 | 1505 HOURS | noted |
| | | | (D) NPO & MANNITOL | | (b)(6)-2 1534 MAJ W 228 AB |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | <div style="border: 2px solid black; width: 100%; height: 100%; transform: rotate(45deg); transform-origin: center;"></div> | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7449

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|--|---------------|--------------------------------|
| [Redacted] | | | 23 SEP 83 | | |
| [Redacted] | | | <ol style="list-style-type: none"> 1 Admit RR → ICW 2 Dx: (1) BUTTOCK GSW 3 COND - STABE SIP LTD 4 VITAMS: q RR ROUTINE 5 ACT. UP AS W3 / EPW 6 RESTRAINTS 7 NADA | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| [Redacted] | | | 23 SEP 83 | | |
| [Redacted] | | | <ol style="list-style-type: none"> 1 AMEF Tg Wg 8H 2 USDA 2-4mg Wg 15' NOT EXCEEDING 20mg q 20 3 BROMAZOLAM 25-50 Wg 6H FOR ANXIETY/INSOMNIA 4 DIET: AMN. TO REC 5 VIF: NS @ 100 u/HR HELD UNTIL W/AS FOR | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| [Redacted] | | | 24 SEP 83 | | |
| [Redacted] | | | <ol style="list-style-type: none"> 1 APO T 2 TO OR IN AM. | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| [Redacted] | | | 25 SEP 83 | 0930 | |
| [Redacted] | | | <ol style="list-style-type: none"> 1 Admit RR → ICW 2 Dx: (1) BUTTOCK GSW S/P - LTD 3 COND: STABE 4 VITAMS q ROUTINE 5 USDA 2-4mg Wg 15' NOT EXCEED 20mg q 20 6 AMEF Tg Wg 8H 7 DIET REG. | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7450

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---------------------------------------|---------------|--------------------------------|
| | | | 25 Sep 03 | 2201 HOURS | Noted 22:01 25 Sep 03 |
| | | | NO | | |
| | | | Percocet i-ii PO q 4-6° | | (b)(6)-2 |
| | | | PRN pain | | |
| | | | IX (b)(6)-2 (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | 2nd chart / 05 Sep 03 @ 2300 (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 26 Sep 03 | 2245 HOURS | |
| | | | 50mg Keonix IV q 6° PRN | | |
| | | | | (b)(6)-2 | |
| NURSING UNIT | ROOM NO. | BED NO. | 2nd chart / 05 Sep 03 @ 2300 (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 28 Sep 03 | 0950 HOURS | |
| | | | ① Colace i PO BID | | |
| | | | ② MOM 60cc PO q 4° PRN Constipation | | |
| | | | ③ ZX2's OPPOSITE TO BUTTOCK WOUNDS | | |
| NURSING UNIT | ROOM NO. | BED NO. | ④ DIC MP CUSTODY | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | Personnel for | | |
| | | | SUTURE Removal IN | | |
| | | | 7 DAYS | | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | 29 Sep 24th 0535 (b)(6)-2 | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7451

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | |
|----------------------|-------------|---|----|----------------|--|
| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | |
| 23 Sep | (b)(6)-2 | VB: Q3 | 06 | 07/29 | |
| 23 Sep | (b)(6)-2 | Act: ↑ ad lib EPW restraints | 06 | | |
| 23 Sep | (b)(6)-2 | Diet: Adv to Reg | 06 | | |
| 24 Sep | (b)(6)-2 | NPO to midnight | 10 | | |
| 25 Sep | (b)(6)-2 | Diet Reg | 18 | | |
| 28 | (b)(6)-2 | 2x2's OP site to Buttock wound | 12 | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **① Buttock ESW / SIPTD**

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: (b)(6)-4

PAGE NO: _____

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)

Mo. SEP Yr. 2003

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

VERIFY BY INITIALIZING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | |
|------------|-------------|------------------------------------|----|----------------|----|----|----|----|----|----|----|--|--|--|--|--|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | | | |
| 16 SEP | (b)(6)-2 | VS & ROUTINE | 06 | | | | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | | | |
| | | | 20 | | | | | | | | | | | | | |
| 16 SEP | (b)(6)-2 | Act. EPW restraints | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 16 SEP | (b)(6)-2 | Diet: Adv to Reg NPO | 06 | | | | | | | | | | | | | |
| 22 | | | 12 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 16 SEP | (b)(6)-2 | Foley to gravity | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 16 SEP | (b)(6)-2 | Drains: Penrose (D) Buttock | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |

ALLERGIES: YES NO
 NKA

PRIMARY DIAGNOSIS:
 (D) Buttock Fragmentation Wound

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION:
 (b)(6)-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 |

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | |
|----------------------|-------------|---|----------------|----------------|----|----|----|----|----|----|----|----|----|----|----|----|
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | |
| 16 SEP | (b)(6)-2 | IVF; LR @ 100cc/hr DIC. when tol PD | 08 18 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 16 SEP | (b)(6)-2 | O2 via NC / Titrate to >92% | 08 18 | | | | | | | | | | | | | |
| 16 SEP | (b)(6)-2 | Ancel T q IV q 8H | 08 16 24 | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Ⓛ Pulmonic Fragmentation Wound

ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | | | | | |
|----------------------|-------------|---|----------------|----------------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | | | |
| 28SEP | (b)(6)-2 | Ancel 7g IV q BHK | 08 16 24 | 2827 | 2828 | 2829 | | | | | | | | | | | | | | |
| 28SEP | (b)(6)-2 | IVF: NS @ 100cc/hr Heplock when tol. po | 08 16 | | | | | | | | | | | | | | | | | |
| 28SEP | (b)(6)-2 | Colace + PO BID | 10 12 | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Ⓛ Buttock GSW / RP IVD ADDITIONAL PAGES IN USE: YES NO
NRDA PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4
 DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

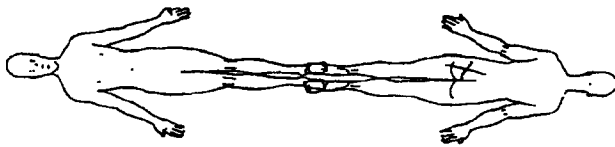
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|-------|----------|
| Time | Location | Type | Drainage |
| Adm | Buttocks | bulky | CDI |
| 30' | " | " | CDI |
| 60' | " | " | " |
| D/C | | | |



| PACU OUTPUT | | | |
|-------------|--------|------------------|--------|
| Time | Source | Color/Appearance | Amount |
| 1020 | Foley | clear, yellow | 50cc |
| | | | |
| | | | |
| | | | |

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

NURSING NOTES

0940 - Pt arrived from OR via litter - airway patent - connected to monitor, satting 97-99% on RA, pt arousable to voice, but very drowsy. Will monitor & transfer to ICU. SGT/lt

1000 - Pt resting comfortably, arousable to voice, still satting 99% on RA. IV @ KVO to @AC 20g PIV. SGT/lt

1030 - All transfer criteria met, report given to ICU [redacted], pt transferred via litter to ICU. SGT/lt

Discharge Criteria:
 Date: 16 Sep 08 Time: 1030 PARS: 12
 BP: T: HR: RR: SaO2:
 Pain Level at D/C (0-10): 0
 Intake: 50cc Output: 50cc
 Additional Data:
 Transferred To: ICU
 Report Given To: ILT
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: SGT
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

WAMC OP 173-E

MEDCOM - 7465

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General.

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

DTSG APPROVED (Date)

Date: 23 Sept 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 0900 IV Sedation Nerve Block
 Allergies: NKA OR Intake: Crystalloid 3000ml Colloid _____
 Pre-op V/S: _____ OR Output: UOP 0 EBL M.D.
 Procedures: GSW @ Anesthesia Meds/Times: Asst general used, advised, surgery fully
Debracket IV @ Anesthesia 100mg Propofol ASA II

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

| Time | SpO2 | FIO2 | RR | T | HR | BP | MAP | Temp | SpO2 |
|------|------|------|----|----|----|-----|-----|------|------|
| 240 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 220 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 200 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 180 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 160 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 140 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 120 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 100 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 80 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 60 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 40 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| 20 | 98 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| RR | 11 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |
| T | 37 | 0.21 | 18 | 37 | 87 | 110 | 70 | 36.5 | 98 |

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

X-rays: _____ Labs: _____

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|--|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | | AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | | |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 2 | 2 | | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | | V/S X = A-line BP * = Cuff BP = Pulse |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 11 | 12 | | |

Time 1000 0900 0900 Patient teaching done: Wound Care, Pain Management,
 Pain (0-10) 0 3 T, C, & DB, Incentive Spirometer, Comfort Measures
 LOS _____ Safety: SR up X 2, Falls Precautions, Privacy Maintained

PREPARED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC ICU DATE 23 Sept 2003
 PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade, date; hospital or medical facility) _____ Name -- last, _____
 HISTORY/PHYSICAL FLOW CHART
 OTHER EXAMINATION OR EVALUATION OTHER (Specify) _____
 DIAGNOSTIC STUDIES
 TREATMENT

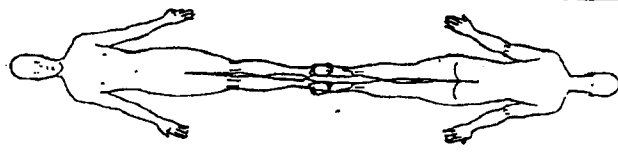
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----------|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| 0900 | 3 | asmg 6mg | IV | 3 | ⊕ | (b)(6)-2 |
| 0930 | 3 | 4mg MSK | IV | 4 | ⊕ | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|-------|----------|
| Time | Location | Type | Drainage |
| Adm | Dist | C ABD | ⊖ |
| 30' | Dist | ABD | ⊖ |
| 60' | | | |
| D/C | | | |



| PACU OUTPUT | | | |
|-------------|--------|------------------|--------|
| Time | Source | Color/Appearance | Amount |
| | ⊖ | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|----------------|--------|--------------|-------------------|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 0900 | NSR | ⊖ | ⊖ |
| 1005 | NSR | ⊖ | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Received from UR @ 0900. Draining to (C) B...
 dist, moderate mod. Pain to (C)
 leg purple. Sup CTA in all beds.
 Or intonon relaxation applied. Gx: Abdom
 S distention, BS H4, hypoxical. No void
 ab present. Received 55 mg fentanyl IV
 leg CTA (b)(6)-2 (b)(6)-2 magd
 0930 Patient's pain to (C) B... then
 4mg morphine IV, 2 at intononum
 air. Able to move all extremities, coughing
 and deep breathing with intononum (b)(6)-2
 0945 Noisy coughing. denies pain ab
 present. Given 4mg m...
 1000, Patient denies pain ab present, m3 H4.
 (C) B... Draining CTA. To ICU via
 stretcher. (b)(6)-2 magd

Discharge Criteria:
 Date: 03 Sept Time: 0900 PARS: I, Smiley
 BP: 120/80 T: 98.6 HR: 76 RR: 11 SaO2: 98
 Pain Level at D/C (0-10): 3
 Intake: 400 Output: 0
 Additional Data:
 Transferred To: ICU
 Report Given To:
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: (b)(6)-2 magd
 Cleared IAW Recovery Room SOP 8-3
 Charge Nurse Signature: (b)(6)-2 magd

MEDICAL RECORD-SUPPLEMENTAL MEDIC 11-0A

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

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

GTSG APPROVED (Date)

Date: 25 Sept 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 0900 IV Sedation Nerve Block
 Allergies: NYLON OR Intake: Crystalloid 500 NS Colloid _____
 Pre-op V/S: 125/76 OR Output: UOP _____ EBL min
 Procedures: Debridement of Meds/Times: 2mg Vers 200mc fentanyl
6x Hock 200mg Prop, 100mg Succ

Drains
 Hemovac
 NG
 JF
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds

History ASA 2 (Smoker) 65k

| Time | SpO2 | FiO2 | RR | T |
|------|------|------|----|----|
| 240 | 100 | RA | 10 | 37 |
| 220 | 100 | RA | 10 | 37 |
| 200 | 100 | RA | 10 | 37 |
| 180 | 100 | RA | 10 | 37 |
| 160 | 100 | RA | 10 | 37 |
| 140 | 100 | RA | 10 | 37 |
| 120 | 100 | RA | 10 | 37 |
| 100 | 100 | RA | 10 | 37 |
| 80 | 100 | RA | 10 | 37 |
| 60 | 100 | RA | 10 | 37 |
| 40 | 100 | RA | 10 | 37 |
| 20 | 100 | RA | 10 | 37 |
| RR | 9 | 10 | 9 | 12 |
| T | 37 | | 37 | |

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

X-rays: _____ Labs: _____

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|--|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 | AIRWAY A = Ambu BB = Blow-by M = Mask |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 | FT = Face Tent RA = Room Air NC = Nasal Cannula |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 2 | 2 | 2 | V/S X = A-line BP ' = Cuff BP = Pulse |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 2 | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 11 | 12 | |

Time 0900 Patient teaching done: Wound Care, Pain Management
 Pain (0-10) 0 T. C. & DB.. Incentive Spirometer, Comfort Measures
 LOS Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREPARED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC ICU DATE 25 Sept 03

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

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

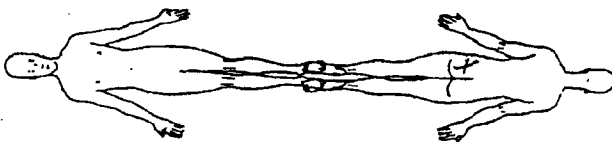
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | VE | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|------|----------|
| Time | Location | Type | Drainage |
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



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

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

WAMC OP 173-E

NURSING NOTES

0930 Pt arrived from OR, sleeping but arousable & difficulty, sp debridement (O) buttock (3rd wash-out), IVE running slowly to (O) w/inst 18G PV. Satting 99% on RA. Will monitor. Sgt [redacted]

0930 - Pt % numbness to extremities. Explained through interpreter that it was normal from anesthesia. Sgt [redacted]

0945 - Report given to CPT Sgt [redacted]

Discharge Criteria:
 Date: 25 Sep 08 Time: 0945 PARS: 12
 BP: 115/64 T: 96.5 HR: 68 RR: 13 SaO2: 99%
 Pain Level at D/C (0-10): 0
 Intake: _____ Output: _____
 Additional Data:
 Transferred To: ICW
 Report Given To: _____
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: Sgt [redacted]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

| | | | | | |
|---|--|---|--|--|--|
| 1. Reporting MTF (b)(6)-4 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | |
| | | | | 5. Sex M | |
| 6. DoB (YYYYMMDD) | | 7. Age at Admission | | 8. Race X | |
| | | | | 9. Ethnicity 9 | |
| | | | | Religion UNKNOWN | |
| 10. Length of Service ETS | | 11. FMP 99 | | 12. Social Security Number (b)(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status Z | | Hour of Admission 00:20 | |
| | | | | Branch / Corps: | |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | | 19. Trauma BC | |
| | | | | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | | Ward: ICW | | Name / Relationship of Emergency Addressee | |
| | | | | Address of Emergency Addressee | |
| | | | | Telephone Number of Emergency Addressee | |
| Name and Location of Medical Treatment Facility: (b)(6)-4 | | | | | |
| 21. Type of Disposition TRF-OTH | | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) 2003-09-28 | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) 2003-09-16 | |
| 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | | 29. Date of Initial Admission 2003-09-16 | |
| FOR LOCAL USE | | | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | |
| Admission Diagnosis Narrative: GSW LEFT BUTTOCK 877.0 | | | | | |
| Procedure Narrative(s): IRRIGATION AND DEBRIDEMENT LEFT BUTTOCK | | | | | |
| Cause of Injury Narrative: TRYING TO STEAL AMMO | | | | | |
| Admitting Officer (Signature, as required) DR (b)(6)-2 | | (b)(6)-2 | | Signature of Admitting Clerk | |

| 1. REPORTING MTF | | | | | | | | 2. M. ACTION | | ADMISSION AND LODGING INFORMATION | | | | | | | | | | | | | | |
|---|-----|-----|-------------|------------------------------|----|--------------------------|----------|---|----------|---|-----|---|-------------|----------------|---------|--------------|-----|--------|-----|-----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | I | Z | | | | | | | | | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | | | NAME (Last, First, Middle Initial) | | | | | | | | 4. PAY GRADE | | 5. SEX | | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | (b)(6)-4 | | | | | | | | 16 | 17 | 18 | | | | | | | |
| (b)(6)-4 | | | | | | | | | | | | | | CIV | | M | | | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | | 7. AGE AT ADMISSION | | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | unknown | | | | | | | | | |
| 1 | 9 | 8 | 3 | 0 | 1 | 0 | 1 | 20 | 0 | 1 | X | 9 | | | | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | | |
| 32 | 33 | 34 | | | | | 35 | 36 | (b)(6)-4 | | | | | | | | | | | | | | | |
| | | | | | | 9 | | 9 | | | | | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | | |
| | | | | | | | | 46 | | | | 0020 | | | | | | | | | | | | |
| 14. FLYING STATUS | | | | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | | | | | | 51 | 52 | 53 | | | | | | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 |
| | | | K78 POW/INT | | | | | | | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | 19. TRAUMA | | | | PREV. ADMISSION | | | | | | | | | | | | |
| 62 | 63 | 64 | | | | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | | | | | | | | | |
| I | Z | | | | | 71 | | | | BC | | | | | | | | | | | | | | |
| 72 | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | | |
| | | | | ICW | | | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | | | | |
| 73 | 74 | 75 | | | | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | | | | |
| | | | | | | | | | | 20030928 | | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | | | | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | | | |
| | | | | | | | | | | | | 20030916 | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | | | |
| 107 | 108 | 109 | | | | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | | | | |
| GSW (L) Buttock 877:0 1+D (L) Buttock DX-8770 EQ912 Trauma- Injury- 450 PR-8622 | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7471

(b)(6)-4

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|--|---|------------------------|---|---|--------------------------------|-------------------|-------------------|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | | 3. Grade CIV | Admission Remarks |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion UNITARIAN | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICW | | |
| 15. FlyStatus | 17. Dept / Ben K78-PRISONER OF WAR/INTER | | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case BC | | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 00:20 | 23. Clinic Service AEA - ORTHOPEDICS | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp HOME | 26. Date of Disp 2003-09-21 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-09-16 | Admitting Officer: (b)(6)-2 | | |
| 29. Reporting MTF (b)(2)-2 | | | | 30. Date Init Adm 2003-09-16 | 32. Units Blood Components | | |
| 31. Selected Administrative Data | | | | | | | |
| Marital Status: Z | | DoB: | | | | | |
| In/Out Patient: Inpatient | | MOS: | | | | | |
| 33. Cause Of Injury: TRYING TO STEAL AMMO | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: | | | | | | | |
| GSW RIGHT KNEE | | | | | | | |
| 981.0 E991.2 | | | | | | | |
| I&D Knee GSW | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | |
| Signature of Attending Medical Officer (b)(6)-2 MAJ, MC | | | Signature of PAD or Medical Records Officer (b)(6)-2 | | | | |

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 7472

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

23 yo Iraqi EPW wounded 16 Sep 83
Amputation.

~~POW~~ / ~~PSA~~ NKDA / MARS

PHYSICAL EXAMINATION

HEENT: NC (AT SUPPLE)
LUNGS: CTA-BK, ABD: SOFT NTND, PERVS: STABLE

Extrem: BL UE OK, @ LE ok,
@ LEG @ 2.0 cm ENTRANCE WOUND MEDICAL
ASPECT MARK. @ EFFUSION @ EDEMA. TTP ONLY
OVER ENTRANCE WOUND.

PROGRESS (Enter date of discharge and final diagnosis)

① ISOLATED PNEUMOTHORAX
TRAMA @ knee, UNCLINICAL
WTRA VS EXTRA ARTICULAR
② FUSION (H).

XRAY
FRAGMENT POST/SUP
MEDICAL ASPECT
@ knee

| | | | | | |
|--------------------------|---|----------|------|--------------------|--------------|
| SIGNATURE | (b)(6)-2 | (b)(6)-2 | 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. |

may met 16 Sep 83
330

(b)(6)-4

(b)(6)-4

23yo

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FORM 41 CFR 201-46.506
OCTOBER 1976
USAPPC V1.00

MEDCOM - 7473

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|-----------|--|
| 16 SEP 03 | ORTHO OP NOTE |
| ① | SURGEON: (b)(6)-2 1ST: (b)(6)-2 |
| ② | DX: (L) knee GSW |
| ③ | POST DX: SAME. |
| ④ | PROCEDURE: (L) knee Debridement |
| ⑤ | FINDINGS: Small JACKET |
| | FRAGMENT IN MEDICAL SOFT TISSUE, (L) JOINT ILLUSTRATION, (L) EXPLANTATION JOINT FLUID / (L) HEMARTHROSIS. WOUND EDGES EXPOSED / ZQ. ILLUSTRATION |
| ⑥ | FBL: MIN UOP: 2500 |
| | TT: BLOOD: (X) |
| | FLUID: 1000R |
| ⑦ | COND: STABLE TO PR |
| ⑧ | COMPLICATIONS: (X) |
| | (b)(6)-2 (b)(6)-2 my m |

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

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

NOTES

MEDCOM - 7474

| DATE | NOTES |
|------------------|---|
| 16 Sep 9 1911 | Nurses Notes: Assumed care of Pt A to. Pt breathing intact & SOB or labored breathing & c/d pain - dressing to (L) knee clean, dry and intact - Pt able to move all toes on affected leg. Warm & pink cap repl to touch. Pt tolerated regular diet ate small portion of fruit. Pt voids spontaneously clear yellow urine noted. IV SL flushes well will continue to monitor status — (b)(6)-2 |
| 17 Sep 03 | Assessment - 1400 - A to B, Percuss, Cues along Medial for pain when Pt transferred to different bed. Dress to (L) knee c/d, SOB to different bed. Tourniquet not out. No resuscitating interventions will continue to monitor status — (b)(6)-2 |
| 17 Sep 9 1911 | Nurses Notes: Assumed care of Pt A to Breathing intact & SOB or labored breathing. Dressing to (L) knee clean, dry and intact. Pt able to move toes on affected leg & no complications abd soft and non tender. Pt tolerated regular diet & NPO. IV SL flushes well & S/S of infection at IV site will continue to monitor status. — (b)(6)-2 107A |
| 2040 | Pt c/o pain Percocet 10 Po tabs given. 4mg Meo given for pain. will continue to monitor status — (b)(6)-2 107B |
| 2115 | Pt Asleep — (b)(6)-2 107C |

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

21 SEP 03 ORALO NARRATIVE SUMMARY.

DDA: 16 SEP 03 DOD: 21 SEP 03

ADMIT - DX: GSW MEDICAL (C) WARE

PROCEDURES: I+D (C) WARE GSW
16 SEP 03

HOSPITAL COURSE: SHOT 16 SEP 03
WHILE STRAPPING ANVANO BY REPORT.
CASUAL JACKET FRAGMENT REMOVED
16 SEP 03. NO JOINT INVOLVEMENT.
WOUNDS DRY & SUTURES IN PLACE AT
TIME OF DCL 21 SEP 03.

COMPLICATIONS: NONE

DISPOSITION: DIC TO MP CUSTODY 21 SEP 03

FOLLOW UP: FIU & CONTAINMENT FACILITY
MEDICAL PERSONNEL. SUTURES OUT IN
≈ 4 DAYS.

| | | | | |
|---|------------------------------|-------|-----------------------|---------------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | (b)(6)-2 | (b)(6)-2 |
| | LAST | FIRST | | SPONSOR'S IO 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. |

(b)(6)-4

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

MEDCOM - 7476

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYL | MS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------------|-----|--|
| 16 SEP 03 | | |
| | | Pt arrived 0208 hrs. @ VPU |
| | | 0208 clothing removed. Administer O ₂ NRB mask 15LPM |
| V/S Time: 0208 | | 0210 wound exposed @ knee entrance wound medial @ knee |
| BP: 135/95 | | 0213 I.V. line @ AC Lactated Ringers Bolus |
| P: 93 | | 0213 ultrasound @ lower leg and foot: (+) Peroneal dorsalis pedis |
| T: 98.1 | | 0215 Cnceph 1 Gram adm. I.V |
| R: 24 | | 0215 Tetanus shot administered @ deltoid. |
| PO ₂ : 100% | | 0219 I.V. Flow stopped. |
| | | 0219 Blood draw @ AC via I.V. Cath (+) dorsalis pedis (+) Posterior tibial |
| | | 0221 I.V. Flow resumed. |
| | | 0223 5 mg Morphine administered via I.V. line |
| | | 0226 wound area cleaned w sterile gauze, sterile H ₂ O |
| Allergies: ? PENICILLIN | | 0227 X-rays shot @ knee |
| | | 0231 Posterior examined. No wounds found. |
| | | 0237 Blood draw @ AC |
| V/S Time 0253 | | 0241. Urinary Catheter placed |
| BP 106/56 | | 0243 5 mg morphine administered via I.V. line. |
| P 58 | | 0250 EKG leads attached to Pt |
| R 18 | | 0251 Blood draw @ AC |
| PO ₂ : 100% | | 0255 urine collected from Foley bag for lab. |

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

(b)(6)-4

(b)(6)-4

(b)(6)-4

(+) smoke

MEDCOM - 7477

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------|--|
| 19 Sep 03 1350 | Nursing: Pt awake, ϕ ϕ pain. Pt alert, asking interpreter when will he go to EPW camp. Lump CTA, ϕ SOB. HR 58, reg, HL to \ominus ac, \ominus Homan's sign. Abd soft, nontender, \oplus BS x4. Last BM yesterday of normal stool pt reports to translation. Pt voiding \bar{s} difficult. Drgg to \ominus Kneel CBT \dagger 2 BP pulse, brisk cap refill, skin warm, dry. Pt has \oplus sensation to all toes. \uparrow SOB, amb \bar{c} crutches <div style="text-align: right;">(b)(6)-2 AN</div> |
| 1510 | Nursing: DIC HL to \ominus ac. Pt clo pain @ site. Antibiotics complete <div style="text-align: right;">(b)(6)-2 AN</div> |
| 20 Sep 03 0642 | Received care of pt. @ 1800 19 Sep 03. @ 1800 Pt. A+O x3 PEPPLA \oplus WNR. \ominus Eom WNR. Skin warm/dry/intact. Buccal mucosa pink moist. Lung sounds clear to auscultate \ominus throughout. HR regular 5, 5, WNR. Bowel sounds \oplus x4 quadrants. Abdomen soft/nontender x4 quadrants. \oplus Radial pulses \ominus \ominus strength. ACE wrap dressing to \ominus ext. clean/dry/intact. NV \checkmark 's to \ominus lower extremity WNR. for \ominus complaints of pain throughout shift \bar{c} will continue to monitor <div style="text-align: right;">(b)(6)-2 AN</div> |
| 20 Sep 2003 0850 | Nursing Assessment. Pt sleeping, easily aroused touch to shoulder. ϕ Clo pain. Lump CTA, ϕ sat 98% on RA. HR 64, reg, ϕ edema to extremities. \dagger 2 pulses x4 extremities \ominus Homan's sign. Abd soft, nontender \oplus BS x4. Pt \uparrow SOB, amb to latrine \bar{c} out side \bar{s} difficulty. Drgg \ominus Kneel CBT. \ominus BS warm, dry \dagger 2 BP pulse, brisk cap refill. <div style="text-align: right;">(b)(6)-2 AN</div> |

(b)(6)-4

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|--|
| 21 SEP 03 1100 | <p>OTMO PAS POTS #5 4/8 (L) KNEE GSW 170</p> <p>(S) Rt DORSAL WOUND, DERMIS SIGNIFICANT PAIN</p> <p>(D) AFUSS INCISION WOUND APPROX DPT.</p> |
| (ALP) | <p>(1) UNCOMPLICATED (L) KNEE GSW 170</p> <p>(2) DIC TO MIP CONTAINMENT FACILITY.</p> |
| | <p>(b)(6)-2</p> <p>(b)(6)-2</p> <p>1</p> <p>UNYU</p> |

| | | | | |
|--|----------|--|--|--|
| EMERGENCY CARE AND TREATMENT (Medical Record) | | TREATMENT FACILITY | | LOG NUMBER |
| ARRIVAL DATE | TIME | TRANSPORTATION TO HOSPITAL (Attach copy envelope label) | CURRENT MEDS. (Include instructions and other data) | HISTORY OBTAINED |
| 16 SEP 03 | 0208 | <input checked="" type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER (Specify) | | <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> OTHER |
| PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code) | | | ALLERGIES | HOME TELE. NO. |
| SHELF COMPLAINT (S) (Include symptoms (s), duration) | | | POSSIBLE THIRD PARTY | TIME SEEN BY PROVIDER |
| GSW to knee | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | 0250 |
| VITAL SIGNS | | DESCRIBE (1) Subjective Data (Pertinent History); (2) Objective Data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up) | | |
| TIME | TEMP | S) c/c GSW to knee @ 0000 hrs - AM | | |
| 0208 | 0253 | While running in t. kit - peris. pp | | |
| 0215 | 100/60 | O) medial knee Entrance puncture wound (-) exit wound. | | |
| 0215 | 93 | Ultra sound (+) Dorsalis pedis pulse, | | |
| 0215 | 58 | (+) Posterior Tibial pulse | | |
| 0215 | 98.1 | | | |
| 0215 | 100% | | | |
| CATEGORY (See reverse) | | | | |
| <input checked="" type="checkbox"/> EMERGENCY | | | | |
| <input type="checkbox"/> URGENT | | | | |
| <input type="checkbox"/> NON-URGENT | | | | |
| ORDERS | INITIALS | TIME | | |
| I.V. RL Solns | | 0215 | | |
| Etice 100 | | 0215 | | |
| Retanal | | 0215 | | |
| Morphine 5mg | | 0215 | | |
| Morphine 5mg | | 0215 | | |
| ASSESSMENT/DIAGNOSIS | | | | |
| Knee GSW | | | | |
| DISPOSITION (Check all that apply) | | | | |
| <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY | | | | |
| QUARTERS | | | | |
| 24 HR. <input type="checkbox"/> SE. HR. <input type="checkbox"/> 72 HR. <input type="checkbox"/> | | | | |
| MODIFIED DUTY UNTIL: DAY MONTH YEAR | | | | |
| REFERRED TO (Indicate clinic) | | | | |
| Ortho. | | | | |
| EMERGENCY TODAY | | | | |
| 72-HOURS ROUTINE | | | | |
| ADMIT TO HOSP. UNIT/SERVICE | | | | |
| CONDITION UPON RELEASE | | | | |
| <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED | | | | |
| <input type="checkbox"/> DETERIORATED | | | | |
| ADMIT RELEASE # 0745 | | | | |

S) c/c GSW to knee @ 0000 hrs - AM
 While running in t. kit - peris. pp
 O) medial knee Entrance puncture wound (-) exit wound.
 Ultra sound (+) Dorsalis pedis pulse,
 (+) Posterior Tibial pulse

S: Pt is a 23yo Iraq) EPW shot by US forces while stealing ammo @ Tikrit ASP

Wound mid thigh 2" x 0.5" GSW
 HEENT: NCAT PERL EOMI 5mm
 knee NT Firm.
 Chest - D. exp. CTA
 Carotid - D. exp. CTA
 Abdom. D. exp. CTA
 Pelvis stable NT @ prep
 Rectal NT NT @ prep
 Ext. proximal medial GSW to knee
 Absent AP pulses @ DPT pulses @ triplex
 Neuro intact.

RESULTS

Knee
 66) 40.5
 132110
 4223
 FAST
 AP/AT @ knee
 fragmented
 medial aspect of knee

| | | | |
|--|--|---------------------------------|--|
| PATIENT'S IDENTIFICATION (Mechanical Imprint) | | (CONTINUE ON 5) | |
| WHITTEN ENTITIES GIVE NAME - last, first, middle | | SIGNATURE OF PROVIDER | |
| IMPORTANT: List name and relation of signer | | INSTRUCTIONS TO PATIENT (plans) | |
| | | To ICU - TO OR | |

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) |
|----------------|------|------|---|
| DATE | HOUR | | OBSERVATIONS Include medication and treatment when indicated |
| | A.M. | P.M. | |
| 16 Sep 03 | 0755 | | Pt. admitted from EMT via litter. Pt. transferred self from litter to bed w/ assistance. Awake and alert. VS wvl per flowsheet. Skin warm/dry/intact. PERRLA. EOM wvl. EOM wvl. Buccal mucosa dry/pink. Pt. NPO for O/C to OR. Lung sounds clear to auscultate @ throughout. Bowel sounds @ x 4 quadrants. Abdomen soft/non-tender. Peripher radial pulse @ strength wvl. PIV to @ AC, patent infusing, NS @ 150 cc/hr. Dressing to @ knee intact & scant amt. bloody drainage noted. Will continue to monitor. NUR's to @ foot cool to touch & dopplar pulse. MD. aware. (b)(6)-2 |
| 16 SEP 03 | 1200 | | Axons, Penicillin, Lungs CTA Bilat, S ₁ -S ₂ strength and reg. @ BS wvl. Dressing to @ LE C, D, Z. IV HL to @ AC. IV ANKER CONTINUES. TOLMETIDOL REG OIE 2. @ 6 PAIN. Will continue to monitor throughout. (b)(6)-2 |

(Continue on reverse side)

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

| | | |
|--|--------------|----------|
| (b)(6)-4 | REGISTER NO. | WARD NO. |
|--|--------------|----------|

| | | |
|--|--|--|
| (b)(6)-4 | (b)(6)-4 | NURSING NOTES Medical Record <i>03yo</i> |
|--|--|--|

STANDARD FORM 510 (REV. 7-81) Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

MEDCOM - 7482

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-88, the proponent agency is the office of The Surgeon General.

| | | | | | |
|---|--|------------------------------------|---------------------------|--------------------------------|-----------------------------------|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>110</u> BY <u>OK</u> (b)(6)-2 | | 2. PATIENT ID VERIFIED BY (b)(6)-2 | 3. DATE <u>16 Sept 03</u> | 4. PATIENT IN TIME <u>1000</u> | 5. PROCEDURE NUMBER <u>1-1 93</u> |
|---|--|------------------------------------|---------------------------|--------------------------------|-----------------------------------|

5. PREOPERATIVE EMOTIONAL STATUS

CALM
 ANXIOUS
 EXCITED
 CRYING
 ANGRY
 WITHDRAWN
 OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---------------------|---------------------|-------------------|--|
| ASSIGNED SCRUB | (b)(6)-2 <u>SK</u> | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | (b)(6)-2 <u>CPT</u> | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

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

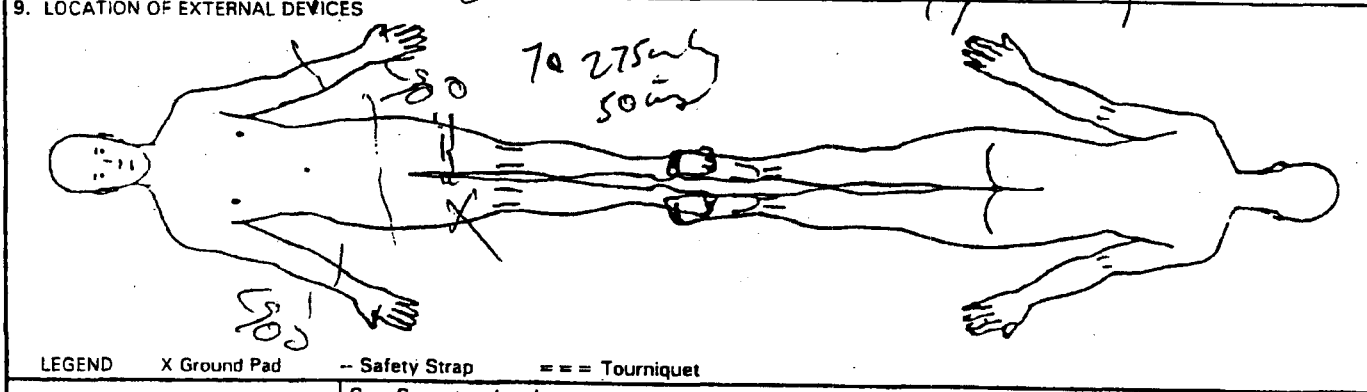
COMMENTS: sheet bag (R) thigh

8. SKIN PREPARATION

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

PREP SOLUTION (Specify): Betadine
 SITE: leg
 BY WHOM: (b)(6)-2
 BY WHOM:

COMMENTS: of neck of pooling



10. COUNTS

C = Correct I = Incorrect

| | Other** | First Closing Count | Final Closing Count | SCRUB (b)(6)-2 | CIRCULATOR (b)(6)-2 |
|--------------|---|---------------------|---------------------|----------------|---------------------|
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

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

(b)(6)-4

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

ESU NO: 1-1
 GROUND PAD: BRAND Vally 65 LOT NO: 69671
 ESU NO: GROUND PAD: BRAND LOT NO:
 BIPOLAR NO:

ESU and site clear post-op

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

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION YES NO, TYPE(S): *none*

OTHER ORDERS

| | TIME | CARRIED OUT BY |
|--|------|----------------|
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE *[Redacted]* *[Redacted]* *may me*

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

16. LABORATORY SPECIMENS

| | | |
|--|------|------|
| SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1 | 2 | 3 |
|-----------|--------------------|-------------------|---|
| | <i>16 Fr Foley</i> | <i>2. 2/8</i> | |
| SITE | <i>nl-DRN</i> | <i>[Redacted]</i> | |

18. DRESSING/IMMOBILIZATION (Specify) *[Redacted]* *[Redacted]* *ACE*

19. ADDITIONAL INFORMATION *EMT*

20. OPERATION(S) PERFORMED *Debrident Left knee GSW*

21. PATIENT TRANSFERRED TO *ICU* TIME *1130* METHOD *[Signature]*

22. REGISTERED NURSE SIGNATURE *[Redacted]* *[Redacted]*

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | POST-DAY | | MONTH-YEAR | | DAY | | HOUR | | PULSE (O) | TEMP. F (°) | TEMP. C |
|--------------|--|----------|--|------------|--|-----|--|------|--|-----------|-------------|---------|
| 1 | | 05 | | Sep | | 16 | | 0800 | | 88 | 98.6 | 37.0 |
| 2 | | 06 | | 2003 | | 17 | | 0800 | | 88 | 98.6 | 37.0 |
| 3 | | 07 | | | | 18 | | 0800 | | 88 | 98.6 | 37.0 |
| 4 | | 08 | | | | 19 | | 0800 | | 88 | 98.6 | 37.0 |
| 5 | | 09 | | | | 20 | | 0800 | | 88 | 98.6 | 37.0 |
| 6 | | 10 | | | | 21 | | 0800 | | 88 | 98.6 | 37.0 |

(Centigrade Equivalents, for Reference only)

ESPIRATION RECORD

| BLOOD PRESSURE | HEIGHT | WEIGHT |
|----------------|--------|--------|
| | | |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |
| 148/108/72 | 5'11" | 169 |

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

REGISTER NO. WARD NO. I CW

EIPW

VITAL SIGNS RECORDS Medical Record

STANDARD FORM 611 (REV. 7-95) Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

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

(b)(6)-4 MEDCOM - 7485

MEDICAL RECORD - ANESTHESIA

For us:

Form, see AR 40-66; the proponent is

OTSG

| | | | | | | | | | | | |
|--|--|--------|-----|-----|------|------|--|--|------|-------------|------|
| CONTINUE UNLESS OTHERWISE SPECIFIED. UNLESS OTHERWISE SPECIFIED, CONTINUE AS NOTED. | Versed (mg) | 1 | | | | | | | | TOTALS | 1 mg |
| | Fentanyl (mcg) | 150 | 50 | 50 | | | | | | 250 mcg | min |
| | Propofol (mg) | 150 | | | | | | | | 150 mg | |
| | Suwi/Roc (mcg) | 100/50 | | | | | | | | 100/50 | |
| | Neostig (mg) | | | | | | | | | 5 mg | 200 |
| u/rop (mg) | | | | | | | | | 1 mg | | |
| % e.t. | X | 1.5 | 1.0 | 1.0 | 0.4 | X | | | | | |
| AIR L/Min | | | | | | | | | | CRYSTALLOID | 1000 |
| N2O L/Min | | | | | | | | | | COLLOID | 0 |
| O2 L/Min | 8 | 2 | 2 | 2 | 2 | 8 | | | | BLOOD | 0 |
| ANESTHETIC DRUGS-MARK ON GRID, MEASUREMENTS & ENTER IN REMARKS | 1000 1Gm Ancef | | | | | | | | | | |
| LINE site | CR | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| EST BLOOD LOSS | | | | | | | | | | | |
| URINE | | | | | | | | | | | |
| TIME | | 15 | 30 | 45 | 1:00 | 1:15 | | | | | |
| BP 118/78 | | | | | | | | | | | |
| HR 60 | | | | | | | | | | | |
| OK? N | | | | | | | | | | | |
| OK for PROCEDURE? Y | | | | | | | | | | | |
| TIME 1000 | | | | | | | | | | | |
| VT - ml | | 850 | 950 | 850 | 850 | | | | | | |
| f - breaths/min | | 8 | 8 | 8 | 8 | | | | | | |
| Peak Inf pres / PEEP | | 18 | 14 | 20 | 20 | | | | | | |
| MODE - S(pon), A(assist), C(on) | | S/C | C | C | C | | | | | | |
| BP/Auto Cuff | ET CO2 (torr) | (+) 32 | 30 | 30 | 30 | | | | | | |
| BP/och | FIO2 (Frac or %) | .86 | .86 | .86 | .86 | | | | | | |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | | | | | | |
| Steth- PC/ES | ECG | SR | SR | SR | SR | | | | | | |
| Site analyzer | TEMP-site | | | | | | | | | | |
| | N-M Block (T/4) | 3/4 | 3/4 | 1/4 | 1/4 | | | | | | |
| Tourniquet removed at 1:00 - Total time 50 mins | | | | | | | | | | | |
| Warning blrt | | | | | | | | | | | |
| Event marker | | | | | | | | | | | |
| Must enter times & symbols, explain under REMARKS | EVENTS | | | | | | | | | | |
| PROCEDURES and CPT Codes: | I/D @ Knee (GSW) | | | | | | | | | | |
| PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility | | | | | | | | | | | |
| ANESTHETIC TECHNIQUES: Describe block technique under Remarks | GETA | | | | | | | | | | |
| AIRWAY MANAGEMENT: Intubation route, blade, technique, comments | Visualized cords, intubated with 8.0 ETT to 24cm, lip, Rilet RSI ET CO2 X5 waves, eyes taped | | | | | | | | | | |
| SURGEONS: | | | | | | | | | | | |
| ANESTHETISTS: | MAG, AN. CORVA | | | | | | | | | | |
| PROCEDURE LOCATION: | 1-1 | | | | | | | | | | |
| DATE: | 16 Sept 03 | | | | | | | | | | |
| PAGE | 1 OF 1 | | | | | | | | | | |

PRE-ANESTHESIA AND POST-ANESTHESIA EVALUATION

AGE: 23 HRS DAYS MOS YRS SEX: MALE () FEMALE

PROPOSED PROCEDURE: IID @ Knee SURGICAL SERVICE: ortho

ASA PHYSICAL STATUS: 2 3 4 5 E
 WEIGHT: _____ KG/LB HEIGHT: _____ IN.
 ALLERGIES: NKDA

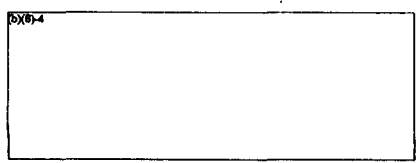
| HABITS: | PREOPERATIVE | | ASSESSMENT |
|-----------------------------|-------------------------------------|--|--|
| | PAST MEDICAL HISTORY/SYSTEMS REVIEW | | PAST SURGICAL/ANESTHETIC HISTORY |
| TOBACCO: _____ | Cardiovascular: | Hypertension <input checked="" type="checkbox"/> Y | PHYSICAL EXAMINATION <u>7-9-1</u> BP <u>118/78</u> HR <u>60</u> RESP <u>18</u> HEENT - Teeth <u>I nubs</u> Trachea <u>midline</u> TMJ/Neck <u>FROM</u> Oropharynx <u>MPE</u> Nares _____ CHEST: <u>CTA</u> CARDIAC: <u>SSB</u> EXTREMITIES: <u>MAE @ GSW @ leg</u> IV Access: <u>#1 @ leg</u> Ulnar Fling: _____ BACK: _____ OTHER: _____ |
| ETOH: <u>φ</u> | | Angina <input checked="" type="checkbox"/> Y | |
| DRUGS: _____ | | Mi <input checked="" type="checkbox"/> Y | |
| CURRENT MEDICATIONS: | | CVA <input checked="" type="checkbox"/> Y | |
| () = ordered as premed) | | Other <input checked="" type="checkbox"/> Y | |
| () <u>Anaph 16 @ Q215</u> | Pulmonary System: | Asthma <input checked="" type="checkbox"/> Y | |
| () <u>Tetanus</u> | | Bronchitis/URI <input checked="" type="checkbox"/> Y | |
| () _____ | | COPO <input checked="" type="checkbox"/> Y | |
| () _____ | | Other <input checked="" type="checkbox"/> Y | |
| () _____ | Renal System: | Acute/Chronic RF <input checked="" type="checkbox"/> Y | |
| PREMEDICATION: | Gastrointestinal: | Hepatitis <input checked="" type="checkbox"/> Y | |
| None Yes (@ _____ Hrs) I/O | | Hiatal Hernia <input checked="" type="checkbox"/> Y | |
| _____ mg IV IM PO | | PUD <input checked="" type="checkbox"/> Y | |
| _____ mg IV IM PO | Endocrine System: | Diabetes <input checked="" type="checkbox"/> Y | |
| _____ mg IV IM PO | | Steroids <input checked="" type="checkbox"/> Y | |
| LABORATORY STUDIES: | Neurological: | Thyroid <input checked="" type="checkbox"/> Y | |
| HB/HCT: _____ | | Seizures <input checked="" type="checkbox"/> Y | |
| UA: _____ | | Neuropathy <input checked="" type="checkbox"/> Y | |
| OTHER: | Gynecological: | Other <input checked="" type="checkbox"/> Y | |
| <u>16.6 / 16.1 / 314</u> | | Pregnancy <input checked="" type="checkbox"/> Y | |
| <u>137 / 104 / 7</u> | Other Significant Hx: | <u>GSW @ leg</u> | |
| <u>4.2 / 23 / 9 / 108</u> | Familial HX: | <u>(Knee)</u> | |

ANESTHETIC PLAN: Local MAC - Regional (Specify: _____) General: Mask Intubation

INFORMED CONSENT/COUNSELLING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian. The patient/legal guardian seems to understand and agrees. Questions answered.
 Signed: MAJ/CEJA DATE: 0900 TIME: 1650 Hrs

| | |
|---|---|
| CONDITION UPON ARRIVAL TO P.A.R.R. VITAL SIGNS: BP _____ HR _____ RESP _____ SuO ₂ _____ RESP STATUS: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Cont'd MENTAL STATUS: <input type="checkbox"/> Awake <input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Asleep <input type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive Block Level _____ REPORT GIVEN: <input type="checkbox"/> Yes <input type="checkbox"/> No | POST-ANESTHESIA EVALUATION AND NOTE <input checked="" type="checkbox"/> NO APPARENT ANESTHETIC COMPLICATIONS <input type="checkbox"/> OTHER _____ Sign: _____ DATE: <u>178503</u> TIME: <u>0950</u> Hrs |
|---|---|

PATIENT IDENTIFICATION: (Ward: _____)



CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| | | | | | |
|------------------------|--|--|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 16 Sep 03 | 2400 HOURS | Noted 0400 16 Sep 03 |

- 1 Admit to ILW prep.
- 2 D & GSW to (L) knee.
- 3 Card Stable
- 4 NPO
- 5 BR
- 6 IV NS @ 150 cc/hr
- 7 MSOx 5-10mg IV q 2-4 prn.

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

| | | | | | |
|------------------------|--|--|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 16 Sep 03 | HOURS | Noted 0400 16 Sep 03 |

- 1 Admit ICU → ICW
- 2 D & (L) knee GSW
- 3 Card = Stable
- 4 Vitals = G Routine
- 5 Act = SPW Restraints
- 6 Augment = NKA
- 7 HIBT = ANU. TO RES

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

| | | | | | |
|------------------------|--|--|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | Noted 0400 16 Sep 03 |

- 8 IVF = LR @ 100 cc/hr bic
- 9 MSOx 2-4mg IV q 15' PRN Pain (severe)
- 10 Percocet 1-2 PO q 4-6h PRN Pain (moderate)
- 11 Tylenol 1-2 PO q 4-6h

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

| | | | | | |
|------------------------|--|--|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | Noted 0400 16 Sep 03 |

EPW

- 12 Labs: O
- 13 AB/LAT (L) knee
- 14 DIC FOLLET

| | | | | | |
|------------------------|--|--|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | | | Noted 0400 16 Sep 03 |
| (b)(6)-4 | | | | | |
| 2308 | | | | | |
| BED NO. | | | | | |
| | | | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

24 MEDCOM - 7488 e 2311

| |
|----------|
| (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 | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 (b)(6)-4 | | | 17 SEP 03 | 2100 HOURS | |
| (b)(6)-4 (b)(6)-4 | | | CONTINUE ANCEF | | |
| (b)(6)-4 (b)(6)-4 | | | I.V. 8H ANCEF | | |
| (b)(6)-4 (b)(6)-4 | | | 48 HRS. | | |
| (b)(6)-4 (b)(6)-4 | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

Handwritten: (b)(6)-4
1788

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

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-2 (b)(6)-2 | | | 21 SEP 03 | 1400 HOURS | |
| (b)(6)-2 (b)(6)-2 | | | ① DISCHARGE TO MD CUSTOMY ② SUTURES OUT IN 4 DAYS BY CONTAINMENT MEDICAL PERSONNEL → FLU 2 CONTAINMENT PERSONNEL | | |
| (b)(6)-2 (b)(6)-2 | | | ③ NO HAZS. | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | HOURS | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | HOURS | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | HOURS | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7489

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.

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED |
|------------|-------------|------------------------------------|----|----------------|
| 10 Sep | (b)(6)-2 | NPO | 06 | 10/17/81 |
| 10 Sep | (b)(6)-2 | BR | 08 | 10/17/81 |
| 16 Sep | (b)(6)-2 | VS q SHIFT | 06 | 10/21/81 |
| 16 Sep | (b)(6)-2 | ACT - RESTRAINT C/W | 06 | 10/21/81 |
| 16 Sep | (b)(6)-2 | Diet Reg | 06 | 10/21/81 |

ALLERGIES: YES NO
 NKA

PRIMARY DIAGNOSIS:
 GSW @ knee

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO:

PATIENT IDENTIFICATION:
 (b)(6)-4
 (b)(6)-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 |

BZYD

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) Mo. 9 Yr. 05

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| VERIFY BY INITIALING | | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | |
|----------------------|-------------|--|----------------|----------------|----|-----------|
| ORDER DATE | CLERK/NURSE | | | 16 | 17 | 14 |
| 16 Sep | (b)(6)-2 | IV NS @ 100cc/hr | 06 18 | | | |
| 16 Sep | (b)(6)-2 | IV NS @ 100cc/hr D/C when po tol | 06 18 | | | NO ACCESS |
| 16 Sep | (b)(6)-2 | Ancef 1000 mg q8h 23 doses | 06 14 22 | | | |
| 17 Sep | (b)(6)-2 | Ancef 1000 mg q8h x 48h | 06 14 22 | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GSW @ knee ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

PATIENT IDENTIFICATION: [Redacted] 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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General.

REPORT TITLE Post-Anesthesia Care Unit (PACU) Flow Sheet DTSG APPROVED (Date)

Date: 16 Sep 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1130 IV Sedation Nerve Block
 Allergies: NKA OR Intake: Crystalloid 1000cc Colloid 0
 Pre-op V/S: 120/80 OR Output: UOP 200cc EBL min
 Procedures: ED of knee Meds/Times: 1mg Vers 750 Post
1mg Ancef (1000)

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

Pre Op Meds _____ History ASA 1E

| Time | 130 | 135 | 140 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 185 | 190 | 195 | 200 | 205 | 210 | 215 | 220 | 225 | 230 | |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| SaO2 | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| FiO2 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| Methods | W | N | B | S | R | A | R | A | R | A | R | A | R | A | R | A | R | A | R | A | R | |
| 240 | | | | | | | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | |
| RR | 16 | 17 | 18 | 18 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | |
| T | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | |

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

X-rays: _____ Labs: _____

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|---|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | | AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | | V/S X = A-line BP = Cuff BP = Pulse |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 2 | 2 | | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 11 | 12 | | |

Time _____ Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures
 Pain (0-10) _____
 LOS _____ Safety: SR up X 2, Falls Precautions, Privacy Maintained

PREPARED (b)(6)-2 _____ DEPARTMENT/SERVICE/CLINIC TCU DATE 16 Sep 03
 SGT/LPN

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade, date, hospital or medical facility) Name - last, _____
 (b)(6)-4 _____
 (b)(6)-4 _____

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

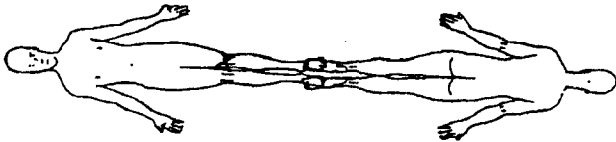
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|------|----------|
| Time | Location | Type | Drainage |
| Adm | Q Knee | ACE | COE |
| 30' | " | " | " |
| 60' | | | |
| D/C | | | |



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

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

WAMC OP 173-E

NURSING NOTES

1130 Pt arrived from CR via litter - hooked to monitor, satting 100% on 10lpm O2 via NRB, Pt arousable to touch, dressing to @ knee CDT (+) pulses, will monitor [redacted] SGT/CAN
 1200 Pt tolerating RA - satting 100%, pt awake & asking about friends. 10% pain - [redacted] SGT/CAN
 1220 Transfer criteria met - will give report to ICW - [redacted] SGT/CAN

Discharge Criteria:
 Date: 16 Sep 03 Time: 1220 PARS: f2
 BP: 107/49 T: 96.4 HR: 55 RR: 15 SaO2: 100
 Pain Level at D/C (0-10): 0
 Intake: _____ Output: _____
 Additional Data:
 Transferred To: ICW
 Report Given To: _____
 Transferred Via: W/C [redacted] Gurney Ambulance
 Transferred By: SGT [redacted]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

MEDCOM - 7495

ADMISSION AND LODGING INFORMATION

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

| | | | | | | | | | | | | | | | | | | | | |
|---|-----|-----|------------------------------|----|----|--|---|----------------------------|------------------------------|-----------|-----------------------------|--------------|-------------|--------|-----|-----|-----|-----|-----|-----|
| 1. REPORTING MTF | | | | | | 2. A. A. I. O. N | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | I Z | | | | | | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | NAME (Last, First, Middle Initial) | | | | | | 4. PAY GRADE | | 5. SEX | | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | (b)(6)-4 | | | | | | 16 | 17 | 18 | | | | | |
| (b)(6)-4 | | | | | | | | | | | | CIV | | M | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | RELIGION | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | | |
| 1 | 9 | 8 | 0 | 0 | 1 | 0 | 1 | 2 | 3 | y | x | 9 | UNHARIAN | | | | | | | |
| 10. LENGTH OF SERVICE | | | ETS | | | 11. FMP | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | | |
| 32 | 33 | 34 | | | | 35 | 36 | (b)(6)-4 | | | | | | | | | | | | |
| | | | | | | 9 | 9 | | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | |
| | | | | | | 46 | | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | POW/INT | | | | | | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 |
| | | | 2 | 2 | 8 | | | | | | | 0 | 9 | 3 | 2 | 3 | 0 | 0 | 0 | 0 |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | | 20. PREV. ADMISSION YEAR | | | | | | | | | |
| 62 | 63 | 64 | | | | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | | | | | |
| I | Z | | | | | | | | | 9 | <input type="checkbox"/> NO | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | |
| 73 | 74 | 75 | | | | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | |
| 0 | 5 | | | | | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 2 | 1 | |
| 24. CLINIC SVC - ADMITTING | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | | | | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 |
| HEARD | | | | | | | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 1 | 6 |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 107 | 108 | 109 | | | | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | |
| I | Z | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | |
| <p>GSW @KNEE</p> <p>981.0 E.991.2</p> <p>LD @Knee GSW Trauma-1 Injury-450</p> <p style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">DX-8910 E9912 PR-8622</p> | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | |

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

See SF 558

PHYSICAL EXAMINATION

PROGRESS (Enter date of discharge and final diagnosis)

Imp: 1) Non-cardiac CP.
No evidence MI/My Hx, exam, Labs, ECG.
No further testing needed.
Advised to D/c smoking.

| | | | | | |
|----|--|-----|-----------|--------------------|--------------|
| SI | (b)(6)-2 | MCI | DATE | IDENTIFICATION NO. | ORGANIZATION |
| | | | 23 Sep 03 | | |
| PA | IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | | | REGISTER NO. | WARD NO. |
| | LTC MC | | | | |

(b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRM (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 7499

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

22 Sep 03

P- 68

R- 20

Temp: 98°F

BP: 140/90

38 Year old Male Complaining of chest pain w/ich radiates to neck and left side of thorax pt states he has pn when his side is palpated. pt states 8 mos ago he had a heart attack @ surgery. pt states he has pn in chest for 3 hrs.

(b)(6)-2

All: None

1745- Nitro given

1747- Aspirin

Med: Lopressor

1750- 2nd dose of Nitro

1810- 3rd Nitro

PSH: surgery due to gunshot in left leg.

PMH:

S- pt is 38 Y/O M^{ale} EPW (who speaks no english); per ~~the~~ translator, pt had MI 8 mos ago, and was told that he needed surgery @ surgery due to ~~year~~ by patient. @ mtds due to @ money situation by patient. pt now presents w/ich chest pain that radiates to (w/ side) neck, and down (w/ arm); pt has @ diaphoresis. Only takes Lopressor for bp. pt has subacute wound - @ PPOX 87. ↓

Tob: yes 2 ppo X 1987

Alc: Yes

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

(b)(6)-4

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

MEDCOM - 7500

Cont.

(b)(2)-2

~~STRICTLY CONFIDENTIAL~~ MEDICAL

(b)(2)-2

O - Heart - RRR

lungs - CTA Ap

muscle - ⊕ pain (mild) on palp (L) ant chest, and pain
not on palp. ⊕ pain on palp (L) ant shoulder
and ribs noted. ⊕ spine tenderness, ⊕
tender to chest.

neuro - strength 5/5, reflexes well.

A - Chest pain ~~is probably~~ MI (per pt) ?

P - 1) 3 nitro's O. Yang given @ 5 min intervals & little ↓
in pain.

2) 1 ASA 32mg given

3) 12 Lx given

4) No pulse on a/c @ this time (O₂, P₄)

5) EKG, CXR → sent by medevac to ^{later} (b)(2)-2 chest.

Flu after chest (pt accepted by RT,

NE was called and case discussed with them.)

(b)(6)-2

(b)(6)-2

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-----------|---|
| 23 Sep 03 | Narrative Summary |
| 1400 | 38 Y/M Iraqi EPW admitted w/ chest pain. |
| | Admit 22 Sep 03 |
| | D/c 23 Sep 03 |
| | Admit dx: chest pain/muscle pain |
| | D/c Dx: 1) Non-cardiac chest pain |
| | 2) Musculoskeletal pain. |
| | Pt brought from BAS. CP started yesterday and was not relieved w/ S/NITG. Only relieved in several hours, w/ MSO4. No evidence MI by EKG, Hx, labs. Pain is clearly musculo-skeletal. |
| | Disp: 1) Return to custody. No further testing needed. |
| | - Motrin 800 mg tid x 5d given. |
| | (b)(6)-2 |
| | (b)(6)-2 |
| | M.C. |
| | LTC MC |

| | | | |
|---|------------|-------------------------|-----------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | | REGISTER NO. | WARD NO. |
| (b)(6)-4 | | | |

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-8.202-1

MEDCOM - 7502

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

2100 Nurses Notes: Admitted Pt from EMT to ICU via stretcher. Vitals Stable Pt ATO breathing intact & SpO2 of labored breathing. O2 needed. Pt able to transfer self from stretch to bed. Interpreter on hand to translate for patient. IUNs to gravity & S/S of infiltration. Mod slightly distended normal for obesity. No wounds or signs of dermatitis. Will continue to monitor status. (b)(6)-2

2122 Pt changed into scrubs. Offered and Pt ate M&M's. Foley to gravity yellow urine draining & blood or particles noted in bag. Will continue to monitor status. (b)(6)-2

03800 1440 Nursing: D/C Hx Narrative Summary & D/C needs given to guard. (b)(6)-2

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

(b)(6)-4

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

DATE: 22 9 03 1911
 TRANSPORTATION TO HOSPITAL: PRIVATE VEHICLE AMBULANCE OTHER (Specify) Air
 HISTORY OF PRESENT ILLNESS: PATIENT OTHER (Specify) NKDA
 PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): Lompoc, CA

CHIEF COMPLAINT (Include duration, duration): Chest pains
 SEX: M AGE: 38
 POSSIBLE THIRD PARTY FEE: YES NO
 TIME SEEN BY PROVIDER: 1905

VITAL SIGNS:
 TIME: 1912
 BP: 117/71
 PULSE: 66
 RESP: 20
 TEMP: 97.2
 P504: 95
 CATEGORY (See reverse):
 EMERGENT
 URGENT
 NON-URGENT
 ORDERS: DATE: TIME:
 Nc. Iymin 1912
 I.V. 1930
 EKG 1935
 CBC Chem 8, Creat, Tro 1932
 ABG, Foly, UA
 MSO, 2mg IV
 ADMISSION/DIAGNOSIS:
 Pectoralis muscle pain.

S: Pt is a 38yo Iraqi EPW who was just brought to EPW Camp today + C/O DCP + Arm. Sent by Helo from [redacted] for eval. Pt had been R to ASD + MIA x3 over an hour + appreciable benefit. CP was 8/10 @ onset while pt at rest riding in a truck from another EPW Camp to Tiberit Camp. Assoc to epw. Denies any Trauma, arm use. Diaphor, N/V, SOB. Previous eval for CP was from another "Camp" up North. Onset of CP @ 1200 today. Acid brash, indigestion processed @ 1600 from Kirkuk, seen there 3d for HTN + ? started on med.
 O: woman MIA AOX3 Ambulated + diff off Helo. Diaphor + rapid dist. Non Toxic appearing. Good Color.
 HEENT: MCHT PERCEOMI mmm.
 Chest: + Reproducible tend to Pectoralis selection to triceps + ant axilla reprod C/c. Crrp. + sg empty.
 Lungs: CTA.
 Cor Pulm: +
 Abd: DDBS. S. NT MDDLB.
 Rectal: NT M Pross. Bri stool guaiac +.
 Ext: DICE.

IBB
 2px/da
 PSTx
 Teg Gsc
 PM Hx
 Reports MI
 vs Narrowed
 "Crown" Art
 8mg + rec'd.
 Cath
 Echo
 6xT

DISPOSITION (Check all that apply):
 HOME FULL DUTY
 QUARTERS: 24 HR, 48 HR, 72 HR
 MODIFIED DUTY UNTIL: DAY MONTH YEAR
 REFERRED TO (State date): Dr [redacted]
 EMERGENCY TODAY
 72 HOURS ROUTINE
 ADMIT TO HOSP. UNIT/SERVICE: J.W.
 CONDITION UPON RELEASE:
 IMPROVED UNCHANGED
 DETERIORATED
 AGE OF RELEASE: 2000

MSO4, 2mg IV + EPC: minimal CP p MS 2mg IV. Pn
 Relieved p 2nd dose of 2mg ms.

CRF
 + Tob. 30px yr.
 + ? P prior
 + ? Chol.
 + Fam Hx
 + HTN by Pt report
 but not by Pt.
 PA reported Lypressor
 7.49/36/12/27/4/99%

PATIENT'S IDENTIFICATION (Mechanical Imprints):
 WHITTEN ENTRIES GIVE: Name - last, first, middle;
 DOB, service status, date and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD.)
 9/1965
 TOJ CW
 SF 507, IF NEEDED: AND ID ST AM
 91w/1
 (include medical)

Ward/Section:

EMT

Requesting Physician:

(b)(6)-2

LABORATORY RESULT FORM

Subject to the Privacy Act of 1974

(b)(6)-4

Date: 22 Sept 03

Time: 1934

(b)(6)-4

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | | | |
|------------------|--------|------------------------|------------------|-------------|--------------|------------------------|--------|-----------------------------|--|----------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range | | |
| GLU | | 73 - 118 mg/dL | Color | LT / Yellow | N/A | WBC | 9.2 | 4.8 - 10.8 x 1E3 | | |
| BUN | | 7 - 22 mg/dL | App | Clear | N/A | RBC | 5.30 | 4.7 - 6.1 x 1E6 | | |
| Creat | | 0.6 - 1.2 mg/dL | Glu | NEG | Negative | Hgb | 166 | 14 - 18 g/dL (M); 12-16 (F) | | |
| Na | | 128 - 125 mmol/L | Bili | NEG | Negative | Hct | 49.1 | 45 - 52% (M); 37 - 47% (F) | | |
| K | | 3.3 - 4.7 mmol/L | Ket | NEG | Negative | MCV | 92.6 | 80 - 99 fL | | |
| Cl | | 98 - 108 mmol/L | SGav. | 1015 | N/A | Plt | 251 | 130 - 500 1E3 | | |
| tCO2 | | 18 - 33 mmol/L | Bld | NEG | Negative | Lymph% | 47.0 | 20.5 - 51.1 % | | |
| Chemistry 12/LFT | | | pH | 5.0 | N/A | Hematology Manual Diff | | | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | NEG | Negative | Segs | | Lymph | | |
| ALP | | 26 - 84 µg/dL | Urob | 0.2 | 0.2 - 1.0 | Bands | | Atyp | | |
| ALT | | 10 - 47 µg/dL | Nit | NEG | Negative | Mono | | Imm | | |
| AMY | | 14 - 97 µg/dL | Leuk | NEG | Negative | Eos | | RBC Morph | | |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est | | |
| Tbili | | 0.2 - 1.6 mg/dL | Blood Gas @ 2030 | | | Coagulation | | | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | MISC | | | Malaria | | | | |
| BUN | | 7 - 22 mg/dL | ph | 7.399 | 7.31 - 7.45 | Gram Stain | | | | |
| GLU | | 73 - 118 mg/dL | PCO2 | 45.4 | 35 - 45: Art | UA Tox: | | | | |
| Other Chem | | | PO2 | 124 | 80 - 105 | HCG | | | | |
| Troponin | | Negative | HCO3 | 28 | 22 - 26 | | | | | |
| GLU Only | | 73 - 118 mg/dL | TCO2 | 29 | 23 - 27 | | | | | |
| CK | | 39 - 380 µg/L - Male | BE | 3 | (-2) - 3 | | | | | |
| | | 30 - 190 µg/L - Female | sO2 | 99 | 95 - 100% | | | | | |

Additional Instructions:

Chem 8

(b)(6)-2

Date

22 Sept

Lab ID #

(b)(6)-2

MEDCOM - 7506

(b)(6)-4 Date: **22 Sept 03** Time: **1943** Patient # (b)(6)-2

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|------------------|----------|--|------------|--------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 92 | 73 - 118 mg/dL | Color | | N/A | WBC | | 4.8 - 10.8 x 1E3 |
| BUN | 9 | 7 - 22 mg/dL | App | | N/A | RBC | | 4.7 - 6.1 x 1E6 |
| Creat | 1.2 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 131 | 128 - 125 mmol/L | Bili | | Negative | Hct | | 45 - 52% (M); 37 - 47% (F) |
| K | 4.2 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | | 80 - 99 fL |
| Cl | 104 | 98 - 108 mmol/L | SGav. | | N/A | Plt | | 130 - 500 1E3 |
| TCO2 | 26 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | | 20.5 - 51.1 % |
| Chemistry 12/LFT | | | pH | | | Hematology Manual Diff | | |
| ALB | 3.6 | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | 83 | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | 76 | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | 33 | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | 63 | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | 0.8 | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | 7.3 | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | 9.9 | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | 181 | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | 1.1 | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | 8 | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | 97 | 73 - 118 mg/dL | ph | 7.453 | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | PCO2 | 35.8 | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | Negative | | PO2 | 112 | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | 24.57 | 22 - 26 | | | |
| CK | 102 | 39 - 380 µg/L - Male 30 - 190 µg/L - Female | TCO2 | 29 | 23 - 27 | | | |
| | | | BE | 4 | (-2) - 3 | | | |
| | | | sO2 | 99 | 95 - 100% | | | |

Additional Instructions:

Reported By: _____ Date: _____ Lab ID #: _____

MEDCOM - 7507

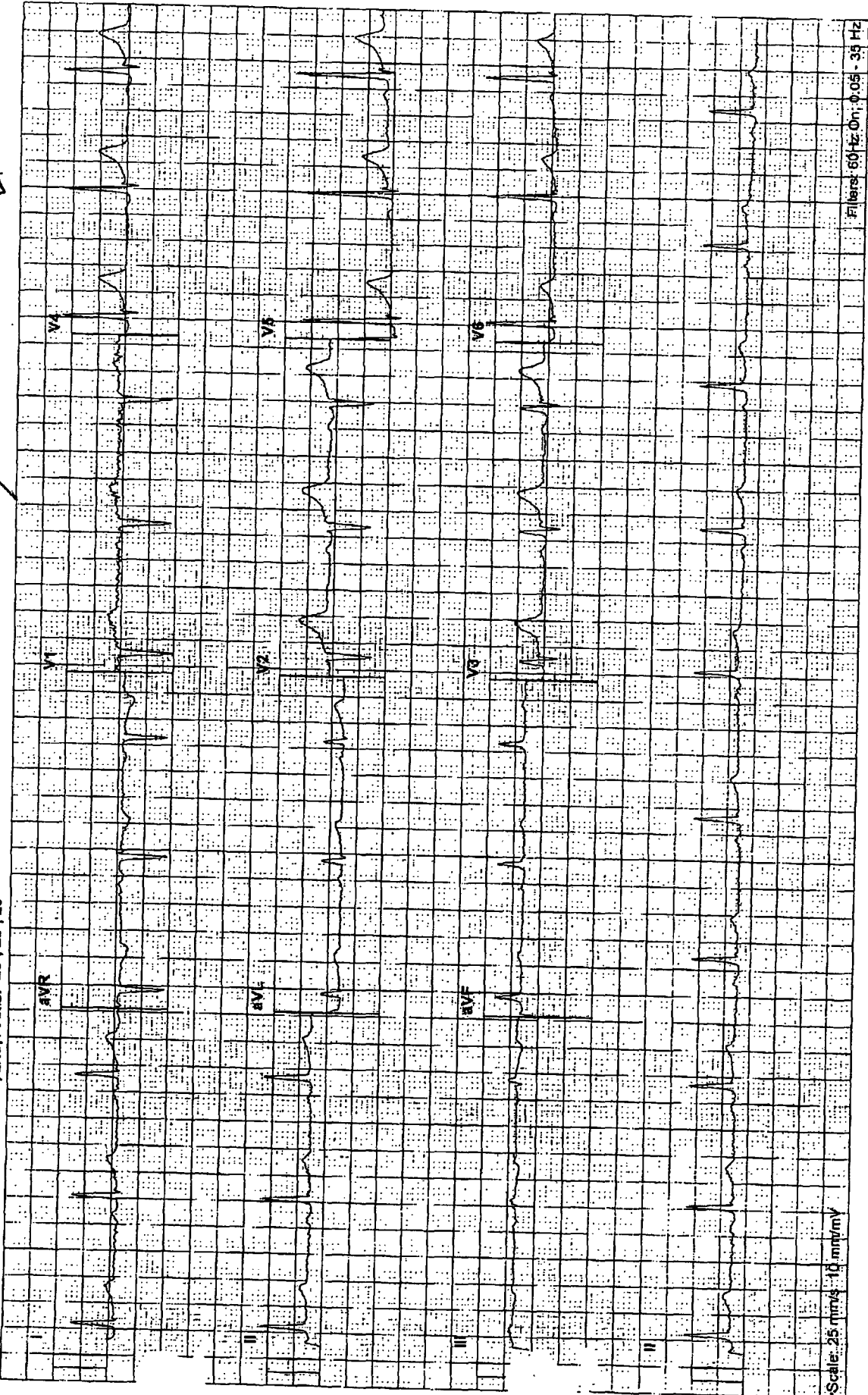
3x4 Simultaneous Report

Name: (b)(6)-4
Number: (b)(6)-4
Sex: Male
Date of Birth: 9/23/1965 (38 years)
Height/Weight: 7'in / NA
Recorded: 9/23/2003 2:34:50 AM
Device: CL 131127

Measurements
Heart Rate: 59 bpm
P Duration: 102 ms
PR Interval: 160 ms
QRS Duration: 86 ms
QT Interval: 392 ms
QTc Interval: 387 ms
P, QRS, T Axis: 28°, 28°, 20°

Interpretation (Unconfirmed)
Sinus bradycardia
Sinus arrhythmia
Normal morphology

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



Scale: 25 mm/s, 10 mm/mV
Filters: 60-Hz On, 0.05 - 35 Hz

Confirmed by:

(Data must be reviewed by a qualified physician)

MEDCOM - 7508

MEDCOM 7508

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-4

(b)(6)-2

Nursing Unit: *1111* Room No.: *1111* Bed No.: *1111*

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|-------------------------------|---------------|--------------------------------|
| 22 Sep 03 | 2030 HOURS | |
| ① Admit to ICW | | |
| ② Dx ① Pectoralis muscle Pain | | |
| ③ Cond Stable | | |
| ④ VS q Shift | | |
| ⑤ Reg Diet | | |
| ⑥ IV NS @ 125 cc/hr | | |
| ⑦ D/c Foley in AM | | |

PATIENT IDENTIFICATION

(b)(6)-2

Nursing Unit: Room No.: Bed No.:

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--------------------------------------|---------------|--------------------------------|
| | | |
| ⑧ Motrin 600mg T po q 6 ^h | | |
| ⑨ Mscn 2mg IV q 2 ^h prn | | |
| ⑩ ASA 325mg T po q 4 ^h | | |
| D/c chart v of Fg 03 @ 2300 | | |

PATIENT IDENTIFICATION

Nursing Unit: Room No.: Bed No.:

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|---------------|--------------------------------|
| 23 Sep 03 | 1400 HOURS | |
| ① D/c IV + D/c to EPW camp when ride available | | |

PATIENT IDENTIFICATION

Nursing Unit: Room No.: Bed No.:

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

FORM 1A APR 79 4255

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD

Therapeutic Documentation Care Plan (Medications)
 For use of this form, see AR 40-407;
 the proponent agency is the Office of The Surgeon General.

Mo. 9 Yr. 9

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | | | | | |
|------------|-------------|--|----|----------------|---|---|---|---|---|---|---|---|----|----|----|--|--|--|--|--|--|--|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | |
| 22 | (b)(6)-2 | IV NS @ 125 cc/hr | 6 | 2223 | | | | | | | | | | | | | | | | | | |
| | | | | 14 | | | | | | | | | | | | | | | | | | |
| | | | | 22 | | | | | | | | | | | | | | | | | | |
| 22 | (b)(6)-2 | ASA 325mg ÷ PO qd | 10 | (b)(6)-2 | | | | | | | | | | | | | | | | | | |
| 22 | (b)(6)-2 | MOTRIN 600mg ÷ PO q 6° | 6 | (b)(6)-2 | | | | | | | | | | | | | | | | | | |
| | | | 12 | (b)(6)-2 | | | | | | | | | | | | | | | | | | |
| | | | 18 | (b)(6)-2 | | | | | | | | | | | | | | | | | | |
| | | | 24 | (b)(6)-2 | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO
 NKDA

PRIMARY DIAGNOSIS:
 ⊕ Pectoralis Muscle Pain

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION:
 (b)(6)-4
 (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

| 1. REPORTING MTF | | | | | | 2. M. CATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | |
|--|-----|----------------------|--------------------------|------------------------------|-----|---|------------|---|---|-----------------------------|-----|----------------|-------------|------------------------------------|-----|-----|--------------|----|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | |
| b(2)-2 | | | | | | I | Z | 3. REGISTER NUMBER | | | | | | NAME (Last, First, Middle Initial) | | | 4. PAY GRADE | | 5. SEX |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | b(6)-4 | | | | | | b(6)-4 | | | 16 | 17 | 18 | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | | RELIGION | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | |
| 1 | 9 | | | | | | | | | | Y | | MUSLIM | | | | | | |
| 10. LENGTH OF SERVICE | | | ETS | | | 11. FMP | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | |
| 32 | 33 | 34 | | | | 35 | 36 | b(6)-4 | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | HOUR OF ADMISSION | | | BRANCH / CORPS | | | | | | | |
| | | | | | | 46 | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | | | |
| | | | K | 2 | 8 | 0 | 9 | 3 | 2 | 3 | 0 | 0 | 0 | 0 | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | PREV. ADMISSION | | | | | | | | | |
| 62 | 63 | 64 65 66 67 68 69 70 | | | | 71 | 9 | | | YEAR | | | | | | | | | |
| I | Z | | | | | | Dis | | | <input type="checkbox"/> NO | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | |
| 72 | | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | | |
| 0 | 5 | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 2 | 3 | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | |
| A | A | B | A | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 2 | 2 | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | |
| 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | | |
| I | Z | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | |
| <p>① pectoral muscle strain</p> <p>Dx: 84849</p> <p>Pr: 9929</p> <p>949 Trauma 8</p> | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7514

| | | | | | |
|--|--|---|--|--|--------------------|
| 1. Reporting MTF (b)(2)-2 | | 2. MTF Loc: IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | 5. Sex M |
| 6. DoB (YYYYMMDD) | | 7. Age at Admission | 8. Race X | 9. Ethnicity 9 | Religion MUSLIM |
| 10. Length of Service ETS | | 11. FMP 99 | 12. Social Security Number (b)(6)-4 | | |
| Organization (Active Duty Only) | | | 13. Marital Status Z | Hour of Admission | Branch / Corps: |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | 19. Trauma DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | | Ward: ICW | Name / Relationship of Emergency Addressee | | |
| | | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: (b)(2)-2 | | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH 05 | | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-09-23 | | |
| 24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE | | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-09-22 | | |
| 27. Location of Occurrence | | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-09-22 | | |
| FOR LOCAL USE | | | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | |
| Admission Diagnosis Narrative: LEFT PECTORAL MUSCLE STRAIN | | | | | |
| Procedure Narrative(s): | | | | | |
| Cause of Injury Narrative: | | | | | |
| Admitting Officer (Signature, as required) (b)(6)-2 LTC, MC | | (b)(6)-2 | | Signature of Admitting (b)(6)-2 | |

INPATIENT TREATMENT RECORD COVER SHEET

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

(b)(3)-1

| | | | | | | | | |
|--|---------------------|---|----------------------------------|---|-----------------------------------|-------------------|-------------------|--|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | 3. Grade CIV | | Admission Remarks | |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion MUSLIM | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICU | | | |
| 15. FlyStatus | | 17. Dept / Ben K78-PRISONER OF WAR/INTER | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case BC | | | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 14:05 | 23. Clinic Service ABA - GENERAL SURGERY | | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp HOME | 26. Date of Disp 2003-10-04 | | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-09-23 | Admitting Officer: DR (b)(6)-2 | | | |
| 29. Reporting MTF (b)(6)-2 (b)(2)-Z | | | | 30. Date Init Adm 2003-09-23 | 32. Units Blood Components | | | |
| 31. Selected Administrative Data | | | | | | | | |
| Marital Status: Z | | DoB: | | | | | | |
| In/Out Patient: Inpatient | | MOS: | | | | | | |
| 33. Cause Of Injury: PT RAN A CHECKPOINT WITH A WEAPON IN HIS VEHICLE. | | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: | | | | | | | | |
| GSW ABDOMEN, FRAGMENTATION WOUND LEFT ELBOW | | | | | | | | |
| 879.2 54.72 | | | | | | | | |
| EX LAP, BOWEL RESECTION AND REPAIR, LEFT ELBOW DEBRIDEMENT | | | | | | | | |
| 35. Total Days This Facility | | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | | |
| 35. Total Days This Facility | | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | | |
| Signature (b)(6)-2 | | | Signature of PAD or Med (b)(6)-2 | | | | | |
| (b)(6)-2 MAJ. | | | (b)(6)-2 SSG, PAD NCOIC | | | | | |

Automated Facsimile - DA FORM 3647, May

MEDCOM - 7516

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

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

65 yo IRAQI male who was shot today
 on 1300 when he ran a check pt,

0730 last meal

NKDA MMS PMH PSH
 TB B-ant 1991 oral Hyposulfite -MI 10 yrs ago -DM.
 trauma

PHYSICAL EXAMINATION VS P 88 Bt 136/86 98.7 T8 kg
 ROS - Abnorm (-)

Gen - elderly male in AD,
 Heart & neck - No distended neck veins,

Chest - Heart - RRR S₁ (M) Abdom - Flat - DRS
 normal exam into



Rectal (-)
 MS - 2 Abnorm
 Organ's work
 No organ exam into

PROGRESS (Enter date of discharge and final diagnosis)

AI GSW to Abdomen

P: to OR for exploratory Laparotomy / 1+D wounds

| | | | | | |
|---|-------------------|--------------------|--------------|--|--|
| (b)(6)-2 | MD | | | | |
| (b)(6)-2 | DATE 23 Sep 03 | IDENTIFICATION NO. | ORGANIZATION | | |
| <small>entries give Name last, first, hospital or medical facility)</small> | | REGISTER NO. | WARD NO. | | |

Abbreviated Medical Record
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FORM 41 (CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

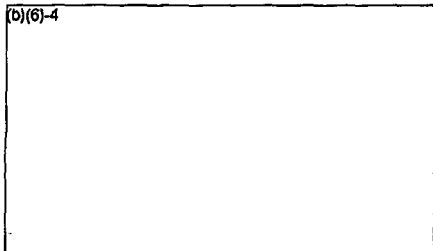
MEDCOM - 7517

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | |
|--|---|-------------------------------------|
| 23 Sept 07 | Arrival: 1405 | 644/0 O ₂ NRB mask 154P. |
| TOI | arrived to I.V. access | NaCl 9% @ Arm (imix) |
| 18kg out | 1406: wounds exposed | Entrance/exit wounds, |
| | (L) ABD and (R) ABD | to evisceration per (psix) |
| V/S 1405 | (L) ABD | 1405 |
| BP: 136/91 | Guaiac (-) | 1408 |
| P: 98 | 14:09 Blood drawn, | I.V. started (R) ACTED |
| R: 30 | LOI: 730 | Ths A.M. (Allergies med's) |
| T: 98.7 (P) | Lungs: CTA | |
| PSO ₂ : 92% ^{room} Air | 1415 Foley in place. | |
| Lx diabetes, | 1415 Fast Exam, AAS, PCXI, UA | |
| heart condition | pt states 'alot of pain' | |
| (-7 surgery) | ultra sound @ 1415 | |
| orders | 1415 Morphine 5mg M504 | via I.V. |
| Foley, ABG | 1416 Tetanus IM (L) Deltoid | |
| Xray | 1416 Blood draw from femoral artery | |
| Allergies | 1417 undgn 3gm | via I.V. |
| NkPA | 1420: 12 Lead EKG. | Wounds covered in sterile gauze. |
| Meds | R26 | ABG |
| Lo for diabetes | R2 98% | FAS ME1 Back clear |
| (-7 surgery) | on NPM 100% | 1433 morphine 5mg via I.V. |

| | | | |
|---|------------|-------------------------|-----------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPARTMENT/SERVICE | RECORDS MAINTAINED AT |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | (b)(6)-2 |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | | REGISTER | WARD NO. |



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

MEDCOM - 7518

VIS 1447

BP 122183

P 85

S/O, 98%

Depart: to O.R via litter
@ 1450

S/O [b)(6)-2] 91320

MEDCOM - 7519

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

23 SEP 10 03

OP NOTE

1600

PRE-OP DX - GSW ABDOMEN, 2-55 (BOWEN)

POST-OP DX - Transverse Colon, Sigmoid Colon, Right Hemicolectomy, Splenic

PROCEEDURES - Exploratory LAP, Transverse Colon, Splenic

SURGEONS - Dr [redacted] (b)(6) L-2, [redacted] (b)(6) L-2, [redacted] (b)(6) L-2

FINDINGS - Transverse Colon entering Abdominal wall [redacted] (b)(6) L-2, Splenic

DESCRIPTION - GSW - Penetrating Retardation [redacted] (b)(6) L-2

from below sigmoid to midline between umbilicus/Pubic - 240cc
Blood encountered upon entry into peritoneal cavity, 4 Quadrant palpating

1400

injury. Find transverse colon w/ 1 colotomy and 1 deep serosal injury

1 u PRBC

plus laceration of CA ~ 3cm. Oriented elevated ~ 10 cm diameter

ESL: 400 cc

1 cm capsule tear of spleen - Not bloody. Liver & stomach -

W5-700 cc

Small Bowel seen & Colon/Rectum otherwise normal - ~ 3-4 cm Sigmoid

inferior AAA seen - No bloody. Transverse colon -

w/ Primary Sigmoid anastomosis. Sigmoid entry closed in 2 layers.

DRAINAGE NET

Abdomen irrigated w/ 6L NS until clear. My manual spillage

FOLEY

Entry site RUC w/ exit LUC - see specimen. (L) - Subcutaneous loop

WOUND 1 P

revised by Histo sign (S:56) wound. Anterior Rectum sutured

to midline to Director M. -> Repair w/ int. Figure of 8 suture

Antibiotic Therapy

w/ 0 Vial. Fascia was then approx to blood. Absence w/

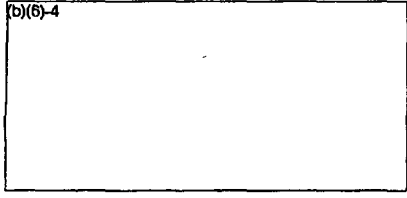
WOUND 2 3

integrated Figure of 8 suture at L. Wound is approx w/ Pils

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

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

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



PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/11)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)
 USAPA V

MEDCOM - 7520

ST NAME

FIRST NAME

NOTES

DATE

Jawage dx packed w/ Saline soaked gauze / firm -
 kept elbow - forearm / hand - in eyes opened - ant/dnt.
 w/ gauze - had ingrowth of 3k Saline - Pulse large, w/nd
 dx packed w/ Saline soaked gauze, Kuffs, Roll Kerlix
 Acc. Pt to procedure well - Ant/dnt / Ant/dnt w/
 transported to F2U in stable condition

(b)(6)-2

MD.

MAJ, MC USA
CHIEF, DOS

(b)(6)-2

| MEDICAL RECORD | | PROGRESS NOTES | |
|--------------------|--|----------------|--------|
| DATE | | | |
| 23 Sept 03 1830 | Pt From DR, Transferred to bed, O ₂ via Mask @ 15 L/min, LR to IV in RFA D TRD, A-line to R wrist with clamp | | |
| | Wave form, HR > 100 given metoprolol 5mg IV | (b)(6)-2 | CPT/AN |
| 1940 | Given 4mg IV MSO4 For Pain | (b)(6)-2 | CPT/AN |
| 2000 | BS 257 given 9U Reg Insulin per sliding scale Dr Notified of K 6.3 No additional orders received | (b)(6)-2 | CPT/AN |
| 2140 | Given 4mg IV MSO4 For Pain | (b)(6)-2 | CPT/AN |
| 2304 | W/O ↓ 20 cc/hr Dr Notified Orders Renewed | (b)(6)-2 | CPT/AN |
| 2400 | BS 105 No Insulin coverage required | (b)(6)-2 | CPT/AN |
| 24 Sept 03 0130 | Pt given 1600mg 5mg IV For Pain | (b)(6)-2 | CPT/AN |
| 0306 | SBP 92 per orders Dr Notified Orders Renewed | (b)(6)-2 | CPT/AN |
| 0440 | AM Labs drawn | (b)(6)-2 | CPT/AN |
| 0500 | 24° I+O W/O 5125 W/O 100% CBL 400 Balance + 3685 Dr Notified of ↓ SBP 86 + Showed Labs, Orders Renewed | (b)(6)-2 | CPT/AN |
| 0630 | Report received from CPT (b)(6)-2 Dr BP 83/53, will notify MD, assessment performed (see OA 4700) pt continue in bed, will monitor | (b)(6)-2 | CPT/AN |
| 0700 | Pt receiving Hesperan bolus per Dr order. BP 78/49 - will monitor | (b)(6)-2 | CPT/AN |
| 0800 | CPT (b)(6)-2 in to start new A-line in R radial - correlating c. NI cap, FS done, BG 121, 0 insulin given. New PIV started in R FA 2° infiltration of bolus. Will notify MD. | (b)(6)-2 | CPT/AN |

(Continue on reverse side)

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

REGISTER NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/CMR, FIRM 141
CFR) USAPPC V1.00

PROGRESS NOTES

| DATE | |
|------|--|
| 1000 | Pt comfortable, LR infusing to TLC (distal), PVC replaced, O ₂ wd to 2lpm, Pt still satting 99%. Will monitor. (b)(6)-2 SGT/PLN |
| 1130 | Pt bathed & shaved, given 4mg MSO ₄ for 6/10 pain to abd incision site. Dressings reinforced for serious fluid saturation. Will monitor. (b)(6)-2 SGT/PLN |
| 1330 | Pt resting, HOB ↑ 45°, pt 6/10 pain to abd incision site. 2mg MSO ₄ given. (b)(6)-2 SGT/PLN |
| 1530 | Pt sleeping 5/10 pain. (b)(6)-2 SGT/PLN |
| 1730 | NG tube flushed - occlusion present. 100cc fluid aspirated. HR rd to 125-130, Lopressor given & 1,000cc LR bolus started per MD. Pt 6/10 hiccups earlier. 25mg Thorazine given. Pt now sleeping. (b)(6)-2 SGT/PLN |
| 1820 | Pt extremely agitated - pulled out NG tube, very restless - wants to move self - Temp 101.4, MD notified. Ordered not to re-insert NG. 4mg MSO ₄ given. Report given to oncoming shift. (b)(6)-2 SGT/PLN |

STANDARD FORM 809 (REV. 7-91) BACK USAPPC V1.00

MEDCOM - 7523

MEDICAL RECORD PROGRESS NOTES

| DATE | PROCEDURE NOTE | NOTES |
|-----------------|---|---|
| 9/24/03 0915 | <p>② SC TLC inserted in sterile technique; attempt x 3</p> <p>PROCEDURE - Central venous access</p> <p>INDICATION - loss of peripheral access</p> <p>SURGEON [REDACTED] (b)(6)-2 CRNA ASSIST [REDACTED] (b)(6)-2 MD</p> | |
| | <p>DESCRIPTION - Left chest prep w/ Betadine the 5cc</p> <p>LA w/ 1% Lidocaine. Modified Seldinger technique used</p> <p>In occ. Left subcl. v. TLC advanced to 15 cm</p> <p>and suture secured. All 3 ports in good blood return</p> <p>and easy flush. CXR ordered.</p> | <p>[REDACTED] (b)(6)-2</p> <p>[REDACTED] (b)(6)-2</p> |
| 1215 | <p>CXR w/ Catheter tip in good placement</p> | <p>[REDACTED] (b)(6)-2</p> |

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

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1988)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(h)(10)
USAPA V1.00

MEDCOM - 7524

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

| DATE | NOTES |
|------|-------|
|------|-------|

25 SEP 03

OP NOTE

① SURGEON: (b)(6)-2 ② ASSIST (b)(6)-2

③ Dx: ABDOMEN GSW, ④ ELBOW GSW

④ PROCEDURE: EXTRA FASCIAL I+D
 C DPC LAPAROTOMY; I+D ④ ELBOW,
 TRICEPS TENDON REPAIR; DPC.

⑤ FINDINGS: CLEAN LAPAROTOMY
 INCISION SITE; SOME NECROTIC
 MATERIAL @ ENTRANCE/EXIT WOUNDS
 → PACKED OPEN; LAPAROTOMY INCISION
 CLOSED; INTRA ARTICULAR GSW
 IRRIGATED / CLEAN WOUNDS; 50%
 TEAR (ARTICULAR THICKNESS) TRICEPS
 LACERATIONS REPAIRED C FIG 8 3-0
 PULVINE. TRAUMATIC LAC + EXTENSIONS
 CLOSED.

⑥ FBL = MIN; FLUID 500 NS; UOP 400cc

⑦ COMPLICATIONS = NONE

⑧ CONDITION: STABLE TO ICU

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

AME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

25 Sept 07 Pt cooperative the last hour - SpO2 99% on 3 LMC
Labs drawn - Pt NPO, extremities warm, cap refill
0515 brisk < 3 seconds - Foley still draining OS urine
Dgi pinkish & S/Sx of bleeding or dehiscence at
wounds - will continue to monitor -

(b)(6)-2

(b)(6)-4

STANDARD FORM 509 (REV. 5/1989) BA
USAPA 1

MEDCOM - 7527

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

| DATE | NOTES |
|------|-------|
|------|-------|

1830 Report received from day shift - Pt sitting up in bed - Eyes open somewhat agitated - responding to interpreter questions - Vital Signs Stable - bc flow chart 2-02 99% 2L NC - Tripk lunan
 (1) subclavian central line LL infusing @ PS after into medial part, Distal part used for arterial line, proximal part unused, & other IV access - Dsg to abd covering abd incision - Dsg CP-I (2) arm Dsg CP-I access wrap to elbow - Foley to gravity draining clear yellow urine QS - BP cuff to (2) cath - Lung CTA bilat ↓ in bases shallow inhalation Pt. stable 100' (A) - (map average 72-76) (CVP 6-9) (HR 96-110)

1900 Pt somewhat agitated - try to get out of bed pulling @ lines - Benedic Song IVP per Dr report x 1 if needed - Vital Signs Stable 2-02 99% 2L NC - talking to interpreter Pt benedic calm - sleepy

1930 Pt try to pull out lines, Foley and attempting to get out of bed report benedic Song IVP Pt seems great and attempting to communicate interpreter, asks "at any" - issue of issues being communicated? Dr [redacted] give of problem

2000 IV antibiotic infused - Temp 100° - Pt NPO for surgery tomorrow per Dr [redacted] - Foley draining QS urine > 50 c/hr < 100 - Pt moans all extremities - 4mg morph in abd pain through interpreter (Neb)

STANDARD FORM 509 (REV. 5/1988) B1

USAPA

MEDCOM - 7528

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

2230 Pt. uncooperative pulling at lines - Smg
Ambien PO. a small sip per Dr. [redacted] (b)(6)-2
Pt. required holding down in bed by guard and
myself - Vital Signs Stable S_{o2} 99%

2320 Smg 1/4 valium x [redacted] - Pt. pulled at
2100 (R) arterial line - please to control bleeding

2400-755
94 @ insulin
Pt continues to be uncooperative - Restraints
to bilateral hands and (R) foot - Vital Signs
@ 0100 13/55 P-106 R-24 S_{o2} 99% SENE

0200 Pt sleeping, calm restraints in place - neuro checks
to hands and feet w/NK [redacted] (b)(6)-2

0300 Pt screaming, attempting to get out of bed - held
down by staff and guard - Pt pulled
Nasal Cannula off - Sats ↓ 80% -
NPB placed to increase Sats - Pt held until
4mg msol and NPB in place Sats ↑ 99%
Pt still uncooperative - restraints in place and sec

0315 Pt still talking, but calm - Vital Signs Stable
3 lumen central line still in place LR @ 125 c/hr.
Foley to gravity draining 05 urine - NK @ 4L
S_{o2} 96%

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.

(b)(6)-4 [redacted]

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV.
Prescribed by GSA/CMR FPMR (41CFR) 101-11.21
USA

| DATE | NOTES |
|-------------------|---|
| 25 Sep 03 0630 | Report received, assessment performed (see DA4700), pt now appears somewhat restless & agitated, rolling around in bed, pulling at Foley. Cannot find interpreter - Will monitor & notify MD. SGT/LP |
| 0745 | Pt agitated, now has hiccups - Pharmacy not around for Thorazine, sats staying around 96%, O2 turned up to blom awaiting surgery. SGT/LP |
| 0800 | FS done, BS-33, serum drawn for verification, Pt resting in bed, Unasyn & Zantac given. Serum glucose - 78. SGT/LP |
| 0915 | Pt taken to OR via litter c. NRB @ 10 l/min. SGT/LP |
| 1130 | Pt returned from OR sedated, very difficult to arouse, on 8L O2 per minute - via NRB, satting 99%. BS hyperactive in lower quadrants, VS: 113/16, 111, 21, 97%. VS (1140: 111/13, 110, 20). SGT/LP |
| 1200 | VS: 112/69, 107, 17, 1215 VS: 115/72, 107, 15, 1230 VS: 109/66, 106, 15 |
| 1330 | Pt extremely agitated, climbed out of bed. Pulled at triple lumen, staff sat him in chair, began telling interpreter he was at his farm - was not oriented to place or time at all. 5mg Haldol given. Pt now sleeping in bed. VSS - still agitated whenever aroused. Will monitor & allow to sleep. SGT/LP |
| 1530 | Pt still sleeping - 400 pain. VSS, 2 pt restraints in place. SGT/LP |
| 1700 | Pt woke up - is now oriented - told interpreter he remembers staff from yesterday. Very calm. SGT/LP |

| | | | | |
|-----------------------|------------|----------------|-----------|----------|
| LAST NAME (b)(6)-4 | FIRST NAME | MIDDLE INITIAL | ID NUMBER | (b)(6)-4 |
|-----------------------|------------|----------------|-----------|----------|

| DATE | NOTES |
|-------------------|--|
| 26 Sep 03 1900 | Client extremely agitated, attempting to pull out BSC TLC, BVE placed in restraints, medicated w sedation cocktail per MD of 10mg Haldol IV, 50mg Benadryl IV and 2mg lorazepam PO at this time - SA |
| 1930 | Client asleep, resting quietly. (b)(6)-2 |
| 2100 | Client asleep in NAD, Oxygen @ 3L via NC, O2 sat 98% RR 20. (b)(6)-2 1LT AN. |
| 2215 | Client awake, C/O pain, medicated w 5mg Morphine IV - SA |
| 2300 | Client very agitated, Dr (b)(6)-2 @ bedside, medicated w 2mg Ativan PO, crushed and mixed w jello, 10mg Haldol IV. will continue to monitor - (b)(6)-2 1LT |
| 27 Sep 03 0030 | Client very agitated pulling at lines and kicking at staff, medicated w 1mg versed by CRT (b)(6)-2 (b)(6)-2 |
| 0050 | Client awake, C/O pain, continue to be agitated, medicated w 4mg morphine for pain. (b)(6)-2 1LT |
| 0115 | Client asleep, on 3L NC at this time (b)(6)-2 1LT |
| 0200 | Client asleep in NAD (b)(6)-2 1LT |
| 0400 | labs drawn from BSC TLC, middle port, flushed, proximal port unable to flush, distal flushed w no blood return (b)(6)-2 1LT |
| 0630 | Report given to CRT (b)(6)-2, client in bed on 3L NC, Foley intact + patent, client in restraints to BVE and RLE. (b)(6)-2 1LT |

| | | | |
|--------------------|------------|----------------|-----------|
| LAST NAME (b)(6)-4 | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|--------------------|------------|----------------|-----------|

| DATE | NOTES |
|-------------------|--|
| 27 Sep 03 1815 | Report from CPT (b)(6)-2 - Fabroni, client laying on floor on cushion & pillow resting quietly. IVF infusing via @SCTC via medical port @ 125cc/hr; Foley patent and draining clear yellow urine. Dragg to abdomen D+I, ^{right} side a ^{(b)(6)-2} nursing noted. Left hand & dragg D+I. (b)(6)-2 |
| 1830 | client agitated, pulling at Foley and TLC, client up to chair & nursing personnel at side. (b)(6)-2 |
| 1900 | client & continued agitation, nursing personnel continue to be at patient's side for dose, monitoring, client in and out of chair, pulling at Foley at times. (b)(6)-2 |
| 1945 | cpo pain to abdomen and client & continued agitation. medicated & 3mg morphine IV ^{(b)(6)-2} for pain and ^{(b)(6)-2} inversed for agitation, client placed in bed on floor & pillow and blankets. ECG done results 91, nothing to be given for results. will continue to monitor client - (b)(6)-2 |
| 2005 | client resting ^{(b)(6)-2} at this time with occasional reposition of self. (b)(6)-2 |
| 2005 | late entry @ 1900 IVF increased from 125cc/hr to 200cc/hr per Dr. (b)(6)-2 (b)(6)-2 |
| 2200 | assessment done, client agitated but follow some commands. lungs clear, O2 sat 99% on epr, attempted to assess abdomen client refused by pushing nurses hands away, pulses palpable to all extremities, sedation cocktail given at this time. client on floor in bed. (b)(6)-2 |
| 2230 | client very agitated pulling at Foley and TLC, medicated & inversed for agitation and 4mg Morphine IV for pain, sat & client until calm, ^{nothing} on floor at present. (b)(6)-2 |

MEDICAL RECORD

PROGRESS NOTES

DATE

(27 Sept 05g notes)

NOTES

1330: distention MSO₄ 4mg administered. Eval pending Gf

1430: Pt cont complaint of abd pain. Dr. (b)(6)-2 notified

-1600 KUB ordered. 1500 - Pt ambulates on O₂, assisted

per staff x34 to radiology. Pt ambulates outside
s/p KUB and through PLX x 2. Series given per Dr.

(b)(6)-2 Toradol 30mg IV administered per VO order,
use to ↓ r/t possible ilios. Pt returned toward
to chair x 1/2 hr. Bed placed on floor s/p
washing, complete cleaning of area. Pt → floor
to sleep & out problem or complaint. Pt really
quietly and comfortably a 1.5 hrs (b)(6)-2

1730 W remain stable O₂ per RA SpO₂ @ 95-96%

RR - 17-22 BPM. Pt up 000 to chair x 1,
easily reassured back to floor bed. Pt appears
comfortable and calm on floor. Close ox. to on
monitoring continues. MP on duty x 2. (b)(6)-2

1815: Report passed to Lt Garrick. Pt care transferred
Pt really quietly. VS cont. Stable - (b)(6)-2

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER
(SSN or Other)

LAST

FIRST

MI

27 Sept 05

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)

(b)(5)-4

REGISTER NO.

WARD NO.

RU

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

DSAPA V1.00

MEDCOM - 7535

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

| DATE | NOTES |
|------|-------|
|------|-------|

27 Sept 03 (cont.) offered H₂O PO & consumed w/o problem.
 0730: Complete Bedbath & shave provide. Restraints remain app. VS remain stable. (b)(6)-2

0830: Pt cont. to be agitated. Translator not available -
 Versed 1mg IV administered. Pt sleeping quiet x 1 hr. (G) Dressing & to abd wnds. (H) midline incision app. & staples, simple dry, clean dressing. (I) evidence of drainage. (J) lateral aspect wound 1.5 cm nrl deep, & evidence infection, & drainage, pink color. Wnd packed & wet-to-dry - saline irrigated. (K) wound rnd app 2.5 cm in dia. (L) wet-to-dry, saline applied for wet. (M) pink color, deep, & drainage. All abd wnds covered/dressed & gauze. (N) elbow incision approximated & stitched, (O) old drainage dy and brownish red. (P) evidence infection, & discharge. Simple dry dressing applied & secured. - Pt cont. resting VS STABLE. (b)(6)-2

0900: Pt c/o abd pain MSO, 3mg administered eval pending. (b)(6)-2

1000: Pt continues moving about w/ bed, moving up/down side-to-side sitting on edge. Pt ~~being~~ ^{(b)(6)-2} reassured, allowed to move about 1-to-1 assistance @ BS @ all times.

1100: VS stable 1-to-1 cont. Pt status unchanged. (b)(6)-2

1200: Versed 1mg IV administered for cont. agitation. Eval pending. (b)(6)-2

1330: Pt c/o Abd pain, states lap too tight. Tape/reapplied (R) (L) (B) BS hyperactive, & V @ AS x 2. (P) abd.

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

27 Sept 2003 0615: Received report from ILT (b)(6)-2. Assumed care of pt. Pt awaking awakens momentarily, spontaneously speaking in Arabic short phrases. Returns to sleep w/in seconds of awaking. O₂ per NC @ 3L/min. Evidence distress SaO₂ @ 100% RR: BP 101/78 HR 92. PIVF's infusing. 3L @ subclavian HC'd. Foley to gravity, clear yellow op. Complete physical assessment noted on form DA 4700. Plan: monitor cognitive state, ensure safety, minimize aggressive, agitated episodes via reassurance, calm voice, Touch lighting, music (if possible); maintain line of site vision, one-to-one care @ all times. Use restraints as per MO orders. Cont cardiac. Resp monitoring. WND Dressing 0's x 1 wet-to-dry for bullet wound, simple dry prep approximated incision. Monitor 1/0". Cont i pain management per (b)(6)-2

0730: Pt awake, appears disoriented, attempts to get out of bed, turn in bed, pull at restraints. ⊕ Restraints leather - to (L) wrist (R) ankle i (L) wrist. (R) wrist Restraint J/C'd. Pts level of agitation ↓. VS remain stable. Monitoring to cont (b)(6)-2

0745: Pt appears anxious sitting up to sitting back in bed. All restraints removed, pulses r'd 2nd radial/pedal bilat. Good cap refill @ 3 sec; ⊕ movement i sensation. Cont

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

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

| | | |
|--|--------------|--------------|
| 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. ICU |
|--|--------------|--------------|

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA v1.00

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|---------------------------|--|
| 27 Sep 03 2300 | Client very agitated at this time and very combative, struck nursing personnel, client flung back up in bed and restraints applied to BUEs. guard at bedside. (b)(6)-2 |
| 2400 28 Sep 03 0110 | Client continued agitation, 1mg versed given IVP. (b)(6)-2 Client continued agitation, kicking at staff and attempt to climb out of bed, sedation cocktail repeated per order (b)(6)-2 |
| 0200 | client asleep, VSS, will provide decreased stimulus in surround for client. (b)(6)-2 |
| 0400 | FSG done, results 99 99, no insulin given, blood drawn and sent to lab for analysis. (b)(6)-2 |
| 0630 | Drsg change done to DSE TIC - sterile procedure, new opsite applied and secured to tape. (b)(6)-2 |
| 0600 | VS done, client awake and agitated at times. (b)(6)-2 |
| 0640 | Report given to CPT (b)(6)-2 |
| 0655: | Received report 0630. Resumed care of patient. Pt awakening - @ agitation, appears fearful @ pulling @ restraints, yelling, screaming out. Attempts to console, remain @ orient not @ aggressive behavior to include kicking, pulling at arms, squeezing fingers/hands tightly and pushing away. Pt attempts to get out of bed, met @ (b)(6)-2 |

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

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

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

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)(C)
USAPA V.1.01

MEDCOM - 7538

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

| DATE | NOTES |
|------|-------|
|------|-------|

repositioning and realignment of body. 2pt restraints to bilateral wrists = leather, secured. 1-to-1 close monitoring per staff and gessel provided. IVF LR w/psu @ 200 cc/hr to Ct. Abd incision, wds dressed, secured & torso of drapes

1340: Plan = close monitoring of mental status and ^{orientation} ~~orientation~~ (b)(6)
 107/57 Cent. Maintenance funds, maintain NPO status and prep
 80 Ar OR later in AM. Cont. Cardiac/resp monitoring, provide
 99 comfort, reassurance, reorientation and pain management.
 16 (b)(6)-2

1345: 0830: Complete Bedbath. Pt cont. to be agitated, 1-to-1
 105/55 assistance provided. (b)(6)-2

81 1000: Restraints removed, pt oob, amb. outside with
 16 assistance x 3. Unsteady, unbalanced, uncoordinated
 99% @ shuffling & strength to @ side. Pt provided 1-to-1 ^{emotional} support

1400: per Mjr Walker while outside, resting w/ chair. (b)(6)-2
 1145: Pt back in ward sleeping quietly on floor w/ intermittent
 bouts of waking, tossing, and returning to sleep. IVF's
 cont at 200 cc/hr. O₂ RA @ SAO₂ @ 98%. (b)(6)-2

1145: Pt taken to OR on stretchers secured w/ strap
 O₂ @ RA, LR @ TKO. Assist per OR staff x 2. (b)(6)-2
 1330: Pt returns to ward O₂ for NRS, SAO₂ @ 100% RR 17-20 BPM
 evidence distress. LR @ (100% / 100%) to mediat port evidence
 infiltration @ R1 site. (b)(6)-2

1430 Pt sleeping quietly VS stable Q NC @ 4L SAO₂ @ 99%
 RR-14-16 BPM.

1530: O₂ ↓ 2L SAO₂ @ 96-97% RR 19-20 all other vs
 90's systolic by 50's diastolic only. HR 90's, T: 99.0. (b)(6)-2

STANDARD FORM 509 (REV. 5/1999)

| MEDICAL RECORD | | NURSING NOTES (Sign all notes) | |
|----------------|------|-----------------------------------|--|
| DATE | HOUR | | OBSERVATIONS Include medication and treatment when indicated |
| | A.M. | P.M. | |
| 28 Sept 2003 | - | 1615 | Pt awake, combative, kicking, punching, pushing, yelling attempting to get out of bed. Reassurance - verbally and via hands to shoulder unsuccessful. (+) pulling at Foley catheter. Restraints x 3 places. Blat O ₂ read to (+) LE. Pt cont agitated. Translator, Nersu, states (+) disorientation, i.e. "Pt doesn't make sense." One-to-one constant monitoring in place. VS Remain stable. O ₂ @ 2L humidified su.o. ₂ @ 97%. LR w/way @ 100°C. - (b)(6)-2 |
| | | 1620 | LATE note: Dulcolax suppository PR administered per MR order. Results pending. (b)(6)-2 |
| | | 1715 | WOP over past 3 ^o = 30-35cc concentrated urine. LR Bolus 500cc started. Fleet enema pending administration r/fult of 1600 ^o admin of Dulcolax. Pt continues = intermittent bouts of agitation interspersed = episodes of shrt naps. Anxiety 1-to-1 continues. (b)(6)-2 |
| | | 1800 | Pt sitting up in bed - appears to be sleeping and relaxed - report received 500cc NS Bolus almost complete S _{o₂} 99% on 2LNE. Pt in restraints, legs to gravity, open to air midline incision = staples - & dehiscent noted well approx w/b s/sx of infx - 2x2 Drgs abs on abd x2 (Continue on reverse side) - will continue to (b)(6)-2 |

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

main file type checked for proper placement (+) return open advancement of catheter

NURSING NOTES
Medical Record

MEDCOM - 7540

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

NURSING NOTES

(Sign all notes)

| DATE | HOUR | | OBSERVATIONS Include medication and treatment when indicated |
|------|------|------|---|
| | A.M. | P.M. | |
| 2000 | | | Triple lumen central line @ @ subclavian order all parts patent per report medial part infling @ 200 c/hr @ 200 Distal and proximal parts patent. Asked to begin solution 3ml per part |
| 2120 | | | Pt SOB to commode given one fleet enema @ @ @ @ small pieces of stool in enema in bowel - maybe 10a worth of stool - soft and brown - ambulated Pt to assist in ward very weak and to changing gut - Pt resisted to bed very cooperative no restraints in bed needed (b)(6)-2 |
| 2145 | | | Pt sleeping, U.I. Signs stable Se flow sheet - still unrestrained FS 99 @ insulin coverage needed Dys to elbow CD: I - Pt ablate Temp 98° @ - Foley draining 40-50cc dark yellow urine (b)(6)-2 |
| 2300 | | | Pt resting occasionally sits up in bed calm - LR still infling 200c/hr into patent part (triple lumen) |
| 2330 | | | Solution Cocktail given to induce sleep throughout the night Pt still unrestrained (b)(6)-2 |

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

28 Sept 03
1330

BRIEF OPERATIVE REPORT

PRE-OP DIAGNOSIS: Open Wounds

POST-OP DIAGNOSIS: WASHOUT / DPC abdomen

PROCEDURE: Wound Washout / DPC

SURGEON: Dr. [b)(6)-2] ASSISTANT: [b)(6)-2]

ANESTHESIA: G ETA OPERATIVE ANTIBIOTIC:

FLUIDS: 400cc R BLOOD PRODUCT USAGE: None

EBL: 0 URINE OUTPUT: 125cc

TOURNIQUET TIME: NA

DRAINS: Foley

SPECIMENS: None

FINDINGS: Wound closed

DESCRIPTION OF PROCEDURE: - Washout of GSW's (2) - skin
incision made at ellipse around - skin edges
approx w/ 3-0 Vycril Sutures

COMPLICATIONS: 0

CONDITION: Stable

RELATIONSHIP TO SPONSOR

LAST

DEPART./SERVICE

HOSPITAL OR MEDICAL CENTER

RECORDS MAINTAINED AT

[b)(6)-2] MD
MAJ MC USA
CHIEF, DOS SPONSOR'S ID NUMBER
[b)(6)-2] (SSN or Other)

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

REGISTER NO.

WARD NO.

[b)(6)-4]

PROGRESS NOTES
Medical Record

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

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

2858A 03
1359

Surg SUR
 P: [redacted] remains unimpaired and does not realize his situation
 ①. After, VS noted
 HCN: Sl distance, ① 35
 HCN: general Surg: color gas 3 A/B
 Alk: [redacted] cloud
 ADPOD 5 Epp legs / [redacted] injury
 ② Dementia - ? Baseline
 P: ① well phone on chm lymph po
 ② Indulge Surg
 ③ off no pen, DC [redacted] [redacted]

(b)(6)-2
 MAJ, MC USA
 CHIEF, DOS
 (b)(6)-2

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

0200 Pt sleeping, SpO2 99% 2L NC - ~~no~~ ~~difficulties~~
 29 SEPT 03 2 patients attend this shift - no restraints needed - CO > 40 cal/hr

0230 Pt awake trying to climb out of bed - 4mg IV morphine
 Gown Ad - chux placed under bottom
 Small amt of stool on sheets - liquid stool - bottom cleaned - Pt positioned back in bed somewhat agitated, but very drowsy - uncooperative and speaking loudly. 1mg versed per LT
 will continue to monitor -

0240 1mg IV versed for sedation had + effect Pt calm, eyes closed, talking intermittently -

0415 4mg IV versed administered to patient for sedation - Pt moving continuously can't seem to get comfortable - VS, SpO2 99% 2L NC will continue to monitor Pt is risk for falling out of bed cannot leave Pt alone -

0500 qm labs redrawn HctH both critically low 8 and 27 - new sample CBC sent to lab @ 0515 - Pt still in bed talking to himself -

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

29 Sept 03 Assumed care of pt from report
 0630 from SGT (b)(6)-2; UPD. Pt in bed awake
 moving @ bed. T.C. central-line (C)
 clavical LR 200cc/hr infusing medial port
 distal, proximal ports flushed to NS
 & difficulty. Foley & gravity draining
 yellow urine. Initial Assessment done,
 noted on DTRX Will monitor /
 (b)(6)-2 SGT USA
 0800 Pt OOB -> ^{Am} Care done at bedside
 pt BTB reposition, pt agitated,
 pt got OOB -> Chair Will monitor
 (b)(6)-2 SGT US
 0830 Pt ambulated soft to assist x 2 pt
 90 pain 4mg MSOL given IVP. pt in bed
 appears to be sleeping will continue
 to monitor / (b)(6)-2 SGT US
 0905 Pt in bed sleeping NAD noted
 will monitor / (b)(6)-2 SGT US
 1010 Pt awake, agitated, getting OOB, translator
 state that pt is not making sense, want to go ->

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

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

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

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1996)
Prescribed by GSANCMR FPMR (41CFR) 101-11.203(b)(1)
USAPK V.1.0

MEDCOM - 7545

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

| DATE | NOTES |
|------|-------|
|------|-------|

29 Sept 1010 home to room. Atenolol give po Pt spit pill at x2. Medication administered & Jella Pt appeared to be in pain MSO4 4mg given IVP Pt BTB, awake moving @ bed. will monitor for safety and changes in status

SGT PLOWMAN

1130 Pt OOB ambulated outside to chair sat for 10min, stop pt state he was dizzy ambulated BTB stop + 92% O2 4L via NC applied. Stop 7 98-100%. Pt in bed @ HOB + 30° angle NAD noted at this time. Pt sleeping at present time will monitor

SGT USA GIWM6

1230 proximal & distal port to TIC central line flushed @ 10cc NS @ difficulty / pt sleeping at present time

SGT USA GIWM6

1430 Pt OOB ambulate to toilet fleets enema given brown liquid expelled soap sud enema 700ml; 400ml infused pt able to hold. BM brown liquid. Pt ambulated BTB. Pt refused any food state his stomach hurts he can't eat via translator. 1530 Pt 9/2 pain MSO4 4mg IVP given. Pt in bed calm resting @ eye open NAD at this time will monitor

SGT USA GIWM6

/// // // // // // // //

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

| DATE | NOTES |
|------|-------|
|------|-------|

30 Sep 03
0100 client oob to commode, @ flatus, @ m. back to bed, fell asleep quickly. (b)(6)-2 107H

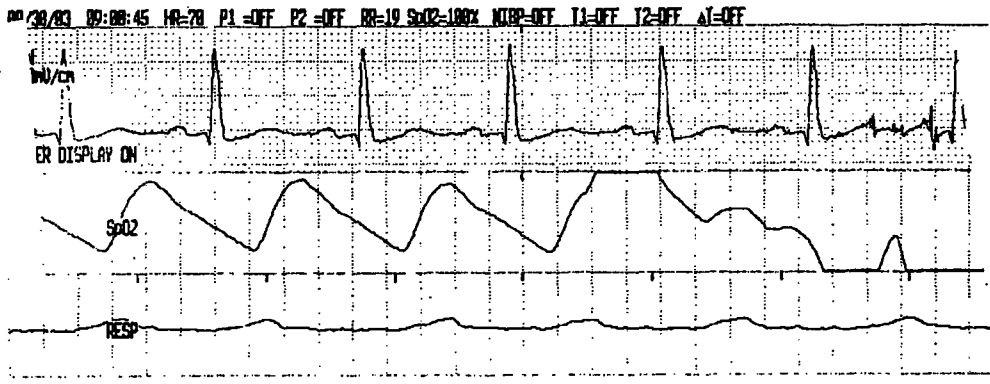
0200 client asleep, will not do vital signs @ this time due to decreased stimulation status being maintained - in (b)(6)-2

0400 no changes at this time. (b)(6)-2 1LT AN.

0600 NSS. blood drawn from TLC site sent to lab, medicated to IV Toradol for pain management. (b)(6)-2 117B

0630 Report given to MAS (b)(6)-2, client in bed asleep, connected to 3L O2 via NC. LR @ 200 cc/hr. (b)(6)-2 147.

0700 Patient totally cooperative, assisted OOB to chair. MAS & Y. Completed assessment as per DA Form 470. Patient seems to move and person answering all questions appropriately. Sleep & tubular wales @ 200 cc on 3L NC. TLC used & NSS infusing to @ tubular site. Dressing changed to S/S of infection. Breakfast given to patient eating 1/2 egg and part of hash brown. Well aware to orientate himself for confusion. (b)(6)-2 117B



1100 KCl infused @ 10cc, Dr (b)(6)-2 allowed K run infusing at 25 cc/hr over 2 hours. Foley disconnected to 100 cc remaining. Patient moving at present. (b)(6)-2 117B

1200 Cto nurse, given Phenergan 25 mg IV. (b)(6)-2 117B

| MEDICAL RECORD | PROGRESS NOTES | |
|-------------------|---|--|
| DATE | NOTES | |
| 29 Sep 03 1800 | Report received from SAT (b)(6)-2, client in bed connected to cardiac monitor, on 3LNC & humidity. Client asleep at this time. (b)(6)-2 | |
| 1900 | Client awake, assessment done see Dr form 4780. Bsg to Oarm DRI. Refused dinner, client getting agitated, moving around, attempting to get out of bed, will sit & client (b)(6)-2 | |
| 1945 | C/o pain, Dr (b)(6)-2 notified order to increase dose for toradol and hold morphine. 15mg toradol given IV in addition to the 15mg given @ 1800 for total of 30mg. (b)(6)-2 | |
| 2000 | C/o nausea, medicated = 25mg phenergan IV. (b)(6)-2 | |
| 2100 | Client c/o pain to abdomen @ BS auscultated in all four quadrants. Dr (b)(6)-2 notified, Tylenol 1000mg PO given for pain. (b)(6)-2 | |
| 2200 | VSS, medicated per order. ambulated twice in last hour, fair gait, somewhat unsteady, = two assists. (b)(6)-2. Back to bed, FSG 167, 3 units regular insulin given SA. (b)(6)-2 | |
| 2230 | OAB → commode, moderate amt loose brown stool, back to bed 3LNC & humidity, LA @ 200 ul/hr, Salem patent draining SA. (b)(6)-2 | |
| 2300 | Client asleep, at this time. (b)(6)-2 | |

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

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

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

(b)(6)-4

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|----------------------|--|
| 30 Sept 05 1300 | Up ambulatory to bedside commode. Voided & cc clear yellow urine. (b)(6)-2 |
| 1430 | Unresponsive to oral. Resting quality. L(2) JWC/M. Urine 9.2 on RA. Given Tylenol for c/o abdominal pain to (1) JWP (b)(6)-2 |
| 1600 | Patient resting clean, drain K. 4-3 results. (b)(6)-2 |
| 1600 | Patient reports pain to RPT (b)(6)-2 Abdominal pain resolved. (b)(6)-2 |
| 1830 | Pt vomited ~ 300 cc, given phenazone 25mg IV (b)(6)-2 CPT/AN |
| 2130 | Pt requested help for sleep, given Benadon 50mg PO (b)(6)-2 CPT/AN |
| 2230 | Pt c/o Abd Pain. Tylenol 1000mg PO, (b)(6)-2 CPT/AN (b)(6)-2 |
| 1 October 05 0040 | Orders Received (b)(6)-2 CPT/AN |
| 0600 | Pt ↑ bathroom, small solid stool ~ 200 cc (b)(6)-2 CPT/AN |
| 0550 | AM Labs Collected (b)(6)-2 CPT/AN (b)(6)-2 |
| 0700 | Report received, assessment performed (see DA 4700), pt ambulated to back to urinate - now resting in bed. Will continue to monitor. (b)(6)-2 SGT/AN |
| 0900 | TIC I'd by MAT (b)(6)-2 . Walked to back to clean up - c/o nausea & dizziness but refuses medication. Will continue to monitor. (b)(6)-2 SGT/AN |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(b)(1)(G)
 USAPA V1.0

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

| DATE | NOTES | (b)(6)-2 | (b)(6)-2 |
|----------|--|----------|----------|
| 1 Oct 03 | Pt comfortable - resting in bed | | SGT/PLN |
| 1100 | | | |
| 1300 | Pt ate all of lunch - no nausea | | SGT/PLN |
| 1500 | Pt eating granola bar. Stood up and ambulated to empty ileostomy recopied to 509 | | SGT/PLN |

[A large diagonal line is drawn across the remaining rows of the table, indicating that the rest of the page is blank or unused.]

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|------------------|---|
| 1 Oct 03 | Pt only ate apple for dinner - drank half of water - ambulating around ward. (b)(6)-2 |
| 1230 | Pt resting sitting up in bed. (b)(6)-2 |
| 1430 | Pt ambulating around ward then sitting in chair beside bed. Pt 5% pain or discomfort. (b)(6)-2 |
| 1730 | Report received from SGT [redacted], client in bed. Awake + alert, calm at this time, assessment done see DA form 4700. (b)(6)-2 |
| 2000 | Client ambulated to commode, gait steady. Had small formed brown BM and voided 500 cc clear dark yellow urine. (b)(6)-2 |
| 2200 | Medicated per order, assessment done - no changes from prior assessment. B done, results 126, no insulin given. (b)(6)-2 |
| 2400 | Client in bed asleep. (b)(6)-2 |
| 3 Oct 03 0200 | VSS, client ambulated to commode, voided 400cc urine and had small brown formed BM, no changes from previous assessment. (b)(6)-2 |
| 0400 | Client in bed asleep. (b)(6)-2 |
| 0500 | Blood drawn and sent to lab. (b)(6)-2 |

| | | | | |
|-------------------------|----------------|-------|----|---------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER |
| | LAST | FIRST | MI | (ASN 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. |
|--|--------------|----------|

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 6/1986)
 Prescribed by GSARCMR FPMR (41CFR) 101-11.203(b)(1)(i)
 USAPA V1.00

MEDICAL RECORD **PROGRESS NOTES**

| DATE | NOTES |
|-------------------|--|
| 3001 2003 0705 | <p>Nursing: Pt awake, alert & c/o pain. Lump RTA, O₂ sat's 90% on LA, & SOB. HR 72, reg, & edema noted. D/V access Abod soft, nontender, & BSx4. Pt tol. reg diet. ↑ OOB, amb well & assist.</p> <p>Drug Δ's: Wound sites x 3 to abd/chest. Stitches intact, & active drainage noted. Reapplied gauze & tape. Drug to D/wellbow & sm. amount dd screws drainage. Applied UNK, Kerlix & ace wrap. ML abd incision & staples intact. & drainage, & sts infection, wound well approximated.</p> |
| 3001 03 1508 | <p>Received care of pt. @ 14:00. Pt. resting in bed. Awake and alert. PERRLA & TUN. EOM & UR. Skin warm/dry/intact. Lung sounds clear to auscultate @ throughout. Bowel sounds @ x 4 quadrants. Abdomen soft/tender to touch d/t abdominal wounds. Staples to midline abdomen RTA & S/S infection. Dressings to @ and @ mid-quadrants clean/dry/intact @ radial pulses @ @ strength. HL to @ Fore arm patent/intact. complained of "small amount" of pain to abdomen. Too early for dose of Tylenol will reevaluate for pain level through shift will continue to monitor.</p> |

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

PROGRESS NOTES
Medical Record
STANDARD FORM 609 (REV. 6/1988)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2036(f)(10)
USAPA V1.00

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

| DATE | NOTES |
|--------------------|--|
| 30 Oct 03 2300 | Nurses Notes: Assumed care of Pt ATO. Pt sitting up in bed. C/o pain or discomfort. Staples to midline clean dry and intact so one dressing. Pt ambulates w/ complication. W/ SL pushes VC. Will continue to monitor status. (b)(6)-2 9102 |
| 27, 20 | Pt c/o inability to sleep. per int. reports. advised Pt no orders for sleep aid is in place. Will continue to monitor status. (b)(6)-2 Com 9/15 |
| 0600 | labs drawn and sent. Results pending. (b)(6)-2 9102 |
| 4 Oct 2003 1005 | Nursing: Pt awake, alert, c/o pain. Lump CIA, O2 sat 98% on RA. No leg, red, edema noted. Ht to @ ft, 100 lb. Abd soft, nontender. @ @ @. Td reg diet, ↑ OOB, amb well. MC incision CIA, c/o active drainage noted. c/o redness, swelling @ site. Drain to @ shoulder c/o drainage, new 2002 placed. Drain v2 to abd CIA, c/o drainage, replaced dressings. (b)(6)-2 AV |
| 4 Oct 2003 1145 | Nursing: D/C Ht. Pt to return to EAT LP outbody. (b)(6)-2 AV |

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

0406703 | Department of the Army
1100 | (b)(3)-1

NARRATIVE SUMMARY

INFLAMMATORY GSW TO ABDOMEN - 3.5 cm - 4 cm

PROCEDURES: LAPAROTOMY AND REPAIR OF PERITONEAL TRANSVERSE COLON INJURY

HISTORY OF PRESENT ILLNESS: Lt yo inv. male who was shot while dining thru a check point. He had a GSW to soft tissue front left elbow. mild injury.

GSW to soft tissue of left elbow.
Pt underwent exploratory laparotomy w/ resection of transverse colon and stapled anastomosis 23 Sept 03. He then went back to the OR for DPC of abdominal wall and elbow 25 Sept 03. He was very responsive post op and eventually he returned to the ward. He currently is ambulatory, is eating and tolerating regular diet.

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.

(b)(6)-4

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

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

HOSPITAL COURSE (CONTINUED):

DISPOSITION: DISCHARGE TO MP'S custody

RECOMMENDATIONS: 1 REMOVE STAPLES AND Sutures for abdomen and
 left elbow in 3 days
 2 Recommend Abdominal ultrasound by local HRAE hospital
 to assess abdominal vascular aneurysms.

MEDICATIONS: PERCOCET Give 1-2 tabs by mouth every 4 hours
 as needed
 MOTRIN 600mg Give 1 tab by mouth every 6 hours
 with food
 COLACE 100mg - Take 1 capsule twice daily.

(b)(6)-2

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

MEDICAL RECORDS

1. AGE: 64
 HEIGHT: 68"
 WEIGHT: 74 Kg

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

3. PREVIOUS SURGERY NO YES (type):

4. PROPOSED SURGICAL PROCEDURE:
Ex Lap D+I Lt elbow EMERGENCY

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition lt elbow / 2 abd. wounds
 Tobacco 0 yds. Body Piercing 0 Diabetes (Y) (N) ROM: ASA/Motrin w/72 hrs (Y) (N)
 ETOH _____ Implants ?? Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
 Glasses/Contact (Y) (N) Dentures no teeth Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

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

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

(b)(6)-4

VERIFICATION OF HOLDING AREA (b)(6)

! ID/Allergy Band Dentures Removed (b)(6)-2

! H & P Contacts Removed (b)(6)-2

! NPO Since 7 Jewelry Removed

! LHCG/LMP N/A Body Pierce Removed

! Consent/Blood Transfusion Signed/Witnessed/Dated N/A

! Surgical Site/Consent given by Pt./Anesthesia/Surgeon (b)(6)-2

! Contact Precautions (Y)(N)

! Family/Friend: N/A

| | | |
|---|--|---|
| <p>6. PATIENT PROBLEMS AND NEEDS</p> <p>D. CIRCULATION:</p> <p><input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to:</p> <p><input checked="" type="checkbox"/> 1) <u>Intraoperative Mobility</u></p> <p><input type="checkbox"/> 2) <u>Positioning</u></p> <p><input checked="" type="checkbox"/> 3) <u>Existing Disease</u></p> <p><input checked="" type="checkbox"/> 4) <u>Safety Devices</u></p> <p><input type="checkbox"/> 5) <u>Hypothermia</u></p> | <p>7. PATIENT GOALS AND EXPECTED OUTCOMES</p> <p><input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.)</p> | <p>8. OR NURSING INTERVENTIONS</p> <p><input checked="" type="checkbox"/> Check for support stockings or doc wraps. If none, check with doctors. <i>N/A</i></p> <p><input type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input type="checkbox"/> Offer pillow for under knees.</p> <p><input checked="" type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion. <i>N/A</i></p> <p><input type="checkbox"/> Check that rings and ^{(b)(6)-2} piercing has been removed.</p> |
|---|--|---|

| | | |
|---|--|---|
| <p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to:</p> <p><input type="checkbox"/> 1) <u>Pain</u></p> <p><input checked="" type="checkbox"/> 2) <u>Intraoperative Hazards</u></p> <p><input type="checkbox"/> 3) <u>Prosthesis</u></p> <p><input checked="" type="checkbox"/> 4) <u>Positioning</u></p> <p><input checked="" type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u></p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to:</p> <p><input checked="" type="checkbox"/> 1) <u>Length of Surgery</u></p> <p><input type="checkbox"/> 2) <u>Positioning</u></p> <p><input type="checkbox"/> 3) <u>Arthritis</u></p> | <p><input type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p> | <p><input type="checkbox"/> Have sufficient people available for transfer.</p> <p><input type="checkbox"/> Insure proper body alignment.</p> <p><input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning.</p> |
|---|--|---|

| | | |
|--|---|---|
| <p>F. SPECIAL SENSES</p> <p>F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being:</p> <p><input type="checkbox"/> 1) <u>Pre-Medicated</u></p> <p><input type="checkbox"/> 2) <u>W/O Glasses</u></p> <p>F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to:</p> <p><input type="checkbox"/> 1) <u>Diminished Hearing</u></p> <p><input checked="" type="checkbox"/> 2) <u>Language Barrier</u> <i>Arabic</i></p> <p>F.3. <input type="checkbox"/> Potential injury due to dentures:</p> <p><i>Edentulous</i></p> <p><input type="checkbox"/> 1) <u>Upper</u> <input type="checkbox"/> 4) <u>Caps</u></p> <p><input type="checkbox"/> 2) <u>Lower</u> <input type="checkbox"/> 5) <u>Crowns</u></p> <p><input type="checkbox"/> 3) <u>Bridges</u></p> | <p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input type="checkbox"/> Pt. will be able to understand instructions and assist if necessary.</p> <p><input type="checkbox"/> Minimize danger of injury during intraop period.</p> | <p><input type="checkbox"/> Introduce self. Keep pt. informed where he/she is and what is happening.</p> <p><input type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input type="checkbox"/> Speak clearly and slowly.</p> <p><input type="checkbox"/> Address pt. from _____ side.</p> <p><input type="checkbox"/> Validate pt.'s understanding of verbal communication.</p> <p><input type="checkbox"/> Verify removal of dentures. <i>N/A</i></p> |
|--|---|---|

| | | |
|--|---|--|
| <p>G OTHER PATIENT PROBLEMS/NEEDS. Or continuation of above problems/needs.</p> | <p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p> | <p>OTHER NURSING INTERVENTIONS Or continuation of above interventions</p> |
|--|---|--|

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

^{(b)(6)-2} [Redacted] *MAJ, AN* 23 SEP 03 DATE

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

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

LEVEL OF ACTIVITY: Moves All Extremities Moves Upper Extremities

Transferred to litter with roller due to spinal

12. PREOPERATIVE EVALUATION PREPARED BY ^{(b)(6)-2} [Redacted] *MAJ, AN*

13. POSTOPERATIVE EVALUATION BY (Signature and Title) ^{(b)(6)-2} [Redacted] *N/A*

DATE: 23 SEP 03 TIME: 14:05 DATE: 23 SEP 03 TIME: 19:15

MEDICAL RECORD **INTRAOPERATIVE DOCUMENT**
 For use of this form, see AR 40-66, the proper agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM (b)(6)-2
 VIA ambulance BY CPT CRNA 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ

3. DATE 23 SEP 03 TIME PATIENT ARRIVED IN SUITE 1450 4. PATIENT IN ROOM NUMBER 1-1
 TIME 1450

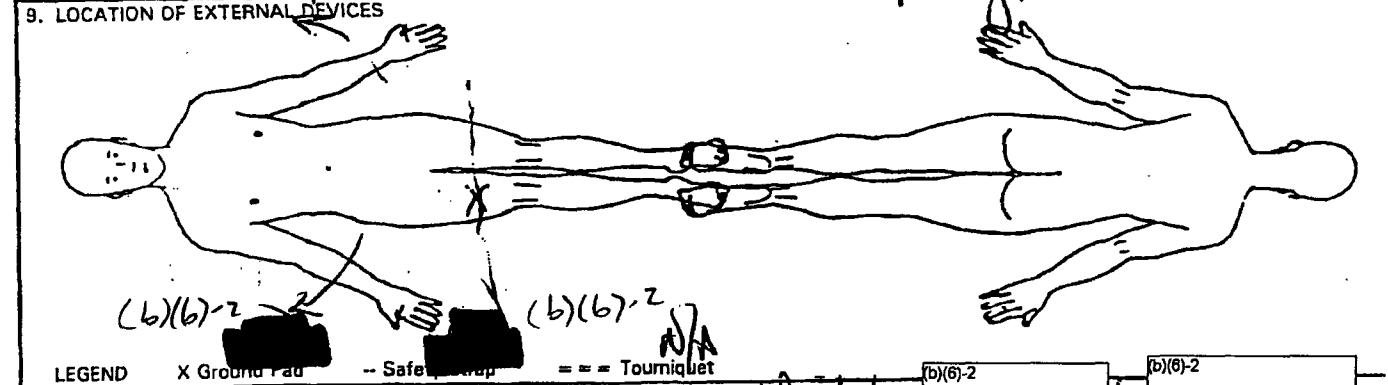
5. PREOPERATIVE EMOTIONAL STATUS
 CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)
 COMMENTS: Oral speaking. Alert.

6. NURSING PERSONNEL

| | | | |
|---------------------|-------------------------------------|-------------------|--|
| ASSIGNED SCRUB | <u>SPC</u> (b)(6)-2 <u>910</u> | RELIEF SCRUB | <u>SPC</u> (b)(6)-2 <u>910 (C/Sec)</u> |
| ASSIGNED CIRCULATOR | <u>MAJ</u> (b)(6)-2 <u>AN, 166E</u> | RELIEF CIRCULATOR | <u>CPT</u> (b)(6)-2 <u>AN, 166E (1630-1870)</u> <u>MAJ</u> (b)(6)-2 <u>AN, 166E (1755-1870)</u> |

7. POSITION AND POSITIONAL AIDS (Specify) Arms abducted less than 90° on padded
 SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP
 COMMENTS:

8. SKIN PREPARATION
 HAIR REMOVAL: YES NO
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR CLIP
 PREP SOLUTION (Specify) Beta/Beta
 SITE: abd groin BY WHOM: (b)(6)-2
 COMMENTS: No nicks/cuts noted.
 COMMENTS: No pooling noted. Chux used.



10. COUNTS

| | | | C = Correct I = Incorrect | | SCRUB (b)(6)-2 | CIR (b)(6)-2 |
|--------------|---|---------------------|---------------------------|---|----------------|--------------|
| | Other** | First Closing Count | Final Closing Count | | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | C | C | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | C | C | | |
| Instrument | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | C | C | | |
| Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)
 (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
Settings 40/40
 ESU NO: 000442 VL FORCE II
 GROUND PAD: BRAND VL Reshesive
 LOT NO: 69263 EXP 2005-02
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____
 BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION YES NO, TYPE(S): **NSS**

| OTHER ORDERS | TIME | CARRIED OUT BY |
|--------------|------|----------------|
| <i>D</i> | | |

PHYSICIAN'S NAME: (b)(6)-2

15. X-RAY IN YES IF YES, SITE

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| | | |

18. DRESSING/IMMOBILIZATION (Specify)

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1. | 2. | 3. |
|-----------|------------|-----------|-----------------|
| | 16 k/16ly | (2) Elbow | |
| SITE | 1. Bladder | 2. Guaze | 3. |

18. Dressing/Immobilization: *reston 4x8 ABD pad Gauze All*

19. ADDITIONAL INFORMATION

Dr. (b)(6)-2, Dr. (b)(6)-2

CPA (b)(6)-2, CPA (b)(6)-2, CPA (b)(6)-2

Foley from ENT.

20. OPERATION(S) PERFORMED

Ex lap e bowel resection and Repair, (2) Elbow wound debrided

21. PATIENT TRANSFERRED TO **ICU** TIME **19:15** METHOD **litter**

22. REGISTERED NURSE SIGNATURE (b)(6)-2 *MASAN*

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|--|--|--|----------------------------|
| For use of this form, see AR 40-66, the agency is the office of The Surgeon General. | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> | | 2. PATIENT PROCEDURE VERIFIED BY <u>OR Staff</u> (b)(6)-2 | |
| 3. DATE <u>25 Sept 03</u> TIME PATIENT ARRIVED IN SUITE <u>0925</u> | | 4. PATIENT IN ROOM NUMBER <u>612</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | |
| COMMENTS: <u>UAD status pending</u> | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>SPC</u> (b)(6)-2 | <u>SID</u> | RELIEF SCRUB |
| ASSIGNED CIRCULATOR | <u>CPM</u> (b)(6)-2 | <u>EGG</u> | RELIEF CIRCULATOR |
| 7. POSITION AND POSITIONAL AIDS (Specify) | | | |
| <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | |
| COMMENTS: | | | |
| 8. SKIN PREPARATION | | | |
| HAIR REMOVAL | | PREP SOLUTION (Specify) | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILETORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | <u>Darm</u> Berk/Biden SITE: <u>Nipple to groin</u> BY WHOM: <u>CPM</u> BY WHOM: | |
| COMMENTS: | | COMMENTS: <u>operating room</u> | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND X Ground Pad - Safety Strap === Tourniquet | | | |
| C = Correct I = Incorrect | | | |
| 10. COUNTS | | | |
| Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Other** | First Closing Count |
| Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | Final Closing Count |
| Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | SCRUB <u>(b)(6)-2</u> |
| Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | CIRCULATOR <u>(b)(6)-2</u> |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| (b)(6)-4 | | <input checked="" type="checkbox"/> ESU NO: <u>1-1</u> 30/70 GROUND PAD: BRAND <u>Vallejo</u> LOT NO: <u>69263</u> | |
| | | <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ | |
| | | <input type="checkbox"/> BIPOLAR NO: _____ | |
| | | <u>ESU pad site check post</u> | |

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

14. MEDICATIONS/ORDERS

| IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) | | | | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|--|--------|------|--------|-------------|----------|------------------------------|--|
| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

WOUND IRRIGATION YES NO, TYPE(S):
NaCl @ 2gm Anical

OTHER ORDERS: TIME: CARRIED OUT BY:

PHYSICIAN'S SIGNATURE: *[Redacted Signature]*

15. X-RAY IN OPERATING ROOM YES NO SITE:

16. SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1. | 2. | 3. |
|-----------|--------------------|---------------------|----|
| | <i>Fluffs x 3</i> | <i>Kelley 16 fr</i> | |
| SITE | <i>lateral Abd</i> | <i>Bladder</i> | |

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs 4x8 ACE
Abd pad Kenderpin

19. ADDITIONAL INFORMATION
Di [Redacted] [Redacted] [Redacted]
Arterial Gata [Redacted]

20. OPERATION(S) PERFORMED
Abd / O elbow GSW without closure

21. PATIENT TRANSFERRED TO: *ICU* TIME: *1620* METHOD: *[Signature]*

22. REGISTERED NURSE SIGNATURE: *[Signature]*

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|---|---|--|---------------------|
| For use of this form, see AR 40-58, the propt... by is the office of The Surgeon General. | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>OR Staff</u> | | 2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>MAJ An</u> | |
| 3. DATE <u>28 SEP 03</u> TIME PATIENT ARRIVED IN SUITE | | 4. PATIENT IN ROOM TIME <u>1205</u> NUMBER <u>L1 #3</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | |
| COMMENTS: <u>NPO per nursing staff x 5cc H₂O & Atibolol at 1000</u> <u>Arabic speaking</u> | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>SPC</u> (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>SPZ</u> (b)(6)-2 | RELIEF CIRCULATOR | |
| 7. POSITION AND POSITIONAL AIDS (Specify) | | | |
| <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | |
| COMMENTS: | | | |
| 8. SKIN PREPARATION | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | PREP SOLUTION (Specify) <u>Beta/Beta</u> SITE: <u>right -> groin</u> BY WHOM: <u>CROSS</u> SITE: BY WHOM: | |
| COMMENTS: | | COMMENTS: <u>of pedi, note</u> | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND X Ground Pad - Safety Strap === Tourniquet | | | |
| C = Correct I = Incorrect | | | |
| 10. COUNTS | | Other** | CIRCULATOR (b)(6)-2 |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| (b)(6)-4 | | <input checked="" type="checkbox"/> ESU NO: <u>Valley Lake 1-1</u> 30/30 GROUND PAD: BRAND LOT NO: <u>69263</u> | |
| | | <input type="checkbox"/> ESU NO: GROUND PAD: BRAND LOT NO: | |
| | | <input type="checkbox"/> BIPOLAR NO: <u>Pad site clear for - op</u> | |

DA FORM 5179-1, OCT 87

REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.
MEDCOM - 7564

USAPA V1.01

13. PROSTHESIS, IMPLANTS NO IF YES, NAME: ID NUM 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):
MCC

| OTHER ORDERS | TIME | CARRIED OUT BY |
|--------------|------|----------------|
| <i>B</i> | | |
| | | |

PHYSICIAN'S SIGN *(b)(6)-2*

15. X-RAY IN OPERATING ROOM YES NO SITE

16. SPECIMEN(S) NAME NAME

| | | |
|--|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CULTURE (C) YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
Yes
Cocoon All

19. ADDITIONAL INFORMATION
Post Indec - 2 shells out (C) flake
1 shell out (n) flake

20. OPERATION(S) PERFORMED
2-D wound closure to abd flanks

21. PATIENT TRANSFERRED TO *704* TIME *1330* METHOD *Other*

22. REGISTERED NURSE SIGNATURE *(b)(6)-2*

| MEDICAL RECORD | | VITAL SIGNS RECORD | | | | | | | | | |
|---|-------------|--------------------|---------|----------|----------|----------|----------|--------|----|----|--|
| HOSPITAL DAY | | 10 | | 11 | | 12 | | | | | |
| POST-MONTH-YEAR | DAY | Oct 2 | | 3 | | 3 | | 4 | | | |
| 19 | HOUR | 2 | 3 | 01 | 1 | 12 | 00 | 1 | | | |
| PULSE (O) | TEMP. F (°) | 80 | 80 | 60 | 40 | 50 | 20 | 80 | 30 | 40 | |
| | 105° | | | | | | | | | | |
| 180 | 104° | | | | | | | | | | |
| 170 | 103° | | | | | | | | | | |
| 160 | 102° | | | | | | | | | | |
| 150 | 101° | | | | | | | | | | |
| 140 | 100° | ✓ | ✓ | | | | | | | | |
| 130 | 99° | | | | | | | | | | |
| 120 | 98° | | | | | | | | | | |
| 110 | 97° | | | | | | | | | | |
| 100 | 96° | | | | | | | | | | |
| 90 | 95° | | | | | | | | | | |
| 80 | | | | | | | | | | | |
| 70 | | | | | | | | | | | |
| 60 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |
| 40 | | | | | | | | | | | |
| RESPIRATION RECORD | | 45 | | 34 | | | | | | | |
| BLOOD PRESSURE | | 138/66 | 137/51 | 120/69 | 120/70 | 114/76 | 126/71 | 120/64 | | | |
| HEIGHT: WEIGHT → | | 98% 98% | 96% 97% | 100% 98% | 100% 98% | 100% 98% | 100% 95% | | | | |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility) | | | | | | | | | | | |
| (b)(6)-4 | | | | | | | | | | | |
| REGISTER NO. | | WARD NO. | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

VITAL SIGNS RECORDS
 Medical Record

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

MEDCOM - 7566

| | | | | | | | | | | |
|-----------------------------|--------|------------------------|-----------------------|-----------|--------------|---|-----------|-----------------------------|--|----------------|
| Ward/Section: EMT | | | Requesting Physician: | | | LABORATORY RESULT FORM Subject to the Privacy Act of 1974) | | | | |
| Name: (b)(6)-4 | | | Date: | | Time: | | Patient # | | | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range | | |
| GLU | 200 | 73 - 118 mg/dL | Color | Lt Yellow | N/A | WBC | 16.9 | 4.8 - 10.8 x 1E3 | | |
| BUN | 21 | 7 - 22 mg/dL | App | Clear | N/A | RBC | 5.45 | 4.7 - 6.1 x 1E6 | | |
| Creat | 1.4 | 0.6 - 1.2 mg/dL | Glu | NEG | Negative | Hgb | 15.4 | 14 - 18 g/dL (M); 12-16 (F) | | |
| Na | 143 | 128 - 125 mmol/L | Bili | NEG | Negative | Hct | 47.5 | 45 - 52% (M); 37 - 47% (F) | | |
| K | 3.7 | 3.3 - 4.7 mmol/L | Ket | NEG | Negative | MCV | 87.2 | 80 - 99 fL | | |
| Cl | 113 | 98 - 108 mmol/L | SGav. | 1.025 | N/A | Plt | 281 | 130 - 500 1E3 | | |
| CO2 | 21 | 18 - 33 mmol/L | Bld | NEG | Negative | Lymph% | 27.6 | 20.5 - 51.1 % | | |
| Chemistry 12/UA/ET | | | pH | 5.0 | N/A | Hematology Manual Diff. | | | | |
| ALB | 4.0 | 3.5 - 5.5 g/dL | Prot | NEG | Negative | Segs | | Lymph | | |
| ALP | 48 | 26 - 84 µg/dL | Urob | 0.2 | 0.2 - 1.0 | Bands | | Atyp | | |
| ALT | 15 | 10 - 47 µg/dL | Nit | NEG | Negative | Mono | | Imm | | |
| AMY | 113 | 14 - 97 µg/dL | Leuk | NEG | Negative | Eos | | RBC Morph | | |
| AST | 28 | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est | | |
| Tbili | 0.7 | 0.2 - 1.6 mg/dL | Venous Blood Gas | | | Coagulation | | | | |
| TP | 7.1 | 6.4 - 8.1 g/dL | | | | PT | | | | 9.8 - 13.6 sec |
| Ca | 8.7 | 8.0 - 10.3 mg/dL | | | | aPTT | | | | 21 - 34 sec |
| Chol | 239 | 100 - 200 mg/dL | | | | INR | | | | N/A |
| Creat | 1.4 | 0.6 - 1.2 mg/dL | | | | MISC | | | | |
| BUN | 18 | 7 - 22 mg/dL | ph | 7.355 | 7.31 - 7.45 | Malaria | | Negative | | |
| GLU | 195 | 73 - 118 mg/dL | PCO2 | 38.5 | 35 - 45; Ar1 | Gram Stain | | N/A | | |
| Other Chem | | | PO2 | 87 | 80 - 105 | UA Tox: | | Negative | | |
| Troponin | | Negative | HCO3 | 21 | 22 - 26 | HCG | | Negative | | |
| GLU Only | | 73 - 118 mg/dL | TCO2 | 23 | 23 - 27 | | | | | |
| CK | | 39 - 380 µg/L - Male | BE | -4 | (-2) - 3 | | | | | |
| | | 30 - 190 µg/L - Female | sO2 | 96 | 95 - 100% | | | | | |
| Additional Instructions: | | | | | | | | | | |
| Reported By: (b)(6)-2 | | | Date: 23 SEP 05 | | Lab ID # | | | | | |

MEDCOM - 7567

Ward/Station: **OR** Dept: **Physician**

Name: **(b)(6)-4** Date: Time: Patient #:

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

Chemistry 7

i-STAT EG7+

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

Na _____ 141 mmol/L
K _____ 3.8 mmol/L
TCO2 _____ 24 mmol/L
iCa _____ 1.19 mmol/L
Hct _____ 39 %PCV
Hb* _____ 13 g/dL
*via Hct

At 37C
PH _____ 7.311
PCO2 _____ 44.4 mmHg
PO2 _____ 196 mmHg
HCO3 _____ 22 mmol/L
BEecf _____ 4 mmol/L
sO2* _____ 100 %
*calculated

At Patient Temp
PH _____ 7.310
PCO2 _____ 44.5 mmHg
PO2 _____ 196 mmHg

Patient Temp: 98.7F
FI02 _____ : 70
Sample Type: ART

23SEP03 14:37
Oper: **bb-2**
Physician: _____
Ser# 40500
Ver: JAMS046A
CLEW A93

| Urinalysis | | | Hematology(CBC) | | |
|------------|--------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range |
| Color | | N/A | WBC | 14.5 | 4.8 - 10.8 x 1E3 |
| App | ... | N/A | RBC | 5.21 | 4.7 - 6.1 x 1E6 |
| Glu | | Negative | Hgb | 14.7 | 14 - 18 g/dL (M); 12-16 (F) |
| Bili | | Negative | Hct | 44.8 | 45 - 52% (M); 37 - 47% (F) |
| Ket | | Negative | MCV | 86.0 | 80 - 99 fL |
| SGav. | | N/A | Plt | 257 | 130 - 500 1E3 |
| Bld | | Negative | Lymph% | 16.6 | 20.5 - 51.1 % |
| pH | | N/A | Hematology Manual Diff | | |
| Prot | | Negative | Segs | | Lymph |
| Urob | | 0.2 - 1.0 | Bands | | Atyp |
| Nit | | Negative | Mono | | Irrm |
| Leuk | | Negative | Eos | | RBC Morph |
| Micro UA | | | Baso | | Plt. Est |
| | | | Coagulation | | |
| | | | PT | | 9.8 - 13.6 sec |
| | | | aPTT | | 21 - 34 sec |
| | | | INR | | N/A |
| | | | MISC | | |
| | | | Malaria | | Negative |
| | | | Gram Stain | | N/A |
| | | | UA Tox: | | Negative |
| | | | HCG | | Negative |
| Blood Gas | | | | | |
| ph | 7.32 | 7.31 - 7.45 | | | |
| PCO2 | 34 | 35 - 45: Art | | | |
| PO2 | 325 | 80 - 105 | | | |
| HCO3 | 19 | 22 - 26 | | | |
| TCO2 | 19 | 23 - 27 | | | |
| BE | -9 | (-2) - 3 | | | |
| sO2 | 100 | 95 - 100% | | | |

iCa = 1.13

Reported By: _____ Date: **MEDCOM - 7568**

Ward/Section: **OR** Requesting Physician: _____ LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

Name: **#154** Date: **23 SEP 03** Time: **1550** Patient #: **154**

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-------------|------------|------------------|------------|--------|------------|------------------|-------------|-------------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | 17.8 | 4.8 - 10.8 x 1E3 |
| BUN | | 7 - 22 mg/dL | App | ... | N/A | RBC | 4.54 | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 12.9 | 14 - 18 g/dL (M); 12 - 16 (F) |
| Na | 138 | 128 - 125 mmol/L | Bili | | Negative | Hct | 39.4 | 45 - 52% (M); 37 - 47% (F) |
| K | 5.4 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 86.8 | 80 - 99 fL |
| Cl | 113 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 274 | 130 - 500 1E3 |
| CO2 | 20 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 16.9 | 20.5 - 51.1 % |

#

| Chemistry 12/LFT | | | pH | | | Hematology Manual Diff | | |
|------------------|--|------------------|----------|--|-----------|------------------------|-------------|----------------|
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | 14.6 | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | 25.0 | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | | | | Gram Stain | | N/A |

Blood Gas

| Other Chem | | | Blood Gas | | | MISC | | |
|------------|--|------------------------|-----------|--------------|-------------|---------------------------|--|----------|
| Proponin | | Negative | pH | 7.355 | 7.31 - 7.45 | Malaria | | Negative |
| GLU Only | | 73 - 118 mg/dL | PCO2 | 34.4 | 35 - 45: An | Gram Stain | | N/A |
| K | | 3.9 - 3.80 µg/L - Male | PO2 | 167 | 80 - 105 | UA Tox: | | Negative |
| | | 30 - 190 µg/L - Female | HCO3 | 19 | 22 - 26 | HCG | | Negative |
| | | | TCO2 | 20 | 23 - 27 | NO HEMOLYSIS NOTED | | |
| | | | BE | -6 | (-2) - 3 | iCa: 1.20 | | |
| | | | SO2 | 99 | 95 - 100% | | | |

Additional Instructions: **ABG = Ca⁺⁺, CBC, APTT / Lytes**

Reported By: _____ Date: **22 SEP 03** MEDCOM - 7569

| | | | | | | | | |
|---------------------------------|---------------|---|-----------------------|------------|--|-----------------------|---------------------------|--------------|
| Ward/Section: ICU | | Requesting Physician: DR (b)(6)-2 | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | | |
| LAST FIRST MI (b)(6)-4 | | DATE 23 Sep 07 | | | TIME | | SEND CELL NO. (b)(6)-4 | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 135 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 5.25 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 14.8 | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 45.1 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 89.859 | 80-94 fV(M) 81-99 fV(F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 256 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 15.8 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/l |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MIET 17 | | | CRE | | 0.6-1.2 mg/l |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/l |
| Other | | | GLU | 257 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 17 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 1.2 | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | 131 | 128-145 mmol/l | Results: | | |
| INR | | | K* | 6.3 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 107 | 98-108 mmol/l | | | |
| | | | CO2 | 18 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: | | | DATE: | | | LAB ID NO: | | |

MEDCOM - 7570

Ward/Section: ICU Requesting Physician: (b)(6)-2 Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST FIRST MI (b)(6)-4 DATE 27 Sept 03 TIME 0500 SS (b)(6)-4

| Hematology (CBC) | | | Urinalysis | | | MISC. SEROLOGY | | |
|------------------|-------------|---------------------------------|------------|--------|------------|---------------------|--------|--------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | <u>14.7</u> | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | <u>5.71</u> | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | <u>15.9</u> | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | <u>49.1</u> | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | <u>86.0</u> | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | <u>207</u> | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | <u>13.9</u> | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |

| (Hematology) Manual Diff | | | pH | | | AMY | | |
|--------------------------|--------|--------------------------|---------------|--------|------------|------|------------|----------------|
| Segs | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Bands | | | Prot | | Negative | AST | | 11-38 u/l |
| Lymph | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Atyp | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| RBC Morph | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Sed Rate | | | MET 17 | | | CRE | | 0.6-1.2 mg/dl |
| Other | | | | | | GLU | <u>137</u> | 73-118 mg/dl |

| Coagulation Studies | | | BUN | | | TP | | | | | |
|---------------------|--------|---------------|----------------------|------------|---------------|----------|--------|--------------|-----|------------|----------------|
| Test | Result | Ref. Range | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | | | |
| PT | | 9.8-13.6 secs | BUN | <u>15</u> | 7-22 mg/dl | TP | | 6.4-8.1 g/dl | | | |
| APTT | | 21-34 secs | CRE | <u>1.1</u> | 0.6-1.2 mg/dl | | | | | | |
| INR | | | Malaria Smear | | | Results: | | | | | |
| | | | | | | | | | NA* | <u>130</u> | 128-145 mmol/l |
| | | | | | | | | | K* | <u>4.5</u> | 3.3-4.7 mmol/l |
| | | | | | | | | | CL* | <u>107</u> | 98-108 mmol/l |
| | | | CO2 | <u>19</u> | 18-33 mmol/l | | | | | | |

Microscopic UA

Results:

Remarks:

(b)(6)-2 DATE: 27 Sept LAB ID NO: (b)(6)-4

W/5(25

4/10 1045

EBL 400

+ 3685

4L/WP

MEDCOM - 7572

| | | | | | | | | |
|--------------------------|-----------|--------------------------------|------------------------|--|--------------|------------------------|--------|-----------------------------|
| Ward/Section: ICU | | Requesting: Dr (b)(6)-2 | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | | |
| Name: | | Date: 25 Sept 03 | Time: 0933 | Patient # (b)(6)-4 | | | | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 78 | 73 - 118 mg/dL | Color | | N/A | WBC | | 4.8 - 10.8 x 1E3 |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | | 14 - 18 g/dL (M); 12-16 (F) |
| Na | | 128 - 125 mmol/L | Bili | | Negative | Hct | | 45 - 52% (M); 37 - 47% (F) |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | | 80 - 99 fL |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | Plt | | 130 - 500 1E3 |
| tCO2 | | 18 - 33 mmol/L | Bld | | Negative | Lymph% | | 20.5 - 51.1 % |
| Chemistry (LAP) | | | pH | | N/A | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | Blood Gas | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |
| Additional Instructions: | | | | | | | | |
| Reported By (b)(6)-2 | | Date: 25 Sept 03 | Lab ID # MEDCOM - 7573 | | | | | |

Ward/Section: ICU Requester: (b)(6)-2 LAB: LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

Name: (b)(6)-4 Date: 25 SEPT Time: 0500 Patient #: (b)(6)-4

| Chemistry (7) | | | Urinalysis | | | Hematology (CBC) | | |
|---------------|--------|------------------|------------|--------|------------|------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 99 | 73 - 118 mg/dL | Color | | N/A | WBC | 10.5 | 4.8 - 10.8 x 1E3 |
| BUN | 15 | 7 - 22 mg/dL | App | | N/A | RBC | 3.46 | 4.7 - 6.1 x 1E6 |
| Creat | 1.6 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 9.8 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 127 | 128 - 125 mmol/L | Bili | | Negative | Hct | 29.7 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.3 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 86.0 | 80 - 99 fL |
| Cl | 105 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 120 | 130 - 500 1E3 |
| tCO2 | 23 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 21.3 | 20.5 - 51.1 % |

| Chemistry (24) | | | pH | | | Hematology Manual Diff | | |
|----------------|--|------------------|----------|--|-----------|------------------------|--|-----------|
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | | | |
| TP | | 6.4 - 8.1 g/dL | | | | | | |
| Ca | | 8.0 - 10.3 mg/dL | | | | | | |
| Chol | | 100 - 200 mg/dL | | | | | | |
| Creat | | 0.6 - 1.2 mg/dL | | | | | | |
| BUN | | 7 - 22 mg/dL | | | | | | |

| Coagulation | | |
|-------------|------|----------------|
| PT | 14.0 | 9.8 - 13.6 sec |
| aPTT | 51.3 | 21 - 34 sec |
| INR | | N/A |

| Blood Gas | | |
|-----------|--|----------------|
| GLU | | 73 - 118 mg/dL |
| ph | | 7.31 - 7.45 |
| PCO2 | | 35 - 45: Art |
| PO2 | | 80 - 105 |
| HCO3 | | 22 - 26 |
| TCO2 | | 23 - 27 |
| BE | | (-2) - 3 |
| sO2 | | 95 - 100% |

Additional Instructions:

Date: 25 Lab ID #: MEDCOM - 7574

Ward/Section:

ICU

Requesting Physician:

Dr. [Redacted]

Laboratory Result Form

(Subject to the Privacy Act of 1974)

LAST, FIRST, MI

25 Sept 03

TIME 1130

SSN/PSEUDO SSN:

Hematology (CBC)

Urinalysis

Misc. Serology

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|---------|--------|---------------------------------|-------|--------|------------|--------------|--------|--------------|
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |

(Hematology) Manual Diff

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|-----------------|--------|--------------------------|-------|--------|---------------|
| Segs | | | pH | | N/A |
| Bands | | | Prot | | Negative |
| Lymph | | | Urob | | 0.2-1.0 |
| Atyp | | | Nit | | Negative |
| RBC Morph | | | Leuk | | Negative |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | HCG | | Negative |
| Sed Rate | | | MET 7 | | |
| Other | | | GLU | 88 | 73-118 mg/dl |
| | | | BUN | 16 | 7-22 mg/dl |
| | | | CRE | 1.5 | 0.6-1.2 mg/dl |
| | | | GLU | | 73-118 mg/dl |
| | | | TP | | 6.4-8.1 g/dl |

Coagulation Studies

| Test | Result | Ref. Range | TEST | RESULT | REF. RANGE |
|------|--------|---------------|------|--------|----------------|
| PT | | 9.8-13.6 secs | CRE | | 0.6-1.2 mg/dl |
| APTT | | 21-34 secs | NA* | 141 | 128-145 mmol/l |
| INR | | | K* | 3.8 | 3.3-4.7 mmol/l |
| | | | CL* | 106 | 98-108 mmol/l |
| | | | CO2 | 27 | 18-33 mmol/l |

Malaria Smear

Results:

Microscopic UA

Results:

Remarks:

Reported by:

(b)(6)-2

DATE:

25 Sept 03

LAB ID NO:

(b)(6)-4

MEDCOM - 7575

| | | | | | | | | |
|---------------------------------|-------------|---------------------------------|-----------------------------------|------------|---------------------|--|------------------------------|----------------|
| Ward/Section: ICU | | | Requesting Physician: (b)(6)-2 | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST, FIRST, MI (b)(6)-4 | | | DATE 26 Sept 03 | | TIME 0400 | | SSN/PSELIDO SSN: (b)(6)-4 | |
| Hematology (CBC) | | | Urinalysis | | | MISC. CHEMISTRY | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 8.9 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 3.34 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 9.3 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 28.8 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 86.3 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 170 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 14.0 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 96 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 14 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 10 | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | 136 | 128-145 mmol/l | Results: | | |
| QR | | | K* | 39 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 108 | 98-108 mmol/l | | | |
| | | | CO2 | 23 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: | | | DATE: | | LAB ID NO: | | | |

MEDCOM - 7576

Am-lab

| | | | | | | | | |
|---------------------------------|--------|---|-------------------|--------------|--|-----------------------|--------|---------------|
| Ward/Section: FCU | | Requesting Physician: Dr (b)(6)-2 | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | | |
| LAST FIRST MI (b)(6)-4 | | 27 Sep 03 | | TIME 0410 | SSN/PSEUDO SSN: | | | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 7.3 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 318 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 8.9 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 27.5 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 86.6 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 219 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 26.7 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 9 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 82 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 73 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 1.1 | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | 136 | 128-145 mmol/l | Results: | | |
| INR | | | K* | 41 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 103 | 98-108 mmol/l | | | |
| | | | CO2 | 24 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: CK 3865 | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: | | | DATE: | | LAB ID NO: | | | |

MEDCOM - 7577

| | | | | | | | | |
|---------------------------------|-------------|---|-------------------|--|----------------|----------------------------|--------|---------------|
| Ward/Section: ICU | | Requesting Physician: Dr [Redacted] | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | | | |
| LAST FIRST MI (b)(6)-4 | | DATE 28 Sept | | TIME 0400 | | SIGNATURE GEN. (b)(6)-4 | | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 12.5 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 456 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 12.7 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 39.2 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 85.9 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 387 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 25.8 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MEET 18 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 101 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 11 | 7-22 mg/dl | Malaria Smear | | |
| Test | Result | Ref. Range | CRE | 1.4 | 0.6-1.2 mg/dl | Results: | | |
| PT | | 9.8-13.6 secs | [Redacted] | | | | | |
| APTT | | 21-34 secs | NA* | 131 | 128-145 mmol/l | | | |
| INR | | | K* | 3.6 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 101 | 98-108 mmol/l | | | |
| | | | CO2 | 25 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: CK 2.44 | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: | | | DATE: | | LAB ID NO: | | | |

MEDCOM - 7578

ICU 0500

| Ward/Section: ICU | | Requester: (b)(6)-2 | | RATORY RESULT FORM | | | | |
|--------------------------|--------|--|-------------------------|---------------------------|--------------|------------------------|--------|-----------------------------|
| (b)(6)-4 | | Date: 29 SEPT | | Time: | | Patient # (b)(6)-4 | | |
| (b)(6)-4 | | (Subject to the Privacy Act of 1974) | | | | | | |
| Chemistry 7 | | | U Analysis | | | Hematology (CBC) | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 104 | 73 - 118 mg/dL | Color | N/A | | WBC | 9.0 | 4.8 - 10.8 x 1E3 |
| BUN | 16 | 7 - 22 mg/dL | App | N/A | | RBC | 3.7 | 4.7 - 6.1 x 1E6 |
| Creat | 1.6 | 0.6 - 1.2 mg/dL | Glu | Negative | | Hgb | 8.6 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 842 | 128 - 125 mmol/L | Bili | Negative | | Hct | 27.0 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.3 | 3.3 - 4.7 mmol/L | Ket | Negative | | MCV | 86.4 | 80 - 99 fL |
| Cl | 105 | 98 - 108 mmol/L | SGav. | N/A | | Plt | 311 | 130 - 500 1E3 |
| tCO2 | 25 | 18 - 33 mmol/L | Bld | Negative | | Lymph% | 30.0 | 20.5 - 51.1 % |
| Chemistry 12/LEP | | | pH | | | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | Negative | | S | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | 0.2 - 1.0 | | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | Negative | | Mono | | Imm |
| AMY | | 10 - 97 µg/dL | Leu | Negative | | Eos | | RBC Morph |
| AST | | 1 - 38 µg/dL | Milch IIA | | | Baso | | Plt. Est |
| Tbili | | 0.1 - 1.6 mg/dL | <p>0530 29 SEPT</p> | | | Coagulation | | |
| TP | | 6.4 - 8.0 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | | | | Gram Stain | | N/A |
| Other Chem | | | | | | UA Tox: | | Negative |
| Troponin | | Negative | | | | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | | | | | | |
| CK | | 39 - 380 µg/L - Male 30 - 190 µg/L - Female | | | | | | |
| | | | PCO2 | | 35 - 45: Art | | | |
| | | | PO2 | | 80 - 105 | | | |
| | | | HCO3 | | 22 - 26 | | | |
| | | | TCO2 | | 23 - 27 | | | |
| | | | BE | | (-2) - 3 | | | |
| | | | SO2 | | 95 - 100% | | | |
| Additional Instructions: | | | | | | | | |
| Reported By | | | Date | | Lab ID # | | | |

MEDCOM - 7579

| Ward/Room: JCW | | Requesting Physician: | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--------|----------------------------------|------------|--------|--|---|--------|------------|------|--------|------------|-----|--|--------------|-----|--|-----------|-----|--|-----------|-----|--|-----------|-----|--|-----------|------|--|---------------|-----|--|------------|------|--|-------------|------|--|------------|-----|--|---------------|-----|--|--------------|----|--|--------------|
| LAST, FIRST, MI: (b)(6)-4 | | DATE: 29 SEP 05 | | | TIME: 0530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hematology (CBC) | | | Urinalysis | | | Chemistry 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WBC | 9.5 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBC | 3.27 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hgb | 9.0 | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref. Range</th> </tr> </thead> <tbody> <tr> <td>ALB</td> <td></td> <td>3.5-5.5 g/dl</td> </tr> <tr> <td>ALP</td> <td></td> <td>26-84 u/l</td> </tr> <tr> <td>ALT</td> <td></td> <td>10-47 u/l</td> </tr> <tr> <td>AMY</td> <td></td> <td>14-97 u/l</td> </tr> <tr> <td>AST</td> <td></td> <td>11-38 u/l</td> </tr> <tr> <td>TBIL</td> <td></td> <td>0.2-1.6 mg/dl</td> </tr> <tr> <td>BUN</td> <td></td> <td>7-22 mg/dl</td> </tr> <tr> <td>CA**</td> <td></td> <td>8.0-10.3 mg</td> </tr> <tr> <td>CHOL</td> <td></td> <td>100-200 mg</td> </tr> <tr> <td>CRE</td> <td></td> <td>0.6-1.2 mg/dl</td> </tr> <tr> <td>GLU</td> <td></td> <td>73-118 mg/dl</td> </tr> <tr> <td>TP</td> <td></td> <td>6.4-8.1 g/dl</td> </tr> </tbody> </table> | | | 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 | CHOL | | 100-200 mg | CRE | | 0.6-1.2 mg/dl | GLU | | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHOL | | 100-200 mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRE | | 0.6-1.2 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLU | | 73-118 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TP | | 6.4-8.1 g/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hct | 28.5 | 45-52% (M) 37-47% (F) | Bili | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCV | 87.1 | 80-94 fl(M) 81-99 fl(F) | Ket | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plt | 326 | 130-500 x 10 Verified | SG | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lymph % | 24.4 | 20.5-51.1% | Bld | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Hematology) Manual Diff | | | pH | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Segs | | | Prot | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bands | | | Urob | | 0.2-1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lymph | | | Nit | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Atyp | | | Leuk | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBC Morph | | | HCG | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sed Rate | | | TEST | RESULT | REF. RANGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | GLU | 105 | 73-118 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coagulation Studies | | | BUN | 15 | 7-22 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test | Result | Ref. Range | CRE | 1.1 | 0.6-1.2 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PT | | 9.8-13.6 secs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APTT | | 21-34 secs | NA* | 142 | 128-145 mmol/l | Malaria Smear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INR | | | K* | 3.9 | 3.3-4.7 mmol/l | Results: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | CL* | 101 | 98-108 mmol/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | CO2 | 26 | 18-33 mmol/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microscopic UA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Results: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reported by: | | | DATE: | | LAB ID NO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*MD anurupa
29 Sept*

MEDCOM - 7580

| | | | | | | | | |
|---------------------------------|-------------|---------------------------------|---|--------------|----------------|--|--------|---------------|
| Ward/Section: ICU | | | Requesting Physician: Dr (b)(6)-2 | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST FIRST MI (b)(6)-4 | | | 30 Sep 03 | | | TIME 0550 | | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 7.3 | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | 3.01 | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | 8.5 | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | 26.0 | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | 86.5 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | 384 | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | 30.1 | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 81 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 11 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 1.2 | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | 141 | 128-145 mmol/l | Results: | | |
| INR | | | K* | 2.9 # | 3.3-4.7 mmol/l | | | |
| | | | CL* | 105 | 98-108 mmol/l | | | |
| | | | CO2 | 29 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: (b)(6)-2 | | | DATE: 30 Sep 03 | | LAB ID NO: | | | |

MEDCOM - 7581

| | | | | | | | | |
|---------------------------------|---------------|---------------------------------|-------------------------------------|----------------|----------------|--|--------|----------------|
| Ward/Section: ICU | | | Requesting Physician: Dr. | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | |
| LAST, FIRST, MI | | | (b)(6)-2 | | | SSN/PSEUDO SSN (b)(6)-4 | | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Chemistry | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | 112 | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | 9 | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | 0.9 | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | 132 | 128-145 mmol/l | Results: | | |
| INR | | | K* | 4.3 | 3.3-4.7 mmol/l | | | |
| | | | CL* | 101 | 98-108 mmol/l | | | |
| | | | CO2 | 22 | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Repo (b)(6)-2 | DATE: 3/29/97 | | | LAB ID NO: 607 | | | | |

MEDCOM - 7582

ACU

Request

can: (b)(6)-2

LABORATORY RESULT FORM

(Subject to the Privacy Act of 1974)

(b)(6)-4

Date:

1 oct 03

Time:

0500

Patient #

(b)(6)-4



| Chemistry | | | Urinalysis | | | Hematology | | |
|-------------------|--------|------------------------|------------|--------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 102 | 73 - 118 mg/dL | Color | | N/A | WBC | 9.4 | 4.8 - 10.8 x 1E3 |
| BUN | 8 | 7 - 22 mg/dL | App | | N/A | RBC | 3.42 | 4.7 - 6.1 x 1E6 |
| Creat | 0.7 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 9.3 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 135 | 128 - 125 mmol/L | Bili | | Negative | Hct | 29.4 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.7 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 85.8 | 80 - 99 fL |
| Cl | 99 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 557 | 130 - 500 1E3 |
| tCO2 | 23 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 26.9 | 20.5 - 51.1 % |
| Chemistry (Z/L/F) | | | pH | | | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | Blood Gas | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

Additional Instructions:

Reported By (b)(6)-2

Date 01 oct 03

Lab ID #

MEDCOM - 7583

| Ward/Section: ICU | | | Req. # Dr. <small>(b)(6)-2</small> | | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | |
|--------------------------|------------|------------------------|---|--------|-------------------|--|--------|-----------------------------|
| Name: | | | Date: 7 Oct 23 | | Time: 1430 | Patient # <small>(b)(6)-4</small> | | |
| Chemistry (7) | | | Urinalysis | | | Hematology (CBC) | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 127 | 73 - 118 mg/dL | Color | | N/A | WBC | | 4.8 - 10.8 x 1E3 |
| BUN | 10 | 7 - 22 mg/dL | App | | N/A | RBC | | 4.7 - 6.1 x 1E6 |
| Creat | 1.1 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 136 | 128 - 125 mmol/L | Bili | | Negative | Hct | | 45 - 52% (M); 37 - 47% (F) |
| K | 3.7 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | | 80 - 99 fL |
| Cl | 104 | 98 - 108 mmol/L | SGav. | | N/A | Plt | | 130 - 500 1E3 |
| tCO2 | 23 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | | 20.5 - 51.1 % |
| Chemistry (21) | | | pH | | | Hematology (Manual Diff) | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Blood Gas | | |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |
| Additional Instructions: | | | | | | | | |
| <small>(b)(6)-2</small> | | | Date 10/2 | | Lab ID # | | | |
| MEDCOM - 7584 | | | | | | | | |

| | | | | | | | | |
|-------------------------------------|-------------|---|---------------------|------------------|--|-----------------------|--------|----------------|
| Ward/Section: <i>Jcu</i> | | Requesting Physician: <i>Dr. [b)(6)-2]</i> | | | Laboratory Result Form (Subject to the Privacy Act of 1974) | | | |
| LAST, FIRST, MI <i>[b)(6)-4]</i> | | DATE <i>2 Oct 03</i> | TIME <i>0500</i> | SSN/PSEUDO SSN: | | | | |
| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | <i>13.2</i> | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | <i>4.01</i> | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | <i>11.2</i> | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | <i>34.4</i> | 45-52% (M) 37-47% (F) | Bili | | Negative | Test | Result | Ref. Range |
| MCV | <i>85.6</i> | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | <i>670</i> | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | <i>25.6</i> | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET 7 | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | <i>130</i> | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | <i>11</i> | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | <i>1.1</i> | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear | | |
| APTT | | 21-34 secs | NA* | <i>137</i> | 128-145 mmol/l | Results: | | |
| INR | | | K* | <i>3.8</i> | 3.3-4.7 mmol/l | | | |
| | | | CL* | <i>102</i> | 98-108 mmol/l | | | |
| | | | CO2 | <i>23</i> | 18-33 mmol/l | | | |
| Microscopic UA | | | | | | | | |
| Results: | | | | | | | | |
| Remarks: | | | | | | | | |
| Reported by: | | <i>[b)(6)-2]</i> | DATE: | <i>02 Oct 03</i> | LAB ID NO: | | | |

MEDCOM - 7585

ICW

Requ

(b)(6)-2

Dr.

LABORATORY RESULT FORM

(Subject to the Privacy Act of 1974)

(b)(6)-4

Date: 3 Sep 2003

Time: 06:35

Patient #

| Chemistry | | | Urinalysis | | | Hematology (CBC) | | |
|------------------|--------|------------------------|------------|-----------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 160 | 73 - 118 mg/dL | Color | N/A | | WBC | 16.4 | 4.8 - 10.8 x 1E3 |
| BUN | 17 | 7 - 22 mg/dL | App | N/A | | RBC | 4.3 | 4.7 - 6.1 x 1E6 |
| Creat | 1.2 | 0.6 - 1.2 mg/dL | Glu | Negative | | Hgb | 12.1 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 137 | 128 - 125 mmol/L | Bili | Negative | | Hct | 36.6 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.9 | 3.3 - 4.7 mmol/L | Ket | Negative | | MCV | 85.1 | 80 - 99 fL |
| Cl | 104 | 98 - 108 mmol/L | SGav. | N/A | | Plt | 812 | 130 - 500 1E3 |
| CO2 | 28 | 18 - 33 mmol/L | Bld | Negative | | Lymph% | 22.2 | 20.5 - 51.1 % |
| Chemistry 12/LFT | | | pH | N/A | | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | Negative | | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | 0.2 - 1.0 | | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | Negative | | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | Negative | | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt Est |
| Bili | | 0.2 - 1.6 mg/dL | Blood Gas | | | Coagulation | | |
| P | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | | | |
| Other Chem | | | PCO2 | | 35 - 45: Art | | | |
| Proponin | | Negative | PO2 | | 80 - 105 | | | |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| K | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | SO2 | | 95 - 100% | | | |
| | | | UA Tox: | | Negative | | | |
| | | | HCG | | Negative | | | |
| | | | Gram Stain | | N/A | | | |

Additional Instructions:

(b)(6)-2

Date

09/02

Lab ID #

002

MEDCOM - 7586

Patient Name: **ICW** Physician: **Dr. [Redacted]** (b)(6)-2
 Subject to the Privacy Act of 1974
 Date: **04 Oct** Time: **0600** Patient # (b)(6)-4

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-----------------------------|--------|------------------------|------------|--------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 179* | 73 - 118 mg/dL | Color | | N/A | WBC | 12.9 | 4.8 - 10.8 x 1E3 |
| BUN | 14 | 7 - 22 mg/dL | App | | N/A | RBC | 4.10 | 4.7 - 6.1 x 1E6 |
| Creat | 1.2 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 11.4 | 14 - 18 g/dL (M); 12-16 (F) |
| Ca | 138 | 128 - 145 mmol/L | Bili | | Negative | Hct | 35.4 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.7 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 86.2 | 80 - 99 fL |
| Cl | 104 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 775* | 130 - 500 1E3 |
| CO2 | 29 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 23.7 | 20.5 - 51.1 % |
| Chemistry 12/LFT | | | pH | | N/A | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Bili | | 0.2 - 1.6 mg/dL | Blood Gas | | | Coagulation | | |
| CP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | Gram Stain | | N/A | | | |
| Other Chem | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| ILU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| K | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

Additional Instructions:

Reported By: **(b)(6)-2** Date: **04 Oct 05** Lab ID # _____
 MEDCOM - 7587

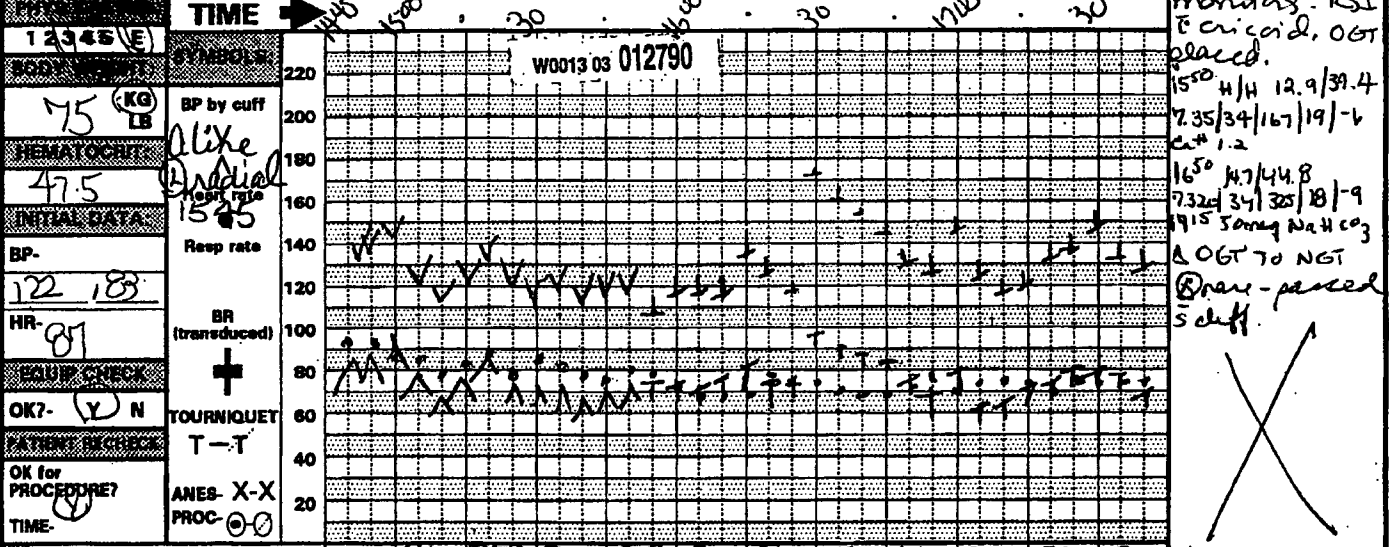
versed 1mg IV pre-op
Unasum 360

EDICAL RECORD - ANESTHESIA

For use on _____ form, see AR 40-66; the proponent agency is ti _____ G

| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/CC/MIL % = CONSTANT INFUSION | DRUG | UNIT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | TOTALS | TOTAL DRUG |
|---|---------------|------|----|-----|-----|----|----|----|-----|-----|----|----|--------|------------|
| | Pentium (mg) | 50 | 50 | | | | | | | | | | 400 | 400 |
| | Propofol (mg) | 20 | | | | | | | | | | | 20 | |
| | Sch Vec (mg) | 100 | | 5 | | 5 | | 5 | | | 2 | 2 | 100/19 | |
| | Atotalol (mg) | | | | 10 | | | | | | | | 5 | 700 |
| | Arise% a.t. | | .8 | 1.1 | 1.0 | .7 | .8 | .8 | 1.2 | 1.2 | .6 | .7 | 1.0 | |
| | AIR L/Min | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |
| | N2O L/Min | | | | | | | | | | | | | |
| | O2 L/Min | | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |

| EST BLOOD LOSS | REMARKS |
|----------------|---------|
| 300 | |
| 450 | |
| 600 | |
| 750 | |
| 900 | |
| 1050 | |
| 1200 | |
| 1350 | |
| 1500 | |
| 1650 | |
| 1800 | |
| 1950 | |
| 2100 | |
| 2250 | |
| 2400 | |
| 2550 | |
| 2700 | |
| 2850 | |
| 3000 | |



| VT - ml | 860 | 750 | 780 | 980 | 820 | 880 | 890 | 870 | 860 | 890 | 860 |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|
| f-breaths/min | 10 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Peak inf pres / PEEP | 16/3 | 15/3 | 18/3 | 19/3 | 20/3 | 21/3 | 21/4 | 20/4 | 20/3 | 21/3 | 20/3 |
| MODE - Spon, A, Assist, C (on) | S | C | C | C | C | C | C | C | C | C | C |
| BP/oth | 88 | 88 | 86 | 86 | 86 | 86 | 86 | 86 | 86 | 86 | 86 |
| FIO2 (Frac or %) | 100 | 99 | 99 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Satth-PC/ES | SRE | 1.4 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| ECG | SRE | 1.4 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| TEMP-site | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 |
| M-M Block (T/4) | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 |

EVENTS Position: pressure pils padded but eqv on taped a

PROCEDURES and CPT Codes: lap, colectomy I/O (Delbow)

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

PROCEDURE LOCATION: CR 1-1

DATE: 9/23/03

PAGE 1 OF 2

MEDICAL RECORD - ANESTHESIA

For use in _____ form, see AR 40-66; the proponent agency is the _____ G

| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - mg/kg/min, µg/min, or CONSTANT INFUSION | | | | | | | | | | TOTALS | TOTAL TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|-------|------|------|------|------|----|----|----|-----------------------------|--------------|--|-----|-------|-----|-----|-----------------|----|----|----|----|----|----|----------------------|------|------|------|---|---|---|---------------------------------|---|---|--|---|------------|-----|--------------|-----|-----------|-----|-----------------|-----|------------|------------------------------|------------|------------|-----|-----|-----|-----|----------|-----|-----|-----|-----|----|-----|----------------------|----|----|----|----|----|----|-----|----|----|----|----|----|----|-----------|------|------|------|------|------|------|----------------|----|--|--|--|--|--|---|--|-------------|-------|------|-----|------------|-------|-------|-----|
| Fentanyl (µg) | | | | | | | | | | 500 | TOTAL DRUGS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vecuronium (mg) | | | | | | | | | | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Propofol (mg) | | | | | | | | | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Esmolol (mg) | | | | | | | | | | 0.9 | TOTAL FLUIDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % del | | | | | | | | | | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N ₂ O L/Min | | | | | | | | | | CRYSTALLOID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O ₂ L/Min | | | | | | | | | | | | COLLOID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | | | | | BLOOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EST BLOOD LOSS (ml) | | | | | | | | | | REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE (ml) | | | | | | | | | | | | Code drugs with numbers, events with letters Cont. from pg 1 1750 250 cc 1830 250 cc 1910 Resp even et reg. TV 250cc Amnion reflexes intact. Opens eyes to verbal stim. Oral skin Ectopic E pas. pressure breath Spont resp resume Abundant Amnion Placed O ₂ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | | | | | | | | | | 1933 - Low resp per Dr H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">12</th> <th style="width: 5%;">3</th> <th style="width: 5%;">6</th> <th style="width: 5%;">9</th> <th style="width: 5%;">12</th> <th style="width: 5%;">15</th> <th style="width: 5%;">18</th> <th style="width: 5%;">21</th> <th style="width: 5%;">24</th> <th style="width: 5%;">27</th> <th style="width: 5%;">30</th> </tr> <tr> <td>75</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | | 12 | 3 | 6 | 9 | 12 | 15 | 18 | 21 | 24 | 27 | 30 | 75 | | | | | | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>BP by cuff</td> <td>V</td> </tr> <tr> <td>Heart rate</td> <td>160</td> </tr> <tr> <td>Resp rate</td> <td>140</td> </tr> <tr> <td>BR (transduced)</td> <td>100</td> </tr> <tr> <td>TOURNIQUET</td> <td>T-T</td> </tr> <tr> <td>ANES - X-X</td> <td>PROC - 0-0</td> </tr> </table> | | BP by cuff | V | Heart rate | 160 | Resp rate | 140 | BR (transduced) | 100 | TOURNIQUET | T-T | ANES - X-X | PROC - 0-0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 3 | 6 | 9 | 12 | 15 | 18 | 21 | 24 | 27 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP by cuff | V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart rate | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resp rate | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR (transduced) | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOURNIQUET | T-T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANES - X-X | PROC - 0-0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>MODE - S(pon), A(assist), C(on)</td> <td>C</td> <td>C</td> <td>C</td> <td>A</td> <td>A</td> <td>S S</td> </tr> <tr> <td>BP/Auto Cuff</td> <td>36</td> <td>39</td> <td>46</td> <td>53</td> <td>60</td> <td>60</td> </tr> <tr> <td>FiO₂ (Frac or %)</td> <td>.57</td> <td>.57</td> <td>.58</td> <td>.85</td> <td>.90</td> <td>.90</td> </tr> <tr> <td>ART line</td> <td>110</td> <td>100</td> <td>100</td> <td>100</td> <td>99</td> <td>100</td> </tr> <tr> <td>SpO₂ (%)</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> <tr> <td>ECG</td> <td>48</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> <td>52</td> </tr> <tr> <td>TEMP-site</td> <td>36.6</td> <td>36.6</td> <td>36.6</td> <td>36.7</td> <td>36.6</td> <td>36.6</td> </tr> <tr> <td>N-M Block (T4)</td> <td>94</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | ART line | 110 | 100 | 100 | 100 | 99 | 100 | SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | ECG | 48 | 52 | 52 | 52 | 52 | 52 | TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | N-M Block (T4) | 94 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RESPIRATORY</td> <td>Start</td> <td>Room</td> <td>End</td> </tr> <tr> <td>ANESTHESIA</td> <td>Ready</td> <td>Begin</td> <td>End</td> </tr> </table> | | RESPIRATORY | Start | Room | End | ANESTHESIA | Ready | Begin | End |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODE - S(pon), A(assist), C(on) | C | C | C | A | A | S S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BP/Auto Cuff | 36 | 39 | 46 | 53 | 60 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ (Frac or %) | .57 | .57 | .58 | .85 | .90 | .90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART line | 110 | 100 | 100 | 100 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpO ₂ (%) | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | 48 | 52 | 52 | 52 | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP-site | 36.6 | 36.6 | 36.6 | 36.7 | 36.6 | 36.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N-M Block (T4) | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY | Start | Room | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANESTHESIA | Ready | Begin | End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VT - ml</td> <td>150</td> <td>250</td> <td>350</td> <td>400</td> <td>400</td> <td>250</td> </tr> <tr> <td>f - breaths/min</td> <td>7</td> <td>8</td> <td>8</td> <td>20</td> <td>18</td> <td>18</td> </tr> <tr> <td>Peak Inf pres / PEEP</td> <td>20/3</td> <td>19/3</td> <td>19/3</td></tr></table> | | | | | | | | | | VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VT - ml | 150 | 250 | 350 | 400 | 400 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f - breaths/min | 7 | 8 | 8 | 20 | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peak Inf pres / PEEP | 20/3 | 19/3 | 19/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NYC
A40 ASATR CAD 9PM 1 hour Ago

MEDICAL RECORD - ANESTHESIA

For use of _____ Form, see AR 40-68; the proponent agency is the _____

| | | | | | | | | | | | | | | | | | | | |
|--|----------------|------|------|------|------|------|----|----|----|----|---------|----|----|----|----|----|----|--------|-----------------|
| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - IAG/ACCS/ML IF CONSTANT INFUSION | Vecoral (mg) | | | | | | | | | | | | | | | | | TOTALS | TOTAL DRUG |
| | Fentanyl (mcg) | 1000 | 50 | 50 | | | | | | | | | | | | | | 1000 | Min. |
| | STP (mg) | 200 | 200 | | | | | | | | | | | | | | | 200 | TOTAL SUM |
| | Sax/Novel (mg) | 100 | 10 | | | | | | | | | | | | | | | 100/10 | |
| | M50y (mg) | | | | | | | | | | 2,2,2,2 | | | | | | | 8mg | 400 |
| Fluid % del | X-2.0 | -1.7 | -1.5 | -1.5 | -1.0 | -0.8 | -X | | | | | | | | | | | | FLUID - SUMMARY |
| AIR L/Min | | | | | | | | | | | | | | | | | | | CRYSTALLOID - |
| N2O L/Min | | | | | | | | | | | | | | | | | | | LR 500 |
| O2 L/Min | X-8 | -2 | 2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | -2 | | COLLOID - |
| EST BLOOD LOSS | | | | | | | | | | | | | | | | | | | BLOOD X |
| URINE - | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-------------------|-------------|-----|-----|------|-----|-----|-----|------|-----|-----|-----|------|-----|
| 12345 E | TIME | 30 | 45 | 1000 | 15 | 30 | 45 | 1100 | 15 | 30 | 45 | 1000 | 15 |
| SYMBOLS: | BP | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 |
| HEMATOCRIT | 29.7 | | | | | | | | | | | | |
| INITIAL DATA | BP- | 144 | 138 | | | | | | | | | | |
| HR- | 112 | | | | | | | | | | | | |
| EQUIP CHECK | OK? - (Y) N | | | | | | | | | | | | |
| PATIENT RECHECK | T-T | | | | | | | | | | | | |
| OK for PROCEDURE? | Y/N | | | | | | | | | | | | |
| TIME | 0915 | | | | | | | | | | | | |

| | | | | | | | |
|--------------------------------|------------------|-------|-------|-------|-------|-------|-----|
| VT - ml | 720 | 750 | 720 | 730 | 800 | | |
| f - breaths/min | 10 | 10 | 10 | 10 | 6 | 15 | |
| Peak Inf pres / PEEP | 23 | 23 | 22 | 22 | 24 | | |
| MODE - S(pn), A(assist), C(on) | S/C | C | C | C | C | S | |
| BP/Auto Cuff | ET CO2 (torr) | 32 | 33 | 33 | 32 | 37 | 49 |
| BP/oth | FiO2 (Frac or %) | .86 | .86 | .85 | .85 | .85 | .85 |
| AIRT line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Depth - PC/ES | ECG | SR | ST | SR | SR | SR | SR |
| Temp Analyzer | TEMP - ekt Skin | 100.4 | 100.4 | 100.4 | 100.4 | 100.4 | |
| | MI-Block (T/4) | 3/4 | 3/4 | 3/4 | 3/4 | 3/4 | |

Mark with letters & symbols, explain under REMARKS

EVENTS → Arms (90°) secured on padded armboards

PROCEDURES and CPT Codes: I/D Washout @ elbow! H/O.

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

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments DLT 7.5/34

Visualized cords! Intubated @ 8.0 ETT @ 24cm @

1st, Bilets 85! ETCO2 X5 waves, EYES Taped

SURGEONS: [Redacted] (b)(6)-2

ANESTHETISTS: [Redacted] (b)(6)-2

PROCEDURE LOCATION: DR-1

DATE: 25 SEP 03

PAGE 1 OF

28 Sep 03

131 | 101 | 11 | 101
3-6 | 25 | 1-7

12.5 / 12.7 / 39.5 (387)

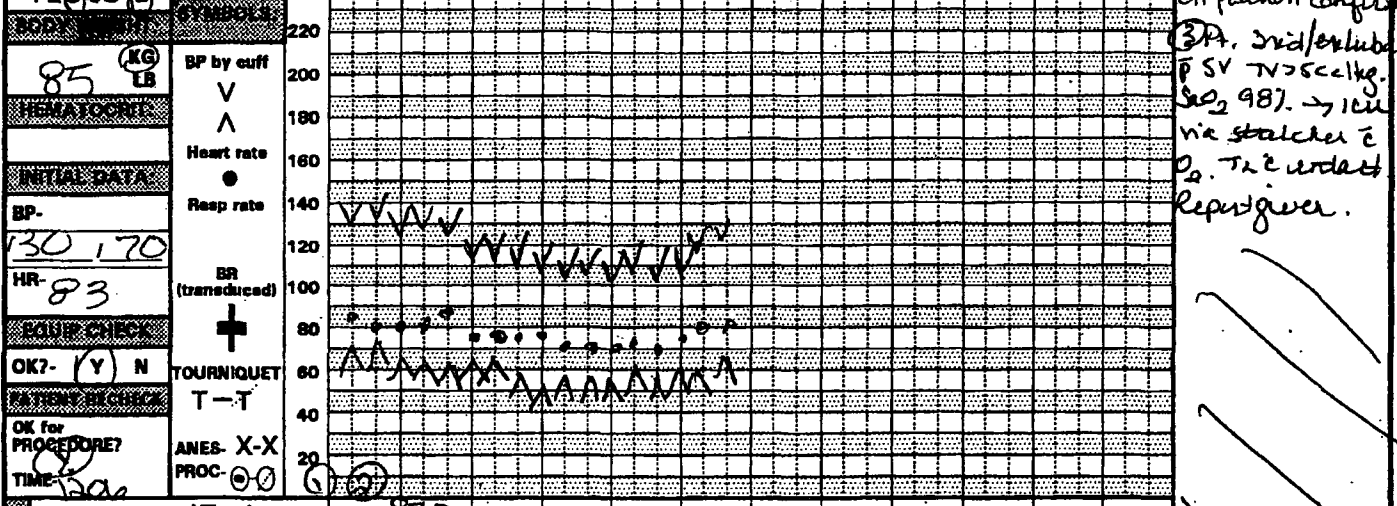
MEDICAL RECORD - ANESTHESIA

For use form, see AR 40-86; the proponent agency is SG

| CONTINUOUS REPEATED DRUGS STRENGTH UNITS - MG/MG/ML % of CONSTANT INFUSION | (min) | | | | | | | | TOTALS | STRAK |
|--|-------|-----|-----|-----|-----|-----|---|--|--------|-------|
| Vecsed (mg) | 12 | | | | | | | | | umc |
| remend (mg) | 50 | 100 | 100 | | | | | | | |
| omidate (mg) | 14 | 6 | | | | | | | | |
| sch (mg) | 100 | | | | | | | | | |
| mp4 (mg) | | | 3 | 2 | 3 | 2 | | | | 125 |
| reha (mg) | | | | 2 | | | | | | |
| % del | | | | | | | | | | |
| BWA % e.t. | | 1.0 | 2.3 | 2.3 | 1.7 | 1.0 | | | | |
| AIR L/Min | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | |
| O2 L/Min | 8 | 2 | 1.5 | 1.5 | 1.3 | 1.5 | 8 | | | |

| LINE | Site | Warmed | REMARKS |
|------|-------|---------------------------------|-----------------|
| LR | ↑ 900 | <input type="checkbox"/> Warmed | 100 → 300 → 400 |
| | | <input type="checkbox"/> Warmed | |
| | | <input type="checkbox"/> Warmed | |
| | | <input type="checkbox"/> Warmed | |

EST BLOOD LOSS _____ URINE - _____



| VT - ml | f - breaths/min | Peak Inf pres / PEEP | MODE - S(pon), A(aset), C(on) | BP/Auto Cuff | ET CO2 (ton) | SpO2 (Frac or %) | ART line | SpO2 (%) | ECG | TEMP-site | ANES - X-X | PROC |
|---------|-----------------|----------------------|-------------------------------|--------------|--------------|------------------|----------|----------|-----|-----------|------------|------|
| 810 | 19 | 21/3 | S | X | 30 | 91 | X | 100 | SR | 98.6 | X-X | 00 |
| | 19 | | S | | 34 | 91 | | 100 | SR | 98.6 | | |
| | 15 | | S | | 34 | 91 | | 100 | SR | 98.6 | | |
| | 15 | | S | | 37 | 91 | | 100 | SR | 98.6 | | |
| | 16 | | S | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS. **EVENTS** Position → pressure pts padded BUE < 90 on airboard on used a ventilation

PROCEDURES and CPT Codes: F/S closure abd. wounds

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
LDV 4i allamp mac 4 #80 ET #23cm @ 2 lip @ 385

SURGEONS: (b)(6)-2

PROCEDURE LOCATION: OR-1

DATE: 9/28/03

PAGE | **OF** |

PRE-ANESTHESIA AND POST-ANESTHESIA EVALUATION

AGE: 64 HRS DAYS MOS YRS SEX: M MALE () FEMALE

ASA PHYSICAL STATUS 1 2 3 4 5 E
 WEIGHT: 75 (KG) LB HEIGHT: 68 IN.
 ALLERGIES: NKA

PROPOSED PROCEDURE: _____ SURGICAL SERVICE: C.S.

| | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|-------|------|-----|----|--|--|--|----|--|--|--|----|
| <p>HABITS: TOBACCO: <u>(-)</u> ETOH: _____ DRUGS: _____</p> <p>CURRENT MEDICATIONS: () = ordered as premed () _____ () _____ () _____ () _____ () _____</p> <p>PREMEDICATION: None Yes (@ _____ Hrs) / OC _____ mg IV IM PO _____ mg IV IM PO _____ mg IV IM PO</p> <p>LABORATORY STUDIES: HBA/HCT: _____ UA: _____ OTHER: _____</p> <p><u>16.9</u> > <u>15.4</u> / <u>475</u> < <u>281</u></p> <p><u>43</u> <u>113</u> <u>21</u> <u>3.7</u> <u>21</u> <u>1.4</u></p> | <p style="text-align: center;">PREDOPERATIVE ASSESSMENT</p> <p>PAST MEDICAL HISTORY/SYSTEMS REVIEW</p> <table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> Cardiovascular: Pulmonary System: Renal System: Gastrointestinal: Endocrine System: Neurological: Gynecological: Other Significant Hx: Familial Hx </td> <td style="vertical-align: top;"> Hypertension N <u>Y</u> Angina N <u>Y</u> MI N <u>Y</u> CVA N <u>Y</u> Other N <u>Y</u> Asthma N <u>Y</u> Bronchitis/URI N <u>Y</u> COPD N <u>Y</u> Other N <u>Y</u> Acute/Chronic RR N <u>Y</u> Hepatitis N <u>Y</u> Hiatal Hernia N <u>Y</u> PUD N <u>Y</u> Diabetes N <u>Y</u> Steroids N <u>Y</u> Thyroid N <u>Y</u> Seizures N <u>Y</u> Neuropathy N <u>Y</u> Other N <u>Y</u> Pregnancy N <u>Y</u> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><u>2nd WNL</u></p> <p><u>(+CAD)</u></p> <p><u>(10 yrs ago (infarct))</u></p> <p><u>per</u></p> <p><u>interplectus</u></p> </td> </tr> </table> | Cardiovascular: Pulmonary System: Renal System: Gastrointestinal: Endocrine System: Neurological: Gynecological: Other Significant Hx: Familial Hx | Hypertension N <u>Y</u> Angina N <u>Y</u> MI N <u>Y</u> CVA N <u>Y</u> Other N <u>Y</u> Asthma N <u>Y</u> Bronchitis/URI N <u>Y</u> COPD N <u>Y</u> Other N <u>Y</u> Acute/Chronic RR N <u>Y</u> Hepatitis N <u>Y</u> Hiatal Hernia N <u>Y</u> PUD N <u>Y</u> Diabetes N <u>Y</u> Steroids N <u>Y</u> Thyroid N <u>Y</u> Seizures N <u>Y</u> Neuropathy N <u>Y</u> Other N <u>Y</u> Pregnancy N <u>Y</u> | <p><u>2nd WNL</u></p> <p><u>(+CAD)</u></p> <p><u>(10 yrs ago (infarct))</u></p> <p><u>per</u></p> <p><u>interplectus</u></p> | <p>PAST SURGICAL/ANESTHETIC HISTORY</p> <p>PHYSICAL EXAMINATION BP <u>120/83</u> HR <u>87</u> RESP <u>20</u> HEENT - Teeth: <u>edentulous</u> Trachea: <u>midline</u> TMJ/Neck: <u>normal</u> <u>from</u> Oropharynx: <u>3/3 MA</u> Name: _____</p> <p>CHEST: _____ CARDIAC: <u>ECG 10 AVB</u> EXTREMITIES: <u>Q WAVE S-T II IV</u> IV Access: <u>#1816 IX 2 (R)A</u> Ulnar Filling: _____</p> <p>BACK: _____</p> <p>OTHER: _____</p> <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:25%;">7.311</td> <td style="width:25%;">44.4</td> <td style="width:25%;">196</td> <td style="width:25%;">22</td> </tr> <tr> <td></td> <td></td> <td></td> <td>62</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-4</td> </tr> </table> | 7.311 | 44.4 | 196 | 22 | | | | 62 | | | | -4 |
| Cardiovascular: Pulmonary System: Renal System: Gastrointestinal: Endocrine System: Neurological: Gynecological: Other Significant Hx: Familial Hx | Hypertension N <u>Y</u> Angina N <u>Y</u> MI N <u>Y</u> CVA N <u>Y</u> Other N <u>Y</u> Asthma N <u>Y</u> Bronchitis/URI N <u>Y</u> COPD N <u>Y</u> Other N <u>Y</u> Acute/Chronic RR N <u>Y</u> Hepatitis N <u>Y</u> Hiatal Hernia N <u>Y</u> PUD N <u>Y</u> Diabetes N <u>Y</u> Steroids N <u>Y</u> Thyroid N <u>Y</u> Seizures N <u>Y</u> Neuropathy N <u>Y</u> Other N <u>Y</u> Pregnancy N <u>Y</u> | <p><u>2nd WNL</u></p> <p><u>(+CAD)</u></p> <p><u>(10 yrs ago (infarct))</u></p> <p><u>per</u></p> <p><u>interplectus</u></p> | | | | | | | | | | | | | | | |
| 7.311 | 44.4 | 196 | 22 | | | | | | | | | | | | | | |
| | | | 62 | | | | | | | | | | | | | | |
| | | | -4 | | | | | | | | | | | | | | |

ANESTHETIC PLAN: Local MAC - Regional (Specify): _____ General: Mask Intubation

INFORMED CONSENT/COUNSELLING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.
 The patient/legal guardian understands the risks. Question (b)(6)-2
 Signature: CPT C. C. AN CRNA DATE: 9/23/13 TIME: 1445 Hrs

| | |
|---|--|
| <p>CONDITION UPON ARRIVAL TO P.A.R.R.</p> <p>VITAL SIGNS: BP _____ HR _____ RESP _____ SuO₂ _____</p> <p>RESP STATUS: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Cont'd</p> <p>MENTAL STATUS: <input type="checkbox"/> Awake <input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Asleep</p> <p><input type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive Block Level _____</p> <p>REPORT GIVEN: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>POST-ANESTHESIA EVALUATION AND NOTE</p> <p><input checked="" type="checkbox"/> NO APPARENT ANESTHETIC COMPLICATIONS <input type="checkbox"/> OTHER _____</p> <p>(b)(6)-2</p> <p>DATE: <u>9/24/13</u> TIME: <u>1217</u> Hrs</p> |
|---|--|

PATIENT IDENTIFICATION: (Ward: _____)

(b)(6)-4


MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

| | | |
|---|---|---|
| COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____ | TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH | REQUESTING PHYSICIAN (Print) (b)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE GSW |
| | DATE REQUESTED DATE AND HOUR REQUIRED | I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. |
| VOLUME REQUESTED (if applicable) _____ ML | KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) | SIGNATURE OF VERIFIER SEE PREVIOUS |
| REMARKS: | IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____ | DATE VERIFIED SF 518 TIME VERIFIED |

SECTION II - PRE-TRANSFUSION TESTING

| | | | |
|---|--|---|--|
|  W0013 03 012790 LA | TRANSFUSION NO. <i>blej-4</i> PATIENT NO. <i>[REDACTED]</i> | TEST INTERPRETATION ANTIBODY SCREEN <i>N/A</i> CROSSMATCH <i>COMP</i> | PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 |
| | DONOR ABO <i>A</i> Rh <i>POS</i> | RECIPIENT ABO <i>A</i> Rh <i>POS</i> | <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: <i>Exp 24 SEP 03</i> |

SECTION III - RECORD OF TRANSFUSION

| | | | | |
|---|--|---|----------------------------|--------------------|
| PRE-TRANSFUSION DATA (b)(6)-2 AT (Hour) <i>1534</i> ON (Date) <i>23 Sep 03</i> | | POST-TRANSFUSION DATA AMOUNT GIVEN <i>355</i> ML TIME/DATE COMPLETED/INTERRUPTED <i>9/23/03 1650</i> | | |
| IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. | | REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED | TEMPERATURE <i>98.6</i> | PULSE <i>77</i> |
| (b)(6)-2 <i>CM/CMX</i> | | BLOOD PRESSURE <i>143/60</i> | | |
| (b)(6)-2 <i>CM/CMX</i> | | DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____ | | |
| TEMP. <i>99.6</i> PULSE _____ BP <i>105/61</i> | | OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ | | |
| DATE OF TRANSFUSION <i>9/23/03</i> TIME STARTED <i>1650</i> | | SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 | | |
| PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) | | SEX <i>M</i> | WARD <i>EMT</i> | |

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 7593

Medical Record Copy

RADIOLOGIC CONSULTATION REQUEST

PATIENTS NAME: (b)(6)-4

SSN: # [REDACTED]

UNIT: EMT

PROVIDER/ CLINIC: EMT (b)(6)-2

DATE REQUESTED: 23 SEP 03

EXAMINATION REQUESTED:

PCR
ADD.
② elbow

SPECIFIC REASON(S) FOR REQUEST:

RADIOLOGIC REPORT:

3x4 Simultaneous Report

Name: (b)(6)
Number: (b)(6)
Sex: Male
Date of Birth: 9/23/1939 (64 years)
Height/Weight: 69in / 165lb
Recorded: 9/23/2003 9:17:47 PM
Device: CL 131127

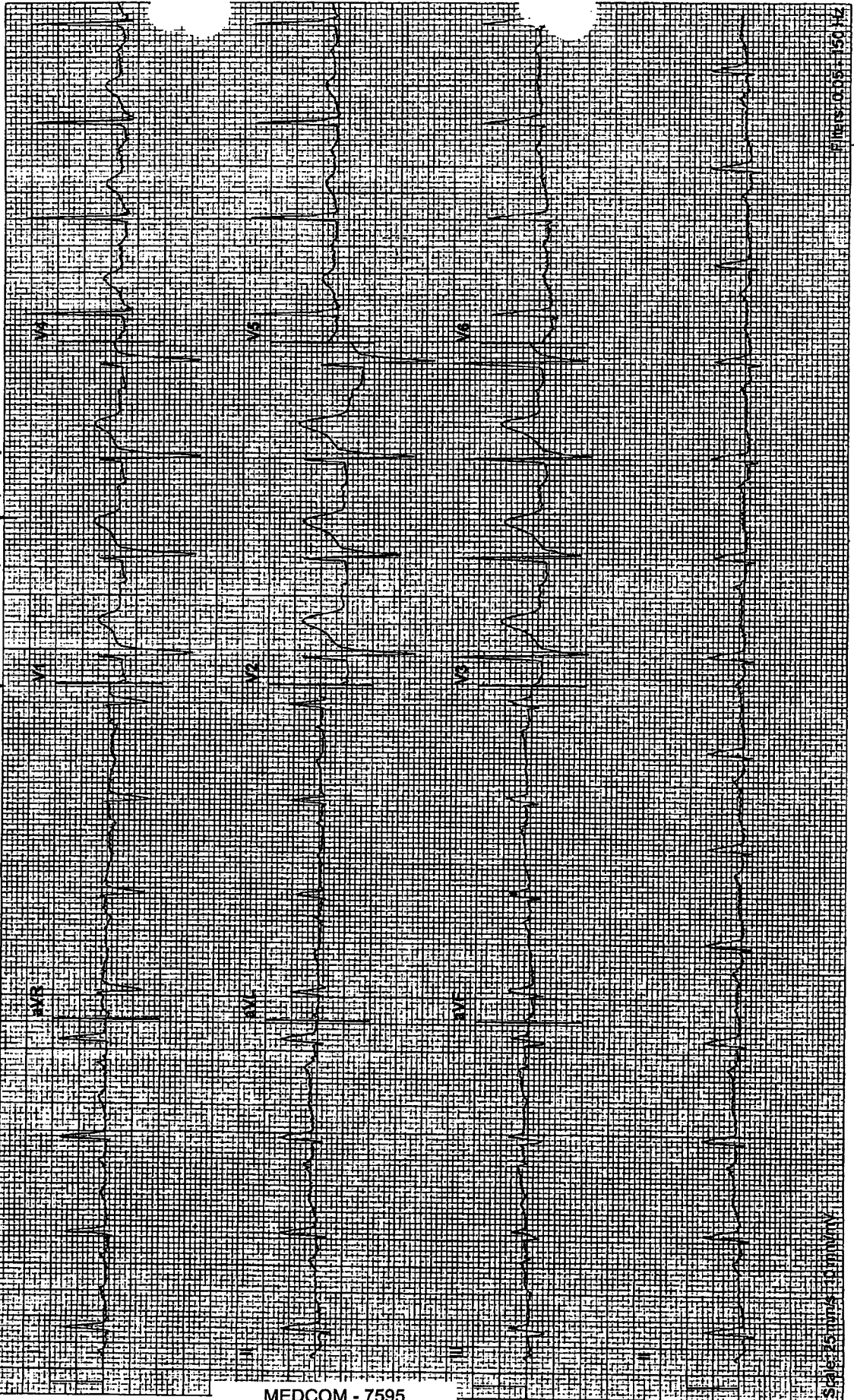
Measurements
Heart Rate: 83 bpm
P Duration: 142 ms
PR Interval: 218 ms
QRS Duration: 102 ms
QT Interval: 380 ms
QTc Interval: 448 ms
P, QRS, T Axis: 41°, 11°, 10°

Interpretation (Unconfirmed)
Sinus rhythm with 1st degree AV block
Inferoposterior infarction - cannot be ruled-out
Possible ischemic ST-T changes in posterior leads

NSIVCD
NSST-T

None No prod.

(b)(6)-2
N.C.
CFC MC



MEDCOM - 7595

Scale: 25 mm / 10 mV

Paper: 10.15 / 150 Hz

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | | | |
|------------------------------------|--|--|---|-----------------------|--------------------------------|
| PATIENT IDENTIFICATION (b)(6)-2 | | | DATE OF ORDER 23 Sept 03 | TIME OF ORDER 1900 | LIST TIME ORDER NOTED AND SIGN |
| | | | | HOURS | |
| | | | (1) ECG (2) DC SP 84 LAP/Transverse colon w/ Acromioclavicular JTD - tubular w/ 2 yellow warts (3) Card - Stable, NKDA | | |

| | | | | | |
|---------------|----------|---------|---|---------------|-------|
| RESIDING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | (4) VS 1, I+D, MONTON, (b)(6)-2, Pulse 70 (5) Act Bed to table | | |

| | | | | | |
|------------------------|--|--|--|---------------|-------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | (6) NPO (7) O2 10L Face Mask - titrate to Keep SpO2 > 92% (8) IV LR TRA 125 cc/hour (9) LINASYN 3 grams IV PB q 6 ^h 02-08p14-10 | | |

| | | | | | |
|---------------|----------|---------|---|---------------|-------|
| RESIDING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | (10) MORPHINE 02-6mg IV q 2 PM/PRN (11) TORADOL 15mg IV q 6 ^h | | |

| | | | | | |
|------------------------|--|--|--|---------------|-------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | (12) ZANTAC 50mg IV q 8 ^h (13) UPON ARRIVAL - CBC, Chem 8, FSG (14) CBC, Chem 8 q AM (15) FS Blood Sugar q 4 ^h → see SST (16) TCDB q 1 ^h , INCONTINENT SPIROMETRY | | |

| | | | | | |
|---------------|----------|---------|---|---------------|-------|
| RESIDING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | (17) Call MD for T 7101 ^o , P < 60 ^h (18) Foley q 4 ^h | | |

| | | | | | |
|------------------------|--|--|---|---------------|-------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | (19) SAP < 100 ^h , 2140 ^h UO 230cc/hour; SA 292 ^h (20) Foley q 4 ^h (21) NGT < LS | | |

| | | | | | |
|---------------|----------|---------|------------------------------------|---------------|-------|
| RESIDING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | | | |
| | | | 29 ^o Chest ✓ 23 Sept 03 | | |

FORM 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.
 MEDCOM - 7596

noted 23 Sept 03
 (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 | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---|---------------|--|
| [Redacted] (b)(6)-4 | | | 23 Sep 03 | 1930 HOURS | [Redacted] (b)(6)-2 [Redacted] (b)(6)-2 |
| | | | (1) Metoprolol 5mg IV P x 1 now. May repeat x 11 doses if needed to keep HR < 100. (2) Metoprolol 5mg IV P q 6. | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | 23 Sept 03 | 2055 HOURS | [Redacted] (b)(6)-2 [Redacted] (b)(6)-2 |
| | | | (1) NG to L/S VO! Dr [Redacted] (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | 23 Sept 03 | 2300 HOURS | [Redacted] (b)(6)-2 [Redacted] (b)(6)-2 |
| | | | (1) Give 1000 cc LR Now, VO! Dr [Redacted] (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | 24 Sept 03 | 0514 HOURS | [Redacted] (b)(6)-2 [Redacted] (b)(6)-2 |
| | | | (1) Give Bolus LR 1000cc [Redacted] (b)(6)-2 VO! Dr [Redacted] (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] (b)(6)-2 | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 7597

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|--|--------------------------|---|
| (b)(6)-4 | | | 24 SEPT 03 | 0640 HOURS | Noted D45425 02/07/04 (b)(6)-2 |
| | | | ① HESPAIN 500 cc IV bolus | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 | MD |
| | | | | MAJ MC USA CHIEF, DOS | |
| (b)(6)-4 | | | 24 Sept 03 | 0710 HOURS | Noted D45425 (b)(6)-2 |
| | | | ① Parb Ctl for line placement | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 | MD |
| | | | | MAJ MC USA CHIEF, DOS | |
| (b)(6)-4 | | | 24 Sept 03 | 1710 HOURS | Noted @ 1900 154 IV (b)(6)-2 |
| | | | ① THORAZINS 25mg IV ② try line ICE clip ③ FS BG q 8. | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 | MD |
| | | | | MAJ MC USA CHIEF, DOS | |
| (b)(6)-4 | | | 24 Sep 03 | 1900 HOURS | Noted (b)(6)-2 |
| | | | ① Bumadyl 50mg IV XT now. May repeat again XT if not effective. | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 | MD |
| | | | | MAJ MC USA CHIEF, DOS | |
| (b)(6)-4 | | | 24 Sep 03 | 2230 HOURS | Noted (b)(6)-2 |
| | | | ① Ambien 5mg PO XT now. | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 | MD |
| | | | | MAJ MC USA CHIEF, DOS | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7599

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN | | | | |
|------------------------|----------|---------|---------------|---|--------------------------------|---|---|---|--|
| (b)(6)-4 | | | 25 SEP 73 | 1120 | (b)(6)-2 | | | | |
| | | | ↓ | | | | | | |
| | | | ① | To ICU - Dr [redacted] (b)(6)-2 | | | | | |
| | | | ② | IV - SP Wound. W/ [redacted] - Close Monitor Arm, (L) ELBOW | | | | | |
| | | | ③ | cont - stable NKA | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | | | | | |
| | | | | | (b)(6)-2 | | | | |
| | | | ④ | DIET - NPO | | | | | |
| | | | ⑤ | O2 - 10L Face Mask - TITRATE TO Keep Sat 92% | | | | | |
| | | | ⑥ | UNASYN 3gms IV q 6h | | | | | |
| | | | ⑦ | MORPHINE 2-6mg IV q 2h PRN | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | | | | | |
| | | | | | (b)(6)-2 | | | | |
| | | | ⑧ | ZANTAC 50mg IV q 8h | | | | | |
| | | | ⑨ | ⑩ | | ⑪ | ⑫ | ⑬ | |
| | | | ⑭ | ⑮ | | ⑯ | ⑰ | ⑱ | |
| | | | ⑲ | ⑳ | | ㉑ | ㉒ | ㉓ | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | | | | | |
| | | | | | (b)(6)-2 | | | | |
| | | | ㉔ | IV LR TRA 175cc/hour | | | | | |
| | | | ㉕ | Cole MD 7101, DLGO 7100, SPP 4100, 7140, UO < 30cc/hr Sat 92% | | | | | |
| | | | ㉖ | Phentolamine 25mg IV q 4h PRN | | | | | |
| | | | ㉗ | | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE
MEDCOM - 7600

MAIL MC USA
CROSS DOB

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---|---------------------------------------|--------------------------------|
| (b)(6)-4 | | | 25 Sep 03 | 2320 HOURS | |
| | | | ① 5mg Valium IV x1 Now ② restraints applied as needed. | V.O.D. (b)(6)-2 (b)(6)-2 147 AW | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | 2nd Clout v 26 Sep 03 (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| NURSING UNIT | | | ROOM NO. | BED NO. | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| NURSING UNIT | | | ROOM NO. | BED NO. | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| NURSING UNIT | | | ROOM NO. | BED NO. | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 68 WHICH MAY BE USED.
MEDCOM - 7601

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|--|---------------|--------------------------------|
| (b)(6)-4 | | | 25 Sept 03 | 1400 HOURS | |
| | | | ① HALOPERIDOL 5mg IM <i>in</i> and q 8 PM / <i>ACTIVATION</i> | | |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE | TIME OF ORDER | |
| | | | 25 Sept 03 | 2100 HOURS | |
| | | | ① Ambis 5mg PO For Sleep <i>N</i> | | |
| | | | vlo: Dr (b)(6)-2 | | |
| | | | 24 th check 26 Sept 03 @ 0155 <i>N</i> | | |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 26 SEPT 03 | 1155 HOURS | |
| | | | ① DC ^{no} Atenolol 5mg IV Lopressor | | <i>noted</i> |
| | | | ② Atenolol 50mg PO BID | | <i>26 Sept</i> |
| | | | vlo: Dr Hodges, Mchale, CPT, HSC | | (b)(6)-2 |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 26 Sep 03 | 1500 HOURS | |
| | | | ① Thiazine 25mg W pm for <i>hiccup</i> | | <i>noted</i> |
| | | | (b)(6)-2 | | <i>1900 26 Sep</i> |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | (b)(6)-2 | | |
| | | | 2 1st IV 26 Sept 03 @ 1900 | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF

USED.

MEDCOM - 7602

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| | | | | | |
|----------------------------|----------|---------|--|-----------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER 26 Sep 2003 | TIME OF ORDER 1700 HOURS | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | (1) Give Haldol 5mg IM q 4h now V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2 | | |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER 26 Sept 2003 | TIME OF ORDER 1655 HOURS | |
| 26 Sep 2003 @ 1700 26 V | | | (1) D.I.C. W Fluids (2) Fluph II Q 8 V.O. Dr. (b)(6)-2 | | |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER 26 Sep 03 | TIME OF ORDER 1715 HOURS | |
| 26 Sep 2003 @ 1700 26 V | | | (1) Sedation cocktail: Morphine 2mg IV x 1 now / PO Haldol 10mg IV x 1 now. (If no response in 30mins - double dose) Benadryl 50mg po x 1 now. LHS | | |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER 26 Sep 03 | TIME OF ORDER 2300 HOURS | noted |
| | | | 1mg IV x 1 now and titrate to reduce agitation as needed. V.O. Dr. (b)(6)-2 | | |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | 26 V 27 Sep 03 @ 2000 | | |

DA FORM 1 APR 79 **4256**

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE U

MEDCOM - 7603

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| | | | | | |
|--|----------|---------|---------------|---|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 27 Sep 03 | 0930 HOURS | |
| TRANSCRIBED 9/27/03 1009 27 Sept 2003 | | | ① | D/C Thorazine | |
| | | | ② | Sedation cocktail when needed: Lorazepam 4mg po. Haldol 15mg IV. Bonadryl 50mg po. may repeat in 3-4 ^h if not effective. | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|-----------------------------|----------|---------|---------------|---------------------------|--|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-2 | | | 27 Sep 03 | 1400 HOURS | |
| Verified 27 Sept 1700 | | | ① | A SS Insulin route to SQ. | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|-----------------------------|----------|---------|---------------|--------------------------|--|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-2 | | | 27 Sept 03 | 1430 HOURS | |
| Verified 27 Sept 1700 | | | Dr (b)(6)-2 | | |
| | | | ① | KUB | |
| | | | ② | Toradol 30mg IV x 1 now. | |
| | | | | Taken by (b)(6)-2 CPT | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|-----------------------------|----------|---------|---------------|-----------------------------------|--|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-2 | | | 27 Sept 03 | 1915 HOURS | |
| Verified 27 Sept 1700 | | | Dr (b)(6)-2 | | |
| | | | ① | A Diet to sips in chips | |
| | | | ② | IVF's LR @ 200cc/hr while asleep. | |
| | | | | V.O.A (b)(6)-2 | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7604

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|----------|---------|---|---------------|--------------------------------|
| (b)(6)-4 | (b)(6)-2 | | 28 Sept 03 | 0800 HOURS | |
| <i>Benford</i> <i>0945</i> <i>28 Sept 03</i> | | | v0 Dr (b)(6)-2 (1) Vital signs taken by (b)(6)-2 | 04° | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1969 O-710 MEDCOM - 7605

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| | | | | | |
|------------------------|----------|---------|---------------|--------------------------------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 28 Sept 83 | 1330 | |
| | | | ↓ | (b)(6)-2 | |
| | | | ① | → LLM Dr | ✓ |
| | | | ② | Dr - SP (b)(6)-2 | ✓ |
| | | | ③ | Cml, 800mg | NRDA ✓ |
| | | | ④ | N594, 10, Pulmicort, Nasal | |
| | | | ⑤ | Act-Upon in Chri / Antibiotic | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | ⑥ | W/ Antitussive QID | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | ⑦ | IV LR TRA 100cc/h | |
| | | | ⑧ | SSI - FSBS, 9 8° | |
| | | | ⑨ | Foley to gravity | |
| | | | ⑩ | UNISYN 3 gm QUPB 9 6° | |
| | | | ⑪ | CBC, chem 7 9 AM | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | ⑫ | Durolax 10mg qd - TPR | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| Lumphead 1500 | | | | | |
| 28 Sept 83 | | | ⑬ | Solista cocktail PRN | |
| | | | ⑭ | LORAZEPAM 4mg po | |
| | | | | HALDOL 15mg IV | |
| | | | | BENADRYL 50mg po | |
| | | | | MAY RESPIT 2 4° HE NOT EFFECTIVE | |
| | | | ⑮ | ATEVMOLOL 50mg TID BID | |
| | | | ⑯ | TCD 9 1° INJECTAS SPIRO 10-20x/h | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | ⑰ | Notep MD h - T 7 101° P 2 602 | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | ⑱ | 2 100, SBPC 1000 7 150' U/L < 30cc/h | |
| | | | | 20 2 920, U/L < 30cc/h | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | (b)(6)-2 | (b)(6)-2 | MD |
| | | | | | MAIC USA |
| | | | | | CERT, DOS |
| | | | (b)(6)-2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF PAGE 17, WHICH MAY BE USED.

MEDCOM - 7606

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---|------------------|--------------------------------|
| [Redacted] | | | 28 Sept | 1600 HOURS | |
| [Redacted] | | | VO Dr [Redacted] | | |
| [Redacted] | | | ① Zantac 50 mg IV q 8 ^o | | |
| [Redacted] | | | ② Toradol 15 mg IV q 6 ^o | | |
| [Redacted] | | | ③ MSO ₂ 2.6 mg IV q 2 ^o PRN pain | | |
| [Redacted] | | | ④ Phenergan 25 mg IV q 4 ^o PRN nausea | | |
| [Redacted] | | | ⑤ Versed 0.1 mg IV titrate to reduce agitation PRN | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| [Redacted] | | | [Redacted] | [Redacted] HOURS | |
| [Redacted] | | | Abandon DR [Redacted] | | |
| [Redacted] | | | ① Bolus 500cc then 200cc/hr. | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| [Redacted] | | | 28 Sept 2003 | 1700 HOURS | |
| [Redacted] | | | VO Dr [Redacted] | | |
| [Redacted] | | | ① Fluids Enrich & [Redacted] | | |
| [Redacted] | | | [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| [Redacted] | | | 29 Sep 03 | 1945 HOURS | |
| [Redacted] | | | ① increase Toradol dose to 30mg q 6 ^o for pain | | |
| [Redacted] | | | ② hold morphine for now | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7607

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.

(b)(6)-4

| | | | | | | |
|------------------------|---|-----------|---------------|------|-------|--------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | 29 Sep 03 | TIME OF ORDER | 2100 | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | ① Tylenol 1000mg po q 6 ^h PRN Pain V.O. Dr. [Redacted] | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | | |

| | | | | | | |
|------------------------|--|-----------|---------------|------|-------|--------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | 30 Sep 03 | TIME OF ORDER | 0830 | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | ① D/c Foley. ② KCl liquid 20mEq (20mEq/15ml) 60ml po now + then again in 4 ^h ③ D/c Toradol. ④ Repeat chon 7 @ 1500. | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | | |

| | | | | | | |
|------------------------|--|---------|---------------|------|-------|--------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | 30 Sep | TIME OF ORDER | 0900 | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | Change KCl to 40mEq KCl in 100cc NSS q 4h over 4 hours to V.O. Dr. [Redacted] | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | | |

| | | | | | | |
|------------------------|---|-----------|---------------|------|-------|--------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | 30 Sep 03 | TIME OF ORDER | 2248 | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | ① Flat & Upright Abd X-ray V.O. Dr. [Redacted] | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | | |

| | | | | | | |
|--------------|----------|---------|------------|--|--|--|
| NURSING UNIT | ROOM NO. | BED NO. | [Redacted] | | | |
|--------------|----------|---------|------------|--|--|--|

DA FORM 4256 APR 79

MEDCOM - 7608

... 77, WHICH MAY BE

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---------------------------------|---------------|--------------------------------|
| (b)(6)-4 | | | 1 Oct 03 | 0152 HOURS | |
| | | | ① P/c Valproate W/ V.P. Dr | | (b)(6)-2 |
| | | | (b)(6)-2 | | (b)(6)-2 |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 1 Oct 03 | 0155 HOURS | |
| | | | ① ↓ W/ Fluids to TKO | | (b)(6)-2 |
| | | | V.O. Dr | | (b)(6)-2 |
| | | | (b)(6)-2 | | (b)(6)-2 |
| | | | | | noted 1 Oct 03 @ 0200 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 1 Oct 2003 | 0930 HOURS | |
| | | | ① P/c Triple Level Catheter | | (b)(6)-2 |
| | | | ② Change Zantac to 150mg po BID | | (b)(6)-2 |
| | | | V.O. Dr | | (b)(6)-2 |
| | | | (b)(6)-2 | | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 2 Oct 03 | 0245 HOURS | |
| | | | P/c Fingertide and Sildig | | (b)(6)-2 |
| | | | Seale Iron | | (b)(6)-2 |
| | | | J.O. Dr | | (b)(6)-2 |
| | | | (b)(6)-2 | | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 04 Oct 03 | 1000 HOURS | |
| | | | ① P/c Labs. | | (b)(6)-2 |
| | | | (b)(6)-2 | | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 1 APR 79

MEDCOM - 7609

1 MAY

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|----------|---------|--|---------------|--------------------------------|
| (b)(6)-4 <i>Noted 2000 DOCTOR</i> (b)(6)-2 | | | 2 Oct 2003 (b) Transfer to ICU (b) Resume previous orders V.O. Dr. (b)(6)-2 | 1500 HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| (b)(6)-4 <i>Noted 11/27/03</i> (b)(6)-2 | | | 04 Oct 2003 DC to MP country | 1120 HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 (b)(6)-2 MD MARY MC USA CHIEF, DOS | | |
| (b)(6)-4 | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| (b)(6)-4 | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLA MEDCOM - 7610 WHICH MAY BE USED.

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | |
|----------------------|--------------|---|----|----------------|----|----|---------------|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | |
| 23 Sep 03 | (b)(6)-2 | VS q1, I & O, monitor | 16 | 23 | 24 | 25 | |
| | | A-line, pulse ox | 18 | | | | |
| 23 Sep 03 | | Act: Bedrest today | 06 | | | | |
| | | | 18 | | | | |
| 23 Sep 03 | (b)(6)-2 | NPO | 06 | | | | |
| 24 Sep 03 | | May have ice chips | 18 | | | | |
| 23 Sep 03 | | CBC, chem 8 AM | 05 | | | | |
| 23 Sep 03 | | ES blood sugar q4 | 04 | | | | changed to q6 |
| 24 Sep 03 | | ESG q8 | 08 | | | | changed to q8 |
| | | | 12 | | | | changed to q8 |
| | | | 16 | | | | |
| | | | 20 | | | | changed to q8 |
| | | | 24 | | | | |
| 23 Sep 03 | (b)(6)-2 | TCDB q1, incentive | 06 | | | | |
| | | spirometry 10-20/hr | 18 | | | | |
| 23 Sep 03 | | Call MD for Resp > 10i, | 06 | | | | |
| | | P < 60 > 100, SBP < 100 > 140 | 18 | | | | |
| | | VO < 30cc/hr, set c92i. | | | | | |
| 23 Sep 03 | (b)(6)-2 | Ab to LK | 06 | | | | |
| | | | 18 | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P EXT LAP / Transverse colectomy w/ resectostomy, I&D abdominal wall to ADDITIONAL PAGES IN USE: YES NO

NKDA ② Elbow wounds. PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo | Sep | | Yr | 03 | | | | | | | | | |
|----------------------|--------------|---|--|------------|-----------------|-----------------|-----------|----------|----|----|--|--|--|--|--|--|--|--|--|
| Order Date | Clerk Nurse | SINGLE ACTIONS | | | Date to be Done | Time to be Done | Time Done | Initials | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | To ICU P [redacted] b/w-L | | | 23 Sep 03 | / | 1920 | (b)(6)-2 | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | Wond - stable | | | 23 Sep 03 | / | 1920 | | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | Upon arrival - CBC, chem 8 FSG | | | 23 Sep 03 | / | 1925 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | Port CXR for ln placement | | | 24 Sep 03 | / | 0915 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Order/Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION | | | | | | | | | | | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Restraints applied connected | TIME/DATE COMPLETED | | | | | | | | | | | | | | | | |
| | | | DATE | 25 | SEPT | | | | | | | | | | | | | | |
| | | | Time | 0900 | | | | | | | | | | | | | | | |
| | | | Initial | [redacted] | AW | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

USAPA V1 00

MEDCOM - 7612

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | |
|----------------------|--------------|---|----|----------------|----|----|----|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | |
| 25 Sept 03 | (b)(6)-2 | Vs: 61° J+Q, Monitor | 06 | 25 | 26 | 27 | 28 |
| | | Pulse ox | 18 | | | | |
| 25 Sept 03 | | Act: UP in Chair QID | | | | | |
| 25 Sept 03 | | Ambulate E Assisted QID | 06 | | | | |
| | | | 12 | | | | |
| | | | 18 | | | | |
| 27 Sept 03 | (b)(6)-2 | Dist: Sips w chips | 06 | | | | |
| | | | 11 | | | | |
| | | | 18 | | | | |
| 25 Sept 03 | (b)(6)-2 | O ₂ 10L Face Mask: Titrate to keep Sat > 92% | 06 | | | | |
| | | | 18 | | | | |
| 25 Sept 03 | | Foley to Gravity | 06 | | | | |
| | | | 18 | | | | |
| 25 Sept 03 | | CBC, Chem 8 Q-AM | 05 | | | | |
| | | FS Blood Glucose 6P | 07 | | | | |
| | | See SSI | 12 | | | | |
| 25 Sept 03 | | FS: Blood Glucose 8P | 04 | | | | |
| | | See SSI | 12 | | | | |
| | | | 20 | | | | |
| 25 Sept 03 | (b)(6)-2 | TCDS @ 1° Incontinence | 06 | | | | |
| | | W-200/ hour | 18 | | | | |
| 25 Sept 03 | | Call MD for T > 101 | 06 | | | | |
| | | P < 60 or > 100, SBP < 100 | 18 | | | | |
| | | > 140, uO < 30cc/hr | | | | | |
| | | Sat < 92% | | | | | |

Revised
 28 Sept 2003
 1000

DUPLICATE see below.

ALLERGIES: YES NO PRIMARY DIAGNOSIS: *Oric S/P Wound Washout*
AWDA *Closure midline Abscess (1 @ 2 @)*
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: 1

PATIENT IDENTIFICATION:
 (b)(6)-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initiating | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | | Mo <u>Sept</u> Yr <u>03</u> |
|----------------------|-------------|---|-----------------|-----------------|--------------|----------|-----------------------------|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | |
| <u>25 Sept</u> | (b)(6)-2 | To ICU - Dr. [redacted] b6-2 | <u>25 Sept</u> | <u>7:00</u> | <u>7:20</u> | (b)(6)-2 | |
| <u>25 Sept</u> | | DR: SIP wound w/charcoal, closure needed | <u>25 Sept</u> | <u>11:25</u> | <u>11:25</u> | | |
| <u>26 Sept</u> | | Abdomen / @ ERGAS = endo stable | <u>26 Sept</u> | <u>11:20</u> | <u>11:25</u> | | |
| <u>25 Sept</u> | | Blood Sugar on arrival | <u>25 Sept</u> | <u>11:25</u> | <u>done</u> | | |
| <u>27 Sept</u> | | KUB x 1 new / flat & upright | <u>27 Sept</u> | <u>15:00</u> | <u>18:00</u> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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. <u> </u> Yr. <u> </u> | | | | | | |
|---|-----------------|---|----|----------------|---|----|-------------------------------|----|--------------------|----|----|----|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | |
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | |
| | | | | 26 | 27 | 28 | 29 | | | | | | |
| 26 Sep 03 | (b)(6)-2 | Flush TL @ 8 ⁰⁰ | 06 | / | (b)(6)-2 | / | | | REWRITTEN BELOW | | | | |
| | | | 14 | / | (b)(6)-2 | / | | | | | | | |
| | | | 22 | / | (b)(6)-2 | / | | | | | | | |
| 26 Sep 03 | | Flush TL @ 8 ⁰⁰ = | 06 | / | (b)(6)-2 | / | | | | | | | |
| | | Reg w/w | 14 | / | | / | | | | | | | |
| | | | 22 | / | | / | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO | | PRIMARY DIAGNOSIS: | | | ADDITIONAL PAGES IN USE: | | | | | | | | |
| | | | | | <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO PAGE NO: <u>2</u> | | | | | | | | |
| PATIENT IDENTIFICATION: | | | | | ACTION TIMES | | | | | | | | |
| <div style="border: 1px solid black; width: 200px; height: 40px; display: flex; align-items: center; justify-content: center;">(b)(6)-4</div> | | | | | USE PENCIL. CIRCLE ACTION TIMES | | | | | | | | |
| | | | | | O | 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

THE RAPID 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. Sept Yr 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | |
|------------|--------------|------------------------------------|----|----------------|----|----|---|---|---|--|--|--|
| | | | | 28 | 29 | 30 | 1 | 2 | 3 | | | |
| 28 Sept | (b)(6)-2 | VS: G4° = PO | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | 1 c B's | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | ACTIVITY: Up in Chair, ambulate | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | assist GID | 18 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | DIET: Clear liquids | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | FSBS Q8° - see ss → | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | med care plan | 18 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | Foley to gravity | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | LABS: CBC, Chem 7 | 05 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | q Am | 18 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | TCDB q 1° / minute | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | Spirometer 10-20x/min | 18 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | Notify MD for T/abi | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | p < 60/100; SBP < 120 | 06 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | map < 30%; SaO2 > 92% | 18 | (b)(6)-2 | | | | | | | | |
| 28 Sept | (b)(6)-2 | Flush Central L-3L | 06 | (b)(6)-2 | | | | | | | | |
| | | 2 10cc syringe 3cc 1000U | 18 | (b)(6)-2 | | | | | | | | |
| | | Heparin | | | | | | | | | | |

Out course

Disca 30 Sept 03

1 Oct 03

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: s/p Washout / DIC abdomen wounds

ADDITIONAL PAGES IN USE: YES NO

NKDA

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo Sept Yr 03

| Verify by Initialing | | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|-----------------------------------|-------------|-------------------------------|-----------------|-----------------|-----------|----------|
| Order Date | Clerk Nurse | | | | | |
| 28 Sept 28 29 30 Sept | (b)(6)-2 | Admit to ICU - Dr (b)(6)-2 | 28 Sept | 1300 | 1300 | (b)(6)-2 |
| | | Dr: s/p washout DPC abdominal | 28 Sept | | | |
| | | condition stable NCPA | 28 Sept | 1300 | 1300 | |
| | | Flat + Upright Abd X-Ray | 28 Sept | 2330 | 2300 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

Ma. 10 Yr. 2003

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | |
|----------------------|--------------|---|----|---|----------|---|---|----------------|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | 2 | 3 | 4 | 5 | DATE COMPLETED | | | | | | | |
| 2 OCT | (b)(6)-2 | VS @ 4 ⁰ c POa | 06 | / | (b)(6)-2 | | | | | | | | | | |
| | | | 14 | / | | | | | | | | | | | |
| | | | 22 | / | | | | | | | | | | | |
| 2 OCT | (b)(6)-2 | T + O'S | 06 | / | | | | | | | | | | | |
| | | | 14 | / | | | | | | | | | | | |
| | | | 22 | / | | | | | | | | | | | |
| 2 OCT | (b)(6)-2 | Activity: Up in chair ambulate c Assist QID | 06 | / | (b)(6)-2 | | | | | | | | | | |
| | | | 12 | / | | | | | | | | | | | |
| | | | 18 | / | (b)(6)-2 | | | | | | | | | | |
| | | | 24 | / | | | | | | | | | | | |
| 2 OCT | (b)(6)-2 | Diet: Clear liquids Reg | 06 | / | (b)(6)-2 | | | | | | | | | | |
| | | | 12 | / | | | | | | | | | | | |
| | | | 18 | / | (b)(6)-2 | | | | | | | | | | |
| 2 OCT | (b)(6)-2 | Labs: CBC, Chem 7 q Am | 05 | / | | | | | | | | | | | |
| | | | | / | | | | | | | | | | | |
| 2 OCT | (b)(6)-2 | TCD B q 1 ⁰ / IS 10 ⁰⁰ times / min. | 06 | / | | | | | | | | | | | |
| | | | 14 | / | | | | | | | | | | | |
| | | | 22 | / | (b)(6)-2 | | | | | | | | | | |
| 2 OCT | (b)(6)-2 | Notify MD for T > 101 ⁰ p < 60 ⁰ / 100 SBP < 100 > 150 UOP < 300, SaO ₂ < 95%. | 06 | / | | | | | | | | | | | |
| | | | 14 | / | | | | | | | | | | | |
| | | | 22 | / | (b)(6)-2 | | | | | | | | | | |

D/C Labs 4 Oct 03
Lab order sheet

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:
 YES NO

NKDA

S/P washout + abdominal wounds

PAGE NO: _____

PATIENT IDENTIFICATION:
(b)(6)-4

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo <u>Oct</u> Yr <u>2003</u> |
|----------------------|-------------|--|-----------------|-----------------|-----------|------------------------------|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 2 Oct | (b)(6)-2 | Transfer to ICW: Resume all previous orders | 2 Oct | 1800 | Done | (b)(6)-2 |
| 4 Oct | (b)(6)-2 | DOC to MP outstock | 4 Oct | 1706 | 1706 | (b)(6)-2 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

USAPA V1.00

MEDCOM - 7619

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. <u>Sept</u> Yr <u>03</u> | |
|----------------------|-------------|---|------|----|----------|------------------------------|----------------|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 23 | 24 | 25 | DATE DISPENSED |
| 23 Sep 03 | (b)(6)-2 | Sliding scale insulin | 04 | / | (b)(6)-2 | | |
| | | Q4 | FS4 | / | | | |
| | | U.S. Regular insulin | 1100 | / | | | |
| | | ±95 Du + notify MD | 08 | / | | | |
| | | 85-149 Qu | FS4 | / | | | |
| | | 150-200 3u IV | 1100 | / | | | |
| | | 201-250 6u IV | 12 | / | | | |
| | | 251-300 9u IV | FS4 | / | | | |
| | | >300 12u IV + MD | 1100 | / | | | |
| | | | 16 | / | | | |
| | | | B4 | / | | | |
| | | | 1100 | / | | | |
| | | | 20 | / | (b)(6)-2 | | |
| | | | FS4 | / | | | |
| | | | 1100 | / | | | |
| | | | 24 | / | | | |
| | | | FS4 | / | | | |
| | | | 1100 | / | | | |

ALLERGIES: YES NO
 NKA

PRIMARY DIAGNOSIS: S/P Exp Lap/Transverse
 Colectomy w/ reanastomosis, F&D
 abdominal wall to (2) Elbow wounds

ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. 2

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES
 USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | |
|----------------------|-------------|---|----|----|----|----|----------------|--|
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 23 | 24 | 25 | DATE DISPENSED | |
| 23 Sep 03 | (b)(6)-2 | IV LR TRA 125cc/hr | 06 | / | / | / | | |
| | | | 18 | / | / | / | | |
| 23 Sep 03 | (b)(6)-2 | Unasyn 3g IV PB | 02 | / | / | / | | |
| | | 96° | 08 | / | / | / | | |
| | | | 14 | / | / | / | | |
| | | | 20 | / | / | / | | |
| 23 Sep 03 | (b)(6)-2 | O2 10L face mask | 06 | / | / | / | | |
| | | titrate to keep Sat | 18 | / | / | / | | |
| | | ≥ 92% | | / | / | / | | |
| 23 Sep 03 | (b)(6)-2 | Toradol 15mg IV q6° | 06 | / | / | / | | |
| | | | 12 | / | / | / | | |
| | | | 18 | / | / | / | | |
| | | | 24 | / | / | / | | |
| 23 Sep 03 | (b)(6)-2 | Zantac 50mg IV q8° | 08 | / | / | / | | |
| | | | 16 | / | / | / | | |
| | | | 24 | / | / | / | | |
| 23 Sep 03 | (b)(6)-2 | Metoprolol 5mg IV | 06 | / | / | / | | |
| | | 66° | 12 | / | / | / | | |
| | | | 18 | / | / | / | | |
| | | | 24 | / | / | / | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SIP Exp Lap / Transverse colectomy w/ reanastomosis, I&D abdominal wall to A Elbow wound
 NKDA
 ADDITIONAL PAGES IN USE: YES NO PAGE NO. 1

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES
 USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. <u>Sep</u> Yr. <u>03</u> | | | | | | | | | | | | |
|----------------------|-------------|--|--|------------------|------------|------------------------------|-----------|------|------|------|------|------|--|--|--|--|--|--|
| Order Date | Clerk/Nurse | SINGLE ORDER. PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | Metoprolol 5mg IV x1 now | 23 Sep 03 | now | 1930 | (b)(6)-2 | | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | May repeat x1 dose if needed to keep HR < 100 | | | | | | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | LR 1000 cc Now | 23 Sep 03 | 0900 | 0900 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | LR 1000 cc Bolus Now ✓ | 24 Sep 03 | 0300 | 0300 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | LR 1000 cc Bolus IV NOW | 24 Sep 03 | 0515 | 0515 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | Hespan 500cc IV bolus | 24 Sep 03 | 0640 | 0645 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | Thorazine 25mg IV | 24 Sep 03 | now | 1730 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | Benadryl 50mg IV x1 now | 24 Sep 03 | now | 1930 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | May repeat x1 if not effective | 24 Sep 03 | pm | 2100 | (b)(6)-2 | | | | | | | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Valium 5mg IV x1 now | 25 Sep 03 | now | 0030 | (b)(6)-2 | | | | | | | | | | | | |
| 24 Sep 03 | (b)(6)-2 | Haloperidol 5mg IM now | 24 Sep 03 | now | 1400 | (b)(6)-2 | | | | | | | | | | | | |
| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | | | | | | | | | | | |
| | | | TIME/DATE DISPENSED | | | | | | | | | | | | | | | |
| 23 Sep 03 | (b)(6)-2 | Morphine 2-6mg IV q2 PRN Pain | 23 Sep 03 | 24 Sep 03 | 24 Sep 03 | 24 Sep 03 | 25 Sep 03 | | | | | | | | | | | |
| | | | Time | 1930 | 0145 | 0350 | 0400 | 0700 | 1130 | 2100 | 0100 | 0300 | | | | | | |
| | | | Dose | 4mg | 5mg | 5mg | 2mg | 4mg | 4mg | 4mg | 4mg | | | | | | | |
| | | | I | (b)(6)-2 | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 7622

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. <u>Sept</u> Yr. <u>03</u> | | | |
|----------------------|-------------|---|----|----------------|----|-------------------------------|----|----|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | |
| 25 Sep 03 | (b)(6)-2 | Xo: LR TRA 125cc/hr | 06 | 25 | 26 | 27 | 28 | 29 | 30 |
| | | | 18 | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Unasyn 3gram TID | 08 | | | | | | |
| | | 06° | 08 | | | | | | |
| | | | 14 | | | | | | |
| | | | 20 | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Toradol 15mg TI 06° | 06 | | | | | | |
| | | | 12 | | | | | | |
| | | | 18 | | | | | | |
| | | | 24 | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Or 10c Frofrenk - T tab | 06 | | | | | | |
| | | do keep Sat 29 & 30 | 18 | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Zaroxin 5mg TI 06° | 08 | | | | | | |
| | | | 16 | | | | | | |
| | | | 24 | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Metoprolol 5mg TID 06° | 06 | | | | | | |
| | | | 12 | | | | | | |
| | | | 18 | | | | | | |
| | | | 24 | | | | | | |
| 26 Sep 03 | (b)(6)-2 | Atenolol 50mg PO BID | 10 | | | | | | |
| | | | 22 | | | | | | |
| 27 Sep 03 | (b)(6)-2 | IVf LR @ 200 cc/hr | 06 | | | | | | |
| | | while asleep. | 18 | | | | | | |

Handwritten: 28 Sept 03

Handwritten: Dec'd 26 Sep 03 SS

ALLERGIES: YES NO **NKA**

PRIMARY DIAGNOSIS: **Without**
St: SID Wound Repairment
Closest medicine Actin/Cl/1730
Card: single

ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. 1

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing: THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) Mo. SEP Yr. 03

| Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|-------------|-------------|------------------------------|------------------|------------------|------------|----------|
| 25 Sep 03 | (b)(6)-2 | Haloperidol 5mg IM now | 25 Sep | 1400 | 1400 | (b)(6)-2 |
| 25 Sep 03 | (b)(6)-2 | Ativan 5mg PO For Sleep | 25 Sep | 2100 | 2115 | |
| 25 Sep 03 | (b)(6)-2 | Ativan 5mg PO now | 25 Sep | 1700 | 1700 | |
| 26 Sep 03 | (b)(6)-2 | Lorazepam 2mg IV/PO XT now | 26 Sep 03 | now | 1900 | |
| 26 Sep 03 | (b)(6)-2 | Haldol 10mg IV XT now | 26 Sep 03 | now | 1900 | |
| 26 Sep 03 | (b)(6)-2 | Benadryl 50mg po/IV XT now | 26 Sep 03 | now | 1900 | |
| 26 Sep 03 | (b)(6)-2 | Lorazepam 2mg PO XT | 26 Sep | | 2300 | |
| 26 Sep 03 | (b)(6)-2 | Haldol 10mg IV XT | 26 Sep | | 2300 | |
| 11 Oct Sept | (b)(6)-2 | Toradol 30mg X1 now | 28 Sept | 1500 | 1500 | |

| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | | | | | | | | |
|------------------|-------------|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---|
| | | | TIME/DATE DISPENSED | | | | | | | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Morphine 2-Long IV q2° prn/aw | 0 | 25 Sept 2000 | 25 Sept 0200 | 25 Sept 0400 | 25 Sept 0500 | 25 Sept 0610 | 26 Sept 1800 | 26 Sept 2215 | 26 Sept 0000 | 27 Sept 0900 | 27 Sept 1945 | 27 Sept 2230 | 1 |
| | | | F | 6mg | 4mg | 3mg | 5mg | 5mg | 5mg | 5mg | 5mg | 3mg | 3mg | 1mg | |
| | | | E | (b)(6)-2 | | | | | | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Prochlorperazine 25mg IV q2° prn/nausea | 0 | | | | | | | | | | | | |
| | | | T | | | | | | | | | | | | |
| | | | I | | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | |
| 25 Sep 03 | (b)(6)-2 | Haloperidol 5mg IM q8° PRN/agitation | 0 | 25 Sept 1500 | 26 Sept 1500 | | | | | | | | | | |
| | | | I | 5mg | 5mg | | | | | | | | | | |
| | | | E | 5mg | 5mg | | | | | | | | | | |

28 Sept 1600

Quiriton

(b)(6)-2

CLINICAL RECORD **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)** Mo. July 1983

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | | | | | | | | |
|----------------------|-------------|---|----|----------------|-----|-----|-----|----|----|----|---|---|---|---|---|---|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | | | | | | |
| | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | |
| | | St. Mary's Scale insulin # | 04 | (b)(6)-2 | | | | | | | | | | | | | | | | | | | |
| | | 080 | B | | 88 | 82 | 99 | | | | | | | | | | | | | | | | |
| | | | I | | 0 | 0 | 0 | | | | | | | | | | | | | | | | |
| | | B5 | 12 | (b)(6)-2 | | | | | | | | | | | | | | | | | | | |
| | | < 85 | B | | 115 | 198 | 140 | | | | | | | | | | | | | | | | |
| | | 85-149 | I | | 0 | 34 | 0u | | | | | | | | | | | | | | | | |
| | | 150-200 | 20 | (b)(6)-2 | | | | | | | | | | | | | | | | | | | |
| | | 201-250 | B | | 105 | 106 | 91 | | | | | | | | | | | | | | | | |
| | | 251-300 | I | | 2 | 0 | 0 | | | | | | | | | | | | | | | | |
| | | 730 | | | | | | | | | | | | | | | | | | | | | |
| | | 12u SQ | | | | | | | | | | | | | | | | | | | | | |
| | | not by MD | | | | | | | | | | | | | | | | | | | | | |

REWRITE HERE
28 Sept 83
1600

ALLERGIES: YES NO PRIMARY DIAGNOSIS: *Dr: SIP wound without Closure Medicine Admin*
(1) EFBW wound stage

ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION: DISPENSING TIMES

(b)(6)-4

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. <u>Sept</u> Yr. <u>03</u> | | | |
|----------------------|-----------------|---|--|-------------------|-------------------|-------------------------------|------------------|----------------|----------|
| Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | | | | Date to be Given | Time to be Given | Time Given | Initials |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| Order/Expir Date | Clerk/Physician | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | | |
| <u>24 Sept 03</u> | (b)(6)-2 | <u>Thorazine 25mg PRN IV for hiccups</u> | DATE | <u>26 SEP</u> | } DC'd | <u>27 Sept</u> | <u>2003</u> | | |
| | | | TIME | <u>1500</u> | | <u>0945</u> | (b)(6)-2 | <u>(PT/PN)</u> | |
| <u>27 Sept</u> | (b)(6)-2 | <u>Sedation Cocktail, PRN</u> | DATE | <u>27 Sept 03</u> | <u>27 Sept 03</u> | | | | |
| | | <u>Lorazepam 4mg PO</u> | TIME | <u>2150</u> | <u>0110</u> | | | | |
| | | <u>Haldol 15mg IV</u> | | (b)(6)-2 | | | | | |
| | | <u>Benodryl 50mg PO</u> | | | | | | | |
| | | <u>may repeat in 3-4^h if not effective</u> | | | | | | | |

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. Sept 13

VERIFY BY INITIALING

ORDER DATE CLERK/NURSE

RECURRING MEDICATIONS, DOSE, FREQUENCY

HR

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

DATE DISPENSED

| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 28 | 29 | 30 | 1 | 2 | 3 |
|------------|-------------|--|----|----|----|----|---|---|---|
| 28 Sept | (b)(6)-2 | IVF: LR @ 100 for @ 100 | 06 | | | | | | |
| 28 Sept | (b)(6)-2 | Regular Insulin: SS q 8° | 18 | | | | | | |
| | (b)(6)-2 | 285 qn WHO | 06 | | | | | | |
| | (b)(6)-2 | 85-149 qn | FS | | | | | | |
| | (b)(6)-2 | 150-200 3u SQ | FS | | | | | | |
| | (b)(6)-2 | 201-250 6u SQ | FS | | | | | | |
| | (b)(6)-2 | 251-300 9u SQ | FS | | | | | | |
| | (b)(6)-2 | >300 12u SQ | FS | | | | | | |
| 28 Sept | (b)(6)-2 | Unasyn 3gm IVB q 6° | 02 | | | | | | |
| 28 Sept | (b)(6)-2 | Diclofenac to me Supp 100 | 08 | | | | | | |
| 28 Sept | (b)(6)-2 | ATEVOLOL 50 mg Oti po Bid | 10 | | | | | | |
| 28 Sept | (b)(6)-2 | Zantac 50 mg IV q 8° | 08 | | | | | | |
| 28 Sept | (b)(6)-2 | Toradol 35mg IV q 6° | 06 | | | | | | |
| 28 Sept | (b)(6)-2 | Zantac 150mg po Bid | 10 | | | | | | |

DMA 10/03

change today's ju

DISEASE

REGIES: YES NO

PRIMARY DIAGNOSIS:

NRDA

S/p WASHOUT DPL Abd wound

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. 1

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14
6 17 18 19 20

MEDCOM - 7628

M 4678 - 1 FEB 79

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. 04

| Verify by Initialing | Order | Clerk/Nurse | Medication | Date to be Given | Time to be Given | Time Given | Initials |
|----------------------|-------|-------------|---|------------------|------------------|------------|----------|
| | | | SINGLE ORDER, PRE-OPERATIVES | | | | |
| | | (b)(6)-2 | Dulcolox Suppository 10mg x 1 | 28 Sept | 28 Sept | 1600 | (b)(6)-2 |
| | | (b)(6)-2 | Fleets Enema x 1 | 28 Sept | | 2030 | (b)(6)-2 |
| | | (b)(6)-2 | Polar 500 cc | 28 Sept | 1710 | 1710 | (b)(6)-2 |
| | | (b)(6)-2 | Toradol 15mg IV (to total 30mg for 1800 dose) @ 29 Sep 03 | 29 Sep | | 1945 | (b)(6)-2 |
| | | (b)(6)-2 | 40mg Keon 1000mg IV dose #1 | 30 Sep | 1100 | 1100 | (b)(6)-2 |
| | | (b)(6)-2 | Over hours #2 | 30 Sep | 1600 | 1600 | (b)(6)-2 |

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION
TIME/DATE DISPENSED

| Order/Expir Date | Clerk/Nurse | MEDICATION, DOSE, FREQUENCY | 28 Sept | 29 Sept | 30 Sept |
|------------------|-------------|----------------------------------|---------|---------|---------|
| 28 Sept | (b)(6)-2 | Salatin Cocktail PRN | | | |
| | | Lorazepam 4mg PO | | | |
| | | Promethazine 50mg PO | | | |
| | | Haldol 15mg IV | | | |
| | | May repeat in 4 if not effective | | | |
| 28 Sept | (b)(6)-2 | Mscay 2mg IV q 2 ^o | | | |
| | | PRN pain | | | |
| 28 Sept | (b)(6)-2 | Phenergan 25mg IV | | | |
| | | q 4 ^o nausea | | | |
| 28 Sept | (b)(6)-2 | VERSED 1mg IV | | | |
| | | titrate to reduce asiz | | | |
| | | PRN | | | |

HOLD

USAPA V1.00

MEDCOM - 7629

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 | | | | | | | | | | | |
| 29 Sep 03 | (b)(6)-2 | Toradol 30mg IV q 6 ^o | 06 / | 29 | 30 | 1 | | | | | | | | | |
| | | | 12 / | | | | | | | | | | | | |
| | | | 18 / | | | | | | | | | | | | |
| | | | 24 / | | | | | | | | | | | | |
| 1 Oct 03 | (b)(6)-2 | Zantac 150mg po BID | 6 / | 10 | 1 | | | | | | | | | | |
| | | | 20 / | | | | | | | | | | | | |

*Discontinued
30 Sept 03*

*Renewed
1 Oct 03*

ALLERGIES: YES NO **PRIMARY DIAGNOSIS:** *S/P Wound DPC Abd wound* **ADDITIONAL PAGES IN USE:** YES NO
NKDA **PAGE NO.** 2

PATIENT IDENTIFICATION: (b)(6)-4 **DISPENSING TIMES**
USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ | | | | | | | | | |
|-------------------------|-------------|---|----|----------------|----------|-------------------|---|---|---|---|---|--|--|--|--|
| VERIFY BY INITIALIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | |
| | | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | |
| DOCTOR | (b)(6)-2 | Atenolol 50mg PO BID | 10 | / | (b)(6)-2 | | | | | | | | | | |
| DOCTOR | (b)(6)-2 | Zantac 150mg PO BID | 10 | / | (b)(6)-2 | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: UKDA S/P washout/die abdominal wounds

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES: USE PENCIL. CIRCLE MED TIMES
D 7 8 9 10 11 12 13 14
E 15 16 17 18 19 20 21 22
N 23 24 01 02 03 04 05 06

ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

| 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 | | | | |
| 2007 | (b)(6)-2 | Phenergan 25mg IV q4° PRN | | | | | |
| 2007 | (b)(6)-2 | Tylenol 1000mg PO q6° prn pain | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. Yr.

VERIFY BY INITIATING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | |
|------------|-----------------|---|----------|----------------------|---|---|--|
| | | | | 2 | 3 | 4 | |
| 2 Oct 03 | (b)(6)-2 | Atorvastatin 50mg TID BID | 10 10 | (b)(6)-2 (b)(6)-2 | | | |
| 2 Oct 03 | | Zantac 150mg po BID | 10 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P without DPL ASD and

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (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 | | | | |
| 28 Sept 03 | (b)(6)-2 | Phenergan 25mg IV Q4 prn nausea | D | | | | |
| | | | T | | | | |
| | | | I | | | | |
| | | | E | | | | |
| 28 Sept 03 | (b)(6)-2 | Versed 1mg IV bid to reduce Agitation PRN | D | | | | |
| | | | T | | | | |
| | | | I | | | | |
| | | | E | | | | |
| 28 Sept 03 | (b)(6)-2 | Rylandol 100mg PRN Q4 prn pain | D | | | | |
| | | | T | | | | |
| | | | I | | | | |
| | | | E | | | | |

USAPA V1.00

MEDCOM - 7635

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-65; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | |
|--|---------------------|--------------------------|---|------------|----------|
| N E U R O | TIME | INITIALS | MISC | (b)(6)-2 | INITIALS |
| | PUPILS | | | 3mm PERLLA | |
| SENSORIUM | | | Arrousable to voice Lethargic | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | | Even | | |
| | BREATH SOUNDS | | CTA | | |
| | SECRETIONS | | ⊖ Secretions | | |
| S Y S T E M | COLOR | | NFR | | |
| | INTEGRITY | | Mulleuse Abd CDT ② FA CDT | | |
| V I T A L E | LOCATION | | 159g (R) FA Patient | | |
| | CONDITION | | ⊖ S+S Infection ② Rad-A-Line | | |
| G A S T R O | ABDOMEN | | S&T tendr | | |
| | BOWEL SOUNDS | | BS normal | | |
| U R I N E | URINE: | | foler | | |
| | COLOR/CLARITY | | Yellow concentrated | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | | SK @ 151 Reg A/B 12 Pulses 46, +1 LE | | |

LEGEND
 Cr - Creatinine
 F_IO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 SA - Fractional
 SAi - Saturation
 TRACH - Tracheostomy

blw-2

(Continue on reverse)

PREPARED BY: (b)(6)-2 [Redacted] CPT/AN [Redacted] DEPARTMENT/SERVICE/CLINIC: **ICU** DATE: **23 Sept 03**

PA: [Redacted] (b)(6)-4 [Redacted] Please give: Name—last, first, middle; grade; date; hospital or medical facility)

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

28 Sept 73

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|--|------------------|----|----|----|----|----|----|----|----|------|----|----|----|----|--------------|-----|--------|-----|------|
| V I T A L S S I G N S I N T A K E O U T P U T T | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| | BP Arterial Line | | | | | | | | | | | | | | | 141 | | | |
| BP Cuff | | | | | | | | | | | | | | | 150/80 | 137 | 109/65 | | |
| Temperature | | | | | | | | | | | | | | | 96.8 | | | | |
| Pulse | | | | | | | | | | | | | | | 96 | 88 | 91 | | |
| Respiratory Rate | | | | | | | | | | | | | | | 22 | 23 | 16 | | |
| | | | | | | | | | | | | | | | 99 | 100 | 99 | | |
| | | | | | | | | | | | | | | | b(6)-2 | | | | |
| | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| LR | | / | / | / | / | / | / | / | / | | / | / | / | / | / | / | / | / | 375 |
| OR | | / | / | / | / | / | / | / | / | | / | / | / | / | OR | 140 | 135 | 135 | 1400 |
| | | / | / | / | / | / | / | / | / | | / | / | / | / | 1780 | 350 | | | 350 |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| URINE | HOUR TOTAL | / | / | / | / | / | / | / | / | | / | / | / | / | OR | 700 | 50 | 50 | 780 |
| | sp gr | / | / | / | / | / | / | / | / | | / | / | / | / | | 70 | 160 | 160 | |
| NG | OUTPUT | / | / | / | / | / | / | / | / | | / | / | / | / | | | | | |
| | pH | / | / | / | / | / | / | / | / | | / | / | / | / | | | | | |
| | GUAC | / | / | / | / | / | / | / | / | | / | / | / | / | | | | | |
| EMESIS | | / | / | / | / | / | / | / | / | | / | / | / | / | | | | | |
| STOOL | | / | / | / | / | / | / | / | / | | / | / | / | / | | | | | |
| DRAINS | | / | / | / | / | / | / | / | / | | / | / | / | / | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

| POST-OP DAY | | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | | | |
|-------------------------|-------------------------|-----|-----|-------------|-----|-----|-----|----------|-----------------------------|--------------------|----------|----------|-----|-----|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | | TIME | | | | | | | | | |
| VITALS | 97 | 100 | 111 | 103 | 100 | 92 | 99 | 100 | MODE | | | | | | | | | |
| | 97 | 97 | 100 | 100 | 100 | 100 | 100 | 100 | F _{O₂} | | | | | | | | | |
| | 91 | 94 | 91 | 89 | 96 | 97 | 115 | 105 | TV | | | | | | | | | |
| | 12 | 13 | 12 | 13 | 14 | 15 | 22 | 17 | RATE | | | | | | | | | |
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | PEEP | | | | | | | | | |
| | 4L | 4L | 4L | 4L | 4L | 4L | 4L | 4L | pH | | | | | | | | | |
| | | | | | | | | | PCO ₂ | | | | | | | | | |
| | | | | | | | | | PO ₂ | | | | | | | | | |
| | | | | | | | | | HCO ₃ | | | | | | | | | |
| | | | | | | | | | SAT | | | | | | | | | |
| | | | | | | | | BASE | | | | | | | | | | |
| LABS | 22 23 24 01 02 03 04 05 | | | | | | | | 8 ^o T | 20 21 64 05 | | | | | | | | |
| | 500 | | | | | | | | 1375 | GLUCOSE | 257 | 105 | 147 | 134 | | | | |
| | 1000 | | | | | | | | 1400 | Na/K | 131 | 105 | 147 | 134 | | | | |
| | 1000 | | | | | | | | 350 | Cl/CO ₂ | 107 | 105 | 147 | 134 | | | | |
| | 1000 | | | | | | | | 2000 | BUN/Cr | 17 | 105 | 147 | 134 | | | | |
| | 1000 | | | | | | | | 1000 | WBC/PLATELET | 13.5 | 105 | 147 | 134 | | | | |
| | 1000 | | | | | | | | 1000 | Hct/Hgb | 48 | 105 | 147 | 134 | | | | |
| | 1000 | | | | | | | | 1000 | | | | | | | | | |
| | 1000 | | | | | | | | 1000 | | | | | | | | | |
| | 1000 | | | | | | | | 1000 | | | | | | | | | |
| NURSING | 22 23 24 01 02 03 04 05 | | | | | | | | \$125 | TIME | | | | | | | | |
| | 1000 | | | | | | | | 1000 | MOUTH CARE | | | | | | | | |
| | 1000 | | | | | | | | 1000 | BATH | | | | | | | | |
| | 1000 | | | | | | | | 1000 | SKIN CARE | | | | | | | | |
| | 1000 | | | | | | | | 1000 | FOLEY CARE | | | | | | | | |
| | 1000 | | | | | | | | 1000 | TRACH CARE | | | | | | | | |
| | 1000 | | | | | | | | 1000 | ROM EXERCISES | | | | | | | | |
| | 1000 | | | | | | | | 1000 | | | | | | | | | |
| | 1000 | | | | | | | | 1000 | | | | | | | | | |
| | 1000 | | | | | | | | 1000 | | | | | | | | | |
| 24 HOURS TOTALS | | | | | | | | | NURSE'S SIGNATURE | | | INITIALS | | | | | | |
| wt Yesterday | | | | wt Today | | | | (b)(6)-2 | | | (b)(6)-2 | | | | | | | |
| INTAKE | | | | OUTPUT | | | | | | | | | | | | | | |
| IV 5125 | | | | Urine: 1045 | | | | | | | | | | | | | | |
| PO | | | | 400 | | | | | | | | | | | | | | |
| TOTAL 5125 | | | | TOTAL 1445 | | | | | | | | | | | | | | |
| BALANCE | | | | + 3685 | | | | | | | | | | | | | | |

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-55; 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 |
| N | PUPILS | 0720 | [redacted] | blc: 2 | |
| | SENSORIUM | 2mm E/D/L/A alert, awake, ice, follows commands, moves all extremities | | | 2mm P/L/A awake - oriented? language barrier moves all extremities uncooperative at times |
| R | RESPIRATORY PATTERN | even & unlabored | | | RRR shallow |
| | BREATH SOUNDS | CTA bilaterally | | | unlabored - CTA |
| | SECRETIONS | absent, on 4L O ₂ nasal sating 99-100% | | | blat S _{O2} > 95% on 2L NC - |
| S | COLOR | normal for race | | | |
| | INTEGRITY | dressing to midline abd T-tube drainage from NLE | | | No Δs |
| L | LOCATION | RFA | | | |
| | CONDITION | infusing LR @ 125cc/hr patient, distal catheter, infiltration | | | Triple lumen all distal cath medial LR @ 125cc/hr proximal port occluded |
| A | ABDOMEN | round, mod. distended | | | soft, round and convex |
| | BOWEL SOUNDS | absent in all quadrants NG to L/S, NPO | | | 0 BS - D/S C/D, J NPO - one sip ambien @ NLU |
| U | URINE: | Foley to gravity | | | Jets + Gush |
| | COLOR/CLARITY | clear, dark yellow | | | clear dark yellow OS > 30 c/hr NSR - Tachy 100-120s Kt line pulled out by patient |
| C | CARDIAC RHYTHM | NSR, pulsus, low Kt extremities weaker than upper, A-line to @ rad, not reading | | | |
| | LEGEND | Cr - Creatinine F _I O 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 SA ₁ - Saturation TRACH - Tracheostomy | |

(Continue on reverse)

PREPARED BY: (b)(6)-2
PA: [redacted]
ml: [redacted]

DEPARTMENT/SERVICE/CLINIC
ICU

DATE: 24 Sept 03

(b)(6)-4
[redacted]

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

MEDCOM - 7639

DA FORM 1700

24 Sept 03 Exp WAP S/P (650)

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|--------|------------------|--------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|-----|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | | | | | | 11/54 | 11/54 | 11/53 | 11/53 | 11/53 | 11/53 | 11/53 | 11/53 | 11/53 | 11/53 | 11/53 | | |
| | BP Cuff | 88/53 | 88/49 | 91/51 | 91/51 | 109/60 | 112/56 | 115/55 | 109/46 | 108/45 | 105/51 | 105/50 | 131/60 | 109/46 | 101/51 | 110/55 | 110/60 | | |
| T | Temperature | | | | 99.8 | ? | | | | | | | | | | | 100.4 | | |
| | Pulse | 94 | 93 | 94 | 100 | 101 | 107 | 96 | 96 | 101 | 100 | 107 | 108 | 129 | 108 | 115 | 114 | | |
| A | Respiratory Rate | 13 | 14 | 10 | 20 | 22 | 25 | 22 | 19 | 20 | 20 | 25 | 25 | 22 | 21 | 18 | 20 | | |
| | SPO2 | 100 | 100 | 99 | 100 | 99 | 97 | 99 | 98 | 98 | 99 | 98 | 98 | 94 | 98 | 97 | 96 | | |
| S | | 4L | 4L | 3L | 3L | 2L | 2L | 2L | 2L | 2L | 3L | 3L | 3L | 3L | 3L | 3L | 3L | | |
| | | | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| I | LR | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | |
| | INPB | | | 150 | | | | 50 | | | 100 | | | | | | | 100 | |
| N | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O | Foley | HOUR | 40 | 30 | 30 | 30 | 50 | 50 | 30 | 40 | 40 | 30 | 40 | 40 | 50 | 60 | 60 | | |
| | URINE | TOTAL | | | | | | | | | | | | | | | | | |
| U | | sp gr | | | | | | | | | | | | | | | | | |
| | | SA | | | | | | | | | | | | | | | | | |
| T | | OUTPUT | | | | | | | | | | | | | | | | | |
| | | PH | | | | | | | | | | | | | | | | | |
| P | | GUAC | | | | | | | | | | | | | | | | | |
| | | EMESIS | | | | | | | | | | | | | | | | | |
| U | | STOOL | | | | | | | | | | | | | | | | | |
| | | DRAINS | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7640

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | |
|------------------------------|--------|-------|-----------|--|--|--|--|-------------------------------|--------------------|--|--|------------|--|--|--|---------|--|---------|--|-------------------|------|----------|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | TIME | | | | | | | | | | | | | | | |
| 92/47 | 117/49 | 98/66 | PULSED O2 | | | | | R | | | | | | | | | | | | | | | |
| | | | | | | | | E | MODE | | | | | | | | | | | | | | |
| | | | | | | | | S | F _{O2} | | | | | | | | | | | | | | |
| | | | | | | | | P | TV | | | | | | | | | | | | | | |
| | | | | | | | | T | RATE | | | | | | | | | | | | | | |
| | | | | | | | | B | PEEP | | | | | | | | | | | | | | |
| | | | | | | | | A | PH | | | | | | | | | | | | | | |
| | | | | | | | | A | PCO ₂ | | | | | | | | | | | | | | |
| | | | | | | | | T | PO ₂ | | | | | | | | | | | | | | |
| | | | | | | | | O | HCO ₃ | | | | | | | | | | | | | | |
| | | | | | | | | B | SAT | | | | | | | | | | | | | | |
| | | | | | | | | G | BASE | | | | | | | | | | | | | | |
| | | | | | | | | TIME | | | | | | | | | | | | | | | |
| 22 23 24 01 02 03 04 05 8° T | | | | | | | | A | GLUCOSE | | | | | | | | | | | | | | |
| | | | | | | | | B | Na/K | | | | | | | | | | | | | | |
| | | | | | | | | O | Cl/CO ₂ | | | | | | | | | | | | | | |
| | | | | | | | | R | BUN/Cr | | | | | | | | | | | | | | |
| | | | | | | | | A | WBC/PLATELET | | | | | | | | | | | | | | |
| | | | | | | | | T | Hct/Hgb | | | | | | | | | | | | | | |
| | | | | | | | | TIME | | | | | | | | | | | | | | | |
| | | | | | | | | A | MOUTH CARE | | | | | | | | | | | T | TIME | | |
| | | | | | | | | V | BATH | | | | | | | | | | | U | TIME | | |
| | | | | | | | | L | SKIN CARE | | | | | | | | | | | R | TIME | | |
| | | | | | | | | T | FOLEY CARE | | | | | | | | | | | N | TIME | | |
| | | | | | | | | E | TRACH CARE | | | | | | | | | | | S | TIME | | |
| | | | | | | | | S | ROM EXERCISES | | | | | | | | | | | U | TIME | | |
| | | | | | | | | O | | | | | | | | | | | | C | TIME | | |
| | | | | | | | | F | | | | | | | | | | | | I | TIME | | |
| | | | | | | | | G | | | | | | | | | | | | O | TIME | | |
| | | | | | | | | 24 HOURS TOTALS | | | | | | | | | | | | NURSE'S SIGNATURE | | INITIALS | |
| | | | | | | | | wt Yesterday | | | | wt Today | | | | b)(6)-2 | | b)(6)-2 | | | | | |
| | | | | | | | | INTAKE | | | | OUTPUT | | | | | | | | | | | |
| | | | | | | | | IV 1100 | | | | Urine: | | | | | | | | | | | |
| | | | | | | | | DO 0 | | | | | | | | | | | | | | | |
| | | | | | | | | IVPB 450 | | | | | | | | | | | | | | | |
| | | | | | | | | TOTAL 1550 | | | | TOTAL 1460 | | | | | | | | | | | |
| | | | | | | | | MEDCOM - 7641 | | | | | | | | | | | | | | | |

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 *blew-2*

OTSG APPROVED (Date)
QA Apr 8 Mar 89

| | | INITIAL SURVEY ASSESSMENT | |
|-------------|---------------------|--|---|
| | TIME | INITIAL | INITIALS |
| NEURO | PUPILS | 0635 2mm E PERLA | 1900 3mm PERLA |
| | SENSORIUM | awake, alert, talking, no interpreter available follows commands moves all extremities | Awake, Alert, Confused? MPEX el strong, Follows commands |
| | RESPIRATORY PATTERN | Even & unlabored | Even & unlabored |
| RESPIRATORY | BREATH SOUNDS | CTA bilaterally | CTA bilaterally |
| | SECRETIONS | Ø noted on 4L O ₂ via NC sating 98-100% | Ø Noted on 4L O ₂ |
| | COLOR | normal for race | NFR |
| SKIN | INTEGRITY | dry to abd wounds CT | dryness to Abd - Intact, Clean |
| | LOCATION | Ø SITE infusing | Ø SITE infusing |
| | CONDITION | LR to medial part, transducing distal part | |
| GASTRO | ABDOMEN | Soft, non-tender | Soft, tender |
| | BOWEL SOUNDS | absent in all quads, NPO for surgery | BS hyp |
| | URINE: | Foley to gravity | Foley to Gravity |
| GU | COLOR/CLARITY | clear, dark yellow/amber | clear, dark |
| | CARDIAC RHYTHM | NSR, all pulses palpable, Ø edema noted | ST +1 Pulse ^{OC} /L, B, R Ø edema noted |
| LEGEND | | Cr - Creatinine F _I O 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: (b)(6)-2

DEPARTMENT/SERVICE/CLINIC

DATE

SGT/LPN

ICU

25 Sep 03

PATIENT'S middle: grade, date, hospital or medical facility

give: Name—last, first.

(b)(6)-4

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

DA FORM 1 MAY 70 4700

MEDCOM - 7642

JAMC OP 275 (Revised)

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|--|----------------------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|--------|----------------|------------|------------|--------------|------------|-------------|-------------|-------------|-------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A E S I G N S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 139/80 | 113/64 | 110/64 | 113/66 | | | 112/69 | | 129/80 | 98/56 | 134/58 | 121/69 | 138/71 | 141/70 | 142/71 | 131/71 | | |
| | Temperature | 98.2 | | | | | | | | | | | | 99.7 | | | | | |
| | Pulse | 96 | 97 | 100 | 105 | | | 107 | | 97 | 100 | 105 | 104 | 99 | 101 | 108 | 107 | | |
| | Respiratory Rate | 21 | 23 | 24 | 20 | | | 17 | | 19 | 18 | 19 | 20 | 19 | 22 | 27 | 29 | | |
| | O ₂ | 4L | 4L | 6L | 6L | | | 8L | | 6L | 5L | 5L | 4L | 4L | 4L | 4L | 4L | | |
| | | 99 | 96 | 96 | 91 | | | 100 | | 97 | 98 | 97 | 95 | 96 | 95 | 95 | 98 | | |
| | CVP | 10 | 12 | 12 | 14 | | | 9 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | I M T A K E | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| LR | | 125 135 | 125 255 | 125 375 | 125 525 | 200 725 | 300 1025 | 125 1125 | 125 1250 | | 125 375 | 125 500 | 125 625 | 125 750 | 125 875 | 125 1000 | 125 1125 | 165 1290 | 285 1575 |
| IVAS | | | | 150 | | | | | | 150 | 250 | | | | | | | 350 | 350 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U T P U T | URINE | HOUR | 120 | 110 | 110 | 90 | | | 75 | 75 | 60 | 60 | 50 | 50 | 60 | | 50 | 280 | |
| | TOTAL | 120 | 230 | 340 | 430 | | | 505 | 580 | 660 | 720 | 770 | 820 | 870 | 930 | | 1010 | 1290 | |
| | 30 gr | | | | | | 400 | | | | | | | | | | | 400 | |
| | S/A | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | | gr | | | | | | | | | | | | | | | | | |
| | | GUAC | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | |
| | DRAINS | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | |

MEDCOM - 7643

POST-OF DAY ACTIVITY LEVEL CLASSIFICATION

| POST-OF DAY | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | |
|-------------|------|-------------------------------|-------|------|------|-----|-----|---|--|
| TIME | MODE | FIO ₂ | TV... | RATE | PEEP | A | B | G | |
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | | |
| 101 | 103 | 100 | 102 | 101 | 115 | 113 | 109 | | |
| 84 | 10 | 80 | 71 | 19 | 15 | 16 | 16 | | |
| 99 | 98 | 93 | 90 | 96 | 94 | 95 | 97 | | |
| 4L | 4L | 4L | 4L | 6L | 6L | 6L | 6L | | |
| | | | | | | | | | |
| | | | | | | | | | |

| POST-OF DAY | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | |
|-------------|---------|-------------------------------|--------------------|--------|--------------|---------|-----|------|--|
| TIME | GLUCOSE | Na/K | Cl/CO ₂ | BUN/Cr | WBC/PLATELET | Hct/Mgb | | | |
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T | |
| 150 | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 3750 | |
| 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 350 | |
| | | | | | | | | | |
| | | | | | | | | | |

| POST-OF DAY | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | |
|-------------|------------|-------------------------------|-----------|------------|------------|---------------|-----|-------|--|
| TIME | MOUTH CARE | BATH | SKIN CARE | FOLEY CARE | TRACH CARE | ROM EXERCISES | | | |
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 4/100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 400 | |
| | | | | | | | | | |
| | | | | | | | | | |

24 HOURS TOTALS

| | |
|--------------|-------------|
| wt Yesterday | wt Today |
| INTAKE | OUTPUT |
| IV 4100 | Urine: 2700 |
| PO _____ | _____ |
| TOTAL _____ | TOTAL _____ |

INITIALS (b)(6) 2

MEDCOM - 7644

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | |
|-------------|---------------------|--|----------|----------|---|
| | | TIME | INITIALS | INITIALS | INITIALS |
| NEURO | PUPILS | 0615 | (b)(6)-2 | | 1830 |
| | SENSORIUM | 3mm & PERRIA | | | PERRIA |
| RESPIRATORY | RESPIRATORY PATTERN | pt agitated, disoriented, confused, in & out of sleep | | | very agitated, attempting to get out of bed pulling at line attached to BSA |
| | BREATH SOUNDS | even & unlabored | | | even, some SOB noted on exertion due to agitation in SLNC |
| | SECRETIONS | C/A bilaterally | | | |
| SKIN | COLOR | (P) noted, refuses to use IS, snoring resp while asleep | | | |
| | INTEGRITY | normal for race | | | WNL |
| VASC | LOCATION | dressings to abd reinforced, dsa to L arm (ACE wrap) | | | dsa to abdomen D/T |
| | CONDITION | (b) SC T/C, medial port infusing LR @ 125cc/hr, distal port connected to transducer line but not transducing, prox port patent & flushed | | | DSC T/C, distal ports blocked, flushed all ports @ 10cc NS, no blood return to distal + proximal ports, medial ports @ blood return. At |
| GASTRO | ABDOMEN | soft, obtunded | | | soft & boggy interval |
| | BOWEL SOUNDS | (P) in lower quadrants difficult to assess in upper | | | (P) BS auscultated |
| GU | URINE: | Foley to gravity | | | Foley to gravity |
| | COLOR/CLARITY | clear, amber | | | clear yellow urine |
| CARDIOVASC | CARDIAC RHYTHM | NSR, EKG leads unhooked | | | regular rhythm |
| | | (P) anxiety, all pulses palpable, mild edema noted to UE | | | subcutaneous edema @ pulses to all extremities |

LEGEND
 Cr - Creatinine
 F_IO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 SIA - Fractional
 SA1 - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY / (Signature & Title)

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

DEPARTMENT/SERVICE/CLINIC

ICU

DATE
 26 Sept 89

PATIENT'S NAME (Print or type or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

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

26 Sept 03

(050) Abd + Elbow

| DATE | | DX | HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
|----------------------------|------------------|----|--------------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|--|
| TIME | | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| V I T A L S | BP Arterial Line | | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | | 144/86 | 145/85 | 147/80 | 140/51 | 91/54 | 154/80 | 134/75 | 134/77 | 134/78 | 110/64 | 111/62 | 110/60 | 135/65 | 112/59 | 105/57 | 120/64 | | | |
| | Temperature | | | | | | | | | | | | | | | | | | | | |
| | Pulse | | 94 | 102 | 105 | 100 | 92 | 109 | 104 | 105 | 93 | 95 | 94 | 97 | 97 | 85 | 82 | 77 | | | |
| | Respiratory Rate | | 16 | 19 | 23 | 17 | 16 | 17 | 21 | 23 | 25 | 23 | 21 | 17 | 25 | 20 | 18 | 24 | | | |
| | SPO ₂ | | 96 | 99 | 96 | 93 | 97 | 96 | 96 | 96 | 97 | 96 | 97 | 95 | 96 | 97 | 97 | 98 | | | |
| | | | 6L | 6L | 4L | 4L | 6L | 6L | 6L | 6L | 6L | 6L | 6L | 6L | 5L | 3L | 3L | | | | |
| | | | | | | | | | | | | | | | NC | NC | 6L | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |
| O U R I N E | HOUR | | 100 | 175 | 175 | 150 | 150 | 200 | 200 | 150 | 150 | 150 | 100 | 125 | 175 | 650 | | | | | |
| | TOTAL | | 100 | 175 | 175 | 150 | 150 | 200 | 200 | 150 | 150 | 150 | 100 | 125 | 175 | 650 | | | | | |
| | sp gr | | | | | | | | | | | | | | | | | | | | |
| | %A | | | | | | | | | | | | | | | | | | | | |
| | OUTPUT | | | | | | | | | | | | | | | | | | | | |
| U R I N E | PH | | | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7646

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | |
|------------------------------|--------|--------|--------|----------|--------|--------|----|-------------------------------|----|----|----|----------|----|----|----|
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
| 113/77 | 133/76 | 124/70 | 109/57 | 93/54 | 115/60 | 115/63 | | | | | | | | | |
| 96 | 97 | 90 | 81 | 79 | 82 | 92 | | | | | | | | | |
| 22 | 20 | 20 | 19 | 16 | 16 | 14 | | | | | | | | | |
| 3L | 5C | 3L | 3L | 3L | 3L | 3L | | | | | | | | | |
| NO | NC | NC | NC | NC | NC | NC | | | | | | | | | |
| 95 | 97 | 98 | 98 | 96 | 96 | 98 | | | | | | | | | |
| 22 23 24 01 02 03 04 05 8° T | | | | | | | | | | | | | | | |
| 50 1200 | | | | | | | | 100 1300 | | | | | | | |
| 550 1050 | | | | | | | | 100 1150 11950 | | | | | | | |
| 24 HOURS TOTALS | | | | | | | | | | | | | | | |
| wt Yesterday | | | | wt Today | | | | NURSE'S SIGNATURE | | | | INITIALS | | | |
| INTAKE | | | | OUTPUT | | | | (b)(6)-2 | | | | (b)(6)-2 | | | |
| IV | | | | Urine: | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | |
| TOTAL | | | | TOTAL | | | | | | | | | | | |
| MEDCOM - 7647 | | | | | | | | | | | | | | | |

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 SHEET ASSESSMENT | |
|--------------------------|---|
| 27 Sept | TIME 0630 INITIALS (b)(6)-2 |
| PUPILS | 3mm 3mm React |
| SENSORIUM | awake, agitated, irritability, bouts intermittent confusion, and anxiety. Restraints x 3 to @U/L ext. and @ UE. |
| RESPIRATORY PATTERN | moves all ext, good sensation, good strength |
| BREATH SOUNDS | deep, unlabored |
| SECRETIONS | RR: 18-20 SaO ₂ 99% |
| COLOR | no secretions. |
| INTEGRITY | BS: clear throughout posteriorly. @ SOB, dyspnea on exertion |
| LOCATION | NFR |
| CONDITION | @ Midline abd incision dry col. Dep to @ @ lateral regions col |
| ABDOMEN | 3. Lumen catheter to @ Subclavian |
| BOWEL SOUNDS | Proximal - @ flush, @ BR Medial - @ flush, @ BR Distal - @ flush, @ BR |
| URINE: COLOR/CLARITY | ABDOMEN JBSUA Soft, non tender, non distended. Hyperactive @ @ @ @ BS UMLQ. |
| CARDIAC RHYTHM | URINE: Pale to grayish clear yellow |
| LEGEND | Gr - Fraction F ₂ O ₂ - Fraction of Inspired O ₂ - Bicarbonate |
| | ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure |
| | S/A - Fractional SA1 - Saturation TRACH - Tracheostomy |

(b)(6)-2

(b)(6)-2

(b)(6)-4

DEPARTMENT/SERVICE/CLINIC
ICU

DATE
27 Sep 03

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

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

MEDCOM - 7648

TRUMENT

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|--|------------------|--------|---------|-----------------|----------|---------|--------|--------|---------|------------------|----------|---------|--------------|--------|--------------|------|---------|------|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L S I G N S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 101/58 | 135/70 | 136/74 | 116/74 | 143/67 | 124/63 | 132/69 | 129/70 | 120/44 | 140/73 | 111/59 | 102/44 | 144/50 | | | | | |
| | Temperature | 97.6 | 98.1 | | 97.6 | | | | 96.9 | 96.0 | 96.8 | | 96.8 | 97.4 | 97.4 | | | | |
| | Pulse | 82 | 83 | 82 | 85 | 93 | 86 | 83 | 84 | 82 | 81 | 79 | 77 | 73 | | | | | |
| | Respiratory Rate | 18 | 19 | 20 | 21 | 11 | 21 | 19 | 20 | 13 | 19 | 22 | 18 | 19 | | | | | |
| | Oxygen Sat | 99% | 98% | 100% | 98% | 97% | 98% | 97% | 98% | 99% | 100% | 97% | 96% | 95% | | | | | |
| | ECG | | NC | NC | NC | NC | RA | RA | NC | NC | NC | RA | RA | RA | | | | | |
| | FSBS | | | | | | | | 194 | | | | | | | | 91 | | |
| | Notes | | Agitate | 0830 Versed 1mg | MSDy 3mg | Dinning | | | TURPOOL | Versed 1mg 13:30 | MSDy 3mg | Uraegin | Toradol 30mg | KUB | Zantac | | Toradol | | |
| | TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8°T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| I | IURD | 0 | 0 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 300 | 300 | 400 | 400 | 400 | 400 | 500 | 500 | 500 |
| N | PO | 0 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 150 | 150 | 180 | 180 | 180 | 210 | 230 | 230 | 230 |
| N | IVF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U R I N E | URINE | HOUR | 125 | 125 | 125 | 125 | 100 | 100 | 100 | 100 | 100 | 100 | 125 | 125 | 125 | 125 | 125 | 125 | 125 |
| | TOTAL | 125 | 250 | 375 | 500 | 600 | 700 | 800 | 900 | 1000 | 1125 | 1250 | 1375 | 1500 | 1625 | 1750 | 1875 | 2000 | 2125 |
| | 10 gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| | OUTPUT | | | | | | | | | | | | | | | | | | |
| N G | NG | PH | | | | | | | | | | | | | | | | | |
| | GUBAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | 0 | 0 | 0 | 0 | | | | | | | | | 0 | | | | |
| P S T O O L | STOOL | | 0 | 0 | 0 | 0 | | | | | | | | | | | | | 0 |
| | DRAINS | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |


MEDCOM - 7649

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|------------------|--------|------|------|------|--------|------|------|------|
| BP | 116/76 | | | | 143/57 | | | |
| T | 98 | | | | 97.8 | | | |
| F ₁₀₂ | 88 | | | | 78 | | | |
| RR | 16 | | | | 18 | | | |
| Hypox | R/A | | | | R/A | | | |
| 22921 | 99% | | | | 93% | | | |
| | | | | | | 99 | | |
| UPR | 650 | 550 | 650 | 650 | 650 | 650 | 650 | 650 |
| PO | 320 | 240 | 240 | 240 | 240 | 240 | 240 | 240 |
| VF | 325 | 1125 | 1325 | 1525 | 1725 | 1925 | 2125 | 2325 |
| | 325 | 1550 | | 1875 | 3425 | | 1225 | 3650 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | TIME | | | | | | | | |
|------------------|--------------------|--|--|--|--|----------|-----|--|--|
| | | | | | | | | | |
| MODE | | | | | | | | | |
| F ₁₀₂ | | | | | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| A | PH | | | | | | | | |
| | PCO ₂ | | | | | | | | |
| | pO ₂ | | | | | | | | |
| B | HCO ₃ | | | | | | | | |
| | SAT | | | | | | | | |
| G | BASE | | | | | | | | |
| | TIME | | | | | 1400 | | | |
| A | GLUCOSE | | | | | 198 | 208 | | |
| B | Na/K | | | | | | | | |
| C | Cl/CO ₂ | | | | | | | | |
| D | BUN/Cr | | | | | | | | |
| E | WBC/PLATELET | | | | | | | | |
| F | Hct/Hgb | | | | | | | | |
| | TIME | | | | | 0930 | | | |
| T | MOUTH CARE | | | | | | | | |
| | BATH | | | | | (b)(6)-2 | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | | | | | | | | |
| | TRACH CARE | | | | | | | | |
| S | ROM EXERCISES | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--------------|----------|---|----------|
| 24-HR TOTALS | | NURSE'S SIGNATURE | INITIALS |
| wt Yesterday | wt Today | (b)(6)-2  | |
| INTAKE | OUTPUT | | |
| IV | Urine: | | |
| PO | | | |
| | | | |
| TOTAL | TOTAL | | |
| 2325 | 3650 | | |
| | 25 | | |
| | | | |
| | | | |

MEDCOM - 7650

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | |
|---|---------------------|---|--|
| | TIME | INITIAL | INITIALS |
| N U R S E R Y | PUPILS | 0620 | (b)(6)-2 |
| | SENSORIUM | 3mm 3mm PERR | 3mm PERR |
| | | A&D is oriented, oriented 2 pt restaurant in place to Bilat WE. Circ (P) pulse, cap refill < 5 sec. Moved all ext. (P) strength equally, w/ set. (P) sensation. No evidence of pain. | moments of confusion it will sleep then awaken intermittently |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | unlabored, even, deep breaths | RRR - P arch |
| | BREATH SOUNDS | SpO ₂ 93% RA RR 120 24 BPM | RR 13-17 |
| | SECRETIONS | P secretions. Bas clear throughout. | O ₂ N @ 2L S ₂ 99% |
| S K I N | COLOR | NER. (P) abd midline incision (p) ecchymosis | No As |
| | INTEGRITY | app i staples. Dg COI. (P) UO to (P) lower lateral | |
| | LOCATION | lateral aspect bullet holes Dg 12 abd regim. | |
| C O N D I T I O N | CONDITION | COT | |
| | | 2-lumen Central line - large area to (P) abdomen. Dg s/d 27 Sept. NOT proximal - (P) flush @ OR medial - (P) flush @ OR - LR @ 200 cc distal - (P) flush @ OR | Triple lumen LR @ 200 cc/hr proximal, distal patent flushed @ OR |
| | ABDOMEN | (P) BS Bilat lower quadrants (P) upper quadrants | (P) BS + Abtace |
| G A S T R O I N T E S T I N E | BOWEL SOUNDS | BS heard. (P) abd distention. Pt agitation difficulty assessing abd tenderness. | Prox stool - soft (P) distention |
| | URINE: | poly to gravity clear yellow | (P) urine - intact poly to gravity BS, dark yellow urine 50cc bilat |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | NSR 5152 presens (P) dependent edema pulse regular, radial Bilat = 1+. Cap refill 5 sec. | NSR HR 70s-90s (P) radial, pedal pulses |

LEGEND

SpO₂ - Fractional
 SaO₂ - Saturation
 PEEP - Positive End-expiratory Pressure
 TRACH - Tracheostomy

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC
ICU

DATE
28 Sep 03

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

MEDCOM - 7651

(b)(6)-2

(b)(6)-4

| DATE | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | | | | |
|--|----------------------------|--------|-----|------|--------|------|-----|-----|--------|----------------|----------|--------------|--------------|--------|-----|-----|----------|------|------|--|--|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | |
| V I T A L S I G N S | BP Arterial Line | | | | | | | | 133/90 | | | | | | | | | | | | | |
| | BP Cuff | 139/84 | | | 158/84 | | | | 100/55 | 92/50 | 95/55 | 116/65 | 124/75 | | | | 120/70 | | | | | |
| | Temperature | 98.6 | | | 98.0 | | | | 99.0 | | | 98.6 | | | | | 98.0 | | | | | |
| | Pulse | 91 | | | 83 | | | | 77 | 81 | 75 | 79 | 80 | | | | 81 | | | | | |
| | Respiratory Rate | 22 | | | 14 | | | | 18 | 18 | 18 | 14 | 17 | | | | 17 | | | | | |
| | O ₂ sat | 93 | | | 97% | | | | 99% | 97% | 96 | 97 | 97% | | | | 99% | | | | | |
| | | RA | | | RA | | | | NRB | NR | NR | NR | NR | | | | NR | | | | | |
| | | | | | | | | | | 4L | | 2L | 2L | 2L | | | 2L | | | | | |
| | | | | | | | | | | Return from OR | Sleeping | Subconscious | Sleeping | Awake | | | Sleeping | | | | | |
| | I N T A K E | LR | 200 | 200 | 200 | 200 | 200 | 200 | 200 | OR | OR | 1000 | 200 | 200 | 200 | 200 | 200 | 200 | 2900 | | | |
| IV PB | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 200 | 200 | 300 | 400 | 400 | 400 | 400 | 400 | 500 | | | | |
| PO | | 0 | NPO | | | | | | NPO | | | | | | | | | 100 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| O U T P U T | TOTALS | | | | | | | | | | | | | | | | | | | | | |
| | URINE | HOUR | 350 | 1200 | | 1200 | | | 1750 | 1875 | 30 | 30 | 35 | 50 | 50 | 50 | 50 | 2170 | | | | |
| | | TOTAL | 350 | 1550 | | 1200 | | | 1750 | 1875 | 1905 | 1935 | 1970 | | | | | 2170 | | | | |
| | | SPG | | | | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | N/A | | | | | | | | | 200 cc | 200 cc | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | | | | |
| | | GVIAC | | | | | | | | | | | | | | | | | | | | |
| | | EMESIS | 0 | | | 0 | | | 0 | | | | | | | | | 0 | | | | |
| | | STOOL | 0 | | | 0 | | | 0 | | | | | | | | | 0 | | | | |
| | ORAINS | | N/A | | | | | N/A | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7652

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|-------------------------------|--|--------------------|-----------|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | | | | | | | | |
| V | | | | | | | | R | | TIME | | | | | |
| I | | | | | | | | E | | MODE | | | | | |
| T | | | | | | | | S | | F _{IO2} | | | | | |
| A | | | | | | | | P | | TV | | | | | |
| L | | | | | | | | T | | RATE | | | | | |
| S | | | | | | | | B | | PEEP | | | | | |
| I | | | | | | | | A | | pH | | | | | |
| T | | | | | | | | A | | PCO ₂ | | | | | |
| | | | | | | | | B | | PO ₂ | | | | | |
| | | | | | | | | B | | HCO ₃ | | | | | |
| | | | | | | | | | | SAT | | | | | |
| | | | | | | | | G | | BASE | | | | | |
| | | | | | | | | | | TIME | 0400 | | | | |
| | | | | | | | | A | | GLUCOSE | 101 | | | | |
| | | | | | | | | B | | Na/K | 131/26 | | | | |
| | | | | | | | | O | | Cl/CO ₂ | 101/25 | | | | |
| | | | | | | | | R | | BUN/Cr | | | | | |
| | | | | | | | | A | | WBC/PLATELET | 12.5 | | | | |
| | | | | | | | | T | | Hct/Hgb | 39.3/12.7 | | | | |
| | | | | | | | | O | | | | | | | |
| | | | | | | | | B | | | | | | | |
| | | | | | | | | Y | | | | | | | |
| | | | | | | | | A | | TIME | | | | | |
| | | | | | | | | C | | MOUTH CARE | | | | | |
| | | | | | | | | D | | BATH | 0800 | | | | |
| | | | | | | | | A | | SKIN CARE | 0800 | | | | |
| | | | | | | | | I | | FOLEY CARE | 0800 | | | | |
| | | | | | | | | L | | TRACH CARE | | | | | |
| | | | | | | | | J | | ROM EXERCISES | 1030-1130 | | | | |
| | | | | | | | | E | | | | | | | |
| | | | | | | | | S | | | | | | | |
| | | | | | | | | V | | | | | | | |
| | | | | | | | | D | | | | | | | |
| | | | | | | | | N | | | | | | | |
| | | | | | | | | F | | | | | | | |
| | | | | | | | | G | | | | | | | |
| | | | | | | | | | | 24 HOURS TOTALS | | | | | |
| | | | | | | | | | | WT Yesterday | | | | | |
| | | | | | | | | | | WT Today | | | | | |
| | | | | | | | | | | INTAKE | | | | | |
| | | | | | | | | | | IV 4500 | | | | | |
| | | | | | | | | | | OR 650 WPB | | | | | |
| | | | | | | | | | | PO 100 PO | | | | | |
| | | | | | | | | | | TOTAL 5250 | | | | | |
| | | | | | | | | | | OUTPUT | | | | | |
| | | | | | | | | | | Urine: 2400 | | | | | |
| | | | | | | | | | | TOTAL 2400 | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

MEDCOM - 7653

INITIALS
CPI
(b)(6)-2

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

| N E U R O L O G Y | TIME | INITIAL SHIFT ASSESSMENT | |
|---|------|--|--|
| | | INITIALS (b)(6)-2 | INITIALS (b)(6)-2 |
| PUPILS | 0130 | Reactive equal | 1900 |
| SENSORIUM | | Confused agitated follows some commands moves all extremities | PERL |
| RESPIRATORY PATTERN | | Language barrier | Agitated and confused at times, follows some commands. |
| BREATH SOUNDS | | Rt. even, undisturbed | |
| SECRETIONS | | US CTA | Rhon, non labored. |
| COLOR | | secretion noted at snorts while sleeping stoc maintain | Clear bilat |
| INTEGRITY | | normal for race | O2 sat 97% on 3L |
| LOCATION | | Abd. incision approx 2.5 cm | NC & humidity |
| CONDITION | | Stab reddish (3) arm guard care TLO - central line | WNL |
| ABDOMEN | | midline abd incision staples intact. Drags to (B) + (C) abd inc. | |
| BOWEL SOUNDS | | distal port infusing LR 200cc/hr | |
| URINE: COLOR/CLARITY | | proximal port flush & NS 3 @ 100cc/hr | |
| CARDIAC RHYTHM | | Abd soft non distended | |
| | | (+) BS, Vx4 quad | |
| | | (+) BM, Vx15 km | |
| | | Abd. round, slightly distended | |
| | | (+) hyperactive BS & gurgles. | |
| | | refused dinner. | |
| | | Feleg > granitic | |
| | | clear yellow urine | |
| | | HR 132 RR 20 | |
| | | at 32 normal & extra sand. (+) | |
| | | peripheral pulses x4 | |
| | | NSR @ 60 bpm | |
| | | palpable pulses no | |
| | | brisk radial & pedal pulses | |

LEGEND Cr - Creatinine ICP - Intracranial Pressure S/A - Fractional
 F_IO₂ - Fraction of Inspired O₂ PCO₂ - Pressure of Arterial CO₂ SA_t - Saturation
 HCO₃ - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC
ICU

(Continue on reverse)
 DATE
29 Sept 03

entries give: Name—last, first.
 Date, date: hospital or medical facility)

(b)(6)-4

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

MEDCOM - 7654

| DATE | | DE | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|------|------------------|------------|-----|-----|-----|-------|-----|-----|--------|------|------|------|--------|--------|--------------|------|------|------|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| J | BP Cuff | 87/76 | | | | 87/76 | | | 117/72 | | | | 111/50 | 147/77 | | | | | |
| T | Temperature | 98.1 | | | | 97.9 | | | | | | | 97.4 | | | | | | |
| A | Pulse | 83 | | | | 81 | | | 75 | | | | 74 | 74 | | | | | |
| E | Respiratory Rate | 20 | | | | 20 | | | 18 | | | | 18 | 18 | | | | | |
| S | SAO2 | 94 | | | | 94 | | | 100% | | | | 99% | 99 | | | | | |
| G | | 3L | | | | RA | | | 4L | | | | 3L | 3L | | | | | |
| N | | | | | | | | | NC | | | | NC | NC | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| I | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| M | EC | 200 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1600 | 1500 | 2000 | 2200 | 2400 | 2400 | 1800 | 3000 | 3200 | 3200 |
| N | PB | | | | | 100 | 50 | | | | 100 | 300 | 50 | 100 | | | | | |
| T | IVPB | | 250 | | | | | | | | 200 | | 50 | | | | 100 | | |
| A | | | 150 | | | | | | | | 300 | | 50 | | | | 100 | | |
| K | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | |
| O | TOTALS | | | | | | | | | | | | | | | | | | |
| U | URINE | HOUR TOTAL | X | X | X | 100 | 100 | X | X | 125 | 100 | X | 200 | X | 750 | X | | | |
| R | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| T | | pH | | | | | | | | | | | | | | | | | |
| P | | GUAC | | | | | | | | | | | | | | | | | |
| L | EMESIS | | | | | | | | | | | | | | | | | | |
| T | STOOL | | | | | | | | | | | | | | | | | | |
| | DRAINS | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | |

MEDCOM - 7655

POST-OP DAY

ACUTY LEVEL CLASSIFICATION

22 23 24 01 02 03 04 05

| | | | | | | | |
|---------|--|--|--|--|--|--|--|
| 174/103 | | | | | | | |
| 97.5 | | | | | | | |
| 80 | | | | | | | |
| 18 | | | | | | | |
| 94 | | | | | | | |
| BLM | | | | | | | |

Client asleep

22 23 24 01 02 03 04 05 8° T

| | | | | | | | | |
|------|------|------|------|-------|-------|------|------|-----|
| 250 | 250 | 260 | 250 | 250 | 250 | 250 | 250 | 480 |
| 7400 | 7600 | 3800 | 4500 | 11700 | 11600 | 4400 | 4400 | |
| 150 | | | | | | | | 500 |
| 500 | | | | | | | | 550 |

| | | | | | | | | |
|------|--|--|--|--|--|--|--|------|
| 1100 | | | | | | | | 1300 |
| 3175 | | | | | | | | 4475 |

| TIME | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|
| MODE | | | | | | | | | |
| F _{IO2} | | | | | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| pH | | | | | | | | | |
| PCO ₂ | | | | | | | | | |
| pO ₂ | | | | | | | | | |
| HCO ₃ | | | | | | | | | |
| SAT | | | | | | | | | |
| BASE | | | | | | | | | |

| TIME | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| GLUCOSE | | | | | | | | | |
| Na/K | | | | | | | | | |
| Cr/CO ₂ | | | | | | | | | |
| BUN/Cr | | | | | | | | | |
| WBC/PLATELET | | | | | | | | | |
| Hct/Hgb | | | | | | | | | |

| TIME | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| MOUTH CARE | | | | | | | | | |
| BATH | | | | | | | | | |
| SKIN CARE | | | | | | | | | |
| FOLEY CARE | | | | | | | | | |
| TRACH CARE | | | | | | | | | |
| ROM EXERCISES | | | | | | | | | |

24 HOURS TOTALS

wt Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

PO _____

TOTAL 5850 TOTAL 4475

BALANCE 1375

NURSE'S SIGNATURE _____ INITIALS _____

MEDCOM - 7656

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-65; 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 (b)(6)-2 | TIME | INITIALS (b)(6)-2 |
| N E U R O | PUPILS | 0700 | | 1400 | |
| | SENSORIUM | Pupils 3mm equiv. ✓ | | 3mm PERRA | |
| | | Clear and expected | | A+Ox3 / Cooperative | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Consistent, MAC 4, | | MAC 4 | |
| | BREATH SOUNDS | Clear | | | |
| | SECRECTIONS | None | | | |
| S K I N | COLOR | Even and colored | | Even + Unblanched | |
| | INTEGRITY | Intact | | Intact | |
| | LOCATION | Intact | | | |
| C A S T R O | ABDOMEN | DS of 4. NAD | | DS of 4. NAD | |
| | BOWEL SOUNDS | Normal | | Normal | |
| | | | | | |
| G U | URINE: | Color: Clear | | Color: Clear | |
| | COLOR/CLARITY | Yellow | | Yellow | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | SN 50 bpm. P 50 | | SN 50 bpm. P 50 | |
| | | 2nd to 4th | | 2nd to 4th | |
| | | No edema on O2 | | No edema on O2 | |
| | | <p>LEGEND</p> <p>Cr - Creatinine FiO₂ - Fraction of Inspired O₂ HCO₃ - Bicarbonate</p> <p>ICP - Intracranial Pressure PCO₂ - Pressure of Arterial CO₂ PEEP - Positive End Expiratory Pressure</p> <p>S/A - Fractional SA₁ - Saturation TRACH - Tracheostomy</p> | | | |

(Continue on reverse)

| | |
|--|--|
| <p>PREPARED BY (b)(6)-2</p> <p>15 AN</p> <p>DEPARTMENT/SERVICE/CLINIC</p> <p>ICU</p> <p>DATE</p> <p>30 Sep 03</p> | <p>Written entries give: Name—last, first, middle; grade; date; hospital or medical facility)</p> <p>(b)(6)-4</p> <p><input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART</p> <p><input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify)</p> <p><input type="checkbox"/> DIAGNOSTIC STUDIES</p> <p><input type="checkbox"/> TREATMENT</p> |
|--|--|

DA FORM 1 MAY 78 4700

MEDCOM - 7657

IAMC OP 375 (Redesignated)

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|--|------------------|--------|-----|--------|------|------|------|------|------|----------------|------|------|--------|------|--------------|------|------|------|----------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A E S I G N S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 138/77 | | 116/67 | | | | | | 124/74 | | | 147/77 | | 138/104 | | | | |
| | Temperature | 97.1 | | 97.4 | | | | | | | | | 97.3 | | | | | | |
| | Pulse | 72 | | 67 | | | | | | 70 | | | 73 | | 73 | | | | |
| | Respiratory Rate | 18 | | 18 | | | | | | 14 | | | 16 | | 16 | | | | |
| | Oxygen Sat | 3L | | 3L | | | | | | RA | | | RA | | RA | | | | |
| | O2 Sat | 98% | | 100% | | | | | | 99% | | | 98% | | 99% | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T |
| I N T E R A K E | LR | 200 | 400 | 1000 | 800 | 1100 | 1200 | 1400 | 1600 | 1800 | 2000 | 2200 | 2400 | 2600 | 2800 | 3000 | 3200 | 3400 | |
| | IUPB | | | 100 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U T P U T | URINE | HOUR | 150 | 400 | 1100 | | | | | 300 | | 500 | | | | | 500 | | |
| | | TOTAL | 150 | 550 | 1650 | | | | | 1500 | | 1650 | | | | | 1650 | | |
| | 10 gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7658

| POST-OP DAY | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | |
|-------------|----|----|----|----|----|----|----|-----------------------------|------|----------------------------|------|------|--|--|--|--|--|--|--|--|--|--|--|
| V | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | TIME | | | | | | | | | | | | | | |
| | | | | | | | | | | MODE | | | | | | | | | | | | | |
| | | | | | | | | | | F _{O₂} | | | | | | | | | | | | | |
| | | | | | | | | | | TV | | | | | | | | | | | | | |
| | | | | | | | | | | RATE | | | | | | | | | | | | | |
| | | | | | | | | | | PEEP | | | | | | | | | | | | | |
| | | | | | | | | | | pH | | | | | | | | | | | | | |
| | | | | | | | | | | PCO ₂ | | | | | | | | | | | | | |
| | | | | | | | | | | PO ₂ | | | | | | | | | | | | | |
| | | | | | | | | | | HCO ₃ | | | | | | | | | | | | | |
| | | | | | | | | | | SAT | | | | | | | | | | | | | |
| | | | | | | | | | | BASE | | | | | | | | | | | | | |
| | | | | | | | | | | TIME | 1800 | | | | | | | | | | | | |
| | | | | | | | | | | GLUCOSE | 61 | | | | | | | | | | | | |
| | | | | | | | | | | Na/K | 141 | 2.9 | | | | | | | | | | | |
| | | | | | | | | | | Cl/CO ₂ | 103 | 29 | | | | | | | | | | | |
| | | | | | | | | | | BUN/Cr | 11 | 1.2 | | | | | | | | | | | |
| | | | | | | | | | | WBC/PLATELET | 7.3 | 384 | | | | | | | | | | | |
| | | | | | | | | | | Hct/Hgb | 8.5 | 24.0 | | | | | | | | | | | |
| | | | | | | | | | | Lbc/mcv | 3.01 | 86.9 | | | | | | | | | | | |
| | | | | | | | | | | TIME | | | | | | | | | | | | | |
| | | | | | | | | | | MOUTH CARE | | | | | | | | | | | | | |
| | | | | | | | | | | BATH | | | | | | | | | | | | | |
| | | | | | | | | | | SKIN CARE | | | | | | | | | | | | | |
| | | | | | | | | | | FOLEY CARE | | | | | | | | | | | | | |
| | | | | | | | | | | TRACH CARE | | | | | | | | | | | | | |
| | | | | | | | | | | ROM EXERCISES | | | | | | | | | | | | | |
| | | | | | | | | | | AC DAILY | | | | | | | | | | | | | |
| | | | | | | | | | | WASH | | | | | | | | | | | | | |
| | | | | | | | | | | SKIN CARE | | | | | | | | | | | | | |
| | | | | | | | | | | FOLEY CARE | | | | | | | | | | | | | |
| | | | | | | | | | | TRACH CARE | | | | | | | | | | | | | |
| | | | | | | | | | | ROM EXERCISES | | | | | | | | | | | | | |
| | | | | | | | | | | TIME | | | | | | | | | | | | | |
| | | | | | | | | | | TURN | | | | | | | | | | | | | |
| | | | | | | | | | | SUCTION | | | | | | | | | | | | | |
| | | | | | | | | | | TIME | | | | | | | | | | | | | |
| | | | | | | | | | | 24 HR TOTALS | | | | | | | | | | | | | |
| | | | | | | | | | | wt Yesterday | | | | | | | | | | | | | |
| | | | | | | | | | | wt Today | | | | | | | | | | | | | |
| | | | | | | | | | | INTAKE | | | | | | | | | | | | | |
| | | | | | | | | | | IV | 2028 | | | | | | | | | | | | |
| | | | | | | | | | | OUTPUT | | | | | | | | | | | | | |
| | | | | | | | | | | Urine: | 3650 | | | | | | | | | | | | |
| | | | | | | | | | | DO | | | | | | | | | | | | | |
| | | | | | | | | | | TOTAL | | | | | | | | | | | | | |
| | | | | | | | | | | TOTAL | | | | | | | | | | | | | |
| | | | | | | | | | | BALANCE | 5628 | | | | | | | | | | | | |
| | | | | | | | | | | NURSE'S SIGNATURE | | | | | | | | | | | | | |
| | | | | | | | | | | INITIALS | | | | | | | | | | | | | |

MEDCOM - 7659

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | |
|---------------------------------|---------------------|---|------------|-----|--|
| | | TIME | INITIALS | | INITIALS |
| M E U R O | PUPILS | 0700 | [Redacted] | bv2 | 18K |
| | SENSORIUM | 3mm & PERLA | | | PERLA |
| | | Alert, awake, language barrier, follows commands, moves all extremities | | | A+Ox3 Ⓟ commands MATES |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | even & unlabored | | | easy unlabored |
| | BREATH SOUNDS | CTA bilaterally | | | clear & equal |
| | SECRECTIONS | Ⓟ noted - productive cough occasionally | | | no distress or SOB chest on room air O2 sat 98%. |
| S K I N | COLOR | Pink, warm | | | pink w/w |
| | INTEGRITY | legs to Ⓟ sides abd & midline incision & staples, otherwise intact | | | legs to Ⓟ abd & midline incision approx staples Ⓟ skin intact |
| | LOCATION | | | | stitches easily & patent. |
| G A S T R O I N T E S T I N A L | ABDOMEN | soft, non-tender | | | soft - midline staples & Ⓟ x2. |
| | BOWEL SOUNDS | Ⓟ x4 quads, regular diet | | | Ⓟ BS Ⓟ x4 quads. mod 70% intake. no inc in commode. clear, yellow |
| | URINE: | | | | |
| C A R D I O V A S C U L A R | COLOR/CLARITY | voids on own clear, yellow | | | |
| | CARDIAC RHYTHM | NSR, all pulses palpable Ⓟ mod edema noted to hands | | | NSR - 5 eob m. Ⓟ pulses x4 bilat. |
| | | | | | |

LEGEND
 Cr - Creatinine
 F₁O₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 SA - Fractional
 SA₁ - Saturation
 TRACH - Tracheostomy

PREPAR (b)(6)-2 _____ (Continue on reverse)

DEPARTMENT/SERVICE/CLINIC **ICU** DATE **1 Oct 83**

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

(b)(6)-4 _____

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

DA FORM 1 MAY 70 4700

MEDCOM - 7660

WAMC OP 375 (1-1)

| DATE | | DE | | | | | | | | | | | HOSPITAL DAY | | | | | | |
|----------------------------|------------------|------------|-----|----|-----|--------|-----|----|-----|----------------|-----|--------|--------------|----|----|----|------|-----|----------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 140/59 | | | | 128/60 | | | | 146/55 | | 147/54 | → | | | | | | |
| | Temperature | 97.5 | | | | | | | | 97.2 | | | | | | | | | |
| | Pulse | 71 | | | | 72 | | | | 79 | | 75 | → | | | | | | |
| | Respiratory Rate | 18 | | | | 17 | | | | 20 | | 20 | → | | | | | | |
| Sats | 91% | | | | 92% | | | | 92% | | 98% | → | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T |
| I N T A K E | I/VF | 0 | | | | 0 | | | | | | | | | | | | | |
| | I/VPB | 0 | | | | 0 | | | | | | | | | | | | | |
| | PO | 0 | | | | | | | | | | | | | | | | 200 | |
| | TOTALS | | | | | | | | | | | | | | | | | | |
| | URINE | HOUR TOTAL | 300 | | | | 400 | | | | | | | | | | | 500 | |
| | SP GR | | | | | 700 | | | | | | | | | | | 1200 | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | 200 | | | | | | | | | | | | | | | 200 | |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7661

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | | | |
|-------------------------------------|----|----|----|----|----|----|----|-------------------------------|----|----|----|----|----|----|----|---------------------|----------|------|------|--|--|--|--|--|--|
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | TIME | TIME | TIME | TIME | | | | | | |
| <p>90' Temp 98.8 14 KFL 99' Sub</p> | | | | | | | | <p>133/70 98.3 70 18 98.1</p> | | | | | | | | MODE | | | | | | | | | |
| | | | | | | | | | | | | | | | | FiO ₂ | | | | | | | | | |
| | | | | | | | | | | | | | | | | TV | | | | | | | | | |
| | | | | | | | | | | | | | | | | RATE | | | | | | | | | |
| | | | | | | | | | | | | | | | | PEEP | | | | | | | | | |
| | | | | | | | | | | | | | | | | A pH | | | | | | | | | |
| | | | | | | | | | | | | | | | | A PCO ₂ | | | | | | | | | |
| | | | | | | | | | | | | | | | | A PO ₂ | | | | | | | | | |
| | | | | | | | | | | | | | | | | B HCO ₃ | | | | | | | | | |
| | | | | | | | | | | | | | | | | SAT | | | | | | | | | |
| | | | | | | | | | | | | | | | | G BASE | | | | | | | | | |
| | | | | | | | | | | | | | | | | TIME | 0900 | | | | | | | | |
| 22 23 24 01 02 03 04 05 8° T | | | | | | | | | | | | | | | | A GLUCOSE | 102 | | | | | | | | |
| | | | | | | | | | | | | | | | | Na/K | 1.35/3.7 | | | | | | | | |
| | | | | | | | | | | | | | | | | D CUCO ₂ | 99/23 | | | | | | | | |
| | | | | | | | | | | | | | | | | R A BUN/Cr | 8/0.7 | | | | | | | | |
| | | | | | | | | | | | | | | | | A WBC/PLATELET | 9.4/55 | | | | | | | | |
| | | | | | | | | | | | | | | | | T A Hct/Hgb | 29.4/9.3 | | | | | | | | |
| | | | | | | | | | | | | | | | | TIME | | | | | | | | | |
| | | | | | | | | | | | | | | | | T MOUTH CARE | | | | | | | | | |
| | | | | | | | | | | | | | | | | I BATH | | | | | | | | | |
| | | | | | | | | | | | | | | | | V SKIN CARE | | | | | | | | | |
| | | | | | | | | | | | | | | | | L FOLEY CARE | | | | | | | | | |
| | | | | | | | | | | | | | | | | E TRACH CARE | | | | | | | | | |
| | | | | | | | | | | | | | | | | S ROM EXERCISES | | | | | | | | | |
| | | | | | | | | | | | | | | | | TIME | | | | | | | | | |
| | | | | | | | | | | | | | | | | TIME | | | | | | | | | |
| | | | | | | | | | | | | | | | | 24 HOURS TOTALS | | | | | | | | | |
| | | | | | | | | | | | | | | | | wt Yesterday | | | | | | | | | |
| | | | | | | | | | | | | | | | | wt Today | | | | | | | | | |
| | | | | | | | | | | | | | | | | INTAKE | | | | | | | | | |
| | | | | | | | | | | | | | | | | IV | | | | | | | | | |
| | | | | | | | | | | | | | | | | OUTPUT | | | | | | | | | |
| | | | | | | | | | | | | | | | | Urine: | | | | | | | | | |
| | | | | | | | | | | | | | | | | TOTAL | 600 | | | | | | | | |
| | | | | | | | | | | | | | | | | TOTAL | 1800 | | | | | | | | |
| | | | | | | | | | | | | | | | | BALANCE | 1200 | | | | | | | | |

MEDCOM - 7662

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 |
|---|---------------------|------|-------------------------|----------|----------|
| P U P I L S | PUPILS | | 1662 | | |
| | SENSORIUM | | Pupils 3 mm bilat - ADX | | |
| | | | MATN 4. Boudary | | |
| | | | S. Chittenden | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | | Even & regular | | |
| | BREATH SOUNDS | | Clear CTR | | |
| | SECRETIONS | | Compens. clear white | | |
| | | | Spont. | | |
| C O L O R | COLOR | | White | | |
| | INTEGRITY | | Normal for Age | | |
| L O C A T I O N | LOCATION | | AD 6-10 @ 0400 | | |
| | CONDITION | | Stable post-op on | | |
| | | | Analgesic | | |
| A B D O M E N | ABDOMEN | | Abdominal Medial | | |
| | BOWEL SOUNDS | | Normal - Intest | | |
| | | | post-op or distal | | |
| U R I N E | URINE: | | Normal Per Bag | | |
| | COLOR/CLARITY | | Normal | | |
| C A R D I A C | CARDIAC RHYTHM | | S. & S. Unassisted | | |
| | | | Normal sinus rhythm on | | |
| | | | SUB. Pulses + | | |
| | | | to 60-80 bpm. | | |

| | | | |
|---------------|--|---|---|
| LEGEND | Cr - Creatinine f _i O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate | ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure | f _i A - Fractional SA ₁ - Saturation TRACH - Tracheostomy |
|---------------|--|---|---|

(Continues on reverse)

| | | | |
|--|---------|--|-------------------------|
| PATIENT'S IDENTIFICATION (b)(6)-2 | 1 LT AN | DEPARTMENT/SERVICE/CLINIC ICU | DATE 2 Oct 03 |
|--|---------|--|-------------------------|

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

(b)(6)-4



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

| DATE | | HOSPITAL DAY | | | | | | | | | | | | | | | | | |
|---|--------------------|--------------|----|----|--------|----|----|----|--------|-----------------|----|----|----|--------|----|----|----|----|-----------------|
| TIME | | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| V A R I O U S P A R T I C I P A N T S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 134/71 | | | 132/70 | | | | 138/69 | | | | | 141/75 | | | | | |
| | Temperature | 97.6 | | | 97.9 | | | | 97 | | | | | 96.5 | | | | | |
| | Pulse | 68 | | | 69 | | | | 67 | | | | | 66 | | | | | |
| | Respiratory Rate | 16 | | | 18 | | | | 20 | | | | | 22 | | | | | |
| | O ₂ Sat | 95% | | | 100% | | | | 100% | | | | | 98% | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^{PT} | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^{PT} |
| I N T R A V E N O U S C A T H E R I C A L I N F U S I O N | IVF | / | | | | | | | | | | | | | | | | | |
| | IVPB | / | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | |
| TOTALS | | / | | | | | | | | | | | | | | | | | |
| O U R I N E | URINE | HOUR | | / | | | | | | | | | | | | | | | |
| | | TOTAL | / | | | | | | | | | | | | | | | | |
| | | SP-Q | / | | | | | | | | | | | | | | | | |
| | | S/A | / | | | | | | | | | | | | | | | | |
| N G | NG | OUTPUT | | / | | | | | | | | | | | | | | | |
| | | PH | / | | | | | | | | | | | | | | | | |
| | | GUAC | / | | | | | | | | | | | | | | | | |
| | | | / | | | | | | | | | | | | | | | | |
| EMESIS | | / | | | | | | | | | | | | | | | | | |
| STOOL | | / | | | | | | | | | | | | | | | | | |
| D R A I N S | DRAINS | / | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | |
| TOTALS | | / | | | | | | | | | | | | | | | | | |

MEDCOM - 7664

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--------|--------|------------------------|----|---------|----|--------------|-------------------------------|-------------|-------|-------------|-------------------|-------------|------|--|----------|--|------------|------|--|------------|---------|--|------------|------------|--|-------|-----------------|--|--|-------|------|--|--|-------|------|------|--|--|--|------|--------------------|--|--|------|------|------|-----------|--|--|------|--------|--|------|------|--|--|------|------------|--|------|--------------|------|---|----|--|--|--|------|------------|------|------|---------|------------------|--|--|--|--|--|------|------|---------------|-----------------|--|--|--|--|--|--|------|---|------------------|--|--|--|--|--|--|------|--|-----|--|--|--|--|--|--|------|---|------|--|--|--|--|--|--|
| VITALS | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | RESPIRATORY | TIME | | | | | | | | LABORATORY | MODE | | | | | | | | OTHER | F _{O2} | | | | | | | | CARE | TV | | | | | | | | CARE | RATE | | | | | | | | CARE | PEEP | | | | | | | | CARE | A | pH | | | | | | | CARE | A | PCO ₂ | | | | | | | CARE | B | PO ₂ | | | | | | | CARE | B | HCO ₃ | | | | | | | CARE | | SAT | | | | | | | CARE | G | BASE | | | | | | |
| | VITALS | 22 | 23 | 24 | 01 | 02 | 03 | 04 | | 05 | RESPIRATORY | TIME | | | | | | | | | LABORATORY | GLUCOSE | | | | | | | | | OTHER | Na/K | | | | | | | | | CARE | Cl/CO ₂ | | | | | | | | | CARE | BUN/Cr | | | | | | | | | CARE | WBC/PLATELET | | | | | | | | | CARE | | Hct/Hgb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VITALS | 22 | 23 | 24 | 01 | 02 | 03 | | 04 | | 05 | RESPIRATORY | TIME | | | | | | | | | | LABORATORY | MOUTH CARE | | | | | | | | | | OTHER | | BATH | | | | | | | | | | CARE | SKIN CARE | | | | | | | | | | CARE | FOLEY CARE | | | | | | | | | | CARE | TRACH CARE | | | | | | | | | | CARE | | ROM EXERCISES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 24 HOURS TOTALS | | | | | | | | | NURSE'S SIGNATURE | | | | INITIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | wt Yesterday | | | | | wt Today | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | INTAKE | | | | | OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | iv | | | | | Urine: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | po | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | TOTAL | | | | | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | BALANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7665

| | | | | | |
|--|------------------------------------|--|------------------------------------|--|------|
| 3. (b)(6)-4 | | RANK / GRADE | | SEX / SEXE MALE / HOMME FEMALE / FEMME | |
| SSN / NUMÉRO MATRICULE | | SPECIALTY CODE / GPM | | RELIGION / RELIGION | |
| 4. UNIT / UNITÉ | | | | | |
| FORCE / ÉLÉMENT | | | NATIONALITY / NATIONALITÉ | | |
| AVT | AFA | RAM | NCM | F-109 | |
| BC/DC | | NBI/BNIC | | DISEASE / MALADIE | |
| PSYCH / PSYCH | | | | | |
| 5. INJURY / BLESSURE | | | | | |
| FRONT / DEVANT | | BACK / ARRÈRE | | AIRWAY / TRACHÉE | |
|  | |  | | HEAD / TÊTE | |
| | | | | WOUND / BLESSURE | |
| | | | | NECK/BACK INJURY / BLESSURE AU COU/ALU DOS | |
| | | | | BURN / BRÛLURE | |
| | | | | AMPUTATION / AMPUTATION | |
| | | | | STRESS / TENSION | |
| | | | | <input checked="" type="checkbox"/> OTHER (Specify) / AUTRE (Spécifier) GSW | |
| 6. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE | | | | | |
| ALERT / ALERTE | | PAIN RESPONSE / RÉPONSE À LA DOULEUR | | | |
| VERBAL RESPONSE / RÉPONSE VÉRBALE | | UNRESPONSIVE / SANS RÉPONSE | | | |
| 7. PULSE / POULS | | 8. TOURNIQUET / GARROT | | 9. IV / IV | |
| 80 | 1300 | <input checked="" type="checkbox"/> NO / NON | <input type="checkbox"/> YES / OUI | | |
| 10. MORPHINE / MORPHINE | | DOSE / DOSE | | TIME / HEURE | |
| <input checked="" type="checkbox"/> NO / NON | <input type="checkbox"/> YES / OUI | 5 mg | 1320 | 2 arm | 1310 |
| 11. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NMC (ANTIDOTES) TRAITEMENT / OBSERVATIONS / PRÉSENTE MÉDICAMENT / ALLERGIES / ANTIDOTES | | | | | |
| GSW to abdomen dressed entry IV started pulse 80 } 1300 Morphine 5mg Resp 20 IV BP 147/84 | | | | | |
| 12. DISPOSITION / DISPOSITION | | RETURNED TO DUTY / RETOUR À L'UNITÉ | | TIME / HEURE | |
| (b)(6)-2 | | | | | |
| | | | | DATE / DATE (YY/MM/DD) PACCD 12/5/83 | |
| U.S. FIELD MEDICAL CARD MÉDICALE DE L'AVANT ÉTATS-UNIS | | | | | |

MEDCOM - 7666

| | | | | | |
|---|--|--|--|---|--------------------|
| 1. Reporting MTF (b)(3)-1 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | 5. Sex M |
| 6. DoB (YYYYMMDD) | | 7. Age at Admission | 8. Race X | 9. Ethnicity 9 | Religion MUSLIM |
| 10. Length of Service ETS | | 11. FMP 99 | 12. Social Security Number (b)(6)-4 | | |
| Organization (Active Duty Only) | | | 13. Marital Status Z | Hour of Admission 14:05 | Branch / Corps: |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | 19. Trauma BC | Prev. Admision NO | |
| 20. Source of Admission Direct from ER | | Ward: ICU | Name / Relationship of Emergency Addressee | | |
| | | | Address of Emergency Addressee | | |
| | | Name and Location of Medical Treatment Facility: (b)(2)-2 | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition HOME | | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-10-04 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-09-23 | | |
| 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-09-23 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW ABDOMEN, FRAGMENTATION WOUND LEFT ELBOW
879.2 54.72

Procedure Narrative(s): EX LAP, BOWEL RESECTION AND REPAIR, LEFT ELBOW DEBRIDEMENT

Cause of Injury Narrative: PT RAN A CHECKPOINT WITH A WEAPON IN HIS VEHICLE.

| | | | |
|-----------------------|--|------------------------|--|
| Admitted by: (b)(6)-2 | | Signature of: (b)(6)-2 | |
| Author: (b)(6)-2 | | MEDCOM - 7667 | |

(b)(3)-1

Country Code.)

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

REGISTER NUMBER

(Last, First, Middle Initial)

10 11 12 13 14 15

(b)(6)-4

4. PAY GRADE

5. SEX

16 17

18

CIV

M

DATE OF BIRTH (YYYYMMDD)

7. AGE AT ADMISSION

8. RACE

9. ETHNIC

RELIGION

19 20 21 22 23 24 25 26

27 28 29

30

31 BACK-GROUND

MUSLIM

1

9

X

9

10. LENGTH OF SERVICE

ETS

11. FMP

12. SOCIAL SECURITY NUMBER

32 33 34

35 36

37 38 39 40 41 42 43 44 45

(b)(6)-2

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS

HOUR OF ADMISSION

BRANCH / CORPS

46

1405

14. FLYING STATUS

15. BENEFICIARY CATEGORY

16. ZIP CODE OF RESIDENCE

47 48 49

50 51 52

53 54 55 56 57 58 59 60 61

K 7 8

0 9 3 2 3 0 0 2 0

17. UNIT LOCATION (State or Country Code)

18. MOS

19. TRAUMA

PREV. ADMISSION

62 63

64 65 66 67 68 69 70 71

BC

YEAR NO

I Z

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION

WARD

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

72

IC4

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

1

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION

22. MTF TRANSFERRED TO

23. DATE OF DISPOSITION (YYYYMMDD)

73 74

75 76 77 78 79 80

81 82 83 84 85 86 87 88

0 5 CRO/EPW

2 0 0 3 1 0 0 4

24. CLINIC SVC - ADMITTING

25. MTF TRANSFERRED FROM

26. DATE THIS ADMISSION (YYYYMMDD)

89 90 91 92

93 94 95 96 97 98

99 100 101 102 103 104 105 106

A A A A

2 0 0 3 0 9 2 3

27. LOCATION OF OCCURRENCE (Battle Casualty Only)

28. MTF OF INITIAL ADMISSION

29. DATE INITIAL ADMISSION (YYYYMMDD)

107 108

109 110 111 112 113 114

115 116 117 118 119 120 121 122

I Z

FOR LOCAL USE

Dx: 86350 GSW/ABD, FRAGMENT WOUND @ ELBOW
88111 EX LAP, BOWEL RESECTION & REPAIR, @ ELBOW DEBRIEMENT
E99/2 PT Ran V point o wagon in vehicle

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK

Pr 7762
8345

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

Jms Trauma

(b)(6)-4

MEDCOM - 7668

(b)(3)-1

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|--|----------------|---------------------------------------|---------------------------|---|---|-------------------|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE | | ADMISSION REMARKS |
| 4. AGE m | 6. RACE | 7. [Redacted] | | 10. PREVIOUS ADMISSION | | | |
| 11. FMP | | 12. SSN (b)(6)-4 | | 13. ORGANIZATION | | 14. WARD | |
| 15. FLYING STATUS | 16. RATING/DSG | 17. DEPT./BEN K78 | 18. BRANCH/CORPS | 19. UIC/ZIP | 20. TYPE CASE | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION | | | | 22. HOURS OF ADMISSION 0800 | 23. CLINIC SERVICE | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | 25. TYPE DISPOSITION | 26. DATE OF DISPOSITION 2003 0927 | | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) | | | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION 20030927 | | ADMITTING OFFICER | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | 30. DATE OF INITIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED | | |
| 31. SELECTED ADMINISTRATIVE DATA | | | | | | | |
| <input type="checkbox"/> Check if Continued on Reverse | | | | | | | |
| 33. CAUSE OF INJURY | | | | | | | |
| 34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS | | |
| 36. Total Days All Facilities | | | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS | | |
| SIGNATURE OF ATTENDING MEDICAL OFFICER | | | | SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER | | | |

DA FORM 3647, MAY 79

EDITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

MEDCOM - 7669

(b)(3)-1

| INDIVIDUAL SICK SLIP | | DATE |
|---|---|---------------------------|
| <input type="checkbox"/> ILLNESS <input checked="" type="checkbox"/> INJURY | | 13 OCT 03 |
| LAST NAME-FIRST NAME-MIDDLE INITIAL OF PATIENT (b)(6)-4 | | ORGANIZATION AND STATION |
| SERVICE NUMBER/SSN (b)(6)-4 | GRADE/RATE | |
| UNIT COMMANDER'S SECTION | | MEDICAL OFFICER'S SECTION |
| IN LINE OF DUTY | IN LINE OF DUTY | |
| REMARKS | DISPOSITION OF PATIENT <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input checked="" type="checkbox"/> OTHER (Specify): | |
| | REMARKS ① WEIGHT BEAR ② LEG AS TOLERATED ③ DRAIN DRESSING CHANGES ④ CAMP PERSONNEL REMOVE SUTURES IN 5-7 DAYS ⑤ REFUSE STONY FOWL | |
| SIGNATURE OF UNIT COMMANDER | SIGNATURE OF MEDICAL OFFICER (b)(6)-2 | TWICE A DAY X 7 DAYS |

MEDCOM - 7670

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

31yo ♂ SUSTAINED INJURY TO BIL UE AND ⊕ UE @ X 0001 TODAY WHILE ENGAGING US FORCES AT REPORT. 2 ASSOCIATES KILLED. NO PAIN BIL UE.

Pain ⊕ PGH ⊕ N/A

PHYSICAL EXAMINATION

HEENT: MC AT PERILA, EOMI, SUPPVE
LUNGS: CTR BIL CV: RUL S₁ S₂ ⊕ W
ABD: SOFT NTND ⊕ NABS; PELVIS: STABLE
EXTREM: BIL UE ⊕ DOPPLER D/PT PULSES, SENSATION
INTACT BIL FEET PLANTAR/DORSAL. TOE FLEX/EXT OK.
MULTIPLE PUNCTURE WOUNDS ANT MED ⊕ TIBIA
1.5 CM DIA ENTRANCE WOUND ⊕ DISTAL MED THIGH;
PUNCTURE WOUND DISTAL LAT ⊕ THIGH. PUNCTURE

PROGRESS (Enter date of discharge and final diagnosis)

wounds x 2 ⊕ UPPER ARM.
COMPARTMENTS SOFT BIL UE / THIGHS.
⊕ Pain ⊕ PASSIVE STRETCH ⊕ LEG.
⊕ MULTIPLE FRAGMENTATION WOUNDS
⊕ FLEX HD, ⊕ ELBOW ARTROTHOMY,
POSSIBLE ANT COMP RELEASE ⊕ LEG.
XRAY
MULTIPLE
SMALL SOFT
TISSUE FRAG.
⊕ LEG, SINGLE
FRAGMENTS BIL
THIGHS; INTER-
ARTICULAR ⊕
ELBOW
FRAC.

| | | | | | |
|----------|---|-----------|-----------|--------------------|----------------|
| (b)(6)-2 | (b)(6)-2 | PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
| | | WAG W | 26 SEP 03 | | ELBOW FRAC. |
| (b)(6)-4 | LOCATION (For typed or written entries give Name last, first, middle initial, and facility) | | | REGISTER NO. | WARD NO. |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 7671

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE | | |
|----------------|---|------------------------------------|--|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | |
| 26 Sept 83 | 0753 - | Pt. Arrives | |
| | 0757 - | Lgbs Drawn | |
| | 0759 - | 1000 ml LR Hung | |
| | 0801 - | BP: 115/80 M | P: 104 O2: 98% BTM (b)(6)-2 |
| | 0807 - | 5mg morphine IV | |
| | 0807 - | BP: 155/107 | P: 76 O2: 100% BTM (b)(6)-2 |
| | 0809 - | 3mg Veced IV | |
| | 0809 | BP: 156/100 | P: 81 O2: 100% BTM (b)(6)-2 |
| | 0815 | BP: 166/82 | P: 84 O2: 100% BTM (b)(6)-2 |
| | 0818 - | Foley Secured attempted | |
| | 0818 - | BP: 160/82 | P: 86 O2: 100% BTM (b)(6)-2 |
| | 0820 - | 5mg Morphine IV | |
| | 0821 - | BP: 156/105 | P: 86 80 O2: 100% BTM (b)(6)-2 |
| | 0823 - | 350 Gent IV Pizpfect | |
| | 0824 - | Tetanus IM | |
| | 0826 - | Foley Attempted | |
| | 0827 - | BP: 154/100 | P: 83 O2: 100% BTM (b)(6)-2 |
| | 0830 - | BP: 89/61 | P: 82 O2: 100% BTM |
| | 0836 - | BP: 171/84 | P: 66 O2: 100% BTM |
| | 0838 - | Foley Secured | |
| | 0842 - | BP: 129/67 | P: 55 O2: 100% AKM (b)(6)-2 |
| | 0850 - | BP: 121/73 | P: 54 O2: 100% BTM (b)(6)-2; 27 |

| | | | | |
|---|----|------------|-------------------------|-----------------------|
| (b)(3)-1 | TY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
| SPONSOR'S NAME | | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; | | | REGISTER NO. | WARD NO. EMT |
| (b)(6)-4 | | | | |

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

MEDCOM - 7672

0850 - 1000 ml LR IV #3

0854 - BP: 135/65 P: 94 O2: 100 BMM

0859 - BP: 123/77 P: 93 O2: 100 BMM

0905 - BP: 127/80 P: 72 O2: 100 RA T: 96.4 Tm

(b)(6)-2

VENOUS

PH 7.363

PO2 29

P_aCO₂ 51.1

HCO₃ 29

T_{CO₂} 31

BE 4

O₂ 51%

MEDCOM - 7673

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

| DATE | NOTES |
|--------------------|--|
| 26 Sept 03 1500 | Patient placed awaiting surgery. Wounds and skin coated with disinfectant. Cleaned C antibiotic cleanser, wound to @ thigh dressed and @ LE cleaned @ 4x4 applied. Pulses palpable to both lower extremities, posterior tibial = present sensation to both legs. Noted ^{pink} serous drainage from @ thigh. Signed documents. (b)(6)-2 [redacted] mgp |
| 26 Sept 03 1500 | Patient resting comfortably. Asking for pain relief, instructed patient to receive NPO for surgery. (b)(6)-2 [redacted] mgp |
| 26 Sept 03 1400 | Ch 5/10 pain. Given 4 mg Morphine IV as per verbal order by Dr. McSpadden. Patient resting as given. (b)(6)-2 [redacted] mgp |
| 26 Sept 03 1200 | Patient NPO as ordered for surgery. LR intubated @ 125 cc/min S intubation. Repro sponges made sterile. Dressing to wounds CDI except for @ upper thigh which also bloody drainage noted. Pulses 2+ to both extremities. (b)(6)-2 [redacted] mgp |
| 1815 | Pt Care Assumed. 6 Pain MED 4mg IV Given (b)(6)-2 [redacted] CPT/AN |
| 2000 | 2mg MED 4 For Pain Given (b)(6)-2 [redacted] CPT/AN |
| 2200 | 4mg MED 4 IV For Pain (b)(6)-2 [redacted] CPT/AN |
| 27 SEPT 03 P2AP | OP NOTE SUBS: (b)(6)-2 [redacted] PROCEDURE: I+D B/L UE, I+D (L) ELBOW FINDINGS: METALLIC FRAG IN OUEERANON FOSSA. OTHER SITES DORSECTED COMPLICATIONS: NONE COM: SIMPLE TO RR. (b)(6)-2 [redacted] (b)(6)-2 [redacted] mgp |

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|----------------------------|---|
| <p>0251 26 Sept 53</p> | <p>Presented as a 31 year old male arrived from ER. SP6SW to (L) lower extremity. Patient describes incident on farm with American present, ran away and was shot in (L) leg. Past medical history, surgery to (R) leg. Patient denies any allergies. Received gentamicin in ER and tetanus in preparation for surgery. Assessment as follows: Neuro RR 13, pupils down equal, MAE 74. Denies decreased at this time. Received My Naphe in ER for pain. Inspection shows (L) upper lower extremities. Insp. Even and Unswollen. Temp 37.5 on all fields, Sp O2 95% on RA. Abdom: Flat 5 distention BS hyperactive 7-4 quadrants. GU: Foley to gravity. Clear yellow urine, CV: Pulses + to R+L radial areas, S, +S, present, S+ Bradycardia in 50's. Skin cool to touch. Pulses to R+L posterior Tibial areas present. No evidence of uncontrolled bleeding from (R) lower ext GSW or (L) upper thigh, or (R) medial thigh. Plan (1) Check pulses to lower extremities and sensation Q 1^o, (2) Medicate for pain and clean all wounds and protect (3) Prepare patient for surgery and keep NPO as ordered.</p> <p>1045: 9:30/57 p: 66 RR: 23 1038: 124/56 p: 59 RR: 18 1015: 142/70 p: 70 RR: 19</p> |

(b)(6)-2

| | | | | |
|---|---|------------------------------|--------------|-------------------------|
| RELATIONSHIP TO SPONSOR 11W | SPONSOR'S NAME Patient still awaiting surgery do 11W | | (b)(6)-2 | DR'S ID NUMBER Other |
| LAST | | FIRST | | MID |
| DEPART. SERVICE | | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | | REGISTER NO. | WARD NO. |

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/DCMP, FPMR (41CFR) 101-11.203(b)(10)
 USAPL V1.00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

27 Sep 03 Remained care of pt @ 0300 via litter from ICU recovery P
 0355 I+D of saphenel wounds in OL. Pt awake and alert. Pt transferred self from litter to bed to moderate difficulty. Required some assistance. PEP/HA @ WWR. FOM WWR. Buccal mucosa pink/dry. Pt given H₂O. tolerated well. Lung sounds clear basally. D₁ & D₂ present. HE regular S. S₂ present. Abdomen soft/nontender v. 4 quadrants. Bowel sounds \times 4 quadrants. PIV @ AC. CNS infusing @ 100cc/hr. Dressing to D arm clean/dry/intact. Dressing to D leg clean/dry/intact. Dressing to R leg scant amt. dried bloody drainage noted. N/V/S was to all extremities. Pedal pulses faint & Dopplers. Complaints of pain @ this time will continue to monitor.

(b)(6)-2

27 Sep 2003 1340

Nursing - Pt awake; no ab pain. Interpreter in, pt asking when he will go to surgery. Inform pt that he had surgery this am. Pt is alert; no recollection of surgery. Lung CTA, C₂ 95% O₂ on RA. HE Ab, reg. IV to DAC, HE NO @ 125, will tk wk. bag complete. Abd soft, nond, nontender. P/S v. 4. Pt tolerated reg diet. Drsg to D arm CPE. Drsg to R Leg (thigh) CPE. Drsg to D leg to small amt bloody drainage. D₁ & D₂ brisk cap refill & D sensation to all toes. Skin warm & dry.

(b)(6)-2

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

SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

MEDCOM - 7676

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

| DATE | NOTES |
|------|-------|
|------|-------|

| | |
|-------------------|--|
| 27 Sep 03 1420 | (Late Entry) ⁰⁴⁴⁰ Pt c/o inability to void & pain from full bladder. No cath, 500 cc of clr orange urine drained. (b)(6)-2 |
|-------------------|--|

| | |
|--------------------|---|
| 27 Sep 03 20:43 | Received care of pt @ 1800. Restraints x 2 @ wrist/ankle. Pt. sleeping / easily awakened to verbal stimuli. Alert. PEPPLE @ WUR. @ EOM WUR. Barcal mucosa pink/moist. Lung sounds clear to auscultate @ throughout. Bowel sounds @ WUR x 4 quadrants. Abdomen soft / non-tender x 4 quadrants. Dressing to @ arm c ^{enry} moderate amount old bloody drainage noted. NVV's to @ hand wur. From to digits. Pt. V / HL to @ AC, patent/intact. Foley to gravity draining dark amber urine. Dressings to @ L lower extremities clean/dry/intact. NVV's w/w @ feet. Pedal pulses @ c dopplers. a complaints of pain @ this time; will continue to monitor (b)(6)-2 |
|--------------------|---|

| | |
|-----------|--|
| 28 Sep 03 | Nursing: Sleep, U.O. Pt. slept 7.5 ^o tonight U.O. of 400cc dark brown urine (b)(6)-2 |
|-----------|--|

| | |
|---------------------|---|
| 28 Sep 2003 0915 | Nursing: Pt sleeping, easily aroused to tap to shoulder. @ No pain. Pt alert. Lung sound coarse x 4 @ O ₂ Sat's 92%. Pt given IS, using @ bedside. Encourage Pt. to cough, @ sputum c cough. HR B2, reg, mild edema @ L5. IV to @ @ |
|---------------------|---|

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

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

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

(b)(6)-4

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

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

28 Sep 03 0915 (cont'd) Clotted. D/C'd the ↓ redact log to @wrist on 1st attempt. Pt tolerated well. W patient. Abd soft, non-tender; @BSYK. R Duran register well. Foley to gravity draining clear yellow-orange urine, qs. Dsg to @UE to old area of bloody drainage approx 2x3 in above elbow. @LET dsg to knee ^{thigh} crease. @LET to Dsg intact old area of drainage marked, & additional noted. @LET to @Doppler pulse, brisk cap refill, warm, dry. @LET to brisk cap refill to all toes, warm, dry — ut (b)(6)-2

28 Sep 03 1325 Nursing: Total UOP 1050 cc of yellow-orange, clear urine in folly. — ut (b)(6)-2 Any

28 Sep 03 1509 Received care of pt @ K:00. Pt. awake/alert in bed. Attempted to have BM unsuccessful x1. Pt. ambulated on crutches c much difficulty to commode. Pt. appeared to be in ↑ pain while ambulating. P pt. returned to bed appears to be comfortable. PEPPLA @WNT. P @M @WNT. Buccal mucosa pink/moist. Lungs clear to auscultate @ throughout. Bowel sounds @ x4 quadrants. Abdomen soft/non-tender & distended. @ Radial pulses @ @ 2 strength. HL to @ wrist & intact c skin. New IV site initiated x1 attempt c @OB cath. Pt. tolerated well. Flush @ easily. Dressing to @ arm intact c moderate old bloody drainage noted not exceeding border drawn yesterday. Dressings to @ legs clean/

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.

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

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

Continued 28 Sep 03 dry/intact. NVV's w/2. Tibial pulses palpable (6) (6) strength. complained of pain x 1 ii Percutaneous. Will continue to monitor

28 Sep 03 2314 Nursing Notes: Assumed care of GT & sleepy but easily aroused. Breathing intact & SDP w/ labored breathing. Foley to gravity clear urine added. & blood in urine. IV fluids improve & S/S of up traction at site Dressing clean dry and intact & obvious bleeding or drainage noted. Pt able to move all extremities well. Will continue to monitor status

28 Sep 2003 1200 Nursing: Pt received from ICU post-recovery via stretcher. Pt move self from stretcher to bed & minimal assist. & C/o pain @ present. @ Lunges CRT, O2 sat's 94%, encourage pt to use IS. RR 14 reg, mild edema @ LE. Abd soft, round, nontender. ↓ BS V4. HL placed to @ wrist & NS @ 120. Foley to gravity draining clear, yellow urine. Dress to @ elbow & @ LE CRT. @ hand cool, to radial pulse, brisk cap refill to all fingers. @ feet cool to touch.

RELATIONSHIP TO SPONSOR SPONSOR'S NAME 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)

(b)(6)-4

REGISTER NO. WARD NO.

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

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

| DATE | NOTES |
|---------------------|--|
| 29 SEP 2003 1200 | ORISK cap refill, (+) sensation. Pulses D/P pulses are marked (B) feet. (b)(6)-2 |
| 29 Sep 03 15:15 | Received care of pt @ 1400. Pt sleeping in bed. Breathing unlabored. Easily awakened to verbal stimuli. Pt Awake/alert. PERR L & R. EOM L & R. Buccal mucosa pink/moist. Skin warm/dry/intact. Lung sounds clear to auscultate @ throughout. Bowel sounds @ x4 quadrants. Abdomen soft/non-tender. Heart rate reg S ₁ S ₂ present. HL to (B) forearm patent/intact. Dressing to (B) arm clean/dry/intact. NV's to (B) hand w/nt. Dressings to (B) lower extremities clean/dry/intact. NV's to (B) feet w/nt. Pt on sat 98%. @ 14:00 vitals. Pt encouraged to use TS. Or sat ↑ to 98%. @ complaints of pain @ this time. Foley to gravity draining, dark, clear yellow urine will continue to monitor (b)(6)-2 |
| 29 Sep 03 2257 | Nurses Notes: Assumed care of pt sleepy but easily aroused. Breathing intact @ S/S of SDB w/ labored breathing. Vitals stable @ complication. (B) of pain or discomfort. IV antibiotic therapy continues IV S ₂ pushes well. Dressing to (B) arm clean dry and intact. Pt able to move all extremities well (b)(6)-2 |

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

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

(b)(6)-4

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

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

| DATE | NOTES |
|-----------|---|
| 29 Sep 03 | BRIEF OPERATIVE REPORT |
| 1014 | PRE-OP DIAGNOSIS: BIL LE FRACTURATION WOUNDS, ① ELBOW INTRA ARTIC. FRAC. WOUNDS |
| | POST-OP DIAGNOSIS: SAME |
| | PROCEDURE: IAD DPC |
| | SURGEON: (b)(6)-2 ASSISTANT: <input checked="" type="checkbox"/> |
| | ANESTHESIA: GA OPERATIVE ANTIBIOTIC: <input checked="" type="checkbox"/> |
| | FLUIDS: 400 BLOOD PRODUCT USAGE: <input checked="" type="checkbox"/> |
| | EBL: MIN URINE OUTPUT: <input checked="" type="checkbox"/> |
| | TOURNIQUET TIME: <input checked="" type="checkbox"/> |
| | DRAINS: <input checked="" type="checkbox"/> |
| | SPECIMENS: <input checked="" type="checkbox"/> |
| | FINDINGS: CLEAN WOUNDS → CLOSED |
| | DESCRIPTION OF PROCEDURE: IAD LEGS, LARGE WOUND POST MOP ① DRUG. ALL CLEAN. ELBOW CLEAN. TISSUES SUT RE APPROX C O-NECK |
| | COMPLICATIONS: NONE (b)(6)-2 (b)(6)-2 |
| | CONDITION: STABLE TO RE (b)(6)-2 |

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

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

(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

MEDCOM - 7681

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

~~29 Sep 03 Received care of pt @ 14:00. Pt sleeping. Easily awakened to
15:05 verbal stimuli. Pt alert & oriented. Ecomolnz. Peroral
mucosa pink/moist. Skin warm/dry/intact. Lung sounds~~

~~[Large diagonal line crossing out the rest of the page]~~

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--------------------|--|
| 30 Sep 03 0156 | <p>Nursing: Pt awake, c/o IRR pain. Alert, lungs CTA, continue to encourage IS use. O₂ Sat 95% on RA. HR 78, reg. Mild edema @ B. HL to @ @, patient feel soft, non-tender @ B x 4. Pt tolerating reg diet. Foley to @ gravity. @ clean yellow urine. Dreg to @ @ @ @. Dreg to @ @ @ @. Dreg to @ @ @ @ small area old drainage noted. @ @ @ @ @ @ sensation to all fingers, + 2 radial pulse, warm dry. @ @ @ @ @ @ + DIP pulse, @ @ @ @ @ @ able to move all toes -</p> |
| 30 Sep 03 15:56 | <p>Received care of pt @ 14:00. Pt awake/alert in bed. PERRA @ WNL EOM @ WNL. Buccal mucosa pink/moist. Lungs clear to auscultate @ throughout. HR regular S/Sa present. Bowel sounds @ x 4 quadrants. @ Abdomen soft/non-tender x 4 quadrants. HL to @ forearm patent/intact Dressing to @ arm clean/dry/intact. NV's wnl to @ hand. Dressings to @ legs clean/dry/intact x scant amount bloody drainage to @ patellar area. Drainage has not exceeded border drawn since yesterday. NV's wnl @ feet. @ Pedal pulses @ @ strength. Compli @ pain x 1 ti Percocet given will continue to monitor -</p> |
| 30 Sep 03 23:15 | <p>Nurses Notes: Assumed care of pt sleeping but easily aroused. @ c/o pain at this time. Breathing intact @ SOB or labored breathing. IV antibiotic therapy continues. Dressing clean, dry and intact. @ complication, @ signs of distress. Will continue to monitor status</p> |

(b)(6)-4

(b)(6)-2

10/16

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|----------------------|--|
| 01 Oct 2003 11:15 | <p>Nursing: Pt + OOB to clutch to ward latrine. Pt able to void, 0 BM so far. Pt straining to have BM. A SOB, O₂ sat 98% on RA. ↓ BS x 4, pt c/o constipation. Mon stable, Drg A's down, ① elbow drag to sm. amt. sero-sing drainage. Stitches c/o rechecked, 4x4 Kerlix gauze & ace wrap. ② LE to wound to inner thigh & back of leg. Stitches intact, pt has redness along wound site, to mild inflammation. ③ active drainage noted. ④ LE to several small wound, stitches intact, ⑤ active drainage. 4x4 Kerlix to Kerlix roll & ace wrap applied. ———— (b)(6)-2</p> |
| 01 Oct 2003 14:05 | <p>Late Entry - 1100 - pt has BM of hard formed stool X. ———— (b)(6)-2</p> |
| 01 OCT 03 16:30 | <p>Received care of pt @ 1400. Pt. awake and alert. VS w/2 per flow sheet x BP ↑ from baseline pressure Pt complaining of pain to ① knee area. ii Percocet given. PERRL @w/ EOM @w/ R. Buccal mucosa pink/moist. Lung sounds clear to auscultate ② throughout HR regular S1S2 present Bowel sounds ③ x 4 quadrants. Abdomen soft/non-tender x 4 quadrants. HL to ④ fore arm ⑤ erythema ⑥ tenderness ⑦ swelling/hardened ⑧ warm to touch. HL D/C'd new AL TV initiated to 15G catheter's difficulty ⑨ flush/⑩ blood return. ACE wrap dressing to ⑪ arm clean/dry/intact. ⑫ NV's w/2 to ⑬ hand. ⑭ ACE wrap dressings to lower extremities clean/dry/intact. NV's to feet w/2. ⑮ foot ⑯ pitting edema noted. ACE wrap bandage loosened and leg elevated to blanket. Will reeval edema through out shift. Further complaints will continue to monitor (b)(6)-2</p> |

STANDARD FORM 600 (REV. 6-97) BAC
U.S. GPO: 2002 - 491-800/50618

MEDCOM - 7684

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|--------------------|--|
| 1 Oct 03 | Assessed care of Pt. Sleepy but easily aroused. VS stable. IV patent containing IV therapy. Distal pulses intact. able to wiggle toes capillary refill < 3 seconds. Dressing to left lower extremity clean, dry, and intact. @ do prn. Ambulates with much assistance. (b)(6)-2 41 U |
| | Concern re above assessments. (b)(6)-2 419 TAN |
| 2 Oct 2003 1016 | Nursing. Pt awake, do minimal pain, reports ↑ Pain to ace wraps, remove ace wrap for pt. comfort to @ thigh & @ elbow. Loosen ace wrap to @ thigh. Lungp O/A, O2 sat 95% on RA. HR reg, mod edema to @ UE. mild edema @ LE. @ pulses x4 extremities. Abd soft nontender, @ BS x4. @ stools this shift, pt had BM of loose stool last night. Pt ↑ OOB c crutches to ward latrine. @ thick c ↓ redness @ wound site, antibiotics continue. Multiple wounds to @ LE, stitches intact, minimal drainage present. 4x4 & Kerlix @ applied. (b)(6)-2 14 |
| 2 Oct 02 21:44 | Received care of pt @ 1800. pt resting comfortably in bed. Pt up c assist and crutches to commode. Pt. in no apparent distress. & complaints of pain. Dressings clean/dry/intact. NV ✓'s was. to all extremities. Pt sleeping @ this time will cont. to mon. (b)(6)-2 |

| | | | | |
|-------------------------|----------------|-------|----|----------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | |
| | LAST | FIRST | MI | (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. |
|--|--------------|----------|

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 6/1998)
Prescribed by USAJCMR FPMB (41 CFR) 101-11.203(a)(1)(i)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|--------------------|---|----------------|-----------|
| DATE | NOTES | | |
| 2 Oct 03 2300 | <p>Nurses Note: Returned care of pt sleeping but easily aroused. Dressings clean/dry and intact. Pt able to move all extremities & C/S of distress. Vitals stable. IV SL flushes well. Will continue to monitor chart.</p> | | |
| 3 Oct 2003 0910 | <p>Nursing: Pt awake, & clear. Afebrile, unresp O2A, O2 sat's 97% on RA. HR 74, reg, mild edema @ LE. Ht to @ fa. distended. D/C'd Ht, apply warm pack to swollen area. Placed 100% oxygen to @ fa above previous site. Add soft, non-occlusive @ BS x4 stool x - today, soft, semi-formed. 100% O2 switches to ward latrine. Dressing @ Elbow, & drainage to old dress, reapply 4x4 & Kerlix. @ thigh dress. Small amt. sero-sang drainage, small amt redness around incision site. Reapply 4x4, Kerlix & ace. @ LE @ multiple stitch wounds, & drainage noted. Stitches intact. Reapply 4x4 Kerlix wrap & ace wrap.</p> | | |
| 3 Oct 03 1543 | <p>Received care of pt @ 1400. Pt awake/alert in bed. PEPPA @ WNL. EOM @ WNL. Skin warm/dry/intact. Lungs and clear to auscultate @ throughout. Bowel sound @ x4 quadrants. Abdomen soft/non-tender x 4 quadrants. Dressing to @ Elbow clean/dry/intact. @ NV's WNL to @ hand digits. @ AC @ patent/intact. Dressings to @ lower extremities clean/dry/intact. NV's WNL to @ feet. & complaints of pain @ this time. & edema noted @ this time to @ lower extremity. Will</p> | | |

STANDARD FORM 509 (REV. 6/1989) BACK
USAPA V1.00

MEDCOM - 7686

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-----------------------|---|
| 3 OCT 03 1543 note | continue to monitor _____ (b)(6)-2 [redacted] 2/1/00 |
| 3 Oct 03 | Assumed care of Pt @ 2200 sleep but easily aroused VS stable clital pulses intact @ 4/0 pairs. Shining clear dry, intact (b)(6)-2 [redacted] continues antibiotic therapy contributes to latine Census = above assessments _____ (b)(6)-2 [redacted] 1/8/00 |
| 4 Oct 2003 07125 | Nursing: Pt awake, & cl pain. Lung & CTA Q2 sat 95% on RA, & SO2. HR 76, reg. Ht to @. & edema noted. Abcl soft, nontend (b)(6)-2 [redacted] Pt tolerating reg diet. ↑ COB, amb to crutches. Dress to (b)(6)-2 [redacted] elbow & (b)(6)-2 [redacted] thigh are off. Dress to (b)(6)-2 [redacted] CPE, will change dress as ordered. (b)(6)-2 [redacted] thigh wound = small amt. redness present, stitches intact. (b)(6)-2 [redacted] elbow & thigh active drainage, stitches intact. _____ (b)(6)-2 [redacted] 1/8/00 |
| 4 OCT 03 1941 | Received care of Pt @ 1400. Pt resting in bed. Ambulate to outside latrine x 2 during shift & difficulty or assistance. Pt & complaints of pain all sutures OTA. Pt awaiting MP's for discharge will monitor _____ (b)(6)-2 [redacted] 2/1/00 |
| 4 Oct 03 2215 | Nurses Notes: Assumed care of Pt. Pt has been discharged - awaiting transportation Stable, condition & complaints. Able to move all extremities & complain: will continue to monitor status _____ (b)(6)-2 [redacted] 1/8/00 |
| 5 Oct 03 1400 | Nursing: Shift Note Pt. awaiting care. Able to complete ADL's. No change in status. Ambulate to bathroom _____ (b)(6)-2 [redacted] 1/8/00 |

STANDARD FORM 600 (REV. 6-97) BACK
U.S. GPO: 2002 - 491-600/50618

MEDCOM - 7687

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------|--|
| 5 Oct 03 2247 | Nurses NAs! Assumed care of Pt Sleepy but easily aroused. Denies Pain at this time when asked. Vitals Stable & S/S of distress. Able to move all extremities. Ambulates c crutches to Rest Room. Will continue to monitor Pt. Awaiting transportation to EPW Camp. (b)(6)-2 |
| 6 Oct 03 | Assessment - Pt Dlc. Awaiting transport. VSS, A.M. care provided (as needed). 0027 to 0307. (b)(6)-2 |
| 6 Oct 03 1550 | Received care of pt @ 1400. Pt. resting comfortably in bed. Ambulating to outside BR c crutches. MP Escat. complaints @ this time. Will continue to monitor vs WNL. per Flow sheet. (b)(6)-2 |
| 6 Oct 03 2300 | Nurses NAs! Assumed care of Pt Sleeping - but easily aroused. Denies Pain or Discomfort at this time. IV Dose Therapy continues. Dressing clean, dry and intact. IV Stable & S/S of infection at sight of HL. Pt will be NPO to MN for OR procedure in The Am. Will continue to monitor Status. (b)(6)-2 |
| [REDACTED] | [REDACTED] (b)(6)-2 |

| MEDICAL RECORD | PROGRESS NOTES |
|----------------|--|
| DATE | NOTES |
| 4 OCT 03 | NARRATIVE SUMMARY |
| | DOA: DOD: 4 OCT 03 |
| | ADMIT DX: PENETRATING TRAUMA 26 SEP 03 |
| | (R) PROX THIGH, (L) ELBOW INTRA ARTICULAR, |
| | BIL LEG SUPERFICIAL WOUNDS |
| | PROCEDURE I+D OPEN WOUNDS 27 SEP 03, |
| | DELAYED PRIMARY CLOSURE 29 SEP 03 |
| | |
| | |
| | HOSPITAL COURSE: UNCOMPLICATED |
| | I+D, DPC: |
| | |
| | COMPLICATIONS: NONE |
| | |
| | MEDICATIONS: KETEX 500mg PO QID x 7D, |
| | MORFIN 800mg PO TID, PRECOCT TID PO, 4-6 H PRN |
| | DISPOSITION: DIC TO MP CUSTODY. REMOVE |
| | SURVIVS @ DETENTION FACILITY. |
| | (b)(6)-2 |

| | | | |
|-------------------------|----------------|-------|---------------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) |
| | LAST | FIRST | NO <i>[Signature]</i> |

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

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

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 6/1988)
Prescribed by GSA/NCMR FPMR (41CFR) 101-11.203D(1)10
USAPA V1.00

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

7 Oct 03 | BRIEF OPERATIVE REPORT

12470 | PRE-OP DIAGNOSIS: Right THigh Seroma

POST-OP DIAGNOSIS: Same

PROCEDURE: Right THigh wound HD

SURGEON: (b)(6)-2 | ASSISTANT: φ

ANESTHESIA: Gen | OPERATIVE ANTI-BOITIC: Amegs

FLUIDS: T.L. IR | BLOOD PRODUCT USAGE: φ

EBL: 30 cc | URINE OUTPUT: φ

TOURNIQUET TIME: φ

DRAINS: φ

SPECIMENS: φ

FINDINGS: Seroma, NO FRANK PUS.

DESCRIPTION OF PROCEDURE: EXTENDED TRAUMATIC WOUNDS AND CONNECTED ENTRANCE/EXIT. LAUNGE 3L., PACKED OPEN.

COMPLICATIONS: NONE | (b)(6)-2 | (b)(6)-2

CONDITION: STABZE TO RR. | (b)(6)-2 | mapu

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.

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

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|---------------------------|---|
| 7 OCT 03 | Assessment - 0930 - APOx3, Pericard, Lungs CTA Bilat, S ₁ -S ₂ STRONG AND REG, (P)BSx4. @ 4° RAW. IV ANCC T ₁ & T ₂ CONTINUES. OOB & CATCH ASST. T ₁ & T ₂ REG DIST. VNS @ 7:00. TO OR THIS A.M. WILL CONTINUE TO MONITOR TRENDS. SGT. W/116 |
| 7 OCT 03 | PT AAO PERREA, Lungs CTA 97% w. RA, pulses palpable all vent bilat equal strong BS present, no complaints of pain. SGT 91W/116 |
| 7 OCT 03 | Dressin, C, D, E SGT 91W/116 |
| 7 OCT 03 | Transfer to theatre assessment |
| 20:50 8 OCT 03 0435 | Nursing: Shift Note Pt. Dematic 'early part of shift. No arm ack possibly related to IV site or antibiotic. Site changed & IV slowed down. Mem given for constipation. Ambulates w/ crutches to bathroom. Cont. to monitor. |
| 8 OCT 03 | Assessment - 0915 - APOx3, Pericard, Lungs CTA Bilat, S ₁ -S ₂ STRONG AND REG, (P)BSx4. Nasal Aid @ 0900. WOUND "BETTER HEAL" NO SIGNS OF INFECTION. PERSISTENT COX PAIN. CONTINUES IV NALBUXIN 94°. OOB TO RR & CATCH ASST. T ₁ & T ₂ REG DIST. WILL CONTINUE TO MONITOR TRENDS THIS SHIFT. SGT. W/116 |
| 8 OCT 03 | PT AAO PERREA VES, Lungs CTA S ₁ -S ₂ 96% w. RA, pulses palpable in all vent bilat equal strong skin warm/dry, bowel sound present all 4 quadrants Dressin, C, D, E, will continue to monitor. |

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

| | | |
|--------------------|------------------------------|-----------------------|
| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|--------------------|------------------------------|-----------------------|

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 609 (REV. 6/1998)
 Prescribed by GSARCMR FPMR (41CFR) 101-11.2030(110)
 USAPA V1.00

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

DATE NOTES

9 Oct 03 Nursing: Observation note Pt. w/o significant changes blood throughout night. Pt. tolerating IV antibiotics. Cont. to monitor (b)(6)-2 Pulch/AW

9 Oct 03 0850 Assessment - AFO x3, PerUA, Lungs via Bilat. S1-S2 strong and clear, (+) BSx4 Desc to (+) LL A+D 2/0845. NO SIGNS of INFECTION. "BRIGHT RED" IN COLOR. 0% PAIN CONTINUES w/ ANTIBIOTIC THERAPY. OOB TO BR E CRITCH ASST. TOLERATES REG DIET. STER. -STRIPS TO (+) US INACT. WILL CONTINUE TO MONITOR WOUND (b)(6)-2 SET. CA

9 Oct 03 15:12 Received care of pt @ 4:00. Pt. resting in bed. Complaining of pain to (+) forearm @ AL site. Forearm (+) edema & pitting (+) hard (+) hot to touch (+) tenderness. HL removed. New IV HL initiated to (+) forearm. PEPPLA (+) WUZ (+) FOM WUZ found mucosa pink/moist. Chin warm, sweaty, intact. Blanket removed Pt. given sheet. Lung sounds clear to auscultate (+) throughout. Bowel sounds (+) hypoactive x 4 quadrants. Nodern soft/nontender x 4 quadrants. Radial pulses (+) strength. ACE wrap to (+) thigh clean, dry, intact. NVV's to feet w/L. No further complaints @ this time will continue to monitor (b)(6)-2 SET/AD

9 Oct 03 2024 Pt premedicated for dressing change c 1% Percort. Dressing change performed to (+) thigh. Old dressing c moderate amount yellow/serous drainage. Wound bed dry red in color. Well approximated & s/s infection. Packed c Kerlix fluff sponges in NS. to 2 4x4s to cover wet dressing. Kerlix wrap and ACE wrap applied. Will monitor (b)(6)-2

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

10 OCT 83 BRIEF OPERATIVE REPORT

1030 PRE-OP DIAGNOSIS: (R) LEG FUSION/STABILIZATION WOUNDS, POST. CLOSURE SERONS

POST-OP DIAGNOSIS: SAME

PROCEDURE: (R) THIGH ILS, DPC

SURGEON: (b)(6)-2 ASSISTANT:

ANESTHESIA: GAJ OPERATIVE ANTIBIOTIC:

FLUIDS: BLOOD PRODUCT USAGE:

EBL: 30cc URINE OUTPUT:

TOURNIQUET TIME: 0

DRAINS: JP, FURU X T (R) THIGH

SPECIMENS: 0

FINDINGS: NO EVIDENCE INFECTION

DESCRIPTION OF PROCEDURE:

IRRIGATION, FRESHEN SKIN EDGES, CLOSE OVER DRAIN

COMPLICATIONS: 0 (b)(6)-2

CONDITION: SAME TO RL (b)(6)-2 WJ

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.

(b)(6)-4

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

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|---------------------|---|
| 10 Oct 03 0534 | Nursing: Observation Pt. slept well throughout night. Awake of pre-op status. & jewelry noted. Continue IV ant's wks differently. Continue to monitor (b)(6)-2 CPZ KD |
| 10 Oct 2003 1140 | Nursing: Pt received from ICU, via stretcher, post-op & ch pain. Lung CTA, O2 sat's 97% on RA, P 80, RR 18, Reg. Abd soft, nondist, @ BS x 4. @ UOP. DTV by 16:30. Dreg to (R) thigh cool, RDS warm, DM, Venous pop refill. (b)(6)-2 AN |
| 10 Oct 03 | PT AAO PERUA, VSS, JP drain to (R) thigh drained 8cc during shift, & complaints of pain, ambulating with crutches, will continue to monitor (b)(6)-2 SGT 9/16/03 |
| 11 Oct 03 0334 | Nursing: Sleep study Pt. slept well throughout night. tolerating PO antibiotics. No signs of distress. VSS Continue to monitor (b)(6)-2 CPZ KD |
| 11 Oct 03 0600 | Nursing: Output JP drain of 8cc for this shift. (b)(6)-2 VMA |
| 11 Oct 03 | Assessment - 0915 - AFO+3, Tenna, Lung CTA BICAT, S1-S2 strong and reg. @ BS x 4. Removed JP drain per Dr. (b)(6)-2 more Abs C.A.T @ 40 Pain 0-2 to BR TOLERATE REG DIER (b)(6)-2 SGT 9/16/03 |

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

(b)(6)-4

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

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

| DATE | NOTES |
|------|-------|
|------|-------|

11 OCT 03 Received care of pt. @ 1400. Pt. sleeping in bed. Appears comfortable. Easily awakened to verbal stimuli. Awake and alert in bed. Restraints x2 @ Wrist @ Ankle. @ PEPBLAWL @ ECM WLR. Buccal mucosa pink/moist. Skin warm, dry, intact. Lungs clear to auscultate @ throughout. HR regular S/S present. Bowel sounds @ x4 quadrants. @ radial pulses @ @ strength. HL to @ forearm patent/intact. ACE wrap to @ thigh clear, dry, intact. NVV's to @ foot/digits WLR. Pt. complained of headache. Tylenol given. Further complaints will continue to monitor.

Attendm VS WLR per flowsheet

1750 HL to @ forearm DIC'd per Dr.

12 Oct 03 Nursing: Discharge SLEPT note with slept 7 hr. tolerating po antibiotics. @ complains of the ph-pp

01500 12 Oct 2003 0950 Nursing: Pt awake, @ no pain, alert. Lunges clear, O2 sat 90% on RA. HL @ reg, @ IV access, @ edema noted @ @ @, non-tender, @ BS x4. Pt @ SOB, amp @ crutches to latrine. Disg to @ thigh inner thigh @. Old drug @ small amt. sero-@ng drainage. @itch is intact, small amt bleeding when venoform removed. Replace venoform @ x4, wrap @ Kerlix @ all wrap.

| MEDICAL RECORD | PROGRESS NOTES |
|----------------|--------------------------------------|
| DATE | ORTHO NARRATIVE SUMMARY |
| 13 OCT 03 | DOA: 27 SEP 03 DOD: 13 OCT 03 |
| | Dx: LEFT ELBOW INTRA ARTICULAR |
| | FRAGMENTATION WOUND, ... BILATERAL |
| | LOWER EXTREMITY FRAGMENTATION WOUNDS |
| | PROCEDURES: |
| | 27 SEP 03: (L) ELBOW I+D, BILATERAL |
| | LOWER EXTREMITY I+D |
| | 29 SEP 03: (L) ELBOW I+D, DPC; |
| | BIL LE I+D, DPC |
| | 7 OCT 03: (R) THIGH SEROMA I+D. |
| | 10 OCT 03: (R) THIGH I+D, DPC. |
| | HIST COURSE: SUSTAINED FRAGMENTATION |
| | WOUNDS WHEN FIRED ON BY AH 64 |
| | 2 ASSOCIATES KILLED. INITIAL I+D |
| | 27 SEP 03: SEROMA CONTINUED |
| | THIGH DRAINAGE I+D 7 OCT 03. |
| | INCISION & MINIMAL DRAINAGE @ |
| | DISCHARGE. |

| | | | | |
|---|------------------------------|-------|-----------------------|---------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER |
| | LAST | FIRST | MR | (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; (U No or SSN); Sex; Date of Birth; Rank/Grade) | | | REGISTER NO. | WARD NO. |

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 6/1988)
 Prescribed by GSARC/MR FPMR (41CFR) 101-11.203(d)(10)
 USAPA V1.00

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

| DATE | NOTES |
|-----------|---------------------------------|
| 13 OCT 03 | DISPOSITION - |
| | DIC TO MP CUSTODY. CONTINUE |
| | DAILY DRESSING N'S UNTIL DRY. |
| | REMOVE SUTURES IN 5-7 DAYS. |
| | BY DETENTION FACILITY PERSONNEL |
| | MEN'S |
| | REFERS SOON, PO Q1N F 7 DAYS. |
| | (b)(6)-2 (b)(6)-2 |
| | msj u |

STANDARD FORM 503 (REV. 6/1995) BACK
 USAPA V1.00

MEDCOM - 7697

MEDICAL RECORD **PROGRESS NOTES**

| DATE | NOTES |
|---------------------|--|
| 12 Oct 03 | PT AAO PERRLA 3mm, VSS, lungs CTA SaO ₂ 98% on RA, pulses palpable all ext 5/4+ equal/strong bowel sounds present 4/4 equal, voiding via cath, N/A, & complaints of pain, dizziness C, A, E, will continue to monitor. SAT 91%MG |
| 13 Oct 03 | Nursing: sleep pt slept well throughout night. (b)(6)-2 |
| 0517 | Ambulated x2 to bathroom. (b)(6)-2 (b)(6)-2 |
| 13 Oct 2003 0845 | Nursing: Pt sleeping, easily aroused. (b)(6)-2 alt. Lump CTA, O ₂ sat 98% on RA. HL reg, & cerna, & IV access. Abd soft, round, nontender. (b)(6)-2 PT roots to PR to catch assist. Drsg A to (b)(6)-2 inner thigh. Olo drsg T small amt, sero-sang drainage. Stitches intact, & redness, & swelling noted. Area distal to stitches T scant amt. serous drainage. Replace xeroform gauze & (b)(6)-2 & Kerlix wrap Ace bandage applied. (b)(6)-2 |
| 14 Oct 03 0454 | Nursing: Sleep pt. quiet throughout night. Visited VI this shift. Slept > 6 hours. Continue to monitor (b)(6)-2 |
| 14 Oct 2003 1040 | Nursing: Drsg A to (b)(6)-2 thigh. Small amt. sero-sang drainage from site, stitches intact, & redness, & swelling noted to site. Pt is D/D, awaiting MP to return to custody (b)(6)-2 |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
STANDARD FORM 608 (REV. 6/1999)
 Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(d)(1)(i)
 USAPA V1.00

EMERGENCY CARE AND TREATMENT

| | | | | | | |
|---|-------|-----|------|---|--|--|
| ARRIVAL DATE | | | TIME | TRANSPORTATION TO HOSPITAL (A) (Check care enroute date): <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> OTHER (Specify) | CURRENT MEDS. (If taken include medication and other date) | HISTORY OBTAINED FROM <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> OTHER (Specify) |
| DAY | MONTH | YR. | | | | |
| 26 | Sept | 03 | 0801 | | ∅ | |
| PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code) | | | | | | ALLERGIES NKDA |
| | | | | | | HOME TELE. NO. (Inc. area code) |

| | | | | | |
|---|--------|-------|-----------------------------|---------|--|
| CHIEF COMPLAINT(S) (Include symptom(s), duration) | | | SEX | AGE | POSSIBLE THIRD PARTY PAYER? |
| GSW/Sharp punt @ @ legs | | | M | 31 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| VITAL SIGNS | | | TIME SEEN BY PROVIDER | | |
| TIME | BP | PULSE | RESP. | TEMP. | |
| 0801 | 115/80 | 88 | 18 | 96.9 Fm | 0801 |
| HR (Child) | TEMP. | | | | |
| 98 KA | | | | | |
| CATEGORY (See reverse) | | | TIME SEEN BY PROVIDER | | |
| <input checked="" type="checkbox"/> URGENT | | | 130 109 7 131 4.6 28 1.1 | | |
| <input type="checkbox"/> EMERGENT | | | 7:15 | | |
| <input type="checkbox"/> NON-URGENT | | | C14-387 | | |
| ORDERS | | | LF 75 WWC | | |
| INITIALS | TIME | | | | |
| 5/1 ASG, IV | | | | | |
| 5/1 ASG, IV | | | | | |
| 3/4 Uraicid IV | | | | | |
| d 80.5 EV | | | | | |
| 1/4 S P. JUS | | | | | |
| 1/4 S P. JUS | | | | | |
| 1/4 S P. JUS | | | | | |
| 1/4 S P. JUS | | | | | |
| 1/4 S P. JUS | | | | | |
| 1/4 S P. JUS | | | | | |
| ASSESSMENT/DIAGNOSIS | | | | | |
| Fractures in wrist @ @ | | | | | |
| @ thigh, @ lower leg, @ U/P/A/M | | | | | |

3 1/2 x 1/2 s/p injury at A 0100 today. not found until 0600.

At c/o only PAIN @ thigh @ lower leg

@ U/P/A/M. AAO 3 or 4mm

Foley with cath in field. Try rectum

7/6, 1/6 @

400 of Cervical IV

G.W.D. W.M. NAT. AAOC?

HINCLAT, PELLCA, FOYOLINE, and

N. D. Meyer, FACS

C14-7A @ 9:11/12

4. R.A. R @ @ @ @ @

Foot: saddle. NVI, F.A.S. @ 7.6 TTD/multifem

A.M.: Self, NT, no @ @ S. @ Am Shyness

New M, wife @ Self Fgn ac

noct @ here @ good fuc @ Self from prior to arrival.

ⓐ A/P Army/may/Genes/Strud/d? to OR @ Nurse FAONS

15.9 / 3/12 P1077

16.4 / 34.

U.A.

PMIX @

PSHX @

FMHX @

Smoke Off

Last meal 2000 25 SW

FAST

ⓐ Full Bladder

ⓐ 7.9 / 14.3 -

ⓐ Full Shyness

ⓐ Thinness -

ⓐ (2) p. res Shyness

ⓐ thigh - @ Shyness

check - w-w

pelvis

ⓐ Shyness in (low) @

| | | |
|--|------------------------------------|---------|
| DISPOSITION (Check all that apply) | | |
| <input type="checkbox"/> HOME | <input type="checkbox"/> FULL DUTY | |
| QUARTERS | | |
| 24 Hrs. | 48 Hrs. | 72 Hrs. |
| MODIFIED DUTY UNTIL: | | |
| DAY | MONTH | YEAR |
| | | |
| REFERRED TO (Indicate clinic) | | |
| <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> TODAY | |
| <input type="checkbox"/> 72 HOURS | <input type="checkbox"/> ROUTINE | |
| ADMIT TO HOSP. UNIT/SERVICE | | |
| OK - Other | | |
| CONDITION UPON RELEASE | | |
| <input checked="" type="checkbox"/> IMPROVED | <input type="checkbox"/> UNCHANGED | |
| <input type="checkbox"/> DETERIORATED | | |
| TIME OF RELEASE: 0850 | | |

| | | | |
|--|--|---------------------------------|--|
| PATIENT'S IDENTIFICATION (Mechanical imprint) | | (CONTINUE ON SF 507, IF NEEDED) | |
| R WRITTEN ENTRIES GIVE: Name - last, first, middle; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD). | | SIGNATURE OF PROVIDER (b)(6)-2 | |
| | | (b)(3)-1 | |

| |
|----------|
| (b)(6)-4 |
|----------|

COPY CARE AND TREATMENT

STANDARD FORM 556 (Rev. 6-82) Prescribed by GSA and ICMB

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the [redacted] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY on staff 2. PATIENT (b)(6)-2 VERIFIED BY CP7, N NO PROCEDURE

3. DATE 27 Sept 03 TIME PATIENT ARRIVED IN SUITE 0030 4. PATIENT (b)(6)-2 TIME 0030 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---------------------|---------------------|-------------------|--|
| ASSIGNED SCRUB | <u>SSG</u> (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>CP7</u> (b)(6)-2 | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

- SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS:

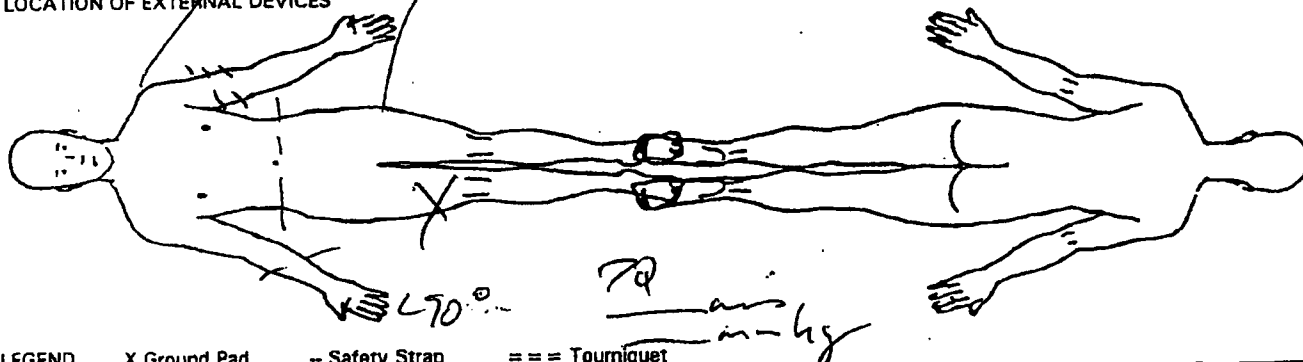
8. SKIN PREPARATION

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

PREP SOLUTION (Specify) CP7
 SITE: CP7 BY WHOM: (b)(6)-2
 SITE: Arum BY WHOM: (b)(6)-2

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad - Safety Strap === Tourniquet

10. COUNTS

| | C = Correct I = Incorrect | | Sponge (b)(6)-2 | CIRCULATOR (b)(6)-2 |
|--------------|---|---------------------|-----------------|---------------------|
| | Other** | First Closing Count | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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

(b)(6)-4

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

ESU NO: 1-1 BRAND Valk LOT NO: 69265 2005-03

ESU NO: _____ BRAND _____ LOT NO: _____

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUM 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): *NAC*

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

PHYSICIAN'S SIGNATURE *[Redacted]* *[Redacted]*

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| | | |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1. | 2. | 3. |
|-----------|-------------------------|----|----|
| | <i>gauze</i> | | |
| SITE | <i>B. of leg wounds</i> | | |

18. DRESSING/IMMOBILIZATION (Specify) *open flaps, vels, brace*

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED *F = O (L) (R) legs, (L) elbow*

21. PATIENT TRANSFERRED TO *Teu* TIME *0150* METHOD *litter*

22. REGISTERED NURSE SIGNATURE *[Redacted]*

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------------|---------------------|---------------------|-------|------------|--------|---|----------|-----------------|-----------------|--------------|---|----------|--|--|------------|---|--|--|--|-------|---|--|--|--|
| For use of this form, see AR 40-66, the _____ is the office of The Surgeon General. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM (b)(6)-2 VIA <u>litter</u> BY <u>CPT</u> <u>CRNA</u> | | 2. PATIENT (b)(6)-2 VERIFIED BY <u>MAJAN</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. DATE <u>29 SEP 03</u> | | 4. PATIENT IN ROOM TIME <u>0800</u> NUMBER <u>1-1</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: <u>NPO since MAJ, per nursing staff. NKA</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. NURSING PERSONNEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSIGNED SCRUB | <u>SPC</u> (b)(6)-2 | RELIEF SCRUB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSIGNED CIRCULATOR | <u>MAJ</u> (b)(6)-2 <u>CPT</u> (b)(6)-2 | RELIEF CIRCULATOR | <u>AN/66E</u> <u>AN/66E (0815-0830)</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. POSITION AND POSITIONAL AIDS (Specify) <u>(B) arms abducted less than 90° on padded armboards.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. SKIN PREPARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | PREP SOLUTION (Specify) <u>Peta/Peta</u> SITE: <u>RLE</u> BY WHOM: (b)(6)-2 SITE: <u>LLE</u> BY WHOM: (b)(6)-2 COMMENTS: <u>No prep on med. Chux used.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. LOCATION OF EXTERNAL DEVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEGEND X Ground Pad --- Safety Strap === Tourniquet N/A (b)(6)-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C = Correct I = Incorrect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. COUNTS | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Other**</th> <th>First Closing Count</th> <th>Final Closing Count</th> <th>SCRUB</th> <th>CIRCULATOR</th> </tr> </thead> <tbody> <tr> <td>Sponge</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><u>C</u></td> <td><u>(b)(6)-2</u></td> <td><u>(b)(6)-2</u></td> </tr> <tr> <td>Needle Sharp</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><u>C</u></td> <td></td> <td></td> </tr> <tr> <td>Instrument</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR | Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>(b)(6)-2</u> | <u>(b)(6)-2</u> | Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | | | Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>(b)(6)-2</u> | <u>(b)(6)-2</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b)(6)-4 | | <input checked="" type="checkbox"/> ESU NO: <u>000142 VL FORCE II</u> GROUND PAD: BRAND <u>VL Polyhesue</u> LOT NO: <u>69263 EXP 2005-03</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUM 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): NSS

OTHER ORDERS _____ TIME _____ CARRIED OUT BY _____

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

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs
Kerlix
Ace Wraps
 CPT (b)(6)-2, CRNA

19. ADDITIONAL INFORMATION
 Dr. (b)(6)-2

20. OPERATION(S) PERFORMED
D+I, DPC - BLE wounds + LUE wound

21. PATIENT TRANSFERRED TO ICU TIME 1010 METHOD litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2 MAJ, AN

MEDICAL RECORD

INTRAOPERATIVE

DOCUMENT

For use of this form, see AR 40-68, the ... ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY MAJ (b)(6)-2 CRNA 2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ AN

3. DATE 7 OCT 03 TIME PATIENT ARRIVED IN SUITE 1102 4. PATIENT IN ROOM TIME 1102 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Alert See previous DA5179. NPO PMN Arabic speaking.

6. NURSING PERSONNEL

| | | | |
|---------------------|-----------------------------|-------------------|--|
| ASSIGNED SCRUB | <u>SPC (b)(6)-2 91D</u> | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>MAJ (b)(6)-2 AN, GBE</u> | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) (B) arms abducted less than 90° on padded armboards.

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

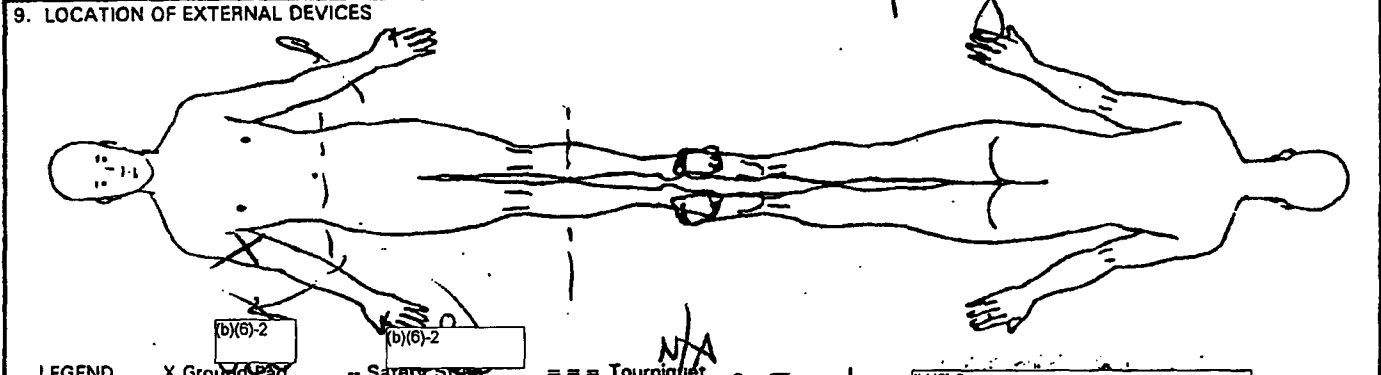
METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Soluclens + NSS

SITE: RLE BY WHOM: (b)(6)-2

SITE: BY WHOM:

COMMENTS: No pedicle noted. Chux used.



10. COUNTS

| | C = Correct I = Incorrect | | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|--------------|---|--|---------------------|---------------------|-----------------|-----------------|
| | Other** | | | | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | <u>(b)(6)-2</u> | <u>(b)(6)-2</u> |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <u>E</u> | <u>E</u> | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

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

(b)(6)-4

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

Setting 30/30

ESU NO: 000442 Valley Lab Force II

GROUND PAD: BRAND VL REA LOT NO: 69671 EXP 2005-04

ESU NO: GROUND PAD: BRAND LOT NO:

BIPOLAR NO:

13. PROSTHESIS, IMPLANTS NO IF YES NAME: ID NUMB 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): NSS

OTHER ORDERS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|--------------|------|----------------|
| (b)(6)-2 | / | / |
| / | / | / |
| / | / | / |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
 Huffs
 Kerlix
 Ace Wrap

19. ADDITIONAL INFORMATION

DA (b)(6)-2

MAJ (b)(6)-2 CRNA

20. OPERATION(S) PERFORMED
 D+I, Rt thigh wound

21. PATIENT TRANSFERRED TO ICU TIME 1152 METHOD litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2 MAJ, AN

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|---|---|--|---------------------------------------|
| For use of this form, see AR 40-66, the [blank] [blank] is the office of The Surgeon General. | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>amb.</u> BY <u>anesthesia</u> | | 2. PATIENT ID# (b)(6)-2 VERIFIED BY <u>[signature]</u> | |
| 3. DATE <u>10 Oct 03</u> TIME PATIENT ARRIVED IN SUITE | | 4. PATIENT IN TIME <u>0915</u> NUMBER <u>2</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | |
| COMMENTS: | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>Spe</u> (b)(6)-2 <u>910</u> | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>Ht</u> (b)(6)-2 <u>66E</u> | RELIEF CIRCULATOR | <u>Maj</u> (b)(6)-2 <u>(0950-eno)</u> |
| 7. POSITION AND POSITIONAL AIDS (Specify) | | | |
| <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | |
| COMMENTS: | | | |
| 8. SKIN PREPARATION | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | PREP SOLUTION (Specify) <u>Hibiclens</u> SITE: <u>RLF - Toes to groin</u> BY WHOM: <u>[redacted]</u> SITE: BY WHOM: <u>[redacted]</u> | |
| COMMENTS: | | COMMENTS: <u>∅ pooling or irritation</u> | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND X Ground Pad - Salt == = Tourniquet N/A /// = prep | | | |
| 10. COUNTS | | C = Correct I = Incorrect | |
| | Other** | First Closing Count | Final Closing Count |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| (b)(6)-4 | | <input type="checkbox"/> ESU NO: <u>#1</u> <u>cut/corr = 30/30</u> GROUND PAD: BRAND <u>Vally Lab</u> LOT NO: <u>69671</u> <u>exp 2005-04</u> | |
| | | <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ | |
| | | <input type="checkbox"/> BIPOLAR NO: _____ | |

DA FORM 5179-1, OCT 87

REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

USAPA V1.01

MEDCOM - 7706

13. PROSTHESIS, IMPLANTS NO IF YES NAME: ID NUM 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):
NSS

OTHER ORDERS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|--------------|------|----------------|
| (b)(6)-2 | / | / |
| (b)(6)-2 | / | / |

PHYSICIAN'S SIGNATURE *[Signature]*

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1. | 2. | 3. |
|-----------|-------------------|----|----|
| | <i>JP 7mm</i> | / | / |
| SITE | <i>① Thigh wd</i> | | |

18. DRESSING/IMMOBILIZATION (Specify)
Xuofem
Fluffs
Kerlix
Acuwrap

19. ADDITIONAL INFORMATION
Dr (b)(6)-2

May (b)(6)-2 *cert*

20. OPERATION(S)
① Thigh I+D / OPC

21. PATIENT TRANSFERRED TO *ICU* TIME *10:37* METHOD *litter*

22. REGISTERED NURSE (b)(6)-2 *[Signature]* (b)(6)-2 *[Signature]*

| ORAL Intake | | | | | INTRAVENOUS | | | | |
|-------------------------|--|------------|-------------|--------------|----------------------------------|-------------------------------|-------------|--------------------|-------------|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 0920 | Clr, gray-yellow | 750 | 750 | | | | | | |
| 1335 | Clr, Yellow-orange | 300 | 1050 | | | | | | |
| 0245 | Clear com | 1000 | 2050 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | 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 | | | | | | | | | |

(b)(6)-4

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 1200 TO _____ HOURS

24 HOURS COVERED DATE 20SEP

INTAKE

ORAL

INTRAVENOUS

| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE <i>(Include Medications)</i> | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
|------|-------|--------|-------------|--------------|--------|--------------------------------------|-------------|------------|-------------|
| 1215 | Water | 250 | 250 | 1200 | 1000 | NS | 500 | 1320 | 500 |
| | | | | 1330 | 500 | NS | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

IRRIGATIONS (N/G, Bladder, etc.)

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

BLOOD/BLOOD DERIVATIVES

OTHER INTAKE

| TIME STARTED | PRODUCT <i>(i.e. BI, A1b, P. cells, etc.)</i> | TIME COMPL | AMOUNT | ACCUM TOTAL | TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|--------------|---|------------|--------|-------------|------|------|--------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

GRAND TOTAL INTAKE

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | | | | FROM _____ HOURS | TOTAL HOURS COVERED | DATE | | | |
|--|--|------------|-------------|------------------|---------------------------|--------------------------------------|--------------------|--------------------|-------------|
| | | | | TO _____ HOURS | | | | | |
| INTAKE | | | | | | | | | |
| ORAL | | | | INTRAVENOUS | | | | | |
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE <i>(Include Medications)</i> | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 1215 | WAKE | 2SD | 2SD | BT/DY | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| IRRIGATIONS (N/G, Bladder, etc.) | | | | | | | | | |
| | | | | TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| BLOOD/BLOOD DERIVATIVES | | | | | OTHER INTAKE | | | | |
| TIME STARTED | PRODUCT (i.e. B1, Alb, P. cells, etc.) | TIME COMPL | AMOUNT | ACCUM TOTAL | TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | GRAND TOTAL INTAKE | | | | |

USAPPC V1.00

MEDCOM - 7710

30 SEP 74

| OUTPUT | | | | | | | | | |
|---|--------|-------------|--------|-------------|--------------------|---|--------|-------------|-------------|
| URINE | | | | | | NASOGASTRIC | | | |
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 1240 | 450 | 450 | | | | | | | |
| 0840 | 300 | 300 | | | | | | | |
| D/C Foley | | | | | | | | | |
| CHEST | | | | | | EMESIS | | | |
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| STOOLS | | | | | OTHER OUTPUT | | | | |
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | GRAND TOTAL OUTPUT | | | | |
| REMARKS | | | | | | | | | |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility) (b)(6)-4 | | | | | | INTAKE EQUIVALENTS (Serving levels cc) MEDICINE GLASS (1 oz) 30 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 | | | |

MEDICAL RECORD **VITAL SIGNS RECORD**

| HOSPITAL DAY | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------|-------------|------|------|------|------|-------|------|------|------|
| POST- | DAY | 27 | 28 | 29 | 30 | 1 Oct | 1 | 2 | |
| MONTH-YEAR | DAY | 25 | 2003 | | | | | | |
| | HOUR | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| PULSE (O) | TEMP. F (°) | 88 | 86 | 88 | 88 | 88 | 88 | 88 | 88 |
| | TEMP. C | 31.1 | 30.6 | 31.1 | 31.1 | 31.1 | 31.1 | 31.1 | 31.1 |
| 180 | 104° | | | | | | | | |
| 170 | 103° | | | | | | | | |
| 160 | 102° | | | | | | | | |
| 150 | 101° | | | | | | | | |
| 140 | 100° | | | | | | | | |
| 130 | 99° | | | | | | | | |
| 120 | 98.6° | | | | | | | | |
| 110 | 98° | | | | | | | | |
| 100 | 97° | | | | | | | | |
| 90 | 96° | | | | | | | | |
| 80 | 95° | | | | | | | | |

Centigrade Equivalents, for Reference only

| RESPIRATION RECORD | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------------------|----------|--------|--------|--------|--------|--------|--------|--------|
| BLOOD PRESSURE | | 140/80 | 140/80 | 130/80 | 130/80 | 130/80 | 130/80 | 130/80 |
| HEIGHT: | WEIGHT → | 5'9" | 165 | 5'7" | 160 | 5'7" | 160 | 5'7" |
| | | 150 | 150 | 150 | 150 | 150 | 150 | 150 |

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

(b)(6)-4

VITAL SIGNS RECORD

BACK
NSN 7540-00-634-43

| OUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------------------|-------|-------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|
| TEMP. F | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 | 98.8 |
| TEMP. C | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 | 37.6 |
| RESPIRATION RECORD | 12/17 | 12/17 | 118/74 | 116/66 | 120/76 | 97/54 | 106/66 | 108/64 | 115/67 | 128/66 | 114/58 | 116/62 |
| BLOOD PRESSURE | 12/17 | 12/17 | 118/74 | 116/66 | 120/76 | 97/54 | 106/66 | 108/64 | 115/67 | 128/66 | 114/58 | 116/62 |
| HEIGHT | 95 | 95 | 97 | 97 | 98 | 98 | 98 | 98 | 99 | 99 | 95 | 98 |
| WEIGHT | 99 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 |

Centigrade Equivalents, for Reference only)

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 811 (REV. 7-95)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 7713

MEDICAL RECORD **VITAL SIGNS RECORD**

| HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | | | |
|--------------|-------------|-------|-----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| POST- | DAY | | | | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | | | | | | | | | | | | | | | | | | | |
| 20 1st 03 | 15 | 10347 | 013 | 11 | | | | | | | | | | | | | | | | | | |
| | HOUR | 2 | 01 | 2 | 01 | 0 | | | | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (°) | 88 | 94 | 88 | 90 | 88 | | | | | | | | | | | | | | | | |
| | 105° | | | | | | | | | | | | | | | | | | | | | |
| 180 | 104° | | | | | | | | | | | | | | | | | | | | | |
| 170 | 103° | | | | | | | | | | | | | | | | | | | | | |
| 160 | 102° | | | | | | | | | | | | | | | | | | | | | |
| 150 | 101° | | | | | | | | | | | | | | | | | | | | | |
| 140 | 100° | | | | | | | | | | | | | | | | | | | | | |
| 130 | 99° | | | | | | | | | | | | | | | | | | | | | |
| 120 | 98.6° | | | | | | | | | | | | | | | | | | | | | |
| 110 | 98° | | | | | | | | | | | | | | | | | | | | | |
| 100 | 97° | | | | | | | | | | | | | | | | | | | | | |
| 90 | 96° | | | | | | | | | | | | | | | | | | | | | |
| 80 | 95° | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | |

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

Centigrade Equivalents, for Reference only)

| RESPIRATION RECORD | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|--------|--------|--------|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Record special data only when so ordered | BLOOD PRESSURE | 115/60 | 125/65 | 125/65 | 125/65 | 114/64 | | | | | | | | | | | | | | | | |
| | HEIGHT: | 5'7" | 5'7" | 5'7" | 5'7" | 5'7" | | | | | | | | | | | | | | | | |
| | WEIGHT → | 165 | 165 | 165 | 165 | 165 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

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

STANDARD FORM 511 (REV. 7-95) BACK
U.S.GPO: 1996-404-763/40089

(b)(6)-4

MEDCOM - 7714

Ward/Location: **EMT** Requesting Physician: _____
 (b)(6)-4: _____ Date: **26 SEP 03** Time: **0755** Patient (b)(6)-4: _____
LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|-------------|--------|------------------|------------|-----------------|------------|------------------|--------|-------------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 131 | 73 - 118 mg/dL | Color | Lt Yellow | N/A | WBC | 14.9 | 4.8 - 10.8 x 1E3 |
| BUN | 7 | 7 - 22 mg/dL | App | SLIMY - Hazy | N/A | REC | 5.46 | 4.7 - 6.1 x 1E6 |
| Creat | 1.1 | 0.6 - 1.2 mg/dL | Glu | NEG | Negative | Hgb | 15.9 | 14 - 18 g/dL (M); 12 - 16 (F) |
| Na | 130 | 128 - 125 mmol/L | Bili | NEG | Negative | Hct | 49.3 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.6 | 3.3 - 4.7 mmol/L | Ket | NEG | Negative | MCV | 90.2 | 80 - 99 fL |
| Cl | 100 | 98 - 108 mmol/L | SGav. | 1020 | N/A | Plt | 312 | 130 - 500 1E3 |
| CO2 | 28 | 18 - 33 mmol/L | Bld | LARGE | Negative | Lymph% | 10.3 | 20.5 - 51.1 % |

| Chemistry 12/LFT | | | Hematology Manual Diff | | |
|------------------|--------|------------------|------------------------|--------|------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range |
| ALB | 3.6 | 3.5 - 5.5 g/dL | Segs | | Lymph |
| ALP | 91 | 26 - 84 µg/dL | Bands | | Atyp |
| ALT | 24 | 10 - 47 µg/dL | Mono | | Imm |
| AMY | 52 | 14 - 97 µg/dL | Eos | | RBC Morph |
| AST | 30 | 11 - 38 µg/dL | Baso | | Plt Est |
| Tbili | 1.4 | 0.2 - 1.6 mg/dL | | | |
| TP | 6.5 | 6.4 - 8.1 g/dL | | | |
| Ca | 8.9 | 8.0 - 10.3 mg/dL | | | |
| Chol | 144 | 100 - 200 mg/dL | | | |
| Creat | 0.9 | 0.6 - 1.2 mg/dL | | | |
| BUN | 7 | 7 - 22 mg/dL | | | |
| BILU | 134 | 73 - 118 mg/dL | | | |

pH: 5.0
 Prot: NEG
 Urob: 0.2
 Nit: NEG
 Leuk: NEG
 Micro UA: WBC - 3-5
 RBC - TRIL
 EPI - 0-1

Coagulation

| | | |
|------|------|----------------|
| PT | 16.4 | 9.8 - 13.5 sec |
| aPTT | 34.7 | 21 - 34 sec |
| INR | | N/A |

| Other Chem | | | Blood Gas | | | MISC | | |
|------------|----------------|------------------------|-----------|--------|--------------|------------|--------|------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| troponin | Negative | | ph | | 7.31 - 7.45 | Malaria | | Negative |
| iLU Only | 73 - 118 mg/dL | | PCO2 | | 35 - 45: Art | Gram Stain | | N/A |
| K | 387 | 39 - 380 µg/L - Male | PO2 | | 80 - 105 | UA Tox: | | Negative |
| | | 30 - 190 µg/L - Female | HCO3 | | 22 - 26 | HCG | | Negative |
| | | | TCO2 | | 23 - 27 | | | |
| | | | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

Additional Instructions: _____
 Reported By: _____ Date: **2** MEDCOM - 7715

MEDICAL RECORD - ANESTHETIC

or use of this form, see AR 40-86; the proponent agency is the USG

| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - IAGM/CANAL IF AT CONSTANT INFUSION | | | | | | | TOTALS | TOTAL DIL | |
|--|--------|-------|-------|-------|-------|-------|--------|---|--|
| midazolam (mg) | 2 | | | | | | 2mg | MIN | |
| fentanyl (mcg) | 150 | 50 | 50 | | | | 250mcg | | |
| Propofol (mg) | 160 | | 40 | | | | 200mg | | |
| Suac (mg) | 100 | | | | | | 100mg | | |
| | | | | | | | | 700cc | |
| Temp | % del | 1.7 | 1.7 | 1.7 | 1.7 | 1.0 | .6 X | FLUIDS SUMMARY CRYSTALLOID LF = 600cc COLLOID BLOOD X | |
| | % e.t. | | | | | | | | |
| AIR | L/Min | | | | | | | | |
| N2O | L/Min | | | | | | | | |
| O2 | L/Min | 8 | 2 | 2 | 2 | 2 | 8-15 | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | |
| LINE sites | R | L | A | | | | | REMARKS | |
| Arceftuin | 100cc | | | | | | | Code drugs with numbers, events with letters 0015 - Propofol After intubated. Pt 20 on 1 L/min Plan GETA | |
| EST BLOOD LOSS | | | | | | | | | |
| | | | | | | | | 0028 B 100r via lithen by 2. Moved self to bed. Mon itors on. PreO2 intubation. Eyes taped shut. See Airway not taken | |
| | | | | | | | | 0156 Rapid event veg. opens eyes TV 500cc. Airway release intact. MHE. Oral skin in tubular 5 pos. Pressure breath | |
| | | | | | | | | 0200 PD IV via lithen F02 via MRB. Final 15pm - Report lost love. VSI pt stable | |
| | | | | | | | | | |
| TIME | | 10:00 | 10:05 | 10:10 | 10:15 | 10:20 | 10:25 | 10:30 | |
| BP | 128/85 | | | | | | | | |
| HR | 81 | | | | | | | | |
| RR | 12 | | | | | | | | |
| SpO2 | 99 | | | | | | | | |
| Temp | 37.2 | | | | | | | | |
| ET CO2 | 30 | | | | | | | | |
| SpHb | 14 | | | | | | | | |
| SpO2 | 99 | | | | | | | | |
| Temp | 37.2 | | | | | | | | |
| ET CO2 | 30 | | | | | | | | |
| SpHb | 14 | | | | | | | | |

PROCEDURES and CPT Codes:
D+I Multiple sharp wounds BLE, LUA

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
R31 ECR via 4
B-D OETI @ 24cm @ 10cm. DL x 1.5 MAC 3 grade ECR via
sty let; @ 24cm 2nd tube; @ 24cm = 1; @ soft L. k block

PROCEDURE LOCATION: OR 1-1

DATE: 20 SEP 03

PAGE 1 OF 1

34yo
Asst I
NCOA

Amey 9 Mar 07 0750

| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG (MG) / ML "1" - CONSTANT INFUSION | | MEDICAL RECORD | | | | ANESTHESIA | | | | TOTALS | TOTALS |
|--|-------|----------------|-----|-----|-----|------------|-----|-------|--------|--------|--------|
| Midazolam (mg) | 1mg | 2 | | | | | | | 2mg | Min | |
| Kentucky (mg) | (mg) | 150 | 50 | 50 | | | | 250mg | | | |
| Propofol (mg) | (mg) | 150 | 50 | | | | | 200mg | TOTALS | | |
| Dewron (mg) | (mg) | 50 | | | | | | 50mg | | | |
| MSEA (mg) | (mg) | | | | 5 | 5 | 5 | 0 | 30mg | 825cc | |
| Sevo | % del | 1.5 | 1.7 | 2.0 | 2.0 | 2.0 | 2.5 | 2.0 | X | | |
| AIR | L/Min | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 9 | 11 | |

| | |
|------------------|------------------------|
| FLUIDS - SUMMARY | CRYSTALLOID - LR = 400 |
| COLLOID - | X |
| BLOOD - | X |

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

| KEYS | TIME | SYMBOLS | BP | HR | TEMP | ET CO2 | SpO2 | ECG | TEMP - site | N-M Block |
|-------------|------|---------|--------|----|------|--------|------|-----|-------------|-----------|
| 1 2 3 4 5 E | 0750 | | 137/74 | 70 | | | | | | |
| | 0800 | | | | | | | | | |
| | 0810 | | | | | | | | | |
| | 0820 | | | | | | | | | |
| | 0830 | | | | | | | | | |
| | 0840 | | | | | | | | | |
| | 0850 | | | | | | | | | |
| | 0900 | | | | | | | | | |
| | 0910 | | | | | | | | | |
| | 0920 | | | | | | | | | |
| | 0930 | | | | | | | | | |
| | 0940 | | | | | | | | | |
| | 0950 | | | | | | | | | |
| | 1000 | | | | | | | | | |
| | 1010 | | | | | | | | | |
| | 1020 | | | | | | | | | |
| | 1030 | | | | | | | | | |
| | 1040 | | | | | | | | | |
| | 1050 | | | | | | | | | |
| | 1100 | | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| VT - ml | VT - ml | VT - ml | VT - ml | VT - ml | VT - ml | VT - ml | VT - ml | VT - ml | VT - ml | VT - ml |
| 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min | 1-breath/min |
| Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP | Peak inf pres / PEEP |
| MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion | MODE - (Spon) / Assist / Cion |
| ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) | ET CO2 (torr) |
| FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) | FiO2 (Frac or %) |
| SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) | SpO2 (%) |
| ECG | ECG | ECG | ECG | ECG | ECG | ECG | ECG | ECG | ECG | ECG |
| TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site | TEMP - site |
| N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) | N-M Block (T/4) |

| | |
|-------------|------------|
| RECOVERY AT | 1010 |
| PACU (ICU) | (Specify) |
| OTHER | Fe 96E |
| CONDITION: | Stable |
| RESP - 16 | SpO2 - 99% |
| BP - 133/77 | HR - 80 |

| | |
|---|--|
| PROCEDURES AND CPT Codes | ANESTHETIC TECHNIQUES: Describe block technique under Remarks |
| It D & PC of sharp wounds to BLE and LUG | GERA (O2/Sevo) |
| PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical facility | AIRWAY MANAGEMENT: Intubation route, block, technique, comments |
| (b)(6)-4 | Easy Mask Ventilation. DLx 12 Miller 3 by SSE, white RT. 8.0 OETT in- serted at 22cm depth; P stylet; P sustenair ETTC; P bbs; P soft milk |
| | SURGEONS (b)(6)-2 |
| | PROCEDURE LOCATION OR 1-1 |
| | DATE 29 SEP 03 |
| | PAGE 1 OF 1 |

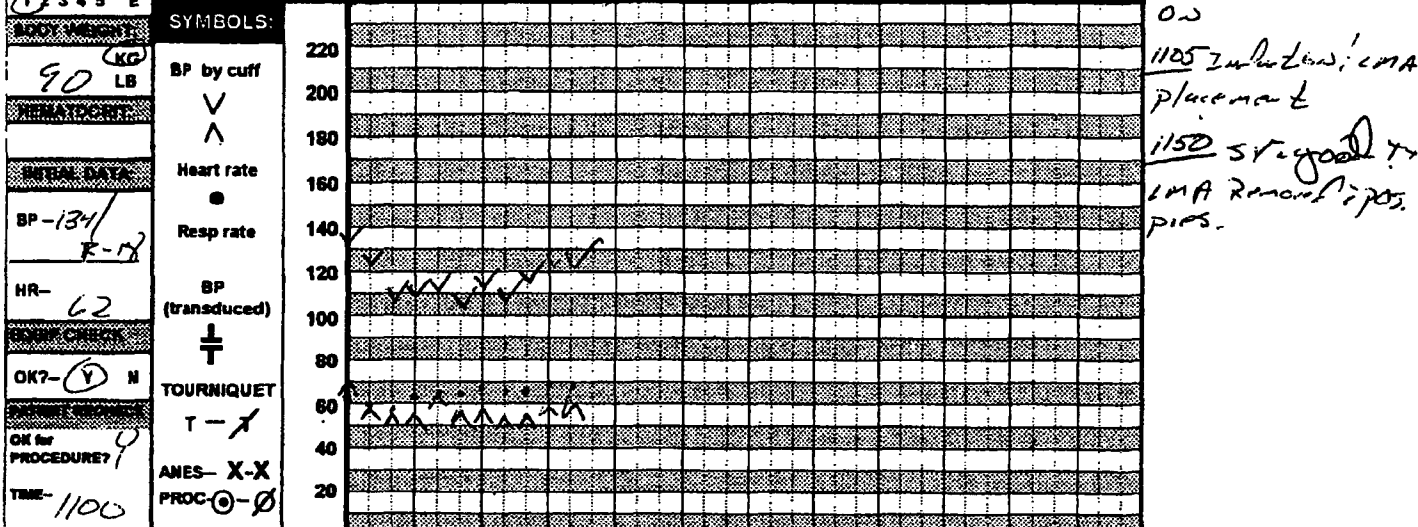
| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, - 1"=CONSTANT INFUSION | | MEDICAL RECORD | | ANESTHESIA | | TOTALS | TOTAL USE |
|---|-------|----------------|----|------------|--|--------|-----------|
| Vericep | (mg) | 2 | | | | | |
| Fentanyl | (mcg) | 60 | 50 | | | | |
| Propofol | (mg) | 130 | | | | | |
| | () | | | | | | |
| | () | | | | | | |
| | () | | | | | | |

| O2 | | % del | % sat |
|-----|-------|----------|-------|
| ISO | | X-15ml/O | |
| AIR | L/Min | | |
| N2O | L/Min | | |
| O2 | L/Min | X-8-2-2 | |

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

| LINE # | DRUG | WARMED |
|--------|------|---------------------------------|
| CR 15 | | <input type="checkbox"/> Warmed |
| | | <input type="checkbox"/> Warmed |
| | | <input type="checkbox"/> Warmed |

EST BLOOD LOSS URINE -



| VT - ml | t - breaths/min | Peak inf pres / PEEP |
|------------------------------------|-----------------|----------------------|
| | 10 8 14 | |
| MODE - S (pon), A (assist), C (on) | S S S S | |
| BP/Auto Cuff | ET CO2 (torr) | |
| BP / oth | ET CO2 (torr) | 59 59 59 59 |
| ART line | SpO2 (%) | 91 91 91 91 |
| Steth- PC/ES | ECG | SR SR SR SR |
| Gas analyzer | TEMP- site | |
| | N-M Block (T4) | |

| EVENTS | Position |
|--------|----------|
| | |

PROCEDURES and CPT Codes: I.D. @ Thigh wound infection

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

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: G.A.

AWAY MANAGEMENT: Intubation route, block technique, comments: H.S. LMAX 1; B. 1/2 BS; ET CO2 X5 waves; EVIDS TAPPED

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2

PROCEDURE LOCATION: 1-1

DATE: 7/2/03

WAMC OF 376 REVISED 1 Jan 99

PAGE 1 OF 1

| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, "1" = CONSTANT INFUSION | | MEDICAL RECORD | | | | ANESTHESIA | | TOTALS | TOTALS |
|--|------------------|--------------------------|--------|-----|------|------------|---------|---|--------|
| Versed | mg | 3 | | | | | 3 mg | | |
| Fentanyl | mcg | 100 | 50 | 50 | 50 | | 200 mcg | M10 | |
| Propofol | mg | 200 | 100 | | | | 300 mg | | |
| Total | | | | | 30 | | 30 mg | | |
| ISO | % del | X | 1.0 | 1.0 | 1.0 | 1.0 | 0.8 | | |
| AIR | L/Min | | | | | | | | |
| N2O | L/Min | | | | | | | | |
| O2 | L/Min | Y | 8 | 2 | 2 | 2 | 2 | | |
| SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | FLUIDS - SUMMARY | |
| LINE site | AS | <input type="checkbox"/> | Warmed | | | | | CRYSTALLOID - 600 | |
| | | <input type="checkbox"/> | Warmed | | | | | COLLOID - 0 | |
| | | <input type="checkbox"/> | Warmed | | | | | BLOOD - 0 | |
| | | <input type="checkbox"/> | Warmed | | | | | REMARKS | |
| EST BLOOD LOSS | | | | | | | | Code drugs with numbers, events with letters | |
| TIME | URINE | 15 | 30 | 45 | 1000 | 15 | | 0905 pt ID? | |
| TIME | | 15 | 30 | 45 | 100 | 15 | 30 | 45 | 1200 |
| SYMBOLS: | | | | | | | | | |
| BP by cuff | V | 220 | | | | | | | |
| Heart rate | ^ | 200 | | | | | | | |
| Resp rate | • | 180 | | | | | | | |
| BP (transduced) | + | 160 | | | | | | | |
| TOURNIQUET | T - X | 140 | | | | | | | |
| ANES - X-X | | 120 | | | | | | | |
| PROC - 0-0 | | 100 | | | | | | | |
| | | 80 | | | | | | | |
| | | 60 | | | | | | | |
| | | 40 | | | | | | | |
| | | 20 | | | | | | | |
| VT - ml | | | | | | | | | |
| f - breaths/min | | | 15 | 8 | 9 | 11 | 14 | | |
| Peak ins pres / PEEP | | | | | | | | | |
| MODE - S (pon), A (assist), C (onl) | | | S | S | S | S | S | | |
| BP/Auto Cuff | ET CO2 (torr) | | 46 | 49 | 49 | 49 | 45 | | |
| BP / oth | FIO2 (Frac or %) | | .91 | .91 | .91 | .90 | .92 | | |
| ART line | SpO2 (%) | | 100 | 100 | 100 | 100 | 100 | | |
| Steth- PC/ES | ECG | | SR | SB | SB | SB | SB | | |
| Gas analyzer | TEMP - site | | | | | | | | |
| | N-M Block (T4) | | | | | | | | |
| Warming blkt | | | | | | | | | |
| Conv warmer | | | | | | | | | |

| | | | |
|-------------|---------------|-------|-----|
| RECOVERY AT | 1040 | | |
| PACU | 100 (Specify) | | |
| OTHER | | | |
| CONDITION: | Stable | | |
| RESP - 15 | SpO2 - 98 | | |
| BP - 110/56 | HR - 54 | | |
| AS | Start | Room | End |
| 1040 | 1040 | 1045 | |
| PROC | Ready | Begin | End |
| 1040 | 1040 | 1030 | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position 01

PROCEDURES and CPT Codes

DPC of Right Wound

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

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments LMA # 4 X 2

Bi-lt BS! ET CO2 X 5 waves, Eyes taped

BURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2 AN, CRNA

MEDICAL WORD - ANESTHESIA

Nurse Anesthetist

WAMC OP 376 REVISED

Jan 99

PROCEDURE LOCATION 1-1

DATE 10 Oct 98

PAGE 1 OF 1

MEDCOM - 7719

U.S. GPO: 2002-729-180/40137

ANESTHESIA PLAN OF CARE

PREOPERATIVE ASSESSMENT (Sedation)

ja

Age 31 DAYS MOS YRS

Sex MALE FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 190 KG/LB HT: IN.
ALLERGIES: NKA

PROPOSED PROCEDURE: Multiple Sides
SURGICAL SERVICE: FAHO
NPO SINCE: 2100

HABITS:
TOBACCO: (-)
ETOH:
DRUGS:

CURRENT MEDICATIONS:
() = ordered as pruned
()
()
()
()
()
()

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

LABORATORY STUDIES:
HB/HCT: /
UA:
OTHER:

14.9 15.9 (312)
49.3
130
4.6

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW

| | |
|--------------------------|-----|
| Cardiovascular: | |
| Hypertension | N Y |
| Angina | N Y |
| MI | N Y |
| CVA | N Y |
| Other | N Y |
| Pulmonary System: | |
| Asthma | N Y |
| Bronchitis/URI | N Y |
| COPD | N Y |
| Other | N Y |
| Renal System: | |
| Acute/Chronic RF | N Y |
| Gastrointestinal: | |
| Hepatitis | N Y |
| Hiatal Hernia | N Y |
| PUD/GERD | N Y |
| Endocrine System: | |
| Diabetes | N Y |
| Steroids | N Y |
| Thyroid | N Y |
| Neurological: | |
| Seizures | N Y |
| Neuropathy | N Y |
| Other | N Y |
| Gynecological: | |
| Pregnancy | N Y |
| Other Significant Hx: | |
| <u>Multiple</u> | N Y |
| <u>shingles</u> | N Y |
| <u>neuropathy - B/E</u> | N Y |
| <u>CHF</u> | N Y |
| Familial HX | |
| | N Y |

ASSESSMENT PAST SURGICAL/ANESTHETIC

PHYSICAL EXAMINATION
BP 116 HR 117 R T
Pain Scale 0-10
HEENT - Teeth intact good
Trachea clear
TMJ/Neck normal
Oropharynx normal
Nares clear
CHEST: CRA3
CARDIAC: S2
EXTREMITIES:
IV Access: 14G BAC
Ulnar Filling: 18G AC
BACK:
OTHER:
NPO Since 2100

ANESTHETIC PLAN: LOCAL MAC Regional (Specify): General: Mask Intubation

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

The patient (b)(6)-2 understands and agrees. Questions answered.
Signed: Date: 9/26/13 Time: 0800 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 NO APPARENT ANESTHETIC COMPLICATIONS OTHER
Signed: (b)(6)-2 Date: 9/26/13 Time: 1000 Hrs

Patient Identification: (Ward)
(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 | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 26 Sept | 1630 HOURS | |
| | | | ① MSO ₄ 2-8mg q 2hrs prn | | |
| | | | Pain not to exceed | | |
| | | | 20mg prior to Surg. | | (b)(6)-2 |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | M/C/ROA | | |

| | | | | | |
|------------------------|----------|---------|---------------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 26 Sept | 160 HOURS | |
| | | | LR @ 125 u/m | | |
| | | | V.U. O ₂ | | 160 |
| | | | (b)(6)-2 | | (b)(6)-2 |
| | | | (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 27 September 03 | 0145 HOURS | |
| | | | ① Admit RR → ICW | | |
| | | | ② Dx: MULTIPLE BL DE FRACTURE WOUNDS @ ELBOW INTRA PERICRANIAL FRACTURE. SIR I+D | | |
| | | | ③ COND STABLE | | |
| | | | ④ VITALS Q. ROUTINE | | |
| | | | ⑤ ANGES T ₅ IV q 8h | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | ⑥ MSO ₄ 2mg q 15' ≤ 20mg q 20 | | |
| | | | ⑦ Percocet T-PO q 4h PRN Pain | | |
| | | | ⑧ IVF: NS @ 100cc/hr HEPARIN 1000 U/ml | | |
| | | | ⑨ EPW RESTRAINTS; UP AD CUB | | |
| | | | ⑩ DIET REG. | | (b)(6)-2 |
| | | | ⑪ LOUCE T-PO BID | | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | M/C/ROA | | |

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

MEDCOM - 7721

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|------------|------------|---|---------------|--------------------------------|
| [Redacted] | | | 29 SEP | 1730 HOURS | |
| | | | ① Foley to Gravity | | |
| | | | VO: Dr. [Redacted] | [Redacted] | [Redacted] |
| NURSING UNIT | | | DATE OF ORDER | TIME OF ORDER | |
| 28 Sep 03 | 0400 | [Redacted] | 28 Sep 03 | 1743 HOURS | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| [Redacted] | | | 28 Sep 03 | 1743 HOURS | |
| | | | ① NPO & MOUTH CARE | | |
| | | | ② TO OR FOR REPEAT | | |
| | | | 1 HD, DPC | | |
| NURSING UNIT | | | DATE OF ORDER | TIME OF ORDER | |
| [Redacted] | [Redacted] | [Redacted] | 29 Sep 03 | 1800 HOURS | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| [Redacted] | | | 29 Sep 03 | 1812 HOURS | |
| | | | ① Admit 02 → ICU | | |
| | | | ② Dx: Fragmentation wounds | | |
| | | | BIL U2, ③ ELBOW SIP HD/DPC | | |
| | | | ④ COND: STABLE | | |
| | | | ⑤ VITALS & ROUTINE | | |
| | | | ⑥ ACT: UP AS L&B, EPW RESTRAINT | | |
| | | | ⑦ NKA | | |
| NURSING UNIT | | | DATE OF ORDER | TIME OF ORDER | |
| [Redacted] | [Redacted] | [Redacted] | 29 Sep 03 | 1808 HOURS | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| [Redacted] | | | 29 Sep 03 | 1808 HOURS | |
| | | | ① ANCEF 1g IV q 8 | | |
| | | | ② IVF: NS @ 120 cc HR / HD/LOC | | |
| | | | when tol PO | | |
| | | | ③ DIET REG | | |
| | | | ④ HCO ₂ 24mg IV q 15 @ 20mg & 20 | | |
| | | | PARALOCET 1-1 PO q 4-6 PRN | | |
| | | | BENADOL 25-50mg PO q 6H PRN | | |
| | | | LOXAPRO 1 PO BID | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7722

CLINICAL RECORD - DOCTOR'S ORDERS
For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | | | |
|---|----------|---------|---|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-2 | | | 1 Oct 2003 | 0800 HOURS | |
| <p><i>Adopt 117 2 Oct 8 @ 0200</i></p> <p>① DIC Foley</p> <p>② NOM 100cc PO Q2 UNTIL BM</p> <p>VD. Dr. (b)(6)-2 / 1LT (b)(6)-2 AN</p> | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | 240 chrt ✓ 2 Oct 03 0150 [redacted] 911 | | |

| | | | | | |
|--|----------|---------|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-2 | | | 4 Oct 03 | 0805 HOURS | |
| <p><i>not</i></p> <p>① Discharge to MP custody</p> <p>② OPSITE TO LACERATIONS / INCISION SITES.</p> <p>③ Remove SUTURES & STERI STRIP WOUNDS X GROIN AND ELBOW.</p> <p>④ KEFLEX 500mg PO QID</p> | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|---|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-2 | | | | | |
| | | | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | 240 chrt ✓ 5 Oct 8 @ 0500 (b)(6)-2 (b)(6)-2 | | |

| | | | | | |
|------------------------|----------|---------|---------------|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7723

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---|---------------|--------------------------------|
| (b)(6)-4 | | | 6 OCT 03 | 1917 HOURS | |
| <p>60003 1917</p> | | | <input checked="" type="checkbox"/> Admit ICU | | |
| | | | <input checked="" type="checkbox"/> Dx: SOFT TISSUE FRAGMENTATION WOUNDS, CONTINUOUS DRAINAGE | | |
| | | | <input checked="" type="checkbox"/> Comp: STABLE | | |
| | | | <input checked="" type="checkbox"/> Vitals: Q ROUTINE | | |
| | | | <input checked="" type="checkbox"/> ACTVIT: WBAT, EPW | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| (b)(6)-2 | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | RESTRAINTS _____ HOURS | | |
| | | | <input checked="" type="checkbox"/> NKDA | | |
| | | | <input checked="" type="checkbox"/> DIET: NPO P MIDNIGHT | | |
| | | | <input checked="" type="checkbox"/> IUF: TKO | | |
| | | | <input checked="" type="checkbox"/> PERSPECT T-T PO q 4-6 h PW PAIN | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | IBUPROFEN 800mg PO TID PAIN BENADRYL 25-50mg PO q 6h PAIN | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | <input checked="" type="checkbox"/> TO OR IN AM. _____ HOURS | | |
| | | | <input checked="" type="checkbox"/> ANESTH Tg W q 8h 01-12-00 6-14-22 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | 2U' chat ✓ 6 Oct 03 @ 23:50 (b)(6)-2 /14 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7724

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|--|--|------------------|--|--------------------------------|
| (b)(6)-4 | | | 7 OCT 03 | 1155 HOURS | |
| | | | ① | Admin OR → LW | |
| | | | ② | Do: ② THIB SERUMS | |
| | | | ③ | COND: STIBU | |
| | | | ④ | VITALS: @ Routine | |
| | | | ⑤ | ACT: WBAT, EDW Resistant | |
| | | | ⑥ | Diet: Reg | |
| | | | ⑦ | IVF NS @ 110 cc/hr H ₂ O | |
| | | | DATE OF ORDER | TIME OF ORDER | |
| | | | when to PO | HOURS | |
| | | | ⑧ | NAFCILIN 2g IV q 4 ^o | |
| | | | ⑨ | NSO ₄ 2-4mg q 15' < 20mg q 2 ^o | |
| | | | ⑩ | Paracet T 1 PO q 4-6h PRN | |
| | | | | Benadryl 25-50mg PO q 6 ^o PRN | |
| | | | | Coaxil 1 PO BID | |
| | | | | Wash 60cc PO q 2 ^o PRN Constip. | |
| | | | ⑪ | WET TO DRY | |
| | | | DATE OF ORDER | TIME OF ORDER | |
| | | | DRESSING N'S BID | HOURS | |
| | | | ⑫ | THIB | |
| | | | ⑬ | Remove sutures / STERIL STRIP ① ELBOW | |
| | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-2 | | | 240 | 7 OCT 03 2300 | |
| | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 9 OCT 03 | 2050 HOURS | |
| | | | ⑭ | NPO P [REDACTED] | |
| | | | ⑮ | TO OR IN AM | |
| | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-2 | | | 10 OCT 03 | 0800 | |

DA FORM 1 APR 79 4230

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7725

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---------------|--------------------------------------|--------------------------------|
| | | | ↓ 13 OCT 73 | 0945 HOURS | |
| | | | ① | D/C TO MP CUSTODY | |
| | | | ② | REMOVE SUTURES IN 5-7 DAYS | |
| | | | ③ | DAILY DRESSING CHANGES | |
| | | | ④ | CONTINUE KEFLENOL 500mg PO QID F 7d- | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED. MEDCOM - 7727

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | |
|----------------------|--------------|---|----|----------------|----|----|----|----|---|---|---|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | |
| 27 2980 | (b)(6)-2 | Vitals q, Routine | 6 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| | | | 14 | | | | | | | | |
| | | | 22 | | | | | | | | |
| 27 2980 | (b)(6)-2 | Regular diet | 7 | | | | | | | | |
| | | Regular diet | 12 | | | | | | | | |
| | | | 17 | | | | | | | | |
| 27 | (b)(6)-2 | Elv Restraints | 6 | | | | | | | | |
| | | up ad lib | 10 | | | | | | | | |
| 27 | (b)(6)-2 | Activities: up ad lib | 6 | | | | | | | | |
| | | | 18 | | | | | | | | |
| 27 | (b)(6)-2 | Foley to Gravity | 08 | | | | | | | | |
| | | | 19 | | | | | | | | |
| 29 8p | (b)(6)-2 | Act: up ad lib | 00 | | | | | | | | |
| | | | 14 | | | | | | | | |
| | | | 22 | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: L elbow intra arteris wound ADDITIONAL PAGES IN USE: YES NO
 NKDA Multiple B/L LE Frag wound. PAGE NO: _____

PATIENT IDENTIFICATION: S/P 1+D
 (b)(6)-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Ma 10 Yr. 2003 | | |
|----------------------|-------------|--|----|----------|----------|----------------|---|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | 6 | 7 | 8 | 9 | 10 |
| 6000 | (b)(6)-2 | vitals q Routine | 06 | / | (b)(6)-2 | | | |
| | | | 14 | (b)(6)-2 | | | | |
| | | vitals q Routine | 06 | / | (b)(6)-2 | | | |
| 6000 | (b)(6)-2 | Activity: WBAT, EPW restraints | 14 | (b)(6)-2 | | | | |
| 6000 | (b)(6)-2 | Diet: NPO p Mid night | 06 | / | (b)(6)-2 | | | |
| | | | 14 | (b)(6)-2 | | | | |
| | | | 22 | (b)(6)-2 | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: soft tissue fragmentation wounds
continued drainage

PATIENT IDENTIFICATION: NKIDA (b)(6)-4

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

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) | | | | | | | | | | Ma. Yr. 2003 | | |
|----------------------|--------------|--|----|------------|----|----|----|----|----|----|----|----------------|-----------|--|
| | | For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | | | | | | | | | | | | |
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | |
| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | DATE COMPLETED | | |
| 7 Oct | (b)(6)-2 | VITALS @ Bedside | 06 | [Redacted] | | | | | | | | | See below | |
| 7 Oct | (b)(6)-2 | Act. Wound, Sew Remnants | 06 | [Redacted] | | | | | | | | | | |
| 7 Oct | (b)(6)-2 | Per Diet | 06 | [Redacted] | | | | | | | | | | |
| 7 Oct | (b)(6)-2 | Wet to Dry Dress Als | 10 | [Redacted] | | | | | | | | | | |
| 7 Oct | (b)(6)-2 | BIO @ THIGH | 20 | [Redacted] | | | | | | | | | | |
| 7 Oct | (b)(6)-2 | Removal Dressing TR | | [Redacted] | | | | | | | | | | |
| 9 Oct | (b)(6)-2 | NPO post MC | 06 | / | / | / | / | / | / | / | / | [Redacted] | | |
| | | Per Diet | 12 | / | / | / | / | / | / | / | / | [Redacted] | | |
| | | | 18 | / | / | / | / | / | / | / | / | [Redacted] | | |
| 10 Oct | (b)(6)-2 | Drsg @ QD | 08 | / | / | / | / | / | / | / | / | [Redacted] | | |
| 10 Oct | (b)(6)-2 | SP Drain | 06 | / | / | / | / | / | / | / | / | [Redacted] | | |
| | | | 14 | / | / | / | / | / | / | / | / | [Redacted] | | |
| | | | 22 | / | / | / | / | / | / | / | / | [Redacted] | | |
| 13 Oct | (b)(6)-2 | VS QD | 06 | / | / | / | / | / | / | / | / | [Redacted] | | |

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
① THIGH SCALDS

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO: _____

PATIENT IDENTIFICATION:
[Redacted]

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 |

EDITION OF 1 DEC 77 MAY BE USED.
MEDCOM - 7732

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 | | | | | | | | | | | | | | | | | | | | | |
|------------|-----------------|---|-------|----------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Sep 83 | (b)(6)-2 | Levodopa 4hr | 07:18 | 26 | 27 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: _____ ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION: _____ DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | | |
|----------------------|--------------|---|--|----------------|---|---|---|---|---|---|---|----|----|----|----|----|----|
| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | |
| | | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 27 | (b)(6)-2 | Ancef 1g IV q 8 ^h | 08 16 24 | (b)(6)-2 | | | | | | | | | | | | | |
| 27 | (b)(6)-2 | IV NS @ 100cc/hr HL when tol PO | 6 14 22 | (b)(6)-2 | | | | | | | | | | | | | |
| 27 | (b)(6)-2 | Codace 1 PO BID | 10 22 | (b)(6)-2 | | | | | | | | | | | | | |
| 27 | (b)(6)-2 | IVF NS @ 100cc/hr Heparin when tol PO | 06 14 22 | (b)(6)-2 | | | | | | | | | | | | | |
| 01 Oct | (b)(6)-2 | MOM 100cc PO Q2 until BM | 02 04 06 08 10 12 14 16 18 20 22 24 | (b)(6)-2 | | | | | | | | | | | | | |

ALLERGIES: YES NO
 PRIMARY DIAGNOSIS: Multiple B/L LE Fragment wounds
 (5) Elbow intra arteris wound
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4
 SP: 1 + D
 DISPENSING TIMES
 USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

Verify by Initialing _____

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. 9 Yr. 83

| 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 | | | |

| | | | | | | |
|--------------|----------|------------------------------|--|--|--|--|
| 3-27 2980 | (b)(6)-2 | MSO4 2-4mg 15 ≤ 20mg q 2d | | | | |
|--------------|----------|------------------------------|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|----------|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 3-27 2187 | (b)(6)-2 | Peracet T-IT PO q 4-6 PRN Pain | 11:10 | 11:20 | 11:30 | 11:40 | 11:50 | 12:00 | 12:10 | 12:20 | 12:30 | 12:40 | 12:50 | 1:00 | 1:10 | 1:20 | 1:30 | 1:40 | 1:50 | 2:00 | 2:10 | 2:20 | 2:30 | 2:40 | 2:50 | 3:00 | 3:10 | 3:20 | 3:30 | 3:40 | 3:50 | 4:00 | 4:10 | 4:20 | 4:30 | 4:40 | 4:50 | 5:00 | 5:10 | 5:20 | 5:30 | 5:40 | 5:50 | 6:00 |
|--------------|----------|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|

| | | | | | | |
|--------------|----------|--------------------------------|--|--|--|--|
| 3-28 2980 | (b)(6)-2 | Benadryl 25.5mg PO q 6h PRN | | | | |
|--------------|----------|--------------------------------|--|--|--|--|

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (INDICATIONS) Oct Yr 2000
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

VERIFY BY INITIALING INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | | | |
|------------|-------------|--|----|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | | | | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | |
| 4 Oct 2000 | (b)(6) 2 | Kel flex 500mg PO QID | 06 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 |
| | | | 12 | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: ⊙ elbow intraartery wound
multiple B/L LE Frag wounds ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: (b)(6)-4 DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

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

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | Mo. 10 Yr. 83 | |
|----------------------|-------------|---|----|----------------|---|---|---------------|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | |
| | | | | 6 | 7 | 8 | 9 | 10 |
| 6 OCT | (b)(6)-2 | IVF: TKO NS | 06 | ✓ | | | | |
| | | | 14 | | | | | |
| | | | 22 | | | | | |
| 6 OCT | (b)(6)-2 | Ancel 1 gm IV q 8H | 04 | △ | | | | |
| | | | 12 | △ | | | | |
| | | | 20 | △ | | | | |
| 6 OCT | (b)(6)-2 | Ancel 1 gm IV q 8H | 08 | 16 | | | | |
| | | | 16 | | | | | |
| | | | 24 | | | | | |

See below 6 OCT 08

ALLERGIES: YES NO **NO DA**

PRIMARY DIAGNOSIS: **Soft tissue fragmentation wound**

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

MEDCOM - 7739

| 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 | | | | | | | |
| 6007 | (b)(6)-2 | Peracet $\dot{\bar{t}}$ \bar{t} PO | 1930 | | | | | | | |
| | | q 4-6 H PRN | 6:05 | | | | | | | |
| | | Pain | 11:10 | | | | | | | |
| | | | (b)(6)- | | | | | | | |
| 6007 | (b)(6)-2 | Ibuprofen 800mg | | | | | | | | |
| | | POTID PRN | | | | | | | | |
| 6007 | (b)(6)-2 | Benadryl 25-50mg | | | | | | | | |
| | | PO q 6H PRN | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

USAPA V1.00

MEDCOM - 7740

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | | | | | | Mo. <u> </u> Yr. <u> </u> | |
|----------------------|-------------|---|-------------------------------------|----------|----|----|----|----|----|----|----|---------------------------------|--|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | | |
| 7 Dec | (b)(6)-2 | IVE NS @ 1100/hr MOROX WHP PO TOL | 06 18 | (b)(6)-2 | | | | | | | | D/C'd | |
| 7 Dec | (b)(6)-2 | NALGEMIN 2g W q 4 ^o | 08 4 8 12 16 20 E | (b)(6)-2 | | | | | | | | D/C | |
| 7 Dec | (b)(6)-2 | Colace 7 po BID | 08 20 | (b)(6)-2 | | | | | | | | (b)(6)-2 | |
| 7 Dec | (b)(6)-2 | Mumtaz | | | | | | | | | | | |
| 10 Dec | (b)(6)-2 | (b)(6)-2 | 06 14 22 | (b)(6)-2 | | | | | | | | D/C'd | |
| 10 Dec | (b)(6)-2 | keflex 500mg PO QID | 08 14 20 02 | (b)(6)-2 | | | | | | | | (b)(6)-2 | |

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

NIIDA

② MILY SEUMA

YES NO

PAGE NO.

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (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 | | | | |
| 7 Oct | (b)(6)-2 | MSO4 2-4mg q 15' ≤ 20mg q 2° PRN | | | | | |
| 7 Oct | (b)(6)-2 | PENICILLIN i-ii po q 4-6 PRN | 8 OCT 8:35 JL | 8 OCT 2:19 ii CW | 9 OCT 10:25 ii iB (b)(6)-2 | | |
| 7 Oct | (b)(6)-2 | BENADRYL 25-50mg po q 6° PRN | | | | | |
| 7 Oct | (b)(6)-2 | MORPHINE 6000 po q 2° PRN C/CONSTIPATION | 8 OCT 2:00 ii | | | | |
| 11 Oct | (b)(6)-2 | TYLENOL 325mg i-ii po q 4-6° PRN PAIN | 11 OCT 16:41 ii PO (b)(6)-2 | | | | |

USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-56; 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 (b)(6)-2 | INITIALS |
| N U R S E | PUPILS | 0957 | |
| | SENSORIUM | Pupils 2mm, equal, reactive to light. | |
| | | MOE N4. ASOT 3. Gmms | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | all questions approximately | |
| | BREATH SOUNDS | Denies pain at the site | |
| | SECRETIONS | Strong CT P in all lobes | |
| | | Rate regular, no | |
| C O L O R | COLOR | presence of dyspnea | |
| | INTEGRITY | & productive cough. | |
| | | Gr and GSW on RPT | |
| L O C A T I O N | LOCATION | Gr and GSW to | |
| | CONDITION | ① lower ext. ② upper ext. | |
| A B D O M E N | ABDOMEN | ③ normal | |
| | BOWEL SOUNDS | 146 to ④ AC. Sites | |
| U R I N E | URINE: | Normal or heavy LFT | |
| | COLOR/CLARITY | to ⑤ AC. Sites normal | |
| C A R D I A C | CARDIAC RHYTHM | or heavy. Both T/S | |
| | | CL (ulcer) @ 12/10/88 | |

LEGEND Cr - Creatinine ICP - Intracranial Pressure SA - Fractional
 F_IO₂ - Fraction of Inspired O₂ PCO₂ - Pressure of Arterial CO₂ SAT - Saturation
 HCO₃ - Bicarbonate MEPP - Positive End Expiratory Pressure TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (S. M. J.)

(b)(6)-2

magw

DEPARTMENT/SERVICE/CLINIC

ICU

DATE

20 Sept 89

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

(b)(6)-4

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

| DATE | | DI | | | | | | | | | | | HOSPITAL DAY | | | | | | |
|---------------------------------|------------------|----|----|----|----|--------|--------|--------|------------|------------------|------------|------------|--------------|------------|------------|------------|------------|------------|------------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | | | | | 102/49 | 157/60 | 139/67 | | 130 | 127 | 135/65 | 137/68 | 136/60 | 134/60 | 135/65 | 130/60 | | |
| | Temperature | | | | | 98.2 | | | | | | 99.4 | | | | | | | |
| | Pulse | | | | | 64 | 57 | 68 | 89 | 61 | 86 | 91 | 94 | 75 | 74 | 151 | 68 | | |
| | Respiratory Rate | | | | | 9 | 20 | 24 | 14 | 16 | 11 | 20 | 26 | 15 | 16 | 17 | 18 | | |
| S ₁ O ₂ | | | | | | 92 | 97 | 98 | 95 | 97 | 95 | 92 | 96 | 96 | 97 | 97 | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 [°] T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 [°] T |
| I N T A K E S | IR | | | | | | | | 125 125 | 125 125 | 125 125 | 125 125 | 125 125 | 125 125 | 125 125 | 125 125 | 125 125 | 125 125 | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| C U R I N E | URINE | | | | | | | | 1000 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| | HOUR TOTAL | | | | | | | | | | | | | | | | | | |
| | sp gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| U R I N E | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| U R I N E | DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7744

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | | | |
|--------------------------------------|-----|--|--|--|--|--|---|-------------------------------|-------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | | | | | | | | | | | | | | | | | | |
| V I T A L S | 177 | | | | | | | B | TIME | | | | | | | | | | | | | | | | |
| | 76 | | | | | | | E | MODE | | | | | | | | | | | | | | | | |
| | 26 | | | | | | | S | F _I O ₂ | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | P | TV... | | | | | | | | | | | | | | | | |
| | | | | | | | | D | RATE | | | | | | | | | | | | | | | | |
| | | | | | | | | A | PEEP | | | | | | | | | | | | | | | | |
| | | | | | | | | B | A | pH | | | | | | | | | | | | | | | |
| | | | | | | | | A | | PCO ₂ | | | | | | | | | | | | | | | |
| | | | | | | | | T | | pO ₂ | | | | | | | | | | | | | | | |
| | | | | | | | | O | B | HCO ₃ | | | | | | | | | | | | | | | |
| | | | | | | | E | | SAT | | | | | | | | | | | | | | | | |
| | | | | | | | V | G | BASE | | | | | | | | | | | | | | | | |
| 22 23 24 01 02 03 04 05 8° T | | | | | | | | | | | | | | | | | | | | | | | | | |
| M A D E | | | | | | | | I | TIME | | | | | | | | | | | | | | | | |
| | | | | | | | | A | GLUCOSE | | | | | | | | | | | | | | | | |
| | | | | | | | | B | Na/K | | | | | | | | | | | | | | | | |
| | | | | | | | | D | Cl/CO ₂ | | | | | | | | | | | | | | | | |
| | | | | | | | | R | BUN/Cr | | | | | | | | | | | | | | | | |
| | | | | | | | | A | WBC/PLATELET | | | | | | | | | | | | | | | | |
| P O D E N T A L | | | | | | | | T | Hct/Hgb | | | | | | | | | | | | | | | | |
| | | | | | | | | O | | | | | | | | | | | | | | | | | |
| | | | | | | | | E | | | | | | | | | | | | | | | | | |
| | | | | | | | | V | | | | | | | | | | | | | | | | | |
| | | | | | | | | A | TIME | | | | | | | | | | | | | | | | |
| | | | | | | | | C | MOUTH CARE | | | | | | | | | | | | | | | | |
| P O D E N T A L | | | | | | | | D | BATH | | | | | | | | | | | | | | | | |
| | | | | | | | | T | SKIN CARE | | | | | | | | | | | | | | | | |
| | | | | | | | | I | FOLEY CARE | | | | | | | | | | | | | | | | |
| | | | | | | | | V | TRACH CARE | | | | | | | | | | | | | | | | |
| | | | | | | | | S | ROM EXERCISES | | | | | | | | | | | | | | | | |
| | | | | | | | | D | | | | | | | | | | | | | | | | | |
| | | | | | | | F | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 24 H&O TOTALS | | | | | | | | | | | | | | | | | |
| | | | | | | | | NURSE'S SIGNATURE | | | | | | | | | | | | | | | | | |
| | | | | | | | | INITIALS | | | | | | | | | | | | | | | | | |
| | | | | | | | | wt Yesterday | | | | | | | | | | | | | | | | | |
| | | | | | | | | wt Today | | | | | | | | | | | | | | | | | |
| | | | | | | | | INTAKE | | | | | | | | | | | | | | | | | |
| | | | | | | | | OUTPUT | | | | | | | | | | | | | | | | | |
| | | | | | | | | IV | | | | | | | | | | | | | | | | | |
| | | | | | | | | Urine: | | | | | | | | | | | | | | | | | |
| | | | | | | | | po | | | | | | | | | | | | | | | | | |
| | | | | | | | | TOTAL | | | | | | | | | | | | | | | | | |
| | | | | | | | | TOTAL | | | | | | | | | | | | | | | | | |
| | | | | | | | | BALANCE | | | | | | | | | | | | | | | | | |

MEDCOM - 7745

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

DTSG APPROVED (Date)

ASA II

Date: 27 Sep 03 Anesthesia Type (Circle): General Spinal Epidural 2550
 Time In: 0200 IV Sedation Nerve Block

Allergies: NKA OR Intake: Crystalloid 600 ml Colloid

Pre-op V/S: 125/91 HR 81 OR Output: UOP 700 EBL 0

Procedures: I&O BLE + OBE Meds/Times: 1gm Doxycycline 0030, 2mg Versed, 25mg fentanyl, 200mg Propofol, 100mg Vic.

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds History

| Time | 0200 | 0205 | 0210 | 0215 | 0220 | 0225 | 0230 | 0235 | 0240 |
|---------|------|------|------|------|------|------|------|------|------|
| SaO2 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| FIO2 | | | | | | | | | |
| Methods | | | | | | | | | |
| 240 | | | | | | | | | |
| 220 | | | | | | | | | |
| 200 | | | | | | | | | |
| 180 | | | | | | | | | |
| 160 | | | | | | | | | |
| 140 | | | | | | | | | |
| 120 | | | | | | | | | |
| 100 | | | | | | | | | |
| 80 | | | | | | | | | |
| 60 | | | | | | | | | |
| 40 | | | | | | | | | |
| 20 | | | | | | | | | |
| RR | 25 | 22 | 20 | 24 | 15 | 14 | 15 | | |
| T | 98 | | | | | | | | |

| Pacu Intake | | | | | |
|-------------|----------|--------|------|----|---------|
| Time | Solution | Amount | Site | By | Infused |
| 0200 | LR | 600ml | RAC | SZ | 200 |

X-rays: Labs:

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|---|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 | AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 | VIS X = A-line BP ~ = Cuff BP = Pulse |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 1 | 2 | 2 | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 6 | 9 | 9 | |

Time Patient teaching done: Wound Care, Pain Management.
 Pain (0-10) T, C, & DB, Incentive Spirometer, Comfort Measures
 LOS Safety: SR up X 2, Falls Precautions, Privacy Maintained

(b)(6)-2

ICU

DEPARTMENT/SERVICE/CLINIC ICU

DATE 27 Sep 03

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

Name - last

(b)(6)-4

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

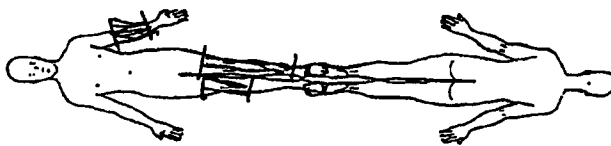
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | |
|---------------|------|-----------------|---------|---|------------|-------|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | Color |
| Adm | | | | | | |
| 15' | | | | | | |
| 30' | | | | | | |
| 45' | | | | | | |
| 60' | | | | | | |
| 90' | | | | | | |
| D/C | | | | | | |

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

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

| DRESSINGS | | | |
|-----------|------------|---------------|----------|
| Time | Location | Type | Drainage |
| Adm | Elbow, BLE | gauze bandage | 0 |
| 30' | | | 0 |
| 60' | | | 0 |
| D/C | | | 0 |



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

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

WAMC OP 173-E

NURSING NOTES

0220 Client received from OR on litter accompanied by OR staff. connected to monitor. IVs - LR infusing via @ AC PIV. Dsg to BLE and @ Elbow D+I. Client very sleepy, but open eyes to tactile stimulus. (b)(6)-2

0216 client on NRB mask @ 10 L/min

0220 changed oxygen to 4L via NC O2 sat 97%. (b)(6)-2 11:45 AM

0235 Oxygen decreased to 2L NC O2 sat 96%. client remains sleepy able to move BLE minimally and moves upper extremities well. @ commands at this time (b)(6)-2

0250 Oxygen @ this time O2 sat 95% will monitor (b)(6)-2

0310 O2 sat 95% on R/O (b)(6)-2

0315 BP 128/57, HR 74, RR 14, O2 sat 94% on room air. (b)(6)-2

0320 report given to IT [redacted] JCW (b)(6)-2

0325 Transported via litter to assistance to ICU. (b)(6)-2 11:47 AM

Discharge Criteria:
 Date: 2/24/03 Time: 03:15 PARS:
 BP: 128/57 T: 98.3 HR: 74 RR: 14 SaO2: 94%
 Pain Level at D/C (0-10): 0/10
 Intake: 200 Output: 0

Additional Data:
 Transferred To: JCW
 Report Given To: LT (b)(6)-2
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: (b)(6)-2 11:47 AM
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-58; the proponent agency is the Office of The Surgeon General.

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

DTSG APPROVED (Date)

Date: 29 Sept 05 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1010 IV Sedation Nerve Block
 Allergies: NKDA OR Intake: Crystalloid 400cc LR Colloid
 Pre-op V/S: 131/74 70 OR Output: UOP 800 EBL: 200 ml
 Procedures: CD DPC Meds/Times: Atrol 0.125 10:24 2mg
Propofol 2mg 10:24 2mg
versed 2mg 10:24 2mg
propofol 2mg 10:24 2mg

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds

History

| Time | 1010 | 1020 | 1030 | 1040 | 1050 | 1100 | 1110 | | | | | | | | | | | | | |
|-------------|------|------|------|------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SaO2 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | |
| FIO2 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | 0.21 | | | | | | | | | | | | | |
| Methods | NA | NA | NA | NA | NA | NA | NA | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | | | | | |
| 120 | | V | V | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | |
| RR | 11 | 11 | 11 | 11 | 11 | 11 | 11 | | | | | | | | | | | | | |
| T | 98 | 98 | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | |
| Pain (0-10) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | | | | | | | | | |

| Pacu Intake | | | | | |
|-------------|----------|--------|---------|----------|---------|
| Time | Solution | Amount | Site | By | Infused |
| 1010 | LR | 550 | @ wrist | (b)(6)-2 | ✓ |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|--|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 | AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = RoomAir NC = Nasal Cannula |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 | V/S X = A-line BP ~ = Cuff BP = Pulse |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | 2 | 2 | 2 | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 | |
| TOTALS: Must be 8 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 12 | 12 | |

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

(b)(6)-2 [Redacted] DEPARTMENT/SERVICE/CLINIC ICU DATE 29 Sept 05

PATIENT'S IDENTIFICATION (For typed or written entries give:
 first, middle, grade, date, hospital or medical facility)
 Name - last, (b)(6)-4 [Redacted]

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

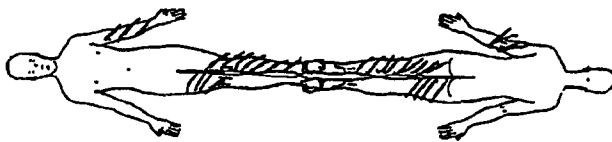
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|------|----------|
| Time | Location | Type | Drainage |
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



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

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

WAMC OP 173-E

NURSING NOTES

1010 31 40 ♂ epw transfer via litter to ICU 7P
 100; DC. Pt NRB SaO2 100% arousable to verbal stimuli. Pt has dress to @ arm @ leg, @ thigh, gauze to ace wrapping. Foley → gravity draining clear yellow urine. Pt % pain 4/10 IT percocet give po. @ 1050 = gd effect. O2 removed pt remain 95% SaO2. 1100 pt awake able to take on fluid

WAD [redacted] (b)(6)-2 SGT
 1100 Report given to SGT [redacted] (b)(6)-2 SGT
 pt ready for transfer [redacted] (b)(6)-2 SGT
 [redacted] (b)(6)-2 SGT

Discharge Criteria:
 Date: 09 sep+ Time: 110 PARS: 12
 BP: 120/64 T: 97.7 HR: 85 RR: 11 SaO2: 99%
 Pain Level at D/C (0-10):
 Intake: 0 Output:
 Additional Data:
 Transferred To: ICU
 Report Given To: SGT [redacted] (b)(6)-2
 Transferred Via: WIC Litter Gurney Ambulance
 Transferred By:
 Cleared IAW Recovery Room SOP R-3
 Charge Nurse Signature: [redacted] (b)(6)-2

MEDCOM - 7749

MEDICAL RECORD-SUPPLEMENTAL MEDICAL ...

For use of this form, see AR 40-55; the proponent agency is the Office of The Surgeon General.

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

OTSG APPROVED (Date)

Date: 7 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1200 OR Intake: Crystalloid 400 IV Sedation Nerve Block
 Allergies: None OR Output: UOP 0 EBL 0 *200 cc total*
 Pre-op V/S: RA=18 mmHg OR Output: UOP 0 EBL 0 *200 cc total*
 Procedures: _____ Meds/Times: _____

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

| Time | Pre Op Meds | History |
|-------------|--------------------------|---------|
| SaO2 | | |
| FI02 | | |
| Methods | | |
| 240 | | |
| 220 | | |
| 200 | | |
| 180 | | |
| 160 | | |
| 140 | | |
| 120 | | |
| 100 | | |
| 80 | | |
| 60 | | |
| 40 | | |
| 20 | | |
| RR | <u>14 20 15 15 10 17</u> | |
| T | <u>36</u> | |
| Time | <u>1200</u> | |
| Pain (0-10) | | |
| LOS | | |

| Pacu Intake | | | | | |
|-------------|-------------|-------------|------|-----------|-------------|
| Time | Solution | Amount | Site | By | Infused |
| <u>1200</u> | <u>NaSS</u> | <u>1000</u> | | <u>JW</u> | <u>1200</u> |
| | | | | | |
| | | | | | |

| Post-Anesthesia Recovery score | | | | |
|---|-----------|-----------|-----|--|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | <u>2</u> | <u>2</u> | | AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | <u>2</u> | <u>2</u> | | |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op | <u>2</u> | <u>2</u> | | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | <u>2</u> | <u>2</u> | | V/S X = A-line BP = Cuff BP = Pulse |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | <u>2</u> | <u>2</u> | | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | <u>2</u> | <u>2</u> | | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | <u>10</u> | <u>18</u> | | |

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

PREPARED BY (Signature & Title) (b)(6)-2 DEPARTMENT/SERVICE/CLINIC JCU DATE 7 Oct 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade, date; hospital or medical facility)
 (b)(6)-4

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

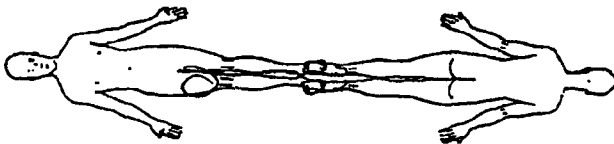
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|--------|----------|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| 12:15 | 9/10 | Morphine 4mg | IV | 8 | (b)(6) | (b)(6)-2 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---------------|-------|-----------------|---------|---|------------|------|-------|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | Right | Full | + | + | brisk | Cool | PK |
| 15' | Right | Full | + | + | brisk | Cool | PK |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

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

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

| DRESSINGS | | | |
|-----------|-------------|---------|----------|
| Time | Location | Type | Drainage |
| Adm | Right thigh | Acuwrap | ⊖ |
| 30' | Right thigh | Acu | ⊖ |
| 60' | | | |
| D/C | | | |



| PACU OUTPUT | | | |
|-------------|--------|------------------|--------|
| Time | Source | Color/Appearance | Amount |
| | | ⊖ | |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|----------------|--------|--------------|-------------------|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 12:15 | SR | ⊖ | Yes |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

12:15 Patient received IV morphine 4mg
 Placed on 100% O2 via CPAP 10L, drowsy
 O2 on all fields. Aortic 3, O2 sat 98%
 Mx 4 - abdominal distention. BS 4/4
 Presses 2/4 to (b)(6)-2 lower eye
 12:15 clo 9/10 pain. Medication = Morphine
 IVP 4mg. IV bag changed to NSS @ 12:15
 KVO rate. Dressing changed after medication
 given - well tolerated. (b)(6)-2
 12:15 Denies discomfort. 9/10 on TIA
 IV tubing @ KVO. Report given to
 LT (b)(6)-2 to Iced via (b)(6)-2

Discharge Criteria:
 Date: 7 Oct 13 Time: 1300 PARS: 18
 BP: 115/57 T: 97.5 HR: 61 RR: 13 SaO2:
 Pain Level at D/C (0-10):
 Intake: 1215 Output: 4
 Additional Data:
 Transferred To: ICU
 Report Given To: LT (b)(6)-2
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: (b)(6)-2
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: (b)(6)-2

MEDCOM - 7751

MEDICAL RECORD-SUPPLEMENTAL MEDICAL W.A.I.

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

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

OTSG APPROVED (Date)

Date: 16 Oct 03 Anesthesia Type (Circle): General Spinal Epidural ASA-1
Time In: 10:45 IV Sedation Nerve Block
Allergies: OR Intake: Crystalloid begin Colloid
Pre-op V/S: 137/76 68 15 OR Output: UOP 0 EBL minimal
Procedures: 1/2 Thoracotomy Meds/Times: Versed 3mg
Clavicle drain 2.5 drain 2x5 heq

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

Pre Op Meds History
Time 240 220 200 180 160 140 120 100 80 60 40 20
SaO2
FIQ2 (b)(6)-2
Methods
RR
T

Pacu Intake
Time Solution Amount Site By Infused

X-rays: Labs:

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

Time Patient teaching done; Wound Care, Pain Management,
Pain (0-10) T, C, & DB, Incentive Spirometer, Comfort Measures
LOS Safety: SR up X 2, Falls Precautions, Privacy Maintained

PREPARED BY (b)(6)-2 10/16 DEPARTMENT/SERVICE/CLINIC ICU DATE 10 Oct 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade; date; hospital or medical facility)
Name - last,
(b)(6)-4

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

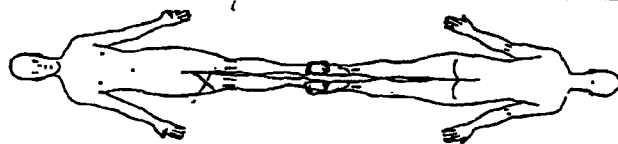
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|----------|------|----------|
| Time | Location | Type | Drainage |
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



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

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

WAMC OP 173-E

NURSING NOTES

1045: Pt admitted to PACU-ICU for recovery. Pt supine on stretcher accompanied by OR staff x 2. Pt shows good admission, responds to verbal stimuli, oriented x 3, O₂ per RA SaO₂ @ 99% on - 14BPM. Distress noted. NS upon to (C) wrist 18g. Evident infection, infiltration - R/O TKO. LS clear throughout, cough, dyspnea, SOB. CNS. D₁₁ 1175's HR 41-50's. Dependent edema, 1+ pulses to bit pedal, 2+ to bit radial, cap refill 1-3 sec. toes R/L. feet (C) 55x40, (C) AKA distention, (C) Abd tenderness, (C) Foley - 6009 while on ward. (C) bag to (R) thigh. (C) JP drain, (C) op. (C) drainage to bag (C) COI. Pt moves all four, eyes (C) sensation throughout. No pain.

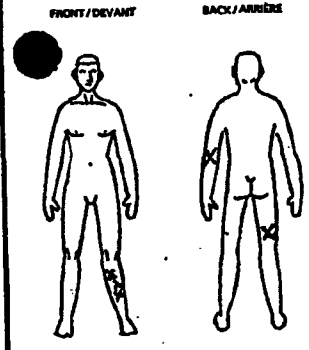
(b)(6)-2

Discharge Criteria:
Date: 14 Oct 13 Time: PARS: 12
BP: T: HR: RR: SaO₂: 98%
Pain Level at D/C (0-10):
Intake: Output:
Additional Data:
Transferred To: ICU
Report Given To: (b)(6)-2
Transferred Via: W/C (Litter) Gurney Ambulance
Transferred By: (b)(6)-2
Cleared IAW Red: (b)(6)-2
Charge Nurse Signature: (b)(6)-2

| | | | | | | | |
|---|--|---|--|--|----------------------------|--|--|
| 1. Reporting MTF (b)(3)-1 | | 2. MTF LocF IZ | | Admission For use of this form, | | Coding Information -400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | | 5. Sex M | |
| 6. DoB (YYYYMMDD) 1971-07-01 | | 7. Age at Admission 32Y | | 8. Race Z | | 9. Ethnicity Z | |
| 10. Length of Service ETS | | 11. FMP 99 | | 12. Social Security Number (b)(6)-4 | | Religion MUSLIM | |
| Organization (Active Duty Only) | | | | 13. Marital Status M | | Hour of Admission 08:01 | |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | | 16. Zip Code of Residence: | | |
| 17. Unit Location | | 18. MOS | | 19. Trauma BC | | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | | Ward: ICU | | Name / Relationship of Emergency Addressee | | | |
| | | | | Address of Emergency Addressee | | | |
| Name and Location of Medical Treatment Facility: (b)(3)-1 | | | | Telephone Number of Emergency Addressee | | | |
| 21. Type of Disposition TRF-OTH | | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) 2003-10-13 | | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) 2003-09-27 | | | |
| 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | | 29. Date of Initial Admission 2003-09-27 | | | |
| FOR LOCAL USE | | | | | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | | | |
| Admission Diagnosis Narrative: LEFT ELBOW INTRA ARTICULAR FRAGMENTATION WOUND, BILATERAL LOWER EXTREMITY FRAGMENTATION WOUNDS 881.11 894.0 | | | | | | | |
| Procedure Narrative(s): LEFT ELBOW IRRIGATION AND DEBRIDEMENT, BILATERAL LOWER EXTREMITY IRRIGATION AND DEBRIDEMENT 86.28 79.66 | | | | | | | |
| Cause of Injury Narrative: FIRED ON BY AH-60. | | | | | | | |
| Admitting Officer (Signature, as required) DR (b)(6)-2 | | | | Signature of Admitting Clerk (b)(6)-2 | | | |

| 12. REASSESSMENT / RÉASSESSMENT | |
|---|--|
| DATE / DATE (YYMMDD) 030926 | TIME / HEURE D'ARRIVÉE 1330 |
| TIME / HEURE 0630 | 0700 |
| BP / PS 146/94 | 80-84 |
| PULSE / POULS 74 | 74 |
| RESP / RESP 94% RA | 16 |
| DATE / TIME DATE / HEURE | 13. CLINICAL COMMENTS / DIAGNOSIS INFORMATION MÉDICALE / DIAGNOSTIQUES |
| | Fx TIB-FIB @ GSW POSTERIOR @ THIGH 3x SHRAPNEL WOUNDS TO @ LOWER LEG ? SHRAPNEL POST @ ELBOW |
| | 14. ORDERS / ANTIBIOTICS (Specify) / TETANUS / IV FLUIDS DIRECTIVES MÉDICALES / ANTIBIOTIQUES (Specify) / TÉTANOS / IV FLUIDE |
| | CIRC. COMPROMISE @ LEG GOOD NV @ LEG TX - ALL WOUNDS DRESSED - IV LR 14g @ AC 1000cc BOLOS THEN TIED - SPLINTED @ LEG AND @ ARM - MORPHINE 5mg NP @ 0645 - FOLEY ATTEMPTED - MORPHINE 2mg IV @ 0715 |
| 15. PROVIDER / MÉDECIN | DATE / DATE (YYMMDD) |
| CPT: (b)(6)-2 | 030926 |
| 16. DISPOSITION / DISPOSITION | TIME / HEURE |
| <input checked="" type="checkbox"/> RETURNED TO DUTY / RETOUR À L'UNITÉ | |
| <input checked="" type="checkbox"/> EVACUATED / ÉVACUÉ CSH VIA GMS | |
| <input type="checkbox"/> DECEASED / DÉCÉDÉ | |
| 17. RELIGIOUS SERVICES / SERVICES RELIGIEUX | PRAYER / PRIÈRE |
| BAPTISM / BAPTÏSE | COMMUNION / COMMUNION |
| ANORDING / ONCTION | OTHER / AUTRE |
| CONFESSION / CONFESION | |
| CHAPLAIN / CHAPELAIN | |

DD Form 1380, DEC 91 (Back)

| | | | |
|--|----------------------|---|----------------------------|
| 1. LAST NAME, FIRST NAME / NOM ET PRÉNOM | | RANK / GRADE EPLW | SEX / SEXE MALE / HOMME |
| SSN / NUMÉRO MATRICULE | | SPECIALTY CODE / SPÉC. | RELIGION / RELIGION |
| 2. UNIT / UNITÉ Civilian EPLW | | NATIONALITY / NATIONALITÉ | |
| FORCE / ÉLÉMENT | | DISEASE / MALADIE | |
| AD | AFA | NSA | MCRA |
| BC/DC | NEI / BNC | PSYCH / PSYCH | |
| 3. WOUND / BLESSURE | | AIRWAY / TRACHÉE | |
| FRONT / DEVANT | | HEAD / TÊTE | |
| BACK / ARRIÈRE | | WOUND / BLESSURE | |
|  | | NECK/BACK INJURY / BLESSURE AU COL/VAU DOS | |
| | | LUNN / BRÛLURE | |
| | | AMPUTATION / AMPUTATION | |
| | | STRESS / TENSION | |
| | | OTHER (Specify) / AUTRE (Specify) | |
| | | GSW / SHRAPNEL TO @ LEGS | |
| 4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE | | | |
| <input checked="" type="checkbox"/> ALERT / ALERTE | | PAIN RESPONSE / RÉPONSE À LA DOULEUR | |
| VERBAL RESPONSE / RÉPONSE VERBALE | | UNRESPONSIVE / SANS RÉPONSE | |
| 5. PULSE / POULS 76 | TIME / HEURE 0615 | 6. TOURNOUQUET / GARROT <input checked="" type="checkbox"/> NO / NON | TIME / HEURE |
| 7. MORPHINE / MORPHINE <input checked="" type="checkbox"/> YES / OUI | DOSE / DOSE 5mg | TIME / HEURE 0645 | 8. LR / IV LR 14g |
| 9. PRESENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / MNC (ANTIDOTE) SENT / OBSERVATIONS / PRÉSENTS MEDICATION / ALLERGIES / ANTIDOTES | | TIME / HEURE 0630 | |
| 10. DISPOSITION / DISPOSITION | | DATE / DATE (YYMMDD) | |
| <input checked="" type="checkbox"/> RETURNED TO DUTY / RETOUR À L'UNITÉ | | | |
| <input checked="" type="checkbox"/> EVACUATED / ÉVACUÉ CSH VIA GMS | | | |
| <input type="checkbox"/> DECEASED / DÉCÉDÉ | | | |
| 11. PROVIDER / MÉDECIN CPT: (b)(3)-1 | | DATE / DATE (YYMMDD) 030926 | |
| 12. DISPOSITION / DISPOSITION CPT: (b)(6)-2 | | U.S. FIELD MEDICAL CARD FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS | |

DD Form 1380, 7701 form replaces previous editions of DD Form 1380 and DD Form 1380 (7152) which are obsolete.

MEDCOM - 7755

| 1. REPORTING MTF | | | | | | | 2. MTF LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | | |
|---|-----|-----|--------------------------|------------------------------|-----|---------------------|--|---------------------------------------|----------------------------------|---|-----|----------------|------------------------------------|-------------|-----|-----------------------------|--------------|----|--------|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | |
| (b)(3)-1 | | | | | | | | | 3. REGISTER NUMBER | | | | NAME (Last, First, Middle Initial) | | | | 4. PAY GRADE | | 5. SEX | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | (b)(6)-4 | | 16 | | 17 | | 18 | | CIV | | M | | | | |
| (b)(6)-4 | | | | | | | | | | | | | | | | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | | RELIGION | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | BACK-GROUND | | MUSLIM | | | | | |
| 1 | 9 | 7 | 10 | 7 | 0 | 1 | 3 | 2 | 4 | | | | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| 32 | 33 | 34 | | | 35 | 36 | 99 | | | | 37 | | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | |
| | | | | | | | | | | (b)(6)-4 | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | 13. MARITAL STATUS | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | |
| | | | | | | | 46 | | | 0800 | | | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | DOW/INT | | | | | | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | |
| | | | 1 | 2 | 8 | | | | | | | 0 | 9 | 3 | 2 | 3 | 0 | 0 | 0 | 0 | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | 20. PREV. ADMISSION | | | | | | | | | | | |
| 62 | 63 | 64 | | | | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | <input type="checkbox"/> NO | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION | | | | | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | |
| 72 | | | | | | | 1C4 | | | | | | | | | | | | | | |
| | | | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | |
| | | | | | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | | | | |
| | | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 2 | 7 | | | | | | |
| 24. CLINIC SVC. ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | | | |
| A | E | A | | | | | | | | 2 | 0 | 0 | 3 | 0 | 9 | 2 | 7 | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | |
| <p>(L) ELBOW INTRA ARTICULAR FRAGMENTATION WOUND BIL LOWER EXT FRAGMENTATION WOUNDS 88/11 89/0</p> <p>(A) ELBOW IRRIGATION & DEBRIDEMENT, BIL LOWER EXTREMITY IRRIGATION + DEBRIDEMENT 80/28 79/66</p> | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature as required) | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | | |
| [Redacted Signature] | | | | | | | D.V. 8901 88111 89919 Pr 8345 5082 | | | | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7756

(b)(3)-1

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|--|---------------------|---|---|---|-----------------------------------|-------------------|-------------------|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | | 3. Grade CIV | Admission Remarks |
| 4. Sex M | 5. Age 15 | 6. Race X | 7. Religion MUSLIM | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 20 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICW | | |
| 15. FlyStatus | | 17. Dept / Ben K78-PRISONER OF WAR/INTER | 18. BranchCorps ARMY | 19. UIC / ZIP | 20. Type Case BC | | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 20:30 | 23. Clinic Service ABA - GENERAL SURGERY | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp TRF-OTH | 26. Date of Disp 2003-10-10 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-10-01 | Admitting Officer: DR (b)(6)-2 | | |
| 29. Reporting MTF (b)(3)-1 | | | 30. Date Init Adm 2003-10-01 | | 32. Units Blood Components | | |
| 31. Selected Administrative Data Marital Status: Z DoB: In/Out Patient: Inpatient MOS: | | | | | | | |
| 33. Cause Of Injury: PT WAS SHOT WHILE TRYING TO STEAL AMMUNITION | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: GSW TO ABDOMEN 879.2 EX LAP, GASTRIC REPAIR, COLOSTOMY REPAIR, LIVER LACERATION REPAIR, ABDOMINAL WOUND I&D, SUBCLAV 54.19 44.19 46.43 50.29 | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | |
| Sig (b)(6)-2 | | | Signature of PAD or Medical Records Officer | | | | |

MAJ,MC

MEDCOM - 7757

Automated Facsimile - DA FORM 3647, May 79

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

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

16yo IRAQI MALE SUSTAINED
 GSW 3 CT Ø3.

PHH PSH NISS/ANESTH UNK
 UNK UNK

HEENT: NCIAT, SUPRAE, PEREL A EOWS

LUNGS: CTA B/L

CV: RR ul S₁, S₂ OL

PHYSICAL EXAMINATION

ABD: APPARENT ① FRANK ENTRANCE WOUND

± EPIGASTRIC EXIT, PROLAPSED STOMACH.

NO PULSATILE BLOODING

PERVS: STABLE.

EXTREM: NO PENETRATING TRAUMA, NP
 CONTOUR / PHROM BIL UE/LE

XRAY

PROGRESS (Enter date of discharge and final diagnosis)

① ABD GSW
 ② TO OR FOR EXP LAP

① FOREIGN
 BODY,
 ① MEDIASTINUM
 WIDENING

| | | | | |
|--------------------------|---|--------------------|--------------|--------------|
| (b)(6)-2 | 30 OCT 80 | | | |
| PATIENT'S IDENTIFICATION | DATE | IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. |
| (b)(6)-4 | (For typed or written entries give Name last, first, middle, grade, date; hospital or medical facility) | | | WARD NO. |

ABBREVIATED MEDICAL RECORD
 Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
 INTERAGENCY COMMITTEE ON MEDICAL RECORDS
 FPMR (41 CFR) 201-45.606
 OCTOBER 1975
 USAPPC V1.00

MEDCOM - 7758

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

3 OCT 85 BRIEF OPERATIVE REPORT

2855 PRE-OP DIAGNOSIS: ABDOMINAL GSW

POST-OP DIAGNOSIS: STABLE

PROCEDURE: EX LAP, GASTRIC REPAIR, COLONOTOMY REPAIR,

SURGEON: (b)(6)-2 ASSISTANT: (b)(6)-2

ANESTHESIA: GEN ANECTA (100) LIVER

FLUIDS: 5000 cc LR OPERATIVE ANTIBIOTIC: CEFASOLIN 3g

EBL: 100 cc BLOOD PRODUCT USAGE: 0 RECTUS

TOURNIQUET TIME: 0 URINE OUTPUT: 200 MUSCLE

DRAINS: 0

SPECIMENS: 0

FINDINGS: GASTRIC WOUND DEFECT REPAIRED,

COLONOTOMY REPAIRED, LIVER LAC. CAUTERIZED

DESCRIPTION OF PROCEDURE:

EXPLORATORY LAPAROTOMY & ABOVE

FINDINGS. DEBRIDEMENT DRAINAGED

RECTUS

COMPLICATIONS: NONE

CONDITION: STBL

RELATIONSHIP TO SPONSOR SPONSOR LAST FI 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)

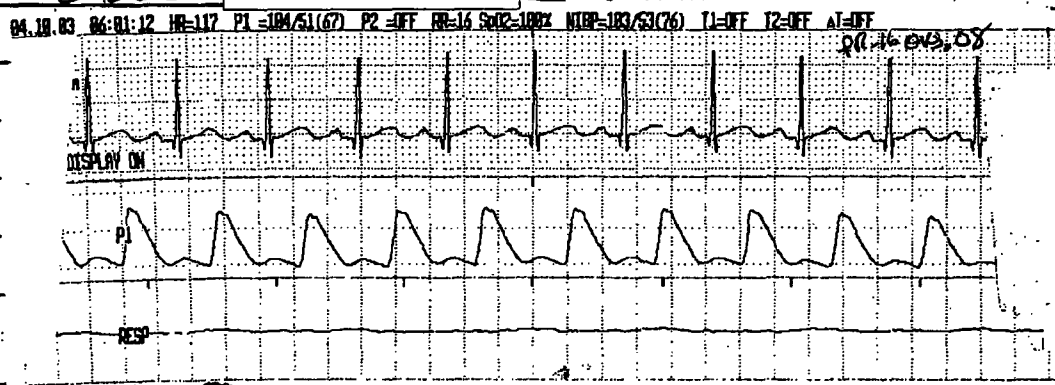
blaw-4

MAJ. MC USA
MDE, DOS
MD
REGISTER NO. WARD NO.

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

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|------------------|---|
| 30 Oct 03 | Pt From OR, Rpt From CRNA Pt vs work's Pt on O ₂ |
| 2110 | via NRB Mask @ 10 L/min, At Line (R) Rad, Piv (D) AC LR @ TKO Foley to Gravity, Piv (R) AC SL, No tols, Dabhot Feed tube to duodenum, Physical Assessment Complete Pt Lethargic but arousable to voice, Dressing Mid Line Abd Intact & some bloody drainage (b)(6)-2 CPT/AN |
| 2120 | Pt noted to have Dressing (R) Flank (D) Pupil 5cm sluggish, (R) Pupil 2cm sluggish. At Missing parts of (D) thumb and 2nd Finger of (D) hand (b)(6)-2 CPT/AN |
| 2220 | Pt Labs shown to Dr, Δ on IV F Rate Received (b)(6)-2 CPT/AN |
| 2300 | 4/0 500 Dr notified Order for 500cc Pulver (b)(6)-2 CPT/AN |
| 4 Oct 03 0030 | Tubo Feed started @ 10 cc/hr (b)(6)-2 CPT/AN |
| 0200 | Dr Contracted About HR > 110 + 4/0 35, Orders received (b)(6)-2 CPT/AN |
| 0441 | AM Labs collected (b)(6)-2 CPT/AN |
| 0500 | 24° I+D W/ 719/17 4/0 585 EBL100 Balance + 650S (b)(6)-2 CPT/AN |



RELATIONSHIP TO SPONSOR

DEPART./SERVICE

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

(b)(6)-4

Age 15

REGISTER NO. WARD NO.

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1989)
Prescribed by GSARC/MR FPMR (41CFR) 101-11.2030(10)
USAPA V1.00

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

| DATE | NOTES |
|-----------------|--|
| 4007203 0700 | <p>Received report from the previous shift - Patient lying supine. Alert to name, unable to assess ability to follow commands due to language barrier observed. Pupils unequal (1) 5mm dilated, unresponsive (2) 3mm constricted. Abdomen flat, Middle Dorsic noted to be very draining throughout, not seeping under bandage. N/G to Lavistainment drum & blood tinged drainage. IV's to (1) + (2) A/C I/F change. (1) A/C @ LR @ 150cc/hr. R/A/C @ E topack, flushed, site's drainage. Foley to gaily draining concentrated yellow urine. Monitor shows sinus tachycardia @ 100-110's, Plan (1) Advocate for pain as needed p.r.n (2) Monitor urine output and color for output less than 25 cc, (3) Encourage use of incentive spirometer to maintain adequate perfusion.</p> |
| 0900 | <p>Patient resting comfortably. No complaints of pain at this time. LR unresponsive to stimulation, remains in sinus tachycardia & ectopic. N/G remains to U.S.</p> |
| 1000 | <p>Patient given complete bath and dressing changed to (1) A/C and (2) A/C. In pass, No other apparent injuries noted; Dr [redacted] on the unit. Informal re that pupil status was not a new finding.</p> |
| 1300 | <p>IV rate decreased to 110cc/hr, urine output adequate > 120cc/hr. Using incentive spirometer @ 1.</p> |
| 1500 | <p>Temp 100.5 Assisted OVB to chair patient tolerated tolerably for 30 minutes, assisted back to bed & difficulty.</p> |
| 1630 | <p>Temp 101.5, reported to Dr [redacted] then Tylenol 650 via double tube.</p> |
| 1800 | <p>Temp 100.5, Pressure change done to abdomen @ 1600. Encouraged IS. Report quantity CPT [redacted]</p> |

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|---------|---|
| 0506103 | 1730 PT DOB ambulate outside |
| 1745 | <p>> 100ft w difficulty. PT → chair denies pain at this time. T 100.8 Ax. D/c'd PIV AC (L) side. Dubhoff infusing feedings @ 10cc/hr, pt tolerates well. NGT → LIS c 200cc/hr of brown/green fluid this shift (R) PIV infusing LR @ 110cc/hr @ 3/5 of redness or infiltration. Foley → gravity draining clear yellow urine adequate amount per hour. ↓ 40cc/hr. Pt denied pain this shift. @ pain medication need. ↓ active bowel sounds this shift. Will report to oncoming shift / [redacted] (b)(6)-2</p> |
| 1800 | <p>Report from Sat [redacted] client up in chair playing with toys, connected to cardiac resp monitors, LR @ 110cc/hr infusing via (L) AC PIV. - NAT → LIS via (R) care → gross bile drainage. Dubhoff to feed @ 10cc/hr via (L) care. Foley patent and draining clear yellow urine. Abd dressing BSI (L) side dark Oxi. [redacted] (b)(6)-2</p> |
| 1900 | <p>Assessment done see O/S from 4700, client back to bed w assistance. [redacted] (b)(6)-2</p> |

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

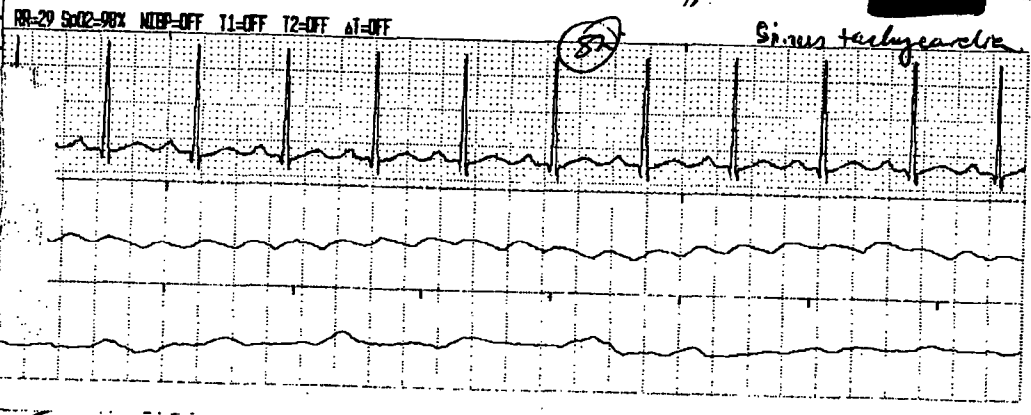
(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(h)(10)
 USAPA V1.00

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE
6 Oct 03
1900

NOTES
tube feeds 9' 40cc/hr @ this time per Dr [redacted] (b)(6)-2



2100

Temp 101°, medicated c 650 mg Tylenol via dophoff, tolerated well. (b)(6)-2 CPT AN

2200

Temp ↓ 99.4°, client asleep in NKS. (b)(6)-2 CPT AN

2400
6 Oct 03

Client asleep, no change in status, vss. (b)(6)-2 CPT AN

0200

Temp 99.2°, vss, no changes in assessment. (b)(6)-2 CPT AN

0400

Temp ↑ 100.9°, medicated c 650 mg Tylenol via dophoff, tol well. (b)(6)-2

tube feeds continue @ 40cc/hr, LR @ 110 cc/hr. (b)(6)-2

0600

Medicated per order, vss. Temp ↓ 99.5° axillary. Report given to (b)(6)-2

Sgt (b)(6)-2 (b)(6)-2 CPT AN

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

06-07-03 BRIEF OPERATIVE REPORT

1118 PRE-OP DIAGNOSIS: Open Wounds

POST-OP DIAGNOSIS: Same

PROCEDURE: ITD Abdominal Wounds / DPC

SURGEON: (b)(6)-2 ASSISTANT: SPK (b)(6)-2

ANESTHESIA: GA OPERATIVE ANTIBIOTIC: Unasyn

FLUIDS: 1400 cc LR BLOOD PRODUCT USAGE: None

EBL: Min URINE OUTPUT: 450 cc

TOURNIQUET TIME: NA

DRAINS: Foley, NGT, DOBACF

SPECIMENS: NA

FINDINGS: Wounds clean w/ HIBICONS wash -

DESCRIPTION OF PROCEDURE: Undermined wound edges - trimmed
exposed wound and debrided wounds. Wounds irrigated w/ NS.
Skin edges approximated w/ vertical subcutaneous suture 3-0 Vesp, length of
wound closed w/ PDS suture w/ 4-0 Mersil/Stra's Rip; exit wound closed w/ PDS 4-0
suture

COMPLICATIONS: 0

CONDITION: STABLE

| | | | |
|-------------------------|--|--|---------------------------------------|
| RELATIONSHIP TO SPONSOR | (b)(6)-2 | (b)(6)-2 | SPONSOR'S ID NUMBER (SSN or Other) |
| LAST | | MI | |

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

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

(b)(6)-4

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

MEDICAL RECORD

PROGRESS NOTES

DATE: 6 OCT 03
 0600 Assumed care of pt received report late entry from Cpt [redacted] PT in bed appear comfortable. PW infusing LR @ 110cc/hr, Dobhoff infusing 40cc/hr, NGT -> LIS draining green brown liquid. @ complaints of pain. 0700 Pt ambulate @ hospital 7 hrs, 5 difficulty. Initial Assessment complete noted on Dt 4700. / [redacted] (b)(6)-2 SET UP 9mm

late entry 0800 Pt ambulated to OR, Pt return from OR via litter. pt transfer to bed monitor on. VS 110/69-80-23 SAO2 88 4L O2 via MC applied. ↑ SAO2 99-100%. T 95.9 Pt covers on. T 96.9 TLC @ subclavium all ports flushed & NS & gd blood return. Medical port infusing LR @ 75cc/hr. pt resting comfortably. @ distress at this time will continue to monitor / [redacted] (b)(6)-2 SET UP 9mm

1500 Pt awake alert VSS, afebrile pt watching TV at present time. In bed c HOB T 30° angle. @ distress noted will monitor / [redacted] (b)(6)-2 SET UP 9mm

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

PROGRESS NOTES
 Medical Record
 STANDARD FORM 508 (REV. 6/1989)
 Prescribed by GSARCMR FPMR (41CFR) 101-11.203D(10)
 USAPA V1.00

9 PW [redacted] (b)(6)-4

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

| DATE | NOTES |
|------|-------|
|------|-------|

10/03 1820 Pt in bed @ +100° 30° angle. Dehofft infusing @ 40cc/hr, NAT → LIS brown green drain TLC subclavian all ports flush & difficulty Medical port infusing LR @ 70cc/hr. Foley → Gravity D/C in am per order of Dr (b)(6)-2 & Dr (b)(6)-2. Pt denies pain at present time. Will continue (b)(6)-2 to monitor. Report given to SGT (b)(6)-2

2000 Pt alert, smiling and cooperative - USS - LR at 75 cc/hr into Triple lumen cath - medical port infusing Abid - NAT LIS Section - putting out minimal amt green fluid - Dehofft infused 40cc/hr & difficulty - Pt. does break sips of H₂O and warm soup - Legs CTABilit all dg middle ed and intact & blood noted

2200 Pt poor ambulation - patchy moxice tolerating soup - Foley to Gravity draining clear yellow urine - 1mg msol for pain sleep

0300 Pt sleeping, USS no complaints
 0600 Vitals Signs stable - no complaints

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

7 Oct 03
1530

Nutrition Note

Estimated needs for tube feeding based on current wt and GSW: Current V. WT: 62# (Today) Age: 13
~ 2000 kcal (55 kcal/kg x 1.3 SF)
~ 56-84 gms protein (2.3 gms/kg)
Using Relative, Goal Rate for feeding is 65 cc/° to provide 2000 kcal
104 gms protein (3.7 gms/kg)
PT tolerating 40 cc/°, rate can be increased now if PO intake is not initiated

(b)(6)-2

(b)(6)-2

MAJ, SP 19/KW

08 OCT 03

Surgery

0842

Si M. Mann, Vint, Hazy
O. Apple, VS notes
Abdominal @ BS Drug removal - Insulin
clean + dry
A: POD & R4 LMP
P: Pen JK Euly + NGT in av.
② hull 4 TE tomms

(b)(6)-2

(b)(6)-2

MD

MAJ, MC USA
SUF, DGS

RELATIONSHIP TO SPONSOR

LAST

FIRST

MI

SPONSOR'S ID NUMBER
(SSN or Other)

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 508 (REV. 5/1998)
Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(d)(1)(i)
USAPA V1.00

MEDCOM - 7767

LAST NAME _____ NAME _____ INITIAL _____ ID NUMBER _____

DATE _____ NOTES _____

08 DEC 03 GENERAL Surgery

0845 S1 mms in small pnd; No N, V, No Bowel

movement yet
0) Aphasia v S what
Lungs - CTA HSA 7 - RLR (w)
ABDOMEN - Flat. @ BS No JTP.

A: POD 5 EXP LAP - Day well

- Po 1 DC NGT, Foley
- ② Clear fluids po
- ③ ↑ TF 2 GS u/h

(b)(6)-2
MAIL ROOM USA MB
DEF BGS

(b)(6)-2

(b)(6)-2

APPROVE LAW
SIGNED

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

| DATE | NOTES |
|------|-------|
|------|-------|

2200 - Pt 5% pain - bleeding PO
 70003 albuterol - Tube feeds 40 cal/hr via
 dobhoff - No BM This shift
 Triple lumen central line - on port
 non-patent medial port - will not flush
 Foley to gravity putting out clear
 yellow urine - NGT LIS 650 cc total
 light green discharge for 7 OCT 02
 Pt 5 complaints
 Pt sleeping - no complaints for
 99% PAT
 Pt sitting up in bed - no complaints
 albuterol Temp 96.7 - Vital Signs Stable
 Pt lying in bed, report received from SGT [redacted] assessment
 performed (see DA4700), pt 5% pain or discomfort
 Pt ambulated to back to wash up - emptied 200cc urine
 from Foley - pt sat up in chair for a few minutes. now
 resting comfortably in bed
 Pt up ambulating around ward - drank a juice - Foley &
 NGT tube dc'd - so far 0% nausea
 Pt drank sprite & ate jello 5% nausea - lying comfortably
 in bed
 IVE 1/2 to 50cc - pt voided x4 since Foley was dc'd.
 Pt also had large, soft, formed BM

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

SGT/LRN
 SGT/LRN
 SGT/LRN
 SGT/LRN
 SGT/LRN

STANDARD FORM 509 (REV. 6/1988) BACK

MEDCOM - 7769

USAPA V1.00

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|------------------|--|
| 7 OCT 03 0700 | Pt ambulated to back to bathe - liners Ad, assessment performed (see DA4700), pt ambulated outside assistance. Will monitor. (b)(6)-2 SGT/UA |
| 0900 | Pt sitting up in chair 5% pain or discomfort Connected to monitor & suction & TF & IVE infusing. (b)(6)-2 SGT/UA |
| 1100 | Pt resting comfortably in bed 5% pain. (b)(6)-2 SGT/UA |
| 1300 | Dressing removed from abd wound (drainage) - pt cried telling interpreter that he missed his family and wants to go home. Now sitting up in bed watching TV's complaints. (b)(6)-2 SGT/UA |
| 1500 | Pt crying again about wanting to see father. Staff @ bedside to comfort pt, pt OOB ambulating around hospital. (b)(6)-2 SGT/UA |
| 1700 | Pt sitting up in bed 5% pain or discomfort - Dr explained @ rounds that NG tube & Foley will be taken out tomorrow. (b)(6)-2 SGT/UA |
| 2000 | Pt OOB ambulatory - minimal assist - abd incision - serri-strips well approx or s/s of intx |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1988)
 Prescribed by GSANCMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|------------------|--|
| 8 OCT 03 1800 | Report from Sgt [redacted] client in bed playing 2 toys, Assessment done See on form 4200 denies pain at this time (b)(6)-2 CPT A |
| 2000 | Client in bed resting quietly at this time (b)(6)-2 CPT A |
| 2200 | No changes in assessment, vs. medicated per order position for comfort (b)(6)-2 CPT A |
| 2400 | Client asleep in NAD. (b)(6)-2 CPT A |
| 9 OCT 03 0200 | No changes in assessment, vs (b)(6)-2 CPT A |
| 0400 | Medicated per order (b)(6)-2 CPT A |
| 0600 | Assumed care of pt, report given by blat-2 CPT AN. Pt in bed sleeping TLC infusing RL @ 50cc/hr. Subhoff infusion @ 100cc/hr HOB \uparrow 30° angle. NAD at this time will continue to monitor (b)(6)-2 |
| 0730 | Pt SOB ambulated to commode, Pt had meal loose dark stool. Am care done at sink. Initial assessment complete noted on BA 4200. NAD noted at this time will monitor (b)(6)-2 |

Set up
quarantine
CPT A

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

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 6/1989)
Prescribed by GSANCMR FPMR (41CFR) 101-11.203(d)(1)(i)
USAPA V1.00

MEDCOM - 7771

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|------------|--|----------------|---------------------------------|
| DATE | NOTES | | |
| 09027 03 | GEN Smog | | |
| 0920 | <p>SLAC N, V, ⊕ BM x 2</p> <p>Dist - clin tolerated</p> <p>O. Abdom, VS normal</p> <p>Abdom - Flat ⊕ BS - soft</p> <p>W + TP. Clin - clin to day</p> <p>A < PWD + 6 - Inj well.</p> <p>P.O.D = Discharge</p> <p>② Admin & Nymph Lab</p> | | |
| | (b)(6)-2 | (b)(6)-2 | MD MAJ, MC USA CHIEF, DOS |
| 900+03 | DC'd Abbott: pt tolerated well pt awake | | |
| 0930 | <p>c period of crying to go home will continue to monitor</p> <p>(b)(6)-2</p> <p>Sgt USA Gunn</p> | | |
| 1200 | <p>pt ate a gel uncl 1/2 sandwich, 200 of carnation instant breakfast. pt tolerated well & nausea & vomiting</p> <p>(b)(6)-2</p> <p>Sgt USA Gunn</p> | | |
| Late Entry | <p>1400 Meds administered as ordered. pt OKs ambulate @ ward sitting in chair watching movies. & complaints of nausea, or pain</p> | | |
| 1800 | <p>Report given to CPT (b)(6)-2</p> <p>pt stable</p> <p>(b)(6)-2</p> <p>Sgt Gunn</p> | | |

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|----------------|--|
| 8 Oct 03 | blwz |
| 90003 1800 | Report from SGT [redacted] client in bed awake, coloring in book LR infusing via DSC TLC @ 50cc/hr. - [redacted] CPT. |
| 1900 | Assessment done see at 5000 4700 for assessment. ate 40% dinner 5 N/V. [redacted] (b)(6)-2 |
| 1930 | Client OOB watching movie. staff, laughing in good spirits. |
| 2200 | VSS, medicated per order, no changes in pt from previous assessment. [redacted] (b)(6)-2 |
| 2215 | DOB to commode, small loose BM and urine vomit. back to bed [redacted] (b)(6)-2 |
| 2400 | Client asleep in MRD. [redacted] (b)(6)-2 |
| 10 Oct 03 0100 | VSS, no changes [redacted] (b)(6)-2 |
| 0400 | Medicated per order, client asleep at this time. [redacted] (b)(6)-2 |
| 0500 | Client asleep. [redacted] (b)(6)-2 |
| 0500 | Verbal orders from Dr [redacted] to D/C TLC. [redacted] (b)(6)-2 |
| 0600 | 20 G PIV placed in R forearm, LR @ 50cc/hr connected and infusing via site. TLC to DSC discontinued, sutures removed, catheter removed a tip intact, pressure held to bite until all bleeding stopped, no hematoma noted, client tolerated procedure well. Report given to SGT [redacted] client in bed quiet, vss. [redacted] (b)(6)-2 blwz CPT AN. |

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

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

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1998)
 Prescribed by GSARCMR FPMR (41CFR) 101-11.203(a)(10)
 USAPA V1.00

| DATE | NOTES |
|-----------|---|
| 16 Oct 05 | Assessment performed (see DA4700), pt lying in bed 5% return or |
| 0630 | discomfort. Will continue to monitor — (b)(6)-2 SGT/LAN |
| 0830 | Pt had large formed BM xi — (b)(6) SGT/LAN |
| 1000 | Pt crying for father - Salaam @ bedside talking to pt. Pt ambulated to back @ 0800 to bath, now resting in bed. — (b)(6)-2 SGT/LAN |

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|---|
| 10 Oct 03 | <p>Admission note - 1248 - 15y/o ♂ received from ICW. Dx: ABD GSW SP, Gastric Repair, Colon Repair, Liver Castration, ATOB, Penicillin, Wound CIA Bilat, S/S STENT AND RUL (P) BS x 4. STERN-STAPLE WOUND SITE FROM BOTTOM OF STERNUM TO STOMACH PUBIS. C.D.I. VSS. TOWELS are over. Continue w antibiotic therapy. (b)(6)-2 will continue to monitor</p> |
| 10 Oct 03 2300 | <p>Nurses Notes. Returned care of Pt sitting up in bed vitals stable to C/P pain or discomfort. IV antibiotic therapy continue. Pt ambulates w complication. Move all extremities ok. Wound spontaneously. No order or signs of infection at site of Steri strips. will continue to monitor status (b)(6)-2 15/Jan</p> |
| 11 Oct 03 | <p>Assessment - 0930 - ATOB, Penicillin, Wound CIA Bilat, S/S STENT AND RUL (P) BS x 4. MOUND WOUNDS STERN- STAPLE C.D.I. WOUND RUL WOUNDS RUL DUT G.P. PAW will continue to monitor (b)(6)-2 7/</p> |

11 Oct 03 17:06 Received care of pt @ HCO. Pt sleeping in bed. Appears comfortable. Breathing easy, unlabored. VS WNL per flow

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 609 (REV. 6/1899)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)(i)
 USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---------------------|---|----------------|-----------|
| DATE | NOTES | | |
| 11 OCT 03 1706 | Sheet. Will assess when pt. awake. Will continue to monitor (b)(6)-2 | | |
| 1740 | Pt awake and alert in bed. PERRLA @ WLR. EOM @ WLR. Skin warm, dry, intact. Buccal mucosa pink/moist. Lungs clear to auscultate (B) throughout. RR 16 regular S/S present. Bowel sounds @ x4 quadrants. Abdomen soft. @ complaints of pain. ML abdominal incision well approximated steri-strips intact and OTA. Radial pulses (B) @ 2 strength. HL DIC'd from (B) forearm. Will continue to monitor (b)(6)-2 | | |
| 11 OCT 03 1800 | Nurses NREs: Assumed care of Pt A + B - @ clo pain or complication. Vitals Stable. Able to move all extremities well. Steri-strips in place clean dry and intact. Ambulates w/ assistance or complication. @ I/O Accu. @ I/O Meds. Will continue to monitor (b)(6)-2 | | |
| 12 OCT 03 @ 0900 | Nursing Notes: Pt awake and Alert x 3 periods in right eye left eye not reactive at all. Mucous membranes moist and intact Lungs clear CTA with symmetrical rise and fall of the chest. Heart sounds strong and regular. Bowel sounds active x quad. @ complaints of Abdominal pain. Abdominal incision well approx steri-strips intact. Radial pulses strong equal with @ strength Will continue to monitor throughout (b)(6)-2 | | |
| 12 OCT 03 | PT ABO OERRA 2mm VSS, lungs CIA 98% on RA, pulses palpable all ext bilat equal/strong bowel sounds present all 4 quads, voiding with catheter, steri strips to abdomen S, D, T, @ N/U/D, @ complaints of pain, will continue to monitor (b)(6)-2 | | |

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|--------------------|---|
| 12 Oct 03 2315 | Nurses Notes: Assumed care of Pt Sleeping but easily aroused. No pain or discomfort. Steri Strips clean dry and intact. Vital Signs stable & IV access. Pt able to move all extremities well. will continue to monitor status for change <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto; margin-right: 0;">(b)(6)-2</div> |
| 13 OCT 03 15:10 | Received care of pt @ 14:00. Pt resting in bed A+0x3. PERRIA @ UNL. EOM @ UNL. Skin warm, dry, intact. Buccal mucose pink/moist. Lung sounds clear to auscultate @ throughout. Heart rate regular S/S present. Bowel sounds @ x 4 quadrants. Abdomen soft/non-tender. Steri strips to mid-line abdomen intact & no infection. Pt ambulates to outside latrine with difficulty. complaints of pain <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto; margin-right: 0;">(b)(6)-2</div> |
| Addendum | vs well per flow sheet will continue to monitor <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto; margin-right: 0;">(b)(6)-2</div> |
| 13 Oct 03 2323 | Nurses Notes: Assumed care of Pt A+0. No pain or discomfort. Steri Strips clean dry and intact - Able to move all extremities OK & IV Access. Pt ambulates to Rest Room. Verbal spontaneous will continue to monitor <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto; margin-right: 0;">(b)(6)-2</div> |

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

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

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

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2039(h)(10)
USAPA V1.00

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

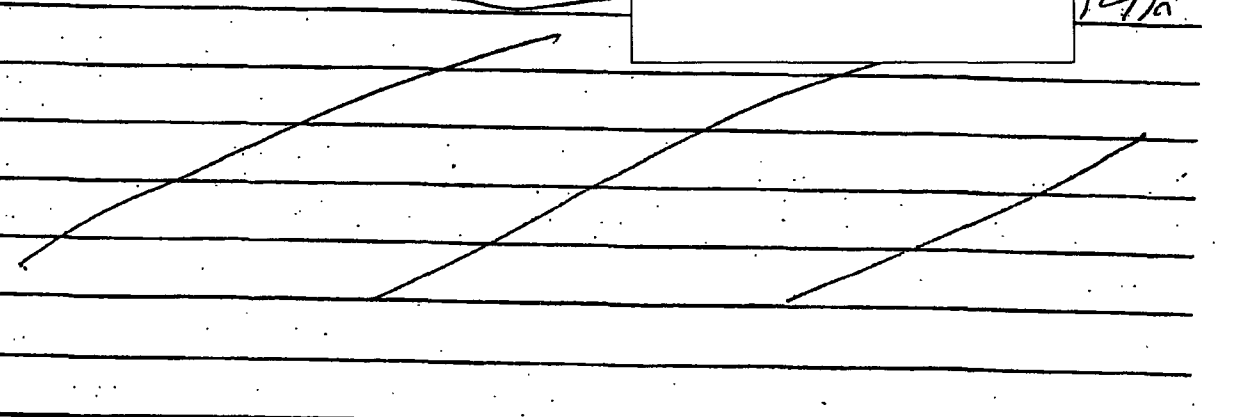
| DATE | NOTES |
|------|-------|
|------|-------|

14 Oct 03
1419
Nurses Notes: Assumed care of Pt ATO #3
No c/o pain or discomfort at this time. vitals
Stable. Pt ambulates w/ complication. Steri
strips to abd clear dry and intact & no
or signs of infection at site. I U Access
Pt void spontaneously - will continue to
monitor status

15 Oct 03
0500
Nursing Observation Pt slept well thru night
vitals & complaints

15 Oct 03
0845
Nursing notes: Pt ATO Person #... @ eye 3mm. Eye not reactive.
mucous membranes moist and intact. Lung sounds CTA with
dysmetrical rise and fall of the chest. Heart sounds strong
and normal. Bowel sounds active & equal. Radial pulses bilat
strong & equal. O2 strength no complaints of pain. Will continue to
monitor throughout the shift.

15 Oct 03
1410
Nurses Notes: Pt stable. Father here to collect
boy. A. [redacted] & COL [redacted] to translate at
bedside. Plan and previous care discussed
Pt left floor ambulatory & parent in tow



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------|--|
| 4 Oct 03 1500 | Rpt Received, Pt Case Resumed ABC CPB/AN |
| 1847 | A-Line out, Pressure held, bleeding stopped. ERL 75cc (b)(6)-2 |
| 2047 | Pt HR + BP ↑ Given MSO4 2mg IV. For Pain (b)(6)-2 CPB/AN |
| 2100 | Dr Modified of A-Line down, Guidelines to keep tube feeding on via Dobhoff received (b)(6)-2 CPB/AN |
| 2200 | Assumed care of patient, client in bed connected to cardiac/resp. monitor, client awake @ commands, MPET, lungs CTA, O2 sat on room air is 96%, even, nonlabored respirations, heart rate sinus tachycardia @ 119 BPM regular rhythm. Abdomen - midline dsg SAT, hypotact hypoaclive BS to BLBS, none noted to upper Quads. NBT via Drain to L/S, green bile drain dophoff via Drain @ feeds @ 10cc/hr. Foley @ pale yellow urine in bag. Small dsg to @ site @ mod amt bloody show on dressing intact. 10% LR infusing via LAC PIV @ 110cc/hr, dsg + site - intact. medicated per order. (b)(6)-2 |
| 2400 | client asleep in r30 (b)(6)-2 |
| 0200 | Medicated @ 2mg morphine for pain to abdomen (b)(6)-2 |
| 0400 | W Antibiotic + 10ml aiver (b)(6)-2 CPB/AN |
| 0530 | IV Zantac 1 (b)(6)-2 CPB/AN |
| 0535 | 2H ⁰ I+D. W 3195 TF 240 W/O 2720 Balance + 235 (b)(6)-2 |

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

(b)(6)-4

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

MEDCOM - 7779

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|----------|---|
| 5 Oct 03 | Assumed care of pt. Report given by |
| 0600 | by CPT (b)(6)-2, AN. Pt in bed @ HOB ↑ 20° angle |
| | NBT → ELS, dobhoff @ 10cc/hr infusing. (C) AC IV |
| | infusing LR @ 110cc/hr, (D) IV saline lock. Titru → |
| 0700 | gravity will monitor / (b)(6)-2 |
| | Pt in bed, denies pain at present time, |
| | appears to be comfortable. Initial assessment |
| | complete noted at 4700 will continue to |
| | monitor / (b)(6)-2 SGT USA 91WMI |
| 1000 | PT in bed T 101.4 Ty 650mg Tylenol |
| | given via dobhoff. Will continue to monitor / (b)(6)-2 |
| 1230 | 1100 pt OB ambulate to sink, Am care |
| | perform. Pt ambulated > 100ft & difficulty |
| | pt denies pain at present time. Pt ↑ |
| | in chair. & apparent distress noted |
| | will continue to monitor / (b)(6)-2 SGT USA 91WMI |
| 1430 | Pt ↑ chair, ambulated > 200ft & difficult |
| | denies pain at present time & distress |
| | noted will continue to monitor / (b)(6)-2 SGT USA 91WMI |
| 1630 | PT BTB @ 1530 resting @ HOB 20° angle |
| | denies pain at present time. Will |
| | continue to monitor / (b)(6)-2 SGT USA 91WMI |

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

TOI 30ct03

(See 588)

15 // 6 EPW multiple gunshot wounds

meds 2 mil fentanyl (10.55)

O2 non-rebreather (15L) SpO2 99%

Allergies none

Pmtx Not Applicable

Pstmx not applicable

Last meal

Age 15

weight 170 lbs 96%

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FRMR (41 CFR) 201-9.202-1

MEDCOM - 7781

ORIGINAL

55B-103

(See instructions on back of this sheet)

NEW 74-05-02 USE 5326

EMERGENCY CARE AND TREATMENT

(Medical Record)

TREATMENT (b)(6)-4 (Empty)

LOG NUMBER

ARRIVAL DATE TIME
DAY MONTH YR. TIME
03 10 03 1655

TRANSPORTATION TO HOSPITAL (Attach car enroute sheet)
 PRIVATE VEHICLE AMBULANCE
 OTHER (Specify) MEDICAL

CURRENT MEDS. (Include immunization and other data)
0

HISTORY OBTAINED FROM
 PATIENT OTHER (Specify)

ALLERGIES
None

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration)
Gunshot wound to abdomen

SEX AGE
male 15

POSSIBLE THIRD PARTY PAYER?
 YES NO

VITAL SIGNS

| | |
|-------------|-----------|
| TIME | 17:00 |
| BP | 139/66 |
| PULSE | 93 |
| RESP. | 18 |
| TEMP. | 98.2 (ax) |
| WT. (Child) | 69 |

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

25 ml of fimmegan at 1655
I.V. given at 1657 OLR
UNISON 30grams 17:05
10mg msd 17:15
Avecl 1gm 17:10
DSC to (C) profusely Abd / bleeding

PSHX: none

CATEGORY (See reverse)

EMERGENT
 URGENT
 NON-URGENT

ORDERS

| ORDERS | INITS. | TIME |
|-------------------------|--------|-------|
| X - Pen (Abx) & Chest X | | 17:10 |
| Type II & C | 4 | 17:15 |
| pk/vit, CBC | | |
| Chms 8 | 60 | 17:15 |

ASSESSMENT/DIAGNOSIS

DISPOSITION (Check all that apply)

HOME FULL DUTY
QUARTERS
24 Hrs. 48 Hrs. 72 Hrs.

MODIFIED DUTY UNTIL:
DAY MONTH YEAR

REFERRED TO (Indicate clinic)

EMERGENCY TODAY
72 HOURS ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE
To OR

CONDITION UPON RELEASE
IMPROVED UNCHANGED

DETERIORATED

AGE OF RELEASE: 17:00

PATIENT'S IDENTIFICATION (Mechanical imprint)
WRITTEN ENTRIES GIVE: Name - last, first, middle;
DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY AND UNIT RECORDS)

(CONTINUE ON SF 507, IF NEEDED)

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT (include medications ordered, city limitations and follow-up plans)

MEDCOM - 7782

ENT

STANDARD FORM 550 (Rev. 5-65)

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-88, the procedure is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Amb BY anesthesia 2. PATIENT ID (b)(6)-2 AND PROCEDURE VERIFIED BY WJM

3. DATE 6 Oct 03 TIME PATIENT ARRIVED IN SUITE 4. PATIENT IN TIME 0757 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---------------------|--------------------------------|-------------------|--|
| ASSIGNED SCRUB | <u>Spc</u> (b)(6)-2 <u>910</u> | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>lt</u> (b)(6)-2 <u>66E</u> | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

Bump under (R) hip

8. SKIN PREPARATION

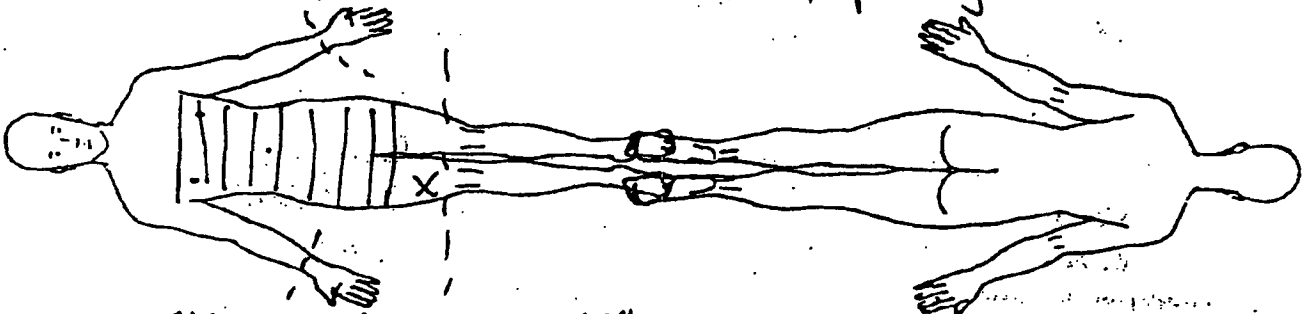
HAIR REMOVAL: YES NO DONE BY: OR NURSING UNIT METHOD: DEPILETORY RAZOR CLIP

PREP SOLUTION (Specify) Hibiclens BY WHOM: (b)(6)-2
SITE: ABO - niple to groin BY WHOM:
SITE: down to bed BY WHOM:

COMMENTS:

pooling or irritation

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap == N/A /// = prep

C = Correct I = Incorrect

| 10. COUNTS | Other** | First Closing Count | Final Closing Count | 11. PATIENT IDENTIFICATION | |
|--------------|---|---------------------|---------------------|----------------------------|---------------------|
| | | | | SCRUB (b)(6)-2 | CIRCULATOR (b)(6)-2 |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C | | |
| Instrument | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C | | |
| Other | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C | C | | |

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

(b)(6)-4

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

ESU NO: X1 cut/comp = 30/30
GROUND PAD: BRAND Valley Lab LOT NO: 69263 exp 2005-03

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

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUM MANUFACTURER

14. MEDICATIONS/ORDERS

| IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) | | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|--|--------|------|--------|------------------------------|--|
| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION YES NO, TYPE(S):
nss

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

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

15. X-RAY IN OPER. YES NO IF YES, SITE
(L) upper chest

16. LABORATORY SPECIMENS

| | | |
|--|------|------|
| SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| | | | |
|-----------|---|----|----|
| TYPE/SIZE | 1. <i>Foley</i> | 2. | 3. |
| SITE | 1. <i>Bladder</i> <i>- placed prior to arrival</i> | 2. | 3. |

18. DRESSING/IMMOBILIZATION (Specify)
Benjoin Steri Strips 4x8s

19. ADDITIONAL INFORMATION
Dr (b)(6)-2
CPT (b)(6)-2 *CRNA*

20. OPERATION(S) PERFORMED
I+O ABD wound
(L) Subclavian line placement

21. PATIENT TRANSFERRED TO *ICU* TIME *11:20* METHOD *litter*

22. REGISTERED NURSE (b)(6)-2 *[Signature]*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the procedure is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY MAJ (b)(6)-2 91D

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY _____

3. DATE 3 OCT 03 TIME PATIENT ARRIVED IN SUITE 1705

4. PATIENT IN ROOM TIME 1705 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Arabic speaking Teenager? Emergency

6. NURSING PERSONNEL

| | | | |
|---------------------|---------------------------|-------------------|---------------------------------------|
| ASSIGNED SCRUB | <u>SFC Y (b)(6)-2</u> 91D | RELIEF SCRUB | <u>SFC (b)(6)-2</u> 91D (1730-1830) |
| ASSIGNED CIRCULATOR | <u>MAJ (b)(6)-2</u> ANGLE | RELIEF CIRCULATOR | <u>CPT (b)(6)-2</u> ANGLE (1830-1930) |

7. POSITION AND POSITIONAL AIDS (Specify) Arms abducted less than 90° on padded armboards

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

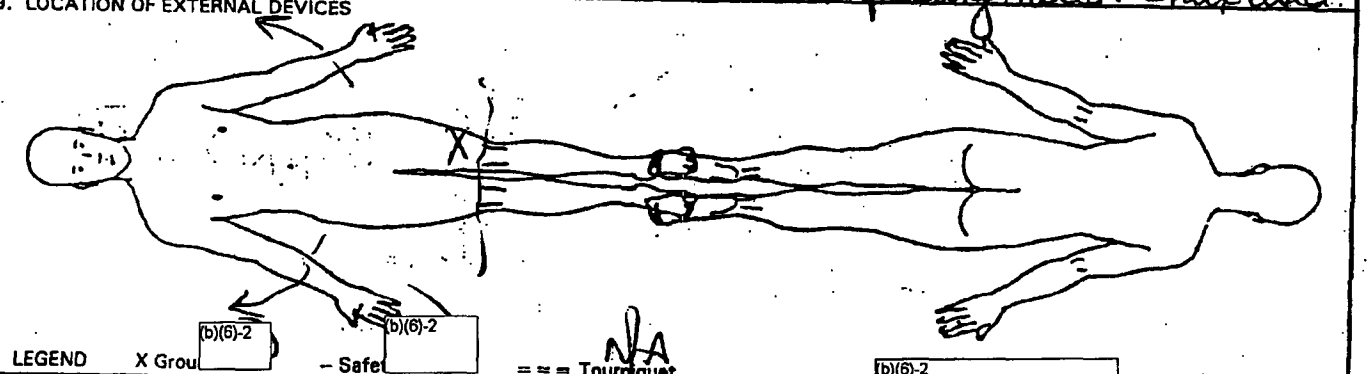
METHOD: DEPILETORY RAZOR CLIP

PREP SOLUTION (Specify) Beta/Beta

SITE: Abdomen BY WHOM: (b)(6)-2

SITE: upper thigh BY WHOM: _____

COMMENTS: including perineal region and Rt
no pubing noted! Chux used.



10. COUNTS

| | C = Correct I = Incorrect | | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|--------------|---|--|---------------------|---------------------|-----------------|-----------------|
| | Other** | | | | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | C | C | <u>(b)(6)-2</u> | <u>(b)(6)-2</u> |
| Needle Sharp | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | C | C | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | C | C | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | C | C | | |

cut by (b)(6)-2

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

(b)(6)-4

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

cut by (b)(6)-2

ESU NO: 00442 VL FORCE II BRAND VL Polyactive LOT NO: 6A263 Exp 2005-03

GROUND PAD: _____ BRAND _____ LOT NO: _____

ESU NO: _____ BRAND _____ LOT NO: _____

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES, NAME: ID NUM 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): *warm NSS*

OTHER ORDERS

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

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

| TYPE/SIZE | 1 | 2 | 3 |
|-----------|-------------------|--|------------------------|
| | <i>Foley 16FR</i> | <i>Easy-Slide Dobhoff Feeding tube</i> | <i>1/2" Telford</i> |
| SITE | <i>bladder</i> | <i>12FR</i> | <i>Posterior flank</i> |

18. DRESSING/IMMOBILIZATION (Specify) *Posterior flank*
Fluff ABD Pads
4 X 8 dressing sponges
Medipore tape

19. ADDITIONAL INFORMATION

Wound

20. OPERATION(S) PERFORMED

Ex Lap, Stomach Repair, Colotomy Repair
Cauterizing Liver Laceration

21. PATIENT TRANSFERRED TO *ICU* TIME *2103* METHOD *litter*

22. REGISTERED NURSE SIGNATURE *MAJAN*

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

For Use of this form, see AR 40-407: the proponent is The Office of the Surgeon General.

1. AGE: *teenage?*

HEIGHT:

WEIGHT: *?40kg*

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)

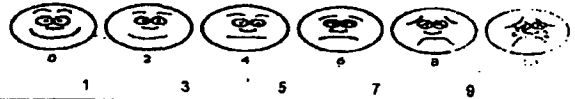
NKDA PCN LATEX IODINE TAPE FOOD

REACTION:

3. PREVIOUS SURGERY NO YES (Type):

PROPOSED SURGICAL PROCEDURE:

PAIN LEVEL: LOCATION:



5. ADDITIONAL INFORMATION: (Previous Surgical and medical History) Skin Condition

Tobacco _____ ppd X _____ yrs. Diabetes Yes No ROM _____
 ETOH _____ Implants _____ Glass/Contacts Yes No
 Respiratory Disease (Asthma/COPD) Yes No
 MEDS: Yes No

6. PATIENT PROBLEMS AND NEEDS

A. PSYCHOSOCIAL

Potential for anxiety related to:

- 1) Surgical Procedure & Operating Room Environment
- 2) Separation Anxiety (Child)
- 3) Surgical Outcomes
- Language Barrier*

B. Aeration

Potential for respiratory dysfunction due to:

- 1) Positioning
- 2) Effects of Anesthesia
- 3) Medical Smoking History

C. INTEGUMENT

Potential impairment of skin integrity due to:

- 1) Intraoperative Immobility
- 2) ESU Pad Placement
- 3) Positional Aids
- 4) Prosthesis
- 5) Pooling of Prep Solutions

7. PATIENT GOALS AND EXPECTED OUTCOMES

- Pt. Verbalizes any specific anxiety. *N/A*
- Pt. Exhibits relaxed body posture. *N/A*

EMERGENCY

- Pt. will be able to breathe without difficulty during immediate interpretative phase. *N/A*

- Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas). *N/A*

8. OR NURSING INTERVENTIONS

- Allow pt. to verbalize freely.
- Explain OR environment and answer questions regarding surgery. *N/A*
- Offer comfort measures. (e.g., warm blanket, touch).
- Explain all nursing procedures before are done. *N/A*
- Remain with pt. whenever possible.
- Maintain family interface. Parents to stay with pt. *N/A*

- Offer to elevate head of litter or offer pillow. *N/A*
- Observe pt. while awaiting surgery for signs of distress.
- Assist anesthesia during intubation and extubation.

- Utilize pressure preventing devices on OR table and accessories.
- Check for proper positioning and support to maintain good body alignment.
- Pad pressure points.
- Place ESU ground pad on non compromised skin surface area.
- Keep prep fluids from pooling.

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

(b)(6)-4

VERIFICATIONS AT HOLDING AREA:

ID/Allergy Band _____
 H&P _____
 NPO Since _____
 UHCG/LMP *N/A*
 Consent/Blood Transfusion _____
 Signed/Witnessed/Dated *N/A*
 Surgical Site/Consent verified by Pt./Anesthesia/Surgeon *Yes*
 Contact Precautions *Yes*
 Family/Friend *N/A*

Previous editions are obsolete.

USAPA V1.01

DA FORM 5179, JUN 91

MEDCOM - 7787

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOAL AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|--|---|---|
| D. CIRCULATION <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to: <input checked="" type="checkbox"/> 1) <u>Intraoperative Mobility</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input checked="" type="checkbox"/> 3) <u>Existing Disease</u> <input checked="" type="checkbox"/> 4) <u>Safety Devices</u> <input checked="" type="checkbox"/> 5) <u>Hypothermia</u> | <input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse. (b)(6)-2) | <input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors. N/A <input type="checkbox"/> Check that safety straps are correctly applied. (b)(6)-2 <input type="checkbox"/> Offer pillow for under knees. N/A <input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion. N/A <input type="checkbox"/> Check that rings and all body piercing has been removed. (b)(6)-2 |
| E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to: <input checked="" type="checkbox"/> 1) <u>Pain</u> <input checked="" type="checkbox"/> 2) <u>Intraoperative Hazards</u> <input checked="" type="checkbox"/> 3) <u>Prosthesis</u> <input checked="" type="checkbox"/> 4) <u>Positioning</u> <input checked="" type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u> E.2. <input checked="" type="checkbox"/> Potential discomfort due to: <input checked="" type="checkbox"/> 1) <u>Length of Surgery</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input checked="" type="checkbox"/> 3) <u>Arthritis</u> | <input type="checkbox"/> Pt. will be transferred to OR table without difficulty. (b)(6)-2 <input type="checkbox"/> Pt. will not experience unnecessary physical discomfort. | <input type="checkbox"/> Have sufficient people available for transfer. (b)(6)-2 <input type="checkbox"/> Insure proper body alignment. <input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning. |
| F. SPECIAL SENSES F.1. <input type="checkbox"/> Diminished visual perception due to being: <input type="checkbox"/> 1) <u>Pre-Medicated</u> <input checked="" type="checkbox"/> 2) <u>W/O Glasses</u> F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to: <input checked="" type="checkbox"/> 1) <u>Diminished Hearing</u> <input checked="" type="checkbox"/> 2) <u>Language Barrier</u> <i>Arabic</i> F.3. <input type="checkbox"/> Potential injury due to dentures: <input type="checkbox"/> 1) Upper <input type="checkbox"/> 4) Caps <input type="checkbox"/> 2) Lower <input type="checkbox"/> 5) Crowns <input type="checkbox"/> 3) Bridges | <input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction. (b)(6)-2 <input type="checkbox"/> Pt. will be transferred safely to OR table. <input type="checkbox"/> Pt. will be able to understand instructions. <input type="checkbox"/> Minimize danger of injury during inrap period. | <input type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening. <input type="checkbox"/> Inform pt. in which direction to move and assist if necessary. N/A <input type="checkbox"/> Speak clearly and slowly. N/A <input type="checkbox"/> Address pt. from _____ side. N/A <input type="checkbox"/> Validate pt.'s understanding of verbal communication. N/A <input type="checkbox"/> Verify removal of dentures. N/A |
| 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 INTERVENTION COMPLETED / ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.
 (b)(6)-2
 MAJ, AN 3 OCT 03 DATE

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

ED BY: MAJ, AN 13. POSTOPERATIVE EVALUATION PREPARED
 (b)(6)-2
 DATE: 3 OCT 03 TIME: 1710 DATE: 3 OCT 03 TIME: 2103

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | 1 | 2 | 3 | | | | | |
|--------------|-------------|--------|------|------|------|------|------|--|--|
| POST- | DAY | | | | | | | | |
| MONTH-YEAR | DAY | 10 Oct | 11 | 12 | 13 | 14 | 15 | | |
| 19 | HOUR | 12 | 12 | 12 | 12 | 12 | 12 | | |
| PULSE (O) | TEMP. F (°) | 80 | 84 | 84 | 81 | 84 | 80 | | |
| | TEMP. C | 27.2 | 29.4 | 29.4 | 27.8 | 29.3 | 27.2 | | |
| 180 | 104° | | | | | | | | |
| 170 | 103° | | | | | | | | |
| 160 | 102° | | | | | | | | |
| 150 | 101° | | | | | | | | |
| 140 | 100° | | | | | | | | |
| 130 | 99° | | | | | | | | |
| 120 | 98.6° | | | | | | | | |
| | 98° | | | | | | | | |
| 110 | 97° | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| 100 | 96° | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| 90 | 95° | ○ | ○ | ○ | ○ | ○ | ○ | | |
| 80 | | | | | | | | | |
| 70 | | | | | | | | | |
| 60 | | | | | | | | | |
| 50 | | ^ | ^ | ^ | ^ | ^ | ^ | | |
| 40 | | | | | | | | | |

| RESPIRATION RECORD | | 1 | 2 | 3 | | | | | | |
|--------------------|--------|--------|--------|--------|--------|-------|-----------|-------|-------|--------|
| BLOOD PRESSURE | | 101/55 | 111/57 | 109/52 | 100/49 | 89/62 | 35/101/50 | 45/60 | 43/52 | 105/47 |
| HEIGHT: | WEIGHT | 5'08" | 22 | 99 | 22 | 99 | 22 | 98 | 22 | 99 |
| | | 111 | 99 | 100 | 99 | 99 | 99 | 99 | 99 | 100 |

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

REGISTER NO. _____ WARD NO. _____

(Centigrade Equivalents, for Reference only)

VITAL SIGNS RECORDS

Medical Record

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

OR
 b(6)-4

Date: 3 Oct 03 Time: 1800

Patient #

| Chemistry 12/LFT | | | Urinalysis | | | Hematology (CBC) | | |
|------------------|--------|------------------|------------|--------|------------|------------------|--------|-------------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | 12.4 | 4.8 - 10.8 x 1E3 |
| BUH | | 7 - 22 mg/dL | App | ... | N/A | REC | 4/4 | 4.7 - 6.1 x 1E6 |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 11.5 | 14 - 18 g/dL (M); 12 - 16 (F) |
| Na | | 128 - 125 mmol/L | Bil | | Negative | Hct | 35.0 | 45 - 52% (M); 37 - 47% (F) |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 84.5 | 80 - 99 fL |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | Plt | 194 | 130 - 500 1E3 |
| CO2 | | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 14.4 | 20.5 - 51.1 % |

| Chemistry 12/LFT | | |
|------------------|--------|------------------|
| Test | Result | Ref. Range |
| ALB | | 3.5 - 5.5 g/dL |
| ALP | | 26 - 84 µg/dL |
| ALT | | 10 - 47 µg/dL |
| AMY | | 14 - 97 µg/dL |
| AST | | 11 - 38 µg/dL |
| Tbili | | 0.2 - 1.6 mg/dL |
| TP | | 6.4 - 8.1 g/dL |
| Ca | | 8.0 - 10.3 mg/dL |
| Chol | | 100 - 200 mg/dL |
| Creat | | 0.6 - 1.2 mg/dL |
| BUN | | 7 - 22 mg/dL |
| ILU | | 73 - 118 mg/dL |

| Micro UA | | |
|----------|--------|------------|
| Test | Result | Ref. Range |
| pH | | N/A |
| Prot | | Negative |
| Urob. | | 0.2 - 1.0 |
| Nit | | Negative |
| Leuk | | Negative |

| Hematology Manual Diff | | |
|------------------------|--------|------------|
| Segs | Result | Ref. Range |
| Lymph | | |
| Bands | | Atyp |
| Mono | | Imm |
| Eos | | RBC Morph |
| Baso | | Plt. Est |

| Coagulation | | |
|-------------|--------|----------------|
| Test | Result | Ref. Range |
| PT | | 9.8 - 13.6 sec |
| aPTT | | 21 - 34 sec |
| INR | | N/A |

| Other Chem | | |
|------------|--------|--|
| Test | Result | Ref. Range |
| Proponin | | Negative |
| ILU Only | | 73 - 118 mg/dL |
| K | | 39 - 380 µg/L - Male 36 - 190 µg/L - Female |

| Blood Gas $\bar{E} \bar{i} C_{a^{++}}$ | | |
|--|--------|-------------|
| Test | Result | Ref. Range |
| ph | 7.515 | 7.31 - 7.45 |
| PCO2 | 304 | 35 - 45; An |
| PO2 | 425 | 80 - 105 |
| HCO3 | 25 | 22 - 26 |
| TCO2 | 26 | 23 - 27 |
| BE | 2 | (-2) - 3 |
| SO2 | 100 | 95 - 100% |

| MISC | | |
|------------|--------|------------|
| Test | Result | Ref. Range |
| Malaria | | Negative |
| Gram Stain | | N/A |
| UA Tox: | | Negative |
| HCG | | Negative |

1Ca = 1.14
 Q 370C

Additional Instructions:

Reported By: _____ Date: _____ MEDCOM - 7790

Ward/Section: **ICU** Requesting: (b)(6)-2 **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)

Name: (b)(6)-4 Date: **4 Oct 03** Time: **0500** Patient # (b)(6)-4

| Chemistry (7) | | | Urinalysis | | | Hematology (CBC) | | |
|---------------|--------|------------------|------------|--------|------------|------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 121 | 73 - 118 mg/dL | Color | | N/A | WBC | 9.1 | 4.8 - 10.8 x 1E3 |
| BUN | 15 | 7 - 22 mg/dL | App | | N/A | RBC | 3-50 | 4.7 - 6.1 x 1E6 |
| Creat | 0.7 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 9.9 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 137 | 128 - 125 mmol/L | Bili | | Negative | Hct | 29.0 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.4 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 82.9 | 80 - 99 fL |
| Cl | 103 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 191 | 130 - 500 1E3 |
| tCO2 | 26 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 11.8 | 20.5 - 51.1 % |

| Chemistry (LFT) | | | Urinalysis | | | Hematology Manual Diff | | |
|-----------------|--|------------------|------------|--|-----------|------------------------|--|----------------|
| ALB | | 3.5 - 5.5 g/dL | pH | | N/A | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Prot | | Negative | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Urob | | 0.2 - 1.0 | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Nit | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Leuk | | Negative | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | Micro UA | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | | | | Gram Stain | | N/A |

| Other Chem | | | Blood Gas | | | MISC | | |
|------------|--|------------------------|-----------|--|--------------|---------|--|----------|
| Troponin | | Negative | ph | | 7.31 - 7.45 | UA Tox: | | Negative |
| GLU Only | | 73 - 118 mg/dL | PCO2 | | 35 - 45: Art | HCG | | Negative |
| CK | | 39 - 380 µg/L - Male | PO2 | | 80 - 105 | | | |
| | | 30 - 190 µg/L - Female | HCO3 | | 22 - 26 | | | |
| | | | TCO2 | | 23 - 27 | | | |
| | | | BE | | (-) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

Additional Instructions:

Reported By: (b)(6)-2 Date: **04 Oct 03** Lab ID # _____
 MEDCOM - 7791

9

| | | | | | | | |
|-----------------------------|------------|--|----------------------|--|-------------|------------------------|---|
| Ward/Section: ICU | | Requesting (b)(6)-2 | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | |
| Name (b)(6)-4 | | Date: 3 OCT | Time: 2:25 | Patient # (b)(6)-4 | | | |
| Chemistry | | | Urinalysis | | | Hematology (CBC) | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result Ref. Range |
| GLU | 136 | 73 - 118 mg/dL | Color | | N/A | WBC | 15.6 4.8 - 10.8 x 1E3 |
| BUN | 14 | 7 - 22 mg/dL | App | | N/A | RBC | 4.01 4.7 - 6.1 x 1E6 |
| Creat | 0.6 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 11.4 14 - 18 g/dL (M); 12-16 (F) |
| Na | 135 | 128 - 125 mmol/L | Bili | | Negative | Hct | 34.1 45 - 52% (M); 37 - 47% (F) |
| K | 4.3 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 85.0 80 - 99 fL |
| Cl | 108 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 278 130 - 500 1E3 |
| tCO2 | 21 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 20.6 20.5 - 51.1 % |
| Chemistry 12/LEP | | | pH | | N/A | Hematology Manual Diff | |
| ALB | 2.5 | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | Lymph |
| ALP | 217 | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | Atyp |
| ALT | 92 | 10 - 47 µg/dL | Nit | | Negative | Mono | Imm |
| AMY | 37 | 14 - 97 µg/dL | Leuk | | Negative | Eos | RBC Morph |
| AST | 131 | 11 - 38 µg/dL | Micro UA | | | Baso | Plt. Est |
| Tbili | 0.5 | 0.2 - 1.6 mg/dL | | | | Coagulation | |
| TP | 4.3 | 6.4 - 8.1 g/dL | | | | PT | 17.0 9.8 - 13.6 sec |
| Ca | 8.2 | 8.0 - 10.3 mg/dL | | | | aPTT | 41.4 21 - 34 sec |
| Chol | 47 | 100 - 200 mg/dL | | | | INR | N/A |
| Creat | 0.8 | 0.6 - 1.2 mg/dL | | | | MISC | |
| BUN | 14 | 7 - 22 mg/dL | Blood Gas | | | Malaria | Negative |
| GLU | 138 | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | N/A |
| Other Chem | | | PCO2 | | 35 - 45 Art | UA Tox: | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | |
| CK | 830 | 39 - 380 µg/L - Male 30 - 190 µg/L - Female | TCO2 | | 23 - 27 | | |
| | | | BE | | (-2) - 3 | | |
| | | | sO2 | | 95 - 100% | | |
| Additional Instructions: | | | | | | | |
| Reported By (b)(6)-2 | | Date 03 OCT 03 | | Lab ID # | | | |

MEDCOM - 7792

Ward/Section: **EMT** Requesting: (b)(6)-2 LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

(b)(6)-4 Date: **30 Oct 03** Time: **1655** Patient: (b)(6)-4

| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
|-------------------|--------|------------------------|----------|--------|--------------|--------------------------|--------|-----------------------------|
| GLU | 136 | 73 - 118 mg/dL | Color | | N/A | WBC | 19.7 | 4.8 - 10.8 x 1E3 |
| BUN | 19 | 7 - 22 mg/dL | App | | N/A | RBC | 5.03 | 4.7 - 6.1 x 1E6 |
| Creat | 0.9 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 14.2 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 138 | 128 - 125 mmol/L | Bili | | Negative | Hct | 42.0 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.3 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 83.4 | 80 - 99 fL |
| Cl | 107 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 306 | 130 - 500 1E3 |
| tCO2 | 23 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 20.8 | 20.5 - 51.1 % |
| Chemistry - Urine | | | pH | | N/A | Hematology - Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | Micro UA | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MIS | | |
| BUN | | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | | N/A |
| Chemistry - Blood | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |

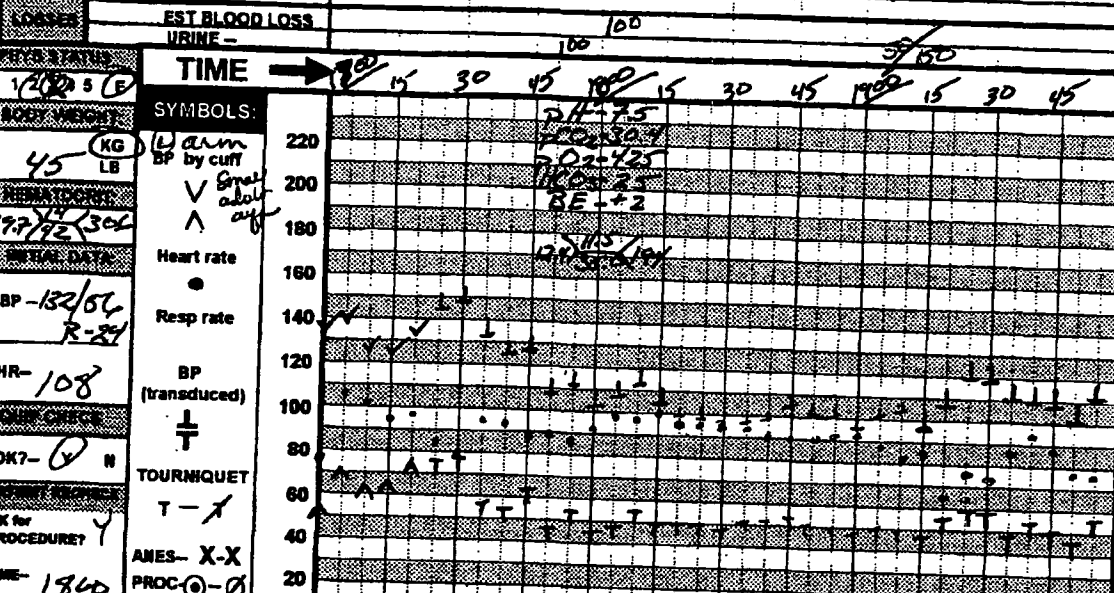
Additional Instructions:

Reported by: (b)(6)-2 Date: **03 Oct** Lab ID #

MEDCOM - 7793

136
33236.9

| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / KG / ML, "1" = CONSTANT INFUSION | | MEDICAL RECORD | | | | | | | | | | ANESTHESIA | | TOTALS | | TOTALS | |
|---|-------|---|-----|------|-----|------|-----|-----|-----|-----|-----|------------|-----|--------|--|--------|--|
| FEET | mg | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | | | |
| STP | mg | 200 | | | | | | | | | | | | | | | |
| Sux// Roc | mg | 80 | 30 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| | % del | X-1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | X-8 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | | |
| SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | 1800 Compobid 3Gm Unasyn 1Gm Anect FROM ENT | | | | | | | | | | | | | | | |
| LINE site | | 2000 | | 3000 | | 5000 | | | | | | | | | | | |
| EST BLOOD LOSS | | 100 | | | | | | | | | | | | | | | |
| URINE | | 100 | | | | | | | | | | | | | | | |



REMARKS

Code drugs with numbers, events with letters

1855 pt ID'd iph

of Ca - reviewed

1800 In Rm Montu

on

1806-1808 RSI

o Critical pics

1812 (R) Rad

A-line started

2000 Cont From ENT

Page #7

| TIME | 15 | 30 | 45 | 1:00 | 1:15 | 1:30 | 1:45 | 2:00 | 2:15 | 2:30 | 2:45 |
|------------------|----|----|----|------|------|------|------|------|------|------|------|
| BP/Auto Cuff | | | | | | | | | | | |
| BP / oth | | | | | | | | | | | |
| ART line | | | | | | | | | | | |
| Steth- PC/ES | | | | | | | | | | | |
| Gas analyzer | | | | | | | | | | | |
| TEMP- site (Sk.) | | | | | | | | | | | |
| N-M Block (T14) | | | | | | | | | | | |

RECOVERY AT

PACU ICU (Specify)

OTHER

CONDITION

RESP

PROC

| | | | |
|------|-------|-------|-----|
| ANES | Start | Room | End |
| | 1845 | 1800 | |
| PROC | Ready | Begin | End |
| | 1810 | 1820 | |

Mark with letters & symbols, explain under REMARKS

EVENTS Position → ad Arms 90° secured on padded armboard.

PROCEDURES and CPT Codes

Exp. Lop

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

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments DLX1 = 3MAC

Visualized cords; Intubated @ 6.5ETT to 20cm @

1.5 Pilot BS, ETCO2 XS wings, EYES taped

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2

PROCEDURE LOCATION 1-1

DATE 3 Oct 03

PAGE 1 OF 2

REVISOR: WAM, Nurse, Jan 99

PATIENT RECORD MEDCOM - 7795

U.S. GPO: 2002-729-180/40137

| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / KG / ML, "1" = CONSTANT INFUSION | | MEDICAL RECORD | | ANESTHESIA | | TOTALS | |
|---|--------------|----------------|--|------------|--|--------|--|
| | Ketorolac mg | 30 | | | | | |
| | Rocephin mg | 3 | | | | | |
| | Alvydol mg | 0.8 | | | | | |
| | Servo % del | 100 | | | | | |
| | AIR L/Min | | | | | | |
| | N2O L/Min | | | | | | |
| | O2 L/Min | 2-2-2-8 | | | | | |

| | | | | | |
|--|----|----------------|--|---------|--|
| SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS CENTER IN REMARKS | | EST BLOOD LOSS | | URINE - | |
| LINE site | -R | Warmed | | | |
| | | Warmed | | | |
| | | Warmed | | | |
| | | Warmed | | | |

| | |
|-------------------------|---|
| REMARKS | Code drugs with numbers, event with letters |
| 2000 Count From Page #1 | |

| EYES STATUS | | TIME | |
|-----------------|--------|----------|---------------|
| 180 | 45 (E) | 1500 | 15 30 45 2100 |
| BOOY WEIGHT | 45 KG | SYMBOLS: | |
| BP by cuff | V | 220 | |
| Heart rate | ^ | 200 | |
| Resp rate | • | 180 | |
| BP (transduced) | + | 160 | |
| TOURNIQUET | T - X | 140 | |
| ANES - X-X | | 120 | |
| PROC - 0-0 | | 100 | |
| | | 80 | |
| | | 60 | |
| | | 40 | |
| | | 20 | |

| | | | |
|------------------------------|-------------------|------|----------|
| VT - ml | 150 | 160 | 150 |
| f - breath/min | 8 | 8 | 8, 26 |
| Peak Inf Pres / PEEP | 23/4 | 23/4 | 23/4 |
| MODE - S(pon), Assist, C(on) | C | C | C S |
| BP/Auto Cuff | ET CO2 (torr) | 26 | 24 |
| BP / oth | FI O2 (Frac or %) | .71 | .72 |
| ART line | SpO2 (%) | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR SR SR |
| Gas analyzer | TEMP- site (skin) | 98.6 | 98.6 |
| | N-M Block (T/4) | 4 | 4EST |

| | |
|-------------|-----------------|
| RECOVERY AT | 2105 |
| PACU (ICU) | (Specify) |
| OTHER | |
| CONDITION | stable |
| RESP-18 | SpO2-95 |
| BP-110/70 | HR-96 |
| ANES | Start Room End |
| | 1645 1700 2112 |
| PROC | Ready Begin End |
| | 1710 1725 2055 |

| | | | |
|--|--------|----------|-----|
| Mark with letters & symbols, explain under REMARKS | EVENTS | Position | → a |
| PROCEDURES and CPT Codes | | | |

EXP. Lap

| | | | |
|---|---------------|--------------------|----------|
| ANESTHETIC TECHNIQUES: Describe block technique under Remarks | | GETA | |
| AIRWAY MANAGEMENT: Intubation route, block, technique, comments | | SEE Page #1 | |
| SURGEONS: | (b)(6)-2 | PROCEDURE LOCATION | 1-1 |
| ANESTHETISTS: | MAYY (b)(6)-2 | DATE | 3 Oct 03 |
| WAMC OF 376 REVISED | | PAGE 2 OF 2 | |
| Jan 99 | | | |

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

(b)(6)-4

ANESTHESIA PLAN OF CARE PRE-OPERATIONAL ASSESSMENT (Sedation/Anesthesia)

Age 15 DAYS MOS YRS Sex MALE () FEMALE

PROPOSED PROCEDURE: Ex lap
 SURGICAL SERVICE: Gen Surg (b)(6)-2
 NPO SINCE: _____

ASA Physical State 1 2 3 4 5 E
 WT: 60 KG/LB HT: _____ IN.
 ALLERGIES: NKA

| | | |
|---|---|--|
| <p>HABITS: TOBACCO: _____ ETOH: _____ DRUGS: _____</p> <p>CURRENT MEDICATIONS: () = ordered as premed () _____ () _____ () _____ () _____ () _____ () _____</p> <p>PREMEDICATIONS: None Yes (@ _____ Hrs) / CC _____ mg IV IM PO _____ mg IV IM PO _____ mg IV IM PO</p> <p>LABORATORY STUDIES: HB/HCT: _____ U/A: _____ OTHER: <u>Review</u></p> | <p style="text-align: center;">PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW</p> <p>Cardiovascular: Hypertension <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Angina <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ MI <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ CVA <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Other <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____</p> <p>Pulmonary System: Asthma <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Bronchitis/URI <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ COPD <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Other <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____</p> <p>Renal System: Acute/Chronic RF <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____</p> <p>Gastrointestinal: Hepatitis <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Hiatal Hernia <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ PUD/GERD <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____</p> <p>Endocrine System: Diabetes <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Steroids <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Thyroid <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____</p> <p>Neurological: Seizures <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Neuropathy <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____ Other <input checked="" type="radio"/> N <input checked="" type="radio"/> Y _____</p> <p>Gynecological: Pregnancy <input checked="" type="radio"/> N <input checked="" type="radio"/> Y <u>N/A</u></p> <p>Other Significant Hx: _____ _____ _____</p> <p>Familial HX _____ _____ _____</p> | <p style="text-align: center;">ASSESSMENT PAST SURGICAL/ANESTHETIC</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|--|

PHYSICAL EXAMINATION

BP 110 HR 97 RR 19 T 37
 Pain Scale 0-10 _____
 HEENT - Teeth infer
 Trachea midline
 TMJ/Neck flex
 Oropharynx N/A
 Nares patent

CHEST: CTA

CARDIAC: S/S

EXTREMITIES: bilat

IV Access: _____
 Ulnar Filling: _____

BACK: _____

OTHER: _____

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

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

The patient (b)(6)-2 and _____ agree. Questions answered.
 Signature: _____ Date: 5/25/03 Time: 1630 Hrs

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

Signed: _____ Date: _____ Time: _____ Hrs

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

Patient Identification: (Ward) _____
 (b)(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|---------------|--|--------------------------------|
| [b)(6)-4] | | | 3 OCT 03 | 1957 | |
| | | | 1 | ADMIT TO ICU | [b)(6)-2] |
| | | | 2 | CONDITION: STABLE | |
| | | | 3 | DX: ABDOMINAL GSW S/P GASTRIC REPAIR, COLECTOMY REPAIR, LIVER CAUTERIZATION | |
| NURSING UNIT | ROOM NO. | BED NO. | 4 | ACTIVITY: BEDREST | |
| | | | 5 | NKDA | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 6 | CAN AND FOR | |
| | | | | T>1015, W>507 160, 607 HZ 110, WOP L 25cc/hr | |
| | | | 6 | Diet NPO | |
| | | | 7 | NG @ LIS | |
| | | | 8 | FOLEY TO GRAVITY | |
| NURSING UNIT | ROOM NO. | BED NO. | 9 | ENTERAL FEED 1.0cc/hr | |
| | | | | PER B. DASHOFF | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 10 | KUB IN PR | |
| | | | 11 | UNASYN 3g IV q 6h TORADOL 30mg IV q 6h MSO 2-4mg IV q 15" = 20mg q 2" ZANTAC 50mg IV BID q 8h | |
| NURSING UNIT | ROOM NO. | BED NO. | 12 | O2 via NC TITRATE TO >95% | |
| | | | 13 | MONITOR I/O | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 14 | MONITOR A-LINE | |
| | | | 15 | CBC 2 IN AM CHEM 8 S | |
| | | | | Noted 3 Oct 03 | [b)(6)-2] |
| NURSING UNIT | ROOM NO. | BED NO. | | [b)(6)-2] | [b)(6)-2] |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHEN USED
MEDCOM - 7798

1400 LR
450

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|-------------------------------|---------------|--------------------------------|
| | | | 4 Oct 03 | 1705 HOURS | |
| | | | Tigardol 650mg via outstaff | | |
| | | | 24-6 0.15 Br T 71015 | | |
| | | | V.O. P. (b)(6)-2 (b)(6)-2 | | 1700 |
| | | | (b)(6)-2 (b)(6)-2 | | (b)(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 05 Oct 03 | 1810 HOURS | noted |
| | | | ① 11 FF - 40 cc/hr | | (b)(6)-2 |
| | | | ② My line some clear fluids p | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 06 Oct 03 | 1110 HOURS | |
| | | | ① Rosuvastatin 10mg | | |
| | | | ② N Fluids 4L TR 75 cc/hr | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 08 Oct 03 | 0840 HOURS | |
| | | | ① DC Foley, NGT | | |
| | | | ② INCREASE IFC to 65 cc/hr | | |
| | | | ③ Clear liquid diet | | |
| | | | ④ DUL COLAX Supp. 10mg PR MN | | MC |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

Transcribed by
1400 LR
AS PART 2

DA FORM 4256 1 APR 79

MEDCOM - 7799

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|----------|---------|---|---------------|--------------------------------|
| (b)(6)-2 <i>Transcribed to 410</i> | | | 08 Oct 03 | 1700 HOURS | |
| (b)(6)-2 ↓ | | | (b)(6)-2 | | |
| (b)(6)-2 | | | ① Decrease fluids Run 75 cc/hr to 50 cc/hr. | | |
| (b)(6)-2 | | | Taken by Annelle Campbell | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| (b)(6)-4 (b)(6)-2 <i>noted 9 Oct 03</i> | | | 09 Oct 03 | 0920 HOURS | |
| (b)(6)-2 ↓ | | | (b)(6)-2 | | |
| (b)(6)-2 | | | ① DC DOBHOX Tube | | |
| (b)(6)-2 | | | ② Regular diet - Small portions - Well chewed + Supplement w/ Carnation/Kernal - eat meal | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 MD W/AF: W/USA DUS | | |
| (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 | | | 10 Oct 03 | 0540 HOURS | |
| (b)(6)-2 ↓ | | | (b)(6)-2 | | |
| (b)(6)-2 | | | ① Mox DC TLC | | |
| (b)(6)-2 | | | V.O. Dr. (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 (b)(6)-2 (b)(6)-2 | | |
| (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 | | | 10 Oct 03 | 1117 HOURS | |
| (b)(6)-2 ↓ | | | (b)(6)-2 | | |
| (b)(6)-2 | | | Transfer to ICU Resume previous orders | | |
| (b)(6)-2 | | | V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 (b)(6)-2 | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.
MEDCOM - 7800

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 30 Oct 03 110 2151 HOURS
 TIME OF ORDER: 110 2151 HOURS
 ORDER: IVF LR @ 40 cc/hr
 V.O. Dr. [Redacted] [Redacted] [Redacted]

(b)(6)-2

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT ROOM NO. BED NO.

Noted 30 Oct 03 @ 2235

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 30 Oct 03 2303 HOURS
 TIME OF ORDER: 2303 HOURS
 ORDER: 500cc Bolus LP
 V.O. Dr. [Redacted] [Redacted] [Redacted]
 1. MIV @ 150cc/hr

Noted 2303
 Noted 0200

(b)(6)-2

NURSING UNIT ROOM NO. BED NO.

Low

PATIENT IDENTIFICATION

~~240 Chart 400cc Bolus~~

DATE OF ORDER: 4 Oct 03 0221 HOURS
 TIME OF ORDER: 0221 HOURS
 ORDER: 1. Olive Bolus 500cc Na
 V.O. Dr. [Redacted] [Redacted] [Redacted]

(b)(6)-2

NURSING UNIT ROOM NO. BED NO.

4 Oct 03 @ 0221

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 4 Oct 03 1300 HOURS
 TIME OF ORDER: 1300 HOURS
 ORDER: IVE: LR @ 110cc/hr
 V.O. Dr. [Redacted] [Redacted] [Redacted]

(b)(6)-2

1300

NURSING UNIT ROOM NO. BED NO.

24V 500cc [Redacted] 03 Oct 03

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|----------|---------|---------------------------------------|---|--------------------------------|
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| (b)(6)-4 (b)(6)-2 1725 1100 02300 | | | ↓ 11 OCT 73 | 1725 | |
| | | | ① | DC IV meds + IV | |
| | | | ② | Tylenol # 3 - give 1-2 po q 4 pm/pam | |
| | | | ③ | ZANTAC 150mg T po BID | |
| | | | (b)(6)-2 MAJ, MC USA CHIEF, DOS | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | 24 th Chem 1 Oct 73 | 02300 | 19h |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLACI

MEDCOM - 7802

MAY BE USED.

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

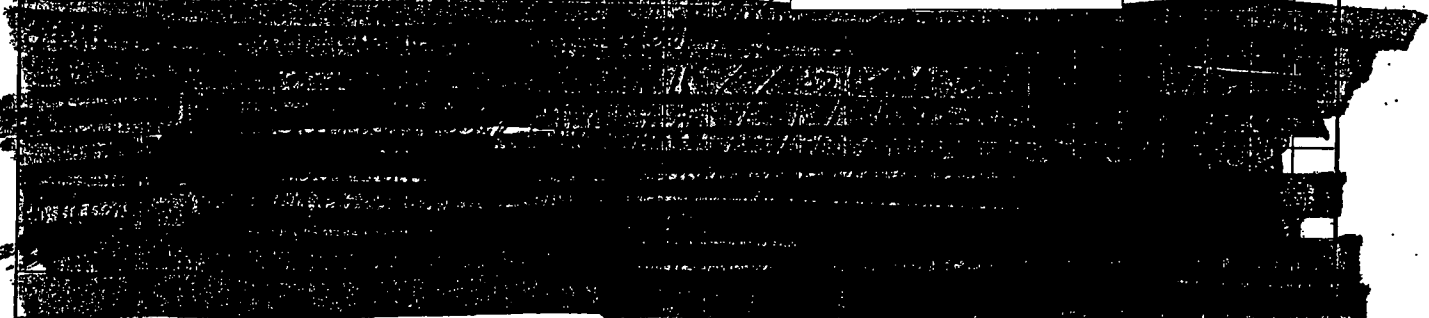
For use of this form, see AR 40-407, the proponent agency is the Office of The Surgeon General.

Mo Oct Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | | |
|------------|--------------|------------------------------------|----|----------------|---|---|---|---|---|---|----|----|----|----|----|----|----|
| | | | | 8 | 9 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 30 Oct 03 | (b)(6)-2 | Activity Bedrest | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct 03 | | Call MD For T710 ^S | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| | | 100 > SBP > 160, 60 > HR > 110 | 18 | | | | | | | | | | | | | | |
| | | uOP < 2500/hr | | | | | | | | | | | | | | | |
| 30 Oct 03 | | Diet NPO | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct 03 | | Foley to Gravity | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| | | Enteral Feed 1000/hr | 06 | | | | | | | | | | | | | | |
| 5 Oct 03 | | Monitor I+O | 06 | | | | | | | | | | | | | | |
| 30 Oct 03 | | Monitor I+O | 06 | | | | | | | | | | | | | | |
| 30 Oct 03 | | Monitor I+O | 06 | | | | | | | | | | | | | | |
| 05 Oct 03 | | Activity: OOB as tolerated | 06 | (b)(6)-2 | | | | | | | | | | | | | |



| | | | | | | | | | | | | | | | | | |
|----------|----|------------------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 9 Oct 03 | si | Diet Reg Small portion | 06 | | | | | | | | | | | | | | |
| | | 2 correction/ensure | 11 | | | | | | | | | | | | | | |
| | | each meal | 18 | | | | | | | | | | | | | | |

ALLERGIES YES NO

PRIMARY DIAGNOSIS: **Abd GSW, Sp Gastro Repair, Colon Repair, liver cholecystectomy**

ADDITIONAL PAGES IN USE: YES NO

PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

Age **15**

ACTION-TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | | Mo | Day | Yr | 02 |
|----------------------|-------------|---|-----------------|-----------------|-----------|--|----|-----|----------|----|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | | | | Initials | |
| 30 Oct 03 | (b)(6)-2 | Admit to ICU lowercy | 30 Oct 03 | 1957 | 2100 | | | | (b)(6)-2 | |
| 30 Oct 03 | (b)(6)-2 | Condition | 30 Oct 03 | 1957 | 2100 | | | | (b)(6)-2 | |
| 30 Oct 03 | (b)(6)-2 | Dr Abdominal GSB, S/P Gastric Repair | 30 Oct 03 | 1957 | 2100 | | | | (b)(6)-2 | |
| | | Colon Repair, Liver Craterization | | | | | | | | |
| 30 Oct 03 | (b)(6)-2 | KUB W RR | 30 Oct 03 | 1957 | 2100 | | | | (b)(6)-2 | |
| 30 Oct 03 | (b)(6)-2 | CBC, Chem 8 W AM | 30 Oct 03 | 0800 | 0840 | | | | (b)(6)-2 | |
| 01 Oct 03 | (b)(6)-2 | Resume Previous orders | 01 Oct 03 | 1200 | 1200 | | | | | |
| 08 Oct 03 | (b)(6)-2 | DK NGT | 08 Oct 03 | 0900 | 0900 | | | | | |
| 09 Oct 03 | (b)(6)-2 | Dukdax Suppository supp 10mg RR | 09 Oct 03 | HELD | HELD | | | | | |
| 09 Oct 03 | (b)(6)-2 | DC DUKHOFF | 09 Oct 03 | 0930 | 0930 | | | | (b)(6)-2 | |
| 10 Oct 03 | (b)(6)-2 | Mang DC TLC | 10 Oct 03 | | 0600 | | | | | |
| 10 Oct 03 | (b)(6)-2 | Transfer to ICU | 10 Oct 03 | 1117 | 1130 | | | | | |
| 10 Oct 03 | (b)(6)-2 | Resume Previous orders | 10 Oct 03 | 1117 | 1130 | | | | | |
| 11 Oct 03 | (b)(6)-2 | DK IV meds and IV | 11 Oct 03 | 1740 | 1740 | | | | (b)(6)-2 | |

| Order/Expire Date | Clerk/Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION | | | | | | | |
|-------------------|-------------|-----------------------|--|--|--|--|--|--|--|--|
| | | | TIME/DATE COMPLETED | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

USAPA V1 00

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. *01/17/03*

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | | |
|----------------------|-------------|---|----|----------------|---|---|---|---|---|---|----|----|----|----|----|----|--|
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | |
| | | | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 30 Oct | (b)(6)-2 | IV LRO 90cc/m | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct | (b)(6)-2 | UNASYN 3gm IV | 04 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct | (b)(6)-2 | Toradol 30mg IV q6h | 04 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct | (b)(6)-2 | Zantac 50mg IV q8h | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct | (b)(6)-2 | O ₂ via NP Titrate to | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 4 Oct 03 | (b)(6)-2 | Keep SpO ₂ > 95% | 18 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct | (b)(6)-2 | IVF: LRO 90cc/m | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 30 Oct | (b)(6)-2 | Toradol 30mg IV q6h | 04 | (b)(6)-2 | | | | | | | | | | | | | |
| 6 Oct 03 | (b)(6)-2 | IVF: LTRA 250ml | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 08 Oct 03 | (b)(6)-2 | IVF: LRO 90cc/m | 06 | (b)(6)-2 | | | | | | | | | | | | | |
| 11 Oct 03 | (b)(6)-2 | Zantac 150mg PO | 08 | (b)(6)-2 | | | | | | | | | | | | | |
| | (b)(6)-2 | BSID | 08 | (b)(6)-2 | | | | | | | | | | | | | |

ALLERGIES: YES NO NKDA
 PRIMARY DIAGNOSIS: Abdominal Gastric Repair, Colon Repair
 Liver retractor
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4

Age *40*

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 08

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. <u>Oct</u> Yr. <u>03</u> | | | | | | | | | |
|----------------------|--------------|--|--|------------------|------------|------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | | | | | | | | | |
| 3 Oct | (b)(6)-2 | Polux 500 ^{mg} LR | 3 Oct | 2300 | 2310 | (b)(6)-2 | | | | | | | | | |
| 4 Oct | | Polux 500 ^{mg} LR | 3 Oct | 0930 | 0925 | | | | | | | | | | |
| | | Tylenol 10 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | | | | | | | | |
| | | | TIME/DATE DISPENSED | | | | | | | | | | | | |
| 3 Oct | (b)(6)-2 | MSD 2-4mg IV | D | 3 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 | 4 Oct 03 |
| | | g/5 ⁰ L 20mg qd | A | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 1mg |
| | | | T | 237 | 035 | 012 | 020 | 130 | 204 | 020 | 030 | | | | |
| | | | I | (b)(6)-2 | | | | | | | | | | | |
| 4 Oct | (b)(6)-2 | Tylenol 650mg, 100 | D | 7 Oct 03 | 8 Oct 03 | 9 Oct 03 | 10 Oct 03 | | | | | | | | |
| | | Duclol 2-4-6 pd | T | 1635 | 10 | 2100 | 040 | | | | | | | | |
| | | for temp. > 101.5 | I | (b)(6)-2 | | | | | | | | | | | |
| | | | I | 4 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 7806

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 |
| N E U R O | PUPILS | | | | 2480 |
| | SENSORIUM | | | | (R) 2mm Sluggish (L) 5mm Sluggish Left eye, Arises to voice, Follows commands |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | | | | Reg, Even, Unlabored; 24/hr |
| | BREATH SOUNDS | | | | CRA - bilat |
| | SECRETIONS | | | | Secretions 100% SpO2 |
| S K I N | COLOR | | | | NPR |
| | INTEGRITY | | | | |
| V I T A L S | LOCATION | | | | (R) AC + (R) AM |
| | CONDITION | | | | Patient A-Line (R) Rad |
| G A S T R O | ABDOMEN | | | | Soft, Tender |
| | BOWEL SOUNDS | | | | BS - hyperactive Midhigh - Abd Draining |
| G U | URINE: | | | | D.I. Abdominal Draining |
| | COLOR/CLARITY | | | | Flow to Yoman by Yellow Clear |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | | | | SR + 2 Pulse 48/66 Caprefill 7.3 Sec |
| | LEGEND | Cr - Creatinine F ₁ O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate | ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure | SA - Fractional SA1 - Saturation TRACH - Tracheostomy | |

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC

ICU

DATE

Oct 3, 03

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

(b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 7807

OP 375 (Redesignated)

DATE 30 Oct 03 DX _____ HOSPITAL DAY

| TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| V | | | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | |

118
 76
 96
 65
 8
 100
 104/100

0X(6)-2

| TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ST | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------|----|----|----|----|----|----|----|----|-----------------|----|----|----|----|----|----|----|----|
| I | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | |

TOTALS

| URINE | HOURLY | | | | | | | | | | | | | | | | | |
|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | TOTAL | | | | | | | | | | | | | | | | | |
| | 100% | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-65; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | | |
|----------------|---------------------|--------------------------|--|---|--|
| | | TIME | INITIALS (b)(6)-1 | INITIALS | INITIALS (b)(6)-2 |
| NEURO | PUPILS | 0800 | (B) Pupils 3mm | | 1800 (D) 3mm PERL |
| | SENSORIUM | | (C) Pupils 4mm unreactive Alert to name, touch denies pain at thorax | | (L) 5mm sluggish K+O ₂ NAENT |
| RESPIRATORY | RESPIRATORY PATTERN | | Even unlabored | | Even, unlabored |
| | BREATH SOUNDS | | lung CTA in upper | | CTA & diminished bases |
| | SECRETIONS | | fluids, diminished in lens. O ₂ 95% sat to Sacc. white & cough or productive secretions | | ⊖ cough ⊖ sputum |
| SKIN | COLOR | | Normal for race | | NFR |
| | INTEGRITY | | | | |
| VITALS | LOCATION | | VSC to RAC site | | 1800 RAC ⊖ Sacc. int |
| | CONDITION | | S Nadres on drapery, VSC to RAC site Nadres on drapery. PIP L2 @ 150cc/hr | | 1900 RAC ⊖ Sacc. int LR010 |
| GASTRO | ABDOMEN | | NG to LIS, Dehoff | | NG to LIS, Dehoff |
| | BOWEL SOUNDS | | Intraluminal @ 10cc/hr Abdominal distention to lower quadrants | | Intraluminal @ 10cc/hr Mid line abd. Dress CDT |
| GU | URINE | | dry blood, ⊖ control Foley to Hantley | | (R) Flat Dress - CDT |
| | COLOR/CLARITY | | Corrected unit, 400/hr | | Foley bag gravity Clear yellow |
| CARDIOVASCULAR | CARDIAC RHYTHM | | Sino tachycardia PR. 14, QRS. 58, ST Accelerated. P waves to all electrodes, No evidence of Q wave | | ST +2 Poles H/L/E Blot ⊖ Ectopy Cap Refill & 3mm |
| | LEGEND | | Cr - Creatinine F _I O 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 SAI - Saturation TRACH - Tracheostomy |

(Continue on reverse)

PREPARED BY (S. name) (b)(6)-2

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDEN (b)(6)-4
 middle; grade; date; hospital or medical facility)

ICU

4 Oct 2003

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

DA FORM 1 MAY 78 4700

MEDCOM - 7810

OP 375 (Redesignated)

| DATE | | DX | | HOSPITAL DAY | | | | | | | | | | | | | | | | | |
|--|------------------|------------|-------|--------------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|----------|----------|-----|--|--|--|
| 4 Oct 03 | | | | | | | | | | | | | | | | | | | | | |
| V I T A L S I G N S | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | |
| | BP Arterial Line | | 99/46 | 107/48 | 107/47 | 110/47 | 114/50 | 128/50 | 128/50 | 110/47 | 117/48 | 124/47 | 117/49 | 112/47 | 120/53 | | | | | | |
| BP Cuff | | 107/44 | | 102/42 | | 128/50 | 128/50 | 110/47 | 110/47 | 117/48 | 124/47 | 117/49 | 112/47 | | | | | | | | |
| Temperature | | | 99.1 | 99.1 | | | 99.2 | | | 100.6 | 101.5 | | 101.5 | 100.9 | 99.5 | | | | | | |
| Pulse | | 114 | 114 | 112 | 104 | 110 | 107 | 115 | | 122 | 117 | 121 | 121 | 115 | 114 | 117 | 119 | | | | |
| Respiratory Rate | | 16 | 15 | 14 | 10 | 20 | 20 | 19 | | 20 | 17 | 19 | 14 | 13 | 19 | 20 | 23 | | | | |
| SPO ₂ | | 100 | 100 | 100 | 100 | 100 | 99 | 99 | | 98 | 98 | 98 | 98 | 98 | 97 | 96 | 96 | | | | |
| O ₂ | | 2/L | 2/L | 2/L | 2/L | RA | RA | RA | | RA | RA | RA | RA | RA | RA | RA | RA | | | | |
| N T A K E | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| | IVF | 125 | 150 | 150 | 150 | 150 | 150 | 150 | 110 | | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | | | |
| | Tube feed | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 | | | |
| | IVPB | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | | 90 | 100 | 110 | 120 | 130 | 140 | 150 | 160 | | | |
| O U T P U T | TOTALS | | | | | | | | | | | | | | | | | | | | |
| | URINE | HOUR TOTAL | 35/95 | 40/65 | 50/105 | 40/145 | 10/215 | 10/325 | 20/445 | 10/555 | | 160/645 | 60/705 | 90/795 | 90/885 | 120/1005 | 375/1380 | | | | |
| NG | OUTPUT | | | | | | | | | | | | 200 | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7811

POST-OP DAY

ACUTY LEVEL CLASSIFICATION

| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|-----------------|--------|-----------------|--------|--------|--------|-----------------|--------|
| 109/47 | 107/40 | 109/40 | 110/32 | 114/29 | 114/27 | 115/26 | 120/21 |
| 99 ² | | 99 ³ | | | | 95 ¹ | |
| 119 | 112 | 116 | 115 | 111 | 123 | 123 | 131 |
| 14 | 21 | 22 | 19 | 19 | 19 | 15 | 20 |
| 96 | 96 | 97 | 98 | 96 | 97 | 95 | 95 |
| RA | RA | RA | RA | RA | RA | RA | RA |

| TIME | | | | | |
|------|------------------|--|--|--|--|
| | MODE | | | | |
| | F _{O2} | | | | |
| | TV | | | | |
| | RATE | | | | |
| | PEEP | | | | |
| A | PH | | | | |
| | PCO ₂ | | | | |
| | PO ₂ | | | | |
| | HCO ₃ | | | | |
| | SAT | | | | |
| B | | | | | |
| G | BASE | | | | |

| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8 [°] T |
|------|------|------|------|------|------|------|------|------------------|
| 110 | 110 | 110 | 110 | 116 | 110 | 117 | 110 | 31.95 |
| 2325 | 2435 | 2545 | 2655 | 2765 | 2875 | 2985 | 3095 | |
| 170 | 18 | 170 | 20 | 212 | 222 | 232 | 242 | 250 |

| TIME | | | | | |
|------|--------------------|--------|--|--|--|
| 0440 | GLUCOSE | 121 | | | |
| | Na/K | 13/41 | | | |
| | Cl/CO ₂ | 103/26 | | | |
| | BUN/Cr | 15/0.7 | | | |
| | WBC/PLATELET | 9/101 | | | |
| | Hct/Hgb | 27/9.9 | | | |

| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|-----|-----|-----|-----|-----|-----|-----|-----|
| 180 | 209 | 180 | 175 | 175 | 175 | 175 | 175 |

| TIME | | TIME |
|------|---------------|------|
| | MOUTH CARE | |
| | BATH | |
| | SKIN CARE | |
| | FOLEY CARE | |
| | TRACH CARE | |
| | ROM EXERCISES | |

24 HOURS TOTALS

wt Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

PO _____

TOTAL _____ TOTAL _____

BALANCE _____

NURSE'S SIGNATURE _____

DATE _____

MEDCOM - 7812

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 (b)(6)-2 | INITIALS | INITIALS (b)(6)-2 |
| N E U R O | PUPILS | 0600 | | | 1900 |
| | SENSORIUM | (R) pupil 3mm Reactive (L) pupil 5mm alert, oriented able to move extremities R/L denies pain at this time | | | (R) pupil 3-4mm (L) pupil fixed & dilated 6-7mm H+O VS MATTIS (L) commands denies pain easy, nonlabored clear bilat. |
| | RESPIRATORY PATTERN | RR Reg RR 25 SpO2 96% on RA | | | |
| R E S P I R A T O R Y | BREATH SOUNDS | LS: CTA IS at bedside | | | |
| | SECRETIONS | a cough, o secretion noted | | | |
| | | | | | in room air O2 sat 99% |
| S K I N | COLOR | normal for race | | | WNL |
| | INTEGRITY | Abd dressy CTR | | | midline Abd dress (P) |
| I N V A S I V E | LOCATION | (L) I.V. patent infusing | | | (R) SOB dress OTR |
| | CONDITION | LR @ 110 c/hr (L) I.V. Saline locked | | | (L) AC R/V dress + site intact LR @ 110 c/hr infusing |
| G A S T R O | ABDOMEN | Plat, soft non distended | | | flat, non distended |
| | BOWEL SOUNDS | BS ↓ active | | | (L) hyperactive BS |
| U R I N E | URINE: | DUBROFF infusing @ 100 c/hr | | | NOT → H+O → green bile drainage DUBROFF → feeds 1400 c/hr |
| | COLOR/CLARITY | Foley → gravity drain clear yellow urine | | | Foley → gravity 3 bag clear yellow urine |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | HR Tachy @ 122 BPM skin warm dry S1 S2 normal & extra sounds (+) peripheral pulses x4 | | | Sinus tachycardia 5 ecto px S1 S2 auscultated palpable, pulses R/L extremities |
| | LEGEND | Cr - Creatinine FiO2 - Fraction of Inspired O2 HCO3 - Bicarbonate | ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure | S/A - Fractional SAI - Saturation TRACH - Tracheostomy | |

(Continue on reverse)

PREPARED BY /C

SGT QIWMle

DEPARTMENT/SERVICE/CLINIC

ICU

DATE

5 OCT 83

Name—last, first, middle; grade; date; hospital or medical facility)

(b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 7813

OP 375 (Redesignated)

DATE 5 Oct 63 DX

HOSPITAL DAY

| TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| BP Arterial Line | | | | | | | | | | | | | | | | |
| BP Cuff | 102/96 | 104/40 | 124/40 | 145/45 | 159/45 | 130/40 | 117/60 | 122/68 | 103/63 | 104/57 | 114/67 | 114/77 | 101/53 | 103/66 | 107/64 | 113/75 |
| Temperature | 99.5 | 98.9 | | 101 | 101.4 | - | 99.3 | 99.2 | 99.2 | | | 99.4 | 100.8 | 99.9 | | |
| Pulse | 126 | 119 | 120 | 124 | 128 | 128 | 120 | 113 | 113 | 119 | 121 | 123 | 117 | 115 | 111 | 123 |
| Respiratory Rate | 22 | 13 | 22 | 21 | 22 | 25 | 21 | 22 | 20 | 22 | 24 | 26 | 13 | 24 | 27 | 24 |
| | 96 | 97 | 97.0 | 98.0 | 98.6 | 98.9 | 98 | 98.20 | 100.6 | 96.7 | 96.6 | 98.0 | 97.6 | 97.1 | 98.1 | 96.1 |
| | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |

| TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| IVF | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 |
| TF | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| IUPB | | | | | | | | | | | | | | | | | |
| Diphoff med/fluid | | | | | | | | | | | | | | | | | |

| TOTALS | | 50 | 200 | 125 | 75 | 75 | 225 | 750 | 200 | 100 | 200 | 225 | 150 |
|--------|--------|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|
| URINE | HOUR | 50 | 200 | 125 | 75 | 75 | 225 | 750 | 200 | 100 | 200 | 225 | 150 |
| | TOTAL | 50 | 200 | 125 | 75 | 75 | 225 | 750 | 200 | 100 | 200 | 225 | 150 |
| | 100 | 200 | 125 | 75 | 75 | 225 | 750 | 200 | 100 | 200 | 225 | 150 | |
| NG | OUTPUT | 200 | | | | | | | | | | | |
| | PH | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | |

1ST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|--------|---------|--------|--------|--------|--------|--------|--------|
| 108/98 | 109/102 | 104/88 | 106/82 | 111/70 | 114/70 | 114/74 | 113/56 |
| 99 | | | 99 | | 100 | | |
| 120 | 119 | 104 | 103 | 107 | 116 | 125 | 119 |
| 20 | 20 | 19 | 18 | 19 | 23 | 23 | 20 |
| 96 | 95 | 97 | 97 | 96 | 95 | 96 | 96 |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

| TIME | | | | | | | |
|-------------------------------|------------------|--|--|--|--|--|--|
| MODE | | | | | | | |
| F _I O ₂ | | | | | | | |
| TV | | | | | | | |
| RATE | | | | | | | |
| PEEP | | | | | | | |
| A | pH | | | | | | |
| | PCO ₂ | | | | | | |
| | PO ₂ | | | | | | |
| B | HCO ₃ | | | | | | |
| | SAT | | | | | | |
| G | BASE | | | | | | |

| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T |
|------|-----|------|------|------|------|------|------|------|
| 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 1640 |
| 1870 | 980 | 1090 | 1200 | 1310 | 1420 | 1530 | 1640 | |
| 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 570 |
| 210 | 330 | 370 | 410 | 450 | 490 | 530 | 570 | 570 |
| 150 | | | | | | 160 | | 500 |
| 400 | | | | | | 170 | | 120 |

| TIME | | | | | | | |
|-------------------|--|--|--|--|--|--|--|
| GLUCOSE | | | | | | | |
| Na/K | | | | | | | |
| C/CO ₂ | | | | | | | |
| BUNCr | | | | | | | |
| WBC/PLATELET | | | | | | | |
| Hct/Hgb | | | | | | | |

| | | | |
|------|------|------|------|
| 450 | 440 | 445 | 50 |
| 1755 | 2195 | 2670 | 2720 |
| | | | 2830 |

| TIME | | | | | | | |
|---------------|--|--|--|--|--|--|--|
| MOUTH CARE | | | | | | | |
| BATH | | | | | | | |
| SKIN CARE | | | | | | | |
| FOLEY CARE | | | | | | | |
| TRACH CARE | | | | | | | |
| ROM EXERCISES | | | | | | | |

24 HOURS TOTALS

wt Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

PO _____

TOTAL 2830 TOTAL 2720

BALANCE 110

MEDCOM - 7815

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 | DATE | INITIALS | INITIALS |
|--------------------------|---------------------|--|-------|----------|----------|
| NEURO | PUPILS | 0700 | 6/6-7 | | |
| | SENSORIUM | (R) 3mm reactive (L) 6mm non-reactive | | | |
| RESPIRATORY | RESPIRATORY PATTERN | | | | |
| | BREATH SOUNDS | | | | |
| | SECRETIONS | | | | |
| SKIN | COLOR | | | | |
| | INTEGRITY | | | | |
| EYES | LOCATION | | | | |
| | CONDITION | | | | |
| GASTRO | ABDOMEN | | | | |
| | BOWEL SOUNDS | | | | |
| GU | URINE: | | | | |
| | COLOR/CLARITY | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | | | | |
| | | | | | |

LEGEND:

Cr - Creatinine
F_IO₂ - Fraction of Inspired O₂
HCO₃ - Bicarbonate

ICP - Intracranial Pressure
PCO₂ - Pressure of Arterial CO₂
PEEP - Positive End Expiratory Pressure

SA - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2 OPT AN DEPARTMENT/SERVICE/CLINIC DATE

ICU 6 Oct 03

middle: grade; date; hospital or medical facility

(b)(6)-4

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

MEDCOM - 7816

| DATE | | OR | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|--|--------------------|------------|----|----|-----|------------|--------|--------|-----|--------|--------|-------|--------|--------|--------------|-----|-----|------|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A E G M N T A K E F O U T | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 109/61 | OK | | | | 114/69 | 117/69 | | 104/57 | 107/59 | 97/56 | 100/55 | 111/59 | | | | | |
| | Temperature | 99.5 | | | | | 95.4 | 96.3 | | 97.7 | 97.7 | | 97.8 | | | | | | |
| | Pulse | 104 | | | | | 80 | 85 | | 90 | 96 | 89 | 94 | 96 | | | | | |
| | Respiratory Rate | 20 | | | | | 23 | 12 | | 11 | 12 | 14 | 16 | 18 | | | | | |
| | O ₂ Sat | 96% | | | | | 100% | 100% | | 100 | 100 | 100% | 100% | 100% | | | | | |
| | | | | | | | | | | | | | | 2L | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| I N T A K E F O U T | LR | 170 110 | | | | | 185 | 175 | 175 | 335 | 400 | 400 | 550 | 75 | 75 | 75 | 75 | 75 | |
| | I VRS | 50 40 | | | | | | | | | | | | | | | | | |
| | Tube Feed | 40 | | | | | | 40 | 40 | 80 | 120 | 160 | 200 | 240 | 280 | 320 | 360 | 400 | |
| | Dehoff Aml/meds | | | | | | | | | | | | | | | | | | |
| | OR 1400 | | | | | 140 140 | | | | 140 | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| U R I N E | HOUR | 125 | | | | | | | | 525 | 325 | | | | | | | 600 | |
| | TOTAL | 125 | | | | 400 | | | | 525 | 325 | | | | | | | 1400 | |
| | 10 gr | | | | | | | | | | | | | | | | | | |
| | SA | | | | | | | | | | | | | | | | | | |
| N G | OUTPUT | | | | 300 | | | | | | | | | 100 | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| D R A I N S | EDL | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7817

| POST-OP DAY | | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | | | | | | |
|---|--------|--------|--------|--------|------|--------|--------|------|---|----------------------------|------------------|--|--|-------------------|--|--|--|--|--|--|--|
| V I T A L S I G N S | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | R E S P I R A T O R Y S Y S T E M | TIME | | | | | | | | | | | |
| | 98° | | | | | | | 98° | | MODE | | | | | | | | | | | |
| | 124/77 | 117/60 | 115/59 | 119/62 | | 114/61 | 117/61 | | | F _{O₂} | | | | | | | | | | | |
| | 80 | 75 | 81 | 87 | 75 | 82 | 79 | 82 | | TV | | | | | | | | | | | |
| | | | | | | | | | | RATE | | | | | | | | | | | |
| | | | | | | | | | | PEEP | | | | | | | | | | | |
| | | | | | | | | | | A | PH | | | | | | | | | | |
| | | | | | | | | | | | PCO ₂ | | | | | | | | | | |
| | | | | | | | | | | B | PO ₂ | | | | | | | | | | |
| | | | | | | | | | | | HCO ₃ | | | | | | | | | | |
| | | | | | | | | SAT | | | | | | | | | | | | | |
| | | | | | | | | BASE | | | | | | | | | | | | | |
| I N T A K E O U T | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | L A B O R A T O R Y | TIME | | | | | | | | | | | |
| | 1700 | | 1300 | | 1430 | | 1600 | 1675 | | GLUCOSE | | | | | | | | | | | |
| | 150 | | | | | | 100 | 350 | | Na/K | | | | | | | | | | | |
| | 40 | 40 | 40 | 20 | 40 | 20 | 40 | 70 | | CU/CO ₂ | | | | | | | | | | | |
| | 440 | 480 | 300 | 500 | 600 | 640 | 600 | 720 | | BUN/Cr | | | | | | | | | | | |
| | | | | | | | | | | WBC/PLATELET | | | | | | | | | | | |
| | | | | | | | | | | Hct/Hgb | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| T E M P E R A T U R E | | | | | | | | | A C T I V I T Y | TIME | | | | | | | | | | | |
| | | | | | | | | | | MOUTH CARE | | | | | | | | | | | |
| | | | | | | | | | | BATH | | | | | | | | | | | |
| | | | | | | | | | | SKIN CARE | | | | | | | | | | | |
| | | | | | | | | | | FOLEY CARE | | | | | | | | | | | |
| | | | | | | | | | | TRACH CARE | | | | | | | | | | | |
| | | | | | | | | | | ROM EXERCISES | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| P U L S E | | | | | | | | | 24 HOURS TOTALS | | | | | NURSE'S SIGNATURE | | | | | | | |
| | | | | | | | | | wt Yesterday | | wt Today | | | | | | | | | | |
| | | | | | | | | | INTAKE | | OUTPUT | | | | | | | | | | |
| | | | | | | | | | IV 1675 | | Urine: | | | | | | | | | | |
| | | | | | | | | | DO 180 | | | | | | | | | | | | |
| | | | | | | | | | VO 350 | | | | | | | | | | | | |
| | | | | | | | | | TOTAL 2050 | | TOTAL 2080 | | | | | | | | | | |
| | | | | | | | | | BALANCE 30 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7818

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | |
|-----------------------------|---------------------|--|---|
| | TIME | INITIALS (b)(6)-2 | INITIALS |
| N E U R O | PUPILS | 3mm & PERRL | |
| | SENSORIUM | Alert, awake, follows commands, moves all extremities | 2mm Perls Alert, smiling, talking moves all ext |
| | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Even & unlabored | |
| | BREATH SOUNDS | Crack b. laterally | Crack - P ₀₂ 100% O ₂ |
| | SECRECTIONS | None noted | Lungs are clear No cough |
| S K I N | COLOR | normal for race | |
| | INTEGRITY | discontinuity abd & wrist - CDI | normal skin back clear |
| | LOCATION | WSE TBC | |
| S I T E | CONDITION | all lines flushed & patent, LR infusing @ 75cc/hr to medial port | 2 ports patent - metals & patient - |
| | | | |
| | | | |
| G A S T R O | ABDOMEN | soft, non-tender | |
| | BOWEL SOUNDS | 4 x 4 quads, firm, FB to Dinnat @ 40cc/hr, NGT output minimal | 40cc/hr output NGT output minimal |
| | URINE: | Flow to gravity | Flow to gravity |
| G U | COLOR/CLARITY | clear, yellow | clear yellow urine |
| | | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | NSR, all pulses palpable, edema noted | NSR - all pulses palpable |
| | | | |
| | | | |

LEGEND
 Cr - Creatinine
 F₁O₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SAt - Saturation
 TRACH - Tracheostomy

PRE (b)(6)-2 (Continue on reverse)

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

SGT/UDN DEPARTMENT/SERVICE/CLINIC DATE
 ICU 70CH03

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | |
|--------|------------------|---------------|---------------|---------------|---------------|-----|-----|-----|-----|--------|--------|--------|--------------|-----|-----|----|----|----|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| J | BP Cuff | 124/77/107/65 | 133/75/124/74 | 131/68/137/68 | 129/68/135/74 | | | | | 147/90 | 124/74 | 133/70 | 133/79 | | | | | | |
| T | Temperature | 97° | | | 97.4 | | | | | | | | | | | | | | |
| A | Pulse | 95 | 90 | 86 | 84 | 88 | 107 | 103 | 99 | 88 | 102 | 93 | 92 | | | | | | |
| L | Respiratory Rate | 19 | 10 | 9 | 9 | 10 | 10 | 10 | 9 | 9 | 10 | 9 | 9 | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| I | LD | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 |
| M | IVPB | 50 | | | | 60 | | | | 90 | | 100 | | | | | | | |
| N | IF | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| T | | | | | | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| C | Foley | HOUR | 100 | 100 | 100 | 200 | 250 | 250 | 200 | 150 | 160 | 150 | 100 | 200 | 200 | | | | |
| | URINE | TOTAL | | | | | | | | | | | | | | | | | |
| U | NG | sp gr | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | |
| | | OUTPUT | | | | | | | | | | | | | | | | | |
| T | EMESIS | pH | | | | | | | | | | | | | | | | | |
| | | GUAC | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| F | STOOL | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| U | DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7820

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

22 23 24 01 02 03 04 05

| | | | | | | | |
|------|--|--|--|------|--|--|--|
| 1387 | | | | 1377 | | | |
| 987 | | | | 98 | | | |
| 92 | | | | 91 | | | |
| 16 | | | | 14 | | | |

| MODE | |
|-------------------------------|------------------|
| F ₁ O ₂ | |
| TV | |
| RATE | |
| PEEP | |
| A | pH |
| A | PCO ₂ |
| | PO ₂ |
| B | HCO ₃ |
| | SAT |
| G | BASE |

22 23 24 01 02 03 04 05 8° T

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 45 | 41 | 45 | 44 | 44 | 48 | 46 | 46 |
| 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |

| TIME | |
|------|--------------------|
| A | GLUCOSE |
| B | Na/K |
| O | CU/CO ₂ |
| E | BUN/Cr |
| A | WBC/PLATELET |
| T | Hct/Hgb |

| | | | | | | | |
|--|-----|--|--|--|--|--|------|
| | | | | | | | |
| | 100 | | | | | | 3150 |

| TIME | | TIME | |
|------|----------------|------|--|
| A | MOUTH CARE | T | |
| I | BATH | U | |
| V | SKIN CARE | R | |
| L | FOLEY CARE | N | |
| F | TRACH CARE | S | |
| S | PROM EXERCISES | U | |
| V | | C | |
| L | | T | |
| D | | I | |
| N | | O | |
| T | | N | |
| G | | | |

| 24 HOURS TOTALS | | NURSE'S SIGNATURE | INITIALS |
|-----------------|-------------|-------------------|----------|
| wt Yesterday | wt Today | | |
| | | | |
| INTAKE | OUTPUT | | |
| IV 2250 | Urine: 3950 | | |
| PO 443 | | | |
| TF 960 | | | |
| TOTAL 3610 | TOTAL 3950 | | |
| | | | |

(Handwritten signature/initials)

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | INITIALS | INITIALS |
|---------------------------------|---------------------|--|--|---|--|
| | TIME | | INITIAL (b)(6)-2 | | |
| N E U R O | PUPILS | 0600 | | | |
| | SENSORIUM | Pupils 3mm bilaterally | | | |
| | | Arteries 3, MAS 4 | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Even + Unlabored | | | |
| | BREATH SOUNDS | Decreased breath | | | |
| | SECRETIONS | Secretions on the right, CTA on the left. | | | |
| V I S U A L | COLOR | Asymmetry in all | | | |
| | INTEGRITY | Extremities, Multiple | | | |
| L I N G U A L | LOCATION | On the right | | | |
| | CONDITION | 10 Fx | | | |
| G A S T R O I N T E S T I N A L | ABDOMEN | BS x4 auscultate. | | | |
| | BOWEL SOUNDS | Abdomen tender to palpation on the right N. distention | | | |
| G E N I T A L | URINE: | Few to many, clear | | | |
| | COLOR/CLARITY | Yellow Urine | | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | SN rhythm, pt. to | | | |
| | | ad. or, p. 1-2x auscultate. 3+ | | | |
| | | LEGEND | Cr - Creatinine F _I O 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 SA ₁ - Saturation TRACH - Tracheostomy |

(Continue on reverse)

PREPARED BY (Signature & Title)

(b)(6)-2

(b)(6)-2 in 6

DEPARTMENT/SERVICE/CLINIC

ICU

DATE

7 Oct 03

PATIENT'S middle: group, unit, hospital or medical facility) entries give: Name—last, first,

(b)(6)-4

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

| DATE | | DX | | HOSPITAL DAY | | | | | | | | | | | | | | | | | |
|--|------------------|-----|----|--------------|----|-------|----|------|----|-------|----|-----|------|-------|----|----|----|----|------|--|--|
| 7 Oct 03 | | ARF | | H- Pulori | | | | | | | | | | | | | | | | | |
| V I T A L S I N T E R A L E S I N T E R A L E S | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | |
| | BP Arterial Line | | | | | | | | | | | | | | | | | | | | |
| BP Cuff | 143/81 | | | | | 147 | | | | | | | | 143 | | | | | | | |
| Temperature | 98.1 | | | | | 98.5 | | | | 99.5 | | | | 99.4 | | | | | | | |
| Pulse | 75 | | | | | 70 | | | | | | | | 76 | | | | | | | |
| Respiratory Rate | 25 | | | | | 30 | | | | 34 | | | | 30 | | | | | | | |
| SpO2 | 91% RA | | | | | 96 RA | | | | 96 RA | | | | 96 RA | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T | | |
| P | | | | 245 | | | | 50 | | | | | 50 | | | | | | | | |
| RA | | | | 245 | | | | 75 | | | | | 1170 | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |
| O U R I N E | HOURLY TOTAL | 650 | | | | | | 1100 | | | | 600 | | 300 | | | | | | | |
| | 30 GR | 650 | | | | | | 1100 | | | | 600 | | 300 | | | | | | | |
| N G | OUTPUT | | | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | |
| D R A I N S | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7823

| POST-OP DAY | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | | | |
|-------------|----|----|----|----|----|----|----|-------------------------------|-------------|-------------------------------|------------------|--|--|--|--|--|---|---|---|---|---|--|--|--|--|
| VITALS | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | RESPIRATORY | TIME | | | | | | | | | | | | | | | |
| | | | | | | | | | E | MODE | | | | | | | | | | | | | | | |
| | | | | | | | | | S | F _I O ₂ | | | | | | | | | | | | | | | |
| | | | | | | | | | P | TV | | | | | | | | | | | | | | | |
| | | | | | | | | | D | RATE | | | | | | | | | | | | | | | |
| | | | | | | | | | T | PEEP | | | | | | | | | | | | | | | |
| | | | | | | | | | A | A | pH | | | | | | | | | | | | | | |
| | | | | | | | | | A | | PCO ₂ | | | | | | | | | | | | | | |
| | | | | | | | | | I | | PO ₂ | | | | | | | | | | | | | | |
| | | | | | | | | | O | B | HCO ₃ | | | | | | | | | | | | | | |
| | | | | | | | | | R | | SAT | | | | | | | | | | | | | | |
| | | | | | | | | | V | G | BASE | | | | | | | | | | | | | | |
| | | | | | | | | | Y | | | | | | | | | | | | | | | | |
| | | | | | | | | | I | TIME | | | | | | | | | | | | | | | |
| | | | | | | | | | A | GLUCOSE | | | | | | | | | | | | | | | |
| | | | | | | | | | B | Na/K | | | | | | | | | | | | | | | |
| | | | | | | | | | D | Cl/CO ₂ | | | | | | | | | | | | | | | |
| | | | | | | | | | R | BUN/Cr | | | | | | | | | | | | | | | |
| | | | | | | | | | A | WBC/PLATELET | | | | | | | | | | | | | | | |
| | | | | | | | | | T | HEM/Hgb | | | | | | | | | | | | | | | |
| | | | | | | | | | O | | | | | | | | | | | | | | | | |
| | | | | | | | | | R | | | | | | | | | | | | | | | | |
| | | | | | | | | | Y | | | | | | | | | | | | | | | | |
| | | | | | | | | | A | TIME | | | | | | | | T | U | R | N | | | | |
| | | | | | | | | | C | | MOUTH CARE | | | | | | | | | | | | | | |
| | | | | | | | | | D | BATH | | | | | | | | | | | | | | | |
| | | | | | | | | | I | SKIN CARE | | | | | | | | | | | | | | | |
| | | | | | | | | | J | FOLEY CARE | | | | | | | | | | | | | | | |
| | | | | | | | | | V | TRACH CARE | | | | | | | S | U | C | T | | | | | |
| | | | | | | | | | I | ROM EXERCISES | | | | | | | | | | | | | | | |
| | | | | | | | | | S | | | | | | | | | | | | | | | | |
| | | | | | | | | | V | | | | | | | | | | | | | | | | |
| | | | | | | | | | D | | | | | | | | | | | | | | | | |
| | | | | | | | | | N | | | | | | | | | | | | | | | | |
| | | | | | | | | | F | | | | | | | | | | | | | | | | |
| | | | | | | | | | G | | | | | | | | | | | | | | | | |

| | | | |
|------------------------|----------------|--------------------------|-----------------|
| 24 HOURS TOTALS | | NURSE'S SIGNATURE | INITIALS |
| Wt Yesterday _____ | Wt Today _____ | (b)(6)-2 | (b)(6)-2 |
| INTAKE | OUTPUT | | |
| IV _____ | Urine: _____ | | |
| PO _____ | _____ | | |
| TOTAL _____ | TOTAL _____ | | |

R21 8/1/76
MEDCOM - 7824

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-56; 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 (b)(6) | INITIALS (b)(6) |
| N | PUPILS | 0615 3mm & PERRLA | 1800 PERRLA @ roundline (2) |
| | SENSORIUM | awake, alert, follows commands, moves all extremities | A+Ox3 @ commands, MAET verbalizes well to interpreter easily, nonlabored |
| R | RESPIRATORY PATTERN | even & unlabored | even, nonlabored |
| | BREATH SOUNDS | CTA bilaterally | CTA bilat. |
| | SECRECTIONS | Ø noted | Ø, 02 set 99% on R/A uses incentive spirom up to max of 120cc's without difficulty |
| S | COLOR | Normal for race | WNL |
| | INTEGRITY | midline abd incision & steri strips, as a total abd GSW CDF | @ site @ incision & steri strips |
| L | LOCATION | @ BC Flc | @ BC TLC & dose + site |
| | CONDITION | Medial port not patent, Distal infusing VRO @ TSec ^o | distal port clamped @ 0615, medial port unable to flush clamped @ 0615 |
| A | ABDOMEN | soft, nontender | soft |
| | BOWEL SOUNDS | @ x4 quads, NG to US, TEs to Dobhoff @ 4 Dec ^o Ø BM yet | @ x4 quads TEs to Dobhoff via dephuff thru @ nas. |
| G | URINE: | Flow to gravity | voids clear yellow urine in urinal |
| | COLOR/CLARITY | clear, yellow | |
| C | CARDIAC RHYTHM | NSR, all pulses palpable, Ø edema noted | regular to auscultation & ECG. @ pulses to 4 extremities |
| | | | |

LEGEND
 Cr - Creatinine
 FiO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 SVA - Fractional SAI - Saturation
 TRACH - Tracheostomy

PRE (b)(6)-2
 DEPARTMENT/SERVICE/CLINIC: 3674RN ICU
 DATE: 9 Oct 83
 (Continue on reverse)

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

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|------------------|--------|--------|--------|-----|------|------|--------|------|------|------|--------|------|--------|--------------|------|------|------|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 120/80 | 120/70 | 130/70 | | | | 115/60 | | | | 110/70 | | 116/59 | | | | | |
| | Temperature | 98.3 | | | | | | 99.9 | | | | 99.8 | | 98.4 | | | | | |
| | Pulse | 92 | 83 | 89 | | | | 87 | | | | 97 | | 76 | | | | | |
| | Respiratory Rate | 14 | 17 | 15 | | | | 18 | | | | 16 | | 20 | | | | | |
| O ₂ Sat | | | | | | | | | | | | | | 99% | | | | | |
| Method | | | | | | | | | | | | | | R/A | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8T |
| I N T E N S I V E | LD | 75 | 75 | 75 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 |
| | TF | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| | PO | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 |
| | LR | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| | IVFB | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U R I N E | FOLEY | 100 | 100 | 200 | 300 | 300 | 300 | 300 | 300 | 300 | 200 | 200 | 200 | 200 | 300 | 300 | 300 | 300 | 2275 |
| | TOTAL | 100 | 200 | 400 | 700 | 1000 | 1250 | 1500 | 1750 | 2000 | 1450 | 1650 | 1900 | 2150 | 2750 | 3000 | 3250 | 3500 | 2275 |
| N G | OUTPUT | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| D R A I N S | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7826

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| POST-OP DAY | | | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | | | TIME | | | | | | | | | |
| <p>BP 123/75 / 118/60</p> <p>T 99° / 99°</p> <p>HR 90 / 82</p> <p>PR 18 / 16</p> <p>OS 98% / 99%</p> <p>net 4H / 4H</p> | | | | | | | | | | <p>MODE</p> <p>F_{IO2}</p> <p>FV...</p> <p>RATE</p> <p>PEEP</p> <p>A pH</p> <p>A PCO₂</p> <p>PO₂</p> <p>B HCO₃</p> <p>SAT</p> <p>G BASE</p> | | | | | | | | | |
| 22 23 24 01 02 03 04 05 | | | | | | | | | | TIME | | | | | | | | | |
| <p>TF PD</p> <p>LR</p> <p>IVB</p> | | | | | | | | | | <p>GLUCOSE</p> <p>Na/K</p> <p>Cl/CO₂</p> <p>BUN/Cr</p> <p>WBC/PLATELET</p> <p>Hct/Hgb</p> | | | | | | | | | |
| <p>1035 700 765 830 895 960 1025 1090 1090</p> <p>50 50 50 50 50 50 50 50</p> <p>1075 1125 1175 1225 1275 1325 1375 1425</p> <p>450 550</p> | | | | | | | | | | <p>8° T</p> <p>3465</p> <p>3700</p> | | | | | | | | | |
| <p>300 50 500</p> <p>1275 3100 3700</p> | | | | | | | | | | <p>ACD</p> <p>TIME</p> <p>MOUTH CARE</p> <p>BATH</p> <p>SKIN CARE</p> <p>FOLEY CARE</p> <p>TRACH CARE</p> <p>ROM EXERCISES</p> | | | | | | | | | |
| <p>24 H₂O TOTALS</p> <p>wt Yesterday</p> <p>INTAKE</p> <p>IV</p> <p>PO</p> <p>TOTAL 3465</p> | | | | | | | | | | <p>wt Today</p> <p>OUTPUT</p> <p>Urine:</p> <p>TOTAL 3700</p> <p>BALANCE 235</p> | | | | | | | | | |
| <p>3700</p> | | | | | | | | | | <p>NURSE'S SIGNATURE</p> <p>(b)(0)-2</p> | | | | | | | | | |

MEDCOM - 7827

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 |
| N E U R O | PUPILS | 0130 | (b)(6)-2 |
| | SENSORIUM | Alert Orient able to follow commands, periods of crying for family | 1900 reactive, brisk in distal flexed - add injury + dx 3. Commands, MAF's |
| | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | RR Reg | easy, non labored. |
| | BREATH SOUNDS | 18 CTA | CTA heard. |
| | SECRETIONS | SAB 98-99% RA & secretions noted | D2 sat - 100% on R/A |
| S K I N | COLOR | Normal for race | WNL |
| | INTEGRITY | stasis strips intact & skin breakdown noted | Distal leg dist. midline abd. injection & skin strip intact |
| | LOCATION | ILC subclavian | Distal ILC sk. id. line intact |
| C I R C U L A T O R Y | CONDITION | Proximal, distal port flushes & difficult medial port @ flush @ blood return | Prox port & ILC @ good blood Distal port flushed & good blood return & no blocked proximal port unable to flush |
| | ABDOMEN | Soft, flat, nondistended | Soft flat |
| | BOWEL SOUNDS | @ BS x 4 quadrants BM loose per brown stool this AM | @ BS & 4 quadrants @ N/A |
| U R I N E | COLOR/CLARITY | Unredes - & urinal clean yellow & pain voice | ate 40% diuretic. white in urinal. |
| | CARDIAC RHYTHM | HR 128 @ peripheral pulse x4 SCM warm dry gel cap rebil & 200 | WS 2 - 3 ectopic S1,2 auscultated @ palpable pulses x4 & extreme mitral @ hand thrust; index and middle fingers half missing |

LEGEND
 Cr - Creatinine
 FiO2 - Fraction of Inspired O2
 HCO3 - Bicarbonate
 ICP - Intracranial Pressure
 PCO2 - Pressure of Arterial CO2
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional Saturation
 SAI - Saturation
 TRACH - Tracheostomy

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC
CPT An ICU
DATE
9 Oct 03

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

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|--|------------------|----------|------------|-----------|-----------|-------------|-----------|------------|-----------|------|-----|-----|-----|--------|--------------|-----|-----|-----|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L S S I G N S | BP Arterial Line | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | | |
| | BP Cuff | 124/62 | / | / | 108/80 | / | / | / | / | / | / | / | / | 104/62 | / | / | / | | |
| | Temperature | 98.5 | / | / | 97.2 | / | / | / | / | / | / | / | / | 98.5 | / | / | / | | |
| | Pulse | 84 | / | / | 99 | / | / | / | / | / | / | / | / | 80 | / | / | / | | |
| | Respiratory Rate | 16 | / | / | 17 | / | / | / | / | / | / | / | / | 18 | / | / | / | | |
| | Oxygen | R/A | / | / | R/A | / | / | / | / | / | / | / | / | R/A | / | / | / | | |
| | O2 Sat | 99% | / | / | 97% | / | / | / | / | / | / | / | / | 100% | / | / | / | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| I N T E R N E T A L K E T E | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| | LR | 50 50 | 50 100 | 50 150 | 50 200 | 50 250 | 50 300 | 50 350 | 50 400 | 400 | 450 | 500 | 550 | 600 | 650 | 700 | 750 | 800 | |
| | IURB | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 150 | 200 | 250 | 300 | 350 | 400 | 450 | 500 | 550 | |
| | Tube feeds | 65 65 | 65 130 | 65 195 | 65 260 | 65 325 | 65 390 | 65 455 | 65 520 | 750 | | | | | | | | 250 | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O U T P U T T O T A L | PO | | 340 740 | | | | | 340 450 | | | | | | | 340 780 | | | 780 | |
| | TOTALS | | | | | | | | | | | | | | | | | | |
| | URINE | HOUR | | | | | | | | | | | | | | | | | |
| | TOTAL | | 200 | 300 | 200 | 100 | 1000 | | | | | | | | | | | | |
| | sp gr | | | | | | | | | | | | | | | | | | |
| | SA | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUMAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | Large MC | | | Small Loose | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7829

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|---|-------|----|----|--------|----|----|----|----|
| V | | | | | | | | |
| I | | | | | | | | |
| T | 98/59 | | | 114/60 | | | | |
| A | 48° | | | 97° | | | | |
| L | 76 | | | 80 | | | | |
| | 16 | | | 18 | | | | |
| | 14/A | | | 12/A | | | | |
| | 98% | | | 100% | | | | |

| TIME | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|
| MODE | | | | | | | | | |
| F _{IO2} | | | | | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| pH | | | | | | | | | |
| PCO ₂ | | | | | | | | | |
| PO ₂ | | | | | | | | | |
| HCO ₃ | | | | | | | | | |
| SAT | | | | | | | | | |
| BASE | | | | | | | | | |

CR 1070

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T |
|-----|----|-----|------|------|------|------|------|------|------|
| 650 | 90 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | |
| 850 | 90 | 950 | 1000 | 1050 | 1100 | 1150 | 1200 | 1200 | |
| 150 | | | | | | | | | |
| 450 | | | | | | | | | |
| | | | | | | | | | 250 |

| TIME | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|
| GLUCOSE | | | | | | | | | |
| NaK | | | | | | | | | |
| ClCO ₂ | | | | | | | | | |
| BUNCr | | | | | | | | | |
| WBC/PLATELET | | | | | | | | | |
| Hct/Hgb | | | | | | | | | |

| | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|------|
| | | | | | | | | | 780 |
| | | | | | | | | | 2780 |
| 500 | | | | | | | | | |
| 1500 | | | | | | | | | |
| | | | | | | | | | 2025 |

| TIME | | | | | | | | | | TIME |
|---------------|--|--|--|--|--|--|--|--|--|------|
| MOUTH CARE | | | | | | | | | | |
| BATH | | | | | | | | | | |
| SKIN CARE | | | | | | | | | | |
| FOLEY CARE | | | | | | | | | | |
| TRACH CARE | | | | | | | | | | |
| ROM EXERCISES | | | | | | | | | | |

T 1002

| | | | | |
|-----------------|------------|-------------------|--|----------|
| 24 HOURS TOTALS | | NURSE'S SIGNATURE | | INITIALS |
| wt Yesterday | wt Today | (b)(6)-2 | | (b)(6)-2 |
| INTAKE | OUTPUT | | | |
| IV | Urine: | | | |
| PO | | | | |
| TOTAL 2780 | TOTAL 2025 | | | |
| BALANCE 755 | | | | |

MEDCOM - 7830

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-56; 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 | (b)(6)-2 |
| N E U R O | PUPILS | 0630 | | |
| | SENSORIUM | 2mm & PERLA | | |
| | | Alert, awake follows commands moves all extremities | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | | | |
| | BREATH SOUNDS | even & unlabored | | |
| | SECRETIONS | CTA bilaterally noted | | |
| S K I N | COLOR | | | |
| | INTEGRITY | normal for race | | |
| L O C A T I O N | LOCATION | midline abd sternal inc & RUA most dsq COP | | |
| | CONDITION | RUEA RIV infusing LR @ 50cc/° - signs infection or infiltration | | |
| A B D O M E N | ABDOMEN | | | |
| | BOWEL SOUNDS | soft, non-tender | | |
| U R I N E | URINE: | | | |
| | COLOR/CLARITY | None yet this shift | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | | | |
| | | NSR all pulses palpable, edema noted | | |
| LEGEND | | Cr - Creatinine | ICP - Intracranial Pressure | SA - Fractional |
| | | F _I O ₂ - Fraction of Inspired O ₂ | PCO ₂ - Pressure of Arterial CO ₂ | SA _T - Saturation |
| | | HCO ₃ - Bicarbonate | PEEP - Positive End Expiratory Pressure | TRACH - Tracheostomy |

(Continue on reverse)

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC

DATE

COP AL

ICU

10 Oct 03

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

(b)(6)-4

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

DA FORM 1700

MEDCOM - 7831

WANG OR 375 (01-01-89)

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|--------------------|----------|----|----|----|-----|--------|----|----|------|----|----|----|----|--------------|----|----|----|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A L S | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 99/72 | | | | | 116/68 | | | | | | | | | | | | |
| | Temperature | 97.5 | | | | | | | | | | | | | | | | | |
| | Pulse | 70 | | | | | 94 | | | | | | | | | | | | |
| | Respiratory Rate | 16 | | | | | 18 | | | | | | | | | | | | |
| | O ₂ Sat | 100% | | | | | 100% | | | | | | | | | | | | |
| | Method | R/A | | | | | RA | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| I N T E R N E T A L K E E T O U R I N E S | LR | 50 50 | | | | 200 | | | | | | | | | | | | | |
| | U/PB | 50 50 | | | | 100 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| O U R I N E | HOURLY TOTAL | | 25 | | 75 | | | | | | | | | | | | | | |
| | sp gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| | OUTPUT | | | | | | | | | | | | | | | | | | |
| N G | pH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| D R A I N S | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7832

| | | | | | |
|---|--|---|-------------------------|---|-------------------------|
| 1. Reporting MTF (b)(3)-1 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | 5. Sex M |
| 6. DoB (YYYYMMDD) | | 7. Age at Admission 15 | 8. Race X | 9. Ethnicity 9 | Religion MUSLIM |
| 10. Length of Service ETS | | 11. FMP 20 | | 12. Social Security Number (b)(6)-4 | |
| Organization (Active Duty Only) | | | 13. Marital Status Z | Hour of Admission 20:30 | Branch / Corps: ARMY |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | | 19. Trauma BC | Prev. Admission NO |
| 20. Source of Admission Direct from ER | | Ward: ICW | | Name / Relationship of Emergency Addressee | |
| | | | | Address of Emergency Addressee | |
| Name and Location of Medical Treatment Facility: ██████████ (b)(6)-2 | | | | Telephone Number of Emergency Addressee | |
| 21. Type of Disposition TRF-OTH | | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) 2003-10-10 | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) 2003-10-01 | |
| 27. Location of Occurrence IZ | | 28. MTF of Initial Admission | | 29. Date of Initial Admission 2003-10-01 | |
| FOR LOCAL USE | | | | | |
| Type Patient (Inpatient / Outpatient): Inpatient | | | | | |
| Admission Diagnosis Narrative: GSW TO ABDOMEN 879.2 | | | | | |
| Procedure Narrative(s): EX LAP, GASTRIC REPAIR, COLOSTOMY REPAIR, LIVER LACERATION REPAIR, ABDOMINAL WOUND I&D, SUBCLAV 54.19 44.19 46.43 50.29 | | | | | |
| Cause of Injury Narrative: PT WAS SHOT WHILE TRYING TO STEAL AMMUNITION | | | | | |
| Admitti (b)(6)-2 | | Signature of Admitting Clerk | | | |

MEDCOM - 7833

| 1. REPORTING MTF | | | | | | | | | | 2. MTF LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | |
|---|-----|-----|--------------------------|------------------------------|-----|---|------------|---------------------------------------|---------------------------|---|----------------------|---|-------------|---------|-----|-----------|-----------------------------|----------|----|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | |
| (b)(3)-1 | | | | | | | | | | (b)(6)-4 | | 4. PAY GRADE | | 5. SEX | | | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | (b)(6)-4 | | 16 | 17 | CIV | | 18 | m | | | | | | | |
| 3. REGISTER NUMBER | | | | | | 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | 8. RACE | | 9. ETHNIC | | RELIGION | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | | | |
| 1 | 9 | | | | | | | | | | X | 9 | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| 32 | 33 | 34 | | | 35 | 36 | 20 | | | | (b)(6)-4 | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | |
| | | | | | | 46 | S | | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | K 7 8 | | | | | | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | |
| | | | | | | | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | | PREV. ADMISSION YEAR | | | | | | | | | | |
| 62 | 63 | 64 | | | | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 9 | | | | <input type="checkbox"/> NO | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION AUTHORITY FOR ADMISSION | | | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | | | | |
| 2 | 6 | 0 | 5 | 8 | 0 | 2 | 0 | 0 | 3 | 1 | 0 | 1 | 0 | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | | | |
| A | B | A | A | | | | | | | 2 | 0 | 0 | 3 | 1 | 0 | 1 | 0 | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | |
| 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | | | | |
| I | Z | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | <p>pt shot while trying to steal Ammunition GSW to ABO 879.2</p> <p>Ex Lap GASTRIC Repair, Colostomy Repair Liver Laceration Repair Abdominal wound I+D subclav 54.19 44.19 46.43 50.29</p> <p>DX-8792 E9912 Trauma-1 Injury-450 PR-449</p> | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | | | |
| | | | | | | 4643 5029 | | | | | | | | | | | | | | | |

(b)(3)-1

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | | |
|---|---------------------|---|---------------------------------|---|-----------------------------------|---------------------|-------------------|--|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | 3. Grade CIV | | Admission Remarks | |
| 4. Sex M | 5. Age 36 | 6. Race X | 7. Religion MUSLIM | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICW | | | |
| 15. FlyStatus | | 17. Dept / Ben K78-PRISONER OF WAR/INTER | 18. BranchCorps | 19. UIC / ZIP | | 20. Type Case BC | | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 21:10 | 23. Clinic Service ABA - GENERAL SURGERY | | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp TRF-OTH | 26. Date of Disp 2003-10-22 | | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-10-09 | Admitting Officer: DR (b)(6)-2 | | | |
| 29. Reporting MTF [REDACTED] b(6)-2 | | | 30. Date Init Adm 2003-10-09 | | 32. Units Blood Components | | | |
| 31. Selected Administrative Data | | | | | | | | |
| Marital Status: Z | | DoB: | | | | | | |
| In/Out Patient: Inpatient | | MOS: | | | | | | |
| 33. Cause Of Injury: INJURED TRYING TO STEAL AMMUNITION | | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: | | | | | | | | |
| GSW TO RIGHT CHEST | | | | | | | | |
| 875.0 47.19 | | | | | | | | |
| EX LAP APPENDECTOMY WOUND DEBRIDEMENT | | | | | | | | |
| 35. Total Days This Facility | | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | | |
| 35. Total Days This Facility | | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | | |
| Sig (b)(6)-2 | | | Signature of (b)(6)-2 | | As Officer (b)(6)-2 | | | |
| MAJ, MC | | | MEDCOM - 7835 | | SG, PAD NCOIC | | | |

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

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

See SF 558 -

PHYSICAL EXAMINATION

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

| | | | | | |
|--------------|--|--------------------|--|--------------|----------|
| (b)(6)-2 | DATE 07/27/03 | IDENTIFICATION NO. | ORGANIZATION | | |
| (b)(6)-4 | <i>written entries give Name last, first, date; hospital or medical facility</i> | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">REGISTER NO.</td> <td style="width: 30%;">WARD NO.</td> </tr> </table> | REGISTER NO. | WARD NO. |
| REGISTER NO. | WARD NO. | | | | |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR (41 CFR) 201-45.605
OCTOBER 1975
USAPPC V1.00

MEDCOM - 7836

MEDICAL RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

09 OCT 03 (2011) (S) PT. w/ GUNSHOT WOUNDS TO (L) LATERAL CHEST, AND TO (L) LOWER BACK. INITIATED 2 IV (R) ARM @ AC VEIN - NaCl 0.9%, (L) ARM AC VEIN SAME. PT. SHAKING, (2020) INITIATE FOLEY CATHETER @ (R) UPPER TORSO (NEAR ARMP)

BR 118/76 - (2014) (R) ARM (2015) - 5ml MORPHINE AT (R) ARM. (2011) SOME ERITWUND SEEN AT

3/138/48 - (2020) - 5ml MORPHINE THROUGH IV BACK OF PT.

P: 100 - (2023) - 5ml VALIUM THROUGH IV (2030) FOLEY CATH. INSERTED @ UPPER

(2048) (2028) - 5ml MORPHINE IV TORSO

(2032) - 5ml MORPHINE IV CHEST TUBE

(2035) - 5ml MORPHINE IV (2036) INSERTION OF FOLEY CATH.

(R) UPPER TORSO.

PT. WAS IN VEHICLE UNDER FIRE FROM .50 CAL (PER CRT. (b)(6)-2)

(2039) STITCHING OF FOLEY CATH. SITE CHEST TUBE

(2043) INSPECTED PT'S BACK. (2048) FOLEY CATH. INSERTED & SECURED.

(2052) AUSCULTATION OF PT'S LUNGS.

PE - Awake. Alert.

A - patent (+) gag

B - trachea midline LCTAB BS = L

C - rad pulse 1+/4+ bilat CR ~ 3 secs

D - MAE spont and to command

GSW (R) lat cw = ant entrance, post exit, Ø_{sc} Ø_{ris}

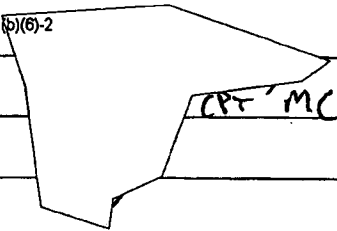
GSW (R) lower lumbar area = hematoma, Ø exit

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

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM 141 CFR 1201-9.202-1
 USAPA V2.00

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------|--|
| | <p>Due to medivac, chest tube place @ mid ax 5th ICS to hemtich valve</p> <p>Foley placed - clear yellow urine return 2 AC IV's</p> <p>No Δ with reassessment of CT placement Awaiting medivac</p> |
| |  |

| MEDICAL RECORD | | Nursing CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|----------------|---|---|--|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | |
| 9 Oct 09 | 2110 | pt arrived, R 10 x 3, 39 y.o. ♂, C10 65W to (R) chest + (R) lower back, onset tonight. VSS: 136/87, P 109, R 20, temp 100.8° | |
| | 2120 | 2nd IV started, labs drawn, urine sent from Foley placed PTA, (R) chest tube placed PTA attached to Pleurvac 5 drainage, O2 cont. via nosebreather mask. Ancef 1 gm started IV PB + tetanus 0.5 cc given IM (L) shoulder. 147/84, P 96, R 20, O2 | |
| | 2122 | X rays of chest + abd started. Cf | |
| | 2135 | Lat. X ray of abd done. BP 121/60, P 97, R 16, O2 3rd + 4th L. of L, R. started @ 250 cc/hr. | |
| | 2150 | Pt waiting for O.R. to do exploratory lap. of abd. BP 121/68, P 95, R 16, O2 99% O2 led to 2 L. N.C. Lt [redacted] R.N., FT | |

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

[redacted] (b)(6)-4

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

MEDCOM - 7839

MEDICAL RECORD

Nursing CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|----------|--|
| 9 Oct 09 | 2110 pt arrived, A 10 x 3, 39 y.o. ♀, C10 65W to (R) chest + (R) lower back, onset tonight. VSS: 136/87, P 109, R 20, temp 100.8° |
| 2120 | 2nd IV started, labs drawn, urine sent from Foley placed PTA, (R) chest tube placed PTA attached to Pleurvac 5 drainage, O ₂ cont. via nasal cannula mask. Amelgen started IV PB + tetanus 0.5 cc given IM (L) shoulder, 147/84, P 96, R 20, a |
| 2122 | X rays of chest + abd started. Cf |
| 2135 | Late X rays of abd done. BP 121/60, P 97, R 16, a 3rd + 4th L. of L, R, started @ 250 cc/hr. |
| 2150 | Pt waiting for O.R. to do exploratory lap. of abd. BP 121/68, P 95, R 16, a 99% O ₂ Fed to 2 L. N.C. Lt (b)(6)-2 R.N., ET |

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

(b)(6)-4

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

MEDCOM - 7840

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

9 OCT 03 BRIEF OPERATIVE REPORT

PRE-OP DIAGNOSIS: GSW to back/retroperitoneum and (R) chest.

POST-OP DIAGNOSIS: " " "

PROCEDURE: Ex lap, Appendectomy, Wound debridement

SURGEON: (b)(6)-2 ASSISTANT: (b)(6)-2

ANESTHESIA: GEA ANESTHETIC: Unasyn 3.0g

FLUIDS: 2600 cc BLOOD PRODUCT USAGE: φ

EBL: 200 cc URINE OUTPUT: — 450cc

TOURNIQUET TIME: —

DRAINS: Chest tube

SPECIMENS: Appendix

FINDINGS: Wound track from lumbar paraspinous region to retroperitoneum, GSW to (R) chest

DESCRIPTION OF PROCEDURE: Ex lap, φ free blood, bowel - wnc, ul liver, spleen, (R) kidney. Wound track debridement from lumbar region, φ ureter injury. (R) GSW to chest. - debridement.

COMPLICATIONS: φ

CONDITION: Stable

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

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

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

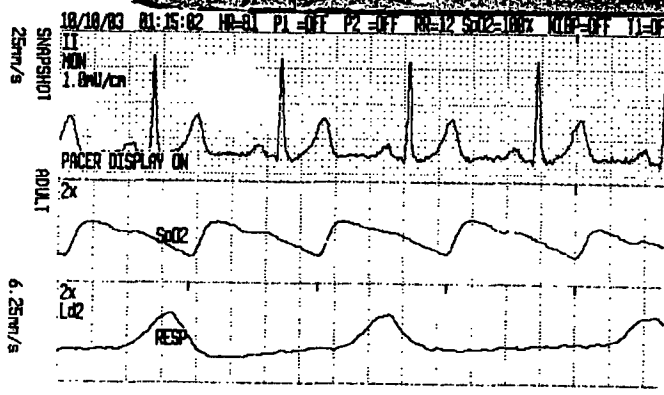
(b)(6)-4

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

MEDICAL RECORD PROGRESS NOTES

10 Oct 03 0050 Pt From OR, Shaking and moaning, Vs T 99.4-126-127/3-
 24 SPO₂ 97%, O₂ Applied via NC @ 6L/min, Chest Tube
 Right Chest to Pulvacine @ Continues Suction, Bilat UE
 restraints applied, Foley to gravity, Mid Abd incision & Dressing
 CDI Dressing to (R) Flank CDI, Dressing to (R)
 Chest Tube & Bloody Drainage but intact, Patient
 given MSO4 5mg IVP For Pain Physical assessment
 completed and recorded on PPU Flow Sheet. (b)(6)-2

0110 Pt Attempting to vomit Phenytoin 25mg IVP Given. Ruffum



Str. 1 PR. 06
 QRS 0.08
 NSR (b)(6)-2
 [Handwritten scribbles and signatures]

0300 MSO4 3mg Given For Pain. (b)(6)-2

0500 AM Labs Collected, 24° I+O computed IV in 2750
 1/2 1525 EBL 200 C Tot 18 Balance +1007, MSO4
 3 mg IVP For Pain, Request For AM C-X Ray Submitted (b)(6)-2

RELATIONSHIP TO SPONSOR: _____ SPONSOR'S NAME: _____ SPONSOR'S ID NO. (SSN or Other): _____
 LAST: _____ FIRST: _____ MI: _____

DEPARTMENT/SERVICE: _____ HOSPITAL OR MEDICAL FACILITY: _____ RECORDS MAINTAINED AT: _____

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

(b)(6)-4

LAST NAME

FIRST NAME

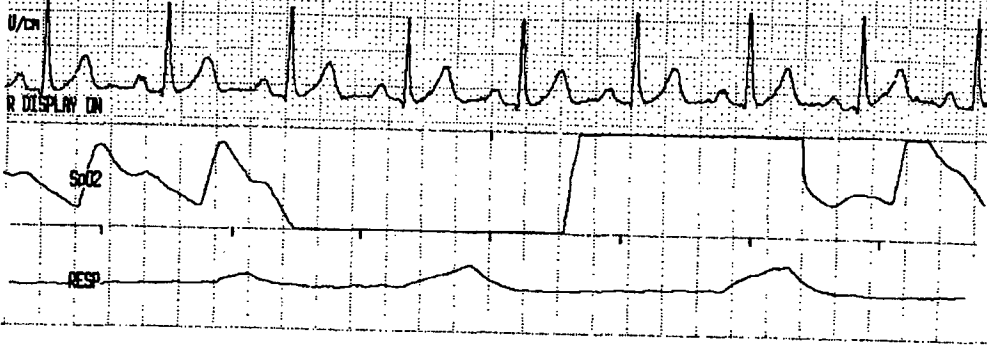
MIDDLE INITIAL

ID NUMBER

DATE

NOTES

1/03 06:12:15 HR-98 P1=OFF P2=OFF RR=9 SpO2=100% NIBP=137/68(88) T1=OFF T2=OFF aT=OFF



10 Oct 2003

Received report from CPT (b)(6)-2. Patient denies clonus or chills. Arou 3, MSE x4. Monitor show SRS sleep with rates in the 90's O₂ at 2 LNC \bar{c} 100%. IV infusion via (1) A/C \bar{c} 1/2-RES (2) 150cc/hr. (3) A/C \bar{c} redness or drainage, 18G Wedon-foley to gravity, clear yellow urine. Chest tend to 20cm suction. Abdomen dressing, midline, slight serous sanguinous drainage, at the top of the dressing, (4) flank entrance wound, dressing clean, dry and intact. Plan (1) Encourage use of incentive spirometer, (2) Assess OOB to chair as tolerated, (3) Administer PRN for pain (b)(6)-2

0800

Patient admitted was to chair. Tolerated activity to one level, episode of nausea. Assisted back to bed in 10 minutes after chills. Medicated \bar{c} 4mg Morphine (b)(6)-2

1000

Resting comfortably. SpO₂ 87% on RA. Slight 1/2-RES using incentive spirometer. Well mented and encourage used IS (b)(6)-2

1130

Given 4mg Morphine IV + I @ 100. Remains in SRS sleep. IV infusion as ordered. Well mented OOB to chair (b)(6)-2

1200

Clonus, given Phenergan 25mg IV. Tolerated clear liquid diet \bar{c} nausea. Remains in SRS sleep. (b)(6)-2

1500

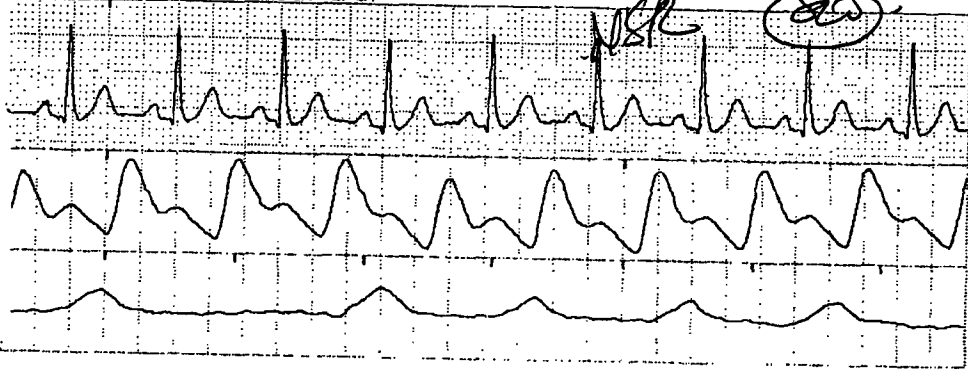
Admitted OOB to chair. Tolerated activity to low complaints. Medicated \bar{c}

STANDARD FORM 509 (REV. 5/1999) BACK

MEDCOM - 7843

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 10 Oct 03 | Morphine 4mg IVP. Chest tube @ 40cc serous drainage. Tipped over on the floor, Pleurae changed to accommodate accurate readings, Decided to check tube and body alignment. Pleurae taped to the floor to prevent second spillage. Wanes pain or discomfort at this time. (b)(6)-2 |
| 10 Oct 03 1800 | Patient to be NPO 15 ml for washouts in the AM of abdominal wounds. Report given to next shift (b)(6)-2 |
| 10 Oct 03 1800 | Report from day shift Lvl MAs (b)(6)-2 , client in bed asleep, connected to cardiac/resp monitor, IV infusing @ 150cc/hr, @ chest tube connected to suction (b)(6)-2 |
| 1900 | Assessment done see DA form 4700 medicated for pain to @ chest and abdomen. (b)(6)-2 |
| <p>Q-15 S-12-95X NTP-108/58(75) T1-OFF T2-OFF A1-OFF</p>  | |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 6/1991)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.20304(11)
 USAPA V1.D

| | | | |
|--------------------|------------|----------------|-----------|
| LAST NAME (b)(6)-4 | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|--------------------|------------|----------------|-----------|

| DATE | NOTES |
|------|-------|
|------|-------|

| | |
|-------------------|---|
| 10 Oct 03 1930 | Client in bed asleep at this time. (b)(6)-2 |
|-------------------|---|

| | |
|------|---|
| 2100 | ate 25% of clear liquid dinner, tol well no N/U noted. (b)(6)-2 CPT dx |
|------|---|

| | |
|------|---|
| 2145 | c/o pain to abdomen @ incision site, medicated w/ 5mg morphine IV. (b)(6)-2 CPT dx |
|------|---|

| | |
|------|--|
| 2215 | client asleep in NAD. (b)(6)-2 CPT dx |
|------|--|

| | |
|------|--|
| 2300 | Assessment done, no change from previous assessment pain free at this time. (b)(6)-2 CPT dx |
|------|--|

| | |
|------|--|
| 2400 | medicated per order w/ Unasyn and Zantac IV. - 8h. |
|------|--|

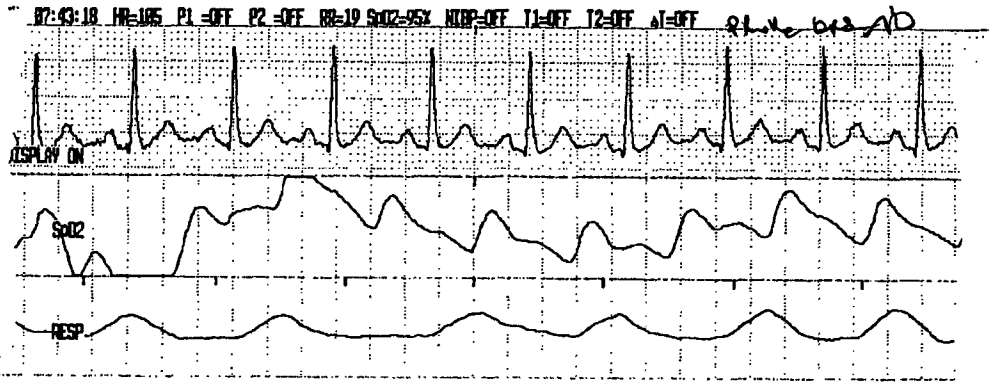
| | |
|-------------------|--|
| 11 Oct 03 0200 | Client asleep in NAD. (b)(6)-2 CPT dx |
|-------------------|--|

| | |
|------|---|
| 0315 | c/o pain @ incision site to abdomen, medicated w/ 5mg morphine IV. (b)(6)-2 CPT dx |
|------|---|

| | |
|------|--|
| 0400 | Client asleep in NAD. (b)(6)-2 CPT dx |
|------|--|

| | |
|------|--|
| 0600 | Report given to MTS (b)(6)-2 CPT dx |
|------|--|

| | |
|------|---|
| 0655 | AKR done by Radiology, c/o pain to abdomen, medicated w/ 5mg morphine IV for pain. (b)(6)-2 CPT dx |
|------|---|



| | |
|---------------------|--|
| 11 Oct 2003 0730 | Report received from the previous shift. Patient being kept in no apparent distress. O2 sat 95% on 2L O2. (b)(6)-2 CPT dx |
|---------------------|--|

STANDARD FORM 509 (REV. 6/1988) BACK
USAPA V1.00

MEDCOM - 7845

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

11057 03 | BRIEF OPERATIVE REPORT

1210 | PRE-OP DIAGNOSIS: OPEN SHRAPNEL WOUNDS

POST-OP DIAGNOSIS: SP I+D chest/back wounds

PROCEDURE: I+D SHRAPNEL

SURGEON: Dr. (b)(6)-2 | ASSISTANT: SSG (b)(6)-2

ANESTHESIA: GETH EDT STAS | OPERATIVE ANTIPOITIC: UNDSYN 3 gm

FLUIDS: 700 cc | BLOOD PRODUCT USAGE: None

EBL: None | URINE OUTPUT: 350 cc

TOURNIQUET TIME: NA

DRAINS: Foley

SPECIMENS: None

FINDINGS: 2 pieces of shrapnel, head clean

DESCRIPTION OF PROCEDURE: Wounds well debrided w/ Pulse lavage. Cloned Junc (R) Bone and one upper in l w/ Mattress Suture 3-0 Nylon. Drain applied. Pt tolerated procedure well - appeared well.

COMPLICATIONS: 0

CONDITION: STABLE (b)(6)-2

RELATIONSHIP TO SPONSOR | LAST | (b)(6)-2 | MD

DEPART./SERVICE | HOSPITAL OR ME | CHIEF, DOS | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR ME | RDS MAINTAINED AT

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

(b)(6)-4

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

MEDICAL RECORD **PROGRESS NOTES**

| DATE | NOTES |
|---------------------|--|
| 11 Oct 2053 0731 | Draining clear yellow wound. Further assessment as per AA Form 4700, Plan ① keep NPO P M for Draining thro AM, ② Encourage use of Unna's. Dressing ③ Monitor intake and output and notify H/O of U.O. less than 30a, chest tube output greater than 100cc/hr. (b)(6)-2 <i>mg/ml</i> |
| 0940 | Given complete bed bath. Dressing is right liberally drainage to mid abdomen site and (R) chest tube site. NPO as ordered. Auscultating lung (b)(6)-2 <i>mg/ml</i> |
| 1030 | To OR via litter - Chest tube to water seal Foley Urinary Dressing urinary as ordered. (b)(6)-2 <i>mg/ml</i> |
| 1340 | Returned from OR received 20 Pentam, 150mg Propofol and 700 Crystalloids. Placed leather restraints to keep patient from harming his incisions and chest tube. (b)(6)-2 <i>mg/ml</i> |
| 1440 | VS: $\frac{2}{4}$ P HR $\frac{5}{2}$ O ₂ |
| 1215 | 121/70 114 94% |
| 1220 | 128/70 116 93% |
| 1235 | 124/68 112 94% |
| 1250 | 123/69 114 94% |
| 1245 | Patient resting comfortably - chest tube to 20 cm suction. Lung BIA in all fields. Bowel sounds hyperactive to all quadrants. Foley to gravity, clear yellow urine. Urinary urinary as ordered. (b)(6)-2 <i>mg/ml</i> |

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

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

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1988)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2030a(110)
 USAPA V1.00

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

| DATE | NOTES |
|------|-------|
|------|-------|

1315
11 Oct 65
Patient resting comfortably. Voiding per Foley. IV infusion 5 units
No apparent distress noted. (b)(6)-2

1500
assisted up to chair. T 101.5. Encouraged use of
incremental doses of IV. Moderate S mg Morphine IV (b)(6)-2

1800
Dressing changed to chest tube dress and abdominal dressing
removed. Resting comfortably. Report given to next shift (b)(6)-2

1900
Pt stable vital signs T-100.5 @ - HOB 30°
open abd incision & staples (open to air) & list of
inf & absence hypoaortic BS x (L) quadrant
CT to 20 on suction - Suction canister functioning
well - small amt of drainage. See Fluorobest
IV to (L) UE discontinued (L) UE W packet
infusing DS/MS 150cc/hr - Foley to Gravity
- clear yellow urine - Rt temp 100.5
(aut) - Clear liquid meal at bedside - (b)(6)-2
no ab pain at this time

2100
Incision cleaned & betadine and covered &
Pt up to chair - more shaky
no ab and pain 2+ to incision
Dr [redacted] stated pt might go to
OR tomorrow for wound cleaning and
then CT to water seal & present
5 mg IV morphine for pain (b)(6)-2

2300
Pt sleeping - positioned on blanket so
he can lay on side - Temp ↓
See Fluorobest (b)(6)-2

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|------------|--|----------------|-----------|
| DATE | NOTES | | |
| 12 Oct 03 | 0700: Pt oob to chair for AM hygiene self-care encouraged and practiced. ⊕ shampoo, oral care, shave and body wash. Pt denies pain CT to 20 ^{cc} H ₂ O suction intact, ⊖ evidence of leak. Preo dyspnea, SOB. Pt returned to bed 0945 Resting @ this time. | | |
| 1110: | Pt continues to rest w/out complaints or needs. | | |
| 1215: | Pt oob to chair Consumes ~10% noon meal Ref PO fluids. Per translator - states he is not hungry, has no appetite. I&O monitoring to cont. VS stable. UAP above NP. CT drainage ~ 5-10 cc/hr. | | |
| later note | 1200: PIV d/d accidentally per pt. 20cc PIV placed to ⊕ FA, good flush, good blood return. D5 1/2 NS continued. | | |
| 1400: | Pt sleeping - denies pain w/ awakening from environmental stimuli. Pt appears sad, disinterested in self-care. Tragic music played x 15 minutes & pt discontinuing ear phone use and turning off cassette. Returns to sleep will call to monitor. | | |
| 1500: | Pt resting, awake, alert after. VS Normal, no S's from gross assessment. | | |
| 1600: | Pt w/ bilateral lower quadrant pain. MSO; drug IV administered. Eval pending. | | |
| 1710: | Pt resting w/o complaint. Abd slightly firm, minimally distended tenderness on palpation. Pt is dry intact. Will call to monitor. | | |
| 1800: | Report given to NLT. Pt care transferred to NLT w/o complaint @ this time. | | |

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

120003
 Pt awake sitting p in bed - quiet - 12/8/66 P-93 R-12
 SpO2 100% RA IUF: DS 1/2 NS 150 cal/hr into port
 18G @ AC distal of infx (red, old) abd incision
 C staples intact & bleeding healing well
 chest tube to @ side draining minimal amt
 of discharge Plan is to be NPO p midnight
 for clearing of wound in OR - DC at C section

1400
 Pt ate to eat reg meal x1 - bleed well
 informed of NPO status p midnight
 @ BM @ Abx hypotensive RS - Pt does C to
 lower abd pain "not gas" (intermittent)

2200
 Chest tube output scant, minimal < Scc
 still 20 cm Sxian - Foley to gravity draining
 RS dark yellow urine > 100 cal/hr - ms04 IUP
 for pain

2400
 NPO status - Vital Signs Stable
 See flow chart

0100
 Pt medicated for pain c ms04
 IUPB. Urine and Zante infused
 Pt doing well calm, cooperative

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER
(ASN or Other)

LAST

FIRST

MI

DEPT./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1960)
Prescribed by GSA/DCMR FPMR (41CFR) 101-11.203(b)(1)(i)
UBAPA V1.00

LAST NAME: 13 OCT03 Nursing
 FIRST NAME: _____
 MIDDLE INITIAL: _____
 ID NUMBER: _____

| DATE | NOTES |
|------|---|
| 0600 | Pt sleeping, 125% NS @ 150 cc/hr. Pt still NPO. No Labs drawn. This am will continue to monitor. (b)(6)-2 |
| 0610 | Received report, assumed care. Pt asleep another spontaneously to external stimuli 0x3, & complaints - denies pain. VS N - a table. 25% NS infusing to (2) FA DIV @ 150 cc/hr. O2 per RA, Policy to gravity, clear yellow. (2) lateral chest tubes to pleural space 20 cm H2O suction & minimal op. All VS, physical assessment noted on da form 4300. Plan. Pt remains NPO for 1: D in am. continue NPO status prep for OR. Cont. 1° monitoring cardiac, resp status - monitor for leaks and op. Monitor wounds for drainage. Provide comfort measures providing & pain assessment. Provide stimulation to & prot. for depression. Encourage self-care. (b)(6)-2 |
| 0700 | PM hygiene performed per pt & encouraged. Pt appears sad, flat affect, performs ADLs only, & grudging. Denies pain. IV's cont infusing 150% (2) ct to suction & leaking, & Resp distress/difficulties. (b)(6)-2 |
| 0810 | Pt Exorted to CR per OR STAFF x 2. Pt seems on stretcher, CT suction off - key to grant, IV's sld. Chart transferred & pt. (b)(6)-2 |
| 0945 | Pt returns to ICU awake, alert on stretcher accompanied by OR staff x 2 and Dr (b)(6)-2. O2 per RA 20%, 94-95% RR 15bpm. Pt agitated, slightly aggressive, swinging arms, pushing staff away. Pt calmed per info provided by interpreter. CXR ordered pending & heeded to 20 cm H2O suction 25% NS placed @ 150 cc/hr to (2) PIVs. A'd to LR @ 75 cc/hr. O2 placed s/p care: evidence of pneumothorax. |
| 1045 | Pt sleeping quietly. No evidence distress or discomfort. O2 @ 2L as per original order per Dr (b)(6)-2. Sald @ 100% (b)(6)-2 |

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

1302703 OP NOTE

0535 PRE-OP DX - OPEN SHARPNESS WOUNDS
 POST-OP DX - SP DPC

PROCEDURE - WASHOUT chub Wounds + DPC

SURGEON - Dr. (b)(6)-2 Anthe CP (b)(6)-2

FINDINGS - Wound chub -

DESCRIPTION - 65A - Round in (b)(6)-2 let decubitus in prep of w/ Retention - had the wound w/ 1 LWS. Extensive ellipse - chub muscle piece w/ very 3-0 PDS. Wound edge approx w/ interrupted vertical subcutaneous 3-0 PDS. Skin the approx w/ 2 PDS. Hemostatic Muller Suture of 3-0 Nylon. Dressing applied. Total anesthesia - Amibut/oxbutal + Xiphetal 9-10cc w/ stable chub, Anthe - WWSW 3gm IV fluid 50cc LR WB - 50cc Dressing of chub

(b)(6)-2

(b)(6)-2 MD

MAD MC USA
 CHIEF, BOS

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

LAST FIRST MI

DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

REGISTER NO. WARD NO.

(b)(6)-4

PROGRESS NOTES
 Medical Record

STANDARD FORM 609 (REV. 6/198)
 Prescribed by GSARCMR FPMR (41CFR) 101-11.203b(1)
 USAFA V1.0

MEDICAL RECORD

PROGRESS NOTES

DATE: (Nursing) 13 Oct 1945 (cont.)

NOTES: RN 12. HOB @ 45° CT to suction 20 cm = minimal op-sensanguinous drainage. All dressings to abd, thoracic region intact, dry - no evidence of drainage. BS clear upper lobes diminished (R) m/l lobe (L) L lobe. & crepitus, & str tracheal deviation, accessory muscle use, nasal flaring. Chest wall movement symmetrical, breathing unlabored. Pt remains (gro. gab) quiet. cout needs (+) Carnation instant drink, consumed ~200 cc e/cot c/o N/V/abd pain

1145: No Δ's from previous assessment.

1230: PT OOB, ambulatory, (+) WOP in ward RR & B.M. Pt consumed 25% new meal (+) 100 cc PO Carnation instant Breakfast. Pt states No appetite, denies abd pain.

1315: Pt returns to bed requesting sleep. States he has unable to sleep overnight and is very tired. O₂ placed per NC @ 2L IVF continued. CT to suction. W. 11 minutes.

1410: Pt sleeping vs stable

1530: Pt cont. sleeping. No Δ's from previous assessment. Gd

1615: Pt OOB ambulatory around ward and outside 300 cc chew yellow vop per ward commode. P.D to chair, resting consumed ~100 cc Gemite e/late a/V. Back to bed @

(b)(6)-2

(b)(6)-2

(b)(6)-2

| | | | | |
|--|------------------------------|-------|-----------------------|------------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
| | LAST | FIRST | MI | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | | REGISTER NO. | WARD NO. 10A |

(b)(6)-4

13 OCT 45

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 6/1999)
 Prescribed by GSARCMR FPMR (41 CFR) 101-11.2030d(10)
 USAPA V1.00

(b)(6)-4

LAST NAME

MIDDLE INITIAL

ID NUMBER

DATE

NOTES

(Nursing cont.)

13 OCT 03

1800: Pt consumed a 140 cc TEA & 2 coffee Motrin 600
No Band Unwrap & 1gm is administered @ this time.

Pt resting c/o complaints VS stable. Report given

to oncoming shift Pt care transferred

(b)(6)-2

13 OCT 03
1800

Report from day shift, client in bed, connected to
cardiac resp monitor, LR infusing @ 75 cc/hr via (L) wrist
PIV, chest tube connected to 20cm H₂O suction, gentle bubbling
noted in chamber.

(b)(6)-2

CPT [signature]

1900

Complete assessment done, see DA form 4700. Sutures to
mid back intact, no drainage noted at site. (R) chest
tube drag D+I. Midline abdominal dressing D+I & S.

2100

client asleep in NAD

(b)(6)-2

CPT [signature]

2200

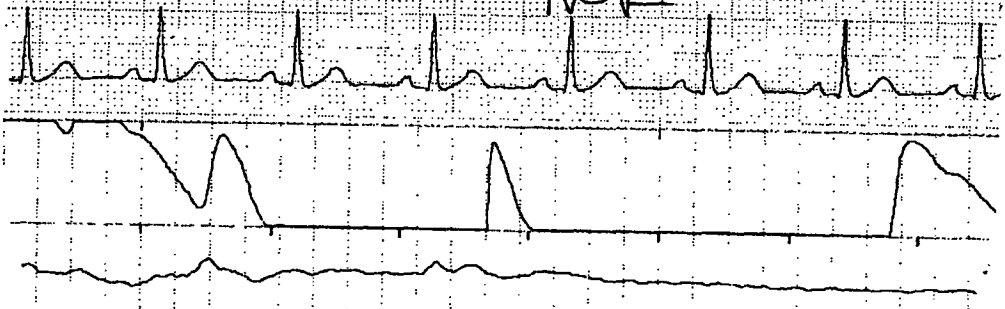
client ate orange and drank 1/2 of soda. NO N/V
noted.

(b)(6)-2

CPT [signature]

OFF RR-20 SMO-100% NIBP=111/57(74) T1=OFF T2=OFF A1=OFF

NSP



2230

c/o pain, medicated w/ 2 Percocet tabs.

(b)(6)-2

CPT [signature]

2300

client asleep at this time in NAD

(b)(6)-2

CPT [signature]

14 OCT 03
0100

client remain asleep in NAD.

(b)(6)-2

CPT [signature]

0200

client in bed asleep in NAD, VSS

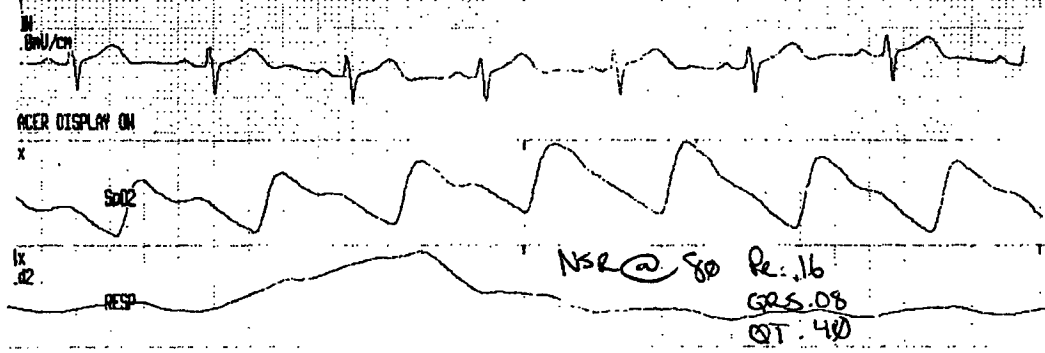
(b)(6)-2

CPT [signature]

MEDICAL RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-------------------|---|
| 14 Oct 03 1600 | Pt resting comfortably in bed. 50mg Fentanyl given by MAJ (b)(6)-2 during dsq Δ. Will continue to monitor. (b)(6)-2 |
| 1420 | Received Pt from Dayshift VSS. Assessment completed (Signature) (b)(6)-2 |
| 1440 | Pt. DONES GAIN. Will continue to plan of care (b)(6)-2 |
| 1440 | Pt clo of Arterial PAW. 65mg Fentanyl PO Given (b)(6)-2 |

10/15/03 05:26:19 HR=75 P1=OFF P2=OFF RR=15 SpO2=100% NIBP=OFF T1=OFF T2=OFF A1=OFF



| | |
|-------------------|--|
| 13 Oct 03 0543 | Pt. Subject Awake. VSS. Complaints @ this time. Will continue to monitor (b)(6)-2 |
| 0700 | Assumed care of pt. Pt awake eating breakfast. CT suction VSS noted on DA 0700. Pt stable at this time. (b)(6)-2 |

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

(b)(6)-4

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

MEDCOM - 7855

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--------------|---|
| 0900 | 0800 Pt ambulated iam cone done at |
| 1500 | sink. Pt sitting in chair CT → suction |
| | DB43 pt ambulated to x-ray & distress noted will monitor/ [redacted] SGT 9111 |
| 0930 | Pt back from xray in chair CT → suction |
| | VS 100b/sec x 10. Initial assessment complete noted on DA 4700 will monitor/ [redacted] SGT 9111 |
| 1330 | PT BTB CT → suction. Meds administered |
| | as ordered. Pt denies pain appears comfortable will monitor/ [redacted] SGT 9111 |
| 1330 | Dr [redacted] at bedside. CPT [redacted] |
| | [redacted] administer 50mcg Pent per order Chest tube was pulled out. Pt tolerate procedure well. Gauze & xerofoam on site C-tube, VS & procedure 10/52, 76, 11, SAT 100% 2102 & SOB, & distress noted will monitor [redacted] SGT 9111 |
| 11030 | Pt SOB ambulated to xray & difficulty & SOB describes |
| | LS CTA ↓ (R) base will monitor/ [redacted] SGT 9111 |
| 15 OCT 03 | HHN Tx given @ 0.5 AB/2.5 NS. BBS for clear ↓ to bases. |
| 1700 | HR 78-91, O2 SAT on 4/min NC 100%, RR 20. Pt |
| Resp therapy | @ strong productive cough for small amount thin clear secretions. Tx BBS for unchanged. NAR [redacted] SGT 9111 |
| 1800 | Pt stable 1800 ungasyn administered & acute |
| | distress noted report given to SGT [redacted] USS [redacted] SGT |

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

MEDCOM - 7856

| MEDICAL RECORD | PROGRESS NOTES | |
|-------------------|---|--|
| DATE | NOTES | |
| 14 Oct 03 0530 | Blood drawn from @ the site and sent to lab, no hematoma noted. Medicated per order. (b)(6)-2 | |
| 0630 | Report received from CPT (b)(6)-2, pt lying in bed 5 complaints, CXR done, assessment performed (see DA 4700), pt on ZL O ₂ via NC satting 100%, lungs clear to auscultation, E diminished @ base. Chest tube to 20cm H ₂ O suction draining small amt serosanguinous fluid. Will continue to monitor for AS (b)(6)-2 SGT/LPN | |
| 0830 | Pt ambulated to back to bath 5 difficulty. Pt had large formed BM x1, ate very little of breakfast. Reconnected to monitor, resting comfortably (b)(6)-2 SGT/LPN | |
| 0935 | Xray shown to MD, chest tube now to water seal, will order new CXR in 4hrs to determine if CT can be pulled. (b)(6)-2 SGT/LPN | |
| 1030 | Pt resting comfortably in bed 5 complaints (b)(6)-2 SGT/LPN | |
| 1230 | Pt ate some of lunch. Still @ complaints (b)(6)-2 SGT/LPN | |
| 1400 | Pt ambulated to Xray - Dr (b)(6)-2 in to Adsg (chest tube placement in question), CT back to 20cm H ₂ O suction, E pt on O ₂ via NCP @ 2lpm. Will monitor (b)(6)-2 SGT/LPN | |

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

(b)(6)-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1C)
 USAPA V1.00

MEDCOM - 7857

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

| DATE | NOTES |
|------|-------|
|------|-------|

140403

~~GSN DND 8mg~~

1575

5: 8-1 down pain study. No N.V. for chik.
 Bombalite by assistance. Opt regular Diet.

O = Asher, VS notes CVR

| | | |
|------------|-------------|-------------------------|
| S.L. 2/164 | 134/105/1.0 | 102 PTX of Sertoid tube |
| 31.7 | 3.7/25 94 | at chik well w/ (R) |

Pre-masted pt of 50 mg FENYANYL -
 Renewal (R) chest tube during the prep
 w/ Betadine and sterily admin tube ~ 2 cm.
 Applied sterile dressing. Admin tube / Analy.
 No comp.

- A = P/D # 5/3 1#1 GSW straggled
- ① Place CT back in Sertoid
- ② CVR terminate

| | | |
|----------|-------------|----|
| (b)(6)-2 | (b)(6)-2 | MD |
| | MAJ, MC USA | |
| | CHIEF, DOS | |

| MEDICAL RECORD | | PROGRESS NO. | |
|---|---|------------------------------|----------|
| DATE | NOTES | | |
| 15 OCT 03 1800 | Report received - Pt. stable, NAD, Vital Signs Stable 122/66 P-83 P-R 202 99% on 2L NC - Pt sitting in bed - Dsg. to old CT site 10/14, CD: I of abd discharge - abd incision 2 staples - open to air well approx, & dehiscence, 1/2 s/s of infx - Pt using urinal at bedside OS clear yellow urine will continue to monitor (b)(6)-2 | | |
| 2100 | Pt sleeping, no complaints - (b)(6)-2 | | |
| 2200 | Pt no pain at IV site & evidence of infiltration patient will monitor (b)(6)-2 | | |
| 2300 | 2 persent for pain deep, USS Sa flow sheet, albrile (b)(6)-2 | | |
| 16 Oct 03 00200 | Pt lying in bed eyes closed, resp even and unlabored. 1/2 s/s of distress. Will cont' to monitor (b)(6)-2 | | |
| 16 Oct 03 00545 | Labs drawn @ 0500. CXR request sent to rad. pt has no C/O @ this time. (b)(6)-2 | | |
| 0600 | assume care of pt Report receive by SGT (b)(6)-2 pt appears to be sleeping. NAD note at this time 0600 med administer by offroine shift will monitor (b)(6)-2 | | |
| RELATIONSHIP TO SPONSOR | | SPONSOR'S NAME | |
| | | LAST | FIRST MI |
| DEPT./SERVICE | | HOSPITAL OR MEDICAL FACILITY | |
| | | RECORDS MAINTAINED AT | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | REGISTER NO. | WARD NO. |

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/198)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(h)(1)
USAPA V1.0

MEDCOM - 7859

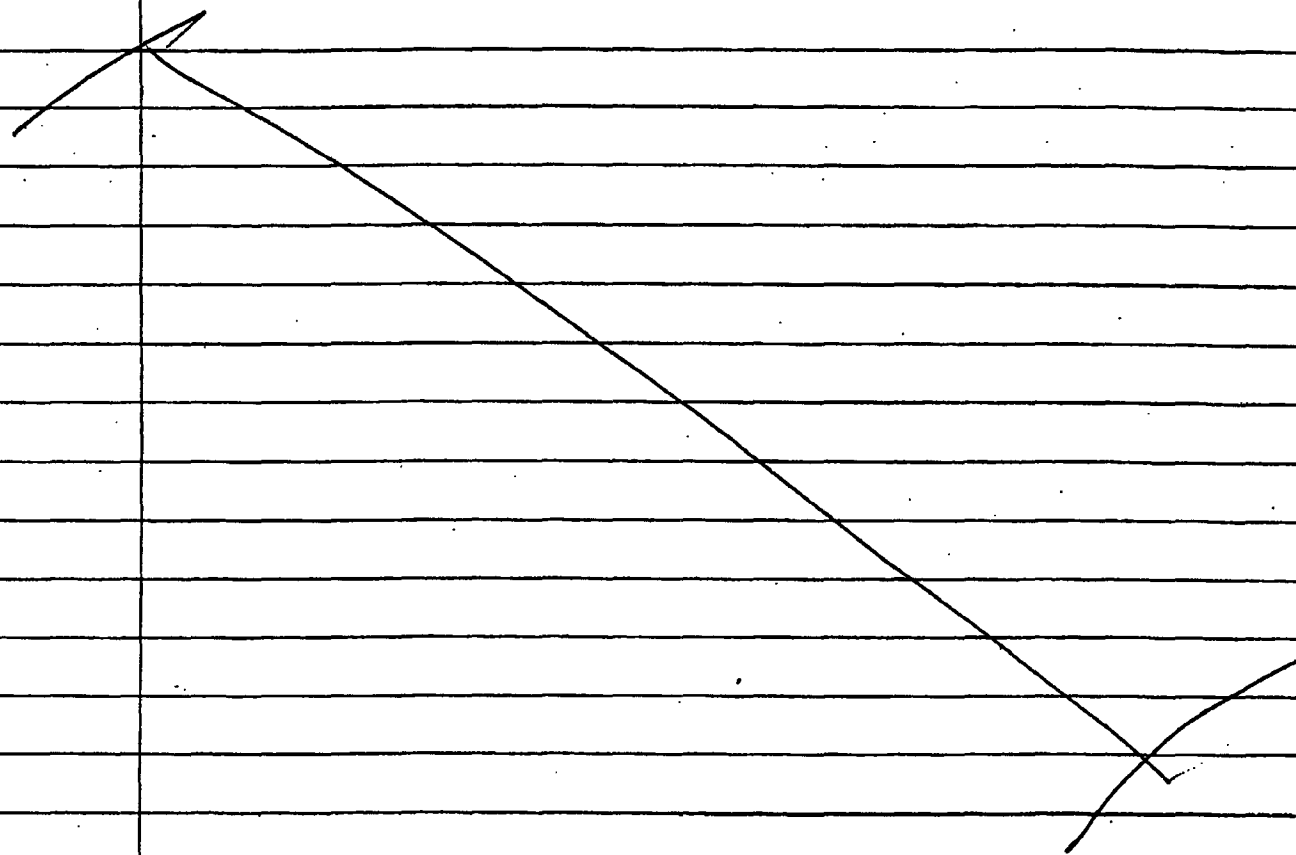
| | | | |
|-----------|------------|----------------|-----------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|-----------|------------|----------------|-----------|

| DATE | NOTES |
|------|-------|
|------|-------|

| | |
|-------------------|--|
| 16 OCT 03 0615 | HMN Tx given @ 0.5A/b/2.5 NSS, BBS for clear. RR 14 \emptyset evidence of distress. O2 SAT on 24/min NC 99% HR 171-80 |
|-------------------|--|

| | |
|----------------------|---|
| Resp therapy 0830 | P Tx BBS clear, NAR (b)(6)-2 COT Pt OOB ambulate to sink am care performed. Initial assessment complete noted on DTUNOO NAD noted will monitor (b)(6)-2 (b)(6)-2 SGT Quinn |
|----------------------|---|

| | |
|------|--|
| 1030 | MD Dr [REDACTED] is to see pt. Transfer orders written. Report given to SGT [REDACTED] Pt ready for transfer. VSS NAD (b)(6)-2 (b)(6)-2 SGT Quinn |
|------|--|



MEDICAL RECORD PROGRESS NOTES

DATE NOTES

16 OCT 03 Admission - 39 y/o ♂, READ: EDW RECEIVED FROM ICU.
 1145 Dx: Sp Asw to chest, flank, A+Ox3, PERRA, SKIN NORMAL W/DRY CONTACT, MUCOUS MEMBRANES PINK, MOIST, INTACT. LINGUAL CTA BUNATE SYMMETRICAL RISE AND FALL IN CHEST, S1-S2 STABLE AND REG, PULSES PALPABLE RADIAL, BRACHIAL BUNAT, CAP REG 43.
 ⊕ BS x4. MIDDLE INCISION CLOSED w STAPLES, C.O.I. DRESS TO (R) FLANK C.O.I. PT CONTINUES IV ANTI-BIOTIC THERAPY UNSTABLE 3gm IVPB q6, IVMIL TO (R) WRIST. O2 40% FLOW, 8% SHORTNESS OF BREATH. ALTHOUGH NO CRACKLES HEARD. SSC (b)(6)-2 CRT (b)(6)-2
 WILL CONTINUE PT MED TREATMENTS. WILL CONTINUE TO MONITOR SAT.

16 OCT 03 HHN Tx given - 0.5 ABW/2.5 NS. BBS FOR CLEAR W
 1200 to bases. HR 82-87. RR 16 stable. O2 SAT ON RA. 97%

Resp therapy NAP (b)(6)-2 CRT
 16 OCT 03 HHN Tx given - 0.5 ABW/2.5 NS BBS CTA ↓ LRL > LLL (b)(6)-2 RT
 1920 No adverse effects

16 OCT 03 Nurses Notes: Resumed care of W A + O
 2200 & c/o pain or discomfort. Vitals Stable
 IUSL pushes well. IV antibiotic unassyn Therap continues. Middle staples clean dry and intact. Dressing to (R) flank clean dry and intact. Will continue to monitor status (b)(6)-2

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

(b)(6)-4

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

16 OCT 03

GENERAL SURGERY SUR

1015

S: No Shortness of breath, N, V.
Tobacco by Regular diet
O: Aphasia, VS intact
114/60 T-98 P-75 R-15

CHA - No PTX - Still bacteremic, flank. No infx
Gen of Lungs - C7A. Drugs still intact -

AC POD = 7/5/3 - Dn: well
P: ① Transfer to 12W today
② Active UNK5W x 72°

(b)(6)-2

(b)(6)-2

MD

MAJ, MC USA
MHEP, DOS

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER
(SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 609 (REV. 6/1991)
Prescribed by GSA/DCMR FPMR (41CFR) 101-11.2030(h)(1)
USAPA V1.0

MEDCOM - 7862

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|---|
| 17 Oct 1244 | Pt given w/ prescribed dose. No adverse reactions. BBS CTA ↓ Lowly. (b)(6)-2 [redacted] RT |
| 17 Oct 0600 | Nursing: Shift / Sleep. Pt cont. IV antibiotic. Rti in to assess resp. + given tti. No signs of resp distress. Pt is unlabored, even resp. Pt slept > 1/2 the shift. Continue to assess. (b)(6)-2 [redacted] CRT |
| 17 Oct 03 1045 | Nursing: Pt Ato per 3000. mucous membranes moist and intact. Jug CTA with asymmetrical rise. Heart sounds strong & normal. Bowel sounds active x4 quad. Cap refill assess. Radial pulses distal and equal / strong. TCDB treatment done with venturi oxygenator done. SpO ₂ > 95%. No signs of labored breathing. Pt sleeping comfortably & no discomfort noted. Will continue to monitor throughout. (b)(6)-2 [redacted] |
| 1310 | HMO Tx given - 0.5 Ab / 2.5 NS. BBS for clear. RT |
| 17 Oct 03 | O ₂ SAT on R.A. 98%. HR 96-92. No C/p SOB, difficulty. |
| Resp therapy | NAR (b)(6)-2 [redacted] CRT |
| 17 Oct 03 1450 | Nurses Notes: Assumed care of Pt Ato & C/p pain or discomfort. Vitals Stable. Staples at midline clean dry and intact. Dressing to chest wall clean dry and intact. IV antibiotic therapy continues. HMO spontaneously. Will continue to monitor. (b)(6)-2 [redacted] |

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

(b)(6)-4 [redacted]

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

PROGRESS NOTES

MEDICAL RECORD

| DATE | NOTES |
|----------------|---|
| 7 Oct 1930 | Nurses notes! Dressing changes completed on chest wall. Sutures in place & bleeding or foul odor & signs of infection at site. |
| | Abrasion noted on R Scapula Red non bleeding & swelling will continue to monitor. Via interpreter Pt was told to keep off that side of his back. Pt verbalized through interpreter that he will comply. (b)(6)-2 [redacted] LT/As |
| 3 Oct 03 0536 | Nursing shift note/sleep Pt. slept most of shift side-lying most of night. % being cold when he sleeps. Encouraged to ↑ ambulation + H ₂ O intake this shift a.m. Resp. therapy assessed + gave tx. Changes in drug. on output lines cont. to monitor. (b)(6)-2 [redacted] CRT/As |
| 8 Oct 03 0532 | Nursing: U.O. Pt. had no output this shift. Plan to ↑ intake, Strict I+O. ↑ ambulation. Assess for depressive SA. (b)(6)-2 [redacted] RT/As |
| 18 Oct 03 0620 | HHN Tx given c O ₂ SAT 92% NS BBS for clear, RR 12, % 90% SOB, HR 86-89 Resp therapy O ₂ SAT on R.A 98%, NAR (b)(6)-2 [redacted] CA |

| | | | |
|-------------------------|------------------------------|--------------|------------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) |
| | LAST | FIRST | MI |
| PART/SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT |
| | | REGISTER NO. | WARD NO. |

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

(b)(6)-4 [redacted]

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

PROGRESS NOTES

MEDICAL RECORD

1 Oct 1100 Morning: Pt Afx postop x 3mm. incision membranes moist and intact. Surg CTA is symmetrical rise and fall of the chest. Heart sounds strong and normal. Bowel sounds active x 4 quad. Midline staples intact. Bilateral Radial pulses strong/ equal. ~~○ conditions of pain will continue to monitor throughout.~~

1 Oct 1452 Nurse Notes: Assumed care of GI & vitals (b)(6)-2. Stable dressing to (R) chest clear dry and intact. No foul odor or drainage noted midline. Staple clear dry and intact. No redness or swelling noted in area. IV antibiotic therapy continues. Pt Ambulates to bathroom OK. will continue to monitor status (b)(6)-2 9107/10

1955 changed dressing to (L) chest + back. No blood on dressing. Abrasion to Scapula: appears dry. Pt admits to pain when touched. will continue to monitor area. Advise Pt through interpreter to keep upright. Use incentive spirometer and keep on affected side. Pt verbally understanding (b)(6)-2

| | | | | |
|-------------------------|------------------------------|-------|-----------------------|--|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | OR DISCRETION TO MEMBER (SSN or Other) |
| | LAST | FIRST | MI | |
| PART / SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT | |
| | | | REGISTER NO. | WARD NO. |

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

(b)(6)-4

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

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

19 OCT 03 @ 0635 Assumed care of pt @ 2200. ASST WNL; VSS; please call SF Form 511. Staples to chest/midline: C.D.I. O2 Sat = 98%, PT denies C/O pain. Communicated to assist. from pt next to him. PT slept throughout most of the night. ABX given as ordered. Please see HOPS, [redacted] 2/1/AD

19 OCT 03 1015 - Assessment - APO x3, PERUA, LUNGS CIA BILAT. S1-S2 STRONG AND REG, ABS ALL MIDLINE INCISION SITE CLEAN, INTACT. DRSG TO @ FLANK C.D.I. O2 % PAIN. CONTINUES IN ANTIBIOTICS. DOB TO BE. [redacted] 7 Will continue to monitor throughout [redacted]

19 Oct 03 1419 Nurses Notes: Assumed care of pt APO & C/O pain or discomfort vitals stable staples to midline clean dry and intact & swelling or odor dressing to @ flank clean dry and intact. PT to perform self care today. Voids spontaneously. Encourage increase PO fluids. IV antibiotics continued will continue to monitor status [redacted] [redacted]

2005 Dressing change completed. Sutures in place. [redacted] [redacted] looking better still & C/O pain [redacted]

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST, MI) | DEPT./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

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

| DATE | NOTES |
|------|-------|
|------|-------|

20 OCT 03
@ 0330. Assumed care of pt @ 2200. Asst. WNL; uncoding BSx4; ABD soft, nontender; lungs CTA (R). Staples midline of chest = C, D, I. PT conts. to deny C/O pain. Communication/translation assist per roommate. PT sleeping currently. C/O N, V, DOR any other unusual s/sx. DRSG to @ Flank = C, D, I. VS q 6° noted & stable; uprad. see SF Form 511. ABX IV cont. Please see DA 4107B. PT c blanket over head most of night. Appears sleepy; sad but cooperative. Not very talkative per roommate. Will cont. to monitor

20 OCT 03
11 25 - Assessment - ALOx3, PERRA, lungs c/o clear, S1, S2 normal & clear, @ BSx4. C/O pain continues, IV ANTIBIOTICS, CONTAINS TUBB EXERCISES & INCENTIVE SPIROMETER. CONT TO BR. TALKING ME DIR. WILL CONTINUE TO MONITOR THROUGHOUT

20 Oct 03
1455 Nurse NRS: Assumed care of pt A+O & C/O pain or discomfort. Staples at midline C/D/I and dressing to (R) chest clean dry and intact. Pt practices & IS. at bedside ↓ BS to (R) lung. P/A productive cough & use of incentive spirometer. Pt ambulates to Rest Room OK. will continue to monitor

21 OCT 03
@ 0500. Assumed care of pt @ 2200. Asst. WNL; VS; please see SF Form 511. PT S C/O pain. Staples midline chest = C, D, I. TO clarify, Unasyn ABX order in PM. PT A+Ox3. BSx4 Lungs CTA (R) PT S further complaints. Will cont. to monitor.

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|-----------|------------------------|
| 21 OCT 03 | Department of the Army |
| 2300 | b(2)-2 |

NARRATIVE SUMMARY

DIAGNOSIS: GSW to (R) chest

PROCEDURES: 10 OCT 03 - LAP, APPENDECTOMY, WOUND DEBRIDEMENT

HISTORY OF PRESENT ILLNESS: DOA- 10 OCT 03 DODC- 22 OCT 03

36yo MAOI male who was shot by US forces on 10 OCT 03. He presented a TIKRIT w/ a Right chest laceration, tube w/ sutured wounds for 50 cal in (R) chest and (R) lower back.

HOSPITAL COURSE: Evaluation in EMT revealed splanchnic retroperitoneum & abdomen as an exploratory laparotomy was performed. No int. vcl. behind. No int. vcl. seen. A more proximal (R) solid retroperitoneal lesion was explored. Kistly - no injury to (R) elev. A/V in med. PSONS Hamhead Green

| | | | | |
|---|------------------------------|-------|--------------|---------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | (b)(6)-2 | SPONSOR'S ID NUMBER |
| | LAST | FIRST | | (N or Other) |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | | | |
| PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | | REGISTER NO. | WARD NO. |

PROGRESS NOTES
Medical Record

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

MEDCOM - 7868

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

| DATE | NOTES |
|------|-------|
|------|-------|

HOSPITAL COURSE (CONTINUED): Multiple adherent fecal balls were seen in Appendix. So an incidental appendectomy was performed. Pt was taken back to the OR twice for wound washout and DPC - Chest tube removed in PDD # 6. Staples and Suture removed PDD # 12. 2/22/03.

Pt was kept in UNASSYN 3 from IVAB day of op. Feeding regimen diet, including normal bowel function and ambulating with assistance.

DISPOSITION: DC to MP on 2/22/03.

RECOMMENDATIONS: P/M P/M for problems

MEDICATIONS: P/DORUM 800mg - 1 po TID w/ food.
 TYLENOL #3 - 1/2 - 1/2 po q 4h PRN
 CELAZEP 100mg - 4 po BID

(b)(6)-2 [Redacted] MD
 DRN M...
 AAJ MC USA
 CHIEF, DDS
 (b)(6)-2 [Redacted]

09 (REV. 5/1999) BACK
 USAPA V1.00

MEDCOM - 7869

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|---|
| 22 Oct 83 1419 | Nurses notes! Assumed care of pt A70 U1 tab Stable. Pt had ϕ c/o pain or discomfort. ϕ IV Access. Pt uses incentive spirometer & coughing today. Pt ambulates to Restroom & complication. will continue to monitor status [redacted] (b)(6)-2 Emic 10/19/83 |
| 1730 | Pt c/o pain \pm inspiration in \ominus Thoracic region. gave Pt MOM \pm have Pt ambulate for 20 minutes. will continue to monitor for for changes [redacted] (b)(6)-2 Emic 10/19/83 |
| 1900 | Pt Asleep ϕ c/o [redacted] (b)(6)-2 Comp 10/19/83 |
| 23 Oct 83 | Assumed care of pt @ 2200. 1158T. VNL; VS. please use SF #11. PT denies c/o pain. Her strips in place = c.o.t. to incisions. PT uneventfully sleeping. ϕ further complaints - awaiting d/c to MPs [redacted] (b)(6)-2 20/1/83 |

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

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 609 (REV. 6/1980)
Prescribed by GSA/CMR FPMR 41CFR 101-11.203b(10)
USAPA V1.00

MEDCOM - 7870

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|------------|----------------|-----------|
| 21 OCT 03 | 1100 | | |
| <p>ASSESSMENT - A to x3, PERRA, LUNAS, CATHART, S1-S2 STAPLES AND SUT, (P) BS VET. MIDLINE INCISION - S1S / DRSS TO (E) WOUND C.D.I. COB TO BR. 0% PAIN. TOLERATES P.S. DIZZ WILL CONTINUE TO MONITOR TENDRNESS</p> | | | |
| 21 OCT 03 | 1515 | | |
| <p>Nurses Notes: Assumed care of Lt A70. Denies pain or discomfort at this time. Staples to midline clean dry and intact. Suture to (R) for healing dry 5 & open area or bleeding. Suture to (E) chest and flank in place, clean dry and intact & no odor or signs of infection. Pt using incentive spirometer & coughing occasionally non productive cough. Pt able to ambulate 5 difficulty or compliance to rest room voids spontaneously. will continue to monitor status</p> | | | |
| 2015 | | | |
| <p>staple removed. wound dry, clean and intact & drainage or bleeding. Pt denies pain or tenderness to midline. will continue to monitor</p> | | | |
| 22 OCT 03 | @0245 | | |
| <p>Assumed care of pt @ 2200. ASST. WNL; VBS; please see SF 511. PT 5 C/O pain. ^{steri-strips} Staples midline of chest - C.D.I steri strips in place, as well as wound to (E) flank. PT ↑ ambulating 5 difficulty. Incisions 5 & S/O of infection / ^{erythema} tenderness. Will cont. to monitor. PT denies any further complaints / issues</p> | | | |

| MEDICAL RECORD | | PROGRESS NOTES | |
|-------------------|--|----------------|--|
| DATE | NOTES | | |
| 22 Oct 83 1419 | Nurses Note! Assumed care of Pt ATO Urtak Stable. Pt had ϕ c/o pain or discomfort. 4 IV Access. Pt uses incentive spirometer & coughing today. Pt ambulates to Restroom w/ complication. will continue to monitor status [redacted] (b)(6)-2 Emily 10/19 | | |
| 1730 | Pt c/o pain \pm inspiration in \ominus Thoracic region. gave Pt MOM \pm have Pt ambulate for 20 minutes. will continue to monitor for change [redacted] (b)(6)-2 9/10/83 | | |
| 1900 | Pt Asleep ϕ c/o [redacted] (b)(6)-2 20 | | |
| 23 Oct 83 | Assumed care of pt @ 2200. ASST. WNL; VS; please use SF 511. PT denies c/o pain. Her strips in place = C, D, I to incisions. PT currently sleeping. ϕ further complaints - awaiting AC to MPs [redacted] (b)(6)-2 20/83 | | |

| | | | |
|--|------------------------------|--------------|---------------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) |
| | LAST | FIRST | MI |
| DEPT./SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; (b)(6)-4 or SSN; Sex; Date of Birth; Rank/Grade) | | REGISTER NO. | WARD NO. |

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(a)(10)
USAPA V1.20

MEDCOM - 7872

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

| DATE | NOTES |
|------|-------|
|------|-------|

21 OCT 03 - ASSESSMENT - ATOX3, PERRA, LUNAS CIA PUGAT, S1-S2
 1100 STAPLE AIR REG, (+) BSM. MIDLINE INCISION SRS / DRSS TO (R)
 WANK C.D.T. COB TO BL @ 9% PAIN. TOLERATED BSS DIZZ
 Will continue to monitor transducer (b)(6)-2

21 OCT 03 Nurses Notes: Assumed care of pt ATO. Denies
 1515 pain or discomfort at this time. Staples to
 midline clean dry and intact. Bounce to (R) from
 healing dry & open area or bleeding. Suture
 to (R) chest and flank in place, clean dry and
 intact & odor or signs of infection. Pt
 using incentive spirometer & coughing
 occasionally non productive cough. Pt able
 to ambulate w/ difficulty or complains to
 rest room voids spontaneously. Will continue to
 monitor status (b)(6)-2

2015 staple removed. wound dry, clean and
 intact & drainage or bleeding. Pt denies
 pain or tenderness to midline. Will
 continue to monitor (b)(6)-2

22 OCT 03 Assumed care of pt @ 2200 ASST WNL; VSS; please see
 @0245 SF 511. PT is clo. pain. ^{steri-strips} Staples midline of chest - C.D.T.
 steri strips in place, as well as wound to (R)
 flank. PT ↑ ambulating w/ difficulty. Incisions w/
 S/Sx of infection / ^{ERRATA} irritation. Will cont.
 to monitor. PT denies any further
 complaints / issues (b)(6)-2

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Agency)

LOG NUMBER

| | | | | |
|---|------|---|--|--|
| ARRIVAL | | TRANSPORTATION TO HOSPITAL (Attach care receipt sheet) | CURRENT MEDS. (If toxic drug information and other data) | HISTORY OBTAINED FROM |
| DATE | TIME | <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE | | <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> OTHER (Specify) |
| 9 Oct 03 | 2110 | <input checked="" type="checkbox"/> OTHER (Specify) <i>air</i> | <i>Ø Ø</i> | <i>Ø N/A</i> |
| PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code) | | | | HOME TELE. NO. (inc. area code) |

CHIEF COMPLAINT(S) (Include symptom(s), duration)

GSW

SEX *M*

AGE *39*

POSSIBLE THIRD PARTY PAYER?

YES NO

VITAL SIGNS

| | | |
|-------------|--------|------------|
| TIME | 2110 | 2120 |
| BP | 135/80 | 147/87 |
| PULSE | 104 | 103 |
| RESP. | 20 | 16 |
| TEMP. | 100.8 | Ø |
| WT. (Child) | 71 kg | 100% BZWRB |

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S: 39 y.o. ♂ L/O GSW to (R) chest + (R) lower back, onset tonight, A/O X 3, Foley

TIME SEEN BY PROVIDER

on arrival

CATEGORY (See reverse)

EMERGENT

URGENT

NON-URGENT

39 y.o. ♂ L/O GSW to (R) chest and (R) flank, CT @ BAS, Foley / urinary retention. Stry Urtin IV. Pt arrived with wounds approx 3

*Admit - Ø
Pst - Ø
In - ?
LFT val - 1900
PST (Ø)*

ORDERS

| ORDERS | INITS. | TIME |
|------------------------|----------|-------------|
| <i>Amocef 1 gm</i> | <i>Ø</i> | <i>2120</i> |
| <i>Td 0.5cc IM</i> | <i>Ø</i> | <i>2120</i> |
| <i>1 cc PCP 177</i> | | |
| <i>VA HC</i> | | |
| <i>Chon 12, by per</i> | | |
| <i>1 cc M.D. pills</i> | | |

ASSESSMENT/DIAGNOSIS
*GSW (R) chest
(R) flank.*

*6. W.D. W.D. NAD P.A. X 3
N-NDA 7, PERD CP, EDY 2 (1) Ø
(R) wound (R) jaw
W. 4 mg/ml, Ø 771/Ø 55 mg
L. CT @ (R) chest (CT on (R)
S. HA 10%, Ø 1/1/8
F. Ø Ø Ø Ø Ø
MACE: (R) (R) flank Entero wound (1)*

DISPOSITION (Check all that apply)

HOME FULL DUTY

QUARTERS

24 Hrs. 48 Hrs. 72 Hrs.

MODIFIED DUTY UNTIL:

DAY MONTH YEAR

REFERRED TO (Indicate clinic)

EMERGENCY TODAY

72 HOURS ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE

IMPROVED UNCHANGED

DETERIORATED

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
WRITTEN ENTRIES GIVE: Name - last, first, middle;
DOB, service status, rank and relation of sponsor or next
of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD)

(b)(6)-2

SAP

1407265

(b)(6)-4

medications ordered, any limitations and follow-up

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

(b)(6)-2 / ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.
 MAJAN 11 OCT 03 DATE

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

PREOPERATIVE EVALUATION PREPARED BY (b)(6)-2 PREOPERATIVE EVALUATION PREPARED
 (b)(6)-2 MAJAN DATE: 11 OCT 03 TIME: 1030 MAJAN DATE: 11 OCT 03 TIME: 1202

REVERSE OF FORM 5179, JUN

MEDCOM - 7875

USAPAV1.0

| MEDICAL RECORD | | | INTRAOPERATIVE DOCUMENT | |
|---|---|---|-------------------------|--|
| For use of this form, see AR 40-66, the proce- dure is the office of The Surgeon General. | | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> | | 2. PATIENT IDENTIFIED BY <u>OR Staff</u> | | PROCEDURE <u>CPT, R</u> |
| 3. DATE <u>9 Oct 03</u> | | 4. PATIENT IN ROOM TIME <u>1015</u> | | NUMBER <u>1</u> |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | | |
| COMMENTS: | | | | |
| 6. NURSING PERSONNEL | | | | |
| ASSIGNED SCRUB | SPE | (b)(6)-2 | 91D | RELIEF SCRUB |
| ASSIGNED CIRCULATOR | CPT | (b)(6)-2 | 06E | RELIEF CIRCULATOR |
| 7. POSITION AND POSITIONAL AIDS (Specify) | | | | |
| <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | | |
| COMMENTS: | | | | |
| 8. SKIN PREPARATION | | | | |
| HAIR REMOVAL | | PREP SOLUTION (Specify) | | |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILETORY <input checked="" type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | SITE: <u>apple to groin</u> SITE: <u> </u> | | BY WHOM: <u> </u> BY WHOM: <u> </u> |
| COMMENTS: <u>6 nichs</u> | | COMMENTS: <u>of poly band-2</u> | | |
| 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 |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Instrument | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| (b)(6)-4 | | <input checked="" type="checkbox"/> ESU NO: <u>1-1</u> GROUND PAD: BRAND <u>Valk</u> LOT NO: <u>69671 2005-04</u> <input type="checkbox"/> ESU NO: GROUND PAD: BRAND LOT NO: <input type="checkbox"/> BIPOLAR NO: <u>ESU pad site deapart - of</u> | | |

| | | | | | |
|--|---------------------|------------------------------|--|------------------------------|--|
| 13. PROSTHESIS, IMPLANTS | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | IF YES, NAME: ID NUMBER | MANUFACTURER |
| 14. MEDICATIONS/ORDERS | | | | | |
| IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) | | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
| | | | | | |
| | | | | | |
| | | | | | |
| WOUND IRRIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, TYPE(S): <i>NAAC</i> | | | | | |
| OTHER ORDERS | | | | TIME | CARRIED OUT BY |
| | | | | | |
| PHYSICIAN'S SIGNATURE (b)(6)-2 | | | | <i>(Signature)</i> | |
| 15. X-RAY IN OPERATING ROOM IF YES, SITE | | | | | |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 16. LABORATORY SPECIMENS | | | | | |
| SPECIMEN (S) | NAME | | NAME | | |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| FROZEN SECTION (FS) | NAME | | NAME | | |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| CULTURE (C) | NAME | | NAME | | |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| NAME | NAME | | NAME | | |
| | | | | | |
| NAME | NAME | | 18. DRESSING/IMMOBILIZATION (Specify) | | |
| | | | 4x8 Cover All and pads | | |
| 17. TUBES, DRAINS/PACKING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| TYPE/SIZE | 1. <i>16A Foley</i> | 2. <i>Chest tube</i> | 3. <i>Sponges</i> | | |
| SITE | 1. <i>Bladder</i> | 2. <i>(R) pleural space</i> | 3. <i>(R) back wound</i> | | |
| 19. ADDITIONAL INFORMATION | | | | | |
| Dr (b)(6)-2 | | | Foley draining clear yellow urine from SR. Chest pleural space connected section post indubitation. | | |
| 20. OPERATION(S) PERFORMED | | | | | |
| <i>facial laceration repair</i> <i>7x8 back wound</i> <i>Exploratory laparotomy / Appendectomy</i> | | | | | |
| 21. PATIENT TRANSFERRED TO | | | TIME | METHOD | |
| <i>ICU</i> | | | <i>9:30</i> | <i>litter</i> | |
| 22. REGISTERED NURSE SIGNATURE (b)(6)-2 | | | <i>(Signature)</i> | | |

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

MEDCOM - 7877

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|---|---|--|---------------------|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Stretcher</u> BY <u>CPT</u> (b)(6)-2 <u>CRNA</u> | | 2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY (b)(6)-2 | |
| 3. DATE <u>11 OCT 03</u> TIME PATIENT ARRIVED IN SUITE <u>1042</u> | | 4. PATIENT IN ROOM TIME <u>1042</u> NUMBER <u>1-1</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | |
| COMMENTS: <u>Alert. Arousal speaking. Nurses confirmed NPO status.</u> | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>SSG</u> (b)(6)-2 <u>910</u> | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>MAJ</u> (b)(6)-2 <u>AN, WGE</u> | RELIEF CIRCULATOR | |
| 7. POSITION AND POSITIONAL AIDS (Specify) <u>Bean bag deflated. Axillary roll under Lt axilla. Pillow between legs + arms. Egg crate under left dependent leg. Egg crate between feet. Left leg bent. Right leg straight.</u> | | | |
| <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> GASKET LATERAL: <input type="checkbox"/> LEFT SIDE UP <input checked="" type="checkbox"/> RIGHT SIDE UP | | | |
| COMMENTS: <u>(B) Arms extended in front of body. Lt dependent arm resting on padded armboards</u> | | | |
| 8. SKIN PREPARATION | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | PREP SOLUTION (Specify) <u>Beta/Beta</u> | |
| DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT | | SITE: <u>Rt lateral chest/flank</u> BY WHOM: (b)(6)-2 | |
| METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR | | SITE: <u>back.</u> BY WHOM: | |
| COMMENTS: | | COMMENTS: <u>No pooling noted. Chux used.</u> | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND X Ground lead -- Safety strap == Tourniquet N/A | | | |
| 10. COUNTS | | | |
| C = Correct I = Incorrect | | | |
| | Other** | First Closing Count | Final Closing Count |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>C</u> |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>C</u> |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility): | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| (b)(6)-4 | | <u>30/30</u> | |
| | | <input checked="" type="checkbox"/> ESU NO: <u>VL FORCE II 000449</u> | |
| | | GROUND PAD: BRAND <u>VL Raytheon</u> | |
| | | LOT NO: <u>69263 EXP 2005-03</u> | |
| | | <input type="checkbox"/> ESU NO: _____ | |
| | | GROUND PAD: BRAND _____ | |
| | | LOT NO: _____ | |
| | | <input type="checkbox"/> BIPOLAR NO: _____ | |

13. PROSTHESIS, IMPLANTS YF NO IF YES, NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION YES NO, TYPE(S): NSS warm

OTHER ORDERS

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

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

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | / | / |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
 Kerofem
 Petrolatum Gauze
 Fluff
 4x8 Dressing sponges
 Coverall

19. ADDITIONAL INFORMATION (b)(6)-2

Q1 (b)(6)-2

20. OPERATION(S) PERFORMED
 DPC + D+I - back wound
 D+I, R+flank/chest wound

21. PATIENT TRANSFERRED TO ICU TIME 1202 METHOD litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2, MAS, AN

| MEDICAL RECORD | | INTRAOPERA | | DOCUMENT | |
|---|---|---|--|--|-----------------|
| For use of this form, see AR 40-66, the pro | | | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> | | BY <u>CPT (b)(6)-2 CRNA</u> | | 2. PATIENT IDENTIFIED BY <u>(b)(6)-2</u> MAJ, AN | |
| 3. DATE <u>13 OCT 03</u> | | TIME PATIENT ARRIVED IN SUITE <u>0815</u> | | 4. PATIENT IN ROOM NUMBER <u>1-1</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | | | |
| <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) | | | | | |
| COMMENTS: <u>APO status verified by ICU staff</u> See DA5179, dated <u>13 OCT 03</u> for assessment data | | | | | |
| 6. NURSING PERSONNEL | | | | | |
| ASSIGNED SCRUB | <u>PFC (b)(6)-2</u> | <u>9 MD</u> | RELIEF SCRUB | / | |
| ASSIGNED CIRCULATOR | <u>MAJ (b)(6)-2</u> | <u>AN/LOE</u> | RELIEF CIRCULATOR | | |
| 7. POSITION AND POSITIONAL AIDS (Specify) <u>Bear bag deflated, patient placed on left side. Axillary roll under left axilla. Rt arm extended in front resting on padded armboard. Pillow between arms, right arm neutral extended on pillow. Leg- crate straight resting on pillow on right leg- crate balances under rt foot ankle.</u> | | | | | |
| <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input checked="" type="checkbox"/> RIGHT SIDE UP | | | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | | PREP SOLUTION (Specify) <u>Beta/Beta</u> SITE: <u>Rt Chest + flank</u> BY WHOM <u>(b)(6)-2</u> SITE: <u>wall</u> BY WHOM _____ | | |
| COMMENTS: _____ | | | COMMENTS: <u>No pooling noted. Chux used.</u> | | |
| 9. LOCATION OF EXTERNAL DEVICES | | | | | |
| | | | | | |
| LEGEND: X Ground pad - Safety Strap ==== Tourniquet NA <u>Just by (b)(6)-2</u> | | | | | |
| 10. COUNTS | | | | | |
| C = Correct I = Incorrect | | | | | |
| | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | <u>(b)(6)-2</u> | <u>(b)(6)-2</u> |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>C</u> | <u>C</u> | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | | | | |
| <u>(b)(6)-4</u> | | | | | |
| 12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| <u>Setup 30/30</u> <input checked="" type="checkbox"/> ESU NO: <u>000442 VL FORCE II</u> GROUND PAD: BRAND <u>VL Polyherm</u> LOT NO: <u>69263 EXP 2005-03</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____ | | | | | |

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

14. MEDICATIONS/ORDERS

| IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) | | | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|--|--------|------|--------|-------------|------------------------------|--|
| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

WOUND IRRIGATION YES NO, TYPE(S): NSS warm

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

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

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

16. SPECIMEN(S) YES NO

| TYPE | NAME | NAME | |
|---------------------|---|------|------|
| FROZEN SECTION (FS) | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| CULTURE (C) | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| NAME | NAME | NAME | NAME |
| NAME | NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
 Xeroform
 4x8 dressing
 sponges
 Coverdine
 CPT (b)(6)-2, CRNA

19. ADDITIONAL INFORMATION (b)(6)-2

DA (b)(6)-2

20. OPERATION(S) PERFORMED
 I+D Rt chest wound + DPC

21. PATIENT TRANSFERRED TO ICU TIME 0935 METHOD litter
 (b)(6)-2 R. VAJAN

MEDICAL RECORD

VITAL SIGNS RECORD

| HOSPITAL DAY | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|
| POST-DAY | DAY | 3 | 4 | | | | | |
| MONTH-YEAR | DAY | OCT 16 | OCT 17 | OCT 18 | OCT 19 | OCT 20 | OCT 21 | OCT 22 |
| HOUR | PULSE (O) | TEMP. F (°) | PULSE (O) | TEMP. F (°) | PULSE (O) | TEMP. F (°) | PULSE (O) | TEMP. F (°) |
| 1800 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1700 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1600 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1500 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1400 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1300 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1200 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1100 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 1000 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 900 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 800 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 700 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 600 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 500 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |
| 400 | 88 | 98.8 | 90 | 98.8 | 90 | 98.8 | 90 | 98.8 |

(Centigrade Equivalents, for Reference only)

| RESPIRATION RECORD | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--------------------|----------|--------|---------|---------|---------|---------|---------|---------|
| BLOOD PRESSURE | | 114/61 | 124/61 | 128/61 | 124/60 | 110/60 | 118/62 | 118/63 |
| HEIGHT: | WEIGHT → | 99% 95 | 98 97.5 | 98 97.5 | 98 97.5 | 98 97.5 | 98 97.5 | 98 97.5 |

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

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 7882

MEDICAL RECORD **VITAL SIGNS RECORD**

| HOSPITAL DAY | | | | | | | | | | | | | | |
|--------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|---------|
| POST- | DAY | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | | | | | | | | | | | |
| 19 | 23 | | | | | | | | | | | | | |
| | HOUR | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (°) | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

| RESPIRATION RECORD | | | | | | | | | | | | | |
|--|----------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| Record special data only when so ordered | BLOOD PRESSURE | | | | | | | | | | | | |
| | HEIGHT: | WEIGHT → | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

STANDARD FORM 511 (REV. 7-95) BACK
 *U.S.G.P.O. 1998-404-783/40069

| | | | | | |
|---------------------------------|------------------------|------------------------|--------------------|--------------------------------------|----------------|
| Ward/Section: ICU | | Physician: (b)(6)-2 | | LABORATORY RESULT FORM | |
| Name: (b)(6)-4 | | Date: 9 Oct 03 | | (Subject to the Privacy Act of 1974) | |
| Patient # (b)(6)-4 | | Time: | | Patient # (b)(6)-4 | |
| Chemistry 7 | | Urinalysis | | Hematology (CBC) | |
| Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 151⁺ | 73 - 118 mg/dL | Color | | N/A |
| BUN | 15 | 7 - 22 mg/dL | App | | N/A |
| Creat | 1.4 | 0.6 - 1.2 mg/dL | Glu | | Negative |
| Na | 141 | 128 - 145 mmol/L | Bili | | Negative |
| K | 4.4 | 3.3 - 4.7 mmol/L | Ket | | Negative |
| Cl | 105 | 98 - 108 mmol/L | SGav. | | N/A |
| CO2 | 27 | 18 - 33 mmol/L | Bld | | Negative |
| Chemistry 12/LFT | | | pH | | N/A |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 |
| ALT | | 10 - 47 µg/dL | Nit | | Negative |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative |
| AST | | 11 - 38 µg/dL | Micro UA | | |
| Tbili | | 0.2 - 1.6 mg/dL | | | |
| TP | | 6.4 - 8.1 g/dL | Blood Gas | | |
| Ca | | 8.0 - 10.3 mg/dL | | | |
| Chol | | 100 - 200 mg/dL | Coagulation | | |
| Creat | | 0.6 - 1.2 mg/dL | | | |
| BUN | | 7 - 22 mg/dL | PT | | 9.8 - 13.6 sec |
| GLU | | 73 - 118 mg/dL | aPTT | | 21 - 34 sec |
| Other Chem | | | INR | | N/A |
| Troponin | | Negative | MISC | | |
| GLU Only | | 73 - 118 mg/dL | | | |
| CK | | 39 - 380 µg/L - Male | Malaria | | Negative |
| | | 30 - 190 µg/L - Female | Gram Stain | | N/A |
| | | | UA Tox: | | Negative |
| | | | HCG | | Negative |
| | | | PO2 | | 80 - 105 |
| | | | HCO3 | | 22 - 26 |
| | | | TCO2 | | 23 - 27 |
| | | | BE | | (-2) - 3 |
| | | | sO2 | | 95 - 100% |
| Additional Instructions: | | | | | |
| Reported By | (b)(6)-2 | Date | 10 Oct 03 | Lab ID # | |

MEDCOM - 7884

EMT

(b)(6)-2

Subject to the Privacy Act of 1974)

Name:

E P W

Date:

9 Oct 03

Time:

2115

#

(b)(6)-4

| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
|------------------|--------|------------------------|------------|-----------|--------------|------------------------|--------|-----------------------------|
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 127 | 73 - 118 mg/dL | Color | DK Yellow | N/A | WBC | 21.4 | 4.8 - 10.8 x 1E3 |
| BUN | 16 | 7 - 22 mg/dL | App | CLEAR | N/A | RBC | 3.96 | 4.7 - 6.1 x 1E6 |
| Creat | 1.2 | 0.6 - 1.2 mg/dL | Glu | NEG | Negative | Hgb | 13.0 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 142 | 128 - 145 mmol/L | Bili | NEG | Negative | Hct | 40.3 | 45 - 52% (M); 37 - 47% (F) |
| K | 4.6 | 3.3 - 4.7 mmol/L | Ket | NEG | Negative | MCV | 101.8 | 80 - 99 fL |
| Cl | 105 | 98 - 108 mmol/L | SGav. | 1.030 | N/A | Plt | 139 | 130 - 500 1E3 |
| TCO2 | 24 | 18 - 33 mmol/L | Bld | MOD | Negative | Lymph% | 6.9 | 20.5 - 51.1 % |
| Chemistry 12/LFT | | | pH | | | Hematology Manual Diff | | |
| ALB | 3.7 | 3.5 - 5.5 g/dL | Prot | SW | Negative | Segs | | Lymph |
| ALP | 69 | 26 - 84 µg/dL | Urob | 0.2 | 0.2 - 1.0 | Bands | | Atyp |
| ALT | 13 | 10 - 47 µg/dL | Nit | NEG | Negative | Mono | | Imm |
| AMY | 28 | 14 - 97 µg/dL | Leuk | NEG | Negative | Eos | | RBC Morph |
| AST | 28 | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | 0.7 | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | 7.3 | 6.4 - 8.1 g/dL | | | | PT | 13.1 | 9.8 - 13.6 sec |
| Ca | 7.8 | 8.0 - 10.3 mg/dL | | | | aPTT | 30.2 | 21 - 34 sec |
| Chol | 124 | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | 1.3 | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | 15 | 7 - 22 mg/dL | | | | Malaria | | Negative |
| GLU | 130 | 73 - 118 mg/dL | | | | Gram Stain | | N/A |
| Other Chem | | | Blood Gas | | | | | |
| Troponin | | Negative | ph | | 7.31 - 7.45 | UA Tox: | | Negative |
| GLU Only | | 73 - 118 mg/dL | PCO2 | | 35 - 45: Art | HCG | | Negative |
| -CK | | 39 - 380 µg/L - Male | PO2 | | 80 - 105 | | | |
| | | 30 - 190 µg/L - Female | HCO3 | | 22 - 26 | | | |
| | | | TCO2 | | 23 - 27 | | | |
| | | | BE | | (-2), -3 | | | |
| | | | sO2 | | 95 - 100% | | | |

Additional Instructions:

| | | | | | |
|-------------|----------|------|-----------|----------|--|
| Reported By | (b)(6)-2 | Date | 09 Oct 03 | Lab ID # | |
|-------------|----------|------|-----------|----------|--|

MEDCOM - 7885

Ward/Section: ICU Requesting Physician: Dr ^{(b)(6)-2} Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI ^{(b)(6)-4} [REDACTED] TIME 14 Oct 03 0530 SSN/PSELIDO SSN: ^{(b)(6)-4} [REDACTED]

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|--------------------------|--------------|---------------------------------|------------|------------|----------------|---------------------------|--------|----------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | <u>5.6</u> | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | <u>3.17</u> | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | <u>10.2</u> | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | <u>31.7</u> | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | <u>100.0</u> | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | ALB | | 3.5-5.5 g/dl |
| Plt | <u>164</u> | 130-500 x 10 Verified | SG | | N/A | ALP | | 26-84 u/l |
| Lymph % | <u>27.7</u> | 20.5-51.1% | Bld | | Negative | ALT | | 10-47 u/l |
| (Hematology) Manual Diff | | | pH | | N/A | AMY | | 14-97 u/l |
| Segs | | | Prot | | Negative | AST | | 11-38 u/l |
| Bands | | | Urob | | 0.2-1.0 | TBIL | | 0.2-1.6 mg/dl |
| Lymph | | | Nit | | Negative | BUN | | 7-22 mg/dl |
| Atyp | | | Leuk | | Negative | CA** | | 8.0-10.3 mg/dl |
| RBC Morph | | | HCG | | Negative | CHOL | | 100-200 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | MET | | | CRE | | 0.6-1.2 mg/dl |
| Sed Rate | | | TEST | RESULT | REF. RANGE | GLU | | 73-118 mg/dl |
| Other | | | GLU | <u>94</u> | 73-118 mg/dl | TP | | 6.4-8.1 g/dl |
| Coagulation Studies | | | BUN | <u>8</u> | 7-22 mg/dl | | | |
| Test | Result | Ref. Range | CRE | <u>1.0</u> | 0.6-1.2 mg/dl | | | |
| PT | | 9.8-13.6 secs | [REDACTED] | | | Malaria Smear Results: | | |
| APTT | | 21-34 secs | NA* | <u>134</u> | 128-145 mmol/l | | | |
| INR | | | K* | <u>3.7</u> | 3.3-4.7 mmol/l | | | |
| | | | CL* | <u>105</u> | 98-108 mmol/l | | | |
| | | | CO2 | <u>25</u> | 18-33 mmol/l | | | |

Microscopic UA
Results: CK 290

Remarks:
Reported by: ^{(b)(6)-2} [REDACTED] DATE: 14 Oct 03 LAB ID NO: _____

Ward/Section: ICU Requesting Physician: (b)(6)-2 Laboratory Result Form
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-4 DATE: 15 Oct 03 TIME: 0500 SSN/PSEUDO.SSN: (b)(6)-4

| Hematology (CBC) | | | Urinalysis | | | Misc. Serology | | |
|------------------|--------------|---------------------------------|------------|--------|------------|----------------|--------|-------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | <u>6.1</u> | 4.8-10.8 x 10 | Color | | N/A | PRP | | Negative |
| RBC | <u>2.84</u> | 4.7-6.1 x 10 | App | | N/A | Mono | | Negative |
| Hgb | <u>9.3</u> | 14-18g/dl (M) 12-16 g/dl (F) | Glu | | Negative | Chemistry 12 | | |
| Hct | <u>28.6</u> | 45-52% (M) 37-47% (F) | Bili | | Negative | | | |
| MCV | <u>100.8</u> | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | Test | Result | Ref. Range |
| Plt | <u>147</u> | 130-500 x 10 Verified | SG | | N/A | ALB | | 3.5-5.5 g/d |
| Lymph % | <u>12.0</u> | 20.5-51.1% | Bld | | Negative | ALP | | 26-84 u/l |

| (Hematology) Manual Diff | | | Chemistry 12 | | |
|--------------------------|--------|--------------------------|--------------|--------|------------|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Segs | | | ALT | | 10-47 u/l |
| Bands | | | AMY | | 14-97 u/l |
| Lymph | | | AST | | 11-38 u/l |
| Atyp | | | TBIL | | 0.2-1.6 mg |
| RBC Morph | | | BUN | | 7-22 mg/dl |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CA** | | 8.0-10.3 m |
| Sed Rate | | | CHOL | | 100-200 m |
| Other | | | CRE | | 0.6-1.2 mg |

MET 7

| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
|------|--------|------------|------|------------|---------------|
| pH | | N/A | GLU | <u>81</u> | 73-118 mg/dl |
| Prot | | Negative | BUN | <u>11</u> | 7-22 mg/dl |
| Urob | | 0.2-1.0 | CRE | <u>0.8</u> | 0.6-1.2 mg/dl |
| Nit | | Negative | MISC | | |
| Leuk | | Negative | | | |
| HCG | | Negative | TP | | 6.4-8.1 g/d |

| Coagulation Studies | | | MISC | | |
|---------------------|--------|---------------|------|------------|----------------|
| Test | Result | Ref. Range | TEST | RESULT | REF. RANGE |
| PT | | 9.8-13.6 secs | NA* | <u>133</u> | 128-145 mmol/l |
| APTT | | 21-34 secs | K* | <u>3.6</u> | 3.3-4.7 mmol/l |
| INR | | | CL* | <u>106</u> | 98-108 mmol/l |
| | | | CO2 | <u>23</u> | 18-33 mmol/l |

Microscopic UA
Results:

Remarks:

Repd: (b)(6)-2 DATE: 15 OCT LAB ID NO: (b)(6)-4

| | | | | | | | | |
|------------------------------|------------|------------------------|--------------------------------|--------|--------------|-------------------------------|--------------|-----------------------------|
| Ward/Section: ICU | | | Physician: Dr. (b)(6)-2 | | | LABORATORY RESULT FORM | | |
| Name: (b)(6)-4 | | | Date: 16 Oct 03 | | | Time: 0500 | | |
| | | | | | | Patient # | | |
| Chemistry 7 | | | Urinalysis | | | Hematology (CBC) | | |
| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
| GLU | 94 | 73 - 118 mg/dL | Color | | N/A | WBC | 65 | 4.8 - 10.8 x 1E3 |
| BUN | 11 | 7 - 22 mg/dL | App | | N/A | RBC | 340 | 4.7 - 6.1 x 1E6 |
| Creat | 0.9 | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | 10.9 | 14 - 18 g/dL (M); 12-16 (F) |
| Na | 139 | 128 - 125 mmol/L | Bili | | Negative | Hct | 34.1 | 45 - 52% (M); 37 - 47% (F) |
| K | 3.5 | 3.3 - 4.7 mmol/L | Ket | | Negative | MCV | 100.3 | 80 - 99 fL |
| Cl | 102 | 98 - 108 mmol/L | SGav. | | N/A | Plt | 163 | 130 - 500 1E3 |
| CO2 | 25 | 18 - 33 mmol/L | Bld | | Negative | Lymph% | 18.9 | 20.5 - 51.1 % |
| Chemistry 12/LFT | | | pH | | N/A | Hematology Manual Diff | | |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Segs | | Lymph |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Bands | | Atyp |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | Mono | | Imm |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | Eos | | RBC Morph |
| AST | | 11 - 38 µg/dL | Micro UA | | | Baso | | Plt. Est |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Coagulation | | |
| TP | | 6.4 - 8.1 g/dL | | | | PT | | 9.8 - 13.6 sec |
| Ca | | 8.0 - 10.3 mg/dL | | | | aPTT | | 21 - 34 sec |
| Chol | | 100 - 200 mg/dL | | | | INR | | N/A |
| Creat | | 0.6 - 1.2 mg/dL | | | | MISC | | |
| BUN | | 7 - 22 mg/dL | Blood Gas | | | Malaria | | Negative |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | Gram Stain | | N/A |
| Other Chem | | | PCO2 | | 35 - 45: Art | UA Tox: | | Negative |
| Troponin | | Negative | PO2 | | 80 - 105 | HCG | | Negative |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | | | |
| CK | 92 | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | | | |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | | | |
| | | | sO2 | | 95 - 100% | | | |
| Additional Instructions: | | | | | | | | |
| Reported By: (b)(6)-2 | | | Date: 16 Oct 03 | | | Lab ID #: OP | | |

MEDCOM - 7888

| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML - "1" = CONSTANT INFUSION | | MEDICAL RECORD | | | | ANESTHESIA | | TOTALS |
|---|-------|----------------|-----|-----|-----|------------|------|--------|
| Propofol (mcg) | 150 | 150 | 150 | 150 | 150 | | 500 | |
| Vecuronium (mcg) | 2.0 | | | | | | 2.00 | |
| Sufentanil (mcg) | 100 | 4 | 2 | 4 | | | 480 | |
| Neostigmine (mcg) | | | | | | 4/0.4 | | |
| SPAY | 150 | % del | 2.0 | 2.0 | 1.5 | 2.0 | 1.5 | 1.5 |
| | | % e.t. | | | | | | |
| AIR | L/Min | | | | | | | |
| N2O | L/Min | | | | | | | |
| O2 | L/Min | | 8 | 7 | 2 | 2 | 2 | 7 |

| SINGLE DOSE DRUGS - MARK ON DRUG WITH NUMBERS CENTER IN REMARKS | | EST BLOOD LOSS | | URINE - | | EXTRA - SUMMARY | |
|--|---------------------------------|----------------|--|---------|--|-----------------|------|
| LINE site | <input type="checkbox"/> Warmed | | | | | CRYSTALLOID | 2600 |
| LA 185 | <input type="checkbox"/> Warmed | | | | | COLLOID | |
| | <input type="checkbox"/> Warmed | | | | | BLOOD | |
| | <input type="checkbox"/> Warmed | | | | | REMARKS | |

REMARKS
Code drugs with numbers, events with letters
22:50T, 23:00T IN AIR
23:00T UNK SYST SCAM
N/A'S

TIME → 20:15 30 • 25⁰⁰ • 30 • 24⁰⁰ • 30 • 01⁰⁰

| SYMBOLS: | BP by cuff | Heart rate | Resp rate | BP (transduced) | TOURNIQUET | ANES - X-X | PROC - O-O |
|----------|------------|------------|-----------|-----------------|------------|------------|------------|
| V | | | | | | | |
| ∧ | | | | | | | |
| • | | | | | | | |
| + | | | | | | | |
| ⊥ | | | | | | | |
| T-X | | | | | | | |

| VT - ml | f - breaths/min | Peak inf pres / PEEP | MODE - (Spont, Assist, Control) | BP/Auto Cuff | ET CO2 (torr) | BP / oth | FIO2 (Frac or %) | ART line | SpO2 (%) | Steth - PCIES | ECG | Gas analyzer | TEMP - site | N-M Block (T14) |
|---------|-----------------|----------------------|---------------------------------|--------------|---------------|----------|------------------|----------|----------|---------------|-----|--------------|-------------|-----------------|
| 100 | 10 | 16 | S/C | 48 | 48 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |
| 120 | 12 | 16 | S/C | 50 | 50 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |
| 140 | 14 | 16 | S/C | 52 | 52 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |
| 160 | 16 | 16 | S/C | 54 | 54 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |
| 180 | 18 | 16 | S/C | 56 | 56 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |
| 200 | 20 | 16 | S/C | 58 | 58 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |
| 220 | 22 | 16 | S/C | 60 | 60 | 98 | 100 | 100 | 100 | 5R | 5R | 5R | 37.5 | 4/4 |

RECOVERY AT 0040
PACU ICU (Specify)
OTHER
CONDITION:
RESP-13 SpO2-97%
BP- HR-102

PROC ANES Start Room End
2200 240 2045
PROC Ready Begin End
2205 240 2030

Mark with letters & symbols, explain under REMARKS
EVENTS Position → 01

PROCEDURES and CPT Codes
PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical facility
SURGEON: (b)(6)-2

ANESTHETIC TECHNIQUES. Describe block technique under Remarks
G/STA
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
P. 20-02 5ml 90% FIO2, RSI & Circum Pressure, 12 X 2
114 L, Grade T min 8.0155 Blood 24cm @ 0.2 (F7) 24

PROCEDURE LOCATION 1-1
DATE 9 OCT 05
PAGE 1 OF 1
WAMC OP 376 REVISED Jan 99
MEDCOM - 7889
"U.S. GPO: 2002-729-180/40137"

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|--|--|---|---------------|--------------------------------|
| (b)(6)-4 | | | 10 OCT 03 | 0001 | |
| | | | ① Admit ICU - | | |
| | | | ② Dx: SP Ex lap, (R) GSW chest | | |
| | | | ③ Card - SI | | |
| | | | ④ Act - in chair TID | | |
| | | | ⑤ Allergy - NKDA | | |
| | | | ⑥ VS per routine, Pulse OK | | |
| | | | ⑦ Diet - Clear liquids | | |
| | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | ↓ | ↓ | |
| | | | ⑧ IV: D5 1/2 NS @ 150 cc/hr | | |
| | | | ⑨ Poly to gravity | | |
| | | | ⑩ Chest tube to 20cm H ₂ O pressure | | |
| | | | ⑪ Strict I's and O's | | |
| | | | ⑫ IS q 1 hour while awake | | |
| | | | ⑬ Meds: MSO ₂ 4-8mg IVSP q 1 ^o prn pain | | |
| | | | Zantac 50mg IV TID | | 08 11, 24 |
| | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | ↓ | ↓ | |
| | | | Muonex 3.0gm IV q 6 ^o | | 06 12, 18, 24 |
| | | | Phenergan 25mg IVSP q 8 ^o prn nausea | | |
| | | | ⑭ Cbc, ChemT in Am | | |
| | | | ⑮ CXR in Am | | |
| | | | ⑯ CVA NMS | | |
| | | | DATE OF ORDER | TIME OF ORDER | HOURS |
| | | | 21 ^o 11 OCT 03 @ 0500 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7890

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 ↓ 11 Oct 03 | TIME OF ORDER 1540 | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | | | ① T-Teu - Dr. (b)(6)-2 | | | |
| | | | ② SP IAD chest/back wounds | | | |
| | | | ③ Resume all pre-op orders. | | | |

| | | | | | |
|--------------|----------|---------|----------|----------|-------|
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 | Y, MD |
|--------------|----------|---------|----------|----------|-------|

| | | | | | | |
|------------------------------------|----------|---------|---|---------------|-------|--------------------------------|
| PATIENT IDENTIFICATION (b)(6)-4 | | | DATE | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | | | 11 Oct 03 | 1000 | | |
| | | | Tylenol (50mg) q 4h prn for Temp > 101° | | | |
| | | | V.O. - Dr. Davery (appt with med) | | | (b)(6)-2 |
| | | | (b)(6)-2 | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| | | | | | | |
|------------------------------------|----------|---------|-----------------------|---------------|-------|--------------------------------|
| PATIENT IDENTIFICATION (b)(6)-4 | | | DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | | | 12 Oct 03 | 1200 | | |
| | | | Dr. (b)(6)-2 | | | |
| | | | ① Regular diet | | | |
| | | | ② NPO e m m | | | |
| | | | Signed by (Signature) | | | |
| | | | (b)(6)-2 | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| | | | | | | |
|------------------------|----------|---------|------|-------|-------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE | ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 7 JUL 77, WHICH MAY BE USED.

MEDCOM - 7891

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| | | | |
|---|-----------------------------------|------------------------------------|---------------------------------------|
| PATIENT IDENTIFICATION (b)(6)-4 | DATE OF ORDER 13 OCT 03 | TIME OF ORDER 0935 HOURS | LIST TIME ORDER NOTED AND SIGN |
|---|-----------------------------------|------------------------------------|---------------------------------------|

- ① To ICU - Dr. (b)(6)-2
- ② Dx - SP DPC chest wound
- ③ cont. galls NKDA
- ④ VS q 1st, I+O, Monitor, Pulse ox
- ⑤ ACT LUP in chie QID

| | | | |
|---------------------|-----------------|----------------|---|
| NURSING UNIT | ROOM NO. | BED NO. | <ul style="list-style-type: none"> ⑥ DKT - Pacemaker ⑦ IV LAR FRA 75cc/hour |
|---------------------|-----------------|----------------|---|

| | | | |
|-------------------------------|----------------------|----------------------|---------------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|-------------------------------|----------------------|----------------------|---------------------------------------|

- 1000 ✓
- ⑧ Chest tube to 20cm H₂O Smith's
 - ⑨ CXR now
 - ⑩ UNASYN 3 gm IV PB q 6^h
 - ⑪ TCDB q 1st INCENTIVE SPIROMETRY 10-20x/hour

| | | | |
|---------------------|-----------------|----------------|---|
| NURSING UNIT | ROOM NO. | BED NO. | <ul style="list-style-type: none"> ⑫ MORPHINE 2-8 mg IV q 2nd pm/pm ⑬ Percocet - T-tips q 4th pm/pm |
|---------------------|-----------------|----------------|---|

| | | | |
|-------------------------------|----------------------|----------------------|---------------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|-------------------------------|----------------------|----------------------|---------------------------------------|

- ⑭ MOTILIN 600 mg TID q 6^h w/food
- ⑮ ZANTAC 150mg TID
- ⑯ CXR in AM
- ⑰ CBC, chem 8 AM
- ⑱ NOTIFY MD Fr T. 7:40A, PL 60

| | | | |
|---------------------|-----------------|----------------|--|
| NURSING UNIT | ROOM NO. | BED NO. | <ul style="list-style-type: none"> ⑲ a 7:10, SBP < 100 w 7:50, NO UO in 6 hours, Sat 292% |
|---------------------|-----------------|----------------|--|

| | | | |
|-------------------------------|----------------------|----------------------|---------------------------------------|
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|-------------------------------|----------------------|----------------------|---------------------------------------|

Transcribed ✓
 13 Oct 03
 1200

① Ambulate 9:10 in ward
 Taken by (b)(6)-2

MAJ, MC USA
 CHIEF, DOS
 (b)(6)-2
 (b)(6)-2
 (b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|----------|---------|--|---------------------------|--------------------------------|
| (b)(6)-4 | | | 13 Oct 03 | 1000 HOURS | |
| Verified 1310 13 Oct 03 (b)(6)-2 | | | VO Dr. [Redacted] (b)(6)-2 ① O ₂ per [Redacted] N/C @ 2L [Redacted] by [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 MD | |
| | | | 2404 13 Oct 03 @ [Redacted] | (b)(6)-2 | [Redacted] |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 15 Oct 03 | 0030 HOURS | |
| Done 15 Oct 03 (b)(6)-2 | | | ① VO Per Dr. [Redacted] (b)(6)-2 - O ₂ 9 AM | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 MD | |
| | | | | MAJ, MC USA CHIEF, DOS | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 15 Oct 03 | 1315 HOURS | |
| Verified 15 Oct 03 (b)(6)-2 | | | VO Dr. [Redacted] ① Fentanyl Somerg IV x 1 now ② O ₂ x 1 @ 1600 | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 MD | |
| | | | | MAJ, MC USA CHIEF, DOS | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 15 Oct 03 | 1645 HOURS | |
| Noted [Redacted] (b)(6)-2 | | | ① Albuterol 0.5cc / 3cc NS N/A [Redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2 | (b)(6)-2 MD | |
| | | | | MAJ, MC USA CHIEF, DOS | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7893

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| | | | | | |
|------------------------|--|--|------------------------------------|---------------|---------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | -LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 15 Oct 03 | 1711 HOURS | |
| | | | ✓ A Usual Sign to Q4° | | 1711 |
| | | | V.O. De (b)(6)-2 (b)(6)-2 (b)(6)-2 | | |
| | | | (b)(6)-2 (b)(6)-2 | | MD |
| | | | MAJ, MC USA CHIEF, DOS | | |

| | | | | |
|--------------|----------|---------|-----------------------|--------|
| NURSING UNIT | ROOM NO. | BED NO. | 24 ✓ 16 Oct 03 @ 0430 | CPT AN |
|--------------|----------|---------|-----------------------|--------|

| | | | | | |
|------------------------|--|--|---------------------------|---------------|----------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| (b)(6)-4 | | | 20 OCT 03 | 1130 HOURS | |
| | | | ① DC UNASY W IV. | | (b)(6)-2 |
| | | | V/O (b)(6)-2 (b)(6)-2 | | |
| | | | (b)(6)-2 | | CPT, MEC |
| | | | (b)(6)-2 | | |
| | | | MAJ, MC USA CHIEF, DOS | | MD |

| | | | | | |
|------------------------|--|--|---------------|---------------|-------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|------------------------|--|--|---------------|---------------|-------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|--|--|---------------|--|--------------------------------|
| | | | 16 OCT 03 | 0950 | |
| | | | ① | Transfer to ICW - DR | (b)(6)-2 |
| | | | ② | DX - SP GSW to chest/flank | |
| | | | ③ | and stable | |
| | | | ④ | NKDA | |
| | | | ⑤ | VS 9 6 | |
| | | | ⑥ | ACTIVITY - UP in chair QID, AMBULATE WITH ASSISTANCE QID | |
| | | | ⑦ | DIET - REGULAR | |
| | | | ⑧ | HEP LOCK IV | |
| | | | ⑨ | UNASYN 3 grams IV PB q 6 | |
| | | | ⑩ | PERCOCET q 4-6 po q 4 PRN/PAIN | |
| | | | ⑪ | COLACE 100mg - 1 po BID | |
| | | | ⑫ | MOTRIN 600mg - 1 po q 6 w/food PRN/PAIN | |
| | | | ⑬ | ZANTAC 150mg 1 po BID | |
| | | | ⑭ | PRENATAL VIT - 1 po q AM start today | |
| | | | ⑮ | TCDB 1, INCENTIVE SPIROMETRY 20-20 4/ hr | |
| | | | ⑯ | CHR tomorrow AMU | |
| | | | ⑰ | NOTIFY MD For T7101, PL 60 | |
| | | | | U 7110, SBPC 100u 7160 | |
| | | | 21 OCT 03 | 2300 | |
| | | | ① | DC - transfer to MP custody | |
| | | | | 24 Chest Check | |
| | | | 22 OCT 03 | | |
| | | | 0245 | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7895

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. Oct Yr. 03

VERIFY BY INITIALING INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | |
|------------|---------------|---|----|----------------|----|----|----|----|----|----|----|--|--|--|--|
| | | | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| 10 Oct 03 | S: [initials] | VS per routine: q 4p Pulse OX | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | | 18 | (b)(6)-2 | | | | | | | | | | | |
| 10 Oct 03 | S: [initials] | Diet: clear liquids | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | | 18 | (b)(6)-2 | | | | | | | | | | | |
| 10 Oct | S: [initials] | Foley to gravity | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | | 18 | (b)(6)-2 | | | | | | | | | | | |
| 10 Oct 03 | S: [initials] | Chest tube to 20cm H2O pressure suction | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 06 | (b)(6)-2 | | | | | | | | | | | |
| | | <i>[REDACTED]</i> | 18 | (b)(6)-2 | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P Ex lap, (2) GSW chest ADDITIONAL PAGES IN USE: YES NO

NKDA 13 OCT 03 DX: SP DPC chest WND CONDOSTASIS PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo | Oct | Yr | 03 |
|----------------------|-------------|---|---|-----------------|-----------|-------------------------------|-----|----|----|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | | | |
| 10 Oct 03 | (b)(6)-2 | Admit to ICU | 10 Oct 03 | / | 0100 | (b)(6)-2 | | | |
| 10 Oct 03 | | Condition: SI | 10 Oct 03 | / | 0100 | | | | |
| 10 Oct 03 | | CBC, Chem 7 in Am | 10 Oct 03 | / | 0500 | | | | |
| 10 Oct 03 | | CXR now | 10 Oct 03 | / | 0105 | | | | |
| 10 Oct 03 | | CXR in Am | 10 Oct 03 | 0600 | 130 | | | | |
| 11 Oct 03 | | Transfer to ICU | 11 Oct 03 | 1210 | 1210 | | | | |
| 11 Oct 03 | | S/P I+D Chest/Back Wounds | 11 Oct 03 | 1210 | 1210 | | | | |
| 11 Oct 03 | | Resume all pre-op orders | 11 Oct 03 | 1810 | 1810 | | | | |
| 12 Oct 03 | | NPO midnight | 12 Oct 03 | 2400 | Da | | | | |
| 15 Oct 03 | | CBC, Chem 8 in Am | 14 Oct 03 | 0500 | 0500 | order rework on radiology SKE | | | |
| 13 Oct 03 | | CXR in Am | 14 Oct 03 | 0500 | Da | (b)(6)-2 | | | |
| 13 Oct 03 | | CXR X now | 13 Oct 03 | 1000 | 1000 | | | | |
| 15 Oct 03 | | CXR X1 @ 1600 | 15 Oct 03 | 1600 | Da | | | | |
| Order Expir Date | Clerk Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER, COLUMN FOLLOWING COMPLETION | | | | | | |
| | | | TIME/DATE COMPLETED | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

USAPA V1.00

MEDCOM - 7897

CLINICAL RECORD **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)** Ma Yr. 2003

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | |
|----------------------|--------------|---|----|----------|----|----|----|----|----|----|----|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 16 Oct | (b)(6)-2 | VS q 6 ^o | 06 | (b)(6)-2 | | | | | | | |
| | | | 12 | | | | | | | | |
| | | | 18 | | | | | | | | |
| | | | 24 | | | | | | | | |
| 16 Oct | (b)(6)-2 | ACTIVITY OBS IN CHAIR QID, AMBULATE 2 ASST QID | 06 | (b)(6)-2 | | | | | | | |
| | | | 12 | | | | | | | | |
| | | | 18 | | | | | | | | |
| | | | 24 | | | | | | | | |
| 16 Oct | (b)(6) | DIET: REG | 06 | (b)(6)-2 | | | | | | | |
| | | | 12 | | | | | | | | |
| | | | 18 | | | | | | | | |
| 16 Oct | (b)(6)-2 | TCDB q1, INCENTIVE SPROMPTER 10-20 q1 ^o | 06 | (b)(6)-2 | | | | | | | |
| | | | 14 | | | | | | | | |
| | | | 22 | | | | | | | | |
| 16 Oct | (b)(6)-2 | Notify MD for T > 101 ^o , R < 60 > 40 SBP < 60 > 40 | 06 | (b)(6)-2 | | | | | | | |
| | | | 14 | | | | | | | | |
| | | | 22 | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: sp low to chest/plant ADDITIONAL PAGES IN USE: YES NO

NKDA PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

| 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 | | | |
| 1/6/03 | (b)(6)-2 | TRANSFER TO ICW - D.R. [redacted] | 1/6/03 | 09:50 | 10:50 | (b)(6)-2 | | | |
| 1/6/03 | | Sp GSW to chest/abdom | 1/6/03 | 09:50 | 09:50 | | | | |
| 1/6/03 | | Cerv. Stages | 1/6/03 | 09:50 | 10:50 | | | | |
| 1/6/03 | | CPR Tomorrow A.M. | 1/7/03 | A.M. | | | | | |
| 1/7/03 | | DC tomorrow to MP custody | 220003 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

USAPA V1.00

MEDCOM - 7899

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. Oct yr. 03

| VERIFY BY INITIALING | | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | | | |
|----------------------|-----------------|---|----|---|---|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|
| ORDER DATE | CLERK/ NURSE | | | DATE DISPENSED | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 10 Oct 03 | (b)(6)-2 | IV: DS 1/2 NS @ 150 cc/hr | 06 | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | |
| 10 Oct 03 | (b)(6)-2 | Zantac 50mg iV TID | 08 | | | | | | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 13 OCT 03 | (b)(6)-2 | CBC, chem & g am | 05 | | | | | | | | | | | | | | | | | |
| | | Albuterol inhaler | 06 | | | | | | | | | | | | | | | | | |
| | | NSB | 12 | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | |
| | | | 20 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: 13 Oct 03 dx: JAC chest WAMP ADDITIONAL PAGES IN USE: YES NO
 N/A S/P Ex Lap, @ Chest GSW PAGE NO. _____

PATIENT IDENTIFICATION: _____ 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)-4

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. <u>04</u> | Yr. <u>03</u> |
|-------------------------|-----------------|--|---|---------------------|-------------|---------------|---------------|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | |
| <u>15</u> <u>04</u> | (b)(6)-2 | <u>Penbutol 50 mcg IV x 1 now</u> | <u>15 04</u> | <u>1315</u> | <u>1315</u> | (b)(6)-2 | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED | | | | |
| <u>15</u> <u>04</u> | (b)(6)-2 | <u>Penbutol 50 mcg IV q 4h</u> | | | | | |
| <u>15</u> <u>04</u> | (b)(6)-2 | <u>Penbutol 50 mcg IV q 4h</u> | | | | | |
| <u>15</u> <u>04</u> | (b)(6)-2 | <u>Penbutol 50 mcg IV q 4h</u> | | | | | |
| <u>15</u> <u>04</u> | (b)(6)-2 | <u>Penbutol 50 mcg IV q 4h</u> | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |
| ----- | | | | | | | |

USAPA V1.00

MEDCOM - 7903

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | | | | | | Mo. <u> </u> Yr. <u> </u> | |
|----------------------|-------------|---|----|----------|----|----|----|----|----|----|----|---------------------------------|--|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | |
| 16 Oct | (b)(6)-2 | HL IV | 06 | (b)(6)-2 | | | | | | | | | |
| | | | 14 | (b)(6)-2 | | | | | | | | | |
| | | | 22 | (b)(6)-2 | | | | | | | | | |
| 16 Oct | (b)(6)-2 | UNASIN 3gm IV B q 6 | 06 | (b)(6)-2 | | | | | | | | | |
| | | | 12 | (b)(6)-2 | | | | | | | | | |
| | | | 18 | (b)(6)-2 | | | | | | | | | |
| | | | 24 | (b)(6)-2 | | | | | | | | | |
| 16 Oct | (b)(6)-2 | COLACE 100mg i po QD | 10 | (b)(6)-2 | | | | | | | | | |
| | | | | (b)(6)-2 | | | | | | | | | |
| 16 Oct | (b)(6)-2 | ZANTAC 150mg i po BID | 08 | (b)(6)-2 | | | | | | | | | |
| | | | 20 | (b)(6)-2 | | | | | | | | | |
| 16 Oct | (b)(6)-2 | RENNAL VIT i po q Am | 08 | (b)(6)-2 | | | | | | | | | |
| | | | | (b)(6)-2 | | | | | | | | | |

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/p GSW TO CHEST/FLANK

ADDITIONAL PAGES IN USE: YES NO PAGE NO.

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

MEDCOM - 7904

| 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 | | | | | | | | | | | | | | | | |
| 11/09 | (b)(6)-2 | PARACET 325 mg q4 prn / pain | | | | | | | | | | | | | | | | | |
| 11/09 | (b)(6)-2 | MORPHINE 10mg i po q4 with pain prn / pain | | | | | | | | | | | | | | | | | |

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 | INITIALS | INITIALS | INITIALS | INITIALS |
| N E U R O | PUPILS | | | | COOEO 3MM PERLA |
| | SENSORIUM | | | | A+Ox2, U+cooperative |
| | | | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | | | | Even, unlabored |
| | BREATH SOUNDS | | | | CTA, Demmed |
| | SECRETIONS | | | | ⊖ Secretions / ⊖ Cough O ₂ @ 6L/Min SpO ₂ 100% |
| S K I N | COLOR | | | | DEF |
| | INTEGRITY | | | | Intact |
| L O C A T I O N | LOCATION | | | | (R) AC SL |
| | CONDITION | | | | (L) AC & DS 1/2 Q15 Mildly Abd Distention CPT, (R) Flank Distention CPT, (R) Costal Tend Breathing: Bilateral Soft, Tendr to th hypox |
| A B D O M E N | ABDOMEN | | | | |
| | BOWEL SOUNDS | | | | |
| U R I N E | URINE: | | | | |
| | COLOR/CLARITY | | | | Foley test strip Yellow Clear |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | | | | NSR-ST PR 16 QRS. CB +2 P waves 1/2 B/L |
| | | | | | |

LEGEND
 Cr - Creatinine
 F_IO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 SA - Fractional
 SA_i - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC
ICU

DATE
9 Oct 03

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

(b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 7906

AMC OP 375 (Redesignated)

9 Oct 03

OSW ~~#1~~ Frank S/PCI + Exp Loo

| DATE | | DX | | HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | |
|--|------------------|------|----|--------------|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|-----|--|--|--|--|--|
| | | TIME | | | | | | | | | | | | | | | | | | | | | | |
| | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | / | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | |
| V I T A E L S I N T A K E O U T | BP Arterial Line | | | | | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | | | | | | | | | | | | | | | | | | | | | | | |
| | Temperature | | | | | | | | | | | | | | | | | | | | | | | |
| | Pulse | | | | | | | | | | | | | | | | | | | | | | | |
| | Respiratory Rate | | | | | | | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | | | | | | |
| | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8°T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8°T | | | | | |
| | | / | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | HOUR | / | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | | | | | | | | | | | | | |
| NG | TP SF | / | | | | | | | | | | | | | | | | | | | | | | |
| | S/A | / | | | | | | | | | | | | | | | | | | | | | | |
| | OUTPUT | / | | | | | | | | | | | | | | | | | | | | | | |
| EMESIS | PH | / | | | | | | | | | | | | | | | | | | | | | | |
| | GUAC | / | | | | | | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | / | | | | | | | | | | | | | | | | | | | | | | |
| DRAINS | | / | | | | | | | | | | | | | | | | | | | | | | |
| | | / | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7907

(b)(6)-4

902403

| POST-OF DAY | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | |
|-------------|----|----|----|----|----|----|----|-----------------------------|----------------------------|--|--|--|--|--|--|
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | TIME | | | | | | | |
| | | | | | | | | | MODE | | | | | | |
| | | | | | | | | | F _{O₂} | | | | | | |
| | | | | | | | | | TV | | | | | | |
| | | | | | | | | | RATE | | | | | | |
| | | | | | | | | | PEEP | | | | | | |
| | | | | | | | | | pH | | | | | | |
| | | | | | | | | | A PCO ₂ | | | | | | |
| | | | | | | | | | PO ₂ | | | | | | |
| | | | | | | | | | B HCO ₃ | | | | | | |
| | | | | | | | | | SAT | | | | | | |
| | | | | | | | | | G BASE | | | | | | |
| | | | | | | | | | TIME | | | | | | |
| | | | | | | | | | GLUCOSE | | | | | | |
| | | | | | | | | | Na/K | | | | | | |
| | | | | | | | | | Cl/CO ₂ | | | | | | |
| | | | | | | | | | BUN/Cr | | | | | | |
| | | | | | | | | | WBC/PLATELET | | | | | | |
| | | | | | | | | | Hct/Hgb | | | | | | |
| | | | | | | | | | TIME | | | | | | |
| | | | | | | | | | MOUTH CARE | | | | | | |
| | | | | | | | | | BATH | | | | | | |
| | | | | | | | | | SKIN CARE | | | | | | |
| | | | | | | | | | FOLEY CARE | | | | | | |
| | | | | | | | | | TRACH CARE | | | | | | |
| | | | | | | | | | ROM EXERCISES | | | | | | |
| | | | | | | | | | TIME | | | | | | |
| | | | | | | | | | TIME | | | | | | |
| | | | | | | | | | 24 HOURS TOTALS | | | | | | |
| | | | | | | | | | wt Yesterday | | | | | | |
| | | | | | | | | | wt Today | | | | | | |
| | | | | | | | | | INTAKE | | | | | | |
| | | | | | | | | | IV | | | | | | |
| | | | | | | | | | OR | | | | | | |
| | | | | | | | | | OUTPUT | | | | | | |
| | | | | | | | | | Urine: | | | | | | |
| | | | | | | | | | EBL | | | | | | |
| | | | | | | | | | CT | | | | | | |
| | | | | | | | | | TOTAL | | | | | | |
| | | | | | | | | | BALANCE | | | | | | |
| | | | | | | | | | NURSE'S SIGNATURE | | | | | | |
| | | | | | | | | | INITIALS | | | | | | |

IVP

ET

MEDCOM - 7908

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 | INITIAL (b)(6)-2 | INITIALS | INITIAL (b)(6)-2 |
| N E U R O | PUPILS | 0600 | | | 140D |
| | SENSORIUM | Pupils 3mm brisk - Ar 2/3 | | | PEREL |
| | | Mx 24 - C/O pain to | | | ATD X3 |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Even + unlabored. | | | MAR's |
| | BREATH SOUNDS | Lung CRT, diminished | | | medicated w/ morphine for |
| | SECRETIONS | Crackles @ R | | | C/O pain |
| | | Dxle - chest tubes to | | | even, nonlabored. |
| S I T E | COLOR | Dressing to abdomen | | | Rtx diminished |
| | INTEGRITY | @ flank, abrasions | | | distube to @ chest |
| | | moist to @ arm | | | no |
| I N J E C T I O N | LOCATION | IV to @ AC, @ HNC | | | to cmth suction, no |
| | CONDITION | @ 150 u/m, @ 150 u/m | | | air leak noted, @ @ |
| | | Urethra - Sites 5 | | | to @ chest |
| G A S T R O I N T E S T I N E | ABDOMEN | Medial incision | | | WNL |
| | BOWEL SOUNDS | Concave, @ @ @ @ | | | Dist. to back and abdomen |
| | | drainage, @ @ @ @ | | | Small amt drainage, inter |
| U R I N E | URINE: | Foley to gravity, clear | | | Dist. @ @ @ @ |
| | COLOR/CLARITY | yellow-clear | | | dist. @ @ @ @ |
| C A R D I A C | CARDIAC RHYTHM | SR @ @ @ @ @ @ | | | dist. @ @ @ @ |
| | | QRS 10. @ @ @ @ | | | dist. @ @ @ @ |
| | | to @ @ @ @ @ | | | dist. @ @ @ @ |
| | | LEGEND | | ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure SA - Fractional SAi - Saturation TRACH - Tracheostomy | |

(Continue on reverse)

PR (b)(6)-2 QJ/AW DEPARTMENT/SERVICE/CLINIC DATE
ICU 10 Oct 03

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

(b)(6)-4

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

b(6)-4

10 Oct 65w r/rank s/p (R) CT + LXP LAD

| | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | | | |
|--------|------------------|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------|--------|--------|--------|--------|--------|--------|----|----|----------------|
| | | TIME | | | | | | | | | | | TIME | | | | | | | | | | | | | | | | | | | | | | |
| | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | BP Cuff | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | 112/74 | | | |
| T | Temperature | 98.4 | | | | 100.0 | | | 100.1 | | | | 100.5 | 100.6 | 99.7 | | | | | | | | | | | | | | | | | | | | |
| A | Pulse | 90 | 90 | 106 | 90 | 91 | 97 | 84 | 83 | 91 | 93 | 90 | 90 | 91 | 90 | 95 | 99 | | | | | | | | | | | | | | | | | | |
| L | Respiratory Rate | 8 | 13 | 16 | 11 | 10 | 12 | 14 | 11 | 15 | 11 | 11 | 13 | 18 | 16 | 12 | 20 | | | | | | | | | | | | | | | | | | |
| L | SpO ₂ | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | | | | | | | | | | | | | | |
| L | O ₂ | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | URINE | HOUR TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SP GR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U | NG | OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | GUAC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U | DRAINS | CTA | 23 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subcut | 7cc | 7cc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7910

10 Oct 03

| POST-OP DAY | | | | | | | | | ACTIVITY LEVEL CLASSIFICATION | | | | | | | | | | |
|--------------------------------------|--------|--------|--------|------------|--------|--------|--------|-----------------|-------------------------------|--------------------|-----------------------------|------------------|--|--|--|--|--|--|--|
| 22 23 24 01 02 03 04 05 | | | | | | | | | TIME | | | | | | | | | | |
| DP Temp HR RL Dist O2 | 117/68 | 117/67 | 124/71 | 119/60 | 132/78 | 122/63 | 126/68 | 125/66 | | B | | | | | | | | | |
| | | 98 | 95 | 94 | 94 | 100 | 94 | 100 | 101 | E | MODE | | | | | | | | |
| | | | | | | | | | | S | F _O ₂ | | | | | | | | |
| | | | | | | | | | | P | TV | | | | | | | | |
| | | | | | | | | | | D | RATE | | | | | | | | |
| | | | | | | | | | | A | PEEP | | | | | | | | |
| | | | | | | | | | | B | PH | | | | | | | | |
| | | | | | | | | | | A | | PCO ₂ | | | | | | | |
| | | | | | | | | | | T | DO ₂ | | | | | | | | |
| | | | | | | | | | | B | HCO ₃ | | | | | | | | |
| | | | | | | | | | S | SAT | | | | | | | | | |
| | | | | | | | | | G | BASE | | | | | | | | | |
| 22 23 24 01 02 03 04 05 | | | | | | | | | TIME 0430 | | | | | | | | | | |
| | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | A | GLUCOSE | 151 | | | | | | | | |
| | 2500 | 2600 | 2800 | 2950 | 3100 | 3200 | 3400 | 3550 | B | Na/K | 14/49 | | | | | | | | |
| | | | | | | | | | D | CIVCO ₂ | 1.02 | | | | | | | | |
| | | | | | | | | | R | BUNCr | 15.4 | | | | | | | | |
| | | | | | | | | | A | WBC/PLATELET | 6.38 | | | | | | | | |
| | | | | | | | | | T | Hct/Hgb | 32.1/12.1 | | | | | | | | |
| | | | | | | | | | O | | | | | | | | | | |
| | | | | | | | | | S | | | | | | | | | | |
| | | | | | | | | | A | | | | | | | | | | |
| | | | | | | | | | D | | | | | | | | | | |
| | | | | | | | | | I | | | | | | | | | | |
| | | | | | | | | | S | | | | | | | | | | |
| | | | | | | | | | E | | | | | | | | | | |
| | | | | | | | | | V | | | | | | | | | | |
| | | | | | | | | | I | | | | | | | | | | |
| | | | | | | | | | S | | | | | | | | | | |
| | | | | | | | | | D | | | | | | | | | | |
| | | | | | | | | | N | | | | | | | | | | |
| | | | | | | | | | F | | | | | | | | | | |
| | | | | | | | | | G | | | | | | | | | | |
| 22 23 24 01 02 03 04 05 | | | | | | | | | TIME | | | | | | | | | | |
| | 225 | 300 | 400 | 400 | 440 | 400 | | | M | MOUTH CARE | | | | | | | | | |
| | 100 | 1000 | 300 | 300 | 1000 | 400 | 4400 | | B | BATH | | | | | | | | | |
| | | | | | | | | | S | SKIN CARE | | | | | | | | | |
| | | | | | | | | | F | FOLEY CARE | | | | | | | | | |
| | | | | | | | | | T | TRACH CARE | | | | | | | | | |
| | | | | | | | | | R | ROM EXERCISES | | | | | | | | | |
| 24 H&O TOTALS | | | | | | | | | SIGNATURE | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Wt Yesterday | | | | Wt Today | | | | NURSE SIGNATURE | | | | INITIALS | | | | | | | |
| | | | | | | | | (b)(6)-2 | | | | (b)(6)-2 | | | | | | | |
| INTAKE | | | | OUTPUT | | | | | | | | | | | | | | | |
| IV | | | | Urine: | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | |
| TOTAL 4400 | | | | TOTAL 4100 | | | | | | | | | | | | | | | |
| BALANCE 360 | | | | | | | | | | | | | | | | | | | |
| MEDCOM - 7911 | | | | | | | | | | | | | | | | | | | |

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-56; 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 SHEET ASSESSMENT | |
|---------------------------------|--|--|---|
| | TIME | INITIALS | INITIAL (b)(6)-2 |
| N U R S E | PUPILS | 0600 | |
| | SENSORIUM | Pupils 3mm bilaterally Mac-14. Arnd 3. Clo pain ab incision NPO. Medicated prn U Morphine. | Parrl - 3mm At ext, quiet able to mac all ext |
| | RESPIRATORY PATTERN | Even + Unobscured. | RRR - suction off |
| R E S P I R A T O R Y | BREATH SOUNDS | Supp CRT on (L) side | low amount clear |
| | SECRETIONS | diminished on (R) lower low - coughing up clear sputum secretions CRT @ lower lobe, down down | (R) side - shallow breathe & cough |
| | COLOR | Normal for race, slight | normal for race |
| S K I N | INTEGRITY | Blotchy, down to mid abdominal area, (R) chest tube | |
| | LOCATION | 18G @ (L) AC, 20G @ RS | IC (R) HE IV |
| | CONDITION | @ NPO on line, 18G to @ AC, both sites S redness or drainage. | (L) HE IS/LNS 150cc/h C IVPB |
| G A S T R O I N T E S T I N A L | ABDOMEN | BS rt 4 Quadrants. | hyperactive BS |
| | BOWEL SOUNDS | medial abdominal suction cloudy drainage @ the top. | (R) lower quadrant @ BM |
| | URINE: | Foley to gravity, clear yellow urine. | Foley to Gravity |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | Sinus Tachycardia, PR 14 ORS. 10. Piers 2nd W odd ectopbeats, Cap led monitor. No evidence of edema | HR 110 - 112 PRP refill @ PULSE |
| | LEGEND Cr - Creatinine F _I O 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 SA _i - Saturation TRACH - Tracheostomy | | |
| | (Continue on reverse) | | |

(b)(6)-2 CPT AN DEPARTMENT/SERVICE/CLINIC DATE
ICU 11 OCT 83

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

(b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 7912

YAMC OP 375 (Redesignated)

| DATE | | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|--------|------------------|----------------|--------|--------|--------|--------|-----|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|-----|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| I | BP Cuff | 147/77 | 147/71 | 147/71 | 147/71 | 147/71 | | 147/71 | 147/71 | 115/69 | 117/70 | 116/70 | 117/70 | 117/71 | 116/71 | 116/71 | 117/71 | | |
| T | Temperature | 99.4 | | | 100.5 | | | 100.3 | | | 100.5 | | 100.5 | | 100.5 | | 100.3 | | |
| A | Pulse | 106 | 105 | 105 | 110 | 110 | OP | 114 | 109 | 102 | 103 | 104 | 99 | 105 | 101 | 100 | 102 | | |
| E | Respiratory Rate | 15 | 18 | 17 | 18 | 18 | | 11 | 12 | 18 | 17 | 15 | 15 | 16 | 17 | 16 | 15 | | |
| S | Oxygen | R/A | RA | RA | RA | RA | | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | |
| I | O2 Sat | 96.6 | 96.6 | 96.6 | 96.6 | 96.6 | | 95.2 | 95.2 | 95.6 | 95.6 | 95.6 | 95.6 | 95.6 | 95.6 | 95.6 | 95.6 | | |
| | | drawing energy | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T |
| I | D5 1/2 NS | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| N | IVPB | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| TOTALS | | | | | | | | | | | | | | | | | 2000 | | |
| O | URINE | HOUR | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| | | TOTAL | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| U | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | | PH | | | | | | | | | | | | | | | | | |
| | | CURAC | | | | | | | | | | | | | | | | | |
| | | EMESIS | | | | | | | | | | | | | | | | | |
| P | STOOL | | | | | | | | | | | | | | | | | | |
| U | DRAINS | RT CHEST TUBE | 10 | | | | | 40 | | | | | 10 | | | | 5 | 55 | |
| | | TOTAL | 10 | | | | | 40 | | | | | 10 | | | | 5 | 55 | |
| T | TOTALS | | | | 80 | | | 130 | | | | | 130 | | | | 135 | 135 | |

MEDCOM - 7913

POST-OP DAY

AILITY LEVEL CLASSIFICATION

| V | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|---|----------------|-----|-----|-----|-----|-----|-----|-----|
| | 138 | 125 | 126 | 106 | 101 | 123 | 124 | 123 |
| | 100.2 | 99 | | | | | | |
| I | 100 | 100 | 98 | 92 | 89 | 91 | 86 | |
| A | 16 | 15 | 10 | 14 | 10 | 10 | 11 | |
| T | RA | RA | RA | RA | RA | RA | RA | |
| L | B ⁸ | 77 | 97 | 99 | 98 | 90 | 95 | |

| | | | | | | | | | |
|---|------------------|--|--|--|--|--|--|--|--|
| R | TIME | | | | | | | | |
| T | MODE | | | | | | | | |
| S | FIO ₂ | | | | | | | | |
| P | TV | | | | | | | | |
| D | RATE | | | | | | | | |
| A | PEEP | | | | | | | | |
| B | DH | | | | | | | | |
| A | PCO ₂ | | | | | | | | |
| T | PO ₂ | | | | | | | | |
| O | HCO ₃ | | | | | | | | |
| B | SAT | | | | | | | | |
| R | BASE | | | | | | | | |

| V | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|---|-----|-----|-----|-----|-----|-----|-----|-----|
| | 150 | 160 | 150 | 150 | 150 | 150 | 150 | 150 |
| | | | 150 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | | | | | |
|---|-------------------|--|--|--|--|--|--|--|--|
| L | TIME | | | | | | | | |
| A | GLUCOSE | | | | | | | | |
| B | Na/K | | | | | | | | |
| D | ClCO ₂ | | | | | | | | |
| R | BUN/Cr | | | | | | | | |
| A | WBC/PLATELET | | | | | | | | |
| T | Hct/Hgb | | | | | | | | |

| V | 25 | 25 | 25 | 100 | 100 | 100 | 100 | 100 |
|---|----|----|----|-----|-----|-----|-----|-----|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | | | | | |
|---|---------------|--|--|--|--|--|--|--|--|
| A | TIME | | | | | | | | |
| D | MOUTH CARE | | | | | | | | |
| A | BATH | | | | | | | | |
| I | SKIN CARE | | | | | | | | |
| V | FOLEY CARE | | | | | | | | |
| I | TRACH CARE | | | | | | | | |
| S | ROM EXERCISES | | | | | | | | |
| V | | | | | | | | | |
| I | | | | | | | | | |
| D | | | | | | | | | |
| N | | | | | | | | | |
| F | | | | | | | | | |

| | | | |
|-----------------|------------|-------------------|----------|
| 24 HOURS TOTALS | | NURSE'S SIGNATURE | INITIALS |
| wt Yesterday | wt Today | CPT AN | (b)(6)-2 |
| | | | |
| IV INTAKE | OUTPUT | | |
| PO | Urine: | | |
| TOTAL 4300 | TOTAL 3005 | | |
| BALANCE | 295 | | |

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-58; 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 (b)(6)-2 | INITIALS | INITIALS | |
| N E U R O | PUPILS | 0630 | | | |
| | SENSORIUM | awake, moving (a) in bed, follow command language barrier | | awake, trying to move of surroundings moves all extremities | |
| | RESPIRATORY PATTERN | R.R. Reg 22/4 S/O2 100% | | Reg - can inhale | |
| R E S P I R A T O R Y | BREATH SOUNDS | LS: CTA & bases | | Lungs CTA - & bases | |
| | SECRETIONS | CT (R) side intact & secretion | | Dr. None | |
| | COLOR | normal for face | | normal - incision | |
| S K I N | INTEGRITY | Abd. incision - stable leg: (R) lower abd. CDE | | well approx. no drainage & S/S of infection | |
| | LOCATION | Abd. IVD for am. | | | |
| I V | CONDITION | 1/2 S/S infection in fusion 15 1/2 NS 1500 mL | | 1/2 IVD RA 1500 NS 1500 mL | |
| | ABDOMEN | Abd soft, non distended | | Abd soft - non tender | |
| G A S T R O I N T E S T I N E | BOWEL SOUNDS | abd incision (+) BS x4 guards | | (+) BS hypogastric N/A 2 visible/ab | |
| | URINE: | dark & gravity | | Dark to heavy | |
| G U | COLOR/CLARITY | urine clear yellow wine | | CS dark yellow urine | |
| | CARDIAC RHYTHM | HR 91 S2 normal (+) peripheral pulses | | HR 80-100 NSR S2 (+) peripheral pulse | |
| C A R D I O V A S C U L A R | <p>LEGEND Cr - Creatinine ICP - Intracranial Pressure SA - Fractional FiO2 - Fraction of Inspired O2 PCO2 - Pressure of Arterial CO2 SAt - Saturation HCO3 - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy</p> | | | | |

(Continue on reverse)

(b)(6)-2

SGT 91WMB DEPARTMENT/SERVICE/CLINIC
ICU

DATE
12 Oct 03

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

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | | | | |
|---|------------------|--------|--------|----------|--------|--------|--------|--------|--------|-----------------|--------|----------|--------------|--------|--------|--------|-----|-----|-----------------|--|--|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | |
| V J T A L | BP Arterial Line | | | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 125/71 | 120/64 | 125/71 | 125/71 | 125/71 | 125/71 | 125/71 | 109/53 | 132/62 | 148/70 | 125/67 | 115/56 | 120/82 | 121/57 | 121/61 | | | | | | |
| | Temperature | 98.4 | | | | | | 97.9 | | | | 98.2 | | 98.9 | | 98 | | | | | | |
| | Pulse | 90 | 88 | 91 | 92 | 87 | 84 | 92 | 96 | 97 | 85 | 86 | 85 | 83 | 81 | 90 | 99 | | | | | |
| | Respiratory Rate | 10 | 11 | 16 | 17 | 17 | 10 | 13 | 12 | 17 | 19 | 22 | 11 | 14 | 13 | 10 | 8 | | | | | |
| | P.O. | 98% | 100% | 100% | 100% | 99% | 100% | 99% | 100% | 90% | 100% | 98% | 99% | 100% | 99% | 100% | 99% | | | | | |
| | SpO2 | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | | | | |
| SIGNATURE | | | 2 | Personal | | | | Under | | | 2 | Personal | | | | | | | | | | |
| I N T E R N E T A L S | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^{PT} | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^{PT} | | | |
| | IUF | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 1200 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | | | | |
| | IUPB | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 250 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | | | | |
| | PO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | | | | |
| | Foley | 100 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 1900 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | | | | |
| | URINE | TOTAL | 100 | 250 | 250 | 250 | 250 | 250 | 250 | 1900 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | |
| CT | | | | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7916

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| | | | | | | | | |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| V | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
| I | 121 | 121 | 113 | 107 | 121 | 121 | 121 | 121 |
| T | | | 78 | | | 78 | | |
| A | 82 | 82 | 85 | 86 | 88 | 91 | 82 | 70 |
| L | 13 | 12 | 9 | 8 | 11 | 12 | 25 | 18 |
| S | 99 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| I | RA | RA | RA | RA | RA | RA | RA | RA |

| | | | | | | | | |
|----------|------------------|------------------|------|--|--|--|--|--|
| R | TIME | | | | | | | |
| E | MODE | | | | | | | |
| S | F _{IO2} | | | | | | | |
| P | TV | | | | | | | |
| D | RATE | | | | | | | |
| A | PEEP | | | | | | | |
| B | PH | | | | | | | |
| A | | PCO ₂ | | | | | | |
| T | | PO ₂ | | | | | | |
| O | B | HCO ₃ | | | | | | |
| D | | SAT | | | | | | |
| E | | G | BASE | | | | | |

| | | | | | | | | |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| V | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
| I | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| T | | | | | | | | |
| A | | | | | | | | 8 T |
| L | | | | | | | | 3350 |
| S | | | | | | | | |
| I | | | NPO | | | | | |

| | | | | | | | | |
|----------|-------------------|--|--|--|--|--|--|--|
| R | TIME | | | | | | | |
| E | GLUCOSE | | | | | | | |
| S | Na/K | | | | | | | |
| P | ClCO ₂ | | | | | | | |
| D | BUN/Cr | | | | | | | |
| A | WBC/PLATELET | | | | | | | |
| B | Hct/Hgb | | | | | | | |

| | | | | | | | | |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| V | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
| I | 200 | 200 | 200 | 200 | 150 | 150 | 175 | 150 |
| T | | | | | | | | |
| A | | | | | | | | |
| L | | | | | | | | 4775 |

| | | | | | | | | |
|----------|---------------|--|--|--|--|--|--|--|
| R | TIME | | | | | | | |
| E | MOUTH CARE | | | | | | | |
| S | BATH | | | | | | | |
| P | SKIN CARE | | | | | | | |
| D | FOLEY CARE | | | | | | | |
| A | TRACH CARE | | | | | | | |
| B | ROM EXERCISES | | | | | | | |

| | | | |
|--------------------------|------------|--------------------------|-----------------|
| 24 H&O TOTALS | | NURSE'S SIGNATURE | INITIALS |
| Wt Yesterday | Wt Today | (b)(6)-2 | |
| INTAKE | OUTPUT | | |
| IV 3550 | Urine: | | |
| PO 30 | CT 118 | | |
| TOTAL 4220 | TOTAL 4893 | | |
| BALANCE +673 | | | |

MEDCOM - 7917

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 | | (b)(6)-2 | INITIALS |
|--|---------------------|---|---|--|----------|
| P U P I L S | TIME | 0630 | INITIALS (b)(6)-2 | FBP | |
| | PUPILS | 2mm & PLR/LA | | 2mm R PERR/LA | |
| | SENSORIUM | Alert, awake, follows commands, moves all extremities | | Alert X3 YAE X4 Follows All Commands | |
| | RESPIRATORY PATTERN | Even & unlabored | | Even & unlabored | |
| B R E A T H S O U N D S | BREATH SOUNDS | Crtr & diminished | | Crtr, slightly ↓ | |
| | SECRETIONS | Noted, chest tube to room suction minimal serosanguinous drainage | | Crtr to room suction serosangu. drainage DSG - Crtr | |
| | COLOR | normal fair | | WNL for race | |
| | INTEGRITY | DSG to CT, upper side extremities midline abd all Crtr | | Foot wound + midline abd Crtr | |
| L O C A T I O N | LOCATION | Distal intubating | | Distal intubating | |
| | CONDITION | LR @ 75cc, signs infiltration or infection | | LR @ 75cc, signs infiltration/infection | |
| A B D O M E N | ABDOMEN | soft, mild distended | | Soft NT BS X4 | |
| | BOWEL SOUNDS | DX 4 quads, reg diet very little appetite | | DX 4 N/V/D | |
| | URINE: | None yet this shift | | VOIDS per URINAL | |
| C O L O R / | COLOR/CLARITY | | | DENIES DIFFICULTY | |
| | CARDIAC RHYTHM | NSR all pulses palpable | | NSR & ECG | |
| L E G E N D | LEGEND | Cr - Creatinine FiO2 - Fraction of Inspired O2 HCO3 - Bicarbonate | ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure | S/A - Fractional SAT - Saturation TRACH - Tracheostomy | |

(Continue on reverse)

(b)(6)-2

CPT AN

DEPARTMENT/SERVICE/CLINIC
ICU

DATE
13 Oct 03

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

(b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 7918

JAMC OP 375 (Redesignated)

| DATE | | DE | | | | | | | | | | | HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | | |
|------|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|------|-----|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | | | | | | | | | | | | | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 120/62 | 100/62 | 130/61 | 110/64 | 115/68 | 104/61 | 101/61 | 106/65 | 110/60 | 117/55 | 120/61 | 127/74 | 144/70 | 130/67 | 125/64 | 134/63 | | | | | | | | | | | | | | | | | |
| T | Temperature | 97.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Pulse | 74 | 70 | 79 | 78 | 74 | 74 | 71 | 74 | 76 | 72 | 68 | 67 | 69 | 75 | 65 | 72 | | | | | | | | | | | | | | | | | |
| A | Respiratory Rate | 12 | 8 | 10 | 9 | 13 | 12 | 13 | 16 | 14 | 15 | 16 | 15 | 10 | 16 | 8 | 15 | | | | | | | | | | | | | | | | | |
| E | Oxygen | 2L NC | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | | | | | | | | | | | | | | | | | |
| E | PO ₂ sat | 100 | 100 | 100 | 100 | 100 | 97 | 99 | 100 | 100 | 99 | 100 | 100 | 100 | 98 | 100 | 100 | | | | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8T | | | | | | | | | | | | | | | |
| I | LR | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 600 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 600 | | | | | | | | | | | | | | | |
| | IVFB | 100 | 150 | 225 | 300 | 375 | 450 | 525 | 600 | 600 | 75 | 150 | 225 | 300 | 375 | 450 | 525 | 600 | 600 | | | | | | | | | | | | | | | |
| M | TOTALS | | | | | | | | | | | | | | | | 800 | | | | | | | | | | | | | | | | 300 | |
| | URINE | HOUR | | | | | | | | | | | | | | | | 400 | | | | | | | | | | | | | | | | 800 |
| U | NG | OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | EMESIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | STOOL | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T | DRAINS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | 400 | | | | | | | | | | | | | | | | 1050 | |

MEDCOM - 7919

| COST-OF-DAY | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----------------------------|--|--|--|--|--|--|--|
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | | | | | | | | |
| 191 | 116 | 100 | 137 | 118 | 123 | 141 | 120 | | | | | | | | |
| 71 | 78 | 71 | 69 | 64 | 62 | 71 | 72 | | | | | | | | |
| 13 | 15 | 14 | 8 | 8 | 11 | 9 | 11 | | | | | | | | |
| dl | dl | dl | dl | dl | dl | dl | dl | | | | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | | | |

| COST-OF-DAY | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----------------------------|--|--|--|--|--|--|--|
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T | | | | | | | |
| 75 | 75 | 75 | 300 | 75 | 75 | 5 | 75 | 60 | | | | | | | |
| 150 | 150 | 150 | 100 | 150 | 150 | 150 | 150 | 100 | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| TIME | GLUCOSE | Na/K | Cl/CO ₂ | BUN/Cr | WBC/PLATELET | Hct/Hgb |
|------|---------|---------|--------------------|--------|--------------|---------|
| 0530 | 94 | 134/5.7 | 165/25 | 8-1.0 | 5.6/144 | 37/102 |

| TIME | MOUTH CARE | BATH | SKIN CARE | FOLEY CARE | TRACH CARE | ROM EXERCISES |
|------|------------|------|-----------|------------|------------|---------------|
| | | | | | | |

| 24 H&O TOTALS | | NURSE'S SIGNATURE | |
|---------------|-------------|-------------------|----------|
| wt Yesterday | wt Today | (b)(6)-2 | (b)(6)-2 |
| INTAKE | OUTPUT | | |
| IV 2250 | Urine: 1875 | | |
| PO 150 | CT 70 | | |
| TOTAL 2400 | TOTAL 1945 | | |

Medcom - 7920

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-55; 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 (b)(6)-2 | INITIALS | TIME | INITIALS (b)(6)-2 |
| N E U R O | PUPILS | 4mm 2mm React | | 1900 | PERLL |
| | SENSORIUM | AAOx3, response appropriately to commands, simple questions | | | ATOx3 |
| | | Movement, sensation to all extremities | | | MAE 5 Ⓟ commands Ⓟ pain |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | Not labored, movement | chest wall to w/ | | easy nonlabored |
| | BREATH SOUNDS | symmetrical, BS clear | scant & minimal | | diminished RLL |
| | SECRECTIONS | throughout, diminished @ base, cough & sputum | scant & minimal | | & secretions: |
| | | 100% SaO ₂ , RA RR 14-15 bpm, dyspnea, sub. @ CT to @ lateral | | | SLNC - 50% sat 100% uses incentive spirometer well. |
| S K I N | COLOR | NFR, warm, dry, @ med line incision, dog @ CT @ end | | | WNL |
| | INTEGRITY | INTACT, @ evidence of animal bruising @ PIV site | | | see note for drags |
| L O C A T I O N | LOCATION | 20 g PIV, C-1 placed | | | @ wrist PIV |
| | CONDITION | 12 OLS OS infusing 15% NS @ 150 mL/hr @ FA. @ evidence infection, infiltration. | | | site + drug intact LR @ 75 def/hr infusing, silk patent |
| A B D O M E N | ABDOMEN | TTWT, minimally distended | | | slightly distended |
| | BOWEL SOUNDS | tender on palpation to Rilat. LA @ BS x 4 q. @ flatulent (pt. denies), @ N/V. @ NPO on call to me | | | @ BS x 4 grade appetite good, refused dinner. |
| U R I N E | URINE: | OT | | | voids in urinal |
| | COLOR/CLARITY | | | | |
| C A R D I A C | CARDIAC RHYTHM | NSR vs stable w/wt K rough, exonerous, edema pulses 2+ Radial/brachial palatally cap refill | | | NSR 5 ectopy. palpable pulses to all extremities. good cap refill. |
| | | ≤ 3 sec. (b)(6)-2 | | | |

ICP - Intracranial Pressure
PCO₂ - Pressure of Arterial CO₂
PEEP - Positive End Expiratory Pressure
SA - Fractional
SA₁ - Saturation
TRACH - Tracheostomy

DEPARTMENT/SERVICE/CLINIC: **ICU**
DATE: **13 Oct 03**

(b)(6)-2 (Signature & Title)

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

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | HOSPITAL DAY | | | | | | | |
|------|------------------|--------|--------|-----|-----|--------|-------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|------|------|------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| V | BP Arterial Line | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 112/53 | 121/61 | | | 113/55 | 92/43 | 114/68 | 100/70 | 120/64 | 135/66 | 131/65 | 130/60 | 121/64 | 118/62 | 111/57 | 107/49 | | | |
| | Temperature | 97° | | | | 97.5 | | | | | | | | 98.5 | | | | | | |
| | Pulse | 80 | 72 | | | 77 | 85 | 89 | 98 | 94 | 83 | 85 | 88 | 77 | 72 | 82 | 71 | | | |
| | Respiratory Rate | 9 | 7 | | | 11 | 13 | 16 | 16 | 17 | 16 | 15 | 16 | 12 | 12 | 20 | 12 | | | |
| A | | 100% | 100% | | | 95% | 99% | 100% | 99% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 99% | | | |
| | | RA | RA | | | RA | RA | RA | NC | NC | NC | RA | NC | NC | RA/NC | NC | | | | |
| | | | | | | | | 2L | 2L | 2L | 2L | 2L | - | 2L | 2L | 2L | 2L | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| I | TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8° T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8° T | |
| | IV | 150 | 150 | 150 | | 35 | 35 | 75 | 100 | 675 | 75 | 25 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 1200 |
| | IVPB | 100 | 100 | 100 | | | | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 750 |
| | PO | | | | | | 200 | 200 | 200 | 200 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 900 |
| | TOTALS | | | | | | | | | | | | | | | | | | | |
| U | Foley | HOUR | 100 | | 425 | 50 | 250 | 250 | 200 | 825 | 0 | 0 | 300 | 0 | 0 | | 125 | | 1150 | |
| | | TOTAL | 100 | | 425 | 475 | 725 | 975 | 1175 | 1375 | 2200 | 0 | 0 | 600 | 0 | 0 | | 1150 | | 1150 |
| | URINE | sp gr | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | | |
| E | EMESIS | | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | | |
| | DRAINS | CT 170 | 0 | 5 | | | 25 | 6 | | | 15 | | | 10 | | | | | | |
| | | | 0 | 5 | | | 30 | 36 | | | 48 | | | 38 | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7922

POST-OP DAY

ACTIVITY LEVEL CLASSIFICATION

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| BP | 124/80 | 122/64 | 104/79 | 122/64 | 125/69 | 121/63 | 124/70 | 121/67 |
| F | 99° | | | | | | | |
| HRA | 73 | 72 | 71 | 72 | 77 | 72 | 76 | 70 |
| RR | 12 | 18 | 13 | 12 | 14 | 12 | 14 | 12 |
| SaO ₂ | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| O ₂ | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L |
| | NC | NC | NC | NC | NC | NC | NC | NC |

| | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8° T |
|-----|-----|-----|------|-----|-----|-----|-----|-----|------|
| LR | 78 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 18.5 |
| WOB | 350 | 350 | 475 | 500 | 575 | 650 | 775 | 800 | 450 |
| PO | 840 | 900 | 1000 | | | | | | 940 |

| | | | | | | | | | |
|----|------|-------|--|--|--|--|--|--|------------|
| | 176 | | | | | | | | 3190 |
| | 1328 | | | | | | | | 1328 |
| CT | 5/63 | 10/13 | | | | | | | 35/108 108 |
| | | | | | | | | | 1433 |

| TIME | AC | | D | | T |
|--------------------|------------------|---|---|---|---|
| | U | W | U | W | |
| MODE | | | | | |
| FIO ₂ | | | | | |
| TV | | | | | |
| RATE | | | | | |
| PEEP | | | | | |
| A | pH | | | | |
| | PCO ₂ | | | | |
| | PO ₂ | | | | |
| | HCO ₃ | | | | |
| B | SAT | | | | |
| G | BASE | | | | |
| TIME | A | | D | | S |
| | U | W | U | W | |
| GLUCOSE | | | | | |
| Na/K | | | | | |
| Cl/CO ₂ | | | | | |
| BUN/Cr | | | | | |
| WBC/PLATELET | | | | | |
| Hct/Hgb | | | | | |
| | | | | | |
| | | | | | |
| TIME | A | | D | | T |
| | U | W | U | W | |
| MOUTH CARE | | | | | |
| BATH | | | | | |
| SKIN CARE | | | | | |
| FOLEY CARE | | | | | |
| TRACH CARE | | | | | |
| ROM EXERCISES | | | | | |
| | | | | | |

24-HOUR TOTALS

| w/ Yesterday | | w/ Today | | NURSE'S SIGNATURE | | INITIALS | |
|--------------|---------------------|--------------|-------------|-------------------|--|----------|--|
| _____ | | _____ | | (b)(6)-2 | | (b)(6)-2 | |
| INTAKE | _____ | OUTPUT | _____ | (b)(6)-2 | | | |
| IV | _____ | Urine: | _____ | | | | |
| PO | _____ | | _____ | | | | |
| TOTAL | 3190 | TOTAL | 1433 | | | | |
| | BALANCE 2757 | | | | | | |

MEDCOM - 7923

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 (b)(6) | INITIALS | INITIALS (b)(6)-2 |
| PUPILS | 0800 | | Alert and oriented |
| SENSORIUM | Alert + Oriented x3 Follows commands denies pain at this time | | calm, cooperative follows command |
| RESPIRATORY PATTERN | RR 18 Reg Non labored | | RR 18 - Lungs CTA |
| BREATH SOUNDS | LS: CTA + (R) base | | ↓ RLL - x-ray |
| SECRETIONS | Chest tube 20cm H ₂ O to suction serous drainage DROG: CBE. IS 120ul/sec x 10 2 distress | | done @ 1700 CCT - CTS, I |
| COLOR | Normal for race | | normal for race |
| INTEGRITY | DRSG (R) Chest | | Δ's |
| LOCATION | Bed (E) wrist | | |
| CONDITION | inflamed LR @ 75c/h 2/3 infiltration | | No Δ's - 2 S/S at intx - 2 infiltrations LR @ 75c/h |
| ABDOMEN | Soft, flat, nondistended | | tolerated diet |
| BOWEL SOUNDS | BS x4 quadrants | | + BS @ BM this shift |
| URINE: | void 3x/shift / commands | | usual of bedside |
| COLOR/CLARITY | 0 pain & difficulty voided | | AS clear yellow urine |
| CARDIAC RHYTHM | HR Reg HR BS S/S normal 2 extrabands (R) peripheral pulses x4 | | NR S/S peripheral pulses |

LEGEND
Cr - Creatinine
F₁O₂ - Fraction of Inspired O₂
HCO₃ - Bicarbonate
ICP - Intracranial Pressure
PCO₂ - Pressure of Arterial CO₂
PEEP - Positive End Expiratory Pressure
SA - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

CPT, N

DEPARTMENT/SERVICE/CLINIC
ICU

DATE
15 Oct 83

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

(b)(6)-4

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

| DATE | | DX | | | | | | | | | | | | HOSPITAL DAY | | | | | |
|--|------------------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------|--------|--------|--------|--------------|--------|--------|--------|-----|-----------------|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| V I T A E S G N S I N T A K E E C U P P U T | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | 110/70 | | |
| | Temperature | 97.1 | | | | | | 97.8 | | | | 97.5 | | | | | | | |
| | Pulse | 65 | 72 | 88 | 89 | | 89 | M | 73 | 77 | 72 | 83 | | | | 85 | | | |
| | Respiratory Rate | 8 | 9 | 18 | 14 | | 12 | 15 | 14 | 13 | 9 | 13 | | | | 12 | | | |
| | O ₂ | 2L | 2L | 2X | 2A | | 2L | 100% | 100 | 100% | 100% | 97% | | | | 100 | | | |
| SATS | 100 | 100% | 98% | 99% | | 100% | 2L | 2L | 2L | 2L | 2L | | | | 2L | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^{PT} | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^{PT} |
| I N T A K E E C U P P U T | LR | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 | 75 |
| | IVPB | 100% | 100% | | | | | | | 50 | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| U R I N E | HOUR TOTAL | 0 | 0 | 0 | 200 | | | | | | | 200 | | | | | | 400 | |
| | TD GR | | | | | | | | | | | | | | | | | | |
| N G | OUTPUT | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| D R A I N S | CT | 0 | 5 | | 5 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7925

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 Apr 8 Mar 89

| | | INITIAL SHIFT ASSESSMENT | | |
|--|---------------------|---|----------|----------|
| | TIME | INITIALS (b)(6)-2 | INITIALS | INITIALS |
| N E U R O | PUPILS | 0700 | | |
| | SENSORIUM | Alert oriented follows commands | | |
| | | | | |
| R E S P I R A T O R Y | RESPIRATORY PATTERN | RRR even ↓ chest | | |
| | BREATH SOUNDS | LS: CTA | | |
| | SECRETIONS | Neb tx per RT no secretions 2L O ₂ NC sat 99% DRSG (R) chest CDT | | |
| C O L O R | COLOR | normal for race | | |
| | INTEGRITY | ad. no breakdown noted | | |
| | | | | |
| L O C A T I O N | LOCATION | 18c (R) forearm | | |
| | CONDITION | ad. O ₂ S ₂ infiltration JL infusing TSC/hr 5 difficulty | | |
| | | | | |
| A B D O M E N | ABDOMEN | soft flat nondistended | | |
| | BOWEL SOUNDS | + BS x 4 incision 2 staples CDT redness | | |
| | | | | |
| U R I N E | URINE: | per verbal lab | | |
| | COLOR/CLARITY | no complaints | | |
| C A R D I O V A S C U L A R | CARDIAC RHYTHM | HR NSR SI S2 Reg Norm no extra sounds no murmur noted (+ peripheral pulses) | | |
| | | | | |
| | | | | |

LEGEND
 Cr - Creatinine
 F_IO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SAT - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature) (b)(6)-2 9112016 DEPARTMENT/SERVICE/CLINIC **ICU** DATE 160203

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

(b)(6)-4

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

| DATE | | DR S/P Ex Lap, @ chest GSW | | | | | | | | | | | | HOSPITAL DAY | | | | | | |
|--|------------------|----------------------------|-----------|-----------|----|-----------|----|----|----|----------------|----|----|----|--------------|----|----|----|----|----------------|--|
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| V I T A E S I G N S | BP Arterial Line | | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 114/60 | | | | 102/70 | | | | | | | | | | | | | | |
| | Temperature | 98.1 | | | | 98.1 | | | | | | | | | | | | | | |
| | Pulse | 75 | | | | 81 | | | | | | | | | | | | | | |
| | Respiratory Rate | 15 | | | | 18 | | | | | | | | | | | | | | |
| | SpO2 | 100% 2LNL | | | | 99% RA | | | | | | | | | | | | | | |
| TIME | | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8 ^T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8 ^T | |
| I N E A K E O U T T | IVF | 75 | 75 150 | 75 225 | | | | | | | | | | | | | | | | |
| | Unasyn | 100 | | | | | | | | | | | | | | | | | | |
| | PO | | 240 | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | | |
| | URINE | HOURLY TOTAL | | | | | | | | | | | | | | | | | | |
| | | SP GR | | | | | | | | | | | | | | | | | | |
| NG | S/A | | | | | | | | | | | | | | | | | | | |
| | OUTPUT | | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | | |
| | GUAC | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 7928

| POST-OP DAY | | | | | | | | ACUITY LEVEL CLASSIFICATION | | | | | | | | | | | | | | | | | |
|---------------|----|----|----|--------------|----|----|----|---|---|------------------|--|-------------------|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | R E S P I R A T O R Y | TIME | | | | | | | | | | | | | | | | |
| | | | | | | | | | MODE | | | | | | | | | | | | | | | | |
| | | | | | | | | | F _{O₂} | | | | | | | | | | | | | | | | |
| | | | | | | | | | TV | | | | | | | | | | | | | | | | |
| | | | | | | | | | RATE | | | | | | | | | | | | | | | | |
| | | | | | | | | | PEEP | | | | | | | | | | | | | | | | |
| | | | | | | | | | A | pH | | | | | | | | | | | | | | | |
| | | | | | | | | | | PCO ₂ | | | | | | | | | | | | | | | |
| | | | | | | | | | | PO ₂ | | | | | | | | | | | | | | | |
| | | | | | | | | | B | HCO ₃ | | | | | | | | | | | | | | | |
| | | | | | | | | SAT | | | | | | | | | | | | | | | | | |
| | | | | | | | | G | BASE | | | | | | | | | | | | | | | | |
| 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | A B O D I A T I C S E V E R E | TIME | 0500 | | | | | | | | | | | | | | | |
| | | | | | | | | | GLUCOSE | 94 | | | | | | | | | | | | | | | |
| | | | | | | | | | Na/K | 137 3.5 | | | | | | | | | | | | | | | |
| | | | | | | | | | Cl/CO ₂ | 102 25 | | | | | | | | | | | | | | | |
| | | | | | | | | | BUN/Cr | 11 0.9 | | | | | | | | | | | | | | | |
| | | | | | | | | | WBC/PLATELET | 6.5 63 | | | | | | | | | | | | | | | |
| | | | | | | | | | Hct/Hgb | 34.1 10.9 | | | | | | | | | | | | | | | |
| | | | | | | | | | CK | 92 | | | | | | | | | | | | | | | |
| | | | | | | | | | TIME | | | | | | | | | | | | | | | | |
| | | | | | | | | | C D I A T I C S E V E R E | MOUTH CARE | | | | | | | | | | | | | | | |
| | | | | | | | | BATH | | | | | | | | | | | | | | | | | |
| | | | | | | | | SKIN CARE | | | | | | | | | | | | | | | | | |
| | | | | | | | | FOLEY CARE | | | | | | | | | | | | | | | | | |
| | | | | | | | | TRACH CARE | | | | | | | | | | | | | | | | | |
| | | | | | | | | ROM EXERCISES | | | | | | | | | | | | | | | | | |
| | | | | | | | | TIME | | | | | | | | | | | | | | | | | |
| | | | | | | | | 24 HOURS TOTALS | | | | NURSE'S SIGNATURE | | | | INITIALS | | | | | | | | | |
| | | | | wt Yesterday | | | | wt Today | | | | | | | | | | | | | | | | | |
| | | | | INTAKE | | | | OUTPUT | | | | | | | | | | | | | | | | | |
| | | | | IV | | | | Urine: | | | | | | | | | | | | | | | | | |
| | | | | PO | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL | | | | TOTAL | | | | | | | | | | | | | | | | | |
| | | | | BALANCE | | | | | | | | | | | | | | | | | | | | | |
| MEDCOM - 7929 | | | | | | | | | | | | | | | | | | | | | | | | | |

| 1. REPORTING MTF | | | | | | | | 2. M. LOCATION | | ADMISSION AND JOINING INFORMATION | | | | | | | | | | | | |
|---|-----|-----|-----|------------------------------|-----|---------------------|-----|---|---------|---|-----------|--|-------------|--------|----|----------------|----|--------|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | |
| (b)(3)-1 | | | | | | | | | | | | | | | | 4. PAY GRADE | | 5. SEX | | | | |
| 3. REGISTER NUMBER | | | | | | | | NAME (Last, First, Middle Initial) | | | | | | 16 | | 17 | | 18 | | | | |
| (b)(6)-4 | | | | | | | | (b)(6)-4 | | | | | | CIV | | M | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | | | | |
| [REDACTED] | | | | | | 364 | | | X | | C | | muslim | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | |
| 32 | 33 | 34 | | | | | 35 | 36 | 9-9-30 | | | | (b)(6)-4 | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | | 13. MARITAL STATUS | | | | 14. HOUR OF ADMISSION | | | | BRANCH / CORPS | | | | | | |
| | | | | | | | | 46 | | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | | 15. BENEFICIARY CATEGORY | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | EPW | | | | | | | | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 |
| | | | 7 | 8 | | | | | | | | | 0 | 9 | 3 | 2 | 3 | 0 | 0 | 0 | 0 | |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | 19. TRAUMA | | | | PREV. ADMISSION YEAR | | | | | | | | | | |
| 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 9 BC | | | | [X] NO | | | | | | | | |
| I | | | | Z | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION | | | | | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | |
| 72 | | | | | | | | ICW | | | | | | | | | | | | | | |
| ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | | |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 82 83 84 85 86 87 88 | | | | | | | | | | | | | | |
| 0 1 | | | | | | | | 2 0 0 3 1 0 2 2 | | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 100 101 102 103 104 105 106 | | | | | | | | | | | | |
| A B A A | | | | | | | | 2 0 0 3 1 0 0 9 | | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | |
| 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 116 117 118 119 120 121 122 | | | | | | | | | | | | | | |
| I | | | | Z | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | | |
| <p>ICW to (R) Chest</p> <p>Dx: 86239 8761 E 9912</p> <p>Pri: 8345 a394 4719</p> <p>Chy Trauma 450 1</p> | | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7930

(b)(6)-4

| | | | | | |
|--|--|---|--|--|--|
| 1. Reporting MTF (b)(3)-1 | | 2. MTF Location: IZ | | Admission and Pending Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade CIV | |
| 5. Sex M | | 6. DoB (YYYYMMDD) [REDACTED] | | 7. Age at Admission 36 | |
| 8. Race X | | 9. Ethnicity 9 | | 10. Religion MUSLIM | |
| 11. Length of Service ETS | | 12. FMP 99 | | 13. Social Security Number (b)(6)-4 | |
| 14. Organization (Active Duty Only) | | 15. Marital Status Z | | 16. Hour of Admission 21:10 | |
| 17. Branch / Corps: | | 18. Flying Status | | 19. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | |
| 20. Zip Code of Residence: | | 21. Unit Location | | 22. MOS | |
| 23. Trauma BC | | 24. Prev. Admission NO | | 25. Source of Admission Direct from ER | |
| 26. Name / Relationship of Emergency Addressee | | 27. Ward: ICW | | 28. Name and Location of Medical Treatment Facility: [REDACTED] b(2)-2 | |
| 29. Address of Emergency Addressee | | 30. Telephone Number of Emergency Addressee | | 31. Type of Disposition TRF-OTH | |
| 32. Date of Disposition (YYYYMMDD) 2003-10-22 | | 33. MTF Transferred To | | 34. MTF Transferred From | |
| 35. Date this Admission (YYYYMMDD) 2003-10-09 | | 36. Location of Occurrence | | 37. MTF of Initial Admission | |
| 38. Date of Initial Admission 2003-10-09 | | 39. Clinic Svc - Admitting ABA - GENERAL SURGERY | | 40. Date of Initial Admission 2003-10-09 | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW TO RIGHT CHEST
875.0 47.19

Procedure Narrative(s): EX LAP APPENDECTOMY WOUND DEBRIDEMENT

Cause of Injury Narrative: INJURED TRYING TO STEAL AMMUNITION

| | | | |
|--|--|-----------------------|--|
| Admitting Officer (Signature - required) (b)(6)-2 | | Signature (b)(6)-2 | |
|--|--|-----------------------|--|

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 7931

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|---|---------------------|---|---|---------------------------------|---|-----------------------------------|-------------------|
| 1. Register Nbr (b)(6)-4 | | 2. Name (b)(6)-4 | | | 3. Grade FGN | | Admission Remarks |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion MUSLIM | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 20 | 12. SSN (b)(6)-4 | 13. Organization | | | 14. Ward ICW | | |
| 15. FlyStatus | | 17. Dept / Ben K78-PRISONER OF WAR/INTER | | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case BC | |
| 21. Source of Admission Direct from ER | | | | 22. Hour Of Adm: 10:30 | 23. Clinic Service AEA - ORTHOPEDICS | | |
| 24. Name/Relation of Emergency Addressee | | | | 25. Type Disp HOME | 26. Date of Disp 2003-11-27 | | |
| 27a. Address of Emergency Addressee | | | | 27b. Telephone No | 28. Date This Adm: 2003-11-20 | Admitting Officer: DR (b)(6)-2 | |
| 29. Reporting MTF (b)(2)-2 | | | | 30. Date Init Adm 2003-11-20 | | 32. Units Blood Components | |
| 31. Selected Administrative Data | | | | | | | |
| Marital Status: | | | DoB: | | | | |
| In/Out Patient: Inpatient | | | MOS: | | | | |
| 33. Cause Of Injury: GSW as a result of conflict with US forces | | | | | | | |
| 34. Diagnosis / Operations and Special Procedures: | | | | | | | |
| L humerus fracture | | | | | | | |
| 812.12 | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days | | |
| 35. Total Days This Facility | | | | | | | |
| Absent Sick Days | Other Days | ConLv / Coop Care Days (b)(6)-2 | Supplemental Care | Bed Days | Total Sick Days | | |
| Signature of Attending Medical Officer (b)(6)-2 MAJ, MC | | | Signature (b)(6)-2 (b)(6)-2 SSG, PAD NCIC | | | | |

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

2670 IRAQI WAVE ERW GSW @ SHOULDER 240 GGS.
BROUGHT TO (b)(2)-2 TODAY IN COMBATATION SPIRIT.
NO OTHER INJURIES.

PMH: UNK PSH: UNK MEDS: NONE

Hxent: NEARLY SUFFIC
Lungs: OK BK, CV: REGULAR S.S. @
abd: SOFT NT (ND), ⊕ PELVIS STABLE

PHYSICAL EXAMINATION

EXAM: RL X @ UE MULTIPLE SURF WOUNDS
DRAWING SHOULDER @ DISTAL 1/3 OF Humerus.
MARKED EDEMA. 2+ RAD PULSE. IMPACT WRIST
FRONT/EXT, FINGER FLEX/EXT/ADD/ABD.

XRAY

AP @ OPEN, NN IMPACT
GS FOR (b)(2)-2 @ PROX

COMMINUTED
FX PROXIMUS

PROGRESS (Enter date of discharge and final diagnosis)

Humerus.

(2) TB OR FOR (ND),
RAN EX FIX

1/3 HUMERUS.
HUM HEAD
LOCATED, IMPACT
TO SURGICAL
NECK ONLY

| | | | | | |
|----------|--|--|-------------------|--------------------|--------------|
| (b)(6)-2 | NAME OF PHYSICIAN WA | | DATE 20 NOV 83 | IDENTIFICATION NO. | ORGANIZATION |
| (b)(6)-2 | PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | | | REGISTER NO. | WARD NO. |

(b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIMR (41 CFR) 201-46.606
OCTOBER 1976
USAPPC V1.00

MEDCOM - 7933

MEDICAL RECORD PROGRESS NOTES

| DATE | NOTES |
|-------------------|---|
| 23 Nov 03 1555 | Assessment: Ate 03, Perian, Lungs O/A Breat, S-S2 strong and clear, @ BS x 2 Ate in @ US Ad C.O.F, Saw C.O.F, Arm for sun and control of the arm, continues w antibiotics. Gave to BR Talcate per dist. will continue to monitor movement |
| 23 Nov 03 2049 | Assessment: Assumed care of Pt A sleep but easily aroused vitals stable, dressing to @ US clean dry and intact. W S2 pulses well @ 2/5 of infection at W site. @ C/O pain or dis comfort W antibiotic therapy continue. will continue to monitor status |
| 24 Nov 03 1215 | Nursing: Shift note Pt bright & alert speech clear, VSS, eating & hydrating well, tolerating ambulating to dining, continues w therapy antibiotics @ BS, interpret to check if Bm latrine voiding w/d difficulty. Continue to monitor |
| 1500 | Pt % pain if perceives when will monitor report appropriately |
| 2200 | Pt % pain if perceives when will monitor and report appropriately |

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

(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

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

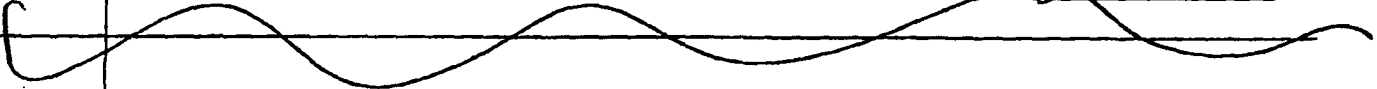
| DATE | NOTES |
|------|-------|
|------|-------|

25NOV03 Nursing Shift Note: Assumed care of pt @ 2400. Asst
 @ 0130. VSS; WNL; please see SF Form 571. PT currently
 complains of pain to (L) shoulder/arm. PT
 currently sleeping. Ambulates w/ assistance
 MP. Will cont. to monitor. (b)(6)-2 217/19

25NOV03 Nursing: Shift Note Pt. bright & alert. Speech
 clear in native tongue. Able to use gestures
 to assist in communication. Continues IV
 antibiotics, infusing w/ difficulty. tolerating
 regular diet. Voiding w/ difficulty. BM last
 pm. reports regular (L) arm site to dried drainage
 on ace wrap. Dressing change today. Continue
 to monitor. (b)(6)-2 CP/MD

25NOV03 Nursing Shift Note: Assumed care of pt @ 1800. Asst
 @ 2330 WNL; VSS; please see SF 571. PT complains to (L) shoulder &
 arm. Medicated w/ two percocet @ 2230. IV ABX cont,
 SL in (L) FA w/ pos flushes s/sx of infection in (L) arm.
 Limited English spoken by pt. DRS (L) C dried drainage
 noted. active bleeding noted. Will cont. to monitor. (b)(6)-2 217/19

26NOV03 Nursing Shift Note: Assumed care of pt @ 1800. Asst. WNL,
 03@ VSS; please see SF Form 571. PT medicated w/ two percocet
 @ 2200 for pain to (L) shoulder/ARM. IV & IV ABX d/c
 per v.o. from Dr. (b)(6)-2 Assisted PT w/ handwashing. Will
 cont. to monitor. Previous shift reported PT may be d/c'd
 to MP's in AM. (b)(6)-2 217/19



MEDICAL RECORD

PROGRESS NOTES

DATE: 27 NOV 03
 ALLEGATIVE Summary
 DOD: 20 NOV 03 DOD: 27 NOV 03
 Dx: (L) HUMERUS COMMINUTED
 GUNSHOT FRACTURE
 PROCEDURES: NONE
 Hx: 21 yo ♂ SHOT BY US
 FORCES UNDER UNKNOWN CIRCUMSTANCES,
 EPW STATUS. COMMINUTED
 PROXIMAL HUMERUS FRACTURE.
 COASTATION SPLINT. PROPHYLACTIC
 ANTIBIOTICS. NO EVIDENCE INFECTION,
 CONTINUE COASTATION SPLINT X 3
 WEEKS. I COUNZ AND CUFF (NO SLING).
 CONDITION: STABLE
 DISPOSITION: DIC TO MP CUSTODY
 FIU [redacted] 3 WEEKS.
 MEDS: PERCOET TIT DA 4-6H PRN

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

PROGRESS NOTES
Medical Record

STANDARD FORM 609 (REV. 6/1998)
Prescribed by GSA/ICM/FPMR (41CFR) 101-11.203(b)(1)(i)
USAPA V1.00

[redacted] (b)(6)-4

MEDCOM - 7936

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|--|---|
| 18 Nov 03 | A: patent, protected, c-spine protected |
| TIME 1445 | B: even, unlabored, BS bilat CIA |
| | C: S.S., pulses equal bilat 2+ all ext |
| B/P- 122/84 | D: PERCLA, moves all ext. |
| Temp- | E: (C) arm (D) bleeding from single entrance & |
| Resp- 22 | exit wound from apparent GSW |
| Pulse- 118 | Iraqi national s/p GSW (C) arm, no other injuries |
| O2 Sat- 100 | 20 |
| Allergy- | H- hemo hemomyl |
| Meds- ^{long ms 1205} 15m ceftriaxone | E- PERCLA |
| PMHX- | E- ob obneta |
| PSHX- | N- septal septal tumor |
| PFHX- | T- WNL |
| PFHX- | Ext: Single 1/2cm hole medial aspect ~ 1/2cm hole post |
| Tobb- | (C) crepitus humerus. |
| Ethol- | - set |
| Supp- | pulses 2+ |
| long ms given | A/ (C) GSW (C) arm |
| 15m ceftriaxone | P - set 545 |
| 1000cc LR given | Evac to jail then hospital in am. |
| | ILT (b)(6)-2 |
| | LLTR NS @ HC |

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

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

Name (b)(6)-4
 S.S.#
 DOB/Sex Male
 Unit Iraqi EPN
 Rank/Grade

(b)(6)-4

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

MEDCOM - 7937

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------------------|---|
| 21 NOV 03 @ 0055 | Nursing Shift Note: Assumed care of apt @ 1800:-- Asst. WNL; including BSx4; ABD soft, flat & nontender lungs & wheezing upon inhalation & occasionally upon exhalation O ₂ sat = 98% VSS; please see SF Form 511 TV SL per order. IV ABX started @ 2200. HOB ↑ ≥ 45°. DRSG to (L) Arm partially saturated @ armpit area. DRSG reinforced. Foley draining clear, yellow urine. 2 Bocepron, MP, present as guard. Restraints x two in place. Will cont. to monitor. (b)(6)-2 [Signature] |
| 21 NOV 03 @ 0545 Cont. | Cont. from above. 450cc of dark, foul smelling urine drained from Foley. CBC done & sent to be cont. (b)(6)-2 [Signature] |
| 21 NOV 03 1440 | ASSESSMENT - APOB3, PAIN, NURSING S/S, STUNTS AND NEG, (A) AS RY Pt SPEAKING TO UE C.D.I. GIVEN INCENTIVE SPIRITER. A.M. CARE PERFORMED. FEEL TO QUALITY DIC'd. URINEMEN 180 cc URINE VIA URINAL. TOLERATED THE DIST (b)(6)-2 GTA TO BR WILL CONTINUE TO MONITOR [Signature] |

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

(b)(6)-4

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

MEDCOM - 7938

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------|---|
| 21 Nov 03 1917 | Assessment notes: Assumed care of Pt Asleep but easily aroused. Tolerated regular diet vitals Stable Pt ambulated to outdoors Rest room tolerated it well. IV Ancef Therapy continues. (L) hand in braces will continue to monitor status for changes — (b)(6)-2 [redacted] 1/5/12 |
| 22 Nov 03 11:45 | Nursing Shift Note Pt. bright + alert speech clear in native tongue. Eating + hydrating well. tolerating regular diet. Pt changed out of sling for short period of time. Pt remains neckling. Plan to allow slight wts 2-3 weeks & reevaluate per physician. Pt voids w/o difficulty. Intake + hydrating well. Continues IV antibiotics. Able to hold Alom in (L) fingers assistive in feeding. Fine + gross skills (b)(6)-2 [redacted] 1/5/12 |
| 22 Nov 03 @ 2215 | Nursing Shift Note: Assumed care of pt @ 1800. Asst. WNL, VSS; please see SF Form 671. PRSG to (L) Arm + shoulder C dried, old bloody drainage, SL d/c'd d/t pain + swelling + redness @ site. New 18 gauge IV 1/2 started in (R) hand (D) ABX cont. PT understands / speaks limited English. Medicated w/ two percocet @ 2130 for Clozapine to (L) Arm. Will cont. to monitor. PT ambulating to latrine TMP 5 difficulty. (b)(6)-2 [redacted] 2LT/AN |

| | | |
|--|----------------------------|------------|
| EMERGENCY CARE AND TREATMENT <i>(Medical Record)</i> | TREATMENT FACILITY (Stamp) | LOG NUMBER |
|--|----------------------------|------------|

| | | | |
|--|--|---|--|
| ARRIVAL | TRANSPORTATION TO HOSPITAL <i>(Attach care enroute sheet)</i> | CURRENT MEDS. <i>(tetanus immunization and other data)</i> | HISTORY OBTAINED FROM <input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> OTHER <i>(Specify)</i> <i>interpret</i> |
| DATE DAY MONTH YR. 20 11 03 | TIME 1015 | <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> OTHER <i>(Specify)</i> | <input checked="" type="checkbox"/> AMBULANCE |
| PATIENT'S HOME ADDRESS OR DUTY STATION <i>(City, State and ZIP Code)</i> | | | ALLERGIES NKDA |
| CHIEF COMPLAINT(S) <i>(Include symptom(s), duration)</i> | | | HOME TELE. NO. <i>(Inc. area code)</i> |

| | | |
|-----------|----------|---|
| SEX 25 | AGE M | POSSIBLE THIRD PARTY PAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------|----------|---|

| | |
|-------------|---|
| VITAL SIGNS | DESCRIBE (1) Subjective data <i>(Pertinent History)</i> ; (2) Objective data <i>(Examination - include results of tests and x-rays)</i> ; (3) Assessment <i>(Diagnosis)</i> ; (4) Plan <i>(Treatment/Procedures - include medication given and follow-up)</i> |
|-------------|---|

| TIME | 9025 | 1025 | 1100 |
|----------|---------|--------|--------|
| BP | 135/80 | 138/86 | 136/94 |
| PULSE | 115 | 85 | 92 |
| RESP. | 18 | 16 | 16 |
| TEMP. | 98.7(0) | | |
| WT. (Kg) | | | |

CATEGORY *(See reverse)*

EMERGENT

URGENT

NON-URGENT

| ORDERS | INITIALS | TIME |
|----------------------|----------|------|
| 3mg MSU | | 1028 |
| 7mg MSU | | 1028 |
| COE | | 1020 |
| CHEN 7, HA | | 1020 |
| J&S | | 1100 |
| ANCEF 1gm IV | | 1100 |
| TETANUS 168 | | 1100 |
| ASSESSMENT/DIAGNOSIS | | |
| GSW, (L) UE | | |

COMMINUTED PROX HUMERUS FX

DISPOSITION *(Check all that apply)*

HOME FULL DUTY

QUARTERS

24 Hrs. 48 Hrs. 72 Hrs.

MODIFIED DUTY UNTIL:

DAY MONTH YEAR

REFERRED TO *(Indicate clinic)*

EMERGENCY TODAY

72 HOURS ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

ORTHO-ICW

CONDITION UPON RELEASE

IMPROVED UNCHANGED

DETERIORATED

TIME OF RELEASE:

S: pt is an EPW who ambulated into ER @ MP ESCORT @ @ arm in splint; pt clo "I haven't gone to B/A in 2 days" per interpreter pt is s/p GSW to @ ARM > 24' ago. pt holding

O: pt in distress, holding bladder

CHEST: CTA @

CARD: TACHYCARDIC, REG RHYTHM

A&B: NON DISTENDED, NON TENDER

EX: PROXIMAL @ UE SWELLING; POSIT. WOUND, ANTEROMEDIAL WOUND PALPABLE RADIAL PULSE.

NEURO: INTACT ULNAR, RADIAL, MEDIAL DISTRIBUTIONS X-RAY: COMMINUTED PROX

FX. AIP COMMINUTED PROXIMAL HUMERUS FX

-TO O.R. FOR I+D, EX. FIX

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION *(Mechanical imprint)*
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle;
SSN; DOB, service status, name and relation of sponsor or next of kin. **(IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).**

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT *(Include medications ordered, any limitations and follow-up plans)*

NA

* NURSE'S NOTE *

@1015 - pt ambula into EMT @ 12 GSN to
LUE >24^o ago. pt escorted c MP $\frac{1}{2}$ MP states
EPW status x 1 day p firefight. pt arrived
in distress holding bladder c L arm in
sling. Interpreter states, "he hasn't gone
to the BR x 2 days. pt placed on litter c
bladder distention. VS = 130/82, 115, 18, 98.9(0),
 $\frac{1}{2}$ 100% RA. R radial pulse, pt able to wiggle fingers.

@1025 - foley placed in patient, c foley drain
yellow, cloudy, urine. 14g in R AC. patient,
ILTNS \uparrow $\frac{1}{2}$ labs sent to (b)(6)-2

@1035 - foley clamp @ 1000 u, pt sling removed
p 7ms M504 given @ 1028. VS - ~~128/78~~ 123/78, 85
16, and 100% RA. (b)(6)-2

@1040 - pt brought to x-ray, stable, foley
unchanged, foley continuing to drain
sediment urine. 100cc drained so far.
pt relaxed, NAD. (b)(6)-2

@1100 - pt back from x-ray, 3ms M504 given
to pt in x-ray dis movement. VS - 136/94
87, 16, 100% RA. Ancef 1GM lung in 50cc
fluid. Td given to R deltoid muscle, (b)(6)-2

@1106 - 400mg Gentamycin ordered from pharmacy
pt c humerus fx, prepping for OR.
NADA, Last meal - 2 days ago. (b)(6)-2 pt

@1110 - 400mg Gent... MEDCOM - 7941 pt lying in bed
relaxed NAD (b)(6)-2

| MEDICAL RECORD | | INTRAOPERATIVE DOCUMENT | |
|--|---|--|---------------------|
| For use of this form, see AR 40-407, the proponent of this form, and the office of The Surgeon General. | | | |
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>DR SUTTS</u> | | 2. PATIENT IDENTIFIED AND PROCEDURE REVIEWED AND PROCEDURE VERIFIED BY <u>(b)(6)-2</u> <u>[Signature]</u> | |
| 3. DATE <u>20 Nov 03</u> TIME PATIENT ARRIVED IN SUITE _____ | | 4. PATIENT IN ROOM TIME: <u>1550</u> NUMBER <u>1-1 #3</u> | |
| 5. PREOPERATIVE EMOTIONAL STATUS | | | |
| <input type="checkbox"/> CALM <input checked="" type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) _____ | | | |
| COMMENTS: <u>spoke 2 interp garden to escape procedures</u> | | | |
| 6. NURSING PERSONNEL | | | |
| ASSIGNED SCRUB | <u>DRK</u> <u>(b)(6)-2</u> <u>910</u> | RELIEF SCRUB | _____ |
| ASSIGNED CIRCULATOR | <u>CM</u> <u>(b)(6)-2</u> <u>665</u> | RELIEF CIRCULATOR INT. | _____ |
| 7. POSITION AND POSITIONAL AIDS (Specify) | | | |
| <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP | | | |
| COMMENTS: _____ | | | |
| 8. SKIN PREPARATION | | | |
| HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPLATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP | | PREP SOLUTION (Specify) _____ SITE: _____ BY WHOM: _____ SITE: _____ BY WHOM: _____ | |
| COMMENTS: _____ | | COMMENTS: _____ | |
| 9. LOCATION OF EXTERNAL DEVICES | | | |
| | | | |
| LEGEND X Ground Pad - Safety Strap == Tourniquet | | | |
| C = Correct I = Incorrect | | | |
| 10. COUNTS | | Other** | Final Closing Count |
| Sponge | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Needle Sharp | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;) | | 12. ELECTROSURGERY DEVICE(S) (ESU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| <u>(b)(6)-4</u> <u>21 yo Male</u> | | <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____ | |

13. PROSTHESIS, IMPLANTS NO IF YES NAME: ID NUM. 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):

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

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

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| | | |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
*Casting
 ubil
 ACE Kwik*

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED
Dressing Change @ humerus

21. PATIENT TRANSFERRED TO *ICU* TIME *1625* METHOD *litter*

22. REGISTERED NURSE SIGNATURE (b)(6)-2 [REDACTED] *blw-2*

| MEDICAL RECORD | | VITAL SIGNS RECORD | | | | | | | |
|--------------------|-------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|---------|
| HOSPITAL DAY | | | | | | | | | |
| POST-MONTH-YEAR | DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | |
| HOUR | TEMP. F (°) | | | | | | | | TEMP. C |
| 180 | 105° | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | 37.8° |
| 130 | 99° | ✓ | | | ✓ | | | | 37.2° |
| 120 | 98.6° | | ✓ | | | ✓ | | | 37.0° |
| 120 | 98° | | * | ✓ | | * | | | 36.7° |
| 110 | 97° | | | ✓ | | | | | 36.1° |
| 100 | 96° | | | | | | | | 35.6° |
| 90 | 95° | ○ | ○ | ○ | ○ | ○ | ○ | ○ | 35.0° |
| 80 | | | ○ | ○ | ○ | ○ | ○ | ○ | |
| 70 | | ^ | x | | ^ | * | | ^ | |
| 60 | | | ^ | ^ | ^ | ^ | ^ | ^ | |
| 50 | | | | | | | | | |
| 40 | | | | | | | | | |
| RESPIRATION RECORD | | | | | | | | | |
| BLOOD PRESSURE | | 110/70 | 120/80 124/80 | 118/68 112/60 | 133/76 113/66 | 129/65 113/60 | 104/65 112/60 | 116/70 119/60 | |
| HEIGHT: | WEIGHT → | 98 | 98 96 | 98 95 | 97 97 | 98 98 | 98 98 | 98 98 | |

(Centigrade Equivalents, for Reference only)

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

REGISTER NO.

WARD NO.

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 7944

| | |
|-----------------------|---------------------------|
| MEDICAL RECORD | VITAL SIGNS RECORD |
|-----------------------|---------------------------|

| | | | | | | | | | | | | | | | |
|--------------|------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| HOSPITAL DAY | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 27 | | | | | | | | | | | | | |
| 19 | HOUR | 0 | | | | | | | | | | | | | |

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

(Centigrade Equivalents, for Reference only)

| | | |
|--|---------------------|--------|
| RESPIRATION RECORD | | 1 |
| Record special data only when so ordered | BLOOD PRESSURE | 124/77 |
| | HEIGHT: WEIGHT → | 77 |
| | | |
| | | |
| | | |

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

STANDARD FORM 511 (REV. 7-95) BACK
 *U.S.GPO:1998-404-763/40069

Ward/Section: ICW Requesting DR: (b)(6)-2 **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)

Name: (b)(6)-4 Date: 21 NOV 03 Time: Patient #: (b)(6)-4

| Test | Result | Ref. Range | Test | Result | Ref. Range | Test | Result | Ref. Range |
|----------|--------|------------------------|----------|--------|--------------|------------|---------------------------------|--|
| GLU | | 73 - 118 mg/dL | Color | | N/A | WBC | ID: <u>(b)(6)-4</u> WB | 21-11-03 06:22 Patient Limits |
| BUN | | 7 - 22 mg/dL | App | | N/A | RBC | | |
| Creat | | 0.6 - 1.2 mg/dL | Glu | | Negative | Hgb | WBC 10.4 x10 ³ /uL | 4.5 10.5 (F) |
| Na | | 128 - 125 mmol/L | Bili | | Negative | Hct | RBC 3.92 L x10 ⁶ /uL | 4.00 6.00 (F) |
| K | | 3.3 - 4.7 mmol/L | Ket | | Negative | Hct | Hgb 11.7 g/dL | 11.0 18.0 |
| Cl | | 98 - 108 mmol/L | SGav. | | N/A | MCV | Hct 35.2 % | 35.0 60.0 |
| tCO2 | | 18 - 33 mmol/L | Bld | | Negative | MCH | MCV 89.7 fL | 80.0 100.0 |
| | | | pH | | N/A | MCHC | MCH 29.8 pg | 27.0 31.0 |
| ALB | | 3.5 - 5.5 g/dL | Prot | | Negative | Plt | MCHC 33.2 g/dL | 33.0 37.0 |
| ALP | | 26 - 84 µg/dL | Urob | | 0.2 - 1.0 | Lymr | Plt 253 x10 ³ /uL | 150 450 |
| ALT | | 10 - 47 µg/dL | Nit | | Negative | | LYZ 19.4 %L | 20.5 51.1 |
| AMY | | 14 - 97 µg/dL | Leuk | | Negative | | LY# 2.0 * x10 ³ /uL | 1.2 3.4 |
| AST | | 11 - 38 µg/dL | Micro UA | | | Segs | | Lymph |
| Tbili | | 0.2 - 1.6 mg/dL | | | | Bands | | Atyp |
| TP | | 6.4 - 8.1 g/dL | | | | Mono | | Imm |
| Ca | | 8.0 - 10.3 mg/dL | | | | Eos | | RBC Morph |
| Chol | | 100 - 200 mg/dL | | | | Eos | | RBC Morph |
| Creat | | 0.6 - 1.2 mg/dL | | | | Baso | | Plt Est |
| BUN | | 7 - 22 mg/dL | | | | | | |
| GLU | | 73 - 118 mg/dL | ph | | 7.31 - 7.45 | PT | | 9.8 - 13.6 sec |
| | | | PCO2 | | 35 - 45: Art | aPTT | | 21 - 34 sec |
| Troponin | | Negative | PO2 | | 80 - 105 | INR | | N/A |
| GLU Only | | 73 - 118 mg/dL | HCO3 | | 22 - 26 | Malaria | | Negative |
| CK | | 39 - 380 µg/L - Male | TCO2 | | 23 - 27 | Gram Stain | | N/A |
| | | 30 - 190 µg/L - Female | BE | | (-2) - 3 | UA Tox: | | Negative |
| | | | sO2 | | 95 - 100% | HCG | | Negative |

Additional Instructions:

Reported By: (b)(6)-2 Date: 21 NOV 03 Lab ID #:

MEDCOM - 7946

| Ward/Section: | | Requesting Physician: | | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|-------------|--|-----|-----------------|--------|------------|----------------|--------|-------|------------------|---------|---------|-----------------|------------|----------|-----------------|---------|----------|--------------|---------|----------|----------------|-----------------------------|---------|----------|----------|----------|----------------|------|------|--|---|----------|--|-------------------------------------|-----------|--------|------------|-------------|------|-------|--------------|--|------|----------|--------|------------|---------|--------------|-----------|---------|----|----------|----------------|-----|--|-----------|----------------------------------|----------|-----|--------------------------------|-----------|-----|-----------|-----------|-----|--------|-----------|-----|---------|------------|-----|---------|-----------|------|-------------|-----------|-----|-------------------------------|---------|-----|-----------------------|-----------|-----|-------------------------------|---------|
| Name: (b)(6)-4 | | Date: 20 NOV 03 | Time: 10:20 | Patient # (b)(6)-4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>===== PICCOLO ===== 11/20/03 10:30 REFERENCE RANGE: MALE PATIENT #: (b)(6)-4 METLYTE 8 DISC LOT #: <i>del-2</i> 3141AA4 OPER #: <i>del</i> DR #: 000 SERIAL #: (b)(6)-4</p> | | | | <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref. Range</th> </tr> </thead> <tbody> <tr><td>Color</td><td>Yellow</td><td>N/A</td></tr> <tr><td>App</td><td>Clear</td><td>N/A</td></tr> <tr><td>Glu</td><td>NEG</td><td>Negative</td></tr> <tr><td>Bili</td><td>NEG</td><td>Negative</td></tr> <tr><td>Ket</td><td>TRACE</td><td>Negative</td></tr> <tr><td>SGav.</td><td>1.030</td><td>N/A</td></tr> <tr><td>Bld</td><td>TRACE</td><td>Negative</td></tr> <tr><td>pH</td><td>6.0</td><td>N/A</td></tr> <tr><td>Prot</td><td>TR</td><td>Negative</td></tr> <tr><td>Urob</td><td>0.2</td><td>0.2 - 1.0</td></tr> <tr><td>Nit</td><td>NEG</td><td>Negative</td></tr> <tr><td>Leuk</td><td>N/A</td><td>Negative</td></tr> </tbody> </table> | | Test | Result | Ref. Range | Color | Yellow | N/A | App | Clear | N/A | Glu | NEG | Negative | Bili | NEG | Negative | Ket | TRACE | Negative | SGav. | 1.030 | N/A | Bld | TRACE | Negative | pH | 6.0 | N/A | Prot | TR | Negative | Urob | 0.2 | 0.2 - 1.0 | Nit | NEG | Negative | Leuk | N/A | Negative | <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref. Range</th> </tr> </thead> <tbody> <tr><td>W</td><td>ID: (b)(6)-4</td><td>20-11-03</td></tr> <tr><td>WB</td><td></td><td>10:28</td></tr> <tr><td colspan="3">Patient Limits</td></tr> <tr><td>WBC</td><td>12.4 H $\times 10^3/\mu\text{L}$</td><td>4.5 10.5</td></tr> <tr><td>RBC</td><td>4.67 $\times 10^6/\mu\text{L}$</td><td>4.00 6.00</td></tr> <tr><td>Hgb</td><td>13.7 g/dL</td><td>11.0 18.0</td></tr> <tr><td>Hct</td><td>41.7 %</td><td>35.0 60.0</td></tr> <tr><td>MCV</td><td>89.3 fL</td><td>80.0 100.0</td></tr> <tr><td>MCH</td><td>29.3 pg</td><td>27.0 31.0</td></tr> <tr><td>MCHC</td><td>32.9 L g/dL</td><td>33.0 37.0</td></tr> <tr><td>Plt</td><td>326 $\times 10^3/\mu\text{L}$</td><td>150 450</td></tr> <tr><td>LYZ</td><td>20.0 $\mu\text{L} \%$</td><td>20.5 51.1</td></tr> <tr><td>LY#</td><td>2.5 $\times 10^3/\mu\text{L}$</td><td>1.2 3.4</td></tr> </tbody> </table> | | Test | Result | Ref. Range | W | ID: (b)(6)-4 | 20-11-03 | WB | | 10:28 | Patient Limits | | | WBC | 12.4 H $\times 10^3/\mu\text{L}$ | 4.5 10.5 | RBC | 4.67 $\times 10^6/\mu\text{L}$ | 4.00 6.00 | Hgb | 13.7 g/dL | 11.0 18.0 | Hct | 41.7 % | 35.0 60.0 | MCV | 89.3 fL | 80.0 100.0 | MCH | 29.3 pg | 27.0 31.0 | MCHC | 32.9 L g/dL | 33.0 37.0 | Plt | 326 $\times 10^3/\mu\text{L}$ | 150 450 | LYZ | 20.0 $\mu\text{L} \%$ | 20.5 51.1 | LY# | 2.5 $\times 10^3/\mu\text{L}$ | 1.2 3.4 |
| Test | Result | Ref. Range | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Color | Yellow | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| App | Clear | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Glu | NEG | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bili | NEG | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ket | TRACE | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SGav. | 1.030 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bld | TRACE | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pH | 6.0 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prot | TR | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urob | 0.2 | 0.2 - 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nit | NEG | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leuk | N/A | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test | Result | Ref. Range | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | ID: (b)(6)-4 | 20-11-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WB | | 10:28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Limits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WBC | 12.4 H $\times 10^3/\mu\text{L}$ | 4.5 10.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBC | 4.67 $\times 10^6/\mu\text{L}$ | 4.00 6.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hgb | 13.7 g/dL | 11.0 18.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hct | 41.7 % | 35.0 60.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCV | 89.3 fL | 80.0 100.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCH | 29.3 pg | 27.0 31.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCHC | 32.9 L g/dL | 33.0 37.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plt | 326 $\times 10^3/\mu\text{L}$ | 150 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LYZ | 20.0 $\mu\text{L} \%$ | 20.5 51.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LY# | 2.5 $\times 10^3/\mu\text{L}$ | 1.2 3.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>GLU</td><td>109</td><td>73-118</td><td>MG/DL</td></tr> <tr><td>BUN</td><td>10</td><td>7-22</td><td>MG/DL</td></tr> <tr><td>CRE</td><td>0.9</td><td>0.6-1.2</td><td>MG/DL</td></tr> <tr><td>CK</td><td>1250*</td><td>39-380</td><td>U/L</td></tr> <tr><td>NA+</td><td>137</td><td>128-145</td><td>MMOL</td></tr> <tr><td>K+</td><td>4.7</td><td>3.3-4.7</td><td>MMOL</td></tr> <tr><td>CL-</td><td>103</td><td>98-108</td><td>MMOL</td></tr> <tr><td>tCO2</td><td>24</td><td>18-33</td><td>MMOL</td></tr> </tbody> </table> | | | | GLU | 109 | 73-118 | MG/DL | BUN | 10 | 7-22 | MG/DL | CRE | 0.9 | 0.6-1.2 | MG/DL | CK | 1250* | 39-380 | U/L | NA+ | 137 | 128-145 | MMOL | K+ | 4.7 | 3.3-4.7 | MMOL | CL- | 103 | 98-108 | MMOL | tCO2 | 24 | 18-33 | MMOL | <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref. Range</th> </tr> </thead> <tbody> <tr><td>Segs</td><td></td><td>Lymph</td></tr> <tr><td>Bands</td><td></td><td>Atyp</td></tr> <tr><td>Mono</td><td></td><td>Imm</td></tr> <tr><td>Eos</td><td></td><td>RBC Morph</td></tr> <tr><td>Baso</td><td></td><td>Plt. Est</td></tr> </tbody> </table> | | Test | Result | Ref. Range | Segs | | Lymph | Bands | | Atyp | Mono | | Imm | Eos | | RBC Morph | Baso | | Plt. Est | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLU | 109 | 73-118 | MG/DL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUN | 10 | 7-22 | MG/DL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRE | 0.9 | 0.6-1.2 | MG/DL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CK | 1250* | 39-380 | U/L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NA+ | 137 | 128-145 | MMOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K+ | 4.7 | 3.3-4.7 | MMOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CL- | 103 | 98-108 | MMOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| tCO2 | 24 | 18-33 | MMOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test | Result | Ref. Range | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Segs | | Lymph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bands | | Atyp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mono | | Imm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eos | | RBC Morph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baso | | Plt. Est | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>Tbili</td><td></td><td>0.2 - 1.6 mg/dL</td></tr> <tr><td>TP</td><td></td><td>6.4 - 8.1 g/dL</td></tr> <tr><td>Ca</td><td></td><td>8.0 - 10.3 mg/dL</td></tr> <tr><td>Chol</td><td></td><td>100 - 200 mg/dL</td></tr> <tr><td>Creat</td><td></td><td>0.6 - 1.2 mg/dL</td></tr> <tr><td>BUN</td><td></td><td>7 - 22 mg/dL</td></tr> <tr><td>GLU</td><td></td><td>73 - 118 mg/dL</td></tr> <tr><td>Troponin</td><td></td><td>Negative</td></tr> <tr><td>GLU Only</td><td></td><td>73 - 118 mg/dL</td></tr> <tr><td>CK</td><td></td><td>39 - 380 $\mu\text{g/L}$ - Male 30 - 190 $\mu\text{g/L}$ - Female</td></tr> </tbody> </table> | | | | Tbili | | 0.2 - 1.6 mg/dL | TP | | 6.4 - 8.1 g/dL | Ca | | 8.0 - 10.3 mg/dL | Chol | | 100 - 200 mg/dL | Creat | | 0.6 - 1.2 mg/dL | BUN | | 7 - 22 mg/dL | GLU | | 73 - 118 mg/dL | Troponin | | Negative | GLU Only | | 73 - 118 mg/dL | CK | | 39 - 380 $\mu\text{g/L}$ - Male 30 - 190 $\mu\text{g/L}$ - Female | <table border="1"> <tbody> <tr><td>Micro UA</td><td colspan="2">0-1 RBC Amorphous sediment (MOD)</td></tr> <tr><td>ph</td><td></td><td>7.31 - 7.45</td></tr> <tr><td>PCO2</td><td></td><td>35 - 45: Art</td></tr> <tr><td>PO2</td><td></td><td>80 - 105</td></tr> <tr><td>HCO3</td><td></td><td>22 - 26</td></tr> <tr><td>TCO2</td><td></td><td>23 - 27</td></tr> <tr><td>BE</td><td></td><td>(-2) - 3</td></tr> <tr><td>sO2</td><td></td><td>95 - 100%</td></tr> </tbody> </table> | | Micro UA | 0-1 RBC Amorphous sediment (MOD) | | ph | | 7.31 - 7.45 | PCO2 | | 35 - 45: Art | PO2 | | 80 - 105 | HCO3 | | 22 - 26 | TCO2 | | 23 - 27 | BE | | (-2) - 3 | sO2 | | 95 - 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tbili | | 0.2 - 1.6 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TP | | 6.4 - 8.1 g/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ca | | 8.0 - 10.3 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chol | | 100 - 200 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creat | | 0.6 - 1.2 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUN | | 7 - 22 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLU | | 73 - 118 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Troponin | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLU Only | | 73 - 118 mg/dL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CK | | 39 - 380 $\mu\text{g/L}$ - Male 30 - 190 $\mu\text{g/L}$ - Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Micro UA | 0-1 RBC Amorphous sediment (MOD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ph | | 7.31 - 7.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCO2 | | 35 - 45: Art | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO2 | | 80 - 105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HCO3 | | 22 - 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TCO2 | | 23 - 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BE | | (-2) - 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sO2 | | 95 - 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>PT</td><td></td><td>9.8 - 13.6 sec</td></tr> <tr><td>aPTT</td><td></td><td>21 - 34 sec</td></tr> <tr><td>INR</td><td></td><td>N/A</td></tr> <tr><td>Malaria</td><td></td><td>Negative</td></tr> <tr><td>Gram Stain</td><td></td><td>N/A</td></tr> <tr><td>UA Tox:</td><td></td><td>Negative</td></tr> <tr><td>HCG</td><td></td><td>Negative</td></tr> </tbody> </table> | | | | PT | | 9.8 - 13.6 sec | aPTT | | 21 - 34 sec | INR | | N/A | Malaria | | Negative | Gram Stain | | N/A | UA Tox: | | Negative | HCG | | Negative | <p><i>Type 1 Screen</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PT | | 9.8 - 13.6 sec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aPTT | | 21 - 34 sec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INR | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malaria | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gram Stain | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UA Tox: | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HCG | | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reported By: (b)(6)-2 | | Date: 20 NOV 03 | | Lab ID #: (b)(6)-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDCOM - 7947 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDICAL RECORD - ANESTHESIA

For use c... m, see AR 40-66; the proponent agency is 1

| | | | | | | | | | | | | |
|--|-------------------------------|----------------------------------|-----|-----|-----|--|--|--|--|--------|-----------|--|
| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION | DRUG | (Unit) | | | | | | | | TOTALS | TOTAL EBL | |
| | VCC | (mg) | 0.5 | | | | | | | | | |
| | Levofolium | (mg) | 50 | | 50 | | | | | | | |
| | Suf | (mg) | | | 100 | | | | | | | |
| | Ven | (mg) | | | 25 | | | | | | | |
| | | (mg) | | | | | | | | | | |
| | | (mg) | | | | | | | | | | |
| | | (mg) | | | | | | | | | | |
| | | (mg) | | | | | | | | | | |
| | | (mg) | | | | | | | | | | |
| VOLAT AGENT | % del | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | |
| O2 | L/Min | 8 | | 2 | ~ | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | | | | |
| LINE site | NS | | | | | | | | | | 300 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| EST BLOOD LOSS | | | | | | | | | | | | |
| URINE | | | | | | | | | | | | |
| PHYS STATUS | TIME | 11:30 x 10:45 16:00 x 30 x 17:00 | | | | | | | | | | |
| 1 2 3 4 5 E | SYMBOLS | | | | | | | | | | | |
| BODY WEIGHT | BP by cuff | 220 | | | | | | | | | | |
| KG | V | 200 | | | | | | | | | | |
| LB | ^ | 180 | | | | | | | | | | |
| HEMATOCRIT | Heart rate | 160 | | | | | | | | | | |
| INITIAL DATA | ● | 140 | | | | | | | | | | |
| BP- | Resp rate | 120 | ✓ | | | | | | | | | |
| HR- | BR (transduced) | 100 | ✓ | | | | | | | | | |
| EQUIP CHECK | + | 80 | | | | | | | | | | |
| OK? - Y N | TOURNIQUET | 60 | ✓ | | | | | | | | | |
| PATIENT CHECK | T-T | 40 | | | | | | | | | | |
| OK for PROCEDURE? | ANES - X-X | 20 | | | | | | | | | | |
| TIME | PROC. ○○ | | | | | | | | | | | |
| | VT - ml | | | | | | | | | | | |
| | f - breaths/min | | | | | | | | | | | |
| | Peak inf pres / PEEP | | | | | | | | | | | |
| | MODE - S(pon), A(sist), C(on) | | 5 | 5 | 5 | | | | | | | |
| | BP/Auto Cuff | ET CO2 (tor) | ⊕ | | | | | | | | | |
| | BP/oth | FIO2 (Frac or %) | 21 | 7U | 7U | | | | | | | |
| | ART line | SpO2 (%) | 100 | 97 | 97 | | | | | | | |
| | Steth- PC/ES | ECG | SR | SR | SR | | | | | | | |
| | Gas analyzer | TEMP-site | | ant | ant | | | | | | | |
| | | N-M Block (T/4) | | | | | | | | | | |
| | Warning blkt | | | | | | | | | | | |
| | Conv warmer | | | | | | | | | | | |

REMARKS
Code drugs with numbers, events with letters
pt ID ✓ in ENT. @ A.
P.A. - E translator.
Chat review
① to OR - Δ Plan - to ICU
② to OR for dressing Δ. monitors / O2
③ to F/U for recovery.

| | |
|------------------------|---------------|
| RECOVERY A/T | |
| PACU (C/U) | (Specify) |
| OTHER | F |
| CONDITION: | stable |
| RESP. IZ | SpO2 |
| BP. 104/52 HR. 91 | |
| ANESTHETIC TECHNIQUES: | M.A.C. |
| AIRWAY MANAGEMENT: | nasal cannula |
| SURGEONS: | |
| PROCEDURE LOCATION: | OR |
| DATE: | 20.10.03 |
| PAGE | 1 OF |

PROCEDURES and CPT Codes:

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

da(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks M.A.C.

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments nasal cannula

SURGEONS: da(6)-2

PROCEDURE LOCATION: OR

DATE: 20.10.03

PAGE 1 OF

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 25 DAYS MOS 0 YRS Sex MALE FEMALE

ASA Physical State 1 2 3 4 5 E
 WT: 140 KG 130 HT: 68 IN.
 ALLERGIES: NKA

PROPOSED PROCEDURE: T4/D - EXFIX
 SURGICAL SERVICE: ortho
 NPO SINCE: x 2 days

HABITS:
 TOBACCO: 7cigs/days
 ETOH: g
 DRUGS: g

CURRENT MEDICATIONS:
 () = ordered as premed
 () gabap 400mg
 () - received
 () antib in cont
 () _____
 () _____
 () _____

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

LABORATORY STUDIES:
 HB/HCT: 13.7, 46.7
 U/A: _____
 OTHER: _____

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW

| | |
|--------------------------|---|
| Cardiovascular: | |
| Hypertension | <input checked="" type="checkbox"/> Y |
| Angina | <input type="checkbox"/> Y |
| MI | <input type="checkbox"/> Y |
| CVA | <input type="checkbox"/> Y |
| Other | <input type="checkbox"/> Y |
| Pulmonary System: | |
| Asthma | <input checked="" type="checkbox"/> Y |
| Bronchitis/URI | <input type="checkbox"/> Y |
| COPD | <input type="checkbox"/> Y |
| Other | <input type="checkbox"/> Y |
| Renal System: | |
| Acute/Chronic RF | <input type="checkbox"/> Y |
| Gastrointestinal: | |
| Hepatitis | <input type="checkbox"/> Y |
| Hiatal Hernia | <input type="checkbox"/> Y |
| PUD/GERD | <input type="checkbox"/> Y |
| Endocrine System: | |
| Diabetes | <input checked="" type="checkbox"/> Y |
| Stariods | <input type="checkbox"/> Y |
| Thyroid | <input type="checkbox"/> Y |
| Neurological: | |
| Seizures | <input checked="" type="checkbox"/> Y |
| Neuropathy | <input type="checkbox"/> Y |
| Other | <input type="checkbox"/> Y |
| Gynecological : | |
| Pregnancy | <input type="checkbox"/> Y |
| Other Significant Hx: | <input type="checkbox"/> Y |
| | <input type="checkbox"/> Y <u>communicated</u> |
| | <input type="checkbox"/> Y <u>post humerus fx</u> |
| | <input type="checkbox"/> Y <u>240 ago</u> |
| | <input type="checkbox"/> Y <u>GSU</u> |
| Familial HX | |
| | <input type="checkbox"/> Y |
| | <input type="checkbox"/> Y |
| | <input type="checkbox"/> Y |

ASSESSMENT PAST SURGICAL/ANESTHETIC

g

PHYSICAL EXAMINATION
 BP 130/44 HR 115 RR 18 T 38.9
 Pain Scale 0-10 _____
 HEENT - Teeth _____
 Trachea _____
 TMJ/Neck _____
 Oropharynx _____
 Nares _____
 CHEST: _____
 CARDIAC: _____
 EXTREMITIES: _____
 IV Access: _____
 Urine Filling: _____
 BACK: _____
 OTHER: _____

NPO Since > 2 days

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

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

The patient (b)(6)-2 understands and agrees. Questions answered.
 Signed: (b)(6)-2 Date: 20 NOV 03

Time: 1100 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 NO APPARENT ANESTHETIC COMPLICATIONS OTHER
 Signed: _____ Date: _____ Time: _____ Hrs

SEDATION KEY:

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

Patient Identification: (Ward) _____
(b)(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| (b)(6)-4 | | | 20 NOV 03 | 1623 HOURS | |
| NURSING UNIT | | | <input checked="" type="checkbox"/> Admit ICU <input checked="" type="checkbox"/> Dx = (L) Humerus GS Fr <input checked="" type="checkbox"/> COND: STABLE <input checked="" type="checkbox"/> VITALS: G ROUTINE <input checked="" type="checkbox"/> ACTIVITY: UP AD W/B, HOB @ 45° | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 20 NOV | _____ HOURS | |
| NURSING UNIT | | | <input checked="" type="checkbox"/> D.F.A.: REG <input checked="" type="checkbox"/> IVF: NS @ 110 cc/hr until TOL PO <input checked="" type="checkbox"/> ANCEF 1g IV q 8° <input checked="" type="checkbox"/> GENTAMICIN 400mg IV qd <input checked="" type="checkbox"/> MSOR 2-4mg IV q 15° @ 20mg q 2° | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 20 NOV 03 | 2030 HOURS | |
| NURSING UNIT | | | <input checked="" type="checkbox"/> CBC IN AM <input checked="" type="checkbox"/> 24 hr chart check 20 NOV 03 @ 2030 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|--|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 21 NOV 03 | 1200 HOURS | |
| NURSING UNIT | | | <input checked="" type="checkbox"/> V.O. <input checked="" type="checkbox"/> DIC Foley <input checked="" type="checkbox"/> notify motif of U.O.P. by 70 hours Dr. (b)(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| | | | | | |
|------------------------|----------|---------|---|---------------|--------------------------------|
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 21 NOV 03 | 0237 HOURS | |
| NURSING UNIT | | | <input checked="" type="checkbox"/> 24 hr chart check | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.
MEDCOM - 7950

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|----------------|---|--------------------------------|
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| (b)(6)-4 | | | ↓ | 26 NOV 03 | 1900 |
| | | | ① | D/C: IV + IV ABX (Ancet + Gent). Thanks, V.O. per. R.N. | |
| | | | (b)(6)-2 | (b)(6)-2 | |
| | | | 24 Chart Check | 26 NOV 03 | |
| | | | (b)(6)-2 | 24/100 @ 2150 | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| | | | 27 NOV 03 | 27 NOV 03 | |
| | | | ① | D/C TO W/P CUSTODY | |
| | | | | (b)(6)-2 | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| | | | | | |

DA FORM 4256
 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 7951

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

ORDER DATE

CLERK/NURSE

RECURRING ACTION, FREQUENCY, TIME

HR

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

DATE COMPLETED

20 NOV 03

(b)(6)-2

Vitals Q Routine

06

20 21 22 23 24 25 26 27

(b)(6)-2

(b)(6)-2

20 NOV 03

(b)(6)-2

Activity: UP Ad Lib, HOB @ 45°

06

18

20 NOV 03

(b)(6)-2

Diet Reg

08

12

18

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

NKDA

DX: ⊕ Humerus G. S. / FX

ADDITIONAL PAGES IN USE:

YES NO

PATIENT IDENTIFICATION:

PAGE NO: _____

(b)(6)-4

ACTION TIMES

USE REMOVAL CIRCLE ACTION TIMES

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr 2003

| Verify by Initialing | | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | | | | | | | | | | | | | | | | | | | |
|----------------------|--------------|----------------------------|--|-----------------|-----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Order Date | Clerk Nurse | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 NOV 03 | (b)(6)-2 | Admit to ICU: COND: stable | 20 NOV 03 | 1630 | 1630 | | | | | | | | | | | | | | | | | | | | |
| 20 NOV 03 | (b)(6)-2 | CBC in AM | 21 NOV 03 | 0600 | 0600 | (b)(6)-2 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (MEDICATIONS) | | | | | | Mo. ___ Yr. ___ | | | | | |
|---|-----------------|--|----------------|----------------|----------|------------------|----|--|----|----|--|--|---------|
| | | For use of this form, see AF 40-407: the proponent agency is the Office of The Surgeon General. | | | | | | | | | | | |
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | |
| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS. DOSE, FREQUENCY | HR. | DATE DISPENSED | | | | | | | | | |
| | | | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | | |
| 20 NOV 03 | (b)(6)-2 | IVF: NSC 110 cc/hr until TOL PO | 06 18 | (b)(6)-2 | (b)(6)-2 | | | | | | | | Q D/C'd |
| 20 NOV 03 | (b)(6)-2 | Ancel 7g IV q 8° | 06 14 22 | (b)(6)-2 | (b)(6)-2 | | | | | | | | Q D/C'd |
| 20 NOV 03 | (b)(6)-2 | Gentamycin 400mg IV QD | 12 | (b)(6)-2 | (b)(6)-2 | | | | | | | | Q D/C'd |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO | | PRIMARY DIAGNOSIS: | | | | | | ADDITIONAL PAGES IN USE: | | | | | |
| NKDA | | DX: (L) Humerus G S/FX | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PATIENT IDENTIFICATION: | | | | | | DISPENSING TIMES | | | | | | | |

THERAPEUTIC DOCUMENTATION CARE PLAN
MEDCOM - 7954

| Verify by Initialing | | (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 | | | | | | | | |
| | (b)(6)-2 | MSO4 2-4 mg IV ≤ 20 mg q 2 ^o 2 ^o | Scopolon | | | | | | | | |
| 201503 | (b)(6)-2 | MSO4 2-4 mg IV q 15' ≤ 20 mg q 2 ^o | | | | | | | | | |
| 201503 | (b)(6)-2 | Percoet 1-11 PO q 4-6 H PRN Pain | 2130 2215 2300 2345 2430 2515 2600 2645 2730 2815 2900 2945 3030 3115 3200 3245 3330 3415 3500 3545 3630 3715 3800 3845 3930 4015 4100 4145 4230 4315 4400 4445 4530 4615 4700 4745 4830 4915 5000 5045 5130 5215 5300 5345 5430 5515 5600 5645 5730 5815 5900 5945 6030 6115 6200 6245 6330 6415 6500 6545 6630 6715 6800 6845 6930 7015 7100 7145 7230 7315 7400 7445 7530 7615 7700 7745 7830 7915 8000 8045 8130 8215 8300 8345 8430 8515 8600 8645 8730 8815 8900 8945 9030 9115 9200 9245 9330 9415 9500 9545 9630 9715 9800 9845 9930 0015 0100 0145 0230 0315 0400 0445 0530 0615 0700 0745 0830 0915 1000 1045 1130 1215 1300 1345 1430 1515 1600 1645 1730 1815 1900 1945 2030 2115 2200 2245 2330 2415 2500 2545 2630 2715 2800 2845 2930 3015 3100 3145 3230 3315 3400 3445 3530 3615 3700 3745 3830 3915 4000 4045 4130 4215 4300 4345 4430 4515 4600 4645 4730 4815 4900 4945 5030 5115 5200 5245 5330 5415 5500 5545 5630 5715 5800 5845 5930 6015 6100 6145 6230 6315 6400 6445 6530 6615 6700 6745 6830 6915 7000 7045 7130 7215 7300 7345 7430 7515 7600 7645 7730 7815 7900 7945 8030 8115 8200 8245 8330 8415 8500 8545 8630 8715 8800 8845 8930 9015 9100 9145 9230 9315 9400 9445 9530 9615 9700 9745 9830 9915 0000 0045 0130 0215 0300 0345 0430 0515 0600 0645 0730 0815 0900 0945 1030 1115 1200 1245 1330 1415 1500 1545 1630 1715 1800 1845 1930 2015 2100 2145 2230 2315 2400 2445 2530 2615 2700 2745 2830 2915 3000 3045 3130 3215 3300 3345 3430 3515 3600 3645 3730 3815 3900 3945 4030 4115 4200 4245 4330 4415 4500 4545 4630 4715 4800 4845 4930 5015 5100 5145 5230 5315 5400 5445 5530 5615 5700 5745 5830 5915 6000 6045 6130 6215 6300 6345 6430 6515 6600 6645 6730 6815 6900 6945 7030 7115 7200 7245 7330 7415 7500 7545 7630 7715 7800 7845 7930 8015 8100 8145 8230 8315 8400 8445 8530 8615 8700 8745 8830 8915 9000 9045 9130 9215 9300 9345 9430 9515 9600 9645 9730 9815 9900 9945 0030 0115 0200 0245 0330 0415 0500 0545 0630 0715 0800 0845 0930 1015 1100 1145 1230 1315 1400 1445 1530 1615 1700 1745 1830 1915 2000 2045 2130 2215 2300 2345 2430 2515 2600 2645 2730 2815 2900 2945 3030 3115 3200 3245 3330 3415 3500 3545 3630 3715 3800 3845 3930 4015 4100 4145 4230 4315 4400 4445 4530 4615 4700 4745 4830 4915 5000 5045 5130 5215 5300 5345 5430 5515 5600 5645 5730 5815 5900 5945 6030 6115 6200 6245 6330 6415 6500 6545 6630 6715 6800 6845 6930 7015 7100 7145 7230 7315 7400 7445 7530 7615 7700 7745 7830 7915 8000 8045 8130 8215 8300 8345 8430 8515 8600 8645 8730 8815 8900 8945 9030 9115 9200 9245 9330 9415 9500 9545 9630 9715 9800 9845 9930 0015 0100 0145 0230 0315 0400 0445 0530 0615 0700 0745 0830 0915 1000 1045 1130 1215 1300 1345 1430 1515 1600 1645 1730 1815 1900 1945 2030 2115 2200 2245 2330 2415 2500 2545 2630 2715 2800 2845 2930 3015 3100 3145 3230 3315 3400 3445 3530 3615 3700 3745 3830 3915 4000 4045 4130 4215 4300 4345 4430 4515 4600 4645 4730 4815 4900 4945 5030 5115 5200 5245 5330 5415 5500 5545 5630 5715 5800 5845 5930 6015 6100 6145 6230 6315 6400 6445 6530 6615 6700 6745 6830 6915 7000 7045 7130 7215 7300 7345 7430 7515 7600 7645 7730 7815 7900 7945 8030 8115 8200 8245 8330 8415 8500 8545 8630 8715 8800 8845 8930 9015 9100 9145 9230 9315 9400 9445 9530 9615 9700 9745 9830 9915 0000 0045 0130 0215 0300 0345 0430 0515 0600 0645 0730 0815 0900 0945 1030 1115 1200 1245 1330 1415 1500 1545 1630 1715 1800 1845 1930 2015 2100 2145 2230 2315 2400 2445 2530 2615 2700 2745 2830 2915 3000 3045 3130 3215 3300 3345 3430 3515 3600 3645 3730 3815 3900 3945 4030 4115 4200 4245 4330 4415 4500 4545 4630 4715 4800 4845 4930 5015 5100 5145 5230 5315 5400 5445 5530 5615 5700 5745 5830 5915 6000 6045 6130 6215 6300 6345 6430 6515 6600 6645 6730 6815 6900 6945 7030 7115 7200 7245 7330 7415 7500 7545 7630 7715 7800 7845 7930 8015 8100 8145 8230 8315 8400 8445 8530 8615 8700 8745 8830 8915 9000 9045 9130 9215 9300 9345 9430 9515 9600 9645 9730 9815 9900 9945 | | | | | | | | |

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-58; the proponent agency is the Office of The Surgeon General.

OTSG APPROVED (Date)

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

Date: 20 Nov 03 Anesthesia Type (Circle): General Spinal Epidural
 Time: 1630 IV Sedation Nerve Block
 Allergies: None OR Intake: Crystalloid 500 NSS Colloid None
 Pre-op V/S: 120/80 OR Output: UOP 0 EBL: None
 Procedures: OR Intake IV Sedation Penthrhal / Versed
 Drains: Hemovac NG JP T-tube Foley TLS
 Airway: Nasal Oral ETT Trach Other

| Time | Pre Op Meds | History |
|-------------|-------------|-------------|
| 240 | | |
| 220 | | |
| 200 | | |
| 180 | | |
| 160 | | |
| 140 | | |
| 120 | | |
| 100 | | |
| 80 | | |
| 60 | | |
| 40 | | |
| 20 | | |
| RR | <u>18</u> | <u>18</u> |
| T | <u>36.5</u> | <u>36.5</u> |
| Time | <u>1:30</u> | <u>1:30</u> |
| Pain (0-10) | <u>0</u> | <u>0</u> |
| LOS | | |

| Pacu Intake | | | | | |
|-------------|----------|--------|--------|------|---------|
| Time | Solution | Amount | Site | By | Infused |
| 1730 | NSS | 300 | 86-LAL | 86-2 | 50 |
| | | | | | |
| | | | | | |

| Post-Anesthesia Recovery score | | | | |
|---|-----|-----|-----|---|
| Criteria | ADM | 30' | D/C | Codes |
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 | AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tant RA = Room Air NC = Nasal Cannula |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 | V/S X = A-line BP * = Cuff BP = Pulse |
| Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-60 of Pre-op (0) SBP +/- 60 of Pre-op | 2 | 2 | 2 | TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 | LOS C = Cervical T = Thoracic L = Lumbar S = Sacral |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 1 | 2 | 2 | |
| Circulation (Peds < 6 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | 2 | 2 | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 18 | 18 | |

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

PREPARED BY (Signature & Title) [Signature] DEPARTMENT/SERVICE/CLINIC ICU DATE 20 Nov 03

PATIENT'S IDENTIFICATION (For first, middle, grade, date, hospital or medical facility) [Signature] Name - last

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

DA FORM 4700, MAY 78

WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN)

Previous edition is obsolete USAFPC V2.08

MEDCOM - 7956

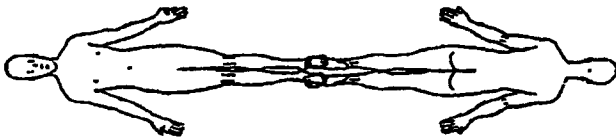
| MEDICATIONS | | | | | | |
|-------------|-----------|---------------------|-------|-----------|-----|----|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| DRESSINGS | | | |
|-----------|--------------------|------|----------|
| Time | Location | Type | Drainage |
| Adm | L Arm Top Shoulder | | |
| 30' | L Arm Top Shoulder | | |
| 60' | | | |
| D/C | (D) Arm | | |



| PACU OUTPUT | | | |
|-------------|--------|------------------|--------|
| Time | Source | Color/Appearance | Amount |
| 175 | Foley | 400a | 400a |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|----------------|--------|--------------|-------------------|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 170 | | | |
| | | | |
| | | | |

NURSING NOTES

1720 Arrived from OR S/P

① Shoulder Jsg. & Epilastics (M) performed due to multiple fragments retained. all wound sealed around & slowly drained to (D) Arm. Cap held high, Reseal etc

1745 Or room SVS. Nasal trumpet applied

1-2-6-9-2

(200): (1/2) 200 (1/2) 200

Discharge Criteria:
 Date: 20/11/05 Time: PARS:
 BP: 113/6 T: 48 HR: 67 RR: 13 SPO2:
 Pain Level at D/C (0-10):
 Intake: 800 Output: 400
 Additional Data: \$
 Transferred To: ICU
 Report Given To: [Signature]
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: [Signature]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: [Signature]

WAMC OP 173-E

MEDCOM - 7957

| | | | | | |
|--|--|---|--|--|--------------------|
| 1. Reporting MTF (b)(2)-2 | | 2. MTF Location IZ | | Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG | |
| 3. Register Number (b)(6)-4 | | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) | | 7. Age at Admission | 8. Race X | 9. Ethnicity 9 | Religion MUSLIM |
| 10. Length of Service ETS | | 11. FMP 20. | 12. Social Security Number (b)(6)-4 | | |
| Organization (Active Duty Only) | | | 13. Marital Status | Hour of Admission 10:30 | Branch / Corps: |
| 14. Flying Status | | 15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | | 18. MOS | 19. Trauma BC | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | | Ward: ICW | Name / Relationship of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: (b)(2)-2 | | | Address of Emergency Addressee | | |
| 21. Type of Disposition HOME | | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-27 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-20 | | |
| 27. Location of Occurrence | | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-20 | | |
| <p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: L humerus fracture 812.12</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative: GSW as a result of conflict with US forces</p> <div style="border: 1px solid black; border-radius: 50%; width: 300px; height: 150px; margin: 10px auto; text-align: center; padding: 10px;"> <p>Dr 81212 78820 E9912 Trauma Inj 1 450</p> </div> | | | | | |
| Admitting Officer (Signature, as required) DR (b)(6)-2 | | (b)(6)-2 | | Signature of Admitting Clerk | |

| 1. REPORTING MTF | | | | | | | 2. LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | |
|---|-----|----|----|------------------------------|-----|-----|---------------------|---|----------------------------------|---|-------------------|-----------------------------|------------------------------------|----------|-----|-----|--------------|----|--------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | |
| (b)(2)-2 | | | | | | | I | Z | 3. REGISTER NUMBER | | | | NAME (Last, First, Middle Initial) | | | | 4. PAY GRADE | | 5. SEX | |
| (b)(6)-4 | | | | | | | (b)(6)-4 | | | | E P W | | | | 16 | | 17 | | 18 | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31. BACK-GROUND | | MUSLIM | | | | | | |
| 1 | 9 | | | | | | | | | | X | 9 | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | |
| 32 | 33 | 34 | | | | | | 35 | 36 | | | (b)(6)-4 | | | | | | | | |
| | | | | | | | | 20 | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | |
| | | | | | | | 46 | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | | 15. BENEFICIARY CATEGORY | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | |
| 47 | 48 | 49 | | 50 | 51 | 52 | | | | | | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 |
| | | | | K | 7 | 8 | | | | | | 0 | 9 | 3 | 2 | 3 | 0 | 0 | 0 | 0 |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | 19. TRAUMA | | | | 20. PREVIOUS ADMISSION | | | | | | | | |
| 62 | 63 | | | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | | | | | | |
| I | Z | | | | | | | | | | | <input type="checkbox"/> NO | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | | | | | | | | |
| O | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | |
| | | | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | |
| 73 | 74 | | | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | | | |
| 0 | 5 | | | | | | | | | 2 | 0 | 0 | 3 | 1 | 1 | 2 | 7 | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | | | |
| A | E | A | A | | | | | | | 2 | 0 | 0 | 3 | 1 | 1 | 2 | 0 | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | |
| 107 | 108 | | | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | | | |
| I | Z | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 7959

INTERNATIONAL TREATMENT RECORD COVER 1
 For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | | | | |
|--|----------------------|---------------------------------------|---------------------------------------|--|---|---------------------------------|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE EPW | | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 30Y | 6. RACE IRACI | 7. RELIGION MUSLIM | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION | |
| 11. FMP 9800 | | 12. SSN (b)(6)-4 | | 13. ORGANIZATION | | 14. WARD ICW 1 | |
| 15. FLYING STATUS | 16. RATING/DSG | 17. DEPT./BEN K78 | 18. BRANCH/CORPS | 19. UIC/ZIP | | 20. TYPE CASE WIA | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER | | | 22. HOURS OF ADMISSION 1245 | 23. CLINIC SERVICE ABAA | | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | 25. TYPE DISPOSITION (b)(2)-2 | 26. DATE OF DISPOSITION 10 APR 03 | | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION 10 APR 03 | | ADMITTING OFFICER MAJ | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(2)-2 | | | 30. DATE OF INTIAL ADMISSION | | 32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED | | |

31. SELECTED ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY
N/A

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

CSW @ Lung

861.30
789.00
E 991.2

35. Total Days This Facility

| | | | | | |
|---------------------------------|---------------------------|--|---------------------------------------|-------------------------|--------------------------------|
| a. ABSENT SICK DAYS 0 | b. OTHER DAYS 0 | c. CONV. LV/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 1 | f. TOTAL SICK DAYS 1 |
|---------------------------------|---------------------------|--|---------------------------------------|-------------------------|--------------------------------|

36. Total Days All Facilities

| | | | | | |
|---------------------|---------------------------|----------------------------|---------------------------|-------------|--------------------|
| a. ABSENT SICK DAYS | b. OTHER DAYS 1 | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---------------------|---------------------------|----------------------------|---------------------------|-------------|--------------------|

SIGNATURE: (b)(6)-2

(b)(6)-2

(b)(6)-2

MEDCOM - 7960

| | | |
|---|--|--|
| FROM (Medical treatment facility) ORIGINE (Nom de famille - premier prénom - initiale deuxième prénom) (b)(2)-2 | | |
| NAME (Last-first-middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom) EPW I | | |
| SERVICE NUMBER NUMÉRO MATRICULE N/A | RANK/RATING/GRADE GRADE N/A | CATEGORY OF PERSONNEL (Service or employer and nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité) EPW |
| DIAGNOSIS DIAGNOSTIC GSW @ LUNG | | |
| CLASS-CLASSE | | DISEASE MALADIE |
| 1A | 2A | BATTLE CASUALTY BLESSÉ AU COMBAT |
| 1B | 2B | INJURY BLESSURE |
| 1C | 4 | |
| VSI TRÈS GRAV. MAL. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | CABIN OR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT |
| | | BUNK NUMBER NUMÉRO COUCHETTE |
| | | BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGE (b)(6)-4 |
| DESTINATION DESTINATION 212 | | SHIP/AC (Number/type) NAVIRE/AVION (Matricule/type) |
| TREATMENT RECOMMENDED EN ROUTE (If no treatment is required a notation to this effect is made) TRAITEMENT RECOMMANDÉ EN ROUTE (Indiquer si aucun traitement n'est nécessaire) Check the instruction | | |
| SIGNATURE OF SIGNATURE DU (b)(6)-2 | DATE DATE 10 APR 03 | |
| REGULAR DIET RÉGIME NORMAL | SPECIAL DIET (Describe) RÉGIME SPÉCIAL (Description) NPO | |
| SHIP'S RECORD OFFICE TAB - FICHE POUR ARCHIVES TRANSPORTS | | |
| FROM (Medical treatment facility) ORIGINE (Nom de famille - premier prénom - initiale deuxième prénom) (b)(2)-2 | | |
| NAME (Last-first-middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom) EPW I | | |
| SERVICE NUMBER NUMÉRO MATRICULE N/A | RANK/RATING/GRADE GRADE N/A | CATEGORY OF PERSONNEL CATÉGORIE DE PERSONNEL EPW |
| BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGE (b)(6)-4 | | DATE OF SHIPMENT DATE DÉPART 10 APR 03 |
| DESTINATION DESTINATION (b)(2)-2 | | ARRIVAL DATE DATE ARRIVÉE 10 APR 03 |
| EMBARKATION TAB - FICHE D'EMBARQUEMENT | | |

MEDCOM - 7961

| 1. REPORTING MTF | | | | | | | 2. MTF LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | |
|---|-----|-------------------------|------------|------------------------------|-------|-------------------------|---|---|----------------------------------|---|--------------------|----------------|-------------|--------|--|--|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For use of this form, see AR 40-400: the proponent agency is OTSG | | | | | | | | | | | |
| (b)(2)-2 | | | | | | | I | Z | | | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | | NAME (Last, First, Middle Initial) | | | | | 4. PAY GRADE | | 5. SEX | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | EPW | | | | | 16 | 17 | 18 | | | | | |
| (b)(6)-4 | | | | | | | (b)(6)-4 | | | | | EPW | | M | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | RELIGION | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | |
| [REDACTED] | | | | | | 30 Y | | | X | 9 | MUSLIM | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | |
| 32 | 33 | 34 | — | | 35 36 | | | | 37 38 39 40 41 42 43 44 45 | | | | | | | | | | |
| [REDACTED] | | | | [REDACTED] | | 9 9 | | | | (b)(6)-4 | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | |
| [REDACTED] | | | | | | 46 | | | | 1245 | | [REDACTED] | | | | | | | |
| 14. FLYING STATUS | | | | 15. BENEFICIARY CATEGORY | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | |
| 47 | 48 | 49 | 50 51 52 | | | | 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | | |
| [REDACTED] | | | K 7 8 | | | | [REDACTED] | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | PREV. ADMISSION | | | | | | | | | |
| 62 | 63 | 64 65 66 67 68 69 70 | | | | 71 | [REDACTED] | | | YEAR <input checked="" type="checkbox"/> NO | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | |
| 72 | | | ICU1 | | | | [REDACTED] | | | | | | | | | | | | |
| 6 (b)(2)-2 | | | [REDACTED] | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | [REDACTED] | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | |
| (b)(2)-2 | | | [REDACTED] | | | | [REDACTED] | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYMMDD) | | | | | | | | | | | |
| 73 | 74 | 75 76 77 78 79 80 | | | | 81 82 83 84 85 86 | | | | | | | | | | | | | |
| 2 1 (b)(2)-2 | | A 0 3 K I | | | | 0 3 0 4 1 0 | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYMMDD) | | | | | | | | | | | |
| 87 | 88 | 89 | 90 | 91 92 93 94 95 96 | | | | 97 98 99 100 101 102 | | | | | | | | | | | |
| A B A A | | | | [REDACTED] | | | | 0 3 0 4 1 0 | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYMMDD) | | | | | | | | | | | |
| 103 | 104 | 105 106 107 108 109 110 | | | | 111 112 113 114 115 116 | | | | | | | | | | | | | |
| [REDACTED] | | | | [REDACTED] | | | | [REDACTED] | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | |
| DX: GSW THORAX - 875-0 | | | | | | | | | | | | | | | | | | | |
| ACUTE ABDOMINAL PAIN | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 86130 78900 E9229 </div> | | | | | | | | | | | T. INJURY 1 450 | | | | | | | | |
| ADMITTING OFFICER (Signature as required) | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | |
| (b)(6)-2 | | | | | | | (b)(6)-2 | | | | | | | | | | | | |
| MAS | | | | | | | PFC, 91G10 | | | | | | | | | | | | |

MEDCOM - 7962

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

| | | | | | | | |
|---|---------------------|--|--------------------------------|---|----------------------------|---|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE EPW | | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 21Y | 6. RACE UNK | 7. RELIGION MUSLIM | 8. LENGTH OF SVC - | 9. ETS - | 10. PREVIOUS ADMISSION NO | |
| 11. EMP 09 | | 12. SSN (b)(6)-4 | | 13. ORGANIZATION - | | 14. WARD ICW-1 | |
| 15. FLYING STATUS - | 16. RATING/DSG - | 17. DEPT./BEN K78 | 18. BRANCH/CORPS - | 19. UIC/ZIP - | 20. TYPE CASE IBT | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | | 22. HOURS OF ADMISSION 1247 | 23. CLINIC SERVICE ABAA | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK | | | 25. TYPE DISPOSITION 21 | 26. DATE OF DISPOSITION 030410 | | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) UNK | | | 27b. TELEPHONE NO. UNK | 28. DATE OF THIS ADMISSION 030410 | | ADMITTING OFFICER Maj (b)(6)-2 | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(6)-1 | | | | 30. DATE OF INITIAL ADMISSION 030410 | | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED | |
| 31. SELECTED ADMINISTRATIVE DATA | | | | | | | |
| <input type="checkbox"/> Check if Continued on Reverse | | | | | | | |
| 33. CAUSE OF INJURY Cross-fire during Battle. | | | | | | | |
| 34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES | | | | | | | |
| 1. s/p Rt mandibular Fx | | | | | 802.30 | | |
| 2. Lt Fibular Fx | | | | | 823.91 | | |
| 3. GSW to #1, #2 | | | | | E991.2 | | |
| 35. Total Days This Facility | | | | | | | |
| a. ABSENT SICK DAYS 0 | b. OTHER DAYS 0 | c. CONV. LV/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 1 | f. TOTAL SICK DAYS 1 | | |
| 36. Total Days All Facilities | | | | | | | |
| a. ABSENT SICK DAYS 0 | b. OTHER DAYS 0 | c. CONV. LV/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 1 | f. TOTAL SICK DAYS 1 | | |
| SIGNATURE (b)(6)-2 | | SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2 | | | | | |
| | | M.C. MAT(P) MC | | | | | |

MEDCOM - 7963

| | | |
|--|--|--|
| FROM (Medical treatment facility) ORIGINE (Installation de traitement médical) b(3)-1 | | |
| NAME (Last - first - middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom) EPW 2 | | |
| SERVICE NUMBER NUMÉRO MATRICULE N/A | RANK/RATING/GRADE GRADE N/A | CATEGORY OF PERSONNEL (Service or employer and nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité) EPW |
| DIAGNOSIS DIAGNOSTIC ① Rt mandibular fx > s/p GSW ② Lt Fibular Fx | | |
| CLASS-CLASSE | | DISEASE MALADIE |
| 1A | 2A | BATTLE CASUALTY BLESSÉ AU COMBAT |
| 1B | 2B | INJURY BLESSURE |
| 1C | 3 | |
| 3 | | 4 |
| VSI TRÈS GRAV. MAL. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | CABIN OR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT |
| | | BUNK NUMBER NUMÉRO COUCHETTE |
| | | BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGES |
| DESTINATION DESTINATION b(3)-1 | | SHIP/AC (Number/type) NAVIRE/AVION (Matricule/type) |
| TREATMENT RECOMMENDED EN ROUTE (If no treatment is required a notation to this effect is made) TRAITEMENT RECOMMANDÉ EN ROUTE (Indiquer si aucun traitement n'est nécessaire) Monitor airway | | |
| SIGNATURE OF MEDICAL OFFICER SIGNATURE DU MÉDECIN b(6)-2 | | DATE DATE M.C. MMS MC 10 APR 03 |
| REGULAR DIET RÉGIME NORMAL | SPECIAL DIET (Describe) RÉGIME SPÉCIAL (Description) Liquids | |
| SHIP'S RECORD OFFICE TAB - FICHE POUR ARCHIVES TRANSPORTS | | |
| FROM (Medical treatment facility) ORIGINE (Installation de traitement médical) b(3)-1 | | |
| NAME (Last - first - middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom) EPW 2 | | |
| SERVICE NUMBER NUMÉRO MATRICULE N/A | RANK/RATING/GRADE GRADE N/A | CATEGORY OF PERSONNEL CATÉGORIE DE PERSONNEL EPW |
| BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGES | | DATE OF SHIPMENT DATE DÉPART 10 APR 03 |
| DESTINATION DESTINATION b(3)-1 | | ARRIVAL DATE DATE ARRIVÉE 10 APR 03 |
| EMBARKATION TAB - FICHE D'EMBARQUEMENT | | |

MEDCOM - 7964

| 1. REPORTING MTF | | | | | | 2. LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | |
|--|-----|-----|--------------------------|------------------------------|----|---|------------|---|----------------------------|-----------|------------------------|--|-----|--------|-----|-----|----|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | NAME (Last, First, Middle Initial) | | | | | | 4. PAY GRADE | | 5. SEX | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | EPW | | | | | | 16 | 17 | 18 | | | | | |
| | | | | | | | | | | | | EPW | | M | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | RELIGION | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 27 | 28 | 29 | 30 | 31 | MUSLIM | | | | | | | | |
| | | | | | | 21 Y | | | X | 9 | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | ETS | | | 11. FMP | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | |
| 32 | 33 | 34 | - | | | 35 | 36 | 9980 | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | HOUR OF ADMISSION | | | BRANCH / CORPS | | | | | | | |
| | | | | | | 46 | S | | | 1247 | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | K78 | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | | 20. PREVIOUS ADMISSION | | | | | | | | |
| 62 | 63 | | | | | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | | | |
| | | | | | | | | | | | 0 | <input checked="" type="checkbox"/> NO | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | |
| 72 | 0 | | | ICU 1 | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | 22. MTF TRANSFERRED TO | | | | | 23. DATE OF DISPOSITION (YYMMDD) | | | | | | | | | | | |
| 73 | 74 | 75 | | | | | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | | |
| 21 | | | | | | | | 030410 | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYMMDD) | | | | | | | | | | | |
| 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | | | | |
| A B A A | | | | | | | | 030410 | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYMMDD) | | | | | | | | | | | |
| 103 | 104 | 105 | | | | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | | | |
| | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | |
| DX: DUAL FX (R) MANDIBLE - 802.20 GSW (L) LEG - 8910 DX I Trauma 80220 450 1 82381 | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | |
| MAS | | | | | | | | | | | | PR, 91618 | | | | | | | |

MEDCOM - 7965

INPATIENT TREATMENT RECORD COVER SHEET
For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | | | | |
|--|---------------------|---------------------------------------|------------------|-------------------------------|---|-------------------|------------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE | ADMISSION REMARKS | |
| 4. SEX | 5. AGE | 6. RACE | 7. RELIGION | 8. LENGTH OF SVC | 9. ETS | | 10. PREVIOUS ADMISSION |
| 11. FMP | 12. SSN (b)(6)-4 | | 13. ORGANIZATION | | | | 14. WARD |
| 15. FLYING STATUS | 16. RATING/DSG | 17. DEPT./BEN | 18. BRANCH/CORPS | 19. UIC/ZIP | | | 20. TYPE CASE |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION | | | | 22. HOURS OF ADMISSION | 23. CLINIC SERVICE | | |
| 24. NAME, RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | 25. TYPE DISPOSITION | 26. DATE OF DISPOSITION | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) | | | | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION | | |
| (b)(3)-1 | | | | 30. DATE OF INITIAL ADMISSION | 31. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED | | |

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES
 Dx: S/P Sharpnel wound face/elbow

873.40
881.01
E991.9

| 35. Total Days This Facility | | | | | |
|-------------------------------|---------------|----------------------------|---------------------------|-------------|--------------------|
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
| 0 | 0 | 0 | 0 | 3 | 3 |
| 36. Total Days All Facilities | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
| | | | | | |

SIGNATURE OF ATTENDING MEDICAL OFFICER
 (b)(6)-2

| 1. REPORTING MTF | | | | | | | | 2. MTF LOCATION <small>(State or Country Code.)</small> | | | | ADMISSION AND CODING INFORMATION <small>For use of this form, see AR 40-400; the proponent agency is OTSG</small> | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|
| 3. REGISTER NUMBER 9 10 11 12 13 14 15 | | | | | | | | NAME <small>(Last, First, Middle Initial)</small> | | | | 4. PAY GRADE 16 17 | | | | 5. SEX 18 | | | | | | | |
| 6. DATE OF BIRTH <small>(YYYYMMDD)</small> 19 20 21 22 23 24 25 26 27 28 29 30 | | | | | | | | 7. AGE AT ADMISSION 31 32 33 34 | | | | 9. ETHNIC BACKGROUND 31 | | | | RELIGION | | | | | | | |
| 10. LENGTH OF SERVICE 32 33 34 | | | | ETS N/A | | | | 11. FMP 35 36 | | | | 12. SOCIAL SECURITY NUMBER 37 38 39 40 41 42 43 44 45 | | | | | | | | | | | |
| 14. FLYING STATUS 47 48 49 | | | | | | | | 15. BENEFICIARY CATEGORY 50 51 52 | | | | 13. MARITAL STATUS 46 | | | | HOUR OF ADMISSION 0001 | | | | BRANCH / CORPS | | | |
| 17. UNIT LOCATION <small>(State or Country Code)</small> 62 63 | | | | 18. MOS 64 65 66 67 68 69 70 71 | | | | 19. TRAUMA 71 | | | | 16. ZIP CODE OF RESIDENCE 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION 72 | | | | | | | | WARD ICU | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | PREV. ADMISSION YEAR <input checked="" type="checkbox"/> NO | | | | | | | |
| 21. TYPE OF DISPOSITION 73 74 | | | | | | | | 22. MTF TRANSFERRED TO 75 76 77 78 79 80 | | | | 23. DATE OF DISPOSITION <small>(YYYYMMDD)</small> 81 82 83 84 85 86 87 88 | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING 89 90 91 92 | | | | 25. MTF TRANSFERRED FROM 93 94 95 96 97 98 | | | | 28. DATE THIS ADMISSION <small>(YYYYMMDD)</small> 99 100 101 102 103 104 105 106 | | | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE <small>(Battle Casualty Only)</small> 107 108 | | | | 28. MTF OF INITIAL ADMISSION 109 110 111 112 113 114 | | | | 29. DATE INITIAL ADMISSION <small>(YYYYMMDD)</small> 115 116 117 118 119 120 121 122 | | | | | | | | | | | | | | | |
| FOR LOCAL USE DX: S/P Oblique wound face/abd | | | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER <small>(Signature, as required)</small> | | | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | |
| DA FORM 2985, MAR 2000 | | | | | | | | | | | | MEDCOM - 7967 | | | | USAPA V1.00 | | | | | | | |

DX-87340
88101
E9919
Trauma - 1
Injury - 449

PATIENT TREATMENT RECORD COVER SHEET
 (For use of this form, see AR 40-400; the pronoun agency is OTSG)

| | | | | | | | |
|---|---------------------------|--|--|--|--|--|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE EPW | | ADMISSION REMARKS |
| 4. SEX M | 5. AGE UNK | 6. RACE X | 7. RELIGION — | 8. LENGTH OF SVC — | 9. ETS — | 10. PREVIOUS ADMISSION NO | |
| 11. FMP 9930 | | 12. SSN (b)(6)-4 | | 13. ORGANIZATION — | | 14. WARD ICW-2 | |
| 15. FLYING STATUS NO | 16. RATING/ DSG — | 17. DEPT./ BEN KTB | 18. BRANCH/CORPS — | 19. UIC/ZIP — | 20. TYPE CASE DNBI | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | | 22. HOURS OF ADMISSION 1707 | 23. CLINIC SERVICE ABRA. | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE — | | | 25. TYPE DISPOSITION D/C Home. | | 26. DATE OF DISPOSITION 16 APR 2003 | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — | | | 27b. TELEPHONE NO. — | | 28. DATE OF THIS ADMISSION 14 APR 2003 | | |
| 28. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(2)-2 | | | 29. DATE OF INITIAL ADMISSION 030416 | | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED | | |
| 31. SELECTED ADMINISTRATIVE DATA | | | | | | | |
| <input type="checkbox"/> Check if Continued on Reverse | | | | | | | |
| 33. CAUSE OF INJURY UNK | | | | | | | |
| 34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES | | | | | | | |
| Traumatic destruction of globe of eye GSW to face GSW to back 1+D. GSW's, multiple GSW, hand (L) (L) hand repair | | | | | | 871.2 873.1 873.59 874.9 880.10 883.1 880.13 882.1 882.2 876.1 86.05 80.22 96.59 | |
| 35. Total Days This Facility | | | | | | | |
| a. ABSENT SICK DAYS 0 | b. OTHER DAYS 0 | c. CONV. LV/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 2 | f. TOTAL SICK DAYS 2 | | |
| 36. Total Days All Facilities | | | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS | | |
| SIGNATURE OF ATTENDING (b)(6)-2 <i>[Signature]</i> | | | | SIGNATURE OF PATIENT (b)(6)-2 <i>[Signature]</i> | | | |

MEDCOM - 7968

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

DATE
16 April 03
1823

H+P

Approximately 25-30 yo. Iraqi citizen involved in shrapnel injury from bomb blast - sustaining shrapnel injuries to ① dorsum of hand w/ exposed tendon (no bony injury obvious), soft tissue shrapnel to cape of shoulder ②-③, superficial shrapnel to scalp and face, also ④ globe injury w/ probable destruction of globe.

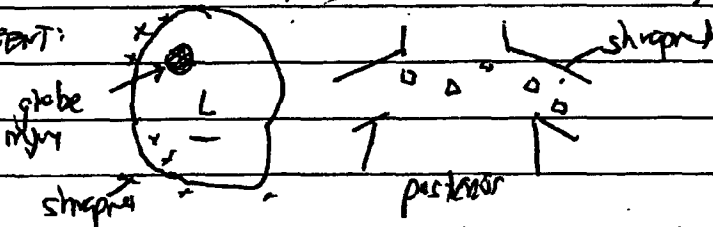
Tobacco - unknown

NEDA

Air Evac - seen in ED - given Igm Arcef, 10mg Msoy and then transfer to ICU w/ bed 4. Cspm/skull/② shoulder/CXR done - CBS.
Seen by Dr. (b)(6)-2 (b)(6)-2 for prep assessment.

Exam. Unknown Iraqi male MAB, MAB, no obvious neuro deficit

HEENT:



No obvious oral injury.

Teeth intact, tongue midline

249 149 324
484

CN - can't assess EOM 2 - injury, ④ eye - w/ sclera
V, VII → XII w/

Lung: CMA ② adventitious sounds, trachea midline

Card: RR 12, ML 112, S2/4, S1/4

Abdo: Soft, NT, MD, distal left

Gr: NL of genitalia, 2 fader over pubic - bony pain
pelvis stable

Ext: ② hand - exposed tendon over ⑤+ fingers
metacarpal.

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

PROGRESS NOTES

Medical Record

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

MEDCOM - 7969

PROGRESS NOTES

DATE

A/P #1. Globe injury - Plan is to wash/irrigate until clear
then dress w/ Eryton ophthalmic and patch. - switch
+ bacitracin p 2-3d if remains uninfected.

#2. (L) hand/strapped - → ER for debridement/cleaning
of wounds

#3. Head/facial strapped - clean + dress. AD.

#4. ↑ WBC - likely 2: dehydration/stress demargination.
Would re ✓ put op. No suspicion of
underlying infxn.

(b)(6)-2

CHIEF OF WOUND

MAJ MC

1662 03 PLEASANTLY TO MULTIPLE PUNCTURED WOUNDS TO BELLER
2126 (2) LACERATION (2) WOUND

POST-OP WOUND - STAB

PLACEMENT WOUNDS I+D, REPAIR (L) EQD TUBES
SURVIVAL - 8 LACERATION

CRUISE

WOUNDS - MULTIPLE PUNCTURED WOUNDS ON BELLER

1100 SQ IN AREA OBSERVED. LACERATION WOUND

OF (L) WOUND HAD 5/5 TISSUE, AD PLACED IN

ITENT. LACERATION EQD TUBES, REPAIR WOUND

5-0 WOUND.

PLAN - 80X. PUNCTURED WOUNDS

(b)(6)-2

STANDARD FORM 505 (REV. 7-91) BACK
USAPPC V1.00

MEDCOM - 7970

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

| | |
|------|--|
| DATE | <p>2130 0950 16 APR 03</p> <p>Pt arrived to ICU#1 via litter & OR staff drowsy but arousable & touch and voice VSS</p> <p>131/71 P-88 T- 100.2 PO 99% on RA Dsg to back slightly blood tinged & gross bleeding Dsg to @ hand CDI Pt & superficial schrapel wounds to face and ears slight oozing Pt & LR insig @ 125 cath into @ hand IV cath (18 G) Eye patch to @ eye CDI Tetanus .5 given prior to surgery - will continue to monitor patient</p> |
| 2300 | <p>Pt OOB to use urinal - 100cc clear yellow urine Pt slightly agitated / scared about where he is No request for pain meds - informed by interpreter that if he needs meds for pain to ask staff Pt not taking P.O. at this time</p> |
| 2330 | <p>Eye shield DSG Δ'd x1 due to sanguinous discharge 2400 Ancef not given - Pt had 1 gm prior to (2000 hrs) surgery 2400 dose can be used at 0800</p> |
| 0300 | <p>Pt OOB x3 to urinate 300cc clear yellow urine Pt Dsg CDI - no request of pain meds Pt sleeping all night - no P.O. intake Vital Signs stable - no ICU flow sheet to document - will try to borrow from ICU#2</p> |

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

Bed # 4
ICU # 1

PROGRESS NOTES
Medical Record

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

(b)(6)-4

MEDCOM - 7971

PROGRESS NOTES

17 APR DATE
Dmg IV ms04 for pain to (D) hand
ASG CPT (b)(6)-2
SPT/MD

17 APR
070 Nursing Assessment
Neuro: GAO X3 (D) Rom all extremities ↓ LUE.
Resp: Intact on RA, SpO2 140/71. HR 72. (P)
Hand HL: C LL @ 12/10/08. GCI: Soft RT BS (D) X 4 quadrants
eat small amount Breakfast. Gen normal. skin (B) shaven
to Bulky dog small amount. Severe pain down p. around the neck
(D) hand Bulky dog (P) from finger. No effluve pain well
medicate as ordered. Aflunio (b)(6)-2

0830 Pt stated he had pain in head & eye. 2 Percocet were
Administered. (b)(6)-2
SPT/LPN

1300 Pt ate 10% of an MRE & Kool Aid. IV'd/d/d because it
was no longer patent. (b)(6)-2
LPN

| | | | | | | | |
|---|--|--|--------------------------------|--|--------------------|---|---|
| MEDICAL RECORD | | EMERGENCY CARE AND TREATMENT (Patient) | | | | LOG NUMBER | TREATMENT FACILITY |
| | | | | | | RECORDS MAINTAINED AT | |
| PATIENT'S HOME ADDRESS OR DUTY STATION | | | | | | ARRIVAL | |
| STREET ADDRESS | | | | | | DATE (Day, Month, Year) | TIME |
| CITY | | | | STATE | ZIP CODE | TRANSPORTATION TO FACILITY | |
| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | THIRD PARTY INSURANCE | |
| | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM |
| AGE | HOME PHONE | | FLYING STATUS | | | DD 2568 IN CHART | |
| | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | NAME OF INSURANCE COMPANY | |
| CURRENT MEDICATIONS | | | INJURY OR OCCUPATIONAL ILLNESS | | | EMERGENCY ROOM VISIT | |
| | | | ITEM | YES | NO | WHEN (Date) | DATE LAST VISIT |
| ALLERGIES | | | IS THIS AN INJURY? | | | TETANUS | |
| | | | INJURY/SAFETY FORMS | YES | NO | WHERE | DATE LAST SHOT |
| CHIEF COMPLAINT | | | | | | | |
| CATEGORY OF TREATMENT | | | | VITAL SIGNS | | | |
| <input checked="" type="checkbox"/> EMERGENT | TIME | | | TIME | | | |
| <input type="checkbox"/> URGENT | INITIALS | | | BP | | | |
| <input type="checkbox"/> NON-URGENT | | | | PULSE | | | |
| | | | | RESP | | | |
| | | | | TEMP | | | |
| | | | WT | | | | |
| LAB ORDERS | <input checked="" type="checkbox"/> CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT | | <input checked="" type="checkbox"/> CXR PA & LAT/PORTABLE | <input checked="" type="checkbox"/> C-SPINE |
| | URINE C&S | UA MSCC/CATH | | CHEM: | | ACUTE ABDOMEN | LS SPINE |
| | BLOOD C&S X | | | | | SINUS | HEAD CT |
| | | | | | | ANKLE R/L | skull |
| ORDERS | | | | | | | |
| <input type="checkbox"/> PULSE OX | | <input type="checkbox"/> MONITOR | | <input type="checkbox"/> ECG | | | |
| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE | | |
| 1730 | Anaf 1 gm | | | | | | |
| 1730 | morphine 40 mg | | | | | | |
| 1730 | LR | | | | | | |
| DISPOSITION: | | DISPOSITION QUARTERS /OFF DUTY | | PATIENT/DISCHARGE INSTRUCTIONS | | | |
| <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY | | <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS. | | | | | |
| MODIFIED DUTY UNTIL | | RETURN TO DUTY | | | | | |
| CONDITION UPON RELEASE | | ADMIT TO UNIT/SERVICE | | REFERRED | TO | WHEN | |
| <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED | | TIME OF RELEASE | | I have received and understand these instructions. | | | |
| <input type="checkbox"/> DETERIORATED | | | | PATIENT'S SIGNATURE | | | |
| PATIENT'S IDENTIFICATION <small>(For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)</small> | | | | | | | |

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

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

MEDCOM - 7973

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

| TEST RESULTS | | | | | | | | | | | | | |
|--------------|------|------|-------|-------|-----|--|--|--|--|--------------|---|---------|--------------------|
| CBC | WBC | SMAC | | | | | | | | RADIOLOGY | Check if read by radiologist <input type="checkbox"/> | | |
| | H/H | | | | | | | | | ABG/PULSE OX | | RESULTS | |
| | PLT | | | | | | | | | SUP O2 | PH | PO2 | EKG INTERPRETATION |
| PT | PCO2 | SAT | OTHER | | | | | | | | | | |
| APTT | BHCg | ETOH | GLU | U/A | DIP | | | | | | | | |
| | | | | MICRO | | | | | | | | | |

PROVIDER HISTORY/PHYSICAL

Injury Est. in ~ 1715 - ① Eye globe injury.
 ② ④ shoulder fragment wound
 ③ ④ finger. frag.

② A&O X3.
 V = RR 75 140/73 pulse ox RA 80% → 78% Ings = LTA ②
 ④ Neck shoulder frag wound. ABD = Soft NT
 Lower ext = nl

β PWTX
 ABC stable.

CXR. Films ①.
 C-spine skull
 ② shoulder

| CONSULT WITH | TIME | ACTION | RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP |
|--|------|--------|---|
| | | | |
| | | | |
| | | | |
| DIAGNOSIS ① ② eye globe injury ② Fragment wound. | | | PROVIDER SIGNATURE AND STAMP (b)(6)-2 (b)(6)-2 CODES |

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

EMERGENCY CARE AND TREATMENT (Doctor)
 Medical Record
 STANDARD FORM 558 (REV. 9-96)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.203(b)(1)(i)
 USAPA V1.00

NAME: _____

TRAUMA FLOW SHEET

DATE: _____ TIME: _____

INITIAL ASSESSMENT

Last Meal: _____

Event: Date: _____ Time: _____

Tetanus: _____

Airway: patent

Breathing: DL

Circulation: _____

Disability: (* E/V/M = Glasgow Coma Scale) awake

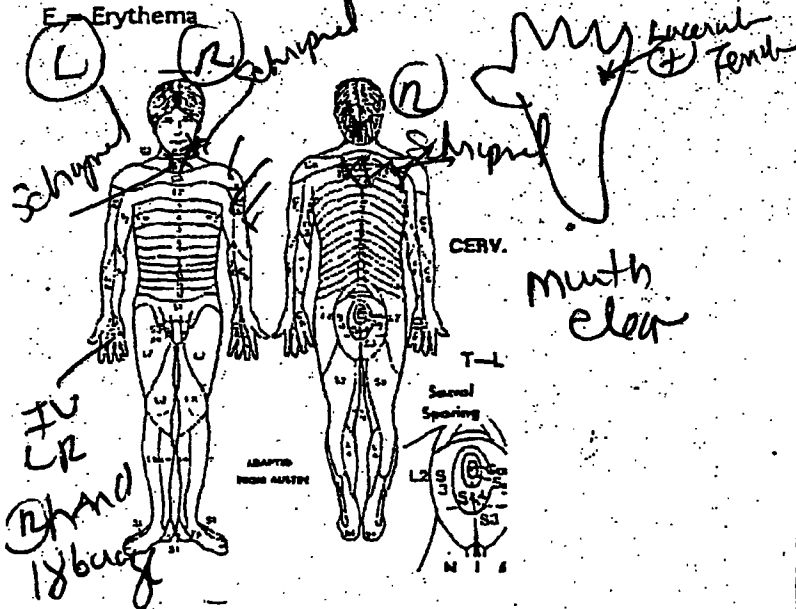
| Eyes Open | Verb. Resp. | Motor Resp. |
|------------------------|-------------------------|--------------------|
| 4 - Spontan. | 5 - Oriented | 6 - Obey Commands. |
| 3 - To Speech | 4 - Confused | 5 - Localize Pain |
| 2 - To Pain | 3 - Inapprop. Words | 4 - Flex Withdraw |
| 1 - None | 2 - Incomp. Sounds | 3 - Flex Abnormal |
| 0 - Closed by Swelling | 1 - None (ETT or Trach) | 2 - Extension |
| | | 1 - No Response |

Vitals:

| | | | | | |
|--------|-------|-----|-----|-----|-----|
| Time | 1730 | | | | |
| Pulse | 60 | | | | |
| Resp | | | | | |
| BP | 43/76 | / | / | / | / |
| Temp | | | | | |
| Rhythm | | | | | |
| Pupils | L R | L R | L R | L R | L R |

Expose: (Skin Integrity)

X = Abrasion □ = Burn F = Fracture OF = Open Fracture
 L = Laceration S = Stab G = Gun Shot Wound B = Bruise
 E = Erythema



Physical Examination

| | | |
|---------|--|-------------|
| Head | <input type="checkbox"/> Normal | See Diagram |
| Neck | <input type="checkbox"/> Normal | Subhyoid |
| EENT | <input type="checkbox"/> Normal | |
| Chest | <input type="checkbox"/> Normal | Ant + Post |
| Cardiac | <input checked="" type="checkbox"/> Normal | |
| Abdom. | <input checked="" type="checkbox"/> Normal | |
| Pelvis | <input checked="" type="checkbox"/> Normal | |
| Back | <input type="checkbox"/> Normal | See Diagram |
| Genit. | <input checked="" type="checkbox"/> Normal | |
| Neuro. | <input type="checkbox"/> Normal | |
| Extrem. | <input type="checkbox"/> Normal | See Diagram |

Medications

| | | | | |
|---------|----------|--|--|--|
| Time | | | | |
| Meds | Tetanus | | | |
| | 0.5cc IM | | | |
| | Lot # | | | |
| Nurse | | | | |
| V.O Dr. | | | | |

Special Orders

| | | | | |
|-------------------------------------|---|---|---|-----------------------------------|
| <input type="checkbox"/> O2 | : _____ lpm | <input type="checkbox"/> NC | <input type="checkbox"/> Mask | <input type="checkbox"/> Pulse Ox |
| <input type="checkbox"/> ETT | _____ mm | Time: | | |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Monitoring | | | |
| <input type="checkbox"/> Foley | _____ fr to gravity | | | |
| <input type="checkbox"/> NG Tube | _____ fr | Guaic | <input type="checkbox"/> + <input type="checkbox"/> - | |
| <input type="checkbox"/> Peri.Dial. | <input type="checkbox"/> + <input type="checkbox"/> - | Time: | | |
| <input type="checkbox"/> Chest Tube | <input type="checkbox"/> Left _____ cm H2O | <input type="checkbox"/> Right _____ cm H2O | | |
| <input type="checkbox"/> X-rays | Labs: <input type="checkbox"/> CBC <input type="checkbox"/> PT / PTT <input type="checkbox"/> I | | | |
| | <input type="checkbox"/> HCG <input type="checkbox"/> ESR <input type="checkbox"/> ABG <input type="checkbox"/> T&C | | | |
| | <input type="checkbox"/> Chem 7 <input type="checkbox"/> Chem 20 <input type="checkbox"/> T&C | | | |

History: ("AMPLE T")

Allergies: NO SINE

Meds: None

Past: Noncontributory

Hx: _____

(b)(6)-4

MEDCOM - 7975

ATE: _____ Time: _____

Admit to: ICU IGW 1 2 3

Dx: Muscle

Allergies: _____

Condition: Good Fair Poor

Vitals: Routine Q__h

Activity: BR BRP Ad Lib

Diet: NPO Clear Liq. Regular

IV Fluids: LR @ ___cc/h NS @ ___cc/h @ ___cc/h

___KVO ___KVO ___KVO

Analgesia: MS
 Tylox
 Tyl #3
 Tylenol
 Motrin 800
 ASA

Antibiotics: Rocephin
 PCN
 Gentamycin
 Cefadyl

NG Tube: Suction: None LIS
 None Gravity

Foley: None Gravity

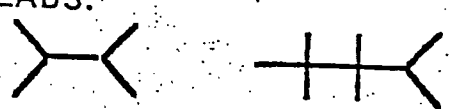
Chest Tube: None ___cm H₂O Water Seal

O₂: None NC ___lpm Mask ___lpm

Ventilation: None TV: ___ FIO₂: ___
 PEEP: ___
 RR: ___

Meds: _____

Pre-Op: Emergent SemiEmerg Routine
 Signature: _____

LABS: 

UA: _____

Other: _____

X-Rays: C-Spine
Chest, Skull

Hand
Shoulder

PLAN: _____

Procedure/Progress Notes: 1

NURSE'S NOTES

| Date & Time | VITALS | | | | | Stool | Nurse's Notes Medications & Nurse's Notes |
|-------------|--------|---|---|-----|--|-------|--|
| | T | P | R | Wt. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|-----------------------|---|
| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT <small>For use of this form, see AR 40-86; the proponent agency is The Office of the Surgeon General.</small> |
|-----------------------|---|

| | |
|---|---|
| 1. AGE: 25-30 y.o. HEIGHT: 5'8" ≈ WEIGHT: 70 Kg | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): chart states "NKDA." — |
| | 3. PREVIOUS SURGERY <input type="checkbox"/> NO <input type="checkbox"/> YES (type): unknown — |

4. PROPOSED SURGICAL PROCEDURE:
 ITD, back of shoulders, (L) hand repair, EUA other injuries

5. ADDITIONAL INFORMATION:
 Bomb blast with shrapnel injuries.

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

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

(b)(6)-4

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

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

(b)(6)-2 Maj/AN 16 Apr 03 DATE

11. POSTOPERATIVE EVALUATION:

Bovie pad site skin clear + intact. Pt moving all extremities by self end of case.

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 Maj/AN

DATE: 16 Apr 03 TIME: 1925

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 Maj/AN

DATE: 16 Apr 03 TIME: 2055

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the procedure manual. Agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY Anesthesia

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY (b)(6)-2 MAJ

3. DATE 16 APR 03 TIME PATIENT ARRIVED IN SUITE 1920

4. PATIENT IN ROOM TIME 1930 NUMBER ISO #1, Bed #

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: pt x-rayed in pre-op area for left hand. Iraqi civilian, did not speak English.

6. NURSING PERSONNEL

| | | | |
|---------------------|---------------------|-------------------|-------------|
| ASSIGNED SCRUB | <u>SPC</u> (b)(6)-2 | RELIEF SCRUB | \emptyset |
| ASSIGNED CIRCULATOR | <u>MAJ</u> (b)(6)-2 | RELIEF CIRCULATOR | \emptyset |

7. POSITION AND POSITIONAL AIDS (Specify) Pt on side, @ side up for first procedure, axillary roll in place, @ arm on armboard, pillow between arms, @ arm over pillow, hel

COMMENTS: 3 silk tapes down leg bent, pillow between legs. Pt supine for second procedure, arms in anatomical position, warm sheets given, blue for leggrate donut under head for both procedures.

8. SKIN PREPARATION

- HAIR REMOVAL YES NO
- DONE BY: OR NURSING UNIT
- METHOD: DEPILETORY RAZOR CLIP

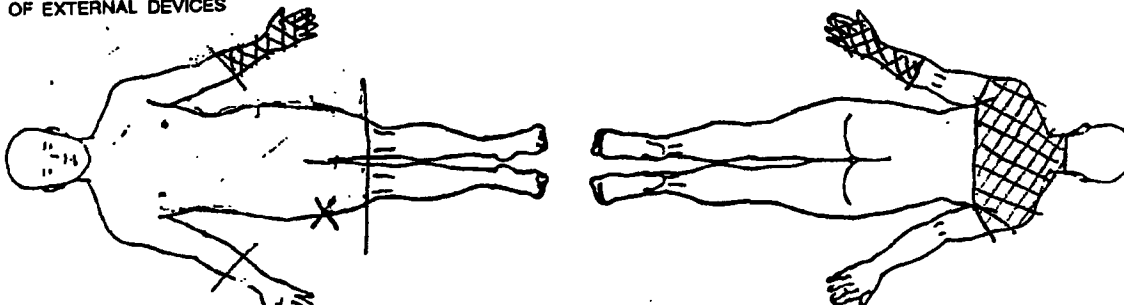
PREP SOLUTION (Specify) Betadine scrub + paint

SITE: upper back BY WHOM: MAJ (b)(6)-2

SITE: left arm BY WHOM: MAJ (b)(6)-2

COMMENTS: No pooling noted. Please see #9

9. LOCATION OF EXTERNAL DEVICES



LEGEND X capv Ground Pad -- capv Safety Strap --- N.A. Tourniquet capv = skin prep

| 10. COUNTS | C = Correct I = Incorrect | | | SCRUB | CIRCULATOR |
|--------------|---|---------------------|---------------------|---------------------|-----------------|
| | Other** | First Closing Count | Final Closing Count | | |
| Sponge | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>N.A.</u> | <u>C</u> | <u>SPC</u> (b)(6)-2 | <u>(b)(6)-2</u> |
| Needle Sharp | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>N.A.</u> | <u>C</u> | <u>SPC</u> (b)(6)-2 | <u>(b)(6)-2</u> |
| Instrument | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>N.A.</u> | <u>N.A.</u> | <u>N.A.</u> | <u>N.A.</u> |
| Other | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>N.A.</u> | <u>N.A.</u> | <u>N.A.</u> | <u>N.A.</u> |

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

(b)(6)-4

(b)(2)-2

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

ESU NO: Valleylab Force 2 00 0360

GROUND PAD: BRAND Valleylab Rem II LOT NO: 65492 exp 200411

ESU NO: \emptyset BRAND \emptyset LOT NO: \emptyset

BIPOLAR NO: \emptyset

13. PROSTHESIS, IMPLANTS NO IF YES NAME: ID N.A. MANUFACTURER

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|----------------------|--------|---------|------------|-------------------|----------|
| 0.9% NaCl | - 95 - | intraop | irrigation | manufacterer, Dr. | (b)(6)-2 |
| | | | | | |
| | | | | | |

WOUND IRRIGATION YES NO, TYPE(S):
0.9% NaCl.

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

15. PAY IN OPERATING ROOM - IF YES, SITE
 YES NO — (2) arm/hand in pre-op hold a case

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|---|------|------|
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| NAME | NAME | NAME |
| | | |
| NAME | NAME | NAME |
| | | |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
shoulders + back = 2x2's, 4x4's
combine dressings, ABD's, 3"
silk tape.
left hand = Kerlix, Fluffs, 4
are wrap.

19. ADDITIONAL INFORMATION
underwear x2 in labelled bag to ICU #1.

20. OPERATION(S) PERFORMED
1+0 multiple wounds upper back, 1+0 left hand E
EDQ repair.

21. PATIENT TRANSFERRED TO ICU # 7 TIME 2050 METHOD Litter

22. REGISTERED NURSE SIGNATURE Maj/AN

| | | | | LABORATORY RESULT FORM (Subject to Privacy Act of 1974) | | | | |
|------------------------|--------|--|------------------------------|--|--|--------------|--------|---------------------------------------|
| LAST, FIRST, (b)(6)-4 | | | STATUS | | DATE 14 Apr 03 | SSN | | |
| Chemistry (STAT) | | | Chemistry (Piccolo Analyzer) | | | Hematology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | ALT | | 10-47 U/L | WBC | 24.9 | 4.8-10.8 x 10 ³ |
| K | | 3.5-4.9 mmol/L | AST | | 11-38 U/L | RBC | 5.33 | 4.7-6.1 x 10 ⁹ |
| Cl | | 98-109 mmol/L | GGT | | 5-56 U/L | Hgb | 14.9 | 14-18 g/dl (M) 12-16 g/dl (F) |
| pH | | 7.31-7.45 | ALB | | 3.3-5.5 g/dl | Hct | 48.4 | 42-52% (M) 37-47% (F) |
| PCO ₂ | | 35-45 mmHg (art) 41-51 mmHg (ven) | ALP | | 26-84 U/L | MCV | 90.8 | 80-94 fl (M) 81-99 fl (F) |
| PO ₂ | | 80-105 mmHg (art) N/A (ven) | Amylase | | 14-97 U/L | Plt | 324 | 130-500 x 10 ³ verified |
| TCO ₂ | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | Ca | | 8-10.3 mg/dl | Lymph% | 4.8 | 20.5-51.1% |
| HCO ₃ | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | Chol | | <200 mg/dl | Retic | | 0.5-1.5% (adult) |
| sO ₂ | | 95-98% | Creat | | 0.6-1.2 mg/dl | PT | | 9.8-13.6 secs |
| BEecf | | (-2) - (+3) mmol/L | BUN | | 7-22 mg/dl | APTT | | 21-34 secs |
| AGap | | 10-20 mmol/L | GLU | | 73-118 mg/dl | D dimer | | <20 ug/ml |
| Ca | | 1.12-1.32 mmol/L | Tbili | | 0.21.6 mg/dl | FDP | | <10 ug/ml |
| BUN | | 8-26 mg/dl | TP | | 6.4-8.1 g/dl | Segs | | Mono |
| GLU | | 70-105 mg/dl | UA | | 2.2-6.6 mg/dl (F) 3.6-8.0 mg/dl (M) | Bands | | Eos |
| Creat | | 0.7-1.5 mg/dl | Na ⁺ | | 128-145 mmol/L | Lymph | | Baso |
| Hct | | 38-51% PCV | K ⁺ | | 3.3-4.7 mmol/L | Atyp | | Imm |
| Hgb | | 12-17 g/dl | Cl ⁻ | | 98-108 mmol/L | RBC Morph | | |
| Blood Bank | | | +CO ₂ | | 18-33 mmol/L | Other | | |
| ABO/Rh | | IAT | CK | | 39-380 u/L | Spun Crt | | 42-52% (M) 37-47% (F) |
| Unit | Type | Crossmatch | Urinology | | | Man WBC | | 4.8-10.8 x 10 ³ |
| | | | TEST | RESULT | REF. RANGE | Manual Pft | | 130-500 x 10 ³ verified |
| | | | Gluc | | Negative | Microbiology | | |
| | | | Bili | | Negative | Source | | |
| | | | Ketone | | Negative | Gram Stain | | |
| MIC Chemistry | | | SG | | N/A | Culture | | |
| CKMB | | | Blood | | Negative | KOH/WP | | |
| Troponin | | | pH | | N/A | O&P | | |
| DOA | | | Protein | | Negative | Occ Bld | | Malaria |
| Alcohol | | | Urob | | 0.2-1.0 | Other | | |
| Microscopic Urinalysis | | | Nitrite | | Negative | | | |
| | | | HCG | | Negative | | | |

MEDCOM - 7981

EDICAL RECORD - ANESTHESIA

For this form, see AR 40-66; the proponent agency is...

IS - NFA

| CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML - *1 = CONSTANT INFUSION | | TIME | | | | | | TOTALS | TOTALS | | | | | | | | | | | | | | | |
|--|---------------------------------|-----------|-----------------|------------|-----------|---------|-----------------|----------------------|---------------------------------|--------------|------------------|----------|-----|-----------|----------------|--------------|-------------|---------|-----|-------|-----------|------|-----|----------------------|
| Propofol (mg) | 150 | | | | | | | 150 | | | | | | | | | | | | | | | | |
| Succinylcholine (mg) | 100 | | | | | | | 100 | | | | | | | | | | | | | | | | |
| Vecuronium (mg) | 5 | | | | | | | 5 | | | | | | | | | | | | | | | | |
| MSA (mg) | 10 | | | | | | | 10 | | | | | | | | | | | | | | | | |
| ISD % del | 1.8 | 0.8 | 1.2 | 1.0 | 1.1 | | | | | | | | | | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | | | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 L/Min | 10-2 | 2 | 2 | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE # (2) mm | <input type="checkbox"/> Warmed | 5-20 | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Warmed | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Warmed | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Warmed | | | | | | | | | | | | | | | | | | | | | | | |
| EST BLOOD LOSS | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | | | | | | | | | | | | | | | | | | | | | | | | |
| 1430 - 2000 - 3000 - 3000 - 3000 | | | | | | | | | | | | | | | | | | | | | | | | |
| BP | Heart rate | Resp rate | BR (transduced) | TOURNIQUET | ANES PROC | VT - ml | f - breaths/min | Peak Inf pres / PEEP | MODE - S(pon), A(assist), C(on) | BP/Auto Cuff | FIO2 (Frac or %) | SpO2 (%) | ECG | TEMP-site | N-M Block (T4) | Warming bldt | Conv warmer | RECOVER | ICU | OTHER | CONDITION | RESP | BP | ANESTHESIA PROCEDURE |
| 70 KG | 70 | 120 | + | T-X | X-X | 800 | 8 | 8 | S-C | 80 | 1.0 | 100 | SR | 50 | 0.4 | | | 2:55 | ICU | | Norm | 16 | 147 | |
| <p>Mark with letters & symbols. explain under REMARKS</p> <p>EVENTS Position → 04 LEO - anky with phos itaxaline.</p> <p>PROCEDURES and CPT Codes: Robtoidement of back shoulders / (12) hand.</p> <p>PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility</p> <p>ANESTHETIC TECHNIQUES: Describe block technique under Remarks</p> <p>BETA</p> <p>AIRWAY MANAGEMENT: intubation route, blade, technique, comments</p> <p>SURGEONS:</p> <p>ANESTHETISTS:</p> <p>PROCEDURE LOCATION: 6R</p> <p>DATE: 16 Apr 03</p> <p>PAGE / OF /</p> | | | | | | | | | | | | | | | | | | | | | | | | |

(150) Total checked
 (100) Form. Anesthesis on.

C-Spine

14376, 68
I 2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-86; the proponent agency is the Office of The Surge General.

Anesthism
Td

REPORT TITLE PRE-ANESTHETIC EVALUATION
The proponent is Dept of Surgery
OTSG APPROVED (Date)
Q1 Apr 11 Dec 96

| | | | | | | | | |
|---------------------------------------|--------------|---------------|---|---|----------------|------------------------|---------------|---|
| DATE OF PROPOSED SURGERY 14 Apr 93 | AGE 25-35 | WEIGHT 124 | ALLERGIES (List react) <input type="checkbox"/> NKDA | FAMILY HISTORY <input type="checkbox"/> NO ANES PROB | Tob HX None | ETOH- None | DRUGS None | CONSULTATIONS (Check when completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| PROPOSED SURGERY ① hand ② thumb | SEX M | HEIGHT | PREVIOUS ANESTHESIA/SURGERY <input checked="" type="checkbox"/> NO PROBLEM None | MEDICATIONS <input type="checkbox"/> NONE | | * = ORDERED AS PRE-MED | | |

| | | | | | | | | | | | | |
|--|--|--|--|--|--|---|---|--|---|--|---|---|
| 1. CARDIOVASCULAR <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Angina <input type="checkbox"/> MI <input type="checkbox"/> Hypertension <input type="checkbox"/> Low Exercise Tol <input type="checkbox"/> Arrhythmia <input type="checkbox"/> CHF <input type="checkbox"/> Valvular Disease <input type="checkbox"/> CABG <input type="checkbox"/> Periph Vasc Dis <input type="checkbox"/> Other | 2. RESPIRATORY <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> URI <input type="checkbox"/> Other | 3. RENAL <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> CRF/Renal Insufficiency <input type="checkbox"/> Other | 4. HEPATIC <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Other | 5. GI <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Reflux <input type="checkbox"/> Hiatal Hernia <input type="checkbox"/> Other | 6. NEURO <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> CVA <input type="checkbox"/> Neuropathy <input type="checkbox"/> Seizures <input type="checkbox"/> Other | 7. ENDOCRINE <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Insulin-Dep Diabetes <input type="checkbox"/> Non-Insulin-Dep Diabetes <input type="checkbox"/> Thyroid <input type="checkbox"/> Steroids <input type="checkbox"/> Other | 8. HEMATOLOGIC <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Anemia <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Sickle Cell Dis <input type="checkbox"/> Hx Transfusion <input type="checkbox"/> Other | 9. MUSC-SKELETAL <input checked="" type="checkbox"/> No Pathology <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Arthritis <input type="checkbox"/> TMJ Disease <input type="checkbox"/> Other | 10. OB/GYN <input checked="" type="checkbox"/> Non-Preg <input type="checkbox"/> Preg <input type="checkbox"/> EGA <input type="checkbox"/> G P | 11. PEDIATRIC <input type="checkbox"/> Normal Growth Dev <input type="checkbox"/> < 48 wks PCA <input type="checkbox"/> Congenital Defects <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Other | NOTES <input type="checkbox"/> See Anesthesia Consult for more details. <input type="checkbox"/> Other Medical Conditions (List) ① - hand surgery ② - wounds to up back/shoulder ③ | PHYSICAL EXAM: HR 68 BP 113/76 T RR 16 AIRWAY: MP 1 ② 3 4 Teeth Intact ROM limited due to injury/muscle TMD (FB) < 2 ③ > 3 HEART: S.S 2 LUNGS: <input type="checkbox"/> CTAB NEURO/BACK: Aloc 3 BLOCK SITE: - VASC ASSESS: ① Hand EXT/OTHER: |
|--|--|--|--|--|--|---|---|--|---|--|---|---|

| | | | | | |
|-------|-----------------|--------|----------------------------------|--|--|
| Na | Cl | glu | ECG <input type="checkbox"/> WNL | PROBLEM LIST ① ② Hand Wound ③ ④ Eye injury ⑤ wounds to up back/shoulder. Discussed wounds/anesthesia plan via intercom | PLAN ① General - Discussed Tpt with MAC in intercom Regional: Block: <input type="checkbox"/> Post Op ICU/Vent <input type="checkbox"/> Awake Intubation <input type="checkbox"/> Art Line <input type="checkbox"/> CVP <input type="checkbox"/> PA <input type="checkbox"/> Special Techniques PREMED: Anesth for ER PATIENT'S CONSENT <input type="checkbox"/> All plans, risks, options discussed and understood. All questions answered. Final plan subject to change by the assigned anesthesia team. PATIENT'S SIGNATURE: [Signature] |
| K | CO ₂ | BUN/Cr | | | |
| WBC | Hct | pts | | | |
| PT | PTT | BHCG | CXR <input type="checkbox"/> WNL | | |
| ABG | | | | | |
| PFT | | | | | |
| OTHER | | | | ASA ① ② ③ ④ ⑤ ⑥ <input type="checkbox"/> Counseled to remain NPO | |

PREPARED BY [Signature] DEPARTMENT/SERVICE/CLINIC [Signature] DATE 14 Apr 93

| | | |
|--|--|--|
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle, grade, date, hospital or medical facility) [Signature] | <input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT | <input type="checkbox"/> FLOW CHART <input checked="" type="checkbox"/> OTHER (Specify) Suppl SF 517 |
|--|--|--|

DA 1 MAY 78 4700

PREVIOUS EDITION IS OBSOLETE.
MEDCOM - 7983

SG OVPT 34-R; (Mar 02)

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

PATIENT IDENTIFICATION

(b)(6)-4
 [Redacted Box]

Bed # 4

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---------------|--------------------------------|
| 16 April 83 | 1820 HOURS | |
| 1) Admit to ICU #1 - Medicine | | |
| 2) Do (R) globe injury (L) hand laceration | | |
| Sivaprel to back/chest/face/skull | | |
| 3) Condition stable | | |
| 4) All: NPOA | | (b)(6)-2 |
| 5) VS: Q4 | | |

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|---------------|--------------------------------|
| | | |
| 6) Diet: NPO | | |
| 7) IV: LR @ 125/hr x 2L then 75 cc/hr. | | |
| 8) MEDS: Emyon ophthalmic 1 cat to (R) globe QID | | |
| MSOy 2mg IV @ 3 pm pain | | |

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---------------------------------|---------------|--------------------------------|
| | | |
| 9) Eye patch + (R) eye. | | |
| 10) Anes 1gm given in ED | | |
| Tetanus OSR given @ 1823 | | |
| 11) Dressing & moist to dry BID | | |
| 12) On call to DR | | |

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|---------------|--------------------------------|
| 16 Apr 83 | 2120 HOURS | |
| 1) S/P I 20 BULK + (L) HAND | | |
| 2) ALLVMS CURRENT ORDER | | |
| 3) LR 125cc/hr 4P LOGIC W/ALTE | | |
| 4) ALLVMS 162ms IVPB Q 8hrs | | |
| 5) 776ml 650mg P.O. Q 4hrs PRN | | |
| 6) P.O. 1000mg T 7P P.O. Q 4-6 hrs PRN | | |
| 7) REGULAR DIET. | | |

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USE

MEDCOM - 7984

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | Mo. ___ Yr. ___ | | |
|----------------------|-------------|---|----|----------|----|----|-----------------|----|----|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | |
| ORDER DATE | CLERK/NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 16 | 17 | 18 | 19 | 20 | 21 |
| 16 APR | (b)(6)-2 | Condition - Stable | 05 | (b)(6)-2 | | | | | |
| 16 APR | (b)(6)-2 | Vital Signs Q4 | 4 | (b)(6)-2 | | | | | |
| | | | 8 | | | | | | |
| | | | 12 | | | | | | |
| | | | 16 | | | | | | |
| | | | 20 | | | | | | |
| | | | 24 | (b)(6)-2 | | | | | |
| 16 APR | (b)(6)-2 | Diet - Regular | 05 | (b)(6)-2 | | | | | |
| | | | 17 | (b)(6)-2 | | | | | |
| 16 APR | (b)(6)-2 | IVF - LR @ 125 c/hr | 05 | (b)(6)-2 | | | | | |
| | | Heplex when tol P.O. | 17 | (b)(6)-2 | | | | | |
| 16 APR | (b)(6)-2 | E-mycin ointment | 6 | | | | | | |
| | | 1 cm to @ globe | 12 | | | | | | |
| | | QID - Eye Patch @ eye | 18 | | | | | | |
| | | | 24 | (b)(6)-2 | | | | | |
| 16 APR | (b)(6)-2 | Dsg A moist to dry Bid | 05 | (b)(6)-2 | | | | | |
| 16 APR | (b)(6)-2 | | 17 | (b)(6)-2 | | | | | |

ALLERGIES: YES NO

NKDA

PRIMARY DIAGNOSIS:
 ② Globe injury
 ① hand laceration
 Shampoo to back/chest/head

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:
 (b)(6)-4

BED# 4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| 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 | | |
| | | Tetanus | | | 1823 pm | Dove | (b)(6)-2 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Order/Expt Data | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | | | |
| | | | | | TIME/DATE DISPENSED | | | | | |
| | | MSO4 | | | 17 | 18 | | | | |
| 16 APR | (b)(6)-2 | Percocet $\frac{5}{11}$ - $\frac{10}{11}$ | | | 0830 | | | | | |
| | | P.O. Q 4-6 hrs | | | | | | | | |
| | | prn | | | | | | | | |
| 16 APR | (b)(6)-2 | Tylenol 650mg | | | | | | | | |
| | | P.O. Q 4-hrs | | | | | | | | |
| | | prn | | | | | | | | |
| 16 APR | | MSO4 2mg | | | 0430 | 130 | | | | |
| | | Q3 prn | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

USAPA V1.00

MEDCOM - 7986

| | | | | | |
|--|--|--|--|---------------------------------|--|
| 13. REASSESSMENT/ASSESSMENT | | DATE/TIME (Y/M/D) | | TIME OF ARRIVAL/HEURE D'ARRIVEE | |
| 14. DEPOSITION / DISPOSITION | | RETURNED TO DUTY / RETOUR A L'UNITE | | EVALUATED / EVALUE | |
| 15. PROGRESS OFFICIAL MEDICAL | | DATE/TIME (Y/M/D) | | | |
| 16. DEPOSITION / DISPOSITION | | RETURNED TO DUTY / RETOUR A L'UNITE | | EVALUATED / EVALUE | |
| 17. RELIGIOUS SERVICES PERFORMED | | PROVIDED READINGS/PRAYERS WITH INDIVIDUAL (CATHOLIC/JEWISH/MUSLIM/OTHER) | | DATE/TIME (Y/M/D) | |
| 18. CLINICAL COMMENTS/DIAGNOSIS | | INFORMATION MEDICAL/DIAGNOSTICS | | | |
| 19. COMMENTS / REMARKS / SPECIAL / REMARKS IN FIELDS | | DISEASE / MALADIE | | PSYCH / PSYCH | |
| 20. COMMENTS / REMARKS / SPECIAL / REMARKS IN FIELDS | | WOUND / BLESSURE | | HEAD / TETE | |
| 21. COMMENTS / REMARKS / SPECIAL / REMARKS IN FIELDS | | SCALD / BURN / BRULURE | | NECK / CERVIC | |
| 22. COMMENTS / REMARKS / SPECIAL / REMARKS IN FIELDS | | AMPUTATION / AMPUTATION | | ARM / BRAS | |
| 23. COMMENTS / REMARKS / SPECIAL / REMARKS IN FIELDS | | STRESS / TENSION | | HAND / MAIN | |
| 24. COMMENTS / REMARKS / SPECIAL / REMARKS IN FIELDS | | OTHER (Specify) / AUTRES (Spécifier) | | LEG / JAMB | |

10 my on 2/1/10

gavage to back

Push to eyes

gavage toward to head

1 PINKO

Belgians @ eye

holes in back

Loc. H. @ head

DD25 02046

10 my on 2/1/10

1 PINKO

gavage to back

Push to eyes

gavage toward to head

10 my on 2/1/10

1 PINKO

Belgians @ eye

holes in back

Loc. H. @ head

DD25 02046

10 my on 2/1/10

1 PINKO

gavage to back

Push to eyes

gavage toward to head

10 my on 2/1/10

1 PINKO

DA FORM 1380
 1 DEC 91 (BACK)

DA FORM 1380-2
 1 DEC 91 (BACK)



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----|-------------------------|----------|-------------------|----|----|----|---|----|---------------------------------|----------------------------|--|----------------------------|------------|----|---|--|--|-------------|----------------------------|--|--|--|--------------|--|--|--|--------|--|--|--|----|--|--|--|--|--|--|--|
| 1. REPORTING MTF | | | | | | | | LOCATION | | | | | | | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | | | | | | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | | | I Z | | | | | | | | NAME (Last, First, Middle Initial) | | | | | | | | 4. PAY GRADE | | | | 5. SEX | | | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | | | (b)(6)-4 | | | | | | | | (b)(6)-4 | | | | | | | | 16 | | | | 17 | | | | 18 | | | | | | | |
| (b)(6)-4 | | | | | | | | | | | | | | | | | | | | | | | | CIV | | | | M | | | | | | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | | 7. AGE AT ADMISSION | | | | | | | | 8. RACE | | | | 9. ETHNIC | | | | RELIGION | | | | | | | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | 31 | | | | BACK-GROUND | | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | | | | | | 25 | | | | | | | | K | | | | 9 | | | | [REDACTED] | | | | | | | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | | | | | ETS | | | | | | | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | | | | | |
| 32 | 33 | 34 | | | | | | | | | 35 | 36 | 37 38 39 40 41 42 43 44 45 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | 29 | | | | 20 | | | | (b)(6)-4 | | | | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | | 13. MARITAL STATUS | | | | | | | | HOUR OF ADMISSION | | | | BRANCH / CORPS | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 46 | | | | | | | | 1707 | | | | | | | | | | | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | | | | | | 15. BENEFICIARY CATEGORY | | | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 48 | 49 | 50 51 52 | | | | | | | | 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | K 7 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | | | | | | 18. MOS | | | | | | | | 19. TRAUMA | | | | PREV. ADMISSION YEAR | | | | | | | | | | | | | | | | | | | |
| 62 | 63 | 64 65 66 67 68 69 70 | | | | | | | | 71 | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Z | | | | | | | | | | | | | | | | 0 | | | | [REDACTED] NO | | | | | | | | | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | | | | | | | | ICU 2 | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | | | | | 22. MTF TRANSFERRED TO | | | | | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | | | | | | | | | | | | | |
| 73 | 74 | 75 76 77 78 79 80 | | | | | | | | 81 82 83 84 85 86 87 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | 20 03 04 16 | | | | | | | | | | | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | | | | | 25. MTF TRANSFERRED FROM | | | | | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | | | | | | | | | | |
| 89 | 90 | 91 | 92 | 93 94 95 96 97 98 | | | | | | | | 99 100 101 102 103 104 105 106 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A B A A | | | | | | | | | | | | | | | | 20 03 04 14 | | | | | | | | | | | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | | | | | 28. MTF OF INITIAL ADMISSION | | | | | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 108 | 109 110 111 112 113 114 | | | | | | | | 115 116 117 118 119 120 121 122 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Z | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | DX: 8713 8739 2765 8821 87350 8749 88010 89919 Trauma 1 Injury 449 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature, as required) | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b)(6)-2 | | | | | | | | [REDACTED] | | | | | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| Dr. [REDACTED] | | | | | | | | [REDACTED] | | | | | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

MEDCOM - 7988

USAPA V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|--|---------------------|---------------------------------|--------------------------------|----------------------------|---|-------------------|------------------------------|
| 1. (D)(6)-4 | | 2. (D)(6)-4 | | 3. GRADE 1 | | ADMISSION REMARKS | |
| 4. SEX M | 5. AGE 1 | 6. RACE Z | 7. RELIGION MUS | 8. LENGTH OF SVC — | 9. YRS — | | 10. PREVIOUS ADMISSION NO |
| 11. FMP 99 | | 12. (D)(6)-4 | | 13. ORGANIZATION — | | | 14. WARD 2442 |
| 15. FLYING STATUS — | 16. RATING/DSG — | 17. DEPT./BEN 78 1999 | 18. BRANCH/CORPS — | 19. UIC/ZIP — | 20. TYPE CASE DIA | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | 22. HOURS OF ADMISSION 1707 | 23. CLINIC SERVICE ABBA | | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE M | | | 25. TYPE DISPOSITION | | 26. DATE OF DISPOSITION 030417 | ADMITTING OFFICER | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) M | | | 27b. TELEPHONE NO. M | | 28. DATE OF THIS ADMISSION 030416 | | |
| 29. (D)(3)-1 | | | 30. DATE OF INTIAL ADMISSION | | 32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED | | |
| <input type="checkbox"/> Check if Continued on Reverse | | | | | | | |
| 33. CAUSE OF INJURY | | | | | | | |
| 34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES DX: G8001 <i>Wank</i> Trauma DX: 8795 1 E9912 Injury 450 | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| a. ABSENT SICK DAYS 0 | b. OTHER DAYS 0 | c. CONV. LW/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 1 | f. TOTAL SICK DAYS 1 | | |
| 36. Total Days All Facilities | | | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LW/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS | | |
| SIGNATURE (D)(6)-2 | | | SIGNATURE (D)(6)-2 | | | | |

DA FORM 3647, MAY 79

EDITION OF

USAPPC V1.10

MEDCOM - 7989

| 1. REPORTING MTF | | | | | | 2. MTF LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | | |
|---|-----|-----|--------------------------|------------------------------|----|--------------------------|----------|---|---|--|----------------|------------------------------------|-------------|-----|--|--------------|-----|--------|-----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | |
| (b)(3)-1 | | | | | | (State or Country Code.) | | 3. REGISTER NUMBER | | | | NAME (Last, First, Middle Initial) | | | | 4. PAY GRADE | | 5. SEX | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | (b)(6)-4 | | | | 16 | 17 | 18 | | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | RELIGION | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | | |
| | | | | | | | | | Z | 9 | M/I/O | | | | | | | | | |
| 10. LENGTH OF SERVICE | | | ETS | | | 11. FMP | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| 32 | 33 | 34 | - | | | 35 | 36 | (b)(6)-4 | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | |
| - | | | | | | 46 | | | 1707 | | - | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | 53 | | | | | | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | |
| | | | 799 | | | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | 19. TRAUMA | | | PREV. ADMISSION | | | | | | | | | | | |
| 62 | 63 | 64 | | | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | <input checked="" type="checkbox"/> NO | | | | | |
| | | | | | | | | | 9 | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | |
| 72 | | | | | | JCL2 | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | |
| (b)(3)-1 | | | | | | ITY | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | MTF TRANSFERRED TO | | | | | | 23. DATE OF DISPOSITION (Y Y M M D D) | | | | | | | | | | | |
| 73 | 74 | 75 | | | | | | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | | |
| | | | | | | | | | 030417 | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | | | 26. DATE THIS ADMISSION (Y Y M M D D) | | | | | | | | | | |
| 87 | 88 | 89 | 90 | 91 | | | | | | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 |
| ABAA | | | | | | | | | | 030416 | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | | | 29. DATE INITIAL ADMISSION (Y Y M M D D) | | | | | | | | | | |
| 103 | 104 | 105 | | | | | | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | | |
| | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | |
| D : GSW (2) Flant | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature as required) | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | |
| (b)(8)-2 | | | | | | | | | (b)(8)-2 | | | | | | | | | | | |

MEDCOM - 7990

PATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | | | | |
|---|-----------------------|---------------------------------------|--------------------------------|---|-------------------------------|------------------------------|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE O-1V | | ADMISSION REMARKS |
| 4. SEX M | 5. AGE UNK | 6. RACE X | 7. RELIGION 9 | 8. LENGTH OF SVC N/A | 9. ETS N/A | 10. PREVIOUS ADMISSION NO | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | | 13. ORGANIZATION N/A | | 14. WARD 3C1D1 | | |
| 15. FLYING STATUS NO | 16. RATING/DSG K78 | 17. DEPT./BEN N/A | 18. BRANCH/CORPS UNK | 19. UIC/ZIP N/A | 20. TYPE CASE NBI | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | 22. HOURS OF ADMISSION 1906 | 23. CLINIC SERVICE ABAA | | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK | | | 25. TYPE DISPOSITION 26 | 26. DATE OF DISPOSITION 18 Apr 03 | | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) UNK | | | 27b. TELEPHONE NO. UNK | 28. DATE OF THIS ADMISSION Apr 16 03 | ADMITTING OFFICER (b)(6)-2 | | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(2)-2 | | | | 30. DATE OF INITIAL ADMISSION | 32. COMPONENT TRANSFUSED | | |

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX @ Mult. l-sw ⊖ Ex-lap (abd, Lt elbow, Lt foot, Rt thigh)
 ② - SIP Negative ex-lap
 ③ Fever, resolved.

863.30
825.35
890.1
881.11
E922.9

35. Total Days This Facility

| | | | | | |
|--------------------------|--------------------|---------------------------------|--------------------------------|------------------|-------------------------|
| a. ABSENT SICK DAYS 5 | b. OTHER DAYS 5 | c. CONV. LV/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 2 | f. TOTAL SICK DAYS 2 |
|--------------------------|--------------------|---------------------------------|--------------------------------|------------------|-------------------------|

36. Total Days All Facilities

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

SIGNATURE OF ATTENDING MEDICAL OFFICER: (b)(6)-2

SIGNATURE OF RAD OR MEDICAL RECORDS OFFICER: (b)(8)-2

MEDCOM - 7991

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

| DATE | | | | | | | | |
|-------------|--|-----|-----|-----|-----|-----|----|----|
| 16 April 03 | <p>16 y.o. EPW wounded today presents on transfer for (b)(2)-2 for further care/evacuation. Patient sustained GSW to ABD requiring exp laparotomy and 1 repair of intestines x 2, GSW to L foot SIP I+D, GSW to R prox & distal femur SIP I+D, and I+D of L elbow superficial laceration. Patient presents on transfer c non functional IV and intact medical records. Patient denies any pain at this time.</p> <p>115/70, 60, 97⁹, 14, 91⁹</p> <p>NC/AT</p> <p>RRR</p> <p>CTA B</p> <p>ABD 3-4" vertical midline incision CDI</p> <p>GLQ 1 1/2" wound closed c staple x 2</p> <p>Ramp/infused spine wounds open and packed</p> <p>circ / poly in place 150cc light yellow urine in bag</p> <p>LLE GSW to dorsum of L foot wound open, clean bleeding</p> <p>RLE GSW to prox thigh c packing in place</p> <p>GSW through and through distal thigh, packing in place</p> <p>not N/V/I</p> <p>numb arm/foot</p> | | | | | | | |
| | <table style="margin-left: auto;"> <tr><td>140</td></tr> <tr><td>115</td></tr> <tr><td>255</td></tr> <tr><td>281</td></tr> <tr><td>258</td></tr> <tr><td>24</td></tr> <tr><td>15</td></tr> </table> | 140 | 115 | 255 | 281 | 258 | 24 | 15 |
| 140 | | | | | | | | |
| 115 | | | | | | | | |
| 255 | | | | | | | | |
| 281 | | | | | | | | |
| 258 | | | | | | | | |
| 24 | | | | | | | | |
| 15 | | | | | | | | |

(Continue on reverse side)

| | | |
|--|-----------------------------|-------------------------|
| <small>PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)</small> | <small>REGISTER NO.</small> | <small>WARD NO.</small> |
|--|-----------------------------|-------------------------|

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-81)
—Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

PROGRESS NOTES

DATE

XRAY ^R distal femur ⊕ fragments, but \emptyset fx
 ⊕ fx of 2nd MT
 unable to assess mid fem XRAY

AP - SIP BSW to ABD = interesting x2 repair
 not GSW = associated fx of ⊕ 2nd MT,
 not GSW to R prox / distal femur

IV placed .9% 1 liter given
 and 1 gm IV (2nd dose) (given @ 1550 Rburns.comms)
 amex transport to level 3 care

CPT ^{(b)(6)-2}

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

| | |
|------|-------|
| DATE | NOTES |
|------|-------|

4-14-03
0905

BRIEF OP NOTE:

PROCEDURE:

Exploratory Laparotomy
 Right thigh wound debrided + irrigation.
 Left foot + Left Elbow wound debrided

PRE-OP DIAGNOSIS:

POST-OP DIAGNOSIS:

Unsuccessful repair
 Same

SURGEON:

(b)(6)-2

ASSISTANT:

(b)(6)-2

EBL:

200 cc

FLUIDS:

2500 cc

UOP:

75 cc

TT:

POST-OP PLAN:

Recovery Room, Pain management.
 Findings: Small enterotomy x 2. Repaired in 30 min

(b)(6)-2

[Redacted]

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

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

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

LOG#:
SSN#:
NAME:

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSAR/CMR FPMR (41CFR) 101-11.203D(110)
 USAFA V1.00

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

| DATE | |
|-------------------|--|
| 17 Apr 03 0640 | (cont.) A&Ox3, PERFLA bilat good grasp Cardio: S, S2 bounding pulses x4 extremities cap ref ≤ 3 sec. Resp. Equal b, lateral expansion - breath sounds normal clear GI/GU - pt voiding QS clear yellow urine NPD - hypo active bowel sounds Integ - abd drsg marked for bleeding regression; drsg to ① F.A., ② foot huplock ③ F.A. ; other than previous pain, pt seems to be in good spirits. Will continue to monitor throughout shift (b)(6)-2 SPC LRV |
| 17 Apr 03 0930 | Foley DC'd - prior to DC - Foley emptied 920 occlusive - will continue to monitor for next 6 hours for urine output |
| 17 Apr 03 | Drsg to ② foot reinforced; will continue to monitor for bleeding (b)(6)-2 SPC LRV |
| 17 Apr 03 1510 | BP: 110/61, HR: 105, P.Ox: 98, T: 99.7; incentive spirometry encouraged. (b)(6)-2 LRV JRC |
| 17 Apr 03 | Concur c above. (b)(6)-2 CPT, LRV |
| 17 Apr 03 | Total shift urine output 1450 cc (b)(6)-2 SPC, LRV |
| 17 Apr 03 | 1830 : HR 115, BP 120/57, RR 21 c sds 97% RA, T=100.5. Neuro intact, able to follow simple commands. Resp: RR WNL, even unlabored respirations, lungs CTA bilat. CV: Pt tachycardic in 1-teens, BP stable, palpable pulses. GI/GU : ①BS x4, voids using urinal, clear yellow urine. Drsg to abdomen c marked serosang. drainage, drsg to ① thigh CDI. Drsg to LUE CDI. Drsg to ② foot c serosang. drainage. PIV to ③ F.A c LR @ 100cc/hr. (b)(6)-2 CPT, LRV |
| 17 Apr 03 | 2045 : 250cc uop via urinal. (b)(6)-2 CPT, LRV |
| 17 Apr 03 | 2145 : 300cc uop via urinal (Continue on reverse side) (b)(6)-2 SPC, LRV |

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 609 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR 141
CFR USAPPC V1.00

PROGRESS NOTES

16 APR 03 1945 : HR 99, 113/65, RR 20, 97% RA. (b)(6)-2
 16 APR 03 2030 : 1100 cc urine from foley. (b)(6)-2
 16 APR 03 2100 : CBC drawn & taken to lab (b)(6)-2
 16 APR 03 2152 : Pt admitted from EMU at 1945. VSS. A+Ox3, & c/o pain. Follows simple commands. MAE weakly. Resp. : Even & unlabored, CTA bilat, Sats > 95% on RA, CN : S, S2 palp pulses in all extremities. GI : hyperactive BS in all quadrants. GU : foley to gravity draining clear yellow urine, Dsg to (L) FA cath, dsg to (L) foot & sero sanguinous drainage. Abdominal dsg CDI. (R) thigh dsg & sero-sanguinous drainage. Dr (b)(6)-2 & Dr (b)(6)-2 performed dsg Δ's upon pts arrival. PIV to (L) FA. LR infusing at 100 cc/hr. (b)(6)-2 CPTAN
 16 APR 03 2200 : 300 cc UOP (b)(6)-2 CPTAN

| Intake | | | | Output | |
|-----------------------|--------------------|------|-------|---------------------|---------|
| 2000 hrs | 100cc | 0000 | 100cc | 2000 : | 1100 cc |
| 2100 | 100cc | 0100 | 100cc | 2200 : | 300 cc |
| 2200 | 100cc 100cc abx | 0200 | 100cc | 0230 : | 400 cc |
| 2300 | 100cc | 0300 | 100cc | 0430 : TOTAL | 1800 |
| | | 0400 | 100cc | | |
| total intake → 1000cc | | | | total output → 1800 | |

17 APR 03 0015 : 96, 114/63, RR 24, T-99.3. (b)(6)-2 CPTAN
 17 APR 03 0430 : 91, 116/58, RR 18, T-99.2 (b)(6)-2 CPTAN
 17 APR 03 0450 : Dsgs to (R) thigh & (L) foot saturated & sero sanguinous drainage. Old dsgs removed & clean 4x4 dsgs applied & wrapped & Kerlix gauze. Pt tolerated & minimal discomfort. (b)(6)-2 CPTAN

17 APR 03 BP: 119/65 HR: 92 T: 98.6 PO2: 99% U/nar: neurologically intact

(b)(6)-4

STANDARD FORM 509 (REV. 7-81) BACK USAPPC V1.00

MEDICAL RECORD

PROGRESS NOTES

DATE
18 Apr 03
0915

BP: 112/62 HR: 96 T: 99.2° Pox: 96% Neuro: A&Ox3 complains of pain in abd & foot given Yang MSO₄ will monitor for effectiveness & side effects including numbness in affected areas. Cardio: S, S₂, strong pulses x3, unable to assess myocard. Foot: Cap Ref 52sec Resp: Lungs CTA; equal & bilateral expansion, GI/GU - pt voiding QS clear, yellow urine via urethral, by percutaneous bowel sounds No BM this AM. pt denied breakfast; will offer food later; Integ: pink, dry, warm to touch all drugs CDI; pt sleeping peacefully, will continue to monitor throughout shift

(b)(6)-2

SPC/AMW

18 Apr 03
1400

Discharge Summary

Young Iraqi male admitted for multiple GSW (abd, Lt elbow, Lt foot, Rt thigh). S/P negative ex-lap. Post-op fever w/ no obvious source. Now afebrile. Abx course stopped - NO source. Being transferred w/ his father.

- Pain control
- drug, d's.

(b)(6)-2

(b)(6)-2

(b)(6)-2

18 Apr 03
1415

Pt D/C to ASMC.

SPC/AMW

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 609 (REV. 7-91)
Prescribed by GSA/CMR, FIRM (41)
CFR USAPPC V1.00

MEDCOM - 7997

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) |
|--|--|
| 16 APR 73 | S-16 4/0 0 → pos + op exsperatory laparotomy |
| T 102 (R) | Ⓣ thigh wound GSW (humerous x 2) LSW @ foot, |
| P 106 | GSW to ABD Pt presents with IV bolus N.S. (non functional |
| R 18 | after TX to FLA. Pt has a patent airway states no |
| BP 115/70 | difficulty breathing or pain at this time. Pt arrived |
| SP02 100 | with intact medical records. |
| | D. Ⓣ difficulty breathing, febrile 102, rectal |
| 1742 SP02 99 | Jumps CTA Bilateral all dressings have been reinforced |
| P 103 | Pt alert and oriented, urinary cathode |
| R 20 | CV - RRR & m/6/n |
| T 102 | ABO - lg dressing covering exp lcp x 2 & active bleedg |
| V Knit men Anus 42 (19) delus x 1 | Ⓣ elbow GSW superficial thruh + thruh |
| | Ⓛ ft - GSW entry wound abg (Ⓣ) ? fx per previous chart |
| | Ⓡ distal femur GSW entry medial exit lateral = mltipl exit wounds |
| | A: multiple GSW to abd Ⓛ elbow Ⓛ ft Ⓡ femur |
| | P: Ⓛ txpt to CSH for ICU end. |

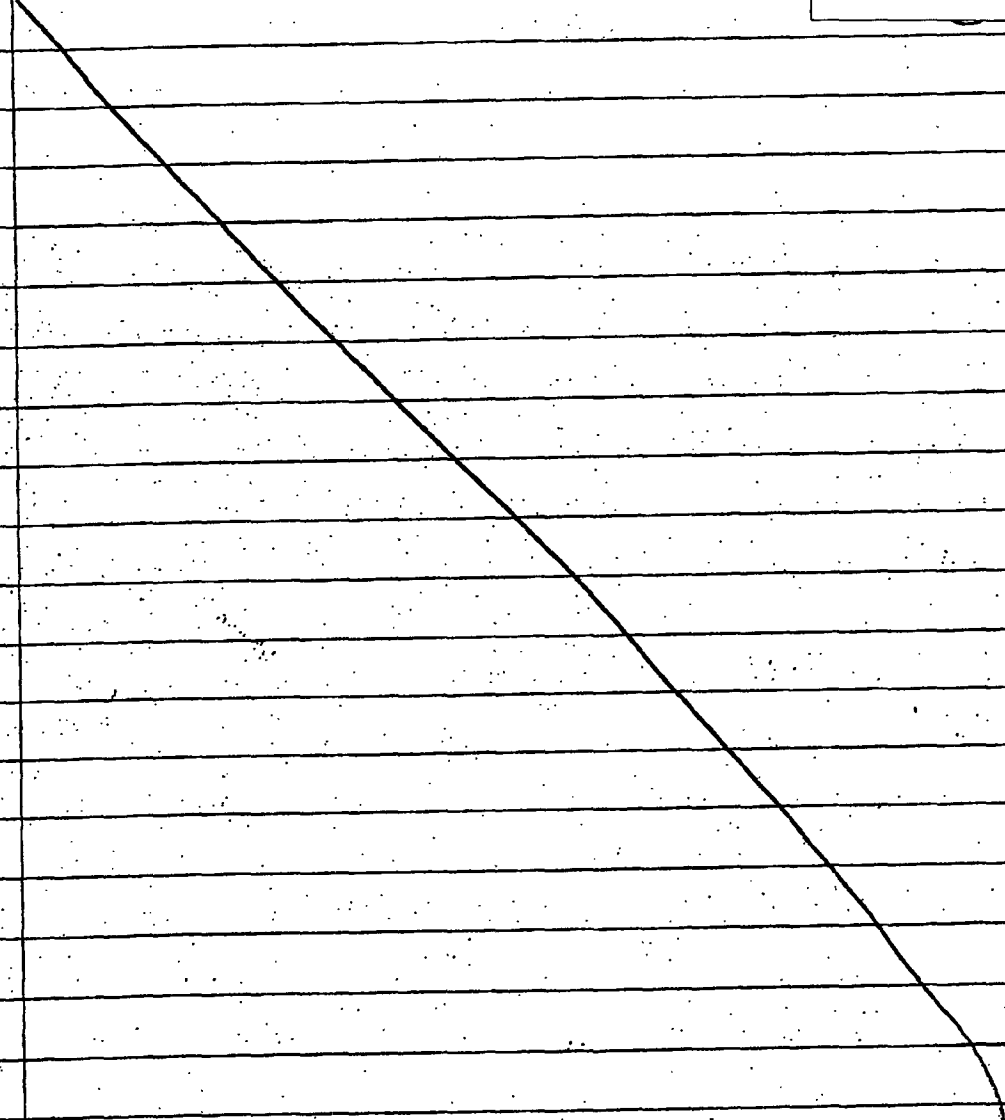
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

| | | |
|--|------------------------|---------------|
| RECORDS MAINTAINED AT: | | |
| PATIENT'S NAME (Last, First, Middle Initial) | | SEX |
| RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE |
| SPONSOR'S NAME | | ORGANIZATION |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH |

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMP
FIRM (41 CFR) 201-45.505

MEDCOM - 7998

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) | |
|---|------|------|---|--|
| DATE | HOUR | | OBSERVATIONS Include medication and treatment when indicated | |
| | A.M. | P.M. | | |
| 17 Apr 03 | | 2247 | Nsg: 300 cc out via urinal. | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">(b)(6)-2</div> |
| 18 Apr 03 | | 0430 | Nsg: Total intake 1300 cc Total output 850 cc. | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">(b)(6)-2</div> |
| 18 Apr 03 | | 0435 | 475 cc UOP via urinal | <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">(b)(6)-2</div> |
|  | | | | |

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-3

(b)(6)-4

MEDCOM - 7999

| | | | | | | | |
|--|------------------|---|--------------------------------|-------|----------|------------------------------|-----------------------------|
| MEDICAL RECORD | | EMERGENCY CARE AND TREATMENT (Patient) | | | | LOG NUMBER | TREATMENT FACILITY |
| PATIENT'S HOME ADDRESS OR DUTY STATION | | | | | | RECORDS MAINTAINED AT | |
| STREET ADDRESS | | | | | | DATE (Day, Month, Year) | TIME |
| CITY | | | | STATE | ZIP CODE | TRANSPORTATION TO FACILITY | |
| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | THIRD PARTY INSURANCE | |
| | AREA CODE | NUMBER | PRP | ITEM | YES | NO | N/A |
| AGE | HOME PHONE | | FLYING STATUS | | | ADDITIONAL INSURANCE | |
| | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | DD 2568 IN CHART | |
| CURRENT MEDICATIONS | | | INJURY OR OCCUPATIONAL ILLNESS | | | EMERGENCY ROOM VISIT | |
| | | | ITEM | YES | NO | WHEN (Date) | DATE LAST VISIT |
| | | | IS THIS AN INJURY? | | | WHERE | 24 HOUR RETURN |
| ALLERGIES | | | INJURY/SAFETY FORMS | | | TETANUS | |
| | | | HOW | | | DATE LAST SHOT | COMPLETED INITIAL SERIES |
| | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

CHIEF COMPLAINT

| | | | | | | | |
|--|------------|-------------|--------|--|--|--|--|
| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
| <input type="checkbox"/> EMERGENT | TIME | TIME | | | | | |
| <input type="checkbox"/> URGENT | 1900 | BP | 128/76 | | | | |
| <input checked="" type="checkbox"/> NON-URGENT | blwr | PULSE | 104 | | | | |
| | INITIALS | RESP | 23 RDL | | | | |
| | [REDACTED] | TEMP | 98° | | | | |
| | | WT | | | | | |

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

| | | | | | | |
|-----------------------------------|--------|----|----------------------------------|------|--------------------|------------------------------|
| ORDERS | | | | | | <input type="checkbox"/> ECG |
| <input type="checkbox"/> PULSE OX | | | <input type="checkbox"/> MONITOR | | | |
| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE | |
| | | | | | | |

| | | | |
|--|--|--|----|
| DISPOSITION | DISPOSITION QUARTERS /OFF DUTY | PATIENT/DISCHARGE INSTRUCTIONS | |
| <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY | <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS. | I have received and understand these instructions. | |
| MODIFIED DUTY UNTIL | RETURN TO DUTY | | |
| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED | TO |
| <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED | TIME OF RELEASE | WHEN | |
| <input type="checkbox"/> DETERIORATED | | PATIENT'S SIGNATURE | |

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

(b)(6)-4

EMERGENCY CARE AND TREATMENT (Patient)
 Medical Record
 STANDARD FORM 558 (REV. 9-86)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.203(b)(10)
 USAFA V1.00

MEDICAL RECORD

INTRAOPERATIVE

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 (b)(2)-2 Staff 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CP (b)(6)-2

3. DATE 16 Apr 03 TIME PATIENT ARRIVED IN SUITE _____ 4. PATIENT IN ROOM TIME 0725 NUMBER _____

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Civilian Inagi

6. NURSING PERSONNEL

| | | | |
|---------------------|---------------------|-------------------|--|
| ASSIGNED SCRUB | <u>SPL</u> (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>CPT</u> (b)(6)-2 | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: on canvas litter

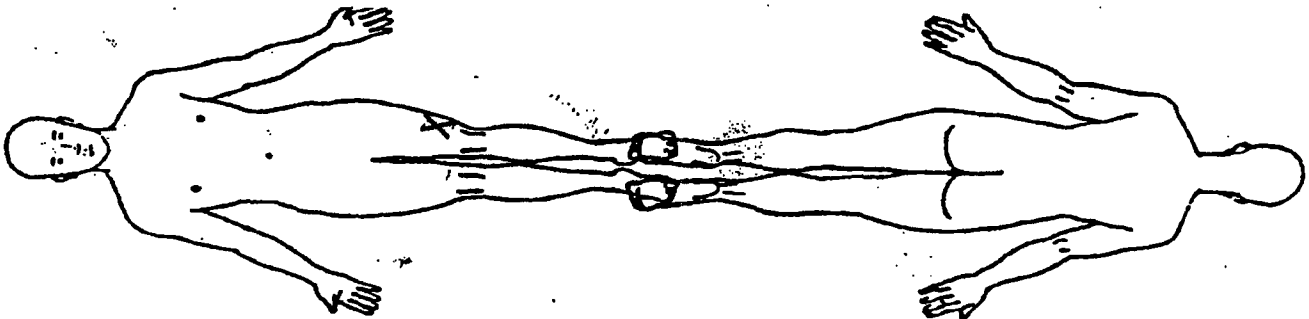
8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Beta/Beta
 SITE: Abdomen BY WHOM: Mag (b)(6)-2

COMMENTS: 2 nicks or cuts by CPT (b)(6)-2

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 |
|--------------|---|--|---------|---------------------|---------------------|------------|------------|
| | Yes | No | | | | | |
| Sponge | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | C | C | (b)(6)-2 | (b)(6)-2 |
| Needle Sharp | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | C | C | | |
| Instrument | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | <u>SPL</u> | <u>CPT</u> |
| Other | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | |

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

LOG# (b)(6)-4
 SSAN#
 NAME:

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
 ESU NO: Force 2 30/30
 GROUND PAD: BRAND Conmed
 LOT NO: 0211272
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____
 BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS Y NO IF YES NAME: ID NUMBER; MANU

| 14. MEDICATIONS/ORDERS | | | | | | |
|--|--------|------|--------|-------------|------------------------------|--|
| IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) | | | | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

WOUND IRRIGATION YES NO, TYPE(S):
 0.9% NaCl

OTHER ORDERS TIME CARRIED OUT BY
 16 FR Foley draining clear yellow urine via gravity Intraop Dr. (b)(6)-2

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

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

| 16. LABORATORY SPECIMENS | | |
|--|------|------|
| SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO
 TYPE/SIZE 1. 16 Fr Foley 2. Kerlix pack 3.
 SITE 1. K. Bladder 2. Rt. thigh 3.
 18. DRESSING/IMMOBILIZATION (Specify)
 4x4) Abdomen Kerlix, Ace
 Tape) Lt. foot
 ABD 4x4 + Kerlix
 Ace Lt. Elbow
 Kerlix, ABD - Rt. thigh

19. ADDITIONAL INFORMATION
 Surgeon: Dr. (b)(6)-2
 Dr. (b)(6)-2

APLOB 0750 - GCSA by 1st Platoon, ASI record, traumatic, LOG # (b)(6)-4
 SS thought the man, EOL - 200, LR 2500, VO - 7516
 SSAN#
 NAME: 150, 8-95. Kefauver, Volina, S...
 clafora 1gm, penicillin, 400k

20. OPERATION(S) PERFORMED
 Ex-lap. closed 2 small incisions, Rt. thigh wound
 I+D, Lt. foot wound I+D I+D Lt. elbow

21. PATIENT TRANSFERRED TO TIME METHOD
 (b)(2)-2 0917 Litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2

Doctor's Orders—Post-OP

(b)(2)-2 OP 4256

| Nurse Complete | Dr.'s Select | DATE: <u>16 April 03</u> TIME: <u>0907</u> |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Admit to: <input type="checkbox"/> OR <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICW <input type="checkbox"/> Patient Holding |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Diagnosis: <u>IP EXP. LAP.</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Condition: <input type="checkbox"/> Critical <input type="checkbox"/> Guarded <input checked="" type="checkbox"/> Stable <input type="checkbox"/> VSI <input type="checkbox"/> SI |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Allergies: <u>See SF 558</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Vitals: <input checked="" type="checkbox"/> Unit SOP <input type="checkbox"/> Notify Dr. for SBP <u>> 90</u> or <u>< 70</u> , DBP <u>40</u> or <u>50</u> , HR <u>65</u> or <u>50</u> , RR <u>35</u> or <u>> 20</u> , or Temp <u>70.9</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Activities: <input checked="" type="checkbox"/> Bed Rest, <input type="checkbox"/> BRP, <input type="checkbox"/> OOB ASAP w/ assist, <input type="checkbox"/> Sit up and dangle when stable <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 7. NRSG: |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | a. Propaq monitor w/ Pulse-ox |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | b. O ₂ to maintain SAT's above 94% |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | c. Maintain Vent settings at MODE= _____ Vt= _____ RR= _____ PEEP= _____ FIO ₂ = _____ |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | d. <input checked="" type="checkbox"/> Reinforce <input checked="" type="checkbox"/> Change dressing for bleed-through X1 then notify Dr. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | e. I's & O's |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | c. Suction NT ETT PRN |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | d. CT to <input type="checkbox"/> H ₂ O seal or <input type="checkbox"/> Suction at |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Clear fluids as tolerated <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. IV: <input type="checkbox"/> NS or <input type="checkbox"/> LR TRA <u>5</u> cc/hr <input type="checkbox"/> DEXTRAN or <input type="checkbox"/> Hespian X 500 cc bolus titrated then _____ cc/hr <input type="checkbox"/> Albumin 100cc X _____ TRA _____ cc/hr <input type="checkbox"/> When tolerating PO fluids, complete current fluid then SL. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. BLOOD: <input type="checkbox"/> T&S or <input type="checkbox"/> T&C _____ units <input type="checkbox"/> Transfuse _____ units <input type="checkbox"/> PRBCs or <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Medications: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Tobramycin 300mg IV Q12hrs X _____ e <input type="checkbox"/> Ceftriaxone 750 mg IV |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Clindamycin 600mg IV _____ f <input type="checkbox"/> PEN G 2 million Units IV |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Cefazolin 1 gram IV <u>PO (1st dose OBD local) extra-op</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Phenergan 12-25mg Titrated <input type="checkbox"/> IV <input type="checkbox"/> IM Q4hrs PRN nausea/vomiting |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | g. Droperidol 1mg <input type="checkbox"/> IV <input type="checkbox"/> IM X 1 PRN Nausea/Vomiting |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | h. MSO ₄ 1-3mg Titrated <input type="checkbox"/> IV <input type="checkbox"/> IM Q10min PRN Pain |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | i. Robinul 0.1mg IV X 1 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | j. Zantac 50 mg <input type="checkbox"/> IV or <input type="checkbox"/> IM or <input type="checkbox"/> 6.25mg/hr infusion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | k. Tetanus Immune Globulin |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | l. Toradol <input type="checkbox"/> IV 30mg or <input type="checkbox"/> IM 60 mg <u>done @ 10:30 (11) 2/7</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Maintain sedation/paralysis w/ Rocuronium and MSO ₄ PER SOP |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. LABS: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. iSTAT <input type="checkbox"/> Glucose <input type="checkbox"/> ABG <input type="checkbox"/> BMP <input type="checkbox"/> CMP |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Additional: <u>Foley to priority</u> |
| | | (b)(6)-2 |
| | | Signature: _____ |

LOG#

PT NAME:

PT SSN#

10JAN03

(b)(6)-4

MEDCOM - 8003

| INTAKE | | | OUTPUT | | |
|--------|-------------|--------|--------|-------------|-------|
| TIME | TYPE | AMT | TIME | TYPE | AMT |
| OR | Crystalloid | 2900 | OR | EBL | 200 |
| PACU | NS Bolus | 1000 | OR | Urine (Fog) | 75 |
| | LRC 1251/0 | 300 | PACU | Urine (Fog) | 175 |
| | | | | | |
| | | | | | |
| TOTAL | | + 3800 | TOTAL | | - 450 |

PACU NURSING NOTES: NURSING CARE PROBLEM No.'s IDENTIFIED. Rate is FH MDA OP 39.

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

10 am (u) Pt appears well post-operatively; hemodynamically stable + tolerating extubation (immed post op) with 5 s/s of dyspnea or tachypnea. SpO₂ 100% on RA. CM depicts Sinus bradycardia & Ax ↑ to 98°. Lung CTA (B) all does reinforced due to more large amounts of saturation & dilute sanguineous drainage (dr beverage aware). Pt neuro-vascularly WNL/intact x (B)UE + (B)LE. (D)LE ↑ Pt resting quietly NAD evident, but available to voice + O₂ 2-3; Pt transferred C bedside. Plan: pt to recover here + then transferred to the nearby ASMC for further care. (b)(6)-2

11:00 (u) Pt rec'd 2 NS bolus (over 20 min) for hypotension + 1 UOP per debriefing post-operative 10:35 (u). Bolus effective. Pt remains stable + resting comfortably Awake + O₂ 3 & has no other C bedside to transfer. Pt awaiting evac to ASMC (b)(6)-2

| MEDICATION GIVEN BY: | DOSE | ROUTE | (Clock) | EFFECTIVENESS |
|----------------------|-----------|-------|----------|---------------|
| CRNA (b)(6)-2 | Clonidine | IV | 20300 | - |
| CRNA | MSO4 | IV | intra-op | (+) |
| CRNA (b)(6)-2 | Tetanus | IV | 1030 | (+) |
| CRNA | Tetanus | IM | 1030 | - |

DISPOSITION SUMMARY: Nursing Care Problems No.'s Resolved, No.'s Continue.

Patient was transferred from PACU/ICU recovery room via stretcher/crib with siderails raised, or held by parent in wheelchair.

Dressing status: reinforced + intact PAR Score 8 Safety Straps Intact

Report given to Transport Medic Patient released by Anesthesia (b)(6)-2

Time out Nurses Signature: (b)(6)-4 PT-SSANA:

LOG# (b)(6)-4 MEDCOM - 8004

CBC

| (b)(6)-4 | | | | LABORATORY RESULT FORM (Subject to Privacy Act of 1974) | | | | |
|-------------------------------|--------|--|-------------------------------------|---|--|---------------------|--------|---------------------------------------|
| LAST FIRST MI (b)(6)-4 | | | STATUS | DATE | SSN | | | |
| Chemistry (i-STAT) | | | Chemistry (Piccolo Analyzer) | | | Hematology | | |
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | ALT | | 10-47 U/L | WBC | 10.1 | 4.8-10.8 x 10 ³ |
| K | | 3.5-4.9 mmol/L | AST | | 11-38 U/L | RBC | 3.91 | 4.7-6.1 x 10 ⁹ |
| Cl | | 98-109 mmol/L | GGT | | 5-56 U/L | Hgb | 11.4 | 14-18 g/dl (M) 12-16 g/dl (F) |
| pH | | 7.31-7.45 | ALB | | 3.3-5.5 g/dl | Hct | 36.9 | 42-52% (M) 37-47% (F) |
| PCO ₂ | | 35-45 mmHg (art) 41-51 mmHg (ven) | ALP | | 26-84 U/L | MCV | 94.3 | 80-94 fl (M) 81-99 fl (F) |
| PO ₂ | | 80-105 mmHg (art) N/A (ven) | Amylase | | 14-97 U/L | Plt | 260 | 130-500 x 10 ³ verified |
| TCO ₂ | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | Ca | | 8-10.3 mg/dl | Lymph% | 15.1 | 20.5-51.1% |
| HCO ₃ | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | Chol | | <200 mg/dl | Retic | | 0.5-1.5% (adult) |
| sO ₂ | | 95-98% | Creat | | 0.6-1.2 mg/dl | PT | | 9.8-13.6 secs |
| BEecf | | (-2) - (+3) mmol/L | BUN | | 7-22 mg/dl | APTT | | 21-34 secs |
| AGap | | 10-20 mmol/L | GLU | | 73-118 mg/dl | D dimer | | <20 ug/ml |
| Ca | | 1.12-1.32 mmol/L | Tbili | | 0.21.6 mg/dl | FDP | | <10 ug/ml |
| BUN | | 8-26 mg/dl | TP | | 6.4-8.1 g/dl | Segs | | Mono |
| GLU | | 70-105 mg/dl | UA | | 2.2-6.6 mg/dl (F) 3.6-8.0 mg/dl (M) | Bands | | Eos |
| Creat | | 0.7-1.5 mg/dl | Na ⁺ | | 128-145 mmol/L | Lymph | | Baso |
| Hct | | 38-51% PCV | K ⁺ | | 3.3-4.7 mmol/L | Atyp | | Imm |
| Hgb | | 12-17 g/dl | Cl ⁻ | | 98-108 mmol/L | RBC Morph | | |
| Blood Bank | | | CO ₂ | | 18-33 mmol/L | Other | | |
| ABO/Rh | | IAT | CK | | 39-380 u/L | Spun Crit | | 42-52% (M) 37-47% (F) |
| Unit | Type | Crossmatch | Urinalysis | | | Man WBC | | 4.8-10.8 x 10 ³ |
| | | | TEST | RESULT | REF. RANGE | Manual Plt | | 130-500 x 10 ³ verified |
| | | | Gluc | | Negative | Microbiology | | |
| | | | Bili | | Negative | Source | | |
| | | | Ketone | | Negative | Gram Stain | | |
| Misc. Chemistry | | | SG | | N/A | Culture | | |
| CKMB | | | Blood | | Negative | KOH/WP | | |
| Troponin | | | pH | | N/A | O&P | | |
| DOA | | | Protein | | Negative | Occ Bld | | Malaria |
| Alcohol | | | Urob | | 0.2-1.0 | Other | | |
| Microscopic Urinalysis | | | Nitrite | | Negative | | | |
| | | | HCG | | Negative | | | |

SHADOW PIR

MEDCOM - 8005

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|----------|---------|-----------------------------------|---------------|---|
| (b)(6)-4 | | | 17 Apr 03 | 0800 HOURS | noted 17 Apr 03 0815 (b)(6)-2 |
| (b)(6)-4 | | | ① Advance diet as tolerated - | | |
| | | | ② D/C Foley. | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 17 Apr 03 | _____ HOURS | PharmD, MS MAJ, MS Chief, Clinical Pharmacy |
| | | | ① Δ Cefotaxim 1 gm to 2 gm BID PV | | |
| | | | (Consulted with Dr. Foster) | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | 18 Apr 03 | 1400 HOURS | Noted 18 Apr 03 (b)(6)-2 |
| | | | ① D/C IV. D/C Abx. D/C Foley. | | |
| | | | ② Transfer to ASMC. | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
| | | | | _____ HOURS | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 8006

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|--|----------|---------|---|--|---|
| <div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;">(b)(6)-4</div> | | | 16 APR 03 | 1930 HOURS | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | <ol style="list-style-type: none"> ① ADMIT TO ICW ② DX: SIP MULT. GSW E EX LAP ③ COND: STABLE ④ VS: BOUT Q4° ⑤ STRICT 110's | | |
| NURSING UNIT | ROOM NO. | BED NO. | <ol style="list-style-type: none"> ⑥ DIET: NTD ⑦ IV: LR @ 100 cc/hr | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | ↓ | ↓ HOURS | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | <ol style="list-style-type: none"> ⑧ ACTIVITY: OOB IN CHAIR IN A.M. ⑨ LABS: CBC NOW ⑩ MEDS: HEPARIN 5000 UNITS SQ BID CEFTAN 1gm IVB Q12° JMSO4 7.5-3.5mg IV Q1-2° PAN PAN | | |
| NURSING UNIT | ROOM NO. | BED NO. | <ol style="list-style-type: none"> ⑪ INCENTIVE SPIROMETRY Q1° WHILE AWAKE ⑫ FOLEY TO GRAVITY | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | ↓ | ↓ HOURS | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | <ol style="list-style-type: none"> ⑬ RADIOLOGY: LEFT FOOT AP/LAT ⑭ CALL M.D. FOR: T > 101⁵ HR > 110, UOP < 120 cc/hr | | |
| NURSING UNIT | ROOM NO. | BED NO. | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | 17 APR 03 | 0630 HOURS | |
| <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | | | <ol style="list-style-type: none"> ① OOB IN CHAIR Q SHIFT ② TO O.R. TOMORROW A.M. ④ FOOT WASHOUT | | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> |
| NURSING UNIT | ROOM NO. | BED NO. | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 8007

| CLINICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo. _____ Yr. _____ | | | | | | | | | |
|----------------------|--------------|--|------|----------|----------------|---------------------|--|--|--|--|--|--|--|--|--|
| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | |
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | | DATE COMPLETED | | | | | | | | | | |
| | | | 16 | 17 | 18 | | | | | | | | | | |
| 4/16 | (b)(6)-2 | Admit to ICW, cond stable | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 4/16 | | VS : Q4° | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 4/16 | | Strict I+Os | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 4/16 | | Diet : NPD | 07 | / | | | | | | | | | | | |
| | | | 11 | / | | | | | | | | | | | |
| | | | 16 | (b)(6)-2 | | | | | | | | | | | |
| 4/16 | | Act: OOB in chair in a.m. | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 4/16 | | CBC now | done | (b)(6)-2 | | | | | | | | | | | |
| | | | 2100 | | | | | | | | | | | | |
| 4/16 | | Incentive Spirometry Q1° while awake | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 4/16 | | Face to gravity | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 4/16 | | Call MD for T > 101° HR > 110, NBP < 120°/hr | 05 | (b)(6)-2 | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |

~~DIS. N/A P/O B~~

~~DIS. N/A P/O B~~

ALLERGIES YES NO PRIMARY DIAGNOSIS: **MULT. GSW \bar{c} Ex lap**

ADDITIONAL PAGES IN USE YES NO PAGE NO: _____

PATIENT IDENTIFICATION (b)(6)-4

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--------------|---|----|----------------|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | | | | | | | | |
| | | | | 17 | 18 | 19 | | | | | | | | | | | | | | | | | |
| 17 Apr | (b)(6)-2 | Advance diet as tolerated | 08 | | | | | | | | | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | | | | | | | |
| 17 Apr | (b)(6)-2 | OOB to change shift | 05 | | | | | | | | | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | | | | | | | | | |
| | | | 05 | | | | | | | | | | | | | | | | | | | | |

ALLERGIES YES NO PRIMARY DIAGNOSIS: **MULT. GSW E Ex lap.** ADDITIONAL PAGES IN USE. YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|----|----|----|----|----|----|----|----|
| O | 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 |

**THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)**

Mo 4 yr 09

| Verify by Initialing | | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|----------------------|-------------|--------------------------------------|-----------------|-----------------|-----------|----------|
| Order Date | Clerk Nurse | | | | | |
| 17Apr | (b)(6)-2 | D/C Foley | 17Apr03 | 0800 | | |
| 17Apr | | To OR tomorrow a.m. for foot washout | 18Apr | am | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

☆ U.S. GPO - 291/35257

MEDCOM - 8010

CLINICAL RECORD

PHARMACEUTIC 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.

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/NURSE | RECURRING ACTIONS: MEDS FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | |
|------------|-------------|--|----------|----------------|--------------------------|----|--|--|--|--|--|--|--|
| | | | | 16 | 17 | 18 | | | | | | | |
| 4/16 | (b)(6)-2 | LR @ 100cc/hr | 05 17 | (b)(6)-2 | | | | | | | | | |
| 4/16 | (b)(6)-2 | Heparin 5000u SQ BID | 10 22 | (b)(6)-2 | | | | | | | | | |
| 4/16 | (b)(6)-2 | Cefotan 1gm IVPB Q12° | 10 22 | (b)(6)-2 | Not 17 Apr 03 | | | | | | | | |
| 4/17 | (b)(6)-2 | Cefotan 2gm IVPB Q12° | 10 22 | (b)(6)-2 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

Mult. GSW e Ex lap.

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Verify by
Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr _____

| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|------------|-------------|-------------------------|-----------------|-----------------|-----------|----------|
| 4/16 | (b)(6)-2 | radiology: @foot AP/Lat | | Done | 2008 | (b)(6)-2 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/Expir Date | Clerk/Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION | | | | | | | | | | |
|------------------|-------------|--|--|---------------|---------------|---------------|---------------|--------------|--|--|--|--|--|
| | | | date time | date time | date time | date time | date time | date time | | | | | |
| 4/16 | (b)(6)-2 | MSD ₄ 3-5mg IV Q120 PRN pain | 4-16 23:18 | 4-17 00:20 | 4-17 15:05 | 4-17 23:05 | 4-18 04:15 | | | | | | |
| | | | date time | date time | date time | date time | date time | | | | | | |
| | | | init | init | init | init | init | | | | | | |
| | | | /e | E | E | E | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

☆ U.S. GPO -230/55267

MEDCOM - 8012

200 C107 C 03 14 MSW
2500 75

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

REPORT TITLE: **POST ANESTHESIA CARE UNIT FLOWSHEET** OTSG APPROVED (Date): **17 Jan 80**

PROCEDURE: Ex. High Gen
Delton Shirodel 3rd
 PHYSICIAN: Dr. [Redacted]
 ANESTHESIA BY: CPT [Redacted]
 Gen Spinal MAC Axillary Local Bier Epidural Other
 ALLERGIES: Unknown
 AIRWAYS: Time DC D 0910
 ETT: Nasal Oral Trach
 OXYGEN: Intra-op
 Mask Nasal Face Blow-By Prongs Tent SPO₂ %
 Liter/min. 5 100 %
 ASA: III History unknown
 Cardiac Rhythm Stachygeel
 IV#1 Patent Infiltrated
 Site LAC Rate 100 Gauge 18
 IV#2 Patent Infiltrated
 Site RFA Rate 135 Gauge 18

| Time | VITAL SIGNS | | | | | PAR SCORE | | | | | | OTHER | |
|--------|-------------|-----|----|-------------------|-------|-----------|------|------|-----|------|------|-----------------------|--|
| | B/P | P | R | O ₂ SA | Temp | Act | Resp | Circ | LOC | Skin | PARS | COMMENTS | Neuro-Vascular |
| PRE-OP | 1 | | | | | | | | | | | | Ext: L R Upper Lower Pulse DP (M) (N) |
| PRE-OP | 1 | | | | | | | | | | | | Blanche Warm Moves Y N |
| 0920 | 121/80 | 115 | 17 | 100% SL FM | 96° | 0 | 2 | 2 | 1 | 1 | 6 | OLE cost to touch | Blanche Warm Moves Y N |
| 0925 | 120/50 | 110 | 16 | 100% SL FM | | 0 | 2 | 2 | 1 | 1 | 6 | palpation pulse & LAP | Blanche Warm Moves Y N |
| 0930 | 113/60 | 109 | 16 | 100% SL FM | | 0 | 2 | 2 | 1 | 1 | 6 | refill SS etc. | Blanche Warm Moves Y N |
| 0935 | 127/63 | 111 | 20 | 100% SL FM | | 1 | 2 | 2 | 1 | 1 | 7 | | Blanche Warm Moves Y N |
| 0945 | 121/49 | 115 | 22 | 100% SL | | 1 | 2 | 2 | 1 | 1 | 7 | | Blanche Warm Moves Y N |
| 1000 | 108/58 | 110 | 20 | 100% EA | 98.5° | 1 | 2 | 2 | 1 | 2 | 8 | 1025 (+) | Blanche Warm Moves Y N |
| 1015 | 100/41 | 111 | 18 | 100% RA | | 1 | 2 | 2 | 1 | 2 | 8 | 1030 (-) | Blanche Warm Moves Y N |
| 1030 | 103/41 | 124 | 18 | 100% RA | | 1 | 2 | 1 | 1 | 2 | 7 | 1035 (-) | Blanche Warm Moves Y N |
| 0945 | 100/44 | 110 | 20 | 100% RA | | 1 | 2 | 2 | 1 | 2 | 8 | 1045 (-) | Blanche Warm Moves Y N |
| 1100 | 105/44 | 105 | 16 | 99% RA | | 1 | 2 | 2 | 1 | 2 | 8 | 1050 (-) | Blanche Warm Moves Y N |
| 1115 | 108/41 | 99 | 20 | 100% RA | | 1 | 2 | 2 | 1 | 2 | 8 | 1055 (-) | Blanche Warm Moves Y N |
| 1130 | 107/41 | 87 | 20 | 100% RA | | 1 | 2 | 2 | 1 | 2 | 8 | 1055 (-) | Blanche Warm Moves Y N |

POST ANESTHESIA RECOVERY SCORE "PARS"

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

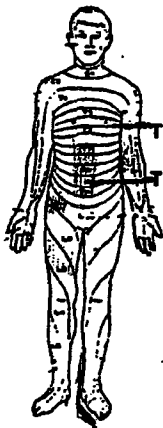
Activity - SAB or Subarachnoid Block
 2-Moves all four extremities with control
 1-Moves both upper extremities

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

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

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

Skin
 2-Normal skin color & temperature greater than 96°
 1-Skin is pale, blotchy, dusky &/or temperature 95 - 96°
 0-Cyanotic &/or temperature less than 95°



DRESSING: Status Location

Gauze
 Opsite all graded areas
 Bandaid represent gauze dsgs
 Steri-strips 2 side top that
 Colloidan required see [Redacted]
 Peri-pad 20th saturation
 Coban chute [Redacted] [Redacted]
 Cotton Balls [Redacted] [Redacted]
 Aloe Wrap applied [Redacted]
 to OLE [Redacted]

TUBES AND DRAINS: Hemovac Chest Jackson-Pratt

PREPARED BY: CPT [Redacted] DEPARTMENT/SERVICE/CLINIC: ICU DATE: 16 Apr 03

PAT mid: [Redacted] (Typed or written entries give: Name-last, first, initial facility)

LOG# [Redacted] SSAN# [Redacted] NAME: EAW

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

FORM DA 1 MAY 78 4700

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

MEDCOM - 8013

| 1. REPORTING MTF | | | | | | | | | | 2. MTF LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | |
|--|-----|-----|---|------------------------------|----|---|----------------------------------|--|---------|---|-----------|----------------------------------|--------------|-------|--------|-----|--|--|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (State or Country Code.) | | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | |
| (b)(2)-2 | | | | | | IJZ | | NAME (Last, First, Middle Initial) EPWID | | | | | 4. PAY GRADE | | 5. SEX | | | | | | |
| 3. REGISTER NUMBER | | | | | | (b)(6)-4 | | 16 | | 17 | | 18 | | EPW M | | | | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | ROASTIN | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | | | ETS | | 11. FMP | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| 32 | 33 | 34 | N/A | | 35 | 36 | (b)(6)-4 | | | | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | | | |
| N/A | | | | | | 46 | | 1906 | | | | | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | 18. ZIP CODE OF RESIDENCE | | | | | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | | | | | | | |
| NO | | | K99 | | | | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | PREV. ADMISSION | | | | | | | | | | | |
| 62 | 63 | 64 | | | | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | | | | | | | | |
| IJZ | | | | | | | 1 | | | <input checked="" type="checkbox"/> NO | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | |
| 72 | | | ICW1 | | | WIFE | | | | | | | | | | | | | | | |
| 6 | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | | | | |
| (b)(2)-2 | | | WPA | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYMMDD) | | | | | | | | | | | | | | |
| 73 | 74 | 75 | | | | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | | | | | |
| 26 | | | | | | | 030418 | | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYMMDD) | | | | | | | | | | | | | |
| 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | | | | | | |
| NBA | | | | | | | | 030416 | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYMMDD) | | | | | | | | | | | | | |
| 103 | 104 | 105 | | | | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | |
| Dx: multiple GSW | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Dx 99674 Trauma 99889 Inj 287 7806 86330 8920 8900 89101 </div> | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature as required) | | | | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | |
| (b)(6)-2 | | | | | | | | | | (b)(6)-2 | | | | | | | | | | | |
| M.C. MACP/MC | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 8014

INPATIENT TREATMENT RECORD COVER SHEET
For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | | | | |
|--|---------------------------|---|---------------------------------------|--|--------------------------------|---|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE EPW | | ADMISSION REMARKS |
| 4. SEX m | 5. AGE | 6. RACE X | 7. RELIGION unk | 8. LENGTH OF SVC N/A | 9. ETS NA | 10. PREVIOUS ADMISSION | |
| 11. FMP 99 | | 12. SSN (b)(6)-4 | | 13. ORGANIZATION NA | | 14. WARD ICW | |
| 15. FLYING STATUS NO | 16. RATING/DSG | 17. DEPT./BEN K-78 | 18. BRANCH/CORPS N/A | 19. UIC/ZIP N/A | 20. TYPE CASE AAAA | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | | 22. HOURS OF ADMISSION 1906 | 23. CLINIC SERVICE | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE unk | | | 25. TYPE DISPOSITION 21 | 26. DATE OF DISPOSITION 17 Apr 03 | | ADMITTING OFFICER | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) unk | | | 27b. TELEPHONE NO. unk | 28. DATE OF THIS ADMISSION 16 Apr 03 | | (b)(6)-2 DR | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(2)-2 | | | | 30. DATE OF INTIAL ADMISSION | | 32. UN CC | |
| <input type="checkbox"/> Check if Continued on Reverse | | | | | | | |
| 33. CAUSE OF INJURY | | | | | | | |
| 34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES | | | | | | | |
| DX GSW @ thigh Open fx @ arm R/O sepsis; ruled out. | | | | | | 812.50 813.17 890.0 998.89 E922.9 78.12 78.13 79.69 86.28 | |
| 35. Total Days This Facility | | | | | | | |
| a. ABSENT SICK DAYS 0 | b. OTHER DAYS 0 | c. CONV. LV/COOP CARE DAYS 0 | d. SUPPLEMENTAL CARE DAYS 0 | e. BED DAYS 1 | f. TOTAL SICK DAYS 1 | | |
| 36. Total Days All Facilities | | | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS | | |
| SIGNATURE OF ATTENDING MEDIC (b)(6)-2 hr | | SIGNATURE OF RAD OR MEDICAL RECORDS OFFICER (b)(6)-2 | | | | | |

MEDCOM - 8015

NAME: _____ (b)(6)-4
 (b)(6)-4
 (b)(6)-4
TRAUMA FLOW SHEET
 DATE: _____ TIME: _____
INITIAL ASSESSMENT

Last Meal: _____
 Event: Date: _____ Time: _____

Tetanus: _____

Airway: OK
 Breathing: OK
 Circulation: OK
 Disability: (* E/V/M = Glasgow Coma Scale) **CIRCLE**

| Eyes Open | Verb. Resp. | Motor Resp. |
|------------------------|-------------------------|--------------------|
| 4 - Spontan. | 5 - Oriented | 6 - Obey Commands. |
| 3 - To Speech | 4 - Confused | 5 - Localize Pain |
| 2 - To Pain | 3 - Inapprop. Words | 4 - Flex Withdraw |
| 1 - None | 2 - Incomp. Sounds | 3 - Flex Abnormal |
| 0 - Closed by Swelling | 1 - None (ETT or Trach) | 2 - Extension |
| | | 1 - No Response |

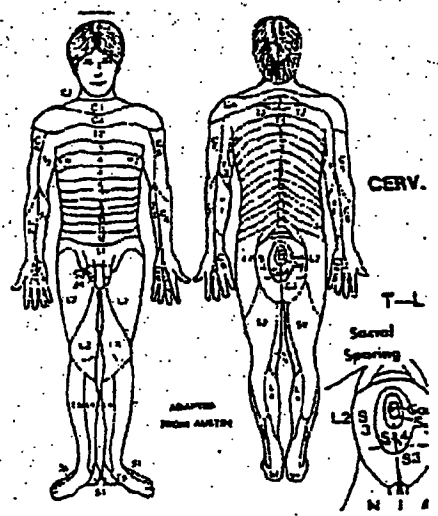
Physical Examination

| | | |
|---------|--|--|
| Head | <input checked="" type="checkbox"/> Normal | |
| Neck | <input checked="" type="checkbox"/> Normal | |
| EENT | <input checked="" type="checkbox"/> Normal | |
| Chest | <input checked="" type="checkbox"/> Normal | |
| Cardiac | <input checked="" type="checkbox"/> Normal | |
| Abdom. | <input checked="" type="checkbox"/> Normal | |
| Pelvis | <input checked="" type="checkbox"/> Normal | |
| Back | <input checked="" type="checkbox"/> Normal | |
| Genit. | <input checked="" type="checkbox"/> Normal | |
| Neuro. | <input checked="" type="checkbox"/> Normal | |
| Extrem. | <input type="checkbox"/> Normal | ② Syst. Fix humeral Fx apex ③ thigh GSW |

Vitals:

| | | | | | |
|--------|--------|-----|-----|-----|-----|
| Time | 1910 | | | | |
| Pulse | 109 | | | | |
| Resp | 16 | | | | |
| BP | 154/84 | / | / | / | / |
| Temp | 101 | | | | |
| Rhythm | | | | | |
| Pupils | L R | L R | L R | L R | L R |

Expose: (Skin Integrity)
 X = Abrasion □ = Burn F = Fracture OF = Open Fracture
 L = Laceration S = Stab G = Gun Shot Wound B = Bruise
 E = Erythema



Medications

| | | | | |
|---------|------------------|--|--|--|
| Time | | | | |
| Meds | Tetanus 0.5cc IM | | | |
| | Lot # | | | |
| Nurse | | | | |
| V.O Dr. | | | | |

Special Orders

| | | | | |
|---|-------------|---|--|---|
| <input type="checkbox"/> O2 | : _____ lpm | <input type="checkbox"/> NC | <input type="checkbox"/> Mask | <input type="checkbox"/> Pulse Ox. |
| <input type="checkbox"/> ETT | | _____ mm | Time: | |
| <input type="checkbox"/> EKG | | <input type="checkbox"/> Monitoring | | |
| <input checked="" type="checkbox"/> Foley | | <u>fr to gravity</u> | | |
| <input type="checkbox"/> NG Tube | | _____ fr | Gualac <input type="checkbox"/> + <input type="checkbox"/> - | |
| <input type="checkbox"/> Peri.Dial. | | <input type="checkbox"/> + <input type="checkbox"/> - | Time: | |
| <input type="checkbox"/> Chest Tube | | <input type="checkbox"/> Left _____ cm H2O | <input type="checkbox"/> Right _____ cm H2O | |
| <input type="checkbox"/> X-rays | | Labs: <input checked="" type="checkbox"/> CBC | <input type="checkbox"/> PT / PTT | <input type="checkbox"/> U |
| | | <input type="checkbox"/> HCG | <input type="checkbox"/> ESR | <input type="checkbox"/> ABG <input type="checkbox"/> T&C |
| | | <input type="checkbox"/> Chem 7 | <input type="checkbox"/> Chem 20 | <input type="checkbox"/> T8 |

History: (*AMPLE T*)
 Allergies: _____
 Meds: None
 Past: Noncontributory
 Hx: _____

(b)(6)-4

ADMISSION Time: _____

ATE: Admit to: ICU ICW 2 3 ..

Dx: Dist Fr humoral Fr

Allergies: Dist Fr GSW

Condition: Good Fair Poor

Vitals: Routine Q 4 h Temp

Activity: BR BRP Ad Lib

Diet: NPO Clear Liq. Regular

IV Fluids: LR @ 100 cc/h NS @ ___ cc/h @ ___ cc/h

Analgesia: MS 5mg q 4h PRN

Tylox

Tyl #3

Tylenol

Motrin 800

ASA

Antibiotics: Rocephin

PCN

Gentamycin

Cefadyl

Ap/cef Igm q 6h (next 2000)

NG Tube: Suction: None LIS

Foley: None Gravity

Chest Tube: None ___ cm H₂O Water Seal

O₂: None NC ___ lpm Mask ___ lpm

Ventilation: None TV: ___ FIO₂: ___

PEEP: ___

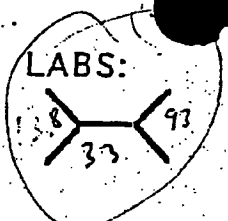
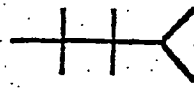
ORR: ___

Meds: _____

Pre-Op: Emergent SemiEmerg Routine

Signature: _____

* encourage Deep inhalation / chest PT

LABS:  

UA: _____

Other: _____

X-Rays: of

PLAN: 1 pulmonary toilet

Sepsis vs post op fever

Procedure/Progress Notes:

NURSE'S NOTES

| Date & Time | VITALS | | | | | Nurse's Notes | |
|-------------|--------|---|---|-----|-------|-----------------------------|--|
| | T | P | R | Wt. | Stool | Medications & Nurse's Notes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MEDICAL RECORD **PROGRESS NOTES**

| DATE | NOTES |
|-----------|--|
| 16 Apr 03 | BRIEF OP NOTE: |
| | PROCEDURE: external fixation + debridement of LUE multiple fx washout. RBE wound |
| | PRE-OP DIAGNOSIS: GSW to LUE |
| | POST-OP DIAGNOSIS: same |
| | SURGEON: (b)(6)-2 ASSISTANT: (b)(6)-2 |
| | EBL: 300 cc |
| | FLUIDS: 1600 cc crystalloid |
| | UOP: 2 |
| | TT: |
| | POST-OP PLAN: radial n. - intact but entrained external fixator + immobilization of LUE distal pins anchored to both bones of forearm. (severely cortical) extensive debridement of ventral + lateral surface of forearm pain control, ambulate T10. regular diet angl = 24° |
| | (b)(6)-2 |



| | | |
|--|--|--|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME LAST (b)(6)-2 FIRST MAP MI | SPONSOR'S ID NUMBER (SSN or Other) |
| DEPT./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. (b)(6)-2 WARD NO. |

LOG#:
SSAN#:
NAME:

(b)(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSARCMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------------------|--|
| 16 April 03 | B/P 149/79 P 108 SpO2 95% R 20 T 102°F |
| @ 1449 (Z+3) | patient is a 49 y/o ♂ s/p BSW to LUE & RLE occurred today & had surgery this AM for distal femur fracture & proximal radius fracture s/p |
| PHYSICIAN | I/D and Ext. & Fixation. He also has a through & through injury to right thigh |
| PHYSICIAN | s/p Thigh & Thigh BSW from thigh s/p washed & packed w/ red rubber gauze |
| Nurse | 2) NSA in no distress post op post op fever patient's pupil of primary in @ head/ax |
| Wound 1 cm x 6 x 1 | conversion w/ broken English |
| Lungs @ 18g from Foley to graft | HEENT: CVT - XII with a penicillin some pills ~ 4mm & sluggish |
| | w/ach supple |
| | abd: mod tenderness, LMR & MUG |
| | BS = (C) good air mark |
| | abd soft NT/NO NABS & perhals signs |
| | Ext Ext & Fixation in @ femur grafting then & distal ulna/radius good sensation in all digits of |
| | feet non. |
| | ② upper limb thigh 3 holes of packing in distal radius/ulna |
| | (1/P) 1) Distal hum & proximal radius non s/p ext. fixation |
| | 2) Thigh & thigh BSW to (C) upper limb thigh |
| | will need IV ABX (Kancet) @ 1450 Tg 96° x 48°, will need occupational therapy & extend some |

16 April 03
1450
Advance Discharge Regular
1 gm Ancef, 1 v.
CPTA

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

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

(b)(6)-4

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

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT | TREATING ORGANIZATION (Sign each entry) |
|----------------|---|---|
| 16 Apr 03 | 49 y/o injury to (L) arm Ex fix applied to left arm through & through | |
| 715 BP 141/75 | gun shot wound to the (R) Leg | |
| P 134 | | |
| PO 98 | | |
| R | | |
| Temp 100 | Started two ^{one} to have IV ³ bolus 5mg of morphine ^{IV} @ 1745 | |
| 1945 P 110 | glucose 110 HCT 33 @ 1750 | |
| R 20 | | |
| 1900 BP 152/79 | @ 1800 started ^{gave} another bag of LR 1000 ml | |
| P 83 | | |
| Temp 101.6 | chest ap & lat X ray = normal ^{noted} see attach a: 03 910, Heart BRR 5 m BGT (~135) lung (R) CTX gel: atelectatic (+) BS soft suppl, & TIP, swollen rectal: & gross blood HEENT: In lips, pale conjunctiva (R) thigh thru: thru : (out -> lit & m's infection (L) elbow: ext fixation, & m's infection | |

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

| | | | |
|---|------------------------|---------------|--|
| RECORDS MAINTAINED AT: | | | |
| PATIENT'S NAME (Last, First, Middle Initial, I) | | SEX | |
| (b)(6)-4 | | ♂ | |
| RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE | |
| SPONSOR'S NAME | ORGANIZATION | | |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH | |
| (b)(6)-4 | | 1954 | |

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMF
FPMR (41 CFR) 201-45.505

MEDCOM - 8020

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

G5W/A: through 1 through (R) thigh
 - open fx (L) elbow / ext fixation
 - fever / tachycardia: P10 sepsis
 Post - op fever
 - dehydration

P: Pch Col [redacted] : Level III pt:

Presented
 pt to
 Dr [redacted]

transfer to CASH

[redacted]

cp t / ft - e

(Cath) who evaluated pt
 and agreed E plan

bh
 hsb
 EDC
 SI b

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

16 Apr 03 H&P
49 yo 8" Iraqi; s/p GSW to LUE & RLE today.
Ext Fix surgery. ① Distal humerus & prox radius fx s/p
I & O & ext. Fix. ② through & through thigh ③ GSW, s/p
NKDA Irrigation & drsg.

④ Purly — From (b)(2)-2 2° to Level III post op care & Fever
④ Meds w/u. 102 today despite Anief IV (lat @ 1450)
Hct 33 Hemo 110 today, no wbc.

④ ABO & distress. broken english.
D = R R R ABO = Soft NT AD
Lgt = LTA ③ Ext = ② Ext Fix, good distal
④ thigh/drsg i blood at hemio
13. ~~33~~ 33 minimal bleedg.
distal Fat pulse present.

- ④ 1. Ext Fix ② UE Fx; stable good distal fixation.
requires post op rehab
2. ③ GSW thigh; stable needs wound care
3. Post-op Fever No Sepsis; X ①; needs pain control
& ↑ pul toilet. ICU (b)(6)-2

RELATIONSHIP TO SPONSOR SPONSOR'S 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.

(b)(6)-4

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

(b)(6)-4

PROGRESS NOTES

| DATE | | |
|----------------|---|--|
| 17 APR 03 | 0830: TEMP 100.8 PT RESTING COMFORTABLE. INTAKE 10 FLUID - 100cc OUTPUT - 300cc USED INCENTIVE SPIROMETER (b)(6)-2 SGT, LPA | |
| 17 APR 03 | 0240: 1150 cc UOP. (b)(6)-2 CPTA | |
| 17 APR 03 | 0411: ANKLE GIVEN 1 gm IV. PT RESTING COMFORTABLE. WILL CONTINUE TO MONITOR THROUGHOUT. OUTPUT 400cc INTAKE 100cc (b)(6)-2 SGT, LPA | |
| 17 APR 03 | 0440: VS P 95 B/P 130/82 T: 101.4 R 21 P O2 98% (A) PT COMPLAINS OF WRIST RESTRAINTS OPEN. NO COMPLAINS OF PAIN. WILL CONTINUE TO MONITOR THROUGHOUT. INTAKE 100cc (b)(6)-2 SGT, LPA TOTAL INTAKE 750cc OUTPUT 300cc | |
| 17 APR 03 | BP: 158/89 HR: 103 P O2: 98% T: 100.5 Neuro: AOK, speaks english well, responds to verbal commands, bilateral PERLA Cardio: S1, S2 +3 bounding pulses x 3 extremities, unable to assess due to bandages. Resp: Equal, bilateral chest wall expansion; equal & bilateral normal lung sounds - clear G/T/GU - voiding of clear, yellow urine with active bowel sounds intact - pink, moist, warm to touch, hypock in (A) F.A. (b)(6)-2 CA | |
| 17 APR 03 1545 | incentive spirometry encouraged, 3 balls raised x 10 (b)(6)-2 SPT, LPA | |
| 17 APR 03 1645 | incentive spirometry encouraged, 3 balls raised x 10 (b)(6)-2 SPT, LPA | |
| 17 APR 03 | Conscious with above. (b)(6)-2 SPT, LPA | |
| 17 APR 03 | 1845: HR 121, BP 128/72, RR 24 - sats 97% on RA, Temp 102° | |
| 17 APR 03 | 1930: Dr (b)(6)-2 notified of elevated temp = HQ. PT medicated w/ MSO4 for pain + given Tylenol for temp. will continue to monitor closely. (b)(6)-2 CPTA | |
| 17 APR 03 | 2245: 400cc UOP from Foley. T = 100.4. Neuro intact. RR WNL, CRTAB, sats >95%. CV: tachy, A/D aware. (+) pulses. PIV to (+) MC. G/T/GU: (+) BS, fol. veg diet, foley to gravity draining clear yellow urine. Dsg to LUE CPT. (b)(6)-2 CPTA | |

RM 509 (REV. 7-91) BACK USAPCC V1.00

MEDICAL RECORD

PROGRESS NOTES

DATE 18 Apr 03 BP: 116/72 HR: 109 T: 99.6° Pox 97% Neuro: A 40x3 denies any pain; C6 a little tingling & numbness in thumb & 1st digit of affected arm
 Cardio: S₁S₂ strong pulses x3, unable to assess affected arm. Cap Ref \leq 2 sec
 Resp: lungs: CTA, equal & bilat expansion GI/GU - pt voiding q.s, clear yellow urine via Foley; active Bowel sounds; pt ate 100% of breakfast, no BM this Am. Integ. pink, warm, dry to touch, all drsgs C.D.I. pt resting comfortably
 will continue to watch throughout shift. _____ (b)(6)-2 SPC/WWMLG

120 18 Apr 03 BP: 131/77 HR: 107 T: 100.0 Pox: 97%

19 Apr 03 Discharge Summary (humerus)
 Unknown age Iraqi male admitted w/ Lt arm fx w/ external fixation and GSW Rt thigh. Transferred for post-op fever. He has remained w/ low grade temps - most < 101⁵. We have not isolated a source. It is not sepsis - his clinical condition has been stable. It may be pulmonary-atelectasis.
 - Keflex, 500 po bid (rec by Ortho for wound prophylaxis until screws come out.)
 - Dmg is.
 - Ambulate.

18 Apr 03 P.T.O/C to ASMC _____ (b)(6)-2 _____

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 608 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR (41 CFR)
USAPPC V1.00

| | | | | | | | |
|--|--|--|--------------------------------|--|--------------------|---|--|
| MEDICAL RECORD | | EMERGENCY CARE AND TREATMENT (Patient) | | | | LOG NUMBER | TREATMENT FACILITY |
| | | | | | | RECORDS MAINTAINED AT | |
| PATIENT'S HOME ADDRESS OR DUTY STATION | | | | | | ARRIVAL | |
| STREET ADDRESS | | | | | | DATE (Day, Month, Year) | TIME |
| | | | | | | 16 Apr 03 | 1905 |
| CITY | | | | STATE | ZIP CODE | TRANSPORTATION TO FACILITY | |
| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | THIRD PARTY INSURANCE | |
| M | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM |
| | | | PRP | | | | ADDITIONAL INSURANCE |
| AGE | HOME PHONE | | FLYING STATUS | | | DD 2568 IN CHART | |
| | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | NAME OF INSURANCE COMPANY | |
| CURRENT MEDICATIONS | | | INJURY OR OCCUPATIONAL ILLNESS | | | EMERGENCY ROOM VISIT | |
| | | | ITEM | YES | NO | WHEN (Date) | DATE LAST VISIT |
| | | | IS THIS AN INJURY? | | WHERE | 24 HOUR RETURN | |
| | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| ALLERGIES | | | INJURY/SAFETY FORMS | | HOW | TETANUS | |
| NKDA | | | | | | DATE LAST SHOT | COMPLETED INTITIAL SERIES |
| | | | | | | ? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHIEF COMPLAINT | | | | | | | |
| ① arm broken, GSW to R thigh | | | | | | | |
| CATEGORY OF TREATMENT | | | | VITAL SIGNS | | | |
| <input type="checkbox"/> EMERGENT | | TIME | TIME | | | | |
| <input checked="" type="checkbox"/> URGENT | | 1905 | 1910 | | | | |
| <input type="checkbox"/> NON-URGENT | | INITIALS | BP | | | | |
| | | CH | 154 / 84 | | | | |
| | | | PULSE | | | | |
| | | | 109 | | | | |
| | | | RESP | | | | |
| | | | 16 | | | | |
| | | | TEMP | | | | |
| | | | 101 | | | | |
| | | | WF | | | | |
| | | | 94.4 | | | | |
| LAB ORDERS | <input checked="" type="checkbox"/> CBC/DIFF | ABG | PT/PTT | BHC/G/URINE/BLOOD/QUANT | | CXR PA & LAT/PORTABLE | |
| | <input type="checkbox"/> URINE C&S | UA MSCC/CATH | | CHEM: | | ACUTE ABDOMEN | |
| | <input type="checkbox"/> BLOOD C&S X | | | | | SINUS | |
| | | | | | | ANKLE R/L | |
| | | | | | | C-SPINE | |
| | | | | | | LS SPINE | |
| | | | | | | HEAD CT | |
| | | | | | | | |
| ORDERS | | | | | | | |
| <input type="checkbox"/> PULSE OX | | <input type="checkbox"/> MONITOR | | <input type="checkbox"/> ECG | | | |
| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE | | |
| 1950 | Morphine 5mg IV | | | | | | |
| | | | | | | | |
| DISPOSITION | | DISPOSITION QUARTERS /OFF DUTY | | PATIENT/DISCHARGE INSTRUCTIONS | | | |
| <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY | | <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS. | | | | | |
| MODIFIED DUTY UNTIL | | RETURN TO DUTY | | | | | |
| CONDITION UPON RELEASE | | ADMIT TO UNIT/SERVICE | | REFERRED | TO | WHEN | |
| <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED | | | | | | | |
| <input type="checkbox"/> DETERIORATED | | TIME OF RELEASE | | I have received and understand these instructions. | | | |
| PATIENT'S IDENTIFICATION | | | | PATIENT'S SIGNATURE | | | |
| | | | | | | | |

(b)(6)-4

EMERGENCY CARE AND TREATMENT (Patient)
 Medical Record
 STANDARD FORM 558 (REV. 9-96)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD

NURSING NOTES
(Sign all notes)

| DATE | HOUR | | OBSERVATIONS Include medication and treatment when indicated |
|-----------|------|------|---|
| | A.M. | P.M. | |
| 18 Apr 03 | 0A30 | | UOP 475cc via urinal (b)(6)-2 |
| 18 Apr 03 | 0A30 | | 1+ Os for 1700-0500 |
| | | | total intake : 300cc (100cc IVPB, 200cc H ₂ OPO) |
| | | | total output : 875cc (b)(6)-2 |
| | | | <div style="position: absolute; top: 0; right: 0;">OPD -A</div> |

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES
Medical Record

(b)(4)

MEDCOM - 8027

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR; FIRM (41 CFR) 201-9.202-3

MEDICAL RECORD

INTRAOPERATIVE PATIENT

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 Li Her BY Staff (b)(2)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT (b)(6)-2

3. DATE 16 Apr 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0810 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: EPW

6. NURSING PERSONNEL

| | | | |
|---------------------|--|-------------------|--|
| ASSIGNED SCRUB | <u>SPL</u> (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | <u>Maj</u> (b)(6)-2 <u>CPT</u> (b)(6)-2 | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

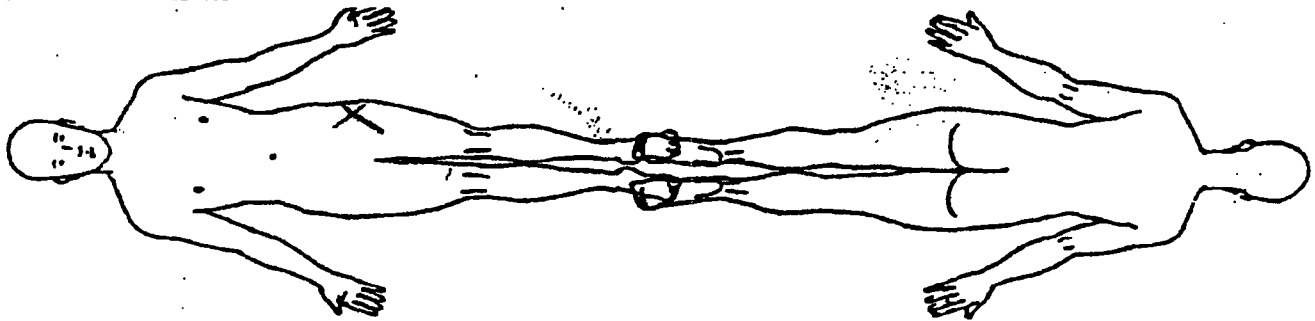
SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS: on mesh litter

8. SKIN PREPARATION

HAIR REMOVAL: YES NO
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR CLIP
 PREP SOLUTION (Specify) Betac / Beta
 SITE: Lt. arm BY WHOM: Maj (b)(6)-2
 SITE: Thigh BY WHOM:

9. LOCATION OF EXTERNAL DEVICES



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

| 10. COUNTS | | C - Correct I - Incorrect | | SCRUB | CIRCULATOR |
|--|---------|---------------------------|---------------------|------------|------------|
| | Other** | First Closing Count | Final Closing Count | (b)(6)-2 | (b)(6)-2 |
| Sponge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | / | / | / | <u>SPL</u> | <u>Maj</u> |
| Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | / | / | / | | |
| Instrument <input type="checkbox"/> Yes <input type="checkbox"/> No | / | / | / | | |
| Other <input type="checkbox"/> Yes <input type="checkbox"/> No | / | / | / | | |

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

LOG# (b)(6)-4
 SSAN#
 NAME:

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

Force 2 30/30
 ESU NO: Force 2
 GROUND PAD: BRAND Conmed
 LOT NO: 0211272
 ESU NO:
 GROUND PAD: BRAND
 LOT NO:
 BIPOLAR NO:

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER.
X-Fix (L) Arm (Hoffman II) Ref# (b)(6)-4

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION YES NO, TYPE(S): *0.9% NaCl*

OTHER ORDERS

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

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

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

16. LABORATORY SPECIMENS

| SPECIMEN (S) | NAME | NAME |
|--|------|------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| FROZEN SECTION (FS) | NAME | NAME |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CULTURE (C) | NAME | NAME |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify) *TS*
4x4 + Kerlex, Tape thigh
Arm 4x4 + Kerlex, Xeroform, Ace

19. ADDITIONAL INFORMATION

Surgeons: Dr. (b)(6)-2
 Dr. (b)(6)-2

N. Arm - A. Mark ... I + D ...

LOG (b)(6)-4
 SSAN# (b)(6)-4
 NAME: (b)(6)-4

20. OPERATION(S) PERFORMED

I + D Lt. elbow, I + D wound rt. ^{TS} thigh

RED TO (b)(2)-2 *Post-op* TIME *1030* METHOD *Litter*

REGISTERED NURSE SIGNATURE (b)(6)-2 *cat AN*

| INTAKE | | | OUTPUT | | |
|--------|------------------------------------|--------|--------|-----------------------|--------|
| TIME | TYPE | AMT | TIME | TYPE | AMT |
| OR | crystalloid | 1600 | OR | EBL | 300 |
| 1200 | LR | 1800 | OR | Urine (Foley placed) | 800 |
| | NSC 110/ (all for year IDO credit) | | | | |
| TOTAL | | + 2400 | TOTAL | | - 1100 |

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39.

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

16 APR 03 1035 Received Pt from OR Dressing intact X-Fix to D arm intact. Dress to RLE intact drainage noted. Sac. done 1 hr VS. Will continue to monitor VS and pain levels (b)(6)-2 SSG/IE-6916/mlc
 1100 / 102 to 2 liters rose base made 0° Sats remain 100% will continue to monitor (b)(6)-2 SSG (b)(6)-2 916/mlc
 1150 / Pt temp 100° Aug 0° removed 0° Sat 98-100% remain (b)(6)-2 SSG/IE-6916/mlc

| MEDICATION GIVEN BY: | DRUG | DOSE | ROUTE | TIME | EFFECTIVENESS |
|----------------------|--------|------|-------|----------|---------------|
| CPT (b)(6)-2 CRNA | Ancef | 1g | IV | 0815 | — |
| ↓ | MSO4 | 10mg | | 2 intra- | (+) |
| SSG (b)(6)-2 | Valium | 5mg | | OP | (+) |
| | MSO4 | 1mg | IVP | 1315(L) | (+) |

DISPOSITION SUMMARY: Nursing Care Problems No.'s Resolved; No.'s Continues.

Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
 Dressing status: CID + I PAR Score 9 Safety Straps Intact
 Report given to transparent media. Post has established by anesthesia CPT 600
 Time out 1330 Nurses Signature: (b)(6)-2 SSG/IE-6916/mlc
 LOG# (b)(6)-4 PT NAME: PT SSALT:

MEDCOM - 8030

9026

ID: 16-04-03
WB 19:51
Patient
Limits
WBC 13.8 H $\times 10^3/\mu\text{L}$ 4.5 10.5
RBC 3.85 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 10.5 L g/dL 11.0 18.0
Hct 33.9 L % 35.0 60.0
MCV 88.1 fL 80.0 99.9
MCH 27.4 pg 27.0 31.0
MCHC 31.1 L g/dL 33.0 37.0
Plt 93. L $\times 10^3/\mu\text{L}$ 150. 450.
LYZ 24.9 * % 20.5 51.1
LYE 3.4 *H $\times 10^3/\mu\text{L}$ 1.2 3.4

MEDCOM - 8031

Doctor's Orders—Post-OP

(b)(2)-2 OP 4256

| Nurse Complete | Dr.'s Select | DATE: | TIME: |
|--------------------------|-------------------------------------|--|-------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Admit to: <input type="checkbox"/> OR <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICW <input type="checkbox"/> Patient Holding | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Diagnosis: <i>S/P OVE fractures</i> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Condition: <input type="checkbox"/> Critical <input checked="" type="checkbox"/> Guarded <input type="checkbox"/> Stable <input type="checkbox"/> VSI <input type="checkbox"/> SI | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Allergies: <i>See SF 558</i> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Vitals: <input checked="" type="checkbox"/> Unit SOP <input checked="" type="checkbox"/> Notify Dr. for SBP < 80 or > 200, DBP < 40 or > 110, HR < 50 or > 120, RR < 8 or > 30, or Temp > 101.5 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Activities: <input type="checkbox"/> Bed Rest, <input checked="" type="checkbox"/> BRP, <input type="checkbox"/> OOB ASAP w/ assist, <input type="checkbox"/> Sit up and dangle when stable <input type="checkbox"/> Other: | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. NRSNG: | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. Propaq monitor w/ Pulse-ox | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. O ₂ to maintain SAT's above 94% | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Maintain Vent settings at MODE=_____ Vt=_____ RR=_____ PEEP=_____ FIO ₂ =_____ | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. <input type="checkbox"/> Reinforce or <input checked="" type="checkbox"/> Change dressing for bleed-through X1 then notify Dr. | |
| <input type="checkbox"/> | <input type="checkbox"/> | e. I's & O's | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Suction NT ETT PRN | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. CT to <input type="checkbox"/> H ₂ O seal or <input type="checkbox"/> Suction at | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Clear fluids as tolerated <input checked="" type="checkbox"/> Other: <i>regular</i> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. IV: <input checked="" type="checkbox"/> NS or <input type="checkbox"/> LR TRA <i>10</i> cc/hr <input type="checkbox"/> DEXTRAN or <input type="checkbox"/> Hespan X 500 cc bolus titrated then _____ cc/hr <input type="checkbox"/> Albumin 100cc X _____ TRA _____ cc/hr <input checked="" type="checkbox"/> When tolerating PO fluids, complete current fluid then SL. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. BLOOD: <input type="checkbox"/> T&S or <input type="checkbox"/> T&C _____ units <input type="checkbox"/> Transfuse _____ units <input type="checkbox"/> PRBCs or <input type="checkbox"/> Whole Blood | |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Medications: | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Tobramycin 300mg IV Q12hrs X _____ e <input type="checkbox"/> Ceftriaxone 750 mg IV | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Clindamycin 600mg IV _____ f <input type="checkbox"/> PEN G 2 million Units IV | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Cefazolin 1 gram IV <i>q 8^o</i> | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | d. Phenergan 12-25mg Titrate <input checked="" type="checkbox"/> IV <input type="checkbox"/> IM Q4hrs PRN nausea/vomiting | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | g. Droperidol 1mg <input type="checkbox"/> IV <input type="checkbox"/> IM X 1 PRN Nausea/Vomiting | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | h. MSO ₄ 1-3mg Titrate <input checked="" type="checkbox"/> IV <input type="checkbox"/> IM Q10min PRN Pain | |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Robinul 0.1mg IV X 1 | |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Zantac 50 mg <input type="checkbox"/> IV or <input type="checkbox"/> IM or <input type="checkbox"/> 6.25mg/hr infusion | |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Tetanus Immune Globulin | |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Toradol <input type="checkbox"/> IV 30mg or <input type="checkbox"/> IM 60' mg | |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Maintain sedation/paralysis w/ Rocuronium and MSO ₄ PER SOP | |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. LABS: | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. iSTAT <input type="checkbox"/> Glucose <input type="checkbox"/> ABG <input type="checkbox"/> BMP <input type="checkbox"/> CMP | |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Additional: <i>x-ray film of LVE</i> | |
| | | Signature: _____ (b)(6)-2 | |

LOG#

PT NAME:

PT SSN#

10JAN03

MEDCOM - 8032

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|------------------------|---------------|---------------|--------------------------------|
|------------------------|---------------|---------------|--------------------------------|

| | | | |
|----------|---|------------|--|
| (b)(6)-4 | 16 April 03 | 1930 HOURS | |
| (b)(6)-4 | Admt ICW | | |
| (b)(6)-4 | D.X. @ Ext Fx humeral LSW Fx / @ thigh L Fx / Ref sis post-op | | |
| (b)(6)-4 | Cond = stable | | |
| (b)(6)-4 | Vsg 2 24° temp. of shift other vs | | |
| (b)(6)-4 | Allergies NKDA | | |
| (b)(6)-4 | Act. BR / Foley to gravity | | |
| (b)(6)-4 | Nursing & P pulmonary toilet | | |

| | | | |
|----------|--|------------|--|
| (b)(6)-4 | 16 April 03 | 1930 HOURS | |
| (b)(6)-4 | Labs = CBC (ER obtained) | | |
| (b)(6)-4 | Diet = Reg | | |
| (b)(6)-4 | IVF = finish IV LR then heffcock | | |
| (b)(6)-4 | Special = Assg Δ to R thigh | | |
| (b)(6)-4 | Med = - Ancef i gm q 6 next 2000 - Morphine Sng IV q 40 PRN | | |

| | | | | |
|--------------|----------|---------|---------------|---------------|
| NURSING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER |
| Chart V | 0300 | 417-03 | 17 Apr 03 | 1930 HOURS |

| | | | |
|----------|------------------------------|------------|--|
| (b)(6)-4 | 17 Apr 03 | 1930 HOURS | |
| (b)(6)-4 | 1. Tylenol 975 mg PO Q4 PRN. | | |
| (b)(6)-4 | v.o. Dr (b)(6)-2 / (b)(6)-2 | | |
| (b)(6)-4 | 18 Apr 03 1400 | | |
| (b)(6)-4 | ① D/C - transfer to ASMC | | |

| | | | |
|----------|---------------|------------|--|
| (b)(6)-4 | 17 Apr 03 | 1930 HOURS | |
| (b)(6)-4 | NURSING UNIT | | |
| (b)(6)-4 | ROOM NO. | | |
| (b)(6)-4 | BED NO. | | |
| (b)(6)-4 | DATE OF ORDER | | |
| (b)(6)-4 | TIME OF ORDER | | |

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710
 MEDCOM - 8033

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | | | | | | |
|----------------------|--------------|---|----------|----------------|----------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | | | | | |
| | | | | 16 | 17 | 18 | | | | | | | | | | | | | | |
| 4/16 | (b)(6)-2 | Q2°-4° temp other VS Q shift | 05 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| 4/16 | | Act : BR | 05 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| 4/16 | | Foley to gravity | 05 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| 4/16 | | NSG : ↑ pulmonary toilet | 05 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| 4/16 | | Diet : Reg | 05 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| 4/16 | | Dsg Δ to ⊕ thigh | 05 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

ALLERGIES: YES NO
 NKDA
 PRIMARY DIAGNOSIS: ⊕ ext. fx humeral GSW fx ⊕ thigh fx
 sepsis r/o post-op fever
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo | Yr |
|----------------------|-------------|---|-----------------|-----------------|-----------|----------|----|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials | |
| 4/16 | (b)(6)-2 | Admit to ICW, cond. stable | | | | (b)(6)-2 | |
| 4/16 | | CBC (ER obtained) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

USAPA V1.00

MEDCOM - 8035

.....

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

| VERIFY BY INITIALING | | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION | | | | | | | | | | | | | | | | | | |
|----------------------|--------------|---|----|----------------|----------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | | | |
| | | | | 16 | 17 | 18 | | | | | | | | | | | | | | |
| 4/16 | (b)(6)-2 | IVF: finish IV LR then heprock | 05 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| | | | 17 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| 4/16 | (b)(6)-2 | Ancef 1 gm q6h next C2200 | 09 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| | | | 16 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| | | | 16 | / | (b)(6)-2 | | | | | | | | | | | | | | | |
| | | | 22 | / | (b)(6)-2 | | | | | | | | | | | | | | | |

ALLERGIES: YES NO **NKDA** PRIMARY DIAGNOSIS: **Ⓛ ext. fx. humeral GSW fx / Ⓜ thigh fx**
sepsis r/o post-op fever ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES
 USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

MEDCOM - 8036

| Verify by Initialing MEDICAL RECORD | | THERAPEUTIC DOCUMENTATION CARE PLAN / NON-MEDICATION (MEDICATIONS only; for this form, see AR 40-407; for non-medication, see the Office of The Surgeon General) | | | | Mo. | Mo. | Yr. | Yr. |
|--|--------------------------|--|--|----|----------------|---|------------|----------|-----|
| VERIFY BY INITIALING | | SIGNED ORDER, PREPARATION | | | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | |
| Date ORDER DATE | Nurse CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | | HR | DATE COMPLETED | | Time Given | Initials | |
| 4/16 | | Morphine 5mg IV q4° PRN | | | | | | | |
| 4/17 | | Tylenol 975mg PO q4° PRN | | | | | | | |

| Order/ Expir DATE | Clerk/ Nurse | PRN | MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | | | |
|-------------------------|-----------------|-----|-----------------------------|--|--|--|--|
| | | | | TIME/DATE DISPENSED | | | |
| 4/16 | | | Morphine 5mg IV q4° PRN | | | | |
| 4/17 | | | Tylenol 975mg PO q4° PRN | | | | |

| | | |
|---|--------------------|--|
| ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO | PRIMARY DIAGNOSIS: | ADDITIONAL PAGES IN USE: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | PAGE NO: _____ |

| | | | | | | | | | |
|------------------------|---------------------------------|----|----|----|----|----|----|----|----|
| PATIENT IDENTIFICATION | 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 4877, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

USGPO:11000

MEDCOM - 8037

1890 (U) 1400 (U) 1800
 5/11/03 10/11/03 350 EBC

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

17 Jan 80

| | | |
|---|--|---|
| PROCEDURE: <u>General Anesthesia</u> PHYSICIAN: (b)(6)-2 ANESTHESIA BY: (b)(6)-2 <input checked="" type="checkbox"/> Gen Spinal <input type="checkbox"/> Local Bier Epidural Other | ALLERGIES: <u>NKDA</u> AIRWAYS: Time DC'D ETT Nasal Oral Trach OXYGEN: <input checked="" type="checkbox"/> Mask Nasal Face Blow-By Prongs Tent Liter/min. <u>3 L/min</u> 100% % | ASA History Cardiac Rhythm IV #1 <u>Patent</u> Infiltrated Site <u>RA</u> Rate Gauge IV #2 <u>Patent</u> Infiltrated Site Rate Gauge |
|---|--|---|

| Time | VITAL SIGNS | | | | | PAR SCORE | | | | | OTHER | | | | |
|--------|-------------|-----|----|-------------------|-------|-----------|------|------|-----|------|-------|----------|--|----------------|---|
| | B/P | P | R | O ₂ SA | Temp | Act | Resp | Circ | LOC | Skin | PARS | COMMENTS | | Neuro-Vascular | |
| PRE-OP | 190/92 | 110 | 22 | 94 | 39.0 | | | | | | | | | | Ext: L R Upper Lower Pulse DP PT RAD |
| PRE-OP | 146/86 | 105 | 16 | 100 | 38.4 | | | | | | | | | | Blanche Pulse Warm Moves Y N |
| 1035 | 146/84 | 104 | 24 | 100 | 98 | 0 | 2 | 1 | 0 | 2 | 5 | | | | Blanche Pulse Warm Moves Y N |
| 1040 | 161/94 | 102 | 24 | 100 | 98 | 0 | 2 | 1 | 0 | 2 | 5 | | | | Blanche Pulse Warm Moves Y N |
| 1045 | 161/90 | 119 | 22 | 100 | 98 | 1 | 2 | 2 | 1 | 2 | 8 | | | | Blanche Pulse Warm Moves Y N |
| 1050 | 151/92 | 115 | 22 | 100 | 98 | 1 | 2 | 2 | 1 | 2 | 8 | | | | Blanche Pulse Warm Moves Y N |
| 1057 | 141/91 | 115 | 18 | 100 | 98 | 1 | 2 | 2 | 1 | 2 | 8 | | | | Blanche Pulse Warm Moves Y N |
| 1100 | 150/10 | 115 | 18 | 99 | 98 | 1 | 2 | 2 | 1 | 2 | 8 | | | | Blanche Pulse Warm Moves Y N |
| 1115 | 57/94 | 101 | 18 | 99 | 99 | 1 | 2 | 2 | 1 | 2 | 8 | | | | Blanche Pulse Warm Moves Y N |
| 1130 | 138/84 | 105 | 18 | 100 | 100.5 | 2 | 2 | 2 | 1 | 2 | 9 | | | | Blanche Pulse Warm Moves Y N |
| 1200 | 136/87 | 110 | 18 | 98 | 100 | 2 | 2 | 2 | 1 | 2 | 9 | | | | Blanche Pulse Warm Moves Y N |
| | 1 | | | | | | | | | | | | | | Blanche Pulse Warm Moves Y N |
| | 1 | | | | | | | | | | | | | | Blanche Pulse Warm Moves Y N |
| | 1 | | | | | | | | | | | | | | Blanche Pulse Warm Moves Y N |

POST ANESTHESIA RECOVERY SCORE "PARS"

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

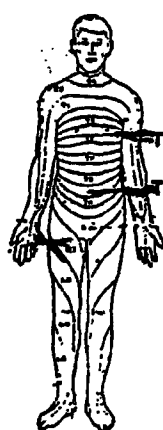
Activity - SAB or Subarachnoid Block
 2-Moves all four extremities with control
 1-Moves both upper extremities

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

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

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

Skin
 2-Normal skin color & temperature greater than 96°
 1-Skin is pale, blotchy, dusky &/or temperature 95 - 96°
 0-Cyanotic &/or temperature less than 95°



DRESSING: Status Location

Gauze _____
 OpSite _____
 Bandaid _____
 Steri-strips _____
 Collodion _____
 Pari-pad _____
 Coban _____
 Cotton Balls _____
 Ace Wrap _____
 Gauze Pad _____

TUBES AND DRAINS: Hemovac Foley NGT
 Chest Jackson-Pratt

(Continue on reverse)

(b)(6)-2 DEPARTMENT/SERVICE/CLINIC (b)(2)-2 DATE 16 APR 03

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

LOG # (b)(6)-4
 SSAN#:
 NAME:

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

| | | | |
|---|--|-----------------------------------|--|
| 1. DATE AND TIME OF CAPTURE | | 2. SERIAL NO. (b)(6)-4 | |
| 3. NAME (b)(6)-4 | | 4. DATE OF BIRTH | |
| 5. RANK | | 6. SERVICE NO. | |
| 7. UNIT OF EPW | | 8. CAPTURING UNIT (b)(2)-2 | |
| 9. LOCATION OF CAPTURE (Grid coordinates) | | | |
| 10. CIRCUMSTANCES OF CAPTURE | | 11. PHYSICAL CONDITION OF EPW | |
| | | 12. WEAPONS, EQUIPMENT, DOCUMENTS | |

DD FORM 2748, MAY 86

REPLACES DA FORM 8976, JAN 91, USABLE UNTIL EXHAUSTED.

| | | | |
|---|--|-----------------------------------|--|
| 1. DATE AND TIME OF CAPTURE | | 2. SERIAL NO. (b)(6)-4 | |
| 3. NAME | | 4. DATE OF BIRTH | |
| 5. RANK | | 6. SERVICE NO. | |
| 7. UNIT OF EPW | | 8. CAPTURING UNIT | |
| 9. LOCATION OF CAPTURE (Grid coordinates) | | | |
| 10. CIRCUMSTANCES OF CAPTURE | | 11. PHYSICAL CONDITION OF EPW | |
| | | 12. WEAPONS, EQUIPMENT, DOCUMENTS | |

DD FORM 2748, MAY 86

REPLACES DA FORM 8976, JAN 91, USABLE UNTIL EXHAUSTED.

| | | | |
|--|--|---------------------------|--|
| 1. DATE AND TIME OF CAPTURE | | 2. SERIAL NO. (b)(6)-4 | |
| 3. NAME | | 4. DATE OF BIRTH | |
| 5. RANK | | 6. SERVICE NO. | |
| 7. UNIT OF EPW | | 8. CAPTURING UNIT | |
| 9. LOCATION OF CAPTURE (Grid coordinates) | | | |
| 10. DESCRIPTION OF WEAPONS, SPECIAL EQUIPMENT, DOCUMENTS | | | |

MEDCOM - 8039

| 1. REPORTING MTF | | | | | | 2. LOCATION | | ADMISSION AND CODING INFORMATION | | | | | | | | | | | | | |
|---|---|---|--------------------------|------------------------------|---|---|------------|---|---|--|-----------|---|-------------|---|--|--|--------------|--|--------|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For use of this form, see AR 40-400; the proponent agency is OTSG | | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | I 2 | | 3. REGISTER NUMBER | | | | | | NAME (Last, First, Middle Initial) <u>POW</u> | | | 4. PAY GRADE | | 5. SEX | | |
| (b)(6)-4 | | | | | | | | 9 10 11 12 13 14 15 | | | | | | | | | 16 17 | | 18 | | |
| | | | | | | | | | | | | | | ERW | | | M | | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | | | | |
| 19 20 21 22 23 24 25 26 | | | | | | 27 28 29 | | | 30 | | 31 | | BACK-GROUND | | | | | | | | |
| | | | | | | | | | X | | 9 | | muslim | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| 32 33 34 | | | | N/A | | 35 36 | | | | 37 38 39 40 41 42 43 44 45 | | | | | | | | | | | |
| | | | | | | 9 9 | | | | (b)(6)-4 | | | | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | | | | |
| N/A | | | | | | 46 | | | | 1906 | | N/A | | | | | | | | | |
| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | | |
| 47 48 49 | | | 50 51 52 | | | | | | 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | | |
| N O | | | | | | | | | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | 18. MOS | | | | 19. TRAUMA | | | PREV. ADMISSION | | | | | | | | | | | |
| 62 63 | | | 64 65 66 67 68 69 70 | | | | 71 | | | YEAR | | | | | | | | | | | |
| I 2 | | | | | | | | | | <input checked="" type="checkbox"/> NO | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | | | WARD | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | | | |
| 72 | | | | | | ICW | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | | | | | | | |
| (b)(2)-2 | | | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYMMDD) | | | | | | | | | | | | | |
| 73 74 | | | | 75 76 77 78 79 80 | | | | 81 82 83 84 85 86 | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYMMDD) | | | | | | | | | | | | | |
| 87 88 89 90 | | | | 91 92 93 94 95 96 | | | | 97 98 99 100 101 102 | | | | | | | | | | | | | |
| A A A A | | | | | | | | 0 3 0 4 1 6 | | | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYMMDD) | | | | | | | | | | | | | |
| 103 104 | | | | 105 106 107 108 109 110 | | | | 111 112 113 114 115 116 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | | |
| DX: BSW @ THIGH | | | | | | | | | | | | Dx 99889 Trauma 7806 INJ 284 81250 81315 8900 | | | | | | | | | |
| Open fx @ Arm | | | | | | | | | | | | | | | | | | | | | |
| R/O Sepsis | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Sign) (b)(6)-2 | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | | | | |
| Dr. (b)(6)-2 | | | | | | (b)(6)-2 | | | | | | | | | | | | | | | |

MEDCOM - 8040

**MEDCOM BATES PAGES 8041-10841
WERE PREVIOUSLY RELEASED
AS FOLLOWS:**

8041-8240 15 AUG 2005
8241-8440 30 AUG 2005
8441-8840 30 JUL 2005
8841-9440 15 AUG 2005
9441-9640 30 JUL 2005
9641-10840 15 AUG 2005