

DEPARTMENT OF THE ARMY  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
31st Military Police Detachment (CID)  
3d Military Police Group (CID), Building 4010, LSA Anaconda, Iraq  
APO AE 09391

CIRF-ZA-AA

18 May 2006

(U) MEMORANDUM FOR SEE DISTRIBUTION

(U) SUBJECT: CID REPORT OF INVESTIGATION - FINAL SSI - 0259-05-CID919-38320-5H9B 5H9A

(U) DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 16 OCT 05/1350 - 16 OCT 05/1400, BALAD AIR FORCE THEATER HOSPITAL, LOGISTICAL SUPPORT AREA ANACONDA, BALAD, IRAQ APO AE 09391.

(U) DATE/TIME REPORTED: 16 OCT 05, 1418

(U) INVESTIGATED BY:

SA [REDACTED] b(6) b(7)(C) b(7)(F)  
SA [REDACTED]  
SA [REDACTED]  
SA [REDACTED]  
SA [REDACTED]

(U) SUBJECT:

1. NONE, (NFI); [NATURAL CAUSES]

(U) VICTIM:

1. GANIUR, MOHAMED-ALI; CIV; IRAQI; BATTALION INTERNMENT FACILITY RTAG131459-B43; 1 JAN 1987; RABIAH; IZ; MALE; OTHER; RABIAH, IZ; XZ; AKA: MUHAMMAD GHANIM MUHAMMAD; MOHAMED-ALI, MONHND, GANIM; [NATURAL CAUSES]

(U) INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION

(U) This office was notified by the Military Police Desk Sergeant, 939<sup>th</sup> Military Police Detachment, Logistical Support Area Anaconda, Balad, Iraq, APO AE 09391 (LSAA), of an undetermined death of a detainee.

(U) Investigation established MR GANIUR was being treated for an inner ear infection when it was discovered he had an intracranial abscess which subsequently resulted in his death. An autopsy conducted by the Armed Forces Institute of Pathology, Office of the Armed Forces Medical Examiner determined the cause of death was a result of an intracranial abscess and the manner of death was natural causes.

(U) STATUTES:

(U) None

(U) EXHIBITS/SUBSTANTIATION:

(U) ATTACHED:

(U) 1. Agent's Investigative Report (AIR) of SA **b(6) b(7)(C)** 17 Oct 05, detailing notification, interviews of medical personnel MAJ **b(6) b(7)(C)** and MAJ **b(6) b(7)(C)**; interviews of PFC **b(6) b(7)(C)** and with mortuary affairs SPC **b(6) b(7)(C)**

(U) 2. Sworn Statement of PFC **b(6) b(7)(C)**, 16 Oct 05, detailing his observations of Mr. GANIUR while guarding him at the Talifar RIF, and at the Balad Air Force Theater Hospital.

(U) 3. Certificate of Death (Overseas), 16 Oct 05, of Mr GANIUR.

(U) 4. Medical Treatment File of Mr GANIUR.

(U) 5. DD Form 890, Record Of Identification Processing, 16 Oct 05, of Mr GANIUR.

~~(Secret/NOFORN)~~ 6. Detainee packet of Mr GANIUR, 1 Oct 05. (USACRC and File Copy Only).

(U) 7. AIR SA **b(6) b(7)(C)**, 27 Nov 05, detailing interviews of medical personnel LTC **b(6) b(7)(C)** MAJ **b(6) b(7)(C)** and MAJ **b(6) b(7)(C)** and the receipt of SA **b(6) b(7)(C)** and SA **b(6) b(7)(C)** investigative activities.

(U) 8. Bio-Ethics Committee Memorandum, 9 Sept 05.

(U) 9. Minutes from Ethics Committee hearing pertaining to Mr GANIUR, 16 Oct 05.

(U) 10. AIR of SA **b(6) b(7)(C)** 18 Oct 05, detailing attending Mr GANIUR autopsy.

(U) 11. AIR of SA **b(6) b(7)(C)**, 19 Oct 05, detailing the initial result pertaining to Mr GANIUR autopsy.

- (U) 12. AIR of SA **b(6) b(7)(C)** 16 May 06, detailing the receipt of the autopsy report and coordination with the Staff Judge Advocate MAJ **b(6) b(7)(C)**
- (U) 13. Certificate of Death (Overseas), 18 Oct 05, of Mr GANIUR.
- (U) 14. Armed Forces Autopsy Examination Report, 19 Oct 05, of Mr GANIUR.
- (U) 15. Consultation Report on Contributor Material, 27 Oct 05, of Mr GANIUR.
- (U) 16. Photographic packet comprised of 5 photographs pertaining to Mr GANIUR autopsy. (USACRC, USACIDC, AFIP, and File Copy Only).
- (U) 17. Compact disc number 050259.919, containing all original photographic images and the originals of Exhibit 16. (USACRC, USACIDC, AFIP, and File Copy Only).

(U) NOT ATTACHED:

(U) NONE

(U) The originals of Exhibits 1, 2, 7, 10, 11 and 12 are attached to the USACRC copy of this report. The originals of Exhibits 3, 4, 8 and 9 are maintained in the files of the 332nd Air Force Theater Hospital, Logistical Support Area Anaconda, Balad, Iraq APO AE 09391. The original of Exhibit 5 is maintained in the files of the 311th Quartermaster Company, Logistical Support Area Anaconda, Balad, Iraq APO AE 09391. The original of Exhibit 6 is maintained at the Headquarter, 3D Armored Cavalry Regiment, Camp Sykes, Ninewa Province, Iraq APO AE 09379. The originals of Exhibits 13, 14 and 15 are maintained at the Armed Forces Institute of Pathology, Office of the Armed Forces Medical Examiner, 1413 Research Blvd, Bldg 102, Rockville, MD 20850.

(U) STATUS: This is a Final Report.

(U) Commander's Report of Disciplinary Action is not required.

REPORT PREPARED BY

**b(6) b(7)(C)**

Special Agent

REPORT APPROVED BY

**b(6) b(7)(C) b(7)(F)**

Special Agent-in-Charge

(U) DISTRIBUTION:

- 1 - Dir, USACRC, 6010 6<sup>th</sup> Street, Fort Belvoir, VA 22060-5506 (Original)
  - 1 - Thru: Cdr, 10th Military Police Battalion (CID) (ABN), Camp Victory, IZ APO AE 09342
    - Thru: Cdr, 3rd Military Police Group (CID) (ATTN: Operations), Fort Gillem, GA 30297
    - To: Headquarters, USACIDC (ATTN: //CIOP-ZA//), Fort Belvoir, VA 22060
  - 1 - Cdr, 35<sup>th</sup> Area Support Group (ATTN: COL **b(6) b(7)(C)**), LSA Anaconda, IZ APO AE 09391 (E-mail only)
  - 1 - DCO, 3<sup>rd</sup> Corp Support Command (ATTN: COL **b(6) b(7)(C)**), LSA Anaconda, IZ APO AE 09391 (E-mail only)
  - 1 - Office of the Provost Marshal (ATTN: MAJ **b(6) b(7)(C)**), LSA Anaconda, IZ APO AE 09391 (E-mail only)
  - 1 - Office of the Staff Judge Advocate (ATTN: MAJ **b(6) b(7)(C)**), LSA Anaconda, IZ APO AE 09391
  - 1 - Armed Forces Institute of Pathology, Office of the Armed Forces Medical Examiner (ATTN: CPT **b(6) b(7)(C)**) 1413 Research Blvd, Bldg 102, Rockville, MD 20850
  - 1 - Chief, Investigative Operations Division (E-mail only)
  - 1 - Deputy Chief of Staff for Operations (E-mail only)
  - 1 - CID Current Operations (E-mail only)
  - 1 - File

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0259-05-CID919-38320

PAGE 1 OF 2 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 1418, 16 Oct 05, SA **(b)(6) b(7)(C)**, this office, was notified by the Military Police Desk Sergeant, 939<sup>th</sup> Military Police Detachment, LSA Anaconda (LSAA), of a undetermined death of a detainee.

About 1435, 16 Oct 05, SA **(b)(6) b(7)(C)** coordinated with MAJ **(b)(6) b(7)(C)**, Assistant Chief of Medical Staff, 332<sup>nd</sup> Expeditionary Medical Group (EMDG), LSAA, who related a detainee who was under hospice care passed away. MAJ **(b)(6) b(7)(C)** provided a copy of Mr. Mohamed-Ali GANIUR's, (NFI), medical records. During coordination with MAJ **(b)(6) b(7)(C)** PFC **(b)(6) b(7)(C)** was identified as a guard who was with Mr. GANIUR in Mosul and Balad.

About 1520, 16 Oct 05, SA **(b)(6) b(7)(C)** coordinated with SA **(b)(6) b(7)(C)** 37<sup>th</sup> MP Det (CID) (-), Mosul, Iraq, and requested a detainee packet and medical records of Mr. GANIUR.

About 1640, 16 Oct 05, SA **(b)(6) b(7)(C)** interviewed PFC **(b)(6) b(7)(C)**, 89<sup>th</sup> Chemical Company, Support Squadron, 3<sup>rd</sup> Armor Cavalry Regiment, Talifar, Iraq, who provided a sworn statement wherein he stated he was assigned as a guard for Mr. GANIUR during his treatment in Mosul and LSA Anaconda. PFC **(b)(6) b(7)(C)** described his observations of Mr. GANIUR while he was guarding him.

About 1705, 16 Oct 05, SA **(b)(6) b(7)(C)** interviewed MAJ (Dr) **(b)(6) b(7)(C)**, 332<sup>nd</sup> EMDG, LSAA, who related Mr. GANIUR was in a coma when he arrived at LSA Anaconda for treatment. MAJ **(b)(6) b(7)(C)** stated Mr. GANIUR was treated for hydrocephalus and had enhancing abscess adjacent to his mastoid. MAJ **(b)(6) b(7)(C)** stated there were no signs of trauma and believed Mr. GANIUR's cause of death was natural. MAJ **(b)(6) b(7)(C)** stated Mr. GANIUR's condition forced the hospital to take Mr. GANIUR off life support. MAJ **(b)(6) b(7)(C)** stated Mr. GANIUR's condition began prior to his capture and progressively got worse. MAJ **(b)(6) b(7)(C)** stated he believed Mr. GANIUR's became ill from an ear infection. MAJ **(b)(6) b(7)(C)** stated at the time Mr. GANIUR was taken off of life support there was no chance for survival.

About 1800, 16 Oct 05, SA **(b)(6) b(7)(C)** coordinated with SPC **(b)(6) b(7)(C)**, Mortuary Affairs, 311<sup>th</sup> Quarter Master, LSAA, who provided a copy of Mr. GANIUR's death certificate and Record of Identification Processing. SPC **(b)(6) b(7)(C)** related Mr. GANIUR's body was shipped to Rockville, MD.

AGENT'S COMMENT: The death certificate identified MAJ (Dr) **(b)(6) b(7)(C)** 332<sup>nd</sup> EMDG, LSAA, as the person who pronounced Mr. GANIUR dead.

About 1045, 17 Oct 05, SA **(b)(6) b(7)(C)** coordinated with MAJ **(b)(6) b(7)(C)** who provided a copy of Mr. GANIUR's medical records.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6) b(7)(C) b(7)(F)**

ORGANIZATION

37<sup>th</sup> MILITARY POLICE DETACHMENT (CID)  
LSA Anaconda, APO AE 09391

SI **(b)(6) b(7)(C)**

DATE

17 OCT 05

ACLU DDII ROI 33598

CID FORM 94

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

ACLU-RDI 5509 p.5

000005

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0259-05-CID919-38320

PAGE 2 OF 2 PAGES

DETAILS

About 1715, 17 Oct 05, SA **b(6) b(7)(C)** coordinated with SA **b(6) b(7)(C)**, who stated the name in Mr. GANIUR's packet was probably his tribal name. SA **b(6) b(7)(C)** stated they sometimes wrote both names when identifying detainees. SA **b(6) b(7)(C)** stated the name provided by the hospital was probably his family name. SA **b(6) b(7)(C)** forwarded a copy of the detainee packet.

///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA **b(6) b(7)(C) b(7)(F)**

ORGANIZATION

37<sup>th</sup> MILITARY POLICE DETACHMENT (CID)  
LSA Anaconda, APO AE 09391

**b(6) b(7)(C)**

DATE

17 OCT 05

**ACLU DDII ROI 33599**

CID FORM 94

FOR OFFICIAL USE ONLY

ACLU-RDI 5509 p.6

LAW ENFORCEMENT SENSITIVE

000006

### SWORN STATEMENT

For use of this form, see AR 190-45: The proponent agency of the Deputy Chief of Staff for Personnel.

LOCATION LSAA Balad CID	DATE 16 Oct 05	TIME 1640	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME b(6) b(7)(C)	SOCIAL SECURITY NUMBER b(6) b(7)(C)		GRADE/STATUS E-3/PFC
ORGANIZATION OR ADDRESS 89 <sup>th</sup> Chemical Company, Support Squadron, 3 <sup>rd</sup> Armor Cavalry Regiment, Talifar, Iraq			

I, b(6) b(7)(C) want to provide the following statement, under oath: Detainee B 42 was in process at Talifar RIF on Sept 15. The 2<sup>nd</sup> week of October B 42 was having behavioral problems. B 42 would not eat, drink, or even use the latrine. I was told by the other guards that he was urinating on himself, also that he was biting his lip and banging his head on the wall. So they sent him to the 3<sup>rd</sup> Armor Cavalry Regiment TMC and the medics didn't know what was wrong with him. So I was chosen to guard B 42 to Mosul where the doctors did a cat scan on his body and found he had something wrong with his brain. B 42 was still moving around and observant. They put him to sleep and that's the last time he ever opened his eyes he was just breathing but never woke up. The doctors did a spinal tap on him. White puss was coming out from his back meaning he had an infection and from that point they said he wasn't going to live. I over heard the doctors telling each other that it was an ear infection that ended up leading to an infection to his brain. So I had the evidence on B 42 to give to the Mosul MP. On the 12<sup>th</sup> of October at 10:00 pm the MPs came to relieve me. I then signed over the evidence to one of the people working in the medical facility. One of the MPs told me that I could go and they will get the evidence from the guy I signed it over to. The MP was there to watch me sign the evidence over to the medic that was working there. The next day I was going on a flight to Talifar, when they told me I had to go to Balad to take B42 to the hospital at the Air Force base. They told me I was the capturing unit so I had to go. So the MPs didn't have to go even though they relieved me. When I was on the flight to Balad I asked the pilot where is the evidence to B 42 he said they never gave it to him. So the evidence was left in Mosul in the medical facility. When I got to Balad I was the only guard watching him so he went for another kat scan and the doctors said it's a matter of time before he dies. His brain was too infected, they even tried surgery on him, but the infection was taking over his brain. B 42 eyes were still closed the doctors who did the surgery said that his brain was so badly damaged that he wasn't able to open his eyes or pretty much do nothing just lay there. Which means he was a vegetable. I was with the B 42 to by myself for 3 days just watching him pretty much sleep. On the 16<sup>th</sup> of October the doctors decided that he wasn't going to make it. So a priest came and did a prayer before he died. They took out the oxygen tube of B 42 mouth where in a matter of minutes he passed away.

- Q. When was B 42 captured?  
 A. I'm not sure he was in processed at my facility on 15 Sep 05.  
 Q. Do you know who the capturing unit was?  
 A. 3<sup>rd</sup> ACR, Talifar.

EXHIBIT \_\_\_\_\_ INITIALS OF PERSON MAKING STATEMENT b(6) b(7)(C) PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES."

ACLU DDII ROI 33600

DA Form 2823 (Automated)

# EXHIBIT

STATEMENT OF **(b)(6) b(7)(C)** TAKEN AT BALAD CID Office, DATED 16 Oct 05, CONTINUED:Q. Do you know who in 3<sup>rd</sup> ACR captured B 42?

A. No.

Q. Was B 42 injured when he was in-processed?

A. No, he didn't have any of these problems until last week.

Q. Did you see any bruising or visible injuries to B 42 when he was in processed?

A. No, but I noticed he had a couple of scrapes on his knees and legs when he was in-processed in Mosul.

Q. How long was he in Mosul?

A. A day and a half.

Q. Was B 42 conscious when he was in Mosul?

A. He was conscious until the doctors gave him anesthesia. After the doctors gave him anesthesia he never woke up.

Q. Did you ever see anyone abuse B 42 or strike him?

A. No.

Q. What happened when B 42 displayed behavioral problems?

A. He was put in isolation.

Q. Was B 42 restrained during this process?

A. Yes, leg shackles were placed on one of his ankles and his wrists were handcuffed.

Q. Did B 42 ever resist enough to where a guard had to utilize force for B 42 to comply?

A. Yes, there were numerous times he resisted. That was the reason that he was put in isolation because he was resisting so much.

Q. How would you describe the force that was used?

A. Aggressive enough not to hurt him mentally or physically but to show him we meant business and to have him relax and calm down.

Q. Describe the physical force used?

A. Mostly grabbing there shoulders and side and guide them to the ground.

Q. Was there in striking involved with the force that was used?

A. No.

Q. Do you know if anyone ever struck B 42 in the head?

A. No.

Q. Did you ever see B 42 bang his head against anything?

A. No.

Q. Do you believe B 42 died of natural causes?

A. Yes.

Q. Do you know B 42's name?

A. I have no idea.

Q. Did he ever say anything to you to indicate he was abused?

A. No.

Q. Did he ever say anything to you?

A. No, he would just breath heavy.

Q. Do you wish to add anything else to your statement?

A. I was also told that B 42 tried to throw himself into concertina wire.

///End of Statement///

EXHIBIT **(b)(6) b(7)(C)** INITIALS OF PERSON MAKING STATEMENT **(b)(6) b(7)(C)** PAGE 2 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF            TAKEN AT            DATED            CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE     OF     PAGES."

FOR OFFICIAL USE ONLY  
DA Form 2823 (Automated)  
LAW ENFORCEMENT SENSITIVE

EXHIBIT



STATEMENT OF **b(6) b(7)(C)** TAKEN AT BALAD CID Office, DATED 16 Oct 05, CONTINUED:

[Large empty space for the statement content]

**b(6) b(7)(C)**

AFFIDAVIT

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

**b(6) b(7)(C)**

(Signature of Person Making Statement)

WITNESSES:

\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_

ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY LAW TO ADMINISTER OATHS, THIS 16 DAY OF October 2005 AT Balad CID Office, LSA, Iraq

**b(6) b(7)(C)**

(Signature of Person Administering Oath)

SA **b(6) b(7)(C)**  
(Name of P)

Article 136, UCMJ  
( Authority to Administer Oath)

EXHIBIT \_\_\_\_\_

INITIALS OF PERSON MAKING STATEMENT

**b(6) b(7)(C)**

PAGE 2 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF            TAKEN AT            DATED            CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE     OF     PAGES."

ACLU DDII ROI 33602

DA Form 2823 (Automated)

FOR OFFICIAL USE ONLY EXHIBIT

LAW ENFORCEMENT SENSITIVE

2

CERTIFICATE OF DEATH (OVERSEAS)  
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>Mohamed-Ali Ganiur</b>		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale <b>000-00-0907</b>
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Négróide	MARRIED Marié		CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	SEPARATED Séparé	JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort. <sup>1</sup>		<b>Brain Abscess</b>	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	<b>Meningitis</b>	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>		<b>Resp. Failure</b>	
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide			
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste	DATE Date	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès	

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>	TITLE OR DEGREE Titre ou diplôme
GRADE Grade <b>(b)(6)</b>	<b>BALAD IRAQ</b>
DATE Date <b>16 OCT 85</b>	<b>see Ethics Comm</b>
<p><sup>1</sup> State disease, injury or complication which caused death</p> <p><sup>2</sup> State conditions contributing to the death</p> <p><sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a causé la mort</p> <p><sup>2</sup> Préciser la condition qui a contribué à la mort</p>	

**ACLU DDH ROI 33604**  
on la manière de mourir, telle qu'un arrêt du coeur, etc.  
l'attaque qui a provoqué la mort.

Exhibit(s) 8, 9

Pages 000128 thru 000131 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD, 2<sup>ND</sup> FLOOR  
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII ROI 33722

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0259 05 CID919 38320

Incident:  
Date:  
Time:

SIR/CCIR

Person making report:

Name: (b)(6)

Rank: A1C

Duty Section: PAD

Date/Time of Report: 1408/16 OCT 05

Telephone: 443 8520

E-mail: \_\_\_\_\_

Incident:

Mohamed-Ali Hamur

Name/s: 907

EPW ~~XXXXXXXXXX~~

Rank: \_\_\_\_\_

Unit: \_\_\_\_\_ Contact Info(phone/e-mail) \_\_\_\_\_

USAF USA USMC USN KBR DoD Contractor Other: \_\_\_\_\_

Location of Incident:

Details of Incident:

Pronouncing Doctor -

(b)(6)

Time of Death - 1400

Cause of Death - meningitis/Brain Abscess

(b)(6)

Ethics Comm

X Pronounced By:

Time: 1430

CLU DDII ROI 33605

LY

LAW ENFORCEMENT SENSITIVE

EMERGENCY

3

000011

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

i-STAT EG7+

Pt: 907  
Pt Name: \_\_\_\_\_

37.0°C  
pH 7.573  
PCO2 28.7 mmHg  
PO2 253 mmHg  
BEecf 4 mmol/L  
HCO3 26.4 mmol/L  
TCO2 27 mmol/L  
sO2 100 %

Na 148 mmol/L  
K 3.6 mmol/L  
iCa 1.09 mmol/L  
Hct 31 %PCV  
Hb\* 10.5 g/dL  
\*via Hct

Sample Type: ART  
F102: 40  
CPB: No

17:43 13OCT05

Operator ID: 9  
Physician: \_\_\_\_\_

Serial: 308898  
Version: JAMS118C  
CLEW: A98  
Custom: DEFAULT0

Result	Ref Range
PCP	Negative
BZO	Negative
COC	Negative
AMP	Negative
THC	Negative
OPI	Negative
BAR	Negative
TCA	Negative
ALC	Negative
<input type="checkbox"/> Phenytoin -	

mol/L u/L mol/L L (art) L (ven) t) en) (adult) (<2y/o) lg (art) n Top e g/dl g/dl mol/L mol/L (art) ol/L (ven) e	<input type="checkbox"/>	<b>(Piccolo) Chemistry 12 Green Top</b> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l BUN 7-22 mg/dl CA <sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TP 6.4-8.1 mg/dl	<input checked="" type="checkbox"/>	<b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b> GLU 73-118 mg/dl BUN 7-22 mg/dl CA <sup>++</sup> 8.0-10.3 mg/dl CREA 0.6-1.2 g/dl Na <sup>+</sup> 128-145 mmol/L K <sup>+</sup> 3.3-4.7 mmol/L Cl <sup>-</sup> 98-108 mmol/L tCO <sub>2</sub> 18-33 mmol/L
	<input type="checkbox"/>	<b>(Piccolo) Metlyte 8 Green Top</b> GLU 73-118 mg/dl BUN 7-22 mg/dl CREA 0.6-1.2 g/dl CK 39-380 u/l (M) 30-190 u/l (F) Na <sup>+</sup> 128-145 mmol/L K <sup>+</sup> 3.3-4.7 mmol/L Cl <sup>-</sup> 98-108 mmol/L tCO <sub>2</sub> 18-33 mmol/L	<input type="checkbox"/>	<b>(Piccolo) Liver Panel +/- Green Top</b> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l GGT 5-65 u/l TP 6.4-8.1 mg/dl
	<input type="checkbox"/>	<b>General Chem 7 w/o lytes - Green</b> CA <sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TBIL 0.2-1.6 u/l BUN 7-22 mg/dl Uric 2.2-6.6 mg/dl(F) Acid 3.6-8.0 mg/dl(M) Mg Phos Lactate	<input type="checkbox"/>	<b>Lipid Panel - Green Top</b> CHOL 100-200 mg/dl HDL ≥ 60 mg/dl TRIG <150 mg/dl TC/H Male ≤5 Female ≤4.5 LDL <100 mg/dl VLDL <30 mg/dl
			<input type="checkbox"/>	<b>RPR - Red Top</b> Test Result Ref Range RPR Negative
			<input type="checkbox"/>	<b>Cardiac Tests - Green</b> Test Result Ref Range <input type="checkbox"/> Troponin _____ Neg <input type="checkbox"/> Myoglobin _____ Neg <input type="checkbox"/> CK-MB _____ Neg <input type="checkbox"/> CKMB Quant

ACLU DDII ROI 33606



DEPARTMENT OF THE AIR FORCE  
332nd Air Force Theater Hospital  
Balad Air Base, Iraq

9 Sep 2005

MEMORANDUM FOR ALL 332<sup>nd</sup> PERSONELL

FROM: (b)(6) 332<sup>nd</sup> Air Force Theater Hospital - Balad

SUBJECT: Committee for Bioethics

- 1. **SUMMARY:** A hospital committee for biomedical ethics will be formed at the direction of the commander as an advisory committee to address questions of an ethical nature.
- 2. **ROLE:** The committee will address consultation requests from health care providers to assist in identifying and defining ethical issues related to patient care. The committee may be called upon to foster communication between medical providers, patients, and patient's families regarding potential ethical conflicts. The committee will not usurp the role of the primary physician nor dictate patient care decisions, but will serve as an advisor to the commander and the primary physician regarding ethical issues as requested.
- 3. **MEMBERSHIP:** The committee will consist of officially assigned representation from the following hospital agencies:
  - a. Department of Medicine
  - b. Department of Surgery (Chairperson)
  - c. Department of Nursing
  - d. Chaplain
  - e. JAG (b)(6)

If the official representative from one of the agencies above cannot attend the meeting, that department or the Ethics Committee chairman will select another individual to fill that person's place for that specific meeting.

Additional personnel may come to the Ethics committee as desired and provide input in an advisory role.

The Ethics committee is a non-voting committee that will provide a consensus opinion whenever possible. In the case of disagreements among the Ethics committee, dissenting opinions will be provided as separate recommendations for the primary physician to contemplate and assist in making their own clinical decision.

The SGH has over site for the Ethics Committee.

4. **CONSULTATION:**

A consultation of the Ethics committee can be requested by any member of the health care provider team, a patient or family member of a patient. New consultations should be

**FOUO** ACLU DDII ROI 33723

**LAW ENFORCEMENT SENSITIVE**

directed through the hospital chaplain or the chairman of the Ethics committee, but any member of the committee can be approached with a new consultation.

**5. MEETINGS:** The Ethics committee will meet on an *ad hoc* basis when consulted.

The primary physician will be asked to present the details of the patient's clinical history to the Ethics committee and then the case will be discussed.

The committee will make every effort to meet and offer recommendations within 12 hours of consultation.

- A. A quorum for an Ethics Committee meeting will consist of 2 members in addition to the Chairman.
- B. The chaplain should be present if at all possible at every meeting, but his/her presence is NOT required if not possible.
- C. Urgent consultation should still be discussed at a quorum meeting of the Ethics Committee whenever possible. However, in emergencies, an abbreviated Ethics Committee recommendation can be rendered by the Ethics Committee chairman alone. (The Committee should always consist of at least two individuals).

**6. RECOMMENDATIONS:** The Ethics Committee will provide written recommendations which will be placed in the patient's medical record. These recommendations are intended to assist the primary physician in making difficult decisions and in clarifying ethical problems. The clinical care of the patient remains the decision of the primary physician and Ethics Committee recommendations are not binding on the primary physician in any way.

All meetings and recommendations of the Ethics committee will be discussed as soon as possible with the Commander and SGH.

(b)(6)

332<sup>nd</sup> SGH

**FOUO** ACLU DDII ROI 33724

**LAW ENFORCEMENT SENSITIVE**

000129



**DEPARTMENT OF THE AIR FORCE**  
**332nd Air Force Theater Hospital**  
**Balad Air Base, Iraq**

9 Sep 2005

Subject: Policy (O.I.) for withdrawal of care

1. Emergent care of patients within the first 24 hours on arrival to the facility
  - a. If it is determined that emergent and stabilizing care for a patient is futile, then the treating physician may elect to terminate life-sustaining therapy without further consultation with other physicians or staff.
  - b. If a family member can be contacted easily, then ordinarily the treating physician should contact that family member as soon as possible to communicate the rationale for the withdrawal of care. If the patient is a member of the US armed forces, then the treating physician should initiate a process ensuring that the patient's chain of command is aware of circumstances.
  - c. The treating physician is responsible for writing a thorough yet concise note documenting the futility of care.
2. Withdrawal of care from patients after the initial 24 hours of care
  - a. Ordinarily this applies to patients with little or no hope of meaningful survival (i.e., further care is futile). Normally, such patients will be in the intensive care unit.
  - b. Before withdrawing care, an attempt should be made to contact the patient's chain of command (for armed forces personnel) and a family member. If contact cannot be made in a practical manner, the treating physician is responsible for documenting that an attempt was made.
  - c. The treating physician is responsible for a thorough note documenting the justification for withdrawal of care.
  - d. In the event of a disagreement between the treating physician and a family member (or any surrogate decision maker), the ethics committee should be consulted.
  - e. At any time, the treating physician or any member of the staff may consult the ethics committee if it is felt to be in the best interest of the patient.

(b)(6)

332<sup>nd</sup> SGH

**FOUO**

ACLU DDII ROI 33725

**LAW ENFORCEMENT SENSITIVE**

*EX 5/8*

**000130**





DEPARTMENT OF THE AIR FORCE  
332nd Air Force Theater Hospital  
Balad Air Base, Iraq

16 Oct 2005

**SUBJECT:** Minutes from meeting of Ethics Committee regarding patient 0907,  
Mohammed-Ali

1. Members present (*de facto* and *ad hoc*): (b)(6)  
(b)(6)
2. (b)(6) reviewed the case. The patient was sent here from the Mosul area where he was being held as a detainee. He had been captured approximately one month before. For the week prior to transfer here the patient reportedly had been experiencing personality changes. This progressed and he was sent here 4 days ago. On presentation, he was found clinically and radiologically to have a right sided temporal lobe abscess, most likely from an underlying inner ear infection and mastoiditis. He was comatose. Ventriculitis had developed. The patient had a ventriculostomy placed, he had burr hole drainage and he was started on antibiotics. He eventually grew *Proteus* species from the ventriculum. His neurologic condition deteriorated. He is currently without signs of life except for spontaneous respirations off of sedation. His most current CT of the brain this morning shows bilateral, extensive infarction which is incompatible with life.
3. (b)(6) gave their professional judgment of prognosis. They believe that there is no chance of meaningful functional recovery at this time. He is not suffering presently.
4. (b)(6) stated that from an ethical standpoint it would be ideal to refer to these patients by their names rather than as a number. This was noted and (b)(6) will address this issue separately.
5. (b)(6) recommended that life support be discontinued at this time. All members of the committee concurred.
6. The unanimous decision of the committee was removal of life support and comfort care only. It was felt that the patient's tenuous condition precluded any attempt to transfer him to the Mosul/Tel Afar area at this time.
7. (b)(6) asked for any other clarifications or questions. There were none. The meeting was adjourned.

UNCLASSIFIED//FOR OFFICIAL USE ONLY  
332 EMDG, SGN, Chief of the Medical Staff  
33726

FOUO

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0259 05 C10919 38320

332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_  
ID: \_\_\_\_\_ ID: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Room: \_\_\_\_\_

Sample ID: (b)(6) Fluid: SERUM Priority: ROUTINE  
Misc: \_\_\_\_\_ Misc: \_\_\_\_\_ Misc: \_\_\_\_\_

Test		Result		Normal Range
GLUCOSE	HI	124.	mg/dL	74. - 106.
UREA NITROGEN	HI	20.	mg/dL	9. - 20.
CREATININE		.7	mg/dL	.7 - 1.5
SODIUM		141.	mmol/L	137. - 145.
POTASSIUM		3.6	mmol/L	3.5 - 5.1
CHLORIDE	HI	113.	mmol/L	98. - 107.
CARBON DIOXIDE		27.	mmol/L	22. - 30.
CALCIUM	LO	7.7	mg/dL	8.4 - 10.2

Test Init Date: Oct 13 05 18:51:28

ACLU DDII ROI 33607

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

000013



AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

**I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)**

1. REGISTER NO. 718957 NBSUF 2. NAME (Last, First, Middle Initial) ~~Unknown~~ mohamed-ali mohamed **Garner** 3. RELIGION ~~Muslim~~

4. FACILITY CODE 5602 5. MEDICAL TREATMENT FACILITY 332 Air Force Theater Hospital Balad AB Iraq 6. TIME OF ADM 1700 7. DATE OF ADM 13 OCT 05 8. TYPE OF CASE DIS NBI BI

9. EMP 99 SSN 907 10. BENEF TYPE EPW 11. GRADE 12. AFSC 13. AVIATION SVC CODE 14. RATING 15. LENGTH OF SVC 16. AGE

17. SEX M 18. MARITAL STATUS 19. RACE/COLOR 20. ZIP CODE 21. CURRENT ORGANIZATION Detainee (22) INPATIENT UNIT

23. FAC INT ADM CODE 24. FACILITY OF INITIAL ADMISSION 25. DATE INITIAL ADM 26. ROOM 27. BED

28. PRIOR ADM  YES  NO 29. CLINIC SERVICE(S) 30. ADMISSION CLERK **Baisha**

31. EMERGENCY ADDRESSEE/RELATIONSHIP 32. NAME AND ADDRESS OF SPONSOR

33. PRIMARY ADMISSION DIAGNOSIS Meningitis 34. SECONDARY ADMISSION DIAGNOSIS

35. CAUSE OF INJURY

36A. DEPOSIT VALUABLES FOR SAFEKEEPING  YES  NO 36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form. SIGNATURE OF PATIENT OR SPONSOR (37) ADMITTING PROVIDER

**II. TREATMENT**

38. DIAGNOSES - PROCEDURES  
DOB: (b)(6)  
Admission: JPTA 24HR  
Discharge: JPTA 24HR

39. PROVIDERS OF CARE

LOD:  YES  EPTS, LOD not applicable  AF Form 348 (Check  if continued on reverse) (Check  if continued on reverse)

40. ADMINISTRATIVE DATA (Change in physical profile required  YES (Prepare AF Form 422)  NO) (Meal Card  YES  NO)

41. DISPOSITION (b)(6) 42. DATE OF DISPOSITION 16 OCT 05 43. TIME OF DISPOSITION 1400 44. CC OF WHOLE BLOOD 45. CC OF PACKED CELLS 46. CONVALESCENT LEAVE TAKEN RECOMMENDED  
**ACLU DDII ROI 33609**

47. SIGNATURE 48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL

FOR OFFICIAL USE ONLY

PREVIOUS EDITION WILL BE USED. LAW ENFORCEMENT SENSITIVE

LAW ENFORCEMENT SENSITIVE

0259 05 CID919 38320



Welcome **SRA BAISA , 332 EMDG-BALAD**

[Patient Reg./Update](#)

[Patient Search](#)

[Patient Info.](#)

[Re](#)

**Patient Treatment Management**

SSN 000000907

[?]

NAME

[?]

SSN	NAME	SEX	RANK	BRANCH
000000907	MOHAMED-ALI GANIUR	M	N/A	UNKNOWN
DIAGNOSIS:	CNS ABSCESS NOS			
ATTACHMENTS: 0 files	AF3899: <a href="#">Create</a>			

STATUS	LOCATION	DATE	FACILITY
EXPIRED		10/16/2005 7:40:20 AM	
INPATIENT	ICU-2-332 EMDG	10/13/2005 3:05:21 PM	332 EMDG-BALAD
INPATIENT	PENDING INP-332 EMDG	10/13/2005 9:58:49 AM	332 EMDG-BALAD

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	(b)(6)	10/13/2005 12:40:20 PM	PROCEDURE HX - 16 y/o detainee admitted from Mosul comatose, GCS 5. R pupil 3mm NR, L pupil 2mm NR. + L corneals. Flexor response to pain on R only. CT showed hydrocephalus with increased density fluid consistent with pus, ventriculitis and R temporal enhancing abscess adjacent to mastoid. Operation: R frontal ventriculostomy and Burr hole drainage of R temporal abscess. Postop CT revealed still persistent abscess size. Pt taken directly back to the OR and repeat tap removed more fluid. Ventriculostomy drainage.	<a href="#">Edit</a>	<a href="#">Delete</a>
332 EMDG-BALAD	(b)(6)	10/14/2005 1:25:42 AM	Procedure Note: Patient evaluated yesterday evening in the operating room. CT Reviewed. Patient with Right tympanic membrane spontaneous perforation. + prurulent fluid present in the EAC/ ME Cleft. Middle ear mucosa with "velvety" with granulation tissue	<a href="#">Edit</a>	<a href="#">Delete</a>

ACLU RDI ROI 33610

**FOR OFFICIAL USE ONLY**

LAW ENFORCEMENT SENSITIVE

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

0259 05 CID919 38320

332 EMDG- BALAD	(b)(6)	10/14/2005 3:02:44 AM	noted. ME irrigated with ciprofloxacin drops. Probable mastoiditis with extension in to the temporal lobe. Will follow along with NSG. Obtain Temporal Bone CT. Will consider Mastoidectomy.  cxr clear, tm 101.5, non-purposeful movement of right hand but sedated, meropenem and vancomycin	Edit	Delete
332 EMDG- BALAD	(b)(6)	10/15/2005 3:20:47 AM	afebrile, GCS 5, tolerating TF, hold propofol, ?temporal bone/mastoid resection	Edit	Delete

PENDING RTD  PENDING TRANSFER  FOLLOW UP APPT

Type notes here:

SAVE NOTES

Procedure Hx

REFRESH PAGE

FOR OFFICIAL USE ONLY

ACLU DDII ROI 33611

LAW ENFORCEMENT SENSITIVE

# Radiology Form :MDG

FOR OFFICIAL USE ONLY  
NAME  
LAW ENFORCEMENT SENSITIVE

Phone (b)(6)

Social Security Number (US only)

07  
- -

Arm (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only): hrs

Date (Month/Day/Year)⇒

10 / 14 / 05 AM

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

History: (check the following or list below)  IED  Mortar  Gunshot  MVA  ETT  Central Line  NG/OG-Tube

✓ tube placement ETT AM

Provider who will get these results:

### Exam Requested

circle here if portable (ER/ICU/PACU only)⇒ PORTABLE

- Chest X-Ray
- KUB
- Pelvis
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other (Specify)

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

- CT scan of the: Head, Face, Cervical Spine, Abdomen/Pelvis
- Ultrasound of the: Testicles, Legs (DVT study), RUQ
- CT Other:
- US Other:

DO NOT WRITE BELOW THIS LINE

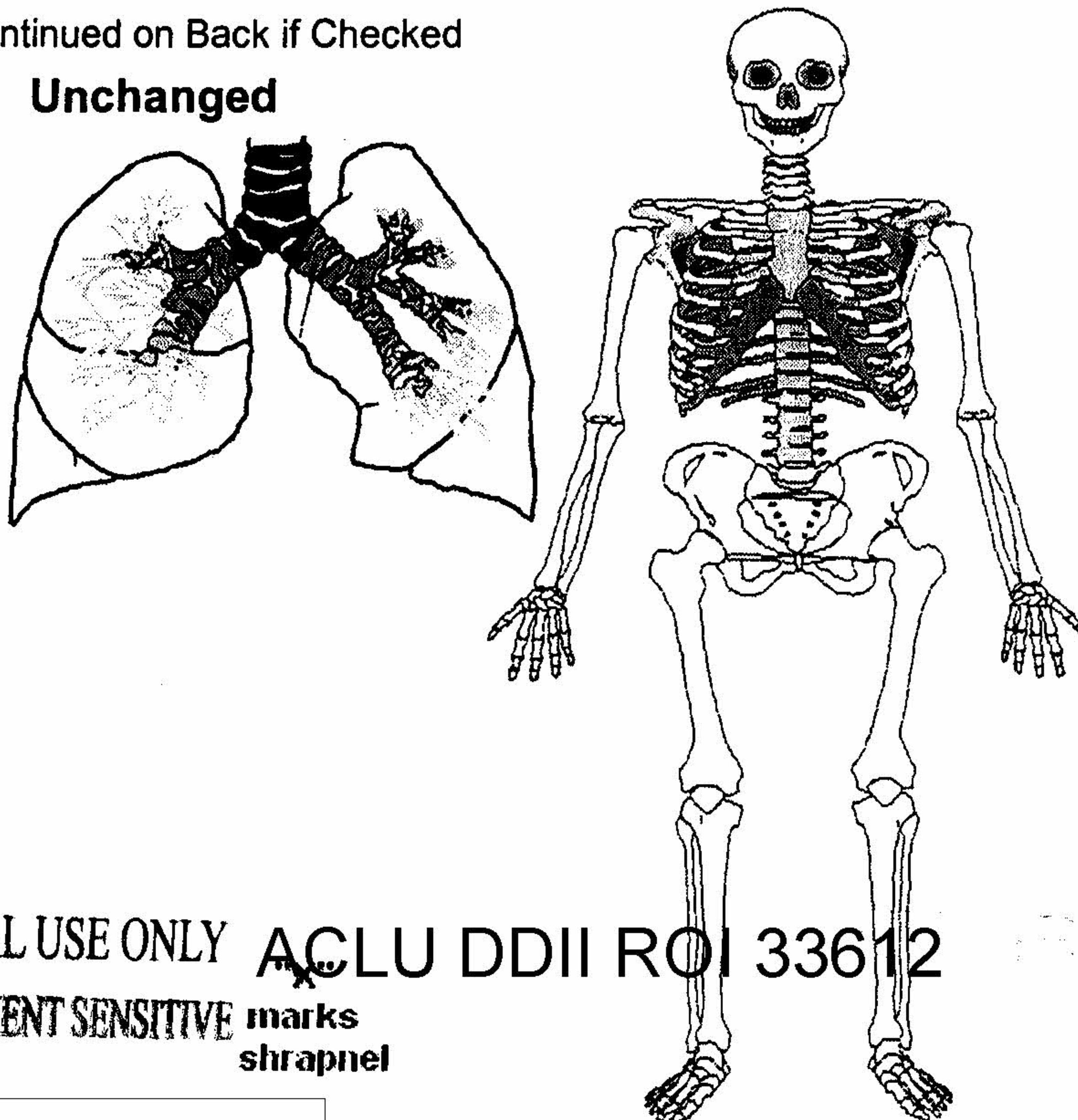
DO NOT WRITE BELOW THIS LINE

- RT LT CLAVICLE
- RT LT SHOULDER
- RT LT HUMERUS
- RT LT ELBOW
- RT LT FOREARM
- RT LT WRIST
- RT LT HAND
- RT LT FEMUR
- RT LT KNEE
- RT LT TIB/FIB
- RT LT ANKLE
- RT LT FOOT

Time Processed: hrs Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

Device	"Check" means	Position Adequate
ETT/Trach	Heart	Normal See Below
Subclav Line	Lungs	Normal See Below
IJ Line	Pneumo	No Yes
NG/Feed Tube	Thorax?	
Chest Tube		



FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE marks shrapnel  
ACLU DDII ROI 33612

Radiology Form 5-2 EN G

NAME SENSITIVE

907

Phone (b)(6)

Social Security Number (US only)

Army (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only):

hrs

Date (Month/Day/Year) =>

16 1 Oct 105

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

History: (check the following or list below) IED Mortar Gunshot MVA ETT Central Line NG/OG-Tube

S/P Ventric c Pus in ventricles, & exam

Provider who will get these results:

Exam Requested

circle here if portable (ER/ICU/PACU only) => PORTABLE

- Chest X-Ray Cervical Spine Other (Specify)
KUB Thoracic Spine
Pelvis Lumbar Spine

- RT LT CLAVICLE
RT LT SHOULDER
RT LT HUMERUS
RT LT ELBOW
RT LT FOREARM
RT LT WRIST
RT LT HAND
RT LT FEMUR
RT LT KNEE
RT LT TIB/FIB
RT LT ANKLE
RT LT FOOT

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

- CT scan of the Head Face without Testicles
Cervical Spine Legs (DVT study)
Abdomen/Pelvis RUQ

CT Other:

US Other:

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

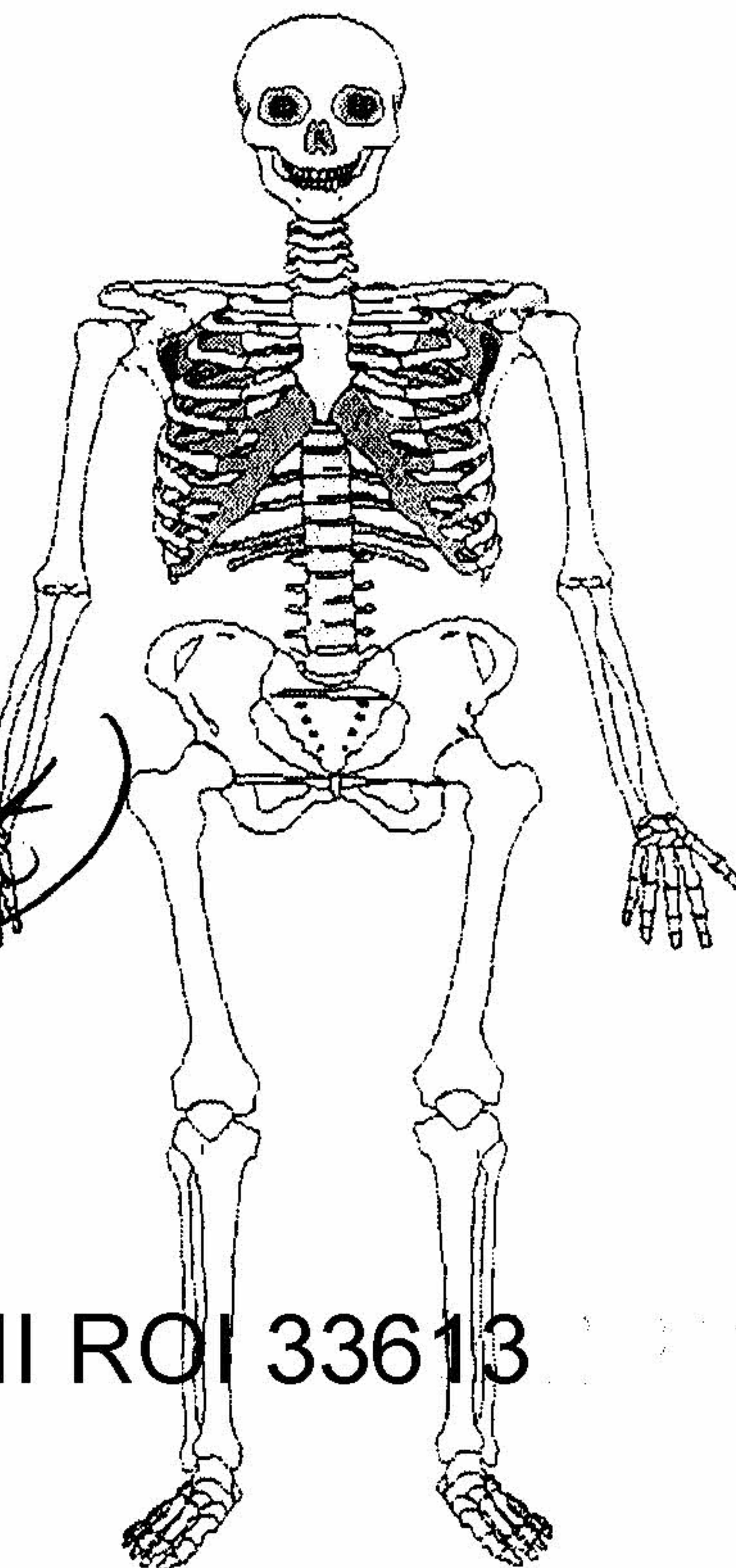
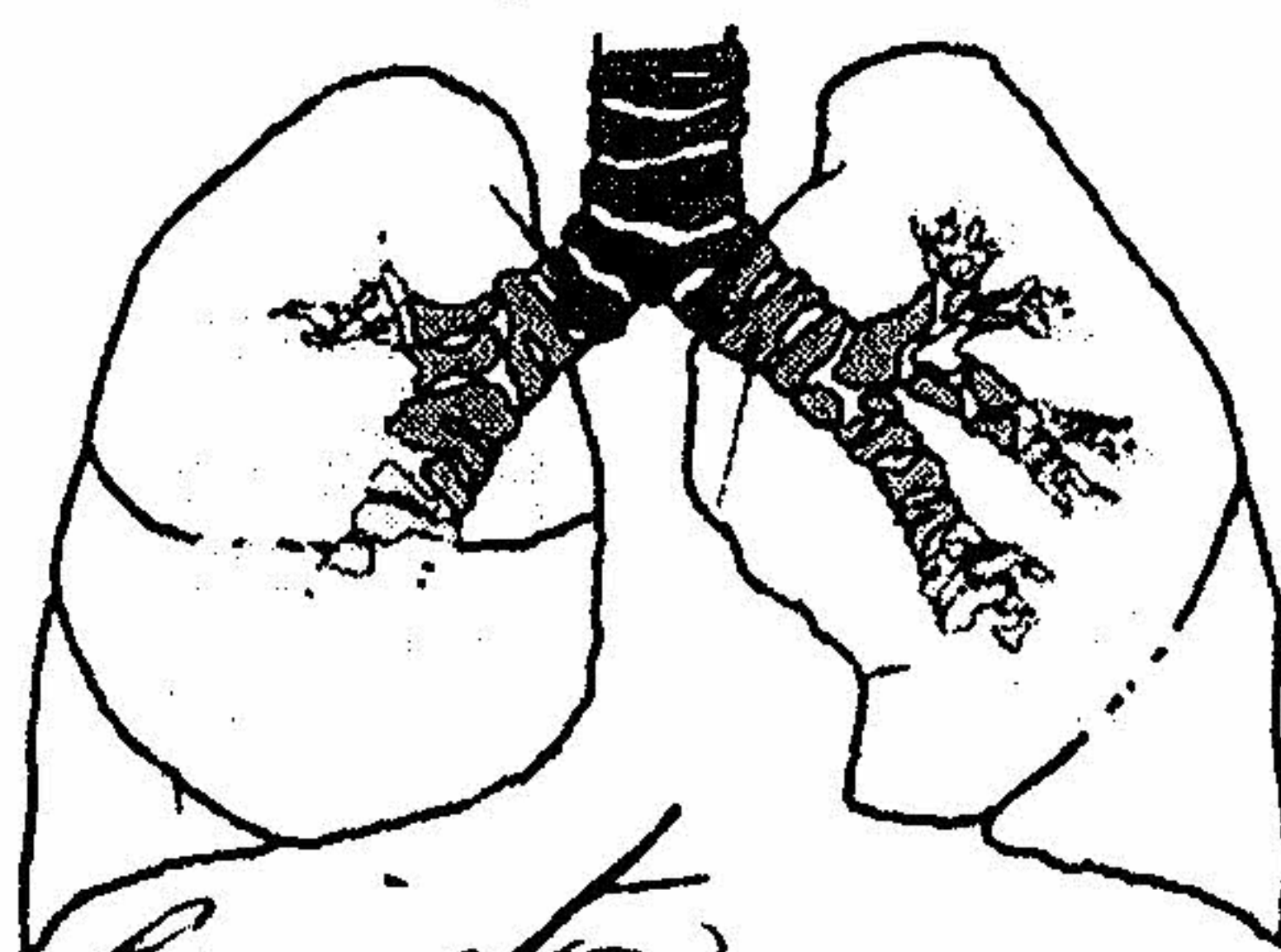
Time Processed:

hrs

Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

- Device "Check" means Position Adequate
ETT/Trach Heart Normal See Below
Subclav Line Lungs Normal See Below
IJ Line
NG/Feed Tube Pneumo No Yes
Chest Tube Thorax?



Behind occipital compression on Brainstem
which is slightly rotated. (Progressing occipital herniation)
At lateral ventricle compression to parahigh distal
inside. Pt's Brown abscess pocket to
CSF drain & small herniation 2° & drainage

ACLU DDII ROI 33613

FOR OFFICIAL USE ONLY

(b)(6)

marks rapnel



## DEPARTMENT OF THE AIR FORCE

332nd Air Force Theater Hospital

Balad Air Base, Iraq



16 Oct 2005

**SUBJECT:** Minutes from meeting of Ethics Committee regarding patient 0907, Mohammed-Ali

1. Members present (*de facto* and *ad hoc*): (b)(6)  
(b)(6)
2. (b)(6) reviewed the case. The patient was sent here from the Mosul area where he was being held as a detainee. He had been captured approximately one month before. For the week prior to transfer here the patient reportedly had been experiencing personality changes. This progressed and he was sent here 4 days ago. On presentation, he was found clinically and radiologically to have a right sided temporal lobe abscess, most likely from an underlying inner ear infection and mastoiditis. He was comatose. Ventriculitis had developed. The patient had a ventriculostomy placed, he had burr hole drainage and he was started on antibiotics. He eventually grew *Proteus* species from the ventriculum. His neurologic condition deteriorated. He is currently without signs of life except for spontaneous respirations off of sedation. His most current CT of the brain this morning shows bilateral, extensive infarction which is incompatible with life.
3. (b)(6) gave their professional judgment of prognosis. They believe that there is no chance of meaningful functional recovery at this time. He is not suffering presently.
4. (b)(6) stated that from an ethical standpoint it would be ideal to refer to these patients by their names rather than as a number. This was noted and (b)(6) will address this issue separately.
5. (b)(6) recommended that life support be discontinued at this time. All members of the committee concurred.
6. The unanimous decision of the committee was removal of life support and comfort care only. It was felt that the patient's tenuous condition precluded any attempt to transfer him to the Mosul/Tel Afar area at this time.
7. (b)(6) asked for any other clarifications or questions. There were none. The meeting was adjourned. (b)(6)

(b)(6)

514

Radiology Form

EMDG

LAW ENFORCEMENT SENSITIVE

NAME [redacted] 907

Phone (b)(6)

Social Security Number (US only)

Army (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only): 0940 hrs

Date (Month/Day/Year) =>

10/1/4/05

Location (circle one) ER PACU PT/OT EMEEDS ICU-1 ICU-2 ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

History: (check the following or list below) IED Mortar Gunshot MVA ETT Central Line NG/OG-Tube

Dobbs tube placement

Provider who will get these results:

Exam Requested circle here if portable (ER/ICU/PACU only) => PORTABLE

Chest X-Ray Cervical Spine Other (Specify)
KUB Thoracic Spine
Pelvis Lumbar Spine

- RT LT CLAVICLE
RT LT SHOULDER
RT LT HUMERUS
RT LT ELBOW
RT LT FOREARM
RT LT WRIST
RT LT HAND
RT LT FEMUR
RT LT KNEE
RT LT TIB/FIB
RT LT ANKLE
RT LT FOOT

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

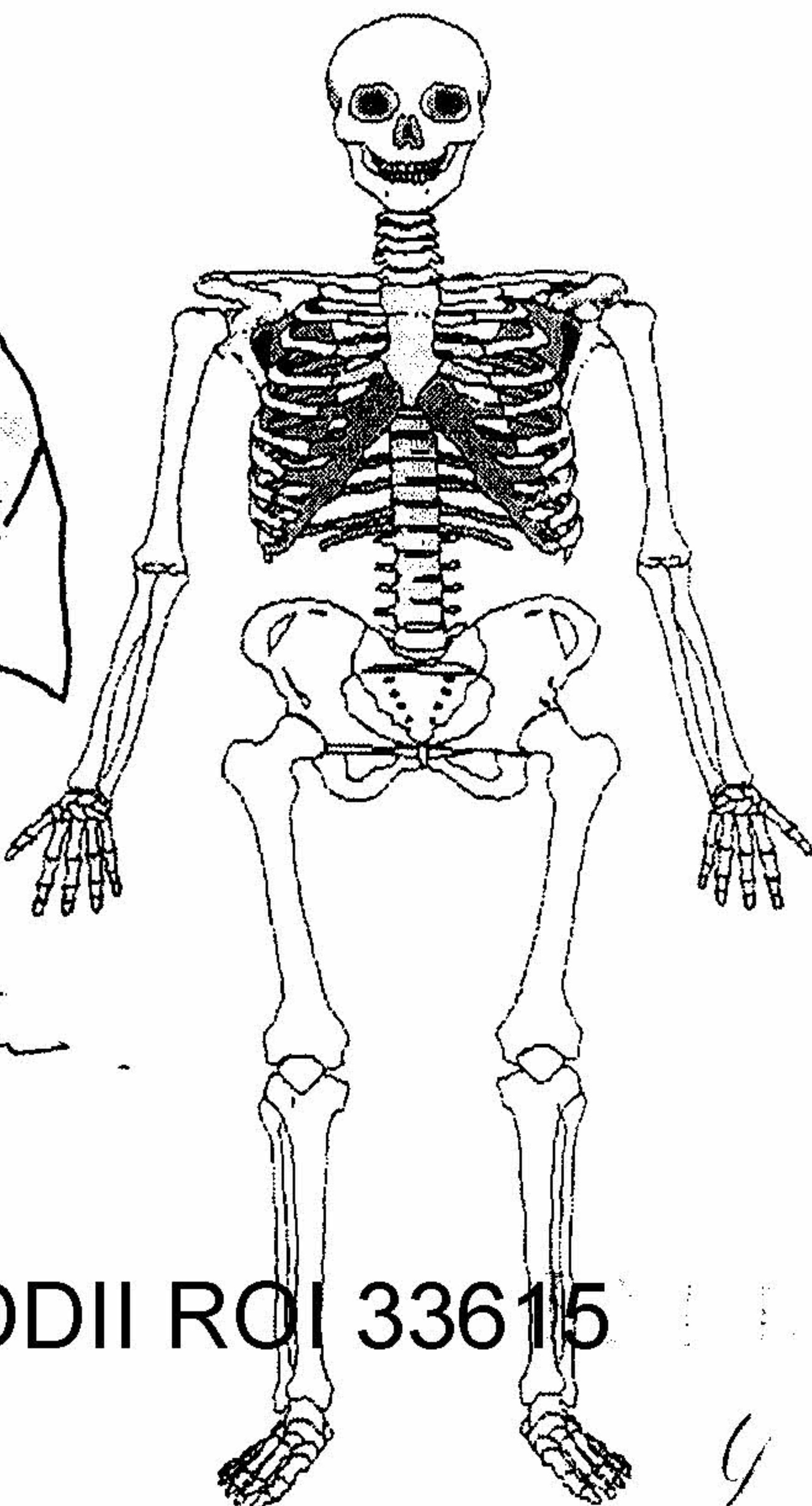
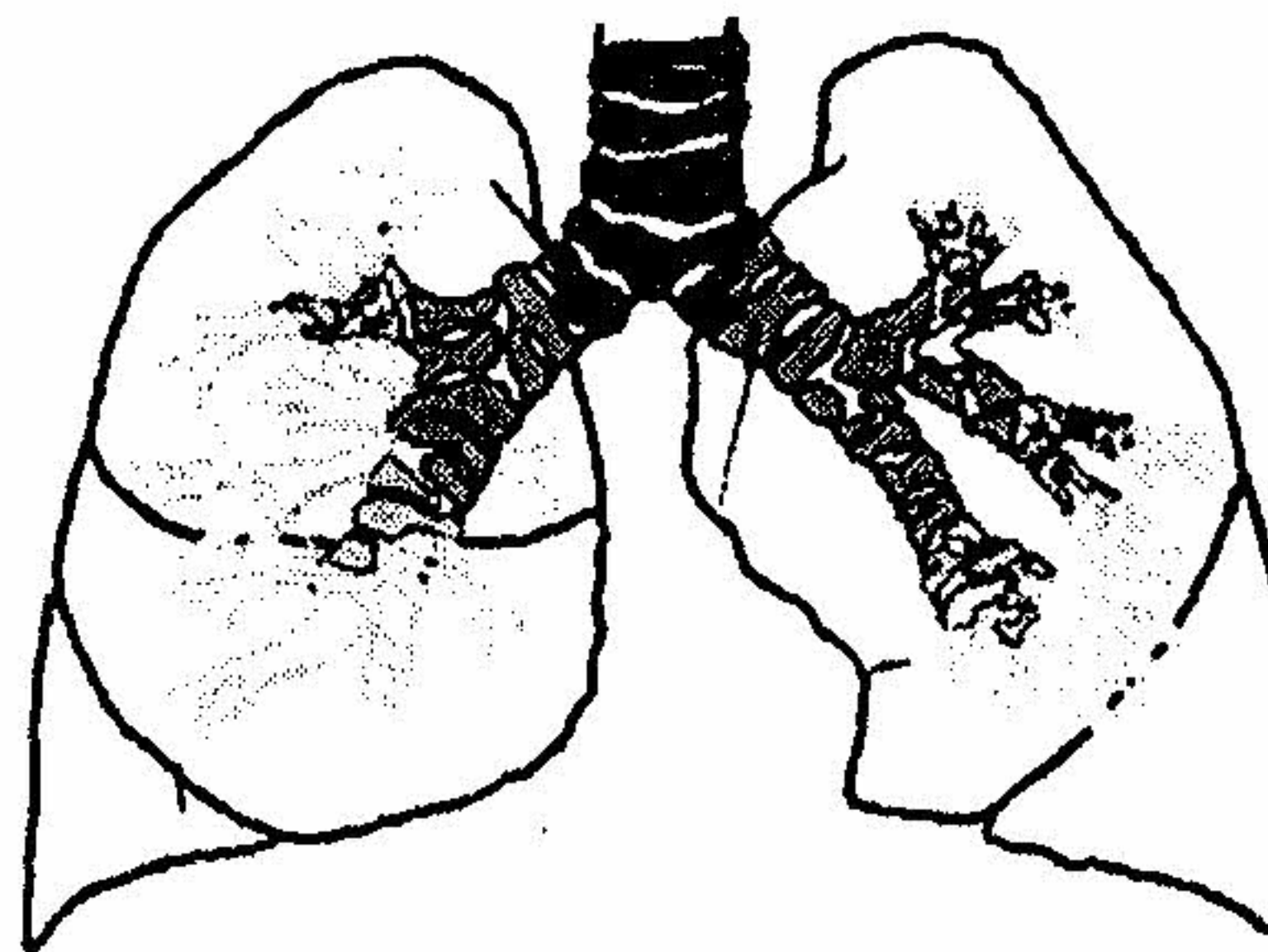
CT scan of the Head Face Cervical Spine Abdomen/Pelvis
Ultrasound of the Testicles Legs (DVT study) RUQ

CT Other: US Other:
DO NOT WRITE BELOW THIS LINE

Time Processed: hrs Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

Device "Check" means Position Adequate
ETT/Trach Heart Normal See Below
Subclav Line Lungs Normal See Below
IJ Line
NG/Feed Tube Pneumo No Yes
Chest Tube Thorax?



suspect ileus.
NG in Stomach, distal Function/position
DHT tip @ pylorus/duodenal junction region.

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE Daniel Duffy, Radiologist

ACLU-RDI 5509 DSAF MC

(b)(6)

(b)(6)

ACLU DDII ROI 33615 marks shrapnel

# Radiology Form 30 EMDG

Phone (b)(6)

Army (b)(6)

Social Security Number (US only)

NAME 907  
LAW ENFORCEMENT IDENTIFICATION NUMBER

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only): \_\_\_\_\_ hrs Date (Month/Day/Year) ⇒

10 / 11 / 08

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward# \_\_\_\_\_

if none of above, enter name of clinic and phone number here:

**History:** (check the following or list below)  IED  Mortar  Gunshot  MVA  ETT  Central Line  NG/OG-Tube  
Mastoiditis

**Provider who will get these results:** (b)(6)

**Exam Requested** circle here if portable (ER/ICU/PACU only) ⇒ PORTABLE

Chest X-Ray    Cervical Spine    Other (Specify)  
 KUB    Thoracic Spine  
 Pelvis    Lumbar Spine

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

CT scan of the    Ultrasound of the  
 Head    Face    Temporal Bone    Testicles  
 Cervical Spine    Legs (DVT study)    contrast  
 Abdomen/Pelvis    RUQ

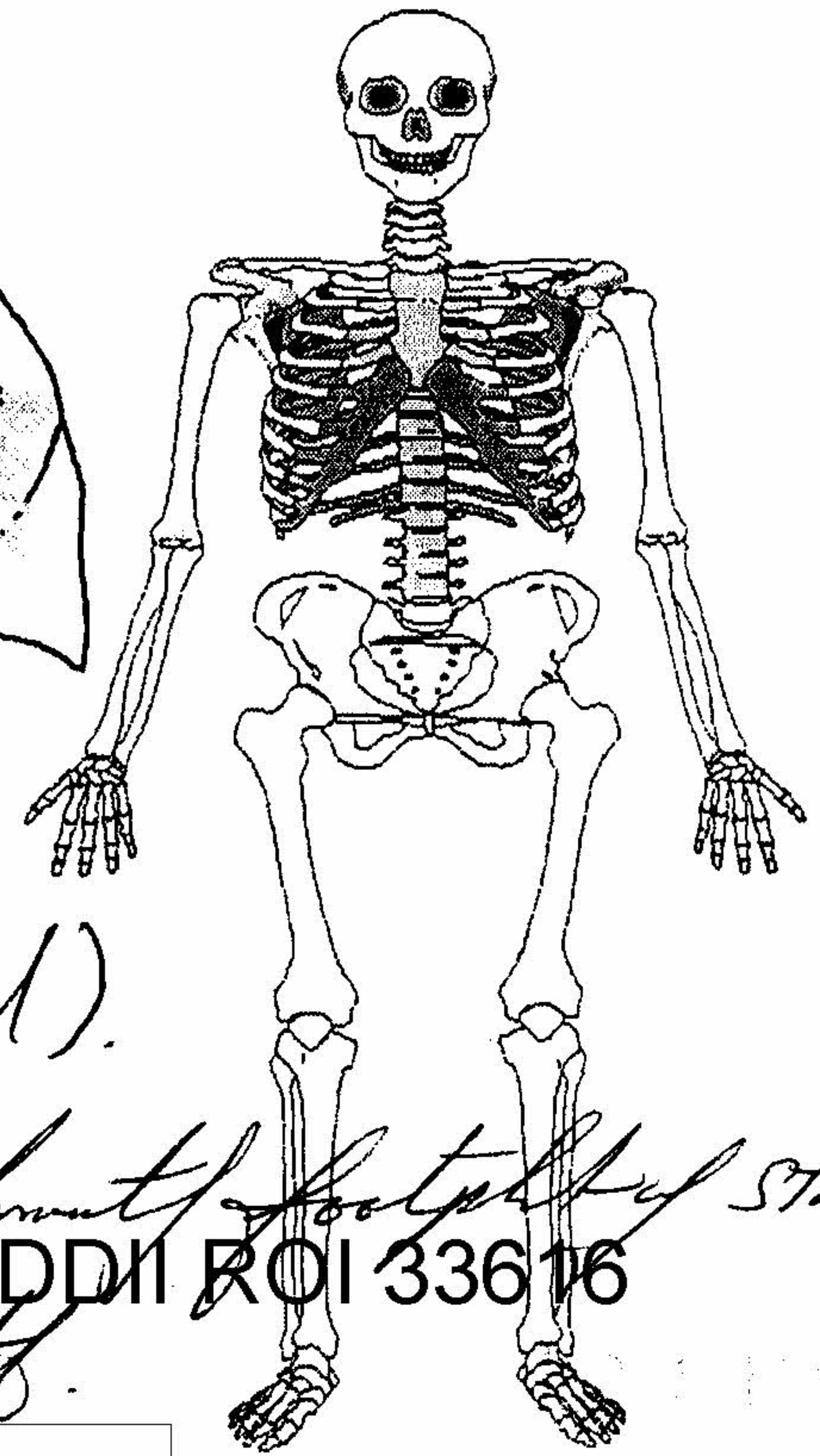
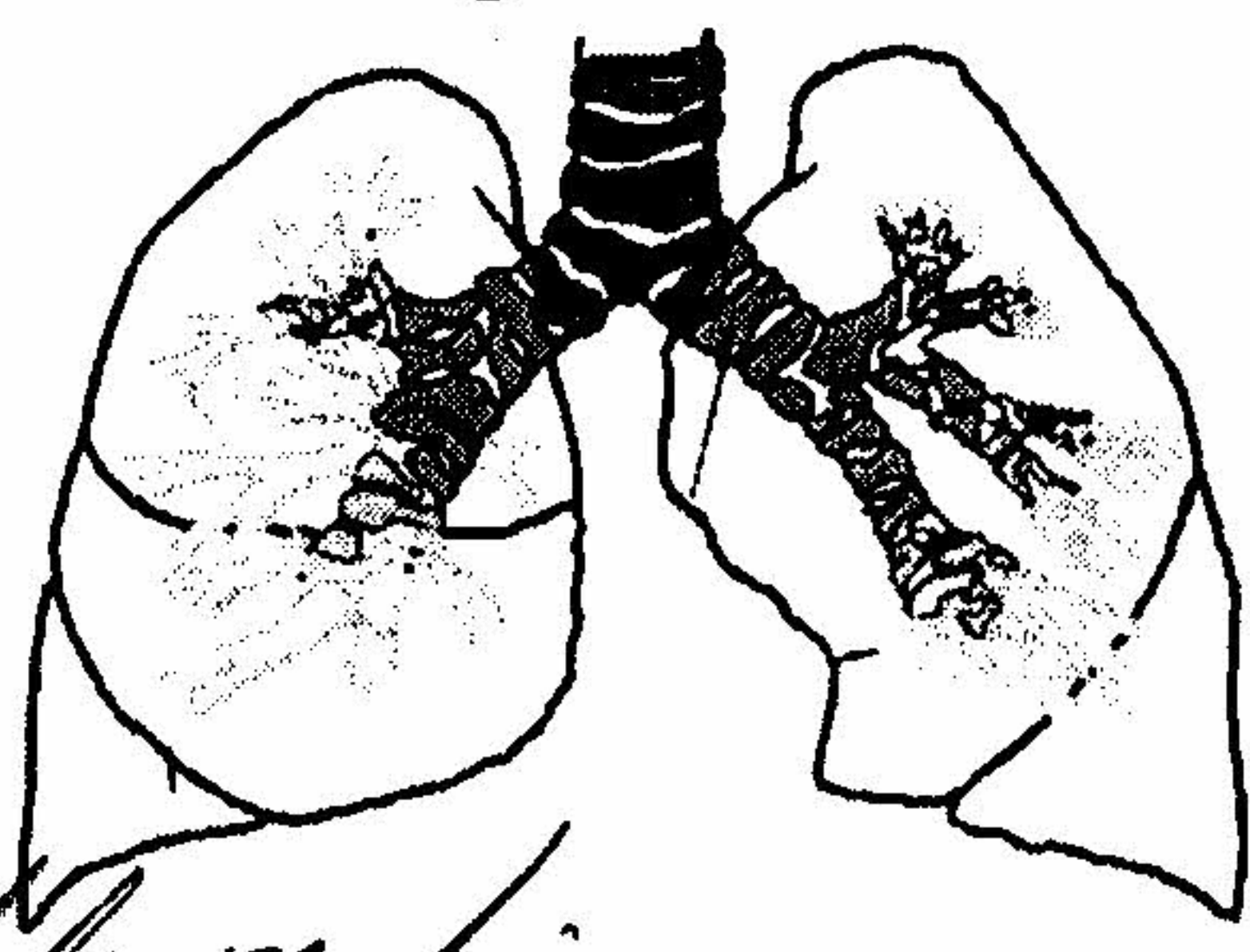
CT Other:    US Other:  
 DO NOT WRITE BELOW THIS LINE    DO NOT WRITE BELOW THIS LINE

RT	LT	CLAVICLE
RT	LT	SHOULDER
RT	LT	HUMERUS
RT	LT	ELBOW
RT	LT	FOREARM
RT	LT	WRIST
RT	LT	HAND
RT	LT	FEMUR
RT	LT	KNEE
RT	LT	TIB/FIB
RT	LT	ANKLE
RT	LT	FOOT

Time Processed: \_\_\_\_\_ hrs Findings Continued on Back if Checked

Findings: **Normal** **See-Below** **Better** **Worse** **Unchanged**

Device	"Check" means	Position Adequate
ETT/Trach	<input type="checkbox"/>	Heart Normal See Below
Subclav Line	<input type="checkbox"/>	Lungs Normal See Below
IJ Line	<input type="checkbox"/>	
NG/Feed Tube	<input type="checkbox"/>	Pneumo No Yes
Chest Tube	<input type="checkbox"/>	Thorax?



*Chronic Mastoiditis & otitis media  
 & erosion of mastoid/super T-Bar.  
 NOT cholesteatoma (denture looks good).  
 There is erosion of the ossicle, predominantly footplate of STAPES  
 & faint erosion & some hypodense opacities.*

ACLU DDI ROI 33616

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

# Radiology Form 3 MDG

Phone (b)(6)

Army (b)(6)

**Social Security Number** (US only)

NAME: [Redacted] 707  
[Redacted] - [Redacted]

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only):

hrs

**Date** (Month/Day/Year)⇒

/ /

**Location** (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

**History:** (check the following or list below)  IED  Mortar  Gunshot  MVA  ETT  Central Line  NG/OG-Tube

*Post OP*

**Provider** who will get these results:

**Exam Requested** circle here if portable (ER/ICU/PACU only)⇒ PORTABLE

- Chest X-Ray
- Cervical Spine
- KUB
- Thoracic Spine
- Pelvis
- Lumbar Spine
- Other (Specify)

- RT LT CLAVICLE
- RT LT SHOULDER
- RT LT HUMERUS
- RT LT ELBOW
- RT LT FOREARM
- RT LT WRIST
- RT LT HAND
- RT LT FEMUR
- RT LT KNEE
- RT LT TIB/FIB
- RT LT ANKLE
- RT LT FOOT

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

- CT scan of the**
- Head
  - Face
  - Cervical Spine
  - Abdomen/Pelvis
- Ultrasound of the**
- Testicles
  - Legs (DVT study)
  - RUQ

**CT Other:**

**US Other:**

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

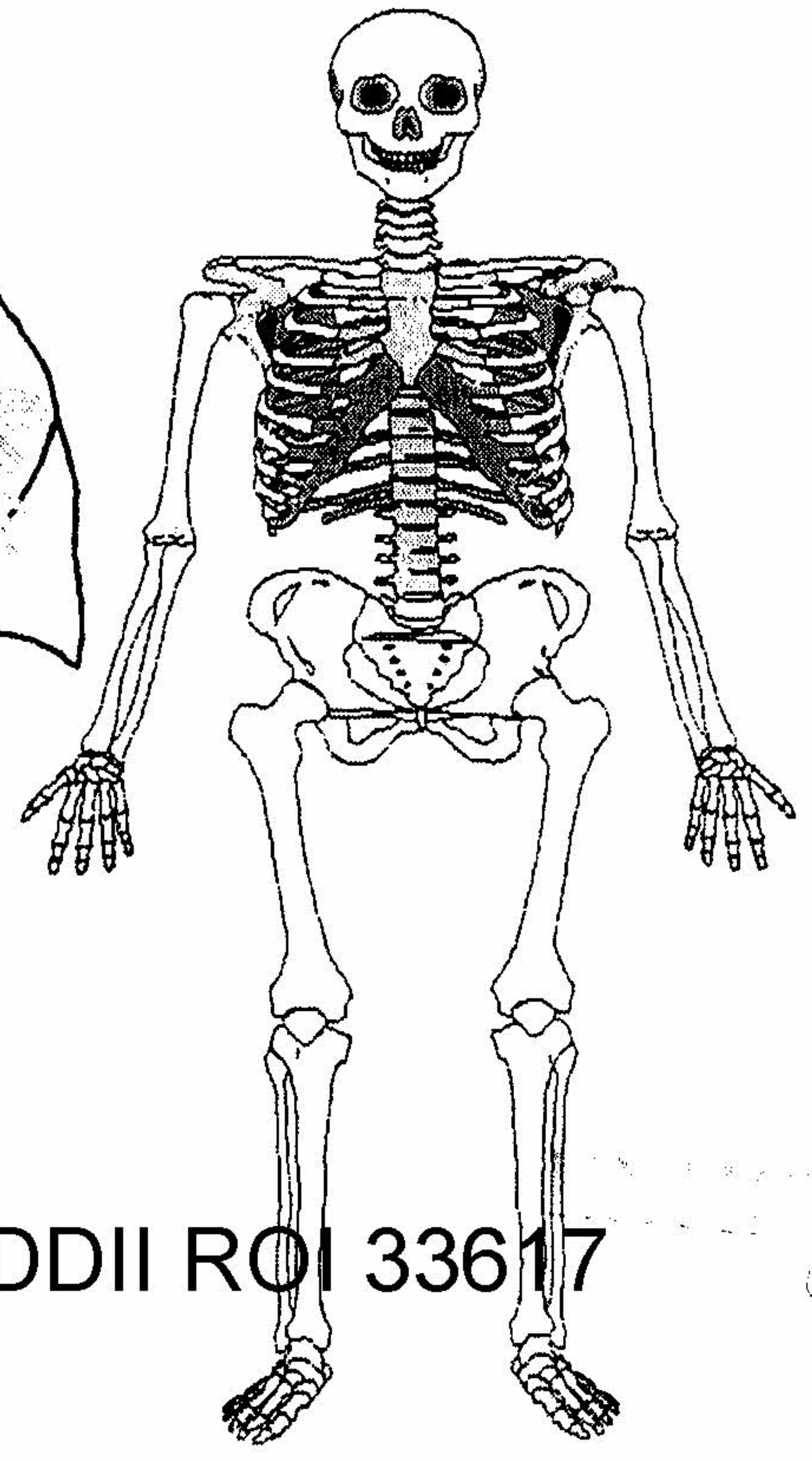
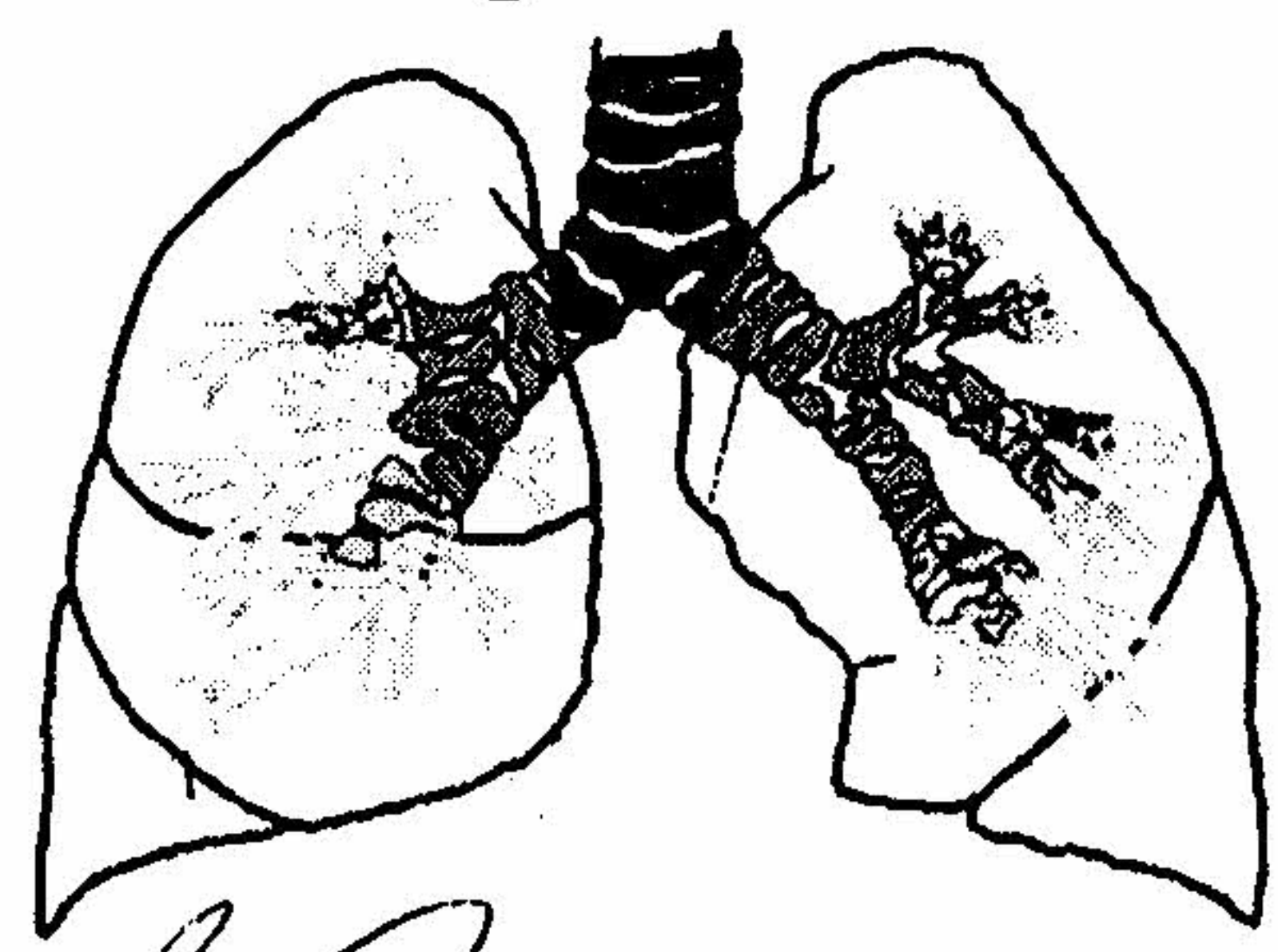
Time Processed:

hrs

Findings Continued on Back if Checked

Findings: **Normal** **See-Below** **Better** **Worse** **Unchanged**

Device	"Check" means	Position Adequate
ETT/Trach	Heart	Normal See Below
Subclav Line	Lungs	Normal See Below
IJ Line	Pneumo	No Yes
NG/Feed Tube	Thorax?	
Chest Tube		



*New placement of Intracerebral drain - tip @ medial @ lat vent. Extensive hypodense debris in ventri - hydrocephalus.*

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

marks shrapnel  
ACLU DDII ROI 33617

(b)(6)

(b)(6)

# Radiology Form 3 MDG

FOR OFFICIAL USE ONLY

Phone (b)(6)

Social Security Number (US only)

NAME  
LAW ENFORCEMENT SENSITIVE

907 - -

Army (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only): 0500 hrs

Date (Month/Day/Year) =>

Apr 05 1

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

History: (check the following or list below)  IED  Mortar  Gunshot  MVA  ETT  Central Line  NG/OG-Tube

Provider who will get these results:

## Exam Requested

circle here if portable (ER/ICU/PACU only) => PORTABLE

- Chest X-Ray Cervical Spine Other (Specify)
- KUB Thoracic Spine
- Pelvis Lumbar Spine

- RT LT CLAVICLE
- RT LT SHOULDER
- RT LT HUMERUS
- RT LT ELBOW
- RT LT FOREARM
- RT LT WRIST
- RT LT HAND
- RT LT FEMUR
- RT LT KNEE
- RT LT TIB/FIB
- RT LT ANKLE
- RT LT FOOT

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

- CT scan of the Head Face Testicles
- Cervical Spine Legs (DVT study)
- Abdomen/Pelvis RUQ

CT Other:

US Other:

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

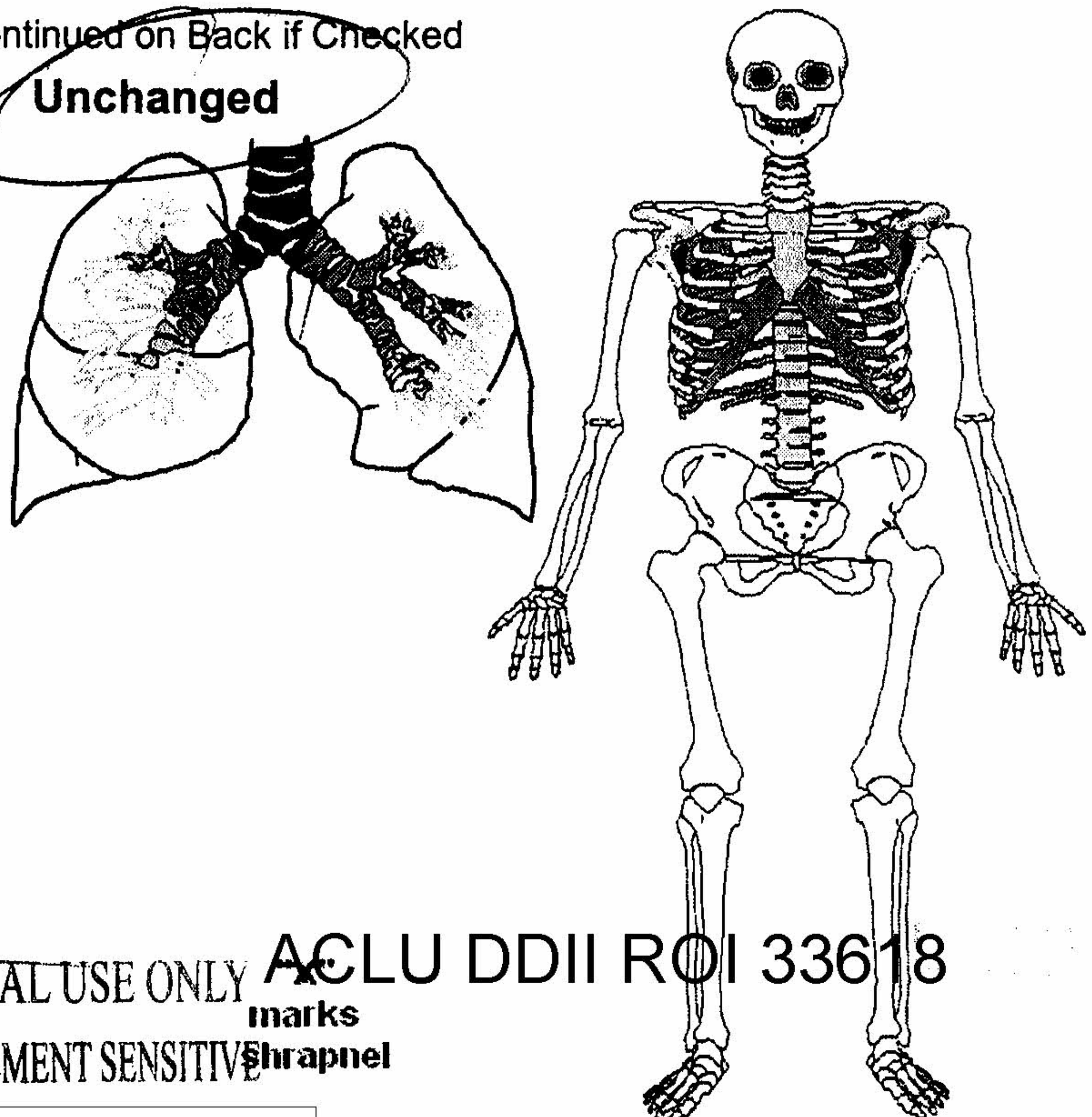
Time Processed:

hrs

Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

- "Check" means Position Adequate
- ETT/Trach  Heart Normal See Below
  - Subclav Line  Lungs Normal See Below
  - IJ Line  Pneumo No Yes
  - NG/Feed Tube  Thorax? No Yes
  - Chest Tube



(b)(6)

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

marks  
shrapnel  
ACLU DDII ROI 33618

(b)(6)

Radiology Form 332 EMERGENCY ENFORCEMENT NAME

Phone (b)(6)

Social Security Number (US only)

907  
13 OCT - 05

Army (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

Time (ICU patients only):

hrs

Date (Month/Day/Year)

1 / 1

Location

ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

(circle one)

if none of above, enter name of clinic and phone number here:

History: (circle one of following or list below) IED Mortar Gunshot MVA ETT Central Line NG/OG-Tube

Provider who will get these results:

Exam Requested

circle here if portable (ER/ICU/PACU only) PORTABLE

- Chest X-Ray
- Cervical Spine
- Other (Specify)
- KUB
- Thoracic Spine
- Pelvis
- Lumbar Spine

- RT LT CLAVICLE
- RT LT SHOULDER
- RT LT HUMERUS
- RT LT ELBOW
- RT LT FOREARM
- RT LT WRIST
- RT LT HAND
- RT LT FEMUR
- RT LT KNEE
- RT LT TIB/FIB
- RT LT ANKLE
- RT LT FOOT

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

- CT scan of the Head Face
- Ultrasound of the Testicles
- Cervical Spine
- Legs (DVT study)
- Abdomen/Pelvis
- RUQ
- CT Other:
- US Other:

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

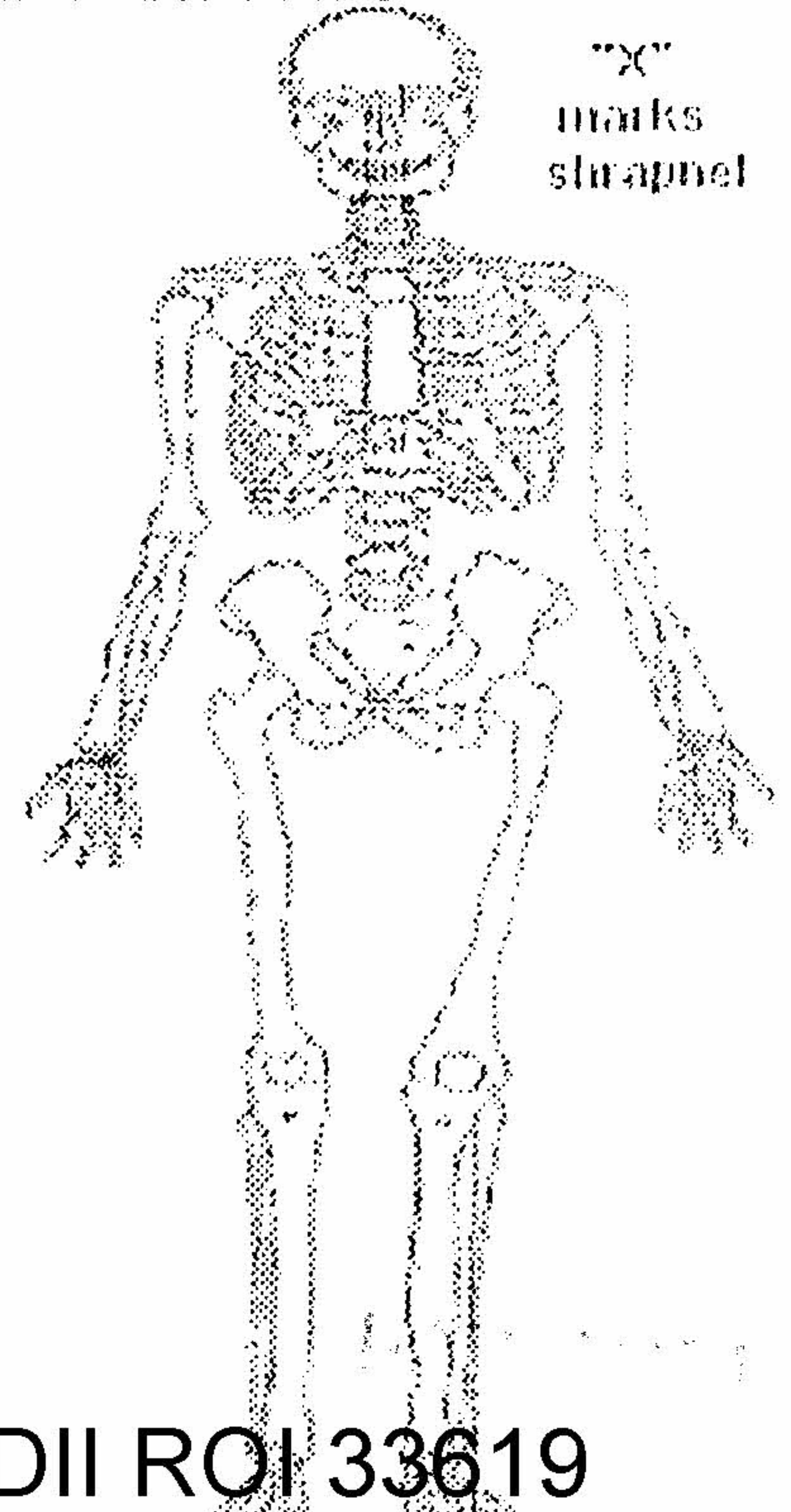
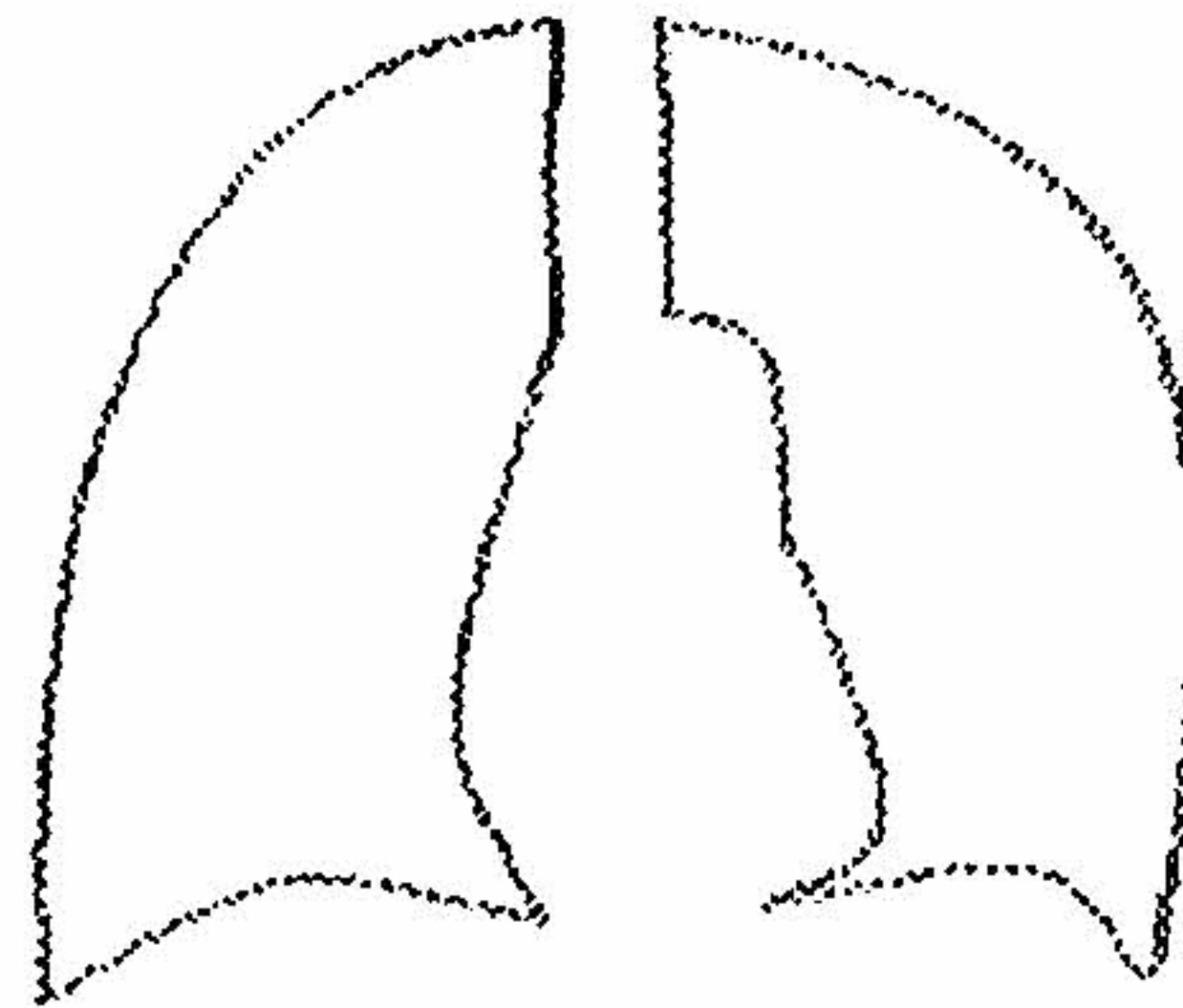
Time Processed:

hrs

Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

- Device "Check" means Position Adequate
- ETT/Trach  Heart Normal See Below
- Subclav Line  Lungs Normal See Below
- IJ Line
- NG/Feed Tube  Pneumo No Yes
- Chest Tube  Thorax?



"X" marks strapnet

(b)(6)

FOR OFFICIAL USE ONLY

ACLU DDII ROI 33619

(b)(6)

(b)(6)

Updated 20Jan05

FIRMIR (41 CFR) 101-11.806-R

902

LAW ENFORCEMENT SENSITIVE

	Date	10.13	10.13	10.14	15 OCT	15 OCT 95	16 OCT 05
	Time	1742	2230	0400	0425	1430	0400
<b>Piccolo</b>	<b>Limits</b>						
WBC	4.5 - 10.5	18.4	19.4	22	18.6		17.7
Hb	11.0 - 18.	10.4	10.6	10.8	9.3	13.9	14.16
Hct	35 - 60	32.6	33.8	33.6	29.2		41.7
Platelets	150 - 450	340	331	328	306		208
% Lymph.	20.5 - 51.	8.6	8.7	7.5	8.3		4.8
aPTT (sec)			26.3	23.5	26.7		49.1
PT (sec)			11.5	11.3	13.7		11.2
INR			1.2	1.1	1.4		1.1

<b>ABG iStat</b>							
Na	138 - 146		146	147	146		
K	3.5 - 4.9		3.7	3.6	3.1		
tCO2	22 - 28						
iCa	1.12 - 1.32		1.10	1.11	1.07		
Hct	38 - 51		36	34	29		
Hb	12. - 17		12.2	11.6	9.9		
Temp							
FiO2	0.21 - 1.0						
pH	7.31 - 7.45	7.523	7.429	7.425	7.430	7.532	7.523
PCO2	35 - 45	28.7	36.8	42.8	40	53.2	33.3
PO2	80 - 105	253	187	148	128	136	358
HCO3	22 - 26	26.4	24.4	28.1	26.8	28.0	27.4
BE	(-2) - (+3)	4	8	4	3	5	5
SaO2 (calc)	95 - 98%	100	100	99	99%	99.10	100
Anion Gap	12 (+/- 4)						
(A-a) grad	Variable						
PaO2/FiO2	<300 bad	.40	.30				

<b>Piccolo</b>							
Na	128 - 145	141	139	148		142	138
K	3.3 - 4.7	3.6	3.7	3.8		3.8	4.0
Cl	98 - 108	113	109	115		102	107
tCO2	18 - 33	27	25	29		24	28
BUN	7.0 - 22	20	19	17			11
Creatinine	0.6 - 1.2	0.7	.7	.6			.5

Glucose	73 - 118	124	187	107			140
Ca	8.0 - 10.3	7.7		7.7			7.2
Albumin	3.3 - 5.5						
ALP	53 - 128						
ALT	10.0 - 47						
AMY	14 - 97						
AST	11.0 - 38						
T.BILI	0.2 - 1.6			.3			
T. Protein	6.4 - 8.1						
GGT	5.0 - 65						
CK	39 - 380		170	135			
CKMB							
Troponin							
Serum Osm	278 - 305						

ACLU DDII R01 33620

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5509 031

AG: Na - (Cl + CO2)

Fi of 1.0, upper limit 120 mmHg

Osmol: 2(Na+K) + ...

000026

diology Form 3 MDG

NAME [redacted] LAW ENFORCEMENT SENSITIVE

(b)(6)

Social Security Number (US only) [redacted]

(b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

ICU patients only):

hrs

Date (Month/Day/Year) =>

10 / 13 / 05

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

name of clinic and phone number here:

to y: (check the following or list below)  IED  Mortar  Gunshot  MVA  ETT  Central Line  NG/OG-Tube

Physician who will get these results:

Requested

circle here if portable (ER/ICU/PACU only) => PORTABLE

- Chest X-Ray
- Cervical Spine
- Other (Specify)
- Thoracic Spine
- Lumbar Spine

do not request CT or Ultrasound on same form as Plain Film (use separate form)

- Ultrasound of the
- Face
- Testicles
- Legs (DVT study)
- RUQ
- US Other:

- RT LT CLAVICLE
- RT LT SHOULDER
- RT LT HUMERUS
- RT LT ELBOW
- RT LT FOREARM
- RT LT WRIST
- RT LT HAND
- RT LT FEMUR
- RT LT KNEE
- RT LT TIB/FIB
- RT LT ANKLE
- RT LT FOOT

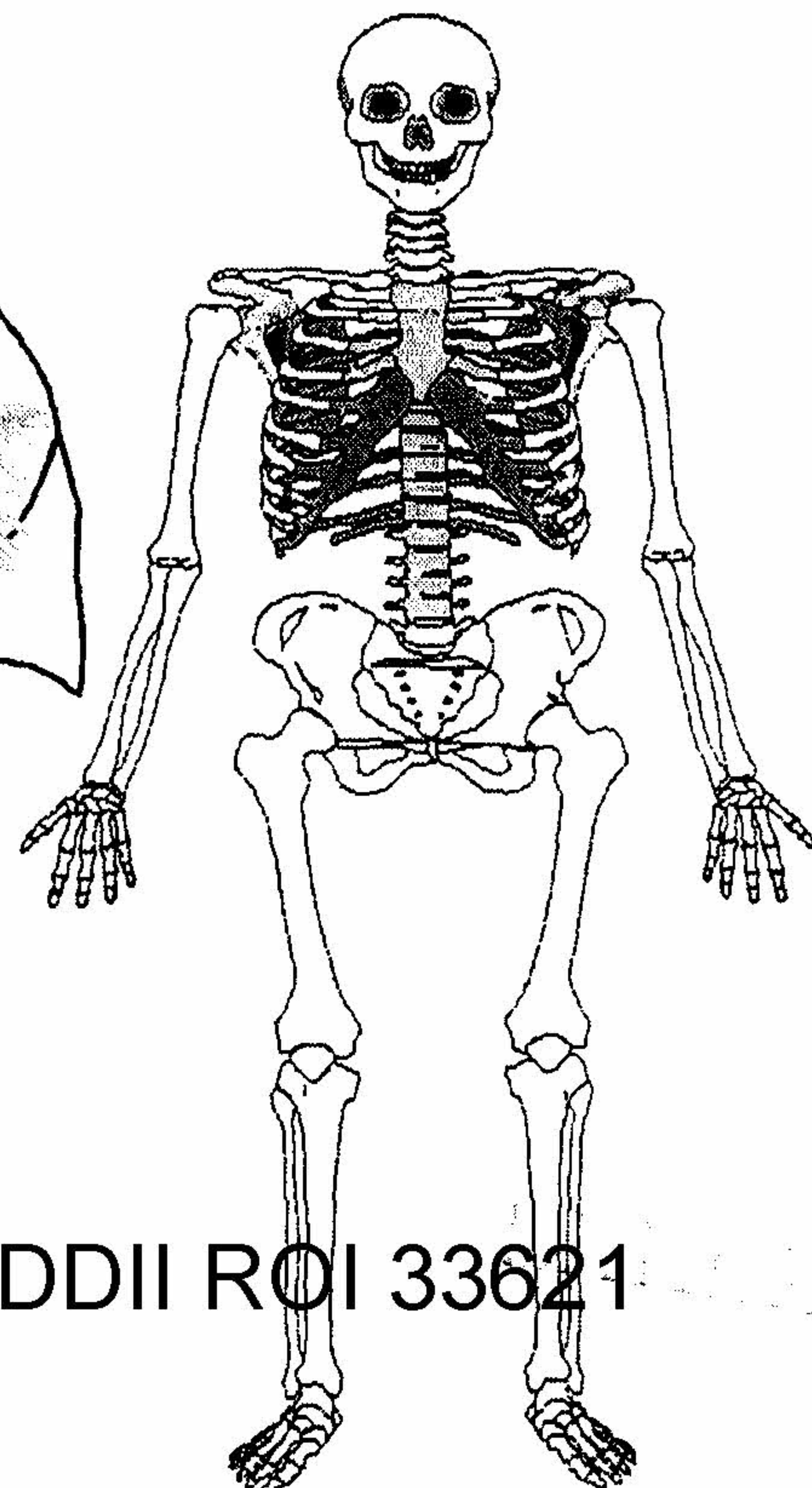
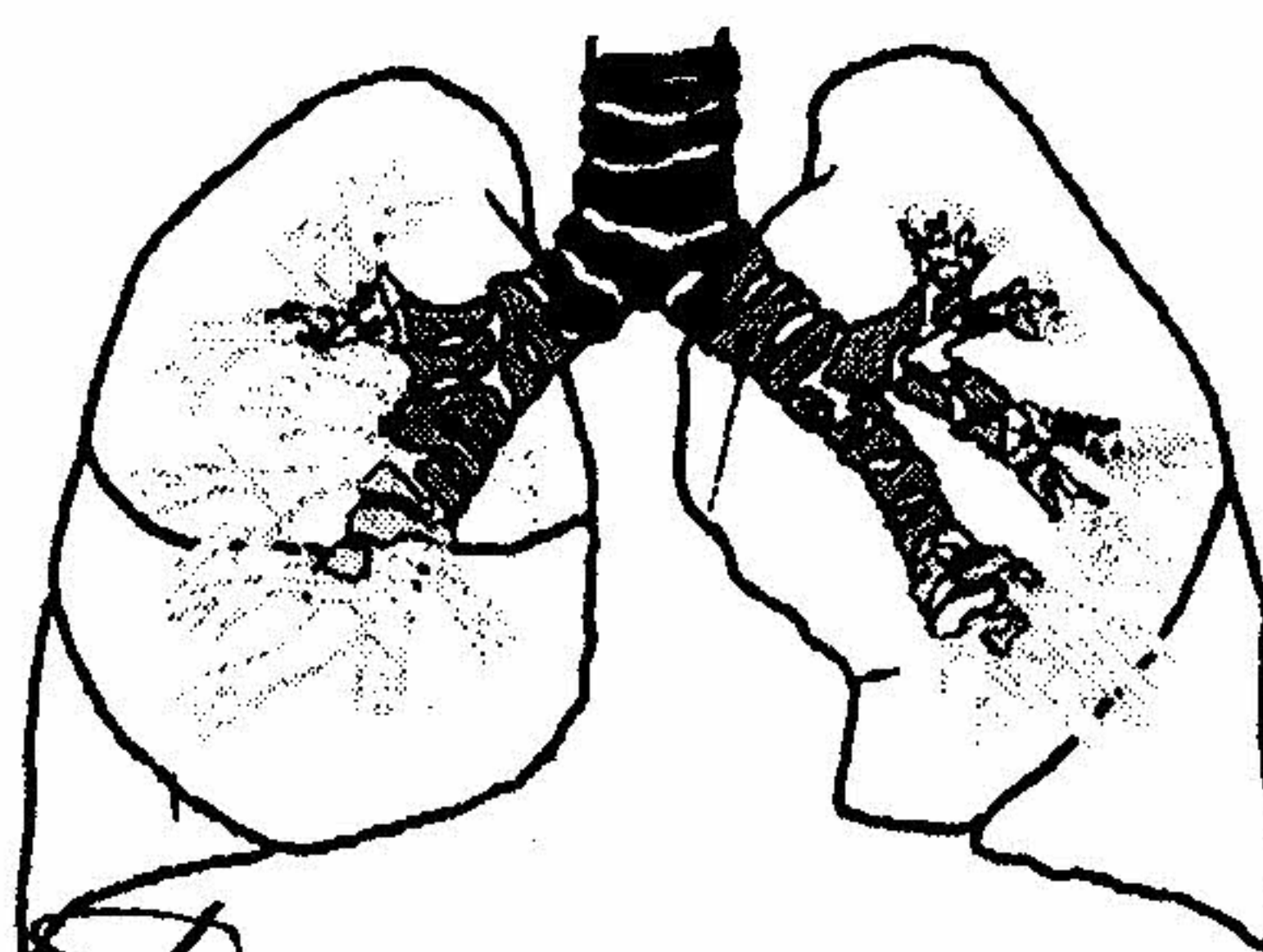
DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Processed: hrs Findings Continued on Back if Checked

Normal See-Below Better Worse Unchanged

- ET/Trach  Heart Normal See Below
- Subclav Line  Lungs Normal See Below
- IC Line
- NG Feed Tube  Pneumo No Yes
- Chest Tube  Thorax?



ETT oriented into (R) mainstem

(b)(6)

(b)(6)



332 EMDG

LAW ENFORCEMENT SENSITIVE  
BALAD AIR BASE AFTH

TEL: (b)(6)

Primary Surgeon (b)(6)	1 <sup>st</sup> Assistant	2 <sup>nd</sup> Assistant	Additional Surgeons
Anesthesia Provider (b)(6)	OR In 1758 OR Out 1925	Start 1844 Stop 1920	
Scrub Technician (b)(6)	Circulating Nurse (b)(6)	Mechanism of Injury	
Pre Op Diagnosis:	Ventriculitis, Hydrocephalus, R temporal abscess		
Post Op Diagnosis:	Same		
Procedure:	R frontal ventriculostomy, Drainage of R temporal abscess		
Complications:	CF		
Findings:	1) Pus in ventricle 2) bloody thick fluid R abscess		
Future Plan/Dispo:	ICU		
IVF:	EBL: minimal	UOP:	
Blood Products: CF	Drains and Tubes: ventric		
Surgeon's Signature (b)(6)			Date 13 OCT 05

ID Number

907

Patient Name

SS#

ACLU DDII ROI 33622

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

10 OCT 05

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

100 (2)

JOINT THEATER TRAUMA NURSING RECORD				
(All shaded areas mandatory for Joint Theater Trauma Registry data collection)				
<b>ARRIVAL STATUS</b> Date: <u>13 OCT 05</u> Time of arrival: <u>1645</u> Time of injury: Transit time: C-spine immob: <u>Y/N</u> Functional: <u>Y/N</u> Intubated: <u>Y/N</u> Cric: <u>Y/N</u> Needle Decompr: <u>Y/N</u> T: <u>102</u> BP: <u>130/56</u> HR: <u>123</u> RR: <u>14</u> O <sub>2</sub> Sat: <u>100</u> PAIN: <u>0</u> 1 2 3 4 5 6 7 8 9 10 Last Tetanus: GCS: <u>3</u>	<b>TRIAGE CATEGORY</b> <input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minimal <input type="checkbox"/> Expectant	<b>WOUNDED BY</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input type="checkbox"/> Friendly <input type="checkbox"/> Civ (Host nation) <input type="checkbox"/> Training <input type="checkbox"/> Self accident <input type="checkbox"/> Self inflicted <input type="checkbox"/> Sports/recreation <input type="checkbox"/> Other:	<b>MODE OF ARRIVAL</b> <input type="checkbox"/> Walked <input type="checkbox"/> Carried <input type="checkbox"/> USMC CASEVAC <input type="checkbox"/> Non-med ground <input type="checkbox"/> Ground ambulance <input type="checkbox"/> Non-med air <input checked="" type="checkbox"/> Air ambulance <input type="checkbox"/> Ship EVAC <input type="checkbox"/> Other:	<b>PATIENT CATEGORY</b> Nation: <input type="checkbox"/> US <input checked="" type="checkbox"/> Host nation <input type="checkbox"/> Coalition <input type="checkbox"/> Enemy: Service: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> Civilian <input type="checkbox"/> Combatants <input type="checkbox"/> Contractor <input type="checkbox"/> ING <input type="checkbox"/> IP <input type="checkbox"/> Non-gov't org <input type="checkbox"/> Other: <input type="checkbox"/> ID WRIST BAND ON
<b>TOURNIQUET</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time on: off: Type: GAT/ SOFTT/ Other: <b>PRE HOSP. MEDS @</b> (time) <input type="checkbox"/> Morphine <input type="checkbox"/> RSI meds <input type="checkbox"/> Antibiotic <input type="checkbox"/> Other: <input type="checkbox"/> Fentanyl <input type="checkbox"/> Seizure med <input type="checkbox"/> Mannitol	<b>GPR IN PROGRESS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time started: Time ended:	<b>GENDER</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>PRE-HOSP. WARMING</b> <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Space blanket <input type="checkbox"/> Body bag <input type="checkbox"/> Other: <b>HOSP. WARMING</b> <input type="checkbox"/> Radiant warmer <input type="checkbox"/> IV bag warmer <input type="checkbox"/> Bair hugger <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Other: <u>BLANKET</u>	
<b>CHIEF COMPLAINT</b> <u>MENINGITIS</u>	<b>EVAC FROM</b> (Check/circle all that apply) <input type="checkbox"/> Field <input checked="" type="checkbox"/> Coalition: <u>228 CSH</u> USA/USN/USAF/USMC/ Level I IIa IIb III			
PRIMARY SURVEY				
<b>AIRWAY</b> <input type="checkbox"/> Patent <input type="checkbox"/> Stridor <input type="checkbox"/> Drooling <input type="checkbox"/> Obstructed <input type="checkbox"/> Oral/Nasal Airway <input type="checkbox"/> BVM <input type="checkbox"/> Combi tube <input checked="" type="checkbox"/> Intubated <input type="checkbox"/> Other:	<b>BREATHING</b> <input type="checkbox"/> Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> Absent <input type="checkbox"/> Retraction <input type="checkbox"/> Flaring Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> Deviated Chest symmetry: (circle one) Left > Equal < Right	<b>Breath Sounds</b> Right Left <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Flail <input type="checkbox"/> <input type="checkbox"/> Wheeze <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/>	<b>CIRCULATION</b> Skin: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph Heart Sounds: <input type="checkbox"/> Clear <input type="checkbox"/> Muffled Capillary Refill: <input checked="" type="checkbox"/> <2 seconds (normal) <input type="checkbox"/> >2 seconds (delayed)	<b>DEFICIT/NEURO</b> <input type="checkbox"/> Alert <input type="checkbox"/> Responds to verbal <input type="checkbox"/> Responds to pain <input checked="" type="checkbox"/> Unresponsive GCS: <u>3</u> Eyes <u>1/4</u> Verbal <u>1/5</u> Motor <u>1/6</u> Total <u>3/15</u> Sphincter Tone: <input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None
SECONDARY SURVEY				
<b>HEAD/NECK/ENT</b> Drainage: Nose (color): CSF: + / - Eyes: Equal R/L Fixed R/L Reactive R/L Dilated R/L Other: C-Spine tender: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Dental injury: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tympanic Membrane: Clear R L Blood R L	<b>HEART</b> Rhythm: <input checked="" type="checkbox"/> NSR (tachy/brady) <input type="checkbox"/> V-fib/tach <input type="checkbox"/> PEA <input type="checkbox"/> Asystole <input type="checkbox"/> Other Pulses: S = Strong D = Doppler W = Weak A = Absent Carotid <u>5</u> R <u>5</u> L Femoral <u>5</u> R <u>5</u> L Brachial <u>5</u> R <u>5</u> L Radial <u>5</u> R <u>5</u> L Pedal <u>5</u> R <u>5</u> L JVD Distension: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ABDOMINAL/GU</b> <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Non-tender <input type="checkbox"/> Tender <input type="checkbox"/> Rigid <input type="checkbox"/> Guarding <input type="checkbox"/> Rebound tenderness <input type="checkbox"/> Unable to assess <input type="checkbox"/> Open wound FAST DONE: POS / NEG / NA Last Meal @ <u>?</u>	<b>EXTREMITIES</b> Pelvis stable: <input type="checkbox"/> Yes <input type="checkbox"/> No Binder: <input type="checkbox"/> Yes <input type="checkbox"/> No Hemorrhage: <input type="checkbox"/> Yes <input type="checkbox"/> No Blood at meatus/vagina: <input type="checkbox"/> Yes <input type="checkbox"/> No Prostate: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Heme +/- Fracture/dislocation: <input type="checkbox"/> RUE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> LLE Motor Sens ROM RUE + / - + / - + / - LUE + / - + / - + / - RLE + / - + / - + / - LLE + / - + / - + / - LOG ROLL TIME: Back exam: <input type="checkbox"/> WNL <input type="checkbox"/> ABNL (describe)	
<b>PATIENT IDENTIFICATION</b> Name/Rank: SSN/Patient Id #: DOB: (ddmmyy) Deployed unit: MTF transferred from: MTF:	<u>907</u> Age: _____		<b>ALLERGIES</b> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NKDA <input type="checkbox"/> PCN <input type="checkbox"/> Sulfa <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input type="checkbox"/> Other:	<b>PAST MED HX</b> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Respiratory hx <input type="checkbox"/> Seizure hx <input type="checkbox"/> Cardiac hx <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Ulcers <input type="checkbox"/> Other:
			<b>CURRENT MEDICATIONS</b> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> List current meds:	

ACLU DDII ROI 33623

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

4

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY		MECHANISM OF INJURY	
(AE) Abrasion (AMP) Amputation (AV) Avulsion (BL) Bleeding (B) Burn (C) Crepitus (D) Deformity (DG) Degloving (E) Echymosis (FX) Fracture (F) Foreign Body (GSW) Gun Shot Wound (H) Hematoma (LAC) Laceration (PW) Puncture Wound (P) Pain (SS) Seatbelt Sign (SW) Stab Wound	<p>R L L R</p> <p>ANTERIOR POSTERIOR</p>	<input type="checkbox"/> GSW/Bullet <input type="checkbox"/> Blunt trauma <input type="checkbox"/> Single frag <input type="checkbox"/> Multi-frag <input type="checkbox"/> Plane crash <input type="checkbox"/> Helo crash <input type="checkbox"/> Knife (stab) <input type="checkbox"/> Mortar <input type="checkbox"/> RPG/Grenade <input type="checkbox"/> Drowning <input type="checkbox"/> Flying Debris <input type="checkbox"/> Machinery <input type="checkbox"/> Landmine <input type="checkbox"/> Building collapse <input type="checkbox"/> Assault / fight <input type="checkbox"/> Other	<input type="checkbox"/> MVC <input type="checkbox"/> Blast <input type="checkbox"/> Burn <input type="checkbox"/> Crush <input type="checkbox"/> Fall <input type="checkbox"/> IED <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiologic <input type="checkbox"/> Nuclear <input type="checkbox"/> Bomb <input type="checkbox"/> UXO <input type="checkbox"/> Hot obj/liq
		Burn: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd %TBSA =	

PRE-HOSPITAL HEMOSTATIC DEVICES:

Unknown  None  Direct Pressure  Field Dressing  
 Quick Clot  Fibrin bandage (Type: example Chitosan)  Other

PROTECTIVE GEAR	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH / MICH / CVG / AVN / USMC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flak vest / IBA (circle XSM / S / M / L / XL / XXL / XXXL / XXXXL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramic plate (circle XSM / S / M / L / XL)	F <input type="checkbox"/> B <input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>
Eyewear (SPECs / SG-1 / BLPS / UVEX XC / ESS land / ESS NVG / SMDG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deltoid / Axilla ext (left / right)	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>
Neck Protector (collar / throat)	C <input type="checkbox"/> T <input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>
Groin / leg ext	G <input type="checkbox"/> L <input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS	X-RAY	CT
PTA	ET intubation	Teeth	<input checked="" type="checkbox"/> oral <input type="checkbox"/> nasal		<input type="checkbox"/> ETCO <sub>2</sub> change <input type="checkbox"/> BBS post int.	TIME: 1700 TYPE: Chest	TIME: 1710 TYPE: Head
PTA	Gastric Tube		<input type="checkbox"/> oral <input checked="" type="checkbox"/> nasal		<input type="checkbox"/> Verified Suction Y N	Abdom.	Chest
PTA	Urinary		<input checked="" type="checkbox"/> meatus <input type="checkbox"/> supra.		Heme dip +/- Results cc	Pelvis	Pelvis
	Chest tube #1		L R		air blood		
	Chest tube #2		L R		air blood		
PTA	A-line		L R			O2 on: O2 off:	Nasal canula <input type="checkbox"/>
	Thoracotomy		L R				NRB Mask <input type="checkbox"/>
	Tourniquet	Type:	Site:				BVM <input type="checkbox"/>

LABS			Intravenous Access							
Time	Test	Time	Test	Time	#	gauge	IVF type	site	amt up	amt in
	CBC		T & S	PTA	1	triple		(L) subclav		
	ABG		T & Cx	PTA	2			(R) FARM		
	Chemistry		UA	PTA	3	ant line				
	PT/PTT		HCG							
	TEG		Other							

PATIENT IDENTIFICATION

Name: (Last/First/Rank) **907** DOB: (ddmmyy)  
 Patient Id./SSN: **907** Age:  
 Deployed Unit:  
 TF 44th DA 4700 Overprint JUNE 2005 Subject to the Privacy Act of 1974 **ACLU DDII ROI 33624**



332<sup>ND</sup> EMDG LABORATORY REQUEST FORM  
(Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: <u>160405</u>	TIME: <u>0400</u>	<input checked="" type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> ROUTINE
Patient Name (Last, First, MI): <u>907</u>	Pt SSN/Pseudo SSN: _____	Pt DOB: ____/____/____
	Pt UNIT/WARD/TMC/FOB: <u>14 # 2</u>	Pt Sex: <input checked="" type="radio"/> M <input type="radio"/> F
Ordering Provider Name:	Ordering Provider E-mail:	Other Contact Information:
<input type="checkbox"/> Minor Trauma Panel (Includes type and hold, CBC and HCG – if female) <b>1 Purple and Urine – if female</b>		<input type="checkbox"/> Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female) <b>2 Purples, 1 Green, 1 Blue and Urine – if female</b>
<b>CBC (Hematology) – Purple Top</b> <input type="checkbox"/> 17.7 WBC    4.4-11 x 10 <sup>3</sup> /μl 4.16 RBC    4.5-5.9 x 10 <sup>6</sup> /μl 13.9 HGB    14.0-17.5 g/dl (M) 12.3-15.3 g/dl (F) 41.7 HCT    41.5-50.4 % (M) 35.9-44.6 % (F) 91.4 MCV    80-96 fl (M) 81-99 fl (F)  30.5 MCH    27-33 pg (M) 27-31 pg (F) 33.4 MCHC    33-37 g/dl (M) 33-35 g/dl (F) 208 PLT    130-450 x 10 <sup>3</sup> /μl 4.8 Lymp%    21-51%	<b>Urinalysis (Chemistry)</b> <input type="checkbox"/> Color    Straw, Yel, Amber Clarity    Clear Spec Gr    1.003-1.030 pH    4.6-8.0 LEU    Neg NIT    Neg PRO    Neg  GLU    Neg  KET    Neg UBG    0.1-1.0 BIL    Neg BLD    Neg Other	<b>Serology – Red Top</b> <input type="checkbox"/> Test    Result    Ref Range Serum HCG    _____    Neg Urine HCG    _____    Neg Inf Mono    _____    Neg RPR    _____    Neg HIV    _____    Neg Strep A    _____    Neg (Swab) Chlamydia    _____    Neg (Swab)
<b>Manual Differential (Hematology) – Purple</b> <input type="checkbox"/> Test    Result    Ref Range Segs    _____    55-70% Bands    _____    1-3% Lymphs    _____    20-40% -Atyp    _____    None Mono    _____    2-8% Eos    _____    1-4% Baso    _____    0.5-1.0% Other    _____    None	<b>Urinalysis (Microscopic)</b> <input type="checkbox"/> Test    Result    Ref Range WBC    _____    0-5/Hpf RBC    _____    0-3/Hpf Epi    _____    0-5/Hpf - Type Bact    _____    Neg Mucous    _____    Neg Crystals    _____    Neg Yeast    _____    Neg Trich    _____    Neg Casts    _____    Neg - Type Other	<b>Microbiology</b> <input type="checkbox"/> Test    Result    Ref Range Gram stain    _____    NBS Culture <b>Source:</b> <input type="checkbox"/> Wound    _____    NG x 4 Days <input type="checkbox"/> Blood    _____    NG x 7 Days <input type="checkbox"/> CSF    _____    NG x 4 Days <b>Urine:</b> <input type="checkbox"/> CCMS    _____    NG x 24 Hrs <input type="checkbox"/> CATH    _____    NG x 48 Hrs <b>Comments:</b>
<b>Coagulation Studies – Blue Top (Full)</b> <input type="checkbox"/> Test    Result    Ref Range PT <u>11.2</u> 8-14 Sec INR <u>1.1</u> <input type="checkbox"/> PTT <u>48.1</u> 20-40 Sec <input type="checkbox"/> D-dimer    _____    Neg <input type="checkbox"/> FDP    _____    Neg	<b>Blood Bank - Purple Top</b> <b>Must Submit SF 518</b> <b>with every unit requested</b> <input type="checkbox"/> ABO/Rh	<b>CSF Analysis</b> <input type="checkbox"/> Test    Result    Ref Range Color    _____ Clarity    _____ RBC    _____    None WBC    _____    <5 Lymph/mm <sup>3</sup>
		<b>Malaria Smears – Purple Top</b> <input type="checkbox"/> Test    Result    Ref Range Thin Smear    _____    Neg

i-STAT EG7+

Pt: 907

Pt Name:

37.0°C

pH

7.523

PCO2

33.3 mmHg

PO2

308 mmHg

BEecf

5 mmol/L

HCO3

27.4 mmol/L

TCO2

38 mmol/L

sO2

100 %

Temp

99.4°F

pH

7.517

PCO2

33.9 mmHg

PO2

310 mmHg

FIO2

Na

140 mmol/L

K

3.9 mmol/L

iCa

1.02 mmol/L

Hct

30 %PCV

Hb\*

10.2 g/dL

\*via Hct

I-5

Sample Type: ART

Patient Temperature: 99.4°F

FIO2: 50

CPB: No

03:51 16OCT05

Operator ID:

Physician:

Serial: (b)(6)

Version: JAMS11&C

CLEW: A98

Custom: DEFAULT0

THC

Negative

OPI

Negative

BAR

Negative

TCA

Negative

ALC

Negative

Phenytoin -

(Piccolo) Chemistry 12  
Green Top

ALB	3.5-5.5 g/dl
ALP	36-84 u/l
ALT	10-47 u/l
AMY	14/97 u/l
AST	11-38 u/l
TBIL	0.2-1.6 u/l
BUN	7-22 mg/dl
CA <sup>++</sup>	8.0-10.3 mg/dl
CHOL	100-200 mg/dl
CREA	0.6-1.2 g/dl
GLU	73-118 mg/dl
TP	6.4-8.1 mg/dl

(Piccolo) Metlyte 8 Green Top

GLU	73-118 mg/dl
BUN	7-22 mg/dl
CREA	0.6-1.2 g/dl
CK	39-380 u/l (M)
	30-190 u/l (F)
Na <sup>+</sup>	128-145 mmol/L
K <sup>+</sup>	3.3-4.7 mmol/L
Cl <sup>-</sup>	98-108 mmol/L
tCO <sub>2</sub>	18-33 mmol/L

General Chem 7 w/o lytes - Green

CA <sup>++</sup>	8.0-10.3 mg/dl
CHOL	100-200 mg/dl
CREA	0.6-1.2 g/dl
GLU	73-118 mg/dl
TBIL	0.2-1.6 u/l
BUN	7-22 mg/dl
Uric	2.2-6.6 mg/dl(F)
Acid	3.6-8.0 mg/dl(M)

Mg
Phos
Lactate

(Piccolo) Basic Metabolic Panel  
(Chem 7 w/lytes) - Green Top

GLU	73-118 mg/dl
BUN	7-22 mg/dl
CA <sup>++</sup>	8.0-10.3 mg/dl
CREA	0.6-1.2 g/dl
Na <sup>+</sup>	128-145 mmol/L
K <sup>+</sup>	3.3-4.7 mmol/L
Cl <sup>-</sup>	98-108 mmol/L
tCO <sub>2</sub>	18-33 mmol/L

(Piccolo) Liver Panel + - Green Top

ALB	3.5-5.5 g/dl
ALP	36-84 u/l
ALT	10-47 u/l
AMY	14/97 u/l
AST	11-38 u/l
TBIL	0.2-1.6 u/l
GGT	5-65 u/l
TP	6.4-8.1 mg/dl

Lipid Panel - Green Top

CHOL	100-200 mg/dl
HDL	≥ 60 mg/dl
TRIG	<150 mg/dl
TC/H	Male ≤5
	Female ≤4.5
LDL	<100 mg/dl
VLDL	<30 mg/dl

RPR - Red Top

Test	Result	Ref Range
RPR		Negative

Cardiac Tests - Green

Test	Result	Ref Range
Troponin		Neg
Myoglobin		Neg
CK-MB		Neg
CKMB Quant		

ACLU DDII ROI 33627

T:/LAB/Forms/332<sup>ND</sup> EMDG LABORATORY REQUEST FORM Page 2/2

392 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Name:

Physician:

ID:

ID:

Address:

Address:

Sex:

Room:

Sample ID: 907

Fluid: SERUM

Priority: ROUTINE

Misc:

Misc:

Misc:

Test		Result		Normal Range	
GLUCOSE	HI	140.	mg/dL	74.	106.
UREA NITROGEN		11.	mg/dL	9.	20.
CREATININE	LO	.5	mg/dL	.7	1.5
SODIUM		138.	mmol/L	137.	145.
POTASSIUM		4.0	mmol/L	3.5	5.1
CHLORIDE	HI	107.	mmol/L	98.	107.
CARBON DIOXIDE		28.	mmol/L	22.	30.
CALCIUM	LO	7.2	mg/dL	8.4	10.2
CHOLESTEROL	LO	78.	mg/dL	100.	200.
URIC ACID	<	.2	mg/dL	2.2	6.6
CK		145.	U/L	55.	170.
TOTAL BILI	<	.1	mg/dL	.2	1.3

Test Init Date: Oct 16 05 05:39:38

**332<sup>ND</sup> EMDG LABORATORY REQUEST FORM**  
(Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: <u>15 Oct 05</u>		TIME: <u>1400</u>	<input checked="" type="checkbox"/> STAT	<input type="checkbox"/> PRE-OP	<input type="checkbox"/> ROUTINE
Patient Name (Last, First, MI):		Pt SSN/Pseudo SSN: <u>907</u>	Pt DOB:		Pt Sex: <u>M</u> F
		Pt UNIT/WARD/TMC/FOB: <u>ICU 2</u>			
Ordering Provider Name: (b)(6)	Ordering Provider E-mail:		Other Contact Information:		

Minor Trauma Panel (Includes type and hold, CBC and HCG – if female)

Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female)

1 Purple and Urine – if female

2 Purples, 1 Green, 1 Blue and Urine – if female

<b>CBC (Hematology) – Purple Top</b> <input type="checkbox"/> WBC 4.4-11 x 10 <sup>3</sup> /µl <input type="checkbox"/> RBC 4.5-5.9 x 10 <sup>6</sup> /µl <input type="checkbox"/> HGB 14.0-17.5 g/dl (M) 12.3-15.3 g/dl (F) <input type="checkbox"/> HCT 41.5-50.4 % (M) 35.9-44.6 % (F) <input type="checkbox"/> MCV 80-96 fl (M) 81-99 fl (F)  <input type="checkbox"/> MCH 27-33 pg (M) 27-31 pg (F) <input type="checkbox"/> MCHC 33-37 g/dl (M) 33-35 g/dl (F) <input type="checkbox"/> PLT 130-450 x 10 <sup>3</sup> /µl <input type="checkbox"/> Lymp% 21-51%			<b>Urinalysis (Chemistry)</b> <input type="checkbox"/> Color Straw, Yel, Amber <input type="checkbox"/> Clarity Clear <input type="checkbox"/> Spec Gr 1.003-1.030 <input type="checkbox"/> pH 4.6-8.0 <input type="checkbox"/> LEU Neg <input type="checkbox"/> NIT Neg <input type="checkbox"/> PRO Neg  <input type="checkbox"/> GLU Neg  <input type="checkbox"/> KET Neg <input type="checkbox"/> UBG 0.1-1.0 <input type="checkbox"/> BIL Neg <input type="checkbox"/> BLD Neg <input type="checkbox"/> Other			<b>Serology – Red Top</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Serum HCG</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Urine HCG</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Inf Mono</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> RPR</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> HIV</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Strep A (Swab)</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Chlamydia (Swab)</td><td>_____</td><td>Neg</td></tr> </tbody> </table>			Test	Result	Ref Range	<input type="checkbox"/> Serum HCG	_____	Neg	<input type="checkbox"/> Urine HCG	_____	Neg	<input type="checkbox"/> Inf Mono	_____	Neg	<input type="checkbox"/> RPR	_____	Neg	<input type="checkbox"/> HIV	_____	Neg	<input type="checkbox"/> Strep A (Swab)	_____	Neg	<input type="checkbox"/> Chlamydia (Swab)	_____	Neg																																													
Test	Result	Ref Range																																																																											
<input type="checkbox"/> Serum HCG	_____	Neg																																																																											
<input type="checkbox"/> Urine HCG	_____	Neg																																																																											
<input type="checkbox"/> Inf Mono	_____	Neg																																																																											
<input type="checkbox"/> RPR	_____	Neg																																																																											
<input type="checkbox"/> HIV	_____	Neg																																																																											
<input type="checkbox"/> Strep A (Swab)	_____	Neg																																																																											
<input type="checkbox"/> Chlamydia (Swab)	_____	Neg																																																																											
<b>Manual Differential (Hematology) – Purple</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Segs</td><td>_____</td><td>55-70%</td></tr> <tr><td><input type="checkbox"/> Bands</td><td>_____</td><td>1-3%</td></tr> <tr><td><input type="checkbox"/> Lymphs</td><td>_____</td><td>20-40%</td></tr> <tr><td><input type="checkbox"/> -Atyp</td><td>_____</td><td>None</td></tr> <tr><td><input type="checkbox"/> Mono</td><td>_____</td><td>2-8%</td></tr> <tr><td><input type="checkbox"/> Eos</td><td>_____</td><td>1-4%</td></tr> <tr><td><input type="checkbox"/> Baso</td><td>_____</td><td>0.5-1.0%</td></tr> <tr><td><input type="checkbox"/> Other</td><td>_____</td><td>None</td></tr> </tbody> </table>			Test	Result	Ref Range	<input type="checkbox"/> Segs	_____	55-70%	<input type="checkbox"/> Bands	_____	1-3%	<input type="checkbox"/> Lymphs	_____	20-40%	<input type="checkbox"/> -Atyp	_____	None	<input type="checkbox"/> Mono	_____	2-8%	<input type="checkbox"/> Eos	_____	1-4%	<input type="checkbox"/> Baso	_____	0.5-1.0%	<input type="checkbox"/> Other	_____	None	<b>Urinalysis (Microscopic)</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> WBC</td><td>_____</td><td>0-5/Hpf</td></tr> <tr><td><input type="checkbox"/> RBC</td><td>_____</td><td>0-3/Hpf</td></tr> <tr><td><input type="checkbox"/> Epi - Type</td><td>_____</td><td>0-5/Hpf</td></tr> <tr><td><input type="checkbox"/> Bact</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Mucous</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Crystals</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Yeast</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Trich</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Casts - Type</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> Other</td><td>_____</td><td>Neg</td></tr> </tbody> </table>			Test	Result	Ref Range	<input type="checkbox"/> WBC	_____	0-5/Hpf	<input type="checkbox"/> RBC	_____	0-3/Hpf	<input type="checkbox"/> Epi - Type	_____	0-5/Hpf	<input type="checkbox"/> Bact	_____	Neg	<input type="checkbox"/> Mucous	_____	Neg	<input type="checkbox"/> Crystals	_____	Neg	<input type="checkbox"/> Yeast	_____	Neg	<input type="checkbox"/> Trich	_____	Neg	<input type="checkbox"/> Casts - Type	_____	Neg	<input type="checkbox"/> Other	_____	Neg	<b>Microbiology</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Gram stain</td><td>_____</td><td>NBS</td></tr> <tr><td><input type="checkbox"/> Culture</td><td>_____</td><td></td></tr> </tbody> </table> <b>Source:</b> <input type="checkbox"/> Wound _____ NG x 4 Days <input type="checkbox"/> Blood _____ NG x 7 Days <input type="checkbox"/> CSF _____ NG x 4 Days <b>Urine:</b> <input type="checkbox"/> CCMS _____ NG x 24 Hrs <input type="checkbox"/> CATH _____ NG x 48 Hrs <b>Comments:</b>			Test	Result	Ref Range	<input type="checkbox"/> Gram stain	_____	NBS	<input type="checkbox"/> Culture	_____	
Test	Result	Ref Range																																																																											
<input type="checkbox"/> Segs	_____	55-70%																																																																											
<input type="checkbox"/> Bands	_____	1-3%																																																																											
<input type="checkbox"/> Lymphs	_____	20-40%																																																																											
<input type="checkbox"/> -Atyp	_____	None																																																																											
<input type="checkbox"/> Mono	_____	2-8%																																																																											
<input type="checkbox"/> Eos	_____	1-4%																																																																											
<input type="checkbox"/> Baso	_____	0.5-1.0%																																																																											
<input type="checkbox"/> Other	_____	None																																																																											
Test	Result	Ref Range																																																																											
<input type="checkbox"/> WBC	_____	0-5/Hpf																																																																											
<input type="checkbox"/> RBC	_____	0-3/Hpf																																																																											
<input type="checkbox"/> Epi - Type	_____	0-5/Hpf																																																																											
<input type="checkbox"/> Bact	_____	Neg																																																																											
<input type="checkbox"/> Mucous	_____	Neg																																																																											
<input type="checkbox"/> Crystals	_____	Neg																																																																											
<input type="checkbox"/> Yeast	_____	Neg																																																																											
<input type="checkbox"/> Trich	_____	Neg																																																																											
<input type="checkbox"/> Casts - Type	_____	Neg																																																																											
<input type="checkbox"/> Other	_____	Neg																																																																											
Test	Result	Ref Range																																																																											
<input type="checkbox"/> Gram stain	_____	NBS																																																																											
<input type="checkbox"/> Culture	_____																																																																												
<b>Coagulation Studies – Blue Top (Full)</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> PT</td><td>_____</td><td>8-14 Sec</td></tr> <tr><td><input type="checkbox"/> INR</td><td>_____</td><td></td></tr> <tr><td><input type="checkbox"/> PTT</td><td>_____</td><td>20-40 Sec</td></tr> <tr><td><input type="checkbox"/> D-dimer</td><td>_____</td><td>Neg</td></tr> <tr><td><input type="checkbox"/> FDP</td><td>_____</td><td>Neg</td></tr> </tbody> </table>			Test	Result	Ref Range	<input type="checkbox"/> PT	_____	8-14 Sec	<input type="checkbox"/> INR	_____		<input type="checkbox"/> PTT	_____	20-40 Sec	<input type="checkbox"/> D-dimer	_____	Neg	<input type="checkbox"/> FDP	_____	Neg	<b>Blood Bank - Purple Top</b> <b>Must Submit SF 518 with every unit requested</b> <input type="checkbox"/> ABO/Rh			<b>CSF Analysis</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Color</td><td>_____</td><td></td></tr> <tr><td><input type="checkbox"/> Clarity</td><td>_____</td><td></td></tr> <tr><td><input type="checkbox"/> RBC</td><td>_____</td><td>None</td></tr> <tr><td><input type="checkbox"/> WBC</td><td>_____</td><td>&lt;5 Lymph/mm<sup>3</sup></td></tr> </tbody> </table>			Test	Result	Ref Range	<input type="checkbox"/> Color	_____		<input type="checkbox"/> Clarity	_____		<input type="checkbox"/> RBC	_____	None	<input type="checkbox"/> WBC	_____	<5 Lymph/mm <sup>3</sup>																																				
Test	Result	Ref Range																																																																											
<input type="checkbox"/> PT	_____	8-14 Sec																																																																											
<input type="checkbox"/> INR	_____																																																																												
<input type="checkbox"/> PTT	_____	20-40 Sec																																																																											
<input type="checkbox"/> D-dimer	_____	Neg																																																																											
<input type="checkbox"/> FDP	_____	Neg																																																																											
Test	Result	Ref Range																																																																											
<input type="checkbox"/> Color	_____																																																																												
<input type="checkbox"/> Clarity	_____																																																																												
<input type="checkbox"/> RBC	_____	None																																																																											
<input type="checkbox"/> WBC	_____	<5 Lymph/mm <sup>3</sup>																																																																											
			<b>Malaria Smears – Purple Top</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Thin Smear</td><td>_____</td><td>Neg</td></tr> </tbody> </table>			Test	Result	Ref Range	<input type="checkbox"/> Thin Smear	_____	Neg																																																																		
Test	Result	Ref Range																																																																											
<input type="checkbox"/> Thin Smear	_____	Neg																																																																											

ACLU DDII ROI 33629



FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

259 05 CID919 3832

i-STAT EG7+

Pt: 907  
Pt Name: \_\_\_\_\_

37.0°C  
pH 7.532  
PCO2 33.3 mmHg  
PO2 136 mmHg  
BEecf 5 mmol/L  
HCO3 28.0 mmol/L  
TCO2 29 mmol/L  
SO2 99 %

100.8°F  
pH 7.513  
PCO2 35.1 mmHg  
PO2 144 mmHg

Na 142 mmol/L  
K 3.8 mmol/L  
iCa 1.02 mmol/L  
Hct 29 %PCV  
Hb\* 9.9 g/dL  
\*via Hct

Patient Temperature: 100.8°F  
FIO2: 0.3  
CPB: No

14:20 15OCT05

Operator ID: 9  
Physician: \_\_\_\_\_

Serial: 308898  
Version: JAMS118C  
LEW: A98  
Custom: DEFAULT0

mol/L ol/L imol/L l/L (art) l/L (ven) (art) (ven) Hg (adult) Hg (<2y/o) nHg (art)	<input type="checkbox"/>	<b>(Piccolo) Chemistry 12 Green Top</b> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l BUN 7-22 mg/dl CA <sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TP 6.4-8.1 mg/dl	<input type="checkbox"/>	<b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b> GLU 73-118 mg/dl BUN 7-22 mg/dl CA <sup>++</sup> 8.0-10.3 mg/dl CREA 0.6-1.2 g/dl Na <sup>+</sup> 128-145 mmol/L K <sup>+</sup> 3.3-4.7 mmol/L Cl <sup>-</sup> 98-108 mmol/L tCO <sub>2</sub> 18-33 mmol/L															
	(art) (ven) Hg (adult) Hg (<2y/o) nHg (art)	<input type="checkbox"/>	<b>(Piccolo) Metlyte 8 Green Top</b> GLU 73-118 mg/dl BUN 7-22 mg/dl CREA 0.6-1.2 g/dl CK 39-380 u/l (M) Na <sup>+</sup> 128-145 mmol/L K <sup>+</sup> 3.3-4.7 mmol/L Cl <sup>-</sup> 98-108 mmol/L tCO <sub>2</sub> 18-33 mmol/L	<input type="checkbox"/>	<b>(Piccolo) Liver Panel + - Green Top</b> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l GGT 5-65 u/l TP 6.4-8.1 mg/dl														
Green Top mg/dl mg/dl mmol/L mmol/L (art) mmol/L (ven)	<input type="checkbox"/>	<b>General Chem 7 w/o lytes - Green</b> CA <sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TBIL 0.2-1.6 u/l BUN 7-22 mg/dl Uric 2.2-6.6 mg/dl(F) Acid 3.6-8.0 mg/dl(M)	<input type="checkbox"/>	<b>Lipid Panel - Green Top</b> CHOL 100-200 mg/dl HDL ≥ 60 mg/dl TRIG <150 mg/dl TC/H Male ≤5 Female ≤4.5 LDL <100 mg/dl VLDL <30 mg/dl															
Urine Ref Range Negative Negative Negative Negative Negative Negative Negative	<input type="checkbox"/>	Mg Phos Lactate	<input type="checkbox"/>	<b>RPR - Red Top</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td>RPR</td> <td></td> <td>Negative</td> </tr> </tbody> </table>	Test	Result	Ref Range	RPR		Negative									
Test	Result	Ref Range																	
RPR		Negative																	
AMP THC OPI BAR TCA ALC <input type="checkbox"/> Phenytoin -	Negative Negative Negative Negative Negative Negative		<input type="checkbox"/>	<b>Cardiac Tests - Green</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td>Troponin</td> <td></td> <td>Neg</td> </tr> <tr> <td>Myoglobin</td> <td></td> <td>Neg</td> </tr> <tr> <td>CK-MB</td> <td></td> <td>Neg</td> </tr> <tr> <td>CKMB Quant</td> <td></td> <td></td> </tr> </tbody> </table>	Test	Result	Ref Range	Troponin		Neg	Myoglobin		Neg	CK-MB		Neg	CKMB Quant		
Test	Result	Ref Range																	
Troponin		Neg																	
Myoglobin		Neg																	
CK-MB		Neg																	
CKMB Quant																			

ACLU DDII ROI 33630

000036

LAW ENFORCEMENT SENSITIVE

12<sup>ND</sup> EMDG LABORATORY  
(Subject to Pri

Pt: 907  
Pt Name: \_\_\_\_\_

Wipe ALL GREY AREAS, (

TIME: 0410
Pt SSN/Pseudo SSN
Pt UNIT/WARD/T
ICU
Ordering Provider

37.0°C  
pH 7.444  
PCO2 41.4 mmHg  
PO2 200 mmHg  
BEecf 4 mmol/L  
HCO3 28.3 mmol/L  
TCO2 30 mmol/L  
sO2 100 %

Na 146 mmol/L  
K 3.1 mmol/L  
iCa 1.07 mmol/L  
Hct 29 %PCV  
Hb\* 9.9 g/dL

\*via Hct

FI02: 30  
CPB: No

04:20 15OCT05

Operator ID: (b)(6)  
Physician: \_\_\_\_\_

Serial: (b)(6)  
Version: JAMS118C  
CLEW: A98  
Custom: DEFAULT0

PROCESSED

OP	ROUTINE
Pt Sex:	
M	F

Information:

type and hold, CBC, Met 8,

ne - if female

ology - Red Top

	Result	Ref Range
CG	_____	Neg
CG	_____	Neg
	_____	Neg
	_____	Neg
	_____	Neg
	_____	Neg
strep A (Swab)	_____	Neg
Chlamydia (Swab)	_____	Neg

Microbiology

Test	Result	Ref Range
<input type="checkbox"/> Gram stain	_____	NBS
<input type="checkbox"/> Culture	_____	
Source:		
<input type="checkbox"/> Wound	_____	NG x 4 Days
<input type="checkbox"/> Blood	_____	NG x 7 Days
<input type="checkbox"/> CSF	_____	NG x 4 Days
Urine:		
<input type="checkbox"/> CCMS	_____	NG x 24 Hrs
<input type="checkbox"/> CATH	_____	NG x 48 Hrs

Comments:

CSF Analysis

Test	Result	Ref Range
<input type="checkbox"/> Test	_____	
Color	_____	
Clarity	_____	
RBC	_____	None
WBC	_____	<5 Lymph/mm <sup>3</sup>

Malaria Smears - Purple Top

Test	Result	Ref Range
<input type="checkbox"/> Thin Smear	_____	Neg

(b)(6)

10-15-05

04:25

Patient

Limits

WBC	18.6 H	x10 <sup>3</sup> /uL	4.5	10.5
RBC	4.04	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	9.3 L	g/dL	11.0	18.0
Hct	29.2 L	%	35.0	60.0
MCV	72.2 L	fL	80.0	99.9
MCH	23.0 L	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
PLT	306 *	x10 <sup>3</sup> /uL	150	450
LY%	8.3	%	20.5	51.1
LY#	1.5 *	x10 <sup>3</sup> /uL	1.2	3.4

HCT 41.5-50.4 % (M)  
35.9-44.6 % (F)

MCV 80-96 fl (M)  
81-99 fl (F)

MCH 27-33 pg (M)  
27-31 pg (F)

MCHC 33-37 g/dl (M)  
33-35 g/dl (F)

PLT 130-450 x 10<sup>3</sup>/uL

Lymp% 21-51%

Manual Differential (Hematology) - Purple

Test	Result	Ref Range
<input type="checkbox"/> Segs	_____	55-70%
Bands	_____	1-3%
Lymphs	_____	20-40%
-Atyp	_____	None
Mono	_____	2-8%
Eos	_____	1-4%
Baso	_____	0.5-1.0%
Other	_____	None

Coagulation Studies - Blue Top (Full)

Test	Result	Ref Range
<input checked="" type="checkbox"/> PT	13.7	8-14 Sec
<input checked="" type="checkbox"/> INR	1.4	
<input checked="" type="checkbox"/> PTT	26.4	20-40 Sec
<input type="checkbox"/> D-dimer	_____	Neg
<input type="checkbox"/> FDP	_____	Neg

Urinalysis

<input type="checkbox"/> Color	_____	
Clarity	_____	
Spec Gr	_____	
pH	_____	
LEU	_____	
NIT	_____	
PRO	Neg	
GLU	Neg	
KET	Neg	
UBG	0.1-1.0	
BIL	Neg	
BLD	Neg	
Other	_____	

Urinalysis (Microscopic)

Test	Result	Ref Range
<input type="checkbox"/> WBC	_____	0-5/Hpf
RBC	_____	0-3/Hpf
Epi	_____	0-5/Hpf
- Type	_____	
Bact	_____	Neg
Mucous	_____	Neg
Crystals	_____	Neg
Yeast	_____	Neg
Trich	_____	Neg
Casts	_____	Neg
- Type	_____	
Other	_____	

Blood Bank - Purple Top

Must Submit SF 518  
with every unit requested

ABO/Rh

<p><input checked="" type="checkbox"/> <b>I-STAT (ABG) Syringe or Green Top</b></p> <p>Na<sup>+</sup> 138-146 mmol/L K<sup>+</sup> 3.5-4.9 mmol/L tCO<sub>2</sub> 22-28 iCa 1.12-1.32 mmol/L Temp Hct 38-51% Hgb 12-17 g/dl HCO<sub>3</sub> 22-26 mmol/L (art) 23-28 mmol/L (ven)</p> <p>FI<sub>O2</sub> 30 BEcf (-2) - (+3) s O<sub>2</sub> 95-98% pH 7.31-7.45 (art) 7.35-7.45 (ven) pCO<sub>2</sub> 35-45 mmHg (adult) 26-41 mmHg (&lt;2y/o) pO<sub>2</sub> 80-105 mmHg (art) N/A (ven)</p>	<p><input type="checkbox"/> <b>(Piccolo) Chemistry 12 Green Top</b></p> <p>ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l BUN 7-22 mg/dl CA<sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TP 6.4-8.1 mg/dl</p>	<p><input checked="" type="checkbox"/> <b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b></p> <p>GLU 73-118 mg/dl BUN 7-22 mg/dl CA<sup>++</sup> 8.0-10.3 mg/dl CREA 0.6-1.2 g/dl Na<sup>+</sup> 128-145 mmol/L K<sup>+</sup> 3.3-4.7 mmol/L Cl<sup>-</sup> 98-108 mmol/L tCO<sub>2</sub> 18-33 mmol/L</p>																											
<p><b>I-STAT (Misc) Syringe or Green Top</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> GLU</td> <td></td> <td>70-105 mg/dl</td> </tr> <tr> <td><input type="checkbox"/> Creat</td> <td></td> <td>0.7-1.5 mg/dl</td> </tr> <tr> <td><input type="checkbox"/> An Gap</td> <td></td> <td>10-20 mmol/L</td> </tr> <tr> <td><input type="checkbox"/> Lactate</td> <td></td> <td>0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)</td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> GLU		70-105 mg/dl	<input type="checkbox"/> Creat		0.7-1.5 mg/dl	<input type="checkbox"/> An Gap		10-20 mmol/L	<input type="checkbox"/> Lactate		0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)	<p><input checked="" type="checkbox"/> <b>(Piccolo) Metlyte 8 Green Top</b></p> <p>GLU 73-118 mg/dl BUN 7-22 mg/dl CREA 0.6-1.2 g/dl CK 39-380 u/l (M) 30-190 u/l (F) Na<sup>+</sup> 128-145 mmol/L K<sup>+</sup> 3.3-4.7 mmol/L Cl<sup>-</sup> 98-108 mmol/L tCO<sub>2</sub> 18-33 mmol/L</p>	<p><input type="checkbox"/> <b>(Piccolo) Liver Panel + - Green Top</b></p> <p>ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l GGT 5-65 u/l TP 6.4-8.1 mg/dl</p>												
Test	Result	Ref Range																											
<input type="checkbox"/> GLU		70-105 mg/dl																											
<input type="checkbox"/> Creat		0.7-1.5 mg/dl																											
<input type="checkbox"/> An Gap		10-20 mmol/L																											
<input type="checkbox"/> Lactate		0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)																											
<p><b>DRUGS OF ABUSE - Urine</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PCP</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> BZO</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> COC</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> AMP</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> THC</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> OPI</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> BAR</td> <td></td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> TCA</td> <td></td> <td>Negative</td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> PCP		Negative	<input type="checkbox"/> BZO		Negative	<input type="checkbox"/> COC		Negative	<input type="checkbox"/> AMP		Negative	<input type="checkbox"/> THC		Negative	<input type="checkbox"/> OPI		Negative	<input type="checkbox"/> BAR		Negative	<input type="checkbox"/> TCA		Negative	<p><input type="checkbox"/> <b>General Chem 7 w/o lytes - Green</b></p> <p>CA<sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TBIL 0.2-1.6 u/l BUN 7-22 mg/dl Uric Acid 2.2-6.6 mg/dl(F) 3.6-8.0 mg/dl(M) Mg Phos Lactate</p>	<p><input type="checkbox"/> <b>Lipid Panel - Green Top</b></p> <p>CHOL 100-200 mg/dl HDL ≥ 60 mg/dl TRIG &lt;150 mg/dl TC/H Male ≤5 Female ≤4.5 LDL &lt;100 mg/dl VLDL &lt;30 mg/dl</p>
Test	Result	Ref Range																											
<input type="checkbox"/> PCP		Negative																											
<input type="checkbox"/> BZO		Negative																											
<input type="checkbox"/> COC		Negative																											
<input type="checkbox"/> AMP		Negative																											
<input type="checkbox"/> THC		Negative																											
<input type="checkbox"/> OPI		Negative																											
<input type="checkbox"/> BAR		Negative																											
<input type="checkbox"/> TCA		Negative																											
<p><input type="checkbox"/> ALC Negative</p> <p><input type="checkbox"/> Phenytoin -</p>		<p><input type="checkbox"/> <b>RPR - Red Top</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> RPR</td> <td></td> <td>Negative</td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> RPR		Negative																					
Test	Result	Ref Range																											
<input type="checkbox"/> RPR		Negative																											
		<p><input type="checkbox"/> <b>Cardiac Tests - Green</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Troponin</td> <td></td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> Myoglobin</td> <td></td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CK-MB</td> <td></td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CKMB Quant</td> <td></td> <td></td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> Troponin		Neg	<input type="checkbox"/> Myoglobin		Neg	<input type="checkbox"/> CK-MB		Neg	<input type="checkbox"/> CKMB Quant														
Test	Result	Ref Range																											
<input type="checkbox"/> Troponin		Neg																											
<input type="checkbox"/> Myoglobin		Neg																											
<input type="checkbox"/> CK-MB		Neg																											
<input type="checkbox"/> CKMB Quant																													

ACLU DDII ROI 33632

T:/LAB/Forms/332<sup>ND</sup> EMDG LABORATORY REQUEST FORM Page 2/2

Updated 18 Jan 05

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5509 p.43

000038

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0259

0.5

CID919 38320

332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Patient Name:

Physician:

ID:

ID:

Address:

Address:

Age:

Sex:

Room:

Sample ID: 907

Fluid: SERUM

Priority: ROUTINE

Misc:

Misc:

Misc:

Test		Result		Normal Range
GLUCOSE	HI	134.	mg/dL	74. - 106.
UREA NITROGEN		15.	mg/dL	9. - 20.
CREATININE	LO	.5	mg/dL	.7 - 1.5
SODIUM		142.	mmol/L	137. - 145.
POTASSIUM	LO	3.2	mmol/L	3.5 - 5.1
CHLORIDE	HI	111.	mmol/L	98. - 107.
CARBON DIOXIDE		30.	mmol/L	22. - 30.
CK		59.	U/L	55. - 170.

Test Init Date: Oct 15 05 05:37:53

ACLU DDII ROI 33633

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

UNCLASSIFIED

4

000039

**332<sup>ND</sup> EMDG LABORATORY REQUEST FORM**  
(Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: <u>14 Oct 05</u>	TIME: <u>0925</u>	<input checked="" type="checkbox"/> STAT	<input type="checkbox"/> PRE-OP	<input type="checkbox"/> ROUTINE
Patient Name (Last, First, MI): <u>907</u>	Pt SSN/Pseudo SSN:	Pt DOB: <u>    </u> / <u>    </u> / <u>    </u>	Pt Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Ordering Provider Name:	Ordering Provider E-mail:	Other Contact Information:		

<input type="checkbox"/> Minor Trauma Panel (Includes type and hold, CBC and HCG – if female) 1 Purple and Urine – if female	<input type="checkbox"/> Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female) 2 Purples, 1 Green, 1 Blue and Urine – if female
---	--

<input type="checkbox"/> <b>CBC (Hematology) – Purple Top</b> WBC 4.4-11 x 10 <sup>3</sup> /μl RBC 4.5-5.9 x 10 <sup>6</sup> /μl HGB 14.0-17.5 g/dl (M) 12.3-15.3 g/dl (F) HCT 41.5-50.4 % (M) 35.9-44.6 % (F) MCV 80-96 fl (M) 81-99 fl (F) MCH 27-33 pg (M) 27-31 pg (F) MCHC 33-37 g/dl (M) 33-35 g/dl (F) PLT 130-450 x 10 <sup>3</sup> /μl Lymph% 21-51%	<input type="checkbox"/> <b>Urinalysis (Chemistry)</b> Color Straw, Yel, Amber Clarity Clear Spec Gr 1.003-1.030 pH 4.6-8.0 LEU Neg NIT Neg PRO Neg GLU Neg KET Neg UBG 0.1-1.0 BIL Neg BLD Neg Other	<input type="checkbox"/> <b>Serology – Red Top</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td>Serum HCG</td><td>_____</td><td>Neg</td></tr> <tr><td>Urine HCG</td><td>_____</td><td>Neg</td></tr> <tr><td>Inf Mono</td><td>_____</td><td>Neg</td></tr> <tr><td>RPR</td><td>_____</td><td>Neg</td></tr> <tr><td>HIV</td><td>_____</td><td>Neg</td></tr> <tr><td>Strep A (Swab)</td><td>_____</td><td>Neg</td></tr> <tr><td>Chlamydia (Swab)</td><td>_____</td><td>Neg</td></tr> </tbody> </table>	Test	Result	Ref Range	Serum HCG	_____	Neg	Urine HCG	_____	Neg	Inf Mono	_____	Neg	RPR	_____	Neg	HIV	_____	Neg	Strep A (Swab)	_____	Neg	Chlamydia (Swab)	_____	Neg																																													
Test	Result	Ref Range																																																																					
Serum HCG	_____	Neg																																																																					
Urine HCG	_____	Neg																																																																					
Inf Mono	_____	Neg																																																																					
RPR	_____	Neg																																																																					
HIV	_____	Neg																																																																					
Strep A (Swab)	_____	Neg																																																																					
Chlamydia (Swab)	_____	Neg																																																																					
<input type="checkbox"/> <b>Manual Differential (Hematology) – Purple</b> <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>55-70%</td></tr> <tr><td>Bands</td><td>_____</td><td>1-3%</td></tr> <tr><td>Lymphs</td><td>_____</td><td>20-40%</td></tr> <tr><td>-Atyp</td><td>_____</td><td>None</td></tr> <tr><td>Mono</td><td>_____</td><td>2-8%</td></tr> <tr><td>Eos</td><td>_____</td><td>1-4%</td></tr> <tr><td>Baso</td><td>_____</td><td>0.5-1.0%</td></tr> <tr><td>Other</td><td>_____</td><td>None</td></tr> </tbody> </table>	Test	Result	Ref Range	Segs	_____	55-70%	Bands	_____	1-3%	Lymphs	_____	20-40%	-Atyp	_____	None	Mono	_____	2-8%	Eos	_____	1-4%	Baso	_____	0.5-1.0%	Other	_____	None	<input type="checkbox"/> <b>Urinalysis (Microscopic)</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td>WBC</td><td>_____</td><td>0-5/Hpf</td></tr> <tr><td>RBC</td><td>_____</td><td>0-3/Hpf</td></tr> <tr><td>Epi - Type</td><td>_____</td><td>0-5/Hpf</td></tr> <tr><td>Bact</td><td>_____</td><td>Neg</td></tr> <tr><td>Mucous</td><td>_____</td><td>Neg</td></tr> <tr><td>Crystals</td><td>_____</td><td>Neg</td></tr> <tr><td>Yeast</td><td>_____</td><td>Neg</td></tr> <tr><td>Trich</td><td>_____</td><td>Neg</td></tr> <tr><td>Casts - Type</td><td>_____</td><td>Neg</td></tr> <tr><td>Other</td><td>_____</td><td>Neg</td></tr> </tbody> </table>	Test	Result	Ref Range	WBC	_____	0-5/Hpf	RBC	_____	0-3/Hpf	Epi - Type	_____	0-5/Hpf	Bact	_____	Neg	Mucous	_____	Neg	Crystals	_____	Neg	Yeast	_____	Neg	Trich	_____	Neg	Casts - Type	_____	Neg	Other	_____	Neg	<input type="checkbox"/> <b>Microbiology</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td>Gram stain</td><td>_____</td><td>NBS</td></tr> <tr><td>Culture</td><td>_____</td><td></td></tr> </tbody> </table> Source: <input type="checkbox"/> Wound _____ NG x 4 Days <input type="checkbox"/> Blood _____ NG x 7 Days <input type="checkbox"/> CSF _____ NG x 4 Days Urine: <input type="checkbox"/> CCMS _____ NG x 24 Hrs <input type="checkbox"/> CATH _____ NG x 48 Hrs Comments:	Test	Result	Ref Range	Gram stain	_____	NBS	Culture	_____	
Test	Result	Ref Range																																																																					
Segs	_____	55-70%																																																																					
Bands	_____	1-3%																																																																					
Lymphs	_____	20-40%																																																																					
-Atyp	_____	None																																																																					
Mono	_____	2-8%																																																																					
Eos	_____	1-4%																																																																					
Baso	_____	0.5-1.0%																																																																					
Other	_____	None																																																																					
Test	Result	Ref Range																																																																					
WBC	_____	0-5/Hpf																																																																					
RBC	_____	0-3/Hpf																																																																					
Epi - Type	_____	0-5/Hpf																																																																					
Bact	_____	Neg																																																																					
Mucous	_____	Neg																																																																					
Crystals	_____	Neg																																																																					
Yeast	_____	Neg																																																																					
Trich	_____	Neg																																																																					
Casts - Type	_____	Neg																																																																					
Other	_____	Neg																																																																					
Test	Result	Ref Range																																																																					
Gram stain	_____	NBS																																																																					
Culture	_____																																																																						
<input type="checkbox"/> <b>Coagulation Studies – Blue Top (Full)</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td>PT</td><td>_____</td><td>8-14 Sec</td></tr> <tr><td>INR</td><td>_____</td><td></td></tr> <tr><td>PTT</td><td>_____</td><td>20-40 Sec</td></tr> <tr><td>D-dimer</td><td>_____</td><td>Neg</td></tr> <tr><td>FDP</td><td>_____</td><td>Neg</td></tr> </tbody> </table>	Test	Result	Ref Range	PT	_____	8-14 Sec	INR	_____		PTT	_____	20-40 Sec	D-dimer	_____	Neg	FDP	_____	Neg	<input type="checkbox"/> <b>Blood Bank - Purple Top</b> <u>Must Submit SF 518</u> <u>with every unit requested</u> <input type="checkbox"/> ABO/Rh	<input type="checkbox"/> <b>CSF Analysis</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td>Color</td><td>_____</td><td></td></tr> <tr><td>Clarity</td><td>_____</td><td></td></tr> <tr><td>RBC</td><td>_____</td><td>None</td></tr> <tr><td>WBC</td><td>_____</td><td>&lt;5 Lymph/mm<sup>3</sup></td></tr> </tbody> </table>	Test	Result	Ref Range	Color	_____		Clarity	_____		RBC	_____	None	WBC	_____	<5 Lymph/mm <sup>3</sup>																																				
Test	Result	Ref Range																																																																					
PT	_____	8-14 Sec																																																																					
INR	_____																																																																						
PTT	_____	20-40 Sec																																																																					
D-dimer	_____	Neg																																																																					
FDP	_____	Neg																																																																					
Test	Result	Ref Range																																																																					
Color	_____																																																																						
Clarity	_____																																																																						
RBC	_____	None																																																																					
WBC	_____	<5 Lymph/mm <sup>3</sup>																																																																					
		<input type="checkbox"/> <b>Malaria Smears – Purple Top</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr><td>Thin Smear</td><td>_____</td><td>Neg</td></tr> </tbody> </table>	Test	Result	Ref Range	Thin Smear	_____	Neg																																																															
Test	Result	Ref Range																																																																					
Thin Smear	_____	Neg																																																																					

<p><b>I-STAT (ABG)</b> Syringe or Green Top Pt: 907 Pt Name: _____ 128-146 mmol/L</p> <p>37.0°C pH _____ PCO2 7.430 PO2 40.4 mmHg BEecf 128 mmHg HCO3 3 mmol/L TCO2 26.8 mmol/L sO2 28 mmol/L 99 %</p> <p>Na 145 mmol/L K 3.6 mmol/L iCa 1.14 mmol/L Hct 35 %PCV Hb* 11.9 g/dL *via Hct</p> <p>CPB: No 09:32 14OCT05 Operator ID: (b)(6) Physician: _____ Serial: (b)(6) Version: JAMS118C CLEW: A98 Custom: DEFAULT0</p>	<p><b>(Piccolo) Chemistry 12 Green Top</b></p> <p><input type="checkbox"/> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l BUN 7-22 mg/dl CA<sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TP 6.4-8.1 mg/dl</p>	<p><b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b></p> <p><input type="checkbox"/> GLU 73-118 mg/dl BUN 7-22 mg/dl CA<sup>++</sup> 8.0-10.3 mg/dl CREA 0.6-1.2 g/dl Na<sup>+</sup> 128-145 mmol/L K<sup>+</sup> 3.3-4.7 mmol/L Cl<sup>-</sup> 98-108 mmol/L tCO<sub>2</sub> 18-33 mmol/L</p>																					
<p>adult) (&lt;2y/o) g (art)</p> <p><b>Green Top</b> mg/dl mg/dl mmol/L 5 mmol/L (art) mmol/L (ven)</p>	<p><b>(Piccolo) Metlyte 8 Green Top</b></p> <p><input type="checkbox"/> GLU 73-118 mg/dl BUN 7-22 mg/dl CREA 0.6-1.2 g/dl CK 39-380 u/l (M) 30-190 u/l (F) Na<sup>+</sup> 128-145 mmol/L K<sup>+</sup> 3.3-4.7 mmol/L Cl<sup>-</sup> 98-108 mmol/L tCO<sub>2</sub> 18-33 mmol/L</p>	<p><b>(Piccolo) Liver Panel +/- Green Top</b></p> <p><input type="checkbox"/> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l GGT 5-65 u/l TP 6.4-8.1 mg/dl</p>																					
<p><b>Urine</b> Ref Range Negative Negative Negative Negative Negative Negative Negative</p> <p>BZO _____ COC _____ AMP _____ THC _____ OPI _____ BAR _____ TCA _____</p>	<p><b>General Chem 7 w/o lytes - Green</b></p> <p><input type="checkbox"/> CA<sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TBIL 0.2-1.6 u/l BUN 7-22 mg/dl Uric 2.2-6.6 mg/dl(F) Acid 3.6-8.0 mg/dl(M)</p>	<p><b>Lipid Panel - Green Top</b></p> <p><input type="checkbox"/> CHOL 100-200 mg/dl HDL ≥ 60 mg/dl TRIG &lt;150 mg/dl TC/H Male ≤ 5 Female ≤ 4.5 LDL &lt;100 mg/dl VLDL &lt;30 mg/dl</p>																					
<p><input type="checkbox"/> ALC Negative <input type="checkbox"/> Phenytoin -</p>	<p>Mg Phos Lactate</p>	<p><b>RPR - Red Top</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> RPR</td> <td></td> <td>Negative</td> </tr> </tbody> </table> <p><b>Cardiac Tests - Green</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Troponin</td> <td></td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> Myoglobin</td> <td></td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CK-MB</td> <td></td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CKMB Quant</td> <td></td> <td></td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> RPR		Negative	Test	Result	Ref Range	<input type="checkbox"/> Troponin		Neg	<input type="checkbox"/> Myoglobin		Neg	<input type="checkbox"/> CK-MB		Neg	<input type="checkbox"/> CKMB Quant		
Test	Result	Ref Range																					
<input type="checkbox"/> RPR		Negative																					
Test	Result	Ref Range																					
<input type="checkbox"/> Troponin		Neg																					
<input type="checkbox"/> Myoglobin		Neg																					
<input type="checkbox"/> CK-MB		Neg																					
<input type="checkbox"/> CKMB Quant																							

2<sup>ND</sup> EMDG LABORATORY REQI  
(Subject to Privacy Act of 1974)

i-STAT EG7+

Pt: 907

Pt Name:

TYPE ALL GREY AREAS, OR SPECIMEN

TIME: <u>9:00</u> ✓ S7
Pt SSN/Pseudo SSN: <u>907</u>
Pt UNIT/WARD/TMC/FOB: <u>ICU2</u>
Ordering Provider E-mail:

37.0°C  
pH 7.425  
PCO2 42.8 mmHg  
PO2 148 mmHg  
BEecf 4 mmol/L  
HCO3 28.1 mmol/L  
TCO2 29 mmol/L  
sO2 99 %

97.5°F  
pH 7.434  
PCO2 41.7 mmHg  
PO2 144 mmHg

Na 147 mmol/L  
K 3.6 mmol/L  
iCa 1.11 mmol/L  
Hct 34 %PCV  
Hb\* 11.6 g/dL

\*via Hct

Patient Temperature: 97.5°F

FIO2: 30

CPB: No

04:18 14OCT05

Operator ID: (b)(6)

Physician:

Serial: (b)(6)

Version: JAMS118C

CLEW: A98

Custom: DEFAULT0

FINE

F

Met 8,

Ref Range

Neg

Neg

Neg

Neg

Neg

Neg

Neg

Neg

Range

NBS

Gram stain

Culture

Source:

Wound

NG x 4 Days

Blood

NG x 7 Days

CSF

NG x 4 Days

Urine:

CCMS

NG x 24 Hrs

CATH

NG x 48 Hrs

Comments:

CSF Analysis

Test

Result

Ref Range

Color

Clarity

RBC

WBC

None

<5 Lymph/mm<sup>3</sup>

Malaria Smears - Purple Top

Test

Result

Ref Range

Thin Smear

Neg

(b)(6)

10-14-05  
Patient Limits  
WBC 22.0 H x10<sup>3</sup>/uL  
RBC 4.69 x10<sup>6</sup>/uL  
Hgb 10.8 L g/dL  
Hct 33.6 L %  
MCV 71.6 L fL  
MCH 23.1 L pg  
MCHC 32.2 L g/dL  
PLT 328 x10<sup>3</sup>/uL  
LY% 7.5 %  
LY# 1.6 x10<sup>3</sup>/uL

Type and hold, CBC and

Major Trau  
PT/PTT and HC  
2 Purples, 1 G

WBC - Purple Top

WBC 4.4-11 x 10<sup>3</sup>/uL  
RBC 4.5-5.9 x 10<sup>6</sup>/uL  
HGB 14.0-17.5 g/dl (M)  
12.3-15.3 g/dl (F)  
HCT 41.5-50.4 % (M)  
35.9-44.6 % (F)  
MCV 80-96 fl (M)  
81-99 fl (F)  
MCH 27-33 pg (M)  
27-31 pg (F)  
MCHC 33-37 g/dl (M)  
33-35 g/dl (F)  
PLT 130-450 x 10<sup>3</sup>/uL  
Lymph% 21-51%

Urinalysis (Chemistry)

Color Straw, Yel, Amb  
Clarity Clear  
Spec Gr 1.003-1.030  
pH 4.6-8.0  
LEU Neg  
NIT Neg  
PRO Neg  
GLU Neg  
KET Neg  
UBG 0.1-1.0  
BIL Neg  
BLD Neg  
Other

Urinalysis (Microscopic)

Test	Result	Ref Range
<input type="checkbox"/> WBC		0-5/Hpf
<input type="checkbox"/> RBC		0-3/Hpf
<input type="checkbox"/> Epi		0-5/Hpf
- Type		
Bact		Neg
Mucous		Neg
Crystals		Neg
Yeast		Neg
Trich		Neg
Casts		Neg
- Type		
Other		

Blood Bank - Purple Top

Must Submit SF 518  
with every unit requested

ABO/Rh

Manual Differential (Hematology) - Purple

Test	Result	Ref Range
<input type="checkbox"/> Segs		55-70%
<input type="checkbox"/> Bands		1-3%
<input type="checkbox"/> Lymphs		20-40%
<input type="checkbox"/> -Atyp		None
<input type="checkbox"/> Mono		2-8%
<input type="checkbox"/> Eos		1-4%
<input type="checkbox"/> Baso		0.5-1.0%
<input type="checkbox"/> Other		None

Coagulation Studies - Blue Top (Full)

Test	Result	Ref Range
<input checked="" type="checkbox"/> PT	11.3	8-14 Sec
<input checked="" type="checkbox"/> INR	1.1	
<input checked="" type="checkbox"/> PTT	23.5	20-40 Sec
<input type="checkbox"/> D-dimer		Neg
<input type="checkbox"/> FDP		Neg

9

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

<p><b>I-STAT (ABG) Syringe or Green Top</b></p> <p><input checked="" type="checkbox"/> Na<sup>+</sup> 138-146 mmol/L</p> <p>K<sup>+</sup> 3.5-4.9 mmol/L</p> <p>tCO<sub>2</sub> 22-28</p> <p>iCa 1.12-1.32 mmol/L</p> <p>Temp <u>99.2</u></p> <p>Hct 38-51%</p> <p>Hgb 12-17 g/dl</p> <p>HCO<sub>3</sub> 22-26 mmol/L (art) 23-28 mmol/L (ven)</p> <p>FIO<sub>2</sub> <u>1.30</u></p> <p>BEecf (-2) - (+3)</p> <p>s O<sub>2</sub> 95-98%</p> <p>pH 7.31-7.45 (art) 7.35-7.45 (ven)</p> <p>pCO<sub>2</sub> 35-45 mmHg (adult) 26-41 mmHg (&lt;2y/o)</p> <p>pO<sub>2</sub> 80-105 mmHg (art) N/A (ven)</p>	<p><b>(Piccolo) Chemistry 12 Green Top</b></p> <p><input type="checkbox"/> ALB 3.5-5.5 g/dl</p> <p>ALP 36-84 u/l</p> <p>ALT 10-47 u/l</p> <p>AMY 14/97 u/l</p> <p>AST 11-38 u/l</p> <p>TBIL 0.2-1.6 u/l</p> <p>BUN 7-22 mg/dl</p> <p>CA<sup>++</sup> 8.0-10.3 mg/dl</p> <p>CHOL 100-200 mg/dl</p> <p>CREA 0.6-1.2 g/dl</p> <p>GLU 73-118 mg/dl</p> <p>TP 6.4-8.1 mg/dl</p>	<p><b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b></p> <p><input type="checkbox"/> GLU 73-118 mg/dl</p> <p>BUN 7-22 mg/dl</p> <p>CA<sup>++</sup> 8.0-10.3 mg/dl</p> <p>CREA 0.6-1.2 g/dl</p> <p>Na<sup>+</sup> 128-145 mmol/L</p> <p>K<sup>+</sup> 3.3-4.7 mmol/L</p> <p>Cl<sup>-</sup> 98-108 mmol/L</p> <p>tCO<sub>2</sub> 18-33 mmol/L</p>																											
<p><b>I-STAT (Misc) Syringe or Green Top</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> GLU</td> <td>_____</td> <td>70-105 mg/dl</td> </tr> <tr> <td><input type="checkbox"/> Creat</td> <td>_____</td> <td>0.7-1.5 mg/dl</td> </tr> <tr> <td><input type="checkbox"/> An Gap</td> <td>_____</td> <td>10-20 mmol/L</td> </tr> <tr> <td><input type="checkbox"/> Lactate</td> <td>_____</td> <td>0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)</td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> GLU	_____	70-105 mg/dl	<input type="checkbox"/> Creat	_____	0.7-1.5 mg/dl	<input type="checkbox"/> An Gap	_____	10-20 mmol/L	<input type="checkbox"/> Lactate	_____	0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)	<p><b>(Piccolo) Metlyte 8 Green Top</b></p> <p><input checked="" type="checkbox"/> GLU 73-118 mg/dl</p> <p>BUN 7-22 mg/dl</p> <p>CREA 0.6-1.2 g/dl</p> <p>CK 39-380 u/l (M) 30-190 u/l (F)</p> <p>Na<sup>+</sup> 128-145 mmol/L</p> <p>K<sup>+</sup> 3.3-4.7 mmol/L</p> <p>Cl<sup>-</sup> 98-108 mmol/L</p> <p>tCO<sub>2</sub> 18-33 mmol/L</p>	<p><b>(Piccolo) Liver Panel + - Green Top</b></p> <p><input type="checkbox"/> ALB 3.5-5.5 g/dl</p> <p>ALP 36-84 u/l</p> <p>ALT 10-47 u/l</p> <p>AMY 14/97 u/l</p> <p>AST 11-38 u/l</p> <p>TBIL 0.2-1.6 u/l</p> <p>GGT 5-65 u/l</p> <p>TP 6.4-8.1 mg/dl</p>												
Test	Result	Ref Range																											
<input type="checkbox"/> GLU	_____	70-105 mg/dl																											
<input type="checkbox"/> Creat	_____	0.7-1.5 mg/dl																											
<input type="checkbox"/> An Gap	_____	10-20 mmol/L																											
<input type="checkbox"/> Lactate	_____	0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)																											
<p><b>DRUGS OF ABUSE - Urine</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PCP</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> BZO</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> COC</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> AMP</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> THC</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> OPI</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> BAR</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> TCA</td> <td>_____</td> <td>Negative</td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> PCP	_____	Negative	<input type="checkbox"/> BZO	_____	Negative	<input type="checkbox"/> COC	_____	Negative	<input type="checkbox"/> AMP	_____	Negative	<input type="checkbox"/> THC	_____	Negative	<input type="checkbox"/> OPI	_____	Negative	<input type="checkbox"/> BAR	_____	Negative	<input type="checkbox"/> TCA	_____	Negative	<p><b>General Chem 7 w/o lytes - Green</b></p> <p><input checked="" type="checkbox"/> CA<sup>++</sup> 8.0-10.3 mg/dl</p> <p>CHOL 100-200 mg/dl</p> <p>CREA 0.6-1.2 g/dl</p> <p>GLU 73-118 mg/dl</p> <p>TBIL 0.2-1.6 u/l</p> <p>BUN 7-22 mg/dl</p> <p>Uric 2.2-6.6 mg/dl(F) 3.6-8.0 mg/dl(M)</p> <p>Mg</p> <p>Phos</p> <p>Lactate</p>	<p><b>Lipid Panel - Green Top</b></p> <p><input type="checkbox"/> CHOL 100-200 mg/dl</p> <p>HDL ≥ 60 mg/dl</p> <p>TRIG &lt;150 mg/dl</p> <p>TC/H Male ≤5 Female ≤4.5</p> <p>LDL &lt;100 mg/dl</p> <p>VLDL &lt;30 mg/dl</p>
Test	Result	Ref Range																											
<input type="checkbox"/> PCP	_____	Negative																											
<input type="checkbox"/> BZO	_____	Negative																											
<input type="checkbox"/> COC	_____	Negative																											
<input type="checkbox"/> AMP	_____	Negative																											
<input type="checkbox"/> THC	_____	Negative																											
<input type="checkbox"/> OPI	_____	Negative																											
<input type="checkbox"/> BAR	_____	Negative																											
<input type="checkbox"/> TCA	_____	Negative																											
<p><input type="checkbox"/> ALC Negative</p> <p><input type="checkbox"/> Phenytoin -</p>		<p><b>RPR - Red Top</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> RPR</td> <td>_____</td> <td>Negative</td> </tr> </tbody> </table> <p><b>Cardiac Tests - Green</b></p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Troponin</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> Myoglobin</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CK-MB</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CKMB Quant</td> <td>_____</td> <td></td> </tr> </tbody> </table>	Test	Result	Ref Range	<input type="checkbox"/> RPR	_____	Negative	Test	Result	Ref Range	<input type="checkbox"/> Troponin	_____	Neg	<input type="checkbox"/> Myoglobin	_____	Neg	<input type="checkbox"/> CK-MB	_____	Neg	<input type="checkbox"/> CKMB Quant	_____							
Test	Result	Ref Range																											
<input type="checkbox"/> RPR	_____	Negative																											
Test	Result	Ref Range																											
<input type="checkbox"/> Troponin	_____	Neg																											
<input type="checkbox"/> Myoglobin	_____	Neg																											
<input type="checkbox"/> CK-MB	_____	Neg																											
<input type="checkbox"/> CKMB Quant	_____																												

ACLU DDII ROI 33637

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EMERGENCY 4

000043



332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Name:

Physician:

ID:

ID:

Address:

Address:

Age:

Sex:

Room:

Sample ID: 907

Fluid: SERUM

Priority: ROUTINE

Misc:

Misc:

Misc:

Test		Result		Normal Range
GLUCOSE	HI	107.	mg/dL	74. - 106.
UREA NITROGEN		17.	mg/dL	9. - 20.
CREATININE	LO	.6	mg/dL	.7 - 1.5
SODIUM	HI	148.	mmol/L	137. - 145.
POTASSIUM		3.8	mmol/L	3.5 - 5.1
CHLORIDE	HI	115.	mmol/L	98. - 107.
CARBON DIOXIDE		29.	mmol/L	22. - 30.
CALCIUM	LO	7.7	mg/dL	8.4 - 10.2
PHOSPHORUS		3.5	mg/dL	2.5 - 4.5
CHOLESTEROL		102.	mg/dL	100. - 200.
URIC ACID	LO	1.3	mg/dL	2.2 - 6.6
CK		135.	U/L	55. - 170.
TOTAL BILI		.3	mg/dL	.2 - 1.3

Test Init Date: Oct 14 05 05:46:42

ACLU DDII ROI 33638

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

000044

4

000044

**EMDG LABORATORY REQUEST FORM**  
(Subject to Privacy Act of 1974)

i-STAT EG7+

Pt: 907

Pt Name: \_\_\_\_\_

ID: (b)(6)

**ALL GREY AREAS, OR SPECIMEN WILL NOT BE TESTED**

10-13-05  
21:26

	Patient	Limits
WBC	19.4 $\times 10^3/\mu\text{L}$	4.5 - 10.5
RBC	4.66 $\times 10^6/\mu\text{L}$	4.00 - 6.00
Hgb	10.6 L g/dL	11.0 - 18.0
Hct	33.8 L %	35.0 - 60.0
MCV	72.6 L fL	80.0 - 99.9
MCH	22.8 L pg	27.0 - 31.0
MCHC	31.4 L g/dL	33.0 - 37.0
PLT	331. * $\times 10^3/\mu\text{L}$	150. - 450.
LYZ	8.7 %	20.5 - 51.1
LY#	1.7 * $\times 10^3/\mu\text{L}$	1.2 - 3.4

TIME: _____	STAT
Pt SSN/Pseudo SSN: <u>907</u>	Pt DC: _____
Pt UNIT/WARD/TMC/FOB: <u>2</u>	
Ordering Provider E-mail: _____	Other: _____

37.0°C	
pH	7.429
PCO2	36.8 mmHg
PO2	187 mmHg
BEecf	0 mmol/L
HCO3	24.4 mmol/L
TCO2	25 mmol/L
sO2	100 %

Na	146 mmol/L
K	3.7 mmol/L
iCa	1.10 mmol/L
Hct	36 %PCV
Hb*	12.2 g/dL

\*via Hct

includes type and hold, CBC and

Major Trauma Panel (I)  
PT/PTT and HCG - if female  
**2 Purples, 1 Green, 1 Blue**

CPB: No

21:34 13OCT05

Operator ID: (b)(6)  
Physician: \_\_\_\_\_

Serial: (b)(6)  
Version: JAMS118C  
CLEW: A98  
Custom: DEFAULT0

**1 Purple and Orange**

**CBC (Hematology) - Purple Top**

WBC	4.4-11 $\times 10^3/\mu\text{L}$
RBC	4.5-5.9 $\times 10^6/\mu\text{L}$
HGB	14.0-17.5 g/dl (M) 12.3-15.3 g/dl (F)
HCT	41.5-50.4 % (M) 35.9-44.6 % (F)
MCV	80-96 fl (M) 81-99 fl (F)
MCH	27-33 pg (M) 27-31 pg (F)
MCHC	33-37 g/dl (M) 33-35 g/dl (F)
PLT	130-450 $\times 10^3/\mu\text{L}$
Lymph%	21-51%

**Urinalysis (Chemistry)**

Color	Straw, Yel, Amber
Clarity	Clear
Spec Gr	1.003-1.030
pH	4.6-8.0
LEU	Neg
NIT	Neg
PRO	Neg
GLU	Neg
KET	Neg
UBG	0.1-1.0
BIL	Neg
BLD	Neg
Other	

S	
U	
I	
R	
H	
S	
(Swab)	
Chlamydia	Neg
(Swab)	

**Manual Differential (Hematology) - Purple**

Test	Result	Ref Range
Segs		55-70%
Bands		1-3%
Lymphs		20-40%
-Atyp		None
Mono		2-8%
Eos		1-4%
Baso		0.5-1.0%
Other		None

**Urinalysis (Microscopic)**

Test	Result	Ref Range
WBC		0-5/Hpf
RBC		0-3/Hpf
Epi		0-5/Hpf
- Type		
Bact		Neg
Mucous		Neg
Crystals		Neg
Yeast		Neg
Trich		Neg
Casts		Neg
- Type		
Other		

**Microbiology**

Test	Result	Ref Range
Gram stain		NBS
Culture		
Source:		
Wound		NG x 4 Days
Blood		NG x 7 Days
CSF		NG x 4 Days
Urine:		
CCMS		NG x 24 Hrs
CATH		NG x 48 Hrs

**Comments:**

**Coagulation Studies - Blue Top (Full)**

Test	Result	Ref Range
PT	11.5	8-14 Sec
INR	1.2	
PTT	26.3	20-40 Sec
D-dimer		Neg
FDP		Neg

**Blood Bank - Purple Top**

**Must Submit SF 518 with every unit requested**

ABO/Rh

**CSF Analysis**

Test	Result	Ref Range
Color		
Clarity		
RBC		None
WBC		<5 Lymph/mm <sup>3</sup>

**Malaria Smears - Purple Top**

Test	Result	Ref Range
Thin Smear		Neg

ACLU DDII ROI 33639

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

<input checked="" type="checkbox"/>	<b>I-STAT (ABG) Syringe or Green Top</b>			<input type="checkbox"/>	<b>(Piccolo) Chemistry 12 Green Top</b>			<input type="checkbox"/>	<b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b>		
		Na <sup>+</sup>	138-146 mmol/L			ALB	3.5-5.5 g/dl			GLU	73-118 mg/dl
		K <sup>+</sup>	3.5-4.9 mmol/L			ALP	36-84 u/l			BUN	7-22 mg/dl
		tCO <sub>2</sub>	22-28			ALT	10-47 u/l			CA <sup>++</sup>	8.0-10.3 mg/dl
		iCa	1.12-1.32 mmol/L			AMY	14/97 u/l			CREA	0.6-1.2 g/dl
	Temp	Hct	38-51%			AST	11-38 u/l			Na <sup>+</sup>	128-145 mmol/L
		Hgb	12-17 g/dl			TBIL	0.2-1.6 u/l			K <sup>+</sup>	3.3-4.7 mmol/L
		HCO <sub>3</sub>	22-26 mmol/L (art) 23-28 mmol/L (ven)			BUN	7-22 mg/dl			Cl <sup>-</sup>	98-108 mmol/L
	FIO <sub>2</sub>	BEecf	(-2) - (+3)			CA <sup>++</sup>	8.0-10.3 mg/dl			tCO <sub>2</sub>	18-33 mmol/L
		s O <sub>2</sub>	95-98%			CHOL	100-200 mg/dl			<b>(Piccolo) Liver Panel + - Green Top</b>	
	pH	7.31-7.45 (art) 7.35-7.45 (ven)		CREA	0.6-1.2 g/dl		<input type="checkbox"/>	ALB	3.5-5.5 g/dl		
	pCO <sub>2</sub>	35-45 mmHg (adult) 26-41 mmHg (<2y/o)		GLU	73-118 mg/dl			ALP	36-84 u/l		
	pO <sub>2</sub>	80-105 mmHg (art) N/A (ven)		TP	6.4-8.1 mg/dl			ALT	10-47 u/l		
<b>I-STAT (Misc) Syringe or Green Top</b>				<b>(Piccolo) Metlyte 8 Green Top</b>					AMY	14/97 u/l	
<input type="checkbox"/>	Test	Result	Ref Range		GLU	73-118 mg/dl			AST	11-38 u/l	
<input type="checkbox"/>	GLU		70-105 mg/dl		BUN	7-22 mg/dl			TBIL	0.2-1.6 u/l	
<input type="checkbox"/>	Creat		0.7-1.5 mg/dl		CREA	0.6-1.2 g/dl			GGT	5-65 u/l	
<input type="checkbox"/>	An Gap		10-20 mmol/L		CK	39-380 u/l (M) 30-190 u/l (F)			TP	6.4-8.1 mg/dl	
<input type="checkbox"/>	Lactate		0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)		Na <sup>+</sup>	128-145 mmol/L			<b>Lipid Panel - Green Top</b>		
<b>DRUGS OF ABUSE - Urine</b>					K <sup>+</sup>	3.3-4.7 mmol/L		<input type="checkbox"/>	CHOL	100-200 mg/dl	
<input type="checkbox"/>	Test	Result	Ref Range		Cl <sup>-</sup>	98-108 mmol/L			HDL	≥ 60 mg/dl	
	PCP		Negative		tCO <sub>2</sub>	18-33 mmol/L			TRIG	<150 mg/dl	
	BZO		Negative		<b>General Chem 7 w/o lytes - Green</b>				TC/H	Male ≤5 Female ≤4.5	
	COC		Negative	<input type="checkbox"/>	CA <sup>++</sup>	8.0-10.3 mg/dl			LDL	<100 mg/dl	
	AMP		Negative		CHOL	100-200 mg/dl			VLDL	<30 mg/dl	
	THC		Negative		CREA	0.6-1.2 g/dl			<b>RPR - Red Top</b>		
	OPI		Negative		GLU	73-118 mg/dl		<input type="checkbox"/>	Test	Result	Ref Range
	BAR		Negative		TBIL	0.2-1.6 u/l			RPR		Negative
	TCA		Negative		BUN	7-22 mg/dl			<b>Cardiac Tests - Green</b>		
	ALC		Negative		Uric Acid	2.2-6.6 mg/dl(F) 3.6-8.0 mg/dl(M)		<input type="checkbox"/>	Test	Result	Ref Range
<input type="checkbox"/>	Phenytoin -				Mg				Troponin		Neg
					Phos				Myoglobin		Neg
					Lactate				CK-MB		Neg
								<input type="checkbox"/>	CKMB Quant		

ACLU DDII ROI 33640

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Patient Name:

Physician:

ID:  
Address:

ID:

Address:

Age:

Sex:

Room:

Sample ID:

Fluid: SERUM

Priority: ROUTINE

Misc:

Misc:

Misc:

Test		Result		Normal Range
GLUCOSE	HI	187.	mg/dL	74. - 106.
UREA NITROGEN		19.	mg/dL	9. - 20.
CREATININE	LO	.7	mg/dL	.7 - 1.5
SODIUM		139.	mmol/L	137. - 145.
POTASSIUM		3.7	mmol/L	3.5 - 5.1
CHLORIDE	HI	109.	mmol/L	98. - 107.
CARBON DIOXIDE		25.	mmol/L	22. - 30.
CALCIUM	LO	7.6	mg/dL	8.4 - 10.2
CK	HI	179.	U/L	55. - 170.

Test Init Date: Oct 13 05

22:33:45

ACLU DDII ROI 33641

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

4

000047

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE  
332<sup>ND</sup> EMDG LABORATORY REQUEST FORM  
(Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: 13 Oct 05	TIME: 1650	<input checked="" type="checkbox"/> STAT	<input type="checkbox"/> PRE-OP	<input type="checkbox"/> ROUTINE
Patient Name (Last, First, MI): <del>1513</del> 907	Pt SSN/Pseudo SSN:	Pt DOB:	Pt Sex: <input checked="" type="radio"/> M <input type="radio"/> F	
Ordering Provider Name: (b)(6)	Ordering Provider E-mail:	Other Contact Information:		

Minor Trauma Panel (Includes type and hold, CBC and HCG – if female)  
1 Purple and Urine – if female

Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female)  
2 Purples, 1 Green, 1 Blue and Urine – if female

**CBC (Hematology) – Purple Top**

<input type="checkbox"/>	WBC	4.4-11 x 10 <sup>3</sup> /μl
	RBC	4.5-5.9 x 10 <sup>6</sup> /μl
	HGB	14.0-17.5 g/dl (M) 12.3-15.3 g/dl (F)
	HCT	41.5-50.4 % (M) 35.9-44.6 % (F)
	MCV	80-96 fl (M) 81-99 fl (F)
	MCH	27-33 pg (M) 27-31 pg (F)
	MCHC	33-37 g/dl (M) 33-35 g/dl (F)
	PLT	130-450 x 10 <sup>3</sup> /μl
	Lymp%	21-51%

**Urinalysis (Chemistry)**

<input type="checkbox"/>	Color	Straw, Yel, Amber
	Clarity	Clear
	Spec Gr	1.003-1.030
	pH	4.6-8.0
	LEU	Neg
	NIT	Neg
	PRO	Neg
	GLU	Neg
	KET	Neg
	UBG	0.1-1.0
	BIL	Neg
	BLD	Neg
	Other	

**Serology – Red Top**

<input type="checkbox"/>	Test	Result	Ref Range
	Serum HCG	_____	Neg
	Urine HCG	_____	Neg
	Inf Mono	_____	Neg
	RPR	_____	Neg
	HIV	_____	Neg
i	Strep A (Swab)	_____	Neg
i	Chlamydia (Swab)	_____	Neg

**Manual Differential (Hematology) – Purple**

<input type="checkbox"/>	Test	Result	Ref Range
	Segs	_____	55-70%
	Bands	_____	1-3%
	Lymphs	_____	20-40%
	-Atyp	_____	None
	Mono	_____	2-8%
	Eos	_____	1-4%
	Baso	_____	0.5-1.0%
	Other	_____	None

**Urinalysis (Microscopic)**

<input type="checkbox"/>	Test	Result	Ref Range
	WBC	_____	0-5/Hpf
	RBC	_____	0-3/Hpf
	Epi	_____	0-5/Hpf
	- Type	_____	
	Bact	_____	Neg
	Mucous	_____	Neg
	Crystals	_____	Neg
	Yeast	_____	Neg
	Trich	_____	Neg
	Casts	_____	Neg
	- Type	_____	
	Other	_____	

**Microbiology**

<input checked="" type="checkbox"/>	Test	Result	Ref Range
	Gram stain	_____	NBS
	Culture	_____	
	Source:		
	Wound	_____	NG x 4 Days
	Blood	_____	NG x 7 Days
	CSF	_____	NG x 4 Days
	Urine:		
	CCMS	_____	NG x 24 Hrs
	CATH	_____	NG x 48 Hrs

Comments:

**Coagulation Studies – Blue Top (Full)**

<input type="checkbox"/>	Test	Result	Ref Range
	PT	_____	8-14 Sec
	INR	_____	
	PTT	_____	20-40 Sec
	D-dimer	_____	Neg
	FDP	_____	Neg

**Blood Bank - Purple Top**  
**Must Submit SF 518 with every unit requested**

ABO/Rh

**CSF Analysis**

<input checked="" type="checkbox"/>	Test	Result	Ref Range
	Color	_____	
	Clarity	_____	
	RBC	_____	None
	WBC	_____	<5 Lymph/mm <sup>3</sup>

**Malaria Smears – Purple Top**

<input type="checkbox"/>	Test	Result	Ref Range
	Thin Smear	_____	Neg

ACCION #: 907

SECONDARY TECHNICIAN REVIEW \_\_\_\_\_

### Body Fluid Report Worksheet

Patient ID goes here

	Time
Specimen Received	
Count Reported	
Differential Reported	2000

NOTE: Dilutions over 1:50 will usually have higher inaccuracy, so try to keep dilutions below that number. Remember to consider each individual parameter (i.e. BC, nucleated cell counts, and cytospin smear) when deciding which dilution should be used.

Sample Dilution	Sample Volume	Saline Volume	Chamber (☐)	Slide (☐)	Color	
<del>1:10</del> 1:50	100	900	<input type="checkbox"/>	<input type="checkbox"/>	Yellow	
			<input type="checkbox"/>	<input type="checkbox"/>	Appearance	Clardy
			<input type="checkbox"/>	<input type="checkbox"/>	Supernatant	yellow

1:50 Dilution Kova Glastic Slide

Note: If a decimal is present in the average box round up to the next whole number Do not report decimal points

Calculation For Kova Method:

$$\text{Avg Side 1\&2} \times 1.1 \times 90 \times \text{Dil} = \text{Count} \times \text{\# Squares Counted}$$

	Side 1	Side 2	Average	Dilution	Squares	Count	Initials
RBC	35	28	32	1:50	10 36 81	1750	(b)(6)
Nucleated Cells	312	335	324	1:50	10 36 81	145,800	

(Note: For short samples, if no stain is used when performing counts, do not multiple by 1.1 when calculating the counts; this is the factor used for the addition of stain.)

Unopette Method

(For Use in Counting Nucleated Cells)

Calculation for Unopette Method

$$A + B = C \times 100 = \text{Total Count}$$

	Side 1	Side 2	Average = A	Avg x 10% = B	A + B = C	C x 100 = Final Ct	Initials
All 9 large squares							
RBC Counts Tested on Cell Counter	Note: All body fluids which appear to have peripheral contamination and are not clotted or too viscous for testing may be run on the cell counter for the RBC count. The RBC count must be $\geq .05$ in order for the count to be used. If it does not meet the criteria, then RBC count must be performed on a dilution using the Kova system. Remember, the final count must be multiplied by 1,000,000 (move 6 decimal points).					Final RBC Count	Initials

CYTOSPIN DIFFERENTIAL COUNT

COMMENTS:

	Poly	Lymph	Mono	Eos	Baso	Atyp	Initials
Differential # Total cells counted:	100						(b)(6)
Crystals (☐ one)	<input type="checkbox"/> None Seen		<input type="checkbox"/> - Uric Acid		<input type="checkbox"/> - CPPD		

Senior Tech Review:	Resident:	CYTOLOGY CORRELATION:	QA:
---------------------	-----------	-----------------------	-----

PATHOLOGIST COMMENT:

ACLU DDII ROI 33643

332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Patient Name:

Physician:

ID:

ID:

Address:

Address:

Age:

Sex:

Room:

Sample ID: 907

Fluid: CSF

Priority: ROUTINE

Misc:

Misc:

Misc:

Test		Result		Normal Range
GLUCOSE	<	10.	mg/dL	40. - 70.
CSF PROTEIN	>	300.	mg/dL	

Test Init Date: Oct 13 05 19:42:30

ACLU DDII ROI 33644

10/13/05 4

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

907

===== PICCOLO = =====  
10/13/05 06:03 PM  
PATIENT TYPE: MALE  
PATIENT #: ~~907~~  
METLYTE 8  
DISC LOT #: 5301AA8  
OPERATOR #:  
DOCTOR #:  
SERIAL #: (b)(6)

GLU	128*	73-118	MG/DL
BUN	20	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	69	39-380	U/L
NA+	141	128-145	MMO/L
K+	4.3	3.6-5.1	MMO/L
CL-	118*	98-108	MMO/L
tCO2	28	18-33	MMO/L

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

ACLU DDII ROI 33645

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

10/13/05

4



332<sup>ND</sup> EMDG LABORATORY REQUEST FORM  
(Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: <u>13 Oct 05</u>	TIME: <u>1740</u>	<input checked="" type="checkbox"/> STAT	<input type="checkbox"/> PRE-OP	<input type="checkbox"/> ROUTINE
Patient Name (Last, First, MI):	Pt SSN/Pseudo SSN: <u>907</u>	Pt DOB:	Pt Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
	Pt UNIT/WARD/TMC/FOB: <u>ICU</u>			
Ordering Provider Name:	Ordering Provider E-mail: (b)(6)	Other Contact Information:		

includes type and hold, CBC and  Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG - if female)  
 2 Purples, 1 Green, 1 Blue and Urine - if female

(b)(6)

10-13-05	17:42	Patient Limits
18.4 H	x10 <sup>3</sup> /μL	4.5 10.5
4.53	x10 <sup>6</sup> /μL	4.00 6.00
10.4 L	g/dL	11.0 18.0
32.6 L	%	35.0 60.0
72.0 L	fL	80.0 99.9
22.9 L	pg	27.0 31.0
31.8 L	g/dL	33.0 37.0
340. *	x10 <sup>3</sup> /μL	150. 450.
8.6 *L	%	20.5 51.1
1.6 *	x10 <sup>3</sup> /μL	1.2 3.4

<b>Urine Top</b>	Ref Range
x 10 <sup>3</sup> /μl	55-70%
x 10 <sup>6</sup> /μl	1-3%
7.5 g/dl (M)	20-40%
5.3 g/dl (F)	None
0.4 % (M)	2-8%
4.6 % (F)	1-4%
0 (M)	0.5-1.0%
0 (F)	None
pg (M)	
pg (F)	
g/dl (M)	
g/dl (F)	
50 x 10 <sup>3</sup> /μl	
%	

<input type="checkbox"/> Urinalysis (Chemistry)	Color	Straw, Yel, Amber
	Clarity	Clear
	Spec Gr	1.003-1.030
	pH	4.6-8.0
	LEU	Neg
	NIT	Neg
	PRO	Neg
	GLU	Neg
	KET	Neg
	UBG	0.1-1.0
	BIL	Neg
	BLD	Neg
	Other	

<b>Serology - Red Top</b>		
<input type="checkbox"/> Test	Result	Ref Range
Serum HCG		Neg
Urine HCG		Neg
Inf Mono		Neg
RPR		Neg
HIV		Neg
Strep A (Swab)		Neg
Chlamydia (Swab)		Neg

<b>Microbiology</b>		
<input type="checkbox"/> Gram stain		NBS
<input type="checkbox"/> Culture		
<b>Source:</b>		
<input type="checkbox"/> Wound		NG x 4 Days
<input type="checkbox"/> Blood		NG x 7 Days
<input type="checkbox"/> CSF		NG x 4 Days
<b>Urine:</b>		
<input type="checkbox"/> CCMS		NG x 24 Hrs
<input type="checkbox"/> CATH		NG x 48 Hrs
<b>Comments:</b>		

<b>Urinalysis (Microscopic)</b>		
<input type="checkbox"/> Test	Result	Ref Range
WBC		0-5/Hpf
RBC		0-3/Hpf
Epi		0-5/Hpf
- Type		
Bact		Neg
Mucous		Neg
Crystals		Neg
Yeast		Neg
Trich		Neg
Casts		Neg
- Type		
Other		

<b>CSF Analysis</b>		
<input type="checkbox"/> Test	Result	Ref Range
Color		
Clarity		
RBC		None
WBC		<5 Lymph/mm <sup>3</sup>

<b>Blood Bank - Purple Top</b>		
<b>Must Submit SF 518 with every unit requested</b>		
<input checked="" type="checkbox"/> ABO/Rh		

<b>Malaria Smears - Purple Top</b>		
<input type="checkbox"/> Test	Result	Ref Range
Thin Smear		Neg

TAC 2 units

ACLU DDII ROI 33646

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				
10.13	(b)(6)	Fentanyl per ICU <i>od</i>	07	13	14	15	16	
			19	(b)(6)				
10.13	(b)(6)	Vancomycin 1gm IV q 12	12	(b)(6)				
			24	(b)(6)				
10.13	(b)(6)	Zantac 50mg IV Q8 <sup>o</sup>	02	(b)(6)				
			10	(b)(6)				
			18	(b)(6)				
10.13	(b)(6)	Meropenem 2gm IV Q8 <sup>o</sup>	02	(b)(6)				
			10	(b)(6)				
			18	(b)(6)				
10.13	(b)(6)	Dolentis 300mg IV QHS	22	(b)(6)				
10.13		Gentamicin ophthalmic drops; instill 5gtts to $\textcircled{R}$ ear QID $\textcircled{R}$ EAR	02	(b)(6)				
			08	(b)(6)				
			14	(b)(6)				
			20	(b)(6)				
		<i>Insulin qtt per protocol</i>	07					
			19					
13065	(b)(6)	MEROPENEM 2g IV Q8 <sup>o</sup>	00	X	X	X	(b)(6)	
			08	X			(b)(6)	
			16	X			(b)(6)	

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: \_\_\_\_\_ ADDITIONAL PAGES IN USE:  YES  NO PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: *907* 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  
**ACLU-RDI 5509 p.58**

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	
14 Oct 05	(b)(6)	Fentanyl 50mg IV x 1 now	14 Oct	now	1440	(b)(6)	
15 Oct 05	(b)(6)	Fentanyl 50mg IV x 1 now	15 Oct	1330	1330	(b)(6)	
15 Oct 05	(b)(6)	Fentanyl 50mg IV x 1 now	15 Oct	1430	1430	(b)(6)	
15 Oct 06	(b)(6)	Mannitol 25mg IV stat	15 Oct	1430	1430	(b)(6)	

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION														
			TIME/DATE DISPENSED														
14 Oct 05	(b)(6)	Morphine IV 1-5mg Smir prn															
14 Oct 05	(b)(6)	Tylenol 16m N6	10/14														
		q 4-6° PRN fever	1435														
		> 100.4	(b)(6)														
15 Oct 05	(b)(6)		1300														
			(b)(6)														

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							
				12	13	14	15	16			
10/13	(b)(6)	NS @ 100cc q4h	07	X							
10/12	(b)(6)	Foley to S. anty	07	X							
10/12	(b)(6)	Lat setting per ICU	07	X							
10.13	(b)(6)	HOB ↑ 30°	07	X							
10.13	(b)(6)	SCD while in bed	07	X							
10.13	(b)(6)	NGT to LWS @ 4h aspirate	07	X							
10.13	(b)(6)	NPO	07	X							
10.13	(b)(6)	Notify MD SBP > 160 < 90	07	X							
10.13.0	(b)(6)	NS @ 100cc	07	X							
		15cm above ear,	07	X							Did 150ml
		15cm above ear, record of	07	X							
		transducer ICP g°, if drainage	07	X							
		in 2° lower chamber below bed									
		call MD if not advancing, if									
		for sustained (5 min) ICP									
		> 20, ensure patency, manually hyperventilate & bag for 5 min - return to vent									
		lower chamber to 10cm above ear									

Ventricu

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: ADDITIONAL PAGES IN USE:  YES  NO PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: 907 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  
ACLU-RDI 5509 p.60



FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE



0259 05 CID919 38320

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. <u>10</u>	Yr. <u>10</u>										
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials										
10/2	(b)(6)	Dilantin 1000 q 12x1			10/10	1745	1745	(b)(6)										
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION															
			TIME/DATE DISPENSED															
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
-----	-----																	
																		ACLU DDII ROI 33650

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

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	14	15	16	17	18	
		Insulin gtt	04	(b)(6)		(b)(6)			
		BS	BS	107		133			
		< 73 10ml 50% glucose IV	ant	gtt		0/1			
		stat i call HO	08	✓	✓	0/1			
		74-120 & nothing	BS						
		121-165 1u bolus i 1u/°	ant		(b)(6)	(b)(6)			
		166-200 2u bolus i 2u/°	12	✓	(b)(6)	(b)(6)			
		201-250 3u bolus i 3u/°	BS						
		251-320 4u bolus i 4u/°	ant						
		321-370 5u bolus i 5u/°	16						
		> 371 10u bolus i call HO	BS						
			ant						
			20						
			BS						
			ant						
			MW	112					
			BS						
			ant						
14 OCT	(b)(6)	Commence dexy via dohoff	07						
		@ 20 cc/hr -> aim is 70 cc/hr							
		do @ 4H approxes please	19						
		TOTAL INPUT PER HOUR = 120							

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: \_\_\_\_\_ ADDITIONAL PAGES IN USE:  YES  NO  
PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: **907**

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

ACLU RDI 5509 p.62

Radiology Form 3 EMDG LAW ENFORCEMENT SENSITIVE NAME

907

Phone (b)(6)

Social Security Number (US only)

Army (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

time (ICU patients only): 0430 hrs

Date (Month/Day/Year) =>

16 Oct 05 1

Location (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

if none of above, enter name of clinic and phone number here:

History: (check the following or list below)  IED  Mortar  Gunshot  MVA  ETT  Central Line  NG/OG-Tube

Pt. intubated Checking lung status

Provider who will get these results:

Exam Requested

circle here if portable (ER/ICU/PACU only) => PORTABLE

- Chest X-Ray
- Cervical Spine
- Other (Specify)
- KUB
- Thoracic Spine
- Pelvis
- Lumbar Spine

- RT LT CLAVICLE
- RT LT SHOULDER
- RT LT HUMERUS
- RT LT ELBOW
- RT LT FOREARM
- RT LT WRIST
- RT LT HAND
- RT LT FEMUR
- RT LT KNEE
- RT LT TIB/FIB
- RT LT ANKLE
- RT LT FOOT

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

- |                       |                          |
|-----------------------|--------------------------|
| <b>CT scan of the</b> | <b>Ultrasound of the</b> |
| Head Face             | Testicles                |
| Cervical Spine        | Legs (DVT study)         |
| Abdomen/Pelvis        | RUQ                      |

CT Other:

US Other:

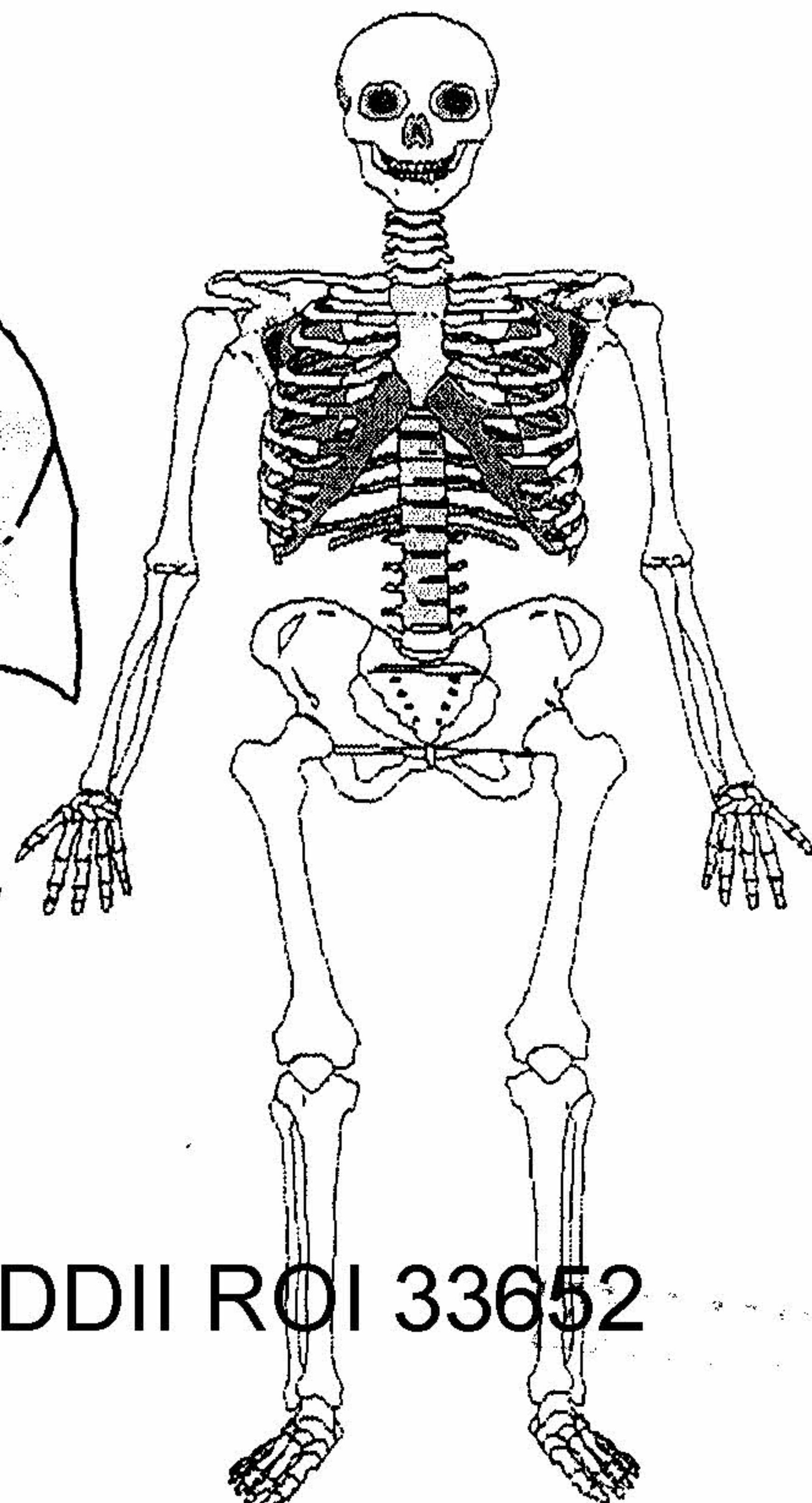
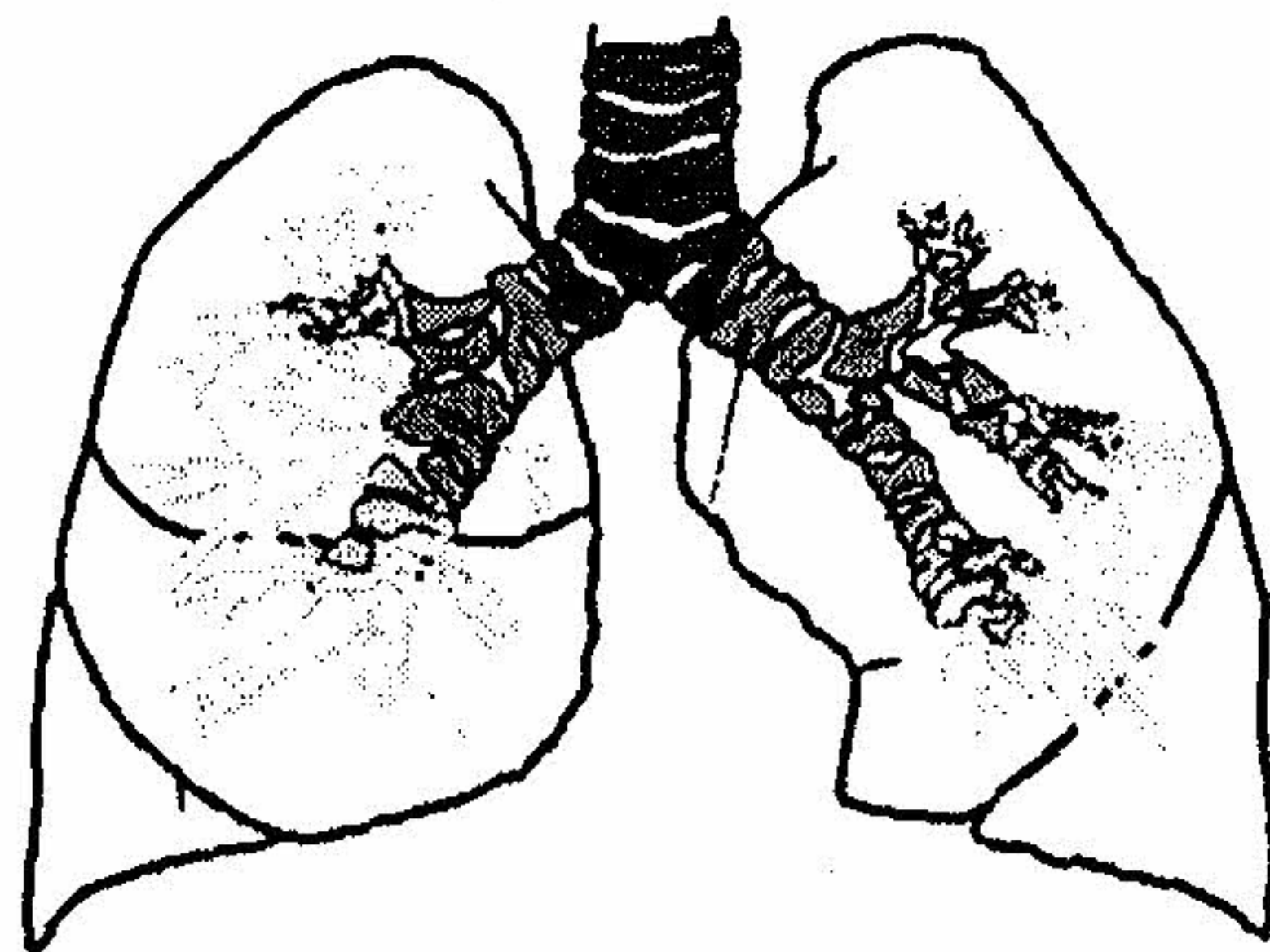
DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Time Processed: hrs Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

<b>Device</b>	"Check" means Position Adequate
ETT/Trach <input checked="" type="checkbox"/>	Heart <input checked="" type="checkbox"/> Normal See Below
Subclav Line <input checked="" type="checkbox"/>	Lungs <input checked="" type="checkbox"/> Normal See Below
IJ Line <input type="checkbox"/>	Pneumo <input checked="" type="checkbox"/> No Yes
NG/Feed Tube <input checked="" type="checkbox"/>	Thorax? <input type="checkbox"/>
Chest Tubel <input type="checkbox"/>	



ETT 6cm from carina

RLL subsegmental atelectasis - resolved

(b)(6)

FOR OFFICIAL USE ONLY marks shrapnel LAW ENFORCEMENT SENSITIVE

ACLU DDII ROI 33652

USAF MC

Updated 20Jan05

FIRMR (41 CFR) 101-11.806-8

000058

DOCTOR'S ORDERS (SIGNAL ORDERS)  
LAW ENFORCEMENT SENSITIVE

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION  907 (b)(6) 10/16/05	DATE OF ORDER	TIME	NURSE'S SIGNATURE
	Mannitol 100mg IV		
	(b)(6)		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION  907 10/16/05	DATE OF ORDER	TIME	NURSE'S SIGNATURE
		10-16-05	08:15
	Head CT SCAN		
	(b)(6)		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION  907 10/16/05	DATE OF ORDER	TIME	NURSE'S SIGNATURE
		10-16-05	
	Comfort Measure only		
	EXTUBATED TO ROOM AIR		
	N/A W/ CARE / meds		
NURSING UNIT	ROOM NO.	BED NO.	

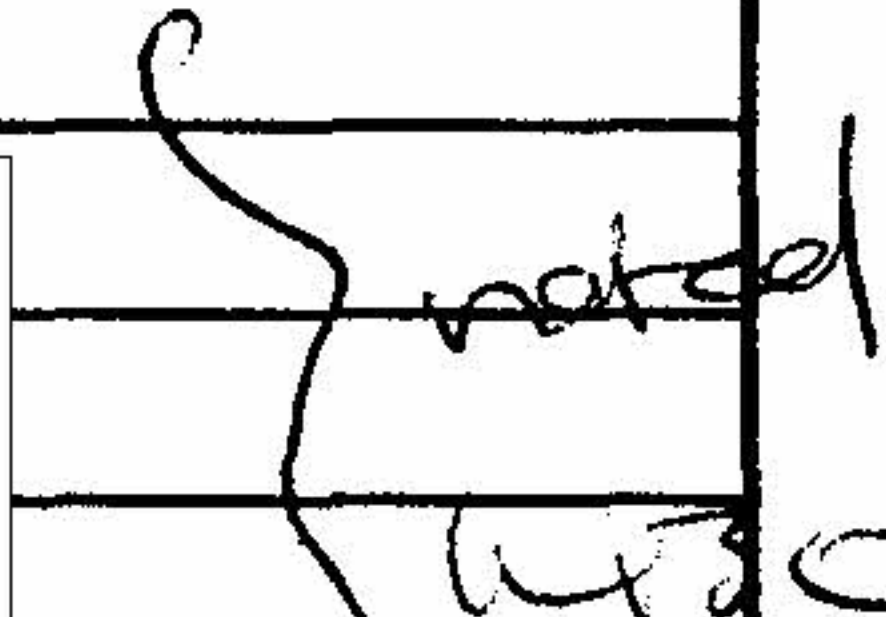
PATIENT IDENTIFICATION  907 10/16/05	DATE OF ORD		NURSE'S SIGNATURE
NURSING UNIT	ROOM NO.	BED NO.	

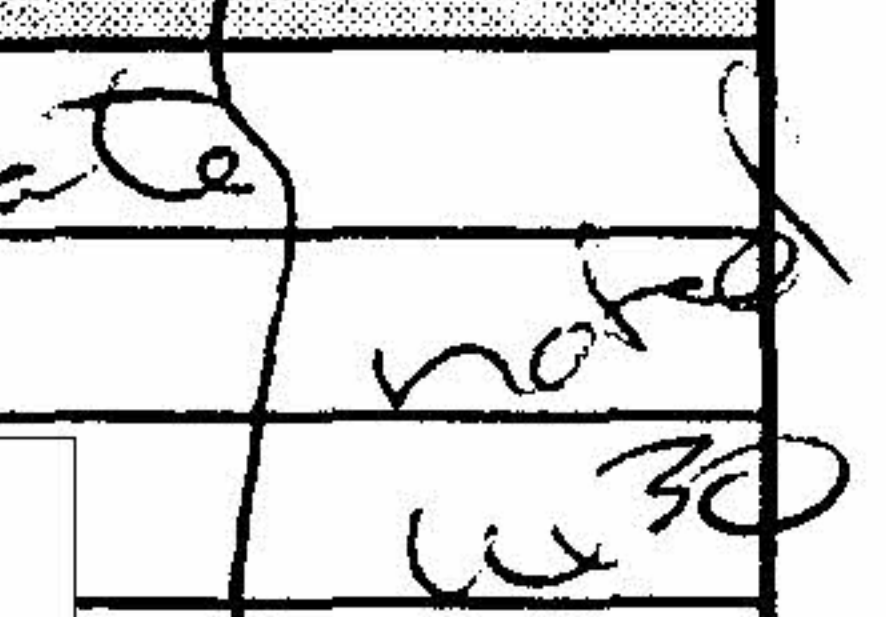
ACLU DDII ROI 33653

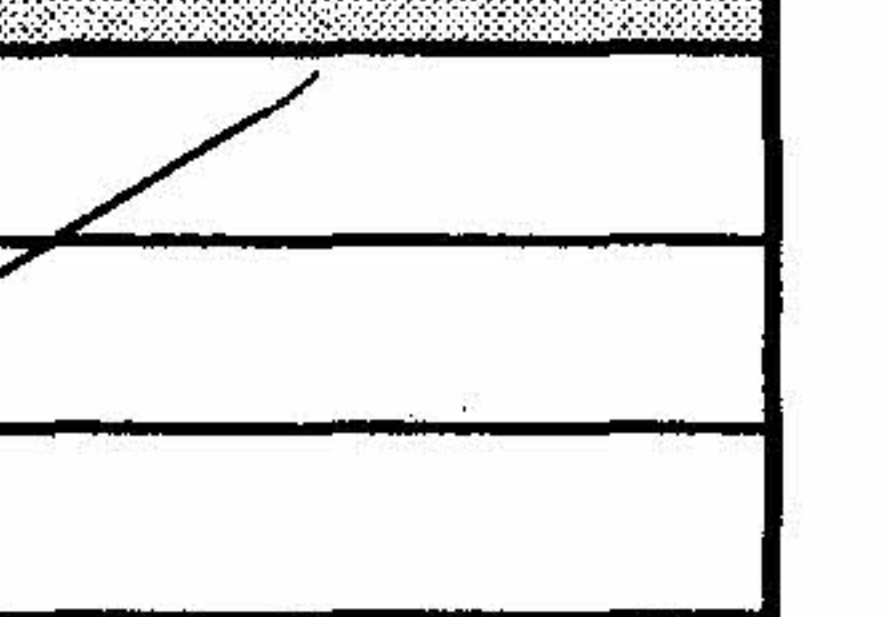


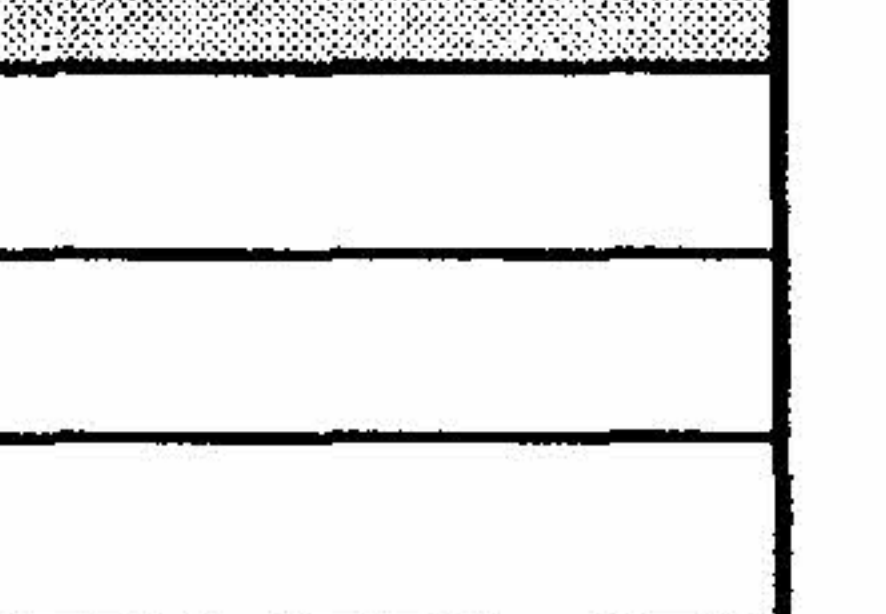
DOCTORS ORDERS (SIGN ALL ORDERS)  
LAW ENFORCEMENT SENSITIVE

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION	DATE OF ORDER	15 Oct 05	TIME		NURSE'S SIGNATURE
		- Fentanyl 50mcg IV x7			 noted W 30 (b)(6)
		(b)(6)			
		15 Oct 05 1417			
		- Please decrease/d's manantol dose to 25grams IV			
	(b)(6)				
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	15 Oct 05 1423	TIME		NURSE'S SIGNATURE
		- Fentanyl q4 @ 100mcg / 6 + fentanyl			 noted W 30 (b)(6)
		to pain control / sedation			
		(b)(6)			
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER		TIME		NURSE'S SIGNATURE
					 (b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER		TIME		NURSE'S SIGNATURE
					 (b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

ACLU DDII ROI 33654

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

INPATIENT RECORD  
000060

DOCTOR'S ORDERS SENSITIVE  
LAW ENFORCEMENT SENSITIVE

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	NURSE'S SIGNATURE		
907			10/14/05				
			1) wear sedation ↓ to off if pt tolerates -				(b)(6)
			2) Temporal bone CT today please				(b)(6)
			3) Start at 20 cc/hr ↑ to goal 80 cc/hr				(b)(6)
NURSING UNIT	ROOM NO.	BED NO.					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	NURSE'S SIGNATURE		
[Redacted]			10/14/05	1206			
			TP goal = 70 cc/hr				
			[Redacted]				
			1400/05 1429 pm				
- Tylenol 1gram PO Q6h / PRN lower > 100°F							
- Restart propofol 1 mg/kg q4h							
NURSING UNIT	ROOM NO.	BED NO.					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	NURSE'S SIGNATURE		
[Redacted]			1400/05	1440			
			- Fentanyl 50 mcg IV x 1, new				(b)(6)
			[Redacted]				
			noted 1400/05 1440				
NURSING UNIT	ROOM NO.	BED NO.					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	NURSE'S SIGNATURE		
[Redacted]			10/15/05				
			① KCl 20 meq IV x 3				
			② ↓ FOF 30 cc/hr				
			③ D/L 20 meq IV				
NURSING UNIT	ROOM NO.	BED NO.					

PHYSICIAN'S ORDERS - (SIGN ALL ORDERS)

DATE OF ORDER TIME NURSE'S SIGNATURE

907

DATE OF ORDER 10/13/05 TIME

NURSE'S SIGNATURE

STANDARD ICP PRECAUTIONS

- ICP > or = 30 degrees
- neck neutral position
- normo-ventilation per ICL
- Codman ICP "wire" monitor; zero reference #
- post sign [ ] Right or [ ] Left "bone out"
- maintain cervical collar
- use pressors pm to maintain CPT > 60 if ICP > 15
- Na, serum Osm BID if being treated for ICP elevation

DATE OF ORDER TIME

- Ventriculostomy/EVD [X] Right [ ] Left [ ] Bilateral
- set drip level 15 cm above external auditory canal
- record hourly output and transduce closed ICP hourly
- CSF sample to lab in 2 red top tubes (2cc, 1cc) for cell count and differential, glucose, protein, gram stain and culture Q48hr or Q24hr if febrile
- momentarily lower drip chamber below bed level pm no drainage over 2hrs; call MD if meniscus does not advance

DATE OF ORDER TIME

- ICP ELEVATION > 20 SUSTAINED AT LEAST 5 MINUTES
- ensure patency of EVD
- manually bag-hyperventilate for 5 min. then return to vent

IF ICP ELEVATION PERSISTS

- Abtazol 25gm IV bolus (not to exceed 25gm Q4hr)
- hold pm Na < 52 or serum Osm > 310
- lower EVD drip level to 10 cm above EAC

(b)(6)

DATE OF ORDER TIME

IF ICP ELEVATION PERSISTS

- page MD
- repeat section with proper insertion
- maintain normo-ventilation then return to normo-ventilation
- correlate to 2-2-4 train of box reports

Noted  
(b)(6)  
2254

ACLU DDII ROI 33656

4

FOR OFFICIAL USE ONLY  
DOCTOR'S ORDERS - (SIGN ALL ORDERS)  
LAW ENFORCEMENT SENSITIVE

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION			DATE OF ORDER	13 OCT	TIME		NURSE'S SIGNATURE	
707			Admit to ICU #2					
			Do! Brand Abscess (D) fungal					
			Condition: very guarded					
			vitals q hour					
			Bedrest					
			NPO					
NURSING UNIT			ROOM NO.		BED NO.			
			Ali, CVP care					
			W/ NS @ 100cc/hr					
			CBC, Urea, Chem 7, TSS					

PATIENT IDENTIFICATION			DATE OF ORDER		TIME			
			Dilantin 100mg WPRB over 30min					
			Foley to gravity					
			SIMV 650/14PS/0.5					
			(b)(6)					
NURSING UNIT			ROOM NO.		BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	13 OCT 05	TIME	2100		
			- STOP LEVOFLOXACIN, FLAGYL, AND					
			Ceftazidime					
			- CONTINUE VANCOMycin					
			- ADD MEROPENEM 2 GRAMS IV					
NURSING UNIT			ROOM NO.		BED NO.			
			GIVM 8 HOURS					
			- MEIVF = NS @ 100cc/hr					
			(b)(6)					

PATIENT IDENTIFICATION			DATE OF ORDER	13 OCT 05	TIME	2100		
			INSURGTT Per Protocol					
			(b)(6)					
			(b)(6)					
			(b)(6)					
NURSING UNIT			ROOM NO.		BED NO.			
			ACLU DDII ROI 33657					

Noted  
2148  
Noted

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

<b>Patient Identification</b>			<b>Date/Time of Order</b>	<b>Order Noted and Signed</b>
SSN:				
Pt. ID:				
Name: 907			Admit to Ward# <i>ECU</i>	
Rank:			Dx: <i>Ventilator, Brain abscess</i>	
Deployed Unit:			Condition:	
Home Station:			Monitoring:	
			<input checked="" type="checkbox"/> Vital signs q 4 hrs then q 8 hrs once stable	
			<input checked="" type="checkbox"/> Urine output q 4 hr then q 8 hrs once stable	
			<input type="checkbox"/> Drain Output q shift	
			<input type="checkbox"/> Doppler pulse q 4 hrs.	
			<input checked="" type="checkbox"/> Neuro Checks q 4 hours	
			Allergies: <i>UNK</i>	
			Activity:	
			<input checked="" type="checkbox"/> Bedrest. <i>HOB &gt; 30°</i>	
			<input type="checkbox"/> Ambulate with Assist	
			<input type="checkbox"/> Ad Lib	
			<input type="checkbox"/> Weight Bear Restrictions	
			<input type="checkbox"/> C-collar w/ spine precautions.	
			Wound Care:	
			<input type="checkbox"/> NS / Dakin's W→D BID to _____	
			<input type="checkbox"/> VAC dressing to _____	
			<input type="checkbox"/> Other:	
			Nursing Care:	
			<input checked="" type="checkbox"/> Routine CVL site care.	
			<input type="checkbox"/> Ext Fix Pin Site Care	
			<input type="checkbox"/> Incentive Spirometry q 1hr	
			<input type="checkbox"/> Routine Ostomy Care	
			<input checked="" type="checkbox"/> Pneumatic Compression Boots while in bed	
			Tubes & Drains	
			<input checked="" type="checkbox"/> NGT to LWS	
			<input checked="" type="checkbox"/> Foley to Gravity	
			<input type="checkbox"/> JP to bulb sxn.	
			<input type="checkbox"/> Flush Feeding Tube q shift with 30cc H2O	
			<input type="checkbox"/> Chest Tube to 20 sxn	
			<input type="checkbox"/> Other: (b)(6)	

DA FORM 4256 1-Apr-79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

Subject to the Privacy Act of 1974

Page 1 of 2

ACLU DDII ROI 33658

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

*Water*  
*(b)(6)*  
*2135*

Patient Identification			Date/Time of Order	Order Noted and Signed
SSN:				
Pt. ID:			<b>Tubes/Drains.</b>	
Name:			<input checked="" type="checkbox"/> NGT to LWS.	
Rank:			<input checked="" type="checkbox"/> Foley to gravity.	
Deployed Unit:			<input type="checkbox"/> Flush feeding tube q shift w/ 30 cc H2O.	
Home Station:			<input type="checkbox"/> Chest Tube to 20 cm suction.	
Nursing Unit			<input type="checkbox"/> JP to bulb sxn	
Room No.	Bed No.		<b>Diet.</b>	
			<input checked="" type="checkbox"/> NPO	
			<input type="checkbox"/> Tube feeding:	
			<input type="checkbox"/> TPN per Nutrition orders.	
			<input type="checkbox"/> Regular Diet	
			<input type="checkbox"/> Modified Diet:	
			<b>IVF.</b>	
			<b>Blood Products</b>	
			<input type="checkbox"/> T&C ___ un PRBC, ___ un FFP, ___ un Whole Blood	
			<input type="checkbox"/> Transfuse ___ units PRBC.	
			<input type="checkbox"/> Transfuse ___ units FFP.	
			<input type="checkbox"/> Transfuse ___ units Whole Blood.	
			<b>Labs.</b>	
			<input checked="" type="checkbox"/> CBC, Chem 7 w/ lytes, PT, PTT, <del>PT</del> , BG on admit <i>done</i>	
			<input type="checkbox"/> Blood Glucose q 1 hr upon initiation of insulin	
			gtt, then q 2 hrs once on stable rate.	
			<input type="checkbox"/> ABG on admit & 1 hr after any	
			ventilator change.	
			<input type="checkbox"/> Other:	
			<b>Radiology.</b>	
			<input checked="" type="checkbox"/> Portable AP CXR on admit. <i>done</i>	
			<input type="checkbox"/> Portable AP CXR on q am. (b)(6)	
			<input type="checkbox"/> Other:	

*done*  
*Noted*  
*2135*  
(b)(6)

ACLU DDII ROI 33659

CONFIDENTIAL

Patient Identification			Date/Time of Order	Order Noted and Signed
SSN:				
Pt. ID:				
Name:			<b>Ventilator: (restrain while on ventilator/oral care protocol).</b>	
Rank:			<input checked="" type="checkbox"/> Mode: SIMV, Pressure Control	
Deployed Unit:			Pressure Support, CMV.	
Home Station:			<input type="checkbox"/> FiO2: 50%	
Nursing Unit			<input type="checkbox"/> Rate: 12	
Room No.	Bed No.		<input type="checkbox"/> Tidal Volume: 650 cc	
			<input type="checkbox"/> PEEP: 5	
			<input type="checkbox"/> PC:	
			<input type="checkbox"/> PS: 10	
<b>Analgesia/Sedation/Paralysis Protocol Intubated Patients ONLY</b>				
<input type="checkbox"/> Titrate to visual analog pain score (VAS) of less than _____ on 1-10 scale.				
<input checked="" type="checkbox"/> Morphine Sulfate IVP 1-5 mg q 15 min prn OR				
infusion _____ mg/hr up to maximum dose 10 mg/hr				
<input checked="" type="checkbox"/> Fentanyl IVP 10-50 mcg q 15 min prn OR				
infusion _____ mcg/hr up to maximum of 150 mcg/hr				
<input type="checkbox"/> Versed				
<input checked="" type="checkbox"/> Propofol <u>IV</u>				
<input type="checkbox"/> Rocuronium <u>DS NS + 20K 100cc/hr</u>				
<input type="checkbox"/> Vecuronium				
<b>Analgesia for Non-Intubated Patients</b>				
<input type="checkbox"/> Morphine Sulfate IVP 1-5 mg q 1hr prn				
<input type="checkbox"/> Percocet 1-2 tab po q 4hrs prn				
<input type="checkbox"/> Tylenol 500-1000mg po q 6 hrs prn				
<input type="checkbox"/> Epidural per Anesthesia Service (b)(6)				
<b>Vasopressors to maintain MAP &gt;60 mm-Hg.</b>				
<input type="checkbox"/> Vasopressin 0.04 mcg/min IV.				
<input type="checkbox"/> Levophed _____ mcg/min IV, titrate to effect. (b)(6)				
<input type="checkbox"/> Dopamine _____ mcg/kg/min IV, titrate to effect.				

DA

1-Apr-79

4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

Subject to the Privacy Act of 1974

Page 3 of 4

ACLU DDII ROI 33660

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

ACLU-RDI 5509 p.71

000066

LAW ENFORCEMENT SENSITIVE

Patient Identification			Date/Time of Order	Order Noted and Signed
SSN:			<b>Antibiotics.</b>	
Pt. ID:			<b>Perioperative prophylaxis: head/neck, thoracic, abdominal trauma, major soft tissue wounds</b>	
Name:	907		<input type="checkbox"/> Cefotetan 2 gm IV q 12 hr, or cefoxitin 2 gm IV q 8 hr, or Unasyn 3 gm IV q 6 hr (based on Pharmacy stock) X 24 hrs; 5 days for intraoral injury	
Rank:			<b>Open Fractures</b>	
Deployed Unit:			<input type="checkbox"/> Type I: Cefazolin 2 gm IV q 8 hr Duration: extend 48 hrs after wound closure	
			<input type="checkbox"/> Type I or III: Cefazolin 2 gm IV q 8 hr + gentamicin 5 mg/kg (    mg) IV q 24 hr Duration: extend 48 hrs after wound closure	
			<input type="checkbox"/> Type II or III tetanus prone: Unasyn 3 gm IV q 6 hr + gentamicin 5 mg/kg (    mg) IV q 24 hr Duration: extend 48 hrs after wound closure	
Nursing Unit	Room No.	Bed No.	<b>Open Brain Injuries</b>	
Nursing Unit	Room No.	Bed No.	<input checked="" type="checkbox"/> Ceftriaxone 2 gm IV q 12 hr x 5 days <i>stop</i>	
			<b>Penicillin Allergy: all indications</b>	
			<input type="checkbox"/> Clindamycin 600 mg IV q 8 hr + ciprofloxacin 400 mg IV q 12 hr X    days	
			<b>GI Prophylaxis.</b>	
			<input checked="" type="checkbox"/> Zantac 50 mg IV q 8 hrs.	
			<input type="checkbox"/> Protonix 40 mg IV q day.	
			<i>5<sup>th</sup> Flagyl 1 gm IV q 12</i>	
			<b>DVT Prophylaxis.</b>	
			<input type="checkbox"/> Heparin 5000 units SC BID. <i>Vancomycin 1 gm IV q 12</i>	
			<input checked="" type="checkbox"/> Lovenox 30 mg SC BID.	
			<input type="checkbox"/> Lovenox 40 mg SC q day. <i>5<sup>th</sup> Levogin 500mg IV bid</i>	
			<input checked="" type="checkbox"/> Pneumatic Compression Boots	
			<i>Dilantin 300mg IV q 12 hrs begin 12/14</i>	
			<b>Other Medications.</b>	
			<input type="checkbox"/> IV Insulin gtt, titrate to BG <140 & >100.	
			<input type="checkbox"/> Tetanus 0.5 cc SC x 1.	
			<input type="checkbox"/> Epogen 40,000 units SC q week	
			<input type="checkbox"/>	
			<input type="checkbox"/> Gentamicin Ophthalmic Drop	
			<input type="checkbox"/> instill 5 drops to (R) EAR!!	
			<i>QED</i>	
			<b>Notify MD for:</b>	
			<input type="checkbox"/> Temp > 38.5	
			<input checked="" type="checkbox"/> SBP > 160 < 90	
			<input checked="" type="checkbox"/> MAP < 60	
			<input type="checkbox"/> ICP >    (b)(6)	
			<input type="checkbox"/> UO < 0.5 cc/kg/hr or 30 cc/hr	

DA

1-Apr-79

4256

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED

Subject to the Privacy Act of 1974

ACLU DDII RUI 3000 I

Page 4 of 4

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

AC RDI 5509 p.72

000067



FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD      PROGRESS NOTES

DATE  
10/16/05

STAFF SLEU

1226

Withdrawal of care //  
decision by ethics committee  
2° state, enter a fixed  
pupils & only reflex spontaneous  
breath by PMA. CMO. ext. rate  
priest to give last rites.

(b)(6)

16 Oct 05  
1400

Death Note

No respiration for 710 min. No  
palpable pulse. No other signs of life.  
It pronounced dead.

(b)(6)

(Continue on reverse side)

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

Mohammed-Ali  
0907

REGISTER NO.

WARD NO.

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 7-91) (EG)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

ACLU DDII ROI 33662

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

509-113

MEDICAL RECORD

SICU Progress Note:

<b>DATE:</b> 16 Oct 05 <b>NAME/NUMBER:</b> 907		<b>Unit/Bed:</b> <b>Code Status:</b>		<b>MEDS:</b> Probenix NS → DS 7L @ 20kT Fentanyl vasel Dilant glt eyes ? ears BSE Jevity 70/h meropenem  <b>Allergies:</b>						
<b>DOA/DOS:</b> mastoiditis → brain abscess/ventriculitis D3										
<b>24 Hour Events:</b> - 1 sed ICP's to 20-30 (sedation works best) 10-12										
<b>NEURO:</b> Best exam: no response; minimal pain response GCS(E,V,M): pupils dilated (! fixed) Sedation meds: Analgesic meds: CIWA level:										
<b>PULMONARY:</b> Exam/RR/SpO2/FiO2: clear		MODE: SIMV    FiO2: 30 RR: 16    PEEP: 5 Vt: 530    PS: 5 MV:    PIP:		<b>LINES/TUBES/DRAINS:</b> ventric Foley Nasal DHT NG ET						
ABG 7.52/33/308/5/100%		CXR:								
<b>CARDIOVASCULAR:</b> Exam/BP/Pulse/Rhythm: ECG:										
<b>GI:</b> Exam: belly soft FSG range:		Diet/Residual Vol.: BM/Ostomy Output:								
<b>RENAL:</b> <table border="1"> <tr> <td>138</td> <td>107</td> <td>11</td> <td rowspan="2">140</td> </tr> <tr> <td>4.0</td> <td>2y</td> <td>0.5</td> </tr> </table>		138	107	11	140	4.0	2y	0.5	24h I/O: +4L 3h UO: 120 180 1100 Maintenance IVF: TUBE/DRAIN Output: ventric 5-6/h	
138	107	11	140							
4.0	2y	0.5								
<b>ID:</b> 99 <sup>0</sup> Tm: Tc:		<b>Abx:</b> Day X of Y Reason: 1. none 2. meropenem 3.		<b>HEME:</b> 13.9 17.7 41.7 PT: PTT: INR: 1.1						
Culture review on reverse side:										
<b>EXTREMITY/SKIN:</b> Wound: DVT Prophylaxis: OT/PT:										
<b>TO DO:</b> repeat head CT										

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

ACLU DDII RDI 33883 PROGRESS NOTES Medical Record

STANDARD FORM 609 (REV. 7-91) Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD	PROGRESS NOTES
DATE	1431 pm 14 Oct 05
	- Called to see pt 2° P HR, BP 205/90's, and ICP 25.
	At tachypnea - RR 27. Moving @ UE. Reached
	for gown, but otherwise not purposeful.
	ICP drain is output ~ 2cc this 2 hours so far.
	O/w Dr. <sup>(b)(6)</sup> pt likely centrally driven. Will
	restart propofol qtt and give i time dose fentanyl.
	Fentanyl 1017. Tylenol given <sup>(b)(6)</sup>

(Continue on reverse side)

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

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 7-91) (EG)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

ACLU DDII ROI 33664

10/14/05

509-113  
MEDICAL RECORD

**SICU Progress Note:**

<b>DATE:</b> 15 Oct 05 <b>NAME/NUMBER:</b> 907		<b>Unit/Bed:</b> ICU 2-4 <b>Code Status:</b> Full		<b>MEDS:</b> W SUM GTT VANC MORPHINE DELANTEN	
<b>DOA/DOS:</b> ICU DAY 2 S/P ADMIT FOR BRAIN ABSCESS 20 MASTOIDEITIS.					
<b>24 Hour Events:</b> CT TEMPORAL BONES DONE -> CHRONIC MASTOIDS C TEMP BONE EROSION / MIDDLE EAR DESTRUCTION.					
<b>NEURO:</b> R PUP 4mm SLUGGISH Best exam: L PUP 2mm PERR GCS(E,V,M): CIWA level:		DEGRADATE PPT TO PACE Sedation meds: PROP OFL Analgesic meds: FENTA		<b>Allergies:</b> NKDA	
<b>PULMONARY:</b> (+) BS (B) Exam/RR/SpO2/FiO2: ABG 7.44/41/200/4/30/100%		MODE: RR: Vt: MV: CXR: NL CHEST		<b>LINES/TUBES/DRAINS:</b>	
<b>CARDIOVASCULAR:</b> Exam/BP/Pulse/Rhythm: ECG:		RR 24's BP 140's/80's			
<b>GI:</b> Exam: FSG range: SOFT (+) BS		Diet/Residual Vol.: JEREMY BM/Ostomy Output: BOWD Ø FBW			
<b>RENAL:</b> PO4 Ca Mg 142   111   15 3.2   30   0.5 < 134		24h I/O: 3L/2L 3h UO: / / / Maintenance IVF: TUBE/DRAIN Output:			
<b>ID:</b> 1017 Abx: Tm: Tc: Culture review on reverse side.		Day X of Y Reason:		<b>HEME:</b> <del>19/9/306</del> 22 PT: 13.7 PTT: 20.4 INR: 1.14	
<b>EXTREMITY/SKIN:</b> Wound: DVT Prophylaxis: OT/PT:					
<b>TO DO:</b>					

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

ACLU DDII R01 83665  
PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 7-91)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

BRAC ASSLES: cont VARE + memo. ✓ Cx Results TAYM:  
with POSSIBLY PLOM WACRUS CUNSONY -  
Four VAREs output

↓ SOURCE FR NEW HAM

(b)(6)



ACLU DDII ROI 33666

4

**Medical Nutrition Therapy Progress Note**  
*Initial Follow Up*

<b>DATE:</b> 1/10/07 <b>NAME / NUMBER:</b> 907		<b>Unit/Bed:</b> icu 2 B4 <b>Feeding Status:</b> NPO / <u>TF</u> / TPN / Oral <b>Oral Diet/TF Type:</b> Ngtube off DHT Feed		<b>MEDS/Labs</b> <b>Date:</b> <table border="1"> <tr><td>148</td><td>115</td><td>17</td></tr> <tr><td>38</td><td>29</td><td>16</td></tr> </table> PO4 Ca 7.7 Mg <b>Blood Glucose:</b> WNL <b>Insulin Therapy:</b> /		148	115	17	38	29	16
148	115	17									
38	29	16									
<b>Subjective Data:</b> /		<b>Nutrition Problem List</b> 1. Needs TF 2. 3. 4.		107							
<b>Objective Data</b> Brain Abscess <b>Weight:</b> 68 <u>KG</u> / LBS <b>Height:</b>											
<b>Nutrition Assessment:</b> Well Nourished / Mild / Moderate / Severely Malnourished AEB: Risk of further nutrition depletion: <u>High</u> / Low AEB: until TF Notes:											
<b>Patient Needs:</b> Based On 68 kg Kcal Need = 25 - 30 kcals/kg = 1700 - 2040 kcals/day Protein Need = 1.2 - 1.5 g prot/kg = 80 - 102 g prot/day Results of Arm Band Study: Daily Caloric Requirements = _____ kcals/day Arm band on for _____ hours Notes:											
<b>Tube Feeding:</b> <u>Jevity 1.2</u> / Crucial 1.5 / Osmolyte / Ensure + Current TF Rate: 0 cc/hr Goal Rate: 70 cc/hr = 30 kcals/kg and 12 prot/kg (includes _____ scoops protein/day) Current TF Tolerance: _____											
<b>TPN:</b> Current TPN Type: _____ Clinimix E 5/15 (.05 g Prot/cc & .71 kcals/cc) _____ Clinimix E 4.25/10 (.0433 g Prot/cc & .5133 kcals/cc) _____ 20% Intralipid at 50cc/hr x 10hrs (1000 Kcals) Monday / Wednesday / Friday Current Rate: _____ cc/hr = _____ Kcals/day & _____ g Prot/day (includes avg. of 430 kcals/day from fat) Current TPN Tolerance:											
<b>Nutrition Plan:</b> TF To goal											
<b>Nutrition Plan/Recns:</b> 1. Begin Jevity @ 20 2. ↑ by 20 q40 To goal of 70 cc/hr 3. 4.											
<b>Signature Block</b> (b)(6)											

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

ACLU DDII RDI 5509  
Medical Record

907

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

STANDARD FORM 509 (REV. 7-91)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

000073

4

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

PROGRESS NOTES

DATE  
3 Oct 05

ICU ADMET NOTE:

WBS:

18.4 / 32 / 340      7.57 / 29 / 253 / 26 / 4 / 100%

141 / 31.6 / 27 / 0.7 / 124      CA 7.7

↓

19.4 / 34 / 331      7.43 / 37 / 187 / 25 / 0 / 100%

PT 11.5 PTT 26.3      139 / 31.7 / 25 / 0.7 / 187      CA 7.6

CSF: WBC 145,800      GC < 10      PROT > 300

GRAM STAIN: GPC PAOS/CHAINS, NUM WBC'S

POS: TNTC WBC'S, GPC - MANY - PAOS, CHAINS

GPR - FEW      GNR - FEW

FOUL SMELLING, GREENISH BROWN

A/P ① BRAIN ABSCESS: Polymicrobial, ? 1<sup>o</sup> source, possibly  
MASTODONTES, PSEUDOMONAS AS A POSSIBILITY. WITH  
EXTENSIVE ABX COVERAGE: REC VANC + MONOPERAN... S HOW  
BE ADEQUATE IN POTENTIAL PATIENTS. ABSCESS HAS  
BEEN DRAINED, THOUGH A SMALL AMT OF FLUID  
REMAINS. THE DEGREE OF VENTRICULOPATHY / PERI-MEN-  
STRAL SWELLING ON ADMISSION MAKES THIS A VERY POOR  
PROGNOSTIC SITUATION.

② HYPERTHYROIDISM: SMIAT RESULT GTT. GMR  
GC 70-120.

(b)(6)

AM WBS:

148 / 31.8 / 29 / 0.6 / 167

7.43 / 42 / 148 / 4 / 28 / 99

(b)(6)

ACLU DDII R01 33668

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

(b)(6)

00074

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD	PROGRESS NOTES
DATE 13 Oct 05 2200	ICU MD ETC @ 12 noon -> Pulm BACK For 25m @ 1200H to 22m @ 1200H  (b)(6)
13 Oct 05 2330  PMH / PSHT -UNK	ICU POWER NOTE 16 on so y/o DEMENCE MS in (P) TEMPORAL LOBE ABSCESS. SEVERAL DAYS AGO HE WAS NOTED TO HAVE A MS -> OBSTRUCTION. HE WAS FEBRILE, AS CT HAD REVEALED A 3cm BRAIN ABSCESS (3cm). DRAINAGE CSF WAS OBTAINED BY LP. OS BOWEN'S GPC, GPR. HE WAS TX'd WITH CEFTRIAXONE, AMPICILLIN, AND METRONIDAZOLE. THERE IS SOME QUESTION THAT HE MAY HAVE HAD (P) MASTOIDITIS PRIOR TO ONSET AS W/OT. @ 228 <sup>TH</sup> HOUR HE REC'D VANC, CEFTRIAXONE, METRONIDAZOLE, GENT, AND AMPICILLIN. HE WAS SENT HOME STILL ON CEFTRIAXONE, METRO, AND AMP. EXAM: T 97.7 R 1015 P 100 BP 160/90 ICP 14 GEN: INTUBATED / SIMANS NOSE: NOSE TO HAVE W/D TO PAT. PAPERS 3mm R, 2mm L. PUPILS TO LIGHT CHEST: CTA CUS: RVOL ABD: SFT / NT.  (b)(6)

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

907

STANDARD FORM 509 (REV. 7-91) (EG)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

ACLU DDII ROI 33669

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE



ENFORCEMENT SENSITIVE

332 EMDG BAL AD AB IRAQ ANESTHESIA RECORD

Date: 2005 OR # 1 Page 1 of 1 Surgeon: (b)(6)

START 1740 STOP

Anesthesia Procedure Room Time IN: 1758 OUT:

**PRE-PROCEDURE**

Identified  Questioned  Chart reviewed  Labs reviewed  NPO since 2005  Full stomach  Patient reassessed prior to anesthesia & surgery - Ready to proceed

Pre-Anesthetic state:  Awake  Anxious  Uncooperative  Calm  Lethargic  Unresponsive  Intubated / trach  ER / Trauma patient  Pharmacological paralysis / sedation in ER-ICU  Other:

**PATIENT SAFETY**

Anesthesia machine checked  Secured with safety belt  Axillary roll  Arm(s) secured on armboards: L R  Arm(s) tucked: L R  Arms - 90°  Pressure points checked, padded, monitored  Eye Care:  Taped closed  Ointment  By surgeon  Saline  Shield  Prone - no pressure on orbits/nose/ears/genitals

**ANESTHETIC TECHNIQUE**

GA Induction:  Intravenous  Pre-O<sub>2</sub>  RSI  Cricoid pressure  Inhalation  IM  PR

GA Maintenance:  Inhalation  Inhalation / IV  GA / Regional combination  TIVA

Sedation & Analgesia / Monitored Anesthesia Care

Regional:  Epidural -  Thoracic  Lumbar  Caudal  SAB  Ankle  Femoral  Axillary  Interscalene  CSE  Bier  Continuous Spinal  Supraclavicular  Other:

Regional Technique:  Position  See remarks  Prep  Local  Site  Needle  Introducer  LA  Narcotic  Additive  Test dose Rx  Attempts x  Level  Catheter:  Test dose response: + -  Secured

**AIRWAY MANAGEMENT**

Oral ETT  RAE  L.T.A.  Magill forceps  Nasal ETT  LMA #  Stylet  LMA Fastrach #  DVL  LMA ProSeal #  Tube size:  FOI  Awake  Blade:  Laser ETT  LIS  Attempts x  EMG ETT  Bougie  Grade: I II III  Armored ETT  TTJV  Atraumatic intubation  DLT  Secured at:  cm  Bronchial blocker system  ET CO<sub>2</sub> present  Rigid FO laryngoscope  Cuffed - min occ pressure  Uncuffed ETT - leaks at  Nerve blocks / Topical / Nebulizer - See Remarks  Oral airway  Nasal airway  Bite block  Mask vent:  Easy  Head-tilt  Max jaw-thrust  Cannot Ventilate  Circuit:  Circle system  NRB  Bain  Mask case  Via tracheotomy / stoma  Nasal cannula  Simple O<sub>2</sub> mask

**AGENTS**

<input type="checkbox"/> Iso	<input checked="" type="checkbox"/> Sevo	(% ET)	0.4	0.8	1.2	1.1	1.0	1.2	1.1	1.0	1.2	1.1	1.0	1.2	TOTALS
Air (L/min)	Oxygen (L/min)	Propofol (mg)	Succinylcholine (mg)	Fentanyl (mcg)	Lidocaine (mg)	Neuraxial (mg)	Vasopressin (mg)								

**FLUIDS**

Lactated Ringers  Warmed  Normal Saline  Warmed  Urine (ml) EBL (ml) Gastric (ml)

**MONITORS**

% Oxygen Inspired (FiO <sub>2</sub> )	O <sub>2</sub> Saturation (SaO <sub>2</sub> )	End Tidal CO <sub>2</sub>	Temp: <input checked="" type="checkbox"/> C <input type="checkbox"/> F	PNS / TOF	Forced Air Warmer (Temp select)
100	100	28	37	OK	

**PERI-OP MEDS**

Tidal Volume (ml) Respiratory Rate Peak Pressure (cm H<sub>2</sub>O) PEEP / CPAP (cm H<sub>2</sub>O)

**VENT**

Symbols for Remarks Position

Remarks: 1815 → OR #1 → monitor O<sub>2</sub> double bag → at stall → PAC @ ET CO<sub>2</sub> BS → CT Scan → OR #1 → CT Scan → ICU? pt stable transport → report to RN.

ACLU DDII ROI 33670

Patient Identification (b)(6)

FOR OFFICIAL USE ONLY ENFORCEMENT SENSITIVE

907

FOR OFFICIAL USE ONLY

0259 05 CID919 38320

**ANESTHESIA EVALUATION**

History from:  Patient  Chart  Translator  Poor Historian  Significant Other  Language Barrier

See previous anesthesia record dated \_\_\_\_\_ for information

PROPOSED PROCEDURE: \_\_\_\_\_ AGE: 25 SEX:  M  F HEIGHT: \_\_\_\_\_ in / cm WEIGHT: \_\_\_\_\_ lb / kg

PRE-PROCEDURE VITAL SIGNS: BIP: 131/69 P: 121 R: T: 101.5 O<sub>2</sub> SAT %: 100

CURRENT MEDICATION(S): Rocephin, Plagyl, Ampicillian, Versed, MSO4, Zantac, Dilantin

PREVIOUS ANESTHESIA / OPERATIONS:  UNKNOWN  NONE

SYSTEM COMMENTS: TOBACCO USE:  Yes  No  Quit. SIMU TV 650/ Rate 14 PS 5 FIO2 50%

TRAUMA HISTORY:  GSW  SHRAPNEL  INJURY TYPE:  CRUSHING  VASCULAR / ISCHEMIA

BLOOD PRODUCT ADMINISTRATION: PRBC UNIT# / STICKER: \_\_\_\_\_ FFP UNIT# / STICKER: \_\_\_\_\_ WHOLE BLOOD UNIT# / STICKER: \_\_\_\_\_

DIAGNOSTIC STUDIES: ECG: 21.4 / 10.9 / 359 (P) X-RAY: 141 / 118 / 20 / 128 CT SCAN: 4.3 / 28 / 0.5 / 128 ULTRASOUND: PTT/PT/INR: 28.1/11.6/1.2 U/A: (T&S) T&C: \_\_\_\_\_

PHYSICAL STATUS: 1 Pulse 118 Resp 18 Temp 97.3 2 3 4 5

POST ANESTHESIA CARE NOTES: Location: 12W2 Time: 0930 CONTROLLED MEDICATIONS: Fentanyl 200

PLANNED ANESTHESIA:  GA  Epidural  Central line  MAC  SAB  ICP Monitor  Regional  A-line

EVALUATOR SIGNATURE: (b)(6) DATE: 2005 10 13

Comfort measures 1220 16 Oct 05 - ER

SYMBOLS		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400					
V	B/P CUFF PRESSURE	156/60	144/70	118/81	105/64	129/87	132/91	110/88	113/84	100/58	103/57	106/56	98/52	97/49																
+	ARTERIAL LINE PRESSURE	+	+	+				+																						
X	MEAN ARTERIAL PRESSURE	91	93	86	81	81	73	80	81	73	72	71	67	67																
●	PULSE	15	16	9	12	12	10	16	16	16	16	16	14	16																
RESPIRATION	RESPIRATION	15	16	9	12	12	10	16	16	16	16	16	14	16																
TEMPERATURE	TEMPERATURE	99.3	99.3	99.4	99.3	99.3	99.3	99.3	99.3	99.3	99.3	99.3	99.3	99.3																
PO <sub>2</sub>	PO <sub>2</sub>	100	100	100	100	100	100	100	100	100	100	100	100	100																
ICP	ICP	15	16	17	18	19	20	21	22	23	24	25	26	27																
Glucose	Glucose	170	151	133	133	133	133	133	133	133	133	133	133	133																
INTAKE		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400					
MNF	MNF	120	120	170	120	120	120	120	120	120	120	120	120	120																
NSWIN	NSWIN	4	4	4	4	4	4	4	4	4	4	4	4	4																
Propofol	Propofol	20	20	20	20	20	20	20	20	20	20	20	20	20																
ent.	ent.	2	2	2	2	2	2	2	2	2	2	2	2	2																
Jevity	Jevity	70	70	70	70	70	70	70	70	70	70	70	70	70																
V Meds	V Meds	-	-	-	-	-	-	-	-	-	-	-	-	-																
OUTPUT		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400					
Uter	Uter	90	90	100	100	100	100	100	100	100	100	100	100	100																
Ventric	Ventric	6	5	11	6	6	6	6	6	6	6	6	6	6																
RESPIRAL	RESPIRAL	6	5	11	6	6	6	6	6	6	6	6	6	6																
TOTAL INTAKE														960	29	140	14	575												
TOTAL OUTPUT														900	48															

PATIENT ID 5049

DATE 16 Oct 05

TOTAL INTAKE

TOTAL OUTPUT

ACLU DDII ROI 33672

24 HOUR BALANCE + / -

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE  
0259 05 CID919 38320

332 EMDG INTENSIVE CARE NURSING FLOW SHEET

For invasive lines / Tubes Insert Location & Date Inserted		0400	0800	1200	1600	2000	2400	
NEURO	LOC	S	C					
	PUPILS Right/Left	4.5-4.5	4.5-4.5					
	VENTRIC HEIGHT	15	15					
	ICP	12	11					
	GCS	3/3/3	3/3/3					
SEE NURSES NOTES			✓					
CARDIOVASCULAR	RHYTHM	SR	SR					
	CAP REFILL	L3	L3					
	PULSES	3+	3+					
	EDEMA	-	blk					
	SKIN COLOR	NFR	NFR					
	IV'S	① DL TLC ② DL PIV	CO1 CO1	CO2 DU1				
	A-LINE	① RADIAL	DAMP	DAMP				
SEE NURSES NOTES			-					
PULMONARY	TIME	0400	0800	1200	1600	2000	2400	
	RESP PATTERN	RV	RV					
	BREATH SOUNDS	CL	↓ ↓ ↓ ↓					
	COUGH	SX	SX					
	AIRWAY	ETT	ETT					
	CHEST TUBE	-	0					
	SEE NURSES NOTES			0				
GI	ABDOMEN	SF	SF					
	BOWEL SOUNDS	P	Px4					
	NG/OG/FEEDING TUBE	CO1	NG/OG					
	STOOL	-	-					
GU	FOLEY / VOID	F	F					
	COLOR	A	Y					
	CHARACTER	CL	CL					
	SEE NURSES NOTES			-				
INTEGUMENTARY	TIME	0400	0800	1200	1600	2000	2400	
	WOUND CARE	CO1	CO2					
	DRAINAGE	CO1	CO2					
			/					
	SEE NURSES NOTES			✓				

LEGENDS

**LOC:** A- ALERT  
L- LETHARGIC  
S- SEDATED  
C-COMA

**Pupils:** ● ● ● ● ● ●  
1mm 2mm 3mm 4mm 5mm 6mm

**Pupil Response:** + or -

**ICP Norm:** 0-10mm Hg  
**Pulses:** 3+: Bounding  
2+: Normal  
1+: Faint Dopp  
0: Absent

**Heart:** Normal sinus rhythm: NSR  
**Rhythm:** Tach arrhythmia: T Sinus Tach: ST  
Brady arrhythmia: B Sinus Brady: SB

**Edema:** 3+, 2+, 1+, none  
**Generalized:** G

**Skin Color:** Pink: P or Norm for race: NFR, Pale: PA, Dusky DU  
Cyanotic: CY Jaundice: J

**Access:** Central lines: Subclavian: LSCV, RSCV, IJ, EJ  
Peripheral: PIV Femoral: Fem  
Cordis: C Triple lumen: TLC A-Line: ART

**A-Line Hourly Assessment:** Intact: I Pulses Present: P Color: P: Pink NFR: Norm for race

**Resp Pattern:** Reg, Irreg  
**Airways:**

**Breath sounds:** Rhonchi: Rh Nasopharyngeal: NPA  
Clear: CL Oral pharyngeal: OPA  
Crackles: CR Endotrach tube: ETT  
Wheezing: WH Trach: T Self: S

**Chest tube:** Water seal: WS Suction: SU  
Chest tube: S: wall Suction WS: Water Seal

**Abdomen:** Firm: F Soft: SF Tender: T Distended: D Obese: OB  
**Bowel Sounds:** Present: P Absent: A Hypoactive: H Hyperactive: HY

**Stool:** Formed: F Loose: L Ostomy: OS

**NG/OG Tube:** Suction: SU Clamped: C Gravity: G Feeding: F

**Urine Color:** Amber: A Sediment: S  
Yellow: Y Hematuria: H Y: Yellow W: White  
**Vent Suction:** C: Creamy  
Cloudy: CL BL: Bloody

**Integumentary:** Put Dressings/wound locations in box and then under times place:  
CDI: Clean dry intact Changed: Δ'd SAT: Saturated  
May also document drains in these slots: JP, Wound Vac  
To document drains every 4 hrs describe drainage:  
SS: Sero sanguineous CL: Clear P: Purulent

**If you run out of space use notes section**

VENT	Mode	Si MV	Si MV				
	F <sub>I</sub> O <sub>2</sub>	.3	.3				
	TV	550	550				
	Rate	12	12				
	MV	8.9	6.7				
	PEEP / PS	5/5	5/5				
	Suction	PRN	PRN				

Mouth Care	8/10					
Turn	8/10					
Foley Care						
Trach Care	ETT					
Drsging Chg	N/A					
Bath						

**Notes:** (1) ABC's intact, respid complete. ETC @ P-1000 needed - but one for lab of secretion. @ below - spot used relative of @ by aster. (2) Add @ (3) @ of haldon 9h (4) @ of haldon 9h - w/resp to star. Delive

Signature	Initials	PT ID:	Date:
(b)(6)		ACLU DDII RO	3/36/05
Right Nurse			2005
Day Nurse			
Night Nurse			

332 EMDG INTENSIVE CARE NURSING FLOW SHEET

Table with columns for time (0400, 0800, 1200, 1600, 2000, 2400) and rows for Neuro, Cardiovascular, Pulmonary, GI, GU, Integumentary, and VENT. Includes fields for LOC, PUPILS, VENTRIC HEIGHT, RHYTHM, CAP REFILL, PULSES, EDEMA, SKIN COLOR, IV'S, A-LINE, TIME, RESP PATTERN, BREATH SOUNDS, COUGH, AIRWAY, CHEST TUBE, ABDOMEN, BOWEL SOUNDS, NG/OG/FEEDING TUBE, STOOL, FOLEY / VOID, COLOR, CHARACTER, CRANIAL DSC, ICP DRAIN.

LEGENDS

LOC: A-ALERT, L-LETHARGIC, S-SEDATED, C-COMA. Pupils: 1mm, 2mm, 3mm, 4mm, 5mm, 6mm. Pupil Response: + or -. ICP Norm: 0-10mm Hg. Heart: Normal sinus rhythm: NSR. Rhythm: Tach arrhythmia: T, Sinus Tach: ST, Brady arrhythmia: B, Sinus Brady: SB. Edema: 3+, 2+, 1+, none. Generalized: G. Skin Color: Pink: P, Norm for race: NFR, Pale: PA, Dusky: DU, Cyanotic: CY, Jaundice: J. Access: Central lines: Subclavian: LSCV, RSCV, IJ, EJ, Peripheral: PIV, Femoral: Fem, Cordis: C, Triple lumen: TLC, A-Line: ART. A-Line Hourly Assessment: Intact: I, Pulses Present: P, Color: P, Pink: NFR, Norm for race. Resp Pattern: Reg, Irreg. Airways: Rhonchi: Rh, Nasopharyngeal: NPA, Clear: CL, Oral pharyngeal: OPA, Crackles: CR, Endotrach tube: ETT, Wheezing: WH, Trach: T, Self: S. Chest tube: Water seal: WS, Suction: SU. Chest tube: S: wall Suction, WS: Water Seal. Abdomen: Firm: F, Soft: SF, Tender: T, Distended: D, Obese: OB. Bowel Sounds: Present: P, Absent: A, Hypoactive: H, Hyperactive: HY. Stool: Formed: F, Loose: L, Ostomy: OS. NG/OG Tube: Suction: SU, Clamped: C, Gravity: G, Feeding: F. Urine Color: Amber: A, Sediment: S, Vent Suction: Yellow: Y, Hematuria: H, Y: Yellow, W: White. Character: Clear: C, Cloudy: CL, C: Creamy, BL: Bloody. Integumentary: Put Dressings/wound locations in box and then under times place. CDI: Clean dry intact, Changed: Δ'd, SAT: Saturated. May also document drains in these slots: JP, Wound Vac. To document drains every 4 hrs describe drainage. SS: Sero sanguineous, CL: Clear, P: Purulent. If you run out of space use notes section.

Table with columns for time (0400, 0800, 1200, 1600, 2000, 2400) and rows for Mode, FIO2, TV, Rate, MV, PEEP / PS, Suction.

Table with columns for Mouth Care, Turn, Foley Care, Trach Care, Drsing Chg, Bath and rows for 0200, 0300, 0400, 0500, 0600, 0700, 0800.

Notes: [Blank space for notes]

Signature, Initials, PT ID: 907, Date: 3/31/05, ACLU DDII RQI 33674

FOR OFFICIAL USE ONLY  
 LAW ENFORCEMENT SENSITIVE  
 0259 05 CID919 38320

PATIENT ID 907  
 DATE 15 OCT 05

SYMBOLS	0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200												1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400												
	V ^ B/P CUFF PRESSURE	[Handwritten BP values]												[Handwritten BP values]											
T ARTERIAL LINE PRESSURE	[Handwritten arterial line pressures]												[Handwritten arterial line pressures]												
X MEAN ARTERIAL PRESSURE	[Handwritten MAP values]												[Handwritten MAP values]												
PULSE	[Handwritten pulse rates]												[Handwritten pulse rates]												
RESPIRATION	[Handwritten respiratory rates]												[Handwritten respiratory rates]												
TEMPERATURE	[Handwritten temperatures]												[Handwritten temperatures]												
SPO2	[Handwritten SpO2 values]												[Handwritten SpO2 values]												
Glucose	[Handwritten glucose levels]												[Handwritten glucose levels]												
TOTAL INTAKE													TOTAL OUTPUT												
[Handwritten intake totals]													[Handwritten output totals]												

24 HOUR BALANCE + 1 - + 4048

000081

332 EMDG INTENSIVE CARE NURSING FLOOR SHEET

For Invasive Lines / Tubes Insert Location & Date Inserted		0400	0800	1200	1600	2000	2400	
NEURO	LOC				U	S	S	
	PUPILS Right/Left				5/2	3/3	3/2	
	VENTRIC HEIGHT				-	15cm	15cm	
	ICP				-	13	15	
	GCS				3T			
SEE NURSES NOTES								
CARDIOVASCULAR	RHYTHM				ST	ST	ST	
	CAP REFILL				<3	<3	<3	
	PULSES				+2	2+	2+	
	EDEMA				0	0	0	
	SKIN COLOR				NFR	NFR	NFR	
	IV'S	LCCL @ #line			CDI	CDI	CDI	
	A-LINE	② rad			② P	P	P	
SEE NURSES NOTES								
PULMONARY	TIME	0400	0800	1200	1600	2000	2400	
	RESP PATTERN				R/V	R/V	R/V	
	BREATH SOUNDS				CL	cl	cl	
	COUGH				-	0	0	
	AIRWAY				ETT	ETT	ETT	
	CHEST TUBE				0	0	0	
	SEE NURSES NOTES							
GI	ABDOMEN				SF	SF	SF	
	BOWEL SOUNDS				A	A	A	
	NG/OG/FEEDING TUBE				① MC SXW	S	S	
	STOOL				0	0	0	
GU	FOLEY / VOID				F	F	F	
	COLOR				Y	Y	Y	
	CHARACTER				C	cl	cl	
	SEE NURSES NOTES							
INTEGUMENTARY	TIME	0400	0800	1200	1600	2000	2400	
	Head					DSG	CDI	
	SEE NURSES NOTES							
	SEE NURSES NOTES							
	SEE NURSES NOTES							
	SEE NURSES NOTES							
	SEE NURSES NOTES							

### LEGENDS

LOC: A-ALERT  
L-LETHARGIC  
S-SEDATED  
C-COMA

Pupils: ● 1mm ● 2mm ● 3mm ● 4mm ● 5mm ● 6mm

Pupil Response + or -

ICP Norm: 0-10mm Hg  
Pulses: 3+: Bounding  
2+: Normal  
1+: Faint Dopp  
0: Absent

Heart: Normal sinus rhythm: NSR  
Tach arrhythmia: T Sinus Tach: ST  
Brady arrhythmia: B Sinus Brady: SB

Rhythm: 3+: Bounding  
2+: Normal  
1+: Faint Dopp  
0: Absent

Edema: 3+, 2+, 1+, none  
Generalized: G

Skin Color: Pink: P or Norm for race: NFR, Pale: PA, Dusky DU  
Cyanotic: CY Jaundice: J

Access: Central lines: Subclavian: LSCV, RSCV, IJ, EJ  
Peripheral: PIV Femoral: Fem  
Cordis: C Triple lumen: TLC A-Line: ART

A-Line Hourly Assessment: Intact: I Pulses Present: P Color: P: Pink NFR: Norm for race

Resp Pattern: Reg, Irreg  
Airways: Rhonchi: Rh Nasopharyngeal: NPA  
Clear: CL Oral pharyngeal: OPA  
Crackles: CR Endotrach tube: ETT  
Wheezing: WH Trach: T Self: S

Chest tube: Water seal: WS Suction: SU  
Chest tube: S: wall Suction WS: Water Seal

Abdomen: Firm: F Soft: SF Tender: T Distended: D Obese: OB  
Bowel Sounds: Present: P Absent: A Hypoactive: H Hyperactive: HY

Stool: Formed: F Loose: L Ostomy: OS

NG/OG Tube: Suction: SU Clamped: C Gravity: G Feeding: F

Urine Color: Amber: A Sediment: S Vent Suction:  
Yellow: Y Hematuria: H Y: Yellow W: White  
Character: Clear: C C: Creamy  
Cloudy: CL BL: Bloody

Integumentary Put Dressings/wound locations in box and then under times place:  
CDI: Clean dry intact Changed: Δ'd SAT: Saturated  
May also document drains in these slots: JP, Wound Vac  
To document drains every 4 hrs describe drainage:  
SS: Sero sanguineous CL: Clear P: Purulent

If you run out of space use notes section

Mode	0400	0800	1200	1600	2000	2400
F <sub>I</sub> O <sub>2</sub>				50	30	30
TV				450	550	550
Rate				14	12	12
MV						
PEEP / PS				5/0	5/5	5/5
Suction				PR		

Mouth Care	2300					
Turn						
Foley Care						
Trach Care						
Drsging Chg						
Bath						

Notes: To OMC @ 1800 arrived to unit @ 2000 PT's 2300 pt awake/alert. Asked interpreter for the time stated he was cold, asked if we contacted his family. Continue to monitor. (b)(6)

Signature	Initials	PT ID: ACLU DDII ROI	Date: 3/31/05
Night Nurse			
Day Nurse	(b)(6)		
Night Nurse			

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

0259 05 CID919 38320

PATIENT ID 907

DATE 130605

TOTAL INTAKE

874

TOTAL OUTPUT

1228

24 HOUR BALANCE + (-) 354

000083

SYMBOLS		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
V	B/P CUFF																		1725				200		
A	PRESSURE																		1725				110		
I	ARTERIAL LINE																								
T	PRESSURE																								
X	HEAN ARTERIAL																								
P	PRESSURE																								
●	PULSE																								
○	TEMPERATURE																								
○	PO <sub>2</sub>																								
○	ICP																								
○	Glucose																								
INTAKE		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
MAINT																									
INSULIN																									
ROPOFOL																									
VPB																									
ET																									
OUTPUT		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Foley																									
Cathman																									

ACLU DDII ROI 33877



# 332 EMDG INTENSIVE CARE NURSING FLOWSHEET

LAW ENFORCEMENT SENSITIVE

	For invasive lines / Tubes Insert Location & Date Inserted						
	0400	0800	1200	1600	2000	2400	
<b>NEURO</b>							
LOC	S	S	C	S	S	S	
PUPILS Right/Left	3-4	3-4	4-5	4-5	4-5	4-5	
VENTRIC HEIGHT	15cm	15cm	15cm	15cm	15cm	15cm	
ICP	drain	.15		13	12	12	
GCS		AT		ST	S	S	
SEE NURSES NOTES							
<b>CARDIOVASCULAR</b>							
RHYTHM	ST	ST	ST	ST	ST	SR	
CAP REFILL	<3	<3	<3	<3	<3	<3	
PULSES	2+	2+	2+	2+	3+	3+	
EDEMA	0	0	0	0	0	0	
SKIN COLOR	NFR	NFR	NFR	NFR	NFR	NFR	
IV'S							
TL (Chest)	D5A	P	P	COI	COI	COI	
(R) AC		P	P	COI	COI	COI	
A-LINE Radial	P	P	P	COI	COI	COI	
SEE NURSES NOTES							
<b>PULMONARY</b>							
TIME	0400	0800	1200	1600	2000	2400	
RESP PATTERN	R/V	R/V	R/V	R/V	R/V	R/V	
BREATH SOUNDS	CL	CL	CL	CL	CL	CL	
COUGH	0	0	0	0	0	0	
AIRWAY	ETT	ETT	ETT	ETT	ETT	ETT	
CHEST TUBE	0	0	0	0	-	-	
SEE NURSES NOTES							
<b>GI</b>							
ABDOMEN	SF	SF	SF	SF	SF	SF	
BOWEL SOUNDS	A	A	A	H	P	P	
NG/OG/FEEDING TUBE	S	LWS	CLAMPED	F	Gravity	Gravity	
STOOL	0	0	0	0	-	-	
<b>GU</b>							
FOLEY / VOID	F	F	F	F	F	F	
COLOR	Y	Y	Y	Y	Y	Y	
CHARACTER	CL	CL	C	C	C	C	
SEE NURSES NOTES							
<b>INTEGUMENTARY</b>							
TIME	0400	0800	1200	1600	2000	2400	
Head	CDI	CDI	CDI	CDI	CDI	CDI	
EVD		Purulent	Purulent	Purulent	Purulent	CDI	
SEE NURSES NOTES							

## LEGENDS

LOC: A-ALERT  
L-LETHARGIC  
S-SEDATED  
C-COMA

Pupils  
Pupil Response + or -  
1mm 2mm 3mm 4mm 5mm 6mm

ICP Norm: 0-10mm Hg  
Heart: Normal sinus rhythm: NSR  
Rhythm: Tach arrhythmia: T Sinus Tach: ST  
Brady arrhythmia: B Sinus Brady: SB  
Edema 3+, 2+, 1+, none  
Skin Color: Pink: P or Norm for race: NFR, Pale: PA, Dusky DU  
Cyanotic: CY Jaundice: J  
Access: Central lines: Subclavian: LSCV, RSCV, IJ, EJ  
Peripheral: PIV Femoral: Fem  
Cordis: C Triple lumen: TLC A-Line: ART

A-Line Hourly Assessment: Intact : I Pulses Present : P Color P: Pink NFR: Norm for race  
Resp Pattern: Reg, Irreg  
Breath sounds: Rhonchi: Rh  
Clear: CL  
Crackles: CR  
Wheezing: WH  
Chest tube: Water seal: WS Suction: SU  
Chest tube: S: wall Suction WS: Water Seal

Abdomen: Firm: F Soft: SF Tender: T Distended: D Obese: OB  
Bowel Sounds: Present: P Absent: A Hypoactive: H Hyperactive: HY  
Stool: Formed: F Loose: L Ostomy: OS  
NG/OG Tube: Suction: SU Clamped: C Gravity: G Feeding: F  
Urine Color: Amber: A Sediment: S  
Yellow: Y Hematuria: H  
Character: Clear: C  
Cloudy: CL

Integumentary Put Dressings/wound locations in box and then under times place:  
CDI: Clean dry intact Changed: Δ'd SAT: Saturated  
May also document drains in these slots: JP, Wound Vac  
To document drains every 4 hrs describe drainage:  
SS: Sero sanguineous CL: Clear P: Purulent  
If you run out of space use notes section

	Mode						
	0400	0800	1200	1600	2000	2400	
<b>VENT</b>							
F <sub>O2</sub>	.3	.3	.3	.30	.30	.30	
TV	500	500	550	550	550	550	
Rate	12	12	12	12	12	12	
MV				9.4		6.38	
PEEP / PS	5/5	5/5	5/5	5/5	5/5	5/5	
Suction		PRN	PRN	PRN	PRN	PRN	

	0900	1200	1500	1800	2100	2400
Mouth Care	✓					
Turn						
Foley Care		✓				
Trach Care	NA					
Drsing Chg	NIL					
Bath						

Notes: 0400 ICP. Cadman set @ 15cm, draining @ least 10cc/° 2330: 500cc IV bolus NS GIVEN & MAUF Rate ↑ to 150cc's /hr for ↓ I/O x 2 hrs. ETT RETMPTD 24cm @ 1p. (b)(6)

Signature	Initials	PT ID:	Date:
(b)(6)		907	10-14-05
Night Nurse		ACLU DDII ROI	33678
Day Nurse			
Night Nurse			

7-06

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE  
0259 05 518919 30320

PATIENT ID

DATE 50.4.1.01

TOTAL INTAKE

4181

TOTAL OUTPUT

1956

24 HOUR BALANCE

+1 -

225

ACLU DDII ROI 33679

SYMBOLS	0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200												1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400												PATIENT ID	DATE
	0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200												1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400													
V	[Handwritten data]												[Handwritten data]												7-06	50.4.1.01
^	[Handwritten data]												[Handwritten data]													
B/P CUFF PRESSURE	[Handwritten data]												[Handwritten data]													
I	[Handwritten data]												[Handwritten data]													
T	[Handwritten data]												[Handwritten data]													
ARTERIAL LINE PRESSURE	[Handwritten data]												[Handwritten data]													
X	[Handwritten data]												[Handwritten data]													
MEAN ARTERIAL PRESSURE	[Handwritten data]												[Handwritten data]													
RESPIRATION	[Handwritten data]												[Handwritten data]													
TEMPERATURE	[Handwritten data]												[Handwritten data]													
SP02	[Handwritten data]												[Handwritten data]													
CPP	[Handwritten data]												[Handwritten data]													
GLUCOSE	[Handwritten data]												[Handwritten data]													
INTAKE	[Handwritten data]												[Handwritten data]													
MNF	[Handwritten data]												[Handwritten data]													
Insulin	[Handwritten data]												[Handwritten data]													
Pancreofol	[Handwritten data]												[Handwritten data]													
SB	[Handwritten data]												[Handwritten data]													
dent	[Handwritten data]												[Handwritten data]													
Jevity	[Handwritten data]												[Handwritten data]													
OUTPUT	[Handwritten data]												[Handwritten data]													
Foley	[Handwritten data]												[Handwritten data]													
Codman EVAC	[Handwritten data]												[Handwritten data]													
NGT	[Handwritten data]												[Handwritten data]													

000085

(b)(6)

VENT

VENT CHECK SHEET

PATIENT NUMBER 967

DATE	10 OCT 2015	11 OCT 2015	16 OCT 2015	16 OCT 2015	16 OCT 2015
TIME	0245	0610	0850	0850	1348
MODE	SIMV	SIMV	SIMV	SIMV	DISCONTINUED CARE
VI	550	550	550	550	
RR	16	16	16	16	
PEEP	5	5	5	5	
I:time	1:1	1:1	1:1	1:1	
PS/psap	5	5	5	5	
PIP (set)	19	19	10	10	
Peak/Pinsp	8	9	8	8	
MAP	8.63	8.67	9.0	8.29	
MV	16	16	16	16	
RR total	516	533	541	316	
Spon VT	36	30	30%	30%	
FIO2	100	100%	99%	99%	
Sats	99	91	78	80	
ALARMS					
H prss limit	35	35	35	35	
MV HIGH	18	18	18	18	
MV LOW	3	3	3	3	
VT HIGH	1.0L	1L	1.0L	1.0L	
RR HIGH	35	35	35	35	
APNEA PAR.	20	20	20	20	
VT	550	550	550	550	
RR	12	12	12	12	
APN. TIME	20	20	20	20	
COMMENTS	22 @ (b)(6) 8.0E11				

AGLU DDII ROI 33680

000086

4

PATIENT NAME/NUMBER 907

VENTILATOR FLOW SHEET

VENT (b)(6)

TIME	2:10	2:16	2:45	2:50	2:30	12:20	14:30	17:40	20:38	24:30	03:05	05:55	07:00	11:00	14:40	18:00	21:00
MODE	Simv	Simv	Simv	Simv	SIMV	SIMV	SIMV	SIMV	Simv	Simv	S.MV	SIMV	SIMV	Simv	SIMV	SIMV	SIMV
VT (set)	550	550	550	550	550	550	550	550	550	550	550	550	550	550	550	550	550
VT(actual)	529	511	542	526	465	538	466	495	516	562	500	514	530	454	531	521	525
RR (set)	12	12	12	12	12	12	12	12	12	12	12	12	12	12	16	16	16
RR total	12	12	13	13	20	23	28	12	12	12	12	13	18	28	16	16	16
PEEP	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
PS/Psap	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Peak/Pinsp	14	14	15	14	17	17	17	15	16	17	15	11	15	11	16	16	16
PIP (set)	/	/	/	/	-	-	-	-	/	/	/	/	/	/	/	/	/
MAP	8	8	8	8	9	9	10	8	8	8	9	9	8	9	8.5	8.6	8.5
MV	6.55	6.55	6.68	7.05	8.0	9.6	11.1	7.1	6.8	6.4	6.38	7.73	8.5	9	9	9	8.51
I:time	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
FIO2	30	30	30	30	30%	30%	30%	30%	30%	30	30	30	30	30%	30	30	30
Sats	100	100	100	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%
HR	94	108	102	116	112	118	124	89	91	89	96	94	104	101	101	91	93
ALARMS																	
H prss limit	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
MV HIGH	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
MV LOW	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
VT HIGH	1.0	1.0	1.0	1.0	1.0L	1.0L	1.0L	1.0L	1.0	1.0	1.0L	1.0L	1.0	1.0L	1.0	1.0	1.0L
RR HIGH	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
APN. TIME	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
APNEA PAR.																	
VT	550	550	550	550	550	550	550	550	550	550	550	550	550	550	550	550	550
RR	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
ATC Par.	/	/	/	/	-	-	-	-	/	/	/	/	/	/	/	/	/

INT (b)(6)

COMMENTS:

1st arrived from OR 20:45 @ teeth  
ETT 22 @ teeth  
R main stem

8.0ETT  
24 @ Plar 14  
teeth  
Delta  
22cm  
at teeth  
24 @ holden

ETT 24 @ teeth  
secured @ tape

ETT: ETT @ UP

ACLU DDII ROI 33681

ETT 24 @ teeth  
secured @ tape

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0259 05 CID919 38320

TIME	1800																			
MODE	SIMV																			
VT (set)	600																			
VT(actual)	590																			
RR (set)	14																			
RR total	14																			
PEEP	5																			
PS/Psap	/																			
Peak/Pinsp	18																			
PIP (set)	/																			
MAP	9																			
MV	/																			
I:time	1:31:23																			
FIO2	.40																			
Sats	100%																			
HR	125																			
<b>ALARMS</b>																				
H prss limit	35																			
MV HIGH	/																			
MV LOW	/																			
VT HIGH	/																			
RR HIGH	/																			
APN. TIME	/																			
<b>APNEA PAR.</b>																				
VT	/																			
RR	/																			
ATC Par.	/																			
INT	(b)(6)																			
<b>COMMENTS:</b>																				
	air, unassisted																			
	(b)(6)																			
	(b)(6)																			

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0259 05 CID919 38320

ACLU DDII ROI 33682

DATE: 13 Oct 05  
 TIME OF INJURY: \_\_\_\_\_  
 TIME OF ARRIVAL: \_\_\_\_\_  
 ATTENDING PHYSICIAN: (b)(6)  
 CHIEF COMPLAINT: (b)(6)  
 VS: T 102.6 P 123 R 14V BP 120/80 Sat 100%  
 TRIAGE CATEGORY:  Immediate  Minimal  Delayed  Expectant  
 HISTORY & PHYSICAL: \_\_\_\_\_  
 MECHANISM OF INJURY: \_\_\_\_\_  
 INJURY DESCRIPTION: R L L R  
 (AB)rasion  
 (AMP)utation  
 (AV)ulsion  
 (BL)eeding  
 (B)um  
 (C)repitus  
 (D)eformity  
 (DG)Degloving  
 (E)chymosis  
 (FX)Fracture  
 (F)oreign Body  
 (GSW)Gun Shot Wound  
 (H)ematoma  
 (LAC)eration  
 (PW)Puncture Wound  
 (P)ain  
 Pulse Present:  
 S= Strong  
 P= Palpable  
 D= Doppler  
 A= Absent  
 GSW/Bullet  
 Blunt trauma  
 Single fragment  
 Multi-fragment  
 MVC  
 Aircraft crash  
 Knife/edge (stab)  
 Mortar/RPG/Grenade  
 CBRNE  
 Blast  
 Burn  
 Crush  
 Fall  
 IED  
 Other \_\_\_\_\_  
 (b)(6)  
 HISTORY & PHYSICAL: \_\_\_\_\_  
 Head & Neck: *Intubated* *4 contusions on Nerve* *Tym Membranes*  
 R Clear   
 R Blood   
 Chest: *CTAB*  
 Pulmonary Contusion  
 Pulmonary Hematoma  
 Abdomen: *soft, ND*  
 Pelvis:  
 Upper Extremities: *No lesions*  
 Lower extremities: *No lesions*  
 Neuro: *3+*  
 GCS: \_\_\_\_\_  
 Sphincter Tone: \_\_\_\_\_  
 C-Spine Tender  
 Yes  No  
 Skin: Burn: 1st 2nd 3rd %TBSA  
 Vision: Pupils R L  
 Brisk    
 Sluggish    
 NR    
 Hand motion    
 Light perception    
 No light perception    
 Size mm mm  
 Damage Control Procedures: *Hypothermia* *Coagulopathy* *Glass of Hemorrhage* *Shock*  
 Yes  No  Yes  No  Yes  No I  II  III  IV  Yes  No  
 DNBI CATEGORY:  
 Cardiac  GI  Injury, MVA  Nephrology  Psychiatric, Stress  
 Dermatologic  Heat/Cold  Injury, Work/Training  Ob/Gyn  Pulmonary  
 Endocrine  Infectious Disease  Injury, Other  Ophthalmologic  STDs  
 Fever, Unexplained  Injury, Rec./Sports  Neurologic  Psychiatric, Mental  All Other Medical/Surgical  
 Evacuation Priority:  Routine  Priority  Urgent  
 Evacuated/Dispositioned to:  OR, ICU, ICW \_\_\_\_\_  
 Level III, Level IV, Host Nation, Coalition Facility \_\_\_\_\_  
 RTD Unit \_\_\_\_\_  
 Deceased (see below)  
 Time of Disposition: (hr,dd,mm,yy)  
 Cause of Death:  
 Anatomic:  Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity(Upper/ Lower)  Other, specify:  
 Physiologic:  Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ Failure  Other, specify:  
 PATIENT NAME: \_\_\_\_\_  
 SSN/ID: *1907*  
 Physician Signature: \_\_\_\_\_  
 Printed or typed name: *ACLU ROT 33683*  
 (b)(6)

♂ EPW sent from 228 CGH  
 for brain abscess had AMS.  
 Intubated, LP @ G+ rods +/- cocci  
 on 2 diff LP's. Receiving Abx.  
 Rec'd Ceftriaxone, Amp, Gent.  
 Tx for Neurosurg. (b)(6)

L A B O R A T O R Y	PT/INR/PIT		SpGr: _____	<input type="checkbox"/> None
	ABG		Ph: _____	<input type="checkbox"/> Cardiac
	FIO2: _____	Amylase: _____	Chem: _____	<input type="checkbox"/> Respiratory
	Ph: _____	Alk Phos: _____	Micro: _____	<input type="checkbox"/> Seizure
	PCO2: _____	LDH: _____	RBC: _____	<input type="checkbox"/> HTN
	PO2: _____	Bili: _____	WBC: _____	<input type="checkbox"/> DM
	HCO3: _____	SGOT: _____	Bact: _____	<input type="checkbox"/> Ulcers
	Sat: _____	SGPT: _____	HCG: _____	<input type="checkbox"/> Other
	BE: _____	Medications		Allergies
	Vent: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> DT	<input type="checkbox"/> Crystalloids _____ cc's	<input type="checkbox"/> NKDA <input type="checkbox"/> Other _____
ETT SIZE _____	<input type="checkbox"/> ATBX _____	<input type="checkbox"/> Colloids _____ cc's	<input type="checkbox"/> ASA	
	<input type="checkbox"/> Versed	<input type="checkbox"/> PRBC's _____ units	<input type="checkbox"/> PCN	
	<input type="checkbox"/> Morphine	<input type="checkbox"/> FFP _____ units	<input type="checkbox"/> Sulfa	
	<input type="checkbox"/> Fenatnyl	<input type="checkbox"/> Whole Bld _____ units	<input type="checkbox"/> Morphine	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Cryo _____ units	<input type="checkbox"/> Codeine	
		<input type="checkbox"/> PLT's _____ packs	<input type="checkbox"/> Latex	
		<input type="checkbox"/> NS <input type="checkbox"/> LR		

	OBTAINED	PENDING	RESULTS	FRACTURE	SPLITTING	REMARKS
C T	<input checked="" type="checkbox"/> HEAD	<input type="checkbox"/>				Abscess 2 504 cm AFL in lat ventricle ④ hydrocephalus
	<input type="checkbox"/> C-SPINE	<input type="checkbox"/>				
	<input type="checkbox"/> ABDOMEN/PELVIS	<input type="checkbox"/>				
	<input type="checkbox"/> CHEST	<input type="checkbox"/>				
R A D I O L O G Y	<input checked="" type="checkbox"/> SUPINE	<input type="checkbox"/>				
	<input type="checkbox"/> UP RIGHT	<input type="checkbox"/>				
E X T R E M I T Y	<input type="checkbox"/> C-SPINE	<input type="checkbox"/>				
	<input type="checkbox"/> FLEXION	<input type="checkbox"/>				
	<input type="checkbox"/> EXTENSION	<input type="checkbox"/>				
	<input type="checkbox"/> T-SPINE	<input type="checkbox"/>				
	<input type="checkbox"/> L-SPINE	<input type="checkbox"/>				
	<input type="checkbox"/> PELVIS	<input type="checkbox"/>				
O T H E R	<input type="checkbox"/> _____ RL	<input type="checkbox"/>				
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>				
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>				
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>				
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>				
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>				

Attending Staff: \_\_\_\_\_

Diagnosis: Brain abscess / meningitis

Plan: con: NS. Admit ICU for surgery.

Physician Signature: (b)(6)

Physician Printed or Typed Name: (b)(6)

Date: (dd/mm/yy) \_\_\_\_\_ Patient ID/SSN: 33684

ACLU DD 9/07

4

Radiology Form 332 EMDG

NAME

Phone (b)(6)

Social Security Number (US only)

907

Army (b)(6)

NOTE: for mass casualty, can substitute Trauma Number only for Name and SSN

Time (ICU patients only):

hrs

Date (Month/Day/Year)

13 1 OCT 05

Location

(circle one)

ER

PACU

PT/OT

EMEDDS

ICU-1

ICU-2

ICU-3

Ward#

if none of above, enter name of clinic and phone number here:

History: (circle one of following or list below) IED Mortar Gunshot MVA ETT Central Line NG/OG-Tube

CEREBRAL ABSCESS

Provider who will get these results:

RT	LT	CLAVICLE
RT	LT	SHOULDER
RT	LT	HUMERUS
RT	LT	ELBOW
RT	LT	FOREARM
RT	LT	WRIST
RT	LT	HAND
RT	LT	FEMUR
RT	LT	KNEE
RT	LT	TIB/FIB
RT	LT	ANKLE
RT	LT	FOOT

Exam Requested

circle here if portable (ER/ICU/PACU only)  PORTABLE

Chest X-Ray     Cervical Spine    Other (Specify)

KUB     Thoracic Spine

Pelvis     Lumbar Spine

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

CT scan of the    Ultrasound of the

Head    Face    Testicles

Cervical Spine    Legs (DVT study)

Abdomen/Pelvis    RUQ

CT Other:

US Other:

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Time Processed:

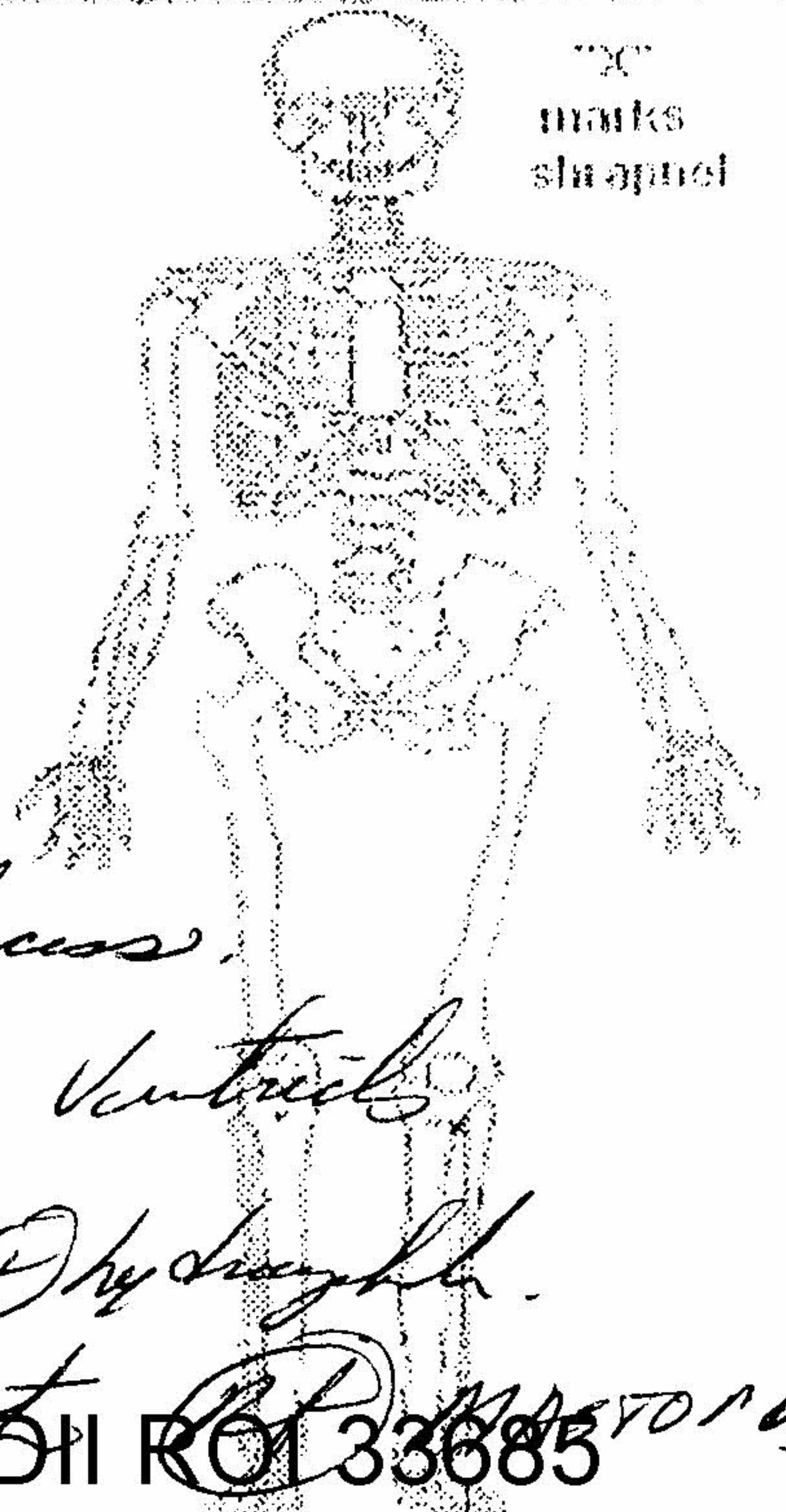
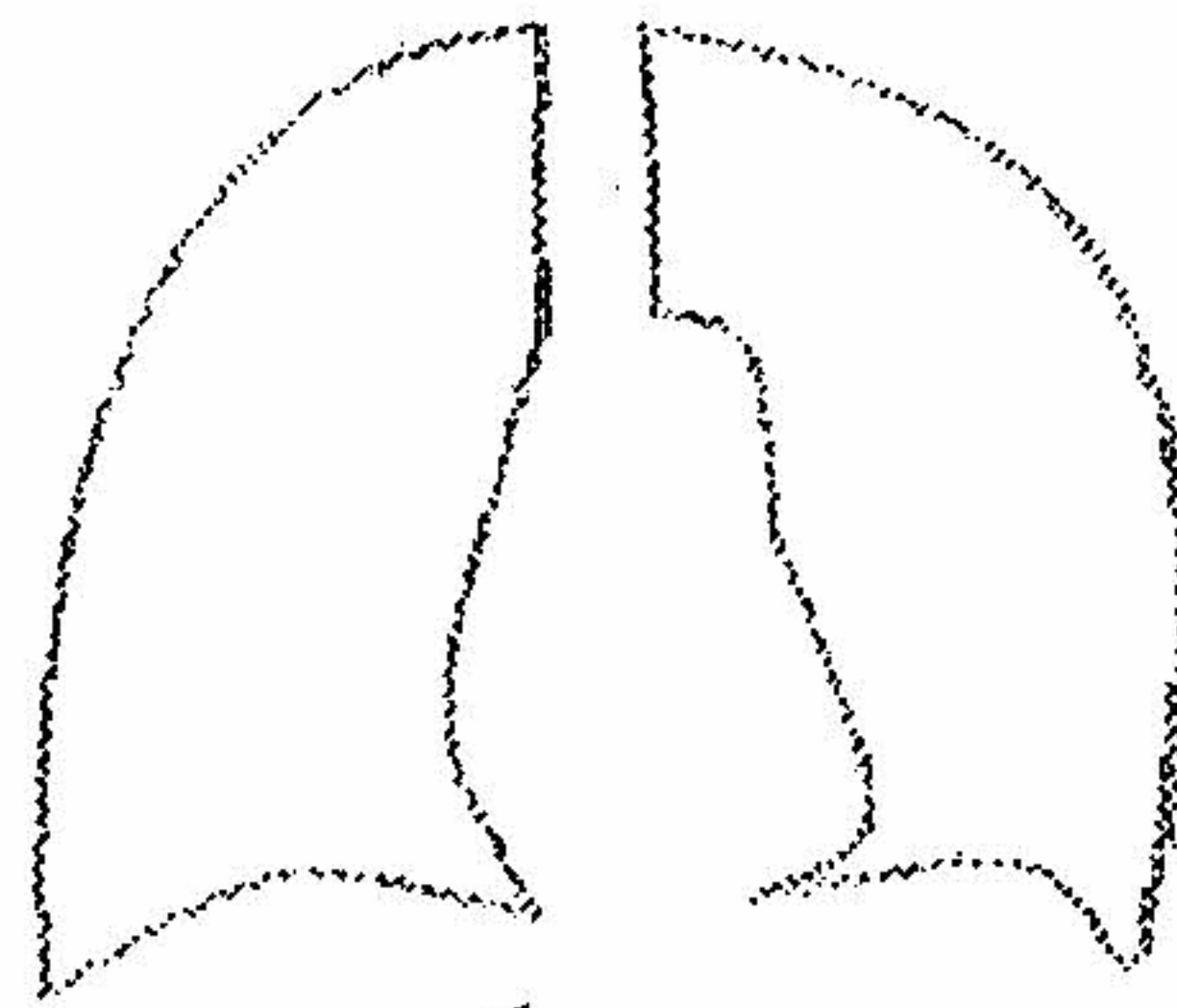
hrs

Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

Device "Check" means Position Adequate

ETT/Trach	<input type="checkbox"/>	Heart	Normal	See Below
Subclav Line	<input type="checkbox"/>	Lungs	Normal	See Below
IJ Line	<input type="checkbox"/>	Pneumo	No	Yes
NG/Feed Tube	<input type="checkbox"/>	Thorax?		
Chest Tube	<input type="checkbox"/>			



"X" marks sharp

5x3x4.5cm ring enhancing lesion  
 in Rt temporal lobe, consistent w/ abscess.  
 high density of fluid (likely pus) lying in ventricles  
 & ventricular enhancement (ventriculitis) & hydrocephalus.  
 Basilar enhancement. Also present in middle ear cavity.  
 ACLU DDII ROI 33685

Daniel Duffy, Radiologist  
Maj., USAF MC

FOR OFFICIAL USE ONLY  
LICol., USAF MC

Updated 20Jan05

FIRM (41 CFR) 101-11.805-5

Fluid in middle ear cavity; likely source of infection.  
000091



T.B. Smith, Stuyvesant, H. H.

FOP

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0259 05 C10919 3832

(b)(6)

ACLU DDII ROI 33686

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

000092

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

332<sup>ND</sup> EMDG LABORATORY REQUEST FORM

(Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: 13 Oct 05 TIME: 1650  STAT  PRE-OP  ROUTINE

Patient Name (Last, First, MI): ~~1513~~ 907 Pt SSN/Pseudo SSN: \_\_\_\_\_ Pt DOB: \_\_\_\_\_ Pt Sex: M F

Pt UNIT/WARD/TMC/FOB: \_\_\_\_\_

Ordering Provider Name: (b)(6) Ordering Provider E-mail: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_

Minor Trauma Panel (Includes type and hold, CBC and HCG - if female)  
1 Purple and Urine - if female

Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG - if female)  
2 Purples, 1 Green, 1 Blue and Urine - if female

ID: (b)(6) 10-13-05 17:02

WB Patient Limits

WBC	21.4 H	x10 <sup>3</sup> /dL	4.5	10.5
RBC	4.77	x10 <sup>6</sup> /dL	4.00	6.00
Hgb	10.9 L	g/dL	11.0	18.0
Hct	34.7 L	%	35.0	60.0
MCV	72.8 L	fL	80.0	99.9
MCH	22.8 L	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plt	359. *	x10 <sup>3</sup> /dL	150.	450.
LY%	7.4	#L %	20.5	51.1
LY#	1.6	* x10 <sup>3</sup> /dL	1.2	3.4

Urinalysis (Chemistry)

Color	Straw, Yel, Amber
Clarity	Clear
Spec Gr	1.003-1.030
pH	4.6-8.0
LEU	Neg
NIT	Neg
PRO	Neg
GLU	Neg
KET	Neg
UBG	0.1-1.0
BIL	Neg
BLD	Neg
Other	

Serology - Red Top

Test	Result	Ref Range
Serum HCG	_____	Neg
Urine HCG	_____	Neg
Inf Mono	_____	Neg
RPR	_____	Neg
HIV	_____	Neg
Strep A (Swab)	_____	Neg
Chlamydia (Swab)	_____	Neg

Microbiology

Test	Result	Ref Range
<input checked="" type="checkbox"/> Gram stain	_____	NBS
<input checked="" type="checkbox"/> Culture	_____	
Source:		
<input type="checkbox"/> Wound	_____	NG x 4 Days
<input type="checkbox"/> Blood	_____	NG x 7 Days
<input type="checkbox"/> CSF	_____	NG x 4 Days
Urine:		
<input type="checkbox"/> CCMS	_____	NG x 24 Hrs
<input type="checkbox"/> CATH	_____	NG x 48 Hrs

Comments: \_\_\_\_\_

M... Differential (Hematology) - Purple

Test	Result	Ref Range
Segs	_____	55-70%
Bands	_____	1-3%
Lymphs	_____	20-40%
-Atyp	_____	None
Mono	_____	2-8%
Eos	_____	1-4%
Baso	_____	0.5-1.0%
Other	_____	None

Urinalysis (Microscopic)

Test	Result	Ref Range
WBC	_____	0-5/Hpf
RBC	_____	0-3/Hpf
Epi - Type	_____	0-5/Hpf
Bact	_____	Neg
Mucous	_____	Neg
Crystals	_____	Neg
Yeast	_____	Neg
Trich	_____	Neg
Casts - Type	_____	Neg
Other	_____	

CSF Analysis

Test	Result	Ref Range
Color	_____	
Clarity	_____	
RBC	_____	None
WBC	_____	<5 Lymph/mm <sup>3</sup>

Coagulation Studies - Blue Top (Full)

Test	Result	Ref Range
PT	<u>11.6</u>	8-14 Sec
INR	<u>1.2</u>	
PTT	<u>28.1</u>	20-40 Sec
D-dimer	_____	Neg
FDP	_____	Neg

Blood Bank - Purple Top  
**Must Submit SF 518 with every unit requested**  
 ABO/Rh

Malaria Smears - Purple Top

Test	Result	Ref Range
Thin Smear	_____	Neg

ACLU DDII ROI 33687

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

J259 05 CID919 38320

AT EG7+

07  
Name: \_\_\_\_\_

0°C  
7.497  
12 34.2 mmHg  
2 144 mmHg  
acf 3 mmol/L  
03 26.5 mmol/L  
02 27 mmol/L  
12 99 %

a 148 mmol/L  
4.1 mmol/L  
Ca 1.10 mmol/L  
ct 32 %PCV  
tb\* 10.9 g/dL

\*via Hct

CPB: No

16:58 13OCT05

Operator ID: \_\_\_\_\_

Physician: \_\_\_\_\_

Serial: (b)(6)

Version: JAMS118C

CLEW: A98

Custom: DEFAULT0

I/L L d/L (art) (ven)	<input type="checkbox"/>	<b>(Piccolo) Chemistry 12 Green Top</b> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l BUN 7-22 mg/dl CA <sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TP 6.4-8.1 mg/dl	<input type="checkbox"/>	<b>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</b> GLU 73-118 mg/dl BUN 7-22 mg/dl CA <sup>++</sup> 8.0-10.3 mg/dl CREA 0.6-1.2 g/dl Na <sup>+</sup> 128-145 mmol/L K <sup>+</sup> 3.3-4.7 mmol/L Cl <sup>-</sup> 98-108 mmol/L tCO <sub>2</sub> 18-33 mmol/L															
	) adult) <2y/o) (art)	<input type="checkbox"/>	<b>(Piccolo) Metlyte 8 Green Top</b> GLU 73-118 mg/dl BUN 7-22 mg/dl CREA 0.6-1.2 g/dl CK 39-380 u/l (M) 30-190 u/l (F) Na <sup>+</sup> 128-145 mmol/L K <sup>+</sup> 3.3-4.7 mmol/L Cl <sup>-</sup> 98-108 mmol/L tCO <sub>2</sub> 18-33 mmol/L	<input type="checkbox"/>	<b>(Piccolo) Liver Panel + - Green Top</b> ALB 3.5-5.5 g/dl ALP 36-84 u/l ALT 10-47 u/l AMY 14/97 u/l AST 11-38 u/l TBIL 0.2-1.6 u/l GGT 5-65 u/l TP 6.4-8.1 mg/dl														
Top 'dl 'dl d/L d/L (art) L (ven)	<input type="checkbox"/>	<b>General Chem 7 w/o lytes - Green</b> CA <sup>++</sup> 8.0-10.3 mg/dl CHOL 100-200 mg/dl CREA 0.6-1.2 g/dl GLU 73-118 mg/dl TBIL 0.2-1.6 u/l BUN 7-22 mg/dl Uric 2.2-6.6 mg/dl(F) Acid 3.6-8.0 mg/dl(M)	<input type="checkbox"/>	<b>Lipid Panel - Green Top</b> CHOL 100-200 mg/dl HDL ≥ 60 mg/dl TRIG <150 mg/dl TC/H Male ≤5 Female ≤4.5 LDL <100 mg/dl VLDL <30 mg/dl															
nge PCF BZO COC AMP THC OPI BAR TCA ALC Phenytoin -	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Negative Negative Negative Negative Negative Negative Negative Negative Negative Negative Negative	<input type="checkbox"/>	<b>RPR - Red Top</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td>RPR</td> <td>_____</td> <td>Negative</td> </tr> </tbody> </table>	Test	Result	Ref Range	RPR	_____	Negative									
Test	Result	Ref Range																	
RPR	_____	Negative																	
		Mg Phos Lactate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Cardiac Tests - Green</b> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td>Troponin</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td>Myoglobin</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td>CK-MB</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td>CKMB Quant</td> <td>_____</td> <td></td> </tr> </tbody> </table>	Test	Result	Ref Range	Troponin	_____	Neg	Myoglobin	_____	Neg	CK-MB	_____	Neg	CKMB Quant	_____	
Test	Result	Ref Range																	
Troponin	_____	Neg																	
Myoglobin	_____	Neg																	
CK-MB	_____	Neg																	
CKMB Quant	_____																		

ACLU DDII ROI 33688

Updated 18 Jan 05

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

T:/LAB/Forms/332<sup>ND</sup> EMDG LABORATORY REQUEST FORM  
Page 2/2

ACLU-RDI 5509 p.99

000094

DATE OF BIRTH

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial) #1513		2. SSN	3a. STATUS SI	3b. SERVICE	4. PRECEDENCE U P R <input checked="" type="checkbox"/>	5. GRADE
6. AGE	7. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F) <input type="checkbox"/> AMBULATORY <input checked="" type="checkbox"/> LITTER	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
13. APPT/SURG DATE	14a. ORIGINATING FACILITY 228 CSH	14b. ORIGINATING FACILITY PHONE NUMBER		15a. DESTINATION FACILITY BALAD	15b. DESTINATION FACILITY PHONE NUMBER	
16. NUMBER OF ATTENDANTS				16a. MEDICAL	16b. NON MED	

17. DIAGNOSIS Brain Abscess	19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)
--------------------------------	--

ISSUE	YES	NO	ISSUE	YES	NO	ISSUE	YES	NO
a. HYPERTENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. MOTION SICKNESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	k. AMBULATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. CARDIAC MX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. VISION IMPAIRED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	l. AMBULATORY AD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. DIABETES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. VOIDING PROBLEMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. SELF-MEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. BOWEL PROBLEMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	n. ADEQUATE SUPPLY OF MEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. EARS/SINUS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. SELF-CARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	o. OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. ESTIMATED BLOOD LOSS: NONE CURRENT H/H 12/40 NORMAL	20. PHYSICIANS ORDERS	21. PRE-FLIGHT VITALS
19. BATTLE CASUALTY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> NON-BATTLE INJURY <input type="checkbox"/>	20a. DATE: 13 OCT 2005	21a. DATE/TIME: 13 OCT 2005
	20b. TIME: 12:00	21b. TEMP: 101
	20c. ALLERGIES: NKDA	21c. PULSE: 114
	20d. DIET: <input checked="" type="checkbox"/> REG <input type="checkbox"/> 3GM NA <input type="checkbox"/> CARDIAC <input type="checkbox"/> DIABETIC <input type="checkbox"/> CALS	21d. RESP: 12
		21e. BP: 111/74

22. BRIEF NARRATIVE SEE SF 600
20e. IV/BLOOD
20f. SPECIAL EQUIPMENT
20g. ALTITUDE RESTRICTION:
20h. RECORDS TO ACCOMPANY PATIENT
20i. MEDICATIONS/TREATMENTS

23. ASSESSMENT/PROGRESS	24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN (b)(6)	25. STAMP AND SIGNATURE OF FLIGHT SURGEON ACLU DDII ROI 33689
DATE/TIME		
NOTES		
VENTILATOR SETTINGS		
LITERS: ROUTE:		
OUTPATIENT RECORDS <input type="checkbox"/> X-RAYS <input type="checkbox"/> FINANCIAL <input type="checkbox"/>		
INPATIENT RECORDS <input type="checkbox"/> OB RECORDS <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		
NARRATIVE SUMMARY <input type="checkbox"/> DENTAL RECORDS <input type="checkbox"/>		

FORM 3899, MAR 95

Patient: MOHAMED-ALI T1513, MOHND GANIM Date: 13 Oct 2005 1329 AST Facility: 228th CSH Clinic: 228TH CSH MOSUL

Appt Type: ROUNTN

Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 13 Oct 2005 1329 AST

A/P Written by (b)(6) @ 13 Oct 2005 1352 AST

1. BRAIN ABSCESS

Comments:

Disposition Written by (b)(6) @ 13 Oct 2005 1353 AST

Evacuation

Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 99211 - Established Outpatient Minimal Service

Note Written by (b)(6) @ 13 Oct 2005 1331 AST

Discharge Summary

Discharge Summary

Date of Admission: 12 October 2005

Date of Discharge: 13 October 2005

Number of Days Hopsitalized: 2

Hospital Course: Patient is a security internee who in retrospect developed altered mental status several days ago became obtunded and was brought to the 228 EMT CSH Mosul Iraq. The patient's vital signs were stable. He had a temp of 101. A head CT showed a large brain abscess 3 cm with enlarged ventricles. An LP was performed purulent yellow material was obtained. A GS was performed that per the lab showed Gram Positive Rods. The patient was given 2 gm Ceftriazone, 2gm Ampicillin, and Gentamycin 480mg. The next day the LP was repeated GS showed GPC and possibly GPR. Patient was continued on Ceftriazone 2gm IV q12 hrs, Ampicillin 2gm IV q4 hrs, and Flagyl 1gm IV q12hrs. CT scan sent to neurosurgery in Balad who accepted patient for transfer.

Discharge Medications:

- 1. Ceftriaxone 2gm IV q12
2. Flagyl 1 gm IV q12 hrs
3. Ampicillin 2gm IV q4
4. Versed gtt
5. MSO4 gtt
6. Zantac 50mg IV q8 hrs

Discharge Diagnois:

- 1. Brain Abscess
2. Hypernatremia

Follow-up

- 1. Culture and repeat GS of spinal fluid
2. Neurosurgical evaluation for possible drainage of brain abscess
3. Antimicrobial therapy for 6 weeks if abscess not drained
4. Antimicrobial therapy for 3 weeks if abcess drained

Signed By @ 13 Oct 2005 1353

(b)(6)

228th CSH

Name: MOHAMED-ALI T1513, MOHND GANIM

Sex: M

Sponsor: MOHAMED-ALI T1513, MOHND GANIM

FMP/SSN: 20/400005342

Tel H:

Rank:

DOB: 11 Sep 1987

Tel W:

Unit: detainee

PCat: K78 FOREIGN

CS:

Outpt Rec. Rm:

NATIONAL-POW/INTERNEE

MC Status:

WS:

PCM:

Insurance: No

Tel. PCM:

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 100 (REV. 5) Prescribed by GSA and ICMR FIRM (41 CFR) 201-45.505

LAW ENFORCEMENT SENSITIVE

Patient: MOHAMED-ALI T1513, MOHND GANIM  
Facility: 228th CSH

Date: 13 Oct 2005 1329 AST  
Clinic: 228TH CSH MOSUL

Appt Type: ROUTN  
Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 13 Oct 2005 1329 AST

A/P Written by (b)(6) @ 13 Oct 2005 1352 AST

1. BRAIN ABSCESS

Comments:

Disposition Written by (b)(6) @ 13 Oct 2005 1353 AST

Evacuation

Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness  
Appointment Class: Outpatient  
E&M Code: 99211 - Established Outpatient Minimal Service

Note Written by (b)(6) @ 13 Oct 2005 1331 AST

Discharge Summary

Discharge Summary

Date of Admission: 12 October 2005

Date of Discharge: 13 October 2005

Number of Days Hospitalized: 2

Hospital Course: Patient is a security internee who in retrospect developed altered mental status several days ago became obtunded and was brought to the 228 EMT CSH Mosul Iraq. The patient's vital signs were stable. He had a temp of 101. A head CT showed a large brain abscess 3 cm with enlarged ventricles. An LP was performed purulent yellow material was obtained. A GS was performed that per the lab showed Gram Positive Rods. The patient was given 2 gm Ceftriazone, 2gm Ampicillin, and Gentamycin 480mg. The next day the LP was repeated GS showed GPC and possibly GPR. Patient was continued on Ceftriazone 2gm IV q12 hrs, Ampicillin 2gm IV q4 hrs, and Flagyl 1gm IV q12hrs. CT scan sent to neurosurgery in Balad who accepted patient for transfer.

Discharge Medications:

- 1. Ceftriazone 2gm IV q12
- 2. Flagyl 1 gm IV q12 hrs
- 3. Ampicillin 2gm IV q4
- 4. Versed gtt
- 5. MSO4 gtt
- 6. Zantac 50mg IV q8 hrs

Discharge Diagnosis:

- 1. Brain Abscess
- 2. Hyponatremia

Follow-up

- 1. Culture and repeat GS of spinal fluid
- 2. Neurosurgical evaluation for possible drainage of brain abscess
- 3. Antimicrobial therapy for 6 weeks if abscess not drained
- 4. Antimicrobial therapy for 3 weeks if abscess drained

Signed By @ 13 Oct 2005 1353

(b)(6)  
228th CSH

Name: MOHAMED-ALI T1513, MOHND GANIM

FMP/SSN: 20/400005342	Sex: M	Sponsor: MOHAMED-ALI T1513, MOHND GANIM
DOB: 11 Sep 1987	Tel H:	Rank:
PCat: K78 FOREIGN	Tel W:	Unit: detainee
NATIONAL-POW/INTERNEE	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

FOR OFFICIAL USE ONLY  
CHRONOLOGICAL RECORD OF MEDICAL CARE

LAW ENFORCEMENT SENSITIVE

STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FIRMR (41 CFR) 201-45.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

VENTILATOR FLOW SHEET (con't)

(b)(6)

DATE	TIME	ALARM CHECK	SET TIDAL VOLUME	EXHALED TIDAL VOLUME	PEAK PRESSURE (CMH <sub>2</sub> O)	PRESSURE LIMIT (CMH <sub>2</sub> O)	PEEP (CMH <sub>2</sub> O)	PEAK FLOW L/M	** MODE	RATE PAT	VENT	FIO <sub>2</sub>	WORKING PRESSURE	TEMP C°	*** I:E RATIO	INSP TIME %	PAUSE TIME %	SIGHS P/HR	+ SPL	++ SV	INITIALS
10/12	2040	-	650	653	23	40	5	-	SIMV	-	14	30	-	-	1:2	-	9.1	114	11	100	(b)(6)
10/13	0038	NA	650	650	23	45	5	-	S/VC	0	14	30	-	14mc	1:2	-	9.1	121	11	100	
10/13	0406	-	650	648	23	45	5	-	S/VC	0	14	30	-	"	1:2	-	9.1	124	11	100	
10/13	0725	set	650	642	21	45	5	-	SIMV	0	12	30%	-	-	1:2	-	7.8	117	11	100%	
10/13	1151	set	650	639	22	45	5	-	SIMV	0	12	30%	-	-	1:2	-	7.8	104	11	100%	
10/13	1400	set	650	640	20	45	5	-	SIMV	0	12	30%	-	-	1:2	-	7.2	107	10	100%	

LAW ENFORCEMENT SENSITIVE

FOR OFFICIAL USE ONLY

ACLU DD

PATIENT IDENTIFICATION:

Mohamed-Ali, Mohnd Ganim  
 T1519  
 400-00-5342 12 Sep 1987  
 Detainee

ICU 2 BED 1

P. R. ETT; 24 @ Leath  
 PMI  
~~Eggle # 7160~~

LEGEND

- \*\*MODE - ABBREVIATION KEY
- I = IMV
  - S = SIMV
  - VC = VOLUME CONTROLLED
  - PC = PRESSURE CONTROLLED
  - PS = PRESSURE SUPPORT
  - S + PS = SIMV + PRESSURE SUPPORT
  - CP = CPAP
- \*\*\* I:E Ratio available on Servo 900C from 1:4 to 4:1
- + SPL - Sigh Pressure Limit
  - ++ SV - Sighs Volume
  - FIO<sub>2</sub> - Fraction of inspired oxygen

FOR OFFICIAL USE ONLY 259 05 C10919 38320

000098

(b)(6)

ID Program Director

-----Original Message-----

From: (b)(6)

Sent: Wed 10/12/2005 2:16 PM

(b)(6)

To: (b)(6)

Hou

(b)(6)

Subject: Listeria? Meningitis/Abscess -- need answers in Iraq!

(b)(6)

We just received a 25 y/o prisoner with 1 week of progressive AMS, now with fever, obtundation. CT (att) shows mening, multi abscesses and air fluid levels in ventricles. LP showed frank pus with GS = GPRs (longrods). He is NOT that septic. But did intubate him.

We empirically RX with rocephin, amp, vanco, dex and gent until GS returned.

Questions:

1. Do you buy the Listeria dx? Should we continue to RX for mening/pneumo/etc.
2. Is prophylaxis CSH/ unit indicated here?
3. What regimen would you recommend/ for how long?
4. Steroids?

Thanks,

(b)(6)

Operation Iraqi Freedom

ACLU DDII ROI 33693

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE



1513

LABORATORY			
CBC	SMA7	PT/PTT/INR	Urinalysis
21			

ABG

FI02= \_\_\_\_\_ Ph= \_\_\_\_\_ PO2= \_\_\_\_\_ PCO2= \_\_\_\_\_ HCO3= \_\_\_\_\_ BE= \_\_\_\_\_ SaO2= \_\_\_\_\_

X-RAYS			RESULTS
OBTAINED	PENDING		
<input checked="" type="checkbox"/> HEAD	<input type="checkbox"/>		→ Abscess Brain + Mening
<input checked="" type="checkbox"/> C-SPINE	<input type="checkbox"/>		
<input checked="" type="checkbox"/> ABD/PELVIS	<input type="checkbox"/>		
<input checked="" type="checkbox"/> CHEST	<input type="checkbox"/>		
<input checked="" type="checkbox"/> SUPINE	<input type="checkbox"/>		
<input checked="" type="checkbox"/> UP RIGHT	<input type="checkbox"/>		
<input type="checkbox"/> C-SPINE	<input type="checkbox"/>		
<input type="checkbox"/> PELVIS	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Impression: Meningitis = Abscess, UPR's -

Diagnosis/Injuries: likely Listeria

- 1
- 2
- 3
- 4
- 5

Plan:

<b>Disposition:</b> <input checked="" type="checkbox"/> Admitted To: <u>ICU</u> ICW    OR <input type="checkbox"/> Evacuation To _____ <input type="checkbox"/> RTD <input type="checkbox"/> Deceased (see below) TIME OF DISPOSITION: _____	<b>Damage Control:</b> <input type="checkbox"/> yes <input type="checkbox"/> no Hypothermia: <input type="checkbox"/> yes <input type="checkbox"/> no Coagulopathy: <input type="checkbox"/> yes <input type="checkbox"/> no Shock: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Class of Hemorrhage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
---	---

<b>DNBI CATEGORY</b> <input checked="" type="checkbox"/> Infectious <input type="checkbox"/> Heat/C <input type="checkbox"/> Ob/Gyn <b>CAUSE OF DEATH</b> Anatomic Injury	(b)(6) <input type="checkbox"/> Head Injur <input type="checkbox"/> Neck Injur <input type="checkbox"/> Ches	Injury Self Inflicted Psychiatric Other: <input type="checkbox"/> Airway <input type="checkbox"/> Sepsis/MSOF <input type="checkbox"/> CNS <input type="checkbox"/> Body Disruption <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Other: dd,mm,yy)    Patient ID/SSN:
---	---	--

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

1913

PHYSICIAN TRAUMA ADMITTING RECORD

DATE: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

TIME OF INJURY: \_\_\_\_\_

VS: BP \_\_\_\_\_ P \_\_\_\_\_

TRIAGE CATEGORY

- Immediate  Minimal
- Delayed  Expectant

TIME OF ARRIVAL: \_\_\_\_\_

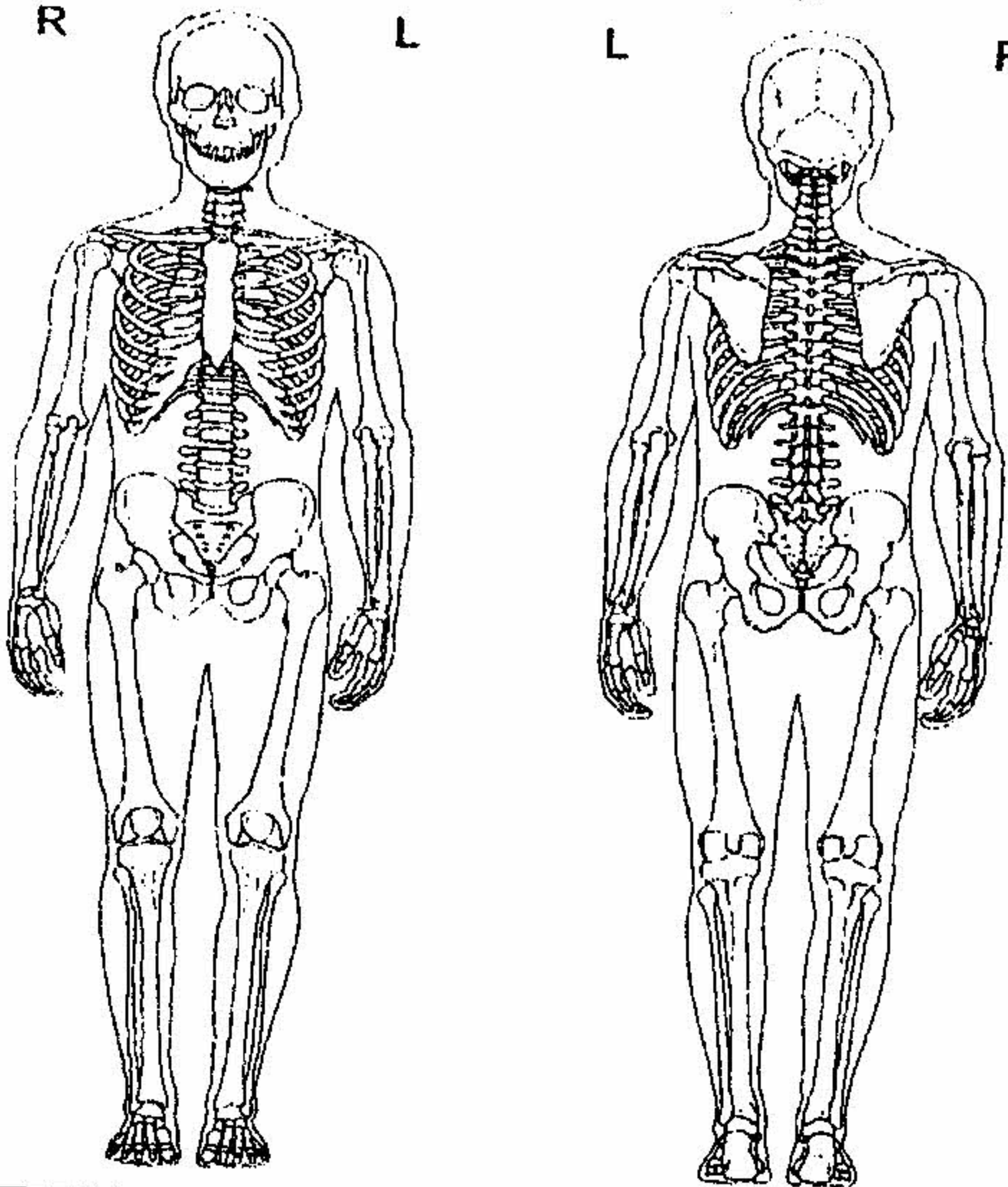
R \_\_\_\_\_ T 101

ATTENDING PHYSICIAN: (b)(6)

SaO2 \_\_\_\_\_

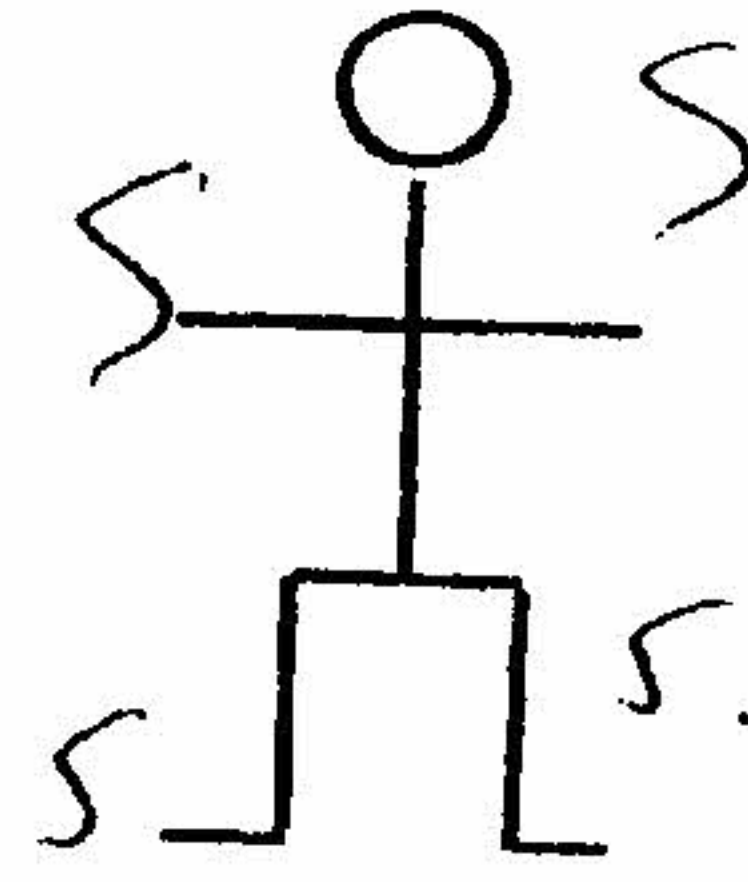
HISTORY & PHYSICAL  
INJURY DESCRIPTION:

- (AB)rasion
- (AMP)utation
- (AV)ulsion
- (BL)eeding
- (B)urn
- (C)repitus
- (D)eformity
- (CON) Confusion
- (DG)Degloving
- (E)chymosis
- (FX)Fracture
- (F)oreign Body
- (GSW)Gun Shot Wound
- (H)ematoma
- (LAC)eration
- (PW)Puncture Wound
- (P)ain



Pulses Present:

- S= Strong
- P= Palpable
- D= Doppler
- A= Absent



Mechanism of Injury:

- GSW-Single  NBC/Chem
  - GSW-Multiple  Knife/Stab
  - Fragment-Single  Burn
  - Fragment-multi  Laceration
  - Blunt-MVC  Drowning
  - Blunt-Fall  Electrical
  - Blunt-Crush  Other *AMS*
  - Blast
- Blast Type
- RPG
  - Grenade
  - IED
  - Mortar
  - Other

Pre Hospital:

- Pre Hospital Airway  no  yes Type \_\_\_\_\_
- Pre Hospital IVs:  no  yes Type \_\_\_\_\_
- Pre Hospital Tourniquet:  no  yes Time \_\_\_\_\_
- Pre Hospital Chest Tube  no  yes R \_\_\_\_\_ L \_\_\_\_\_

MECHANISM OF INJURY/HPI:

*AMS x 1 wh -> worse x 2-3 days.*

Injury Description: (Location, nature and size in cm)

Head & Neck:

*supp.*

Tympanic Membranes

- R  CLEAR  BLOOD  PERFORATED
- L  CLEAR  BLOOD  PERFORATED

Chest:

*CTA @ 11:00 AM*

Back:



Abdomen:

FAST? POS NEG

Pelvis/GU:

Rectal Tone \_\_\_\_\_ Prostate \_\_\_\_\_ Blood: yes no  Pelvic Binder

Foley?:  yes  no  
Urine:  clear  bloody

Upper Extremities:

Tourniquet Location \_\_\_\_\_ Time On \_\_\_\_\_

Lower extremities:

Tourniquet Location \_\_\_\_\_ Time On \_\_\_\_\_

Neuro:

GCS: E \_\_\_\_\_ V \_\_\_\_\_ M \_\_\_\_\_

Vision: Pupils R L

- Brisk
- Sluggish
- NR

Procedures:

- Intubated Tube Size \_\_\_\_\_
- C-Collar
- Central Lines: Locations: *(2) SC*
- A-line
- Splints
- Wound Washout
- Other: *LP*

C-Spine:

Tender: yes  no  Step Off: yes  no

Pupil Size(mm)

*3, 3*

Skin:

Burn: 1st 2nd 3rd %TBSA

PMH:

- Unknown  Seizures
- None  ...

Allergies:

(b)(6)

PATIENT: Mohamed-Ali, Mohnd Ganim  
T1513  
400-00-5342 12 Sep 1987  
SSN/ID: Detainee

FOR OFFICIAL USE ONLY

COM Test Form DEC 2004 Subject to the Privacy Act of 1974

LAW ENFORCEMENT SENSITIVE

LAW ENFORCEMENT SENSITIVE  
MEDICAL RECORD - PROVIDER ORDERS  
For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS (SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME).
	16) IVF: (circle fluid, rate and additives)
	Lactated Ringers: TKO 50cc/hr 75cc/hr 100cc/hr 125cc/hr 150cc/hr 200cc/hr
	Normal Saline: TKO 50cc/hr 75cc/hr 100cc/hr 125cc/hr 150cc/hr 200cc/hr
	D5 1/2NS TKO 50cc/hr 75cc/hr 100cc/hr 125cc/hr 150cc/hr
	D5 NS: TKO 50cc/hr 75cc/hr 100cc/hr 125cc/hr 150cc/hr
	Other:
	Additives: 20mEq KCL/liter 40mEq KCL/liter
	17) Meds: (circle all that apply)
	DVT Prophylaxis: Lovenox 30mg SQ BID Heparin 5000units SQ BID
	GI Prophylaxis: Zantac 50mg IVPB Q8Hrs
	Antipyretics: Tylenol 650mg per NGT/OGT or PR for fever
	Analgesics: Morphine gtt 2 mg/hr titrate for effect
	Fentanyl gtt 50 mcg/hr titrate for effect
	Anxiolytics: Versed gtt 2 mg/hr titrate for effect
	Propofol gtt 50 mcg/kg/min titrate for effect
	Antibiotic: Ancef 1 gm IV q8 hours
	Unasyn 3 gm IV q6 hrs
(b)(6)	Other Vancomycin 1gm IV q12
11.12.15	Roxitrolin 1gm IV q12
	Other Medications: Acyclovir 5gm IV NGT q8

18) Transfusion of Blood Products

19) Vascular Checks Q \_\_\_\_\_ Neuro Checks Q \_\_\_\_\_

19) Vasopressors

Norepinephrin GTT start at 2 mcg/min titrate to keep MAP > \_\_\_\_\_ do not

Dopamine GTT start at 3 mcg/kg/min titrate to keep MAP > \_\_\_\_\_ do not

Vasopressin GTT start at 2 units/hr titrate to keep MAP > \_\_\_\_\_ do not

PRINTED NAME:

SIGNATURE:

PATIENT IDENTIFICATION (For typed or written entries note: Name - last, first)

Mohamed-Ali, Mohnd Ganim  
T1513  
400-00-5342 12 Sep 1987  
Detainee

Complete the following information only. Note any changes on subsequent pages.

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nursing Unit Room No. Bed No. Page No.

ACLU DDII POI 33696

MEDICAL RECORD - PROVIDER ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS <small>(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME).</small>
	1) Admit/Transfer to ICU (date/time)
	2) Physican: (b)(6)
	3) Dx: Meningitis
	4) Allergies: unk
	5) Condition: vs1
	6) Vital Signs Q1 hr
	7) I&O Q1hr
	8) Activity: Bedrest Chair
	9) Diet: (circle) NPO Clear liquids Full liquids Soft Regular Enteral
	10) Tube feeds: Osmolyte Promote Jevity per protocol to goal rate _____ cc/hr or @ rate of _____ cc/hr
	11) Dressing Changes
	12) Tubes/Drains (circle drain type(s) and applicable directions) Foley to gravity NGT OGT Clamp drain q2 Low int suct. Tube feeds CT #1: 20cm suction H2O seal CT #2: 20cm suction H2O seal G-tube: Gravity Tube Feeds J tube: Gravity Tube feeds Wound Vac Suction
	13) Labs: (circle all that apply) CBC METLYTE-8 LFT COAGS ABG LACTATE CARDIAC NOW QAM ABG now
	14) X-rays: CXR Now In AM QAM
	15) Pulmonary: Nasal Cannula O2 @ _____ LPM titrate to keep sats >93% Vent: Mode SIMV Rate 14 FIO2 40 PEEP 5 PS 15 TV 600 Wean FIO2 to keep sat >93% Neb: Albuterol standard dose Q6hrs Mucomyst added to albuterol neb q12hrs Chest percussion Q6hrs to (area) (b)(6) Incentive Spirometry 10 times Q1 hr w/ (b)(6) Saline lavage q3 hrs and PRN with suct (b)(6)

Noted

10/12-05

2/4

PRINTED NAME:

SIGNATURE:

IDENTIFICATION (For typed or written entries note: Name - last, first initial; grade; DOB; hospital or medical facility)

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

1513

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nursing Unit: \_\_\_\_\_ Room No.: \_\_\_\_\_ Bed No.: \_\_\_\_\_ Page No.: \_\_\_\_\_

ACLU DDII ROI 33697

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
Mohamed-Ali, Mohnd Ganim T1513 400-00-5342 12 Sep 1987. Detainee			120005	2224 HOURS	
			① DC Vancomycin & Acyclovir ② gentamicin 480mg IVPB Q24 hours ③ Ampicillin 2gram Q4 hours IVPB ④ Bentivip Rocephin 1gm IVPB Q12hr Thanks		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)	(b)(6)	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			10/13/05	0800	
			① Give 40mg KLL over 4 hrs ② ↓ RR to 12 V.O.		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)	(b)(6)	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			10/13/05	0900 HOURS	
			DC GEM Ceftriaxone 2gm IV Q12 METRONIDAZOLE 500mg Tgm IV Q12		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)	(b)(6)	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			10/13/05	1000 HOURS	
			① Give 1L LR Bolus V.O.		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)	(b)(6)	
			ACLU DDII ROI 33698		

70  
15  
0

315  
70  
1050

Dated  
10/13/05  
(b)(6)

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

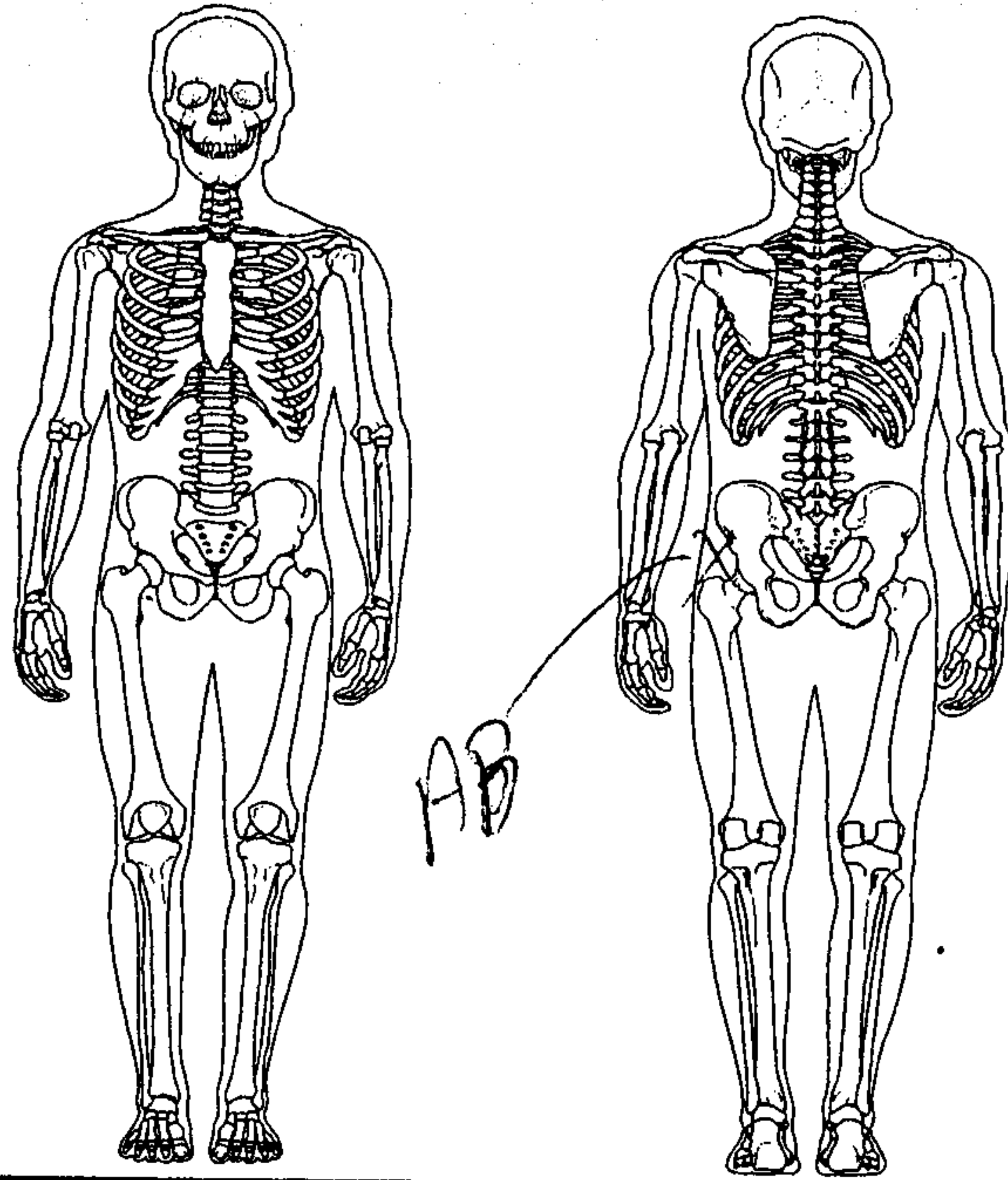
THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			10/13/25	1300 HOURS	
<del>XXXXXXXXXX</del> #1813			①	Give 40 meq KCL ZV over 2 hrs	
			②	D IVP to DS 1/2 NS @ 20 meq KCL @ 150 ml/hr	
			③	↓ RR to 11 bpm V.O.	
			(b)(6)	(b)(6)	(b)(6)
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.			
			ACLU DDII ROI 33699		

SECONDARY SURVEY

ALLERGIES

- (AB)rasion
- (AMP)utation
- (AV)ulsion
- (BL)eeding
- (B)urn
- (C)repitus
- (D)eformity
- (CON) Contusion
- (DG)Degloving
- (E)cchymosis
- (FX)Fracture
- (F)oreign Body
- (GSW)Gun Shot
- (H)ematoma
- (LAC)eration
- (PW)Puncture Wound
- (P)ain



- Unknown
- NKDA
- PCN
- Other: \_\_\_\_\_

PAST MEDICAL HX

- Unknown
- None
- Cardiac Hx
- Other: \_\_\_\_\_

CURRENT MEDS

- Unknown
- None
- Other: \_\_\_\_\_

PRE HOSPITAL

- Morphine: \_\_\_\_\_ mg
- Versed: \_\_\_\_\_ mg
- Antibiotic: \_\_\_\_\_
- Other: \_\_\_\_\_

SECONDARY SURVEY

HEAD/NECK/ EENT

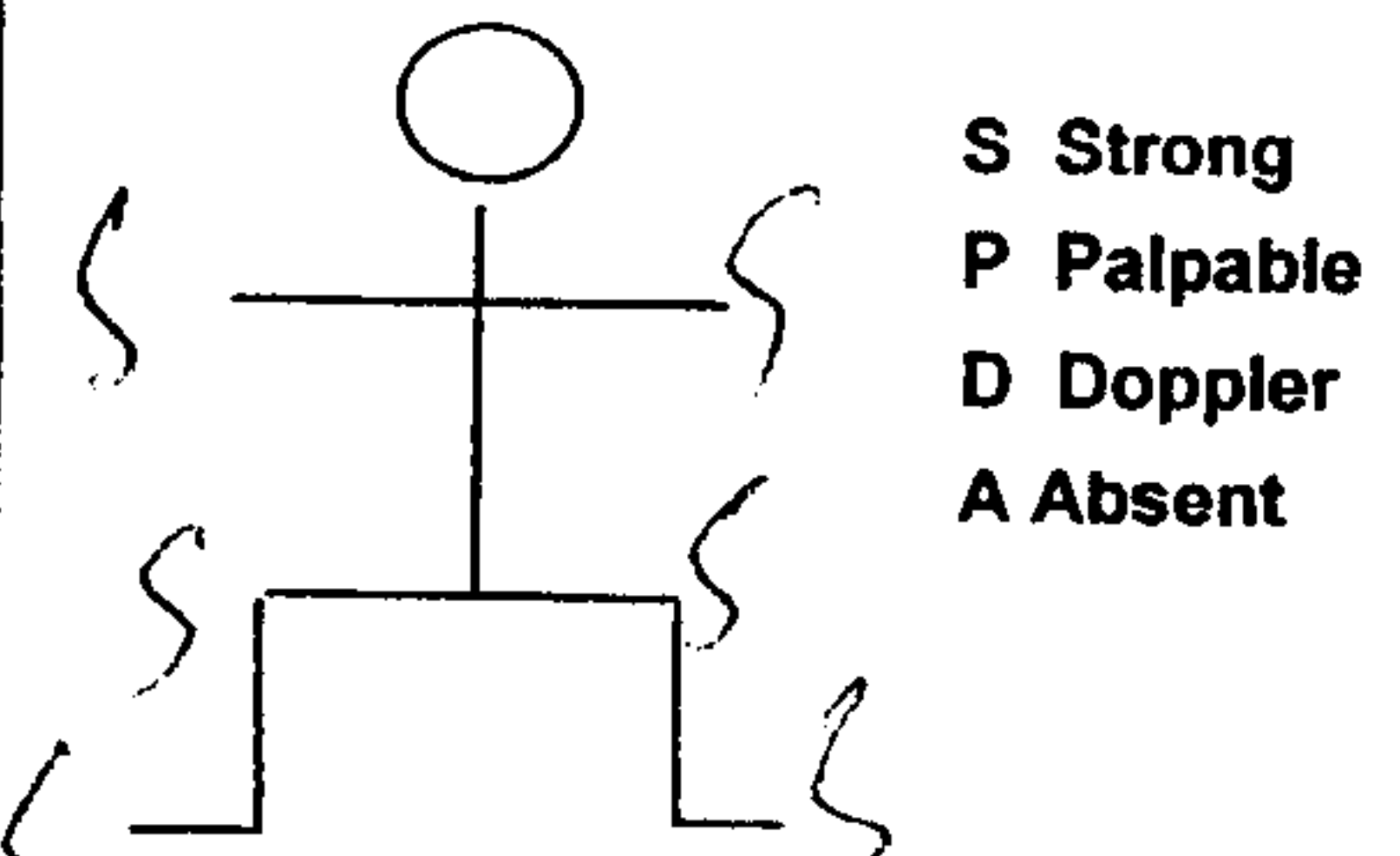
HEART/CARDIAC

ABDOMEN/GU/PELVIS

EXTREMITY/BACK

**PUPILS:**  
 R= 2 mm L= 3 mm  
 Brisk  Brisk  
 Sluggish  Sluggish  
 NR  NR  
 Tympanic Membranes  
 R L  
 Clear  Clear  
 Blood  Blood  
 Perf  Perf  
 Maxillo-Facial Injury  
 Yes  No  
 C-Spine Tender  
 Yes  No  
 CSF Drainage  
 Yes  No

**HEART SOUNDS:**  
 Clear  Muffled  Absent  
**RHYTHM:**  
 s. brady  s. tachy  V tach  
 PEA  asystole  V Fib  
 Other: NSR  
**JUGULAR VENUS DISTENSION**  
 YES  NO



**EXAM:**  
 Non-Tender  Tender  
 Non-Distended  Distended  
 Obese  Rigid  
 Evisceration  Rebound  
 Open Wound  Guarding  
**Pelvis Stable:**  
 Yes  No  
**Pelvic Binder Placed:**  
 Yes  No  
**Blood at Meatus or Vagina:**  
 Yes  No  
**Prostate Exam:**  
 Normal  Abnormal  
**Rectal Exam:**  
 Normal  Gross Blood

**Fracture/Dislocation/Deformity:**  
 RUE  LUE  
 RLE  LLE  
**Motor and Sensory Exam:**  

	Motor		Sensory	
RUE	+	-	+	-
LUE	+	-	+	-
RLE	+	-	+	-
LLE	+	-	+	-

 Logroll Time: 16:43  
 Back Exam:  Normal  
 Abnormal: \_\_\_\_\_  
 Decreased Tone

IV ACCESS OBTAINED

Time	Gauge	Location
16:45	16g	CE FA

FAST Exam:  Not Done  Positive  Negative

PROCEDURES DONE

TIME:	PROCEDURE
16:47	Trauma Labs Type + Cross
	Thoracotomy: R L Clamshell
	Foley Cath: Clear Bloody None
	A-Line: Y N Location: _____
	NGT/OGT Aspirate: Y N Type: _____
	Chest Tube Left: Output: _____ ml
	Chest Tube Right: Output: _____ ml
	Splint: _____
	FAST Exam: POS NEG
	OTHER: _____

X-RAYS DONE

TIME:

CT SCANS DONE

TIME:

CXR: <input checked="" type="checkbox"/>		HEAD: <input checked="" type="checkbox"/>	
Pelvis: <input checked="" type="checkbox"/>		NECK: <input type="checkbox"/>	
C-Spine: <input type="checkbox"/>		CHEST: <input type="checkbox"/>	
RUE: <input type="checkbox"/>		ABDOMEN: <input type="checkbox"/>	
LUE: <input type="checkbox"/>		PELVIS: <input type="checkbox"/>	
RLE: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	
LLE: <input type="checkbox"/>			

PATIENT IDENTIFICATION

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Trauma No.: \_\_\_\_\_

Nurse Name: **ACLU DDII ROI 33700**  
 Nurse Signature: \_\_\_\_\_

1513

JOINT THEATER TRAUMA RECORD

<b>ARRIVAL STATUS</b>		<b>TRIAGE CATEGORY</b>		<b>CHIEF COMPLAINT</b>	
Date: 12 Oct 05		<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input checked="" type="checkbox"/> Minimal <input type="checkbox"/> Expectant		Obstructed Per Obunded	
Time of Injury:		<b>AGE/GENDER</b>		<b>PATIENT CATEGORY</b>	
Time of Arrival: 1040		Age: _____		<input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USMC	
Transport Time:		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> SOF <input type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor	
<b>MODE OF ARRIVAL</b>		<b>EXPOSURE ON ARRIVAL</b>		<b>WOUNDED BY</b>	
<input type="checkbox"/> Walked <input type="checkbox"/> Carried <input type="checkbox"/> Ground Amb. <input type="checkbox"/> Non-med Ground <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Non-med Air <input type="checkbox"/> Ship Evacuation <input type="checkbox"/> Other:		<input type="checkbox"/> Cloths Removed <input checked="" type="checkbox"/> Blankets <input type="checkbox"/> Cooling Blanket <input type="checkbox"/> Bair Hugger <input type="checkbox"/> Radiant Heat <input type="checkbox"/> IV Fluid Warmer <input type="checkbox"/> Space Blanket <input type="checkbox"/> Hypothermia Bag <input type="checkbox"/> Other:		<input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input type="checkbox"/> Friendly <input type="checkbox"/> Civilian (Host) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Sports Injury <input checked="" type="checkbox"/> Other:	
<b>PRE FACILITY CARE LEVEL</b>		<b>PROTECTIVE EQUIPMENT</b>		<b>MECHANISM OF INJURY (All That Apply)</b>	
<input type="checkbox"/> Field <input type="checkbox"/> I BAS <input type="checkbox"/> II FST <input type="checkbox"/> III CSH C-Med EMDG		<input type="checkbox"/> Unknown <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated		<input type="checkbox"/> GSW- Single <input type="checkbox"/> GSW- Multiple <input type="checkbox"/> Frag- Single <input type="checkbox"/> Frag- Multiple <input type="checkbox"/> Laceration <input type="checkbox"/> Stab Wound <input type="checkbox"/> Burn <input type="checkbox"/> Other	
MTF Transferred From:		? Sepsis		<input type="checkbox"/> Blast-Type <input type="checkbox"/> RPG <input type="checkbox"/> IED <input type="checkbox"/> Mortar <input type="checkbox"/> Grenade <input type="checkbox"/> Mine <input type="checkbox"/> UXO <input type="checkbox"/> Other	
<b>PRIMARY SURVEY</b>					
<b>INITIAL VITAL SIGNS</b>					
BP: 126/75 HR: 92 RR: 20 SaO2: 98% Temp: 100.2 NRB					
<b>AIRWAY</b>		<b>BREATHING</b>		<b>CIRCULATION</b>	
<input checked="" type="checkbox"/> Patent <input type="checkbox"/> Talking <input type="checkbox"/> Obstructed		<input type="checkbox"/> Drooling <input type="checkbox"/> Stridor <input type="checkbox"/> Oral/Nasal <input type="checkbox"/> Intubated (Pre-Hosp): Size _____ Conf: Y N		<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Cyanotic <input type="checkbox"/> Hemorrhage: Yes <input checked="" type="checkbox"/> No Site: _____	
<input type="checkbox"/> BVM <input type="checkbox"/> Combi-tube <input type="checkbox"/> Surgical		<input type="checkbox"/> Flail Chest: Yes R L <input type="checkbox"/> Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> Chest Symmetry: (circle one) Left > Equal < Right		<input type="checkbox"/> Tourniquet (Pre Hospital): Yes <input checked="" type="checkbox"/> No RUE RLE LUE LLE Time On: _____	
<b>OXYGENATION/INTUBATION DATA</b>		<b>Hemostatic Agent Used:</b>			
O2 Given: NC NRB BVM Other LPM: 10L Intubated: Y <input checked="" type="checkbox"/> N Size: _____ Chest Tube (Pre-Hospital)		<input type="checkbox"/> None <input type="checkbox"/> Fibrin <input type="checkbox"/> Foam Bdg <input type="checkbox"/> Field Dsg <input type="checkbox"/> Quick Clot <input type="checkbox"/> Chitosan <input type="checkbox"/> Direct Pressure			
<b>DEFICIT (AVPU)</b>		<b>DEFEAT</b>			
<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Painful Stim. <input type="checkbox"/> Unresponsive		<input type="checkbox"/> Pre Hospital IV Access: Type: PIV (CFA 18g) Central Interosseous			
C-Spine Immob: Yes <input checked="" type="checkbox"/> No Backboard: Yes <input checked="" type="checkbox"/> No		Eyes: 4/7 Verbal: 15 Motor: 16 Total: 150, 15 Trauma Team Leader:			
Name:		Nurse Name: ACLU DDII ROI 33701			
SSN:		Nurse Signature:			
DOB:		Trauma #: 1513			



FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Time	Medication	Dose
1515	GLUCOSE @ EYES (B) EYES	

Time	Medication	Dose
P. 100	P. 96	
175/100	167/102	

~~Determination~~

↓ to pain respond  
of Manual respond high intubation

Time	BP	Pulse	Resp	SaO2	Temp	Rhythm	GCS	Pain	Intake	Output

Heart: 6 hr noisy/hemodynamic visible  
 (B) REXid dilated to 8 mm  
 (D) eye 3 mm sluggish response  
 m clear @ anterior  
 ec 1/4 tonsils lip & superficial soft tissue being to  
 neck support @ base / protruding  
 CV tach 100's-110  
 lung clear @ lung  
 (A) soft mtd @ BS absent p. rigidity  
 (B) (D)  
 (B) under flumen lips opened  
 Frontal head injury? Dr. jr. \* Determined has been  
 - Policy to grant  
 W BS LFB  
 Hitting head against wall / biting lip

PREPARED BY (Signature & Title) Cerna XTB bil. [unclear] DEPARTMENT/OFFICE/CLINIC 102nd Forward Surgical Team OIF 04-06 DATE  

PATIENT middle (b)(6)

ries give: Name - Last, first, Chester [unclear]

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

ACLU-RDI ROI 33702

FST Case #:

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

(If this form see, see AR 40-66; the proponent agency is the Office of the Surgeon General, Department of the Army)

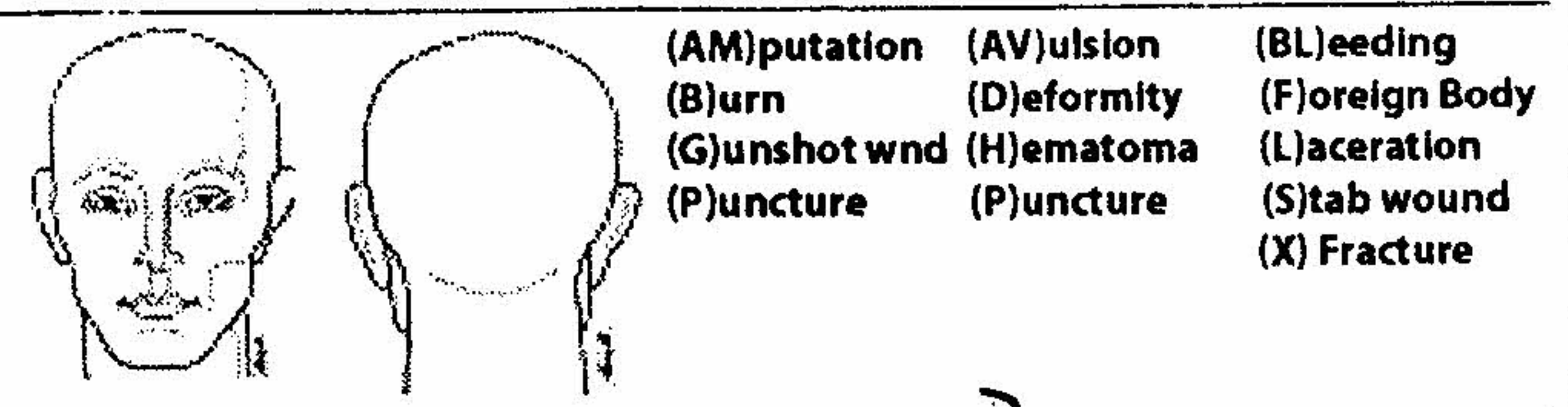
**DETAINEE**

Age Category: Immediate Delayed Minimal Expectant

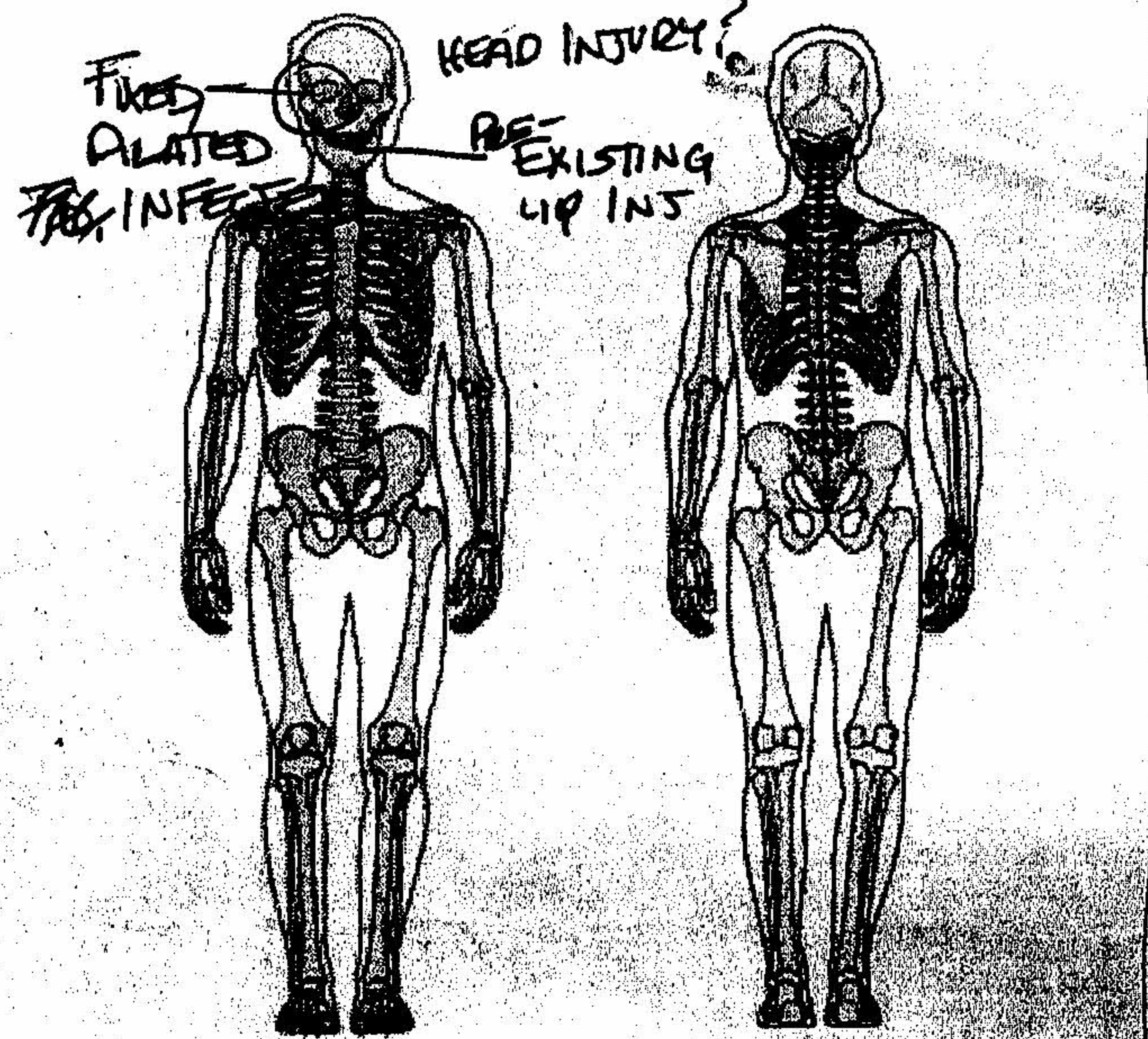
Arrived via: FLA  
25 (local) DTG of Injury: UNKNOWN (local)  
WN Treatment PTA: NASAL AIRWAY trumpet

i-STAT EC8+  
Pt: 43  
Pt Name: B43  
Glu \_\_\_\_\_ 171 mg/dL  
BUN \_\_\_\_\_ 27 mg/dL  
Na \_\_\_\_\_ 146 mmol/L  
K \_\_\_\_\_ \*\*\* mmol/L  
Cl \_\_\_\_\_ 108 mmol/L  
TCO2 \_\_\_\_\_ 34 mmol/L  
AnGap \_\_\_\_\_ \*\*\* mmol/L  
Hct \_\_\_\_\_ 42 %PCV  
Hb\* \_\_\_\_\_ 14.3 g/dL  
\*via Hct  
PH \_\_\_\_\_ 7.402  
PCO2 \_\_\_\_\_ 51.9 mmHg  
HCO3 \_\_\_\_\_ 32.3 mmol/L  
BEecf \_\_\_\_\_ 8 mmol/L  
Sample Type: \_\_\_\_\_

Levlar ACH IBA Eye Protection  
BP: 175/76 SaO2 (RA): \_\_\_\_\_  
ST Other: trachy  
Unmaintainable O2 Given  
\_\_\_\_\_ ; Depth: \_\_\_\_\_ cm at teeth  
Size: \_\_\_\_\_  
No spontaneous  
Increased Left Decreased Right



\_\_\_\_\_ cc initial return  
\_\_\_\_\_ cc initial return  
Pelvis: Stable OR Unstable  
Binder placed @ \_\_\_\_\_ hrs.  
Carotid \_\_\_\_\_



No apparent injury  
Placed in rigid collar  
Active R: 8 mm (non) reactive

Peripheral Access: LUE LLE (18 ga.) RUE RLE (\_\_\_\_ ga.)  
Central Access: Left: IJ SC FEM (\_\_\_\_ fr.) Right: IJ SC FEM (\_\_\_\_ fr.)

FIXED  
NO APPARENT INJURY  
Placed in rigid collar

I/O TOTALS: (@ \_\_\_\_\_ hrs)  
In: IVF: \_\_\_\_\_ cc's Out: UO: \_\_\_\_\_ cc's  
Colloid: \_\_\_\_\_ cc's CT#1: \_\_\_\_\_ cc's  
Blood: \_\_\_\_\_ uPRBCs CT#2: \_\_\_\_\_ cc's  
Other: \_\_\_\_\_ EBL: \_\_\_\_\_ cc's

ED, (D) FIXED  
NO APPARENT INJURY @ 1510  
EYE STAIN REVEALS ~~NO~~ R EYE INFECTED  
W NS 1000  
Ax detainee hits head against wall/plaster  
↓ fluids / appetite biting lip to Altracy

hrs.): ET tube @:  
FAST Exam: (\_\_\_\_ hrs.) Pericardium: POS NEG Abdomen: POS NEG  
CBC: HCT: \_\_\_\_\_; HgB: \_\_\_\_\_ (\_\_\_\_ hrs.)  
ABG: (Supplemental O2: \_\_\_\_\_ L via \_\_\_\_\_) (\_\_\_\_ hrs.)  
pH: \_\_\_\_\_; pCO2: \_\_\_\_\_; PO2: \_\_\_\_\_; O2 sat: \_\_\_\_\_; HCO3: \_\_\_\_\_

DEPARTMENT/SERVICE/CLINIC  
102nd Forward Surgical Team OIF 04-06  
DATE \_\_\_\_\_

entries give: Name - Last, first,  
\_\_\_\_\_  
HISTORY/PHYSICAL  FLOW CHART   
OTHER EXAMINATION OR EVALUATION  OTHER (Specify)   
DIAGNOSTIC STUDIES  TREATMENT   
FST Case #: \_\_\_\_\_

120CT05 16:04  
Oper: (b)(6) (b)(6)  
Physician: \_\_\_\_\_  
Ser# (b)(6)  
Ver: JAM5051B  
CLEW A98

Detainee B43

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
12 OCT 05 2100-2300	Rec'd report, pt on vent, DBP 7/00, pentamida 7ml 100 mg/kg, reversed 9'd to 4 mg/kg MIV @ 125 cc/hr, UOP 50-100 cc/hr, sedated promy 5-6, OGT placed
13 OCT 05 0000-0200	VSS, remains sedated, 9-100, UOP adequate (9300) VSS, no changes per sedator, on vent (0500-0700) VSS, no acute A's, report given to oncoming staff
	(b)(6)

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.

Mohamed-Ali, Mohnd Ganim  
 T1513  
 400-00-5342 12 Sep 1987  
 Detainee

500

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
 ACLU-DDH-ROI-33704  
 Prescribed by GSA/ICMR/FPNR 41 CFR 101-11.203(b)(10)  
 USAPA V1.00

TIME OF DAY

**6**

**5**

**4**

**3**

**2**

**1**

**0**

**U**

BT

MODE	9M
RO <sub>2</sub>	30
TV	650
RATE	14
PEEP	5
A	pH
	PCO <sub>2</sub>
	PO <sub>2</sub>
B	HCO <sub>3</sub>
	SAT
G	BASE
TIME	
GLUCOSE	
Na/K	/
Cl/CO <sub>2</sub>	/
BUN/Cr	/
WBC/PLATELET	/
Hct/Hgb	/
TIME	
MOUTH CARE	/
BATH	
SKIN CARE	
FOLEY CARE	
TRACH CARE	
ROM EXERCISES	
	TURN
	SUCT
	IO
TIME	

wt Yesterday \_\_\_\_\_ wt Today (b)(6) \_\_\_\_\_

INTAKE \_\_\_\_\_ OUTPUT \_\_\_\_\_

IV \_\_\_\_\_ Urine: \_\_\_\_\_

DO \_\_\_\_\_

TOTAL 2926 TOTAL 1000

BALANCE (1926)

ACLU DDII ROI 33705

4

DATE	OR	HOSPITAL DAY																			
	TIME	2040	22	23	24	01	02	03	04	05	06										
	BP Arterial Line	140/72	165/85	167/85	159/70	137/70	145/72	138/74	137/73	129/60	123/62										
	BP Cuff																				
	Temperature		100 <sup>6</sup>				100 <sup>7</sup>														
	Pulse	128	115	115	117	122	127	121	122	120	112										
	Respiratory Rate	15	12	14	14	14	14	14	14	14	14										
	Sats	100	100	100	100	100	100	100	100	100	100										
	FiO2	40	40	30																	
	Mode	SIMV																			
	TIME									8 <sup>°</sup> T											8 <sup>°</sup> T
	MIV	125	125	125	125	125	125	125	125	125	125										
	IVPB		250				165	250			150										
	Fent	2.5	4	4	4	4	4	4	4	4	4										
	Vncod	2.5	4	4	4	4	4	4	4	4	4										
	TOTALS																				
	URINE	130	80	50	100	110	100	80	130	100	90										
	NG																				
	EMESIS																				
	STOOL																				
	DRAINS																				
	TOTALS																				

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

OTMG APPROVED (Date)  
QA Appr 8 Mar 89

TIME	INITIALS	INITIALS	INITIALS
2100	[Handwritten]		
PUPILS	Pupils [Handwritten]		
SENSORIUM	[Handwritten]		
RESPIRATORY PATTERN	Even vent		
BREATH SOUNDS	Clear all A&P		
SECRETIONS	[Handwritten]		
COLOR	WFK		
INTEGRITY	Multiple old lacerations & scars		
LOCATION	[Handwritten]		
CONDITION	[Handwritten]		
ABDOMEN	Soft flat, yr		
BOWEL SOUNDS	[Handwritten]		
URINE:	Foley patent		
COLOR/CLARITY	yellow clear		
CARDIAC RHYTHM	[Handwritten]		

Cr - Creatinine ICP - Intracranial Pressure S/A - Fractional  
 F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub> PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub> SAT - Saturation  
 HCO<sub>3</sub> - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC: ICU DATE: 12 Oct 89

Mohamed-Ali, Mohnd Ganim  
 T1513  
 400-00-5342 12 Sep 1987  
 Detainee

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

ACLU DDIFROI 33707

1209  
act  
fine  
1/1A  
summary  
1209

SF-558 (Part 1)

<b>EMERGENCY CARE AND TREATMENT</b> (Medical Record)			TREATMENT FACILITY 228th CSH, MOSUL, IRAQ			LOG NUMBER		
ARRIVAL			TRANSPORTATION TO HOSPITAL (Attach care enroute sheet)			CURRENT MEDS. (tetanus immunization and other data)		
DATE			<input type="checkbox"/> PRIVATE VEHICLE <input checked="" type="checkbox"/> OTHER (Specify) <b>AIR EVAC</b>			<input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> OTHER (Specify) <b>?</b>		
DAY	MONTH	YEAR				HISTORY OBTAINED FROM		
12	10	05	1635			<input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> OTHER (Specify)		
PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)						ALLERGIES		
CHIEF COMPLAINT(S) (include symptom(s), duration)						HOME TELE. NO. (include area code)		
<b>Obtunded</b>						POSSIBLE THIRD PARTY PAYER?		
SEX <b>M</b> AGE						<input type="checkbox"/> Yes <input type="checkbox"/> No		
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								
BP	126	75						
PULSE	92							
RESP.	17							
TEMP.	100.8							
WT. (Child)	98%							
CATEGORY (See Page 2)								
<input type="checkbox"/> EMERGENT								
<input type="checkbox"/> URGENT								
<input type="checkbox"/> NON-URGENT								
ORDERS	INITS.	TIME						
ASSESSMENT/DIAGNOSIS								
DISPOSITION (Check all that apply)								
<input type="checkbox"/> HOME			<input type="checkbox"/> FULL DUTY					
QUARTERS								
<input type="checkbox"/> 24 Hrs.			<input type="checkbox"/> 48 Hrs.			<input type="checkbox"/> 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					
ADMT. TO HOSP. UNIT/SERVICE								
CONDITION UPON RELEASE								
<input type="checkbox"/> IMPROVED			<input type="checkbox"/> UNCHANGED					
<input type="checkbox"/> DETERIORATED								
TIME OF RELEASE:								
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)						(CONTINUE ON SF 507, IF NEEDED)		
<b>TR # 1513</b>						SIGNATURE OF PROVIDER AND ID STAMP		
						INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)		
EMERGENCY CARE AND TREATMENT						STANDARD FORM 598 (REV. 6-82) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45 505		

ACLU DDII RDI 33708

Medical Record Copy

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1810 12 Oct 05	Pt given 50 mcg fentanyl add. 50 mcg more of fentanyl 156/104 P: 55 R: 33 Pox 100%. Atomidate 30mg (1813) BP 191/99 P: 125 Succinyl- choline 150mg. (1817) BP 155/102 P: 112 R: 19 Pox 100%. (1818) 8.0 fr 24cm at lips. Check placement bilat breath sounds. RT (b)(6) bedside to place pt on vent.
1820	Vecuronium 10mg IVP. BP 136/83 Pox 100% P: 108 R 10 Fentanyl
1825	100 mcg given IVP. B/P 138/90 P: 136 Pox 100% R: 24 Subclavian Triple lumen insert per MD (b)(6) (b)(6)
1849	Versed 5 mg IVP administered. VS as follows BP-163/109 HR-107 SpO2 100%. Med. administered by (b)(6) . Vanc 1 gm IVP (b)(6)
1910	Dexadron 10mg IV now x1 given (b)(6)
1940	VS as follows: BP 160/121 HR 119 SpO2 100% Pt → ICU (b)(6)
2000	Fentanyl 150mcg IVP, Versed 5mg IVP @ CR (b)(6)
1/14/93	HR 112 Bagged 100% FiO2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 A STANDARD FORM 100 REV. 3-77  
 Prescribed by USA/ICMR  
 FIRM (41 CFR) 201-9.202-1  
 USAPA V2.00

Tr 1513

4



228TH Combat Support Hospital  
Mosul, Iraq

LAW ENFORCEMENT SENSITIVE

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

LAST, FIRST, MI: #15B SSN: 0001 DOB: RANK: UNIT:

Ward: EMT STAT: Routine Specimen Date and Time: 12 Oct 05 1945 Reported by: (b)(6) Date and Time: 12 Oct 05

Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)				Hematology									
4+		7+		8+		Chem 12		MetLyte8		Liver		CBC		Malaria		H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE						
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL						
	K		3.3-4.7 mmol/L		ALP		53-128 U/L		RBC		4.2-6.1 x10(6)/uL						
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL						
	pH		7.35-7.45		AMY		14-97 U/L		Hct		35.0-60.0%						
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl						
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg						
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL						
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL						
	sO2		95-99%		Chol		100-200 mg/dL		LY%		15.0-50.0%						
	BEecf		(-2) - (+3)		CK		30-190 U/L		LY#		0.7-4.3 x10(3)/uL						
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential								
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono						
	BUN		7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos						
*	Glu	N/A	73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso						
	Creat		0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells						
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morphology:								
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:								
	Lac		0.90-1.70 mmol/L		Na		128-145 mmol/L										

Urinalysis			Misc. Chemistry			Malaria Smear		
Color		Straw/Yellow	Mono		Negative	Thin/Thick		No Plasmodium Seen
Clarity		Clear	RPR		Non-Reactive	Sed Rate		
Glucose		Negative	HIV	NEG	Negative	Sed Rate		1hr = 0-20 mm
Bilirubin		Negative	DOA		Negative	Coagulation		
Ketone		Negative	Alcohol		Negative	PT		8-14 seconds
SG		1.010-1.030				APTT		21-42 seconds
Blood		Negative				FDP		Negative
pH		5.0-8.0	Lipid Profile			D-Dimer		Negative
Protein		Negative	CHOL		100-200 mg/dL	HCG		
Urobili		Negative	HDL		>40 mg/dL	Urine		Negative
Nitrite		Negative	TRIG		0-150 mg/dL	Serum		Negative
Leuko		Negative	LDL		0-150 mg/dL	Microbiology		

Urine Microscopic			Quantitative Cardiac Enzymes			Microbiology		
WBC		Epi	CK-MB		1.0-4.3 ng/mL	KOH		No Fungal Elements
RBC		Mucus	Myoglobin		5-107 ng/mL	OccBld		Negative
Bacteria		Yeast	Troponin I		<0.05 ng/mL	Strep A		Negative
Casts:		Spermatozoa				Chlamydia		Negative
Crystals:		Amorph Sed				H. Pylori		Negative
Other:						Gram Stain	Gram Pos Rods	Negative
Other:								Negative

FOR OFFICIAL USE ONLY

CSF - Gram stain, Cell Count, Glucose = Specimen for mucus

RAPID HIV

228th Combat Support Hospital  
Mosul, Iraq

LAW ENFORCEMENT SENSITIVE

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

LAST, FIRST, MI. <b>1513</b>	SSN	DOB	RANK	UNIT <b>See 2</b>
Physician (b)(6)	Ward: <b>ICU-2</b>	STAT Routine	Specimen Date and Time: <b>12 Oct 2035</b>	Reported by (b)(6)
				Date and Time: <b>12 OCT 2035</b>

Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)			Hematology				
6+	7+	8+	Glu	Crea	Chem 12	Met/ytes	Liver	CBC	Malaria	H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	<b>18.9</b>	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP		53-128 U/L		RBC	<b>5.39</b>	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	<b>17.0</b>	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	<b>38.9</b>	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	<b>72.3</b>	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	<b>22.3</b>	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	<b>18</b>	7-22 mg/dL		MCHC	<b>30.9</b>	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit	<b>392</b>	130-400 x10(3)/uL
	sO2		95-99%		Chol		100-200 mg/dL		LY%	<b>3.5</b>	15.0-50.0%
	BEecf		(-2) - (+3)		CK	<b>96</b>	30-190 U/L		LY#	<b>0.7</b>	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	<b>114</b>	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	<b>29</b>	18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	<b>0.8</b>	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	<b>128</b>	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K	<b>3.8</b>	3.3-4.7 mmol/L		RBC Morphology:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:		
					Na	<b>136</b>	128-145 mmol/L				

Urinalysis			Misc. Chemistry			Malaria Smear		
Color	Straw/Yellow		Mono		Negative	Thin/Thick		No Plasmodium Seen
Clarity	Clear		RPR		Non-Reactive	Sed Rate		
Glucose	Negative		HIV		Negative	Sed Rate		1hr = 0-20 mm
Bilirubin	Negative		DOA		Negative	Coagulation		
Ketone	Negative		Alcohol		Negative	PT	<b>11.2</b>	8-14 seconds
SG	1.010-1.030					APTT	<b>22.3</b>	21-42 seconds
Blood	Negative					FDP		Negative
pH	5.0-8.0		Lipid Profile			D-Dimer		Negative
Protein	Negative		CHOL		100-200 mg/dL	HCG		
Urobili	Negative		HDL		>40 mg/dL	Urine		Negative
Nitrite	Negative		TRIG		0-150 mg/dL	Serum		Negative
Leuko	Negative		LDL		0-150 mg/dL	Microbiology		
Urine Microscopic			Quantitative Cardiac Enzymes			KOH		No Fungal Elements
WBC	Epi		CK-MB		1.0-4.3 ng/mL	OccBld		Negative
RBC	Mucus		Myoglobin		5-107 ng/mL	Strep A		Negative
Bacteria	Yeast		Troponin I		<0.05 ng/mL	Chlamydia		Negative
Casts:	Spermatozoa					H. Pylori		Negative
Crystals:	Amorph Sed					Gram Stain		Negative
Other:						Leish. V.		Negative
Other:								

CBC, COA FOR OFFICIAL USE ONLY 2-8

ACLU DDJ ROI 33711

228th Combat Support Hospital  
Mosul, Iraq

LAW ENFORCEMENT SENSITIVE

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. # 1513 SSN DOB RANK UNIT

Physician: Ward: STAT Routine Specimen Date and Time: Report (b)(6) Date and Time: 120ct06

Chemistry (i-STAT)

Chemistry (Piccolo Analyzer)

Hematology

Table with columns for TEST, RESULT, and REF. RANGE. Rows include Na, K, Cl, pH, PCO2, PO2, TCO2, HCO3, sO2, BEecf, AGap, iCa, BUN, Glu, Creat, Hct, Hgb, and various other chemistry and hematology tests.

Urinalysis

Misc. Chemistry

Malaria Smear

Table with columns for Color, Clarity, Glucose, Bilirubin, Ketone, SG, Blood, pH, Protein, Urobili, Nitrite, Leuko, Mono, RPR, HIV, DOA, Alcohol, Negative, Non-Reactive, Sed Rate, Coagulation, PT, APTT, FDP, D-Dimer, HCG, Urine, Serum, No Fungal Elements, Negative.

Urine Microscopic

Quantitative Cardiac Enzymes

KOH

No Fungal Elements

Table with columns for WBC, RBC, Bacteria, Casts, Crystals, Other, CK-MB, Myoglobin, Troponin I, OccBld, Strep A, Chlamydia, H. Pylori, Gram Stain, Negative.

UA Urine Drug Screen Trauma Panel Lactated Acid + ABG

2281

T1513  
400-00-5342 12 Sep 1987

LAW ENFORCEMENT SENSITIVE

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.

Detainee

DOB

RANK

UNIT

Physician: (b)(6)

Ward:

STAT  
 Routine

Specimen Date and Time:  
13 OCT 05 0500

Reported by: (b)(6)

Date and Time:  
13 OCT 05 0705

Chemistry (i-STAT)

Chemistry (Piccolo Analyzer)

Hematology

6+ 7+ 8+ Glu Crea

Chem 12 MetLyte8 Liver

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	149	128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	22.2	4.8-10.8 x10(3)/uL
	K	3.1	3.3-4.7 mmol/L		ALP		53-128 U/L		RBC	4.97	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	11.0	12.0-18.0 g/dL
	pH	7.603	7.35-7.45		AMY		14-97 U/L		Hct	36.0	35.0-60.0%
	PCO2	26.5	35-45 mmHg		AST		11-38 U/L		MCV	72.6	80.0-99.0 fl
	PO2	177	80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	22.1	27.0-31.0 pg
	TCO2	27	18-33 mmol/L		BUN		7-22 mg/dL		MCHC	30.4	33.0-37.0 g/dL
	HCO3	26.2	22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	353	130-400 x10(3)/uL
	SO2	100	95-99%		Chol		100-200 mg/dL		LY%	3.3	15.0-50.0%
	BEecf	5	(-2) - (+3)		CK		30-190 U/L		LY#	0.7	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L	Differential			
	iCa	1.05	0.11-1.23 mmol/L		TCO2		18-33 mmol/L				
	BUN		7-22 mg/dL		Creat		0.6-1.2 mg/dL	Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L	Lymph		Baso	
	Creat	0.8	0.6-1.2 mg/dL		Glu		73-118 mg/dL	Atyp Ly		Immature cells	
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L	RBC Morphology:			
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL	Plt verify:			
					Na		128-145 mmol/L				

Urinalysis

Misc. Chemistry

Malaria Smear

Color	Straw/Yellow	Mono	Negative	Thin/Thick	No Plasmodium Seen
Clarity	Clear	RPR	Non-Reactive	Sed Rate	
Glucose	Negative	HIV	Negative	Sed Rate	1hr = 0-20 mm
Bilirubin	Negative	DOA	Negative	Coagulation	
Ketone	Negative	Alcohol	Negative	PT	10.8 8-14 seconds
SG	1.010-1.030			APTT	26.2 21-42 seconds
Blood	Negative			FDP	Negative
pH	5.0-8.0	Lipid Profile			
Protein	Negative	CHOL	100-200 mg/dL	HCG	
Urobili	Negative	HDL	>40 mg/dL	Urine	Negative
Nitrite	Negative	TRIG	0-150 mg/dL	Serum	Negative
Leuko	Negative	LDL	0-150 mg/dL	Microbiology	

Urine Microscopic

Quantitative Cardiac Enzymes

WBC	Epi	CK-MB	1.0-4.3 ng/mL	KOH	No Fungal Elements
RBC	Mucus	Myoglobin	5-107 ng/mL	OccBld	Negative
Bacteria	Yeast	Troponin I	<0.05 ng/mL	Strep A	Negative
Casts:	Spermatozoa			Chlamydia	Negative
Crystals:	Amorph Sed			H. Pylori	Negative
Other:				Gram Stain	Negative
Other:					Negative

ACLU DDH ROI 33718

228th Combat Support Hospital  
Mosul, Iraq

LAW ENFORCEMENT SENSITIVE

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. <b>1513</b>		SSN	DOB	RANK	UNIT
Physician: (b)(6)	Ward: <b>ZCU</b>	STAT Routine	Specimen Date and Time: <b>10/13/05 @ 1200</b>	Reported by:	Date and Time:

Chemistry (i-STAT)				Chemistry (Picochem Analyzer)			Hematology				
6+	7+	8+	Glu Crea	Chem 12	MelLyte8	Liver	CBC	Malaria	H/H		
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	144	128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	19.5	4.8-10.8 x10(3)/uL
	K	3.5	3.3-4.7 mmol/L		ALP		53-128 U/L		RBC	4.64	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	10.1	12.0-18.0 g/dL
	pH	7.504	7.35-7.45		AMY		14-97 U/L		Hct	33.5	35.0-60.0%
	PCO2	32.6	35-45 mmHg		AST		11-38 U/L		MCV	72.3	80.0-99.0 fl
	PO2	182	80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	21.9	27.0-31.0 pg
	TCO2	26	18-33 mmol/L		BUN	18	7-22 mg/dL		MCHC	30.2	33.0-37.0 g/dL
	HCO3	25.5	22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	324	130-400 x10(3)/uL
	sO2	100	95-99%		Chol		100-200 mg/dL		LY%	6.1	15.0-50.0%
	BEecf	3	(-2) - (+3)		CK	48	30-190 U/L		LY#	1.7	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	113	98-108 mmol/L		Differential		
	iCa	1.09	0.11-1.23 mmol/L		TCO2	26	18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	130	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K	3.7	3.3-4.7 mmol/L		RBC Morphology:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:		
					Na	139	128-145 mmol/L				

Urinalysis			Misc. Chemistry			Malaria Smear		
Color		Straw/Yellow	Mono		Negative	Thin/Thick		No Plasmodium Seen
Clarity		Clear	RPR		Non-Reactive	Sed Rate		
Glucose		Negative	HIV		Negative	Sed Rate		1hr = 0-20 mm
Bilirubin		Negative	DOA		Negative	Coagulation		
Ketone		Negative	Alcohol		Negative	PT		8-14 seconds
SG		1.010-1.030				APTT		21-42 seconds
Blood		Negative				FDP		Negative
pH		5.0-8.0				D-Dimer		Negative
Protein		Negative	Lipid Profile			HCG		
Urobili		Negative	CHOL		100-200 mg/dL	Urine		Negative
Nitrite		Negative	HDL		>40 mg/dL	Serum		Negative
Leuko		Negative	TRIG		0-150 mg/dL	Microbiology		
			LDL		0-150 mg/dL	KOH		No Fungal Elements
Urine Microscopic			Quantitative Cardiac Enzymes			OccBld		Negative
WBC		Epi	CK-MB		1.0-4.3 ng/mL	Strep A		Negative
RBC		Mucus	Myoglobin		5-107 ng/mL	Chlamydia		Negative
Bacteria		Yeast	Troponin I		<0.05 ng/mL	H. Pylori		Negative
Casts:		Spermatozoa				Leish. V.		Negative
Crystals:		Amorph Sed						Negative
Other:								Negative
Other:								Negative

FOR OFFICIAL USE ONLY  
 ACLU DD FORM 101 33714  
 LAW ENFORCEMENT SENSITIVE  
 ABG 7-99 AX, CBL, MET B

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

DATE

NOTES

±D recommended the following antibiotic regimen

- Ceftriaxone 2gm IV Q12H

- Metronidazole 1gm IV Q12H

- NO VANCOMYCIN

- CONT ampicillin for possible listeria on through whiteh

- DC GENT

- Drain 6-8 wks if abscess not drained

- IF surgical drainage 3-4 wks

- NO steroids

\* Radiologist has sent CT scan awaiting acceptance from Balad NS for possible NS drainage of abscess.

\* NO prophylaxis necessary!

(b)(6)

(b)(6)

ACLU DDII ROI 33715

MEDICAL RECORD      PROGRESS NOTES

DATE      ICU Progress Note      NOTES      21<sup>0</sup> EVENTS

13 OCT 2005

MGNGITIS GS (PPR)

NO ACUTE EVENTS

MEDS  
Ceftriaxone  
2gm IV Q12  
MKS MONIT PAROLE  
Tgm IV Q12

HP: PT is a security inmate who developed  
AMS several days ago became obtunded brought  
to EMT LP done showed frank pus (GS ⊕) GPR  
CT head 3cm abscess ventricular enlargement

Ampicillin  
2gm IV Q4  
Zinc 50mg  
IV Q8

PE: Pulse 114 BP 111/74 RR 12 O2 Sat 100%  
lungs good air movement Ext good pulses  
con rrrnl s1 s2  
abd ⊕ BS soft non distended

MSOL gtt  
Versed gtt

Admt  
LABS: 

149		.8		22	11	353	17.6	26	177	100%
3.1					36					

  
Ca 0.8      PT 10.8      PTT 26.2

Admt

144	-	.9	188	21	12	430	17.4	48	111	98%
3.5	33	24			40					

HIV Neg      PT 14      PT 23      DUA NEG      LA .89

RAD CXR RT in place PPTX d inh haly      UA RBC 20-50 C/W NEG

LP GPR Frank pus obtained HEAD CT 3cm abscess  
ventricular enlargement  
A/P

① MGNGITIS/Brain abscess ID consulted, diff of  
pathogen organisms strep, Bacteroides, Enterobacter  
S. aureus, less likely nocardia or mixed abscess

RELATIONSHIP TO SPONSOR      and listina      SPONSOR'S NAME      even less likely      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.
--------------	----------

#513

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV 5-91)  
Prescribed by GSA MCMR FMP (11 GSA) (11-1000)(10)  
ACLU RDI 33716

Patient: MOHAMED-ALI T1513, MOHND GANIM  
Date: 13 Oct 2005 1329 AST  
Facility: 228th CSH  
Clinic: 228TH CSH MOSUL

Appt Type: ROUNT

Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 13 Oct 2005 1329 AST

A/P Written by (b)(6) @ 13 Oct 2005 1352 AST

1. BRAIN ABSCESS

Comments:

Disposition Written by (b)(6) @ 13 Oct 2005 1353 AST

Evacuation

Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness  
Appointment Class: Outpatient  
E&M Code: 99211 - Established Outpatient Minimal Service

Note Written by (b)(6) @ 13 Oct 2005 1331 AST

Discharge Summary

Discharge Summary

Date of Admission: 12 October 2005

Date of Discharge: 13 October 2005

Number of Days Hospitalized: 2

Hospital Course: Patient is a security internee who in retrospect developed altered mental status several days ago became obtunded and was brought to the 228 EMT CSH Mosul Iraq. The patient's vital signs were stable. He had a temp of 101. A head CT showed a large brain abscess 3 cm with enlarged ventricles. An LP was performed purulent yellow material was obtained. A GS was performed that per the lab showed Gram Positive Rods. The patient was given 2 gm Ceftriazone, 2gm Ampicillin, and Gentamycin 480mg. The next day the LP was repeated GS showed GPC and possibly GPR. Patient was continued on Ceftriazone 2gm IV q12 hrs, Ampicillin 2gm IV q4 hrs, and Flagyl 1gm IV q12hrs. CT scan sent to neurosurgery in Balad who accepted patient for transfer.

Discharge Medications:

- 1. Ceftriazone 2gm IV q12
- 2. Flagyl 1 gm IV q12 hrs
- 3. Ampicillin 2gm IV q4
- 4. Versed gtt
- 5. MSO4 gtt
- 6. Zantac 50mg IV q8 hrs

Vent settings: SIMV/RR-11/P-5/F<sub>IO2</sub> 45  
TV-650

Discharge Diagnosis:

- 1. Brain Abscess
- 2. Hypernatremia

Follow-up

- 1. Culture and repeat GS of spinal fluid
- 2. Neurosurgical evaluation for possible drainage of brain abscess
- 3. Antimicrobial therapy for 6 weeks if abscess not drained
- 4. Antimicrobial therapy for 3 weeks if abscess drained

Signed By @ 13 Oct 2005 1353

(b)(6)

228th CSH

Name: MOHAMED-ALI T1513, MOHND GANIM

Sex: M

Sponsor: MOHAMED-ALI T1513, MOHND GANIM

FMP/SSN: 20/400005342

Tel H:

Rank:

DOB: 11 Sep 1987

Tel W:

Unit: detainee

PCat: K78 FOREIGN

CS:

Outpt Rec. Rm:

NATIONAL-POW/INTERNEE

MC Status:

WS:

PCM:

Insurance: No

Tel. PCM:

FOR OFFICIAL USE ONLY

CHRONOLOGICAL RECORD OF MEDICAL CARE

ACLU RDI 33717

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

FIRMR (41 CFR) 201-45.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

HEALTH RECORD

LAW ENFORCEMENT SENSITIVE

0191 03 010389

Patient: MOHAMED-ALI T1513, MOHND GANIM Date: 12 Oct 2005 1707 AST Facility: 228th CSH Clinic: EMT

Appt Type: ACUTE

Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 12 Oct 2005 2126 AST

Screening Written by (b)(6) @ 12 Oct 2005 1707 AST

Appointment Reason For Visit: Airway Obstructed;

Selected Reason(s) For Visit: Airway Obstructed (New) Comments:

A/P Written by (b)(6) @ 12 Oct 2005 2126 AST

1. MENINGITIS BACTERIAL

Comments:

Disposition Written by (b)(6) 12 Oct 2005 2127 AST

Admitted

Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 99211 - Established Outpatient Minimal Service

Signed By @ 12 Oct 2005 2127

(b)(6)

228th CSH

Name: MOHAMED-ALI T1513, MOHND GANIM

Sex: M

Sponsor: MOHAMED-ALI T1513, MOHND GANIM

FMP/SSN: 20/400005342

Tel H:

Rank:

DOB: 11 Sep 1987

Tel W:

Unit: detainee

PCat: K78 FOREIGN

CS:

Outpt Rec. Rm:

NATIONAL-POW/INTERNEE

MC Status:

WS:

PCM:

Insurance: No

Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 100 (REV. 5)

Prescribed by GSA and ICMR

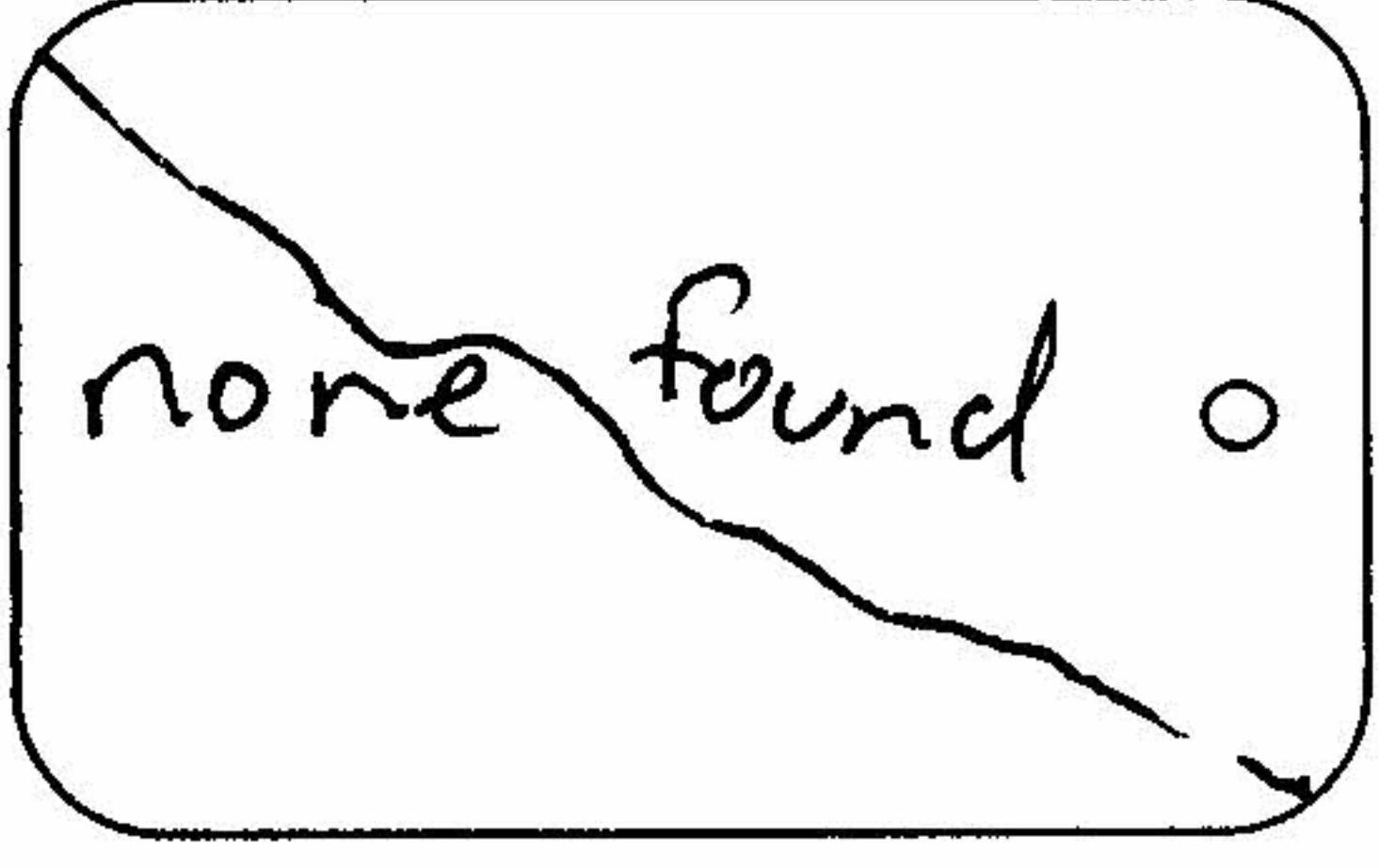
FIRMR (41 CFR) 201-45.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

EXHIBIT 2

0259-05 CTD 9/9-38320

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i>		GRADE	SERVICE NO. SSAN	CIL CASE NUMBER <i>(If applicable)</i>	
B.T.B. Mohamed - Ali Ganiur		detainee	00000907	N/A	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER			PLOT	ROW	GRAVE
009-05 / AR 311 <sup>th</sup> QMC / Balad			N/A	N/A	N/A
RECEIVED FROM			IMPRINT OF IDENTIFICATION TAG		
332 <sup>nd</sup> EMOG / Balad					
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i>					
none found					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS <i>(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)</i>					
none found					
FINGERPRINTS TAKEN		X-RAYS MADE		FLUOROSCOPE STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN		ANTHROPOLOGICAL STATEMENT MADE		CHEMICAL STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY		
67"	slim	Dark Brown	Iraqi		
TATTOOS, SCARS OR MARKS ON BODY					
none found					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS					
none found					
WOUNDS OR INJURIES					
See DD Form 2064					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION			SIGNATURE		
(b)(6)			A (b)(6)		

DD FORM 890, JAN 58

PREVIOUS EDITIONS ARE OBSOLETE

LAW ENFORCEMENT SENSITIVE

EXHIBIT

000125 08 September 2005

CLASSIFICATION: SECRET//REL TO USA, MCFI/20151008

INTERROGATION REPORT

REPORT NUMBER: (b)(3) 10 U.S.C. 130b

REPORT DATE: (U) 9/14/2005

REPORT UNIT: (b)(3) 10 U.S.C. 130b

COUNTRY: (U) IRAQ (IZ)

IPSP: (U) NONE.

REQUIREMENTS: (b)(1) 1.4a, (b)(1) 1.4c, (b)(6)

(b)(1) 1.4a, (b)(1) <sup>(b)(3) 10 U.S.C. 130b</sup> 1.4c, (b)(6)

**FOUO**

**SECRET**

LAW ENFORCEMENT SENSITIVE

**EXHIBIT 6**

**FOUO**



**SECRET**

(b)(1) 1.4a, (b)(1) 1.4c, (b)(6)

~~SECRET~~

**FOUO**

(b)(1) 1.4a, (b)(1) 1.4c, (b)(6)

INSTR: (U) US NO.

PREP: (U) 2-A2388

(b) (6)

ENCL: (U) NONE.

DISSEM: (U) FIELD - 3D ACR, TFF, MNF-I.

~~SECRET~~

FOLIO

WARNING: (U) REPORT CLASSIFIED SECRET//REL TO USA, MCFI//20151008

DRVFROM: (U) MNC-I/MNF-I SCG VER4 NOV 04.

DECL: (U) 20151008.

**SECRET**

**FOUO**

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0259-05-CID919-38320

Page 1 of 1

## DETAILS

About 0900, 28 Oct 05, SA **b(6) b(7)(C)** deployed with the 31<sup>st</sup> CID Detachment, Logical Support Area Anaconda, Iraq (LSAA) and was reassigned as the new case agent.

About 1530, 28 Oct 05, SA **b(6) b(7)(C)** coordinated with LTC (Dr.) **b(6) b(7)(C)** and MAJ **b(6) b(7)(C)** both assigned to 3<sup>rd</sup> / 32<sup>nd</sup> Air Emergency Wing (AEW), Lackland Air Force Base (AFB), San Antonio, TX 78236 and MAJ (Dr.) **b(6) b(7)(C)** 3<sup>rd</sup> / 32<sup>nd</sup> AEW, Kirkland AFB, Albuquerque, New Mexico 87154. All three individuals were deployed to LSAA and all currently serve on the ethic committee dealing with the treatment patients. LTC **b(6) b(7)(C)** provided documentation regarding the ethics committee procedures. The physicians reported Mr. Mohamed -Ali GANIUR, Internment Facility Number RTAG 131459-B43, (alias Muhammad Gahim MUHAMMAD) condition was deteriorating by the time he was treated at LSAA medical hospital. LTC **b(6) b(7)(C)** stated the committee based the decision to discontinued life support on survival rate, resources, treatment, and consulting with family members. LTC **b(6) b(7)(C)** added family members were unable to be located and Mr. GANIUR was removed from life support. Mr. GANIUR was pronounced dead by MAJ (Dr.) **b(6) b(7)(C)** MAJ **b(6) b(7)(C)** was the presiding chair person on the ethics committee reviewing Mr. GANIUR case. MAJ **b(6) b(7)(C)** stated there was very little that could be done regarding medical treatment. MAJ **b(6) b(7)(C)** stated Mr. GANIUR had an abscess on his brain and it was a matter of time before Mr. GANIUR succumbed to his illness. (See Ethics Committee Proceeding and Decision for Details).

About 1000, 8 Nov 05, SA **b(6) b(7)(C)** received the detainee packet pertaining to Mr. GANIUR. (See Detainee Packet of Mr. GANIUR for Details).

About 1000, 27 Nov 05, SA **b(6) b(7)(C)** received an Information Report from SA **b(6) b(7)(C) b(7)(F)** Aberdeen Proving Ground Resident Agency, Aberdeen Proving Ground, MD 21005 and SA **b(6) b(7)(C) b(6) b(7)(C) b(7)(F)** Fort Meade Resident Agency, Fort Meade, MD 20755 regarding the autopsy of Mr. GANIUR. (See AIR of SA **b(6) b(7)(C)** and SA **b(6) b(7)(C)** for details).

////////////////////////////////////LAST ENTRY////////////////////////////////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA <b>b(6) b(7)(C) b(7)(F)</b>	ORGANIZATION 31 <sup>st</sup> Military Police Detachment (CID) LSA Anaconda, Iraq, APO AE09391
SIGNATURE <b>b(6) b(7)(C)</b>	DATE 27 Nov 05
	ACLU DDII ROI 33721 7

OFFICIAL USE ONLY





DEPARTMENT OF THE AIR FORCE  
332nd Air Force Theater Hospital  
Balad Air Base, Iraq

9 Sep 2005

MEMORANDUM FOR ALL 332<sup>nd</sup> PERSONELL

FROM: (b)(6) 332<sup>nd</sup> Air Force Theater Hospital - Balad

SUBJECT: Committee for Bioethics

- 1. **SUMMARY:** A hospital committee for biomedical ethics will be formed at the direction of the commander as an advisory committee to address questions of an ethical nature.
- 2. **ROLE:** The committee will address consultation requests from health care providers to assist in identifying and defining ethical issues related to patient care. The committee may be called upon to foster communication between medical providers, patients, and patient's families regarding potential ethical conflicts. The committee will not usurp the role of the primary physician nor dictate patient care decisions, but will serve as an advisor to the commander and the primary physician regarding ethical issues as requested.
- 3. **MEMBERSHIP:** The committee will consist of officially assigned representation from the following hospital agencies:
  - a. Department of Medicine
  - b. Department of Surgery (Chairperson)
  - c. Department of Nursing
  - d. Chaplain
  - e. JAG (b)(6)

If the official representative from one of the agencies above cannot attend the meeting, that department or the Ethics Committee chairman will select another individual to fill that person's place for that specific meeting.

Additional personnel may come to the Ethics committee as desired and provide input in an advisory role.

The Ethics committee is a non-voting committee that will provide a consensus opinion whenever possible. In the case of disagreements among the Ethics committee, dissenting opinions will be provided as separate recommendations for the primary physician to contemplate and assist in making their own clinical decision.

The SGH has over site for the Ethics Committee.

4. **CONSULTATION:**

A consultation of the Ethics committee can be requested by any member of the health care provider team, a patient or family member of a patient. New consultations should be

**FOUO** ACLU DDII ROI 33723

**LAW ENFORCEMENT SENSITIVE**

directed through the hospital chaplain or the chairman of the Ethics committee, but any member of the committee can be approached with a new consultation.

**5. MEETINGS:** The Ethics committee will meet on an *ad hoc* basis when consulted.

The primary physician will be asked to present the details of the patient's clinical history to the Ethics committee and then the case will be discussed.

The committee will make every effort to meet and offer recommendations within 12 hours of consultation.

- A. A quorum for an Ethics Committee meeting will consist of 2 members in addition to the Chairman.
- B. The chaplain should be present if at all possible at every meeting, but his/her presence is NOT required if not possible.
- C. Urgent consultation should still be discussed at a quorum meeting of the Ethics Committee whenever possible. However, in emergencies, an abbreviated Ethics Committee recommendation can be rendered by the Ethics Committee chairman alone. (The Committee should always consist of at least two individuals).

**6. RECOMMENDATIONS:** The Ethics Committee will provide written recommendations which will be placed in the patient's medical record. These recommendations are intended to assist the primary physician in making difficult decisions and in clarifying ethical problems. The clinical care of the patient remains the decision of the primary physician and Ethics Committee recommendations are not binding on the primary physician in any way.

All meetings and recommendations of the Ethics committee will be discussed as soon as possible with the Commander and SGH.

(b)(6)

332<sup>nd</sup> SGH

**FOUO** ACLU DDII ROI 33724

**LAW ENFORCEMENT SENSITIVE**

000129



**DEPARTMENT OF THE AIR FORCE**  
**332nd Air Force Theater Hospital**  
**Balad Air Base, Iraq**

9 Sep 2005

Subject: Policy (O.I.) for withdrawal of care

1. Emergent care of patients within the first 24 hours on arrival to the facility
  - a. If it is determined that emergent and stabilizing care for a patient is futile, then the treating physician may elect to terminate life-sustaining therapy without further consultation with other physicians or staff.
  - b. If a family member can be contacted easily, then ordinarily the treating physician should contact that family member as soon as possible to communicate the rationale for the withdrawal of care. If the patient is a member of the US armed forces, then the treating physician should initiate a process ensuring that the patient's chain of command is aware of circumstances.
  - c. The treating physician is responsible for writing a thorough yet concise note documenting the futility of care.
2. Withdrawal of care from patients after the initial 24 hours of care
  - a. Ordinarily this applies to patients with little or no hope of meaningful survival (i.e., further care is futile). Normally, such patients will be in the intensive care unit.
  - b. Before withdrawing care, an attempt should be made to contact the patient's chain of command (for armed forces personnel) and a family member. If contact cannot be made in a practical manner, the treating physician is responsible for documenting that an attempt was made.
  - c. The treating physician is responsible for a thorough note documenting the justification for withdrawal of care.
  - d. In the event of a disagreement between the treating physician and a family member (or any surrogate decision maker), the ethics committee should be consulted.
  - e. At any time, the treating physician or any member of the staff may consult the ethics committee if it is felt to be in the best interest of the patient.

(b)(6)

332<sup>nd</sup> SGH

**FOUO**

ACLU DDII ROI 33725

**LAW ENFORCEMENT SENSITIVE**

EX 6/8

000130



DEPARTMENT OF THE AIR FORCE  
332nd Air Force Theater Hospital  
Balad Air Base, Iraq

16 Oct 2005

**SUBJECT:** Minutes from meeting of Ethics Committee regarding patient 0907,  
Mohammed-Ali

1. Members present (*de facto* and *ad hoc*): (b)(6)  
(b)(6)
2. (b)(6) reviewed the case. The patient was sent here from the Mosul area where he was being held as a detainee. He had been captured approximately one month before. For the week prior to transfer here the patient reportedly had been experiencing personality changes. This progressed and he was sent here 4 days ago. On presentation, he was found clinically and radiologically to have a right sided temporal lobe abscess, most likely from an underlying inner ear infection and mastoiditis. He was comatose. Ventriculitis had developed. The patient had a ventriculostomy placed, he had burr hole drainage and he was started on antibiotics. He eventually grew *Proteus* species from the ventriculum. His neurologic condition deteriorated. He is currently without signs of life except for spontaneous respirations off of sedation. His most current CT of the brain this morning shows bilateral, extensive infarction which is incompatible with life.
3. (b)(6) gave their professional judgment of prognosis. They believe that there is no chance of meaningful functional recovery at this time. He is not suffering presently.
4. (b)(6) stated that from an ethical standpoint it would be ideal to refer to these patients by their names rather than as a number. This was noted and (b)(6) will address this issue separately.
5. (b)(6) recommended that life support be discontinued at this time. All members of the committee concurred.
6. The unanimous decision of the committee was removal of life support and comfort care only. It was felt that the patient's tenuous condition precluded any attempt to transfer him to the Mosul/Tel Afar area at this time.
7. (b)(6) asked for any other clarifications or questions. There were none. The meeting was adjourned.

UNCLASSIFIED//FOR OFFICIAL USE ONLY  
332 EMDG, SGN, Chief of the Medical Staff  
33726

FOUO

<b>AGENT'S INVESTIGATION REPORT</b>	ROI NUMBER (0187-05-CID112) 0259-05-CID919-38320
-------------------------------------	---

CID Regulation 195-1	PAGE 1 OF 1 PAGE
----------------------	------------------

**DETAILS**  
 About 0900, 18 Oct 05, this office received a Request for Assistance (RFA) from SA **b(6) b(7)(C)** 37<sup>th</sup> Military Police Detachment (CID) (FWD), 3D Military Police Group (CID), LSA Anaconda, Iraq, APO AE 09391, to attend the autopsy of Detainee Mohamed-Ali GANIUR, Battalion Internment Facility Number 131459-B43.

This is a "2004-2006 Operation Iraqi Freedom" investigation.

About 1030, 18 Oct 05, SA **b(6) b(7)(C)** collected the fingerprints of Detainee GANIUR, for identification purposes.

**AGENT'S COMMENT:** The official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO), by SA **b(6) b(7)(C) b(7)(F)** Operational Investigations, OAFME, AFIP, 1413 Research Blvd, Building 102, Rockville, MD 20850.///Last Entry///

TYPE SA <b>b(6) b(7)(C) b(7)(F)</b>	ORGANIZATION Aberdeen Proving Ground Resident Agency Aberdeen Proving Ground, MD 21005
<b>b(6) b(7)(C)</b>	DATE 18 Oct 05
	EXHIBIT <b>ACLU DDII ROI 33727</b>

CID FORM 94

~~FOR OFFICIAL USE ONLY~~

(0187-05-C10112)

<b>AGENT'S INVESTIGATION REPORT</b> CID Regulation 195-1	ROI NUMBER <b>0259-05-C10919-38320</b>
	PAGE 1 OF 1 PAGE

**DETAILS**

**BASIS FOR INVESTIGATION:** On 18 Oct 05, this office was notified by CW3 **b(6) b(7)(C)** Special Agent in Charge, Aberdeen Resident Agency, Aberdeen Proving Ground, MD, Detainee GANIUR MOHAMED-ALI, Internment Facility Number (IFN) 131459-B43, Balad Air Force Theater Hospital, LSA Anaconda, Balad, Iraq was in route to Dover Air Force Base (DAFB), DE 19902, and an autopsy would be conducted the morning of 19 Oct 05.

About 1300, 19 Oct 05, SA **b(6) b(7)(C)** attended the autopsy of Detainee GANIUR MOHAMED-ALI (ME-05-0974), which was conducted by Dr. **b(6) b(7)(C)** Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), Rockville, MD 20850 (RMD). Dr. **b(6) b(7)(C)** stated the preliminary cause of death was Brain Abscess and manner of death was Natural. No evidence was identified or collected. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disk containing all images exposed. (See CD-Rom for details.)

**AGENT'S COMMENT:** The official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO).

No further investigative activity anticipated by this office.

////////////////////////////////////LAST ENTRY////////////////////////////////////

TYPE SA <b>b(6) b(7)(C) b(7)(F)</b>	ORGANIZATION Fort Meade Resident Agency (CID) Fort Meade, MD 20755
<b>b(6) b(7)(C)</b>	DATE 19 Oct 05

ACLU DDII ROI 33728

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0259-05-CID919-38320

PAGE 1 OF 1 PAGES

DETAILS

About 1500, 11 May 06, SA [redacted] received the final autopsy report pertaining to MR GANIUR which was conducted on 19 Oct 05 by CPT [redacted] Deputy Medical Examiner, Arms Forces Institute Of Pathology, Office Of The Armed Forces Medical Examiner, Rockville MD. It listed the cause of death as a result of an intracranial abscess and the manner of death as natural causes. (See Autopsy Report for details).

AGENTS COMMENTS: During the investigation it was report Mr GANIUR contained two aliases: Muhammad Ghanim MUHAMMAD and Mohamed-Ali Monhnd GANIM.

About 1600, 16 May 06, SA [redacted] coordinated with MAJ [redacted] Chief Military Justice, Office Of The Staff Judge Advocate, Logistical Support Area Anaconda, Iraq, APO AE 09391, who was briefed on all aspects of this investigation and opined Mr. GANIUR died from natural causes. //last entry//

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA [redacted] b(6) b(7)(C) b(7)(F)

ORGANIZATION

31<sup>st</sup> Military Police Detachment (CID)  
LSA Anaconda, Balad, Iraq APO AE 09391

SIGNATURE

[redacted] b(6) b(7)(C)

EXHIBIT

16 MAY 06

ACLU DDII ROI 33729

CID FORM 91

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

Protective Marking Excluded From Automatic Termination (Para 13, AR 31-16)

Exhibit(s) 13 -17

Pages 000135 thru 000198 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD, 2<sup>ND</sup> FLOOR  
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII ROI 33730



0259-05 CTD 914-38320

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Mohamed-Ali, Monhnd, Ganim</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>CID-91-9383205†</b>
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/>		<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		Brain Abscess	Weeks
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	Ear infection	Weeks
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES Oui		
<input type="checkbox"/> ACCIDENT Mort accidentelle	<input type="checkbox"/> NO Non		
<input type="checkbox"/> SUICIDE Suicide	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date <b>18 October 2005</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>16 October 2005</b>	PLACE OF DEATH Lieu de décès <b>Iraq</b>	I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.	
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>		
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>20 Oct 2005</b>	(b)(6)		
<small>1 State disease, injury or complication which caused death. 2 State conditions contributing to the death, but not related to the disease or condition causing death. † Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. ‡ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 70. WHICH ARE OBSOLETE

ACLU DDII ROI 33731

EXHIBIT 13



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850



(b)(6)

**AUTOPSY EXAMINATION REPORT**

Name: BTB Mohamed-Ali, Monhnd, Ganim Autopsy No.: (b)(6)  
 IFN.: 131459-B43 AFIP No.: (b)(6)  
 Date of Birth: BTB 11 Sep 1987 Rank: CIV  
 Date of Death: 16 October 2005 Place of Death: Iraq  
 Date of Autopsy: 19 October 2005 Place of Autopsy: Port Mortuary  
 Date of Report: 20 April 2006 Dover AFB, DE

**Circumstances of Death:** According to reports, this 18 year-old civilian detainee was captured by US Forces on 15 Sep 2005. During his detention he was diagnosed with an inner ear infection. Despite treatment the infection progressed to mastoiditis and brain abscess. It was determined that there was no chance of meaningful functional recovery and life support was discontinued after ethics committee review.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Presumptive, based on attached mortuary tag.

**CAUSE OF DEATH: Intracranial Abscess**

**MANNER OF DEATH: Natural**

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release" and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

ACLU RDI 5509 p.146

**EXHIBIT 14**  
**000136**

**AUTOPSY REPORT** (b)(6)  
**BTB Mohamed-Ali, Monhnd, Ganim**

2

**FINAL AUTOPSY DIAGNOSES**

- I. Central Nervous System:
  - A. Right-sided mastoiditis with adjacent temporal lobe abscess and focal subdural empyema
    - 1. Meningitis
  - B. Cerebral edema
  - C. Neuropathology consultation pending
  
- II. Pulmonary System:
  - A. Bilateral pulmonary congestion and edema (Right 800-grams; Left 640-grams)
  
- III. Gastrointestinal System:
  - A. Hemorrhagic Gastritis
  
- IV. Skin:
  - A. Superficial healing ulceration and fissures of the mouth
  - B. Superficial sacral decubitus ulcer (¾ inch)
  - C. Red macular-papular rash on the upper chest
  
- V. Evidence of Minor Injury:
  - A. Scattered abrasions and contusions of the lower torso and lower extremities
  
- VI. Toxicology (AFIP):
  - A. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1%.
  - B. CYANIDE: There is no cyanide detected in the blood.
  - C. VOLATILES: No ethanol is detected in the bile and vitreous fluid.
  - D. DRUGS: No screened drugs of abuse or medications are detected in the liver.

ACLU DDII ROI 33733

FOR OFFICIAL USE ONLY

**AUTOPSY REPORT** (b)(6)  
**BTB Mohamed-Ali, Monhnd, Ganim**

3

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing, muscular, 66-inch tall, 129-pound male whose appearance is consistent with the reported age of 18 years. Lividity is present and fixed on the posterior surfaces of the body except in areas exposed to pressure. Rigor has passed. The body is cool to the touch.

The scalp is covered with medium length brown curly hair that has been shaved on the right side. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals are free of any secretions. The ears are unremarkable. The nares are patent and the lips are red and have superficial ulceration and fissures. The nose and maxillae are palpably stable. The natural teeth appear in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There is a red maculopapular rash on the center of the chest. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. There is a 3/4-inch superficial ulcer on the skin overlying the sacrum.

The upper and lower extremities are symmetric and without clubbing or edema. A hospital tag is present on the left ankle. There is a 1-inch callus on the skin covering the left lateral malleolus.

**CLOTHING AND PERSONAL EFFECTS**

The body is received unclad draped in a white sheet.

**MEDICAL INTERVENTION**

- Intravenous puncture site in the right wrist
- Intravenous puncture in the right antecubital fossa with surrounding subcutaneous hemorrhage
- Intravenous puncture site below the left clavicle
- 1 1/4-inch stapled incision on the right temporal scalp with underlying burr hole
- 1 3/4-inch stapled incision on the right parietal scalp with underlying burr hole
- 1/8-inch sutured surgical incision on the right parietal scalp
- Scalp hair shaved on the right side of the head

**RADIOGRAPHS**

A complete set of postmortem radiographs shows no evidence of skeletal injury.

**EVIDENCE OF INJURY**

The ordering of the following minor injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

ACLU DDII ROI 33734

FOR OFFICIAL USE ONLY

**EXHIBIT**

14  
000138

**AUTOPSY REPORT** (b)(6)  
**BTB Mohamed-Ali, Monhnd, Ganim**

4

**Head and neck:**

- Abrasion of the right side of the nasal bridge, ¼ x 1/8-inch.

**Torso:**

- Contusion over the left iliac crest, 1 ½-inches
- Contusion over the right iliac crest, 2-inches
- Abrasion on the anterior left shoulder, 1/8-inch

**Extremities:**

- Abrasion on the distal anterior right thigh, ½-inch
- Abrasion on the anterior right knee, 1/8-inch
- Abrasion on the proximal anterior right leg, ½-inch
- Abrasion on the anterior distal right leg, 1-inch
- Abrasion on the anterior right ankle, ¼-inch
- Abrasion on the posterior distal right leg, 1 x ¼-inch
- Abrasion on the posterior distal right leg, ¼-inch
- Abrasion on the posterior right ankle, ¾ x ¼-inch
- Contusion on the distal anterior left thigh, ¼-inch
- Abrasion on the left knee, ¼-inch
- Abrasion on the anterior left ankle, 1 x ¾-inch
- Abrasion on the distal posterior left leg, 1/8-inch
- Abrasion on the distal posterior left leg, ½ x 1/8-inch
- Abrasion on the posterior left ankle, ¾ x ¼-inch

**INTERNAL EXAMINATION**

**HEAD:**

(See above "Medical Intervention")

The galeal and subgaleal soft tissues of the scalp are free of injury. The dura mater beneath the skull is intact except in the areas associated with therapeutic intervention. The cerebrospinal fluid is viscous and yellow. The 1840-gram brain is edematous with diffuse widening and flattening of gyri and narrowing of the sulci. There is a soft fluctuant mass in the right temporal lobe that on sectioning is identified as a 1 ¼-inch cavity filled with a purulent fluid. A thick coat of purulent exudate covers the base of the brain. There are no traumatic skull fractures. The inner ear is unroofed and the cut surface is soft, pale and friable (histologic sections are prepared). The atlanto-occipital joint is stable. The brain is submitted for neuropathology consultation after formalin fixation. If the findings of the neuropathology consult are pertinent an addendum report will be issued.

**NECK:**

The anterior neck is examined utilizing a separate anterior neck dissection. The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and

**ACLU DDII ROI 33735**

FOR OFFICIAL USE ONLY

**EXHIBIT**

**000139**

14

**AUTOPSY REPORT** (b)(6)  
**BTB Mohamed-Ali, Monhnd, Ganim**

5

red-brown, without cystic or nodular change. There is patchy erosion of the lateral left edge of the tongue.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 50-milliliters of serous fluid in the pleural cavities. There is 200-milliliters of serous fluid in the peritoneum. The pericardial sac contains an 85-milliliter serous effusion. The internal organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 800-grams and 640-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 390-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution. The coronary arteries are widely patent. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are unremarkable. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2200-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 260-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

**ADRENALS:**

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 200-grams and 190-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 60-milliliters of clear yellow urine. The prostate is normal in size, with lobular,

ACLU DDII ROI 33736

FOR OFFICIAL USE ONLY

EXHIBIT 14  
 000140

**AUTOPSY REPORT** (b)(6)  
**BTB Mohamed-Ali, Monhnd, Ganim**

6

yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 20 cc of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL SYTEM:**

Muscle development is normal. The skull is described under "Medical Intervention: above. No bone or joint abnormalities are noted.

**MICROSCOPIC EXAMINATION**

Middle Ear - Devitalized bone and bone marrow; acute and chronically inflamed low cuboidal epithelium compatible with the tympanic cavity.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME photographers.
2. No trace evidence was collected.
3. Specimens retained for toxicologic testing and/or DNA identification are: blood, urine, vitreous, bile, CSF, gastric contents, lung, liver, spleen, kidney, muscle and adipose.
4. The dissected organs are forwarded with the body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks consist of scars on the posterior distal right forearm and anterior left wrist.

ACLU DDII ROI 33737

FOR OFFICIAL USE ONLY

EXHIBIT 14

000141

**AUTOPSY REPORT** (b)(6)  
**BTB Mohamed-Ali, Monhnd, Ganim**

**OPINION**

This 18 year-old male civilian detainee died of an intracranial (brain) abscess arising from a presumed inner ear infection with mastoiditis. Autopsy examination showed abscess formation in the right temporal lobe of the brain, deposition of purulent material on the inferior surfaces of the brain and purulent appearing CSF. The inner ear is unroofed and the cut surface is soft, pale and friable. There was no evidence of significant injury identified. The toxicology screen was negative. A formal neuropathology consult has been submitted to the Department of Neuropathology and Ophthalmic Pathology, Armed Forces Institute of Pathology. If the findings of the neuropathology consult are pertinent an addendum report will be issued. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

(b)(6) 05/11/06

ACLU DDII ROI 33738

FOR OFFICIAL USE ONLY

EX B 14

000142





DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence  
(b)(6)                                      (b)(6)

Name  
MOHAMED-ALI, MOHND GANIM

SSAN:                                      Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: October 27, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS                      REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD  
Date of Incident:                      Date Received: 10/24/2005

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**VOLATILES:** The **BILE AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**DRUGS:** The **LIVER** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

ACLU DDII ROI 33739

EXHIBIT 15