

Exhibits 3

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CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40430. THE PROMPT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) (b)(6) A 1 4 F UNKNOWN, UNKNOWN M O DETAINEE IN PROCESSING Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number	2. TIME OF DEATH (Hour-day-month-year) (b)(6) 05	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION UNKNOWN	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH UNKNOWN		

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) GUNSHOT WOUND TO RIGHT FLANK	16 DAYS
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) UNKNOWN (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. UNKNOWN	
	b.	
9. DATE (b)(6) 05	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	11. (b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Signature)	
22. PROVISIONAL PATHOLOGICAL FINDINGS		
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)		GRADE Grade (b)(6)	BRANCH OF SERVICE Arme Detainee	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale ISN 171687
ORGANIZATION UNKNOWN, UNKNOWN M O DETAINEE IN PROCESSING		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race CAUCASOID Caucasique		MARITAL STATUS État Civil SINGLE Célibataire		RELIGION Culte PROTESTANT Protestant
NEGROID Nègröide		MARRIED Marié		CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		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 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 (attaque et le décès)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.	GUNSHOT WOUND TO RIGHT FLANK	16 DAYS
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	UNKNOWN
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	UNKNOWN
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives	UNKNOWN	

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	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	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 du décès (l'heure, le jour, le mois, l'année) (b)(6) 05 (b)(6)	PLACE OF DEATH Lieu de décès ABU GHRAIB, IRAQ	

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)(6)	TITLE OR DEGREE Titre ou diplôme
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse (b)(6) 115th FIELD HOSPITAL ABU GHRAIB PRISON
DATE Date (b)(6) 05	SIGNATURE Signature

¹ State disease, injury or complication which caused death, but not mode of death.
² State conditions contributing to the death, but not related to the disease or death.
 1 Préciser la nature de la maladie, de la blessure ou de la complication qui a causé la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
 2 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.

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <i>(Specify)</i>		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

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2/2

DATE	DIAGNOSIS																HOSPITAL DAY					
Time	07:30	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22					
NIBP/PRE	95/35/36	99/36	100/35	80/31	103/35	95/34	102/44	59/28		49	48											
ABP TRANS Fusion										67	27											
Pulse	105	104	99	92	100	101	103	102	100	103	102											
Respirations	24	24	27	27	17	25	23	28	31	30	31											
Temperature	98.8	99.4	98.2	98	98	98	101	99	100	98	99											
SaO2	55%	50%	54%	50%	50%	50%	50%	100	100	100	100											
%O2	94%	94%	99%	97%	99%	97%	97%	98%	99%	99%	98%											
O2 Delivery	M		M	M	MV	MV	MV	MV	MV	MV	MV											
CVP																						
NIBP	80/34			84/29	91/39	91/40	97/40	97/38		91/38	91/35											
Pain Scale	?																					
Pain Med	?																					
Pt Position	reclined			Flimsy unit press	Flimsy unit press			Flimsy unit press														

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV																		
IVPB	FFB87					150	150	100	400	1000								
Phenylephrine				22	37	37	45	60	201	150	150	150						
Fentanyl	10	10	10	10	10	10	10	10	80	10	off	off						
Blowd				400				400	800									
Versee	5	5	5	5	5	5	5	5	40	5	off							
POLASIX	37.5	37.5	37.5	DK					150									
Other Dopamine	9	9	9	DK					27									
TOTAL									1698									

LASTIX 37.5 37.5 37.5 DK see above 150

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total		22																
NG output/wound drain									350			500						
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Protective device	YN	YN	YN
Cardiac Monitor	YN	YN	15N

POST OPERATIVE DAY

PHYSICIAN

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP								
Pulse								
Respirations								
Temperature								
SaO2								
%O2								
O ₂ Delivery								
CVP								
Pain Scale								
Pain Med								
Pt Position								

24 Hour Totals	Yesterday	Today
INPUT	7659.5	
OUTPUT	3529	
DIFFERENCE	4130.5	

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV										
IVBP										
PO										
Other										
TOTAL										

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	/	/	/	/	/	/	/	/		
NG output										
Emesis										
Stool										
Chest tube #1/ #2	/	/	/	/	/	/	/	/		
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/		
TOTAL										

Legend

Init=initials
 JVD=Jugular Venous Distention
 L=Left
 NIBP=Noninvasive Blood Iressure
 N=No
 Y= Yes

P=Prone
 R= Right
 SaO2=Saturation of Arterial Oxygen
 S= Supine
 ABP= Arterial Blood Pressure
 PS=Pharmacologically Sedated

Name	Signature	Init

SYSTEM	DAYS	NIGHTS
NEURO	April 4, 04	
Level of consciousness	Pharm Sedation	
Extremities: Movement	UTA	
Strength	UTA	
PAIN ASSESSMENT	No S/Sx	
CARDIOVASCULAR		
Rhythm/Lead	S1, S2; NSR	
Heart Sounds	S1, S2	
Skin	Pink	
Edema	Generalized edema	
JVD/ Capillary refill	DL 3 sec	
Pulses: Radial	+ +	
Posterior Tibial		
Dorsalis Pedis	++ ++	
RESPIRATORY		
Breath Sounds	Clear	
Oxygen Delivery	Mech Vent	
Suctioning/Sputum	CONSTANTLY / Bloody Sputum	
ETT/Trach tube	ETT	
Size: Placement:	26cm/8.0	
Cough:	⊖	
Treatments:	↑ Tv to 800	
GASTROINTESTINAL		
Bowel Sounds	Absent	
Abdomen	DISTENDED	
Date of last BM	03 Apr 05	
NG tube: Placement	L NARE	
Suction	Intermittent	
Drainage	Bloody	
GENITORUINARY		
Urine: Color	Ambur (scant)	
Void/Foley	Foley	
INTEGUMENTARY		
Integrety	Abdominal Wound (L) Hip	
Dressings	(R) CHEST	
Dressing Condition	CDI	
Drains/Tubes	JP to L15; Pleuraeacs	
Drainage	Bloody	
Signature	(b)(6)	

DATE	DIAGNOSIS														HOSPITAL DAY			
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22		
NIBP/ABP	120/56	112/55	113/55	111/50	101/44	103/48	98/44	100/48	107/47	104/44	107/55	116/65	148/64	147/63	105/45	101/38		
Pulse	122	121	120	113	114	116	112	113	107	109	111	94	95	101	116	119		
Respirations	16	16	16	16	16	16	16	16	16	16	16	16	16	17	24	25		
Temperature	102.9												102	-	-	-		
SaO2	96%	96%	97%	97%	97%	97%	97	98	98%	98%	97%	99%	99	99	99	98		
%O2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40		
O2 Delivery	VENT	VENT	VENT	VENT	VENT	VENT								VENT		→		
CVP																		
Pain Scale																		
Pain Med																		
Pt Position																		

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV						50	350		400	400		450						850
IVPB														100	30		50	180
DOPAMINE	9	9	9	9	9	9	9	9	72	9	9	9	9	9	9	9	9	144
LASIX	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	480
LIPIDS	14	14	14	14	14	14	14	14	112	14	14	14	14	14	14	14	14	224
VERSED	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	80
POFENT	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	160
Other TPN	90	90	90	90	90	90	90	90	720	90	90	90	90	90	90	90	90	1440
TOTAL																		

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total				34					34				60/94		125/219			219
NG output																		
Emesis															1		1000	1000
Stool													300		400			700
Chest tube #1/#2																		
Jackson Pratt #1/#2					1000			300	1300				300/1600		200/1800		200/2000	2000
SUCTION																	1000	1000
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Protective device	YN	YN	YN
Cardiac Monitor	YN	YN	YN

POST OPERATIVE DAY

PHYSICIAN

TIME	23	24	01	02	03	04	05	06
NIBP/ABP	92/36	89/36	89/36	81/31	91/36	90/35	98/46	90/39
Pulse	117	116	115	113	107	107	106	106
Respirations	18	16	24	20	29	29	21	20
Temperature					101.0		99.8	101
SaO2	99%	99%	99%	99%	100	100	100	100
%O2	55%	55%	55	55	100%	100%	100%	50%
O2 Delivery	VENT				VENT			
CVP								
Pain Scale								
Pain Med								
Pt Position								

24 Hour Totals	Yesterday	Today
INPUT	4958.1	7659.5
OUTPUT	6377	3529
DIFFERENCE	-1418.9	4130.5

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV	1000				1000				2000	2850
IVBP		200				350		260	800	980
DOPAMINE	9	9	9	9	9	9	9	9	72	216
LAGIX	30	30	30	37.5	37.5	37.5	37.5	37.5	277.5	757.5
LIPIDS	14	14	14	14	14	14	14	14	112	336
VEESED	5	5	5	5	5	5	5	5	40	120
POTENT	10	10	10	10	10	10	10	10	80	240
Other TPN	90	90	90	90	90	90	90	90	720	2160
TOTAL										7659.5

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total		0/219						30	30	249
NG output				1000					1000	2000
Emesis										
Stool				large						700
Chest tube #1/#2									130	130
Jackson Pratt #1/#2								50	50	450
TOTAL										3529

Legend

Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Iressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated

Name	Signature	Unit
(b)(6)		
		20

SYSTEM	DAYS	NIGHTS
NEURO	03 APR 05 17:30	@ 2000
Level of consciousness	SEDATED	Pharm. Sedated
Extremities: Movement	Ø	Ø
Strength	Ø	Ø
PAIN ASSESSMENT	FENT. DRIP	Pentanyl dip
CARDIOVASCULAR		
Rhythm/Lead	ST	ST
Heart Sounds	S ₁ S ₂	S ₁ S ₂
Skin	W & D	W & D
Edema	GENERALIZED	+ 2 non pitting all over
JVD/ Capillary refill	Ø / < 3 SEC	Ø / < 3 Sec
Pulses: Radial	+ +	+ 2 (B)
Posterior Tibial		
Dorsalis Pedis	+ +	+ 2 (B)
RESPIRATORY		
Breath Sounds	COARSE	COARSE ON INSP & EXP
Oxygen Delivery	VENT	VENT
Suctioning/Sputum	OCCASIONALY	PRN
ETT/Trach tube	ETT	ETT
Size: Placement:	26 cm / 8.0	26cm / 8.0
Cough:	+	Ø
Treatments:	SUCTION	SUCTION
GASTROINTESTINAL		
Bowel Sounds	HYPERACTIVE	ACTIVE
Abdomen	DISTENDED	DISTENDED
Date of last BM	02. APR. 05	03 APR 05
NG tube: Placement	(L) NARE	(L) NARE
Suction		CLAMPED
Drainage		Ø RESIDUAL
GENITORUINARY		
Urine: Color	AMBER	AMBER
Void/Foley	FOLEY	FOLEY
INTEGUMENTARY		
Integrity	ABD WOUND (L) HIP; (R) CHEST	> NO A
Dressings	ABD; (L) HIP; (R) CHEST	
Dressing Condition	CDI	Δ'd this shift: CDI
Drains/Tubes	JP X 2; PLEURE-VAR	> NO A
Drainage	SEROUSANGUINOUS ^{(b)(6)}	
Signature ^{(b)(6)}		

REPORT TITLE

ICU FLOWSHEET

DTSG APPROVED (Date)

NURSING NOTES

[Empty lined area for nursing notes]

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
① CECTCC	31 MAR 05	ASSES			patent x 3
② Radial Arter		ASSES			patent

(Continue on reverse)

(b)(6)	DEPARTMENT/SERVICE/CLINIC	DATE
	ICU	02 APR 05
(b)(6)	- last	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT
UNKNOWN, UNKNOWN H O DETAINEE IN PROCESSING BED# 6		<input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify)

DATE	DIAGNOSIS										HOSPITAL BAY									
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22				
NIBP/ABP	140/69	137/68	135/68	118/57	119/59	135/67	135/66	138/68	140/69	137/71	141/72	143/67	156/68			131/55				
Pulse	103	101	106	107	107	107	109	112	109	101	104	98	98			114				
Respirations	16	16	16	16	16	16	16	16	16	16	16	16	16			16				
Temperature	99.1															100.2				
SaO2	98%	98%	98%	98%	98%	98%	98%	97%	97%	97%	99%	99%	100%			99%				
%O2	40%	40%	40%	40%	40%				40%	40%	40%	40%								
O2 Delivery	VENT	VENT	VENT	VENT	VENT				vent											
CVP																				
Pain Scale																				
Pain Med																				
Pt Position																				

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV						106		50	150								50	200
IVPBLASIX	25	25	25	37.5	37.5	37.5	37.5	37.5	262.5	37.5	37.5	37.5	37.5	38	38	38	38	564.6
TPN	90	90	90	90	90	90	90	90	720	90	90	90	90	90	90	90	90	1440
VERSED	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	80
FENTANYL	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	160
LIPIDS	14	14	14	14	14	14	14	14	112	14	14	14	14	14	14	14	14	224
PODOPAMINE	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	71.2	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	142.4
Otherosmolvie	10	10	10	20	20	20	20	20	130	20	20	20	20	20	20	20	20	290
TOTAL									1565.7									

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total		26	22			80	15		143	60	54	11	62					
NG output																		
Emesis																		
Stool																		
Chest tube #1/#2	70								70									
Jackson Pratt #1/#2	110	210	150					1000	1820				1100				1520	3420
TOTAL									1963									2033

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Protective device	YN	YN	YN
Cardiac Monitor	YN	YN	YN

(6)

POST OPERATIVE DAY									PLICIAN
TIME	23	24	01	02	03	04	05	06	
NIBP/ABP		151/79		128/		113/47		106/42	
Pulse		81		104		121		121	
Respirations		17		19		19		29	
Temperature		101.8		101.8		/		103.7	
SaO2		99		98%		97		97	
%O2				40%		40%		40%	
O2 Delivery				6ml		✓		✓	
CVP									
Pain Scale									
Pain Med									
Pt Position									

TIME	23	24	01	02	03	04	05	06	Total 8 hr
IV		100						150	450
IVBP LASIX	38	38	38	38	38	38	38	38	308.5
TPN	90	90	90	90	90	90	90	90	2160
VERSED	5	5	5	5	5	5	5	5	120
FENTANYL	10	10	10	10	10	10	10	10	240
LIDS	14	14	14	14	14	14	14	14	336
PO DOXAPANE	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	213.6
Other Osmolite	10	10	10	10	Hold				330
TOTAL									4958.1

TIME	23	24	01	02	03	04	05	06	Total 8 hr
Urine output Hour/Total	/	/	/	100/367	/	50/417	/	40/457	457
NG output									
Emesis									
Stool									
Chest tube #1/#2	/	/	/	/	/	/	/	/	
Jackson Pratt #1/#2	/	/	/	/	/	100/4420	/	150/5920	5920
TOTAL									6377

24-hour totals	Yesterday	Today
INPUT	4509.6	4958.1
OUTPUT	504.5	6377
DIFFERENCE	-535.4	-1418.9

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Iressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

SYSTEM	DAYS		NIGHTS	
NEURO	02 APR 05	08:00	0300	
Level of consciousness	SEDATED		P3	
Extremities: Movement	⊖		⊖	
Strength	⊖		⊖	
PAIN ASSESSMENT	FENT. DRIP		Fentanyl 5/16	
CARDIOVASCULAR				
Rhythm/Lead	ST		ST	
Heart Sounds	S ₁ S ₂		S ₁ S ₂	
Skin	W&D		W&D	
Edema	GENERALIZED ALL BODY		Generalized	
JVD/ Capillary refill	⊖ JVD / < 3 SEC		Ca / < 3	
Pulses: Radial	+	+	+	+
Posterior Tibial				
Dorsalis Pedis	+	+	+	+
RESPIRATORY				
Breath Sounds	COARSE		Coarse	
Oxygen Delivery	VENT		Vent	
Suctioning/Sputum	PRN		PRN	
ETT/Trach tube	ETT		ETT	
Size: Placement:	8.0 / 25cm		3.0 / 25cm	
Cough:	YES		+	
Treatments:	SUCTION		Suction	
GASTROINTESTINAL				
Bowel Sounds	ACTIVE x4		Hyperactive	
Abdomen	DISTENDED		distend	
Date of last BM	01.04.2005		bloody catarrh	
NG tube: Placement	ⓐ NARE		ⓐ nose	
Suction	OSMOLYTE		tismo blood	
Drainage	10 cc/hr			
GENITORINARY				
Urine: Color	YELLOW		yellow / dark	
Void/Foley	FOLEY		foley	
INTEGUMENTARY				
Integrety	ABD WOUND; ⓐ HIP; ⓑ CHEST		=>	
Dressings	ABD WOUND; ⓐ HIP ⓑ CHEST		=>	
Dressing Condition	CDI		Proximal dry ⓐ Plank	
Drains/Tubes	2JP; PLEURE-VAC		2JP's, Pleurovac chest	
Drainage	SEROUS (b)(6)		Serous drainage	
Signature	(b)(6)			

REPORT TITLE

ICU FLOWSHEET

DTSG APPROVED (Date)

NURSING NOTES

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
Left CEC	(b)(6) 31 MAROS	ASSES			patent x 3
Radial Artery	?	ASSES			patent

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC
(b)(6) ICU

DATE
01 APR 05

(b)(6)

UNKNOWN; UNKNOWN
M O DETAINEE
IN PROCESSING

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

DATE	DIAGNOSIS															
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ABP	122/70	124/61	147/67	128/65	127/67	137/56	142/73	160/71	152/74	143/69	158/66	144/72	144/70	148/68	155/70	161/70
Pulse	104	105	107	105	116	118	110	104	108	109	120	110	100	96	97	95
Respirations	16	16	16	16	16	16	16	16	15	16	16	16	16	16	16	16
Temperature		101.0		101.6		101.7		101.5			100.8		100.9			100.6
SaO2	98%	98%	98%	99%	99%	98	99	100	99	99%	100%	99%	100%	99%	100%	100%
%O2	50%	50%	50%	50%	50%	50%	50%	50%					40%	40%	40%	40%
O2 Delivery	VENT							vent								
CVP																
Pain Scale																
Pain Med																
Pt Position																

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV		500				10			500									500
IVPB						100		50	150	350			100				50	650
DOPAMINE	8.7	8.9	8.9	8.9	8.9	8.9	8.9	8.9	71.2	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	149.4
OSMOLYTE	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	160
VERSED	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	80
FENTANYL	10	10	10	10	10	10	10	10	80	80	80	80	80	10	10	10	10	160
PO TPN	90	90	90	90	90	90	90	90	720	90	90	90	90	90	90	90	90	1440
Other LIPIDS	14	14	14	14	14	14	14	14	112	14	14	14	14	14	14	14	14	224
TOTAL LASIX									1753.2					25	25	25	25	100

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total		30			50		75		155		75				60		70	360
NG output					80		155		155		230				290		360	360
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2	50/40	50/50	70/10	100/20	100/100	100/100	120/110	110/110	1390/110	110/110	210/150	110/140	100/100	110/110	40/80	160/260	100/25	3305
TOTAL									1545									3665

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

Safety	D	E	N
High risk for falls	<input checked="" type="checkbox"/> YN	YN	<input checked="" type="checkbox"/> YN
Call bell in reach	<input checked="" type="checkbox"/> YN	<input checked="" type="checkbox"/> YN	<input checked="" type="checkbox"/> YN
Bed position/Locked	<input checked="" type="checkbox"/> YN	YN	<input checked="" type="checkbox"/> YN
Protective device	<input checked="" type="checkbox"/> YN	YN	<input checked="" type="checkbox"/> YN
Cardiac Monitor	<input checked="" type="checkbox"/> YN	YN	<input checked="" type="checkbox"/> YN

POST OPERATIVE DAY

PHYSICIAN

TIME	23	24	01	02	03	04	05	06
NIBP/ABP	152/69	144/69	144/70	150/70	159/71	158/71	147/69	172/72
Pulse	94	93	90	92	89	89	92	
Respirations	16	16	16	16	16	16	16	16
Temperature	—	—	—	—	—	—	99.8	100
SaO2	100	100	100	100	100	100	100	100
%O2	40%	40%	40%	40%	40%	40%	40%	40%
O2 Delivery	Vent	✓	✓	✓	✓	✓	✓	✓
CVP								
Pain Scale								
Pain Med								
Pt Position								

Vent @ 2000 SIMV, 760 VT, 16 RA
5 PEER, 10 Press. Supp
40% FIO2

TIME	23	24	01	02	03	04	05	06	Total 24hr
IV		✓							
IVBP		100						150	900
DOPAMINE	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	213.6
OSMOLYTE	10	10	10	10	10	10	10	10	240
VERSED	5	5	5	5	5	5	5	5	120
FENTANYL	10	10	10	10	10	10	10	10	240
PO TPN	90	90	90	90	90	90	90	90	2160
Other LIPIDS	14	14	14	14	14	14	14	14	336
TOTAL LASIX	25	25	25	25	25	25	25	25	300

3456.4 → 4509.6

TIME	23	24	01	02	03	04	05	06	Total 24hr
Urine output Hour/Total	46/406			60/466			60/526	50/576	576
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2	120/20	100/80	100/100	100/100	100/50	80/100	120/120	200/250	1740/1745
TOTAL	3665								

24-hour-totals	Yesterday	Today
INPUT		4509.6
OUTPUT		5045.2310
DIFFERENCE		2193.6

-535.4

Legend
 Init=initials
 JVD=Jugular Venous Distention
 L=Left
 NIBP=Noninvasive Blood Iressure
 N=No
 Y=Yes
 P=Prone
 R= Right
 SaO2=Saturation of Arterial Oxygen
 S= Supine
 ABP= Arterial Blood Pressure
 PS=Pharmacologically Sedated

Name: (b)(6)
 Signature: (b)(6)
 Init: (b)(6)
 28

SYSTEM	DAYS	NIGHTS
NEURO	01 APR 05 07:30	@ 2000
Level of consciousness	SEDATED	Pharm. Sedated
Extremities: Movement	MAE	P.S
Strength	SEDATED	PS
PAIN ASSESSMENT	FENTANYL DRIP	Fentanyl drip
CARDIOVASCULAR		
Rhythm/Lead	ST	ST
Heart Sounds	S ₁ , S ₂	S ₁ , S ₂
Skin	W&D	W&D
Edema	GENERALIZED	+ 3 non pitting to total body
JVD/ Capillary refill	0 / < 3 sec	0 JVD / < 3 secs
Pulses: Radial	+	+ 3 (B)
Posterior Tibial		
Dorsalis Pedis	+	+ 3 (B)
RESPIRATORY		
Breath Sounds	NORMAL SOUND	ACTIVE X 4 QUADS CONSOLE SOUNDS ON EXP
Oxygen Delivery	VENT	VENT; SIMV
Suctioning/Sputum	OCCASIONALY	YES
ETT/Trach tube	ETT	ETT
Size: Placement:	8.0	8.0; 25cm @ holder
Cough:	25 P	yes
Treatments:		suction
GASTROINTESTINAL		
Bowel Sounds	ACTIVE	ACTIVE X 4 QUADS
Abdomen	ND, NT	DISTENDED
Date of last BM	?	UNKNOWN
NG tube: Placement	(L) NARE	(L) NARE
Suction	OSMOLYTE	OSMOLYTE
Drainage	10cc @ hr	10cc @ hr
GENITORUINARY		
Urine: Color	AMBER YELLOW	YELLOW-ORANGE
Void/Foley	FOLEY	FOLEY
INTEGUMENTARY		
Integrety	ABD WOUND (L) HIP; (R) CHEST	SAME NO A
Dressings	ABD MIDL; (L) HIP; (R) CHEST	
Dressing Condition	CDI	CDI
Drains/Tubes	2JP; PLEURE-VAC	SAME NO A
Drainage	YELLOW SERUM (b)(6)	
Signature	(b)(6)	

REPORT TITLE

ICU FLOWSHEET

DTSG APPROVED (Date)

NURSING NOTES

[Empty lined area for nursing notes]

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
Ⓡ SC TLC	?		(b)(6)		
Ⓛ Renal A line	?		(b)(6)	(b)(6)	
Ⓢ SC TLC	31 March 20				

PREPARE (b)(6)

PATIENT (b)(6) UNKNOWN, UNKNOWN M: O DETAINEE IN PROGRESSING

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 31 March 20

name - last

HISTORY/PHYSICAL
 OTHER EXAMINATION OR EVALUATION
 DIAGNOSTIC STUDIES
 TREATMENT

FLOW CHART
 OTHER (Specify)

DATE	DIAGNOSIS														HOSPITAL DAY					
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22				
NIBP/ABP			118/71	120/72	121/70	124/65	120/65	118/70	120/68	114/50		120/74	110/63	124/71	114/70	114/60				
Pulse			120	119	124	125	125	124	125	127		118	115	118	116	112				
Respirations			19	18	19	19	16	17	18	18		18	18	22	18	19				
Temperature			101.9					102.5					102.5							
SaO2			99	99	99	98	98	97	97	96		97	98	98	98	98				
%O2	vent		50%	50%	50%	60%	60%	60%	60%	60%		60%	64%	64%	64%	64%				
O2 Delivery																				
CVP																				
Pain Scale			0	0	0	0	0	0	0	0		0				PS				
Pain Med			Fentanyl	444													ggt			
Pt Position			B	B	B	(D)	L	B	B	R	B	B					S			

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV TPN			90	90	90	90	90	90	840	90	90	90	90	90	90	90	90	
IVPB						100	100	50	250					100				
Versal			5	5	5	5	5	5	30	5	5	5	5	5	5	5	5	
Fentanyl			10	10	10	10	10	10	60	10	10	10	10	10	10	10	10	
C.p.w.s			14	14	14	14	14	14	84	14	14	14	14	14	14	14	14	112
PO																		
Other																		
TOTAL																		2016

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total	/	/	/	10	10	10	10	10	50	10	8	/	33	32	20	/	36	142
NG output								250	250									
Emesis																		
Stool																		
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	60	/	/	/
Jackson Pratt #1/ #2	/	/	/	100	110	95	100	100	505	110	140	140	100	110	25	50	125	1105
TOTAL									805									1217

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Protective device	YN	YN	YN
Cardiac Monitor	YN	YN	YN

POST OPERATIVE DAY									PHYSICIAN
TIME	23	24	01	02	03	04	05	06	
NIBP/ABP	109/64	120/68	124/70	126/71	115/63	114/68	124/71		
Pulse	109	112	116	120	121	109	113		
Respirations	18	17	21	20		16	19		
Temperature				102.2					
SaO2	98	98	98	97	98	99	99		
%O2	.4	.4	.4	.4	.5	.5	.5		
O2 Delivery	SimV	SimV	SimV	SimV	SimV	SimV	SimV		
CVP									
Pain Scale	PS	PS	→	→	→	→	→		
Pain Med	544	544	→	→	→	→	→		
Pt Position	S	S	→	→	→	→	→		

PHYSICIAN

0059 05 CID789-39259

TIME	23	24	01	02	03	04	05	06	Total 8 hr
IV TAN	90	90	90	90	90	90	90		630
IVBP	50	100							150
Versed	5	5	5	5	5	5	5		35
Fentanyl	10	10	10	10	10	10	10		70
Lipids	14	14	14	14	14	14	14		98
PO									
Other									
TOTAL									983

TIME	23	24	01	02	03	04	05	06	Total 8 hr
Urine output Hour/Total	16	14	12	12	16	10	10		90
NG output									
Emesis									
Stool									
Chest tube #1/ #2									(b)(6)
Jackson Pratt #1/ #2	50/50	25/75	25/50	75/50	50/25	75/25	75/0		UNKNOWN, UNKNOWN M O DETAINEE IN PROCESSING 900
TOTAL									790

24-hour totals	Yesterday	Today
INPUT		2999
OUTPUT		2812
DIFFERENCE		187

Legend

Init=initials
 JVD=Jugular Venous Distention
 L=Left
 NIBP=Noninvasive Blood Iressure
 N=No
 Y= Yes

P=Prone
 R= Right
 SaO2=Saturation of Arterial Oxygen
 S= Supine
 ABP= Arterial Blood Pressure
 PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		
		32

SYSTEM	DAYS	NIGHTS
NEURO	08 ⁰⁰ 31 March 05	2000
Level of consciousness	NO response	15
Extremities: Movement	Ø Movement	15
Strength	Ø	15
PAIN ASSESSMENT	UTA	Foot/leg etc
CARDIOVASCULAR		
Rhythm/Lead	ST II	ST
Heart Sounds	S ₁ S ₂ Ø murmur	S ₁ S ₂
Skin	Ht, Dry	H & D
Edema	Generalized, Pitting	⇒
JVD/ Capillary refill	Ø / < 3 sec	Ø / < 3
Pulses: Radial	(D) +2 (D) +1	+ + + +
Posterior Tibial	+2	+2
Dorsalis Pedis	+2	+2 + +
RESPIRATORY		
Breath Sounds	Clear in all fields	OTA (D)
Oxygen Delivery	Vent	Vent
Suctioning/Sputum	occasionally	PRV
ETT/Trach tube	ETT	ETT
Size: Placement:	8.0 25cm Cpt	8.0 25 cm tips
Cough:	Ø	Ø
Treatments:	Ø	Ø
GASTROINTESTINAL		
Bowel Sounds	Hypoactive x 4 quadr	hypoactive x 4
Abdomen	Open - open wound	Open - open wound
Date of last BM	31 March 05	⇒
NG tube: Placement	@ nose	@ nose
Suction	L/S	605 (D)
Drainage	Green/Bile	Ø
GENITORUINARY		
Urine: Color	Dark	Dark
Void/Foley	Foley	Foley
INTEGUMENTARY		
Integrity	Open Abdo wound, Sacrum decub	⇒
Dressings	Stage II, (D) Shoulder stage II, (C) thigh deep wound - wet today packed	⇒
Dressing Condition	Wet - dry & keratex	⇒
Drains/Tubes	2 x JP Tubes	⇒
Drainage	serous sanguinous	⇒
Signature	(b)(6)	

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

(b)(6) 04

Pt passed away after all resuscitative attempts @ 1820 to revive him. See previous notes. Physician, DON and PAD informed. Pt body left as is prior to death pending further investigation by CID (b)(6)

NOT USED

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

ICU Bed#6

(b)(6)

PROGRESS NOTES
Medical Record

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

KALAF YASSIM HUSSEIN, AIRFIO
M O DETAINEE

MEDICAL RECORD		PROGRESS NOTES
DATE	MEDICINE	NOTES
(b)(6) 05		DEATH NOTE
(b)(6)		<p>PT W/ GSW TO (R) FLANK RESULTING IN DUODENAL INJURY, LACERATIONS OF SUPERIOR MESENTERIC ARTERY & VEIN, AND LARGE RETROPERITONEAL HEMATOMA WAS ADMITTED ON (b)(6) 05. HE WAS INJURED ON 19 MAR 2005 & TREATED FOR HIS ABOVE INJURIES AT IBN SINA HOSPITAL IN BAGHDAD.</p> <p>TODAY, DESPITE MECHANICAL VENTILATION, IV ANTIBIOTICS, IV VASOPRESSORS, TPN, & MULTIPLE BLOOD TRANSFUSIONS, HE DEVELOPED WORSENING RENAL & HEPATIC FAILURE LEADING TO COAGULOPATHY & PLATELET DYSFUNCTION MANIFESTED BY BLEEDING FROM NOSE, MOUTH, RECTUM, AS WELL AS FROM HIS (R) FLANK WOUND. THIS PROCESS WAS DEEMED TO BE IRREVERSIBLE. HE SUBSEQUENTLY DEVELOPED HYPOTENSION DESPITE HIGH DOSE PHENYLEPHINE. POOR PERFUSION THEN LEAD TO GLOBAL MYOCARDIAL ISCHEMIA & BRADYCARDIA, TERMINATING IN ASYSTOLE. HIS PUPILS WERE FIXED, HE HAD NO HEART TONES ON SPONTANEOUS RESPIRATIONS. HE WAS PRONOUNCED DEAD ON (b)(6) 05 AT (b)(6) THE HOSPITAL COMMANDER AND TOC WERE IMMEDIATELY NOTIFIED. CERTIFICATE OF DEATH & HOSPITAL REPORT OF DEATH WERE COMPLETED</p>

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		(b)(6)
	LAST	FIRST	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		

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

~~SABAH, ABDULLAH MOORE~~

(b)(6)

3 4/11/73

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

(b)(6)

NOTES

(b)(6)

(b)(6)

(b)(6)

DEATH NOTICE

WEDNESDAY

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

(b)(6)

Sulgeny

Verxer
Jensky
Unzly
Zand
Pon
Pip
Rip
Pip
Rip
Pip

Im 101.8 AR106 BPTO/JR
7600/5100 v.o. minimal

- ① Nerv - sedated
- ② Resp - hypoventilating. Senses TV to avoid
- ③ CV - BP ↓. May be sepsis related

7:2/57/311

Stat med gtt. Act 17. 2m PRBC given. Patient appears to be in DIC. May have to return blood products

7:12/170
2:25/107

④ PCW Amic. K beginning to increase. Should improve w/ correction of acidosis. on TR

A14255

⑤ GI - Distended. Right catheter by drain. LFTs beginning to rise. Also

GV 124
607420
315-2

⑥ DD - feasible on Unzly - (8) ⑥
⑦ DSP - Appears to be in DIC & other markers at MSD. unlikely to survive.

(b)(6)

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

(b)(6)

E 119.7.73

LAST NAME		FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE	NOTES			
(b)(6)	04	Pt's B/P dropped to 71/30 and physician notified.		
@ 1615	Pt Bolus 1L N/S. Calcium IV given, Bicarb given x2 Phenylephrine given and titrated to 2mcg/kg/hr Pt also post-blood transfusion. Versed stopped. Fentanyl stopped as per M.D's order. Despite all that has been done, pt continues to bleed from mouth, nose, anus, and wound drainage. Currently pt on SIMV (Mech Vent.) and Phenylephrine. Pt Continue to be hypotensive despite fluid challenge and Cardio tonic medications.			
				(b)(6)

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE	NOTES		
03 APR 05 @ 2200	<p>Moderated amount of frank blood noted coming from pt's mouth. RT suctioned. (b)(6) notified. Hct & Hgb ordered for B/P support. Will continue to monitor.</p>		
03 April @ 2210	<p>Called to Bedside because of Profuse oral Bleeding & Hypotension and Tachycardia & Pinks Significant for S/W system</p> <p>O: BP 90/40 124 Sat 92°</p> <p>Profuse oral Bleeding. Lung: BCSA</p> <p>mp. Observed case & (b)(6) surgically possible at this time</p> <p>Plan: 1) Will try conservative resuscitative measures</p> <ul style="list-style-type: none"> - Albumin Bolus - Fluid Bolus - Oic Heparin - will monitor results to and notify 		
April 4, 05 @ 0730	<p>Pts pretransfusion v/s noted. Pt on Mech Vent FIO2 52 Sat 94% B/P 94/45 approx. pulse 100s. Resp 20. Lipids and TPN, depamine and Lanx transfusing. B/P noted through A-line. Chest tube in place. Scent urine output since 0600. scant perous output from chest tube</p> <p>Generalized non-pitting edema. Abdominal dressing intact and abdomen distended. lung sounds coarse in all bases - pt suctioned frequently. Frothy bloody sputum noted around m.v tube. Pt appears to be bleeding. Orally. See lab results. Rx has done this am.</p>		

MEDICAL RECORD		PROGRESS NOTES	
DATE		NOTES	
02 APR 2005 18:00		Patient stool at 10:00 same like yesterday. Send sample at lab for c.diff. Change JP and put on intermittent suction. Drain free 10:45 with 13:00 1000 cc. Result from lab test is positive. (b)(6)	
2 Apr 2 100		Found pt's pool of blood along @ flank. Investigating cause of bleeding found venous bleed from wound in @ hip pressure applied to area (b)(6) notified pressure bag applied; reds received (b)(6)	
		Tm 103 AB 120 BP 113/55 5000/640	
3 April		Surgeon	
		① Neuro - Sebum	
		② CW - IAD stable HCT low. transfuse	
13/23	(930)	In plbi	
2.3/40/90		③ Resp - oxygenation & ventilatory add.	
4.1/22	13/55	④ FEN: oliguric renal failure on hem gtt at 30mg/h Elopamine. Ben/crocin uremia to increase. No dialysis option in theatre. Lyles ok.	
AWK		⑤ GSI: Double JP D in cholec. Suspect anastomotic breakdown & fistula. Drains should may control leak. keep up. Consider re explant	
Wp		⑥ ID pus. staphy fec. Cole. CAS (P) on ABX	

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

(b)(6)

UNKNOWN, UNKNOWN
M O DETAINEE
IN PROCESSING

PROGRESS NOTES
Medical Record

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

DATE	NOTES
1 APR 05 12:00	Patient don't urinate after 100mg bolus x1 at 9:30. Until 11:30 patient
	urinate 50cc. Give another bolus at 11:45 at 200mg Lasix ^{(b)(6)} un x 1
	Before Lasix give patient 500cc bolus NS.
1 APR 05 12:10	Transfuse 1 Blood unit. Give patient 50mg Benadryl ^{(b)(6)} and 1
	650 mg on NGT for PRN.
APR 05 15:30	Change patient sheets. Stool with old blood marks. Make a
	hema-screen test. Result is positive. Inform ^{(b)(6)} ^{(b)(6)}
1 APR 05 18:30	Empty JP - nr 2 twice in 30'. After first empty
	JP start fill with serum with blood. Inform Dr. ^{(b)(6)} ^{(b)(6)}

Zaganl Surgeon
 Tm 100° HR 106 BP 135/65
 Venous 4500/5100 U.O. 20-50 c/c
 Central (1) Neuro - sedate
 Lipid (2) Resp - oxygenation & vent adequate
 Dopamine minimal CT & pt. ✓
 PRN HO S/S & tachycardia after gown
 on vent dose
 PRN - Worsening renal failure in dop/12.5 x 1/1
 7.31/4/1 by 105 on. ↑ 12.5

132 (b)(6) ID - Afable WBC & C&S (2) New York
 RELATIONSHIP TO SPONSOR SPONSOR'S NAME SPONSOR'S ID NUMBER
 133 (b)(6) (b)(6) (b)(6) LAST - I never use doses. P.T. JPSI
 DEPARTMENT OF MEDICAL FACILITY REGISTERED AT WARD NO.
 3.307133 (b)(6)

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)
 (b)(6)

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

Exhibit 42

Exhibit 3

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE

NOTES

[A large handwritten signature, possibly 'Bert [unclear]', is written across the notes section, crossing the horizontal lines.]

DATE	NOTES
1 Apr 105	Tumor? AR107 BPM11 90% on 50% 700x165 3700/2000
	① Neuro sedation
versed	② Res p - oxygenating & vent well
Sebutamyl	C&P clean.
Unasyn	③ W. ↓ HR SE hypertensive
Zentra	HCT 20.7. will transfuse 100 PRBC
TDN	to optimize DO ₂ & renal fx-
lipids	④ Psa: 10-20 cc U.O./hr. Despite way in
SW hepatic	lytes ok, but watch for hypokalemia.
Dopamine	on TDN & trophic gut feeds.
	continue renal dopamine. will try
	100 mg & 200 mg 12/1x. Pharmacy does
1.3/44/116/4	not have Zovayin a: Bites
44/116/3.6	⑤ GF on trophic feeds @ 10cc/hr
4.3/21.92	will increase to 20cc/hr. Bilirubin ↑.
AK76	⑥ ID febrile on Unasyn. WBC 12 ⁶
OP 57	No obvious source. Fever curve on
CPT 100	best ↓ today. Lines checked yesterday
Bill 6.1	✓ C&I
12/23/92	

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

(b)(6)

(b)(6)

JNKNOWN, UNKNOWN
M O DETAINEE
IN PROCESSING

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0

EXHIBIT 3

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

DATE	NOTES
------	-------

[Handwritten signature]

DATE	NOTES
08 ⁰⁰	Pt in via Medvac. See flow sheet for vital signs + assessment. Attached to C-Monitor ST & murmur heard. Intubated with 8.0 w/ tube taped at 25cm at the lip. Bx-lunged breath sounds. Attached to our vent. Pt had 1x liquid bowel movement. 2 JP tubes draining large amounts of serous sanguinous fluid. Pleurvae changed, & air leak at portub line - (b)(6)
09 ⁰⁰	Drainage changed by Surgery, wet today with Kerlex. Pt remains non-responsive on vent + paralyt. ABB respiratory circuit, Dr (b)(6) ensured vent changed to compensate SIMU PIP. Waiting on pending lab results. (b)(6)
11 ⁰⁰	ABG: finally normalizing. To have 2 U PRBC, type + xmatch sent to lab.
12 ⁰⁰	PP urine output ↓ 10cc for past 2 hours. Surgery entered 1 bottle of Albumin hung. Pt remains unresponsive at present time. Fio2 ↓ low. JP tube still draining large amount of serous sanguinous fluid (b)(6)
13 ⁰⁰	Blood started on pt see flow sheet for vital signs + assessment.
17 ⁵⁰	BP 120/76 P 124 T 102.
16 ¹⁰	2 nd unit of blood started. Pt now on Depamine due to ↓ urine output. New Foley cath inserted ICFR. Blood cultures + urine sent to lab. New triple lumen line inserted, cleared for use by X-ray. dr one. (b)(6)
	① SC removed
18 ⁰⁰	Pt not passing hardly any urine. Surgeon ordered Lasix given + if no effect another 4mg to be given - (b)(6)

3 + 19.03

MEDICAL RECORD

PROGRESS NOTES

31 MAR RATE

Surgeon

NOTES

TDN

(1) Neuro - started on fentanyl 1/versec

unresyn

(2) Resp - Oxygenating well. Hypoventilation

low max

↑ tidal volumes CRP ok

versed

(3) CV - HD stable. not on any vasoactive drips. Hct 26. Transfuse up to b optimize O2

(4) PEA - minimal U.O. creatine 2.4. Transfuse PRBC.

(5) GI - S/P SMU ligation pylorus exclusion, duodenal repair & jejunojejunostomy.

7.26/50/116

49
+ 2.4
62

Patient has no feeding tube. with

open abdomen - wish wash clean

looks very clean. Start BID chest physiotherapy

AK 03

GO 32

CP 32

B 115.6

Start hyper, also feed

(6) ID WBC 15⁺ on UNIS -

Rt subclavian 3-line & Rt fem A-line

137 (627)
26

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)

UNKNOWN, UNKNOWN
M O DETAINEE
IN PROCESSING

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1/99)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)



(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

DATE OF DICATATION: 26 March, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME (b)(6) (b)(6)
SSN:
DOB:
STATUS: Insurgent
SERVICE/COUNTRY: Iraq
UNIT/EMPLOYER:

Date of Admission: 19 March 2005
Date of Discharge/Transfer: 25 March 2005

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

Pt is a Iraqi insurgent who suffered a penetrating right flank wound. He arrived in the 86th CSH emergency room awake but in severe distress. He had systolic blood pressures in the 80's. He was taken emergently to the operating room where he was found to have a very large retroperitoneal hematoma in zones 1,2, and 3. We cross clamped his aorta at the esophageal hiatus and mobilized the right colon and the small bowel completely. His right kidney was examined and was normal. He had a complete injury to his SMV which was ligated. He had a 50% injury to the 3rd portion of his duodenum, and another less than 25% injury about 2 centimeters distal also in the 3rd/4th portion. He also had several large peripancreatic arterial bleeders and some early branches of the SMA. These were all ligated or stick tied. The pt was hemodynamically labile and required 26 u PRBC's, 10 U FFP, 20 u Cryoprecipitate, and 8000 cc of crystalloid. His total aortic cross clamp time was 30 min. He was becoming acidotic, coagulopathic, and hypothermic. Once all surgical bleeding was controlled, we elected to perform a damage control operation. A Malecot tube was placed in the larger duodenal injury, his smaller duodenal injury was whip stitched closed, and he was packed and his abdomen was left open. He was taken to the ICU where he remained hemodynamically labile with a stable Hct. He only required 2 u PRBC's that evening. 24 hours later, we returned to the operating room. The packs were removed and there was no bleeding. His larger duodenal injury was repaired in 2 layers, and the smaller one in a single layer. We stapled off his pylorus with a TA stapeler, but not divided. I then performed a hand sewn gastrojejunostomy in a retrocolic manner, isoperistaltic. # 10 JP x 2 were placed next to the duodenal repair. His bowel was completely viable, but edematous as would be expected by ligating the SMV. We were unable to close the abdomen, so a IV bag was placed over the bowel, followed by a damp blue towel, followed by JP's x 2, followed by a Ioband drape. That day, he continued to be hemodynamically labile but completely fluid responsive and not requiring any blood transfusions. Over the course of 24 hours, his blood pressure stabilized and his urine output improved. Over the next several days, he has done quite well. He did have a acute desaturation which was felt to be due to a right sided pleural effusion, so a right sided chest tube was placed. A bronchoscopy revealed the true etiology to be a mucous plug and his pulmonary function reached pre-event levels. Overall, he has done quite well. The future plan would be to either close his abdomen primarily when his edema resolves or close it with vicryl mesh followed by a skin graft and future reconstruction. Theoretically, his pylorus should open up and the gastrojejunostomy close in a few weeks. He is currently on TPN and does not have a j-tube. I felt that due to his significant bowel edema at the 2nd operation, it would not be prudent. His para-duodenal JP's are only putting out clear serous fluid. He is obviously at high risk for a duodenal fistula, but hopefully, this will not occur. His vent settings are SIMV 18, FiO2 40%, PEEP 5, PS 10, TV 700. He did have a bump in his Creatinine to 2.3, but this is down to 1.8. Hg is stable without need for further blood transfusions. Of note is that his pancreas is fine on exploration.

DISCHARGE DIAGNOSES:

- 1) Duodenal injury zone 3/4
- 2) SMV ligation



(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

PROCEDURES DURING ADMISSION

- 1) Damage control surgery 3/19/2005
- 2) Primary duodenal repair, duodenal diverticulization via stapling off the pylorus without division followed by a gastrojejunostomy. 3/20/2005
- 3)

FINDINGS/LABS/RADIOLOGY

Sodium (137-145 mmol/L), Potassium (3.6-5.0 mmol/L), Chloride (98-107 mmol/L)
 HCO3 (22-30 mmol/L), BUN (9-20 mmol/L), Cr (0.7-1.5 mg/dL), Glucose (70-105 mg/dL)
 Calcium (8.4-10.2 mg/dL) Amylase (50-130 U/L) Lipase (40-375 U/L)
 AlkPhos (38-126 U/L), AST (17-59 U/L), ALT (21-72 U/L), TB (0.2-1.3 mg/dL) GGTP (15-73 U/L)

WBC HGB HCT PLT LY%
 UA Sp Gr pH Blood - , WBC - , Nitrate - , Uroblgn , Ketones -

MEDICATIONS ON TRANSFER/DISCHARGE

- 1) Versed gtt, Fentanyl gtt, Unasyn day 5, Zantac, TPN, Heparin SQ
- 2)

CONDITION: Good and Stable for Transfer

Plan/Recommendations:

- 1) This patient should have evaluation by a general surgeon regarding the issues mentioned in the narrative summary.
- 2) Please contact me if you have questions regarding his care here at the 86th CSH

(b)(6)

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)							Mo. 03 Yr. 05			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION										
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED								
				31	Apr	2	3	4	5	6	7	8
31MAR	(b)(6)	Versed 5 mg/hr	07	(b)(6)								
			19	(b)(6)								
31MAR		Fentanyl @ 200mcg/hr	07	(b)(6)								
			19	(b)(6)								
31MAR		Unasyn 3g IV Q6 ^o	06	(b)(6)								
			12	(b)(6)								
			18	(b)(6)								
			24	(b)(6)								
31MAR		Zantac 50mg IV Q8 ^o	06	(b)(6)								
			14	(b)(6)								
			22	(b)(6)								
31MAR		TPN (Standard Clinimix) c	07	(b)(6)								
		Thiamine 100mg IV, Folate										
		1mg IV } MVI IV @	19	(b)(6)								
		.90 cc/hr through distal										
		port of TLC										
31MAR		Lipids @ 141 ^o	07	(b)(6)								
			19	(b)(6)								
31MAR		Lovenox 30mg SQ BID	08									
			20									
31MAR		Heparin 5000units SQ	07	(b)(6)								
		Q12hr	19	(b)(6)								

ALLERGIES: YES NO
 Unknown

PRIMARY DIAGNOSIS:
 GSW @ Flank → Duodenal injury
 Laceration of Superior Mesenteric Artery }
 Vein, Retroperitoneal Hematoma

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO. 1

PATIENT IDENTIFICATION:

(b)(6)
 UNKNOWN, UNKNOWN
 M O DETAINEE
 IN PROCESSING

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing: **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)** Mo. APR Yr. 2006

Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
31 Mar	(b)(6)	Lasix 20mg IV x1 now	31 Mar	1825	1820	(b)(6)
31 Mar		Lasix 40mg IV x1 now	31 Mar	1845	1848	
1 APR		NS 500 cc Bolus IV NOW	1 APR	08:45	08:45	
1 APR		TRANSFUSE 1 UNIT BLOOD	1 APR	ASAP		
1 APR		LASIX 100mg IV x1 NOW	1 APR	09:30	09:30	
1 APR		HCTZ 50mg VIA NTG NOW	1 APR	14:00	14:00	
2 APR		100 cc 25% ALBUMIN	2 APR	ASAP	21:45	
3 Apr		Transfuse 3 Units PRBCs	3 Apr	ASAP	DONE	
3 Apr		Albumin 50gm IV x1 (100cc 25% Albumin IV)	3 Apr	2230	DONE	
3 Apr		NS 500 cc Bolus	3 Apr	2230	DONE	
4 APR		Transfuse 2 units FFP	04 APR	ASAP	DONE	
4 Apr		NS 500cc Bolus	04 APR	ASAP	0300	
4 APR		Transfuse 2u PRBCs	04 APR	ASAP	DONE	

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION								
			TIME/DATE DISPENSED								
3/28/06	(b)(6)	Tylenol 650mg via NG tube orally PRN	BIRAL 2000 3/28/06 (b)(6)	1 APR 0520 (b)(6)	03 APR 650mg (b)(6)						
		(b)(6)									

Bed #6

0059 05 010789-39259

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)						Mo. 04 Yr. 05										
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				31	1	2	3	4	5	6	7	8						
31 March	(b)(6)	Dopamine 3mg/kg/min @ 4.8mg/kg/min	07	(b)(6)														
1 APR		LASIX 200mg IV Q8	08	/														
			16	/														
			24	/														
1 APR		LASIX @ 30mg/hr	07	/														
			19	/														
3 APR		FLAGYL 500mg IV PB Q 6	06	/	/	/	/											
			12	/	/	/	/											
			18	/	/	/	/											
			24	/	/	/	/											
4 Apr		Start Neo gtt @ 0.25 m/kg/min & titrate for SBP > 100 MAP > 60	07	/	/	/	/											
			19	/	/	/	/											

ALLERGIES: YES NO **Unknown**

PRIMARY DIAGNOSIS: **GSU (P) Flank -> ductal injury**
Laceration of Superior Mesenteric Artery + vein, retroperitoneal hemorrhage

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. **2**

PATIENT IDENTIFICATION: (b)(6)

DISPENSING TIMES

UNKNOWN, UNKNOWN
M O DETAINEE
IN PROCESSING

USE PENCIL, CIRCLE MED TIMES

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

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

Mo. APR Yr. 2005

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
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Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																		
			TIME/DATE DISPENSED																		
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ACLU-RDI 5928 p.44 10-L-0126 ACLU DD III (CID ROI) 2839

65262-6870050 0019

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)							Mo. <u>03</u> Yr. <u>05</u>											
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																		
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																
				31	1 ^{Apr}	2	3	4	5	6	7	8								
31MAR	(b)(6)	Vitals: Per Unit	07	(b)(6)																
		Routine	19	(b)(6)																
31MAR		Activity: Bedrest	07	(b)(6)																
			19	(b)(6)																
31MAR		Nursing: NGT to LIS	07	(b)(6)																
		Foley to gravity, A-line to transducer	19	(b)(6)																
31MAR		Diet: NPO	B	(b)(6)																
			L	(b)(6)																
			D	(b)(6)																
31MAR		Respiratory: SIMV 8	07	(b)(6)																
		F, O ₂ 50 vt 650 800	19	(b)(6)																
		PEEP 5/ PS 10. Increase																		
		Tidal volume to 800cc																		
31MAR		Chest tube to Pleur Evac	07	(b)(6)																
			19	(b)(6)																
31Mar		Dressing change w/kauf	08	(b)(6)																
		wet to dry BID	20	(b)(6)																
31Mar		Osmolyte 10cc/hr	08	(b)(6)																
			19	(b)(6)																
31Mar		CXR QAM	06	(b)(6)																
31Mar		CBC, BMP, Ca, Mag, Phos	06	(b)(6)																
		LFT QAM																		

D/C 03 APR 05

ALLERGIES: YES NO UNKNOWN
 PRIMARY DIAGNOSIS: GSW (R) Flank → Duodenal injury Laceration of Superior Mesenteric Artery & Vein; Retroperitoneal Hematoma
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: 1

PATIENT IDENTIFICATION: (b)(6)
 UNKNOWN, UNKNOWN
 M O DETAINEE
 IN PROCESSING

ACTION TIMES:
 USE PENCIL. CIRCLE ACTION TIMES

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

Exhibit 3

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo	03	yr	05
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials		
3/1 MAR	(b)(6)	Admit to ICU; condition: VSI	3/1 MAR	ASAP				
3/1 MAR	(b)(6)	Labs: ABG, Chem 12, Liver panel, CBC, Coags, UA, Amylase, Lipase upon admit	3/1 MAR	ASAP	0930		(b)(6)	
3/1 MAR	(b)(6)	Cat, Mg ⁺ , PO ₄ levels	3/1 MAR	ASAP	0930			
3/1 MAR	(b)(6)	Transfuse 2 units PRBC	3/1 MAR	ASAP	1100			
3/1 MAR	(b)(6)	Blood cultures x2	3/1 MAR	ASAP	1200			
3/1 MAR	(b)(6)	Urine culture	3/1 MAR	ASAP	1200			
02 APR	(b)(6)	STOOL FO C.DIFF	02 APR	ASAP	10:00			
3/1 APR	(b)(6)	XFT for 3 U PRBCs	3/1 APR	ASAP	1115			
3/1 APR	(b)(6)	DiC Panel	3/1 APR	ASAP	DONE			
04 APR	(b)(6)	Coag Panel p transfusion	04 APR	p transfusion				
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION							
			TIME/DATE COMPLETED							
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CLINICAL RECORD

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

Mo. Yr.

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION	
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	DATE COMPLETED
02 APR	(b)(6)	JP on suction	02 03 4 (b)(6)
			07 (b)(6)

ALLERGIES: YES NO PRIMARY DIAGNOSIS: (b)(6)

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

PA (b)(6) //

UNKNOWN, UNKNOWN
M O DETAINEE
INPROCESSING

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

56

EX 611 2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo	Yr	
Order Date	Clerk Nurse	SINGLE ACTIONS			Date to be Done	Time to be Done	Time Done	Initials

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6) IN PROCESSING DETAINEE UNKNOWN			2 Apr 75	2145 HOURS	
			100ml 25% albumin IV as fast as possible		
(b)(6)					
NURSING UNIT (b)(6)			BED NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6) IN PROCESSING DETAINEE UNKNOWN			3 Apr 75		
			transfuse 3u PRBC		
NURSING UNIT			BED NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6) IN PROCESSING DETAINEE UNKNOWN			3 Apr 75		
			100ml 50% albumin IV PB		
NURSING UNIT			BED NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6) IN PROCESSING DETAINEE UNKNOWN			3 April 05	2230 HOURS	
			1) Albumin 50gms IV. XI (100cc 25% Albumin IV)		
NURSING UNIT			BED NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6) IN PROCESSING DETAINEE UNKNOWN			3 Apr 75		
			2) Dic Oxalate 4) Dic Hexan 5) NS 500cc Bolus 6) Dic Poul		
NURSING UNIT			BED NO.		

DA FORM 4256
 1 APR 79

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			1 Apr 05	_____ HOURS	
NOTED 01 APR 05			* 125ix 200mg IV P 98° ✓		
(b)(6)			(b)(6)		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			1 Apr 05	_____ HOURS	
NOTED 01 APR 05			* Start 125ix gtt at 20mg/hr ✓		
(b)(6)			(b)(6)		

NURSING UNIT	ROOM NO.	BED NO.
24th	@0510	02 APR 05

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			1 Apr 05	_____ HOURS	
NOTED 02 APR 05			* (1) Put pulbs to 20cm w/ll Suction		
(b)(6)			* (2) send stat for C.D. H		
(b)(6)			* (3) Increase 125ix gtt to 30mg/hr		
(b)(6)			* (4) Increase as a whole Increase 20mg/hr to 20mg/hr		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)					

UNKNOWN, UNKNOWN
 M O DETAINEE
 IN PROCESSING

NURSING UNIT	ROOM NO.	BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION (b)(6) UNKNOWN, UNKNOWN M O DETAINEE IN PROCESSING			DATE OF ORDER 01 APR 05	TIME OF ORDER 0839 HOURS	LIST TIME ORDER NOTED AND SIGN
			NS 500cc Bams IV Now ✓		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION (b)(6)			DATE OF ORDER 1 April 05	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
			125ix 100mg i.v. q 4h ✓ transuse + imp. PRS. ✓		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION (b)(6) M O DETAINEE IN PROCESSING			DATE OF ORDER 01. APR. 05	TIME OF ORDER 11:45 HOURS	LIST TIME ORDER NOTED AND SIGN
			① Lasix 200mg IV x L VO doctor (b)(6) ② 50mg Benadryl;) VO doctor ③ 650mg Tylenol)		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION (b)(6) UNKNOWN, UNKNOWN M O DETAINEE IN PROCESSING			DATE OF ORDER 01 APR 05	TIME OF ORDER 1400. HOURS	LIST TIME ORDER NOTED AND SIGN
			① HCTZ 50mg via NGT Now ✓		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

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

Exhibit 2 60

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

SABATH

(b)(6)

DATE OF ORDER 31 Mar TIME OF ORDER _____ HOURS LIST TIME ORDER NOTED AND SIGN

- ⑥ DC lower
- ③ Start Heparin 5000u SQ q 12
- ③ transfuse 2u PRBC
- ④ Start BID dressing change w/ Kerlex wet to dry
- ⑤ Start usmolol 20 mg qd

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

(b)(6)

NOTE

- ⑥ CXR qam
- ⑦ CBC BPM Calcium Mg Phos CFT qam

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 31 March TIME OF ORDER _____ HOURS

- Start Dexamethasone ②
- 3u Insulin

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 31 March TIME OF ORDER _____ HOURS

- basix 20mg ipaxine
- 120x 40mg ipaxine

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

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

Exhibit 3 61

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

SABAH, ABDULLAH NOORI

(b)(6)

DATE OF ORDER 31 MAR 05 TIME OF ORDER 0730 HOURS

LIST TIME ORDER NOTED AND SIGN

- ① ADMIT TO ICU
- ② DX: GSW TO (R) FLANK → DUODENAL INJURY
LACERATION OF SUPERIOR MESENTERIC ARTERY & VEIN
RETROPERITONEAL HEMATOMA.

NURSING UNIT ROOM NO. BED NO.

- ③ EDICATION: VSI
- ④ VITALS: PER UNIT ROUTINE
- ⑤ ALL: UNKNOWN

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

- ⑥ ACTIVITY: GROUND
- ⑦ NURSING: NGT TO LIS
Foley to gravity
A-Line to TRANSducer

NOTED BY [signature]

NURSING UNIT ROOM NO. BED NO.

- ⑧ DIET: NPO
- ⑨ MEDS: VERSED 5MG/HA.
FENTANYL 200mcg/HA.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

- ⑩ RESPIRATORY: SIMV 8 F:O₂.50 VT 650 PEEP 5/PS
CHEST TUBE TO PLEURAL
- ⑪ MEDS: UNASYN 3G IV Q6
ZANTAC 50MG IV Q8
- ⑫ TPN (STANDARD CUNIMIX) + THIAMINE 100MG IV
FOLATE 1MG IV & MVIT IV @ 90cc/HA
THROUGH DISINFECT PORT OF TCC.

NURSING UNIT ROOM NO. BED NO.

- ⑬ LIPIDS @ 1400/HA.
- ⑭ LOVENOX 30MG SQ BID.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

- ⑮ LABS:
 - ① ABG, CHEM 12, LIVER PANEL, CBC, COAGS, UA, AMYLASE, LIPASE; upon admission.
 - ② Ca⁺⁺, Mg⁺⁺, PO₄ = LEVELS.

H O DETAINEE IMPROCESSING

(b)(6)

31 MAR 05 @ 0903

NURSING UNIT ROOM NO. BED NO.

- ① ↑ SIMV TO 18
- ② ✓ AHA in 30'.

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH N

Exhibit 62.5

(b)(6)

Physician: (b)(6) Ward: ICU Bed: 6 Female
 Drawn by: STAT Routine Specimen Date and Time: 4 APR 05 1510 Reported by: (b)(6) Date and Time: 4 APR 03

Chemistry (STAT) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top								
Bid Gas		Bid Gas w/ytes		Glu	Crea	Chol	Trig	BMP	Liver	Urea	Renal	CBC		Malaria	H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE					
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)					
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC		4.2-6.1 x10(6)/					
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dl					
X	pH	7.229 L	7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0%					
X	PCO2	50.9 H	35-45 mmHg		AST		11-38 U/L				F: 37-47%					
X	PO2	134 H	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCV		80.0-99.0 fl					
	TCO2	23	18-33 mmol/L		BUN		7-22 mg/dL		MCH		27.0-31.0 pg					
X	HCO3	21.3 L	22-26 mmol/L		Ca		8.0-10.3 mg/dL		MCHC		33.0-37.0 g/dL					
	sO2	98	95-99%		Chol		100-200 mg/dL		Plt		130-400 x10(3)/u					
X	BEecf	-6 L	(-2) - (+3)		CK		M: 39-380 U/L		LY%		20.0-44.0%					
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#		0.7-4.3 x10(3)/u					
	iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential							
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)					
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)					
	Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)					
	Hct		37.0-52.0%		Glu		73-118 mg/dL		Atyp Ly		immature cells					
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:							
	Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph:							
Urinalysis					Na		138-145 mmol/L		WBC Abn Morph:							
	Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top							
	Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Se					
	Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Se					
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate / Purple Top							
	Ketone		Negative		VLDL		≤30 mg/dL		Sed Rate		1hr = 0-20 mm					
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Coagulation (Blue Top - Soften Citrate)							
	Blood		Negative		Rapid Tests					PT		7.0-14.0 sec				
	pH		5.0-8.0		Mono		Negative		APTT		21.0-50.0 sec					
	Protein		Negative-Trace		RPR		Negative		INR		0.5-1.5/therap 2-3					
	Urobili		0.1-1.0 Ehrlich U/dL		HIV		Negative		Drug Scr.		Negative					
	Nitrite		Negative		Drug Scr.		Negative		HCG		Negative					
	Leuko		Negative		H.pylori IgG		Negative		ETOH/Alc.		Negative					
Urine Microscopic					ETOH/Alc.		Negative		Cardiac Panel/Purple Top							
	WBC		Epi		Strep A		Negative		Myoglobin		0-107 ng/mL					
	RBC		Mucus		Chlamydia		Negative		CK-MB		0-4.3 ng/mL					
	Bacteria		Yeast		Flu A&B		Negative		Troponin		0.0-0.4 ng/mL					
	Casts:		Spermatozoa		C. difficile (stool)		Negative		Hemoglobin S / Purple Top							
	Crystals:		Amorph Sed		O&P (stool)		No Ova / Parasite		Hemoglobin S		Negative					
	Other:				OccBld		Negative		Body Fluid Panel - Sterile Cont.							
Other lab request:					Wet Mount		Negative		Panel includes: Culture, Gram Stz 63 cell							
					KOH		Negative		Coag WBC Diff. Meningitis test (CSF only)							

(b)(6)

LABORATORY RESULTS FORM

NO DETAINEE

BCCF

(b)(6)

Physician Drawn by: (b)(6) Ward: 1Cj STAT Specimen Date and Time: 4/4/05 @ 1405 Reported by: (b)(6) Date and Time: 4 Apr 15c
 Bed: 6 Routine

Chemistry (i-S/Al) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top							
Bid Gas		Bid Gas w/lytes		Glu	Crea	Chem 32	Metlys	BMP	Liver	Lipid	Panel	CBC		Malaria	R/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	21.0 (H)	4.8-10.8 x10(3)/uL				
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC	2.30 (L)	4.2-6.1 x10(6)/uL				
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	7.0 (L)	12.0-18.0 g/dL				
	pH		7.35-7.45		AMY		14-110 U/L		Hct	21.8 (L)	M: 42.0-52.0%				
	PCO2		35-45 mmHg		AST		11-38 U/L				F: 37-47%				
	PO2		80-100 mmHg		Tbil		0.2-1.8 mg/dL		MCV	91.4	80.0-99.0 fl				
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCH	29.2	27.0-31.0 pg				
	HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL		MCHC	32.0 (H)	33.0-37.0 g/dL				
	sO2		95-99%		Chol		100-200 mg/dL		Plt	803 (H)	130-400 x10(3)/uL				
	BEecf		(-2) - (+3)		CK		M: 39-380 U/L		LY%	8.5 (L)	20.0-44.0%				
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#	1.8	0.7-4.3 x10(3)/uL				
	iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential						
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)	69	Mono(4-10%)	1			
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)	5	Eos(0-4%)	0			
	Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)	7	Baso(0-2%)				
	Hct		37.0-52.0%		Glu		73-118 mg/dL		Atyp Ly	2	Immature cells				
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:						
	Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph: 720/1000 F Large platelets 1-						
Urinalysis					Na		138-145 mmol/L		WBC Abn Morph:						
	Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top						
	Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Se				
	Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Se				
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate / Purple Top						
	Ketone		Negative		VLDL		≤30 mg/dL		Sed Rate		1hr = 0-20 mm				
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Coagulation (Blue Top, Sodium Citrate)						
	Blood		Negative		Rapid Tests					PT	19.1 (H)	11.0-14.0 sec			
	pH		5.0-8.0		Mono		Negative		APTT	82.8 (H)	11.0-50.0 sec				
	Protein		Negative-Trace		RPR		Negative		INR	1.9 (H)	0.5-1.5/therap 2-3				
	Urobili		0.1-1.0 Ehrlich U/dL		HIV		Negative		D Dimer		Negative				
	Nitrite		Negative		Drug Scr.		Negative		Cardiac Panel/Purple Top						
	Leuko		Negative		HCG		Negative		Myoglobin		0-107 ng/mL				
Urine Microscopic					H.pylori IgG		Negative		CK-MB		0-4.3 ng/mL				
	WBC		Epi		ETOH/Alc.		Negative		Troponin		0.0-0.4 ng/mL				
	RBC		Mucus		Strep A		Negative		Hemoglobin S / Purple Top						
	Bacteria		Yeast		Chlamydia		Negative		Hemoglobin S		Negative				
	Casts:		Spermatozoa		Flu A&B		Negative		Body Fluid Panel - Sterile Cont						
	Crystals:		Amorph Sed		C. difficile (stool)		Negative								
	Other:				O&P (stool)		No Ova / Parasite								
					OccBld		Negative		Panel Includes: Culture, Gram Stain, Wet Mount, KOH, Wet Mount, Negative						

Other lab request:

Physician: (b)(6) Ward: (b)(6) Female
 Drawn by: (b)(6) Bed: STAT Specimen Date and Time: 4 APR 05
 Date and Time: Apr 15 2005

Chemistry (i-STAT) / Green Top / Syringe			Chemistry (b)(6) Analyzer / Green Top				Hematology / Purple Top			
Bld Chem	Bld Gas w/lytes	Glu	Crea	Chem	Urea	Lipid	React	CBC	Malaria	H/H
X TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE		
Na		138-145 mmol/L	ALB		3.3-5.5 g/dL	WBC		4.8-10.8 x10(3)/uL		
K		3.3-4.9 mmol/L	ALP		26-184 U/L	RBC		4.2-6.1 x10(6)/uL		
Cl		98-109 mmol/L	ALT		10-47 U/L	Hgb		12.0-18.0 g/dL		
pH	7.249	7.35-7.45	AMY		14-110 U/L	Hct		M: 42.0-52.0%		
PCO2	54.0	35-45 mmHg	AST		11-38 U/L			F: 37-47%		
PO2	59.0	80-100 mmHg	Tbil		0.2-1.6 mg/dL	MCV		80.0-99.0 fl		
TCO2		18-33 mmol/L	BUN	> 180	7-22 mg/dL	MCH		27.0-31.0 pg		
HCO3	23.9	22-28 mmol/L	Ca	7.6	8.0-10.3 mg/dL	MCHC		33.0-37.0 g/dL		
sO2	85.0	95-99%	Chol		100-200 mg/dL	Pit		130-400 x10(3)/uL		
BEecf	-3.0	(-2) - (+3)	CK		M: 39-380 U/L	LY%		20.0-44.0%		
AGap		8-16 mmol/L			F: 30-190 U/L	LY#		0.7-4.3 x10(3)/uL		
iCa		1.12-1.32 mmol/L	CL	107	98-109 mmol/L	Differential				
BUN		7-22 mg/dL	TCO2	23	18-33 mmol/L	Segs(50-70%)		Mono(4-10%)		
Glu		73-118 mg/dL	Creat	7.0	0.6-1.3 mg/dL	Bands(1-10%)		Eos(0-4%)		
Creat		0.6-1.3 mg/dL	GGT		5-65 U/L	Lymph(20-44%)		Baso(0-2%)		
Hct		37.0-52.0%	Glu	127	73-118 mg/dL	Atyp Ly		Immature cells		
Hgb		12.0-18.0 g/dL	K	4.6	3.3-4.9 mmol/L	RBC Abn Morph:				
Lactate		0.90-1.70 mmol/L	TProtein		6.4-8.1 g/dL					
Urinalysis			Na	153	38-145 mmol/L	Plt Abn Morph:				
Color		Straw/Yellow	Phosphorous		2.2-4.5 mg/dL	WBC Abn Morph:				
Clarity		Clear	HDL Chol		30-75 mg/dL					
Glucose		Negative	LDL Chol		50-130 mg/dL	Malaria / Purple Top				
Bilirubin		Negative	Triglycerides		60-160 mg/dL	Thin		No Plasmodium See		
Ketone		Negative	VLDL		≤30 mg/dL	Thick		No Plasmodium See		
SG		1.010-1.025	Chol/HDL Ratio		≤4.5	Sed Rate / Purple Top				
Blood		Negative	Rapid Tests			Sed Rate				
pH		5.0-8.0	Mono		Negative	Sed Rate		1hr = 0-20 mm		
Protein		Negative-Trace	RPR		Negative	Coagulation (Blue Top - Sodium Citrate)				
Urobilin		0.1-1.0 Ehrlich U/dL	HIV		Negative	PT		7.0-14.0 sec		
Nitrite		Negative	Drug Scr.		Negative	APTT		21.0-50.0 sec		
Leuko		Negative	HCG		Negative	INR		0.5-1.5/therap 2-3		
Urine Microscopic			H.pylori IgG		Negative	D Dimer		Negative		
WBC		Epi	ETOH/Alc.		Negative	Cardiac Panel/Purple Top				
RBC		Mucus	Strep A		Negative	Myoglobin		0-107 ng/mL		
Bacteria		Yeast	Chlamydia		Negative	CK-MB		0-4.3 ng/mL		
Casts:		Spermatozoa	Flu A&B		Negative	Troponin		0.0-0.4 ng/mL		
Crystals:		Amorph Sed	C. difficile (stool)		Negative	Hemoglobin S / Purple Top				
Other:			O&P (stool)		No Ova / Parasite	Hemoglobin S		Negative		
			OccBld		Negative	Body Fluid Panel - Sterile Cont				
			Wet Mount		Negative	Panel Includes: Culture, Gram Stain, Wet Mount, CSF, Gram Neg, Gram Pos, Fungal, Gills test (CSF only)				

Other lab request:

LAST, FIRST, MI.			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female (b)(6)			Signs and Symptoms.								
Physician: (b)(6)			Ward: ICU			Specimen Date and Time: 04 APR 06 @ 0600			Reported by: (b)(6)			Date and Time: 04 APR 06 @ 1700		
Drawn by:			Bed: 6			<input checked="" type="checkbox"/> Routine								
Hemoglobin A1c / Purple Top				Special Chemistries / Tiger Top (SSJ)				Thyroid Panel / Red or Tiger Top						
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE			
	Hgb A1c		3.5-6.0 %		Alcohol		<10 mg/dL Negative		TSH		0.25 - 5 uIU/mL			
Urine Microalbumin/Creatinine Urine Cup Note: Will not be run on urine samples with a protein value of 30 mg/dL or higher or visibly bloody specimens.							50-400 mg/dL Toxic				Hyperthy: <0.15 uIU			
							>400 mg/dL Poss. Fatal						Hypothy: >7 uIU	
					Cholinesterase		M: 5.90-12.22 U/mL		FT4		9 - 20 pmol/L			
							F: 4.65-10.44 U/mL		FT3		4.0 - 8.3 pmol/L			
					Iron		M: 49-181 ug/dL	Add. Thyroid Tests / Red or Tiger Top						
							F: 37-170 ug/dL	X	TEST	RESULT	REF. RANGE			
X	TEST	RESULT	REF. RANGE		Lipase		23-300 U/L		T4 Total		50 - 120 nmol/L			
	Albumin		≤10 mg/L	X	Phosphorous 99 H		2.2-4.5 mg/dL		T3 Total		0.92 - 2.33 nmol/L			
	Creatinine		10-300 mg/dL	X	Magnesium 2.7 H		1.6-2.3 mg/dL	Hepatic B / Red or Tiger Top						
	Alb/Creat Ratio		<30 mg/g		Uric Acid		M: 3.5-8.5 mg/dL	X	TEST	RESULT	REF. RANGE			
C Reactive Protein / Red Top Note: Quantitative serum performed on serum. If result is pos. (Rheumatoid Factor) will be reported by a separate lab result.							F: 2.5-6.2 mg/dL		HBsAG		Negative			
							Lactate Dehydrogenase						Positive	
							313-518 U/L		HBcAG		Positive			
					HIV		Negative				Equivocal			
					PSA Tot		Age Range (ng/ml)				Negative			
X	TEST	RESULT	REF. RANGE				40-49 0.0-2.5 ng/ml							
	CRP		<6 mg/L				50-59 0.0-3.5 ng/ml							
							60-69 0.0-4.5 ng/ml							
							70-79 0.0-6.5 ng/ml							
CSF Glucose - Sterile Tube					HCG Quant		M: <3mIU/ mL							
X	TEST	RESULT	REF. RANGE				Cyclic F: <4 mIU/ mL							
	CSF Glucose		40-70 mg/dL				MenoP F: <13 mIU/ mL							
	CSF Protein		12 - 60 mg/dL				Preg F: >20 mIU/ mL							
Special Chemistries / Urine Cup					Bu		0.0 - 1.1 mg/dl							
X	TEST	RESULT	REF. RANGE		Bc		0.0 - 0.3 mg/dl							
	Glucose		<30 mg/dL											
	Protein		<12 mg/dL											
Additional Tests				Therap. Drug Monitoring										
For the tests below, coordinate with lab OIC or NCOIC					Acetaminophen		10-30 ug/mL Therap.							
X	TEST	RESULT	REF. RANGE				>150 ug/mL Toxic							
	Ammonia		9 - 30 umol/L		Digoxin		0.8-2.0 ng/mL Therap.							
	Lactate		0.7 - 2.1 mmol/L		Phenytoin		10.0-20.0 ug/mL Therap.							
					Salicylate		<2 mg/dL negative							
							<20 mg/dL Therap.							
							>30 mg/dL Toxic							
							>60 mg/dL Lethal							

(b)(6)
RBC, HGB, HCT 0500
BUN Ct 2600

LABORATORY RESULTS FORM

X male (b)(6)
Female

Physician Drawn by: (b)(6) Ward: ICU Bed: 6 STAT Routine Specimen Date and Time: 04 APR 05 0600 Date and Time: 0554 04 APR

Chemistry (STAT) / Green Top / Syringe Chemistry (Pipette Analyz) / Green Top Hematology / Purple Top
 Bld Gas Bld Gas w/lytes Glu Orea

TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L		ALB	1.8	3.3-5.5 g/dL		WBC	14.7	4.8-10.8 x10(3)/uL
K		3.3-4.9 mmol/L		ALP	124	28-184 U/L		RBC	1.84	4.2-6.1 x10(6)/uL
Cl		98-109 mmol/L		ALT	255	10-47 U/L		Hgb	5.7	12.0-18.0 g/dL
pH	7.206	7.35-7.45		AMY	488	14-110 U/L		Hct	17.0	M: 42.0-52.0%
PCO2	57.3	35-45 mmHg		AST	420	11-38 U/L				F: 37-47%
PO2	311	80-100 mmHg		Tbil	5.2	0.2-1.8 mg/dL		MCV	92.5	80.0-99.0 fl
TCO2	24	18-33 mmol/L		BUN	170	7-22 mg/dL		MCH	30.9	27.0-31.0 pg
HCO3	22.7	22-26 mmol/L		Ca	6.8	8.0-10.3 mg/dL		MCHC	33.4	33.0-37.0 g/dL
sO2	100	95-99%		Chol		100-200 mg/dL		Pit	765	130-400 x10(3)/uL
BEecf	-5	(-2) - (+3)		CK		M: 39-380 U/L		LY%	9.5	20.0-44.0%
AGap		8-16 mmol/L				F: 30-190 U/L		LY#	1.4	0.7-4.3 x10(3)/uL
iCa		1.12-1.32 mmol/L		CL	106	98-109 mmol/L		Differential		
BUN		7-22 mg/dL		TCO2	24	18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
Glu		73-118 mg/dL		Creat	6.0	0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-1%)
Creat		0.6-1.3 mg/dL		GGT	125	5-65 U/L		Lymph(20-44%)		Baso(0-2%)
Hct		37.0-52.0%		Glu	182	73-118 mg/dL		Atyp Ly	24	
Hgb		12.0-18.0 g/dL		K	5.2	3.3-4.9 mmol/L		RBC Abn Morph:		
Lactate		0.90-1.70 mmol/L		TProtein	5.2	6.4-8.1 g/dL				

Urinalysis			Rapid Tests			Sed Rate / Purple Top		
Color	Straw/Yellow		Mono	Negative		Sed Rate		1hr = 0-20 mm
Clarity	Clear		RPR	Negative		Coagulation (Blue Top - Sodium Citrate)		
Glucose	Negative		HIV	Negative		PT		7.0-14.0 sec
Bilirubin	Negative		Drug Scr.	Negative		APTT		21.0-50.0 sec
Ketone	Negative		HCG	Negative		INR		0.5-1.5/therap 2-3
SG	1.010-1.025		H.pylori IgG	Negative		D Dimer		Negative
Blood	Negative		ETOH/Alc.	Negative		Cardiac Panel/Purple Top		
pH	5.0-8.0		Strep A	Negative		Myoglobin		0-107 ng/mL
Protein	Negative-Trace		Chlamydia	Negative		CK-MB		0-4.3 ng/mL
Urobilin	0.1-1.0 Ehrlich U/dL		Flu A&B	Negative		Troponin		0.0-0.4 ng/mL
Nitrite	Negative		C. difficile (stool)	Negative		Hemogram S / Purple Top		
Leuko	Negative		O&P (stool)	No Ova / Parasite		Hemoglobin S		Negative

Wet Mount: Negative Panel Includes: Culture, Gram Stain, Urine, CSF (CSF only)

Microbiology Laboratory Report

Accession #	W032	Isolate 1	Isolate 2	Isolate 3
Collection Date	4/3/2005	Amikacin <input type="checkbox"/>	Amikacin <input type="checkbox"/>	Amikacin <input type="checkbox"/>
Patient Name	(b)(6)	Amox/K Clav <input type="checkbox"/>	Amox/K Clav <input type="checkbox"/>	Amox/K Clav <input type="checkbox"/>
SSN or ID		Amp/Sulbactam <input type="checkbox"/>	Amp/Sulbactam <input type="checkbox"/>	Amp/Sulbactam <input type="checkbox"/>
Sample Type	Abscess, Swab	Ampicillin <input type="checkbox"/>	Ampicillin <input type="checkbox"/>	Ampicillin <input type="checkbox"/>
Sample Site	Refro peritoneal	Azithromycin <input type="checkbox"/>	Azithromycin <input type="checkbox"/>	Azithromycin <input type="checkbox"/>
Patient Location	ICU	Aztreonam <input type="checkbox"/>	Aztreonam <input type="checkbox"/>	Aztreonam <input type="checkbox"/>
Provider	(b)(6)	Cefazolin <input type="checkbox"/>	Cefazolin <input type="checkbox"/>	Cefazolin <input type="checkbox"/>
Result Type	Preliminary 1	Cefepime <input type="checkbox"/>	Cefepime <input type="checkbox"/>	Cefepime <input type="checkbox"/>
<input checked="" type="checkbox"/> Gram's Stain	Many RBC's; Few WBC's; No organism seen	Cefotaxime <input type="checkbox"/>	Cefotaxime <input type="checkbox"/>	Cefotaxime <input type="checkbox"/>
<input type="checkbox"/> Acid-fast Stain		Cefotetan <input type="checkbox"/>	Cefotetan <input type="checkbox"/>	Cefotetan <input type="checkbox"/>
<input type="checkbox"/> KOH Prep		Cefoxitin <input type="checkbox"/>	Cefoxitin <input type="checkbox"/>	Cefoxitin <input type="checkbox"/>
<input checked="" type="checkbox"/> Culture		Ceftazidime <input type="checkbox"/>	Ceftazidime <input type="checkbox"/>	Ceftazidime <input type="checkbox"/>
<input type="checkbox"/> Acinetobacter Screen		Ceftriaxone <input type="checkbox"/>	Ceftriaxone <input type="checkbox"/>	Ceftriaxone <input type="checkbox"/>
<input type="checkbox"/> MRSA Screen		Cefuroxime <input type="checkbox"/>	Cefuroxime <input type="checkbox"/>	Cefuroxime <input type="checkbox"/>
Qty isolate #1		Cephalothin <input type="checkbox"/>	Cephalothin <input type="checkbox"/>	Cephalothin <input type="checkbox"/>
Isolate #1		Chloramphenicol <input type="checkbox"/>	Chloramphenicol <input type="checkbox"/>	Chloramphenicol <input type="checkbox"/>
Qty isolate #2		Ciprofloxacin <input type="checkbox"/>	Ciprofloxacin <input type="checkbox"/>	Ciprofloxacin <input type="checkbox"/>
Isolate #2		Clindamycin <input type="checkbox"/>	Clindamycin <input type="checkbox"/>	Clindamycin <input type="checkbox"/>
Qty isolate #3		Erythromycin <input type="checkbox"/>	Erythromycin <input type="checkbox"/>	Erythromycin <input type="checkbox"/>
Isolate #3		Gatifloxacin <input type="checkbox"/>	Gatifloxacin <input type="checkbox"/>	Gatifloxacin <input type="checkbox"/>
Comments		Gentamicin <input type="checkbox"/>	Gentamicin <input type="checkbox"/>	Gentamicin <input type="checkbox"/>
Report Date	4/3/2005	Imipenem <input type="checkbox"/>	Imipenem <input type="checkbox"/>	Imipenem <input type="checkbox"/>
Tech	(b)(6)	Levofloxacin <input type="checkbox"/>	Levofloxacin <input type="checkbox"/>	Levofloxacin <input type="checkbox"/>
Reviewed By		Linezolid <input type="checkbox"/>	Linezolid <input type="checkbox"/>	Linezolid <input type="checkbox"/>
		Meropenem <input type="checkbox"/>	Meropenem <input type="checkbox"/>	Meropenem <input type="checkbox"/>
		Moxifloxacin <input type="checkbox"/>	Moxifloxacin <input type="checkbox"/>	Moxifloxacin <input type="checkbox"/>
		Nitrofurantoin <input type="checkbox"/>	Nitrofurantoin <input type="checkbox"/>	Nitrofurantoin <input type="checkbox"/>
		Norfloxacin <input type="checkbox"/>	Norfloxacin <input type="checkbox"/>	Norfloxacin <input type="checkbox"/>
		Ofloxacin <input type="checkbox"/>	Ofloxacin <input type="checkbox"/>	Ofloxacin <input type="checkbox"/>
		Oxacillin <input type="checkbox"/>	Oxacillin <input type="checkbox"/>	Oxacillin <input type="checkbox"/>
		Penicillin <input type="checkbox"/>	Penicillin <input type="checkbox"/>	Penicillin <input type="checkbox"/>
		Pip/Tazo <input type="checkbox"/>	Pip/Tazo <input type="checkbox"/>	Pip/Tazo <input type="checkbox"/>
		Piperacillin <input type="checkbox"/>	Piperacillin <input type="checkbox"/>	Piperacillin <input type="checkbox"/>
		Rifampin <input type="checkbox"/>	Rifampin <input type="checkbox"/>	Rifampin <input type="checkbox"/>
		Synercid <input type="checkbox"/>	Synercid <input type="checkbox"/>	Synercid <input type="checkbox"/>
		Tetracycline <input type="checkbox"/>	Tetracycline <input type="checkbox"/>	Tetracycline <input type="checkbox"/>
		Ticar/K Clav <input type="checkbox"/>	Ticar/K Clav <input type="checkbox"/>	Ticar/K Clav <input type="checkbox"/>
		Tobramycin <input type="checkbox"/>	Tobramycin <input type="checkbox"/>	Tobramycin <input type="checkbox"/>
		Trimeth/Sulfa <input type="checkbox"/>	Trimeth/Sulfa <input type="checkbox"/>	Trimeth/Sulfa <input type="checkbox"/>
		Vancomycin <input type="checkbox"/>	Vancomycin <input type="checkbox"/>	Vancomycin <input type="checkbox"/>

Microbiology Laboratory Report

Accession #	B062
Collection Date	3/31/2005
Patient Name	(b)(6)
SSN or ID	
Sample Type	Blood
Sample Site	A-Line; Femoral
Patient Location	ICU
Provider	(b)(6)
# bottles	2
Result Type	Preliminary 1 AMENDED
Gram's Stain	Gram-negative rods; gram-positive rods
Verbal Report	(b)(6) 4/1/2005 @ 1615 hrs
Culture	
Isolate #1	Gram-negative rods
Isolate #2	Gram-positive rods
Isolate #3	
Comments	
Report Date	4/3/2005
Tech	(b)(6)
Reviewed By	

	Isolate 1	Isolate 2	Isolate 3
Amikacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amox/K Clav	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amp/Sulbactam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ampicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aztreonam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefazolin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefepime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefotaxime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefotetan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefoxitin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftazidime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefuroxime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cephalothin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloramphenicol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gatifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentamicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imipenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linezolid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meropenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moxifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norfloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pip/Tazo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piperacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synercid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetracycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticar/K Clav	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobramycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimeth/Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Microbiology Laboratory Report

Accession #	B061
Collection Date	3/31/2005
Patient Name	(b)(6)
SSN or ID	
Sample Type	Blood
Sample Site	Central Line
Patient Location	ICU
Provider	(b)(6)
# bottles	2
Result Type	Preliminary 1
Gram's Stain	Gram-negative rods; gram-positive rods
Verbal Report	
Culture	
Isolate #1	Gram-negative rods
Isolate #2	Gram-positive rods
Isolate #3	
Comments	
Report Date	4/3/2005
Tech	(b)(6)
Reviewed By	

Isolate 1
Amikacin
Amox/K Clav
Amp/Sulbactam
Ampicillin
Azithromycin
Aztreonam
Cefazolin
Cefepime
Cefotaxime
Cefotetan
Cefoxitin
Ceftazidime
Ceftriaxone
Cefuroxime
Cephalothin
Chloramphenicol
Ciprofloxacin
Clindamycin
Erythromycin
Gatifloxacin
Gentamicin
Imipenem
Levofloxacin
Linezolid
Meropenem
Moxifloxacin
Nitrofurantoin
Norfloxacin
Ofloxacin
Oxacillin
Penicillin
Pip/Tazo
Piperacillin
Rifampin
Synercid
Tetracycline
Ticar/K Clav
Tobramycin
Trimeth/Sulfa
Vancomycin

Isolate 2
Amikacin
Amox/K Clav
Amp/Sulbactam
Ampicillin
Azithromycin
Aztreonam
Cefazolin
Cefepime
Cefotaxime
Cefotetan
Cefoxitin
Ceftazidime
Ceftriaxone
Cefuroxime
Cephalothin
Chloramphenicol
Ciprofloxacin
Clindamycin
Erythromycin
Gatifloxacin
Gentamicin
Imipenem
Levofloxacin
Linezolid
Meropenem
Moxifloxacin
Nitrofurantoin
Norfloxacin
Ofloxacin
Oxacillin
Penicillin
Pip/Tazo
Piperacillin
Rifampin
Synercid
Tetracycline
Ticar/K Clav
Tobramycin
Trimeth/Sulfa
Vancomycin

Isolate 3
Amikacin
Amox/K Clav
Amp/Sulbactam
Ampicillin
Azithromycin
Aztreonam
Cefazolin
Cefepime
Cefotaxime
Cefotetan
Cefoxitin
Ceftazidime
Ceftriaxone
Cefuroxime
Cephalothin
Chloramphenicol
Ciprofloxacin
Clindamycin
Erythromycin
Gatifloxacin
Gentamicin
Imipenem
Levofloxacin
Linezolid
Meropenem
Moxifloxacin
Nitrofurantoin
Norfloxacin
Ofloxacin
Oxacillin
Penicillin
Pip/Tazo
Piperacillin
Rifampin
Synercid
Tetracycline
Ticar/K Clav
Tobramycin
Trimeth/Sulfa
Vancomycin

0029 03 CID/89-29259

Physician: (b)(6) Ward: STAT Specimen Date and Time: 03 APR 89 0450 Reported by: (b)(6) Date and Time: 3 Apr 89
 Drawn by: Bed: X Routine

Hemoglobin A1c / Purple Top

X	TEST	RESULT	REF. RANGE
	Hgb A1c		3.5-6.0 %

Special Chemistries / Tiger Top (SST)

X	TEST	RESULT	REF. RANGE
	Alcohol		<10 mg/dL Negative 50-400 mg/dL Toxic >400 mg/dl Poss. Fatal
	Cholinesterase		M: 5.90-12.22 U/mL F: 4.65-10.44 U/mL
	Iron		M: 49-181 ug/dL F: 37-170 ug/dL
	Lipase		23-300 U/L
X	Phosphorous	6.9 H	2.2-4.5 mg/dL
X	Magnesium	2.5 H	1.6-2.3 mg/dL
	Uric Acid		M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL
	Lactate Dehydrogenase		313-618 U/L
	HIV		Negative
	PSA Tot		Age Range (ng/ml) 40-49 0.0-2.5 ng/ml 50-59 0.0-3.5 ng/ml 60-69 0.0-4.5 ng/ml 70-79 0.0-6.5 ng/ml
	HCG Quant		M: <3mIU/ mL Cyclic F: <4 mIU/ mL MenoP F: <13 mIU/ mL Preg F: >20 mIU/ mL
	Bu		0.0 - 1.1 mg/dl
	Bc		0.0 - 0.3 mg/dl

Thyroid Panel / Red or Tiger Top

X	TEST	RESULT	REF. RANGE
	TSH		0.25 - 5 uIU/ml Hyperthy: <0.15 uIU/ml Hypothy: >7 uIU/ml
	FT4		9 - 20 pmol/L
	FT3		4.0 - 8.3 pmol/L

Urine Microalbumin/Creatinine Urine Cup
 Note: Will not be ran on urine samples with a protein value of 30 mg/dl or higher or on visibly bloody specimens.

X	TEST	RESULT	REF. RANGE
	Albumin		≤10 mg/L
	Creatinine		10-300 mg/dL
	Alb/Creat Ratio		<30 mg/g

Add Thyroid Tests / Red or Tiger Top

X	TEST	RESULT	REF. RANGE
	T4 Total		60 - 120 nmol/L
	T3 Total		0.92 - 2.33 nmol/L

C Reactive Protein / Red Top
 Note: Qualitative Screen performed on serum. If results positive will be rechecked for a serum titer result.

X	TEST	RESULT	REF. RANGE
	CRP		<6 mg/L

Hepatitis B / Red or Tiger Top

X	TEST	RESULT	REF. RANGE
	HBsAG		Negative
	HBcAG		Positive
	HBcAG		Positive
	HBsAG		Equivocal
	HBcAG		Negative

CSF Glucose - Sterile Tube

X	TEST	RESULT	REF. RANGE
	CSF Glucose		40-70 mg/dL
	CSF Protein		12 - 60 mg/dL

Special Chemistries / Urine Cup

X	TEST	RESULT	REF. RANGE
	Glucose		<30 mg/dL
	Protein		<12 mg/dL

Additional Tests

X	TEST	RESULT	REF. RANGE
	Ammonia		9 - 30 umol/L
	Lactate		0.7 - 2.1 mmol/L

For the tests below, coordinate with lab OIC or NCOIC

Therap. Drug Monitoring

X	TEST	RESULT	REF. RANGE
	Acetaminophen		10-30 ug/mL Therap. >150 ug/mL Toxic
	Digoxin		0.8-2.0 ng/mL Therap.
	Phenytoin		10.0-20.0 ug/mL Therap.
	Salicylate		<2 mg/dL negative <20 mg/dL Therap. >30 mg/dL Toxic >60 mg/dL Lethal

X	TEST	RESULT	REF. RANGE
	Ammonia		9 - 30 umol/L
	Lactate		0.7 - 2.1 mmol/L

(b)(6)

α

(b)(6)

Physician
Drawn by

Ward: ICU
Bed: 6

STAT
Routine

Specimen Date and Time:
02/20/05 04:50

Reported by
(b)(6)

0707
Date and Time
03 APR

Chemistry (I-STAT) / Green Top / Syringe			Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top			
Bld Gas			Chem 12				CBC			
TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L	L	ALB	1.4	3.3-5.5 g/dL	H	WBC	13.1	4.8-10.8 x10(3)
K		3.3-4.9 mmol/L		ALP	83	26-184 U/L	L	RBC	2.50	4.2-6.1 x10(6)
Cl		98-109 mmol/L	H	ALT	84	10-47 U/L	L	Hgb	7.5	12.0-18.0 g/d
pH	7.32	7.35-7.45	H	AMY	116	14-110 U/L	L	Hct	22.8	M: 42.0-52.0
PCO2	48.1	35-45 mmHg	H	AST	152	11-38 U/L				F: 37-47%
PO2	90	80-100 mmHg	H	Tbil	4.8	0.2-1.6 mg/dL		MCV	91.5	80.0-99.0 fl
TCO2	26	18-33 mmol/L	H	BUN	135	7-22 mg/dL		MCH	29.9	27.0-31.0 pg
HCO3	25.0	22-26 mmol/L	X	Ca	8.1	8.0-10.3 mg/dL	L	MCHC	32.7	33.0-37.0 g/dL
sO2	96	95-99%		Chol		100-200 mg/dL	H	Plt	930	150-400 x10(3)
BEecf	-1	(-2) - (+3)		CK		M: 39-380 U/L	L	LY%	7.5	20.0-44.0%
AGap		8-16 mmol/L				F: 30-190 U/L		LY#	1.0	0.7-4.3 x10(3)
iCa		1.12-1.32 mmol/L	H	CL	112	98-109 mmol/L		Differential		
BUN		7-22 mg/dL		TCO2	22	18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
Glu		73-118 mg/dL	H	Creat	5.5	0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
Creat		0.6-1.3 mg/dL	H	GGT	67	5-65 U/L		Lymph(20-44%)		Baso(0-2%)
Hct		37.0-52.0%	H	Glu	149	73-118 mg/dL		Atyp Ly		Immature cells
Hgb		12.0-18.0 g/dL		K	4.1	3.3-4.9 mmol/L		RBC Abn Morph:		
Lactate		0.90-1.70 mmol/L	L	TProtein	5.5	6.4-8.1 g/dL		Plt Abn Morph: 720/01F 2 INCREASED		
Urinalysis			H	Na	148	138-145 mmol/L		WBC Abn Morph:		
Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top		
Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Se
Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Se
Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate / Purple Top		
Ketone		Negative		VLDL		≤30 mg/dL		Sed Rate		1hr = 0-20 mm
SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Coagulation (Blue Top - Sodium Citrate)		
Blood		Negative		Rapid Tests				PT	13.8	7.0-14.0 sec
pH		5.0-8.0		Mono		Negative		APTT	14.7	21.0-50.0 sec
Protein		Negative-Trace		RPR		Negative		INR	1.4	0.5-1.5/therap 2-3
Urobili		0.1-1.0 Ehrlich U/dL		HIV		Negative		D Dimer		Negative
Nitrite		Negative		Drug Scr.		Negative		Cardiac Panel/Purple Top		
Leuko		Negative		HCG		Negative		Myoglobin		0-107 ng/mL
Urine Microscopic				H.pylori IgG		Negative		CK-MB		0-4.3 ng/mL
WBC		Epi		ETOH/Alc.		Negative		Troponin		0.0-0.4 ng/mL
RBC		Mucus		Strep A		Negative		Hemoglobin S / Purple Top		
Bacteria		Yeast		Chlamydia		Negative		Hemoglobin S		Negative
Casts:		Spermatozoa		Flu A&B		Negative		Body Fluid Panel - Sterile Cont.		
Crystals:		Amorph Sed		C. difficile (stool)		Negative		Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis tes		
Other:				O&P (stool)		No Ova / Parasite		72:SF only		
Other lab request:				OccBld		Negative				
				Wet Mount		Negative				
				KOH		Negative				

Physician Drawn by: (b)(6)			Ward: <i>Cu</i>			STAT: <i>Routine</i>			Specimen Date and Time: <i>03-04-2013 11:30</i>			Patient: (b)(6)			Date and Time: <i>2 Apr 13</i>														
Chemistry (STAT) / Green Top / Syringe						Chemistry (Piccolo Analyzer) / Green Top						Hematology / Purple Top																	
Bid Gas			Bid Gas w/lytes			Glu			Creat			Chem 12		Met/lytes		BMP		Liver		Lipid		Renal		CBC		Malaria		H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE														
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC				WBC		4.8-10.8 x10(6)														
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC				RBC		4.2-6.1 x10(6)														
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb				Hgb		12.0-18.0 g/dL														
	pH		7.35-7.45		AMY		14-110 U/L		Hct				Hct		M: 42.0-52.0														
	PCO2		35-45 mmHg		AST		11-38 U/L								F: 37-47%														
	PO2		80-100 mmHg		Tbil		0.2-1.8 mg/dL		MCV				MCV		80.0-99.0 fl														
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCH				MCH		27.0-31.0 pg														
	HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL		MCHC				MCHC		33.0-37.0 g/dL														
	sO2		95-99%		Chol		100-200 mg/dL		Pit				Pit		130-400 x10(3)/mm ³														
	BEecf		(-2) - (+3)		CK		M: 39-380 U/L		LY%				LY%		20.0-44.0%														
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#				LY#		0.7-4.3 x10(9)/mm ³														
	iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential																				
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)																		
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)																		
	Creat		0.5-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)																		
	Hct		37.0-52.0%		Glu		73-118 mg/dL		Atyp Ly		Immature cells																		
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:																				
	Lactate		0.50-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Pit Abn Morph:																				
Urinalysis					Na		138-145 mmol/L		WBC Abn Morph:																				
	Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top																				
	Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Seen																		
	Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Seen																		
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate / Purple Top																				
	Ketone		Negative		VLDL		≤30 mg/dL		Sed Rate		1hr = 0-20 mm																		
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Coagulation (Blue Top - Sodium Citrate)																				
	Blood		Negative		Rapid Tests				PT		7.0-14.0 sec																		
	pH		5.0-8.0		Mono		Negative		APTT		21.0-50.0 sec																		
	Protein		Negative-Trace		RPR		Negative		INR		0.5-1.5/therap 2-3																		
	Urobili		0.1-1.0 Ehrlich U/dL		HIV		Negative		D Dimer		Negative																		
	Nitrite		Negative		Drug Scr.		Negative		Cardiac Panel/Purple Top																				
	Leuko		Negative		HCG		Negative		Myoglobin		0-107 ng/mL																		
Urine Microscopic					H.pylori IgG		Negative		CK-MB		0-4.3 ng/mL																		
	WBC		Epi		ETOH/Alc.		Negative		Troponin		0.0-0.4 ng/mL																		
	RBC		Mucus		Strep A		Negative		Hemoglobin S / Purple Top																				
	Bacteria		Yeast		Chlamydia		Negative		Hemoglobin S		Negative																		
	Casts:		Spermatozoa		Flu A&B		Negative		Body Fluid Panel - Sterile Cont.																				
	Crystals:		Amorph Sed		C. difficile (stool) <i>Pos</i>		Negative		Panel includes: Culture, Gram Stain,		73																		
	Other:				O&P (stool)		No Ova / Parasite		Count, WBC Diff., Meningitis test		73 (F only)																		
					OccBld		Negative																						
					Wet Mount		Negative																						
					KOH		Negative																						
Other lab request:																													

LAST, FIRST, MI. Male Female SSN or ICM# (b)(6) Signs and Symptoms:
 Physician (b)(6) Ward: CU STAT Specimen Date and Time: 02 APR 07 @ 0500 Reported by (b)(6) Date and Time: 2 Apr 07
 Drawn by: Bed: 6 Routine

Chemistry (i-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top
 Bld Gas Bld Gas w/lytes Glu Crea Chem 12 Metab 9 CMP Liver Bilir Panel CBC Malaria H/H

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L	X ALB	1.2 L	3.3-5.5 g/dL	X WBC	13.2 H	4.8-10.8 x10(3)/uL
K		3.3-4.9 mmol/L	ALP	80	26-184 U/L	X RBC	3.23 L	4.2-6.1 x10(6)/uL
Cl		98-109 mmol/L	X ALT	49 H	10-47 U/L	X Hgb	9.6 L	12.0-18.0 g/dL
X pH	7.309 L	7.35-7.45	AMY	72	14-110 U/L	X Hct	29.7 L	M: 42.0-52.0%
X PCO2	48.8 H	35-45 mmHg	X AST	92 H	11-38 U/L			F: 37-47%
PO2		80-100 mmHg	X Tbil	4.2 H	0.2-1.6 mg/dL	MCV	96.7	80.0-99.0 fl
TCO2	26	18-33 mmol/L	X BUN	102 H	7-22 mg/dL	MCH	29.6	27.0-31.0 pg
HCO3	24.5	22-26 mmol/L	X Ca	8.6	8.0-10.3 mg/dL	X MCHC	32.3 L	33.0-37.0 g/dL
sO2		95-99%	Chol		100-200 mg/dL	X Plt	936 H	130-400 x10(3)/uL
BEecf	-2	(-2) - (+3)	CK		M: 39-380 U/L	X LY%	8.1 L	20.0-44.0%
AGap		8-16 mmol/L			F: 30-190 U/L	LY#	1.1	0.7-4.3 x10(3)/uL
iCa		1.12-1.32 mmol/L	X CL	113 H	98-109 mmol/L	Differential		
BUN		7-22 mg/dL	TCO2	27	18-33 mmol/L	Segs(50-70%)	Mono(4-10%)	
Glu		73-118 mg/dL	X Creat	4.4 H	0.6-1.3 mg/dL	Bands(1-10%)	Eos(0-4%)	
Creat		0.6-1.3 mg/dL	GGT	34	5-65 U/L	Lymph(20-44%)	Baso(0-2%)	
Hct		37.0-52.0%	X Glu	138 H	73-118 mg/dL	Atyp Ly	Immature cells	
Hgb		12.0-18.0 g/dL	K	3.8	3.3-4.9 mmol/L	RBC Abn Morph:		
Lactate		0.90-1.70 mmol/L	X TProtein	6.2 L	6.4-8.1 g/dL	Plt Abn Morph:		

Urinalysis

Color	Straw/Yellow	X Phosphorous	6.2 H	2.2-4.5 mg/dL
Clarity	Clear	HDL Chol		30-75 mg/dL
Glucose	Negative	LDL Chol		50-130 mg/dL
Bilirubin	Negative	Triglycerides		60-160 mg/dL
Ketone	Negative	VLDL		≤30 mg/dL
SG	1.010-1.025	Chol/HDL Ratio		≤4.5

Rapid Tests

Blood	Negative	Mono	Negative
pH	5.0-8.0	RPR	Negative
Protein	Negative-Trace	HIV	Negative
Urobili	0.1-1.0 Ehrlich U/dL	Drug Scr.	Negative
Nitrite	Negative	HCG	Negative
Leuko	Negative	H.pylori IgG	Negative

Urine Microscopic

WBC	Epi	ETOH/Alc.	Negative
RBC	Mucus	Strep A	Negative
Bacteria	Yeast	Chlamydia	Negative
Casts:	Spermatozoa	Flu A&B	Negative
Crystals:	Amorph Sed	C. difficile (stool)	Negative
Other:		O&P (stool)	No Ova / Parasita

Critical Results given to (b)(6)

Exhibit 743

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	SSN or ISN: (b)(6)	Signs and Symptoms:	
Physician: (b)(6)	Ward: <u>CU</u>	STAT	Specimen Date and Time:	Reported by: (b)(6)	Date and Time:
Drawn by:	Bed: <u>6</u>	<input checked="" type="checkbox"/> Routine.	<u>02 APR 05 @ 0500</u>		<u>2 APR 05</u>

Hemoglobin A1c / Purple Top **Special Chemistries / Tiger Top (SS)**

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Hgb A1c		3.5-6.0 %		Alcohol		<10 mg/dL
	Urine Microalbumin/Creatinine Urine Cup Note: Will not be an accurate reading if patient has proteinuria or hematuria. If patient has proteinuria or hematuria, the specimen should be rechecked.						50-400 mg/dL Toxic >400 mg/dl Poss. Fatal
					Iron		M: 49-181 ug/dL F: 37-170 ug/dL
X	Albumin		≤10 mg/L	X	Lipase		23-300 U/L
	Creatinine		10-300 mg/dL		Magnesium	<u>2.8 H</u>	1.6-2.3 mg/dL
	Alb/Creat Ratio		<30 mg/g		Uric Acid		M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL

C Serum Porphyrin / Red Top **Lactate Dehydrogenase**

							313-618 U/L
Therap. Drug Monitoring							
					Acetaminophen		10-30 ug/mL Therap. >150 ug/mL Toxic
X	CRP		<6 mg/L		Digoxin		0.8-2.0 ng/mL Therap.
					Phenytoin		10.0-20.0 ug/mL Therap.
					Salicylate		<2 mg/dL negative <20 mg/dL Therap. >30 mg/dL Toxic >60 mg/dL Lethal

CSF Glucose - Sterile Tube

X	TEST	RESULT	REF. RANGE
	CSF Glucose		40-70 mg/dL

Additional Tests

For the tests below, coordinate with lab OIC or NCOIC

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	TIBC				Glucose		<30 mg/dL
	Ammonia				Protein		<12 mg/dL
	Lactate						

Microbiology Laboratory Report

Accession #	U021
Collection Date	3/31/2005
Patient Name	(b)(6)
SSN or ID	(b)(6)
Sample Type	Urine
Sample Site	Catheterized
Patient Location	ICU
Provider	(b)(6)
Result Type	FINAL
<input type="checkbox"/> Gram's Stain	
<input checked="" type="checkbox"/> Culture	No growth after 24 hours
Qty isolate #1	
Isolate #1	
Qty isolate #2	
Isolate #2	
Qty isolate #3	
Isolate #3	
Comments	
Report Date	4/1/2005
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amox/K Clav	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amp/Sulbactam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ampicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aztreonam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefazolin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefepime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefotaxime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefotetan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefoxitin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftazidime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefuroxime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cephalothin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloramphenicol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gatifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentamicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imipenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linezolid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meropenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moxifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrofurantoin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norfloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pip/Tazo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piperacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synercid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetracycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticar/K Clav	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobramycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimeth/Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Microbiology Laboratory Report

Accession #	B062
Collection Date	3/31/2005
Patient Name	(b)(6)
SSN or ID	(b)(6)
Sample Type	Blood
Sample Site	A-Line; Femoral
Patient Location	ICU
Provider	(b)(6)
# bottles	2
Result Type	Preliminary 1
Gram's Stain	Gram-negative rods; Yeast
Verbal Report	
Culture	
Isolate #1	Gram-negative rods
Isolate #2	Yeast
Isolate #3	
Comments	
Report Date	4/1/2005
Tech	(b)(6)
Reviewed By	

Isolate 1	Isolate 2	Isolate 3
Amikacin	Amikacin	Amikacin
Amox/K Clav	Amox/K Clav	Amox/K Clav
Amp/Sulbactam	Amp/Sulbactam	Amp/Sulbactam
Ampicillin	Ampicillin	Ampicillin
Azithromycin	Azithromycin	Azithromycin
Aztreonam	Aztreonam	Aztreonam
Cefazolin	Cefazolin	Cefazolin
Cefepime	Cefepime	Cefepime
Cefotaxime	Cefotaxime	Cefotaxime
Cefotetan	Cefotetan	Cefotetan
Cefoxitin	Cefoxitin	Cefoxitin
Ceftazidime	Ceftazidime	Ceftazidime
Ceftriaxone	Ceftriaxone	Ceftriaxone
Cefuroxime	Cefuroxime	Cefuroxime
Cephalothin	Cephalothin	Cephalothin
Chloramphenicol	Chloramphenicol	Chloramphenicol
Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Clindamycin	Clindamycin	Clindamycin
Erythromycin	Erythromycin	Erythromycin
Gatifloxacin	Gatifloxacin	Gatifloxacin
Gentamicin	Gentamicin	Gentamicin
Imipenem	Imipenem	Imipenem
Levofloxacin	Levofloxacin	Levofloxacin
Linezolid	Linezolid	Linezolid
Meropenem	Meropenem	Meropenem
Moxifloxacin	Moxifloxacin	Moxifloxacin
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin	Norfloxacin
Ofloxacin	Ofloxacin	Ofloxacin
Oxacillin	Oxacillin	Oxacillin
Penicillin	Penicillin	Penicillin
Pip/Tazo	Pip/Tazo	Pip/Tazo
Piperacillin	Piperacillin	Piperacillin
Rifampin	Rifampin	Rifampin
Synercid	Synercid	Synercid
Tetracycline	Tetracycline	Tetracycline
Ticar/K Clav	Ticar/K Clav	Ticar/K Clav
Tobramycin	Tobramycin	Tobramycin
Trimeth/Sulfa	Trimeth/Sulfa	Trimeth/Sulfa
Vancomycin	Vancomycin	Vancomycin

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of ___ units)

CRYOPRECIPITATE (Pool of ___ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

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

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED: 01. APR 05

DATE AND HOUR REQUIRED: 00 APR 05 ASAP

REQUESTING PHYSICIAN (Print): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW (L) FLANK

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. (b)(6)

VOLUME REQUESTED (if applicable): 1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify):

SIGNATURE: (b)(6)

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF: _____

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 01 APR 05

TIME VERIFIED: 10:30

Exp: 07 Apr 2005

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. 3

PATIENT NO. (b)(6)

DONOR: ABO A, Rh pos

RECIPIENT: ABO A, Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK: RECORD NO RECORD

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

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED: DATE: 01 Apr 05

REMARKS: No Antibody screen performed. Immediate spfn crossmatch only. (b)(6)

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AMOUNT GIVEN: _____ ML

POST-TRANSFUSION DATA

TIME DATE COMPLETED INTERRUPTED: 01.04.2005 13:30

REACTION: NONE SUSPECTED

AT (Hour) 1155 ON (Date) 01 Apr 05

IDENTIFICATION: I have examined the Blood Component container label and this form and I (b)(6)

(b)(6)

2. NUCLEAR VERIFIER (Signature): (b)(6)

PRE-TRANSFUSION

TEMP. 102.8 PULSE 145 BP 156/80

DATE OF TRANSFUSION: 2005.01.04

TIME STARTED: 12:15

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

SIGNATURE OF PERSON: (b)(6)

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

SEX: M WARD: ICU

(b)(6)

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)

General Services Administration

Interagency Committee on Medical Records

FIRMR (41CFR) 201-45.505

518-122

LAST, FIRST, MI.		Male	SSN or ISN: (b)(6)	Signs and Symptoms:	
		Female	(b)(6)	0634	
Physician (b)(6)	Ward: 204	STAT	Specimen Date and Time:	(b)(6)	Date and Time
Drawn by	Bed: 6	X Routine	1 APR 05 05:00		01 APR

Chemistry (I-STAT) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top								
Bld Gas		Bld Gas w/lytes		Glu		Crea		Chem 12	Met/Mod	BMP	Liver	Lipid	Panel	CBC	Malaria	H/H

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L	L	ALB	1.1	3.3-5.5 g/dL	H	WBC	12.6	4.8-10.8 x10(3)/uL
	K		3.3-4.9 mmol/L		ALP	76	28-184 U/L	L	RBC	3.13	4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT	37	10-47 U/L	L	Hgb	9.4	12.0-18.0 g/dL
L	pH	7.309	7.35-7.45	H	AMY	104	14-110 U/L	L	Hct	28.7	M: 42.0-52.0%
	PCO2	44.5	35-45 mmHg	H	AST	100	11-38 U/L				F: 37-47%
H	PO2	116	80-100 mmHg	H	Tbil	6.1	0.2-1.6 mg/dL		MCV	91.7	80.0-99.0 fl
	TCO2	24	18-33 mmol/L	H	BUN	68	7-22 mg/dL		MCH	30.1	27.0-31.0 pg
	HCO3	22.4	22-26 mmol/L	L	Ca	7.8	8.0-10.3 mg/dL	L	MCHC	32.8	33.0-37.0 g/dL
	sO2	98	95-99%		Chol		100-200 mg/dL	H	Plt	822	130-400 x10(3)/uL
L	BEecf	-4	(-2) - (+3)		CK		M: 39-380 U/L		LY%	8.6	20.0-44.0%
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#	1.1	0.7-4.3 x10(3)/uL
	iCa		1.12-1.32 mmol/L	H	CL	115	98-109 mmol/L	Differential			
	BUN		7-22 mg/dL		TCO2	21	18-33 mmol/L	Segs(50-70%)		Mono(4-10%)	
	Glu		73-118 mg/dL	H	Creat	3.6	0.6-1.3 mg/dL	Bands(1-10%)		Eos(0-4%)	
	Creat		0.6-1.3 mg/dL		GGT	31	5-65 U/L	Lymph(20-44%)		Baso(0-2%)	
	Hct		37.0-52.0%		Glu	82	73-118 mg/dL	Atyp Ly		Immature cells	
	Hgb		12.0-18.0 g/dL		K	4.3	3.3-4.9 mmol/L	RBC Abn Morph:			
	Lactate		0.90-1.70 mmol/L	L	TProtein	5.5	6.4-8.1 g/dL	Plt Abn Morph: INCREASED > 20/02 F			
Urinalysis					Na	144	138-145 mmol/L	WBC Abn Morph:			
	Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL				
	Clarity		Clear		HDL Chol		30-75 mg/dL				
	Glucose		Negative		LDL Chol		50-130 mg/dL				
	Bilirubin		Negative		Triglycerides		60-160 mg/dL	Malaria / Purple Top			
	Ketone		Negative		VLDL		≤30 mg/dL	Thin		No Plasmodium Seen	
	SG		1.010-1.025		Cho/HDL Ratio		≤4.5	Thick		No Plasmodium Seen	
	Blood		Negative	Rapid Tests				Sed Rate / Purple Top			
	pH		5.0-8.0	Mono			Negative	Sed Rate		1hr = 0-20 mm	
	Protein		Negative-Trace	RPR			Negative	Coagulation (Blue Top - Sodium Citrate)			
	Urobili		0.1-1.0 Ehrlich U/dL	HIV			Negative	PT		7.0-14.0 sec	
	Nitrite		Negative	Drug Scr.			Negative	APTT		21.0-50.0 sec	
	Leuko		Negative	HCG			Negative	INR		0.5-1.5/therap 2-3	
Urine Microscopic				H.pylori IgG			Negative	D Dimer		Negative	
	WBC		Epi	ETOH/Alc.			Negative	Cardiac Panel/Purple Top			
	RBC		Mucus	Strep A			Negative	Myoglobin		0-107 ng/mL	
	Bacteria		Yeast	Chlamydia			Negative	CK-MB		0-4.3 ng/mL	
	Casts:		Spermatozoa	Flu A&B			Negative	Troponin		0.0-0.4 ng/mL	
	Crystals:		Amorph Sed	C. difficile (stool)			Negative	Hemoglobin S / Purple Top			
	Other:			O&P (stool)			No Ova / Parasite	Hemoglobin S		Negative	
				OccBld							

LAST, FIRST, MI. Male SSN or ISN: (b)(6) Signs and Symptoms:
Female (b)(6)
 Physician (b)(6) Ward: JCH STAT Specimen Date and Time: Reported by: Date and Time
 Drawn by: Bed: 6 X Routine 1 APR 05 9:05 AM

Chemistry (i-STAT) / Green Top / Syringe Chemistry (Pico Analyzer) / Green Top Hematology / Purple Top
 Bld Gas Bld Gas w/lytes Glu Creat Cholesterol BMP Liver Lipid Panel CBC Malaria / H/E

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L	L	ALB	<u>1.1</u>	3.3-5.5 g/dL	H	WBC	<u>12.6</u>	4.8-10.8 x10(3)/uL
	K		3.3-4.9 mmol/L		ALP	<u>76</u>	26-184 U/L	L	RBC	<u>3.13</u>	4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT	<u>37</u>	10-47 U/L	L	Hgb	<u>9.4</u>	12.0-18.0 g/dL
L	pH	<u>7.309</u>	7.35-7.45	H	AMY	<u>104</u>	14-110 U/L	L	Hct	<u>28.7</u>	M: 42.0-52.0% F: 37-47%
	PCO2	<u>44.5</u>	35-45 mmHg	H	AST	<u>100</u>	11-38 U/L		MCV	<u>91.7</u>	80.0-99.0 fl
H	PO2	<u>116</u>	80-100 mmHg	H	Tbil	<u>6.1</u>	0.2-1.6 mg/dL		MCH	<u>30.1</u>	27.0-31.0 pg
	TCO2	<u>24</u>	18-33 mmol/L	H	BUN	<u>68</u>	7-22 mg/dL	L	MCHC	<u>32.8</u>	33.0-37.0 g/dL
	HCO3	<u>22.4</u>	22-26 mmol/L	L	Ca	<u>7.8</u>	8.0-10.3 mg/dL	H	Plt	<u>822</u>	130-400 x10(3)/uL
	sO2	<u>98</u>	95-99%		Chol		100-200 mg/dL		LY%	<u>8.6</u>	20.0-44.0%
L	BEecf	<u>-4</u>	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#	<u>1.1</u>	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L					Differential			
	iCa		1.12-1.32 mmol/L	H	CL	<u>115</u>	98-109 mmol/L	Segs(50-70%)		Mono(4-10%)	
	BUN		7-22 mg/dL		TCO2	<u>21</u>	18-33 mmol/L	Bands(1-10%)		Eos(0-4%)	
	Glu		73-118 mg/dL	H	Creat	<u>3.6</u>	0.6-1.3 mg/dL	Lymph(20-44%)		Baso(0-2%)	
	Creat		0.6-1.3 mg/dL		GGT	<u>31</u>	5-65 U/L	Atyp Ly		Immature cells	
	Hct		37.0-52.0%		Glu	<u>82</u>	73-118 mg/dL	RBC Abn Morph:			
	Hgb		12.0-18.0 g/dL		K	<u>4.3</u>	3.3-4.9 mmol/L	Plt Abn Morph:			
	Lactate		0.90-1.70 mmol/L	L	TProtein	<u>5.5</u>	6.4-8.1 g/dL	WBC Abn Morph:			

Urinalysis			Rapid Tests			Stool Panel / Purple Top		
Color	Straw/Yellow	Phosphorous	2.2-4.5 mg/dL					
Clarity	Clear	HDL Chol	30-75 mg/dL					
Glucose	Negative	LDL Chol	50-130 mg/dL					
Bilirubin	Negative	Triglycerides	60-160 mg/dL					
Ketone	Negative	VLDL	≤30 mg/dL					
SG	1.010-1.025	Chol/HDL Ratio	≤4.5					
Blood	Negative				Stool Panel / Purple Top			
pH	5.0-8.0	Mono	Negative					
Protein	Negative-Trace	RPR	Negative					
Urobili	0.1-1.0 Ehrlich U/dL	HIV	Negative					
Nitrite	Negative	Drug Scr.	Negative					
Leuko	Negative	HCG	Negative					
Urine Microscopic			H.pylori IgG	Negative				
WBC	Epi	ETOH/Alc.	Negative					
RBC	Mucus	Strep A	Negative					
Bacteria	Yeast	Chlamydia	Negative					
Casts:	Spermatozoa	Flu A&B	Negative					
Crystals:	Amorph Sed	C. difficile (stool)	Negative					
Other:		O&P (stool)	No Ova / Parasite					
		OccBld	Negative					

Exhibit 803

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of ___ units)

CRYOPRECIPITATE (Pool of ___ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

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

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED
31 MAR 05

DATE AND HOUR REQUIRED
31 MAR 05 / ASAP

VOLUME REQUESTED (If applicable) _____ ML

UNIT

REQUESTING PHYSICIAN (Print)
(b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW @ flank

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

SIGNATURE OF VERIFIER
(b)(6)

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF _____

RHIG TREATMENT DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED
31 MAR 05

TIME VERIFIED
1005

TRANSFUSION NO.
2

PATIENT NO.
(b)(6)

RECIPIENT
ABO A
Rh POS

TEST INTERPRETATION
CROSSMATCH

NA
com fusible

PREVIOUS RECORD CHECK:

RECORD NO RECORD

SIGNATURE OF PERSON PERFORMING TEST
(b)(6)

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 31 Mar 05

REMARKS:
No antibody screen performed
Immediate Spi crossmatch only

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA
PREPARED AND ISSUED BY (Signature)
(b)(6)

POST-TRANSFUSION DATA
TIME DATE COMPLETED INTERRUPTED
1730 31 MAR 05

AT (Hour) 15.56 ON (Date) 31-Mar-05

REACTION
 NONE SUSPECTED

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

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

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

URticARIA CHILL FEVER PAIN

OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify)

PRE-TRANSFUSION
TEMP. 102.5 PULSE 125 BP 118/88

DATE OF TRANSFUSION 31 March 05 TIME STARTED 1610

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

SEX M WARD ICU

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRM# (41CFR) 201-45-505
518-122

UNKNOWN, UNKNOWN
M O DETAINEE
IN PROCESSING

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of ___ units)

CRYOPRECIPITATE (Pool of ___ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

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

TYPE AND SCREEN

CROSSMATCH

REQUESTING PHYSICIAN (Print)

(b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW @ flank

DATE REQUESTED

31 MAR 05

DATE AND HOUR REQUIRED

31 MAR 05 / ASAP

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

VOLUME REQUESTED (If applicable)

1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

(b)(6)

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED

31 MAR 05

TIME VERIFIED

1005

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.

(b)(6)

TRANSFUSION NO.

1

PATIENT NO.

(b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN

NA

CROSSMATCH

Compatible

PREVIOUS RECORD CHECK:

RECORD NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

(b)(6)

DONOR

ABO A

Rh POS

RECIPIENT

ABO A

Rh POS

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 31 Mar 05

REMARKS:

No Antibody screen performed

Immediate spin crossmatch only

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INJECTED AND ISSUED BY (Signature)

(b)(6)

AT (Hour) 1327 ON (Date) 31 Mar 05

IDENTIFICATION

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

(b)(6)

(b)(6)

POST-TRANSFUSION DATA

AMOUNT GIVEN

ALL ML 1550

REACTION

NONE SUSPECTED

If reaction is suspected - IMMEDIATELY:

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

DESCRIPTION

URTICARIA CHILL FEVER PAIN

OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify) _____

SIGNATURE OF PERSON NOTING ABOVE

(b)(6)

PRE-TRANSFUSION

TEMP. 102.5 PULSE 125 BP 120/65

DATE OF TRANSFUSION

31 March 05

TIME STARTED

1340

SEX M WARD ICU

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

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)

General Services Administration

Interagency Committee on Medical Records

FIMR (41CFR) 201-45.505

518-122

UNKNOWN, UNKNOWN

NO DETAINEE

IN PROCESSING

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. _____ Male Female SSN or ISN: (b)(6) _____ Signs and Symptoms: _____
 Physician: (b)(6) _____ Ward: 204 STAT _____ Specimen Date and Time: _____ Reported by: _____ Date and Time: _____
 Drawn by: _____ Bed: 6 Routine 1 APR 05 0500 (b)(6) _____ 1 APR 05 0630

Hemoglobin A1c / Purple Top **Special Chemistries / Tiger Top (SST)** **Thyroid Panel / Red or Tiger Top**

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE		
	Hgb A1c		3.5-6.0 %		Alcohol		<10 mg/dL Negative		TSH		0.25 - 5 uIU/mL		
	Urine Microalbumin/Creatinine Urine Cup Note: Will not be ran on urine samples with a protein value of 30 mg/dl or higher or on visibly bloody specimens						50-400 mg/dL Toxic				Hyperthy: <0.15 uIU/mL		
								>400 mg/dl Poss. Fatal					Hypothy: >7 uIU/mL
								Cholinesterase		M: 5.90-12.22 U/mL F: 4.65-10.44 U/mL		FT4		9 - 20 pmol/L
									FT3		4.0 - 8.3 pmol/L		

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Albumin		≤10 mg/L		Lipase		23-300 U/L		T4 Total		60 - 120 nmol/L
	Creatinine		10-300 mg/dL		Phosphorous	<u>2.8</u>	2.2-4.5 mg/dL		T3 Total		0.92 - 2.33 nmol/L
	Alb/Creat Ratio		<30 mg/g		Magnesium	<u>2.8</u>	1.6-2.3 mg/dL		Reprints B / Red or Tiger Top		
					Uric Acid		M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL				

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE		
	C-Reactive Protein / Red Top Note: Quantitative screen performed on serum. Result is POS. Reactions will be followed by a quantitative result.				Lactate Dehydrogenase		313-618 U/L		
							HIV		Negative
							PSA Tot		Age Range (ng/ml)
	CRP		<6 mg/L				40-49 0.0-2.5 ng/ml 50-59 0.0-3.5 ng/ml 60-69 0.0-4.5 ng/ml 70-79 0.0-6.5 ng/ml		

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	CSF Glucose - Sterile Tube				HCG Quant		M: <3mIU/ mL
							Cyclic F:		<4 mIU/ mL
	CSF Glucose		40-70 mg/dL		MenoP F:		<13 mIU/ mL
	CSF Protein		12 - 60 mg/dL		Preg F:		>20 mIU/ mL

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Special Chemistries / Urine Cup				Bu		0.0 - 1.1 mg/dl
							Bc		0.0 - 0.3 mg/dl
	Glucose		<30 mg/dL				
	Protein		<12 mg/dL				

Additional Tests

For the tests below, coordinate with lab OIC or NCOIC

X	TEST	RESULT	REF. RANGE	Therap. Drug Monitoring			
	Ammonia		9 - 30 umol/L	Acetaminophen			10-30 ug/mL Therap. >150 ug/mL Toxic
	Lactate		0.7 - 2.1 mmol/L	Digoxin			0.8-2.0 ng/mL Therap.
				Phenytoin			10.0-20.0 ug/mL Therap.
				Salicylate			<2 mg/dL negative <20 mg/dL Therap. >30 mg/dL Toxic >60 mg/dL Lethal

LAST, FI (b)(6) Male Female SSN or ISN: _____ Signs and Symptoms: _____
 Physician: (b)(6) Ward: **1W** STAT Specimen Date and Time: **31 March 1103** Reported by: (b)(6) Date and Time: **31-03-2005**
 Drawn by: Bed: **6** Routine

Chemistry (i-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top

Chemistry (i-STAT) / Green Top / Syringe			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top					
Bld Gas	Bld Gas w/lytes	Glu Crea	Chem 12	Meltytes	BMP Liver Lipid Renal	CBC	Malaria	H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/ul
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC		4.2-6.1 x10(6)/ul
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	7.309L	7.36-7.45		AMY		14-110 U/L		Hot		M: 42.0-52.0%
	PCO2	45.5	35-45 mmHg		AST		11-38 U/L				F: 37-47%
	PO2	142	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCV		80.0-99.0 fl
	TCO2	24	18-33 mmol/L		BUN		7-22 mg/dL		MCH		27.0-31.0 pg
	HCO3	22.8	22-26 mmol/L		Ca		8.0-10.3 mg/dL		MCHC		33.0-37.0 g/dL
	sO2	99	95-99%		Chol		100-200 mg/dL		Plt		130-400 x10(3)/ul
	BEecf	-3	(-2) - (+3)		CK		M: 39-380 U/L		LY%		20.0-44.0%
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#		0.7-4.3 x10(3)/ul
	iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential		
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Hct		37.0-52.0%		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
					Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

Urine Microscopic

WBC	Epi
RBC	Mucus
Bacteria	Yeast
Casts:	Spermatozoa
Crystals:	Amorph Sed
Other:	

Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Cho/HDL Ratio	≤4.5
Rapid Tests	
Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Ac.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OocBld	

Malaria / Purple Top

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate	1hr = 0-20 mm
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Coagulation (Blue Top - Sodium Citrate)

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3
D Dimer	Negative

Cardiac Panel/Purple Top

Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative
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AST, FIRST (b)(6) Male SSN or ISN: (b)(6) Signs and Symptoms:
 Female
 Physician: (b)(6) Ward: ICU STAT Specimen Date and Time: Reported hr: (b)(6) Date and Time: 31 MAR 16
 Drawn by: Bed: 6 Routine 31 MAR 05/

Chemistry (STAT) / Green Top / Syringe Chemistry (Piccolo Analyzed) / Green Top Hematology / Purple Top
 Bid Gas Bid Gas w/ Mas Glu Crda Chem 12 Met 125 BMP Wt Lipid Pcoat CRP Malaria

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L	*	ALB	<L0	L 3.3-5.5 g/dL		WBC	13.5	4.8-10.8 x10(3)/uL
	K		3.3-4.9 mmol/L		ALP	83	28-184 U/L		RBC	2.90	L 4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT	32	10-47 U/L		Hgb	8.4	L 12.0-18.0 g/dL
	pH	* 7.187	7.35-7.45	X	AMY	158	H 14-110 U/L		Hct	26.8	L M: 42.0-52.0% F: 37-47%
	PCO2	* 66.2	35-45 mmHg		AST	77	H 11-38 U/L		MCV	92.6	80.0-99.0 fl
	PO2	374	80-100 mmHg		Tbil	5.6	H 0.2-1.6 mg/dL		MCH	29.2	27.0-31.0 pg
	TCO2	27	18-33 mmol/L		BUN	49	H 7-22 mg/dL		MCHC	31.5	L 33.0-37.0 g/dL
	HCO3	26.1	22-26 mmol/L	X	Ca	7.6	L 8.0-10.3 mg/dL		Plt	683	H 130-400 x10(3)/uL
	sO2	100	95-99%		Chol	98	L 100-200 mg/dL		LY%	9.9	L 20.0-44.0%
	BEecf	-3	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#	1.3	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa	0.86	1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Creat	2.4	H 0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL		GGT	23	5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL		Glu	62	L 73-118 mg/dL		Atyp Ly		Immature cells
	Hct		37.0-52.0%		K	4.0	3.3-4.9 mmol/L		RBC Abn Morph:		
	Hgb		12.0-18.0 g/dL	X	TProtein	9.1	L 6.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	yellow	Straw/Yellow
Clarity	hazy	Clear
Glucose	Neg	Negative
Bilirubin	Large	Negative
Ketone	Neg	Negative
SG	1.020	1.010-1.025
Blood	Large	Negative
pH	5.0	5.0-8.0
Protein	7300	Negative-Trace
Urobili	0.2	0.1-1.0 Ehrlich UrdL
Nitrite	Pos	Negative
Leuko	Neg	Negative

Phosphorous	6.7	2.2-4.5 mg/dL
HDL Chol		30-75 mg/dL
LDL Chol		50-130 mg/dL
Triglycerides		60-160 mg/dL
VLDL		<30 mg/dL
Cho/HDL Ratio		≤4.5

Rapid Tests	
Mono	Negative
RPR	Negative
HIV	Negative
Drug Sor.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm
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Coagulation (Blue Top - Solvent Clots)

PT	12.5	7.0-14.0 sec
APTT	130.3	21.0-50.0 sec
INR	1.2	0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel / Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S		Negative
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Isotest: (+) PH point value 7.187 ; pco2 point value 66.2, APTT = 130.3, ALP = 83

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	SSN or ISN: (b)(6)	Signs and Symptoms:
Physician: (b)(6)	Ward: <u>IIU</u>	STAT	Specimen Date and Time: <u>31 MAR 05</u>
Drawn by:	Bed: <u>6</u>	<input checked="" type="checkbox"/> Routine.	Reported by: (b)(6) Date and Time: <u>31 MAR 05</u>

Hemoglobin A1c / Purple Top

Special Chemistries / Tiger Top (SST)

X	TEST	RESULT	REF. RANGE
	Hgb A1c		3.5-6.0 %

X	TEST	RESULT	REF. RANGE
	Alcohol		<10 mg/dL
			50-400 mg/dL Toxic
			>400 mg/dl Poss. Fatal
	Cholinesterase		M: 5.90-12.22 U/mL F: 4.65-10.44 U/mL
	Iron		M: 49-181 ug/dL F: 37-170 ug/dL

X	TEST	RESULT	REF. RANGE
	Albumin		≤10 mg/L
	Creatinine		10-300 mg/dL
	Alb/Creat Ratio		<30 mg/g

X	TEST	RESULT	REF. RANGE
	Lipase	<u>432</u>	23-300 U/L
	Magnesium	<u>2.5</u>	1.6-2.3 mg/dL
	Uric Acid		M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL

C-Reactive Protein / Red Top
Note: Quantitative assays performed on serum. Results positive results will be reported to a separate test.

	Lactate Dehydrogenase		313-618 U/L
Therap. Drug Monitoring			
	Acetaminophen		10-30 ug/mL Therap. >150 ug/mL Toxic

X	TEST	RESULT	REF. RANGE
	CRP		<6 mg/L

	Digoxin		0.8-2.0 ng/mL Therap.
	Phenytoin		10.0-20.0 ug/mL Therap.

CSF Glucose - Sterile Tube

X	TEST	RESULT	REF. RANGE
	CSF Glucose		40-70 mg/dL

	Salicylate		<2 mg/dL negative <20 mg/dL Therap. >30 mg/dL Toxic >60 mg/dL Lethal
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Additional Tests

For the tests below, coordinate with lab OIC or NCOIC

X	TEST	RESULT	REF. RANGE
	TIBC		
	Ammonia		
	Lactate		

Special Chemistries / Urine Cup

X	TEST	RESULT	REF. RANGE
	Glucose		<30 mg/dL
	Protein		<12 mg/dL

LAST, FIRST, MI. (b)(6) X Male SSN or ISN (b)(6) Signs and Symptoms:
 Female
 Physician: (b)(6) Ward: ICU STAT Specimen Date and Time: Reported by: (b)(6) Date and Time: 31-03-2005
 Drawn by: Bed: 6 Routine 31 MAR 0935

Chemistry (i-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top

LD Gas Bld Gas w/lytes Glu Crea Dren 12 Met 13 BMP Liver Lipid Fecal CBC Malaria H/H

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/u
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	7.265	L 7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0%
	PCO2	50.5	H 35-45 mmHg		AST		11-38 U/L				F: 37-47%
	PO2	116	H 80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCV		80.0-99.0 fl
	TCO2	24	18-33 mmol/L		BUN		7-22 mg/dL		MCH		27.0-31.0 pg
	HCO3	22.9	22-28 mmol/L		Ca		8.0-10.8 mg/dL		MCHC		33.0-37.0 g/dL
	sO2	98	95-99%		Chol		100-200 mg/dL		Plt		180-400 x10(3)/uL
	BEeol	-4	L (-2) - (+3)		CK		M: 39-380 U/L		LY%		20.0-44.0%
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#		0.7-4.3 x10(3)/uL
	ICa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential		
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Hct		37.0-52.0%		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

Rapid Tests

Na	138-145 mmol/L
Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Cho/HDL Ratio	≤4.5
Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OocBld	Negative

Sed Rate / Purple Top

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen
Sed Rate	1hr = 0-20 mm
Coagulation (Blue Top, Sodium Citrate)	
PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3
D Dimer	Negative

Urine Microscopic

WBC	Epi
RBC	Mucus
Bacteria	Yeast
Casts:	Spermatozoa
Crystals:	Amorph Sed
Other:	

Cardiac Panel/Purple Top

Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative
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AST, FIRST(b)(6) Male Female SSN or ISN: (b)(6) Signs and Symptoms:
 Physician: (b)(6) Ward: 214 STAT Specimen Date and Time: Reported by: (b)(6) Date and Time: 3/23/2005, 9
 Drawn by: Bed: 6 Routine 31MAR05/

Chemistry (STAT) / Green Top / Syringe Hematology / Purple Top
 Bio Gas Bio Gas w/lytes Glu Orea Urin-12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114, 116, 118, 120, 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, 180, 182, 184, 186, 188, 190, 192, 194, 196, 198, 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 640, 642, 644, 646, 648, 650, 652, 654, 656, 658, 660, 662, 664, 666, 668, 670, 672, 674, 676, 678, 680, 682, 684, 686, 688, 690, 692, 694, 696, 698, 700, 702, 704, 706, 708, 710, 712, 714, 716, 718, 720, 722, 724, 726, 728, 730, 732, 734, 736, 738, 740, 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800, 802, 804, 806, 808, 810, 812, 814, 816, 818, 820, 822, 824, 826, 828, 830, 832, 834, 836, 838, 840, 842, 844, 846, 848, 850, 852, 854, 856, 858, 860, 862, 864, 866, 868, 870, 872, 874, 876, 878, 880, 882, 884, 886, 888, 890, 892, 894, 896, 898, 900, 902, 904, 906, 908, 910, 912, 914, 916, 918, 920, 922, 924, 926, 928, 930, 932, 934, 936, 938, 940, 942, 944, 946, 948, 950, 952, 954, 956, 958, 960, 962, 964, 966, 968, 970, 972, 974, 976, 978, 980, 982, 984, 986, 988, 990, 992, 994, 996, 998, 1000

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L	*	ALB	<L0	L 3.3-5.5 g/dL		WBC	13.5	H 4.8-10.8 x10(3)/uL
	K		3.3-4.9 mmol/L		ALP	83	U 26-184 U/L		RBC	2.90	L 4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT	32	U 10-47 U/L		Hgb	8.4	L 12.0-18.0 g/dL
	pH	* 7.187	7.35-7.45	X	AMY	158	H 14-110 U/L		Hct	26.8	L M: 42.0-52.0% F: 37-47%
	PCO2	* 66.2	35-45 mmHg		AST	77	H 11-38 U/L		MCV	92.6	fL 80.0-99.0
	PO2	374	80-100 mmHg		Tbil	5.6	H 0.2-1.6 mg/dL		MCH	29.2	pg 27.0-31.0
	TCO2	27	18-33 mmol/L		BUN	49	H 7-22 mg/dL		MCHC	31.5	L 33.0-37.0 g/dL
	HCO3	26.1	22-26 mmol/L	X	Ca	7.6	L 8.0-10.3 mg/dL		Plt	683	H 130-400 x10(3)/uL
	sO2	100	95-99%		Chol	98	L 100-200 mg/dL		LY%	9.9	L 20.0-44.0%
	BEeef	-3	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#	1.3	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa	0.86	1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Creat	2.4	H 0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL		GGT	23	U 5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL		Glu	62	L 73-118 mg/dL		Atyp Ly		Immature cells
	Hct		37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	5.1	L 6.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobilin	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	<30 mg/dL
Chol/HDL Ratio	<4.5

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen
Sed Plate / Purple Top	
Sed Rate	1hr = 0-20 mm
Coagulation / Blue Top - Sodium Citrate	
PT	12.5 7.0-14.0 sec
APTT	130.3 21.0-50.0 sec
INR	1.2 0.5-1.5/therap 2-3
D Dimer	Negative

Urine Microscopic

NBC	Epi
RBC	Mucus
Bacteria	Yeast
Wcasts:	Spermatozoa
Crystals:	Amorph Sed
Other:	

H.pylori IgG	Negative
ETOH/Alo.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasites

Cardiac Panel / Purple Top	
Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL
Hemoglobin S / Purple Top	
Hemoglobin S	Negative

pH point value 7.187 ; pco2 point value 66.2, APTT = 130.3, MCV = 92.6

AST, FIRST (b)(6) Male Female ISSN or ISN: (b)(6) Signs and Symptoms:
 Physician: (b)(6) Ward: 11A STAT Specimen Date and Time: Reported by: (b)(6) Date and Time: 3/14/05 0900
 Drawn by: Bed: 6 Routine 31MAR05/

Chemistry (I-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top
 Bld Gas Bld Gas w/lytes Glu Creat OSHA's Method SMP Ver Light Panel 530 Magna

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
	K		3.3-4.9 mmol/L		ALP		28-184 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	<u>* 7.187</u>	7.35-7.45	<input checked="" type="checkbox"/>	AMY		14-110 U/L		Hot		M: 42.0-52.0%
	PCO2	<u>* 66.2</u>	35-45 mmHg		AST		11-38 U/L				F: 37-47%
	PO2	<u>374</u>	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCV		80.0-99.0 fl
	TCO2	<u>27</u>	18-33 mmol/L		BUN		7-22 mg/dL		MCH		27.0-31.0 pg
	HCO3	<u>26.1</u>	22-26 mmol/L	<input checked="" type="checkbox"/>	Ca		8.0-10.3 mg/dL		MCHC		33.0-37.0 g/dL
	sO2	<u>100</u>	95-99%		Chol		100-200 mg/dL		Pit		130-400 x10(3)/uL
	BEecf	<u>-3</u>	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY%		20.0-44.0%
	AGap		8-16 mmol/L		CL		98-109 mmol/L		LY#		0.7-4.3 x10(3)/uL
	iCa	<u>0.86</u>	1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Differential		
	BUN		7-22 mg/dL		Great		0.6-1.3 mg/dL		Segs(50-70%)		Mono(4-10%)
	Glu		73-118 mg/dL		GGT		5-65 U/L		Bands(1-10%)		Eos(0-4%)
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Lymph(20-44%)		Baso(0-2%)
	Hot		37.0-52.0%		K		3.3-4.9 mmol/L		Atyp Ly		Immature cells
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		RBC Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		Plt Abn Morph:		
Urinalysis					Phosphorous		2.2-4.5 mg/dL		WBC Abn Morph:		
	Color		Straw/Yellow	<input checked="" type="checkbox"/>	HDL Chol		30-75 mg/dL		Malara (Purple Top)		
	Clarity		Clear		LDL Chol		50-130 mg/dL		Thin		No Plasmodium Seen
	Glucose		Negative		Triglycerides		60-160 mg/dL		Thick		No Plasmodium Seen
	Bilirubin		Negative		VLDL		≤30 mg/dL		Rapid Tests		
	Ketone		Negative		Chol/HDL Ratio		≤4.5		Sed Rate / Points / Ccs		
	SG		1.010-1.025						Sed Rate		1hr = 0-20 mm
	Blood		Negative		Mono		Negative		Coagulation (Blue Top - Sodium Citrate)		
	pH		5.0-8.0		RPR		Negative		PT		7.0-14.0 sec
	Protein		Negative-Trace		HIV		Negative		APTT		21.0-50.0 sec
	Urobili		0.1-1.0 Ehrlich U/dL		Drug Scr.		Negative		INR		0.5-1.5/therap 2-3
	Nitrite		Negative		HCG		Negative		D Dimer		Negative
	Leuko		Negative		H.pylori IgG		Negative		Cardiac Panel/Purple Top		
	Urine Microscopic				ETOH/Alc.		Negative		Myoglobin		0-107 ng/mL
	WBC		Epi		Strep A		Negative		CK-MB		0-4.3 ng/mL
	RBC		Mucus		Chlamydia		Negative		Troponin		0.0-0.4 ng/mL
	Bacteria		Yeast		Flu A&B		Negative		Hemoglobin S / Purple Top		
	Fasts:		Spermatozoa		C. difficile (stool)		Negative		Hemoglobin S		Negative
	Crystals:		Amorph Sed		O&P (stool)		No Ova / Parasite				
	Other:										

pH point value 7.187 ; pco2 point value 66.2

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

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

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

- TYPE AND SCREEN
- CROSSMATCH

REQUESTING PHYSICIAN (Print)

(b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE

P GSW

DATE REQUESTED

ASAP

DATE AND HOUR REQUIRED

ASAP

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

VOLUME REQUESTED (If applicable)

1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

PRIOR CLOT

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED

TIME VERIFIED

EXD IS APPROX

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.

(b)(6)

TRANSFUSION NO.

10

PATIENT NO.

(b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN

NA

CROSSMATCH

COMPATIBLE

PREVIOUS RECORD CHECK:

RECORD NO RECORD

(b)(6)

DONOR

ABO

O POS

Rh

RECIPIENT

ABO

A POS

Rh

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE BY APPROX

REMARKS:

NO ANTI BODY SCREEN PERFORMED IMMEDIATE SPIN CROSSMATCH ONLY

SECTION III - RECORD OF TRANSFUSION

(b)(6)

POST-TRANSFUSION DATA

AMOUNT GIVEN TIME DATE COMPLETED INTERRUPTED

ALL ML 125 6 APPROX

REACTION NONE SUSPECTED

AT (Hour) 1042 ON (Date) 4/4/05

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

1st VERIFIER (Signature)

(b)(6)

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

DESCRIPTION

- URTICARIA CHILL FEVER PAIN
- OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE

(b)(6)

PRE-TRANSFUSION

TEMP. 98 PULSE 100 BP 103/35

DATE OF TRANSFUSION TIME STARTED

4/4/05 1100

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

SEX

M

WARD

1cu #6

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)

General Services Administration Interagency Committee on Medical Records FIRMR (41CFR) 201-45.505 518-122

(b)(6)

UNKNOWN, UNKNOWN NO DETAINEE IMPROCESSING

MEDICAL RECORD COPY

90

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of ___ units)

CRYOPRECIPITATE (Pool of ___ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

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

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED: **ASAP**

DATE AND HOUR REQUIRED: **ASAP**

REQUESTING PHYSICIAN (Print): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: **S/P GSW**

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

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

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify):

SIGNATURE OF VERIFIER: **Prior dot**

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF: _____

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: _____

TIME VERIFIED: _____

EX IS APR 05

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. **9**

PATIENT NO. (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN: **NA**

CROSSMATCH: **COMPATIBLE**

PREVIOUS RECORD CHECK: RECORD, NO RECORD

DONOR: ABO **O**, Rh **POS**

RECIPIENT: ABO **A**, Rh **POS**

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE **04 APR 05**

REMARKS: **NO ANTI BODY SCREEN PERFORMED**
IMMEDIATE SPIN CROSSMATCH ONLY

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour) **0715** ON (Date) **4 APR 04**

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

1st VERIFIER (Signature): (b)(6)

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

PRE-TRANSFUSION: TEMP. **98** PULSE **105** BP **95/33**

DATE OF TRANSFUSION: **4/4/05** TIME STARTED: **1100**

POST-TRANSFUSION DATA

AMOUNT GIVEN: **400** ML

TIME DATE COMPLETED: **1000 4/4/05**

REACTION: NONE, SUSPECTED

If reaction is suspected - IMMEDIATELY:

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

DESCRIPTION: URTICARIA, CHILL, FEVER, PAIN, OTHER

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

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

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

SEX: **M** WARD: **ICU #6**

UNKNOWN, UNKNOWN
0 DETAINEE
IN PROCESSING

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRM (41CFR) 201-45,505
518-122

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of ___ units)

CRYOPRECIPITATE (Pool of ___ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

VOLUME REQUESTED (If applicable) _____ ML

REMARKS: EXP. 0352 05 APR 05

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

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED: 3 April 05

DATE AND HOUR REQUIRED: 1100

DIAGNOSIS OR OPERATIVE PROCEDURE: DIC

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

SIGNATURE OF VERIFIER _____

DATE VERIFIED _____

TIME VERIFIED _____

IF PATIENT IS FEMALE, IS THERE HISTORY OF: _____

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

SECTION II - PRE-TRANSFUSION TESTING

TRANSFUSION NO. 8

PATIENT NO. (b)(6)

DONOR ABO A Rh POS

RECIPIENT ABO A Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: N/A

PREVIOUS RECORD CHECK: RECORD NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 7 APR 05

REMARKS: FRESH FROZEN PLASMA NO ANTI BODY SCREEN PERFORMED

SECTION III - RECORD OF TRANSFUSION

POST TRANSFUSION DATA

AMOUNT GIVEN: 287 ML

TIME DATE COMPLETED: 0647 04 APR 05

INTERRUPTED: NO

REACTION: NONE SUSPECTED

If reaction is suspected - IMMEDIATELY:

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

DESCRIPTION

URTICARIA CHILL FEVER PAIN

OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify) _____

SIGNATURE OF PERSON NOTING ABOVE (b)(6)

TEMP. 101.0 PULSE 106 BP 91/41

DATE OF TRANSFUSION: 04 APR 05 TIME STARTED: 0615

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

SEX M WARD IC9

ICU Bed 6 (b)(6)

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

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

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

- TYPE AND SCREEN
- CROSSMATCH

REQUESTING PHYSICIAN (Print)

(b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE

DIC

DATE REQUESTED

3 April 05

DATE AND HOUR REQUIRED

NOW

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

VOLUME REQUESTED (If applicable)

1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED

TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO (b)(6)

TRANSFUSION NO. 7

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

RECORD NO RECORD

PATIENT NO (b)(6)

N/A

N/A

(b)(6)

DONOR

RECIPIENT

ABO A

ABO A

Rh POS

Rh POS

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 04 Apr 05

REMARKS
FFP (FRESH FROZEN PLASMA)
NO ANTIBODY SCREEN (b)(6)

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

POST-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature)

(b)(6)

AMOUNT GIVEN

350 ML

TIME DATE COMPLETED INTERRUPTED

0430 04 APR 05 NO

REACTION

NONE SUSPECTED

AT (Hour) 0338 ON (Date) 04 APR 05

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

If reaction is suspected - IMMEDIATELY:

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

DESCRIPTION

- URTICARIA CHILL FEVER PAIN
- OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE

(b)(6)

PRE-TRANSFUSION

TEMP. 99.8 (Artery) PULSE 107 BP 89/36

DATE OF TRANSFUSION TIME STARTED

04 APR 05 0355

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

SEX

M

WARD

ICU

ICU Bed 6

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86) General Services Administration Interagency Committee on Medical Records FIRMR (41CFR) 201-45,505 518-122

MEDICAL RECORD COPY

93

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH DATE REQUESTED 3 Apr 05 DATE AND HOUR REQUIRED 1300 3 Apr	REQUESTING PHYSICIAN (Print) (b)(6) DIAGNOSIS OR OPERATIVE PROCEDURE Aneurysm I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. (b)(6)
VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE (b)(6)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 3 APR 2005 TIME VERIFIED 11:00

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO. 3	TEST INTERPRETATION <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> ANTIBODY SCREEN NA </td> <td style="width: 50%;"> CROSSMATCH COMP </td> </tr> </table>		ANTIBODY SCREEN NA	CROSSMATCH COMP	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD (b)(6)
ANTIBODY SCREEN NA	CROSSMATCH COMP					
PATIENT NO. (b)(6)	RECIPIENT ABO <i>new</i> O A Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 3 APR 05				
DONOR ABO O Rh POS	RECIPIENT ABO O A Rh POS	REMARKS: no antibody screen performed (b)(6)				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA (b)(6)	POST-TRANSFUSION DATA AMOUNT GIVEN _____ ML TIME DATE COMPLETED INTERRUPTED 03 APR 2005 18:45 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED
AT (Hour) 1654 ON (Date) 3 Apr 05 IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) (b)(6)	DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____ (b)(6) OTHER DIFFICULTIES (Equipment, clot) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE (b)(6)
2nd VERIFIER (Signature) (b)(6)	PRE-TRANSFUSION TEMP. 100.0 PULSE 95 BP 132/81 DATE OF TRANSFUSION 03.04.2005 TIME STARTED 17:10 PATIENT IDENTIFICATION - USE EMBOSSE (For NAME - Last, first, middle, initials; hospital number) (b)(6)
SEX M WARD ICU 6	BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86) General Services Administration Interagency Committee on Medical Records FIRM (41CFR) 201-45,505 518-122

UNKNOWN, UNKNOWN
 M O DETAINEE
 INPROCESSING

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of ___ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of ___ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 3 Apr 05	DIAGNOSIS OR OPERATIVE PROCEDURE Anemia
	DATE AND HOUR REQUIRED 1300 3Apr	
	VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF PHYSICIAN (b)(6)

REMARKS: Sex # (b)(6)	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 03 APR / 2005 TIME VERIFIED 11:00
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SECTION II - PRE-TRANSFUSION TESTING

TRANSFUSION NO. 1	TEST INTERPRETATION ANTIBODY SCREEN NA	CROSSMATCH COMP	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD (b)(6)
PATIENT NO. (b)(6)	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 3Apr05		REMARKS: No antibody screen performed Immediate spin crossmatch only
DONOR ABO O Rh pos	RECIPIENT ABO A Rh pos		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA (b)(6)	AMOUNT GIVEN 1 Unit ML	TIME DATE COMPLETED 1500 2Apr05	INTERRUPTED <input type="checkbox"/>
AT (hour) 1314	ON (Date) 2Apr05	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	

1st VERIFIER (Signature) (b)(6)	2nd VERIFIER (Signature) (b)(6)	SIGNATURE OF RECIPIENT OR LEGAL REPRESENTATIVE (b)(6)
TEMP. 99.9 PULSE 112 BP 104/55	DATE OF TRANSFUSION 03.04.2005	TIME STARTED 13:30

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

UNKNOWN, UNKNOWN
 NO DETAINEE
 IN PROCESSING

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45,505
 518-122

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS
 FRESH FROZEN PLASMA
 PLATELETS (Pool of ___ units)
 CRYOPRECIPITATE (Pool of ___ units)
 Rh IMMUNE GLOBULIN
 OTHER (Specify) _____

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

TYPE AND SCREEN
 CROSSMATCH

DATE REQUESTED: 3 Apr 05
DATE AND HOUR REQUIRED: 1300 3pm

REQUESTING PHYSICIAN (Print): (b)(6)
DIAGNOSIS OR OPERATIVE PROCEDURE: Anemia

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. (b)(6)

VOLUME REQUESTED (If applicable): 1 Unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify):

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 03 APR 2005
TIME VERIFIED: 11:00

SECTION II - PRE-TRANSFUSION TESTING

TRANSFUSION NO.: 2

PATIENT NO.: (b)(6)

DONOR: ABO O Rh POS

RECIPIENT: ABO A Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA
CROSSMATCH: COMP

PREVIOUS RECORD CHECK: RECORD NO RECORD

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE: 3 Apr 05

REMARKS: No antibody screen performed

SECTION III - RECORD OF TRANSFUSION

TRANSFUSION DATA

AMOUNT GIVEN: _____ ML
TIME DATE COMPLETED: 03.04.2005 17:00
INTERRUPTED: _____

REACTION: NONE SUSPECTED

AT (Hour) 1514 ON (Date) 3 APR 05

IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the component matches item by item. The recipient is (b)(6) and the component is Blood Component Transfusion Form and on the (b)(6)

1st VERIFIER (Signature): (b)(6)

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

PRE-TRANSFUSION

TEMP. 99.8 PULSE 114 BP 110/65

DATE OF TRANSFUSION: 03.04.2005 TIME STARTED: (b)(6)

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

SIGNATURE OF PERSON NOTING ABOVE: _____

PATIENT IDENTIFICATION - USE EMBOSSE (For typed or written entries give NAME - Last, first and middle; room and hospital number and name of facility.)

0 DETAINEE IN PROCESSING

SEX M WARD ICU 6

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

PATIENT IDENTIFICATION (For typed or written entry) Name - last, first, middle, Medical Facility		SEX (Sponsor)	WARD/CLINIC	REGISTER NO.
(b)(6)			ICU	
EXAMINATION REQUESTED (Use SF 519-B for multiple exams)				
CXR				
REQUESTED BY		DATE REQUESTED	TELEPHONE NO.	
(b)(6)		04 APR 83		
FILM NO.		PREGNANT		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION OF MEDICAL RECORDS				
ICU				

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
 Intubated & chest tube

DATE OF EXAMINATION (Month, day, year) **DATE OF REPORT (Month, day, year)** **DATE OF TRANSCRIPTION (Month, day, year)**

RADIOLOGIC REPORT
 New infiltrate @ medial lung.

SIGNATURE **LOCATION OF RADIOLOGIC FACILITY**

MEDICAL RECORD **RADIOLOGIC CONSULTATION REQUEST/REPORT**

STANDARD FORM 519-A (REV. 8-83)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-45.505

PATIENT IDENTIFICATION (For Typed or Writ entries give: Name - last, first, middle, Medical Facility)

AGE SEX | SSN (Sponsor)

WARD/CLINIC

REGISTER NO.

M

ICU

(b)(6)

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

CXR

REGISTRATION NO.

TELEPHONE NO.

(b)(6)

LOCATION OF MEDICAL RECORDS

ICU Bed #6

FILM NO.

DATE REQUESTED

PREGNANT

03 APR 05

YES NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

intubated

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

prox part ① pl drain just inside
① chest wall
improvement ① pl eff.

(b)(6)

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-45.506

PATIENT IDENTIFICATION (For typed or unit entries give: (b)(6))

AGE SEX (SSN (Sponsor))

WARD/CLINIC REGISTER NO.

UNKNOWN, UNKNOWN
H O DETAINEE
IN PROCESSING

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

CXR

REQUESTED BY (b)(6)

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

ICU BED # 6

FILM NO.

DATE REQUESTED

OZAROS

PREGNANT

YES NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

INTUBATED, chest tube

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

NOT tip & will see s/w stable chest
w/ @ lung base contusion / atx -

(b)(6)

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

RADIOLOGIC RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505

NSN 7540-00-654-4162
PATIENT IDENTIFICATION (For Typed or untyped names give: (b)(6))

AGE SEX ISSN (Sponsor) WARD/CLINIC REGISTER NO.
M. icc. 16

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
CXR.

REQUESTED BY TELEPHONE NO.
(b)(6)

FILM NO. DATE REQUESTED PREGNANT
01. APR 2006. YES NO

LOCATION OF MEDICAL RECORDS

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
icu patrol

DATE OF EXAMINATION (Month, day, year) DATE OF REPORT (Month, day, year) DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT
Tubes / Lvs unremarkable except NGT tip not seen
No sig Δ B/S atx, ① pulmonary contusion / atx
(b)(6)

SIGNATURE LOCATION OF RADIOLOGIC FACILITY

MEDICAL RECORD RADIOLOGIC CONSULTATION REQUEST/REPORT STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.605

PATIENT IDENT (b)(6)
 Name — last, first,
 UNKNOWN, UNIT #N
 M O DETAINEE
 IN PROCESSING

AGE SEX SSN (Sponsor) WARD/CLINIC REGISTER NO.
 ICU

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
 Port CXR

REQUESTED BY (b)(6) TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

FILM NO. DATE REQUESTED PREGNANT
 31 MAR 85 YES NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

S/p Central line placement

DATE OF EXAMINATION (Month, day, year) DATE OF REPORT (Month, day, year) DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

(R) sc cc tip in SVC
 (L) basilar atelectasis

(b)(6)

LOCATION OF RADIOLOGIC FACILITY

RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-45.505

10-L-0126 ACLU DD III (CID ROI) 2887

101
 265-29-592

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

AGE SEX ISSN (Sponsor)

WARD/CLINIC

REGISTER NO.

(b)(6)

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

PCXR

ICU Red 6

REQUESTED BY

TELEPHONE NO.

(b)(6)

FILM NO.

DATE REQUESTED

PREGNANT

YES NO

31 Mar 05

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

CT Placement

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

31 Mar 05

2H top @ level clouds
NOT top not well seen.
- of w unremovable csk.

(b)(6)

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

DIGITAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRM 141 PERI 701-45 50R

Exhibit(s) 4

Page(s) 24 thru 114 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

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

NAME OF DECEASED (Last, First, Middle) <i>FAWZI, ABDULLA</i>		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input 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	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		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)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹	<i>CARDIAC ARREST</i>
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
	<i>HEPATO RENAL SYNDROME</i>
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire
	<i>SHOCK</i>
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²	<i>IATROGENIC PNEUMOTHORAX</i>

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	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (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 mortuaires et le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus		
NAME OF MEDICAL OFFICER (b)(6)	TITLE OR DEGREE (b)(6)	
GRADE (b)(6)	INSTALLATION OR ADDRESS <i>TAGF FORCE MAR 45th ABU CHARAB, IRAQ</i>	
DATE (b)(6) <i>2005</i>	SIGNATURE (b)(6)	

¹ Precise nature of the disease, injury or complication which caused death.
² State conditions contributing to the death, but not related to the disease or condition causing death.
¹ 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.
² 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.

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 4040. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

Fawzi, Abdulla

(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH (Hour-day-month-year)

3. MEDICAL EXAMINER/
CORONER'S CASE

YES NO

4. RELIGION

5. CHAPLAIN NOTIFIED

YES NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

CARDIAC ARREST

7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)

DUE TO (or as a consequence of)

(1) HEPATORENAL SYNDROME

(2) SHOCK

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a. IATROGENIC PNEUMOTHORAX

b.

9. DATE
(b)(6)

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

2005

(b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOOR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

YES NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
30 JAN 05 @ 1500	<p>Pt. presents \bar{c}. O_2 sat 71% suddenly, HR \downarrow to 32. Unable to palpate pulse. Chest compressions started @ 1515. 1 amp of Atropine pushed @ 1517 per Lt Ghoorahoo; pulse palpable @ carotid. Epinephrine 1 mg given \bar{c} no pulse palpable. VS @ 1517: P: 36 BP: 33/16, O_2 sat 80% on F_{I,O_2} 100%. VS @ 1518: P: 98 BP: 40/27, O_2 sat 82%. VS @ 1519: P: 98 BP: 103/89, O_2 sat 86%. VS @ 1522: p 162 BP 168/81 O_2 sat 80% Pt. \bar{c} MODS, discussed plan of care \bar{c} (b)(6) New orders written to make pt. DNR. Will continue to monitor/assist. (b)(6)</p>
1/30/05 2020	<p>CTSP & RESPONSE MIDDLE AGED \bar{c} 12441 DETAINED IN ASYSTOLE ON VENT/INTUBATED. PT UNRESPONSIVE TO VERBAL OR PAINFUL STIMULI. NO HEART TONES AUDIBLE. PUPILS FIXED & DILATED. PT SUBSEQUENTLY PRONOUNCED (b)(6)</p>

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10) 26

Bed#6



MEDICAL RECORD	PROGRESS NOTES
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DATE	NOTES
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30 JAN 05	CODE 99 NOTE / DNR NOTE
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- CALLED TO SEE PT RE: HYPOTIA (S₂O₂ 6%) RESULTING IN BRADYCARDIC ARREST.
 - VENT. SYSTEM CHECKED - SYSTEM FUNCTION
 - CLEAR = 85
 - RT CHEST TUBE IN PLACE, SMALL AIR LEAK
 - RHYTHM BRADYCARDIA (45) NO PALPABLE PULSE (PEA)
 - CPR X 4.5 MIN
 - MEDS: ATROPINE → EPI
- ⇒ WITH ABOVE MEASURES PT HAD RETURN OF SPONTANEOUS RHYTHM + BP.

⇒ 5 40 YO I. ♂ WITH UNKNOWN MEDICAL HX WHO SUSTAINED A TRAUMATIC OPEN AKA, + RT MED. KNEE WOUND (SUPERFICIAL) COMPLICATED BY IATROGENIC PTX REQUIRING CHEST TUBE. SUBSEQUENTLY TRANS FIRM 86" CSH → 1 WHERE HIS COURSE HAS BEEN COMPLICATED BY MULTISYSTEM ORGAN FAILURE (NEURO / RESP / HEPATIC / RENAL / HEME) NOW S/P TRANSIENT PEA ARREST 2° HYPOXIA. GIVEN THIS PICTURE AGGRESSIVE RESUSCITATIVE EFFORTS ARE LIKELY FUTILE, THEREFORE WILL PROCEED ̄ DNR AND NOT PROCEED ̄ ESCALATION OF CARE. WILL CONFIRM ̄ 2nd OP.

(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.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD		PROGRESS NOTES	
DATE	NOTES		
30 JAN 05	OPERATIVE NOTE:		
	<ul style="list-style-type: none"> • DX: SIP OPEN, TRAUMATIC ARA COMPLICATED BY MULTISYSTEM ORGAN FAILURE • PROCEDURES: <ol style="list-style-type: none"> 1) REPLACE CHEST TUBE 2) EX LAP 3) DEBRIDEMENT OF OPEN ARA 4) DEBRIDEMENT OF RT KNEE WOUND • SURGEONS: (b)(6) • EBL: 450-75 ml • IVF: 700 ml • FINDINGS: <ol style="list-style-type: none"> 1) RT CHEST TUBE S DIFFICULTY 2) EX LAP E CONGESTED/SHOKE LIVER NO OTHER INT 3) VIABLE MUSCLE AT OPEN AMPUTATION 4) TRANSIENT ↓ BP 		
	(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.
(b)(6)			

ICU Bed #6

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

DATE	NOTES
30 JAN 05 8:58	TRAUMA & CRITICAL CARE
	<ul style="list-style-type: none"> • EVENTS: 1) WASH OUT AND RADICAL DEBRIDEMENT 2) PLACED ON VENT FOR AIRWAY PROTECTION & ↓ MENTAL STATUS 3) HYPOTENSION 2° ↓ HCT - SOURCE UNKNOWN 4) ↓ U/O & BUN/CR
	• MEDS: LOVENOX / MSO4 / ATIVAN / ZANTAC
	• TLC DAY # 2
	• NEURO: SEDATED, MINIMAL SPONTANEOUS MOVEMENT
	<ul style="list-style-type: none"> • RESP: LUNGS: CLEAN, RT SIDED CREPITUS CXR: ↑ VASCULARIZATION, ETI-OK, CT SIMU / PS- 14 / 48% ABG: 7.47 / 33 / 90 / 24 / 95%
	• CARDIAC: P 123 BP 131/64 RR 12
	• ABD: FLAT, MUSCULAR, FACIAL GRIMACE & PALPATION, JAWICE CONTINUES
	• RENAL: ↓ U/O OVERNIGHT (OLIGURIC)
	• HEMC/ID: 30.3 / 15 / 2.56 INTR 2.0
	<p>⇒ OVERALL PICTURE HAS SIGNIFICANTLY WORSENE OVERNIGHT NOW & MULTIPLE ORGAN DYSFUNCTION/FAILURE (NEURO/HEPATIC/RENAL/COAG/HEMC). THIS IS LIKELY THE RESULT OF A HYPOPERFUSED STATE & INJURY WHICH IS A SYSTEMIC INSULT. AT THIS POINT HIS ULTIMATE SURVIVAL IS HIGHLY QUESTIONABLE. THIS HYPOPERFUSED STATE ALSO APPEARS COMPLICATED BY A SEPTIC PICTURE HOWEVER APPEARANCE OF AMPUTATION DOES NOT FULLY ACCOUNT THE WHOLE PICTURE. WILL PROCEED & UNDIRECTED EK-LAP TO A/A INTRA-ABDOMINAL SOURCE HOWEVER THIS HAS A LOW LIKELIHOOD FOR SIGNIFICANT FINDINGS BUT WITH NO IMAGINE THIS IS BEST OPTION.</p>

(b)(6)

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
30 JAN 05 0335	500 ml NS bolus complet. BP $\frac{120}{55}$ HR 128 RR 29 SpO ₂ - 98%. (b)(6)
30 JAN 05 0435	500ml NS bolus given after BP dropped 2100 Systolic. BP $\frac{110}{51}$, HR 131, RR 30 SpO ₂ - 98%. Will continue to monitor (b)(6)
30 JAN 05 0535	From 0200 - 0530 pt's urine output was only 5cc. Dr. (b)(6) notified. Pt. continues to have fever. Chest tube output of 10cc for this shift. Pt. Last sectioned @ 0515. Will continue to monitor. (b)(6)

1/30/05

DOC

CTSK 2° ↓ BP & ↓ u/o.

AR 1.8
AP 1.7
30 (5.2) / 2.6
30 (14.1) / 0
BR 2.0
RUN 51
2.46 / 3.9 / 2.4

It noted to be intubated sedated & intubated on VENT ~ 8cc u/o in 2-3. BP 80⁵/50⁵ P 120-130⁵ SpO₂ 98% F_iO₂ 40% LUNGS CTA ANT RAD safe ↓ B₂ & obvious fluid with evidence of ARDS Ext of PNEUMOTHORAX (L)

IN 24.0
P₁ 72
P₂ 40

INT Hypotension & Anuric Renal Failure severe. PROROKA 2° to HEPATOPATHY syndrome & also concomitant coagulopathy & Anemia 2° to Type I HRS

- Plan
1. Volume expansion to 20% above baseline 200cc bolus
 2. Suspect Poor Prognosis but will

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME	SPONSOR'S ID NUMBER (Sponsor or Other)
DEPT./SERVICE	PROVIDER MEDICAL FACILITY	RECORDS MAINTAINED AT

3. Type of last admission to support cross of not underlying hepatic disorder
Liver transplant? Lower transplant

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.
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(b)(6)

Fawzzi Abdullah

3. Monitor for sbl of liver
4. Prophylactic ABX coverage
4. Vitamin K 1mg IM IV for coagulopathy

PROGRESS NOTES
Medical Record
STANDARD FORM 508 (REV. 5-99)
Prescribed by GSA/CMB/FPMR (41 CFR) 101-11.203(b)(10)

(b)(6)

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
29 JAN 05	BRIEF OPERATIVE NOTE:
	• DX: S/P OPEN, TRAUMATIC AKA, LIVER FAILURE 2° SHOCK LIVER.
	• PROCEDURES: 1) RADICAL DEBRIDEMENT OF OPEN AMPUTATION
	2) DEBRIDEMENT RT LCG WOUND
	3) A-LINE
	• SURGEONS: (b)(6)
	• ANES: GENERAL
	• EBL: ~ 100 ml
	• FINDINGS: 1) SUPERFICIAL MUSCLE NECROSIS
	2) SKIN NECROSIS
	3) WIDE DEBRIDEMENT
	(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.

(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

DATE	NOTES
29 JAN 05 2000	<p>Noted pt to have T'd temp of 102⁸ Axillary. Unformed MD. Rec'd order for Motrin 800mg po, despite previous orders to D/C Motrin. Had then rec'd verbal order to place Dobhoff to give Motrin and possible distine tube feedings. Stated Dobhoff placement when Dr. (b)(6) came in and stated that NO motrin was to be given @ anytime to prevent any renal failure & liver shock showed bilirubin of >30. Also stated that pt would probably be placed on TPN as opposed to tube feeding. NGT immediately D/C'd. Dr stated not to be alarmed c temp until reaching @ least >104F. No antipyretics. May need cooling blanket if reaching that temp. Suctioned pt times 3 per ETT. Rec'd lg amt of thick yellowish secretions. No more coughing noted and SpO₂ went up to 100% on 35% FIO₂. Will pass on to oncoming shifts about why Motrin & other drugs are not to be given. No acute distress. Will cont to monitor.</p>
30 JAN 05 0200	<p>Nursing: Pt. started desatting down to 85-88%. SpO₂ ↑ FIO₂ to 45%. SpO₂ went back up to 96%, ↓ FIO₂ to 40%. Dr. (b)(6) was notified. No new orders. Cold packs applied to abdomen and axilla over her temp of 104.1 (Axillary) @ 0100. Temp @ 0200 - 103.1 Axillary.</p>
30 JAN 05 0200 30 JAN 0300	<p>10mg Vecuronium IV given @ 0245 for restlessness. Was effective. (b)(6) BP dropping to <100 systolic. Pt. repositioned. 500 ml NaCl bolus over 30 minutes ordered by Dr. (b)(6) D5LR + 200 cc/hr. (b)(6)</p>
30 JAN 0320	<p>Pt. restless, 2mg Vecuronium given. Urine output 230 cc this hour. Will continue to monitor. (b)(6)</p>

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
29 JAN 05	TRAUMA & CRITICAL CARE:
	<ul style="list-style-type: none"> EVENTS: 1) SELF DIC OF CHEST TUBE, ASSOCIATED E ↓ SDR REQUIRE REPLACEMENT 2) INTERMITTENT AGITATION
	<ul style="list-style-type: none"> MEDS: ATIVAN / MSO4 / ZANTAC / AMBIEN / MOTRIN
	<ul style="list-style-type: none"> TLC - DAY
	<ul style="list-style-type: none"> NEURO: MILD AGITATION, MOVING ALL EXT.
	<ul style="list-style-type: none"> CARDIAC: P103 BP 115/70 RR 12 @ MURMUR
	<ul style="list-style-type: none"> RESP: NASAL TRUMPET, 4 L NC SPO2 92% CLEAR BS CT = MINIMAL OUTPUT ⊕ AIRLEAK
	<ul style="list-style-type: none"> GI: ABD: SOFT FLAT NON-TENDER
	<ul style="list-style-type: none"> RENAL: ADEQUATE U/O
	<ul style="list-style-type: none"> HEMC/ID: AFEB THIS AM Tm 102⁹ 25.6 / 25.2 (22L)
IMPRESSION:	<p>S/P TRAUMATIC, OPEN AMBLYOPIA COMPLICATED BY FULMINANT LIVER FAILURE 2° PROBABLE SHOCK LIVER. OVERALL PICTURE IS SLIGHTLY IMPROVING</p> <p>#NEURO: ALTERNATING AGITATION + OBTUNDATION, LIKELY 2° CRITICAL ILLNESS AND HEPATIC ENCEPHALOPATHY. GIVEN LIVER DYSFUNCTION BENZO USE NEEDS TO BE LIMITED AS ACCUMULATION WILL PROLONG OBTUNDATION AND LIKELY REQUIRE INTUBATION AND MULTIPLE COMPLICATIONS</p> <p>#CARDIAC: STABLE, #PULM: ⊕ AIRLEAK WILL CONT CT #GI: SHOCK LIVER BUT SOME ↓ BILI 30 → 25 #RENAL: STABLE, AVOID NSAID AS PT AT ↑↑ RISK OF HEPATORENAL SYNDROME</p> <p>#HEMC/ID: BID DRESSING Δ, ↓ WBC 32 → 26</p>

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

DATE	NOTES
28 Jan 19 ³⁰	See flow sheet for vital signs + assessment. Pt moving around in bed, confused. Chest tube intact, air leak noted in water seal chamber. Dressing changed with no effect. Pt's Sats 97% on 2 LMC. Pt Jaundiced in appearance. IV fluids, via sub clav triple lumen line, other ports flushed (b)(6)
21 ⁴⁰	Pt given ativan for sedation as very agitated. No effect. 20 minutes (b)(6)
23 ⁴⁰	Ativan given for sedation (b)(6)
01 ⁴⁰	Ativan given for sedation. Pt sats 99%, less agitated post 30 minutes administration (b)(6)
03 ⁴⁰	Pt given ativan for sedation due to agitation (b)(6)
04 ⁴⁰	Pt very restless Sats ↓ 92%. Chest tube pleur vac not working, changed over. Still no response, pt's dressing taken down. Pt had pulled chest tube out. Placed on 100% NCM, ensure no sucking chest wound, occlusive dressing applied + Dr (b)(6) notified
05 ⁴⁰	New 32 ^F chest tube inserted, damped with vaseline gauze + gauze dressing. Trial of 8mg ativan + 3mg versid given with very little effect. Long morphine given for pain. Pt's Sats 99% post CXR taken + s/o Dr (b)(6) Has small air leak, Dr (b)(6) aware (b)(6)
1/29/09	Doc Reverts action Pt continues to do well uncomplained or has been tolerated down to 6L O2 sat 96-99%. Pt resting much more comfortable no longer pulling at tubes. Still awaiting Am LAB results (b)(6)

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

28 JAN
1725

Pt admitted from ER via litter. Pt presented w yellow eyes and yellow tinged skin. Pt had (R) subclavian chordis and chordis in (R) femoral. (R) femoral d/c. (R) subclavian switched to a tripple lumen. all ports flush. Pt now has D5LR @ 125 cc/hr. Pt was washed and had a small clay colored BM. Dressing was applied to (R) thigh. Pt on 81pm SEM
Pt now resting w eye's closed

(b)(6)

1/29/05

CTSP 2 TO CT

Pt PULLED OUT CT O2 sat ↓ to 80%. CT EMERGENCY REVERSAL complications SpO2 92% on supplemental O2 However Pt remains RESTLESS & Agitated will cont to monitor

ext
9/12/05

(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 w/ (b)(6) ID No or SSN: S

REGISTER NO.

WARD NO.

(b)(6)

FAWZZI, ABOULLAH
1951 M O DETAINEE

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

(b)(6)

1245 2mg morphine, 1mg verged IV - 24

1250 109/59 117 R 27 Temp 101.1

1300 122/50 95 i FM 12 L, HR 101

1310 110/62 92 i FM HR 105 R 23

PT has a (R) Sided chest tube, pleural
evac changed & hooked up to suction

(B) Subclavian cordis & a (R) femoral cordis

(C) 16 g IV flushes well

HR 98 BP 107/54 SPO2 96.1 12L

(b)(6)

(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.

(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)

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

USAPA V1.00



(b)(6)

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

TRAUMA & CRITICAL CARE ADMIT

40 M ARRIVES IN TRANSFER FROM 86^C CSH FOLLOWING HIGH VELOCITY GSW TO LEFT LEG & RESULTANT OPEN ABOVE KNEE AMPUTATION (25 JAN 05) COMPLICATED BY TENSION PTX & LINE PLACEMENT REQUIRING AT CHEST TUBE TRANSFERRED TO 115^C FH FOR FURTHER RX

INJURY SUMMARY

- * PAST MED/SURG HX: UNKNOWN
 - * PRE-HOSPITAL MEDS: UNKNOWN
 - * ALLERGIES: UNKNOWN
- 1) TRAUMATIC, OPEN, LT AKA
 - 2) PTX - IATROGENIC
 - 1) 3/4 CHEST TUBE

EXAM:

HEENT: ATRAUMATIC, SCLERAL ICTERUS, CONJUNCTIVAL EDEMA,
PERRL, EOMI, FACE STABLE NO INTRA-ORAL INJURY

NECK: 2 CM JVD, ATRAUMATIC, 2X2 CM SOFT TISSUE TUMOR

CHEST: RT CHEST CRACKLES, CLEAR = BS, AT CHEST TUBE ⊖ AIR LEAK

HEART: RRR ⊖ MURMUR

ABD: FLAT SOFT NON-TENDER NO PALPABLE GB NO GUARDING

PELVIS: STABLE

GU: ATRAUMATIC

EXTR: S/P OPEN AKA, MUSCLE CLEAN NO CELLULITIS NO PUS
4.0-5.0 CM DEFLATED LACERATION TO RT MEDIAL ANGLE

NEURO: OBTUNDED BUT PROTECTIVE AIRWAY MOVING ALL EXTR.

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

(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

DATA:

32,3 11.8
 36.9 175

T BILI >30 GLUCOSE 124
ALK P 96

CXR: NO PTX

U/S: NO PLEURALISTIC FLUID - NO THICK CB WALL, PAUC. HEAD NORM
 CSD NORMAL NO ASCITIS

IMPRESSION: ~ 40 yo ♂ S/P GSN E TRAUMATIC LT AKA

INJURY SUMMARY / PROBLEM LIST:

- 1) UNKNOWN PAST MED/SURG HX
- 2) S/P OPEN, TRAUMATIC, LT AKA
- 3) S/P INTRALENIC PTX E CHEST TUBT
- 4) LEUCOCYTOSIS: 32K
- 5) FEVE12 102*
- 6) HYPERBILIRUBEMIA LIKELY 2° SHOCK LIVER
 BUT UNABLE TO DETERMINE TRANSAMINASES
- 7) DEPRESSED MENTAL STATUS

(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.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

27 Jan 05 0700 assumed pt. care. assessment done. USS. \bar{c}
T max 102.8 (b)(6)

1800 pt. went to OR for washout of BAKA.
returned @ 1300 pt. returned Plan to Dlc CT,
but leak was noticed. Dr. (b)(6) halted Dlc
orders, & ~~pt~~ put pt. back on wall suction. Plan
still to extubate after assessing pt. on CPAP
& \bar{c} propofol gtt. (b)(6)

27 Jan 1700 Pt. extubated. Suctioned copious sero-sang. fluid
from nose, mouth, & throat. Pt. opens eyes to
speech & patting, flexes to pain. During extubation,
pt. flexed arms & legs causing AKA disq to
pull out. skin layers, muscle, & vessels visible. Dr.
(b)(6) instructed to pack open area \bar{c} wet
DRBG & re-wrap stump. (b)(6)

Nurses Note

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

26 Jan 05 0800 assumed pt. care. Chest tube to @ side inserted by CPT (b)(6) & Dr. (b)(6) assistance. Pt. tolerate well. air released & tube attached to suction. RR: F.O₂ 50%; Vent setting on DA Form 4700. Lump noted under skin near midline clavical. Pupils fixed @ 2. VSS stabilized by 0800 & tachycardia in mild 140. (b)(6)

26 Jan 05 1915 Assumed care of pt; pt on prop + vent + resp. Responds to painful stimuli; assessment completed & documented on Dr 4700 of PR 375. (b)(6)

0235 27 Jan 05 Pt trembling all over + bleeding from nose; lge amt of bloody secretions from mouth; 2g Atm given IV by CPT Cini; RT @ BS → pt bypassed until 0235. (b)(6) notified (b)(6)

0545 27 Jan 05 Pt & temp 104.4 → thimol given PR. (b)(6)

HOSPITAL OR MEDICAL FACILITY 86 CSH	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. ICU#2

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1
USAPA V2.00
42

(b)(6)

Male

DATE:

TIME:

1 Admit to: ICU 1 2 ICW 1 2 Min / SPW

2 Dx: _____

3 Allergies: _____

4 Condition: Good Fair Poor

5 Vitals: Routine Q/h

6 Activity: BR BRP Ad Lib

7 Diet: NPO Clear Liq. Regular

9 IV Fluids: LR @ ___ cch NS @ ___ cch @ ___ h
 ___ KVO ___ KVO ___ KVO

8 Analgesia: MS
 X Tylox _____
 X Tyl #3 _____
 X Tylenol _____
 X Motrin 800 _____
 X ASA _____

10 Antibiotics: X Rocaphin _____
 X PCN _____
 X Gentamycin _____
 X Cefadyl _____
 X _____

11 NG Tube Suction: X None X LIS

12 Foley: X None X Gravity

13 Chest Tube: X None X ___ cm H2O X Water Seal

14 O2: X None X NC ___ lpm Mask ___ lpm

15 Ventilation: X None X T/___ X FIO2: ___
 X RR: ___ X PEEP: ___

15 Meas: _____

17 Pre-Op: X Emergent X SemiEmerg X Routine

Dr.: Signature: _____

LABS:

X X

UA:

OTHER:

X-RAYS:

PLAN:

PROCEDURE/PROGRESS NOTES:

NURSES NOTES

Temperature - Pulse - Respiration						Nurses Notes
Date/Time	T	P	R	WL	Stool	Medications and Nurse's Notes



(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

DATE OF SUMMARY: 28 January, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME: (b)(6)
SSN:
DOB: Unknown
STATUS: Security Interest
SERVICE/COUNTRY: Iraqi
UNIT/EMPLOYER:

Date of Admission: 25 JAN 05

Date of Discharge/Transfer: 27 JAN 2005 awaiting transfer to prison

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

This middle aged male is admitted (b)(6) with gunshot wounds to the thighs. He was tachycardic on admission. He was taken to the Operating Room and was found to have a large left posterior, medial and anterior thigh defect, with a loss of 15 cm of SFA and nerve. He was treated with a left Above Knee Amputation and a lateral flap was fashioned. He had a tension pneumothorax following line placement which was treated with a chest tube. This was removed on 27 Jan 2005. His wound was washed out on 27 Jan 2005. He will require a closure of his stump and eventual prosthesis in the future..

DISCHARGE DIAGNOSES:

- 1) Right pneumothorax
- 2) Left traumatic near amputation (completed.)
- 3) Right Lower Extremity trauma

PROCEDURES DURING ADMISSION

- 1) Left AKA
- 2) Wound washout
- 3) Chest tube

FINDINGS/LABS/RADIOLOGY

Films show no left femur fracture

MEDICATIONS ON TRANSFER/DISCHARGE

- 1) IV of LR at 100 ml/hour
- 2) Fentanyl drip or morphine for pain control
- 3) Zantac 50 mg IV tid
- 4) Levaquin 500 mg IV qd
- 5) Lovenox 30 mg SQ bid

CONDITION: Good and Stable for Transfer



(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

Plan/Recommendations:

- 1) Transfer to prison hospital for wound closure and rehabilitation.
- 2) Please contact Dr. (b)(6) with any further questions.

(b)(6)

Ibn Sina Hospital
86th Combat Support Hospital
Baghdad, Iraq



(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

DATE OF SUMMARY: 27 January, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME: (b)(6)

SSN:

DOB: Unknown

STATUS: Security Interest

SERVICE/COUNTRY: Iraqi

UNIT/EMPLOYER:

Date of Admission: (b)(6) 05

Date of Discharge/Transfer: (b)(6) 2005 awaiting transfer to prison

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

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(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

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- 1) Transfer to prison hospital for wound closure and rehabilitation.
- 2) Please contact Dr. (b)(6) with any further questions. (b)(6)

(b)(6)

Ibn Sina Hospital
86th Combat Support Hospital
Baghdad, Iraq

DATE	DIAGN								HOSPITAL DAY							
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/	116	115	151	146	136	140	120		86	84	91	84	63			
ABP	53	57	73	72	68	63	65		43	46	53	44	37			
Pulse	130	128	121	121	118	112	117		112	128	123	119	118			
Respirations	25	26	30	30	20	30	24	0	27	29	23	24	19			
Temperature	103.5	103.5	103.6	103.6	-	-	103.6	10	10.1	10.1	10.3					
SaO2	98	100	97	98	98	98	95		94	93	94	96%	97%			
%O2	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%			
CVP	F102	F102	F102	F102	F102	F102	F102		F102	F102	F102	F102	F102			
Pain Scale	IV mso4				IV mso4				PS	PS	PS	PS	PS			
Pain Med	"				"				Y	Y	Y	Y	Y			
Pt Position	S	S			S				S	S	S	S	S			

Time	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
IV DSLR	HOLD			250	250	250	250	1000	1000	700	125	125	125	125				
IVPB	100							50	150	82								
KJ34883	400							400	400									
Mso4	4	4	4	4	4	4	4	-	28	4	4	4	4	4				
W0216 04 007946			400						400									
FFP x2						298	283											
PO																		
Other																		
TOTAL									2559									

TIME	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
Urine output Hour/Total	0/0								0	50		14						50
NG output												64						
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

Continued

Safety	D	E	N
High risk for falls	(Y)N	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	(Y)N	YN	YN
Protective device	(Y)N	YN	YN
Cardiac Monitor	(Y)N	YN	YN

OSG APPROVED (Date)
 W. H. H. L.

REPORT TITLE
 TASK FORCE MED-115-ICU FLOW SHEET

NURSING NOTES

@ 0800 - Foley flushed @ 30cc. Ur 5 result. Foul odor noted (uremia?). Skin is very yellow (jaundice). Orbital edema, @ hands, @ AKA edema noted. scant urinary output to Foley. Rhytisma noted to upper chest ^{in axilla} clavicular. Chest is distended @ equal diaphragm area. Will continue to monitor (b)(6)

01/30/05 15:36:18 HR=108 P1=128/64(87) P2=OFF RR=27 SpO2=99% NIBP=OFF T1=OFF T2=OFF aT=OFF



PATIENT EDUCATION/PSYCHOSOCIAL

TIME	SUBJECT	RESPONSE/SUPPORT/REFERRALS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	DAYS	EVENINGS	NIGHTS
3LC @sc	28 JAN	Patent	patent x 3		
@ Radial A-line	29 JAN	Patent	patent		

(b)(6)
 (b)(6)
 Detainee
 (b)(6)

DEPARTMENT/SERVICE/CLINIC
 ICU
 DATE
 30 Jan 05

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

Boat # 6

SYSTEM	DAYS	NIGHTS
NEURO	@ 0715	
Level of consciousness	Unconscious / sedated	
Extremities: Movement	occ. to RUE / (L)AKA	
Strength	Weak	
PAIN ASSESSMENT	Morphine sulfate drip @ 4ml/hr	
CARDIOVASCULAR		
Rhythm	Sinus tachy	
Heart Sounds	S ₁ , S ₂	
Skin	Yellow (jaundiced)	
Edema	facial, (L)AKA, (R)hands	
JVD/ Capillary refill	Ø JVD / < 3secs	
Pulses: Radial	+ 2 (R)	
Posterior Tibial		
Dorsalis Pedis	+ 2 (R); (L)AKA	
RESPIRATORY		
Breath Sounds	CTA (R); ETT 8.0 24@teeth	
Oxygen Device	VENT	
Oxygen Flow Rate	40% FiO ₂	
Chest Tubes/Drainage	(R) upper axillary chest	
#1	Sanguinous	
#2		
GASTROINTESTINAL		
Bowel Sounds	absent	
Date last BM	28 JAN 05	
Abdomen	pt contracts when touched, flat, ND	
NG tube: Placement	NA	
Suction	↓	
Drainage		
GENITORUINARY		
Urine: Color	amber	
Void/Foley	foley	
INTEGUMENTARY		
Integrety	wound to (L) lower occiput; (R) axillary	
Dressings	CT; (R) knee, (L) AKA (R) knee, (R) CT, (L) AKA Kerlix gauze tape gauze ace wrap	
Dressing Condition	(R) knee + (L) AKA soiled + intact (R) CT CDI	
Drains/Tubes	(R) CT	
Drainage	sanguinous	
Signature	(b)(6)	

POST OPERATIVE DAY

PHYSICIAN (b)(6)

TIME	23	24	01	02	03	04	05	06	
NIBP/ABP									
Pulse									
Respirations									
Temperature									
SaO2									
%O2									
CVP									
Pain Scale									
Pain Med									
Pt Position									
TIME	23	24	01	02	03	04	05	06	Total
IV									
IVBP									
PO									
Other									
TOTAL									

TIME	0700
RESPIRATORY	
Mode	SIMV
FiO2	40
Rate	14
PEEP	5
CPAP TV	600
Pressure Support	
ABG	
pH	
pCO2	
Sat	
HCO3	
BE	
LAB VALUES	
NA+	
K+/Cl-	
CO2	
BUN/Gr	
Glu	
WBC	
Hgb/Hct	
PT/PTT	
Ca/Mg	
CPK/CKMB	
Troponin	

TIME	23	24	01	02	03	04	05	06	Total
Urine output Hour/Total									
NG Output									
Emesis									
Stool									
Chest Tube #1 / #2	/	/	/	/	/	/	/	/	/
Jackson Pratt #1 / #2	/	/	/	/	/	/	/	/	/
TOTAL									

TIME OUT	TIME IN	Place/Mode, Comments
24 Hr Totals	Yesterday	Today
INPUT	4555	3125
OUTPUT	2965	2080
DIFFERENCE	+1590	
WEIGHT		

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

DATE	PATIENT											HOSPITAL DAY					
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	
NIBP/		117/62	112/61		116/60		121/52	107/50	133/61	127/51	135/59	147/62	146/63	156/60	124/63	131/63	
ABP																	
Pulse		107	97		97		108	107	106	111	117	116	120	127	131	131	
Respirations		40	38		40		21	20	26		29	35	24	26	27	29	
Temperature		99.2					99.2						102.8				
SaO2		95	95		97		98/98	98/98	98	95	96	92	95%	94%	93%	94%	
%O2		4lpm	4lpm		4lpm		vent	vent	vent	vent	Vent	Vent	vent	vent	vent	vent	
CVP FIO2		NC	NC		NC		60%	40%	40	40%	30%	30%	35%	35%	35%	25%	
Pain Scale	/	/															
Pain Med																	
Pt Position																	

Time	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
IV	125	125	125	125			135	125	750	125	125	125	125	125	125	125	125	1750
IVPB								50	50							50		150
OR fluids						850			850									
Morphine							40	40	80	40	40	40	40	40	40	40	40	480
PO																		
Other																		
TOTAL									1650								950	2600

TIME	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
Urine output	/	/	/	700	/	575	/	/	1275	/	/	/	730	/	/	/	750	
Hour/Total	/	/	/	700	/	1275	/	/	1275	/	/	/	1275	/	/	/	750	
NG output																		
Emesis																		
Stool																		
Chest tube #1/#2	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	5	
Jackson Pratt #1/#2	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/		
TOTAL																		11480

ASPECT	TIME/INITIALS
Bath/Skin Care	1400 (b)(6)
Oral Care	1400
Foley Care	1400
Trach Care	N
Range of Motion	1400

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Protective device	YN	YN	YN
Cardiac Monitor	YN	YN	YN

NURSING NOTES

29 JAN 05 1845 pt lying supine, pharmacologically sedated for ventilation. UTA LOC @ this time. Vent settings @ FIO₂ 35% PEEP 5, VT 600 Resp 14/min on SIMV. Resp even, lung sounds CRA @, slightly diminished to RLL, CT to RLL @ 20mmHg suction. c on ant of orange colored serous fluid. Sinus tach noted c reg rhythm. (B) radial pulses strong - A-line to (C) pedis patient Strong palpable pulse to (R) foot, (L) AKA, d. edema or JVD noted. Skin w/p. Very jaundiced (orange-yellow) sclera also yellow. Curor brisk. Staples in place to (L) femoral region. (L) stump drsg C/D/E. Drsg to (R) thigh c some serous drainage noted. Abd soft, NT, ND. BS faint and very hyperactive. FK in place draining dk amber tea colored urine to BSDB. DkR infusing @ 125cc/hr. Also receiving 4mg M504 drip to maintain sedation. VSS. ~~admitte~~ ~~cor~~ ~~2~~
 No acute distress noted. Will cont to monitor (b)(6)

PATIENT EDUCATION/PSHCYOSOCIAL

TIME	SUBJECT	RESPONSE/SUPPORT/REFERRALS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	DAYS	EVENINGS	NIGHTS
31C @ R	25 Jan	new		patient	
(L) Radial Artery	29 Jan	new		patient	

(b)(6) DEPARTMENT/SERVICE/CLINIC **ICU** DATE **29 Jan 05**
 (b)(6) first, middle; grade; date; hospital or medical facility
 (b)(6) last, **Pat # 6**
 HISTORY/PHYSICAL FLOW CHART
 OTHER EXAMINATION OR EVALUATION OTHER (Specify)
 DIAGNOSTIC STUDIES
 TREATMENT

FAWZZI, ABDULLAH
 1951 M O DETAINEE

SYSTEM	DAYS	NIGHTS
NEURO		
Level of consciousness	AWAKES to verbal	Pharm Sclated
Extremities: Movement	FROM UE, RLE	UTA
Strength	Strong	UTA
PAIN ASSESSMENT		
		Ø
GARDIOVASCULAR		
Rhythm	Sinus tachicardia	Sinus tachy (131)
Heart Sounds	S ₁ , S ₂ auscultated	S ₁ , S ₂
Skin	warm + dry	Hot dry (103.2°F temp) Ar.
Edema	to hands @	Non pitting to bil. hands
JVD/ Capillary refill	Ø / < 3 sec	Ø < 3 sec
Pulses: Radial	+3 bounding B	+2 +2
Posterior Tibial	+3 @	+2 @
Dorsalis Pedis	+3 @	+2 @
RESPIRATORY		
Breath Sounds	@LL intermitten expiratory	Vent. Diminished / clear
Oxygen Device	wheezing	F.O ₂
Oxygen Flow Rate	4 LNCU	35% SIMV
Chest Tubes/Drainage	CT @ to suction	@ CT
#1	min bloody	greenish brown
#2		
GASTROINTESTINAL		
Bowel Sounds	active x 4 quads	hypoactive x 4 quads
Date last BM	28 JAN 05	28 JAN 05
Abdomen	distended nontender	soft nontender / distended
NG tube: Placement	Nasal trumpet	Nt
Suction	NA	↓
Drainage	↓	↓
GENITORUINARY		
Urine: Color	brown orange	brown
Void/Foley	foley	Foley
INTEGUMENTARY		
Integrety	yellow skin/eyes	Jaundiced
Dressings	lymphoma center chest	(E)AKA RLE GSW
	gauze to CT, (L)stump	(Ø)inguinal staples COF
	(Ø)thigh kerlex	
Dressing Condition	CDI	Seeping will reinforce
Drains/Tubes	(Ø) CT 20mmHg suction	(Ø) CT 20mmHg suction
Drainage	(b)(6)	(b)(6)
Signature		

POST OPERATIVE DAY

PH JICIA

TIME	23	24	01	02	03	04	05	06
NIBP/ABP	123/63	115/61	131/63	105/52	95/52	102/58	113/52	105/52
Pulse	131	133	114	128	128	128	129	132
Respirations	28	32	42	35	26	32	31	22
Temperature	103.2	103.1	104.1	103.1	102.2	101.1	103.2	103.9
SaO2	93	94	93	95	98	96	96	96
%O2	35%	35	35%	40%	40%	40%	40	40
CVP	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
		Suction PL					Suction	
Pain Scale								
Pain Med								
Pt Position								

TIME								
RESPIRATORY								
Mode								
FiO2								
Rate								
PEEP								
CPAP								
Pressure Support								
	ABG							
pH								
pCO2								
Sat								
HCO3								
BE								

TIME	23	24	01	02	03	04	05	06	Total
IV	125	125	125	200	200	250	250	250	3275
IVBP					500	500		50	1200
Morphine	4	4	4	4	4	4	4	4	80
PO									
Other									
TOTAL	2615								4555

TIME								
LAB VALUES								
NA+								
K+/Cl-								
CO2								
BUN/ Cr								
Glu								
WBC								
Hgb/Hct								
PT/PTT								
Ca/Mg								
CPK/CKMB								
Troponin								

TIME	23	24	01	02	03	04	05	06	30	Total
Urine output Hour/Total	15		125				5	36		
NG Output										
Emesis										
Stool										
Chest Tube #1/#2	/	/	/	/	/	/	/	14	/	
Jackson Pratt #1/#2	/	/	/	/	/	/	/	/	/	
TOTAL	2710									255

TIME OUT	TIME IN	Place/Mode, Comments
24 Hr Totals		Yesterday
INPUT		3275
OUTPUT		2080
DIFFERENCE		+1045
WEIGHT		+1590
Today		
INPUT		4555
OUTPUT		2965
DIFFERENCE		+1590
WEIGHT		

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ABP							135/72				108/54				107/71	
Pulse							107				107				120	
Respirations							25				30				26	
Temperature							99.0								100.1	101.7
SaO2							96%				98				97	
%O2							10Lpm				8Lpm				2L	
CVP							5mm				5mm				2.6mm	
Pain Scale																
Pain Med																
Pt Position																

Time	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
IV							1000	75	1075	75	75	125	125	125	125	125	125	900
IVPB																		
PO																		
Other																		
TOTAL									1075	1150	1225	1300	1425					1425

TIME	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
Urine output Hour/Total	/	/	/	/	/	/	200		200	/	/	/	600/800	/	400/1200	100/1300	200/1500	1300
NG output																		
Emesis																		
Stool																		
Chest tube #1/#2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/#2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	1430 (b)(6)
Oral Care	1430
Foley Care	1430
Trach Care	NA
Range of Motion	NA

Safety	D	E	N
High risk for falls	Y	Y	Y
Call bell in reach	Y	Y	Y
Bed position/Locked	Y	Y	Y
Protective device	Y	Y	Y
Cardiac Monitor	Y	Y	Y

DSG APPROVED (Date)

REPORT TITLE
 TASK FORCE MED-115-ICU FLOW SHEET

NURSING NOTES

[Empty lined area for nursing notes]

PATIENT EDUCATION/PSYCHOSOCIAL

TIME	SUBJECT	RESPONSE/SUPPORT/REFERRALS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	DAYS	EVENINGS	NIGHTS

PREPARED BY (Signature & Title)
 (b)(6)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)
 DATE
 28 JAN 05

PATIENT IDENTIFICATION (For typed or written entries give: name - last, first, middle grade; date; hospital or medical facility)
 281 H O DETAINEE

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

SYSTEM	DATE	NIGHT
NEURO		
Level of consciousness	Awake	Eyes open to stimulation
Extremities: Movement	FROM VE, FROM (R) leg	MAE
Strength	Strong (B)	Strong
PAIN ASSESSMENT		
	7/10	
CARDIOVASCULAR		
Rhythm	Sinus tachycardia	ST
Heart Sounds	S ₁ , S ₂ auscultated	S ₁ S ₂ normal
Skin	Warm + dry	Warm / Dry / yellow
Edema	to hands (B)	TO hands
JVD/ Capillary refill	✓ / < 3 sec	✓ / < 3 sec
Pulses: Radial	+3 (B) +3 (R)	(R) +3 (L) +3
Posterior Tibial	+2	+3 +3
Dorsalis Pedis	+2	+3 +3
RESPIRATORY		
Breath Sounds	clear (L) side (R) dim bases	clear ↓ bases
Oxygen Device	2 nasal resp.	2 N/C
Oxygen Flow Rate	5FM 10 Lpm	Nasal Rampet to (R) nose
Chest Tubes/Drainage	nasal trumpet	|
#1		
#2		
GASTROINTESTINAL		
Bowel Sounds	hyperactive x 4 quadrants	Hypactive x 4 quadrants
Date last BM	unknown	?
Abdomen	distended non-tender	Soft, non-tender
NG tube: Placement	NA	|
Suction	↓	|
Drainage	↓	|
GENITOURINARY		
Urine: Color	brown	Brown
Void/Foley	foley	Foley
INTEGUMENTARY		
Integrity	(L) Stump, 3in wound (R) thigh (R) CT dsg	(L) Stump, (R) Thigh, (R) CT
Dressings		
Dressing Condition	C/D I	C/D I
Drains/Tubes	(R) CT to suction	(R) CT to 20in suction
Drainage	(b)(6)	(b)(6)
Signature		

POST OPERATIVE DAY

SICIAN

TIME	23	24	01	02	03	04	05	06	Total
NIBP/ABP			97/49				124/60	102/57	
Pulse			90				103	30	
Respirations			22						
Temperature	100.8		99.9						
SaO2			96				97.1	96.6	
%O2			32NC				100b	6L	
CVP							m/m	n/l	
Pain Scale			?				?	2	
Pain Med			8				3mg		
Pt Position			(C)				B	B	
IV	125	125	125	125	125	125	125	125	1000
IVBP		50							50
PO									
Other									
TOTAL									(50)

TIME				
RESPIRATORY				
Mode				
FiO2				
Rate				
PEEP				
CPAP				
Pressure Support				
ABG				
pH				
pCO2				
Sat				
HCO3				
BE				
LAB VALUES				
NA+				
K+/Cl-				
CO2				
BUN/Gr				
Glu				
WBC				
Hgb/Hct				
PT/PTT				
Ca/Mg				
CPK/CKMB				
Troponin				

TIME	23	24	01	02	03	04	05	06	Total
Urine output Hour/Total			100		100			300	(500)
NG Output									
Emesis									
Stool									
Chest Tube #1/ #2	/	/	/	/	/	/	/	/	80
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	
TOTAL									(500)

TIME OUT	TIME IN	Place/Mode, Comments
24 Hr Totals		
INPUT	3125	
OUTPUT	2080	
DIFFERENCE	+1045	
WEIGHT		

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Iressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

ADMISSION AND CODING INFORMATION

60

10-L-0126 ACLU DD III (CID ROI) 2694

30. AGE AT DISP			31. AUTOPSY Y/N				32. UNDERLYING CAUSE OF DEATH / SEP			33. RESIDUAL DISABILITY				34. DO NOT USE - DATA FILLER #1						35. CAUSE OF INJURY																			
123	124	125	126				127			128	129	130				131	132	133	134	135	136	137	138	139	140	141	142												
36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS																							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166																
FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS																							
168	169	170	171	172	173	174		175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190																
SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS																															
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206																								
44. FIRST PROCEDURE (Principal Diagnosis)																								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230																
47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE																							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254																
SEVENTH PROCEDURE								51. EIGHTH PROCEDURE																															
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270																								
52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES								53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES								54. PRIMARY PROVIDER SPECIALTY CODE				55. BLOOD USAGE Y/N																			
271	272							273	274							275	276	277					278																
0	0							0	0																														

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF						2. MTF LOCATION															
1	2	3	4	5	6	7	8		(State or Country Code)												
(b)(6)																					
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE			5. SEX						
9	10	11	12	13	14	15							16	17							
0	0	0																			
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND								
10. LENGTH OF SERVICE						ETS			11. FMP			12. SOCIAL SECURITY NUMBER									
32	33	34							35	36											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION			BRANCH / CORPS									
						46															
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE												
47	48	49							50	51	52										
									53	54	55	56	57	58	59	60	61				
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				20. PREV. ADMISSION										
62	63					64	65	66	67	68	69	70	71								
											YEAR <input type="checkbox"/> NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE												
72																					
									ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)												
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY									TELEPHONE NUMBER OF EMERGENCY ADDRESSEE												
115TH FIELD HOSPITAL (UNITED STATES ARMY),																					
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)													
73	74					75	76	77	78	79	80	81	82	83	84	85	86	87	88		
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)													
89	90	91	92					93	94	95	96	97	98	99	100	101	102	103	104	105	106
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)													
107	108					109	110	111	112	113	114	115	116	117	118	119	120	121	122		
FOR LOCAL USE												IF INJURY TO AD SOLDER - HOW:									
												WHEN:									
												WHERE:									
ADMITTING OFFICER (Signature, as required)												SIGNATURE OF ADMITTING CLERK									

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER 000			2. NAME (Last, First, MI)				3. GRADE		ADMISSION REMARKS	
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION				
11. FMP		12. SSN		13. ORGANIZATION			14. WARD			
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE				
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION		23. CLINIC SERVICE				
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION		26. DATE OF DISPOSITION				
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY 115TH FIELD HOSPITAL (US ARMY),						30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA										
<input type="checkbox"/> Check if Continued on Reverse										
33. CAUSE OF INJURY										
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES										
IF INJURY TO AD SOLDIER- HOW: WHEN: WHERE:										
35. Total Days This Facility										
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS		d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS				
36. Total Days All Facilities										
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS		d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS				
SIGNATURE OF ATTENDING MEDICAL OFFICER					SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER					

DA FORM 3647, MAY 79

EDITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of: *see AR 40-66; the proponent agency is the Office of the Surgeon General,*

REPORT TITLE

POST ANESTHESIA CARE RECORD - PHASE I

OTSG APPROVED (Date)

TIME IN 1445 WT 7.0 kg

ALLERGIES NDA

PROCEDURE EX LAP / LEFT STUMP I.D.

PHYSICIAN: (b)(6)

HX

ASA

TYPE OF ANESTHESIA: GEN SPINAL/EPIDURAL LOCAL IV SEDATION BLOCK

PRE OP VITALS: 132/48 : P=125 EBL MIN IV FLUIDS 700 URINE OUTPUT 50

VITAL SIGNS

TIME	TEMP.	PULSE	RESP.	BP	SaO2	SAB	OB/GYN	PRE/INTRA/IMMEDIATE POST-OP MED
Admit	<u>101.0</u>	<u>114</u>	<u>29</u>	<u>82/43</u>	<u>91</u>	<u>Vent</u>		<u>Versed</u> _____ mg @ _____
15		<u>112</u>	<u>24</u>	<u>86/42</u>	<u>94</u>	<u>Vent</u>		<u>Fentanyl 500</u> cc @ _____
30								<u>Zofran</u> _____ & mg @ _____
45								<u>Toradol</u> _____ mg @ _____
60								<u>Antibiotic</u> _____
90								<u>Other</u> _____
120								<u>VERCURONIUM - 10mcg 13:15</u>
150								<u>SCOPOLAMIN 0.4mcg 13:15</u>

POST ANESTHESIA RECOVERY SCORE

LEGEND	ADM.	15	30	60	90	DC	ADDITIONAL NOTES / CLARIFICATIONS
ACTIVITY: MOVES 4 EXTREMITIES = 2 MOVES 2 EXTREMITIES = 1 MOVES 0 EXTREMITIES = 0	<u>0</u>	<u>0</u>					
RESPIRATIONS: DEEP BREATHS/COUGH = 2 DYSPNEIC = 1 APNEIC = 0	<u>2</u>	<u>Vent</u>					
CIRCULATION: BP +/- 20% OF PRE-OP = 2 BP +/- 20-50% OF PRE-OP = 1 BP +/- 50% OF PRE-OP = 0	<u>1</u>	<u>1</u>					
CONSCIOUSNESS: FULLY AWAKE = 2 AROUSABLE ON CALLING = 1 UNRESPONSIVE = 0	<u>0</u>	<u>0</u>					
O2 SATURATION: >92% ON ROOM AIR = 2 O2 TO MAINTAIN >92% = 1 <90% WITH O2 IN USE = 0	<u>Vent</u>	<u>2</u>					

ALTERED NUTRITION	INTAKE	OUTPUT
PERIPHERAL IV	TIME	TYPE OF FLUIDS
SITE	OR	IV/ML
CONDITION	PO	BLOOD
DISCHARGE	TIME	URINE

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

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

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

DA FORM 4700 1 MAY 78 115th FH OP 1

US 63c V1.00

ADMISSION ASSESSMENT / EVALUATION

DISCHARGE ASSESSMENT / EVALUATION

<p>INEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes ___ No ___ Clear Yes ___ No ___ O2 Therapy- _____ Airway: ETT ___ Oral ___ Nasal ___ N/A ___</p>	<p>INEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes ___ No ___ Clear Yes ___ No ___ Respirations even & unlabored SAO2 WNL on Room Air Yes ___ No ___</p>
<p>ALTERED THOUGHT PROCESSES Unresponsive ___ Sedated/Responsive to verbal stimuli ___ Sedated/Responsive to deep stimulus ___ Awake/Unsedated ___ Oriented to time, place, person, situation</p>	<p>ALTERED THOUGHT PROCESSES Oriented to time, place, person, situation and baseline mentation has returned.</p>
<p>POTENTIAL FOR DECREASED CARDIAC OUTPUT Cardiac Monitor ___ Normal Sinus Rhythm without ectopy ___ Skin Condition: Warm ___ Dry ___ Cool ___ Moist ___ IV Site without S/S of infiltration or irritation Yes ___ No ___ Capillary refill < 3 Seconds ___ Other ___</p>	<p>POTENTIAL FOR DECREASED CARDIAC OUTPUT Vital Signs Stable Skin Condition: Warm ___ Dry ___ Cool ___ Moist ___ IV site without S/S or infiltration or irritation Yes ___ No ___ Other ___</p>
<p>POTENTIAL FOR INJURY Moves all extremities Yes ___ No ___ Other ___ Supportive Device _____ Side Rails Up ___ Bed in lowest position ___ Bed locked ___</p>	<p>POTENTIAL FOR INJURY Moves all extremities Yes ___ No ___ Other ___ Transferred via stretcher with side rails up Yes ___ No ___</p>
<p>ALTERED PATTERNS OF URINARY ELIMINATION Foley ___ Due to void / Time of last void ___</p>	<p>ALTERED PATTERNS OF URINARY ELIMINATION Voided ___ Due to void ___ Foley ___ Other ___</p>
<p>ALTERED GI FUNCTIONS Active Bowel Sounds x's 4 quadrants ___ Hypoactive Bowel Sounds ___ Abdomen non distended ___ Other ___</p>	<p>ALTERED GI FUNCTIONS Bowel sounds present x's 4 Quadrants ___ Abdomen non distended ___ Other ___</p>
<p>IMPAIRED SKIN INTEGRITY Dressings _____ C/D/I _____</p>	<p>IMPAIRED SKIN INTEGRITY Dressings clean dry and intact Other _____</p>
<p>ALTERATION IN COMFORT LEVEL Pain Level ___ (0 = none, 10 = severe) Location _____ Ice / heat / elevation _____ Positioning _____</p>	<p>ALTERATION IN COMFORT LEVEL Pain managed with analgesics. Level ___ (0 = none, 10 = severe) Ice / heat / elevation _____ Positioning _____</p>

RN SIGNATURE _____

RN SIGNATURE _____

ANESTHESIA MEDICATION ORDERS

1. _____
2. _____
3. _____

TIME	MEDICATION	DOSE	ROUTE	SITE	SIGNATURE	EFFECT

OTHER INTERVENTIONS _____

Printed Name _____ Signature _____ Initials _____

PACU NURSING STANDARDS OF CARE MET

Released by _____

PACU RN _____

Report called to _____

Time out _____ Par Score _____

PRE-ANESTHESIA EVALUATION

AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS			
				B/P	P	R	T

PROPOSED PROCEDURE _____

PREVIOUS ANESTHESIA/OPERATIONS (if none, check here <input type="checkbox"/> <i>traumatic</i>	CURRENT MEDICATIONS (if none, check here <input type="checkbox"/>
--	---

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (if none, check here <input type="checkbox"/> 	ALLERGIES (if NKDA, check here <input type="checkbox"/>
--	---

AIRWAY/TEETH/HEAD AND NECK _____	HISTORY FROM <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> POOR HISTORIAN <input checked="" type="checkbox"/> CHART <input type="checkbox"/> SIGNIFICANT OTHER <input type="checkbox"/> PATIENT
----------------------------------	---

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma Bronchitis COPD Dyspnea Orthopnea Pneumonia Productive cough Recurrent acid SOB Tuberculosis	<input type="checkbox"/>	Tobacco Use: <input type="checkbox"/> No <input type="checkbox"/> Yes ___ Pack/Day for ___ Years <i>Ventilator</i>	Chest X-ray <i>(R) Pneumothorax</i> Pulmonary Studies
CARDIOVASCULAR Angina Arrhythmia CHF Exercise Tolerance Hypertension MI Murmur MYP Pacemaker Rheumatic fever	<input checked="" type="checkbox"/>		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction Cirrhosis Hepatitis Hiatal hernia Jaundice N/V Reflux/heartburn Ulcers	<input type="checkbox"/>	Ethanol Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency _____	
NEUROMUSCULOSKELETAL Arthritis Back problems CVA/stroke DJD Headaches Loss of consciousness Neuromuscular disease Paralysis Paresthesia Syncope Seizures TIAs Weakness	<input type="checkbox"/>	<i>Responds to tactile stimuli stuporous state</i>	
RENAL/ENDOCRINE Diabetes Renal failure/Dialysis Thyroid disease Urinary retention Urinary tract infection Weight loss/gain	<input type="checkbox"/>	<i>Decreased output</i>	
OTHER Anemia Bleeding tendencies Hemophilia Pregnancy Sickle cell trait Transfusion history			

PROBLEM LIST/DIAGNOSES _____	ASA PS	LAB STUDIES	Hgb/Hct/CBC	Electrolytes	Urinalysis
PLANNED ANESTHESIA/SPECIAL MONITORS _____	1	Other	5.8	2 units FFP	2 units ABcs
	2		30.3	256	
	3		154		
	4				
	5				
	E				
		POST-ANESTHESIA NOTE			

PRE-ANESTHESIA MEDICATIONS ORDERED _____

SIGNATURE OF EVALUATOR(S) (b)(6)	Signed _____	Date _____	Time _____
-------------------------------------	--------------	------------	------------

OPTIONAL FORM 517 BACK

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

DTSG APPROVED /Date/

TRAUMA FLOW SHEET

DATE:

TIME:

LAST MEAL:

EVENT DATE:

TIME:

INITIAL ASSESSMENT

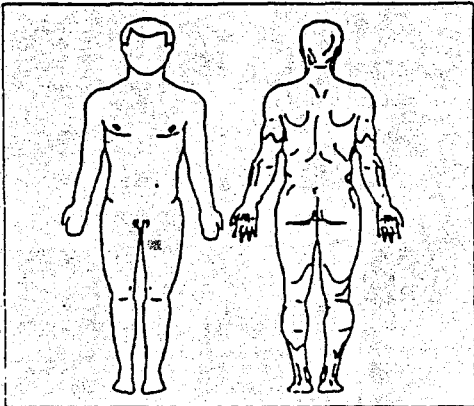
AIRWAY:
BREATHING:
CIRCULATION:
DISABILITY: (E/V/M = GLASGOW COMA SCALE) CIRCLE

EYES OPEN 4-spontan. 3-to speech 2-to pain 1-none 0-closed/swelling	VERB. RESP. 5-oriented 4-confused 3-inapprop. words 2-incomp. sounds 1-none (ett or trach)	MOTOR RESP. 6-obey commands 5-localize pain 4-flex withdraw 3-flex abnormal 2-extension 1-no response
---	--	--

VITALS:

time									
pulse									
resp									
bp									
temp									
rhythm									
pupils	L	R	L	R	L	R	L	R	R

EXPOSE: (SKIN INTEGRITY)
x=abrasion
o=burn
of=open fracture
f=fracture
l=laceration
s=stab
g=gun shot wd.
b=bruise
e=erythema



HISTORY: ("AMPLE T")

ALLERGIES: _____

MEDS: 0 NONE _____

PAST: 0 NONCONTRIBUTOR; HX: _____

SURG: _____

TETANUS:

	PHYSICAL EXAMINATION
head	0 normal
neck	0 normal
cent	0 normal
chest	0 normal
cardiac	0 normal
abdom	0 normal
pelvis	0 normal
back	0 normal
genit.	0 normal
neuro	0 normal
extrem	0 normal

MEDICATIONS

time				
meds	tetanus .5cc IM lot #			
nurse				
v.o. DR.				

UZ:	lpm	nc	mask	pulse ox.
ett		mm	time	
ekg			monitoring	
foley			fr to gravity	
ng tube		fr		guaiac 0+ 0-
peri dial	0+ 0-			time
chest tube		left cm h2o	right cm h2o	
xays		labs t&s	cbc	pl/ptt ua hcg
		chm20	chm7	esr t&c abg

OTHER: _____

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

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

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

DA FORM 4700
1 MAY 78

U.S. Government Printing Office: 1990 -- 281-48571226

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE (YYYYMMDD)

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

3. PHYSICAL EXAMINATION (Including pertinent positives and negatives)

4. IMPRESSION (Enter admission note with plan on progress notes)

5. ADMITTING OFFICER

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

6. DISCHARGE NOTE (Brief hospital course, diagnoses, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)

7. DISCHARGE DATE (YYYYMMDD)

8. DISCHARGING OFFICER

a. NAME (Last, First, Middle Initial)

b. GRADE

c. TITLE

d. SIGNATURE

9. PATIENT IDENTIFICATION (For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD (X when done)

67

USAPA V1.00

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TO ORDER NOTED / SIGN
(b)(6)			30 JAN 05	1000 HOURS	
			1) D/C LOVENOX		
			2) 2U FFP		
			3) Δ IVF FROM D5LR TO LR @ 250 ml/h		(b)(6)
			4) UA AND SEDIMENT		
			5) UNASYN 3000 mg IV Q6		1/30 JAN @ 1005
NURSING UNIT	ROOM NO.	BED NO.	THANK - YOU		
ICU		6	(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TO ORDER NOTED / SIGN
(b)(6)			30 JAN 05	HOURS	(b)(6)
			1) TRANSDUCE CUP		
			2) ↓ IVF TO 200 ml/h		
			3) STAT. LABS: CBC, PT, PTT, LFTS		
			4) PLEASE RESUME ALL PRE-OP ORDERS		
			5) WET-DRY DRESSING Δ TO RT KNEE		
			BID (NO WHEN START IN AM)		
NURSING UNIT	ROOM NO.	BED NO.	THANK - YOU		
ICU		6	(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TO ORDER NOTED / SIGN
(b)(6)					
			6) CXR 3/0 CT PLACEMENT	HOURS	
			THANK - YOU		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
ICU		6			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TO ORDER NOTED / SIGN
(b)(6)			30 JAN 05	15:55 HOURS	
			1) DNR ORDERS		
			• NO CPR		
			• NO VASOACTIVE DRUGS		
			• NO CARDIOVERSION		
			• KEEP FIO2 @ 40%, DO NOT ↑		
			• KEEP IVF @ 125 ml/h		
			2) CONTINUE ALL OTHER MEOS / THERAPEUTIC MEASURES		
NURSING UNIT	ROOM NO.	BED NO.			
ICU		6			

DA FORM 4256
1 APR 79

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

(b)(6)

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PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED / SIGN
(b)(6)	1-30-05	0400 HOURS	
(b)(6)	1.	NS 500 cc Bilus x 2	
(b)(6)	2.	↑ Potassium IV Data to 250 mg/hr	
(b)(6)		1.5 hours given	
NURSING UNIT			(b)(6)

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED / SIGN
(b)(6)	30 Jan 05	0545 HOURS	
(b)(6)		STAT CBC	
(b)(6)		V.O.	
(b)(6)			(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED / SIGN
(b)(6)	1-30-05	0600 HOURS	
(b)(6)	1.	25% ALBUMIN ^{give} 200 cc	
(b)(6)		Bilus over 30 min	
(b)(6)		HOLD IV fluids during Albumin infusion	
(b)(6)		VITAMIN K 1 mg IM	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED / SIGN
(b)(6)	1-30-05	0650 HOURS	
(b)(6)	1.	Cefotaxime 1 gm IV	
(b)(6)		Now	
(b)(6)	2.	H/H O 1800	
(b)(6)	3.	TRANSFUSION 2u PRBCs	
(b)(6)	4.	HOLD ALBUMIN	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			1-29-05	1922 HOURS	
			MOTRIN 800 MG PO	(b)(6)	
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	Dated		
			J. J. ANDERSON		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			29 JAN 05	1940 HOURS	
			1) DIC MOTRIN		
NURSING UNIT	ROOM NO.	BED NO.	J. J. ANDERSON		
			(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			1-30-05	0200 HOURS	
			1. ASA this Am		
			2. Caffeine if w/o		
			↳ 300mg 1HR x 2		
			consecutive		
			3. Blood cx x 2		
			4. ↑ W (data) (2000/HR)		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	J. J. ANDERSON		
			(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			30 Jan 05	0305 HOURS	
			NS 500 ml bolus over 30 min		
			V.O. (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	ICU 6		

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			29 JAN 05	0750 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	
(b)(6)			(b)(6)	(b)(6)	

instead
(b)(6)
0750
2/2/05

①	VO	D/C
②	PEPCID	Zantac 50mg q8° IV

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
(b)(6)			29 JAN 05	8:47 HOURS
NURSING UNIT			ROOM NO.	BED NO.
(b)(6)			(b)(6)	(b)(6)

Notes
(b)(6)
30 mg
120

*	D/C AMBIEN
*	D/C MOTRIN
*	NO NSAIDS
*	↑ ATIVAN TO 0.5-3mg q 2-4°
*	NO VERSED
*	CXR - PORTABLE - (30 JAN 05)
*	AM LABS (30 JAN 05) - CBC, LFTS, BMP

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

*	PLEASE RUN BASIC LYTES ON ISTAT
*	SERUM/PLASMA FOR ICTERIC FOR PICOLO
*	NO NASAL SUMP
*	MSO4 2mg IV XT NOW
*	ATIVAN 3mg IV XT NOW
*	CONT NPO

THANK YOU

PATIENT IDENTIFICATION			DATE OF ORDER	TIME
(b)(6)			29 JAN 05	(b)(6)
NURSING UNIT			ROOM NO.	BED NO.
(b)(6)				

*	VENT: VT 650ml RATE 14 P5 SIMU
*	WEAN FIO2 TO KEEP SpO2 > 92%
*	STAT CXR
*	MORPHINE DRIP @ 4 mg/hr
*	ADVA VECURONIUM 10mg IV q 1° PRN
*	RESUME ALL OTHER PRE-OP ORDERS

FORM 4256
 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH IS OBSOLETE. USED.

THANK YOU -730V

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			1-29-05	0440 HOURS	
			Aspirin 4 mg IV		
			Versed 2mg IV		
			S/P CT Placenta ex		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			1-29-05	0514 HOURS	
			1. Versed 1 mg IV		
			2. Aspirin 4mg IV		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			1-28-05	210 HOURS	
			MOTRIN 400mg po q6hly		
			Prenex 210mg /		
			VO DR (b)(6)		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST THE ORDER NOTED A SIGN
(b)(6)			28 Nov 05	2200 HOURS	
			Ambien 10mg po XL new		
			VO DR (b)(6)		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

Noted
(b)(6)

Noted
(b)(6)

28/11

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN			
<div style="border: 1px solid black; padding: 5px; width: fit-content;">(b)(6)</div>			<div style="font-size: 2em;">↓</div> 28 JAN 05	_____ HOURS				
			* 1) ADMIT: ICU					
			2) SURGEON: (b)(6)					
			* 3) DY: SIP GSW / SHOER LIVER / PTX					
			4) CONDITION: CRITICAL					
			* 5) IUP: DS LR @ 125 ml					
			NURSING UNIT	ROOM NO.	BED NO.	* 6) DIET: NPO		
			7) PLEASE SAVE TLC PORT FOR POTENTIAL TPN					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN			
<div style="border: 1px solid black; padding: 5px; width: fit-content;">(b)(6)</div> <div style="font-size: 1.5em; margin-top: 10px;">M. Keel</div> <div style="font-size: 1.2em; margin-top: 5px;">1700 28 JAN</div>								
			* 8) VITALS: Q4					
			* 9) I/O: Q SHIFT					
			* 10) AM LABS: CBC, PT, PTT, BMP, LFTS					
			* 11) EPM LABS (28 JAN): CBC, PT, PTT, LFTS					
			* 12) CXR IN AM - PORTABLE					
			NURSING UNIT	ROOM NO.	BED NO.	* 13) Foley to GRAVITY		
			* 14) MEDICATIONS:					
			- MORPHINE 2-4 mg IV q 4 PRN					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN			
<div style="border: 1px solid black; padding: 5px; width: fit-content;">(b)(6)</div>								
			* K - ATIVAN 0.5 - 1 mg IV q 2-4 PRN					
			* K - PEGICID 20mg IV q 12					
			* K - LOVENOX 30 mg SQ q 12					
			* 15) CHEST TUBE TO 20cm H ₂ O SUCTION					
			* 16) WEAN FIO ₂ TO KEEP SpO ₂ < 92%					
			NURSING UNIT	ROOM NO.	BED NO.			
			THANK-YOU					
			(b)(6)					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN			
<div style="border: 1px solid black; padding: 5px; width: fit-content;">(b)(6)</div>								
			X					
NURSING UNIT	ROOM NO.	BED NO.						

111 DD FORM 1314 10-1-77 (CID FORM) 2700

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 01/27/05

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																		
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																
				28	29	30	31	02												
28 JAN	(b)(6)	D5LR 125cc/hr	07	/	(b)(6)															
28 JAN		PEPCID 20mg IV Q12	08	/	(b)(6)	(b)(6)														
			20	(b)(6)																
28 JAN		LOVENOX 30mg SQ Q12	08	/	(b)(6)	(b)(6)														
			20	(b)(6)	(b)(6)															
29 JAN		Zantac 50mg IV	08	/	(b)(6)	(b)(6)														
		98°	14	/	(b)(6)	(b)(6)														
			22	/	(b)(6)															
29 JAN		NO NSAIDS	07	/	(b)(6)	(b)(6)														
		NO VERSES	14	/	(b)(6)	(b)(6)														
		NO MORFIN																		
29 Jan		Morphine drip @ 4mg/hr	07	/	(b)(6)	(b)(6)														
			19	/	(b)(6)	(b)(6)														
29 Jan		Vent settings per MD; wean	07	/	(b)(6)	(b)(6)														
		EtO2 to keep ScO2 > 92%	19	/	(b)(6)	(b)(6)														
30 JAN		A IV rate 200 cc/hr	07	/	(b)(6)	(b)(6)														
		DSLX 250cc/hr	19	/	(b)(6)	(b)(6)														
30 JAN		IVF LR @ 250cc/hr	07	/	(b)(6)															
			19	/																
30 JAN		UNASYN 3000MG IV Q6	24	/																
			06	/																
			12	/	(b)(6)															
			18	/	(b)(6)															

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P GSW / SHOCK LIVER / PTX

NAKD

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. 1

PATIENT IDENTIFICATION: (b)(6)

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. 01 yr. 05

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
29 JAN	(b)(6)	Ativan 1mg IV x 1 now	29 JAN	0440	0443	(b)(6)
29 JAN		Verbal 2mg IV x 1 now	29 JAN	0440	0442	
29 JAN		Ativan 1mg IV x 1 now	29 JAN	0510	0510	
29 JAN		Verbal 1mg IV x 1 now	29 JAN	0510	0510	
29 JAN		PCXP Stat am check	29 JAN	0520	0520	
29 JAN		Amibun 10mg po x 1 now	29 JAN	2200	2200	
29 JAN		MSD 2mg IV x 1 now	29 JAN	1000	1000	
29 JAN		Ativan 3mg IV x 1 now	29 JAN	1000	1000	
30 JAN		NS 500ml bolus over 30 minutes	30 JAN	0305	0305	
30 JAN		NS 500 cc bolus x 2	30 JAN	0400	0400	
30 JAN		20% Albumin give 200 cc bolus over 30min Hold IV fluids during albumin infusion	30 JAN	ASAP	HOLD	
30 JAN		Vitamin K 1mg IM/IV	30 JAN	ASAP	0700	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION								
			TIME/DATE DISPENSED								
28 JAN	.....	MORPHINE 2-4 mg IV Q4° PRN	29 JAN 0525								
.....	.....		(b)(6)								
28 JAN	.....	ATIVAN 0.5-1mg IV Q2-4° PRN	28 JAN 2100	28 JAN 2300	28 JAN 0100	28 JAN 0300					
.....	.....		(b)(6)								
28 JAN	(b)(6)	MOTERIL 10mg po Q4hly per order > 1015	28 JAN 2000								
.....	.....		(b)(6)								
29 JAN	(b)(6)	Ativan 0.5-3mg q 2-4° prn agitation									
.....										
29 Jan	(b)(6)	Vecuronium 10mg IV q 10 prn	29 Jan 1230	30 JAN 0048							
.....	.....		(b)(6)	(b)(6)							

MEDICAL RECORD-ANESTHESIA

PROCEDURE
Exp Lap Right chest tube D. of left Ext
Rhyphoid

ITEM	STA
Anesthesia	1312
Procedure	132

DATE: 30 JAN 05 OR NO. 1 PAGE OF 1 (b)(6)

PRE-PROCEDURE

Identified ID Band Questioning
 Chart Review Permit Signed
 NPO Since midnight
 Anesthetic State: Calm Asleep Confused Unresponsive
 Awake Apprehensive Uncooperative

PATIENT SAFETY

Anes. Machine # Checked Auxiliary Roll
 Safety Belt On Arms Tucked
 Arm Restraints Pressure points checked and padded
 Eye Care: Ointment Saline
 Taped Pads Goggles

MONITORS AND EQUIPMENT

Steth Enox Preop Other
 Non-Invasive BP Nerve Stimulator
 Continuous EKG V. and S. EKG
 Pulse Oximeter Oxygen Analyzer
 End Tidal CO₂ Resp Gas Analyzer
 Temp EEG
 Warming Blanket Fluid Warmer
 Airway Humidifier Foley Catheter
 NG/OG Tube Art Line left radial
 CVP PA Line
 IV(s)

ANESTHETIC TECHNIQUES

Method: General Spinal Epidural Caudal Brachial Bier Block Arsite Blk M.A.C.
 General: Pre-O₂ L.T.A.
 Rapid Sequence Cricoid Pressure
 Intravenous Inhalation
 Intramuscular Rectal

Regional: Position _____
 Prep Local _____
 Needle _____
 Drug(s) _____
 Dose _____
 Attempts x _____
 Site _____
 Level _____
 Catheter _____
 Site Remarks _____

AIRWAY MANAGEMENT

Intubation Oral Nasal
 Direct Vision Magill's Blind
 Diff. see Fx/s Fiber Op Stylet
 Attempts x _____
 Blade
 Tube size _____
 Endobronchial
 Regular RAE Armored Laser
 Cuffed Min. occ. press. Air ONS
 Uncuffed, leaks at _____ cm H₂O
 Secured at _____
 IET CO₂ Present
 Breath Sounds
 Circuit: Circle Non-rebreathing
 Airway: Oral Nasal Natural
 Mask Gase Via Tracheostomy
 Nasal Cannula Simple O₂ Mask

RECOVER

145 241
 ICU LAD 112
 Awake Spont Res
 Asleep Ventilator
 Stable Extubated
 Unstable Intubated
CONTROLLED
 Drug Used
Rhyphoid SWM
 Provider _____

TIME: 135 130 1400 1430 1500

AGENTS	135 130 1400 1430 1500							
	Hal	Enf	Iso	(%)				
FLUIDS	N ₂ O	Alr	(L/min)					
	Oxygen	(L/min)	2	2	2	2	2	2
MONITORS	EtCO ₂	ST	ST	ST	ST	ST	ST	ST
	% O ₂ Inspired (FiO ₂)	2.85	2.85	2.85	2.85	2.85	2.85	2.85
VITAL SIGNS	O ₂ Saturation (SaO ₂)	99	99	99	99	99	99	99
	Temp	42	42	42	42	42	42	42
VENT	Tidal Vol. (ml)	670	660	700	620	700	810	810
	Resp. Rate	12	9	10	10	10	10	10
ANESTHESIA PROVIDER	Peak Pres. (cm H ₂ O)	17	17	18	18	18	18	18
	PEEP (cm H ₂ O)	2	2	2	2	2	2	2
PATIENT'S IDENTIFICATION	Symbols for Remarks	C	C	C	CV	CV	CV	CV
	Position	01	01	01	01	01	01	01

REMARKS (b)(6) Discussed case with M.D. Voiced concerns of pt Cordetian, M.D. verbalized understanding and wants to continue with procedures. 1445 to Iw report to RN. Intubated

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo	01	Yr	05	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials				
28 JAN	(b)(6)	ADMIT TO ICU	28 JAN	13:00	13:00	(b)(6)				
28 JAN		CBC, PT, PT LFTS	28 JAN	17:00	17:00					
28 JAN		CXR IN AM - PORTABLE	29 JAN	AM	04					
29 JAN		CXR portable (30 JAN)	30 JAN	AM						
29 JAN		CBC, LFT, BUN	30 JAN	AM	0500					
29 JAN		STAT CXR	29 JAN	13:00	12:30					
30 JAN		ABG thru AM	30 JAN	06:00	0500					
30 JAN		Blood cx #2	30 JAN	ASAP	07:30 Done					
30 JAN		STAT CBC	30 JAN	0545	0545					
30 JAN		UA + SEDIMENT, CBC, COAGS	30 JAN							
30 JAN		Transduce CVP	30 JAN							
30 JAN		STAT Labs: CBC, PT, PIT, LFTS	30 JAN	15:00	15:00					
30 JAN		CXR s/p CT placement	30 JAN	15:15	15:15					
.....										
.....										
.....										
.....										
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION							
			TIME/DATE COMPLETED							
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									

ST, FIRST, MI. Male SSN or ISN: / (b)(6) Signs and Symptoms: **SHOCK LIVER / PTX**
 Physician: (b)(6) Ward: **IC4** STAT Specimen Date and Time: **30 JAN 15:00** Reported by: (b)(6) Date and Time: **30 JAN 1516**
 Examined by: (b)(6) Bed: **6** Routine

Chemistry (STAT) / Green Top / Syringe Chemistry (PicoLab Analyzer) / Green Top Hematology / Purple Top

TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L		ALB	1.8	3.3-5.5 g/dL		WBC	24.8	4.8-10.8 x10 ³ /uL
K		3.3-4.9 mmol/L		ALP	100	26-184 U/L		RBC	2.12	4.2-6.1 x10 ⁶ /uL
Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	6.9	12.0-18.0 g/dL
pH		7.35-7.45		AMY		14-110 U/L		Hct	19.2	M: 42.0-52.0% F: 37-47%
PCO2		35-45 mmHg		AST		11-38 U/L		MCV	90.6	80.0-99.0 fl
PO2		80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH	32.8	27.0-31.0 pg
TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	36.2	33.0-37.0 g/dL
HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL		Plt	184	130-400 x10 ³ /uL
sO2		95-99%		Chol		100-200 mg/dL		LY%	13.0	20.0-44.0%
BE _{ecf}		(-2) - (+3)		CK	Sample	M: 39-380 U/L F: 30-190 U/L		LY#	3.2	0.7-4.3 x10 ³ /uL
AGap		8-16 mmol/L		CL	Sample	98-109 mmol/L		Differential		
iCa		1.12-1.32 mmol/L		TCO2	Sample	26-33 mmol/L		Segs(50-70%)		Mono(4-10%)
BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly	0.1%	Immature cells
Hct		37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:	2-4 hours	
Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt Abn Morph:	last 2-4 hours	
Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	Straw/Yellow	Phosphorous	2.2-4.5 mg/dL
Clarity	Clear	HDL Chol	30-75 mg/dL
Glucose	Negative	LDL Chol	50-130 mg/dL
Bilirubin	Negative	Triglycerides	50-160 mg/dL
Ketone	Negative	VLDL	≤30 mg/dL
SG	1.010-1.025	Chol/HDL Ratio	≤4.5

Rapid Tests

Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative

Urina Microscopic

MBC	Epi	ETOH/Alc.	Negative
RBC	Mucus	Strep A	Negative
Bacteria	Yeast	Chlamydia	Negative
Casts:	Spermatozoa	Flu A&B	Negative
Crystals:	Amorph Sed	C. difficile (stool)	Negative
Other:		O&P (stool)	No Ova / Parasite
		OccBld	Negative

Other lab request: Wet Mount Negative KOH Negative

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff, Meningitis test (CSF only)

LAST, FIRST, MI. Fawzi Abdullah				<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		SSN/ID/ISN: (b)(6)		Signs and Symptoms:					
Physician: (b)(6)		Ward: 100		<input checked="" type="checkbox"/> STAT <input type="checkbox"/> Routine		Specimen Date and Time: 30 JANOS 0545		Requested by: (b)(6)					
Drawn by:		Bed: 6						Date and Time: 30 Jan 05					
Chemistry (i-STAT) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top					
Bld Gas		Bld Gas w/lytes		Glu		Crea		Chol		Malaria		H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE		
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	20.340	4.8-10.8 x10 ³ /L		
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC	1.63	4.2-6.1 x10 ⁶ /L		
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	5.2	12-18.0 g/dL		
	pH		7.35-7.45		AMY		14-110 U/L		Hct	15.4	M: 42.0-52.0%		
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	94.3	80.0-99.0 fl		
	PO2		80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH	35.24	27.0-31.0 pg		
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	37.44	33.0-37.0 g/dL		
	HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL		Plt	254	130-400 x10 ³ /L		
	sO2		95-99%		Chol		100-200 mg/dL		LY%	13.9	20.0-44.0%		
	BEecf		(-2) - (+3)		CK		M: 39-380 U/L		LY#	4.2	0.7-4.3 x10 ³ /L		
	AGap		8-16 mmol/L				F: 30-190 U/L		Differential				
	iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Segs(50-70%)		Mono(4-10%)		
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Bands(1-10%)		Eos(0-4%)		
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Lymph(20-44%)		Baso(0-2%)		
	Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Atyp Ly		Immature cells		
	Hct		37.0-52.0%		Glu		73-118 mg/dL		RBC Abn Morph:				
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		Plt Abn Morph:				
	Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		WBC Abn Morph:				
Urinalysis					Na		138-145 mmol/L						
	Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL						
	Clarity		Clear		HDL Chol		30-75 mg/dL						
	Glucose		Negative		LDL Chol		50-130 mg/dL						
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Malaria / Purple Top				
	Ketone		Negative		VLDL		≤30 mg/dL		Thin		No Plasmodium Seen		
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Thick		No Plasmodium Seen		
	Blood		Negative	Rapid Tests				Sed Rate / Purple Top					
	pH		5.0-8.0		Mono		Negative		Sed Rate		1hr = 0-20 mm		
	Protein		Negative-Trace		RPR		Negative		Coagulation (Blue Top - Sodium Citrate)				
	Urobili		0.1-1.0 Ehrlich U/dL		HIV		Negative		PT		7.0-14.0 sec		
	Nitrite		Negative		Drug Scr.		Negative		APTt		21.0-50.0 sec		
	Leuko		Negative		HCG		Negative		INR		0.5-1.5/therap 2-3		
Urine Microscopic					H.pylori IgG		Negative		D Dimer		Negative		
	WBC		Epi		ETOH/Alc.		Negative		Cardiac Panel/Purple Top				
	RBC		Mucus		Strep A		Negative		Myoglobin		0-107 ng/mL		
	Bacteria		Yeast		Chlamydia		Negative		CK-MB		0-4.3 ng/mL		
	Casts:		Spermatozoa		Flu A&B		Negative		Troponin		0.0-0.4 ng/mL		
	Crystals:		Amorph Sed		C. difficile (stool)		Negative		Hemoglobin S / Purple Top				
	Other:				O&P (stool)		No Ova / Parasite		Hemoglobin S		Negative		
					OccBld		Negative		Body Fluid Panel - Sterile Cont.				
Other lab request:					Wet Mount		Negative		Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test ⁸⁵ only				
					KOH		Negative						

LAST, FIRST, MI: _____ Male _____ Female _____ SSN-or-ISON: _____ (b)(6) **Fawzi Abdul** Signs and Symptoms: _____
 Physician: (b)(6) Ward: **100** STAT _____ Specimen Date and Time: _____ Referred by: (b)(6) Date and Time: **07.17.30**
 Drawn by: _____ Bed: **6** Routine _____ **30 JANUS - 0500**

Chemistry (i-STAT) / Green Top / Syringe Chemistry (PicoLino Analyzer) / Green Top Hematology / Purple Top

Chemistry (i-STAT) / Green Top / Syringe				Chemistry (PicoLino Analyzer) / Green Top				Hematology / Purple Top				
Bld Gas	Bld Gas w/lytes	Glu	Crea	Chol	Met	Urea	Urea	Urea	Urea	CBC	Malaria	H/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na	160 (H)	138-145 mmol/L		ALB	1.8 (L)	3.3-5.5 g/dL		WBC	27.0 (H)	4.8-10.8 x10 ³ /mm ³	
	K	3.5	3.3-4.9 mmol/L		ALP	117	26-184 U/L		RBC	1.60 (L)	3.2-6.1 x10 ⁶ /mm ³	
	Cl	120 (H)	98-109 mmol/L		ALT		10-47 U/L		Hgb	5.8 (L)	12.0-18.0 g/dL	
	pH	7.46	7.35-7.45		AMY		14-110 U/L		Hct	15.2 (L)	M: 42.0-52.0% F: 37-47%	
	PCO2	33.3 (L)	35-45 mmHg		AST		11-38 U/L		MCV	94.9	80.0-99.0 fL	
	PO2	90	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH	36.1 (H)	27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN	Can't Result	7-22 mg/dL		MCHC	38.0 (H)	33.0-37.0 g/dL	
	HCO3	24.0	22-26 mmol/L		Ca		8.0-10.3 mg/dL		Pit	204	130-400 x10 ³ /mm ³	
	sO2	98	95-99%		Chol		100-200 mg/dL		LY%	13.6 (L)	20.0-44.0%	
	BEecf	0	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#	3.9	0.7-4.3 x10 ³ /mm ³	
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential			
	iCa	5.1 (H)	1.18-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)	77	Mono(4-10%)	11
	BUN	96	7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)	12	Eos(0-4%)	1
	Glu	2.0 (H)	73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)	12	Baso(0-2%)	1
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly	1	Immature cells	
	Hct		37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:	norm/norm		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Pit Abn Morph:	ADEQUATE		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:	NO SIGNIFICANT SIGNS		

Can't Result Due to Blood being Icteric

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

Urine Microscopic

WBC	Epi
RBC	Mucus
Bacteria	Yeast
Casts:	Spermatozoa
Crystals:	Amorph Sed
Other:	

Phosphorus	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Chol/HDL Ratio	≤4.5

Rapid Tests

Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OccBid	Negative
Wet Mount	Negative
KOH	Negative

Malaria / Purple Top

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate	1hr = 0-20 mm
Coagulation (Blue Top, 5 min, Citrate)	
PT	40.0 10.0-14.0 sec
APTT	32.0 20.0-30.0 sec
INR	4.0 0.5-1.5/therap 2-3
D Dimer	Negative

Cardiac Panel/Purple Top

Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative
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Body Fluid Panel - Sterile Cont

Panel includes: Culture, Gram Stain, ⁸⁶ll Count, WBC Diff., Meningitis test (CSF only)

LAST, FIRST, MI			Male	SSN or ISN:	Signs and Symptoms:						
			Female	(b)(6)	Fawzi Abdulh						
Physician: (b)(6)		Ward: 100		STAT	Specimen Date and Time:		Reported by:				
Drawn by:		Bed: 6		Routine	30 JANUS - 0500		Date and Time:				
Chemistry (STAT) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top			
Bed Gas Bld Gas w/lytes Glu Grea				Chem 12 Met. Res. (MS) Liver Lipid Renal				CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	140 (H)	138-145 mmol/L		ALB	1.8 (L)	3.3-5.5 g/dL		WBC	22.0 (H)	4.8-10.8 x10(3)/uL
	K	3.5	3.3-4.9 mmol/L		ALP	117	26-184 U/L		RBC	1.60 (L)	2.2-6.1 x10(6)/uL
	Cl	120 (H)	98-109 mmol/L		ALT		10-47 U/L		Hgb	5.8 (L)	12.0-18.0 g/dL
	pH	7.41 (L)	7.35-7.45		AMY		14-110 U/L		Hct	15.2 (L)	M: 42.0-52.0% F: 37-47%
	PCO2	33.3 (L)	35-45 mmHg		AST		11-38 U/L		MCV	94.9	80.0-99.0 fL
	PO2	90	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH	36.1 (H)	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	Can't Result	7-22 mg/dL		MCHC	38.0 (H)	33.0-37.0 g/dL
	HCO3	24.0	22-26 mmol/L		Ca		8.8-10.3 mg/dL		Plt	200 (L)	130-400 x10(3)/uL
	sO2	98	95-99%		Chol		100-200 mg/dL		LY%	13.6 (L)	20.0-44.0%
	BEecf	0	(-2) - (+3)		CK		M: 89-380 U/L F: 30-190 U/L		LY#	3.9	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa		1.0-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN	51 (H)	7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu	96	73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat	2.0 (H)	0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct		37.0-52.0%		K		3.3-4.9 mmol/L		RBG Abn Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		5.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		
Urinalysis					Phosphorous		2.2-4.5 mg/dL				
	Color		Straw/Yellow		HDL Chol		30-75 mg/dL				
	Clarity		Clear		LDL Chol		50-130 mg/dL				
	Glucose		Negative		Triglycerides		60-160 mg/dL		Malaria / Purple Top		
	Bilirubin		Negative		VLDL		≤30 mg/dL		Thin		No Plasmodium Seen
	Ketone		Negative		Chol/HDL Ratio		≤4.5		Thick		No Plasmodium Seen
	SG		1.010-1.025		Rapid Tests				Sed Rate / Purple Top		
	Blood		Negative		Mono		Negative		Sed Rate		1hr = 0-20 mm
	pH		5.0-8.0		RPR		Negative		Coagulation (Etiology, See Summary Office)		
	Protein		Negative-Trace		HIV		Negative		PT	40.0	7.0-14.0 sec
	Urobili		0.1-1.0 Ehrlich U/dL		Drug Scr.		Negative		APTT	32.2 (H)	10-14.0 sec
	Nitrite		Negative		HCG		Negative		INR	4.0	0.5-1.5/therap 2-3
	Leuko		Negative		H.pylori IgG		Negative		D Dimer		Negative
Urine Microscopic					ETOH/Alc.		Negative		Cardiac Panel/Purple Top		
	WBC		Epi		Strep A		Negative		Myoglobin		0-107 ng/mL
	RBC		Mucus		Chlamydia		Negative		CK-MB		0-4.3 ng/mL
	Bacteria		Yeast		Flu A&B		Negative		Troponin		0.0-0.4 ng/mL
	Casts:		Spermatozoa		C. difficile (stool)		Negative		Hemoglobin S / Purple Top		
	Crystals:		Amorph Sed		O&P (stool)		No Ova / Parasite		Hemoglobin S		Negative
	Other:				OccBld		Negative		Body Fluid Panel - Sterile Cont.		
Other lab request:					Wet Mount		Negative		Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (87 only)		
					KOH		Negative				

Can't Result
Due to Blood
being
Icteric

H/S
2 inf

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FOR
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	Male	SSN or ISN:	Signs and Symptoms:
	Female	(b)(6)	GSW / SHOCK LIVER / PTX
Physician: (b)(6)	Ward: ICU	STAT	Specimen Date and Time:
Drawn by:	Bed: 6	Routine	29 JAN 05 16:05
			Reported by: (b)(6)
			Date and Time: 27 Jan 1

Chemistry (LSJA1) / Green Top / Syringe	Chemistry (Piccolo Analyzer) / Green Top	Hematology / Purple Top
Bld Gas	Chem 12	CBC

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	152	138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)
	K	3.4	3.3-4.9 mmol/L		ALP		26-184 U/L		RBC		4.2-6.1 x10(6)/L
	Cl	-	98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	7.478	7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0% F: 37-47%
	PCO2	42.2	35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl
	PO2	72	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg
	TCO2	33	18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3	31.3	22-26 mmol/L		Ca		8.0-10.3 mg/dL		Pit		130-400 x10(3)/u
	sO2	95	95-99%		Chol		100-200 mg/dL		LY%		20.0-44.0%
	BEecf	8	(-2) - (+3)		CK		M: 39-390 U/L F: 30-190 U/L		LY#		0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa		1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Inmature cells
	Hct	26 L	37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Hgb	8.8 L	12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis	Chemistry (Piccolo Analyzer) / Green Top	Hematology / Purple Top
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Color	Straw/Yellow	Phosphorous	2.2-4.5 mg/dL
Clarity	Clear	HDL Chol	30-75 mg/dL
Glucose	Negative	LDL Chol	50-130 mg/dL
Bilirubin	Negative	Triglycerides	60-160 mg/dL
Ketone	Negative	VLDL	≤30 mg/dL
SG	1.010-1.025	Chol/HDL Ratio	≤4.5

Blood	Rapid Tests	Sed Rate / Purple Top
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pH	5.0-8.0	Mono	Negative	Sed Rate	1hr = 0-20 mm
Protein	Negative-Trace	RPR	Negative	Coagulation (Blue Top - Sodium Citrate)	
Urobili	0.1-1.0 Ehrlich U/dL	HIV	Negative	PT	7.0-14.0 sec
Nitrite	Negative	Drug Scr.	Negative	APTT	21.0-50.0 sec
Leuko	Negative	HCG	Negative	INR	0.5-1.5/therap 2-3

Urine Microscopic	Rapid Tests	Hematology / Purple Top
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WBC	Epi	H.pylori IgG	Negative	Cardiac Panel/Purple Top	
RBC	Mucus	ETOH/Alc.	Negative	Myoglobin	0-107 ng/mL
Bacteria	Yeast	Strep A	Negative	CK-MB	0-4.3 ng/mL
Casts:	Spermatozoa	Chlamydia	Negative	Troponin	0.0-0.4 ng/mL
Crystals:	Amorph Sed	Flu A&B	Negative	Hemoglobin S / Purple Top	
Other:		C. difficile (stool)	Negative	Hamoglobin S	

Other lab request	Chemistry (Piccolo Analyzer) / Green Top	Hematology / Purple Top
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	O&P (stool)	No Ova / Parasite		Body Fluid Panel - Sterile Cont.	
	OccBld	Negative		Panel includes: Culture, Gram Stain, 88	
	Wet Mount	Negative		Count WBC Diff. (CSF only)	
	KOH	Negative			

LAST, FIRST, MI. (b)(6) Male Female SSN or ISN (b)(6) Signs and Symptoms: _____
 Physician: (b)(6) Ward: 10 STAT Specimen Date and Time: 29 JAN Reported by: (b)(6) Date and Time: 29 Jan 05
 Drawn by: Bed: 0 Routine

Chemistry (I-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top
 Bld Gas Bld Gas w/lytes Glu Crea Chem 12 Molyb BMP Liver Lipid Renal CBC Malaria H/H

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)
	K		3.3-4.9 mmol/L		ALP		26-184 U/L		RBC		4.2-6.1 x10(6)
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/d
	pH	<u>7.438</u>	7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0% F: 37-47%
	PCO2	<u>47.6</u>	35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl
	PO2	<u>95</u>	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg
	TCO2	<u>34</u>	18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3	<u>32.2</u>	22-26 mmol/L		Ca		8.0-10.3 mg/dL		Plt		130-400 x10(3)/l
	sO2	<u>98</u>	95-99%		Chol		100-200 mg/dL		LY%		20.0-44.0%
	BEecf	<u>8</u>	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#		0.7-4.3 x10(3)/ul
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa		1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct	<u>25</u>	37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Hgb	<u>8.5</u>	12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobilin	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Chol/HDL Ratio	≤4.5
Rapid Tests	
Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OccBld	Negative
Wet Mount	Negative
KOH	Negative

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen
Malaria / Purple Top	
Sed Rate	1hr = 0-20 mm
Coagulation (Blue Top - Sodium Citrate)	
PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3
D Dimer	Negative

Urine Microscopic

WBC	Epi
RBC	Mucus
Bacteria	Yeast
Casts:	Spermatozoa
Crystals:	Amorph Sed
Other:	

Cardiac Panel/Purple Top	
Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL
Hemoglobin S / Purple Top	
Hemoglobin S	Negative
Body Fluid Panel - Sterile Cont.	
Panel includes: Culture, Gram Stain,ggll Count, WBC Diff, Meningitis test (CSF only)	

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI (b)(6) SSN or ISN: (b)(6) Signs and Symptoms: **GSCW**
 Physician (b)(6) Ward **ICU** STAT Specimen Date and Time: **29 JUN 05 1330** Reported by: (b)(6) Date and Time: **29 Jun 05**
 Drawn by: Bed: **C** Routine

Chemistry (i-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top
 (Bld Gas) Bld Gas w/ lytes Glu Crea Chem 12 MetLyte8 BMP Liver CBC Malana 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 ⁹
	K		3.3-4.9 mmol/L		ALP		26-84 U/L		RBC		4.2-6.1 x10 ¹²
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	7.477	7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0% F: 37-47%
	PCO2	45.8	35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fL
	PO2	158	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 fL
	TCO2	35	18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3	33.9	22-26 mmol/L		Ca		8.0-10.3 mg/dL		Pit		130-400 x10 ⁹ /L
	sO2	100%	95-99%		Chol		100-200 mg/dL		LY%		20.0-44.0%
	BEecf	10	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#		0.7-4.3 x10 ⁹ /L
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa		1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct	24	37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Hgb	8.2	12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		WBC Abn Morph:		

Urinalysis			Misc. Rapid Tests		
Color	Straw/Yellow		Mono	Negative	
Clarity	Clear		RPR	Negative	
Glucose	Negative		HIV	Negative	
Bilirubin	Negative		Drug Scr.	Negative	
Ketone	Negative		HCG	Negative	
SG	1.010-1.025		H.pylori	Negative	
Blood	Negative		Microbiology		
pH	5.0-8.0		Gram Stain		
Protein	Negative-Trace		KOH	No Fungal Elements	
Urobilin	0.1-1.0 Ehrlich U/dL		Directogen	Presumptive Negative	
Nitrite	Negative		Legionella	Presumptive Negative	
Leuko	Negative		Parasite Panel	Presumptive Negative	
Urine Microscopic			Coagulation (waiting for analyze)		
WBC	Epi		PT		
RBC	Mucus		PTT		
Bacteria	Yeast		INR		
Casts:	Spermatozoa		D Dimer		Negative
Crystals:	Amorph Sed		Cardiac Panel		
Other:			OccBld	Negative	
			O&P	No Ova/Parasite	
			Strep A	Negative	
			Leishmania	Presumptive Negative	
			S. pneumoniae	Presumptive Negative	
			Flu A&B	Negative	

Other lab request:

LAST, FIRST, MI (b)(6)	Male Female	SSN or ISN: (b)(6)	Signs and Symptoms:
Physician: Drawn by:	Ward: Bed:	STAT Routine	Specimen Date and Time: 20 JAN 0610
		Reported by: (b)(6)	Date and Time: 20 JAN 0610

Chemistry (i-STAT) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top				
Bld Gas	Bld Gas w/lytes	Glu	Crea	Chem 12	MetLytes	BMP	Liver	Lipid	Panel	CBC	Malaria	H/H
X TEST	RESULT	REF. RANGE		X TEST	RESULT	REF. RANGE				X TEST	RESULT	REF. RANGE
X Na	151	138-145 mmol/L		ALB		3.3-5.5 g/dL				WBC		4.8-10.8 x10(3)/ul
X K	3.7	3.3-4.9 mmol/L		ALP		26-184 U/L				RBC		4.2-6.1 x10(6)/ul
X Cl	117	98-109 mmol/L		ALT		10-47 U/L				Hgb		12.0-18.0 g/dL
pH		7.35-7.45		AMY		14-110 U/L				Hct		M: 42.0-52.0%
PCO2		35-45 mmHg		AST		11-38 U/L						F: 37-47%
PO2		80-100 mmHg		Tbil		0.2-1.6 mg/dL				MCV		80.0-99.0 fl
X TC02	30	18-33 mmol/L		BUN		7-22 mg/dL				MCN		27.0-91.0 pg
HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL				MCHC		33.0-37.0 g/dL
sO2		95-99%		Chol		100-200 mg/dL				Plt		130-400 x10(3)/ul
BEecf		(-2) - (+3)		CK		M: 30-60 U/L				LY%		20.0-44.0%
AGap		8-16 mmol/L				F: 80-190 U/L				LY#		0.7-4.3 x10(3)/ul
iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L				Differential		
X BUN	28	7-22 mg/dL		TCO2		18-33 mmol/L				Segs(50-70%)		Mono(4-10%)
X Glu	129	73-118 mg/dL		Creat		0.5-1.3 mg/dL				Bands(1-10%)		Eos(0-4%)
X Creat	1.2	0.6-1.3 mg/dL		GGT		5-65 U/L				Lymph(20-44%)		Baso(0-2%)
Hct		37.0-52.0%		Glu		73-118 mg/dL				Atyp Ly		Immature cells
Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L				RBC Abn Morph:		
Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL				Plt Abn Morph:		

Urinalysis		
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative
Urine Microscopic		
WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Na	138-145 mmol/L
Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Chol/HDL Ratio	≤4.5
Rapid Tests	
Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OccBld	Negative
Wet Mount	Negative
KOH	Negative

WBC Abn Morph:		
Malaria / Purple Top		
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Sed Rate / Purple Top		
Sed Rate		1hr = 0-20 mm
Coagulation (Blue Top - Sodium Citrate)		
PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative
Cardiac Panel/Purple Top		
Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL
Hemoglobin S / Purple Top		
Hemoglobin S		Negative
Body Fluid Panel - Sterile Cont.		
Panel includes: Culture, Gram Stain, 91 Count, WBC Diff, Meningitis test (CSF only)		

RESULTS SUPPRESSED
DUE TO ZIEHLERUS

LAST, FIRST MI (b)(6)				Male	SSN or ISN: (b)(6)	Signs and Symptoms:					
Physician: (b)(6)				Female	Specimen Date and Time: 29 Jan 05 0620	Reported by: (b)(6)		Date and Time: 0712 29			
Drawn by:				Ward: 100	STAT	Routine					
Bed: 46											
Chemistry (i-STAT) / Green Top / Syringe				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top			
Bld Gas Bld Gas w/lytes Glu Crea				Chem 12 Met/lytes BM Live/ Lipid Renal				CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L	L	ALB	2.1	3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)
	K		3.3-4.9 mmol/L		ALP	101	26-184 U/L		RBC		4.2-6.1 x10(6)
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dl
	pH		7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0%
	PCO2		35-45 mmHg		AST		11-38 U/L				F: 37-47%
	PO2		80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCV		80.0-99.0 fl
	TCO2		18-33 mmol/L		BUN	25	7-22 mg/dL		MCH		27.0-31.0 pg
	HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL		MCHC		33.0-37.0 g/dL
	sO2		95-99%		Chol		100-200 mg/dL		Plt		130-400 x10(3)/L
	BEecf		(-2) - (+3)		CK		M: 39-380 U/L		LY%		20.0-44.0%
	AGap		8-16 mmol/L				F: 30-190 U/L		LY#		0.7-4.3 x10(3)/ul
	iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential		
	BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
	Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Hct		37.0-52.0%	H	Glu	152	73-118 mg/dL		Atyp Ly		Immature cells
	Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
Urinalysis					Na		138-145 mmol/L		WBC Abn Morph:		
	Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top		
	Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Seen
	Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Seen
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate / Purple Top		
	Ketone		Negative		VLDL		≤30 mg/dL		Coagulation (Blue Top - Sodium Citrate)		
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		PT		7.0-14.0 sec
	Blood		Negative		Rapid Tests				APTt		21.0-50.0 sec
	pH		5.0-8.0		Mono		Negative		INR		0.5-1.5/therap 2-3
	Protein		Negative-Trace		RPR		Negative		D Dimer		Negative
	Urobili		0.1-1.0 Ehrlich U/dL		HIV		Negative		Cardiac Panel/Purple Top		
	Nitrite		Negative		Drug Scr.		Negative		Myoglobin		0-107 ng/mL
	Leuko		Negative		HCG		Negative		CK-MB		0-4.3 ng/mL
Urine Microscopic					H.pylori IgG		Negative		Troponin		0.0-0.4 ng/mL
	WBC		Epi		ETOH/Alc.		Negative		Hemoglobin S / Purple Top		
	RBC		Mucus		Strep A		Negative		Hemoglobin S		
	Bacteria		Yeast		Chlamydia		Negative		Body Fluid Panel - Sterile Cont.		
	Casts:		Spermatozoa		Flu A&B		Negative		Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis tes (92 SF only)		
	Crystals:		Amorph Sed		C. difficile (stool)		Negative				
	Other:				O&P (stool)		No Ova / Parasite				
					OccBld		Negative				
Other lab request:					Wet Mount		Negative				
					KOH		Negative				

IC 24 WBC, 0412, 2010

(b)(6)

(b)(6)

115th Field Hospital
Baghdad Central Detention Facility Hospital

0615 LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

ST, FIRST MI. (b)(6) Male Female
 Physician: (b)(6) Ward: (b)(6) Bed: #6
 STAT Routine
 Specimen Date and Time: 29 MW 0400
 Reported by: (b)(6) Date and Time: 0612 29 JAN

Chemistry (STAT) / Green Top / Syringe			Chemistry (Rando Analyzer) / Green Top			Hematology / Purple Top				
TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L	L	ALB	7.1	3.3-5.5 g/dL	H	WBC	25.6	4.8-10.8 x10 ³ /uL
K		3.3-4.9 mmol/L		ALP	177	28-184 U/L	L	RBC	2.64	4.2-6.1 x10 ⁶ /uL
Cl		98-109 mmol/L		ALT	43	10-47 U/L	L	Hgb	8.6	12.0-18.0 g/dL
pH		7.35-7.45	H	AMY	118	14-110 U/L	L	Hct	25.2	M: 42.0-52.0%
PCO2		35-45 mmHg	H	AST	88	11-38 U/L				F: 37-47%
PO2		80-100 mmHg		Tbil	0.5	0.2-1.6 mg/dL		MCV	95.3	80.0-99.0 fl
TCO2		18-33 mmol/L		BUN		7-22 mg/dL	H	MCH	32.6	27.0-31.0 pg
HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		MCHC	34.2	33.0-37.0 g/dL
sO2		95-99%		Chol		100-200 mg/dL		Plt	221	150-400 x10 ³ /uL
BEcf		(-2) - (+3)		CK		M: 39-380 U/L		LY%	10.3	20.0-44.0%
AGap		8-16 mmol/L				F: 30-190 U/L		LY#	2.6	0.7-4.3 x10 ³ /uL
iCa		1.12-1.32 mmol/L		CL		98-109 mmol/L		Differential		
BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)
Glu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
Creat		0.6-1.3 mg/dL	H	GGT	122	5-65 U/L		Lymph(20-44%)		Baso(0-2%)
Hct		57.0-52.0%		Glu		73-118 mg/dL		Atyp Ly		Immature cells
Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:		
Lactate		0.90-1.70 mmol/L		TProtein	4.8	6.4-8.1 g/dL		Plt Abn Morph:		
Urinalysis				Na		138-145 mmol/L		WBC Abn Morph:		
Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top		
Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Seen
Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Seen
Bilirubin		Negative		Triglycerides		60-160 mg/dL		Rapid Tests		
Ketone		Negative		VLDL		≤30 mg/dL		Sed Rate / Purple Top		
SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Sed Rate		
Blood		Negative						1hr = 0-20 mm		
pH		5.0-8.0		Mono		Negative		Coagulation (Purple Top - Serum Clot)		
Protein		Negative-Trace		RPR		Negative		PT	16.4	7.0-14.0 sec
Jrobill		0.1-1.0 Ehrlich UrdL		HIV		Negative		APTT	34.5	21.0-50.0 sec
Nitrite		Negative		Drug Scr.		Negative		INR	1.6	0.5-1.5/therap 2-3
Leuko		Negative		HCG		Negative		D Dimer		Negative
Urine Microscopic				H.pylori-IgG		Negative		Cardiac Panel/Purple Top		
WBC		Epl		ETOH/Alc.		Negative		Myoglobin		
RBC		Mucus		Strep A		Negative		0-107 ng/mL		
Bacteria		Yeast		Chlamydia		Negative		CK-MB		
Casts:		Spermatozoa		Flu A&B		Negative		0-4.3 ng/mL		
Crystals:		Amorph Sed		C. difficile (stool)		Negative		Troponin		
Other:				O&P (stool)		No Ova / Parasite		0.0-0.4 ng/mL		
				OocBld		Negative		Hemoglobin S		
Other lab request:				Wet Mount		Negative		Negative		
				KOH		Negative		Panel includes: Culture, Gram Stain, Cell Count, WBC Diff.; Meningitis test (CSF only)		

GREEN SPECIMEN CANNOT BE RUN DUE TO ZETTERUS 93

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115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

ST, FIRST, MI. (b)(6)
 Physician: (b)(6) Ward: 110 Bed: #6
 Male Female (b)(6)
 STAT Routine Specimen Date and Time: 29 MW 0600
 Reported by: Date and Time:

Chemistry (Cobas Analyzer) / Green Top			Hematology (Purple Top)			
TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L		ALB		3.3-5.5 g/dL
K		3.3-4.9 mmol/L		ALP		26-184 U/L
Cl		98-109 mmol/L		ALT		10-47 U/L
pH		7.35-7.45		AMY		14-110 U/L
PCO2		35-45 mmHg		AST		11-38 U/L
PO2		80-100 mmHg		Tbil		0.2-1.6 mg/dL
TCO2		18-33 mmol/L		BUN		7-22 mg/dL
HCO3		22-26 mmol/L		Ca		8.0-10.8 mg/dL
sO2		95-99%		Chol		100-200 mg/dL
BEeef		(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L
AGap		8-16 mmol/L		CL		98-109 mmol/L
iCa		1.12-1.32 mmol/L		GLU		73-118 mg/dL
BUN		7-22 mg/dL		GGT		5-66 U/L
Glu		73-118 mg/dL		Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL		K		3.3-4.9 mmol/L
Hot		97.0-92.0%		TProtein		6.4-8.1 g/dL
Hgb		12.0-18.0 g/dL		Na		138-145 mmol/L
Lactate		0.90-1.70 mmol/L		Phosphorous		2.2-4.5 mg/dL
Urinalysis				HDL Chol		30-75 mg/dL
Color		Straw/Yellow		LDL Chol		50-130 mg/dL
Clarity		Clear		Triglycerides		60-160 mg/dL
Glucose		Negative		VLDL		≤30 mg/dL
Bilirubin		Negative		Chol/HDL Ratio		≤4.5
Ketone		Negative		Rapid Tests		
SG		1.010-1.025		Mono		Negative
Blood		Negative		RPR		Negative
pH		5.0-8.0		HIV		Negative
Protein		Negative/Trace		Drug Scr.		Negative
Jrobill		0.1-1.0 Ehrlich UrdL		HCG		Negative
Nitrite		Negative		H.pylori IgG		Negative
Leuko		Negative		ETOH/Alc.		Negative
Urine Microscopic				Strep A		Negative
NBC		Epi		Chlamydia		Negative
RBC		Mucus		Flu A&B		Negative
Bacteria		Yeast		C. difficile (stool)		Negative
Fasts:		Spermatozoa		O&P (stool)		No Ova / Parasite
Crystals:		Amorph Sed		OccBld		Negative
Other:				Wet Mount		Negative
Other lab request:				KOH		Negative

X	TEST	RESULT	REF. RANGE
H	WBC	25.6	4.8-10.8 x10(3)/uL
L	RBC	2.64	4.2-6.1 x10(6)/uL
L	Hgb	8.6	12.0-18.0 g/dL
L	Hct	25.2	M: 42.0-52.0% F: 37-47%
	MCV	95.3	80.0-99.0 fl
H	MCH	32.6	27.0-31.0 pg
	MCHC	34.2	33.0-37.0 g/dL
	Plt	221	130-400 x10(3)/uL
	LY%	10.3	20.0-44.0%
	LY#	2.6	0.7-4.3 x10(3)/uL
Differential			
		Segs(50-70%)	Mono(4-10%)
		Bands(1-10%)	Eos(0-4%)
		Lymph(20-44%)	Baso(0-2%)
		Atyp Ly	Immature cells
		RBC Abn Morph:	
		Plt Abn Morph:	
		WBC Abn Morph:	
		Thin	No Plasmodium Seen
		Thick	No Plasmodium Seen
Sediment (Purple Top)			
	Sed Rate		1hr = 0-20 mm
Coagulation (Purple Top)			
	PT		7.0-14.0 sec
	APTT		21.0-50.0 sec
	INR		0.5-1.5/therap 2-3
	D Dimer		Negative
Cardiac Panel (Purple Top)			
	Myoglobin		0-107 ng/mL
	CK-MB		0-4.3 ng/mL
	Troponin		0.0-0.4 ng/ml
Hemoglobin S (Purple Top)			
	Hemoglobin S		Negative
Other (Purple Top)			
Panel includes: Culture, Gram Stain, Cell Count, WBC Diff.; Meningitis test (CSF only)			

LAST FIRST MI (b)(6) Male Female SSN-or-ISBN: _____ Signs and Symptoms: **LIVER**

Physician (b)(6) Ward: **ICU** STAT Specimen Date and Time: **1740 28 JAN** Reported by: (b)(6) Date and Time: **22 Jan 05**

Drawn by Bed: **6** Routine

Chemistry (I-STAT) / Green Top / Syringe Chemistry (PicoLab Analyzer) / Green Top Hematology / Purple Top

Bld Gas Bld Gas w/lytes Glu Crea Chem 12 Met/lytes BV T/lytes P/lytes Renal

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB	2.1 (L)	3.3-5.5 g/dL		WBC	31.7 (H)	4.8-10.8 x10(3)
	K		3.3-4.9 mmol/L		ALP	100	26-184 U/L		RBC	3.16 (H)	4.2-6.1 x10(6)
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	9.9 (H)	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-110 U/L		Hct	30.1 (H)	M: 42.0-52.0 F: 37-47%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	95.3	80.0-99.0 fl
	PO2		80-100 mmHg		Tbil	29.9	0.2-1.6 mg/dL		MCH	31.5 (H)	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	33.0	33.0-37.0 g/dL
	HCO3		22-26 mmol/L		Ca		8.0-10.3 mg/dL		Pit	200	130-400 x10(3)/u
	sO2		95-99%		Chol		100-200 mg/dL		LY%	-	20.0-44.0%
	BEecf		(-2) - (+3)		CK		M: 39-380 U/L F: 80-190 U/L		LY#	-	0.7-4.3 x10(3)/u
	AGap		8-16 mmol/L		CL		98-109 mmol/L		Differential		
	iCa		1.12-1.32 mmol/L		TCO2		18-32 mmol/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct		37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

Urine Microscopic

WBC	Epi
RBC	Mucus
Bacteria	Yeast
Casts:	Spermatozoa
Crystals:	Amorph Sed
Other:	

Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Chol/HDL Ratio	≤4.5
Rapid Tests	
Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OccBld	Negative
Wet Mount	Negative
KOH	Negative

Other lab request:

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen
Sed Rate / Purple Top	
Sed Rate	1hr = 0-20 mm
Coagulation (Blue Top - Sixum Citrate)	
PT	11.6 7.0-14.0 sec
APTT	41.0 21.0-50.0 sec
INR	1.2 0.5-1.5/therap 2-3
D Dimer	Negative

Malaria / Purple Top

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate	1hr = 0-20 mm
Coagulation (Blue Top - Sixum Citrate)	
PT	11.6 7.0-14.0 sec
APTT	41.0 21.0-50.0 sec
INR	1.2 0.5-1.5/therap 2-3
D Dimer	Negative

Cardiac Panel / Purple Top

Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative
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Body Fluid Panel - Sterile Cont.

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (95°F only)

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

AST, FIRST, MI.

Male SSN or ISN: (b)(6)
Female (b)(6)

Signs and Symptoms:

Physician: (b)(6)
Drawn by:

Ward: ETR
Bed:

STAT Specimen Date and Time:
Routine 12/16 28 JAN 04

Reported by: (b)(6)

Date and Time: 1322 22 Jan 04

Hemistry (I-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top
Bld Gas Bld Gas w/lytes Glu Creat Chem 12 Analytes BMP Liver Lipid Panel CBC Malana H/H

TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
Na		138-145 mmol/L		ALB	2.3*	3.3-5.5 g/dL		WBC	32.3 H	4.8-10.8 x10(3)/uL
K		3.3-4.9 mmol/L		ALP	96	26-184 U/L		RBC	3.85 L	4.2-6.1 x10(6)/uL
Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	11.8 L	12.0-18.0 g/dL
pH		7.35-7.45		AMY		14-110 U/L		Hct	36.9 L	M: 42.0-52.0% F: 37-47%
PCO2		35-45 mmHg		AST		11-38 U/L		MCV	95.4	80.0-99.0 fl
PO2		80-100 mmHg		Tbil	730.0	0.9-1.6 mg/dL		MCH	30.6	27.0-31.0 pg
TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	31.9 L	33.0-37.0 g/dL
HCO3		22-26 mmol/L		Ca		8.8-10.3 mg/dL		Plt	175	130-400 x10(3)/uL
sO2		95-99%		Chol		100-200 mg/dL		LY%	6.5	20.0-44.0%
BEecf		(-2) - (+3)		CK	2497	15-80 U/L		LY#	2.1	0.7-4.3 x10(3)/uL
AGap		8-16 mmol/L		CL	109	99-109 mmol/L		Hap Seg = 2 Differential		
iCa		1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Segs(50-70%)	68	Mono(4-10%) 6
BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)	10	Eos(0-4%)
Glu		73-118 mg/dL		Ggt		5-65 U/L		Lymph(20-44%)	14	Baso(0-2%)
Creat		0.6-1.3 mg/dL		Glt	124*	73-118 mg/dL		Atyp Ly		Immature cells
Hct		37.0-52.0%		K		3.3-4.9 mmol/L		RBC Abn Morph:		
Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt Abn Morph:		
Lactate		0.90-1.70 mmol/L		Na		138-145 mmol/L		WBC Abn Morph:		

Urinalysis

Color	yellow	Straw/Yellow
Clarity	cloudy	Clear
Glucose	Result affected from color	Negative
Bilirubin	Negative	Negative
Ketone	Negative	Negative
SG	1.015	1.010-1.025
Blood	Negative	Negative
H	5-6	5.0-8.0
Protein	Negative-Trace	Negative-Trace
Robili	0.1-1.0 Ehrlich U/dL	Negative
Nitrite	Negative	Negative
Leuko	Neg	Negative

Urine Microscopic

WBC	Epi 8-9	
BC	Mucus	
Bacteria	Yeast	
casts:	Spermatozoa	
Crystals:	Amorph Sed	
Other:		

Phosphorous	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
Triglycerides	60-160 mg/dL
VLDL	≤30 mg/dL
Chol/HDL Ratio	≤4.5
Rapid Tests	
Mono	Negative
RPR	Negative
HIV	Negative
Drug Scr.	Negative
HCG	Negative
H.pylori IgG	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OccBld	Negative
Wet Mount	Negative

Malaria / Purple Top	
Thin	No Plasmodium Seen
Thick	No Plasmodium Seen
Sed Rate / Purple Top	
Sed Rate	1hr = 0-20 mm
Coagulation (Blue Top - Sodium Citrate)	
PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3
D Dimer	Negative
Cardiac Panel/Purple Top	
Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL
Hemoglobin S / Purple Top	
Hemoglobin S	Negative
Body Fluid Panel - Sterile Cont	

AST, FIRST, MI. Male SSN or ISN: (b)(6) Signs and Symptoms: *bcw*
 Physician (b)(6) Ward: *ETR* STAT Specimen Date and Time: *1244 28 JAN 04* Reported hr: (b)(6) Date and Time: *1322 28 Jan 04*
 Exam by: Bed: Routine

Chemistry (i-STAT) / Green Top / Syringe Chemistry (Piccolo Analyzer) / Green Top Hematology / Purple Top
 Bld Gas Bld Gas w/lytes Glu Crea Chem 12 Med Chem EMP LFT Lipid Panel CBC Malaria H/H

TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
Na		138-145 mmol/L		ALB	2.3*	3.3-5.5 g/dL		WBC	32.3 H	4.8-10.8 x10(3)/uL	
K		3.3-4.9 mmol/L		ALP	96	26-184 U/L		RBC	3.85 L	4.2-6.1 x10(6)/uL	
Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	11.8 L	12.0-18.0 g/dL	
pH	7.445	7.35-7.45		AMY		14-110 U/L		Hct	36.9 L	M: 42.0-52.0%	
PCO2	44	35-45 mmHg		AST		11-38 U/L				F: 37-47%	
PO2	68	80-100 mmHg		Tbil	730.0	0.2-1.6 mg/dL		MCV	95.9	80.0-99.0 fl	
TCO2	32	18-33 mmol/L		BUN		8-22 mg/dL		MCH	30.6	27.0-31.0 pg	
HCO3	30.4	22-26 mmol/L		Ca		8.8-10.3 mg/dL		MCHC	31.9 L	33.0-37.0 g/dL	
so2	94	95-99%		Chol		100-200 mg/dL		Plt	175	130-400 x10(3)/uL	
BEecf	6	(-2) - (+3)		CK	2497	10-100 U/L		LY%	6.5	20.0-44.0%	
AGap		8-16 mmol/L				F: 30-190 U/L		LY#	2.1	0.7-4.3 x10(3)/uL	
Ca		1.12-1.32 mmol/L		CL	109	98-109 mmol/L		Differential			
BUN		7-22 mg/dL		TCO2		18-33 mmol/L		Segs(50-70%)		Mono(4-10%)	
Alu		73-118 mg/dL		Creat		0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)	
Creat		0.6-1.3 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)	
Hct	31	37.0-52.0%		GLU	124*	73-118 mg/dL		Atyp Ly		Immature cells	
Hgb	10.5	12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:			
Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph:			
Unanalysis				Na		138-145 mmol/L		WBC Abn Morph:			
Color		Straw/Yellow		Phosphorous		2.2-4.5 mg/dL		Malaria / Purple Top			
Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Seen	
Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Seen	
Bilirubin		Negative		Triglycerides		60-160 mg/dL		Rapid Tests			
Ketone		Negative		VLDL		≤30 mg/dL		Sed Rate / Purple Top			
SGOT		1.010-1.025		Chol/HDL Ratio		≤4.5		Sed Rate		1hr = 0-20 mm	
Stool		Negative		Mono				Negative			
Urea		5.0-8.0		RPR				Negative			
Protein		Negative-Trace		HIV				Negative		Coagulation (Blue Top - Sodium Citrate)	
Bilirubin		0.1-1.0 Ehrlich U/dL		Drug Scr.				Negative		PT	7.0-14.0 sec
Triglyceride		Negative		HCG				Negative		APTT	21.0-50.0 sec
Uric Acid		Negative		H.pylori IgG				Negative		INR	0.5-1.5/therap 2-3
Urine Microscopic				C. difficile (stool)				Negative		D Dimer	Negative
BC		Epi		O&P (stool)				No Ova / Parasite		Hemoglobin S / Purple Top	
SC		Mucus		ETOH/Alc.				Negative		Cardiac Panel/Purple Top	
Bacteria		Yeast		Strep A				Negative		Myoglobin	0-107 ng/mL
Sts:		Spermatozoa		Chlamydia				Negative		CK-MB	0-4.3 ng/mL
Crystals:		Amorph Sed		Flu A&B				Negative		Troponin	0.0-0.4 ng/mL
Other:				C. difficile (stool)				Negative		Hemoglobin S	
Other lab request:				OccBld				Negative		Body Fluid Panel - Sterile Cont.	
				Wet Mount				Negative		Panel Includes: Culture, Gram Stain, Cell	
				KOH				Negative		CSF only	

ST, FIRST, MI.

Male SSN or ISN: (b)(6)
Female (b)(6)
STAT
Routine

Signs and Symptoms:
RU

Physician (b)(6)
Owned by:

Ward: **ETR**
Bed:

Specimen Date and Time:
1948 28 Jan 04

Reported by (b)(6)

Date and Time:
1322 28 Jan 05

Chemistry (I-STAT) / Green Top / Syringe			Chemistry (Piccolo Analyzer) / Green Top					Hematology / Purple Top			
Blood Gas w/lytes			Chem 12	Met/Res	EMP	Liver	Lipid	Renal	CEC	Malaria	H/H
TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
Na		138-145 mmol/L		ALB	2.3*	3.3-5.5 g/dL		WBC	32.3 H	4.8-10.8 x10(9)/uL	
K		3.3-4.9 mmol/L		ALP	96	26-184 U/L		RBC	3.85 L	4.2-6.1 x10(6)/uL	
Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb	11.8 L	12.0-18.0 g/dL	
pH		7.35-7.45		AMY		14-110 U/L		Hct	36.9 L	M: 42.0-52.0%	
PCO2		35-45 mmHg		AST		11-38 U/L				F: 37-47%	
PO2		80-100 mmHg		Tbil	730.0	0.6-1.6 mg/dL		MCV	95.9	80.0-99.0 fl	
TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCH	30.6	27.0-31.0 pg	
HCO3		22-26 mmol/L		Ca		8.8-10.3 mg/dL		MCHC	31.9 L	33.0-37.0 g/dL	
IO2		95-99%		Chol		100-200 mg/dL		Plt	175	130-400 x10(3)/uL	
Becf		(-2) - (+3)		CK	2497	10-100 U/L		LY%	6.5	20.0-44.0%	
AGap		8-16 mmol/L		CL	169	80-190 U/L		LY#	2.1	0.7-4.3 x10(3)/uL	
Ca		1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Differential			
BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Segs(50-70%)		Mono(4-10%)	
Glucose		73-118 mg/dL		GGT		5-65 U/L		Bands(1-10%)		Eos(0-4%)	
Ureat		0.6-1.3 mg/dL		ALT		10-47 U/L		Lymph(20-44%)		Baso(0-2%)	
Hct		37.0-52.0%		GLU	124*	73-118 mg/dL		Atyp Ly		Immature cells	
Hgb		12.0-18.0 g/dL		K		3.3-4.9 mmol/L		RBC Abn Morph:			
Lactate		0.90-1.70 mmol/L		TProtein		6.4-8.1 g/dL		Plt Abn Morph:			
Urinalysis				Na		138-145 mmol/L		WBC Abn Morph:			
Color	Yellow	Straw/Yellow		Phosphorous		2.2-4.5 mg/dL					
Clarity	Cloudy	Clear		HDL Chol		30-75 mg/dL					
Glucose	Negative	Negative		LDL Chol		50-130 mg/dL					
Bilirubin	Negative	Negative		Triglycerides		60-160 mg/dL		Malaria / Purple Top			
Stone	Negative	Negative		VLDL		≤30 mg/dL		Thin		No Plasmodium Seen	
Sp	1.015	1.010-1.025		Chol/HDL Ratio		≤4.5		Thick		No Plasmodium Seen	
Urob	Negative	Negative		Rapid Tests				Sed Rate / Purple Top			
Ubil	5.6	5.0-8.0		Mono		Negative		Sed Rate		1hr = 0-20 mm	
UProtein	Negative-Trace	Negative-Trace		RPR		Negative		Coagulation (Blue Top - Sodium Citrate)			
UObili	0.1-1.0 Ehrlich U/dL	0.1-1.0 Ehrlich U/dL		HIV		Negative		PT		7.0-14.0 sec	
UTrite	Negative	Negative		Drug Scr.		Negative		APTT		21.0-50.0 sec	
Uuko	Neg	Negative		HCG		Negative		INR		0.5-1.5/therap 2-3	
Urine Microscopic				H.pylori IgG		Negative		D Dimer		Negative	
UC	Epi 8-5	Epi 8-5		ETOH/Alc.		Negative		Cardiac Panel/Purple Top			
UC	0-5	Mucus		Strep A		Negative		Myoglobin		0-107 ng/mL	
UC	1+	Yeast		Chlamydia		Negative		CK-MB		0-4.3 ng/mL	
UC		Spermatozoa		Flu A&B		Negative		Troponin		0.0-0.4 ng/mL	
UC		Amorph Sed		C. difficile (stool)		Negative		Hemoglobin S / Purple Top			
UC				O&P (stool)		No Ova / Parasite		Hemoglobin S		Negative	
UC				OccBid		Negative		Body Fluid Panel - Sterile Cont			
UC				Wet Mount		Negative		Panel includes: Culture, Gram Stain, Cell			

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

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

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

- TYPE AND SCREEN
- CROSSMATCH

REQUESTING PHYSICIAN (Print)

(b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE

liver failure, 9/0 GSW

DATE REQUESTED

30 JAN 05

DATE AND HOUR REQUIRED

ASAP

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

VOLUME REQUESTED (If applicable)

1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

DATE VERIFIED

RhIG TREATMENT? DATE GIVEN: _____

TIME VERIFIED

HEMOLYTIC DISEASE OF NEWBORN? _____

Exp 28 Jul 2005 31 Jan 05 1223

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.

(b)(6)

TRANSFUSION NO.

4

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

RECORD NO RECORD

PATIENT NO.

(b)(6)

N/A

N/A

SIGNATURE OF PERSON PERFORMING TEST

DONOR

RECIPIENT

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE

ABO B

ABO B

REMARKS:

No antibody screen performed

Rh PRS

Rh POS

Thawed FFP

(b)(6)

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature)

(b)(6)

POST-TRANSFUSION DATA

AMOUNT GIVEN

298

ML

TIME DATE COMPLETED

1305 30 JAN 05

INTERRUPTED

NO

AT (Hour)

1225

ON (Date)

30 Jan 05

IDENTIFICATION

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

REACTION

NONE SUSPECTED

If reaction is suspected - IMMEDIATELY:

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

DESCRIPTION

- URTICARIA CHILL FEVER PAIN
- OTHER _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify)

PRE-TRANSFUSION

TEMP. 103.8

PULSE 114

BP 116/57

DATE OF TRANSFUSION

30 JAN 05

TIME STARTED

1245

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

SEX

M

WARD

ICU

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

MEDICAL RECORD COPY

ICU #6

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 30 JAN 05 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE liver failure, s/p GSW
VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS: Exp: 31 Jan 05 1149	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	SIGNATURE OF VERIFIER
	RHIG TREATMENT? DATE GIVEN: _____	DATE VERIFIED
	HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO. 3	TEST INTERPRETATION		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO B Rh pos	PATIENT NO. (b)(6) RECIPIENT ABO B Rh pos	ANTIBODY SCREEN N/A	CROSSMATCH N/A	SIGNATURE OF PERSON PERFORMING TEST (b)(6)
		<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE
REMARKS: No antibody screen performed Thawed FFP				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)		POST-TRANSFUSION DATA AMOUNT GIVEN 283 ML			TIME DATE COMPLETED 1245 30 JAN 05	INTERRUPTED NO
AT (Hour) 1225 ON (Date) 30 Jan 05		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED				
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.				
1st VERIFIER (Signature) (b)(6)		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____				
PRE-TRANSFUSION TEMP. 103.9 PULSE 115 BP 118/61		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____				
DATE OF TRANSFUSION 30 JAN 05		TIME STARTED 1235		SIGNATURE OF PERSON NOTING ABOVE (b)(6)		

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

SEX: M WARD: ICU

(b)(6)

ICU #6

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45,505
 518-122

Medicine/Nuclear Medicine/Computed Tomography Examinations

EXAMINATION(S) REQUESTED u/s Renal Fastscan Abdomen	AGE SEX SSN (Sponsor) MFC	WARD/CLINIC ICU#6	REGISTER NO.
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)		DATE REQUESTED 1/30/05

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
**PT = ↓ UOP, azotemia, ↓ Hct, ↑ Coag
 eval for hydronephrosis. Please also do
 fastscan for Retroperitoneal / intra-abd hematoma**

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

- FAST exam ⊖

- ⊕ hydronephrosis ⊘ Δ from previous

⊙ Kidney normal

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility) (b)(6)	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

(b)(6)

AGE SEX (Sponsor)

mm

WARD/CLINIC

ICU

REGISTER NO.

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

Portable CXR

REQUESTED BY

(b)(6)

TELEPHONE NO.

FILM NO.

DATE REQUESTED

30 JAN 05

PREGNANT

YES NO

LOCATION OF MEDICAL RECORDS

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Chest tube / vent

DATE OF EXAMINATION (Month, day, year)

30 JAN 05

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

- New (R) PTO
- (R) chest tube in place
- (R) subclavian stable
- lungs clear

SIGNATURE

(b)(6)

LOCATION OF RADIOLOGIC FACILITY

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 29 Jan 05 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE Liver failure GSW pre-op
VOLUME REQUESTED (If applicable) 1 Unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	SIGNATURE OF VERIFIER
	RhIG TREATMENT? DATE GIVEN:	DATE VERIFIED
	HEMOLYTIC DISEASE OF NEWBORN?	TIME VERIFIED

Exp # 31 Jan 2005

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO. 2	TEST INTERPRETATION		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
PATIENT NO. (b)(6)	RECIPIENT	ANTIBODY SCREEN N/A	CROSSMATCH compatible	SIGNATURE OF PERSON PERFORMING TEST (b)(6)
DONOR ABO B Rh pos	PATIENT ABO B Rh pos	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 29 Jan 05		
REMARKS: No Antibody screen performed Immediate spin crossmatch only				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA	
OBSERVED AND ISSUED BY (Signature) (b)(6)	AMOUNT GIVEN 400 ML	TIME DATE COMPLETED 0940 30 JAN 05	INTERRUPTED NO
(Hour) 0830 ON (Date) 30 Jan 05	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		
IDENTIFICATION I have examined the Blood Component container label and this form and I have verified all information identifying the container with the intended recipient and the information on this form. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.			
MEDICAL RECORDS (b)(6)			
VERIFIER (Signature) (b)(6)			
TRANSFUSION RATE 103.8 PULSE 126 BP 120/59		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)	
TIME OF TRANSFUSION JAN 05	TIME STARTED 0845	SIGNATURE OF PERSON NOTING ABOVE (b)(6)	

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

116/59, 125, 24, 97% SaO2 0940 - 122/64, 123, 22, 97%
 130/62, 125, 22, 97% SaO2 103.6 (A)
 123/64, 123, 23, 97% SaO2

(b)(6)

AVZZI, ABDULLAH
 051 M O DETAINEE

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

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

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

TYPE AND SCREEN
 CROSSMATCH

REQUESTING PHYSICIAN (Print)
(b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE
Liver failure GSW
Pre op

DATE REQUESTED
29 Jan 05

DATE AND HOUR REQUIRED
AS AP

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

VOLUME REQUESTED (If applicable)
1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER
(b)(6)

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
 RhIG TREATMENT? DATE GIVEN: _____
 HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED
29 Jan 05

TIME VERIFIED
1035

Exp 31 Jan 05

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. 1

PATIENT NO. (b)(6)

PREVIOUS RECORD CHECK:
 RECORD NO RECORD

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH compatible

SIGNATURE OF PERSON PERFORMING TEST
(b)(6)

DONOR ABO B POS

RECIPIENT ABO B POS

Rh Rh POS

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 29 Jan 05

REMARKS:
No antibody screen performed
Immediate spin crossmatch only

SECTION III - RECORD OF TRANSFUSION

(b)(6)

(b)(6)

AT (Hour) 0715 ON (Date) 30 Jan 05

IDENTIFICATION

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

1st VERIFIER (Signature)
(b)(6)

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

PRE-TRANSFUSION

TEMP. 103.5 (A) PULSE 130 BP 115/55

DATE OF TRANSFUSION 30 JAN 05 TIME STARTED 0722

REACTION NONE SUSPECTED

AMOUNT GIVEN 400 ML

TIME DATE COMPLETED 0826 30 JAN 05

INTERRUPTED NO

DESCRIPTION

URTICARIA CHILL FEVER PAIN
 OTHER _____

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

(b)(6)

PATIENT IDENTIFICATION - USE EMBOSSER (b)(6)

SEX M WARD ICU

FAZZI, ABDULLAH
 1951 M O DETAINEE

0727 - 113/58, 129, 24, 100% SaO2
 0732 - 113/54, 129, 26, 100% SaO2
 0747 - 113/56, 134, 26, 100% SaO2 T. 103.5 (A)
 0802 - 114/66, 128, 26, 100%; T. 103.5 (A)

0832 118/59, 125, 21, 100% SaO2
 0836 121/59, 124, 20, 100% SaO2 103.8

BLOOD OR BLOOD COMPONENT TRANSFUSION
 STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRMR (41CFR) 201-45,505
 518-122

MEDICAL RECORD COPY

	(b)(6)	ID Number	(b)(6)
FAWZI, ABDULLAH		Gender	DOB
DOB	1951/01/01	Gender	Col
Height (ft)	Weight (lbs)	Hair	Eye
Sex	M	ICIC	Blind Type
Issued By	BICF	UCI	(b)(6)
		Date	20050128

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

AGE SEX SSN (Sponsor) WARD/CLINIC REGISTER NO.

(b)(6)

FAZZI, ABDULLAH
1951 M O DETAINEE

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
(b)(6) PCXR @ 12:30

REQUESTED BY (b)(6) TELEPHONE NO.

LOCATION OF MEDICAL RECORDS FILM NO. DATE REQUESTED 29 Jan 05 PREGNANT YES NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
S/P ETT placement

DATE OF EXAMINATION (Month, day, year) DATE OF REPORT (Month, day, year) DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT
- ETT placed in adequate position
- No other Δ from previous done earlier in day

SIGNATURE (b)(6) (b)(6) LOCATION OF RADIOLOGIC FACILITY

1 - MEDICAL RECORD RADIOLOGIC CONSULTATION REQUEST/REPORT STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR FIRM (41 CFR) 201-45.505

NSN 7540-00-634-4162

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

AGE SEX SSN (Sponsor) WARD/CLINIC REGISTER NO.
M (b)(6) ICU 519-21

(b)(6)

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
CXR

REQUESTED BY (b)(6) TELEPHONE NO.

LOCATION OF MEDICAL RECORDS FILM NO. DATE REQUESTED PREGNANT YES NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Line placement

DATE OF EXAMINATION (Month, day, year) 28 Jan 05 DATE OF REPORT (Month, day, year) DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT
- new (P) subclavian central venous catheter ± HP in IVC
- No other Δ from earlier CXR

SIGNATURE (b)(6) (b)(6) LOCATION OF RADIOLOGIC FACILITY

1 - MEDICAL RECORD RADIOLOGIC CONSULTATION REQUEST/REPORT STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR FIRM (41 CFR) 201-45.505

PATIENT IDENTIFICATION (For typed or written name - last, first, middle, Medical Facility)

u/s, RUQ

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)		REGISTER NO.
REQUESTED BY (b)(6)	TELEPHONE NO.	
LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED 1/29/05
SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)		

Detainee = bilirubin of >30 s/lp
65w to leg/chest, eval for cholecystitis/choledangitis

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

- Liver, Biliary tract ducts, Gall bladder, Pancreas, + ⊕ Kidney Normal

- ⊕ Mild-moderate hydronephrosis

(b)(6)

LOCATION OF RADIOLOGIC FACILITY

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4162

519-218

PATIENT IDENTIFICATION (For typed or written name - last, first, middle, Medical Facility)	AGE SEX	SSN (Shown) (b)(6)	WARD/CLINIC ICU	REGISTER NO.
--	---------	--------------------	--------------------	--------------

(b)(6)

bed 6

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

PCXR s/lp CT ⊕ insertion @04:

LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED 29 Jan 05	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------	----------	-----------------------------	--

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

⊕ CT placement

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

- ⊕ subclavian Ar pulled back
to ⊕ aorticocaval junction

- No other Ar from 28 Jan 05

SIGNATURE (b)(6)	LOCATION OF RADIOLOGIC FACILITY
------------------	---------------------------------

M.D.

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

REPORT TITLE

POST ANESTHESIA CARE RECORD - PHASE I

OTSG APPROVED (Date)

TIME IN 1245 WT kg

ALLERGIES NKA

PROCEDURE: Distal I/O

PHYSICIAN: (b)(6)

EX. GSW to leg

ASA

TYPE OF ANESTHESIA: GEN SPINAL/EPIDURAL LOCAL IV SEDATION BLOCK

PRE OP VITALS: 144/99 92

EBL min

IV FLUIDS 850

URINE OUTPUT 0

VITAL SIGNS

1225
1246
1255
1310

TIME	TEMP.	PULSE	RESP.	BP	SaO2	SAB	OB/GYN	PRE/INTRA/IMMEDIATE POST-OP ME
Admit	99.4	108	15	145/61	99	vent		Vered <input checked="" type="checkbox"/> mg @
15		110	14	105/63	98			Fentanyl cc @ 2:50
30		108	21	121/57	98	vent		Zofran 8 mg @
45		107	26	120/58	98			Toradol mg @
60								Antibiotic
90								Other <u>Sepr 0.8</u>
120								<u>Ue 15</u>
150								

POST ANESTHESIA RECOVERY SCORE

LEGEND	ADM.	15	30	45	60	60	DC	ADDITIONAL NOTES / CLASSIFICATIONS
ACTIVITY: MOVES 4 EXTREMITIES -2 MOVES 2 EXTREMITIES -1 MOVES 0 EXTREMITIES -0	<input checked="" type="checkbox"/>	0	0					Chem paralyzed
RESPIRATIONS: DEEP BREATH/COUGH -2 DYSPNEA -1 APNEIC -0	0	vent	vent					
CIRCULATION: BP >= 20% OF PRE-OP -2 BP >= 20-50% OF PRE-OP -1 BP >= 50% OF PRE-OP -0	2	2	2					
CONSCIOUSNESS: FULLY AWAKE -2 AROUSAL ON CALLING -1 UNRESPONSIVE -0	0	0	0					
O2 SATURATION: >92% UNROOM AIR -2 O2 TO MAINTAIN >92% -1 <90% WITH O2 IN USE -0	1	1	1					

ALTERED NUTRITION

INTAKE

OUTPUT

PERIPHERALLY	TIME	TYPE OF FLUIDS	IV/ML	PO	BLOOD	TIME	URINE	GI
SITE	OR			N/A		OR		
CONDITION							575	
DISCHARGE								

PREPARED BY (Signature & Title) (b)(6)

DEPARTMENT/SERVICE/CLINIC

PAW

DATE

29 Jun 05

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

(b)(6)

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

DA FORM 4700 1 MAY 78

115th FH OP 1

USAPPC V1.00

7 Jun 02, Fort Polk, LA

108

MEDICAL RECORD-ANESTHESIA

PROCEDURE (L) STUMP I (S)

ITEM Anesthesia 1/15
Procedure 11/0

DATE 1/24 OR NO. PAGE OF 5 (b)(6) PRE-PROCEDURE MONITORS AND EQUIPMENT ANESTHETIC TECHNIQUES AIRWAY MANAGEMENT RECOVERY

TIME: 1100 X 1130 X 1200 X 1230 X 1300 X 1330 X 1400

Table with columns for AGENTS, FLUIDS, MONITORS, VITAL SIGNS, and VENT. Includes data for Oxygen, ECG, % O2 Inspired, End Tidal CO2, B/P, P, R, Tidal Vol., Resp. Rate, Peak Pres., and PEEP.

ANESTHESIA PROVIDER(S) (b)(6)

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

REMARKS 1120 TO 02, all monitors on O2 via M 1130 RES... 1230 TO ICU (remains intubated) / REPORT given to RN.

ANESTHESIA Medical Record OPTIONAL FORM 517 (7-95) Prescribed by GSA/ICMR, FPMR (41 CFR) 101-11.203(b)(10) 109

PRE-ANESTHESIA EVALUATION

AGE: _____ SEX: M F HEIGHT: _____ in./cm. WEIGHT: 20 lb. PRE-PROCEDURE VITAL SIGNS: B/P 112/82 P 110 R 16 T _____

PROPOSED PROCEDURE: (L) stump ± (R)

PREVIOUS ANESTHESIA/OPERATIONS (if none, check here):
s/p traumatic, open amputation complicated by fulminant liver

CURRENT MEDICATIONS (if none, check here):
ATTIVAN
 MSO4
 ZANTAC
 ANGIEN
 MOTIN

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (if none, check here):
UNKNOWN

ALLERGIES (if NKDA, check here):
NKDA

AIRWAY/TEETH/HEAD AND NECK:
Class II / crown / septum

HISTORY FROM:
 PARENT/GUARDIAN POOR HISTORIAN CHART
 SIGNIFICANT OTHER PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma: Pneumonia Bronchitis: Productive cough COPD: Recent cold Dyspnea: SOB Orthopnea: Tuberculosis	<input type="checkbox"/>	Tobacco Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Pack/Day for _____ Years <u>Nasal trumpet 4L UG 5x02 92%</u> <u>clear ABG</u> <u>(R) chest tube in place/lungs expanded</u>	Chest X-ray Pulmonary Studies <u>chest expanded</u>
CARDIOVASCULAR Angina: MI Arrhythmia: Murmur CHF: MYP Exercise Tolerance: Pacemaker Hypertension: Rheumatic fever	<input type="checkbox"/>	<u>(-) murmur</u>	ECG: <u>NSR</u>
HEPATO/GASTROINTESTINAL Bowel obstruction: <u>jaundice</u> Cirrhosis: N&V Hepatitis: Reflux/heartburn Hiatal hernia: Ulcers	<input checked="" type="checkbox"/>	Ethanol Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency _____ <u>Shock liver</u> <u>hepatic encephalopathy</u>	
NEURO/MUSCULOSKELETAL Arthritis: Paresthesia Back problems: Syncope CVA/stroke: Seizures DJD: TIAs Headaches: Weakness Loss of consciousness: Neuromuscular disease: Paralysis:	<input type="checkbox"/>	<u>Agitation / obtundation 2° cerebral illness</u>	
RENAL/ENDOCRINE Diabetes: Renal failure/Dialysis: Thyroid disease: Urinary retention: Urinary tract infection: Weight loss/gain:	<input type="checkbox"/>	<u>Adequate UOP / Foley in place</u>	
OTHER Anemia: Bleeding tendencies: Hemophilia: Pregnancy: Sickle cell trait: Transfusion history:		<u>Self d/c chest tube on 28 JAN</u> <u>chest tube placed following incident</u>	

PROBLEM LIST/DIAGNOSES:
GOTA

ASA PS	LAB STUDIES	Hgb/Hct/CBC	Electrolytes	Urinalysis
1	<u>29 JAN</u>	<u>8.6</u>	<u>T Bil = 29.9 (0.2 m)</u>	
2		<u>25.6</u>	<u>PT = 16.4</u>	
3	Other	<u>221</u>	<u>APTT = 51.5</u>	
4		<u>25.2</u>	<u>FNA = 1.6</u>	
5				
E				

PLANNED ANESTHESIA/SPECIAL MONITORS:
 3 Other

POST-ANESTHESIA NOTE

PRE-ANESTHESIA MEDICATIONS ORDERED:
 (b)(6)

SIGNATURE OF EVALUATOR(S):
 (b)(6)

Signed: _____ Date: _____ Time: _____

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED Chest x-ray	AGE	SEX M	SSN (Sponsor)	WARD/CLINIC CTR	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
					DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

- **(P)** chest tube
 - No **PTX**
 - linear opacities **(V)**
 mid lung likely atelectasis

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: name - last, first, middle, Medical Facility)

(b)(6)

Tawzzi, Abdullah

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

TEST RESULTS											
CBC	WBC	SI/AC	ABB/PULSE OX							RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	H/H		SUP O2	PH	PO2	RESULTS			EKG INTERPRETATION		
	PLT		PCO2	SAT	OTHER						
PT	BHC		ETOH	GLU	U/A	DIP	MICRO				
APTT			U/A	MICRO							

PROVIDER HISTORY/PHYSICAL

♂ sup GSW to ④ thigh slip ① large post, med, Ant thigh defect. & loss of 15cm SFA + nerve. PT subsequently had ① AICA & lat flap. ① PTX non line placement - ② or PTX sp without 27 jacs

pmh
S/p GSW

meds
- naproxen
- Zantac
- Lasoquin
Ativan
Nico

PS: Pt confused, knows name, poor ECG, ① sternalis, wound away in place, chest activity ① sternal notch 3cm laceration, ① chest & subclavian cord in place; ① breath sounds present non equal; ① jaundice to mid/lower abd, ① palp liver.

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
② AICA & large area of open wound of exposed bone		① general cordis, palp peripulse	(b)(6)
① palp per pulse		① palp pedal pulse	

DIAGNOSIS

- ① ② AICA - Labs, xray, US
- ② MSA'S - Surgery, debridement
- ③ Jaundice - Admit

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

AME: ④ ② PTX
N/SSN:

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-95)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(h)(10)
USAPA V1.00

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER 05	TREATMENT FACILITY 115th
						RECORDS MAINTAINED AT	
PATIENT'S HOME ADDRESS OR DUTY STATION						ARRIVAL	
STREET ADDRESS						DATE (Day, Month, Year) 28 Jan 05	TIME 1240
CITY				STATE	ZIP CODE	TRANSPORTATION TO FACILITY litter / trauma team	
SEX M	DUTY/LOCAL PHONE		MILITARY STATUS				THIRD PARTY INSURANCE
	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
AGE 7	HOME PHONE		FLYING STATUS				ADDITIONAL INSURANCE
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM				DD 2568 IN CHART
CURRENT MEDICATIONS ?			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
ALLERGIES ?			ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT
			IS THIS AN INJURY?			WHERE	24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
			INJURY/SAFETY FORMS			DATE LAST SHOT	TETANUS
			HOW			COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT (A) AKA, (B) side chest tube							
CATEGORY OF TREATMENT				VITAL SIGNS			
<input type="checkbox"/> EMERGENT		TIME 1240	TIME 1239				
<input checked="" type="checkbox"/> URGENT		INITIALS AB	BP 116/58				
<input type="checkbox"/> NON-URGENT			PULSE				
			RESP 20				
			TEMP				
			WT				
LAB ORDERS	<input type="checkbox"/> CBC/DIFF	ABG	PT/PTT	BNC/URINE/BLOOD/QUANT		X-RAY ORDERS	
	<input type="checkbox"/> URINE CBS	UA	MSCC/CATH	CHEM:		CXR PA & LAT/PORTABLE	
	<input type="checkbox"/> BLOOD CBS X					ACUTE ABDOMEN	
						C-SPINE	
						LS SPINE	
						HEAD CT	
						ANKLE R/L	
ORDERS							
<input checked="" type="checkbox"/> PULSE OX 99%		<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.	<input type="checkbox"/> 78 HRS.			
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN	
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	TIME OF RELEASE		I have received and understand these instructions.			
<input type="checkbox"/> DETERIORATED				PATIENT'S SIGNATURE			
PATIENT'S IDENTIFICATION		<small>For typed or written entries, give: Name - last, first, middle; ID no., SSN or other; hospital or medical facility</small>					

NAME: **FA0221 ABDULLAH**
ISN/SSN:
DOB:
UNIT/CAMP: (b)(6)

RANK/STATUS:

STANDARD FORM 558 (REV. 9-90)
 Prescribed by GSARCAAR
 FPMR (41 CFR) 101-11.30300110
 USAPA V1.00

Exhibit(s) 5

Page(s) 117 thru 119 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

Certificate Of Death For use of this form, see AR 180-8, the Proponent agency is DCSOPS		Internment Serial Number US9IZ-168699CI	
From: WYTNAAPO AE 09342 ABU GHRAIB BAGHDAD		To:	
Name (Last, First, MI) FAWZZI, ABDULLAH		Grade	Service Number
Nationality IZ-Iraq	Power Served IZ-Iraq	Place of Capture/Internment and Date 2005, (b)(6)	
Name, Relationship, Address of Next of Kin , APO AE 09342 ABU GHRAIB BAGHDAD		Father's First Name	
		Place Of Birth:	
		Date Of Birth: 1951/01/01	
Place of Death 115 CASH,	Date Of Death 2005 (b)(6)	Cause Of Death CARDIAC ARREST	
Place Of Burial	Date Of Burial 2005, (b)(6)	Identification Of Grave	
Personal Effects: Please See Attached Page			
Brief Details Of Death And Burial: Please See Attached Page			
Do Not Write In This Space (Seal of the Office of The Provost Marshal General) APO AE 09342 ABU GHRAIB BAGHDAD		Date 2005, (b)(6)	
		Signature of Commanding Officer	
		Witnesses:	
	Signature	Address	
	Signature	Address	

Exhibits 7

Page(s) 117 THRU 121 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) (b)(6)		GRADE Grade (b)(6)	BRANCH OF SERVICE Arme Detainee	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale ISN 171687
OFFICIAL UNKNOWN, UNKNOWN M O DETAINEE IN PROCESSING		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race CAUCASOID Caucasiq	MARITAL STATUS État Civil SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Négróide	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		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 (attaque et le décès)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹ GUNSHOT WOUND TO RIGHT FLANK		16 DAYS
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 UNKNOWN	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire UNKNOWN	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ² UNKNOWN		

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
SIGNATURE Signature		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) (b)(6) 05 (b)(6)	PLACE OF DEATH Lieu de décès ABU GHRAIB, IRAQ
--	--

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 (b)(6)	TITLE OR DEGREE Titre ou diplôme
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse (b)(6) 115th FIELD HOSPITAL ABU GHRAIB PRISON
DATE (b)(6) 05	SIGNATURE Signature

¹ State disease, injury or complication which caused death, but not mode of death.
² State conditions contributing to the death, but not related to the disease.
 1 Préciser la nature de la maladie, de la blessure ou de la complication qui a causé la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
 2 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.

HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL

FOR USE OF THIS FORM, SEE AH 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

(b)(6)

UNKNOWN, UNKNOWN
M O DETAINEE
IN PROCESSING

Patient's name (Last, first, middle initial) Grade,
Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH (Hour-day-month-year)
(b)(6) 05

3. MEDICAL EXAMINER/
CORONER'S CASE
 YES NO

4. RELIGION
UNKNOWN

5. CHAPLAIN NOTIFIED
 YES NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

UNKNOWN

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN
ONSET
AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not
mean the mode of dying, e.g., heart failure, asthma, etc. It means the
disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

GUNSHOT WOUND TO RIGHT FLANK

16 DAYS

7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above
cause, stating the underlying condition last)

DUE TO (or as a consequence of)

(1)

UNKNOWN

(2)

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT
NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a.

UNKNOWN

b.

9. DATE

(b)(6)

05

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

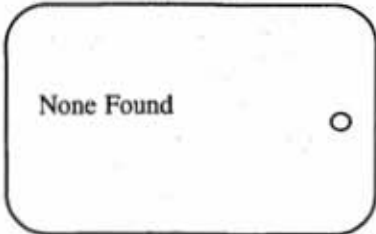
YES

NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE (b)(6) 05		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number) BTB: Unidentified		GRADE N/D	SERVICE NO. SSAN (b)(6)	CIL CASE NUMBER (If applicable) N/A	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER (b)(6)			PLOT N/A	ROW N/A	GRAVE N/A
RECEIVED FROM Abu Ghahb, Iraq			IMPRINT OF IDENTIFICATION TAG		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification) 1 ca Medical Identification Tag -----Nothing Follows-----					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286) 1 ca Towel, orange in color -----Nothing Follows-----					
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT 76"	MUSCULARITY Large	COLOR OF HAIR Black	RACE OR NATIVITY Mongoloid		
TATTOOS, SCARS OR MARKS ON BODY Medical tubing on the mouth, penis, left shoulder, right side of the abdomen and left side of chest. Medical gauge patch on the left side of the chest and right side of the abdomen. Lacerations on the left side of the abdomen. <u>Abrasions on the right shoulder, right wrist and left knee.</u>					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N/D					
WOUNDS OR INJURIES Burns on the right ankle and left ankle.					
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 (b)(6)			(b)(6)		

Certificate of Death

For use of this form, see AR 180-8, the Proponent agency is DCSOPS

Internment Serial Number

(b)(6)

From: VYTNAAPO AE 09342 ABU GHRAIB BAGHDAD

To:

Name (Last, First, MI) Grade Service Number UNK, UNK

Nationality Power Served Place of Capture/Internment and Date IZ-Iraq IZ-Iraq 2005 (b)(6)

Name, Relationship, Address of Next of Kin APO AE 09342 ABU GHRAIB BAGHDAD

Father's First Name Place Of Birth: Date Of Birth:

Place of Death Date Of Death Cause Of Death BU GHRAIB, 2005 (b)(6) GUNSHOT WOUND

Place Of Burial Date Of Burial Identification Of Grave 2005 (b)(6)

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space Seal of the Office of The Provost Marshal General) APO AE 09342 BU GHRAIB BAGHDAD

Date 2005 (b)(6) Signature of Commanding Officer (b)(6) Signature (b)(6) Address Abu Chf Signature (b)(6) Address Abu Chf

Exhibit(s) 8

Page(s) 122 thru 129 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049



(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

DATE OF SUMMARY: 27 January, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME: (b)(6)
SSN:
DOB: Unknown
STATUS: Security Interest
SERVICE/COUNTRY: Iraqi
UNIT/EMPLOYER:

Date of Admission: 25 JAN 05

Date of Discharge/Transfer: 27 JAN 2005 awaiting transfer to prison

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

This middle aged male is admitted (b)(6) with gunshot wounds to the thighs. He was tachycardic on admission. He was taken to the Operating Room and was found to have a large left posterior, medial and anterior thigh defect, with a loss of 15 cm of SFA and nerve. He was treated with a left Above Knee Amputation and a lateral flap was fashioned. He had a tension pneumothorax following line placement which was treated with a chest tube. This was removed on 27 Jan 2005. His wound was washed out on 27 Jan 2005. He will require a closure of his stump and eventual prosthesis in the future..

DISCHARGE DIAGNOSES:

- 1) Right pneumothorax
- 2) Left traumatic near amputation (completed.)
- 3) Right Lower Extremity trauma

PROCEDURES DURING ADMISSION

- 1) Left AKA
- 2) Wound washout
- 3) Chest tube

FINDINGS/LABS/RADIOLOGY

Films show no left femur fracture

MEDICATIONS ON TRANSFER/DISCHARGE

- 1) IV of LR at 100 ml/hour
- 2) Fentanyl drip or morphine for pain control
- 3) Zantac 50 mg IV tid
- 4) Levaquin 500 mg IV qd
- 5) Lovenox 30 mg SQ bid

CONDITION: Good and Stable for Transfer

122



(b)(6)



86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)



Plan/Recommendations:

- 1) Transfer to prison hospital for wound closure and rehabilitation
- 2) Please contact (b)(6) with any further questions (b)(6)

(b)(6)



Ibn Sina Hospital
86th Combat Support Hospital
Baghdad, Iraq

MEDICAL RECORD

INTRAOPERA DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA ECU Bed. BY Anesthesia

2. PATIENT ID VERIFIED BY (b)(6)

3. DATE 27 Jan 85 TIME PATIENT ARRIVED IN SUITE 1245

4. PATIENT IN ROOM TIME 1248 NUMBER 18

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

ALLERGIES: Penicillin unknown

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>(b)(6)</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>(b)(6)</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR CLIP

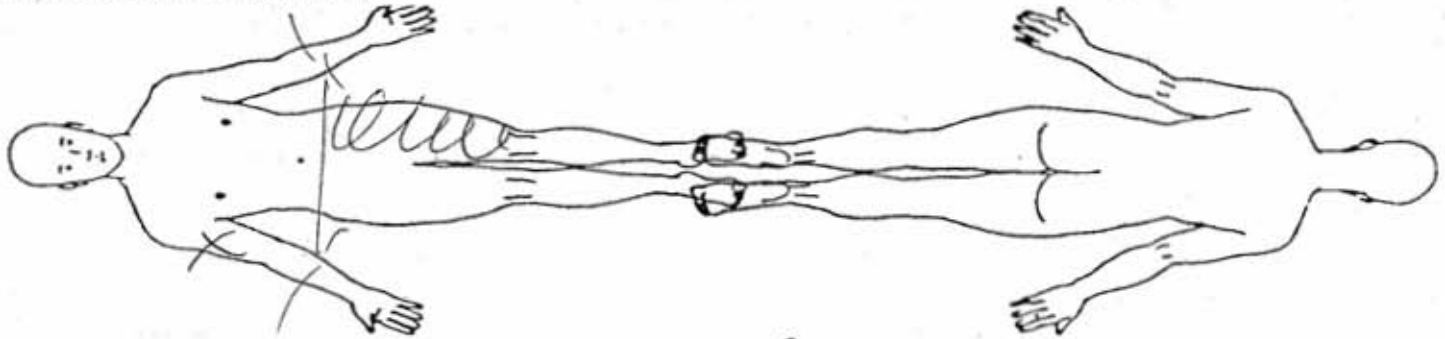
PREP SOLUTION (Specify) Betadine BY WHOM: (b)(6)

SITE: Lft leg AKA BY WHOM: (b)(6)

COMMENTS:

0 pooling

9. LOCATION OF EXTERNAL DEVICES



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

All prep are

10. COUNTS	C = Correct I = Incorrect		SCRLIR (b)(6)	CIRCULATOR (b)(6)
	Other**	First Closing Count		
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1</u>	<u>1</u>		
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1</u>	<u>1</u>		
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

NAME: (b)(6)

SSN: (b)(6)

PATIENT NUMBER: (b)(6)

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

ESU NO: RDE 000411

GROUND PAD: BRAND Valley Lab LOT NO: 85528 Exp 2008

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

BIPOLAR NO: _____

14.

MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)

YES NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S): 0-90% NaCl

OTHER ORDERS	TIME	CARRIED OUT

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES NO

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION (Specify)
Sluff soaked in 1/4% Dakin's solution
Kerlex
Abals
Acu

17. TUBES, DRAINS/PACKING

YES NO

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

19. ADDITIONAL INFORMATION

SURGEON: (b)(6)

ASSISTANT:

ANESTHESIA: (b)(6)

TOURNIQUET: TYPE N/A UP@ DOWN@

GROUNDING PAD SITE: PRE-OP clean POST-OP clean

20. OPERATION(S) PERFORMED

D & D left AKA

21. PATIENT TRANSFERRED TO

PCU 2

TIME

1310

METHOD

PCU Red

22 (b)(6)

RE

MEDICAL RECORD

INTRAOPERATIVE

DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA EMT Bed BY EMT

2. PATIENT ID (b)(6) PROCEDURE

3. DATE 25 Jan 05 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1655 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

- CALM
- ANXIOUS
- EXCITED
- CRYING
- ANGRY
- WITHDRAWN
- OTHER (Specify)

COMMENTS: s=dated

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Betadine Scrub Sol

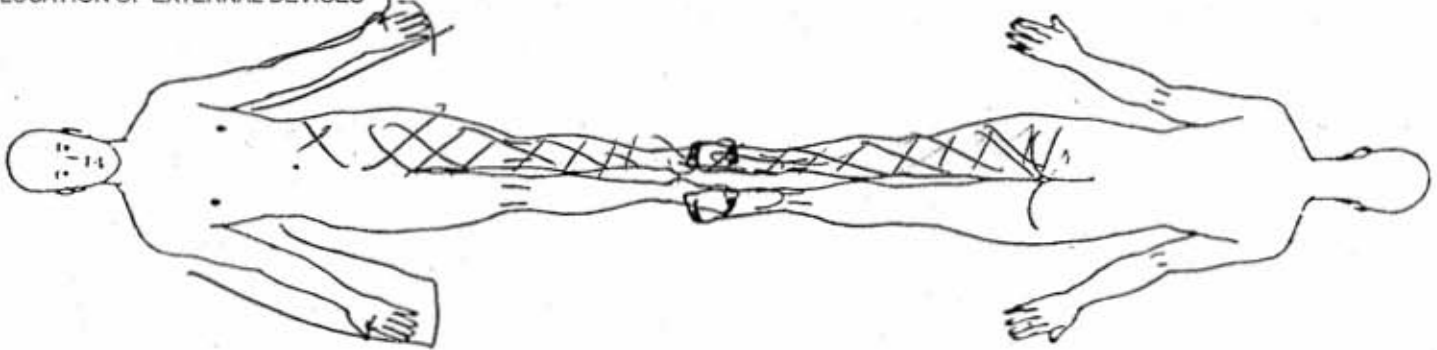
SITE: BY WHOM:

SITE: BY WHOM:

COMMENTS:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

(b)(6)

C = Correct I = Incorrect

10. COUNTS	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Needle Sharp <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

NAME: _____

SSN: _____

PATIENT NUMBER: (b)(6)

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

ESU NO: 000411

GROUND PAD: BRAND Valley Lab LOT NO: 35528 exp 2/06-07

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):
 0.9% NaCl

OTHER ORDERS TIME CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
SITE	1. DALONE	2.	3.
	1. Flap	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
 Aceband
 Bluff
 Ace
 Kerlix

19. ADDITIONAL INFORMATION

SURGEON: (b)(6) MD

ASSISTANT: (b)(6) MD

ANESTHETIC: (b)(6) MD

TOURNIQUET: ~~TYPE~~ UP@ _____ DOWN@ _____

GROUNDING PAD SITE: PRE-OP clean right POST-OP _____

20. OPERATION(S) PERFORMED
 Lt above the knee amputation ICU 2

21. PATIENT TRANSFERRED TO ICU 2 TIME 1900 METHOD ICU bed

22. REGISTERED NURSE SIGNATURE (b)(6)

JOINT THEATER TRAUMA REGISTRY RECORD

ARRIVAL STATUS	TRIAGE CATEGORY	WOUNDED BY	MODE OF ARRIVAL	PATIENT CATEGORY
Date: <u>23 JUN 05</u> Time of arrival: <u>1620</u> Time of injury: _____ Transit time: _____ C-spine immob: YES / NO Intubated: YES / NO T: _____ BP: <u>1</u> / _____ HR: _____ RR: _____ O:Sat: _____ PAIN: <u>0</u> 1 2 3 4 5 6 7 8 9 10	<input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minimal <input type="checkbox"/> Expectant	<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 non-accident <input type="checkbox"/> Sports recreation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Walked <input checked="" type="checkbox"/> Carried <input type="checkbox"/> USMC CASEVAC <input type="checkbox"/> Non-med ground <input type="checkbox"/> Ground Ambulance <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> Ship EVAC <input type="checkbox"/> Other: _____	Nation: <input type="checkbox"/> US <input checked="" type="checkbox"/> Host nation 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

TOURNIQUET	GCS:	CPR IN PROGRESS	GENDER	EXPOSURE
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time on: _____ Time off: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time started: _____ Time ended: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Remove clothes <input type="checkbox"/> Warm blanket <input type="checkbox"/> Cooling blanket <input type="checkbox"/> Bear hugger <input type="checkbox"/> Radiant warmer <input type="checkbox"/> IV bag warmer <input type="checkbox"/> Other: _____

PROTECTION				
<input type="checkbox"/> Helmet Kevlar or ACH (circle one) <input type="checkbox"/> Flak vest <input type="checkbox"/> Ceramic plate <input type="checkbox"/> Eye protection <input type="checkbox"/> Deltoid/axilla <input type="checkbox"/> Groin/leg	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated	<input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated	<input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated	<input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated <input type="checkbox"/> Penetrated

PRIMARY SURVEY

AIRWAY	BREATHING	Breath Sounds	CIRCULATION	DEFICIT
<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"/> Chest tube(s) <input type="checkbox"/> Intubated <input type="checkbox"/> Other: _____	<input checked="" 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	Right Left <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rales <input type="checkbox"/> Flail <input type="checkbox"/> Wheeze <input type="checkbox"/> Absent <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated	Skin: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph Heart Sounds: <input type="checkbox"/> Clear <input type="checkbox"/> Muffled Capillary Refill: <input type="checkbox"/> <2 seconds (normal) <input type="checkbox"/> >2 seconds (delayed)	<input type="checkbox"/> Alert <input type="checkbox"/> Responds to verbal <input type="checkbox"/> Responds to pain <input type="checkbox"/> Unresponsive GCS: <u>15</u> Eyes <u>4</u> Verbal <u>5</u> Motor <u>6</u> Sphincter Tone: <input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None

SECONDARY SURVEY

HEAD/NECK/EENT	HEART	ABDOMINAL/GU	EXTREMITIES
Drainage: _____ Nose (color): _____ CSF: Halo sign _____ Glucose _____ Eyes: Equal R/L Fixed R/L Reactive R/L Dilated R/L Other: _____ C-Spine tender: <input type="checkbox"/> Yes <input type="checkbox"/> No Dental injury: <input type="checkbox"/> Yes <input type="checkbox"/> No Tympanic Membrane: <input type="checkbox"/> Clear R L <input type="checkbox"/> Blood R L	Rhythm: <input type="checkbox"/> NSR <input type="checkbox"/> Sinus tachycardia <input type="checkbox"/> Sinus bradycardia <input type="checkbox"/> Asystole <input type="checkbox"/> Other Pulses: S = Strong D = Doppler P = Palpable A = Absent Carotid <u>W</u> Right <u>W</u> Left Femoral <u>W</u> Right <u>W</u> Left Brachial <u>W</u> Right <u>W</u> Left Radial <u>W</u> Right <u>W</u> Left Pedal <u>W</u> Right <u>W</u> Left JVD Distension: <input type="checkbox"/> Right <input type="checkbox"/> Left	<input checked="" 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 Bowel sounds: <input type="checkbox"/> YES <input type="checkbox"/> NO Last Meal @ _____	Pelvis stable: <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 ROM: <input type="checkbox"/> YES <input type="checkbox"/> NO Fracture/dislocation: <input type="checkbox"/> RUE <input checked="" type="checkbox"/> RLE <input type="checkbox"/> LUE <input checked="" type="checkbox"/> LLE <u>7/10/06</u> Motor Sensation RUE (+) (+) LUE (+) (+) RLE (+) (+) LLE (+) (+) Back Exam: <input type="checkbox"/> WNL <input type="checkbox"/> ABNL Time logrolled: <u>1627</u>

PATIENT IDENTIFICATION	ALLERGIES	PAST MED HX	CURRENT MEDICATIONS
Name/Rank: _____ (b)(6) SSN/Patient Id #: _____ DOB: (ddmmyy) _____ Deployed unit: _____ With transferred from: _____	<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: _____	<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: _____	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NONE <input type="checkbox"/> OTHER LAST MED GIVEN @: <input type="checkbox"/> Morphine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Antibiotic <input type="checkbox"/> Other: _____

Exhibit(s) 11

Page(s) 131 thru 137 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

INTERNAL

DOB 1/1/51

CASE # _____

NAME: _____

Fawzi, Abdullah

PROSECTOR: _____

ASSISTANT: _____

(b)(6)

SKIN: _____

BRAIN: 1501 gm _____

NECK ORGANS: _____

THYROID: _____

PERICARDIAL SAC: _____

HEART: 454 gm _____

CORONARY ARTERIES: _____

AORTA: _____

PLEURAL CAVITIES: RIGHT ^{64.7 ICS} ~~CT tube~~ two **LEFT** _____

RIGHT LUNG: 1179 gm 100cc serosanguis (P) FIB Adhesions

LEFT LUNG: 997 gm _____

PERITONEAL CAVITY: _____

LIVER: 2216 gm _____

GALLBLADDER: 30ml _____

PANCREAS: _____

STOMACH: 50mls of gas tan fluid

APPENDIX: (+) _____

INTESTINES: _____

SPLEEN: 260 gm _____

ADRENALS: _____

RIGHT KIDNEY: 188 gm @ kidney stone bottom half.

LEFT KIDNEY: 212 gm _____

BLADDER: focal major hemorrhagic cystitis

PROSTATE/TESTES: _____

UTERUS/OVARIES: N/A _____

MUSCULOSKELETAL / VERTEBRAL COLUMN: _____

1. LAST NAME-FIRST NAME-MIDDLE INITIAL <i>Fawzzi, Abdulla</i>				3. SOCIAL SECURITY NO. (b)(6)	
4. ORGANIZATION				5. WARD <i>ICU</i>	
6. DEATH OCCURRED			7. PLACE WHERE DEATH OCCURRED		
HOUR (b)(6)	DAY	MO.	YEAR <i>2005</i>	<i>ICU</i>	
AUTHORIZED SIGNATURE (b)(6)					

DA FORM 3910 REPLACES DA FORM 8-219, 1 MAR 63, WHICH WILL BE USED
1 AUG 72

For use of this form see 49 CFR 401.101 (b) (5) (i) (ii) (iii) (iv) (v) (vi) (vii) (viii) (ix) (x) (xi) (xii) (xiii) (xiv) (xv) (xvi) (xvii) (xviii) (xix) (xx) (xxi) (xxii) (xxiii) (xxiv) (xxv) (xxvi) (xxvii) (xxviii) (xxix) (xxx)

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i> BTB:Fawzzi, Abdulla		GRADE CIV	SERVICE NO. SSAN (b)(6)	DATE 2005 (b)(6)	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER (b)(6)			CIL CASE NUMBER <i>(If applicable)</i> N/A	PLOT N/A	
RECEIVED FROM 306th MP, Baghdad, Iraq			ROW N/A		
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i> 1 ea Medical Identification Bracelet (b)(6) Nothing Follows			GRAVE N/A		
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			IMPRINT OF IDENTIFICATION TAG None Found		
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT 66"	MUSCULARITY Medium	COLOR OF HAIR Black	RACE OR NATIVITY Mongoloid		
TATTOOS, SCARS OR MARKS ON BODY Medical bandages on chest and the right knee					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N/D					
WOUNDS OR INJURIES Medical stitches on upper left leg Surgically amputated, lower left leg with medical strap					
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 (b)(6)			SIGNATURE (b)(6)		

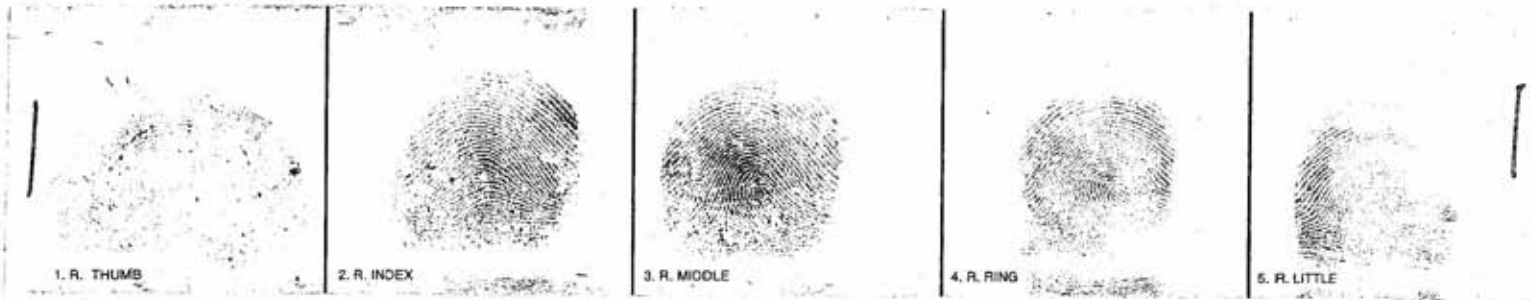
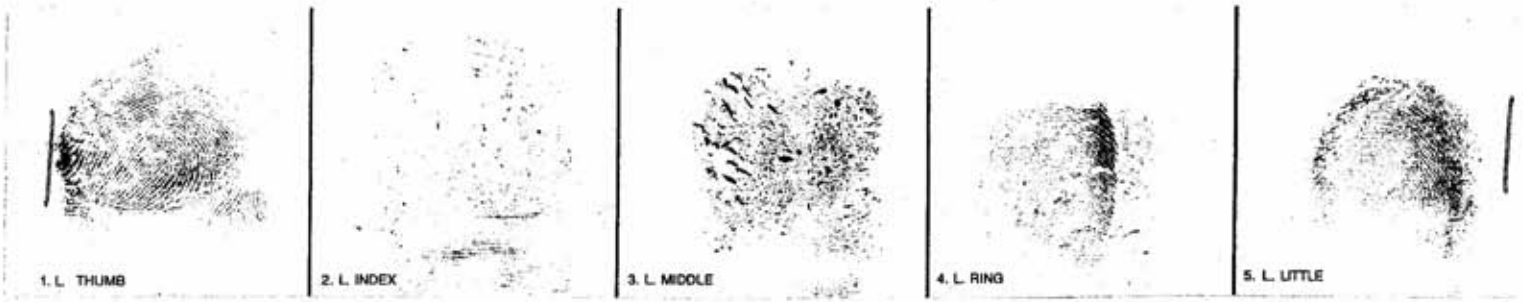
Certificate Of Death For use of this form, see AR 180-8, the Proponent agency is DCSOPS		Internment Serial Number US9IZ-168699CI	
From: YTNAAAPO AE 09342 BU GHRAIB AGHDAD		To: 	
Name (Last, First, MI) AWZZI, ABDULLAH		Grade 	
		Service Number 	
Nationality I-Iraq		Place of Capture/Internment and Date 2005/ (b)(6)	
Power Served IZ-Iraq			
Name, Relationship, Address of Next of Kin PO AE 09342 U GHRAIB GHADAD		Father's First Name 	
		Place Of Birth: 	
		Date Of Birth: 1951/01/01	
Place of Death CASH,		Date Of Death 2005, (b)(6)	
		Cause Of Death CARDIAC ARREST	
Place Of Burial		Date Of Burial 2005, (b)(6)	
		Identification Of Grave	

Personal Effects: Please See Attached Page

Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space 1 of the Office of The Provost Marshal (APO AE 09342 GHRAIB AGHDAD		Date 2005(b)(6)	
		(b)(6)	
		(b)(6)	
		(b)(6)	
		(b)(6)	
		Signature	
		Address	

1356
ENV



Fawzzi, Abdulla

(b)(6)

(b)(6)

(b)(6)

(b)(6)

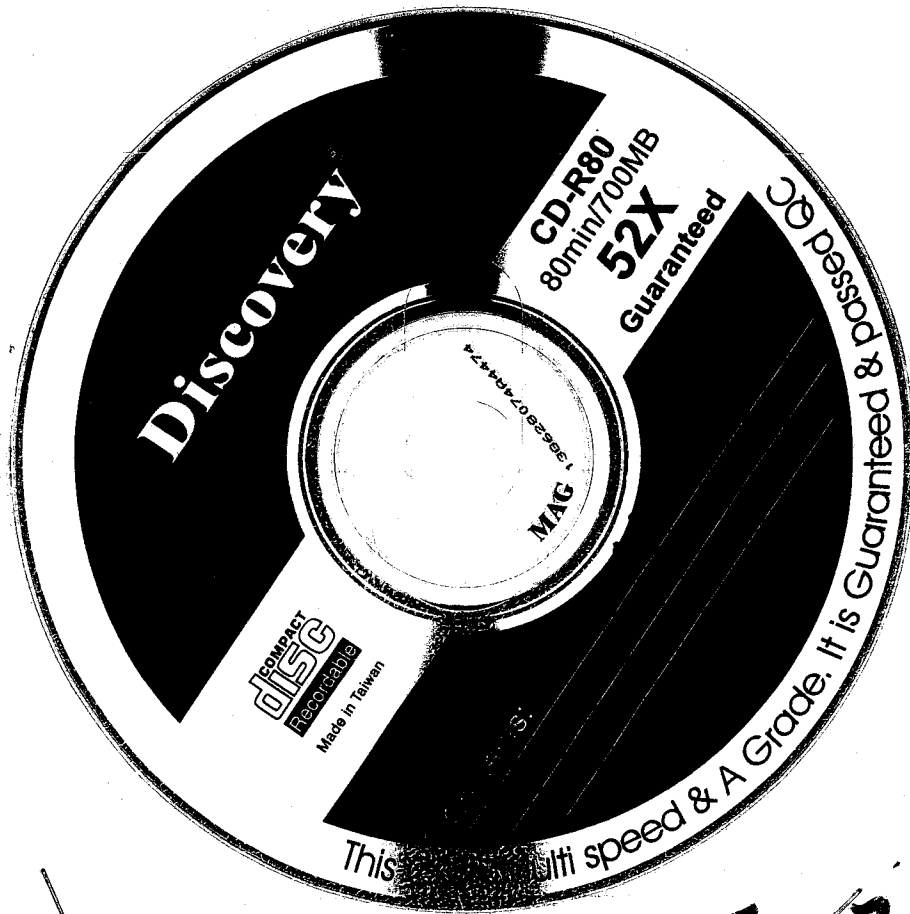
05

(b)(6)

Exhibit 12:

Page 138 referred to:

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FT. Sam Houston, TX 78234-5049



ENC 7

Exhibit(s) 13

Page(s) 139 thru 144 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Fawzzi, Abdulla

(b)(6)

Date of Birth: 01 January 1951

Date of Death: (b)(6) 2005

Date of Autopsy: 4 February 2005

Date of Report: 15 April 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian

Place of Death: Iraq

Place of Autopsy: Army Mortuary

Camp Victory, Iraq

Circumstances of Death: This 54-year-old male was a civilian detainee who died while hospitalized.

Note: In some documents the first name is spelled Abdullah

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Identification is established by means of the attached identification tags.

CAUSE OF DEATH: Complications of gunshot wound of the left leg.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

- I. Evidence of injury:
 - A. Gunshot wound of the left leg (per report).
 1. Status post above-the-knee amputation of the left leg.
 - B. Laceration of the right knee compatible with a grazing type gunshot wound.
 - C. Contusion of the right forearm.
- II. Additional findings:
 - A. Acute bronchitis with early bronchopneumonia.
 - B. Bilateral pulmonary congestion (right 1179 gm, left 997 gm).
 - C. Right-sided pleural effusion (approximately 100 ml) and adhesions.
 - D. Jaundice.
 - E. Pitting edema (1+) of hands and feet.
 - F. Right renal calculus.
 - G. Focal hemorrhagic cystitis.

- H. Soft tissue mass of upper chest consistent with lipoma.
- III. Toxicology: Morphine blood level of 0.27 mg/L.

EXTERNAL EXAMINATION

The body is that of a well-developed male that weighs approximately 130 pounds, is 67 inches in length and appears compatible with the reported age of 54 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is complete. The scalp hair is gray-black. Facial hair consists of a gray-black beard and mustache. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are icteric. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in poor condition. The nasal skeleton is palpably intact. The lips are without evident injury. The neck is straight and the trachea is midline and mobile. A 1 ½ inch circular soft tissue mass is present on the upper mid chest. The abdomen is flat. A 10 inch scar is present on the right lower abdomen and right flank. The extremities show evidence of injury to be further described below. There is 1+ pitting edema of the hands and feet. The fingernails are intact. A plastic wristband is present on the right wrist with (b)(6) Fawzzi, Abdullah". A tag is present on the left wrist with "BTB Fawzzi, Abdullah". A 1 ¼ x 1 ½ friction blister is present on the posterior surface (heel) of the right foot. The genitalia are those of a normal adult male. The buttocks and anus are unremarkable.

EVIDENCE OF MEDICAL THERAPY

1. Therapeutic needle puncture sites in the right subclavicular region, right inguinal region and left antecubital fossa.
2. A horizontal sutured 1 inch surgical incision in the right lateral chest.
3. A vertical 1 inch surgical incision in the right lateral chest.
4. A vertical 5½ inch stapled incision in the mid abdomen.
5. A vertical 3½ inch stapled surgical incision on the anterior surface of the left thigh.
6. Left above-the-knee amputation, the skin flap is sutured closed and covered with a bandage
7. A bandage on the right knee.

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

Laceration of the right leg compatible with a grazing type gunshot wound:

A bandage covers a gaping laceration situated on the medial surface of the right knee located 13 inches above the bottom of the foot. The wound measures 2 ½ x 1¼ inches. No evidence of soot or gunpowder stippling is present on the skin around the wound. The injury involves the skin and subcutaneous tissue of the medial surface of the right knee.

Additional injury:

There is 5 ½ x 1 ½ inch contusion on the anterior surface of the right forearm.

INTERNAL EXAMINATION

HEAD:

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between the uninjured white and grey matter. The ventricles are of normal size. The brain weighs 1501 gm. The atlanto-occipital joint is stable.

NECK:

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 red-brown. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum is visibly and palpably intact. Fibrinous pleural adhesions and approximately 100 ml of serosanguinous fluid are present in the right chest cavity. No excess fluid is present in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1179 gm and 997 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 454 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2216 gm liver has an intact, smooth capsule. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions are seen. The gallbladder contains approximately 30 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent without evidence of calculi.

SPLEEN:

The 260 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENAL GLANDS:

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 kidney weighs 188 gm; the left 212 gm. The external surfaces are intact and smooth. The cut surfaces of the right kidney reveal a 1.5 cm tan-brown calculus in the inferior pole. The pelves are unremarkable and the ureters are normal in course and caliber. The urinary bladder contains approximately 10 ml of blood tinged urine; the mucosa is focally hemorrhagic. The lumen is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is lined by smooth, grey-white mucosa. The stomach contains approximately 50 ml of tan liquid. The gastric wall is intact. The duodenum, loops of small bowel, colon, and appendix are unremarkable.

MICROSCOPIC EXAMINATION

1. Heart (slide 1): No significant microscopic abnormalities.
2. Lungs (slides 1-left, 3-right): Acute bronchitis with early acute bronchial pneumonia (3); pulmonary alveolar congestion.
3. Liver (slide 2): Congestion; patchy cholestasis.
4. Spleen (slide 2): Congestion.
5. Kidneys (slide 4): No significant microscopic abnormalities.

6. Brain (pons, slide 5): No significant microscopic abnormalities.
7. Anterior upper chest wall mass (slide 3): Mature adipose tissue consistent with lipoma.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographer (b)(6)
- (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, urine, gastric contents, spleen and liver.
- The dissected organs are forwarded with the body.
- Personal effects are released to the appropriate mortuary operations representatives.

OPINION

According to available reports, the decedent was admitted to the 86th CSH for treatment of gunshot wounds to the lower extremities. Approximately 5 days later, he reportedly experienced multi-system organ failure and cardiac arrest. He was pronounced dead later that same day. No medical records were available for review.

Autopsy examination showed a jaundiced male with a laceration of the right leg compatible with a grazing type gunshot wound. Additional findings included a right pleural effusion, bilateral pulmonary congestion and evidence of surgical intervention that included a left above-the-knee amputation. No gross evidence of infection was identified at any wound site. Microscopic examination of the lungs revealed an acute bronchitis and early acute bronchopneumonia. Postmortem analysis of the body fluids showed a blood morphine level of 0.27 mg/L.

After review of the available information, the cause of this individual's demise is most likely due to medical complications arising as the result a gunshot wound of the left leg. The morphine level was consistent with medical therapy and was not felt to be contributory to this individual's demise. The manner of death, in my opinion, is homicide.

(b)(6)

(b)(6) Medical Examiner (b)(6)

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Fawzzi, Abdulla,		GRADE Grade 	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation 		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1951	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race CAUCASOID Caucasique		MARITAL STATUS État Civil SINGLE Célibataire		RELIGION Culte CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sien		
STREET ADDRESS Domicile à (Pays)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal complet)		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne) Complications of gunshot wound of the left leg.				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.				
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			
	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 <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO INTERNAL CAUSES Circonstances de la mort causées par des causes internes		
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR PRESIDE OF AUTOPSY Conclusions principales de l'autopsie	Mode of Death: Pending		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste			
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 4 February 2005	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, Minute, Day, Month, Year) Date du décès	ATH Lieu de décès			
(b)(6) 2005	Iraq			
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 conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDICAL OFFICER		TITLE OR POSITION		
(b)(6)		Medical Examiner		
GRADE		INSTALLATION OR PERSONNEL		
(b)(6)		Camp Victory, Iraq		
DATE		SIGNATURE OF DECEASED		
14 Sep 05		(b)(6)		

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