

0059-04-CID789-83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION												
VERIFY BY INITIALING				DATE COMPLETED												
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	3	4	5	6	7	8	9	10	11	12	13		
3 Jun 04	(b)(6)-2	Cardiac Monitor	07 19	Transfer to ICU 5 June 04 (b)(6)-2												
3 Jun 04		Clear Liquids	07 19	held on 4 June 04												
3 Jun 04		Vitals q 4hr	07 19	ICU orders - transferred to ICU 30 June 04												
3 Jun		Bedrest elevate HOB	07 19													
3 Jun		W/O mag anchor - Foley if needed	07 19													
4 Jun		General Diet	07 19													
5 Jun		vital signs q 8°	07 19													
5 Jun		activity as tolerated	07 19													
5 June 04		Restraint cath - vq 2h + documents S&S of skin break	07 19													
5 June 04		weekly wt gth study	07													

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

PCN

DX: CHF

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO:

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 1 OCT 78 4677

EDITION OF 1 DEC 77 MAY BE USED For Official Use Only / Law Enforcement Sensitive

EX-47

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo <u>Jun</u> Yr <u>04</u>	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
3 Jun	(b)(6)-2	Admit Monitored bed	3 Jun	NW	2:00	(b)(6)-2	
3 Jun		CBC Lites in an	3 Jun	0600	0600		
5 Jun		Transfer to ICU	5 Jun	BAP			

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

0059.04.C1D7FF.83551

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo.____Yr. ____												
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.																			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																	
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED															
				S	6	7	8												
5 June 04	(b)(1)	Zosyn 20mg 1 tab q a.m	08	(b)(6)															

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: CHF

PCW

ADDITIONAL PAGES IN USE:  YES  NO      PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 4678 1 FEB 79

- Ex 4 9



0DS4-04-C10775-83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo: <u>Jun</u> Yr: <u>04</u>				
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	3	4	5	6	7	8	9
3 Jun	(b)(6)-2	nasix 20mg IVP q 8hr	04	/	(b)(6)-2				Δ d to PO @ 0830	(b)(6)-2
			12	/	(b)(6)-2				m 5 gain	(b)(6)-2
			20	/	(b)(6)-2					
3 Jun		ZUNIS@KUO	07	/	(b)(6)-2				Die' dom 5 Jun R	(b)(6)-2
			19	/	(b)(6)-2					
3 Jun		ASA 81mg po daily	08	/	(b)(6)-2					
3 Jun		Prinivil 20mg PO BID	08	/	(b)(6)-2					
			20	/	(b)(6)-2					
3 Jun		Isordil 20mg po TID	06	/	(b)(6)-2					
			14	/	(b)(6)-2					
			22	/	(b)(6)-2					
3 Jun		O <sub>2</sub> 2L per NC	07	/	(b)(6)-2				O <sub>2</sub> disp'd @ 0830	(b)(6)-2
			19	/	(b)(6)-2					
4 JUN.		TABETALOL 10mg po BID	08	/					order N'd 1/ JUN 04	(b)(6)-2
4 JUN		Hold for SBP < 90, HR < 50	20	/						
4 Jun	(b)(6)-	Metoprolol 25mg po BID - Hold for SBP < 90, HR < 50	18	/	(b)(6)-2					
			24	/	(b)(6)-2					
5 Jun	(b)(6)-	Zantac 150mg 1 tab po BID	16	/	(b)(6)-2					
			22	/	(b)(6)-2					

ALLERGIES:  YES  NO

PCN

PRIMARY DIAGNOSIS:

DX: CHF

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO. 1 of 2

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 1 FEB 79 4678

Official Use Only / Law Enforcement Sensitive

EX 4 11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. <u>6</u>	Yr. <u>07</u>
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials		
<del>3 JUN</del>	(b)(6)	<del>PRN 2hr SOB</del>	<del>3 JUN</del>					

Official Use Only / Law Enforcement Sensitive

12  
EK4

0059-04-010784-83991

**Task Force Alcatraz**  
**Baghdad Central Detention Facility Hospital**

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

AST, FIRST NAME: (b)(6)-4 SSN or ISN: Diagnosis: CHF

Physician: (b)(6)-2 Ward: 3 Bed: 1CV STAT: Routine Specimen Date and Time: R (b)(6)-2 Date and Time: 5/5/04

Chemistry (i-STAT) / Green Top Chem 12 MetLyte8 BMP Liver Hematology / Purple Top  
 CBC Malaria H/H

Chemistry (i-STAT) / Green Top				Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top					
6+	7+	8+	Glu	Crea	Chem 12	MetLyte8	BMP	Liver	X	TEST	RESULT	REF. RANGE
					X	ALB	3.4	3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
						ALP	91	53-128 U/L		RBC		4.2-6.1 x10(6)/uL
						ALT	10	10-47 U/L		Hgb		12.0-18.0 g/dL
						AMY	67	14-97 U/L		Hct		35.0-60.0%
						AST	19	11-38 U/L		MCV		80.0-99.0 fl
						Tbil	2.5	0.2-1.6 mg/dL		MCH		27.0-31.0 pg
					X	BUN	9	7-22 mg/dL		MCHC		33.0-37.0 g/dL
						Ca	8.8	8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL
					X	Chol	136	100-200 mg/dL		LY%		15.0-50.0%
						CK	-	39-380 U/L		LY#		0.7-4.3 x10(3)/uL
						CL		98-108 mmol/L		Differential		
						TCO2		18-33 mmol/L		Segs		Mono
					X	Creat	0.7	0.6-1.2 mg/dL		Bands		Eos
						GGT		5-65 U/L		Lymph		Baso
						Glu	96	73-118 mg/dL		Atyp Ly		Immature cells
						K		3.3-4.7 mmol/L		RBC Morph:		
						TProtein	6.7	6.4-8.1 g/dL		Plt verify:		
						Na		128-145 mmol/L		Spun Crit		35-60%

Urinalysis Miso Chemistry

Color	Straw/Yellow	Mono	Negative	Malaria / Purple	
Clarity	Clear	RPR	Negative	Thin	No Plasmodium Seen
Glucose	Negative	HIV	Negative	Thick	No Plasmodium Seen
Bilirubin	Negative	Meningitis	Presumptive Negative	Sed Rate / Purple Top	
Ketone	Negative	Legionella	Presumptive Negative	Sed Rate	1hr = 0-20 mm
SG	1.010-1.025	Troponin I	< 0.5 ng/mL	Coagulation (waiting for analyzer)	
Blood	Negative	Myoglobin	< 80 ng/mL		
pH	5.0-8.0	RSV	Negative		

Protein Negative-Trace Microbiology

Urobilin	Negative	Source:			
Nitrite	Negative	FecLeuk	Negative		
Leuko	Negative	Gram Stain:		HCG	
Urine Microscopic		WetPrep:	Negative	Urine	Negative
WBC	Epi	KOH	No Fungal Elements	Serum	Negative
RBC	Mucus	OccBld	Negative	Blood Bank / Purple Top	
Bacteria	Yeast	O&P	No Ova/Parasite	ABO/Rh	
Casts:	Spermatozoa	Chlamydia	Presumptive Negative	T/C	
Crystals:	Amorph Sed	Strep A	Negative		
Other:		Leishmania:	Presumptive Negative		

Other lab request to be sent out: For Official Use Only / Law Enforcement Sensitive ExH 13

Task Force: <b>atraz</b>				LABORATORY RESULTS FORM							
Baghdad Central Detention Facility Hospital				(Subject to Privacy Act of 1974)							
LAST, FIRST MI		(b)(6)-4		DOB		RANK		UNIT			
PT		Ward: <b>EMT</b>		STAT		Specimen Date and Time:		Reported by:			
(b)(6)-2				Routine		<b>3 JUN 04 1800</b>		(b)(6)-			
								Date and Time: <b>3 JUN 04 1845</b>			
Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+ 7+ 8+ Glu Crea				Chem 12, MetLyte8 BMP Liver				CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	4.1	3.3-5.5 g/dL		WBC	5.2	4.8-10.8 x10(3)/ul
	K		3.3-4.7 mmol/L		ALP	107	35-128 U/L		RBC	5.87	4.2-8.1 x10(6)/ul
	Cl		98-108 mmol/L		ALT	18	10-47 U/L		Hgb	17.4	12.0-18.0 g/dL
	pH		7.35-7.45		AMY	62	14-97 U/L		Hct	54.8	35.0-60.0%
	PCO2		35-45 mmHg		AST	36	11-38 U/L		MCV	93.4	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	2.2	0.2-1.6 mg/dL		MCH	29.6	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	14	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit	205	130-400 x10(3)/ul
	sO2		95-99%		Chol		100-200 mg/dL		LY%	59.1	15.0-50.0%
	BEecf		(-2) - (+3)		CK	93	39-380 U/L		LY#	3.1	0.7-4.3 x10(3)/ul
	AGap		8-16 mmol/L		CL	109	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	19	18-33 mmol/L		Segs	29	Mono 5
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL		Bands		Eos 5
	Glu		73-118 mg/dL		GGT	112	5-85 U/L		Lymph	61	Baso
	Creat		0.6-1.2 mg/dL		Glu	90	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		✓K	4.4	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	7.8	6.4-8.1 g/dL		normocyte/normochromic		
	Lactate		0.90-1.70 mmol/L		✓Na	127	128-145 mmol/L		Plt verify:		
Urinalysis				Misc. Chemistry				Malaria (waiting for supplies)			
	Color		Straw/Yellow		Mono		Negative				
	Clarity		Clear		RPR						
	Glucose		Negative		HIV		Negative				
	Bilirubin		Negative		Meningitis		Presumptive Negative				
	Ketone		Negative		Legionella		Presumptive Negative				
	SG		1.010-1.025		Troponin I	0.5	< 0.5 ng/mL				
	Blood		Negative		Myoglobin		< 80 ng/mL				
	pH		5.0-8.0		RSV		Negative				
	Protein		Negative-Trace	Microbiology							
	Urobili		Negative		Source:						
	Nitrite		Negative		FecLeuk		Negative				
	Leuko		Negative		Gram Stain						
Urine Microscopic					WetPrep		Negative				
	WBC		Epi		KOH		No Fungal Elements				
	RBC		Mucus		OccBld		Negative				
	Bacteria		Yeast		O&P		No Ova/Parasite				
	Casts:		Spermatozoa		Chlamydia		Presumptive Negative				
	Crystals:		Amorph Sed		Strep A		Negative				
	Other:				Leishmania		Presumptive Negative				
	Other:										



Task Force A. Alraz

Baghdad Central Detention Facility Hospital

LAST, FIRST, MI. (b)(6)-4			SSN or ISN:			Diagnosis: CHF						
Physician: (b)(6)-2 (b)(6)-2		Ward: Bed:		STAT Routine		Specimen Date and Time: 05/06/13		Reported by: (b)(6)-	Date and Time:			
Chemistry (i-STAT) / Green Top			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top						
6+ 7+ 8+ Glu Crea			Chem 12 MetLyte8 BMP Liver			CBC Malaria H/H						
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	8.6	4.8-10.8 x10(3)/uL	
	K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	6.16	4.2-6.1 x10(6)/uL	
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	18.2	12.0-18.0 g/dL	
	pH		7.35-7.45		AMY		14-97 U/L		Hct	57.5	35.0-60.0%	
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	93.4	80.0-99.0 fl	
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	29.6	27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN	12	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL	
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	202	130-400 x10(3)/uL	
	sO2		95-99%		Chol		100-200 mg/dL		LY%	35.7	15.0-50.0%	
	BEecf		(-2) - (+3)		CK	72	39-380 U/L		LY#	3.1	0.7-4.3 x10(3)/uL	
	AGap		8-16 mmol/L		CL	100	98-108 mmol/L		Differential			
	iCa		0.11-1.23 mmol/L		TCO2	21	18-33 mmol/L		Segs		Mono	
	BUN		7-22 mg/dL		Creat	1.1	0.6-1.2 mg/dL		Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
	Creat		0.6-1.2 mg/dL		Glu	109	73-118 mg/dL		Atyp Ly		Immature cells	
	Hct		35.0-60.0%		K	4.1	3.3-4.7 mmol/L		RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:			
	Lactate		0.90-1.70 mmol/L		Na	132	128-145 mmol/L		Spun Crit		35-60%	
Urinalysis			Misc. Chemistry			Malaria / Purple						
	Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Seen	
	Clarity		Clear		RPR		Negative		Thick		No Plasmodium Seen	
	Glucose		Negative		HIV		Negative		Sed Rate / Purple Top			
	Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate		1hr = 0-20 mm	
	Ketone		Negative		Legionella		Presumptive Negative		Coagulation (waiting for analyzer)			
	SG		1.010-1.025		Troponin I	NEG	< 0.5 ng/mL					
	Blood		Negative		Myoglobin		< 80 ng/mL					
	pH		5.0-8.0		RSV		Negative					
	Protein		Negative-Trace	Microbiology								
	Urobili		Negative	Source:								
	Nitrite		Negative	FecLeuk				Negative				
	Leuko		Negative	Gram Stain					HCG			
Urine Microscopic			WetPrep			Urine			Negative			
	WBC		Epi	KOH			Serum			Negative		
	RBC		Mucus	OccBld			Blood Bank/ Purple and Red Top					
	Bacteria		Yeast	O&P			ABO/Rh					
	Casts:		Spermatozoa	Chlamydia			T/C					
	Crystals:		Amorph Sed	Strep A								
	Other:			Leishmania								
Other lab request to be sent out.												

0056-04 (11) 789-8351

CERTIFICATE OF DEATH

INTERMENT SERIAL NUMBER

For use of this form, see AR 190-8; the proponent agency is DCSPER.

FROM:

TO:

ISN (b)(6)-4  
Camp Bissonay

NAME (Last, First, MI)		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
Irqi			
PLACE OF BIRTH		DATE OF BIRTH	
		01 JUL 1952	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
Abu Ghraib Hosp	10 June 04	Cardio Respiratory Arrest	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER     
 FORWARDED WITH DEATH CERTIFICATE TO (Specify)     
 FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Patient arrived with CPR already under way. Cardiac Monitor showed Ventricular fibrillation. Despite CPR, Medications, and Defibrillation attempts, pt expired @ 2000 HRS after death declared by physician.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE	(b)(6)-2	MEDICAL OFFICER
	SIGNATURE OF COMMANDER		
	WITNESSES		
SIGNATURE	(b)(6)-2	(b)(6)-2	ADDRESS
SIGNATURE	ADDRESS		

DA FORM 2889-R, May 82 EDITION OF 1 JUL 83 IS OBSOLETE.

Ex 416

**HOSPITAL REPORT OF DEATH**  
FOR USE OF THIS FORM, SEE AR 40-2: THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL  
 0039-04-CD795-8351

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.

Fill in, in one copy only, Items 1 through 10 and sign Item 11.  
 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)  
 SN: (b)(6)-4  
 BISSON, L

2. TIME OF DEATH (Hour-day month-year)  
 2:30 6/10/04

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  
 NA

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

**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)  
 Cardiac respiratory 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) Unknown

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

Thou

9. DATE  
 6/10/04

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE  
 (b)(6)-2

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE  
 (b)(6)-2

**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)					

**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

DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAFPC V2.00

17  
 EX 4

0054-04-C10775-93651

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER HOURS
NURSING UNIT	ROOM NO.	BED NO.		
(b)(6) 4			6/6/14	12:30
			Return to camp	
			ASA serving as per order	
			<del>Personnel serving</del>	
			Personnel serving as of 10:00	
			Personnel serving as of 11:00	
			Personnel serving as of 12:00	
			Personnel serving as of 13:00	
			Personnel serving as of 14:00	

EX 48

0054-04-010784-83551

Standard Form 504

CLINICAL RECORD

HISTORY—Part 1

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

32 yo Male @ previous MIB and ASDD present 6 days  
through SOB three pedal edema @ chest pain @ dyspnea on  
exertion.

Discharge on HON on HCT 23 day Present 20 day  
ASA 325 day Isradil 2010

HISTORY OF PRESENT ILLNESSES

HPI as above  
HEENT clear  
Chest ~~clear~~ bilateral rales caudal PFT over P/C  
@ scattered wheezes  
old legs  
@ three pedal edema

AOC H P  
@ HX ASDD

P @ admit  
@ ACE  
@ Diuretics  
@ Beta-blockers  
@ Nitro

(b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

HISTORY—Part 1  
Standard Form 504

General Services Administration and  
Interagency Committee on Medical Records  
FIRMR (41 CFR) 201-45.5  
October 1975

504-188

U.S. Government Printing Office: 1991 — 281-782/20334

19  
Ex 4

0044-04-CID785-83551

NAME (Last, First, MI) <u>(b)(6)</u> <u>4</u>		WEIGHT REGISTER		INTERMENT SERIAL NUMBER	
WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE

DA FORM 2664-R, MAY 82

EDITION OF 1 JUL 63 IS OBSOLETE

USAPFC V1.00

EX 4 20

0056-04 CID 715-8355/

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 6/4/04	TIME OF ORDER 0715 HOURS	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4					
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6/4/04	0730 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6/4/04	0730 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		

① Baya labeled 100mg po BID first dose now  
 ② Hold if SBP less than 90 or HR less than 50

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6/4/04	0810 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		

① Lidia, BUN, creat, serum checked in AM 6/5/04  
 ② Dic labeled (not started)  
 ③ Meq labeled 25mg po BID

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6/4/04	1610 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		

① General diet  
 ②

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6/4/04	1610 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		

2000-4-11-04 (b)(6)-2

DA FORM 4256 1 APR 79

For Official Use Only / Law Enforcement Sensitive

Ex 4 21

0055-04-CID 785-83551

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/5/04	0805 HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> Transfer to ICU <input checked="" type="checkbox"/> <del>ASA</del> ASA 81mg PO BID <input checked="" type="checkbox"/> Uterol 98hs <input checked="" type="checkbox"/> Actonel 60 tabs <input checked="" type="checkbox"/> aspirin 81mg <input checked="" type="checkbox"/> Zantac 150mg PO BID <input checked="" type="checkbox"/> ASA 81mg PO BID		
ROOM NO.	BED NO.				

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/5/04	HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> Logesin 25mg PO BID <input checked="" type="checkbox"/> Prunil 20mg PO BID <input checked="" type="checkbox"/> Lasix 20mg PO q AM <input checked="" type="checkbox"/> Isovil 20mg PO TID <input checked="" type="checkbox"/> PCN allergy <input checked="" type="checkbox"/> ASA 81mg PO BID		
ROOM NO.	BED NO.				

PATIENT IDENTIFICATION			DATE	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/6/04	1230 HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> Return to camp <input checked="" type="checkbox"/> ASA 81mg PO BID <input checked="" type="checkbox"/> Lasix 20mg PO q AM <input checked="" type="checkbox"/> Isovil 20mg PO TID <input checked="" type="checkbox"/> Prunil 20mg PO BID		
ROOM NO.	BED NO.				

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			(b)(6)-2	HOURS	
NURSING UNIT					
ROOM NO.	BED NO.				

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED. For Official Use Only / Law Enforcement Sensitive

4

22



0055.04 CP285.8355/

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓

- ✓ (1) Admit monitored bed ✓
- ✓ (2) Cardiac Monitor ✓
- ✓ (3) O2 2LNC
- ✓ (4) Lasix 20mg IV P 986
- ✓ (5) IV NS @ R00
- ✓ (6) Clear & liquids
- ✓ (2) Prone 20mg Po BID

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓

- ✓ (8) ASA 81mg Po daily
- ✓ (9) MS 4mg IV q 2hs Prn SOB
- ✓ (10) CBC Lyles in Am 6/4/04
- ✓ (11) ISort 20mg Po TID
- ✓ (12) I/O may alter Foley if needed
- ✓ (13) Vitals q 4hs

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓

- ✓ (14) Bed rest elevated HOB ✓
- ✓ (15)

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			3/JUNE 04	2045 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	↑
(b)(6)-4			3/JUNE 04	2045 HOURS	
NURSING UNIT			ROOM NO.	BED NO.	↓

- VO:
- (1) Allergy to PCN
- (2) Dx: CHF

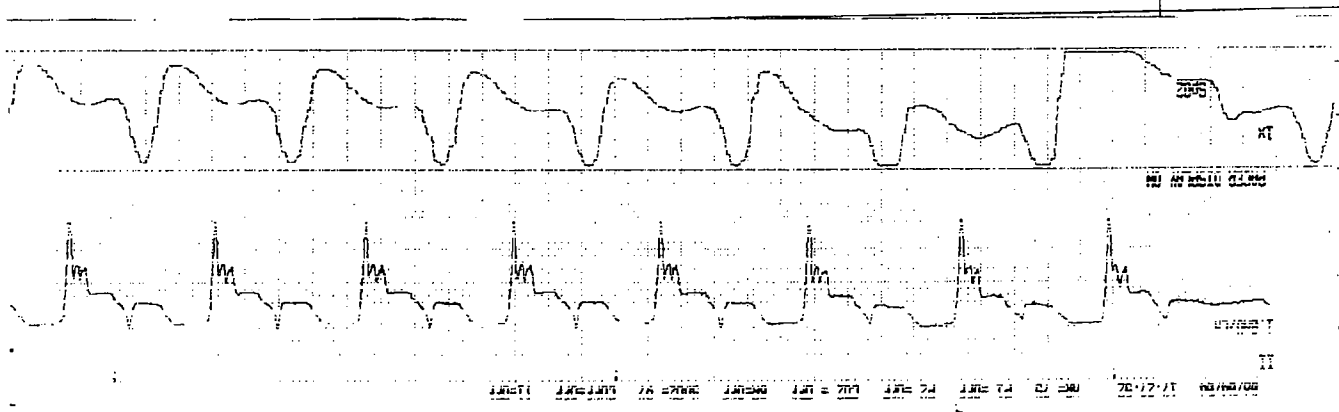
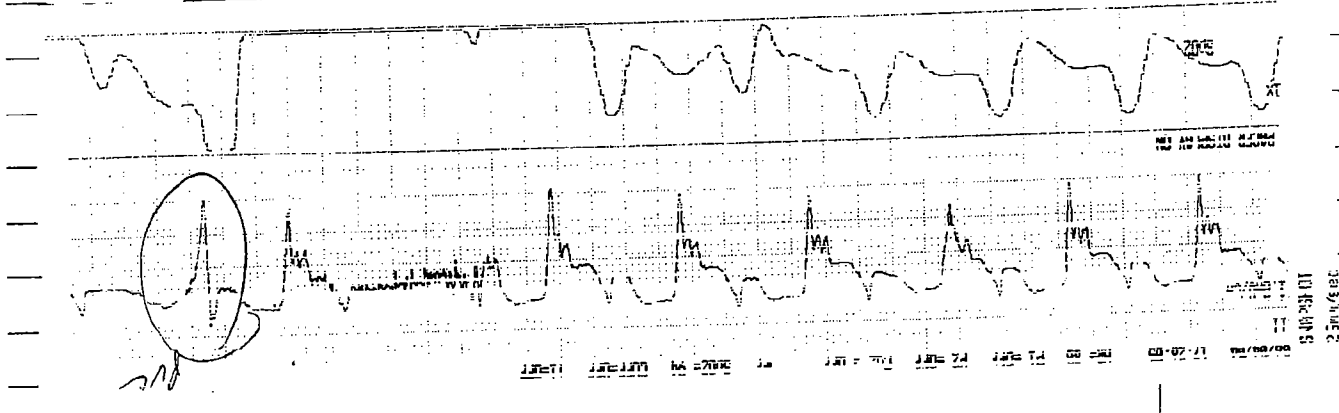
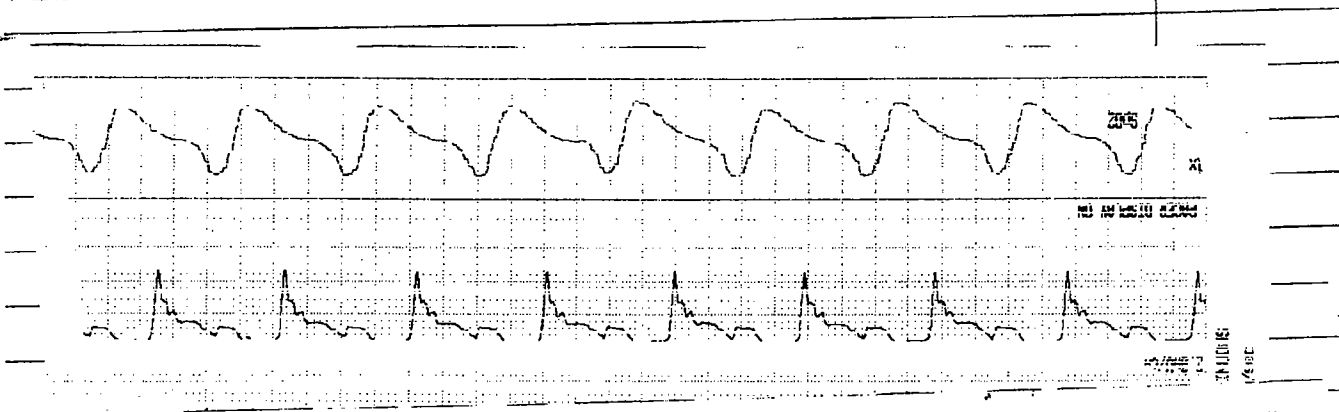
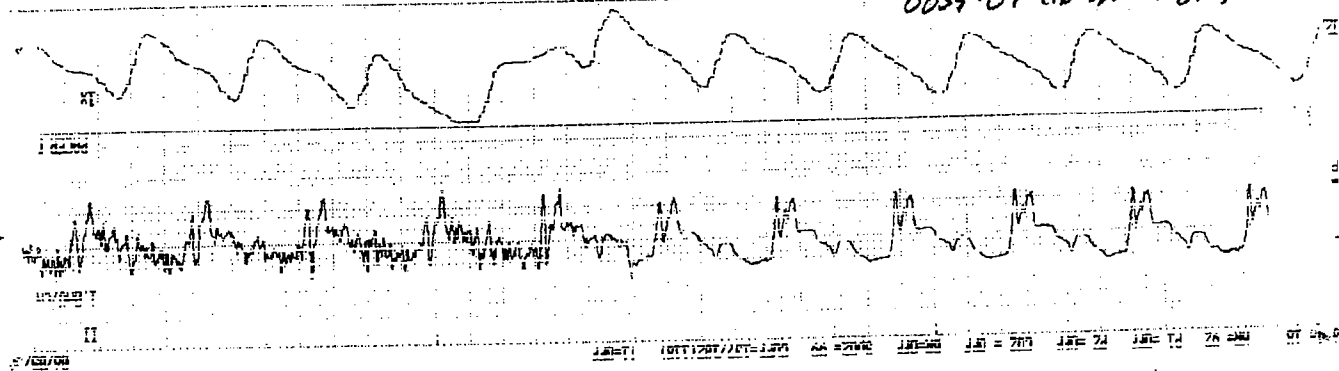
DA FORM 1 APR 79 4256

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

For Official Use Only / Law Enforcement Sensitive

Ex 4

0054-04 CID 78-83551



Ex 4 24

0056-04-0078-83561  
AUTHORIZED FOR LOCAL REPRODUCTION

Bison LI

(b)(6)-4

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: (b)(6)-2 FROM: (Requesting physician or activity) DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)  
524107 C/O SHORT OF BREATH, CHEST PAIN SINCE LAST NITE  
HX AT ATTACK. TAKES CAROTID ISORDIN, ASA, ~~ETIOXIN~~  
(b)(6)-2 (b)(6)-2

HEZ, ASA, ISORDIN 100, Pincel

PROVISIONAL DIAGNOSIS

HT DISEASE

DOCTOR'S SIGNATURE APPROVED PLACE OF CONSULTATION  
 BEDSIDE  ON CALL  ROUTINE 72 HOURS  TODAY EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED  YES  NO PATIENT EXAMINED  YES  NO TELEMEDICINE  YES  NO

BP - 116/90  
P 92  
R - 16

S) 52 y/o ♂ ACCORDANCE REFERRED BY MORTC FOR EVALUATION OF CHEST PAIN 5:30 PM SINCE LAST NITE. PT PRESENTS WITH C/O SOB AND WAS GIVEN 1 NITRO WHICH RESULTED WITH INTRO. OTHERWISE HE HAS H/O HTN AND IS ON HEZ, ASA, ISORDIN AS PRESENT.

47% ON RT 2) WOUND ♂ MILD RESPIRATORY DISTRESS RELIEVED AFTER SUBLINGUAL NITRO

Lungs - clear  ? Pulmonary rales  
HEART - RRR 120/24 APR

MH - Amoxicillin MR

A) 1. UNSTABLE ANGINA

MED - ISORDIN 100, ASA, HEZ, ASA 2 H/O NITRO  
Allergies - Pen

P) 1. TRANSFER TO APRIS for further evaluation and recommendation  
2. CARE AND MONITORING @ length to pt through interpro

(Continue on reverse side)

SIGNATURE AND TITLE (b)(6)-2 JP USIT DATE 3 JUN 87  
HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT DEPARTMENT/SERVICE OF PATIENT  
RELATION TO SPONSOR SPONSOR'S NAME (Last, first, middle) SPONSOR'S ID NUMBER (SSN or Other)  
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade) REGISTER NO. WARD NO.

(b)(6)-4

Bison #4

CONSULTATION SHEET  
Medical Record

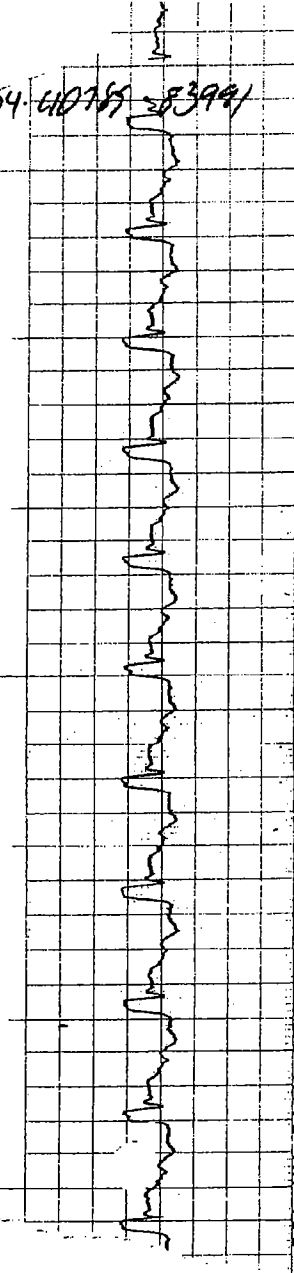
STANDARD FORM 513 (REV. 4-98)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)  
USAPA V1 00

4  
25

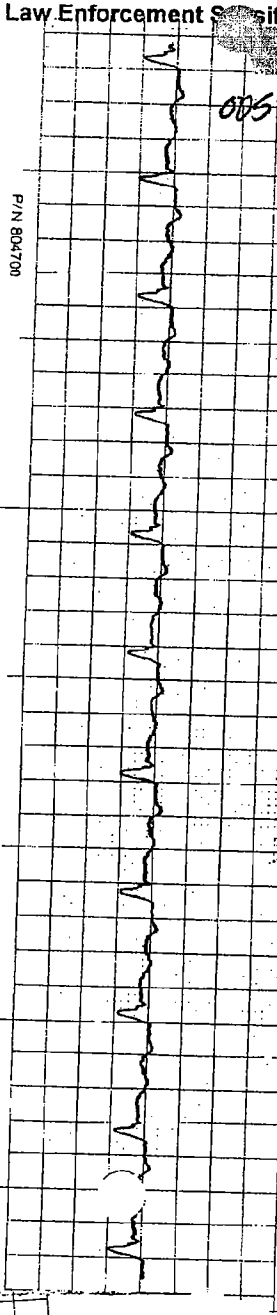
0055-04-610785-83991

2

08:25 03 JUN04 LEAD II X1 0 HR=100



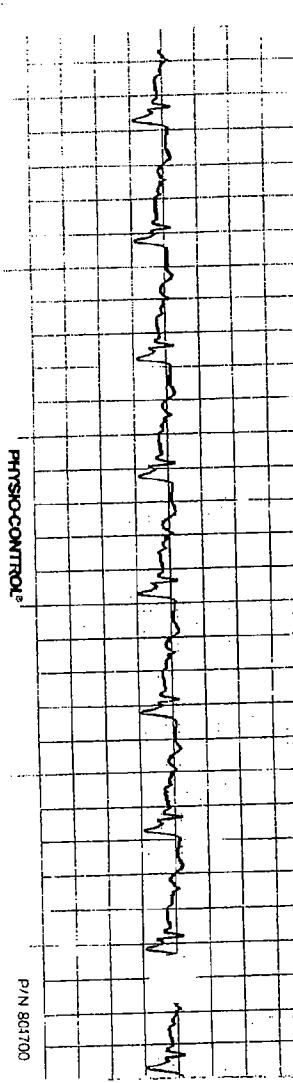
08:25 03 JUN04 LEAD III X1 0 HR=68



PHYSIOCONTROL

3

08:25 03 JUN04 LEAD I X1 0



26

EX 4

**SECTION III - PATIENT INTERVENTIONS & TEACHING**

SITE:	TIME:	09							
COLOR	P								
CAPILLARY REFILL	1								
TEMPERATURE	W								
EDEMA	none								
SENSATION	S								
MOTION	R								
PASSIVE FLEXION	0								
PERIPHERAL PULSE	2								

**S  
A  
F  
E  
T  
Y**

	TIME:	09			
ID band visible/legible	DG				
Orient to environment pm	DG				
Side rails (2/4) up	NA				
Bed position low	DG				
Call light within reach	NA				

**O  
T  
H  
E  
R**

Review & post lab results	DG				
Notify MD abnormal labs	DG				
Incontinent urine/stool	DG				
Linen change pm	DG				
Turn/reposition q2h	NA				
ROM q2h if immobile	NA				
Antiemetic hose	-				

**N  
E  
U  
R  
O  
V  
A  
S  
C  
U  
L  
A  
R**

**LEGEND**  
 Color: P-pink (normal); C-cyanotic; W-pale, white  
 Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)  
 Temperature: C-cool; W-warm; H-hot  
 Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting  
 Sensation: A-absent; N-numb; T-tingling; S-sensation (present)  
 Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM  
 Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain  
 Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;  
 D-doppler, P-palpable

D I E T	BREAKFAST	LUNCH	DINNER
	TYPE: <i>Large</i>	TYPE:	TYPE:
	PERCENT CONSUMED: <i>100%</i>	PERCENT CONSUMED:	PERCENT CONSUMED:
	HOW TOLERATED: <i>well</i>	HOW TOLERATED:	HOW TOLERATED:
<input checked="" type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	

A D L S	0700-1500		1500-2300		2300-0700	
	BATH/ORAL CARE	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input checked="" type="checkbox"/> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR

T E A C H I N G	TIME: INITIALS:	TIME: INITIALS:	TIME: INITIALS:
	CONTENT:	CONTENT:	CONTENT:
	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding

P A T I E N T I D E N T I F I C A T I O N	INITIALS	SIGNATURE	SHIFT
	(b)(6)-2	[Redacted]	[Redacted]
(b)(6)-4			
(b)(6)-4			

SECTION III - INTERVENTIONS & TREATING (CONT)

W O U N D  C A R E	T I M E	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
		None		

SECTION IV - NOTES

09 6 June 04 Pt up walking + sitting in chair. Denies dizziness, SOB + chest pain  
 E activity. Appetite fair. Tolerating meds well. Please refer to nursing  
 assessment form medicom 689-R. (b)(6)-2 LTCAN

1300 Pt feeling good. VSS Tolerating medications well. Appetite good  
 No chest pain. Discharge instructions reviewed E pt + expresses understanding.  
 (b)(6)-2 LTCAN

1400 Pt discharged accompanied by MP's. Condition stable. VSS.  
 (b)(6)-2 LTCAN

EX 4

28

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

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

0154-04-01078-93551

SECTION I - PATIENT ASSESSMENT

DATE: 6 JUN 2004 PATIENT ACUITY LEVEL: POST-OP DAY: HOSPITAL DAY: 3

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:
Time To From
Total ER/RR/PACU time Physician
Procedure/Diagnosis Anesthesia (Specify):
LOC B/P P R T
Dressing/cast Neurovascular checks
Intake (IV, po) Output (EBL, other) Voided No Yes Amount:
Medication
Other
Report From Received By

VITAL SIGNS

Table with columns for TIME and rows for BP ARTERIAL LINE, BP CUFF, TEMPERATURE, PULSE, RESPIRATORY RATE, OXYGEN (L%), PULSE OXIMETER, O2 METHOD.

Oxygen Method Key: NC = Nasal cannula, MT = Mist tent, NR = Non rebreather, PR = Partial rebreather, FM = Face mask, A = Aerosol, VM = Venturi mask, TC = Trach collar

PAIN

PAIN INTENSITY table with columns for TIME and rows for PAIN INTENSITY (0-10), MED ADMINISTERED (Y/N), RELIEF ACCEPTABLE (Y/N).

SPECIAL NEEDS

SPECIAL NEEDS table with rows for Skin breakdown prevention, Falls prevention protocol, Restraint protocol, Seizure precautions, Isolation precautions.

OTHER

OTHER table with rows for FINGER STICK GLUCOSE, INSULIN (Y/N).

YESTERDAY'S WEIGHT: TODAY'S WEIGHT: WEIGHT CHANGE: \*Per hospital policy.

24 HOUR TOTALS table with columns for PO, IV #1, IV #2, TOTAL IN, Urine, Stool, TOTAL OUT.

PATIENT IDENTIFICATION (b)(6)-4

DIAGNOSIS: CHF
DRG: ADMISSION DATE: 6-4-04-166
LOS: EXPECTED RELEASE:
CASE MANAGER:
PRIMARY CARE MANAGER: (b)(6)-2
ISOLATION REQUIRED (Specify):

SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check  in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 09	INITIALS: (b)(1)	TIME:	INITIALS:	TIME:	INITIALS:
1. <b>NEUROLOGICAL:</b> Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/>	Alert, oriented	<input type="checkbox"/>		<input type="checkbox"/>	
2. <b>CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/>	HR + rhythm reg mild (L) foot edema periph pulses (+)	<input type="checkbox"/>		<input type="checkbox"/>	
3. <b>PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/>	lungs clear	<input type="checkbox"/>		<input type="checkbox"/>	
4. <b>G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/>	abd. soft. active bowel sounds	<input type="checkbox"/>		<input type="checkbox"/>	
5. <b>G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/>	no reported urinary problems	<input type="checkbox"/>		<input type="checkbox"/>	
6. <b>MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	Good strength all extremities	<input type="checkbox"/>		<input type="checkbox"/>	
7. <b>SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input checked="" type="checkbox"/>	restraint sites - no redness/irritation	<input type="checkbox"/>		<input type="checkbox"/>	
8. <b>PAIN:</b> No complaints of pain/ discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>		<input type="checkbox"/>	
9. <b>PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>	sl. anxious, wants to be released	<input type="checkbox"/>		<input type="checkbox"/>	
10. <b>IV SITE ASSESSMENT:</b> (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)						
TIME: _____ INITIALS: _____	TIME: _____ INITIALS: _____	TIME: _____ INITIALS: _____				
IV patency <input checked="" type="checkbox"/> q _____ hr: _____	IV patency <input checked="" type="checkbox"/> q _____ hr: _____	IV patency <input checked="" type="checkbox"/> q _____ hr: _____				
IV site care provided: _____	IV site care provided: _____	IV site care provided: _____				
IV tubing changed: _____	IV tubing changed: _____	IV tubing changed: _____				
LOCATION      CONDITION	LOCATION      CONDITION	LOCATION      CONDITION				
IV Site #1: _____	IV Site #1: _____	IV Site #1: _____				
IV Site #2: _____	IV Site #2: _____	IV Site #2: _____				
Comments: NO IV access	Comments: _____	Comments: _____				

30 EXH



22

# Theater Trauma Registry Record

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

0035-04-010795-53511

**AUTHORITY:** SOME REGULATION  
**PURPOSE:** To provide a standard means of documenting combat trauma for care at echelons 1-3  
**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notices apply.  
**DISCLOSURE:** This is protected health information. HIPAA laws apply

**MTF DESIGNATION:** BCOF  
**CASUALTY NAME:** (b)(6)-4  
**CASUALTY SSN:** (b)(6)-4  
**Arrive DTG:** 1540 3 JUN 04  
**Rank:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female **Unit:** \_\_\_\_\_

**ARRIVAL METHOD:**  
 WALKED  Non-MED GND  
 CARRIED  SHIP EVAC  
 Non-MED AIR  GND AMB  
 OTHER \_\_\_\_\_  DUSTOFF

**Nation:**  
 US DETAINEE  
 Host Nation  
 Enemy  
 Coalition

**Service:**  
 Civilian  USA  SOF  
 Combatant  USN  NGO  
 Contractor  USMC  Other  
 USAF

**Wound DTG:** N/A  
**PROTECTION:** N/A  
**WOUNDED BY:**  
 ENEMY  UNK  
 FRIENDLY  
 CIVILIAN (Host Country)  
 TRAINING  
 SELF ACCIDENT  
 SELF NON-ACCIDENT  
 SPORTS-RECREATION  
 OTHER

PROTECTION:	Not Worn	Worn	Struck	Penetrated
HELMET				
FLAK VEST				
CERAMIC PLATE				
EYE PROTECTION				
OTHER:				

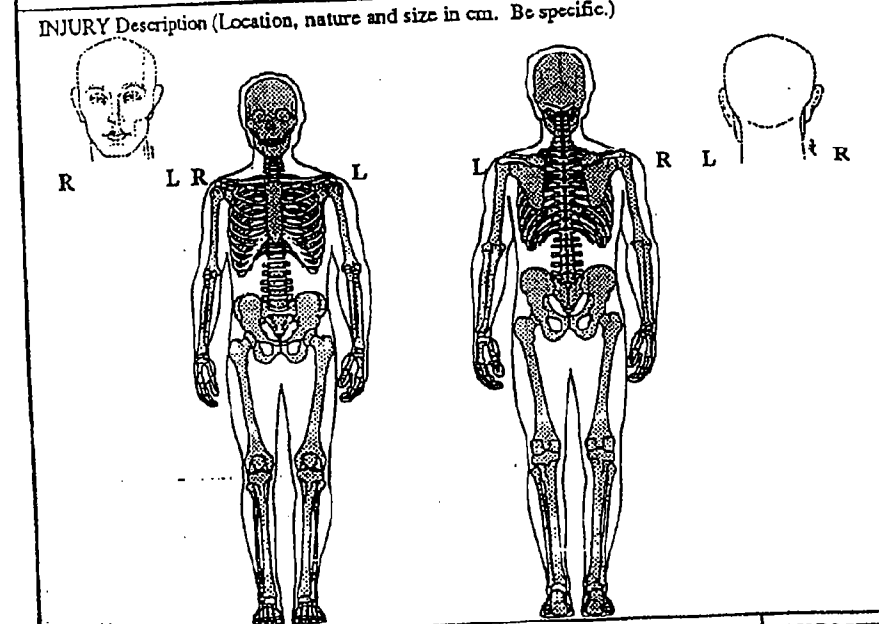
**TRIAGE CATEGORY:**  
 IMMEDIATE  
 DELAYED  
 MINIMAL  
 EXPECTANT

**GLASCOW COMA SCALE (circle one)**  
 3 8 12 15  
 UNC STUPOR LETHARGY ALERT

**MECHANISM OF INJURY:**  
 GSW/BULLET  MVC  BURN 1° 2° 3° \_\_\_\_\_ %TBSA  
 BLUNT TRAUMA  AIRCRAFT CRASH  CRUSH  
 SINGLE FRAGMENT  KNIFE/EDGE  FALL  
 MULTI FRAGMENT  CBRNE  IED  
 BLAST  OTHER \_\_\_\_\_

**VITALS:**

TIME	1540	1810	1450
Pulse	103	82	96
Temp	95.9		
B/P	144/103	119/82	112/74
Resp			
SpO <sub>2</sub>	95%ORA		91.5%



**TX & PROCEDURES:**

SEDATED/IMMOB	Y/N
INTUBATED	Y/N
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood
COLLOID	ml
CRYSTALLOID	LR/NS/HTS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	12 L/min 1745 Liters/min
RBC	Units
FFP	Units
CRYO	Units
Plts	Packs
HBOC	ml
Fresh Whole Bld	Units

**OR Start DTG:** \_\_\_\_\_ **Vent On DTG:** \_\_\_\_\_ **ICU in DTG:** \_\_\_\_\_ **DISPOSITION:**  
**Stop DTG:** \_\_\_\_\_ **Off DTG:** \_\_\_\_\_ **Out DTG:** \_\_\_\_\_  RTD  DECEASED  URGENT  URGENT SURGICAL  
**PROVIDER:** (b)(6)-2 **SPECIALTY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  ROUTINE  MINIMAL  
**DTG:** 2100 3 JUN 04

MEDCOM Test Form 1381, OCT 2003

### Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
2005	116/89	88	21	92	A V P U	Aspirin	81mg	PO	30 Jun 04 - 1805
					A V P U	Albuterol	0.5mg	EH	30 Jun - 1430
					A V P U				
					A V P U				
					A V P U				
					A V P U				

NOTES: 1750 - 52 yr old brought to EMTC by chest pain. Given 100% O<sub>2</sub> before arrival. No chest pain on arrival. O<sub>2</sub> @ 4 L/min. ~~1805~~ DTG: SL (b)(6)-2

**MEDICATIONS:**

HCTZ 25mg qd  
ASA qd  
ISOSORBID 30mg  
PRINIVIL 20mg qd

**LABS:**

Lytes, Chem 12 CBC @ 1800  
Troponin T @ 1800

**XRAYs:**

PAB LAD

**PMH:**

"Clot in heart"

**Allergies:**

PKDA

Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

Chest:

No SOB when cough x 6 days some chest pain

Abdomen:

SOB & exertion @ chest pain  
No fever @ dull @ med @ right

Upper:

Wheezing clear  
CXR bilateral rales scattered wheezing

Pelvis:

Can RN sim on PRC

Lower:

AKC @ all referral report MS  
Tx edm

Skin:

No abdominal redness to discoloration  
Done PRC

① Loxim 2190  
② M  
O2 sat 94.4L  
CXR bilateral  
full field - full field  
flank x found  
A @ head for

(b)(6)-2

Cause of Death at

ANATOMIC:

- Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity (Upper/Lower)  Other

PHYSIOLOGIC:

- Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ failure  Other

0055-04 CID788-83951

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

For use of this form see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 5 June 04 PATIENT ACUITY LEVEL: \_\_\_\_\_ POST-OP DAY: \_\_\_\_\_ HOSPITAL DAY: 2

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 1230 To ICU From ICU  AMBULATORY  CRUTCHES  WHEELCHAIR  STRETCHER

Total ER-RR/PACU time \_\_\_\_\_ Physician: (b)(6)-2 Anesthesia (Specify): \_\_\_\_\_

Procedure/Diagnosis CHF BP 103/76 P 83 R 16 T 98°

LOC Alert, oriented Neurovascular checks \_\_\_\_\_

Dressing/cast Ø Tubes Ø

Intake (IV, po) po Output (EBL other) \_\_\_\_\_ Voided  No  Yes Amount: \_\_\_\_\_

Medication see flow sheet

Other \_\_\_\_\_

Report From (b)(6)-2 Received By (b)(6)-4 TEAN

VITAL SIGNS	TIME:	1230	1400	1800	1930								
	BP ARTERIAL LINE												
BP CUFF		103/76	103/81	103/72	103/70								
TEMPERATURE		98°		97°	97°								
PULSE		83		74	81								
RESPIRATORY RATE		16		16	16								
OXYGEN (L%)		-		-	-								
PULSE OXIMETER		95%		94%	94%								
O2 METHOD		RA		RA	RA								

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask  
 MT = Mist tent PR = Partial rebreather A = Aerosol TC = Trach collar

PAIN	TIME:	1230	1945							SPECIAL NEEDS
	PAIN INTENSITY	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	10 5 0	
MED ADMINISTERED (Y/N)		N	N							
RELIEF ACCEPTABLE (Y/N)		N	NA							
OTHER	TIME:	1945								YESTERDAY'S WEIGHT: _____ TODAY'S WEIGHT: _____ WEIGHT CHANGE: _____ *Per hospital policy.
	FINGER STICK GLUCOSE									
INSULIN (Y/N)		↓								

24 HOUR TOTALS	PO	IV #1	IV #2	TOTAL IN	Urine	Stool	TOTAL OUT
----------------	----	-------	-------	----------	-------	-------	-----------

PATIENT IDENTIFICATION:

(b)(6)-4

DIAGNOSIS: CHF

ORG: \_\_\_\_\_ ADMISSION DATE: 6-4-04

LOS: \_\_\_\_\_ EXPECTED RELEASE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

PRIMARY CARE MANAGER: (b)(6)-2

ISOLATION REQUIRED (Specify): \_\_\_\_\_

33

SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check  in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 0930 INITIALS: (b)	TIME: 1945 INITIALS: (b)(6)-2	TIME: INITIALS:
1. <b>NEUROLOGICAL:</b> Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/> alert, oriented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/> Denies CP, SOB no edema... Periph pulses x4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/> Lungs clear	<input checked="" type="checkbox"/> CTA	<input type="checkbox"/>
4. <b>G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/> Abd. soft. active bowel sounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. <b>G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/> no reported prob.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. <b>MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/> moves all extremities	<input checked="" type="checkbox"/> ambulates w/ difficulty	<input type="checkbox"/>
7. <b>SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input checked="" type="checkbox"/> intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. <b>PAIN:</b> No complaints of pain/discomfort. (See page 1 for documenting pain intensity)	<input checked="" type="checkbox"/> Denies	<input checked="" type="checkbox"/> no clapping voiced	<input type="checkbox"/>
9. <b>PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/> cooperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. **IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness \* - Central line)

TIME: INITIALS:	TIME: 1945 INITIALS: (b)(6)-2	TIME: INITIALS:
IV patency <input checked="" type="checkbox"/> q hr:	IV patency <input checked="" type="checkbox"/> q hr:	IV patency <input checked="" type="checkbox"/> q hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
IV Site #1: LOCATION CONDITION	IV Site #1: LOCATION CONDITION	IV Site #1: LOCATION CONDITION
IV Site #2: LOCATION CONDITION	IV Site #2: LOCATION CONDITION	IV Site #2: LOCATION CONDITION
Comments: no IV access	Comments: NO IV access	Comments:

34  
Ex 4



SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS			
DIRECTIONS: A check <input checked="" type="checkbox"/> in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.			
	TIME: 09 INITIALS: (b)(1)	TIME: INITIALS:	TIME: INITIALS:
1. <b>NEUROLOGICAL:</b> Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/> alert, oriented	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/> HR + rhythm reg mild (+) foot edema periph pulses (+)	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/> lungs clear	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/> abd. soft. active bowel sounds	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/> no reported urinary problems	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/> Good strength all extremities	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input type="checkbox"/> restraint sites - no redness/irritation	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>PAIN:</b> No complaints of pain/ discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/> st. anxious, wants to be released	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>IV SITE ASSESSMENT:</b> (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)			
TIME: _____ INITIALS: _____ IV patency <input checked="" type="checkbox"/> q _____ hr: IV site care provided: _____ IV tubing changed: _____	TIME: _____ INITIALS: _____ IV patency <input checked="" type="checkbox"/> q _____ hr: IV site care provided: _____ IV tubing changed: _____	TIME: _____ INITIALS: _____ IV patency <input checked="" type="checkbox"/> q _____ hr: IV site care provided: _____ IV tubing changed: _____	TIME: _____ INITIALS: _____ IV patency <input checked="" type="checkbox"/> q _____ hr: IV site care provided: _____ IV tubing changed: _____
LOCATION      CONDITION IV Site #1: _____ IV Site #2: _____ Comments: <u>no IV access</u>	LOCATION      CONDITION IV Site #1: _____ IV Site #2: _____ Comments: _____	LOCATION      CONDITION IV Site #1: _____ IV Site #2: _____ Comments: _____	LOCATION      CONDITION IV Site #1: _____ IV Site #2: _____ Comments: _____

000136

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR	SITE:	TIME: 1230	1945							TIME: 1230	1945	
	COLOR	P	P							S A F E T Y	(b)(6)-2	
	CAPILLARY REFILL	1	1								O T H E R	
	TEMPERATURE	W	W									
	EDEMA	0	0									
	SENSATION	S	S									
	MOTION	R	R									
	PASSIVE FLEXION	0	0									Review & post lab results
PERIPHERAL PULSE	1	P								Notify MD abnormal labs		/H
<b>LEGEND</b>												
Color: P-pink (normal); C-cyanotic; W-pale, white Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs) Temperature: C-cool; W-warm; H-hot Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting Sensation: A-absent; N-numb; T-tingling; S-sensation (present) Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; U-doppler, P-palpable												
DIEET	BREAKFAST			LUNCH			DINNER					
	TYPE: /			TYPE: /			TYPE: I range					
	PERCENT CONSUMED: /			PERCENT CONSUMED: /			PERCENT CONSUMED: 50%					
	HOW TOLERATED: /			HOW TOLERATED: /			HOW TOLERATED: well					
ADL'S	0700-1500			1500-2300			2300-0700					
	BATH/ORAL CARE			BATH/ORAL CARE			BATH/ORAL CARE					
	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL			<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL			<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL					
	TYPE OF ACTIVITY (Circle all that apply) BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR			BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <u>AMBULATE</u> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR			BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <u>AMBULATE</u> <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR					
TEACHING	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:						
	CONTENT: 1. Onsite to ICU. Report S/S CP/SOB			CONTENT:			CONTENT:					
	<input type="checkbox"/> Patient/Family Verbalizes Understanding			<input type="checkbox"/> Patient/Family Verbalizes Understanding			<input type="checkbox"/> Patient/Family Verbalizes Understanding					
PATIENT IDENTIFICATION				INITIALS	SIGNATURE		SHIFT					
(b)(6)-4				(b)(6)-2	(b)(6)-2 LTC. AN MLO SGT		(b)(6)-2					

Ex 4

SECTION III - INTERVENTIONS & TEACHING (cont.)

WOUND	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	1230	None		

SECTION IV - NOTES

5 June 04. Received as transfer from ICU. Stable, VSS. please refer to nursing assessment form Medicom 689-R. (b)(6)-2 LTC AU

1800 No % chest pain, SOB. VSS. Appetite fair. Resting quietly and responds appropriately. Lungs clear, HR and rhythm regular. (b)(6)-2 LTC AU

1945 - pt ambulating on ward 3. any difficulty. Pt 5 any dyspnea, no clb chest pain. Will continue to monitor pt for any needs. 91WML6 (b)(6)-2 SGT

0030 Pt's B/P checked prior to 2400 meds. Pt denies any clb clp or dyspnea. Will continue to monitor pt for any needs. 91WML6 (b)(6)-2 SGT



SECTION III - INTERVENTIONS & TEACHING (CONT)

WOUND	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
✓		Nose		

SECTION IV - NOTES

1230  
 5 June 04 - Received as transfer from Icu. Stable, VSS, please refer to nursing assessment form Medcom 689-R. (b)(6)-2 LTC AU

1800 No % chest pain, SOB, VSS. Appetite fair. Resting quietly and responds appropriately. Lungs clear, HR and rhythm regular. (b)(6)-4 LTC AU

1945. pt ambulating on ward 3 any difficulty. pt has any dyspnea, no % chest pain. Will continue to monitor pt for any needs. 91WMC (b)(6)-2 SGT

0030 pt's Bp checked prior to 2400 meds. pt denies any % of dyspnea. Will continue to monitor pt for any needs. 91WMC (b)(6)-2 SGT

		NEUROLOGICAL ASSESSMENT																								LEGEND				
		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23			
C O N D	EYES OPTN	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		C Closed by swelling	
		TO SPEECH	3																											
		TO PAIN	2																											
		NO EYE OPENING	1																											
A S S E S	DIST VIBRAL RESPONSE	ORIENTED	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		T Train/Endo S Stuttering D Dysphasia R Receptive E Expressive	
		CONFUSED	4																											
		VERBALIZES	3																											
		VOCALIZES	2																											
		NO VOCALIZATION	1																											
C A L I B R A T E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a Difference between the two sides	
		LOCALIZES PAIN	5																											
		FLEXION WITHDRAWAL	4																											
		ABNORMAL FLEXION	3																											
		EXTENSION TO PAIN	2																											
		NO RESPONSE	1																											
L I M B S	ARMS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS																												
		SEVERE WEAKNESS																												
		ABNORMAL FLEXION																												
		ABNORMAL EXTENSION																												
		NO RESPONSE																												
L I M B S	LEGS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS																												
		SEVERE WEAKNESS																												
		ABNORMAL FLEXION																												
		ABNORMAL EXTENSION																												
		NO RESPONSE																												
P U P I L S	RIGHT	SIZE		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		+ + Brisk + Slow - No Response	
		REACTION		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		
	LEFT	SIZE		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
		REACTION		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		#
PUPIL SCALE																														
ICP																										+ Intact				
CEREBRAL PERFUSION PRESSURE																										- Abnormal				
VASCULAR ASSESSMENT																														
		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23			
↑ left	R	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		+ + Normal	
	L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
↓ left	R	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		+ Weak - Absent	
	L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
edema ↑ left	R	L		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		0 Doppler		
	L	R		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
edema ↓ left	R	L		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		R 40 Right L Left		
	L	R		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				

Official Use Only / Law Enforcement Sensitive

POST OP DAY								ACUITY LEVEL CLASSIFICATION														
V I T A L S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME												
										MODE												
										F <sub>2</sub> O <sub>2</sub>												
										TV												
										RATE												
										PEEP												
										A	pH											
											PCO <sub>2</sub>											
											PO <sub>2</sub>											
										B	HCO <sub>3</sub>											
											SAT											
										G	BASE											
										L A B O R A T O R Y	TIME											
											GLUCOSE											
											Na/K											
											Cl/CO <sub>2</sub>											
											BUN/Cr											
											WBC/PLATELET											
										T A B L E	Hct/Hgb											
										A C T I V I T Y	TIME											
											MOUTH CARE	(b)(6)-2										
								BATH														
								SKIN CARE														
								FOLEY CARE														
								TRACH CARE														
								ROM EXERCISES														
								24 <sup>HR</sup> TOTALS			NURSE'S SIGNATURE		INITIALS									
								WT Yesterday		wt Today		(b)(6)-2		(b)(6)-2								
								INTAKE		OUTPUT		(b)(6)-2										
								IV		Urine:												
								PO														

For Official Use Only / Law Enforcement Sensitive

POST-OP DAY								ACUITY LEVEL CLASSIFICATION																			
V I T A L S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME								L A B O R A T O R Y	TIME								
										MODE									GLUCOSE								
										F <sub>IO2</sub>									Na/K								
										TV							Cl/CO <sub>2</sub>										
										RATE						BUN/Cr											
										PEEP						WBC/PLATELET											
										A	pH						Hct/Hgb										
											PCO <sub>2</sub>																
											pO <sub>2</sub>																
										B	HCO <sub>3</sub>																
								SAT																			
								G	BASE																		
I N T A K E O U T	16	17	18	19	20	21	22	23	8°T	A C T I V I T Y L E V E L S I N D I C A T O R Y	TIME								T U R N S U C T I O N	TIME							
									MOUTH CARE		(b)(6)																
									BATH		(b)(6)																
									SKIN CARE		(b)(6)-2																
									FOLEY CARE																		
									TRACH CARE																		
									ROM EXERCISES																		
24°180 TOTALS										NURSE'S SIGNATURE																	
WT Yesterday					wt Today					(b)(6)-2																	
INTAKE					OUTPUT					(b)(6)-4																	
IV					Urine:																						
Po																											
BALANCE																											

For Official Use Only / Law Enforcement Sensitive

42

Ex4

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

OTSG APPROVED (Date)  
QA Appr 8Mar 89

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

INITIAL SHIFT ASSESSMENT

	TIME	IN-TILAS (b)(1)	IN-TILAS (b)(6)	IN-TILAS
N E U R O	PUPILS	2400 PERLA	0730 PITLA	
	SENSORIUM	CAOX3	AOX3, cooperative	
R E S P I R A T O R Y	RESPIRATION PATTERN	regular, unlabored	regular, unlabored	
	BREATH SOUNDS	clear all fields	clear	
	SECRETIONS		occasional dry cough	
S K I N	COLOR	wnl	wnl per nail	
	INTEGRITY	wnl	wnl	
I V S I T E	LOCATION	(L) FA	(L) FA	
	CONDITION	wnd; d/s/sf infection or infiltration	wnd; d/s/sf infection or infiltration	
G A S T R O	ABDOMEN	SNTD masses	S, slightly distended	
	BOWEL SOUNDS	(+) all quadrants	normal, normal stomach with cramping	
G U	URINE	voiding - difficulty	voids - difficulty	
	COLOR/CLARITY	clear yellow	clear, yellow	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	1° AV Block E IVCD + occasional PAC	1° AV block E occasional PAC Erythema BUE	
	LEGEND	Cr - Creatinine FiO <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>i</sub> O <sub>2</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2  IET DEPARTMENT/SERVICE/CINC  ICU DATE 5/2/89

PATIENT'S INDICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

#  
(b)(6)-4

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

DA FORM 4700

DATE		PATIENT														HOSPITAL DAY					
5-June-07		CHF														2					
V	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15				
		BP Arterial line	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
I	BP Cuff	78/63	82/57	94/67	97/72	86/70	85/70	97/60	112/61	91/72	77/56	98/60	-	100/70							
T	Temperature	97.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
A	Pulse	70	75	69	77	74	75	83	85	76	73	77	-	88							
L	Respiratory Rate	18	18	20	18	19	20	18	20	20	22	22	-	20							
	SpO2	97	97	96	97	97	95	97	99	99	96	97	-	99							
S																					
I																					
G																					
N																					
S																					
TIME		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T		
I	IVF: Nacl	30	30	30	30	30	30	30	30	240	30	30	30	IValed 30							
N	PO						100			100	400	100	0	-	200						
T																					
A																					
K																					
E	TOTALS									(340)	430	130	30	0	(810)						
O	URINE	HOURLY	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
		TOTAL						1420	1450		(140)	450	400	950	270	(1025)					
U	NG	OUTPUT																			
		PH																			
		GUAIC																			
P	EMESIS																				
P	STOOL																				
U	DRAINS																				
T	TOTALS																				

DATE		CX		HOSPITAL DAY															
5-June-07		CHF		2															
V I T A L S	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
	BP Arterial line																		
BP Cuff		88/63	82/57	98/67	97/72	86/70	85/92	112/60		91/72	77/56	98/60		102/70					
Temperature		97.8	-	-	-	-	-	-	-	-	-	96.9		-					
Pulse		70	75	69	77	74	75	83	85		76	73	72				88		
Respiratory Rate		18	18	20	18	14	20	18	20		20	22	22				20		
SpO2		97	97	98	97	97	95	91	99		99	96	97				99		
TIME		24	01	02	03	04	05	06	07	8 <sup>°T</sup>	08	09	10	11	12	13	14	15	8 <sup>°T</sup>
I N T A K E	IVF: Nocl	30	30	30	30	30	30	30	30	240	30	30	30	IV d/c'd @ 1000					
	PO						100			100	400	100	0	-	320				
TOTALS										(340)	430	130	30	0	(210)				
O U T P U T	URINE	SP gr					1450	1450		(1450)	450	850		(375)	(1425)				
	NG	OUTPT																	
P L U E	EMESIS																		
	STOOL																		
D R A I N S																			
TOTALS																			

Official Use Only / Law Enforcement Sensitive

45  
EXU

POST-OP DAY								ACUTE LEVEL CLASSIFICATION: 0055-04-CID 7A-8251										
V I T A L S  I N T A K E  O U T P U T	16	17	18	19	20	21	22	23	R	TIME								
	<i>76/45 71/51 72/53 74/54 74/54 76/51 72/52 85/85</i> <i>96 8</i> <i>75 76 72 77 75 91 69 74</i> <i>18 22 22 20 20 22 20 16</i> <i>94 96 94 95 94 94 98 96</i>								E	MODE								
									S	F.O <sub>2</sub>								
	T	96							P	TV								
	A	75	76	72	77	75	91	69	74	I	RATE							
	L	18	22	22	20	20	22	20	16	A	PEEP							
	S	94	96	94	95	94	94	98	96	A	A	pH						
	I									B	PCO <sub>2</sub>							
	G									O	PO <sub>2</sub>							
	N									R	HCO <sub>3</sub>							
	S									Y	SAT							
16 17 18 19 20 21 22 23 8°T 30 30 30 30 30 30 30 30 24 400 20 — 300 1020								L	TIME	08:15								
								A	GLUCOSE	109								
430 50 30 30 30 30 30 370 (120) (650) (650) (1500)								B	Na/K	13.2 / 4.1								
								O	CaCO <sub>2</sub>	100 / 2.1								
								R	BUN/Cr	12 / 1.1								
								A	WBC/PLATELET	8.6 / 260								
								T	Hct/Hgb	37.7 / 13.2								
24°150 TOTALS WT Yesterday _____ wt Today _____ INTAKE OUTPUT IV 720 Urine 3570 Po 3170 TOTAL 3960 TOTAL 3570 BALANCE 320								A	Temp/HR	Normal / Normal								
								C	TIME	07:00								
								D	MOUTH CARE	(b)(6)								
								T	BATH									
								A	SKIN CARE	(b)(6)								
								I	FOLEY CARE									
								L	TRACH CARE									
								E	ROM EXERCISES									
								V										
								S										
For Official Use Only / Law Enforcement Sensitive								(b)(6)-2 ---46 Ex 4										



		NEUROLOGICAL ASSESSMENT																				LEGEND												
		HOURS		10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23					
C	EYES OPEN	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		C Closed by swelling		
		TO SPEECH	3																															
		TO PAIN	2																															
		NO EYE OPENING	1																															
A	BEST VERBAL RESPONSE	ORIENTED	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		T Tracheostomy S Stomach D Dysphagia R Receptive E Expressive		
		CONFUSED	4																															
		VERBALIZES	3																															
		VOCALIZES	2																															
		NO VOCALIZATION	1																															
A	BEST MOTOR RESPONSE	OBEYS COMMANDS	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		Record Separately if there is a difference between the two sides		
		LOCALIZES PAIN	5																															
		FLEXION WITHDRAWAL	4																															
		ABNORMAL FLEXION	3																															
		EXTENSION TO PAIN	2																															
		NO RESPONSE	1																															
L	ARMS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a difference between the two sides		
		MILD WEAKNESS																																
		SEVERE WEAKNESS																																
		ABNORMAL FLEXION																																
		ABNORMAL EXTENSION																																
L	LEGS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a difference between the two sides		
		MILD WEAKNESS																																
		SEVERE WEAKNESS																																
		ABNORMAL FLEXION																																
		ABNORMAL EXTENSION																																
P	RIGHT	SEE REACTION		3	3	3	3																										+ - Brisk + Slow - No Response	
		NO REACTION		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		
	LEFT	SEE REACTION		3	3	3	3																											
		NO REACTION		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		
PUPIL SCALE																																		
ICP																						+ Intract												
CEREBRAL PERFUSION PRESSURE																						- Abnormal												
		VASCULAR ASSESSMENT																																
		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24						
Leg	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		++ Normal + Weak - Absent D Doppler R Right		
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				
Arm	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
Edema ↑	R		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
	L		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Edema ↓	R		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
	L		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				

For Official Use Only / Law Enforcement Sensitive

47

NEUROLOGICAL ASSESSMENT

		HOURS		00	01	02	04	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND		
C	EYES OPEN	SPONTANEOUSLY	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	C Closed by swelling		
		TO SPEECH	3																									
		TO PAIN	2																									
		NO EYE OPENING	1																									
A	BEST VERBAL RESPONSE	ORIENTED	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	I Trunc/Endo S Slurring D Dysphasia R Receptive E Expressive		
		COMPLETED	4																									
		VERBALIZES	3																									
		VOCALIZES	2																									
		NO VOCALIZATION	1																									
C	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓			
		LOCALIZES PAIN	5																									
		FLEXION WITHDRAWAL	4																									
		ABNORMAL FLEXION	3																									
		EXTENSION TO PAIN	2																									
L	ARMS	NORMAL POWER		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	R Right L Left  Record Separately if there is a Difference between the two sides		
		MILD WEAKNESS																										
		SEVERE WEAKNESS																										
		ABNORMAL FLEXION																										
		ABNORMAL EXTENSION																										
M	LEGS	NORMAL POWER		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓			
		MILD WEAKNESS																										
		SEVERE WEAKNESS																										
		ABNORMAL FLEXION																										
		ABNORMAL EXTENSION																										
P	RIGHT	SIZE REACTION		3	3	3	3															3	3	3	3	++ Brisk + Slow - No Response		
		LEFT		3	3	3	3																3	3	3			3
PUPIL SCALE				● 2	● 3	● 4	● 5	● 6	● 7 mm																			
ICP																			+ Intact - Abnormal									
CEREBRAL PERFUSION PRESSURE																												

VASCULAR ASSESSMENT

		HOURS		00	01	02	04	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND	
Leg	R			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	++ Normal + Weak - Absent D Doppler R Right	
	L			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Arm	R			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
	L			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Edema ↑	R																										
	L																										
Edema ↓	R																										
	L																										

For Official Use Only / Law Enforcement Sensitive

48

Exy

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA *0055-04-10783-83551*

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

REPORT TITLE **INTENSIVE CARE NURSING FLOW SHEET** OTSG APPROVED (Date)  
OA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	(b)(6)-2	1900	(b)(6)-2
NEURO	PUPILS	PERLA		PERLA	
	SENSORIUM	A0x3, responsive		CA0x3	
RESPIRATORY	RESPIRATION PATTERN	Regular, unlabored		regular & unlabored	
	BREATH SOUNDS	CTA @		Clear, all fields	
	SECRETIONS	none			
		2 L/min O <sub>2</sub> via NC			
SKIN	COLOR	WNL		WNL	
	INTEGRITY			WNL	
IV SITE	LOCATION	L: FA		D: FA	
	CONDITION	patent, good blood return; 0 sis infection; NSC/TED		WNL; 5 sis inf	
GASTRO	ABDOMEN	SNT, ND		SNT (S) nasser	
	BOWEL SOUNDS	BSOx4		D all 4 quadr	
GU	URINE	Clear, yellow urine		also voiding 3 effort	
	COLOR/CLARITY	urinal		clear yellow	
CARDIOVASCULAR	CARDIAC RHYTHM - ECG	NSR, Truncus (B) feet		POA block I used	
	ST WAVE	P wave ST 2/3 x 4		Ventricular conduction	
		Cap. wave < 35 x 4		ST A & P & S	
		E. Hermann's sign (B)			
		<b>LEGEND</b> Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>I</sub> O <sub>2</sub> - Bicarbonate		ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTERIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	
				S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

typed or written entries give: Name Last, First, Middle Initial, date, hospital or medical facility)

(b)(6)-2

(b)(6)-4

DEPARTMENT/SERVICE/CINC *ICU* DATE *4 Jun 04*

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

DA FORM 4700 1 MAY 78

For Official Use Only / Law Enforcement Sensitive  
 WAMC OF 375 (Redesignated) 1 APR 90 (HSXC - NU)

DATE		CHP															HOSPITAL DAY			
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	2		
V	SP Arterial line																			
I	BP Cuff	12/85	10/68	93/61	93/63	123/70	136/100	92/62	82/59	84/53	87/59	89/61	91/61	97/64	112/70	83/56	75/41			
T	Temperature	97.8					97.4							97.2						
A	Pulse	97	72	67	67	83	101	76	81	-	78	73	68	87	74	82	113	166		
L	Respiratory Rate	24	22	22	24	22	24	22	20	-	20	20	18	18	20	18	20	18		
	O <sub>2</sub>	94%	96%	97%	95%	96%	96%	94	94%	-	94	94	94	95	98	96	95	93		
S																				
I																				
G																				
N																				
S																				
	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
I	NS@30	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240	
N	PO intake	200		200		200	200			800	150	150	150	200	250	200	200	200	1350	
T																				
A																				
K																				
E	TOTALS									1040	140	180	20	330	380	230	230	230	1590	
O	URINE					400	400	420	820	820	475			275	500			650		
U	NG																			
T	EMESIS																			
P	STOOL																			
U	DRAINS																	50		

For Official Use Only / Law Enforcement Sensitive

Ex 4

DATE		CHP														HOSPITAL DAY				
2 June																2				
	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V	SP Arterial line																			
I	BP Cuff	120/85	101/68	93/61	93/63	120/70	130/100	95/62	110/59	124/83	87/59	89/64	91/61	97/64	112/70	83/56	79/41			
T	Temperature	178					97.4							97.2						
A	Pulse	97	72	67	67	83	101	76	81	78	73	68	87	74	82	63	66			
L	Respiratory Rate	24	22	22	24	22	24	22	20	20	20	18	18	20	18	20	18			
	O <sub>2</sub>	94%	96%	97%	95%	96%	96%	94	94%	94	94	94	95	98	96	95	93			
S																				
I																				
G																				
N																				
S																				
	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
I	NS @ 30	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240	
N	PO intake	200		200		200	200			500	150	150	0	200	250	200	200	200	1350	
T																				
A																				
K																				
E	TOTALS									(1040)	(40)	180	20	230	250	230	230	230	230	(590)
O	URINE					400	400	400	400	(1040)	475			275	500	1750			(1250)	
U	NG																			
T	EMESIS																			
P	STOOL																			
U	DRAINS																		51	



NEUROLOGICAL ASSESSMENT

		SCES	21/23													LEGEND		
C	IY'S OFFN	SPONTANEOUSLY	4	✓	✓													C Closed by swelling
		TO SPEECH	3															
		TO PAIN	2															
		NO EYE OPENING	1															
A	BEST VERBAL RESPONSE	ORIENTED	5	✓	✓													T Trach Enco S Sturring D Dysphasia R Receptive E Expressive
		CONFUSED	4															
		VERBALIZES	3															
		VOCALIZES	2															
		NO VOCALIZATION	1															
C	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	✓	✓													
		LOCALIZES PAIN	5															
		FLEXION WITHDRAWAL	4															
		ABNORMAL FLEXION	3															
		EXTENSION TO PAIN	2															
		NO RESPONSE	1															
L	ARMS	NORMAL POWER		✓	✓													R Right L Left  Record Separately if there is a Difference between the two sides
		MILD WEAKNESS																
		SEVERE WEAKNESS																
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
M	LEGS	NORMAL POWER		✓	✓													
		MILD WEAKNESS																
		SEVERE WEAKNESS																
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
P	RIGHT	SIZE	3/3													++ Brisk		
		REACTION	++															
P	LEFT	SIZE	3/3													+ Slow		
		REACTION	++															
PUPIL SCALE														No Response				
ICP														+ Intact				
CEREBRAL PERFUSION PRESSURE														- Abnormal				

VASCULAR ASSESSMENT

HOURS		21/23														
L	Leg	R	+/+													++ Normal
		L	+/+													
A	Arm	R	+/+													+ Weak
		L	+/+													
R																- Absent
R																0 Doppler
R																R Right

For Official Use Only / Law Enforcement Sensitive

53

NEUROLOGICAL ASSESSMENT

		SCORES	21	23											
C O M	EYES OPEN	SPONTANEOUSLY	4	✓	✓										
		TO SPEECH	3												
		TO PAIN	2												
		NO EYE OPENING	1												
A S	BEST VERBAL RESPONSE	ORIENTED	5	✓	✓										
		CONFUSED	4												
		VERBALIZES	3												
		VOCALIZES	2												
		NO VOCALIZATION	1												
C A L E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	✓	✓										
		LOCALIZES PAIN	5												
		FLEXION WITHDRAWAL	4												
		ABNORMAL FLEXION	3												
		EXTENSION TO PAIN	2												
		NO RESPONSE	1												
L I M B	ARMS	NORMAL POWER		✓	✓										
		MILD WEAKNESS													
		SEVERE WEAKNESS													
		ABNORMAL FLEXION													
		ABNORMAL EXTENSION													
M O Y E M E N T	LEGS	NORMAL POWER		✓	✓										
		MILD WEAKNESS													
		SEVERE WEAKNESS													
		ABNORMAL FLEXION													
		ABNORMAL EXTENSION													
P U P I L S	RIGHT	SIZE	3	3											
		REACTION	H	H											
P U P I L S	LEFT	SIZE	3	3											
		REACTION	H	H											
PUPIL SCALE															
ICP															
CEREBRAL PERFUSION PRESSURE															
VASCULAR ASSESSMENT															
HOURS		21	23												
Leg	R		H	H											
	L		H	H											
Arm	R		H	H											
	L		H	H											
	R														
	L														
	R														
	L														
		+ + Normal + Weak - Absent D Doppler R Right													

For Official Use Only / Law Enforcement Sensitive

54

Ex 4



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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Apr 8/Mar 89

INITIAL SHIFT ASSESSMENT

N E U R O	TIME	2100	INITIALS	(b)(6)-1	INITIALS		INITIALS
	PUPILS	PERRLA					
	SENSORIUM	A & O x 3					
R E S P I R A T O R Y	RESPIRATION PATTERN	regular					
	BREATH SOUNDS	crackles/wheezing BLL					
	SECRETIONS	none					
		O <sub>2</sub> 2 LNC sat <sub>2</sub> 97%					
S K I N	COLOR	normal for race					
	INTEGRITY	intact moist w/scr					
I V S I T E	LOCATION	@ forearm					
	CONDITION	COI patent NSG/KVO					
G A S T R O	ABDOMEN	soft nontender					
	BOWEL SOUNDS	active x 4					
G U	URINE	voiding					
	COLOR/CLARITY	yellow/clear					
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR					
		massive cardiac x1					
		grage					
		hypertension					
	LEGEND	Cr - Creatinine F <sub>i</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>i</sub> O <sub>2</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy			

(b)(6)-2

(Continue on reverse)

PREPARED BY

DEPARTMENT/SERVICE/CHC

DATE

ICU

3 Jun 04

(b)(6)-4

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

55

DATE		DAY										HOSPITAL DAY								
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V I T A L S	BP Arterial line																			
	BP Cuff																			
	Temperature																			
	Pulse																			
	Respiratory Rate																			
	O <sub>2</sub>																			
TIME		24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15	8° T	
I N T A K E	NS@TKU																			
	Po intake																			
TOTALS																				
O U T P U T	URINE	HOURLY TOTAL	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
		SP gr																		
	NG	SA																		
		OUTPUT																		
		P-4																		
	EMESIS	GUAC																		
	STOOL																			
	DRAINS																			

56

DATE		CX															HOSPITAL DAY				
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15				
V I T A L	BP Arterial line																				
	BP Cuff																				
	Temperature																				
	Pulse																				
	Respiratory Rate																				
S I G N S	O <sub>2</sub>																				
I N T A K E	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T		
	NS@TKU																				
	No intake																				
E	TOTALS																				
O U T P U T	URINE	HOUR	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
		TOTAL	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
		SP gr																			
	NG	S.A																			
		OUTPUT																			
		PH																			
	EMESIS	GUAC																			
	P	STOOL																			
U	DRAINS																				

For Official Use Only / Law Enforcement Sensitive

57

EX4

0039 64-0107K-93K1

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		Physician's	PROGRESS NOTES
DATE	NOTES		
6/3/54	Admitted for CHF see H&P (b)(6)-2		
7/1/54	Pt alert, bright, good contact 99% on 2L chest completely clear wheezes to base of lung of right admission A CHF 1. O control Doses 2. Byn. labetalol (b)(6)-2		
6/3/54	Still slightly dependent at time noted ACH and Bilateral wheezes at base of lung chest clear admission A Pulmonary edema - clear (Rank 1) noted HF P. Cough to I-CW and admit med (b)(6)-2		
RELATIONSHIP TO SPONSOR		LAST	MI
DEPART./SERV. CE		HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.
			WARD NO.

PROGRESS NOTES  
Medical Record

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



### Trauma Registry Record

For use of this form, see AR 40-66; the proponent agency is OTSG *61259-04-140715-9399*

**AUTHORITY:** SOME REGULATION  
**PURPOSE:** To provide a standard means of documenting combat trauma for care at echelons 1-3  
**ROUTINE USES:** The "Blanket Routine User" set forth at the beginning of the Army compilation of systems of records notice apply.  
**DISCLOSURE:** This is protected health information. HIPAA laws apply

**MTF DESIGNATION:** Number *CDCFT* TYPE \_\_\_\_\_ **CASUALTY NAME:** (b)(6)-4 **CASUALTY SSN:** (b)(6)-4

**Arrive DTG:** *10 June 2004* Rank \_\_\_\_\_ **Date of Birth:** *01 Jul 52* **Gender:**  Male  Female **Unit:** *Bisson 4*

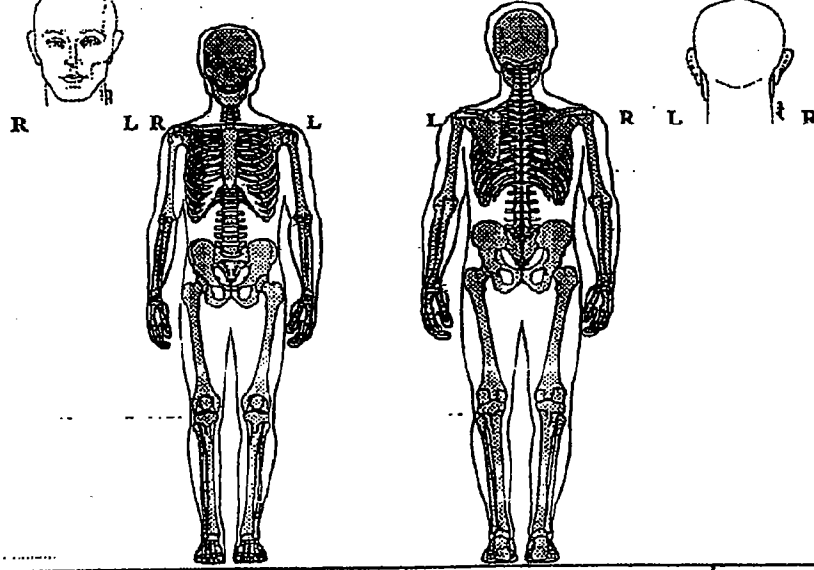
**ARRIVAL METHOD:**  Non-MED GND  SHIP EVAC  
 WALKED  GND AMB  
 CARRIED  DUSTOFF  
 Non-MED AIR  OTHER \_\_\_\_\_  
**Nation:**  US  Host Nation  Enemy (Victim)  Coalition ( )  
**Service:**  USA  SOF  Civilian  USN  NGO ( )  
 Combatant  USMC  Other  
 Contractor  USAF

**Wound DTG:** *UNKNOWN* **PROTECTION:** *NA* **TRIAGE CATEGORY:**  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT

**WOUNDED BY:**  ENEMY  UNK  FRIENDLY  CIVILIAN (Host Country)  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER: \_\_\_\_\_ *NIA*  
**GLASCOW COMA SCALE (circle one):** *3* 8 12 15  
 UNCL STUPOR LETHARGY ALERT

**MECHANISM OF INJURY:**  MVC  BURN 1° 2° 3° \_\_\_\_\_ %TBSA  
 GSW/BULLET  AIRCRAFT CRASH  CRUSH  
 BLUNT TRAUMA  KNIFE/EDGE  FALL  
 SINGLE FRAGMENT  CBRNE  IED  
 MULTI FRAGMENT  BLAST  OTHER *Cardiac Resp arrest*

**INJURY Description (Location, nature and size in cm. Be specific.)**



TX & PROCEDURES:	
SR/DATED/IMMOB	Y/N
INTUBATED	Y/N
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood
COLLOID	ml
CRYSTALLOID	LR/NS/HTS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	Liters/min
RBC	Units
FFP	Units
CRYO	Units
Plts	Packs
HBOC	ml
Fresh Whole Bld	Units

**OR Start DTG:** \_\_\_\_\_ **Vent On DTG:** \_\_\_\_\_ **ICU in DTG:** \_\_\_\_\_ **DISPOSITION:**  RTD  EVACUATED to \_\_\_\_\_  
**Stop DTG:** \_\_\_\_\_ **Off DTG:** \_\_\_\_\_ **Out DTG:** \_\_\_\_\_  DECEASED  URGENT  URGENT SURGICAL  ROUTINE  MINIMAL  
**PROVIDE (b)(6)-2** \_\_\_\_\_ **SPECIALTY:** \_\_\_\_\_ **DATE:** *10/24/04* **DTG:** *20040615 103010Z*

MEDCOM Test Form 1382 OCT 2003

60  
EX 4

### Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc.)

TIME	BP	PULSE	RES	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
DTG:					A V P U				DTG:
					A V P U				
					A V P U				
					A V P U				
					A V P U				
					A V P U				

NOTES:

Elderly Deton down 20mi before ER started by BMS with 8mm Duff 3x2003 CPR 2mg epi and additional shock mounted and expired in the field and became pink after intubation presented to ER pulseless but long unresponsive

MEDICATIONS:

LABS:

XRAYS:

PMH:

5cc Code Sheet

Ø

Ø

Allergies:  
UNKNOWN

Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

Chest:

Abdomen:

Upper:

Pelvis:

Lower:

Skin:

cardiac arrest and CPR in ER intubation confirmed and good look showed V fib occurred respiration started 2003 and gave def dose epinephrine 5mg of EPI followed by T amp atropine and 1 amp of bicarb and defibrillated 360J x 2 no rhythm in pulse so returned CPR and respiration mounted through entire process TPO 1955 2000 CO2 condenser present

(b)(6)-2

61

Cause of Death at

For Official Use Only / Law Enforcement Sensitive

EX 4

### Theater Trauma Registry Record

For use of this form, see DA PAM XXXX; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc.)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
DTG:					A V P U				DTG:
					A V P U				
					A V P U				
					A V P U				
					A V P U				
					A V P U				

NOTES:

Elderly Deton down 25mi left ER treated by BAS  
 with 8mm Diff 3x2003 CPR 2mg epi and 2 additional  
 shock vented and started intubation in the field and became pink  
 after intubation presented to ER pulseless still very vented

MEDICATIONS:

LABS:

XRAYs:

PMH:

See Code Sheet

Ø

Ø

Allergies:

UNKNOWN

#### Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

no airway and CPR

Chest:

in ER intubation confirmed and found good amount of air  
 successful respiration started: 2003 and given high dose  
 epinephrine 5mg of EPI followed by 1mg atropine

Abdomen:

and 1mg of atropine and defibrillated 360T x 2  
 no change in pulse or vital signs CPR and respiration monitored  
 through entire process TOP 1555 C.O.D Cardiorespiratory arrest  
 2000

Upper:

Pelvis:

(b)(6)-2

Lower:

Skin:

62

Cause of Death at

ANATOMIC:

For Official Use Only / Law Enforcement Sensitive

Ex 4



**EMT** **EMERGENCY RESUSCITATION RECORD - PAI**  
For use of this form see MEDCOM Cir 40-5

0022.001-C10788-83811

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

1. DATE: 10 JUN 2001

2. LOCATION OF RESUSCITATION EVENT  
 MICU  SICU  CCU  NICU  ED  PACU  OR  WARD: \_\_\_\_\_

3. WITNESSED ARREST?  
 YES  NO  UNKNOWN  
 MONITORED AT ONSET?  
 YES  NO

DIAGNOSTIC / PROCEDURE AREA: \_\_\_\_\_  
 OUTPATIENT CLINIC: \_\_\_\_\_  
 OTHER (Specify): \_\_\_\_\_

4. INTERVENTIONS ( / - IN PLACE AT START OF ARREST) ( / - INSERTED DURING ARREST) COMMENTS

<input checked="" type="checkbox"/> IV Access	<input type="checkbox"/> Time: _____	Inserted in field
<input checked="" type="checkbox"/> Endotracheal Tube	<input type="checkbox"/> Time: _____	Inserted in field
<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____	
<input checked="" type="checkbox"/> Other (Specify): Suction	<input checked="" type="checkbox"/> Time: 1955	

5. IMMEDIATE CAUSE OF ARREST / EVENT (Check one)

Lethal Arrhythmias  
 Hypotension  
 Respiratory Depression  
 Metabolic  
 Myocardial Infarction or Ischemia  
 Unknown  
 Other: Cardiorespiratory Arrest

6. RESUSCITATION ATTEMPTED

YES (Check all that were used)  
 Chest Compressions  
 Defibrillation  
 Airway Management

NO (Check one)  
 False alarm/arrest (BLS / ALS not needed)  
 Do not attempt resuscitation (DNAR)  
 Considered futile  Found dead

7. INITIAL CONDITION

CONSCIOUS  
 Yes  No

BREATHING  
 Yes  No

PULSE  
 Yes  No

Site: \_\_\_\_\_

8. INITIAL RHYTHM

Ventricular Fibrillation  Perfusing Rhythm  
 Ventricular Tachycardia  Bradycardia  
 Pulseless Electrical Activity  Asystole

RETURN OF SPONTANEOUS CIRCULATION (ROSC)  
 Returned at: \_\_\_\_\_ : \_\_\_\_\_  Never achieved  
 Unsustained ROSC:  < 20 min  > 20 min

CPR STOPPED AT: 19:58

WHY:  ROSC  DNAR  
 Considered futile  Death

9. EVENT TIMES (Times are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

Collapse / Arrest Onset: \_\_\_\_\_ : \_\_\_\_\_

CPR Started: \_\_\_\_\_ : \_\_\_\_\_

1st Defibrillation: \_\_\_\_\_ : \_\_\_\_\_

Airway Achieved: \_\_\_\_\_ : \_\_\_\_\_

1st Dose Epinephrine: \_\_\_\_\_ : \_\_\_\_\_

Code Team Called: \_\_\_\_\_ : \_\_\_\_\_  
 Yes  No Time: 19:40

Code Team Arrived: \_\_\_\_\_ : \_\_\_\_\_  
 Yes  No Time: 19:45

10. GLASGOW COMA SCALE (Post-resuscitation) Circle appropriate scores, then total.

EYE OPENING  
 4 - Spontaneously  
 3 - To voice  
 2 - To pain  
 1 - No response

VERBAL RESPONSE  
 5 - Oriented, converses  
 4 - Disoriented, converses  
 3 - Inappropriate responses  
 2 - Incomprehensible sounds  
 1 - No response

PATIENT DISPOSITION: CJD

PATIENT IDENTIFICATION  
 ISN: (b)(6)-4  
 Camp BISSER 4

AGE: \_\_\_\_\_  
 GENDER: Male  
 HEIGHT (in): \_\_\_\_\_  
 WEIGHT (lbs): \_\_\_\_\_

MOTOR RESPONSE  
 6 - Obeys verbal commands  
 5 - Localizes painful stimulus  
 4 - Withdraws from pain stimulus  
 3 - Flexion, decorticate posturing  
 2 - Extension, decerebrate posturing  
 1 - No movement

SCORE: 3

EMERGENCY RESUSCITATION RECORD

TIME (Hr/Min):		1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	
VITALS	BLOOD PRESSURE																						
	HEART RATE (* = CPR)	0*	0*	0*																			
	RHYTHM	VF	VF	VF																			
	PULSE PALPABLE (Y/N)	N	N	N																			
	DEFIBRILLATION (Joules: 200, 300, 380)	1950 360	1951 360	1952 360																			
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)	1950 360																					
	PACING PERFORMED (✓)																						
RESPIRATIONS																							
AIRWAY	BAGGED w / 100% O2 (✓)	✓	✓	✓																			
	INTUBATED (✓)	✓	✓	✓																			
	MASK (Specify type)	NRB	NRB	NRB																			
	% OXYGEN	100	100	100																			
	O2 SATS																						
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)	1 mg 1950	1 mg 1952	1 mg 1953	1 mg 1954																		
	ATROPINE (0.5 - 1 mg - IV / ET tube)	1 mg 1950																					
	LIDOCAINE (1-1.5 mg / kg - IV / ET tube)																						
	AMP BICARB	1954																					
IV DRIPS	LIDOCAINE (1 GM / 250cc - IV at 1 - 4 mg / min)																						
	DOPAMINE (400 mg / 200cc - IV at 1 - 20 mg / kg / min)																						
LABS	POTASSIUM (K)																						
	GLUCOSE																						
	CALCIUM (Ca)																						
	MAGNESIUM (Mg)																						
ABGS	PH																						
	pCO2																						
	pO2																						
	HCO3																						
PHYSICIAN (Signature & Title)		[Signature]										[Signature]											
(b)(6)-2																							

MEDCOM FORM 679-R (TEST)(MCHO) AUG 99, Back

DEPT 1 Atr  
1 BCOA } prior to arrival

1950  
300

T00:1959 HRJ ... 64  
2000

For Official Use Only / Law Enforcement Sensitive

Ex 6

EMERGENCY RESUSCITATION RECORDS

TIME (Hr/Min): 1950 1957

VITALS	BLOOD PRESSURE								
	HEART RATE (* = CPR)	0*	0*	0*					
	RHYTHM	VF	VF	VF					
	PULSE PALPABLE (Y/N)	N	N	N					
	DEFIBRILLATION (Joules: 200, 300, 360)	1950 300	1957 360	1957 360					
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)	1950 200							
	PACING PERFORMED (✓)								
RESPIRATIONS									
AIRWAY	BAGGED w / 100% O2 (✓)	✓	✓	✓					
	INTUBATED (✓)	✓	✓	✓					
	MASK (Specify type)	NRB	NRB	NRB					
	% OXYGEN	100	100	100					
	O2 SATS								
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)	1950 1mg	1952 1mg	1953 1mg	1954 1mg				
	ATROPINE (0.5 - 1 mg - IV / ET tube)	1953 1mg							
	LIDOCAINE (1 - 1.5 mg / kg - IV / ET tube)								
	1 AMP BICARB	1954							
IV DRIPS	LIDOCAINE (1 GM / 250cc - IV at 1 - 4 mg / min)								
	DOPAMINE (400 mg / 250cc - IV at 1 - 20 mcg / kg / min)								
LABS	POTASSIUM (K)								
	GLUCOSE								
	CALCIUM (Ca)								
	MAGNESIUM (Mg)								
ABGs	PH								
	pCO2								
	pO2								
	HCO3								
PHYSICIAN (Signature & Title)		MD			NURSE (Signature & Title)				
(b)(6)-2					(b)(6)-2				

MEDCOM FORM 679-R (TEST)(MCHQ) AUG 99, Book

28PI  
1 Atr  
1 bicarb

prior to arrival

1950  
200

TOO: 1954 HRJ  
2000

---65

For Official Use Only / Law Enforcement Sensitive

Ex 4



**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 REPORT**

Name: (b)(6)-4  
National Detainee Reporting System (b)(6)-4  
Date of Birth: 7 January 1952  
Date of Death: 10 June 2004  
Date of Autopsy: 19 June 2004  
Date of Report: 22 September 2004

Autopsy No.: ME04-435  
AFIP No.: 2931952  
Rank: Iraqi civilian  
Place of Death: Abu Ghraib, Iraq  
Place of Autopsy: Baghdad, Iraq

**Circumstances of Death:** This 52 year-old male Iraqi civilian collapsed while speaking to other detainees while in US custody at the Baghdad Central Confinement Facility in Abu Ghruyeb, Iraq, and resuscitative efforts were unsuccessful.

**Authorization for Autopsy:** The Armed Forces Medical Examiner, IAW 10 USC 1471.

**Identification:** Visual and documentation accompanying the body; fingerprints and DNA sample obtained

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

66

Fx5

**AUTOPSY REPORT ME04-435**

(b)(6)-4

2

**FINAL AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease
  - a. Severe coronary atherosclerosis with calcification
    - i. Left main coronary artery, 50% luminal narrowing by fibrocalcific plaque
    - ii. Total occlusion of proximal left anterior descending artery (LAD) with healed plaque rupture and organized thrombus; 75% narrowing of mid LAD by fibroatheroma; 65% narrowing of distal LAD by fibrocalcific plaque; total occlusion of ramus intermedius by healed rupture with fibrointimal thickening and smooth muscle proliferation
    - iii. Total occlusion of proximal to mid left circumflex artery (LCA) by organized and recanalized thrombus; 70% fibrocalcific narrowing of distal LCA; 90% narrowing of obtuse marginal artery with fibrointimal thickening and smooth muscle proliferation
    - iv. Right coronary artery (RCA), 25% narrowing of proximal RCA by fibrocalcific plaque; 40% narrowing of mid RCA by fibroatheroma; 70% fibrocalcific narrowing of distal RCA; 95% narrowing of posterior descending artery by fibrocalcific plaque and smooth muscle proliferation
  - b. Healed transmural myocardial infarction
    - i. Involves anterior, septal and lateral left ventricle mid ventricle to apex
    - ii. Microscopically, transmural fibrosis and fat replacement in anterior, septal and lateral walls of left ventricle
    - iii. Aneurysmal dilatation
    - iv. Epicardial fibrous adhesions at apex of left ventricle
  - c. Cardiomegaly with biventricular hypertrophy
    - i. Heart 666 gm (predicted normal value 343 gm)
    - ii. Left ventricular cavity diameter 60 mm
    - iii. Left ventricular free wall thickness 10 mm
    - iv. Microscopically, biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis
  - d. Moderate to severe atherosclerosis of the aorta
    - i. Diffuse calcific intimal plaque formation
    - ii. Focal plaque rupture with associated hemorrhage
  - e. Pulmonary edema
    - i. Right lung 965 grams
    - ii. Left lung 818 grams
- II. No evidence of any significant trauma
  - a. Abrasion, 4 x 3 cm on back of right forearm
  - b. Contusion, 7 x 4 cm on back of right hand

**AUTOPSY REPORT ME04-435**

3

(b)(6)-4

- III. Additional Findings
  - a. Subcutaneous lipoma of anterior left side of neck
  - b. Right renal calculus (kidney stone)
  - c. Prostatic hypertrophy
  - d. Symmetrically enlarged thyroid gland
  
- IV. Medical Intervention
  - a. Endotracheal tube in place
  - b. Three adhesive EKG tabs on body
  
- V. Early to moderate decomposition
  - a. Diffuse marbling of body
  - b. Corneal opacification
  
- VI. Toxicology (AFIP)
  - a. Volatiles: Heart blood and urine negative for ethanol
  - b. Cyanide: Heart blood negative
  - c. Drugs: Heart blood negative for screened medications and drugs of abuse

## AUTOPSY REPORT ME04-435

(b)(6)-4

4

EXTERNAL EXAMINATION

The body is that of a well developed, well-nourished male clad in a previously cut, white long sleeve shirt-dress ("dish dash") and white boxer shorts. The body weighs approximately 170 pounds, is 71" in height and appears compatible with the reported age of 52 years. The body is cold, the temperature that of the refrigeration unit. Rigor is waning. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure, and is especially pronounced on the face.

Early to moderate decompositional changes are present, consisting of diffuse marbling and discoloration of the body and corneal opacification.

The scalp is covered with black and grey hair in a normal distribution, averaging 4 cm in length. Facial hair consists of a dark mustache and grey facial stubble. The irides appear dark, but are partially obscured by corneal clouding. The sclerae and conjunctivae are congested, especially on the left, with no petechiae. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in good condition.

Examination of the neck reveals the trachea to be midline and mobile. There is a palpable 3 x 2 cm subcutaneous nodule on the anterior left side of the neck. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is slightly protuberant and soft. The extremities are well developed with normal range of motion. There is a 4 x 1.5 cm scar on the upper anterior aspect of the right forearm, and there are irregular scars over the left knee. The fingernails are short and intact. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. There is an identification tag on the first toe of the left foot.

EVIDENCE OF THERAPY

There is an endotracheal tube in place secured with white tape around the head, and there are three adhesive EKG tabs on the body, two on the upper chest and one on the left thigh. There is a band-aid on the right antecubital fossa over a needle puncture mark with surrounding ecchymosis.

EVIDENCE OF INJURY

There is a 4 x 3 cm abrasion on the back of the right forearm and there is a 7 x 4 cm contusion on the back of the right hand. On external and internal examination of the body, there is no other evidence of trauma.

## AUTOPSY REPORT ME04-435

5

(b)(6)-4

INTERNAL EXAMINATIONBODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision, and the chest plate is removed. There is approximately 50 ml of serosanguinous fluid in each pleural space, and there are multiple pleural adhesions of the right chest cavity. No adhesions or abnormal collections of fluid are present in the peritoneal cavity. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is 4 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected, and there is no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is dark with decompositional change, most prominent over the occiput; however, there is no evidence of any subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1180 grams.

NECK:

On dissection of the soft tissue of the neck, there is a well-circumscribed yellow 3 x 2 cm nodule just under the skin on the anterior left side of the neck, adjacent to the thyroid cartilage. On sectioning, the nodule is uniformly fatty, consistent with a lipoma. Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, otherwise reveals no abnormalities. The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is large but symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury, hemorrhage, or fractures of the dorsal spinous processes.

CARDIOVASCULAR SYSTEM:

There are dense apical adhesions of the heart to the pericardial sac, and there is marked aneurysmal dilatation of the left ventricle. See "Cardiovascular Pathology Report" below. A moderate amount of epicardial fat is present, and the heart weighs 666 grams. The aorta and its major branches arise normally and follow the usual course. There is diffuse moderate to severe atherosclerosis of the aorta with extensive calcific intimal plaque formation and focal plaque rupture with associated hemorrhage. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.



**AUTOPSY REPORT ME04-435**

6

(b)(6)-4

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. There are scattered pleural adhesions of the right chest cavity. The pleural surfaces are otherwise smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple and edematous, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 965 grams; the left 818 grams.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1498 grams.

**ALIMENTARY TRACT:**

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 100 ml of dark fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. There is a single dark calculus in the right renal pelvis. The calyces, pelves and ureters are otherwise unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50 ml of cloudy, yellow urine. The prostate gland is enlarged but symmetrical with lobular, yellow-tan parenchyma and no nodules or masses. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right kidney weighs 207 grams; the left 235 grams.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 278 grams.

**ENDOCRINE SYSTEM:**

The pituitary and adrenal glands are unremarkable. The thyroid gland is symmetrically enlarged, but free of nodules or masses.

**MUSCULOSKELETAL SYSTEM:**

Muscle development is normal. No bone or joint abnormalities are noted.

71 EX5

## AUTOPSY REPORT ME04-435

(b)(6)-4

7

MICROSCOPIC EXAMINATION

Heart: See "Cardiovascular Pathology Report" below.

Selected portions of other organs are retained in formalin, without preparation of histologic slides.

CARDIOVASCULAR PATHOLOGY REPORT

Department of Cardiovascular Pathology, AFIP:

**"AFIP DIAGNOSIS: ME04-435**

1. Severe coronary atherosclerosis with calcification, three vessel disease
2. Healed transmural infarction with aneurysmal dilatation, anterior, septal, and lateral left ventricle
3. Cardiomegaly with biventricular hypertrophy

History: 52 year old male Iraqi detainee, 5'11", 170 lbs, found dead in bed  
Heart: 666 grams (predicted normal value 343 grams, upper limit 453 grams for a 170 lbs male); focal epicardial fibrous adhesions at apex of left ventricle; closed foramen ovale; aneurysmal dilatation of left ventricle: left ventricular cavity diameter 60 mm, left ventricular free wall thickness 10 mm, ventricular septum thickness 10 mm; right ventricle thickness 4 mm; endocardial thickening in left atrium and left ventricle; unremarkable valves; healed transmural infarct, anterior and septal walls of left ventricle, mid ventricle to apex; subendocardial hyperemia, anterior and lateral walls of left ventricle; histologic sections show biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis; transmural fibrosis and fat replacement in anterior, septal, and lateral walls of left ventricle.

Coronary arteries: Normal ostia; right dominance; severe calcific atherosclerosis:

Left main coronary artery: 50% luminal narrowing by fibrocalcific plaque

Left anterior descending artery (LAD): Total occlusion of proximal LAD with healed plaque rupture and organized thrombus; 75% narrowing of mid LAD by thin capped fibroatheroma and 65% narrowing of distal LAD by fibrocalcific plaque; total occlusion of ramus intermedius by healed rupture with fibrointimal thickening and smooth muscle proliferation

Left circumflex artery (LCA): Total occlusion of proximal to mid LCA by organized and recanalized thrombus, 70% fibrocalcific narrowing of distal LCA; 90% narrowing of obtuse marginal artery with fibrointimal thickening and smooth muscle proliferation

Right coronary artery (RCA): 25% narrowing of proximal RCA by fibrocalcific plaque, 40% narrowing of mid RCA by thin capped fibroatheroma, and 70% fibrocalcific narrowing of distal RCA; 95% narrowing of posterior descending artery by fibrocalcific plaque and smooth muscle proliferation."

72

**AUTOPSY REPORT ME04-435**

8

(b)(6)-4

**ADDITIONAL PROCEDURES**

- Full body radiographs are obtained and show no evidence of trauma.
- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, and bile
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

**OPINION**

This 52 year-old male Iraqi civilian in US custody in Iraq died of atherosclerotic cardiovascular disease, with severe coronary artery disease and a healed myocardial infarction (previous heart attack), extensively involving the left ventricle. There is no evidence of any significant trauma.

The manner of death is natural.

(b)(6)-2

LtCol, USAF, MC, FS  
First Chief Deputy Medical Examiner

73  
EX5



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

REPLY TO  
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION

TO:

AFIP Accessions Number      Sequence  
2931952                              01

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

Name  
(b)(6)-4  
SSAN:                              Autopsy: ME04-435  
Toxicology Accession #: 043003  
Date Report Generated: June 30, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD  
Date of Incident: 6/10/2004              Date Received: 6/22/2004

**VOLATILES:** The HEART BLOOD AND URINE were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**CYANIDE:** There was no cyanide detected in the heart blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**DRUGS:** The HEART BLOOD was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)-2      PhD  
Certifying Scientist, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner

(b)(6)-2  
PhD, DABFT  
Director, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner

-74      EX5

0054-04-10789-83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)													
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	3	4	5	6	7	8	9	10	11	12	13	
3 Jun 04	(b)(6)-2	Cardiac Monitor	07 19	/	/	/	/	/	/	/	/	/	/	/	Transfer to ICU 50 Jun 04
3 Jun 04		Clear Liquids	07 19	/	/	/	/	/	/	/	/	/	/	/	ICU orders - Transfer to ICU 50 Jun 04
3 Jun 04		Vitals q 4hr	07 19	/	/	/	/	/	/	/	/	/	/	/	ICU orders - Transfer to ICU 50 Jun 04
3 Jun 04		Bedrest elevate HOB	07 19	/	/	/	/	/	/	/	/	/	/	/	ICU orders - Transfer to ICU 50 Jun 04
3 Jun 04		To O max ancho - Foley if needed	07 19	/	/	/	/	/	/	/	/	/	/	/	(b)(6)-2
4 Jun 04		General Diet	07 19	/	/	/	/	/	/	/	/	/	/	/	
5 Jun 04		Vital signs q 8°	07 19	/	/	/	/	/	/	/	/	/	/	/	(b)(6)-2
5 Jun 04		Activity as tolerated	07 19	/	/	/	/	/	/	/	/	/	/	/	
5 Jun 04		Restraint socks - vq 2h + document S/S of skin break	07 19	/	/	/	/	/	/	/	/	/	/	/	
6 Jun 04	(b)(6)-2	Weekly wgt & trends	08	/	/	/	/	/	/	/	/	/	/	/	

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: PCN DX: CHF

PATIENT IDENTIFICATION: (b)(6)-4

ADDITIONAL PAGES IN USE:  YES  NO PAGE NO: \_\_\_\_\_

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

DA FORM 1 OCT 78 4677

EDITION OF 1 DEC 77 MAY BE USED

EX 4-

10



0056.04-110775.83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION					
VERIFY BY INITIALING		For use of this form, see AR 40-407: the proponent agency is the Office of The Surgeon General.				No. <u>JUN 79</u>					
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED							
				3	4	5	6	7	8	9	
3 Jun	(b)(6)	nasix 20mg IVP q 8hr	04 12 20	(b)(6)	(b)(6)						Ad to (b)(6) @ 0830 M-S Jun 12 (b)(6)
3 Jun	(b)(6)	TUNSO KUO	07 19	(b)(6)							Dis' d on 5 Jun 12 (b)(6)
3 Jun	(b)(6)	ASA 81mg po daily	08	(b)(6)							
3 Jun	(b)(6)	Prinivil 20mg PO BID	08 20	(b)(6)							
3 Jun	(b)(6)	Isordil 20mg po TID	06 14 22	(b)(6)							
3 Jun	(b)(6)	O <sup>2</sup> 2L per NC	07 19	(b)(6)							O <sup>2</sup> disp @ 0830 (b)(6)
4 JUN		CABEVAL 100mg po BID	08								ORAL AC 4 JUN 12 (b)(6)
4 JUN		HOLD FOR SBP < 90, HR < 50	20								
4 Jun	(b)(6)	Metoprolol 25mg po BID - HOLD SBP < 90, HR < 50	18 20	(b)(6)-2 (b)(6)							
5 Jun	(b)(6)	Zantac 150mg 1 tab. q 12 hr	16 22	(b)(6)	(b)(6)						

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: PCN DX: CHF

PATIENT IDENTIFICATION: (b)(6)-4

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

ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO. 1 of 2

DA FORM 4678 FEB 79

ED. 1 OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED

EX 4

12

0059-04-010784-83991

Task Force Alcatraz Baghdad Central Detention Facility Hospital					LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)							
AST, FIRST NAME: (b)(6)-4			SSN or ISN:		Diagnosis: CHF							
Physician: (b)(6)-2		Ward: 3	STAT: Routine	Specimen Date and Time:		Report: (b)(6)-2		Date and Time: 5.5.10.04				
Chemistry (i-STAT) / Green Top			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top						
6+ 7+ 8+ Glu Crea			Chem 12 MetLyte8 BMP Liver			CBC Malaria H/H						
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L		ALB	3.4	3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL	
	K		3.3-4.7 mmol/L		ALP	91	53-128 U/L		RBC		4.2-6.1 x10(6)/uL	
	Cl		98-108 mmol/L		ALT	10	10-47 U/L		Hgb		12.0-18.0 g/dL	
	pH		7.35-7.45		AMY	67	14-97 U/L		Hct		35.0-60.0%	
	PCO2		35-45 mmHg		AST	19	11-38 U/L		MCV		80.0-99.0 fl	
	PO2		80-90 mmHg		Tbil	2.5	0.2-1.6 mg/dL		MCH		27.0-31.0 pg	
	TCO2		16-33 mmol/L	X	BUN	9	7-22 mg/dL		MCHC		33.0-37.0 g/dL	
	HCO3		22-28 mmol/L	X	Ca	8.8	8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL	
	sO2		95-99%	X	Chol	136	100-200 mg/dL		LY%		15.0-50.0%	
	BEecf		(-2) - (+3)		CK	-	39-380 U/L		LY#		0.7-4.3 x10(3)/uL	
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential			
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono	
	BUN		7-22 mg/dL	X	Creat	0.7	0.6-1.2 mg/dL		Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
	Creat		0.6-1.2 mg/dL		Glu	96	73-118 mg/dL		Atyp Ly		Immature cells	
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein	6.7	6.4-8.1 g/dL		Plt verify:			
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit		35-60%	
Urinalysis			Microbiology			Malaria / Purple						
	Color		Straw/Yellow		Mono		Negative		Thin			No Plasmodium Seen
	Clarity		Clear		RPR		Negative		Thick			No Plasmodium Seen
	Glucose		Negative		HIV		Negative		Sed. Rate / Purple Top			
	Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate			1hr = 0-20 mm
	Ketone		Negative		Legionella		Presumptive Negative		Coagulation (waiting for analyzer)			
	SG		1.010-1.025		Troponin I		< 0.5 ng/mL					
	Blood		Negative		Myoglobin		< 80 ng/ml					
	pH		5.0-8.0		RSV		Negative					
	Protein		Negative-Trace		Microbiology							
	Urobili		Negative		Source:							
	Nitrite		Negative		FecLeuk		Negative					
	Leuko		Negative		Gram Stain							
Urine Microscopic			Microbiology			Blood Bank / Purple Top						
	WBC		Epi		WatPrep		Negative		Urine		Negative	
	RBC		Mucus		KOH		No Fungal Elements		Serum		Negative	
	Bacteria		Yeast		OccBld		Negative		ABO/Rh			
	Casts:		Spermatozoa		O&P		No Ova/Parasite		T/C			
	Crystals:		Amorph Sed		Chlamydia		Presumptive Negative					
	Other:				Strep A		Negative					
	Other lab request to be sent out:											

Ex 4



209-04-01078-83591

Task Force - atraz Baghdad Central Detention Facility Hospital				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)																			
LAST, FIRST MI (b)(6)-2		SSN (b)(6)-2		DOB	RANK	UNIT																	
Pr (b)(6)-2		Ward: EMT	STAT Routine	Specimen Date and Time: 3 JUN 04 1800		Reported by: (b)(6)	Date and Time: 3 JUN 04 1845																
Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)				Hematology															
6+		7+		8+		Glu		Crea		Chem 12		MetLyte8		BMP		Liver		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		128-145 mmol/L		ALB	4.1	3.3-5.5 g/dL		WBC	5.2	4.8-10.8 x10(3)/ul												
	K		3.3-4.7 mmol/L		ALP	107	35-125 U/L		RBC	5.87	4.2-8.1 x10(6)/ul												
	Cl		98-108 mmol/L		ALT	18	10-47 U/L		Hgb	17.4	12.0-18.0 g/dL												
	pH		7.35-7.45		AMY	62	14-87 U/L		Hct	54.8	35.0-60.0%												
	PCO2		35-45 mmHg		AST	36	11-38 U/L		MCV	93.4	80.0-99.0 fl												
	PO2		80-90 mmHg		Tbil	2.2	0.2-1.6 mg/dL		MCH	29.6	27.0-31.0 pg												
	TCO2		18-33 mmol/L		BUN	14	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL												
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	205	130-400 x10(3)/ul												
	sO2		95-99%		Chol		100-200 mg/dL		LY%	59.1	15.0-50.0%												
	BEecf		(-2) - (+3)		CK	93	39-380 U/L		LY#	3.1	0.7-4.3 x10(3)/ul												
	AGap		8-16 mmol/L		CL	109	98-108 mmol/L		Differential														
	iCa		0.11-1.23 mmol/L		TCO2	19	18-33 mmol/L		Segs	29													
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL		Bands														
	Glu		73-118 mg/dL		GGT	112	5-65 U/L		Lymph	61													
	Creat		0.6-1.2 mg/dL		Glu	90	73-118 mg/dL		Atyp Ly														
	Hct		35.0-60.0%		K	4.4	3.3-4.7 mmol/L		RBC Morph:														
	Hgb		12.0-18.0 g/dL		TProtein	7.8	8.4-8.1 g/dL		normocyte / normochromic														
	Lactate		0.90-1.70 mmol/L		Na	127	128-145 mmol/L		Plt verify:														
Urinalysis				Misc. Chemistry				Microbiology				HCG											
Color		Straw/Yellow		Mono		Negative		Malaria (waiting for supplies)															
Clarity		Clear		RPR																			
Glucose		Negative		HIV		Negative																	
Bilirubin		Negative		Meningitis		Presumptive Negative																	
Ketone		Negative		Legionella		Presumptive Negative																	
SG		1.010-1.025		Troponin I		0.5 < 0.5 ng/mL																	
Blood		Negative		Myoglobin		< 80 ng/mL																	
pH		5.0-8.0		RSV		Negative																	
Protein		Negative-Trace		Source:																			
Urobilin		Negative		FecLeuk		Negative																	
Nitrite		Negative		Gram Stain																			
Leuko		Negative		WetPrep		Negative																	
Urine Microscopic				KOH		No Fungal Elements																	
WBC		Epi		OccBld		Negative																	
RBC		Mucus		O&P		No Ova/Parasite																	
Bacteria		Yeast		Chlamydia		Presumptive Negative																	
Casts:		Spermatozoa		Strep A		Negative																	
Crystals:		Amorph Sed		Leishmania		Presumptive Negative																	
Other:																							
Other:																							

Ex 4  
14

Task Force A <sup>traz</sup> Baghdad Central Detention Facility Hospital				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)				
LAST, FIRST, MI. (b)(6)-4			SSN or ISN:		Diagnosis: CHF			
Physician: (b)(6)-2		Ward:	STAT	Specimen Date and Time:		Reported by: (b)(6)-7	Date and Time:	
Bed: (b)(6)-2		Routine	05/06/13					
Chemistry (i-STAT) / Green Top			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top		
6+ 7+ 8+ Glu Crea			Chem 12 MetLyte8 BMP Liver			CBC Malaria H/H		
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	iNa		128-145 mmol/L		ALB		3.3-5.5 g/dL	
	iK		3.3-4.7 mmol/L		ALP		26-84 U/L	
	iCl		98-108 mmol/L		ALT		10-47 U/L	
	pH		7.35-7.45		AMY		14-97 U/L	
	PCO2		35-45 mmHg		AST		11-38 U/L	
	iPO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL	
	TCO2		18-33 mmol/L		BUN	12	7-22 mg/dL	
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL	
	iso2		95-99%		Chol		100-200 mg/dL	
	iBEecf		(-2) - (+3)		CK	72	39-380 U/L	
	AGap		8-16 mmol/L		CL	100	98-108 mmol/L	
	iCa		0.11-1.23 mmol/L		TCO2	21	18-33 mmol/L	
	BUN		7-22 mg/dL		Creat	1.1	0.6-1.2 mg/dL	
	Glu		73-118 mg/dL		GGT		5-65 U/L	
	Creat		0.6-1.2 mg/dL		Glu	109	73-118 mg/dL	
	Hct		35.0-60.0%		K	4.1	3.3-4.7 mmol/L	
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL	
	Lactate		0.90-1.70 mmol/L		Na	132	128-145 mmol/L	
Urinalysis			Misc. Chemistry				Spun Crit	
	Color		Straw/Yellow		Mono		Negative	
	Clarity		Clear		RPR		Negative	
	Glucose		Negative		HIV		Negative	
	Bilirubin		Negative		Meningitis		Presumptive Negative	
	Ketone		Negative		Legionella		Presumptive Negative	
	SG		1.010-1.025		Troponin I	NEG	< 0.6 ng/mL	
	Blood		Negative		Myoglobin		< 80 ng/mL	
	pH		5.0-8.0		RSV		Negative	
	Protein		Negative Trace	Microbiology				
	Urobili		Negative	Source:				
	Nitrite		Negative	FecLeuk				
	Leuko		Negative	Gram Stain				
Urine Microscopic			WeIPrep				Urine	
	WBC		Epi	KOH				Serum
	RBC		Mucus	OccBld				Negative
	Bacteria		Yeast	O&P				Blood Bank/ Purple and Red Top
	Casts		Spermatozoa	Chlamydia				ABO/Rh
	Crystals		Amorph Sed	Srep A				T/C
	Other:			Leishmania				
Other lab request to be sent out:								

FORM 67th CSHLAB-1 27 May 14

Ex 4

15

0054-04 CID 789-83551

**CERTIFICATE OF DEATH** INTERNMENT SERIAL NUMBER  
For use of this form, see AF 190-8; the proponent agency is DCFPER.

FROM:  
TO:

ISN (b)(6)-4  
Camp Bissonay

NAME (Last, First, MI)		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH	DATE OF BIRTH		FIRST NAME OF FATHER
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
PLACE OF BURIAL		DATE OF BURIAL	
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)  
 RETAINED BY DETAINING POWER   
 FORWARDED WITH DEATH CERTIFICATE TO (Specify)   
 FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).  
Patient arrived with CFR already under way. Cardiac Monitor showed Ventricular fibrillation. Despite CPR, Medications, and defibrillation attempts, pt expired @ 20:11:23 after death declared by physician.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE	(b)(6)-2	ICAL OFFICER
	SIGNATURE OF COM		
WITNESSES			
SIGNATURE	(b)(6)-2	(b)(6)-2	ADDRESS

DA FORM 2669-R, May 82 EDITION OF 1 JUL 83 IS OBSOLETE.

Ex 4

16

**HOSPITAL REPORT OF DEATH** NAME AND LOCATION OF HOSPITAL  
0036-04-00785-8351

FOR USE OF THIS FORM, SEE AR 40-2. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.  
 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.  
 In one copy only, Items 1 through 10 and sign Item 11.  
 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) SN: (b)(6)-2 BISSON, L	2. TIME OF DEATH (Hour-day-month-year) 2:55 6/10/01	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION Catholic	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH N/A		

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

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) Coronary artery atherosclerosis	Thon
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) Hypertension (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	
9. DATE 6/10/01	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2

**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
DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAFFC #2 60

Ex 4

17

0054-04-C10775-8365/

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NURSING UNIT	ROOM NO.	BED NO.	1/16/64	12:30	1	
			(b)(6) 4			

Ex 4.

18

<b>CLINICAL RECORD</b>	<b>HISTORY—Part I</b>
------------------------	-----------------------

NATURE AND DURATION OF COMPLAINTS (Include circumstances of admission)

2 yr Hx of pressure HTN and ASMO present 6 days  
 through SOB twice pedal edema 2 chest pain 4 suppurative  
 infection.  
 Post by JMS of HTN on HTZ 25 day Present 20 day Inf  
 ASA 35 day Isordol 20 day

**HISTORY OF PRESENT ILLNESSES**

HPI as above  
 HEENT clear  
 Chest ~~clear~~ bilateral rales ca. 1/2 Pm over P/C  
 4 crackles w/ wheezes  
 distal lungs  
 4 lower pedal edema  
 AOC H P  
 4 HX ASMO  
 P 4 adults  
 4 ACE  
 4 Director  
 4 Bedbugs  
 4 Nitro

(b)(6)-2

(Continue on reverse side)

<b>PATIENT'S IDENTIFICATION</b> (For typed or written entries give: Name—last, first, middle, grade; date; hospital or medical facility)	<b>REGISTER NO.</b>	<b>WARD NO.</b>
--	---------------------	-----------------

**HISTORY—Part I**  
Standard Form 504

Ex 4



0256-04-C10715-8355/

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	HOURS	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/4/04	0715		
			① Bayer Labetalol 100mg po BID first dose now ② Hold if SBP less than 90 or HR less than 50			(b)(6)-2 (b)(6)-2 (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/4/04	0730		
			① Labetalol 100mg po BID ② Cholesterol in AM 6/5/04			(b)(6)-2 (b)(6)-2 (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/4/04	0810		
			① Dic Labetalol (not started) ② Metoprolol 25mg po BID			(b)(6)-2 (b)(6)-2 (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/4/04	1600		
			① General diet ② (b)(6)-2			(b)(6)-2 (b)(6)-2 (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2			

DA FORM 4256 APR 79

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

Ex 4

21



0454-04-CID 785-83551

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6/5/04	0605 HOURS	
			<ul style="list-style-type: none"> <li>1 Transfer to ICU</li> <li>2 <del>ASA 81mg</del> IV</li> <li>3 Vital signs</li> <li>4 Gently to toilet</li> <li>5 oral diet</li> <li>6 Roxon 150mg qd BID</li> <li>7 ASA 81mg qd</li> </ul>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			↑		
			<ul style="list-style-type: none"> <li>1 Roxon 25mg Po BID</li> <li>2 <del>Pronil 20mg</del> qd</li> <li>3 Lasix 20mg qd 9AM</li> <li>4 Isovil 20mg qd Po TID</li> <li>5 PCN allergy</li> <li>6 ASA 81mg qd</li> </ul>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6/6/04	1230 HOURS	
			<ul style="list-style-type: none"> <li>1 Return to camp</li> <li>2 ASA 81mg qd</li> <li>3 <del>Famox 50mg qd</del></li> <li>4 Roxon 25mg qd Po BID</li> <li>5 Lasix 20mg qd 9AM</li> <li>6 Isovil 20mg qd Po TID</li> <li>7 Pronil 20mg qd</li> </ul>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4					
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE, 1996-409-924

Ex 4

22

0055.04-CP288-8255/

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 4/3/04	TIME OF ORDER 2015	HOURS	LIST TIME ORDER NOTED AND SIGN
			↓			
			✓ (1) Adult Monitor bed			Med 4/3/04
			✓ (2) Cardiac Monitor			
			✓ (3) O2 2LNC			
			✓ (4) Loose 20mg IUP 926			
			✓ (5) IV NS @ PCN			
			✓ (6) Clear & ready			
			✓ (7) Prone 20mg Po BID			
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER ↑	TIME OF ORDER	HOURS	Med 4/3/04
			↑			
			✓ (8) ASA 81mg Po Qday			
			✓ (9) MS 4mg IUP q 2h Prn SOB			
			✓ (10) CBC Lyles in AM 6/4/04			
			✓ (11) I/Salt 20mg Po TID			
			✓ (12) I/S may be taken if leg of needed			
			✓ (13) Vitals q 4h			
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER ↑	TIME OF ORDER	HOURS	Med 4/3/04
			↑			
			✓ (14) Bed not elevated HOB			
			(b)(6)-2			
			(b)(6)-2			
			(b)(6)-2			
			(b)(6)-2			
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 3/JUNE 04	TIME OF ORDER 2045	HOURS	Med 4/3/04
			↓			
			VO's			
			(1) Allergy to PCN			
			(2) Dx: CHF			
			(b)(6)-2	1LT	(b)(6)-2	
			(b)(6)-2			
			(b)(6)-2			
NURSING UNIT	ROOM NO.	BED NO.				

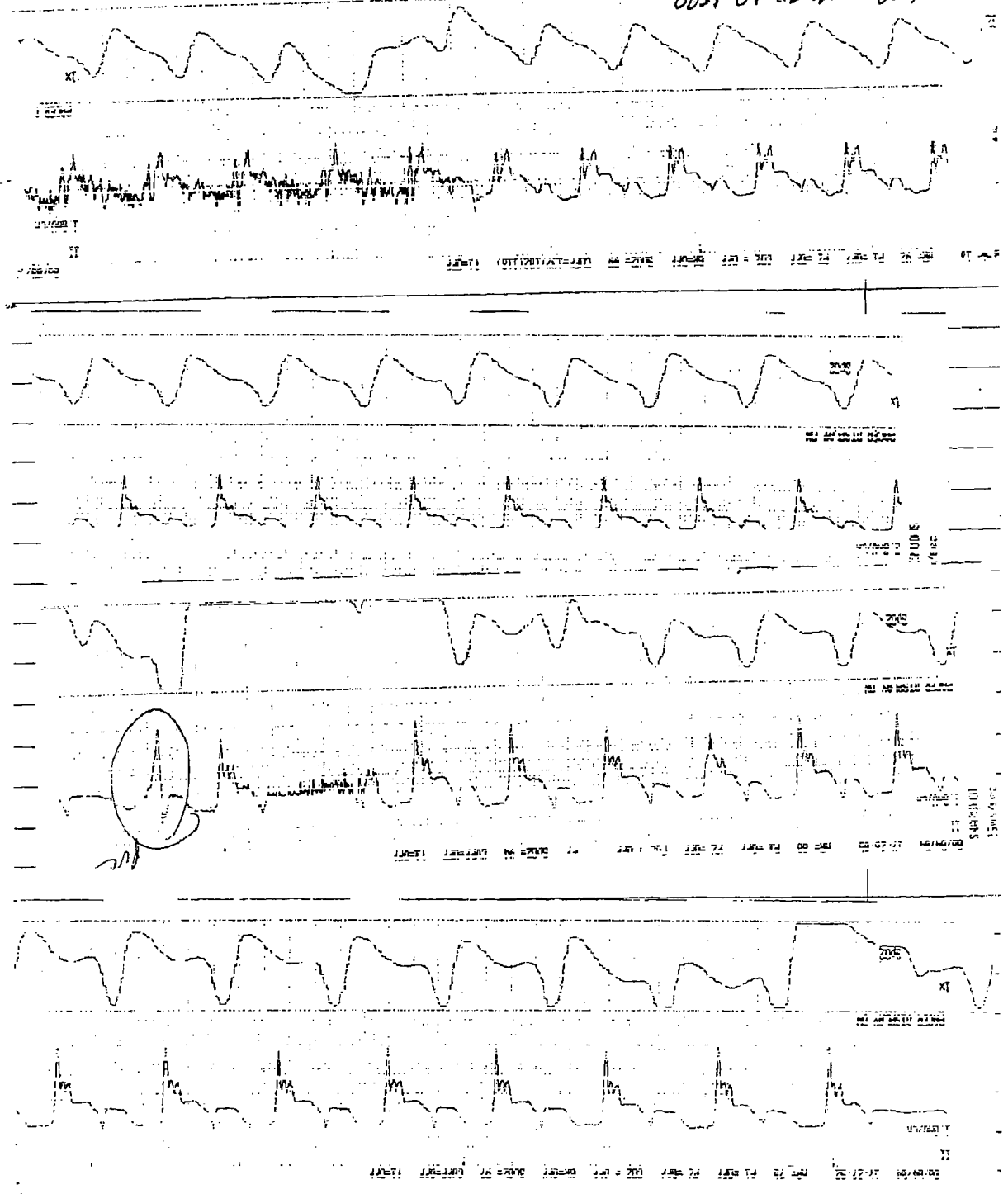
DA FORM 4256 1 APR 78

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

4

23

0055-04-01D78-8355



Ex 4

00524

Bison LI

(b)(6)-4

6035-04-00718-83151  
AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD CONSULTATION SHEET

REQUEST  
TO: LT, (b)(6)-2 FROM: (Requesting physician or activity) DATE OF REQUEST

REASON FOR REQUEST (Complaints and Findings)  
52 y/o M C/O SHORT OF BREATH, CHEST PAIN SINCE LAST NITE  
Hx AT ATTACK. TAKES CARBON, ISORDIN, ASA, ~~DIJONIN~~

PROVISIONAL DIAGNOSIS METZ, ASA, ISORDIN 1010, Pincal

HT DISEASE  
DOCTOR'S SIGNATURE [Signature] APPROVED PLACE OF CONSULTATION  
 BEDSIDE  ON CALL  ROUTINE  TODAY  
 72 HOURS  EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED  YES  NO PATIENT EXAMINED  YES  NO TELEMEDICINE  YES  NO

BP-116/90  
P 92  
R-16

1) 52 y/o M DISTRESS REFERRED BY HOUSE FOR EVALUATION OF CHEST PAIN & SOB  
SINCE LAST NITE. PT PRESENTS WITH C/O SOB AND WAS GIVEN 1 NITRO WHICH  
RESULTED WITH ANTR. DISTRESS HE HAS H/O METZ AND IS ON METZ, ASA, ISORDIN @  
PRESENT.

47% on RA

2) WOUND OF MILD RESPIRATORY DISTRESS RELIEVED AFTER ADMINISTERING  
LUNGS - COA 5  
HEART - RRR 120/2 34  
A) 1. UNSTABLE ANGINA  
2. H/O METZ, ASA 2 H/O ANTR

W.H. - METZ  
M.H.  
M.H. - ISORDIN, METZ, ASA  
M.H. - METZ

P) 1. TRANSFER TO CCU FOR FURTHER EVALUATION AND RECOMMENDATIONS  
2. CARE AND MONITORING @ length to get through interphase

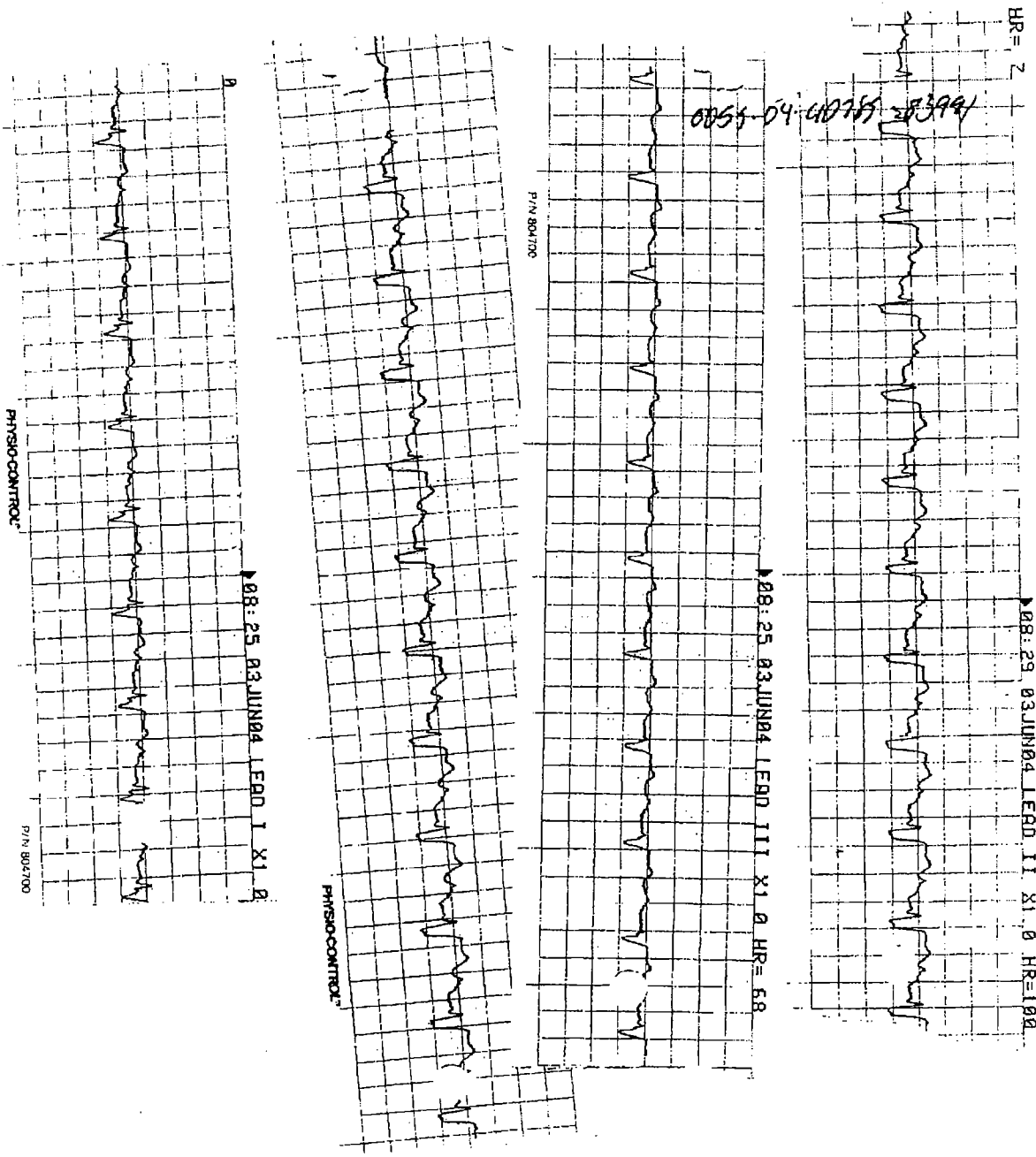
(Continue on reverse side)  
SIGNATURE AND TITLE (b)(6)-2 PA-C ICU SP USIT DATE 3 JUN 84  
HOSPITAL RECORDS MAINTAINED AT DEPARTMENT/SERVICE OF PATIENT  
RELATION TO SPONSOR SPONSOR'S NAME (Last, first, middle) SPONSOR'S ID NUMBER (SSN or Other)  
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. ISSN or other); Sex; Date of Birth; Rank/Grade REGISTER NO. WARD NO.

(b)(6)-4

Bison LI

CONSULTATION SHEET  
Medical Record  
STANDARD FORM 513 (REV. 4-98)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)  
USAPA V1 00

EX 4



EX 4

26



**MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET**

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

0254-04-01078-93551

**SECTION I - PATIENT ASSESSMENT**

DATE: 6 July 2004 PATIENT ACUITY LEVEL: \_\_\_\_\_ POST-OP DAY: \_\_\_\_\_ HOSPITAL DAY: 3

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_  AMBULATORY  CRUTCH/LEG  WHEELCHAIR  STRETCHER

Total ER/RR/PACU time \_\_\_\_\_ Physician \_\_\_\_\_ Anesthesia (Specify): \_\_\_\_\_

Procedure/Diagnosis \_\_\_\_\_ B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

LOC \_\_\_\_\_ Neurovascular checks \_\_\_\_\_

Dressing/cast \_\_\_\_\_ Tubes \_\_\_\_\_

Intake (IV, po) \_\_\_\_\_ Output (EBL, other) \_\_\_\_\_ Voided  No  Yes Amount: \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Report From \_\_\_\_\_ Received By \_\_\_\_\_

VITAL SIGNS	TIME:	<u>0600</u>	<u>1300</u>																			
	BP ARTERIAL LINE																					
	BP CUFF	<u>115/80</u>	<u>123/77</u>																			
	TEMPERATURE	<u>97.7</u>																				
	PULSE	<u>82</u>	<u>93</u>																			
	RESPIRATORY RATE																					
	OXYGEN (L/%)																					
	PULSE OXIMETER	<u>98%</u>	<u>95%</u>																			
O <sub>2</sub> METHOD	<u>RA</u>																					

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask  
 MT = Mist tent PR = Partial rebreather A = Aerosol TC = Trach collar

PAIN	TIME:	<u>09</u>																				
	PAIN INTENSITY	10	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
		5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
		0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	MED ADMINISTERED (Y/N)		<u>N</u>																			
	RELIEF ACCURATE (Y/N)		<u>N</u>																			
OTHER	TIME:																					
	FINGER STICK GLUCOSE		<u>NA</u>																			
	INSULIN (Y/N)		<u>N</u>																			

SPECIALL NEEDS	TIME:	<u>09</u>																				
	*Skin breakdown prevention		<u>(b)</u>																			
	*Falls prevention protocol		<u>(6)</u>																			
	*Restraint protocol		<u>2</u>																			
	*Seizure precautions																					
*Isolation precautions																						
YESTERDAY'S WEIGHT:																						
TODAY'S WEIGHT:																						
WEIGHT CHANGE:																						

24 HOUR TOTALS	PO	IV #1	IV #2																			

PATIENT IDENTIFICATION: (b)(6)-4

DIAGNOSIS: CHF

DRG: \_\_\_\_\_ ADMISSION DATE: 6-4-04-164

LOS: \_\_\_\_\_ EXPECTED RELEASE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

PRIMARY CARE MANAGER: (b)(6)-2

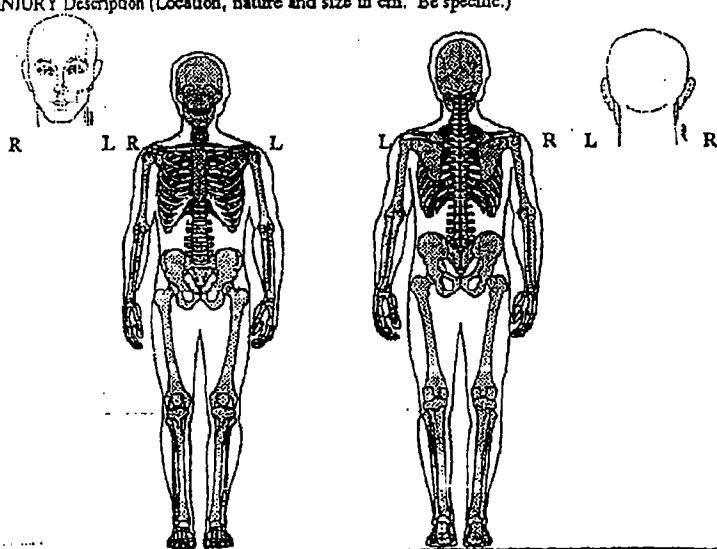
ISOLATION REQUIRED (Specify): \_\_\_\_\_

Ex 4  
28

#2

# Theater Trauma Registry Record

For use of this form, see AR 40-66; the proponent agency is OTSO *0035-64-10775-8351*

<b>AUTHORITY:</b> SOME REGULATION <b>PURPOSE:</b> To provide a standard means of documenting combat trauma for care at echelons 1-3 <b>ROUTINE USES:</b> The "Blanket Routine User" set forth at the beginning of the Army compilation of systems of records notices apply. <b>DISCLOSURE:</b> This is protected health information. HIPAA law apply																																				
<b>MTF DESIGNATION:</b> <i>BCOF</i> <small>Number</small>	<b>CASUALTY NAME:</b> (b)(6)-2 <small>Number</small>	<b>CASUALTY SSN:</b> (b)(6)-2																																		
<b>Arrive DTG:</b> <i>1540</i> <i>3 JUN 04</i>	<b>Rank</b>	<b>Date of Birth</b>	<b>Gender</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>Unit</b>																																
<b>ARRIVAL METHOD:</b> <input checked="" type="checkbox"/> WALKED <input type="checkbox"/> CARRIED <input type="checkbox"/> Non-MED AIR <input type="checkbox"/> OTHER	<input type="checkbox"/> Non-MED GND <input type="checkbox"/> SHIP EVAC <input type="checkbox"/> GND AMB <input type="checkbox"/> DUSTOFF	<b>Nation</b> <input type="checkbox"/> US DETAINEE <input type="checkbox"/> Host Nation <input type="checkbox"/> Enemy( ) <input type="checkbox"/> Coalition( )	<b>Service</b> <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Combatant <input type="checkbox"/> Contractor <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> NGO ( )																																	
<b>Wound DTG:</b> <i>N/A.</i>	<b>PROTECTION:</b> <i>N/A.</i>	<table border="1"> <tr><td>Not Worn</td><td>Worn</td><td>Struck</td><td>Penetrated</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	Not Worn	Worn	Struck	Penetrated																					<b>TRIAGE CATEGORY:</b> <input checked="" type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINIMAL <input type="checkbox"/> EXPECTANT									
Not Worn	Worn	Struck	Penetrated																																	
<b>WOUNDED BY:</b> <input type="checkbox"/> ENEMY <input type="checkbox"/> UNK <input type="checkbox"/> FRIENDLY <input type="checkbox"/> CIVILIAN (Host Country) <i>N/A.</i> <input type="checkbox"/> TRAINING <input type="checkbox"/> SELF ACCIDENT <input type="checkbox"/> SELF NON-ACCIDENT <input type="checkbox"/> SPORTS-RECREATION <input type="checkbox"/> OTHER:	<b>HELMET</b> <b>FLAK VEST</b> <b>CERAMIC PLATE</b> <b>EYE PROTECTION</b> <b>OTHER:</b>	<b>GLASGOW COMA SCALE (circle one)</b> 3 8 12 (15) ← UNC STUPOR LETHARGY ALERT →																																		
<b>MECHANISM OF INJURY:</b> <input type="checkbox"/> GSW/BULLET <input type="checkbox"/> BLUNT TRAUMA <input type="checkbox"/> SINGLE FRAGMENT <input type="checkbox"/> MULTI FRAGMENT	<input type="checkbox"/> MVC <input type="checkbox"/> AIRCRAFT CRASH <input type="checkbox"/> KNIFE/EDGE <input type="checkbox"/> CBRNE <input type="checkbox"/> BLAST	<input type="checkbox"/> BURN 1° 2° 3° _____ %TBSA <input type="checkbox"/> CRUSH <input type="checkbox"/> FALL <input type="checkbox"/> IED <input type="checkbox"/> OTHER <i>N/A.</i>	<b>VITALS:</b> <table border="1"> <tr><td>TIME</td><td><i>1540</i></td><td><i>1810</i></td><td><i>1950</i></td></tr> <tr><td>Pulse</td><td><i>103</i></td><td><i>82</i></td><td><i>96</i></td></tr> <tr><td>Temp</td><td><i>95.9</i></td><td></td><td></td></tr> <tr><td>B/P</td><td><i>144/103</i></td><td><i>119/82</i></td><td><i>112/74</i></td></tr> <tr><td>Resp</td><td></td><td></td><td></td></tr> <tr><td>SpO<sub>2</sub></td><td><i>95%ORA</i></td><td></td><td><i>95%</i></td></tr> </table>	TIME	<i>1540</i>	<i>1810</i>	<i>1950</i>	Pulse	<i>103</i>	<i>82</i>	<i>96</i>	Temp	<i>95.9</i>			B/P	<i>144/103</i>	<i>119/82</i>	<i>112/74</i>	Resp				SpO <sub>2</sub>	<i>95%ORA</i>		<i>95%</i>									
TIME	<i>1540</i>	<i>1810</i>	<i>1950</i>																																	
Pulse	<i>103</i>	<i>82</i>	<i>96</i>																																	
Temp	<i>95.9</i>																																			
B/P	<i>144/103</i>	<i>119/82</i>	<i>112/74</i>																																	
Resp																																				
SpO <sub>2</sub>	<i>95%ORA</i>		<i>95%</i>																																	
<b>INJURY Description (Location, nature and size in cm. Be specific.)</b> 		<b>TX &amp; PROCEDURES:</b> <table border="1"> <tr><td>SEDATED/IMMOB</td><td>Y/N</td></tr> <tr><td>INTUBATED</td><td>Y/N</td></tr> <tr><td>CRIC</td><td>Y/N</td></tr> <tr><td>NEEDLE DECOMP</td><td>Y/N</td></tr> <tr><td>Chest Tube</td><td>L R air/blood</td></tr> <tr><td>COLLOID</td><td>ml</td></tr> <tr><td>CRYSTALLOID</td><td>LRNS/BTS ml</td></tr> <tr><td>TOURNIQUET</td><td>Time on</td></tr> <tr><td>Collar / C-spine</td><td>Time off</td></tr> <tr><td>HEMOSTATIC DEVICE</td><td>Y/N specify:</td></tr> <tr><td>OXYGEN</td><td><i>42% 1545</i> Liters/min.</td></tr> <tr><td>RBC</td><td>Units</td></tr> <tr><td>FFP</td><td>Units</td></tr> <tr><td>CRYO</td><td>Units</td></tr> <tr><td>Plts</td><td>Packs</td></tr> <tr><td>HBOC</td><td>ml</td></tr> <tr><td>Fresh Whole Bld</td><td>Units</td></tr> </table>	SEDATED/IMMOB	Y/N	INTUBATED	Y/N	CRIC	Y/N	NEEDLE DECOMP	Y/N	Chest Tube	L R air/blood	COLLOID	ml	CRYSTALLOID	LRNS/BTS ml	TOURNIQUET	Time on	Collar / C-spine	Time off	HEMOSTATIC DEVICE	Y/N specify:	OXYGEN	<i>42% 1545</i> Liters/min.	RBC	Units	FFP	Units	CRYO	Units	Plts	Packs	HBOC	ml	Fresh Whole Bld	Units
SEDATED/IMMOB	Y/N																																			
INTUBATED	Y/N																																			
CRIC	Y/N																																			
NEEDLE DECOMP	Y/N																																			
Chest Tube	L R air/blood																																			
COLLOID	ml																																			
CRYSTALLOID	LRNS/BTS ml																																			
TOURNIQUET	Time on																																			
Collar / C-spine	Time off																																			
HEMOSTATIC DEVICE	Y/N specify:																																			
OXYGEN	<i>42% 1545</i> Liters/min.																																			
RBC	Units																																			
FFP	Units																																			
CRYO	Units																																			
Plts	Packs																																			
HBOC	ml																																			
Fresh Whole Bld	Units																																			
<b>OR Start DTG:</b> _____ <b>Stop DTG:</b> _____	<b>Vent On DTG:</b> _____ <b>Off DTG:</b> _____	<b>ICU In DTG:</b> _____ <b>Out DTG:</b> _____	<b>DISPOSITION:</b> <input type="checkbox"/> RTD <input type="checkbox"/> DECEASED <b>DTG:</b> <i>2100 3 Jun</i>	<b>EVACUATED to:</b> <input type="checkbox"/> URGENT <input type="checkbox"/> URGENT SURGICAL <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> MINIMAL																																
<b>PROVIDER:</b> (b)(6)-2		<b>SPECIALTY:</b> _____	<b>DATE:</b> _____																																	

MEDCOM Test Form 1381, OCT 2003

*TRK → ICU*

*Ex 4*



0055-04-C10788-83951

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

For use of this form see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 5 June 04 PATIENT ACUITY LEVEL: \_\_\_\_\_ POST OP DAY: \_\_\_\_\_ HOSPITAL DAY: 8

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT

Time: 1230 To: 1400 From: ICU  LABORATORY  PHYSICIAN  WHEELCHAIR  STRETCHER

Total ER RR/PACU time: \_\_\_\_\_ Physician: (b)(6)-2 Anesthesia (Specify): \_\_\_\_\_

Procedure/Diagnosis: CHF BP: 103/76 P: 83 R: 16 T: 98°

LOC: Alert, oriented Neurovascular checks: \_\_\_\_\_

Dressing/cast: Ø Tubes: Ø

Intake (IV, PO): PO Output (BL, other): \_\_\_\_\_ Voiced:  No  Yes Amount: \_\_\_\_\_

Medication: see flow sheet

Other: \_\_\_\_\_

Report From: (b)(6)-2 ILT Received By: (b)(6)-2 LTCAN -

	TIME	1230	1400	1800	2030
BP ARTERIAL LINE					
BP CUFF		<u>103/76</u>	<u>104/71</u>	<u>103/72</u>	<u>103/70</u>
TEMPERATURE		<u>98.4</u>		<u>97.7</u>	<u>97.7</u>
PULSE		<u>83</u>		<u>74</u>	<u>81</u>
RESPIRATORY RATE		<u>16</u>		<u>16</u>	<u>16</u>
OXYGEN (L-%)					
PULSE OXIMETER		<u>95%</u>		<u>94%</u>	<u>94%</u>
O <sub>2</sub> METHOD		<u>RA</u>		<u>RA</u>	<u>RA</u>

Oxygen Method Key: NC - Nasal cannula NR - Non rebreather FM - Face mask VM - Venturi mask  
 MT - Mist tent PR - Partial rebreather A - Aerosol TC - Trach collar

	TIME	1230	1405
PAIN INTENSITY	10		
	5		
	0		
MED ADMINISTERED (Y/N)		<u>Ø</u>	<u>Ø</u>
RELIEF ACCEPTABLE (Y/N)		<u>Ø</u>	<u>Ø</u>
OTHER	FINGER STICK GLUCOSE	<u>134</u>	
	INSULIN (Y/N)	<u>Ø</u>	

NEEDS

YESTERDAY'S WEIGHT: \_\_\_\_\_

TODAY'S WEIGHT: \_\_\_\_\_

WEIGHT CHANGE: \_\_\_\_\_

\* Per hospital policy

24 HOUR TOTALS	PO	IV #1	IV #2	TOTAL IN	Urine	Stool	TOTAL OUT
----------------	----	-------	-------	----------	-------	-------	-----------

PATIENT IDENTIFICATION: (b)(6)-4

DIAGNOSIS: CHF

DRG: \_\_\_\_\_ ADMISSION DATE: 6-4-04

LOS: \_\_\_\_\_ EXPECTED RELEASE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

PRIMARY CARE MANAGER: (b)(6)-2

ISOLATION REQUIRED (Specify): \_\_\_\_\_

SECTION III - PATIENT INTERVENTIONS & TEACHING										
N E U R O V A S C U L A R	SITE:	TIME:	1230	1945						
	COLOR	D	P							
	CAPILLARY REFILL	1	1							
	TEMPERATURE	W	W							
	EDEMA	0	0							
	SENSATION	S	S							
	MOTION	R	R							
	PASSIVE FLEXION	0	0							
	PERIPHERAL PULSE	1	P							
	<p><b>LEGEND</b></p> <p>Color: P-pink (normal); C-cyanotic; W-pale, white            Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(&gt;5 secs)            Temperature: C-cool; W-warm; H-hot            Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4 pitting            Sensation: A-absent; N-numb; T-tingling; S-sensation (present)            Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM            Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain            Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;            D-doppler, P-palpable</p>									
S A F E T Y	ID band visible/legible	(b)(6)	(b)(6)							
	Orient to environment prn	0-2	0-2							
	Side rails (2-4) up		N/A							
	Bed position low		N/A							
	Call light within reach		N/A							
	Review & post lab results		N/A							
	Notify MD abnormal labs		N/A							
	Incontinent urine/stool		N/A							
	Linen change prn		N/A							
	Turn/reposition q2h		N/A							
ROM q2h if immobile		N/A								
Antiemetic hose		N/A								
O T H E R										
D I E T	BREAKFAST			LUNCH			DINNER			
	TYPE:									
	PERCENT CONSUMED:	100%	100%	100%	100%	100%	100%	100%	100%	100%
A D L S	0700-1500		1500-2300		2300-0700					
	BATH/ORAL CARE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL						
	TYPE OF ACTIVITY (Circle all that apply)	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <u>AMBULATE</u> <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <u>AMBULATE</u> <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR						
T E A C H I N G	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:				
	CONTENT	1. Order to HCU.								
		Report S/S CP/SOB								
PATIENT IDENTIFICATION			INITIALS	SIGNATURE	SHIFT					
151729			(b)(6)-2	(b)(6)-2	(b)(6)-2					

EX 4

		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND	
C	EYES OPEN	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		C Closed by sweating	
		TO SPEECH	3																										
		TO PAIN	2																										
		NO EYES OPENED	1																										
A	BEST VERBAL RESPONSE	ORIENTED	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		T Trance-like S Staring D Disoriented R Responsive E Extensive	
		CONFUSED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1																										
G	BEST MOTOR RESPONSE	OBEYS	6	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a Difference between the two sides	
		COMPLIES	5																										
		LOCALIZES PAIN	4																										
		FLEXION WITHDRAWAL	3																										
		ABNORMAL FLEXION	2																										
		EXTENSION TO PAIN	1																										
L	ARMS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
		NO RESPONSE																											
M	LEGS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
		NO RESPONSE																											
P	RIGHT	SIZE		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		+ + Brisk - Slow No Response	
		REACTION		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		
	LEFT	SIZE		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
		REACTION		#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm																					
ICP																										+ Intact			
CEREBRAL PERFUSION PRESSURE																										- Abnormal			
VASCULAR ASSESSMENT																													
		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
↑ left	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ + Normal	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
↓ left	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
edema ↑ left	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- Absent	
	L	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
edema ↓ left	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	D Doppler	
	L	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	R Right Ex 4 L Left	
	L	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8/Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	NTLA (b)(1)	NTLAS (b)(6)	NTLAS
N E U R O	PUPILS	2400		PERLA	
	SENSORIUM	PERLA		PERLA	
R E S P I R A T O R Y	RESPIRATION PATTERN	regular, unlabored		regular, unlabored	
	BREATH SOUNDS	clear all fields		clear (B)	
	SECRETIONS	0		0, occasional dry	
S K I N	COLOR	wnl		wnl per nail	
	INTEGRITY	wnl		intact	
I V	LOCATION	(L) EA		(L) EA	
	CONDITION	hard, 4/5 up		hard, 4/5 up	
G A S T R O	ABDOMEN	SNTD mass		S, slightly distended	
	BOWEL SOUNDS	(+) all 4 quadr		normal, nonactive	
G U	URINE	voiding 2 difficulty		voids 3 (difficulty)	
	COLOR/CLARITY	clear yellow		clear, yellow	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	1° AV block E		1° AV block E	
		1° CD & accented		occasional PAC	
		PAC		1° 2° 3° BUE	
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional	
		F <sub>i</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub>	PAD - PRESSURE OF ARTERIAL CO <sub>2</sub>	SAI - Saturation	
		F <sub>i</sub> O <sub>2</sub> - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - tracheostomy	

(Continue on reverse)

(b)(6)-2 ICU DEPARTMENT/SERVICE/CINC ICU DATE 5/2/89

PATIENT'S INDICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

#  
(b)(6)-4

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

DA FORM 1 MAY 78 4700

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU) Ex 4

DATE/TIME								ACUITY LEVEL CLASSIFICATION										
								0035-04-CID 719-82151										
V I T A L S I N G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME								
	/									MODE								
	76/45	74/51	72/52	70/49	74/48	72/46	72/45	72/45		F.O <sub>2</sub>								
	96	-	-	-	-	-	-	-		TV								
	75	76	72	77	75	71	69	74		RATE								
	18	22	22	20	20	22	20	14		PEEP								
	94	96	94	95	94	94	98	96		A A								
										PH								
										PCO <sub>2</sub>								
										PO <sub>2</sub>								
								B										
								HCO <sub>3</sub>										
								SAT										
								G										
								BASE										
I N T A K E	16	17	18	19	20	21	22	23	5°T	L A B O R A T O R Y	TIME	0615						
	30	30	30	30	30	30	30	30	30		GLUCOSE	109						
	400	20	-	-	-	-	-	300	1020		NaK	13.2	4.1					
											CRCO <sub>2</sub>	100	21					
											BUN/D	1.3	1.1					
											VBC/PLATELET	814	104					
											Hct/Hgb	51.2	14.2					
											Tropenin I	NEG						
O U T P U T	430	50	30	30	30	30	30	370	1210	A C T I V I T Y	TIME	0730						
	X	X	X	X	X	X	X	X	X		MOUTH CARE	(b)(6)						
											BATH							
											SKIN CARE	(b)(6)						
											FOLEY CARE							
											TRACH CARE							
											ROM EXERCISES							
24 HRS TOTALS										NURSE'S SIGNATURE								
WT Yesterday					wt Today					(b)(6)-2								
INTAKE					OUTPUT													
IV 720					Urine 3570													
PO 3170																		
TOTAL 3890					TOTAL 3570													
BALANCE 6320										EX 4								

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA 0055-04-1078-8855/  
 For use of this form see AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET** OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS (b)(6)	TIME	INITIALS (b)(6)
N E U R O	PUPILS	0800	(b)(6)	1900	(b)(6)
	SENSORIUM	PERLA		PERLA	
		2x3, cooperative		CADY 3	
R E S P I R A T O R Y	RESPIRATION PATTERN	Regular, unlabored		regular & unlabored	
	BREATH SOUNDS	CTA B		Absent all fields	
	SECRETIONS	none			
		2 L/min O <sub>2</sub> via NC			
S K I N	COLOR	WNL		WNL	
	INTEGRITY			WNL	
I V S I T E	LOCATION	L FA		D FA	
	CONDITION	patent, good blood return, NS/C/TRO		WNL, 3-1/2 soft	
G A S T R O	ABDOMEN	S.M.M.D		S.M.T.C.D. none	
	BOWEL SOUNDS	BSPX 4		(+) all 4 quadrants	
G U	UPPER	Clear, low urine		absent 3 effluent	
	COLOR/CLARITY	WNL		clear yellow	
C A R D I O V A S C U L	CARDIAC RHYTHM	Normal, Irregularly Irregular		PAV Block I IVCD	
	ST VOLTAGE	Normal		ventricular premature	
		HR 100-110		ST A & P & C	
		E. Heilmann's sign - BIC			
		Cr - Creatinine P <sub>i</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>i</sub> O <sub>2</sub> - Bicarbonate ICP - Intracranial Pressure P <sub>a</sub> CO <sub>2</sub> - PRESSURE OF ATRIAL CO <sub>2</sub> PEEP - Positive End Expiratory Pressure S.A - Fractional SAI - Saturation TRACH - Tracheostomy			

(b)(6)-2

(b)(6)-4

(Continue on reverse)

DEPARTMENT/SERVICE/CING: ICU DATE: 4 Jun 04

Signature: Name Last, First

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

DA FORM 4700  
 1 MAY 78

WAMC OP 375 (Redesignated) Ex 4  
 1 APR 90 (HSXC - NU)



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date):  
QA Apr 8/Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTE (b)(6)-	INTNAS	INTLAS
N E U R O	PUPILS	2100			
	SENSORIUM	Perrlae			
		AFO x 3			
R E S P I R A T O R Y	RESPIRATION PATTERN	regular			
	BREATH SOUNDS	crackles/wheezing BLL			
	SECRECTIONS	none			
S K I N	COLOR	O <sup>2</sup> 21NC satz			
	INTEGRITY	97/10			
		normal for race			
I V S I T E	LOCATION	intact moist			
	CONDITION	warm			
		@ forearm			
G A S T R O	ABDOMEN	COI patent			
	BOWEL SOUNDS	NSGRVO			
		soft nontender			
G U	URINE	active x 4			
	COLOR/CLARITY	cloudy			
		yellow/clear			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR			
		massive cardiac x1			
		graw			
		hypertensio			
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	SA - Fractional	
		F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub>	P <sub>a</sub> CO <sub>2</sub> - PRESSURE OF ARTERIAL CO <sub>2</sub>	SAI - Saturation	
		F <sub>H</sub> O <sub>2</sub> - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy	

(b)(6)-2

(b)(6)-4

(Continue on reverse)

DEPARTMENT/SERVICE/CNIC: ICU

DATE: 3 Jun 04

HISTORY/PHYSICAL     FLOW CHART

OTHER EXAMINATION OR EVALUATION     OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

DA FORM 4700 1 MAY 78

WAMC OP 375 (Redesignated) B 4



MEDICAL RECORD		Physician's	PROGRESS NOTES
DATE	NOTES		
6/3/64	Admitted for CHF see Hx P (b)(6)-2		
7/1/64	Pt does poorly early postural 99% on 2L chest completely clear wheezes to expiratory phase of breath admission A & HF P. (1) control Doses (2) Ben. tablets (b)(6)-2		
7/5/64	Still slightly dyspneic at times Nitro Ace and Bulbucil would be helpful some cough after eating chest clear admission A Pulmonary admission - chest (P) added HF P transfer to ICU and admit med (b)(6)-2		
RELATIONSHIP TO SPONSOR		SPONSOR'S ID NUMBER (SSN or Other)	
LAST		MI	
DEPART /SERVICE		HOSPITAL OR MEDICAL FACILITY	
		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION. (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.

PROGRESS NOTES  
 Medical Record

STANDARD FORM 509 (REV. 6/1959)  
 Prescribed by GSA/CMR FPMR (41 CFR) 101-11.203 (6,10)  
 USAPA VI 60

Ex 4

# TLiter Trauma Registry Reco

For use of this form, see AR 40-66; the proponent agency is OTSG *61259-04-14D715-93591*

**AUTHORITY:** SOME REGULATION  
**PURPOSE:** To provide a standard means of documenting combat trauma for care at echelons 1-3  
**ROUTINE USES:** The "Blaskest Routine User" set forth at the beginning of the Army compilation of systems of records notices apply.  
**DISCLOSURE:** This is protected health information. HIPAA laws apply

**MTF DESIGNATION:** Number *CDCFH* TYPE \_\_\_\_\_ **CASUALTY NAME:** (b)(6)-4 **CASUALTY SSN:** (b)(6)-4

**Arrive DTG:** *10 June 2004* Rank \_\_\_\_\_ **Date of Birth:** *01 Jul 52* **Gender:**  Male  Female **Unit:** *Bisson 4*

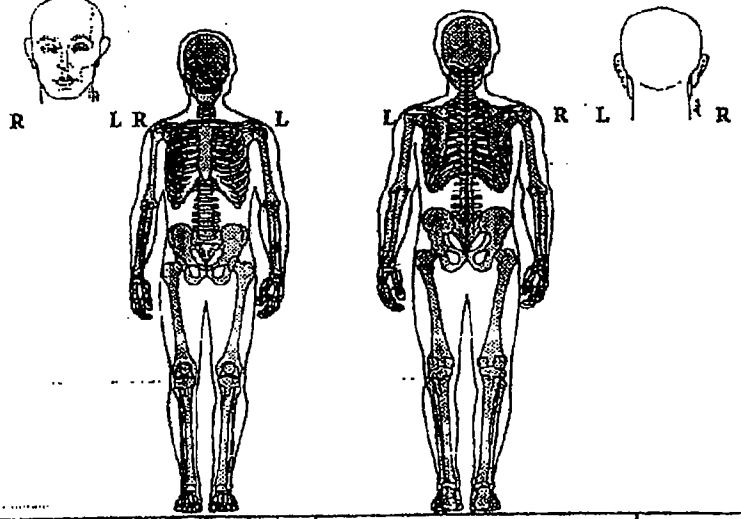
**ARRIVAL METHOD:**  WALKED  Non-MED GND  SHIP EVAC  GND AMB  Non-MED AIR  DUSTOFF  OTHER \_\_\_\_\_  
**Nation:**  US  Host Nation  Enemy (Victim)  Coalition ( )  
**Service:**  Civilian  USA  SOF  Combatant  USN  NGO ( )  Contractor  USMC  Other  USAF

**Wound DTG:** *UNKNOWN* **PROTECTION:** \_\_\_\_\_ **TRIAGE CATEGORY:**  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT

**WOUNDED BY:**  ENEMY  UNK  FRIENDLY  CIVILIAN (Host Country)  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER: \_\_\_\_\_ *NIA*  
**GLASGOW COMA SCALE (circle one):** *(3)* 8 12 15  
**OTHER:** \_\_\_\_\_ **VITALS:** \_\_\_\_\_

**MECHANISM OF INJURY:**  MVC  BURN 1" 2" 3" \_\_\_\_\_ %TBSA  GSW/BULLET  AIRCRAFT CRASH  CRUSH  BLUNT TRAUMA  KNIFE/EDGE  FALL  SINGLE FRAGMENT  CBRNE  IED  OTHER *Cardiac Resp arrest*  MULTI FRAGMENT  BLAST

**INJURY Description (Location, nature and size in cm. Be specific.)**



TX & PROCEDURES:	
SEDATED/IMMOB	Y/N
INTUBATED	Y/N
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood
COLLOID	ml
CRYSTAL LOID	L/R/S/MTS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	Liters/min
REC	Units
FFP	Units
CRYO	Units
Plts	Packs
HBOC	ml
Fresh Whole Bld	Units

**IR Start DTG:** \_\_\_\_\_ **Vent On DTG:** \_\_\_\_\_ **ICU in DTG:** \_\_\_\_\_ **DISPOSITION:**  RTD  URGENT  DECEASED  URGENT SURGICAL  ROUTINE  MINIMAL  
**Stop DTG:** \_\_\_\_\_ **Out DTG:** \_\_\_\_\_ **DTG:** *20040610 102104*

**PROVIDER:** (b)(6)-2 **SPECIALTY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IEDCOM:** \_\_\_\_\_

*EX 4*

EMT <b>EMERGENCY RESUSCITATION RECORD - PAI</b> For use of this form see MEDCOM Cir 40-5 <span style="float: right;">0004. 01. C1078. 8311</span>																																			
Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.																																			
<b>1. DATE:</b> 10 June 2001 <b>3. WITNESSED ARREST?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <b>MONITORED AT ONSET?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>2. LOCATION OF RESUSCITATION EVENT</b> <input type="checkbox"/> MICU <input type="checkbox"/> SICU <input type="checkbox"/> CCU <input type="checkbox"/> NICU <input checked="" type="checkbox"/> ED <input type="checkbox"/> PACU <input type="checkbox"/> OR <input type="checkbox"/> WARD: _____ <input type="checkbox"/> DIAGNOSTIC / PROCEDURE AREA: _____ <input type="checkbox"/> OUTPATIENT CLINIC: _____ <input type="checkbox"/> OTHER (Specify): _____																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">4. INTERVENTIONS ( / - IN PLACE AT START OF ARREST)</th> <th style="width: 30%;">( / - INSERTED DURING ARREST)</th> <th style="width: 20%;">COMMENTS</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> IV Access</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td>Inserted in field</td> </tr> <tr> <td><input checked="" type="checkbox"/> Endotracheal Tube</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td>Inserted in field</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Ventilation</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Arterial Line</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Central Venous Line</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pulmonary Artery Catheter</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nasogastric Tube</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pacing Device (Specify type): _____</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Implantable Defibrillator / Cardioverter</td> <td><input type="checkbox"/> Time: _____ : _____</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (Specify): Suction</td> <td><input checked="" type="checkbox"/> Time: 1935 : _____</td> <td></td> </tr> </tbody> </table>			4. INTERVENTIONS ( / - IN PLACE AT START OF ARREST)	( / - INSERTED DURING ARREST)	COMMENTS	<input checked="" type="checkbox"/> IV Access	<input type="checkbox"/> Time: _____ : _____	Inserted in field	<input checked="" type="checkbox"/> Endotracheal Tube	<input type="checkbox"/> Time: _____ : _____	Inserted in field	<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time: _____ : _____		<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____ : _____		<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____ : _____		<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____ : _____		<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time: _____ : _____		<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____ : _____		<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____ : _____		<input checked="" type="checkbox"/> Other (Specify): Suction	<input checked="" type="checkbox"/> Time: 1935 : _____	
4. INTERVENTIONS ( / - IN PLACE AT START OF ARREST)	( / - INSERTED DURING ARREST)	COMMENTS																																	
<input checked="" type="checkbox"/> IV Access	<input type="checkbox"/> Time: _____ : _____	Inserted in field																																	
<input checked="" type="checkbox"/> Endotracheal Tube	<input type="checkbox"/> Time: _____ : _____	Inserted in field																																	
<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time: _____ : _____																																		
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____ : _____																																		
<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____ : _____																																		
<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____ : _____																																		
<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time: _____ : _____																																		
<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____ : _____																																		
<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____ : _____																																		
<input checked="" type="checkbox"/> Other (Specify): Suction	<input checked="" type="checkbox"/> Time: 1935 : _____																																		
<b>5. IMMEDIATE CAUSE OF ARREST / EVENT</b> <i>(Check one)</i> <input type="checkbox"/> Lethal Arrhythmias <input type="checkbox"/> Hypotension <input type="checkbox"/> Respiratory Depression <input type="checkbox"/> Metabolic <input type="checkbox"/> Myocardial Infarction or Ischemia <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other: Cardio-respiratory Arrest	<b>6. RESUSCITATION ATTEMPTED</b> <input checked="" type="checkbox"/> YES (Check all that were used) <input checked="" type="checkbox"/> Chest Compressions <input checked="" type="checkbox"/> Defibrillation <input checked="" type="checkbox"/> Airway Management <input type="checkbox"/> NO (Check one) <input type="checkbox"/> False alarm/arrest (BLS / ALS not needed) <input type="checkbox"/> Do not attempt resuscitation (DNAR) <input type="checkbox"/> Considered futile <input type="checkbox"/> Found dead	<b>7. INITIAL CONDITION</b> <b>CONSCIOUS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>BREATHING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PULSE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Site: _____																																	
<b>8. INITIAL RHYTHM</b> <input checked="" type="checkbox"/> Ventricular Fibrillation <input type="checkbox"/> Pertussing Rhythm <input type="checkbox"/> Ventricular Tachycardia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Pulseless Electrical Activity <input type="checkbox"/> Asystole <b>RETURN OF SPONTANEOUS CIRCULATION (ROSC):</b> <input type="checkbox"/> Returned at: _____ : _____ <input type="checkbox"/> Never achieved <input type="checkbox"/> Unsustained ROSC: <input type="checkbox"/> < 20 min <input type="checkbox"/> > 20 min <b>CPR STOPPED AT:</b> 19 : 58 <b>WHY:</b> <input type="checkbox"/> ROSC <input type="checkbox"/> DNAR <input type="checkbox"/> Considered futile <input checked="" type="checkbox"/> Death	<b>9. EVENT TIMES</b> <small>(Times are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)</small> <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">HOUR</td> <td style="text-align: center;">MIN</td> </tr> <tr> <td>Collapse / Arrest Onset:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CPR Started:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1st Defibrillation:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Airway Achieved:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1st Dose Epinephrine:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Code Team Called:</td> <td colspan="2">Time: 19 : 40</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"></td> </tr> <tr> <td>Code Team Arrived:</td> <td colspan="2">Time: 19 : 45</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"></td> </tr> </table>		HOUR	MIN	Collapse / Arrest Onset:	_____	_____	CPR Started:	_____	_____	1st Defibrillation:	_____	_____	Airway Achieved:	_____	_____	1st Dose Epinephrine:	_____	_____	Code Team Called:	Time: 19 : 40		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Code Team Arrived:	Time: 19 : 45		<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>10. GLASGOW COMA SCALE</b> <small>(Post-resuscitation) Circle appropriate scores, then total.</small> <b>EYE OPENING</b> 4 - Spontaneously 3 - To voice 2 - To pain 1 - No response <b>VERBAL RESPONSE</b> 5 - Oriented, converses 4 - Disoriented, converses 3 - Inappropriate responses 2 - Incomprehensible sounds 1 - No response <b>MOTOR RESPONSE</b> 6 - Obeys verbal commands 5 - Localizes painful stimulus 4 - Withdraws from pain stimulus 3 - Flexion, decorticate posturing 2 - Extension, decerebrate posturing 1 - No movement <b>SCORE:</b> 3			
	HOUR	MIN																																	
Collapse / Arrest Onset:	_____	_____																																	
CPR Started:	_____	_____																																	
1st Defibrillation:	_____	_____																																	
Airway Achieved:	_____	_____																																	
1st Dose Epinephrine:	_____	_____																																	
Code Team Called:	Time: 19 : 40																																		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																			
Code Team Arrived:	Time: 19 : 45																																		
<input type="checkbox"/> Yes <input type="checkbox"/> No																																			
<b>PATIENT IDENTIFICATION</b> ISN: (b)(6)-2 Camp BISSON 4		AGE: _____ GENDER: Male HEIGHT (in): _____ WEIGHT (lbs): _____																																	

Ex 4