

PATIENT TREATMENT RECORD COVER SHEET
For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER (b)(6)-4		2. NAME (Last, First, MI) (b)(6)-4			3. GRADE	ADMISSION REMARKS	
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS		10. PREVIOUS ADMISSION No
11. GRADE 99	12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD 1CW7		
15. FILING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Suect				22. ADMISSION 2000	23. CLINIC SERVICE ABAA	ADMITTING OFFICER	
24. MARITAL RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION Home	26. DATE OF DISPOSITION 6 May 02			
27. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 4 May 02			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(6)-1 Iraq				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED		

31. RELATED ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES OPERATIONS AND SPECIAL PROCEDURES

Tibia FX 8278

823.80
27500

CODE: _____

35. Total Days This Facility

a. ABSENT SICK DAYS 2	b. OTHER DAYS 2	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS 2
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36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
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37. OFFICER (b)(6)-2 MB

38. SIGNATURE OF RAD OR MEDICAL PERSONNEL (b)(6)-2 X

39. TITLE OF OFFICER
LTC, MC
GENERAL SURGEON

MEDCOM - 5148

USAPPC V1.10

PATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

1. MEMBER (b)(6)-4		2. NAME (Last, First, MI) (b)(6)-4			3. GRADE		ADMISSION REMARKS	
4. RACE Trav		7. RELIGION		8. LENGTH OF SVC		9. ETS		
10. PREVIOUS ADMISSION No		13. ORGANIZATION		14. WARD 1CW1		15. TYPE CASE Inj		
16. BRANCH/CORPS		17. UIC/ZIP		18. DEPT. GEN		19. TYPE CASE		
20. AUTHORITY FOR ADMISSION Direct				22. HOURS OF ADMISSION 2000		23. CLINIC SERVICE ABAA		
24. RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION Home		26. DATE OF DISPOSITION 6 May 02		
27a. EMERGENCY ADDRESSEE (include ZIP Code)				27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 4 May 02		
29. DATE OF END OF MEDICAL TREATMENT (b)(3)-1				30. DATE OF INITIAL ADMISSION		31. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		

32. ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY

34. FACILITY OPERATIONS AND SPECIAL PROCEDURES

T161a FX 8278

35. Total Days This Facility						
a. REPORT SICK DAYS 2	b. OTHER DAYS 2	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS 2	
36. Total Days All Facilities						
a. REPORT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS	

37. OFFICER (b)(6)-2
 38. SIGNATURE OF FACILITY COMMANDER (b)(6)-2

MEDICAL RECORD	PROGRESS NOTES
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DATE	NOTES
04 MAR 03 2024 BP- 110/76 P- 97 R- 20 T- 100° SpO2- 98%	Pt is A&O x3 and c (B) LEG UPPER LEG 4x4(2) AND A HEALING (B) LEG WOUND THAT HAD THE STAPLES TAKEN OUT; AND WITH A STRETCHER ATTACHED. PT c EQUAL BI-LATERAL PULSES IN HANDS. PT c LUNG cTA BEAT AND CLEAR THROUGHOUT. PT c CV RRR and (B) RS throughout PA heard. c CAP REFILL c SECONDS AND (B) PULSES IN FEET AND CAP REFILL c SECONDS. PT c (A) 2 EDEMA IN L & R LOWER LEGS. PT also c HEALING WOUND (D) KNEE 3IN. PT (B) LEG c HEALING WOUND 13 1/2 IN LONG. Pt c bruising and healing 1+2 WOUNDS L & R LEGS; PT ALSO c 1 IN x 1 IN WOUND (B) LOWER LEG AND that is pink and (b)(6)-2 s bleeding. Pt (D) Leg c 1/2 x 1 IN that is c light brown tissue in the center and SCANT LIGHT BROWN DISCHARGE. Pt c LIMITED CONTROL OF (B) LEG. Pt L & R LEGS LOWER PRESSURES HAVE BEEN CHANGED AND c 2(2x2) EAM. Pt 20RR, BP 110/76, TEMP 100°, HR 97, AND SpO2 98%. — (b)(6)-2 CRT AN
04 MAR 03 2110	Pt c IBM AND 1 VOP TO THE HUB side comode, unable to measure amounts. — (b)(6)-2 CRT AN
4 May 03 2000	Vsg. Shift assessment completed. Condition stable, unchanged from pain assessment. To be died in AM — (b)(6)-2 CRT AN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.
(b)(6)-4				

PROGRESS NOTES
Medical Record

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

MEDCOM - 5150

DATE	NOTES
5 May 03 0800	VS: 110/90, R=18, SP 92, P=78, T=97.5
5 May 03 0745	Pt AAOx3. sitting up in bed. c/o pain to legs. medicated c 2 TC #3. legs c bilateral (+) pedal pulses, moves toes easily, skin W/D. Small 2x2 drsg to ^{S/P} fixator sites intact. voiding clear yellow urine. good appetite, interacts well c other patients + staff. ambulates c assistance. — (b)(6)-2 MMS
5 MAY 03 1530	VS - BP 150/68, - P 94, RR 18, Temp 98.6, SpO2 99%, Pt AAOx3 cooperative c care c/o pain to the (L) Hip, medicated c H(2) Tadalafil #3 PO. DRSG to (L) Hip CDZ. Bilat v ext c 1X4 DRSG to inner legs COT 13 CTA Apex to Base, Ø SOB. BS active x4 tolerating leg diet, Pt voiding c difficulty. Ambulates c crutches. pulses +3 full in ext x4. Nap refill < 3 sec. — (b)(6)-2 g/f
2300 5 MAY 03	VS > BP 106/64 P 67 R 16 T 98.7 SpO2 99
5 May 03 0750	Shift assessment completed. USS. Alert. Lungs CTAC BSE (+), BM (+), voiding spontaneously clear yellow urine. Dressing to (L) Hip - CDZ I also drsg to (L) UE - CDZ. Neuro (C) WNL. Ambulating c crutches, guarded walk. Medicated c T3 2 tabs for c/o R pain. will monitor — (b)(6)-2 MMS
6 May 03 0800	VS > BP 124/82 P 76 R 16 T 98.9 (10) SP 98 (b)(6)-2 9/10
6 May 03 0730	DK to home in stable condition. NO c/o discomfort. — (b)(6)-2 MMS

MEDICAL RECORD

PROGRESS NOTES

DATE

PRE OPERATIVE EVALUATION

General Diagnosis: (2) g III B open tibia Proc. Planned: IAD puc OR Anesth:

Anesthesiologist: Surgeon:

Anesth. Risk Classification:

Vital Signs:

Physical Exam Highlights:

Procedure & risks discussed with patient: YES NO

Prognosis: fair

Signature (b)(6)-2

POST OPERATIVE NOTE

Pre-Operative Dx: (2) g III B, tibia, (2) subtroch fr, (2) closed tibia dx

Post-Operative Dx: SAA

Anesthesia: Procedure: (1) F&D dpc (2) LE

Anesth: (b)(6)-2 Surgeon: (b)(6)-2 Procedure: (2) dressing, (2) @ tugh, (2) leg

Findings: clean wound

- 1. 2. 3. 4. 5. 6.

EBL: I/O: Tissue sent to lab:

Prognosis: fair

Plan: IV Abx x 48h, Need medevac to level 4 facility for IM Nail (2) sub troch.

Signature (b)(6)-2

(Continue on reverse side)

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

WARD NO.

PROGRESS NOTES Medical Record STANDARD FORM 509 (REV. 5-99) Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(B)(10)

DATE	NOTES
4/7/02	<p>0104</p> <p>51p left hand (P) substance (A) LB (P) open need repeat 240 (D) TUS/HUS & ↓pc NPO p n r</p> <div data-bbox="700 431 1017 612" style="border: 1px solid black; width: 206px; height: 85px; margin-left: 455px; margin-top: 203px;">(b)(6)-2</div>
4/8/03 1130	<p>#1 Lower extremity trauma</p> <p>#2 Presumed PE 4/7</p> <p>#3 Anemia</p> <p>Patient no longer hypoxic. On room air. Has been on IV heparin since yesterday @ 1,000 units/hour. For reasons that are unclear his PTT + 2 has not prolonged. H+K today = 5.8/18.0. - will repeat if confirmed (2) units PCIS. No prior CBC's for comparison Can't put umbrella in. Not sure if PTT is accurate. Mild-moderate bleeding. Will plan to treat with heparin + 24 more hours then stop No Lovenox available. Difficult therapeutic dilemma</p> <div data-bbox="940 1436 1259 1500" style="border: 1px solid black; width: 207px; height: 30px; margin-left: 611px; margin-top: 675px;">(b)(6)-2</div>
4/8/03 0925	<p>Brief episode of (D) precordial chest pain worse on coughing, turning and TTP. O2 sat = 97-98%. Assume musculo skeletal origin</p> <div data-bbox="1090 1730 1298 1793" style="border: 1px solid black; width: 135px; height: 30px; margin-left: 708px; margin-top: 813px;">(b)(6)-2</div>

MEDICAL RECORD		PROGRESS NOTES
DATE	NOTES	
4/7/03	Medicine -	
0650	I did not see this patient ^{pre} post-op. He is O2 sat post op ~ 82% on room air. Unknown if he is 1 or 2 days post injury. His lungs are clear and cardiac exam is normal except for rare extra systoles. Will ✓ CXR. Must assume fat emboli or pulmonary emboli from massive lower ext. injury. He will need further surgery tomorrow. We have only IV heparin @ Conc of 1,000 u/cc	
	(b)(6)-2	
0830	CXR - clear lung fields. Must assume either fat emboli or thrombus. Will start on heparin 6,000 a load, 1,000 units/hour. ✓ x PTT before next dose	
	(b)(6)-2	

RELATIONSHIP TO SPONSOR		SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
LAST		FIRST	M ₁	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENTS IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

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

MEDCOM - 5154

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS <small>Include medication and treatment when indicated</small>
	A.M.	P.M.	
4/7/03	0045		<p>Pt arrived via gurney. Initial O₂ sat = 78%. Placed on 10L FM for immediate response. No S/S of resp distress. Pt very sleepy. Multiple lacer to face (R) eye bruised + swollen. L ext. jugular IV S/D. Lungs clear to auscultation. HR 88. Foley draining clear yellow urine (R) on fix of hip + tib fib, (L) on fix of tib fib occurring at insertion sites. Pt wakes to verbal stim. PIV in (R) FA. 0 NS. Continue to monitor</p> <p>0300 Assessed car. O₂ Sat @ 94% a call for Fur.</p> <p>0340 O₂ Sat @ 94% a call. Oper eye. Ok to return to A&C</p> <p>35 O₂ Sat 94% on bed. Report call</p> <p>Job LT</p>

Continue on reverse side

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

(b)(6)-4

NURSING NOTES
 Standard Form 510
 General Services Administration and
 Interagency Committee on Medical Records
 FPMR 101-11.805-6—October 1975
 510-109

CLINICAL RECORD	NURSING NOTES <i>(Sign all notes)</i>
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DATE	HOUR		OBSERVATIONS <i>Include medication and treatment when indicated</i>
	A.M.	P.M.	

4/2/03	0928	P	Pt recumbent for MOR attached to SpO ₂ Cimetidina intravenous. Nasal trumpet for @war ABG Dim bases & saturated, Dexameth 12.5mg up for Risorp
	0948		Rept + called to CR2 Fowler, VSS
	0955		to ward III PAD
	0800		Returned to ward. VSS. Medications for plan
	0800		2mg MS IV. Dsg outab.
	1000		TxC for 2 units PRBCs

Continue on reverse side

PATIENT'S IDENTIFICATION <small>(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)</small>	REGISTER NO.	WARD NO.
(b)(6)-4		

NURSING NOTES
Standard Form 510
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

MEDICAL RECORD	PROGRESS NOTES
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DATE	PRE OPERATIVE EVALUATION
-------------	---------------------------------

General Diagnosis:	Proc. Planned:	Anesth:
Anesthesiologist:	Surgeon:	
Anesth. Risk Classification:		
Vital Signs:		
Physical Exam Highlights:		
Procedure & risks discussed with patient: YES NO		
prognosis:		
Signature		

POST OPERATIVE NOTE

Pre-Operative Dx:	Fx @ femur Fx @ Tib/fib @ Tib Fib		
Post-Operative Dx:	SAA		
Anesthesia:	Procedure: CR Ex Fix femur @		
Surgeon:	(b)(6)-2	(b)(6)-2	" Tibia @
Findings:	" Tibia @		
1.	As above		
2.			
3.			
4.			
5.			
6.			

EBL:	110:	Tissue sent to lab:
Prognosis: fair		
Plan:	Repeat Pao @ Tibia to 48°	
	(b)(6)-2	
Signature		

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)	REGISTER NO.	WARD NO.
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PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5-99)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(B)(10)

Patient Profile

(b)(6)-4

32

Allergies	Vital Signs	Diet	Activity
	q 1 2 (4) 8 12	4/8/03 Reg	4/7 BED REST
	Call MD for:		
	HR < ___ >		
	BP < ___ / ___ >		
	RR < ___ >	Dressing Changes Wet to dry qd Starts 4/9/03	
	SpO2 _____		
	Temp > _____		
	UOP < _____		

IV Therapy		O ₂ /Vent Settings	Misc
Fluid	Rate	O ₂ 3 lpm titrate O ₂	
		FiO ₂ Sat = 90%	
		Mode	
		Rate	
		PEEP/PS	

Diagnosis	Daily Labs/Xrays/Procedures
4/7/03 Fx FEMUR	Daily CBC/PTT 4/9 <input checked="" type="checkbox"/> 4/10 <input checked="" type="checkbox"/> @ 0700
Fx (R) & (L) TIBIA	4/11
Condition	

ONE TIME ORDERS

- 4/7/03 CBC -
- 4/7/03 AP (R) FEMUR AP (L) ANTD (L) TIBIAS
- 4/7/03 CXR ~~X~~
- Antibiotic PTT in hours Call results to Capt Fout ~~at~~
- 4/8/03 ~~X~~ CBC 1 PTT/PT @ 0630 0530 Daily
- 4/8/03 - Pt on medivac list
called Person E 1329

(b)(6)-2

TE WARD - 24 HOUR FLOW SHEET

18:00	19:00	20:00	21:00	22:00	23:00	0:00	1:00	2:00	3:00	4:00	5:00	6:00
92%					89.27 84 20			87.35		77		
W					↓				↓			
P									↑			
^					↑				↑			
100.1					99.6				99.4			
												Temp

glabellar tap or loud auditory stimulus						6 - No response to light glabellar tap or loud auditory stimulus					
it glabellar tap or loud auditory stimulus											

(b)(6)-4

(b)(3)-1

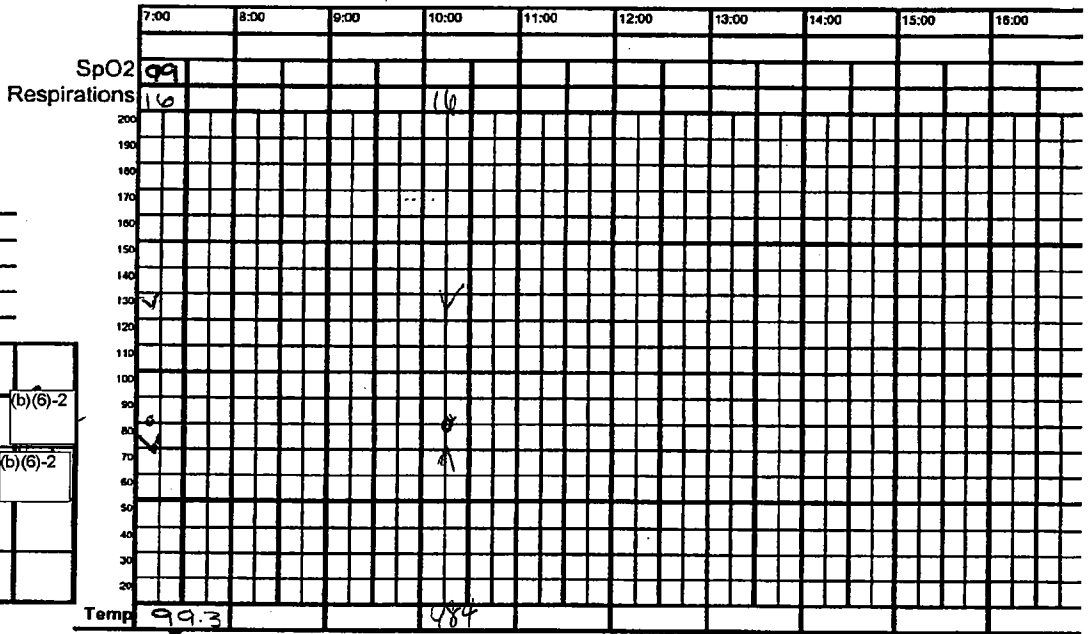
Addressograph:

(b)(6)-4

Date: 4/8/03
Allergies

Diagnosis
Age:
DOB:

SIGNATURE
(b)(6)-2
(b)(6)-2



IV'S	NS 1000									
	CR 1000									
	20 packed cell									
INTAKE	PO									
	NG/TF									
	Other									
	Cummulative Intake									
OUTPUT	Urine Volume									
	Emesis									
	NG Residual/sump									
	Bowel Movement									
	OTHER									
	Cummulative Output									
RAMSEY SEDATION SCALE: 1 - Pt. Anxious and irritated or restless 2 - Cooperative, oriented and tranquil 4 - Brisk response to commands 3 - Responds to commands only 5 - Sluggish response to commands										
PAIN	Medicated									
	Dose / Route									
	Intensity (1-10) Pre / Post Med									
	Sedation Scale									
Nursing care	BATH PARTIAL/COMPLETE									
	ACTIVITY(Turn L, R, B, ch, amb)									
	IV Site CDI? Q2 hrs									
	IV Site CDI? Q2 hrs									
	TCBD									
	Wound care									
Miscellaneous										

MEDCOM - 5160

1900-0700		Time	Signature	0630 V/S																									
NEUROLOGICAL	Level of Consciousness			HR 80 T 98.5																									
	Oriented to: Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/>			BP 108/80 R 16																									
	Responds to: Verbal <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Unresponsive <input type="checkbox"/>			(b)(6)-2																									
	Pupils																												
NEUROLOGICAL	Size /																												
	<table border="1"> <tr> <td></td> <td>R</td> <td>L</td> <td></td> </tr> <tr> <td></td> <td>3</td> <td>1.5</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1.5</td> </tr> </table>				R	L			3	1.5	3				1.5														
		R	L																										
		3	1.5	3																									
			1.5																										
Motor Strength																													
<table border="1"> <tr> <td></td> <td>S = Strong</td> <td>Upper</td> <td>L</td> <td>R</td> </tr> <tr> <td></td> <td>W = Weak</td> <td></td> <td>5</td> <td>5</td> </tr> <tr> <td></td> <td>TR = Trace</td> <td>Lower</td> <td>L</td> <td>R</td> </tr> <tr> <td></td> <td>A = Absent</td> <td></td> <td>w</td> <td>w</td> </tr> </table>				S = Strong	Upper	L	R		W = Weak		5	5		TR = Trace	Lower	L	R		A = Absent		w	w							
	S = Strong	Upper	L	R																									
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<input type="checkbox"/> See Narrative																													
CARDIOVASCULAR	Pulses																												
	<table border="1"> <tr> <td></td> <td>R</td> <td>L</td> <td>R</td> <td>L</td> </tr> <tr> <td>Radial</td> <td>+</td> <td>+</td> <td>+</td> <td>+</td> </tr> <tr> <td>Femoral</td> <td>+</td> <td>+</td> <td>+</td> <td>+</td> </tr> <tr> <td>Posterior Tibial</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dorsalis Pedis</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				R	L	R	L	Radial	+	+	+	+	Femoral	+	+	+	+	Posterior Tibial					Dorsalis Pedis					
		R	L	R	L																								
	Radial	+	+	+	+																								
Femoral	+	+	+	+																									
Posterior Tibial																													
Dorsalis Pedis																													
+ = Normal - = Weak 0 = Absent																													
Rhythm: _____ Ectopy: _____																													
Murmur: _____ Rub: _____ S1: _____ S2: _____																													
Neck Veins: _____																													
Edema: _____																													
<input type="checkbox"/> See Narrative																													
RESPIRATORY	Breath Sounds: <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Bilat.																												
	Location:																												
	Crackles / Rales: _____ Dim: _____																												
	Wheezes: _____ Absent: _____																												
Rhonchi: _____																													
Cough: Productive / Unproductive: _____																													
Sputum: Color and Character: _____																													
Tubes: <input type="checkbox"/> ET <input type="checkbox"/> Trach																													
Size: _____ Location: _____																													
O2: <input type="checkbox"/> Canula <input type="checkbox"/> Mask																													
Chest Tubes: _____																													
<input type="checkbox"/> See Narrative																													
GASTROINTESTINAL	Observation: <u>Flat</u>																												
	Auscultation: <u>140</u>																												
	Palpation: <u>NO DIS COMFORT</u>																												
	<table border="1"> <tr> <td><input type="checkbox"/> Incontinent</td> <td><input type="checkbox"/> Formed</td> <td><input type="checkbox"/> Soft</td> </tr> <tr> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Liquid</td> <td><input type="checkbox"/> Hard</td> </tr> </table>			<input type="checkbox"/> Incontinent	<input type="checkbox"/> Formed	<input type="checkbox"/> Soft	<input type="checkbox"/> Frequent	<input type="checkbox"/> Liquid	<input type="checkbox"/> Hard																				
<input type="checkbox"/> Incontinent	<input type="checkbox"/> Formed	<input type="checkbox"/> Soft																											
<input type="checkbox"/> Frequent	<input type="checkbox"/> Liquid	<input type="checkbox"/> Hard																											
Tubes / Bags / Suction / Drainage:																													
<input type="checkbox"/> See Narrative <input type="checkbox"/> NGT Placement																													
GU	<input checked="" type="checkbox"/> Void Urine: Color / Character																												
	<u>yellowish /</u>																												
	Catheter: <u>yes</u>																												
Other: _____																													
<input type="checkbox"/> See Narrative																													
SKIN	Color / Turgor / Temperature / Moisture																												
	<u>Warm Dry Pink</u>																												
	Incisions / Dressings / Lesions / Dermal Ulcers																												
<u>BL Blisters on both legs</u>																													
<input type="checkbox"/> See Narrative																													

MEDCOM - 5161

0700-1900 Time		Signature		RT HAS EX FIXES ON BOTH LEGS RT IS ALSO PRESENT C EDOMA TO BOTH FEET.								
NEUROLOGICAL	Level of Consciousness		VERBAL CUES		0920 90 client disoriented & H/A. 1/8 (b)(6)-2 notified. EKG done (b)(6)-2							
	Oriented to: Person ___ Place ___ Time ___											
	Responds to: Verbal ___ Pain ___ Unresponsive											
	Pupils		R PERZL L PERZL									
Size / Reaction:		2 / 2										
Motor Strength		S = Strong Upper L R										
Extremities:		W = Weak										
		TR = Trace										
		A = Absent Lower										
		<table border="1"> <tr> <td>L</td> <td>R</td> </tr> <tr> <td>S</td> <td>S</td> </tr> <tr> <td>L</td> <td>R</td> </tr> <tr> <td>W</td> <td>W</td> </tr> </table>		L	R	S	S	L	R	W	W	
L	R											
S	S											
L	R											
W	W											
		<input checked="" type="checkbox"/> See Narrative										
CARDIOVASCULAR	Pulses		R L R L									
	Radial		+ +									
	Femoral											
	Posterior Tibial											
		Dorsalis Pedis		+ +								
		+=Normal - =Weak 0 =Absent										
Rhythm:		Ectopy:										
Murmur: ___ Rub: ___ S1: ___ S2: ___												
Neck Veins:		FLAT										
Edema:												
		<input type="checkbox"/> See Narrative										
RESPIRATORY	Breath Sounds:		<input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Bilat									
	Location:											
	Crackles /Rales:		Dim: ___									
	Wheezes:		Absent: ___									
Rhonchi:												
Cough: Productive / Unproductive:												
Sputum: Color and Character:												
Tubes: <input type="checkbox"/> ET <input type="checkbox"/> Trach												
Size: ___ Location: ___												
O2: <input type="checkbox"/> Canula <input type="checkbox"/> Mask												
Chest Tubes:												
		<input type="checkbox"/> See Narrative										
GASTROINTESTINAL	Observation:		FLAT									
	Auscultation:		+40									
	Palpation:		NO DISCOMFORT									
	Stool: <input type="checkbox"/> Incontinent <input type="checkbox"/> Formed <input type="checkbox"/> Soft											
		<input type="checkbox"/> Frequent <input type="checkbox"/> Liquid <input type="checkbox"/> Hard										
Diet:												
Tubes / Bags / Suction / Drainage:												
		<input type="checkbox"/> See Narrative <input type="checkbox"/> NGT Placement										
GENITAL	Void		Urine: Color / Character									
	Catheter:											
	Other:											
			<input type="checkbox"/> See Narrative									
SKIN	Color / Turgor / Temperature / Moisture		WARM PINK DRY									
	Incisions / Dressings / Leisions / Dermal Ulcers		EX FIXES ON BOTH LEGS									
			<input type="checkbox"/> See Narrative									

MEDCOM - 5162

(b)(3)-1

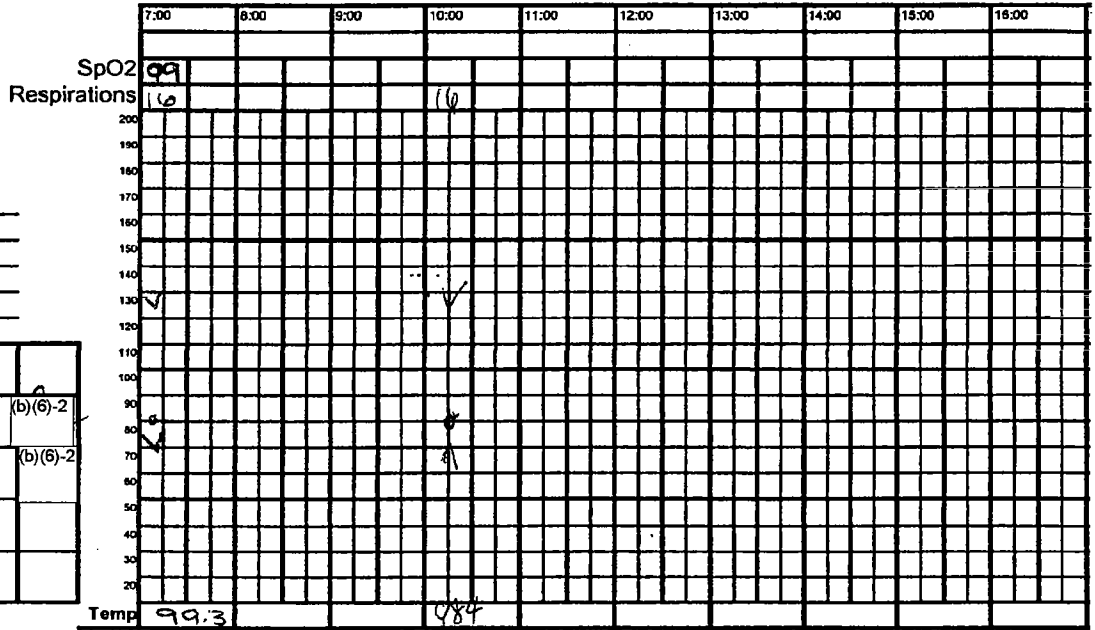
Addressograph:

(b)(6)-4

Date: 4/8/03
Allergies

Diagnosis
Age:
DOB:

SIGNATURE
(b)(6)-2
(b)(6)-2
(b)(6)-2



IV'S	NS 1000									
	CR 1000									
	20 packed cell									
INTAKE	PO									
	NG/TF									
	Other									
OUTPUT	Cummulative Intake									
	Urine Volume									
	Emesis									
	NG Residual/sump									
	Bowel Movement									
OTHER										
Cummulative Output										

RAMSEY SEDATION SCALE: 1 - Pt. Anxious and irritated or restless 2 - Cooperative, oriented and tranquil 3 - Responds to commands only 4 - Brisk response to commands 5 - Sluggish response to commands

PAIN	Medicated									
	Dose / Route									
	Intensity (1-10) Pre / Post Med									
	Sedation Scale									
Nursing care	BATH PARTIAL/COMPLETE									
	ACTIVITY(Turn L, R, B, ch, amb)									
	IV Site CDI? Q2 hrs									
	IV Site CDI? Q2 hrs									
	TCBD									
Wound care										
Miscellaneous										

1900-0700		Time	Signature	1700 - Received report from allging shift. Pt recently bleed @ this time. No 3/4 of reaction noted. Pt sitting up in gurney. Transfusion has slowed.
NEUROLOGICAL	Level of Consciousness Oriented to: Person <u>X</u> Place <u>X</u> Time <u>X</u> Responds to: Verbal <u>X</u> Pain ___ Unresponsive ___ Pupils: R L Size: <u>3</u> <u>B</u> <u>3</u> <u>B</u> Motor Strength: S = Strong Upper L R W = Weak TR = Trace A = Absent Lower L R <input type="checkbox"/> See Narrative			1700-1710 - New I.V. site obtained to @ FA. Blood administration site A + from @ ES to @ FA. Patent and red blood cells administered. will continue to monitor.
	Pulses R L R L Radial <u>+</u> <u>+</u> Posterior Tibial <u>+</u> <u>+</u> Femoral <u>+</u> <u>+</u> Dorsalis Pedis <u>+</u> <u>+</u> + = Normal - = Weak 0 = Absent Rhythm: <u>NSR</u> Ectopy: ___ Murmur: ___ Rub: ___ S1: <input checked="" type="checkbox"/> S2: <input checked="" type="checkbox"/> Neck Veins: <u>flat, nondistended</u> Edema: ___ <input type="checkbox"/> See Narrative			
CARDIOVASCULAR	Breath Sounds: <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Bilat Location: Crackles / Rales: ___ Dim: ___ Wheezes: ___ Absent: ___ Rhonchi: ___ Cough: Productive / Unproductive: ___ Sputum: Color and Character: ___ Tubes: <input type="checkbox"/> ET <input type="checkbox"/> Trach Size: ___ Location: ___ O2: <input type="checkbox"/> Canula <input type="checkbox"/> Mask Chest Tubes: ___ <input type="checkbox"/> See Narrative			
	Observation: <u>flat, non distended</u> Auscultation: <u>BS all 4 quadrants</u> Palpation: <u>no masses palpated, non tender</u> Stool: <input type="checkbox"/> Incontinent <input type="checkbox"/> Formed <input type="checkbox"/> Soft <input type="checkbox"/> Frequent <input type="checkbox"/> Liquid <input type="checkbox"/> Hard Tubes Bags Suction Drainage: <input type="checkbox"/> See Narrative <input type="checkbox"/> NGT Placement			
RESPIRATORY	<input type="checkbox"/> Void Urine: Color / Character <u>Foley to Gravity, Clear yellow</u> Catheter: <u>+</u> Other: ___ <input type="checkbox"/> See Narrative			
	Color / Turgor / Temperature / Moisture <u>Pink, warm, moist</u> Incisions / Dressings / Lesions / Dermal Ulcers <u>Pt has ex fix bilat LE. dressing to @ foot @</u> <input type="checkbox"/> See Narrative			
GASTROINTESTINAL				
GU				
SKIN				

MEDCOM - 5164

(b)(6)-4

0700:1900 Time: Signature:

Level of Consciousness VERBAL CUES
 Oriented to: Person 1 Place 1 Time 1
 Responds to: Verbal 1 Pain 1 Unresponsive
 Pupils R PERILL L PERILL
 Size / Reaction: 2 1 3 2 1 3
 Motor Strength S = Strong Upper L R
 Extremities: W = Weak 5 5
 TR = Trace L R
 A = Absent Lower W W
 See Narrative

Pulses R L R L
 Radial + + Posterior Tibial + +
 Femoral + + Dorsalis Pedis + +
 += Normal - = Weak 0 = Absent
 Rhythm: Reg Ectopy: 0
 Murmur: 0 Rub: 0 S1: + S2: +
 Neck Veins: FLAT
 Edema:
 See Narrative

Breath Sounds: Clear Bilat
 Location:
 Crackles / Rales: 0 Dim: 0
 Wheezes: 0 Absent: 0
 Rhonchi: 0
 Cough: Productive / Unproductive
 Sputum: Color and Character
 Tubes: ET Trach
 Size: 0 Location: 0
 O2: Canula Mask
 Chest Tubes:
 See Narrative

Observation: FLAT
 Auscultation: +4R
 Palpation: NO DISCOMFORT
 Stool: Incontinent Formed Soft
 Frequent Liquid Hard
 Diet: Reg

Tubes / Bags / Suction / Drainage:
 See Narrative NGT Placement

Void Urine: Color / Character
 Catheter: fully sock in position
 Other:
 See Narrative

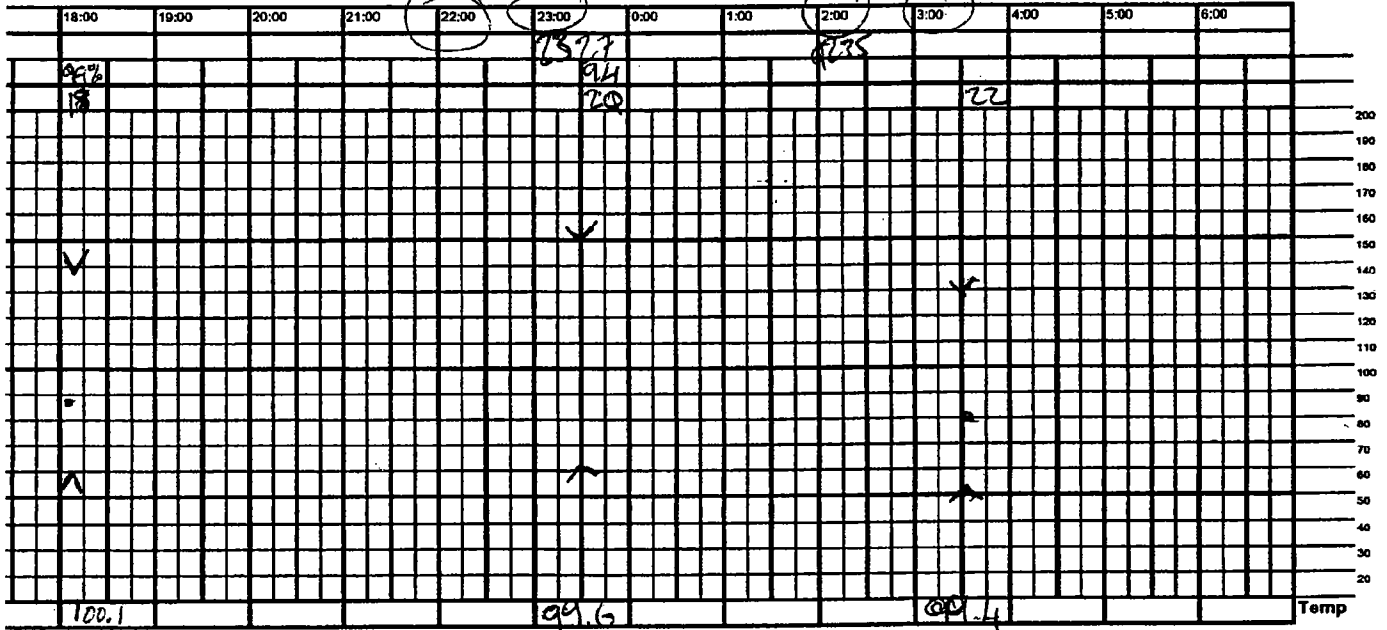
Color / Turgor / Temperature / Moisture
WARM DINK DRY
 Incisions / Dressings / Lesions / Dermal Ulcers
(P) THIGH (P) SHIN (C) SHIN
 See Narrative

PT COMPLAINS OF PAIN IN BOTH LEGS.

Returned from OR 12:45. VS, i. Sp intact. Medications + procedures per chart & Meds.

(b)(6)-2

INTENSIVE CARE WARD - 24 HOUR FLOW SHEET



								1000 cc				

MEDCOM - 5166

ETHOSPNCIA 632074 (1/03)

1900-0700	Time:	Signature:	M/30 V/S
NEUROLOGICAL	Level of Consciousness		HR 80 T 98.5
	Oriented to: Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/>		BP 108/80 R 14
	Responds to: Verbal <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Unresponsive <input type="checkbox"/>		(b)(6)-2
	Pupils		
Size /		R 3 1/8 L 3 1/8	
Motor Strength		S = Strong Upper L 5 R 5	
Extremities:		W = Weak L w R w	
		TR = Trace	
		A = Absent Lower	
<input type="checkbox"/> See Narrative			
CARDIOVASCULAR	Pulses		
	Radial		R + L +
	Femoral		R + L +
	Posterior Tibial		R + L +
Dorsalis Pedis		R + L +	
		+ = Normal - = Weak 0 = Absent	
Rhythm: _____ Ectopy: _____			
Murmur: _____ Rub: _____ S1: _____ S2: _____			
Neck Veins: _____			
Edema: _____			
<input type="checkbox"/> See Narrative			
RESPIRATORY	Breath Sounds: <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Bilat		
	Location:		
	Crackles / Rales: _____ Dim: _____		
	Wheezes: _____ Absent: _____		
Rhonchi: _____			
Cough: Productive <input type="checkbox"/> unproductive: <input type="checkbox"/>			
Sputum: Color and Character: _____			
Tubes: <input type="checkbox"/> ET <input type="checkbox"/> Trach			
Size: _____ Location: _____			
O2: <input type="checkbox"/> Canula <input type="checkbox"/> Mask			
Chest Tubes: _____			
<input type="checkbox"/> See Narrative			
GASTROINTESTINAL	Observation: <u>Flat</u>		
	Auscultation: <u>+LO</u>		
	Palpation: <u>NO DIS COMFORT</u>		
	Stool: <input type="checkbox"/> Incontinent <input type="checkbox"/> Formed <input type="checkbox"/> Soft		
		<input type="checkbox"/> Frequent <input type="checkbox"/> Liquid <input type="checkbox"/> Hard	
Tubes Bags Suction Drainage:			
<input type="checkbox"/> See Narrative <input type="checkbox"/> NGT Placement			
GU	<input checked="" type="checkbox"/> Void Urine: Color / Character		
	Catheter: <u>yes</u>		
	Other: _____		
<input type="checkbox"/> See Narrative			
SKIN	Color / Turgor Temperature Moisture		
	<u>Warm Dry Pink</u>		
	Incisions / Dressings / Lesions / Dermal Ulcers		
<u>EX Blisters on both legs</u>			
<input type="checkbox"/> See Narrative			

MEDCOM - 5167

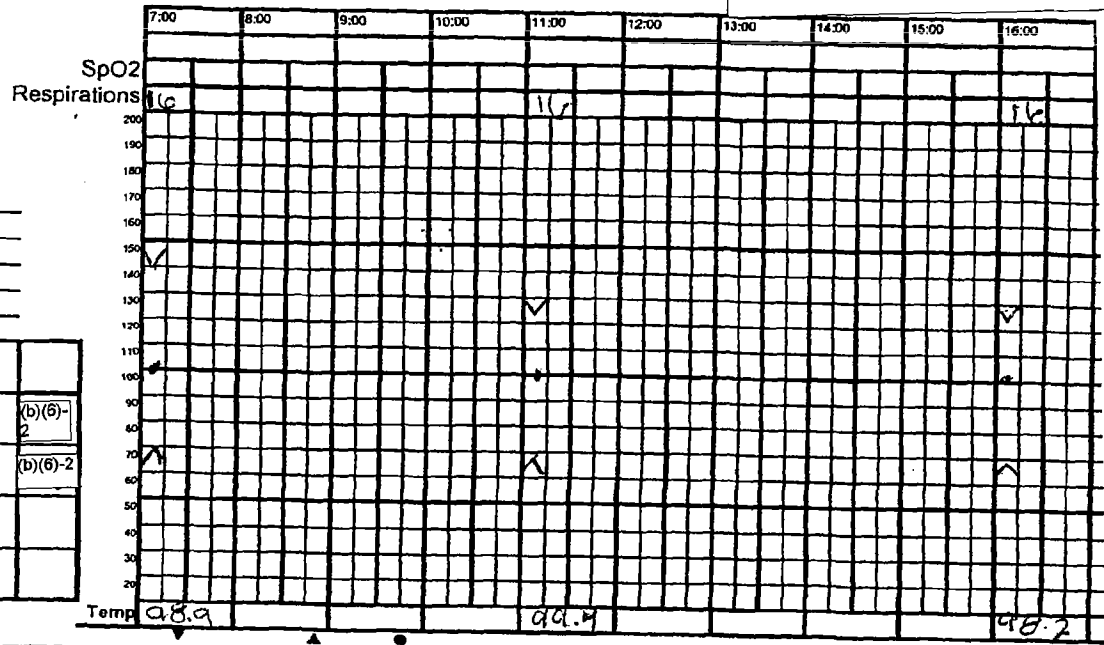
(b)(3)-1

Addressograph:

(b)(6)-4

Date: 4/9/03
Allergies _____
Diagnosis _____
Age: _____
DOB: _____

SIGNATURE
(b)(6)-2
(b)(6)-2



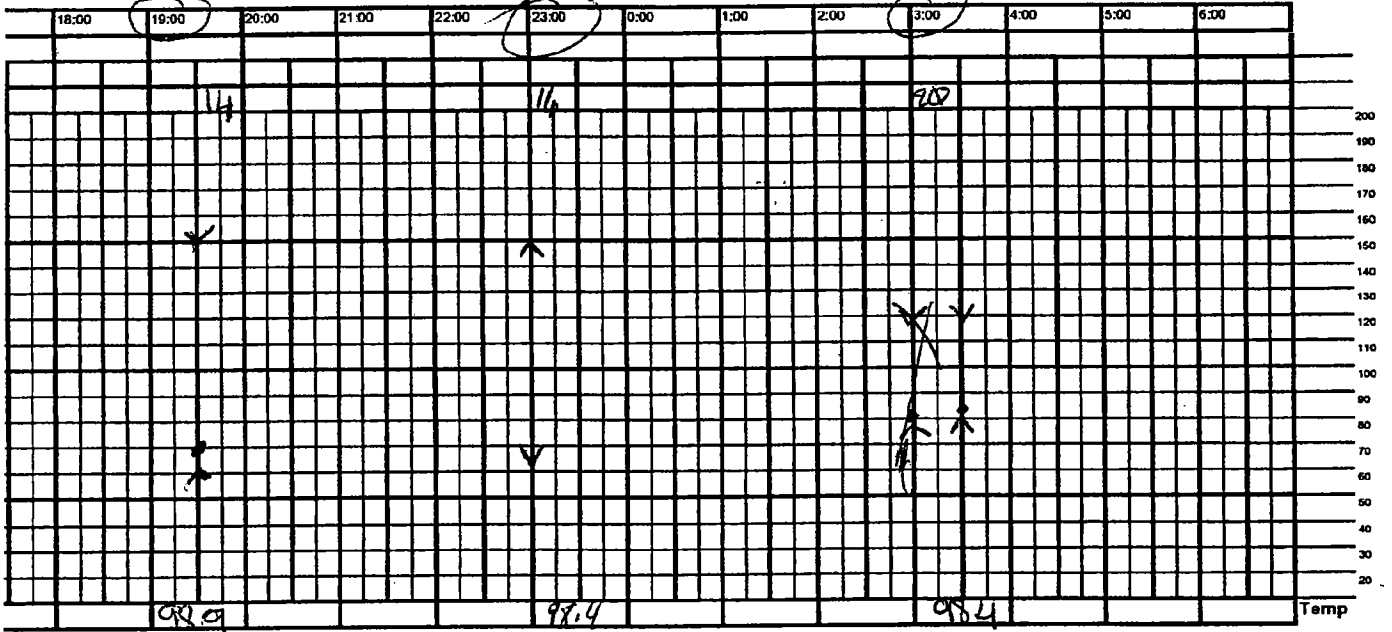
IVS	Roll IV										
	IVPB ANCEF										50
INTAKE	PO										
	NG/TF										
	Other										
	Cummulative Intake										
OUTPUT	Urine Volume										1400
	Emesis										
	NG Residual/sump										
	Bowel Movement										
	OTHER										
	Cummulative Output										

RAMSEY SEDATION SCALE:
1 - Pt. Anxious and Irritated or restless
2 - Cooperative, oriented and tranquil
3 - Responds to commands only
4 - Brisk response to lig
5 - Sluggish response to lig

PAIN	Medicated	0640	0730								
	Dose / Route	1ul #3	ms							1400	
	Intensity (1-10) Pre / Post Med	0	4mg IV							ms	
Nursing care	Sedation Scale	PO	J							40mg IV	
	BATH PARTIAL/COMPLETE										
	ACTIVITY(Turn L, R, B, ch, amb)	✓									
	IV Site CDI? Q2 hrs	✓									
	IV Site CDI? Q2 hrs										
	TCBD										
Miscellaneous	Wound care									✓	

MEDCOM - 5168

TE WARD - 24 HOUR FLOW SHEET



light glabellar tap or loud auditory stimulus 6 - No response to light glabellar tap or loud auditory stimulus

MEDCOM - 5169

FI THOSPNCI A 6320/1 (1/03)

0700-1900 Time: Signature:

Level of Consciousness VERBAL CUES
Oriented to: Person ___ Place ___ Time ___
Responds to: Verbal ___ Pain ___ Unresponsive ___
Pupils R PERIL L PERIL
Size / Reaction: 2 / 2
Motor Strength S = Strong Upper L R
Extremities: W = Weak
TR = Trace
A = Absent Lower

S	S
W	W

 See Narrative

Pulses R L R L
Radial + + Posterior Tibial ___ ___
Femoral ___ ___ Dorsalis Pedis + +
+ = Normal - = Weak 0 = Absent
Rhythm: ___ Ectopy: ___
Murmur: ___ Rub: ___ S1: ___ S2: ___
Neck Veins: FLAT
Edema: ___
 See Narrative

Breath Sounds: Clear Bilat
Location: ___
Crackles / Rales: ___ Dim: ___
Wheezes: ___ Absent: ___
Rhonchi: ___
Cough: Productive Unproductive: ___
Sputum: Color and Character: ___
Tubes: ET Trach
Size: ___ Location: ___
O2: Canula Mask
Chest Tubes: ___
 See Narrative

Observation: FLAT
Auscultation: +H0
Palpation: NO DISCOMFORT
Stool: Incontinent Formed Soft
 Frequent Liquid Hard
Diet: ___
Tubes / Bags / Suction / Drainage: ___
 See Narrative NGT Placement

Void Urine: Color / Character ___
Catheter: ___
Other: ___
 See Narrative

Color / Turgor / Temperature / Moisture
WARM PINK DRY
Incisions / Dressings / Lesions / Dermal Ulcers
EX FIXES ON BOTH
LEGS
 See Narrative

RT HAS EX FIXES ON BOTH LEGS
RT IS ALSO PRESENT F EDOMA
TO BOTH FEET.

0920 90 client discomfort + H/A. Is
notified. EKG done

(b)(6)-2
(b)(6)-2

MEDCOM - 5170

(b)(3)-1

Addressograph:

(b)(6)-4

Date: 4/7/03

Allergies

Diagnosis

Age:

DOB:

SIGNATURE	
(b)(6)-2	(b)(6)-2

	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14W	15:00	16:00
SpO2	97		96		96					
Respirations	16				16				16	
Temp	95.7				98.2				99.7	

IVS	NS IVPB Heparin									
			50	1000				100		
INTAKE	PO									
	NG/TF									
	Other									
	Cummulative Intake									
OUTPUT	Urine Volume									
	Emesis									
	NG Residual/sump									
	Bowel Movement									
	OTHER									
Cummulative Output										

RAMSEY SEDATION SCALE: 1 - Pt. Anxious and Irritated or restless 2 - Cooperative, oriented and tranquil 3 - Responds to commands only 4 - Brisk response to commands 5 - Sluggish response

PAIN	Medicated									
	Dose / Route			MS						
Intensity (1-10) Pre / Post Med			5							
Sedation Scale			IV							
Nursing care	BATH PARTIAL/COMPLETE									
	ACTIVITY (Turn L, R, B, ch, amb)			✓						
	IV Site CDI? Q2 hrs			✓						
	IV Site CDI? Q2 hrs									
	TCBD									
Wound care										
Miscellaneous	pulse ox	92%	96%	96-98%	95-96%	98%				
		O2 210L	O2 426							

MEDCOM - 5172

1900-0700 Time		Signature		2120 - lab PT/PTV drain sent to lab (b)(6)-2															
NEUROLOGICAL	Level of Consciousness		Oriented to: Person <input checked="" type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/>		2330 - Received Hepid orders (b)(6)-2 DOW - Pt complaint of pain, dressin saturated Dressing reinforced (b)(6)-2														
	Responds to: Verbal <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Unresponsive <input type="checkbox"/>		Pupils <u>PEARLA</u>																
	Size /		<table border="1"> <tr> <td>R</td> <td>L</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			R	L	<input type="checkbox"/>	<input type="checkbox"/>										
	R	L																	
<input type="checkbox"/>	<input type="checkbox"/>																		
Motor Strength		<table border="1"> <tr> <td colspan="2">S = Strong Upper</td> </tr> <tr> <td>L</td> <td>R</td> </tr> <tr> <td><u>S</u></td> <td><u>S</u></td> </tr> <tr> <td colspan="2">W = Weak</td> </tr> <tr> <td colspan="2">TR = Trace</td> </tr> <tr> <td colspan="2">A = Absent Lower</td> </tr> <tr> <td>L</td> <td>R</td> </tr> <tr> <td><u>W</u></td> <td><u>W</u></td> </tr> </table>		S = Strong Upper		L	R	<u>S</u>	<u>S</u>	W = Weak		TR = Trace		A = Absent Lower		L	R	<u>W</u>	<u>W</u>
S = Strong Upper																			
L	R																		
<u>S</u>	<u>S</u>																		
W = Weak																			
TR = Trace																			
A = Absent Lower																			
L	R																		
<u>W</u>	<u>W</u>																		
<input type="checkbox"/> See Narrative																			
CARDIOVASCULAR	Pulses		<table border="1"> <tr> <td>R</td> <td>L</td> <td>R</td> <td>L</td> </tr> <tr> <td>Radial <u>+</u></td> <td>Radial <u>+</u></td> <td>Posterior Tibial <u>+</u></td> <td>Posterior Tibial <u>+</u></td> </tr> <tr> <td>Femoral <u>+</u></td> <td>Femoral <u>+</u></td> <td>Dorsalis Pedis <u>+</u></td> <td>Dorsalis Pedis <u>+</u></td> </tr> </table>		R	L	R	L	Radial <u>+</u>	Radial <u>+</u>	Posterior Tibial <u>+</u>	Posterior Tibial <u>+</u>	Femoral <u>+</u>	Femoral <u>+</u>	Dorsalis Pedis <u>+</u>	Dorsalis Pedis <u>+</u>			
	R	L	R	L															
	Radial <u>+</u>	Radial <u>+</u>	Posterior Tibial <u>+</u>	Posterior Tibial <u>+</u>															
	Femoral <u>+</u>	Femoral <u>+</u>	Dorsalis Pedis <u>+</u>	Dorsalis Pedis <u>+</u>															
Rhythm: <u>MM</u>		Ectopy: <input type="checkbox"/>																	
Murmur: <input type="checkbox"/> Rub: <input type="checkbox"/> S1: <input type="checkbox"/> S2: <input type="checkbox"/>		Neck Veins: <input type="checkbox"/>																	
Edema: <u>Bilat LE edema</u>		<input type="checkbox"/> See Narrative																	
RESPIRATORY	Breath Sounds: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Bilat		Location: <input type="checkbox"/>																
	Crackles / Rales: <input type="checkbox"/>		Dim: <input type="checkbox"/>																
	Wheezes: <input type="checkbox"/>		Absent: <input type="checkbox"/>																
	Rhonchi: <input type="checkbox"/>		Cough: <input type="checkbox"/> Productive / <input type="checkbox"/> Unproductive																
Sputum: <input type="checkbox"/>		Color and Character: <input type="checkbox"/>																	
Tubes: <input type="checkbox"/> ET <input type="checkbox"/> Trach		Size: <input type="checkbox"/> Location: <input type="checkbox"/>																	
O2: <input type="checkbox"/> Canula <input checked="" type="checkbox"/> Mask		Chest Tubes: <input type="checkbox"/>																	
<input type="checkbox"/> See Narrative																			
GASTROINTESTINAL	Observation: <u>PIAT</u>		Auscultation: <u>IRB</u>																
	Palpation: <u>soft</u>		Stool: <input type="checkbox"/> Incontinent <input type="checkbox"/> Formed <input type="checkbox"/> Soft																
			<input type="checkbox"/> Frequent <input type="checkbox"/> Liquid <input type="checkbox"/> Hard																
	Tubes / Bags / Suction / Drainage: <input type="checkbox"/>		<input type="checkbox"/> See Narrative <input type="checkbox"/> NGT Placement																
GU	<input type="checkbox"/> Void		Urine: <u>Color</u> / Character <u>yellow</u>																
	Catheter: <u>Foley</u>		Other: <input type="checkbox"/>																
	<input type="checkbox"/> See Narrative																		
SKIN	Color / Turgor / Temperature / Moisture: <u>Normal</u>		Incisions / Dressings / Leisions / Dermal Ulcers: <input type="checkbox"/>																
	<input checked="" type="checkbox"/> See Narrative																		

MEDCOM - 5173

0700-1900 Time: Signature:

Level of Consciousness VERBA - CUES
Oriented to: Person ___ Place ___ Time ___
Responds to: Verbal ___ Pain ___ Unresponsive ___
Pupils R L
Size / Reaction: 2 / React 2 / React L
Motor Strength S = Strong W = Weak TR = Trace A = Absent
Extremities: Upper L R S S
Lower L R S S
 See Narrative

0800 Resting comfortably. O2 at 2L via mask. O2 Sat @ 96%. Taken to X-ray for chest film. Suspected PE. Will start Heparin drip. (b)(6)-2

Heparin 6,000 bolus infused & diffently. Heparin drip started (b)(6)-2

Pulses R L R L
Radial + + Posterior Tibial ___ ___
Femoral ___ ___ Dorsalis Pedis + +
+ = Normal - = Weak 0 = Absent
Rhythm: ___ Ectopy: ___
Murmur: ___ Rub: ___ S1: ___ S2: ___
Neck Veins: ___
Edema: ___
 See Narrative

Breath Sounds: Clear Bilat
Location: ___
Crackles / Rales: ___ Dim: ___
Wheezes: ___ Absent: ___
Rhonchi: ___
Cough: Productive / Unproductive: ___
Sputum: Color and Character: ___
Tubes: ET Trach
Size: ___ Location: ___
O2: Canula Mask
Chest Tubes: ___
 See Narrative

Observation: FLAT
Auscultation: +u @
Palpation: NO DISCOMFORT
Stool: Incontinent Formed Soft
 Frequent Liquid Hard
Diet: ___

Tubes / Bags / Suction / Drainage: ___
 See Narrative NGT Placement

Void Urine: Color / Character ___

Catheter: ___
Other: ___
 See Narrative

Color / Turgor / Temperature / Moisture COOL MOIST PINK
Inclisions / Dressings / Lesions / Dermal Ulcers
(R) SHIN (L) SHIN (R) THIGH
 See Narrative

MEDCOM - 5174

ICU WARD - 24 HOUR FLOW SHEET

18:00	19:00	20:00	21:00	22:00	23:00	0:00	1:00	2:00	3:00	4:00	5:00	6:00
				91.40				94.20				
				89.80				94.20				
				↓				↑				
				92.4								
				↓				↓				
				↑								
				98.5				97.5				
Temp												

		1000			5000							
				1100				400				

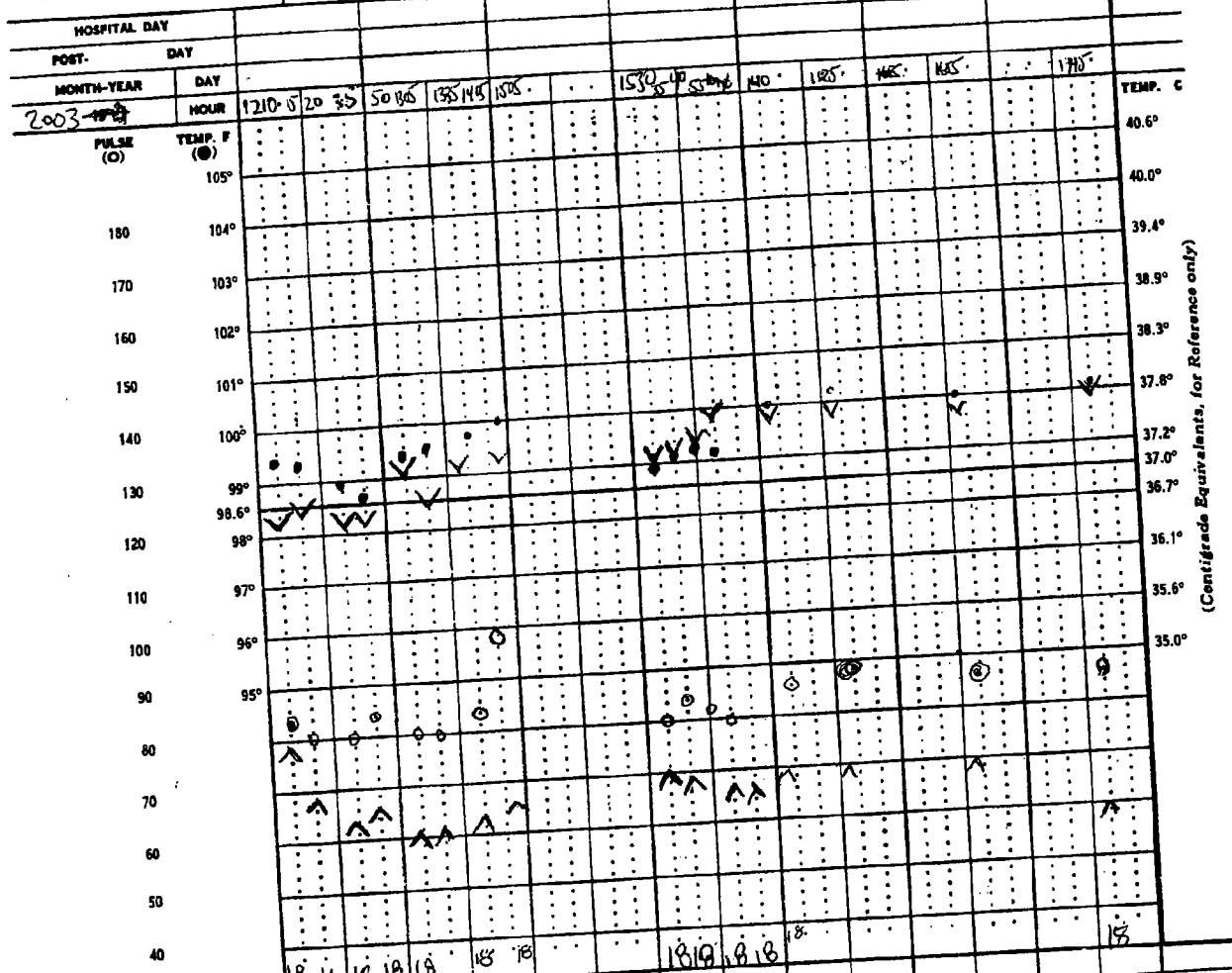
light glabellar tap or loud auditory stimulus
 No response to light glabellar tap or loud auditory stimulus
 light glabellar tap or loud auditory stimulus

MEDCOM - 5175

FLTHOSPNCCLA 6320/1 (1/03)

MEDICAL RECORD

VITAL SIGNS RECORD



RESPIRATION RECORD

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: **WEIGHT:**

18 16 18 18 18 18 78 18 18 18 18 18

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

REGISTER NO. **WARD NO.**

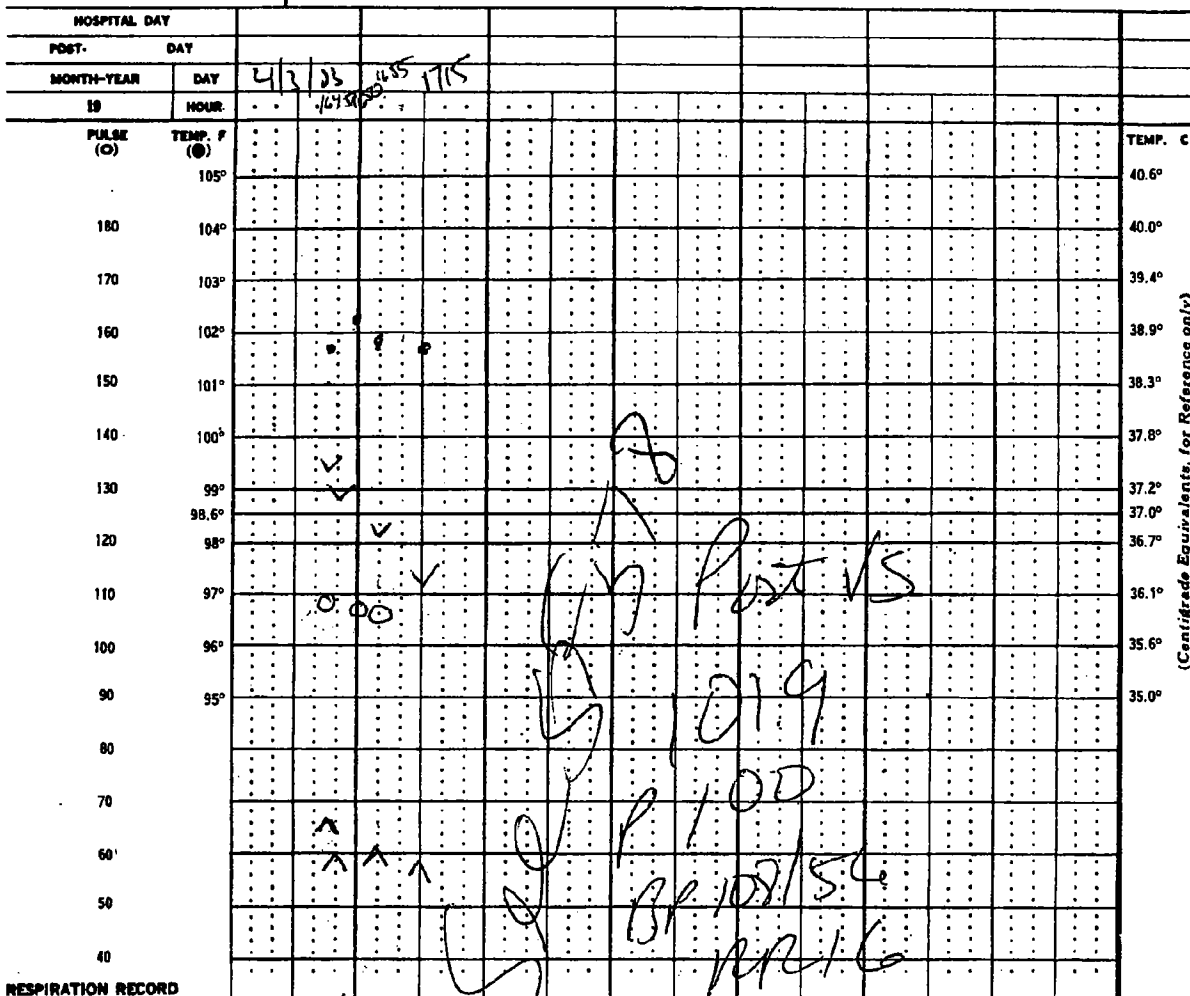
VITAL SIGNS RECORD
STANDARD FORM 511 (REV. 9-79)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-45.505
 511-113

U.S. Government Printing Office • 1991 — 281-782/40098

MEDCOM - 5176

MEDICAL RECORD

VITAL SIGNS RECORD



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE	134 66			
	HEIGHT:	5'10"			
	WEIGHT:	161.7	102.2	101.9	101.8
		164.5	165.0	165.5	171.5

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

(b)(6)-4

VITAL SIGNS RECORD
 STANDARD FORM 511 (REV. 9-79)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-45.505
 511-113

MEDICAL RECORD			VITAL SIGNS RECORD											
HOSPITAL DAY														
POST-	DAY													
MONTH-YEAR	DAY	HOUR												
PULSE (○)	TEMP. (●)	TEMP. C												
	105°	40.6°												
180	104°	40.0°												
170	103°	39.4°												
160	102°	38.9°												
150	101°	38.3°												
140	100°	37.8°												
130	99°	37.2°												
120	98.6°	37.0°												
110	98°	36.7°												
100	97°	36.1°												
90	96°	35.6°												
80	95°	35.0°												
70														
60														
50														
40														
RESPIRATION RECORD														
BLOOD PRESSURE														
HEIGHT: WEIGHT: #														
PATIENT'S IDENTIFICATION <small>(For typed or written entries give: Name—last, first, middle; rank; rate; hospital or medical facility)</small>			REGISTER NO.				WARD NO.							

511-113

U.S. Government Printing office: 1989-241-175/80290

VITAL SIGNS RECORD
STANDARD FORM 511 (REV. 9-79)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 20145.505

MEDCOM - 5178

VITAL SIGNS RECORD

MEDICAL RECORD		HOSPITAL DAY										TEMP. C	
POST. DAY													
MONTH-YEAR	DAY	0145	0200	0255	0300	0415	0430	0445	0500	0530	0600		TEMP. C
19	HOUR	89	89	99	95	92	98	93	90	96			
PULSE (O)	TEMP. F (●)	99	99	99	95	92	98	93	90	96		40.6°	
	105°											40.0°	
	180											39.4°	
	170											38.9°	
	160											38.3°	
	150											37.8°	
	140											37.2°	
	130											37.0°	
	120											36.7°	
	110											36.1°	
100											35.6°		
90											35.0°		
80													
70													
60													
50													
40													
RESPIRATION RECORD		18	18	18	18	18	18	16	14	18	18		
BLOOD PRESSURE		140/57	140/57	137/71	120/64	120/92	131/92	120/80	117/86	130/67			
HEIGHT: WEIGHT:													
		R 16											
REGISTER NO.													
WARD NO.													

511-113

(b)(6)-4

Government Printing Office: 1989-241-175/80290

VITAL SIGNS RECORD
 STANDARD FORM 511 (REV. 9-71)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-45.505

MEDCOM - 5179

CO 145
HE 145

Completed @ 0654

LABORATORY REQUEST FORM

FOR CHEMISTRY, SEROLOGY, AND COAGULATION, CHECK DESIRED TESTS.
FOR ALL OTHERS, CIRCLE DESIRED PANEL.

Check	CHEMISTRY	Result	URINALYSIS	Result	RBC MORPHOLOGY
	GLU		Spec Gravity		
	BUN		pH		
	CREAT		Leukocytes		
	NA		Nitrite		
	K		Protein		
	CL		Glucose		MICROBIOLOGY
	CO ₂		Ketones		Culture Site:
	Phos		Urobilinogen		Results:
	AST		Bilirubin		
	ALT		Blood		
	LDH		Hemoglobin		
	TBIL		MICROSCOPIC		
	ALB				Sensitivity:
	CA				
	CHOL				
	TRIG				
	CK		HEMATOLOGY	CBC	
	TP		WBC	6.7	
	MG		RBC	2.03	
	AMYL		HGB	5.8	
	LIPASE		HCT	1.0	
			MCV	98.6	
	SEROLOGY		RDW	13.7	
	MONOSPOT		PLT	155	
			MPV	7.0	
	COAGULATION		DIFFERENTIAL		
✓	PT	12.1	NEUTRO		
✓	PTT	28.1	BAND	Reported to CDR	
			META		
	BLOOD GAS		MYELO	(b)(6)-2	
	pH		PROMYELO	@ 0800 4/8/03	
	PCO ₂		BLAST		
	PO ₂		EOSINO		
	LACTATE		BASO		
	BICARBONATE		LYMPH		
	TOTAL CO ₂		MONO		
	BASE EXCESS		NUCLEATED RBC		
	O ₂ SAT				

721 - reported to b62
CDR [redacted] (4/8/03)
@ 4629

MCH 28.5
MCHC 32.1

Patient Name: Location: WARD 711
 FMP/SSN: _____ Provider:
 Date: 4/8/03

MEDCOM - 5180

(b)(6)-4
45years
Male
60in

Other
125lbs

Heart rate 89 bpm
PR interval 118 ms
QRS duration 110 ms
QT/QTc 332/403 ms
P-R-T axes 86 74 50

ID: (b)(6)-4

9-Apr-2003 0:47:56

(b)(3)-1

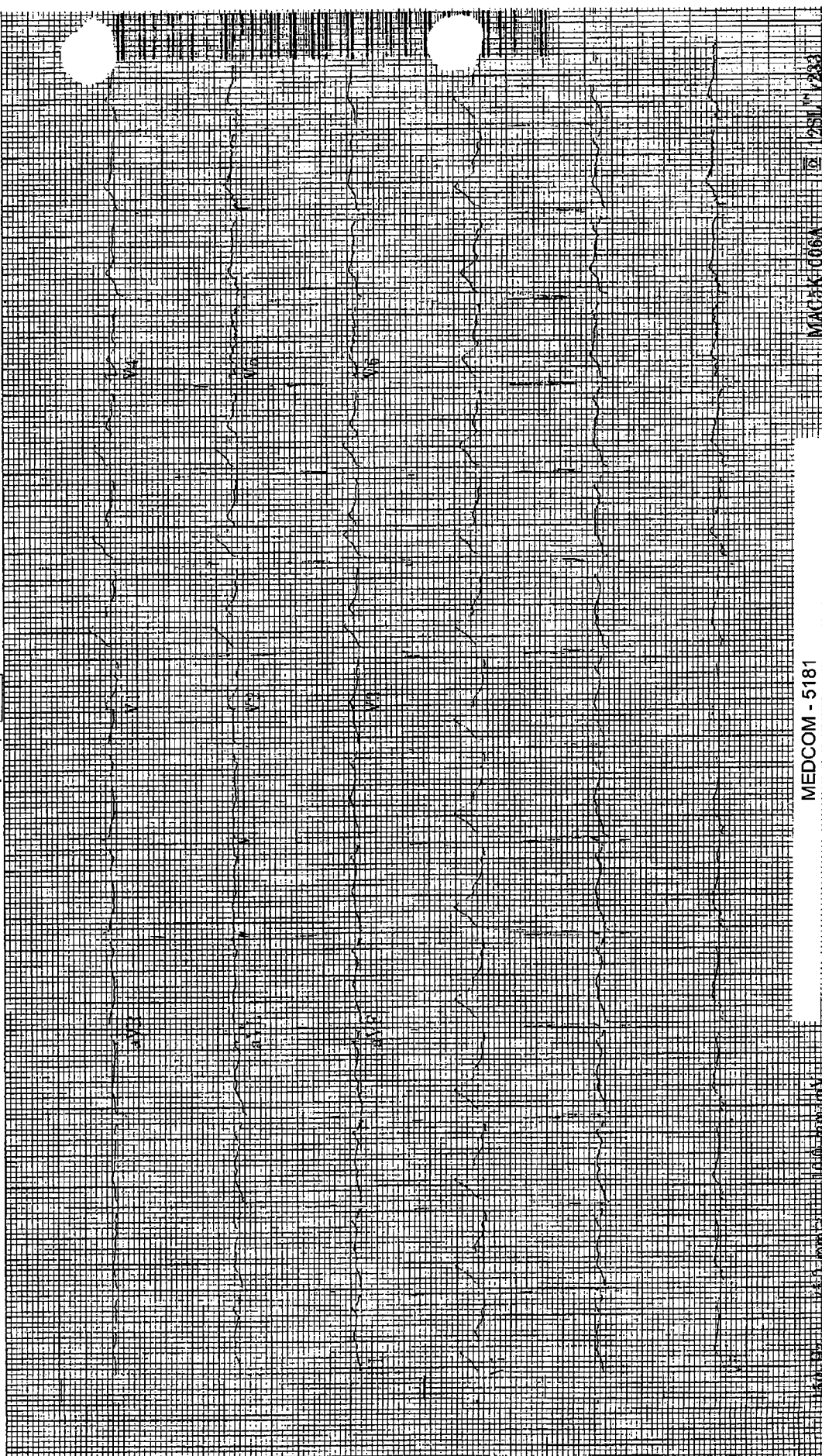
*** Age and gender specific ECG analysis ***
Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG LL

Technician: (b)(6)-2
Test ind:

(b)(6)-2

Referred by: capt (b)(6)-2

Unconfirmed



50 Hz 2.50 mm/s 10.0 mm/mV

MEDCOM - 5181

MACBKC006A

12801 1283

HE171
CO171

0850

(b)(3)-1 TIME COMPLETED

LABORATORY REQUEST FORM

FOR CHEMISTRY, SEROLOGY, AND COAGULATION, CHECK DESIRED TESTS.
FOR ALL OTHERS, CIRCLE DESIRED PANEL.

Check	CHEMISTRY	Result	URINALYSIS	Result	RBC MORPHOLOGY
	GLU		Spec Gravity		
	BUN		pH		
	CREAT		Leukocytes		
	NA		Nitrite		
	K		Protein		
	CL		Glucose		MICROBIOLOGY
	CO ₂		Ketones		Culture Site:
	Phos		Urobilinogen		
	AST		Bilirubin		Results:
	ALT		Blood		
	LDH		Hemoglobin		
	TBIL		MICROSCOPIC		
	ALB				Sensitivity:
	CA				
	CHOL				
	TRIG				
	CK		HEMATOLOGY		
	TP		WBC	6.2	MCH 29.2
	MG		RBC	2.56	MCHC 32.6
	AMYL		HGB	7.5	
	LIPASE		HCT	23.0	
			MCV	89.7	
			RDW	13.4	
	SEROLOGY		PLT	191	
	MONOSPOT		MPV	7.3	
	COAGULATION		DIFFERENTIAL		
	PT	11.4	NEUTRO		
	PTT	24.0	BAND		
			META		
			MYELO		
	BLOOD GAS		PROMYELO		
	pH		BLAST		
	PCO ₂		EOSINO		
	PO ₂		BASO		
	LACTATE		LYMPH		
	BICARBONATE		MONO		
	TOTAL CO ₂		NUCLEATED RBC		
	BASE EXCESS				
	O ₂ SAT				

Patient Name: (b)(6)-4 _____ Location: WARD III

FMP/SSN: _____ Provider: Dr. (b)(6)-2

Patient ID: _____ Date: 4-9-03

Completed @ 2216

LABORATORY REQUEST FORM

FOR CHEMISTRY, SEROLOGY, AND COAGULATION, CHECK DESIRED TESTS.
FOR ALL OTHERS, CIRCLE DESIRED PANEL.

Check	CHEMISTRY	Result	URINALYSIS	Result	RBC MORPHOLOGY
	GLU		Spec Gravity		
	BUN		pH		
	CREAT		Leukocytes		
	NA		Nitrite		
	K		Protein		
	CL		Glucose		MICROBIOLOGY
	CO ₂		Ketones		Culture Site:
	Phos		Urobilinogen		Results:
	AST		Bilirubin		
	ALT		Blood		
	LDH		Hemoglobin		
	TBIL		MICROSCOPIC		Sensitivity:
	ALB				
	CA				
	CHOL				
	TRIG				
	CK		HEMATOLOGY		
	TP		WBC		
	MG		RBC		
	AMYL		HGB		
	LIPASE		HCT		
			MCV		
	SEROLOGY		RDW		
	MONOSPOT		PLT		
			MPV		
	COAGULATION		DIFFERENTIAL		
	PT	12.4	NEUTRO		
	PTT	28.5 26.8	BAND	drawn @ 2:10	
			META		
	BLOOD GAS		MYELO		
	pH		PROMYELO		
	PCO ₂		BLAST		
	PO ₂		EOSINO		
	LACTATE		BASO		
	BICARBONATE		LYMPH		
	TOTAL CO ₂		MONO		
	BASE EXCESS		NUCLEATED RBC		
	O ₂ SAT				

CO141
2300 4/7/03
D/W Dr. [redacted]

Patient Name: BPW Location: WARD 7B

FMP/SSN: 0160 Provider: DR [redacted] / [redacted]

Repeat CBC in AM

6000 Bolus 1400
10000 u/hr

Date: 07 APR 03

MEDCOM - 5183

HE 152

Test Performed 1720

LABORATORY REQUEST FORM

FOR CHEMISTRY, SEROLOGY, AND COAGULATION, CHECK DESIRED TESTS:
FOR ALL OTHERS, CIRCLE DESIRED PANEL.

Check	CHEMISTRY	Result	URINALYSIS	Result	RBC MORPHOLOGY
	GLU		Spec Gravity		
	BUN		pH		
	CREAT		Leukocytes		
	NA		Nitrite		
	K		Protein		
	CL		Glucose		MICROBIOLOGY
	CO ₂		Ketones		Culture Site:
	Phos		Urobilinogen		
	AST		Bilirubin		Results:
	ALT		Blood		
	LDH		Hemoglobin		
	TBIL		MICROSCOPIC		
	ALB				Sensitivity:
	CA				
	CHOL				
	TRIG				
	CK		HEMATOLOGY		
	TP		WBC	8.5	MCH 28.5
	MG		RBC	2.24	MCHC 32.0
	AMYL		HGB	6.4	
	LIPASE		HCT	19.9	
			MCV	89.1	
	SEROLOGY		RDW	13.6	
	MONOSPOT		PLT	158	
			MPV	8.5	
	COAGULATION		DIFFERENTIAL		
	PT	12.6	NEUTRO		
	PTT	23.7	BAND		
			META		
	BLOOD GAS		MYELO		
	pH		PROMYELO		
	PCO ₂		BLAST		
	PO ₂		EOSINO		
	LACTATE		BASO		
	BICARBONATE		LYMPH		
	TOTAL CO ₂		MONO		
	BASE EXCESS		NUCLEATED RBC		
	O ₂ SAT				

Patient Name: EPW Location: WARD 3
 FMP/SSN: (b)(6)-4 Provider: (b)(6)-2
 Date: 4/18/03 1000

MEDCOM - 5184

Bed I

(b)(3)-1

HE 125

0751

TIME COMPLETED

LABORATORY REQUEST FORM

FOR CHEMISTRY, SEROLOGY, AND COAGULATION, CHECK DESIRED TESTS.
FOR ALL OTHERS, CIRCLE DESIRED PANEL.

Check	CHEMISTRY	Result	SIS	Result	RBC MORPHOLOGY
	GLU		Spec Gravity		
	BUN		pH		(b)(6)-2
	CREAT		Leukocytes...		
	NA		Nitrite		
	K		Protein		
	CL		Glucose		MICROBIOLOGY
	CO ₂		Ketones		Culture Site:
	Phos		Urobilinogen		
	AST		Bilirubin		Results:
	ALT		Blood		
	LDH		Hemoglobin		
	TBIL		MICROSCOPIC		
	ALB				Sensitivity:
	CA				
	CHOL				
	TRIG				
	CK		CBC HEMATOLOGY		
	TP		WBC	11.8	
	MG		RBC	2.76	
	AMYL		HGB	8.0	
	LIPASE		HCT	24.4	MCH 28.9
			MCV	88.6	MCHC 32.7
	SEROLOGY		RDW	13.6	
	MONOSPOT		PLT	154	
			MPV	7.6	
	COAGULATION		DIFFERENTIAL		
	PT		NEUTRO		
	PTT		BAND		
			META		
	BLOOD GAS		MYELO		
	pH		PROMYELO		
	PCO ₂		BLAST		
	PO ₂		EOSINO		
	LACTATE		BASO		
	BICARBONATE		LYMPH		
	TOTAL CO ₂		MONO		
	BASE EXCESS		NUCLEATED RBC		
	O ₂ SAT				

Patient Name: (b)(6)-4 Location: WAN D

FMP/SSN: (b)(6)-4 Provider: (b)(6)-2

Patient ID: (b)(6)-4 Date: 07 APR 03/0705

MEDCOM - 5185

FLTHOSPNCCLA 6510/1 (1103)

(b)(3)-1

He 205

25

Test complete
0800

LABORATORY REQUEST FORM

FOR CHEMISTRY, SEROLOGY, AND COAGULATION, CHECK DESIRED TESTS.
FOR ALL OTHERS, CIRCLE DESIRED PANEL.

Check	CHEMISTRY	Result	URINALYSIS	Result	RBC MORPHOLOGY
	GLU		Spec Gravity		
	BUN		pH		
	CREAT		Leukocytes...		
	NA		Nitrite		
	K		Protein		
	CL		Glucose		MICROBIOLOGY
	CO ₂		Ketones		Culture Site:
	Phos		Urobilinogen		
	AST		Bilirubin		Results:
	ALT		Blood		
	LDH		Hemoglobin		
	TBIL		MICROSCOPIC		
	ALB				sensitivity:
	CA				
	CHOL				
	TRIG				
	CK		HEMATOLOGY	<i>CBC</i>	
	TP		WBC	<i>6.8</i>	
	MG		RBC	<i>2.81</i>	
	AMYL		HGB	<i>8.4</i>	
	LIPASE		HCT	<i>25.4</i>	
			MCV	<i>90.3</i>	
	SEROLOGY		RDW	<i>13.5</i>	<i>MCH ~ 29.7</i>
	MONOSPOT		PLT	<i>241</i>	<i>MCHC ~ 32.9</i>
			MPV	<i>6.9</i>	
	COAGULATION	<i>(12/13)</i>	DIFFERENTIAL		
	PT	<i>11.5</i>	NEUTRO		
	PTT	<i>23.0</i>	BAND		
			META		
	BLOOD GAS		MYELO		
	pH		PROMYELO		
	PCO ₂		BLAST		
	PO ₂		EOSINO		
	LACTATE		BASO		
	BICARBONATE		LYMPH		
	TOTAL CO ₂		MONO		
	BASE EXCESS		NUCLEATED RBC		
	O ₂ SAT				

Patient Name: (b)(6)-4 Location: WARD 3
 FMP/SSN: _____ Provider: (b)(6)-2
 Patient ID: (b)(6)-4 Date: 4/18

MEDCOM - 5186

FLTHOSPNNCLA 6510/1 (1/03)

Day Of Surgery
Vital Signs 127/78 90

HOLDING AREA: Versed _____ mg IV Fentanyl _____ mcg IV Ancel/ _____ gm MPB

NAVHOSPPNCLA OVERPRINT (10-84) IV 16 (18) 20 ga in R/L Hnd / FA / AC

WT 67 kg **CLINICAL RECORD** Drugs / Equipment / O2 / Suction / Checked **ANESTHESIA**

0830
START STOP
Anesthesia 0830 0930
Procedure 0855 0910

AGENTS	8	9	10
O ₂ L/Min	6	6	6
N ₂ O Air L/Min			
DES/SEVO %	2	2.5	2.5
FEN/SUF/ALF/REM			
PRO/FEN/ETO	100		
SUX/MIWA/ATR	100		
NOR/PAV/ZEM/NIM			
Temp. / S/M/R/E			
Urine ML			
EBL ML			

ROBITICS	8	9	10
EKG			
ET CO ₂			
FI O ₂			
SpO ₂ %			
Temp. / S/M/R/E			
Urine ML			
EBL ML			

● = PULSE
○ = SPONT RESP
⊙ = ASST RESP
⊕ = CANTAL RESP
⊖ = VENTILATOR

X = CUFF BP
+ = ART LINE
X = MAP
I = INTUBATE
R = REVERSAL
E = EXTUBATE

VENTIL
Tidal Volume
Resp. Rate
Peak Pressure
Vent Mode

Symbols for Remarks
Blood / Products
TV, UR, D/S/LR
IV

POSITION: *off PAP HEAVY CERATOR*

PRE-PROCEDURE

Identified: ID Band Questioning
 Chart Reviewed Permit Signed
 NPO Since
 Pre-anesthetic State: Calm Awake Asleep
 Apprehensive Confused
 Uncooperative Unresponsive

PATIENT SAFETY

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

ANESTHETIC TECHNIQUE

General: Pre-Oxygenation L.T.A.
 Rapid Sequences Cricoid Pressure
 Iphrevious Inhalation
 Intramuscular Rectal

Regional: Spinal Epidural
 Axillary Bier Block Ankle Block
 _____ Position _____
 Prep _____ Local _____
 Needle _____
 Drugs(s) _____
 Dose _____ Attempts _____
 Site _____ Level _____
 Catheter _____ See Remarks

Other: M.A.C.

AIRWAY MANAGEMENT

Intubation: Oral Tube size 7
 Stylet used Nasal Regular
 Magill BMEI RAE
 Fiber optic Blind Atraumatic
 Secured at 21 cm Dbl Lum
 Attempts _____ ET CO₂ present
 Breath sounds
 Unchecked leaks at _____ cm H₂O
 Cuffed AIR occ. pres. AIR NS

Airway: Oral Nasal Difficult
 Circuit: Circle NPB see Remarks

Mask Case Nasal Cannula
 Via Tracheostomy Simple O₂ mask

FLUID TOTALS

Crystalloid 700 EBL 100
 Blood 0 Urine 0

RECOVERY

Location 104 Time 0930
 B/P 169/60 O₂ Sat. 91
 P R 10 T

Awake Stable Nasal Oxygen
 Breathy Unstable Mouth Oxygen
 Somnolent Intubated T-piece Oxygen
 Unarousable Ventilator Oral/nasal airway

RACU NOTES

Pair _____

NARCOTICS FENT/SUF/REM MDZ
 ISSUED
 USED
 WASTED

DATE 4-7-03

REMARKS
 ① DO OR AIA; 800 134 men/ SUCROIT I / 2
 ② DO ILM MZ10 INTERE MW

MONITORS AND EQUIPMENT

Sxth Precord Esoph Other
 Non-invasive B/P Left Right
 Continuous EKG V Lead EKG
 Pulse-Oximeter Oxygen Sensor
 End-Tidal CO₂ Gas Analyzer
 Temp. Nerve Stimulator
 Warming Blanket Fluid Warmer
 Airway Humidifier Foley Catheter
 NG / OG Tube Art. Line

EMERGENCE

Oral Suctioning Head Lift x 5 sec. 15
 Extubation: AWAKE ASLEEP

PROCEDURE ① BIA SURGEON(S) (b)(6)-2
 PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility.)
 (b)(6)-4
 ANESTHESIA (b)(6)-2 DATE 4-7-03

Standard Form 517
 Prescribed by GSA ICAMR
 FIRM (41 CFR) 201-45 505
 OCTOBER 1975 517-12

MEDCOM - 5187

APRIL 7

Post-Op Orders

Date 2417 Time 4-6-03

1. ADMIT TO: ACW ICU (Wd3)

2. DIAGNOSIS/PROCEDURE (print):
Fx femur, Fx @ + @ tibia.

3. VITAL SIGNS: Per Post-op Routine Q4hr

4. ACTIVITY: Bedrest Up with Assistance

5. ALLERGIES:

6. NURSING: I/O Foley to gravity NG to LIS
 CT to -20CM H₂O Suction IS Q1° while awake

7. DIET: NPO Reg Clear Liq Full Liq

8. IV FLUIDS: Lactd Rngr @ _____ CC/hr Normal Saline @ _____ CC/hr

9. LABS: CBC Chem 7 CAMP UA PT,PTT LFT's
Frequency (such as STAT, Q-AM) _____

10. Type and Cross _____ Units

11. PARAMETERS: Call MD T>101, SBP>180<90, DPB>100, Pulse>120, UOP < _____ cc/ _____ hr, RR>24

12. MEDICATIONS:

Morphine 10 mg IV, Q 5 hr, PRN Pain

Demerol _____ mg IM IV, Q _____ hr, PRN Pain

Tylenol #3, 1-2 PO q4hr PRN Pain

Percocet 1-2 Q4° PO PRN PAIN

Zantac 50mg IV Q8°

Phenergen 12.5-25 mg IV/IM PRN N N

Oxygen @ 3 L per min Titrate to keep sat > 92%

Ancef 1g IV Q8° x 48°

Rocephin 1g IV Q12°

Gentamycin _____ mg IV load & pharmacy to dose

Cipro _____ mg IV Q12°

Clindamycin _____ mg IV, Q _____ hr

Penicillin G, _____ Million Units IV Q _____ hrs

Unasyn _____ gram IV, Q _____ hr

Transfuse _____ units packed cells

13. DRESSINGS: Ø

14. DRAINS: Ø

15. RADIOLOGY: AP @ AN @ and @ tibia.

16. OTHER: (b)(6)-2 Dr. (b)(6)-2 Ass. (b)(6)-2
NPO p MN on 4-7-03 for surgery

DOCTOR SIGNATURE: _____ on 4-8-03

PATIENT IDENTIFICATION:

FULL NAME:

FULL SSN:

(b)(6)-4

MEDCOM - 5188

Day Of Surgery
Vital Signs

ASP I E

HOLDING AREA: Versed _____ mg IV Fentanyl _____ mcg IV Ancel/ _____ gm IVPB

NAVHOSP PNCLA OVERPRINT (10-84) IV 16 (18) 20 ga in (R) L Hind (FA) AC

WT 75 Kg **CLINICAL RECORD** Drugs / Equipment / O2 / Suction / Checked **ANESTHESIA**

START STOP
Anesthesia 2250 0039
Procedure 2315 0025

PRE-PROCEDURE
 Identified: ID Band Questioning
 Chart Reviewed Permit Signed
 NPO Since _____
Pre-anesthetic State: Calm
 Awake Asleep
 Apprehensive Confused
 Uncooperative Unresponsive

PATIENT SAFETY
 X-Ray Machine # 1B Checked
 Safety Belt On Axillary Roll
 Armboard Restraints Arms Tucked
 Pressure points checked and padded
 Eye Care: Ointment Saline
 Taped Pads Goggles

ANESTHETIC TECHNIQUE
General: Pre-Oxygenation LTA
 Rapid Sequences Eticoid Pressure
 Intravenous Inhalation
 Intramuscular Rectal
Regional: Spinal Epidural
 Axillary Bier Block Ankle Block
 Position
 Prep Local
 Needle Attempts x _____
 Site Level
 Catheter See Remarks
Other: M.A.C.

AIRWAY MANAGEMENT
Intubation: Oral Tube size 7.0
 Stylet used Nasal Regular
 Magill Direct RAE
 Fiber optic Blind Airumatic
 Blade M.A.C. 3 LMA
 Secured at 21 cm Dist Lum
 Attempts x 1 ET CO₂ present
 Breath sounds (E) BB
 Uncuffed, leaks at _____ cm H₂O
 Cuffed Min. occ. pres. Air NS
Airway: Oral Nasal Difficult
Circuit: Circle NRB see Remarks
 Mask Case Nasal Cannula
 Via Tracheostomy Simple O₂ mask

FLUID TOTALS
Crystalloid 1000 EBL 100
Blood _____ Urine 100

RECOVERY
Location PAU Time 0035
B/P 110/58 O₂ Sat. 96
P 80 R 16 T 36.0
 Awake Gaze Nasal Oxygen
 Drowsy Unstable Mask Oxygen
 Somnolent Intubated T-piece Oxygen
 Unroutable Ventilator Oral/nasal airway

PACU NOTES
USS
M.S.G.
NARCOTICS (F) SUFREM MDZ
ISSUED 2507 30
USED 2507 30
WASTED 07 0
DATE 4/6/03

MONITORS AND EQUIPMENT
 Sash Precord Esoph Other
 Non-invasive B/P Left Right
 Continuous EKG V Lead EKG
 Pulse Oximeter Oxygen Sensor
 End Tidal CO₂ Gas Analyzer
 Temp. Nerve Stimulator
 Warming Blanket Fluid Warmer
 Airway Humidifier Foley Catheter
 NG / OG Tube Art. Line

EMERGENCY
Oral Suctioning Head Lift x 5 sec
Extubation: AWAKE ASLEEP
TDF 44 with Sux Tel.

PROCEDURE (RLE Tibial/Fibular for C) Fentanyl for D
SURGEON(S) (b)(6)-2
ANESTHESIA LC (b)(6)-2
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility.)
(b)(6)-4
DATE 4/6/03

REMARKS 2300 written on USS, 251
2308 @ 18g F.A. placed
0017 Tqm Ancel IV

100
66
01g

MEDCOM - 5189

Standard Form 517
Prescribed by GSA ICMR
FIRM (41 CFR) 201-45 505
OCTOBER 1975

517-112

MEDICAL RECORD	OR # <u>1R</u>	OPERATION REPORT
-----------------------	----------------	-------------------------

PREOPERATIVE DIAGNOSIS (R) Femur fx
, tibia fx

SURGEON <u>(b)(6)-2</u>	FIRST ASSISTANT	SECOND ASSISTANT			
ANESTHETIST <u>(b)(6)-2</u>	ANESTHETIC <u>General</u>			TIME BEGAN: <u>0830</u>	
CIRCULATING NURSE <u>(b)(6)-2</u>	SCRUB NURSE <u>(b)(6)-2</u>	TIME OPERATION BEGAN <u>0855</u>	TIME OPERATION COMPLETED <u>0910</u>		

OPERATIVE DIAGNOSES
SAA

DRAINS (Kind and number) <u>0</u>	SPONGE COUNT VERIFIED <u>NA</u>
--------------------------------------	------------------------------------

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
0

OPERATION PERFORMED
I & D (R) LE
Delayed Primary Closure (R) LE wound

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) Pre-Operative Nsg Assessment: Dentures: <u>Y</u> <u>(R)</u> Allergies: <u>UMIC</u> NPO: <u>Q</u> <u>N</u>	PROSTHETIC DEVICES (LOT no.) <u>—</u>	DATE OF OPERATION <u>8 APR 03</u>
Implants: _____ Foley inserted by: <u>(b)(6)-2</u> Safety Straps: <u>X</u>		

Intra Operative Nsg Assessment
Anesthesia: General
Bovie Equip #: _____
Bovie Pad #: ✓
Prep: Betadine SEP
Irrigation: NS
Medications: Q
/Blood

Post Operative
EBL: 100
Wound Class: 3
DSG: PLAIN Keel
U/O: 0
Fluids: 700
counts: Initial NA Final NA

SIGNATURE OF SURGEON <u>(b)(6)-2</u>	DATE <u>8 APR 03</u>
PATIENT'S IDENTIFICATION (For typed or written or date; hospital facility)	REGISTER/I.D. NO. WARD NO.

**OPERATION REPORT
Medical Record**

STANDARD FORM 516 (REV 5-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

MEDCOM - 5190

MEDICAL RECORD	OR #	OPERATION REPORT
-----------------------	------	-------------------------

PREOPERATIVE DIAGNOSIS: GSW - Bil LE, hip & eye Fx @ hip
Fx Bil Tib/Fib

SURGEON (b)(6)-2 <u>[Signature]</u>	FIRST ASSISTANT (b)(6)-2 <u>Capt [Signature]</u>	SECOND ASSISTANT <u>∅</u>	
ANESTHETIST (b)(6)-2 <u>LF</u>	ANESTHETIC <u>CO₂ N₂O</u>	TIME BEGAN: <u>2255</u>	TIME ENDED: <u>0045</u>
(b)(6)-2	SCRUB NURSE (b)(6)-2	TIME OPERATION BEGAN <u>2315</u>	TIME OPERATION COMPLETED <u>0025</u>

OPERATIVE DIAGNOSES

DRAINS (Kind and number) 16 Fr foley SPONGE COUNT VERIFIED

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
∅

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) Pre-Operative Nsg Assessment:	PROSTHETIC DEVICES (LOT no.)	DATE OF OPERATION
Dentures: <u>Y (N)</u> Implants: <u>Howmedica Osteonics Hip screw R-Fix</u>		<u>4/6/03 / 4/7/03</u>
Allergies: <u>UNK</u> Foley inserted by: _____		
NPO: <u>Y (N)</u> Safety Straps <u>(Y) Abd</u>		

Intra Operative Nsg Assessment

Anesthesia: _____ Prep: S & S Betadine

Bovie Equip #: _____ Irrigation: NACL

Bovie Pad #: _____ Medications: _____
/Blood

Post Operative

EBL: 100cc

Wound Class: _____

DSG: _____

U/O: 100cc

Fluids: 1200 LR

Counts: Initial Final
∅ ∅

SIGNATURE OF SURGEON (b)(6)-2 <u>[Signature]</u>	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER/I.D. NO.
(b)(6)-4	WARD NO.

**OPERATION REPORT
Medical Record**

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I—TRANSFUSION REQUISITION

<input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> OTHER (Specify)	UNITS OR...ML	DATE REQUESTED 4/8/03	DATE AND HOUR WANTED 4/8/03 1100	PHYSICIAN (b)(6)-2
KNOWN IMMUNE ANTIBODY FORMATION <input type="checkbox"/> Rh <input type="checkbox"/> Others	PREVIOUS TRANSFUSIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	REACTIONS TO PREVIOUS TRANSFUSIONS <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (Type)		
DIAGNOSIS CSW Lower extremities	IF PATIENT IS FEMALE, IS THERE HISTORY OF <input type="checkbox"/> Hemolytic Disease of Newborn <input type="checkbox"/> RhIG Treatment <input type="checkbox"/> Stillbirth <input type="checkbox"/> Miscarriage <input type="checkbox"/> Delivery			
REMARKS (Pertinent Patient History)	I have taken a blood specimen on the below named patient, verified the name, and verified the specimen tube label. SI (b)(6)-2 [Signature] etc VERIFIED (b)(6)-2 [Signature] CSR PATIENT SIGNATURE (or verifier if patient unable to sign)			

SECTION II—BLOOD TYPE, COMPATIBILITY INFORMATION AND CERTIFICATION

UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)-4	COMPATIBILITY INFORMATION			
DONOR	RECIPIENT	MAJOR (DC/PS)	SALINE	ALBUMIN	COOMBS
ABO TYPE A	ABO TYPE AB	MINOR (PC/DS)	=	=	IT
Rh TYPE POS	Rh TYPE POS	<input type="checkbox"/> Compatibility Tests Not Performed (Explain below)			
SIGNATURE (Person performing tests) (b)(6)-2		REMARKS: exp 4/17/03			
DATE 4/8/03		SIGNATURE (Verifier, if required) (b)(6)-2 1446 4-8-03			

SECTION III—RECORD OF TRANSFUSION

ADMINISTRATION				POST TRANSFUSION DATA			
DATE OF TRANSFUSION	MONTH 04	DAY 08	YEAR 2003	AMOUNT GIVEN 1074 ML	TIME COMPLETED/INTERRUPTED 1750		
TIME STARTED 1530				REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED			
IDENTIFICATION I have examined the blood or blood component container label and blood or blood component transfusion form and I find that all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this blood or blood component transfusion form and on the patient identification tag.				If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion; treat shock if present, keep intravenous open 2. Notify Physician and Transfusion Service 3. Follow transfusion reaction procedures			
T R. R. 18 803/70 P 80				DESCRIBE: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL/FEVER <input type="checkbox"/> HEMOLYSIS/PAIN			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				RECORD: Temp. 100.1 Pulse 88 B/P 138/60			
OTHER DIFFICULTIES (equipment, clots, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Specify) from ES to 1				SIGNATURE OF PERSON NO. (b)(6)-2 [Signature] 1502. NC. R. J.			
PATIENTS IDENTIFICATION—USE EMBOSSEMENT (or typed or written entries give: Name—Last, first, middle, rank/rate, hospital number and name of facility.)				WARD NO. 3			

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 9-76)
Prescribed by GSA and Interagency Committee on Medical Records
FPMR (41 CFR) 101-11.606-8
518-118
MEDICAL RECORD COPY

MEDICAL RECORD | **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I—TRANSFUSION REQUISITION

<input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> OTHER (Specify)	UNITS <u>1</u> OR.....ML	DATE REQUESTED <u>4/8/03</u>	DATE AND HOUR WANTED <u>4/8/03 1100</u>	PHYSICIAN (b)(6)-2
KNOWN IMMUNE ANTIBODY FORMATION <input type="checkbox"/> Rh <input type="checkbox"/> Others	PREVIOUS TRANSFUSIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		REACTIONS TO PREVIOUS TRANSFUSIONS <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (Type)	
DIAGNOSIS <u>CSU lower EXTREMITY</u>	IF PATIENT IS FEMALE, IS THERE HISTORY OF <input type="checkbox"/> Hemolytic Disease of Newborn <input type="checkbox"/> RhIG Treatment <input type="checkbox"/> Stillbirth <input type="checkbox"/> Miscarriage <input type="checkbox"/> Delivery			
REMARKS (Pertinent Patient History) <u>Unknown</u>	I have taken a blood specimen on the below named patient, verified the name, and verified the specimen tube label. (b)(6)-2 <u>[Signature]</u> VERIFIER SIGNATURE (If measured) (b)(6)-2 <u>[Signature]</u> PATIENT SIGNATURE (or verifier if patient unable to sign)			

SECTION II—BLOOD TYPE, COMPATIBILITY INFORMATION AND CERTIFICATION

UNIT NO (b)(6)-4	TRANSFUSION NO (b)(6)-4	COMPATIBILITY INFORMATION			
DONOR	RECIPIENT	MAJOR (DC/PS)	SALINE	ALBUMIN	COOMBS
ABO TYPE <u>AB</u>	ABO TYPE <u>AB</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>1+</u>
Rh TYPE <u>POS</u>	Rh TYPE <u>POS</u>	<input type="checkbox"/> Compatibility Tests Not Performed (Explain below)			
SIGNATURE (Person performing tests) (b)(6)-2		REMARKS: <u>exp. 4/17/03</u>			
DATE <u>4/8/03</u>		SIGNATURE (Verifier, if required) (b)(6)-2 <u>[Signature]</u>			

SECTION III—RECORD OF TRANSFUSION

ADMINISTRATION				POST TRANSFUSION DATA	
DATE OF TRANSFUSION	MONTH <u>4</u>	DAY <u>8</u>	YEAR <u>2003</u>	AMOUNT GIVEN <u>250</u> ML	TIME COMPLETED/INTERRUPTED <u>1430</u>
IDENTIFICATION: I have examined the blood or blood component container label and blood or blood component transfusion form and I find that all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this blood or blood component transfusion form and on the patient identification tag. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion; treat shock if present, keep intravenous open 2. Notify Physician and Transfusion Service 3. Follow transfusion reaction procedures		
VERIFIED BY (b)(6)-2 <u>[Signature]</u>			SIGNATURE OF PERSON STARTING TRANSFUSION (b)(6)-2 <u>[Signature]</u>		
SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 <u>[Signature]</u>			PATIENTS IDENTIFICATION—USE EMBOSSER—(for typed or written entries give: Name—Last, first, middle, rank/rate; hospital number and name of facility.)		
SEX <u>M</u>			WARD NO. <u>3</u>		

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 9-76)
Prescribed by GSA and Interagency Committee on Medical Records
FPMR (41 CFR) 101-11.806-8
518-118

MEDICAL RECORD COPY

GPO : 1982 O - 381-531 (3534)

MEDCOM - 5193

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

AGE SEX SSN (Sponsor)

WARD/CLINIC

REGISTER NO.

(b)(6)-4

(b)(6)-4

EXAMINATION REQUEST

see SF 519-B for multiple exams)

AP (R) FEMUR

AP (R) AND (L) TIBIAS / CXR

REQUESTED BY

DR

(b)(6)-2

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

FILM NO.

DATE REQUESTED

07 APR 03

PREGNANT

YES NO

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

(b)(6)-2

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

P CXR - ϕ infiltrate
 (R) - prox femur s/p Ex Fr. \bar{c} h/w in place
 subtrochanteric comminuted fr. Major fr
 frags in fairly good alignment, butterfly frag
 \bar{c} sig displacement on this view
 (L) tib-fib single view - Ex Fr h/w in place over

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 518-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505

U.S. GOVERNMENT PRINTING OFFICE : 1987-181-243/40522

MEDCOM - 5194

② tib-fib (cor + lat) prox fib fx oblique mildly displaced

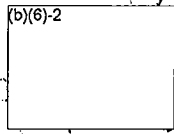
tibia major fx frags in fairly good alignment
butterfly frags 3 sig displacement

④ tib-fib - single view - oblique lateral - comminuted

fx distal diaphysis, Ex Fix n/w in place major

fx frags sl distracted mildly displaced

fib & clearly eval'd



MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4/7/03	0700		1) Chest X-ray	(b)(6)-2	
			(b)(6)-2	(b)(6)-2	CSP, NC, USN
				Noted 4/7/03 0710	
4/7/03	0830		1) Titrate O ₂ to provide O ₂ sat = 90%.		
			2) Heparin 6,000 units bolus followed by heparin drip 1,000 units/hour to be run at 100 cc/hour		
			3) Activated PTT in 6 hours - call results to me		
			(b)(6)-2	(b)(6)-2	Noted 4/7/03 1120
4/7/03			1) NPO p.m. for surgery 4/8		
			(b)(6)-2	(b)(6)-2	Noted 4/7/03 1530
4/7/03	2100		End of 24' cc completed	(b)(6)-2	4/7/03

- OVER -

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-84)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 5196

MEDICAL RECORD DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4/7/03		①	CBC in am		
2320		②	Heparin drip to deliver 1500u/hr → 150cc hr.		
		③	Redraw PT/PTT 6° after change		

4/7/03
2330
DTS regard Heparin drip order as above - will continue @ 100cc/hr and redraw PT/PTT in 6 hrs.

CORRECTION FNP

4/8/03 0000
ORDERS NOTED / TRANSCRIBED

4/8/03
0630

1) Transfuse with 2 units packed cells. Each unit over 2 hours

2) Daily CBC's

3) Daily PTT's.

4/8/03 0736

4/9/03
1430

Meclizine 25mg po now and q 6 hours prn for dizziness

MD
CAPT MC USNR
1550

Noted 4/9/03 CXC, NC, USW

(b)(6)-4

Post-Op Orders

Date 4-8-03 Time 4-8-03

1. ADMIT TO: ICU WARD 1 WARD 2 WARD 3

2. DIAGNOSIS/PROCEDURE (print): slp I & D @ tubular c dpc

3. VITAL SIGNS: Per Post-op Routine Q4hr

4. ACTIVITY: Bedrest Up with Assistance

5. ALLERGIES:

6. NURSING: I/O Foley to gravity NG to LIS
 CT to -20CM H₂O Suction IS Q1° while awake

7. DIET: NPO Beg Clear Liq Full Liq

8. IV FLUIDS: Lactated Ringer @ _____ CC/hr Normal Saline @ _____ CC/hr

9. LABS: CBC Chem 7 CAMP UA PT, PTT LFT's

Frequency (such as STAT, Q-AM) _____

10. Type and Cross _____ Units

11. PARAMETERS: Call MD T>101, SBP>180<90, DPB>100, Pulse>120, UOP < _____ cc/ _____ hr, RR>24

12. MEDICATIONS:

Morphine 8-10 mg IV, Q _____ hr, PRN Pain

Demerol _____ mg IM IV, Q _____ hr, PRN Pain

Tylenol #3, 1-2 PO q4hr PRN Pain

Tylenol, 325 mg, 1-2 PO q4hrs PRN

Motrin, 800 mg po q8hrs prn

Zantac 50mg IV Q8°

Phenergen 12.5-25 mg IV/IM PRN N N

Oxygen @ _____ L per _____ Titrate to keep sat > 92%

Ancef 1g IV Q8° ~~x 48h~~

Rocephin 1g IV Q12°

Gentamycin _____ mg IV load & pharmacy to dose

Cipro _____ mg IV Q12°

Clindamycin _____ mg IV, Q _____ hr

Penicillin G, _____ Million Units IV Q _____ hrs

Dicloxacillin, 500 mg PO q6hrs

Keflex, 500 mg po q6hrs

Milk of Magnesia, 30-60 cc po qhs prn constipation

Benadryl, 25-50 mg po qhs prn insomnia

Transfuse _____ units packed cells

13. DRESSINGS: wet to dry @ leg QD. Start 4-9-03.

14. DRAINS:

15. RADIOLOGY:

16. OTHER: med vac to medical facility for further orthopedic care.

DOCTOR SIGNATURE

(b)(6)-2

initialed by (b)(6)-2 L750 NR

PATIENT IDENTIFICATION

FULL NAME:

FULL SSN:

(b)(6)-4

CASREC PROCEDURES			TIME	NOTES/PLANS:
<input type="checkbox"/> Oral airway	Nasal airway	EOA/PTL	Cuff BP	7 (8) am 55cc IM 2055
<input type="checkbox"/> ETT #	<input type="checkbox"/> NTT #	RSI	Pulse	
<input type="checkbox"/> Crico #	<input type="checkbox"/> O ₂ @	L/Min via	Resp	
Breath Sounds: L: R:			Temp	
<input type="checkbox"/> IVs # <input type="checkbox"/> Peripheral <input type="checkbox"/> Central		<input type="checkbox"/> Intraosseous	O ₂ Sat	
<input type="checkbox"/> IV Fluids 1 2 3 4 5 6		<input type="checkbox"/> Blood 1 2 3 4 5	GCS	
<input type="checkbox"/> CPR PASG: <input type="checkbox"/> Legs <input type="checkbox"/> Abdomen			Urine Out	
<input type="checkbox"/> Urinary cath	<input type="checkbox"/> Gastric tube		Blood Out	
<input type="checkbox"/> Chest tube: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Both			Fluid In	
<input type="checkbox"/> C-spine protection <input type="checkbox"/> Spine protection, Time on:			Blood In	
<input type="checkbox"/> Splints Type:				
<input type="checkbox"/> Medications:				

Morphine 10mg push 2015

ADMISSION ORDERS

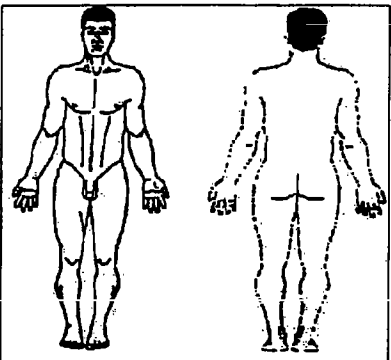
- ADMIT TO: OR/PREP ACW ICU
- DIAGNOSIS (print): *Pol Frs Frs Frs*
- VITAL SIGNS: *Q1°* Q4°
- ACTIVITY: Bedrest Up with Assistance
- ALLERGIES:
- NURSING: NO Foley to gravity NG to LIS
 CT to -20CM H₂O Suction IS Q1° while awake
- DIET: NPO Reg Clear Liq Full Liq
- IV FLUIDS: Lactd Rngr @ *50* CC/hr Normal Saline @ CC/hr
- LABS: CBC Chem 7 CAMP UA
 PT, PTT LFT's NOW am Type & Cross units
- PARAMETERS: Call MD T>101, SBP>180<90, DBP>100, Pulse>120, U.O. < / hr
- MEDICATIONS:
 - MS04 mg, Q hr PRN PAIN IV
 - Demerol mg, Q hr PRN PAIN IV
 - Percocet 1-2 Q4° PO PRN PAIN
 - Zantac 50mg IV Q8°
 - Phenergen 12.5-25 mg IV/IM PRN N N
 - Oxygen @ L per Titrate to keep sat > 92%
 - Ancef 1 g IV Q8°
 - Rocephin 1 g IV Q12°
 - Gentamycin mg IV load & pharmacy to dose
 - Cipro mg IV Q12°
 - Clindamycin mg IV, Q hr
 - Unasyn gram IV, Q hr
 - Transfuse units packed cells
- CULTURES:
- RADIOLOGY: Port CXR KUB

DOCTOR SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION:
 FULL NAME: (b)(6)-2
 FULL SSN: (b)(6)-2
 CDR MC USN
 STAFF FAMILY PHYSICIAN

MEDCOM - 5199

CASUALTY RECEIVING

CHIEF COMPLAINT:	INITIAL ASSESSMENT	IDENTIFY INJURY SITE BY LETTER
<p><i>(R) Hip, (L) knee Bile. Tib/fib poss FX</i></p>	<p>AIRWAY <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Compromised</p> <p>C-SPINE <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspect Injury</p> <p>BREATHING <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tracheal Deviation <input type="checkbox"/> Resp. Distress <input type="checkbox"/> Tension PTX <input type="checkbox"/> Chest Wall trauma</p>	
<p>MECHANISM OF INJURY</p>	<p>VITAL SIGNS BP: <i>108/78</i> P-<i>108</i> R-<i>14</i> T-<i>100.3</i> <i>ax.</i></p>	
<p>HISTORY</p> <p>Allergies: <i>unk.</i></p> <p>Medications: <i>unk.</i></p> <p>past illnesses: <i>unk.</i></p> <p>Last Meal: _____ Last Tenanus: _____</p> <p>Events: _____</p> <p>Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> LMP _____ <input type="checkbox"/> No</p> <p>Spine protection device removed @ _____</p>	<p>CIRCULATION</p> <p>Skin/mucous: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale</p> <p>Membrane color: <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Ashen <input type="checkbox"/> Cyanotic</p> <p>Pulses: <input checked="" type="checkbox"/> Normal, Site <input type="checkbox"/> Bounding, Site <input type="checkbox"/> Weak, Site <input type="checkbox"/> Absent, Site</p> <p>Rate <i>70</i> /minute Rhythm _____</p> <p>Skin temp: <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool/cold</p> <p>Skin moisture: <input type="checkbox"/> WNL <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Moist</p>	<p>A - Abrasion F - Fracture T - Tenderness B - Burn G - GSW C - Contusion H - Hematoma D - Deformity I - Laceration E - Edema S - Stab Wound</p> <p>Head: <i>granular wound to forehead</i></p> <p>Maxillofacial: <i>strapped (L) eyelid partial foot</i></p> <p>C-spine/neck: <i>no pain</i></p> <p>Chest: <i>LCT TRX NT</i></p> <p>Abdomen: <i>NT abdom</i></p> <p>Perineum: <i>follic</i></p> <p>Musculoskeletal: <i>(R) shoulder (L) knee (L) hip (L) Tib/fib FX (L) Ph. Tact bile</i></p>
<p>PROCEDURES BEFORE ARRIVAL</p> <p><input type="checkbox"/> Oral airway <input type="checkbox"/> Nasal airway <input type="checkbox"/> EOA / PTL</p> <p><input type="checkbox"/> ETT # _____ <input type="checkbox"/> NTT # _____ <input type="checkbox"/> RSI</p> <p><input type="checkbox"/> Cric # _____ <input type="checkbox"/> O₂ @ _____ L/min via _____</p> <p>Breath Sounds: L: _____ R: _____</p> <p><input type="checkbox"/> Ivs # _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> Central <input type="checkbox"/> Intraosseous</p> <p><input type="checkbox"/> IV Fluids 1 2 3 4 5 6 <input type="checkbox"/> Blood 1 2 3 4 5</p> <p><input type="checkbox"/> CPR <input type="checkbox"/> PASG: <input type="checkbox"/> Legs <input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Urinary cath <input type="checkbox"/> Gastric tube</p> <p><input type="checkbox"/> Chest tube: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Both</p> <p><input type="checkbox"/> C-spine protection <input type="checkbox"/> Spine protection, Time on: _____</p> <p>7 Splints Type: <input type="checkbox"/> Medications: _____</p> <p>7 Other procedures: _____</p>	<p>DISABILITY</p> <p>GCS Score: Eye opening score <i>4</i> /4 Verbal score <i>5</i> /5 Best motor score <i>6</i> /6 TOTAL GCS SCORE: <i>15</i> /15</p> <p>RTS Score: Respiratory score _____ Systolic BP score _____ GCS Score _____ TOTAL GCS SCORE: _____</p> <p>Pupil Size: Right <i>2</i> mm Left <i>2</i> mm</p> <p>Reactive? <input type="checkbox"/> <input type="checkbox"/></p> <p>Arms move? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Legs move? <input type="checkbox"/> <input type="checkbox"/></p>	

PATIENT IDENTIFICATION:

FULL NAME:

FULL SSN:

(b)(6)-4

MEDCOM - 5200

PRN/ONE TIME MEDS

Bed I

PRN MEDS

Medication	Date/Time	Dose/Init	Date/Time	Dose/Init	Date/Time	Dose/Init	Date/Time	Dose/Init	Date/Time	Dose/Init
M5048 10mg IV Q 3 rd HR PRN	4/7/03 5mg IV TUN 0900		4/8/03 0020 / JF	6mg / JF 4/8	5mg 4/9/03 2 20mg	10mg 4/9/03 7am 2359	4/9 4mg IV TUN 0730		4/9 1318 4/9/03 1500	5mg MCA 5mg PRN
TYLENOL #3 1-2 PO Q 4 th PRN PAIN	4/9/03 0630 TUN 3									
Meclizine 25mg q 6 prn dizziness										
M5048 8-10mg IV Q 2 nd hr prn pain	4/9/03 6ms 7am 1815	4/9/03 2355 7am 4mg	4/9/03 0830 6mg	4/9/03 0920 6mg	4/9/03 0930 6mg	4/9/03 0930 6mg	AD Dose			
M5048 15-20mg IV Q 3-4 th FOR PAIN	4/9/03 10mg IV 0842 W									

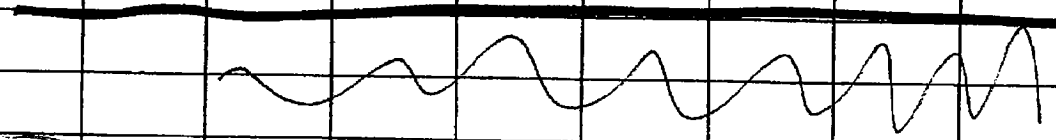
ONE TIME MEDS

Medication	Date/Time	Dose/Init	Medication	Date/Time	Dose/Init	Medication	Date/Time	Dose/Init
Meclizine 25mg PO NOW	4/9/03 1130							

(b)(6)-4
Patient Id

MCA (b)(6)-2
W/PL

DOD 12413

Date	Medication	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	Time Init	SIGNATURE	INIT	
4/7	ACEF 1g (W8) X 48°	0800	1800	2400																			
4/8		0800	1800	2400																			
4/9		0800	1800	2400																			
<p>Hypertin 6,000 units bid Flowed by 1,000/hr *PT in 6 hrs.</p> 																							

Patient Id (b)(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
WING UNIT	ROOM NO.	BED NO.	HOURS		
(b)(6)-4 <div style="border: 1px solid black; width: 100px; height: 40px;"></div>			↓ 3/4/03	25000	
			Admit to ICW 4 Discharge to		
			COND - Good VS PR Activity - ad lib		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
WING UNIT	ROOM NO.	BED NO.	HOURS		
			11/5/04	2-5pm & 9-11pm 7-11am & 1-4pm	
			Diet Regular AC to Uter in AM		
			(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px;"></div>		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
WING UNIT	ROOM NO.	BED NO.	HOURS		
			5/6/03	0730	
			① Uterine smg 2000 copms ② D/C Home		
			(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px;"></div>		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
WING UNIT	ROOM NO.	BED NO.	HOURS		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
WING UNIT	ROOM NO.	BED NO.	HOURS		

5/6/03
 0730

6/11/03
 0730

FORM 4256

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

U.S. GOVERNMENT PRINTING OFFICE: 1963 O 354 560
 MEDCOM - 5203

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) 4

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

Mo. 5 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED									
				4	5	6							
5/4	(b)(6)-2	VS Routine.	86 /										
			14 /										
			22 /										
5/4	(b)(6)-2	Activity Ad-lib	57 /										
			15 /										
			51 /										
			23 /										
			07 /										
5/4	(b)(6)-2	Diet Regular	B /										
			L /										
			D /										

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

tibia fx

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO.:

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL CIRCLE ACTION TIMES

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

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 5 Y 03				
VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY				INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION				
ORDER DATE	CLERK/ NURSE					HR	DATE DISPENSED			
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ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY DIAGNOSIS: <i>tibia fx.</i>	ADDITIONAL PAGES IN USE: <input type="checkbox"/> YES <input type="checkbox"/> NO
PATIENT IDENTIFICATION: <div style="border: 1px solid black; width: 80px; height: 30px; margin-left: 20px;">(b)(6)-4</div>	DISPENSING TIMES USE PENCIL. CIRCLE MED TIMES	
	D	7 8 9 10 11 12 13 14
	E	15 16 17 18 19 20 21 22
	N	23 24 01 02 03 04 05 06

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo.	Yr.
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION				
			TIME/DATE DISPENSED				
5/14	(b)(6)-2	MSCy 2-5mg IV q 3-6 ^o PRN	5 May 0830				
			5 May IM				
			(b)(6)-2				
5/14	(b)(6)-2	Tylenol #3 I-II PO q 4-6 ^o PRN	04 May 0230	5 May 0745	5 May 0315	10 May 0400	
			22 May 1710	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2
			(b)(6)-2				
5/6	(b)(6)-2	Valium 5mg PO q 6 ^o PRN					