

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> RH IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING (b)(6)-2 DR [Signature]
	DATE REQUESTED 5/27/03 in AM	DATE AND HOUR REQUIRED 2N AM
VOLUME REQUESTED (if applicable) Unit ML	KNOWN ANTIBODY FORMATION / TRANSFUSION REACTION (Specify) N/A	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. (b)(6)-2 S [Signature]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	DATE VERIFIED 26 MAY 03 TIME VERIFIED 213

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 4632114 EXP: 25 Jun 03 DONOR <input checked="" type="radio"/> POS ABO AB <input checked="" type="radio"/> O Rh Pos <input checked="" type="radio"/> POS	TRANSFUSION NO. 423 PATIENT NO. RECIPIENT ABO AB Rh POS	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH Comp <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS:	PREVIOUS RECORD CHECK: (b)(6)-2 <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD (b)(6)-2 26 MAY 03
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SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA			
AMOUNT GIVEN 450 ML		TIME/DATE COMPLETED/INTERRUPTED 27 May 03 0930			
REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		TEMPERATURE 97.8	PULSE 97	BLOOD PRESSURE 117/70	
AT (Hub) 10732 ON (Date) 27 May 03 IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion; treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.			
1st VERIFIER (Signature) (b)(6)-2 [Signature]		DESCRIPTION OF REACTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)			
PRE-TRANSFUSION TEMP: 98.9 PULSE 111 BP 102/59 DATE OF TRANSFUSION 27 May 03 TIME STARTED 0745		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) SIGNATURE OF PERSON NOTING ABOVE [Signature]			
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial, date; hospital or medical facility) LN # [Signature] Icu 1		WARD M		Icu 1	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 5781

Medical Record Copy

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

<input type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING (b)(6)-2 DR [Signature]
	DATE REQUESTED 5/27/03 In AM DATE AND HOUR RECEIVED In AM	DIAGNOSIS OR OPERATIVE PROCEDURE SIP @ Nephrectomy Ileal Conduit
VOLUME REQUESTED (If applicable) UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) N/A	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. (b)(6)-2 [Signature]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: N/A HEMOLYTIC DISEASE OF NEWBORN?	
		TIME VERIFIED 26 MAY 03 2130

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 4632122 EXP. 25 Jun 03 DONOR ABO AB (w/0) Rh POS (w/0)	TRANSFUSION NO. 923 PATIENT NO. RECIPIENT ABO AB Rh POS	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMP <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS:	PREVIOUS RECORD CHECK <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD (b)(6)-2 DATE 26 May 03
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SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA				
INSPECTED AND ISSUED BY (Signature) (b)(6)-2 AT (Hour) 10:55 AM ON (Date) 27 May 03 IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	AMOUNT GIVEN 450 ML	TIME/DATE COMPLETED/INTERRUPTED 27 May 03 1200	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 99.2	PULSE 112	BLOOD PRESSURE 105/67
1st VERIFIER (Signature) (b)(6)-2 [Signature]	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.					
2nd VERIFIER (Signature) (b)(6)-2 [Signature]	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)					
PRE-TRANSFUSION TEMP: 97.9 PULSE: 105 BP: 131/70	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)					
DATE OF TRANSFUSION 27 May 03	TIME STARTED 0942	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 [Signature]			WARD ICU 1	
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial, date, hospital or medical facility). LN # [Signature] 86 + CSN ICU 1						

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV 9-92)
 Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9 202-2

Medical Record Copy

MEDCOM - 5782

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CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PROBLEM IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)		21:00 HOURS	
			Admit orders CONT'D
			(17) - Benzydol 25mg IVPB q6"
			(18) - Colace = PO BID
			(19) - ZANTAC 50mg IVPB q8"
			(20) - Halcidol 40mg IV q6"
			(21) - Paxil 40mg PO/NGT BID
			(22) - Dulcolax suppos PR QD
PROBLEM IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
			(23) - SEPTRA DS ABIT QD
			(24) - Labetalol 20mg IV q1"
			PRN MAP > 90 mmHg
			(25) - MSO4 5mg IV q2-4 PRN
			(26) - Zofran 4mg IV q6"
			(27) - Ativan 1mg IV q8"
			PRN Agitation
PROBLEM IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
			(28) - Finish Imipenem box
			(29) Men. o/c Imipenem
			(30) Timenth 3.1 gm IV q6"
			(31) Vancomycin 1gm IV q12"
			(32) review p/c orders 8/3
			5/3/03 "1300 o/c orders"
			for Timidity of meds LAT/gua
PROBLEM IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
			(33) DS 1/2 NSS @ 100 HOURS/HR
			(34) NPO
			(35) note - PT is potentially violent - please me w/US contact
			Treatment Summary

06
14
22

NOTED
8/3/03
4/1/03

FORM 4256

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-303-710

MEDCOM - 5783

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 SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	NOT SIGN
(b)(6)-4			5 May 03			
NOTED AND TRANSCRIBED @ 1035. (b)(6)-2 [redacted] LT, PA			SWAYB3 Lapressom. ... 5mg IV q 3min X 3 then 15 minutes P Last bolus. 25mg IV per NG q 6 x 48 ⁰ then maintain 100mg per NG			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			(b)(6)-2 [redacted]			
			Hold Atrovent/Mexonast until at final facility			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			5 May 03	1200		
			V.O. 5mg Versed IV P Q 2h			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NOTED/TRANSCRIBED 5/5/03 (b)(6)-2 [redacted] LT, PA			5 May 03			
			1) Versed 5-10mg IV PB @ 10 AM			
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: 1994-369-710

MEDCOM - 5785

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="border: 1px solid black; width: 100px; height: 60px; margin-bottom: 5px;">(b)(6)-4</div>			7 MAY 03	1000 HOURS	<div style="border: 1px solid black; width: 150px; height: 100px; margin-top: 10px;">(b)(6)-2</div>
			1) Clamp bilateral nephrostomy tubes.		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
			8 MAY 03	0840 HOURS	
PATIENT IDENTIFICATION			① Begin continuous bladder irrigation via suprapubic tube - adjust flow to achieve light pink to clear color in Foley.		<div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px;">(b)(6)-2</div>
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
			8 MAY 03	1550 HOURS	
PATIENT IDENTIFICATION			1) CBC x 7 now - transfuse 2 units O+ blood if < 22 Hct.		<div style="border: 1px solid black; width: 150px; height: 100px; margin-top: 10px;">(b)(6)-2</div>
			2) repeat CBC at 0500h		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
			09 MAY 03	0800 HOURS	
PATIENT IDENTIFICATION			1) Repeat CBC at 1500 Hrs.		<div style="border: 1px solid black; width: 100px; height: 60px; margin-top: 10px;">(b)(6)-2</div>
			- repeat transfusion if Hct < 24 with 2 units RBC O+ blood or typed.		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
PATIENT IDENTIFICATION			2) undress both nephrostomy tubes.		<div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px;">(b)(6)-2</div>
			3) NPO after midnight		<div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px;">(b)(6)-2</div>

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 71. WILL BE OBSOLETE BY 1 APR 80

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710
MEDCOM - 5787

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is 150

1. PROVIDER 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

PROBLEM IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	HOURS	TYPE, TIME, ORIGIN, NOTED, AND SIGNATURE
(b)(6)-4	09 MAR 03	1630		Noted (b)(6)-2 et/700
	1) repeat CBC at 0500H			
	2) MSO4 1-4mg IV Q15min PRN			
	3) IVF - D ₅ 1/2 NS # at 15000/H or NS as needed			
PATIENT UNIT	ROOM NO.	BED NO.		
PROBLEM IDENTIFICATION <th>DATE OF ORDER</th> <th>TIME OF ORDER</th> <th>HOURS</th> <th></th>	DATE OF ORDER	TIME OF ORDER	HOURS	
PATIENT UNIT	ROOM NO.	BED NO.		
PROBLEM IDENTIFICATION <th>DATE OF ORDER</th> <th>TIME OF ORDER</th> <th>HOURS</th> <th></th>	DATE OF ORDER	TIME OF ORDER	HOURS	
PATIENT UNIT	ROOM NO.	BED NO.		
PROBLEM IDENTIFICATION <th>DATE OF ORDER</th> <th>TIME OF ORDER</th> <th>HOURS</th> <th></th>	DATE OF ORDER	TIME OF ORDER	HOURS	
PATIENT UNIT	ROOM NO.	BED NO.		

DA FORM 4250

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED


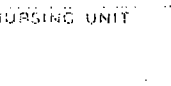
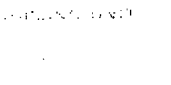
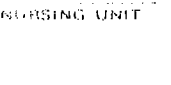
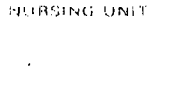
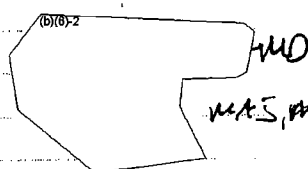
U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

MEDCOM - 5788

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency in GPO

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
			10 MAY 03	0045
			(1) To ICU #2 - Urology / Dr. Michael (2) S/P Ex lap / @ nephrostomy / @ ileal conduit reconstruction of bladder neck (3) Stable (4) VS \bar{g} 10, strict I/O's (5) MOA (6) Realign \bar{c} HOB 30°, Restraints	
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			DATE OF ORDER	TIME OF ORDER
			(7) Vant: To 700 R/S PS 12.0g/100% (Titrate to keep sats \geq 95%) (8) Foley \rightarrow gravity (9) Suprapubic tube \rightarrow gravity (10) Red rubber \rightarrow gravity (11) JP to bulb suction (Record output & shift) (12) LR @ 125 cpl/hr (13) NG \rightarrow LWS	
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			DATE OF ORDER	TIME OF ORDER
			(14) Sedation / pain meds per nurse (15) PCR on arrival (16) CRC clean 7 in AM \bar{g} 9 AM (17) Rortic central line care (18) Zantac 50 mg IVPB \bar{g} 8° (19) Unasyn 3.0 gm IVPB \bar{g} 60 (20) @ nephrostomy tube \rightarrow gravity (21) Notify MD for T > 101.5	
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			DATE OF ORDER	TIME OF ORDER
			P > 120 < 60 SBP > 170 < 100 Sats < 90%	
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____				

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 5789

1954-363-710

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	NOTES
(b)(6)-4			14 MAR 03	0030	
NURSING UNIT			Propofol IV drip		
ROOM NO.			10-15 cc/hr.		
BED NO.			titrate to sedative strat 2 of		
			10cc/hr.		
			D/C at 1hr		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	NOTES
NURSING UNIT			Morphine IV		
ROOM NO.			5mg 2-4		
BED NO.			mg q 3hr.		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	NOTES
(b)(6)-4			14 MAR 03	1445	
NURSING UNIT			1) Percocet 1-2 tabs PO Q 4-6 pm		
ROOM NO.			2) Colace 100mg PO BID		
BED NO.					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	NOTES
			15 MAR 03	0700	
NURSING UNIT			post-trampan Act & now		
ROOM NO.			D/C to ABX		
BED NO.			2) levofoxon 500mg PO QD		

Noted and transcribed
15 May 03 **(b)(6)-2** - 107, 14

DA FORM 4256 13 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

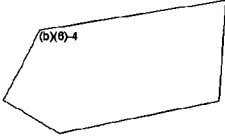
PRINTING OFFICE: 1994-363-710
MEDCOM - 5790

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency, 19 0130

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

PATIENT IDENTIFICATION



Noted and transcribed
10 May 03 @ 0800

NURSING UNIT ROOM NO. BED NO.

10 May 03 0800 HOURS
 1) Ac. papain
 2) W. can to sublingual
 3) Bacitracin ointment to perioral
 4) Chen 7 / Cal LE mg q 2h
 (b)(6)-2
 O.R. / Ger

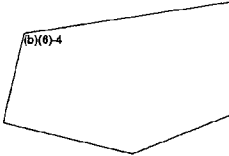
PATIENT IDENTIFICATION

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER TIME OF ORDER

10 May 03 0830 HOURS
 1) M. Soly 1 - 8mg IV PB Q15 min prn
 - must have pulse ox on
 2) Versed 2.5 - 5mg IV Q 2 hrs prn
 (b)(6)-2

PATIENT IDENTIFICATION



NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER TIME OF ORDER

10 May 03 0900 HOURS
 1) Ca gluconate 1 gm ~~in~~ in
 100 NS ID over 2 Hrs.
 2) Mag. Sulfate 2 gm in 100cc NS
 ID over 1 Hr.
 (b)(6)-2

PATIENT IDENTIFICATION

Noted and transcribed
10 May 03 @ 1400

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER TIME OF ORDER

10 May 03 1300 HOURS
 1) meclizine 25mg @ 1^o
 (b)(6)-2

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

U.S. GOVERNMENT PRINTING OFFICE: 1954-063-710
MEDCOM - 5791

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proper agency's GPO.

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS IN PROGRESS. UNIT AND MEDICAL RECORD SYSTEM IS USED. WRITE PROBLEM NUMBER IN COLUMN INDICATED BY AR 40-66.

PATIENT IDENTIFICATION (b)(6)4			DATE OF ORDER 11 MAY 03	TIME OF ORDER 0830 HOURS	PROBLEM NUMBER NOTED IN COLUMN
NURSING UNIT ROOM NO. BED NO.			① TRANSFUSE 2 U PRBC - Run EACH UNIT SLOWLY (2 HR FOR EACH UNIT) ② PROMETHEZINE 650 MG TYPHONOL RECTALLY AND 25 MG IV PROMETHEZINE AND DOMPERIDONE ③ 4 IVF TO 70 CC/HR ④ D/C all pt of orders		
PATIENT IDENTIFICATION			DATE OF ORDER 13 MAY 03	TIME OF ORDER 0830	PROBLEM NUMBER NOTED IN COLUMN
NURSING UNIT ROOM NO. BED NO.			① D/C diet ② clear liquid diet ③ pt consult to ambulate sit in chair		
PATIENT IDENTIFICATION			DATE OF ORDER 14 MAY 03	TIME OF ORDER 0810 HOURS	PROBLEM NUMBER NOTED IN COLUMN
NURSING UNIT ROOM NO. BED NO.			① Transfuse 11 units PRBC over 5 ^h each ✓ ② Reg Diet ✓ ③ O/C Zantac ✓ ④ Heparin IV p transfusion		
PATIENT IDENTIFICATION			DATE OF ORDER 14 MAY 03	TIME OF ORDER 0902 HOURS	PROBLEM NUMBER NOTED IN COLUMN
NURSING UNIT ROOM NO. BED NO.			① post transfusion Act then D/C lab		

DA FORM 4256 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710
 MEDCOM - 5792

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66. The proponent agency is DTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	ORDER NOTED BY SIGN
(b)(6)-4 noted/transcribed: LLNMPD3 (b)(6)-7 HLT (M)			16 MAY 03	0836 HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
		240			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	ORDER NOTED BY SIGN
(b)(6)-4			17 MAY 03	0800 HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	ORDER NOTED BY SIGN
			18 MAY 03	0850 HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	ORDER NOTED BY SIGN
(b)(6)-4			19 MAY 03		
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 5793

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	(b)(6)-2		21 MAY 03	0815	
NURSING UNIT			ROOM NO.	BED NO.	
Double Chof			2115	docs	0705
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			23 MAY 03	0830	
NURSING UNIT			ROOM NO.	BED NO.	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			23 MAY 03	0830	
NURSING UNIT			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			23 MAY 03	1300	
NURSING UNIT			ROOM NO.	BED NO.	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			23 MAY 03	1300	
NURSING UNIT			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			25 MAY 03	1100	
NURSING UNIT			ROOM NO.	BED NO.	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			25 MAY 03	1100	
NURSING UNIT			ROOM NO.	BED NO.	

DA FORM 4256 1 APR 79

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

MEDCOM - 5794

CLINICAL RECORD - DOCTOR

USERS

For use of this form, see AR 40-60, the pri

agency or OTR.

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[Redacted]			26 May 03	0830
[Redacted]			VIC Diet regimen	
ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[Redacted]			26 May 03	1530
[Redacted]			CBC x1 NW	
ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[Redacted]			26 May 03	
[Redacted]			Bedrest with BATH ROOM PRIVILEGES	
[Redacted]			T/C for du PRBC in AM of Hepatech IV	
ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[Redacted]			27 May 03	0800
[Redacted]			2u PRBC ED over 4Hrs	
[Redacted]			post-transfusion CBC	
[Redacted]			Pre-tx with Tylenol 650mg PO @ 6pm	
[Redacted]			Benedryl 50mg PO x 7	
ROOM NO.	BED NO.			

DA FORM 4256 1 APR 75

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

USE BALL POINT PEN, PRESS FIRMLY, NO CARBON PAPER REQUIRED

MEDCOM - 5795

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]			27 May 03	0700 HOURS	
[Redacted]			V.O. taken		[Redacted]
[Redacted]			1. Valium 5mg IV now per ckg change		
NURSING UNIT			ROOM NO.	BED NO.	
[Redacted]			[Redacted]	[Redacted]	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]			27 May 03	1648 HOURS	
[Redacted]			1) Pulsecor 20mg PO QD		noted 27 May 03 1745 [Redacted] CPT, AN
NURSING UNIT			ROOM NO.	BED NO.	
[Redacted]			[Redacted]	[Redacted]	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]			5/27/03	2225 HOURS	
[Redacted]			- Draw CBC @ 0500 hrs in AM (5/28/03). - Keep abdominal wound packed.		[Redacted]
NURSING UNIT			ROOM NO.	BED NO.	
double V 28 May 03 0600 [Redacted]			[Redacted]	[Redacted]	noted [Redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]			28 May 03	0830 HOURS	
[Redacted]			1) Vitamin K 5mg IM qd 2) MOM, 30cc PO Q6 until stools soft then pm 3) Stop DILUOS and well only do DPM dressing Ac 4) Continue heparin 5) D/L 1.40 10 x 10		noted 28 May 03 0850 [Redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[Redacted]			[Redacted]	[Redacted]	

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY