

350
500
400

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
2 MAR 03	OP Note
1700	Preop Dx: Abdominal GSW, umbilical hernia, (R) Forearm GSW
	Postop Dx: Abdominal GSW & Colotomy x2
	<ul style="list-style-type: none"> umbilical hernia, Nodular deposits on Anterior parietal peritoneum & Mesentery c/w Metastatic CA with NO obvious Intra-abdominal 10 Superficial (R) Forearm GSW
	Procedure: Exploratory Laparotomy & oversew (R) Colon Seromuscular Injury Resection of Mid Transverse Colon
	Surgeons: (b)(6)-2 / (b)(6)-2
	Anesthesia: (b)(6)-2 / (b)(6)-2 / (b)(6)-2
	Findings: <ul style="list-style-type: none"> Seromuscular Injury (R) Colon - oversewn Large Transverse Colon Injury (through & through) & adjacent Mesocolic Hematoma & minimal contamination - resected & 2 layer anast-performed Nodular deposits on anterior parietal peritoneum & at root of SI Mesentery (both isolated) c/w Metastatic CA v/s Granulomatous Dx (NO evidence of Intra-abd 10 CA seen) umbilical hernia - closed & midline Fascial closure Superficial GSW to (R) postero-lateral, proximal Forearm with NO evidence of Fr of or Vascular compromise - Irrigated & dressed
	Complications: ϕ
	EBL: 500cc (400cc old, 100cc intaq) UOP: 400cc (b)(6)-2 MD
	Fluids: 3500 cc NS

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.

DLARI CIV. 07 ~ 50410
 (b)(6)-4 (b)(3)-1

29 MAR 03 @ 1419-

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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3/29/03
1830

Suff

S- Pt extubated + resting quietly currently. RR trending up along w RR over last 20 minutes. UOP good at 300 cc since UR.

O- Lungs - (B) rhonchi, O₂ sat 95% on bal face mask
Cardiac - tachy w RR
Abd - dressing C, D, F
Ext: (R) Forearm soft w 2/2 radial pulse + clean dressing

A/P- Tachycardia prob so to post-op pain. Will medicate + follow Resp + UO status closely.

(b)(6)-2

3/29/03
1845

NSG - R A16 x O O₂ 7 L/P NRBM, O₂ Sat 95%. NG intact to NT Low son.

Foley intact. 300cc (Clear yellow) urine p op. BP 139/75, Drug to midline HRAD

ATI, Drug to (R) FA ATI. MASO₂ 5mg IV dose

(b)(6)-2

3/29/03
1900

Suff

Over the last 1/2 hr pt has become truly tachypneic w RR in high 30s currently. VBG obtained which revealed significant Resp Acidosis w pH 7.1 pCO₂ 80.

We will -- move to reintubated pt expeditiously.

Hct 46 H+ 51 + Ca 4.7

Pt is reportedly a heavy smoker + her post-op Resp Failure may at least in part be so to this.

(b)(6)-2

3/29/03
1915

RSE Meds: Vecuronium 5mg IV, Succinylcholine 200mg IV, Ketamine 75mg IV.

U.S.GPO: 1962-348-878

PATIENT EVACUATION TAG - FICHE D'ÉVACUATION DE PATIENT (Tie this tag to patient - Attacher cette fiche au patient)			
FROM (Medical treatment facility) ORIGINE (Installation de traitement médical)			
NAME (Last-first-middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom)			
SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL (Service or employer and nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité)	
		OD	
DIAGNOSIS DIAGNOSTIC			
CLASS-CLASSE		DISEASE MALADIE	BATTLE CASUALTY BLESSÉ AU COMBAT
1A	2A <input checked="" type="checkbox"/>		
1B	2B		
1C	4	CABINOR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT	BUNK NUMBER NUMÉRO COUCHETTE
VSI TRÈS GRAV. MAL. <input type="checkbox"/> Yes <input type="checkbox"/> No		BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGE	
DESTINATION (D)(3)-1 DESTINATION		SHIP/A/C (Number/type) NAVIRE/AVION (Matricule/type)	
TREATMENT RECOMMENDED EN ROUTE (If no treatment is required a notation to this effect is made) TRAITEMENT RECOMMANDÉ EN ROUTE (Indiquer si aucun traitement n'est nécessaire)			
SIGNATURE OF MEDICAL OFFICER SIGNATURE DU MÉDECIN			DATE DATE
REGULAR DIET RÉGIME NORMAL		SPECIAL DIET (Describe) RÉGIME SPÉCIAL (Description)	
SHIPS RECORD OFFICE TAB - FICHE POUR ARCHIVES TRANSPORTS			
FROM (Medical treatment facility) ORIGINE (Installation de traitement médical)			
NAME (Last first-middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom)			
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BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGES		DATE OF SHIPMENT DATE DÉPART	
DESTINATION DESTINATION		ARRIVAL DATE DATE ARRIVÉE	
EMBARKATION TAB - FICHE D'EMBARQUEMENT			

MEDCOM - 6043

U.S. GPO: 1962-318-678

PATIENT EVACUATION TAG - FICHE D'ÉVACUATION DE PATIENT (Tie this tag to patient - Attacher cette fiche au patient)			
FROM (Medical treatment facility) ORIGINE (Installation de traitement médical)			
NAME (Last - first - middle initial) NOM (Nom de famille - premier prénom - initiale deuxième prénom)			
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		OD	
DIAGNOSIS DIAGNOSTIC			
CLASS - CLASSE		DISEASE MALADIE	BATTLE CASUALTY BLESSE AU COMBAT
1A	2A <input checked="" type="checkbox"/>		
1B	2B		
CABIN OR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT		BUNK NUMBER NUMÉRO COUCHETTE	
3		4	
VSI TRES GRAV. MAL. <input type="checkbox"/> Yes OUI		BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGE	
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DESTINATION DESTINATION		ARRIVAL ARRIVÉE	
EMBARKATION TAB - FICHE D'EMBARQUEMENT			

MEDCOM - 6044

CLINICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME		Rx	DRUG ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked here)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
3/29/03	1700		(1) Admit to Postop (2) Dx: GSW to abd S/P Transverse Colectomy (3) Condition: Stable (4) VS: Q 15 minutes x 4 then Q 30 minutes x 4 then Q 1° (5) Activity: Bed Rest (6) Allergies: NKDA (7) Nursing: = NG to (E) LWS - Foley to drain to gravity - Notify Dr. (b)(6)-2 a (b)(6)-2 - if MAP < 30 cc/hr (b)(6)-2 - Leave dry dressing in place - NOK: PT does not speak English - Wear vent to extubation - Continue pulse ox monitoring - Notify Notify Surgeon if O ₂ sat < 92% on 2L NC - Q 10 x 4 pulse V (R) Arm - pt should have palpable radial pulse (8) Diet: NPO (9) IVE: NS. 100/50 cc/hr (10) meds: Cefoxitin 1gm IV Q6° x 4 doses then D/C MSO4 5-10mg IV Q 2° per pain (1-4mg IV q 8° prn pain) (b)(6)-2 Demerol 12-5-25mg IV Q 4° pr N.V. (11) Meds: Priority = Priority (b)(6)-2		
					MD

(Continue on reverse side)

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

REGISTER NO

WARD NO

DAVID CIV. O → 250410
 29 MAR 03

(b)(3)-1

DOCTOR'S ORDERS
Standard Form 508
508-109

General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-B
October 1973

(b)(6)-4

MEDCOM - 6045

CLINICAL RECORD		DOCTOR'S ORDERS <i>(Sign all orders)</i>			
DATE AND TIME		Rx <small>(Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered -UNLESS checked here)</small>	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
3/29/13	1915	①	A Initial Vent Settings: AC at 20, TV 650, Fr ₂ 100%, PEEP 5		
		②	Rev VBG in 1 hr		
		③	Wear O ₂ to 50% gradually, keeping O ₂ sat > 92%		
				(b)(6)-2	10

Progress Notes

CLINICAL RECORD DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME		Rx	DRUG ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked here)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
29 Mar 03	1915		- Pt intub x hyp → RST DL x 2 noted to rapidly Desat to 50's. Day Intub In Post OP w/ Nasal Tinted Sats 92-95 w/ 7 litres (Blood) on Face mask - Venous line Demost. Regg Distress PCO ₂ ≈ 80 - Reintubation w/ succ / failure Difficult AW - DL x 2 AP - Two (2) hand mask + Oral AW Sats ≈ 50 → 2nd Attempt w/ Miller 2 Successful - + BT CO ₂ + PBS → Tachid. Subst Sats 100 - ETT at 24 cm ab edge of TUBETAMER.		
29 Mar 03	2005		Mefenox (6M) (VIB) given as ordered given as ordered.	Vecuronium 10mg / 100	
3/29/03	2020		Subg Pt is tachycardic + hypercapnia gradually resolving Ventilatory support: 6 AC at 20 TV8w PEEP5, P ₁₀₀ 45% pH 7.29 / 42.8 PCO ₂ on VBG. The pt. appears to have significant COPD + will probably require significant pain relief, etc... post op. ? Lung CA as explanation of peritoneal seeding. Rec'd call on arrival to next level of care.		

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility) REGISTER NO WARD NO

DOCTOR'S ORDER Standard Form 508-109

General Services Administration and Intergency Committee on Medical Form 101-11.806-8 October 1974

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				

29 MAR 03

2090 (b)(6)-2

Admit → ICU

S/D/E Laps GSW abd & colon resection
 (2) Resp failure / CO₂ retention
 fair cond NPO
 ICU routine stat. Monitor
 ROSA (?)

Phys: AB → ICS, Drg gauge → abd incision,
 NEW GSW, forearm GSW Δ PRN
 Foley → gravity

IVF LR or NS at 100 cc/10

Meds: Meperidin 2g IV q 3⁰ x 3 doses
 MSO₄ 5-10 mg IV q 1⁰ PRN
 Valium 5 mg IV q 2-4⁰ PRN
 Zantac 50 mg IV q 12⁰
 albuterol nebs q PRN

CXR

(R) forearm xray AB for
 vent SIMV 10 / 800 / 21% FiO₂

(b)(6)-2

Vecuronium 5 mg IV q 1

(b)(6)-2

0001 30 MAR 03

Pt in ICU, activated above orders, pt muscle relaxed & VEC, sedated & Valium 5mg for relief. MSO₄ 5mg IV, pupils constricted, BS normal, bibat insert, minimal bile drainage from NGT; ST, S₁-S₂, palpable pulse & tenting, ABD desig c/o/t, (2) arm desig min diameter, Foley inserted -

(If continue on reverse side)

DOCTOR'S SIGNATURE: (blank) writes initials given herein - date, time, middle initials, rank, rate, hospital or medical facility

REGISTER IN:

WARD/NO.

(b)(6)-4


DOCTOR'S ORDERS
Medical Record

STANDARD FORM 506 (Rev. 3-94)
U.S. GOVERNMENT PRINTING OFFICE: 1993

MEDCOM - 6048

Trauma Re

ion Form

N(b)(6)-4	SSN:	Initial assessment																					
Date and time of injury: <i>29 Mar 03</i>	Date and time of arrival: <i>29 Mar 03</i>	Circulation																					
Chief complaint: <i>S/P E Lap OSCW Abnd (FESS)</i>		Skin/mucous membrane color:																					
Pre-hospital information		<input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Jaundiced <input type="checkbox"/> Ashen <input type="checkbox"/> Cyanotic																					
Mechanism of injury: <input checked="" type="checkbox"/> Gunshot wound <input type="checkbox"/> Stabbing <input type="checkbox"/> Burn <input type="checkbox"/> Chemical casualty <input type="checkbox"/> Other: _____		Skin temperature:																					
Procedures before arrival		<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool Skin moisture:																					
<input type="checkbox"/> Airway: type _____ size # _____ <input type="checkbox"/> O ₂ @ _____ L/min via _____ <input type="checkbox"/> IVs: location and # _____ <input type="checkbox"/> Chest tube: location _____ size # _____ <input type="checkbox"/> Splints: Type _____ <input type="checkbox"/> Medications: _____ <input type="checkbox"/> Chemical casualty: <input type="checkbox"/> Decontamination date/time: _____		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Moist Pulses:																					
<input type="checkbox"/> Abopine: <table border="1" style="display: inline-table; border-collapse: collapse;"><thead><tr><th>Doseage</th><th>Date/time</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> <input type="checkbox"/> 2-PAM: <table border="1" style="display: inline-table; border-collapse: collapse;"><thead><tr><th>Doseage</th><th>Date/time</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other procedures: _____		Doseage	Date/time									Doseage	Date/time									Carotid Radial Femoral R L R L R L Normal <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bounding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weak <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Doseage	Date/time																						
Doseage	Date/time																						
AMPLE history		Disability																					
Allergies:		Glasgow Coma Scale (circle appropriate scores):																					
Medications:		1. Eye opening: Score:																					
Past illnesses: <i>Heavy smoker (COPD)</i>		Spontaneous 4 To voice 3 To pain 2 None 1																					
Last meal: Last Tetanus:		2. Verbal:																					
Events:		Oriented 5 Confused 4 Inappropriate words 3 Incomplete words 2 None 1																					
Initial assessment		3. Motor:																					
Airway <input type="checkbox"/> Patent <input type="checkbox"/> Obstructed Breathing <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea midline? <input type="checkbox"/> Yes <input type="checkbox"/> No Breath sounds: Right Left		Obeys commands 6 Localizes to pain 5 Withdraws to pain 4 Flexion 3 Extension 2 None 1																					
Present <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Decreased <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> Rales/Crackles <input type="checkbox"/> <input type="checkbox"/> Crepitations: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total GCS Pupillary response																					
		Pupil reaction: Right Left Brisk <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> Sluggish <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Nonreactive <input type="checkbox"/> <input type="checkbox"/> Size _____ mm _____ mm																					
																							

ation

Trauma Resuscitation Form

Physical examination:

Age (years): _____ Height (inches): _____ Weight (kg's): _____

Head, eyes, ears, nose, throat:

Neck: *Intubated, sedated*

Chest: *Equal, rhonchous breath sounds*

Back: *(circle)*

Cervical/Thoracic/Lumbar spine: *(circle)*

Abdomen: *Middle laparotomy incision, RLO GSW*

Perineum and rectum:

Extremity: *(R) forearm GSW*

Skin: *Warm*

Neurologic: *Sedated, chemically paralyzed*

Other:

Diagram for documenting injuries
(Identify injury site by number)

1. Laceration
2. Abrasion
3. Hematoma
4. Contusion
5. Deformity
6. Fracture
7. GSW(s)
8. Stab wound(s)
9. Pain
10. Cold injury
11. Edema
12. Amputation
13. Avulsion
14. Burn
15. Other (Describe)

The diagram consists of two human figures, one facing forward and one facing backward. Each figure has numbered circles placed on various parts of the body to indicate injury locations. The front figure has a '1' on the forehead, a '6' on the right forearm, and a '7' on the abdomen. The back figure has a '1' on the back. The diagrams are used to document injuries according to the legend on the left.

(With permission from JB Lippincott Company. After Dawling RH. Burns. In: Greenfield LJ, Mulholland MW, Ockner JT, and Zelenock GB, eds. Surgery: Scientific Principles and Practice. Philadelphia, JB Lippincott Company, 1983.)

Procedures performed by trauma team		Medications			
Time	Procedure	Time	Drug	Dosage	Route
1741	Foley Cath				
1744	Exp Intubation				
	(POSTOP)	1725	Neomid	10mg	IV

Trauma fluid resuscitation data

<p>Estimated initial postburn IV fluid requirement</p> <p>1. IV fluid of choice: Lactated Ringer's solution (Use the following equations)</p> <p>2. Total fluid requirement (TFR): TFR = 4 ml x wt (kg's) x % burn (2° and 3°)</p> <p>TFR = (4 x _____ x _____) = _____ cc</p> <p>3. Estimated fluid requirement 1st 8 hours post burn: (TFR/2) = _____ cc</p> <p>4. Estimated fluid requirement next 16 hours post burn: (TFR/2) = _____ cc</p>	<p>Resuscitation area fluid intake and output</p> <table border="1"> <tr> <th colspan="2">Intake:</th> <th colspan="2">Output:</th> </tr> <tr> <td>LR</td> <td>1500 ml</td> <td>Blood</td> <td>_____ ml</td> </tr> <tr> <td>PRBC</td> <td>_____ ml</td> <td>Urine</td> <td>150 ml</td> </tr> <tr> <td>FFP</td> <td>_____ ml</td> <td>NG tube</td> <td>_____ ml</td> </tr> <tr> <td>Platelets</td> <td>_____ ml</td> <td>Chest tube</td> <td>_____ ml</td> </tr> <tr> <td>Other</td> <td>_____ ml</td> <td>Other</td> <td>_____ ml</td> </tr> <tr> <td colspan="2">Total</td> <td colspan="2">Total</td> </tr> </table>	Intake:		Output:		LR	1500 ml	Blood	_____ ml	PRBC	_____ ml	Urine	150 ml	FFP	_____ ml	NG tube	_____ ml	Platelets	_____ ml	Chest tube	_____ ml	Other	_____ ml	Other	_____ ml	Total		Total	
Intake:		Output:																											
LR	1500 ml	Blood	_____ ml																										
PRBC	_____ ml	Urine	150 ml																										
FFP	_____ ml	NG tube	_____ ml																										
Platelets	_____ ml	Chest tube	_____ ml																										
Other	_____ ml	Other	_____ ml																										
Total		Total																											

Vital signs

Time: 1728
 BP: 154/98
 Pulse: 91
 Temp: 37
 Resp: Intubated/ventilated
 GCS: Intubated

Notes: Pt taken from S/P O₂ resuscitation and brought immediate to OR c. flatment as indicated

Impression:
 1) GSW into RUQ ABD XI
 2) Superficial SNOPrel injury to R forearm

Plan: Immediate Surgical Exploration and treatment per [redacted] for additional remarks, post op plan and case as well as pt disposition. (NOUGHS to R forearm to be cleared and dressed post op. Refer to progress note and dictation by [redacted])

(With permission from the American College of Surgeons Committee on Trauma, 1993 edition.)

UNK

Injury: 27MM03 Date and time of arrival: 199629MAY03

Chief complaint: GSW

Pre-hospital information

Mechanism of Injury:

Gunshot wound Stabbing Burn

Chemical casualty

Other:

Procedures before arrival

Airway: type _____ size # _____

O₂ @ _____ L/min via _____

IVs: location and # LAC 18g

Chest tube: location _____ size # _____

Splints: Type R forearm

Medications:

Chemical casualty:

Decontamination date/time: _____

	Dosage	Date/time
<input checked="" type="checkbox"/> Atropine:		
<input type="checkbox"/> 2-PAM:		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other procedures:		

AMPLE history

Allergies: _____

Medications: _____

Past illnesses: _____

Last meal: _____ Last Tetanus: _____

Events: WAR INJURY

Initial assessment

Circulation

Skin/mucous membrane color:

Pink Flushed

Pale Jaundiced

Ashen Cyanotic

Skin temperature:

Warm Hot Cool

Skin moisture:

Normal Dry Moist

Pulses:

	Carotid		Radial		Femoral	
	R	L	R	L	R	L
Normal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability

Glasgow Coma Scale (circle appropriate scores):

1. Eye opening:

	Score:
Spontaneous	<u>4</u>
To voice	3
To pain	2
None	1

2. Verbal:

Oriented	<u>5</u>
Confused	<u>4</u>
Inappropriate words	3
Incomplete words	2
None	1

3. Motor:

Obeys commands	<u>6</u>
Localizes to pain	5
Withdraws to pain	4
Flexion	3
Extension	2
None	1

Total GCS 15

Pupillary response

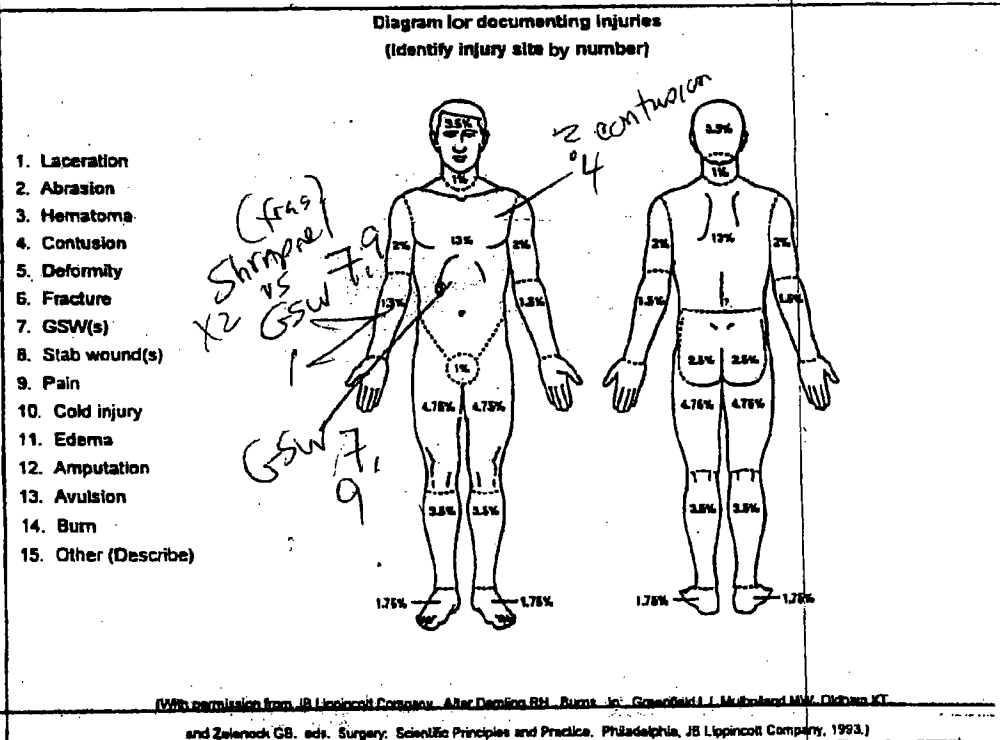
	Right	Left
Brisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constricted	<input type="checkbox"/>	<input type="checkbox"/>
Sluggish	<input type="checkbox"/>	<input type="checkbox"/>
Dilated	<input type="checkbox"/>	<input type="checkbox"/>
Nonreactive	<input type="checkbox"/>	<input type="checkbox"/>
Size	_____ mm	_____ mm

1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

Harbaco Surg Co

(b)(6)-4

Age: ~50 Physical exam: Normal exam
 Height (inches): 5'10" Weight (kg's): 170 kg
 Head, eyes, ears, nose, throat: Normal exam
 Neck: Supple, 2 mm JVD ⊕ Atrium
 Chest: Clear ⊕ Trachea
 Back: ⊕ Trunc ⊕ TTP
 Cervical/Thoracic/Lumbar spine: ⊕ TTP ⊕ STP ⊕ M
 Abdomen: ⊕ GSW RUA ⊕ rect soft ⊕ distended
 Perineum and rectum: Neg Gross Blvd on DRE
 Extremity: RVE - forearm superficial laceration penetrat. wounds ⊕ evidence of compartment syndrome
 Skin: clean - ⊕ mark
 Neurologic: GS 15-14
 Other:



HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
----------------------	---

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

29 Mar 03	Surg staff
-----------	------------

2050 Zulu	Pt Medevac'd from forward
-----------	---------------------------

(b)(3)-1

S/P Elop for GSW. Procedures included oversew colon injury, resection portion of transverse colon & 1° anastomosis. No significant spillage. EBL 500 cc. Incidental finding of nodular deposits in abdomen x 2, ? CA vs granulomatous disease. Pt hemodynamically stable postop but unable to remain intubated 2° to resp acidosis. Pt is a heavy smoker and may have COPD.

Exam - Intubated, Sedated, Chemically paralyzed

Vitals P 105 BP 130/94 95% (21% FIO2) T3

HEENT NG, ET tube in place.

Lungs: equal / rhonchous breath sounds

abd soft, midline incision intact & skin open

RUW GSW dressed

ext R forearm GSW dressed & dry gauze.

⊕ palp radial pulse

continued on

(b)(6)-2

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

REVIEW A

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

Imp: ① Iraqi civilian middle aged male s/p GSW abd
② post op CO₂ retention / resp failure.

③ ④ forearm GSW

Plan: ① Continue Vent support

② ✓ CXR

③ Broncho dilators

④ NG

⑤ wound care

(b)(6)-2

CCDC MC

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		DAY														
T.	DAY	30 APR 68														
WTH-YEAR	DAY															
19	HOUR	2400	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	
PULSE (O)	TEMP. F															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°
N RECORD		10	12	10	11	16	16	10	10	10	10	10	10	10	11	
BLOOD PRESSURE		Spo2 98	95	94	92	93	93	93	93	93	93	93	93	91	91	
		Got. 30	21	30	30	30	30	30	30	30	30	30	30	21	21	
		PIP 35	34	31	31	22	25	24	34	39		38	35	26	25	
HT:	WEIGHT	5'11"	150											145	145	
NGT (LWS)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
IVF's (L)		100	100	100	50	100	100	50								
UO		800	100	100	50	150	20	100	50	60				350	150	
ICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)												REGISTER NO.	997	WARD NO.		

(Centigrade Equivalents, for Reference only)

11 B 211

(b)(6)-4

BD 171/186
P=111
E=18
999

VITAL SIGNS RECORDS
Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 6057

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
12/03	0700 2600 PT unchanged from previous assessment, pt agitated, med to MSO4 & Valium high peak pressures, lung fields tight, responded to meds, pt normalizing. (b)(6)-2 COR
MAR03	MD NAE
0350	Reviewed Drays. (P) forearm multiple & wrapped areas of fx
	Chest - poor insp, rotated, & muffled, fluid CX tube well placed, NG tube does not appear to be in stomach. Some patchy atelectasis.
	NG replaced by nurse (b)(6)-2
30 MAY 03	<hr/>
0700	MSO4 4mg + Valium 5mg given (b)(6)-2
0800	mefloquine 29m IV given to pt. (b)(6)-2
0925	MSO4 5mg + Valium 5mg given (b)(6)-2
1000	Pt ready for med vac, NG to gravity, new 100cc of LR hung, Foley inserted, report given to COR (b)(6)-2

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)

Prescribed by GSA/ICMR FPMR (41CFR) 101.11.203(b)(10)

USAPA V1 00

(b)(6)-4

MEDCOM - 6058

MEDICAL RECORD

PROGRESS NOTES

DATE
3/30/98

MEDS

0001

Valium 5mg IV, MSO4 3mg IV, Valium 5mg IV

(b)(6)-2

0030

MSO4 2mg IV P for tachypnea / pain

(b)(6)-2

0100

Morfin 2g IV given AS per MO order.

(b)(6)-2

0100

Zandac 50mg IV given AS per MO order.

0125

Valium 5mg IV given.

(b)(6)-2

0200

MSO4 3mg IV given

0230

MSO4 2mg IV given.

(b)(6)-2

0300

MSO4 2mg IV given

(b)(6)-2

0330

Valium 5mg IV given

(b)(6)-2

0600

MSO4 2mg IV given

(b)(6)-2

NFG

(Continue on reverse side)

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

REGIST R NO.

WARD NO.

PROGRESS NOTES

Medical Record

(b)(6)-4

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, RRM (41 CFR) 201-9.207

MEDCOM - 6059