

POST-OP DAY								ACUTY LEVEL CLASSIFICATION												
	16	17	18	19	20	21	22	23												
V I T A L S S I G N S I N T A K E O U T P U T C A R E T I M E			118			105			TIME											
			70			62			MODE											
			16			16			F _I O ₂											
			22			25			TV											
			18			29			RATE											
			EA			EA			PEEP											
									pH											
									A PCO ₂											
									PO ₂											
									B HCO ₃											
								SAT												
								G BASE												
L A B O R A T O R Y A N D O T H E R T E S T S	16	17	18	19	20	21	22	23	TIME											
									GLUCOSE											
									Na/K											
									CU/CO ₂											
									BUN/Cr											
									WBC/PLATELET											
								Hct/Hgb												
A C T I V I T Y C A R E T I M E									TIME						TIME					
									MOUTH CARE						T U R N					
									BATH						S U C T I O N					
									SKIN CARE											
									FOLEY CARE											
									TRACH CARE											
D I S C I P L I N E									ROM EXERCISES											
24 HOURS TOTALS									NURSE'S SIGNATURE						INITIALS					
wt Yesterday									wt Today											
INTAKE									OUTPUT											
IV									Urine:											
PO																				
TOTAL									TOTAL											
BALANCE																				

BP
R
SpO₂
RA/02

40

		NEUROLOGICAL ASSESSMENT														
		HOURS												LEGEND		
C O M M	EYES OPEN	SPONTANEOUSLY	4													C Closed by swelling
		TO SPEECH	3													
		TO PAIN	2													
		NO EYE OPENING	1													
A S C	BEST VERBAL RESPONSE	ORIENTED	5												T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4													
		VERBALIZES	3													
		VOCALIZES	2													
		NO VOCALIZATION	1													
L A R E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6													
		LOCALIZES PAIN	5													
		FLEXION WITHDRAWAL	4													
		ABNORMAL FLEXION	3													
		EXTENSION TO PAIN	2													
		NO MOTOR RESPONSE	1													
L I M B	ARMS	NORMAL POWER													R Right L Left Record separately if there is a difference between the two sides.	
		MILD WEAKNESS														
		SEVERE WEAKNESS														
		ABNORMAL FLEXION														
		ABNORMAL EXTENSION														
		NO RESPONSE														
M D V E M E N T	LEGS	NORMAL POWER														
		MILD WEAKNESS														
		SEVERE WEAKNESS														
		ABNORMAL FLEXION														
		ABNORMAL EXTENSION														
		NO RESPONSE														
P U P I L S	RIGHT	SIZE REACTION													+ + Brisk + Slow - No Response	
	LEFT	SIZE REACTION														
PUPIL SCALE																
ICP														+ Intact		
CEREBRAL PERFUSION PRESSURE														- Abnormal		
		VASCULAR ASSESSMENT												LEGEND		
		HOURS														
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	+ + Normal	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak	
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler	
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	L Left	

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
NEUROLOGIC	PUPILS	0700			
	SENSORIUM	Pen pupils high e/a follows command, appropriate ETOH of motoric action			3/22/89 Full count
	RESPIRATORY PATTERN	even & unlabored			
RESPIRATORY	BREATH SOUNDS	CTA w/rales			3/22/89 (10)
	SECRECTIONS	φ no cough spec 98-109 on 1/2			φ/10/89 @ 10/89
	SKIN	appropriate for nose see medical note.			Approp for nose
SYSTEMIC	LOCATION	φ			φ
	CONDITION				
	ABDOMEN	soft & nontender			LLQ - pinching pain; slight tenderness new - 2/22/89
GASTROINTESTINAL	BOWEL SOUNDS	Bx & E D/W/V/O			Bx & E @ 10/89
	URINE	Good appetite 75% of breakfast			
	CO: URGENCY	urinal @ bedside amber color on			urinal sp, urinal at bedside
CARDIOVASCULAR	CARDIAC RHYTHM	REGS & reg + 2 pulses of ALE + 2 edema on pitting @ 10/89 @ 10/89			- 10/89 - 12 pulses x 4 - 11 edema mat new to @ 10/89
	LEGEND	O ₂ - Oxygen FiO ₂ - Fraction of inspired O ₂ PEEP - Positive End-expiratory Pressure	IEP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End-expiratory Pressure	O ₂ - Fractional SaO ₂ - Saturation INORM - Intracranial Pressure	
	(Continue on reverse)				

b6-2

PREPARED BY: (Signature & Title) DEPARTMENT/SERVICE/CLINIC: ICU 2-2-89 DATE:

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

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



b6-4

14 JUL 03

DATE		DX										HOSPITAL DAY							
	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V	BP Arterial Line					15			112								120		
I	BP Cuff					70			68								70		
T	Temperature					97.5			98.1								98.4		
A	Pulse					77			80								84		
A	Respiratory Rate					12			16								14		
L	SpO2					97			98								97		
L	RAO2					RA			RA								RA		
S																			
I																			
G																			
N																			
S																			
	TIME	24	01	02	03	04	05	06	07	8 ^{PT}	08	09	10	11	12	13	14	15	8 ^{PT}
I		NA							300				300					300	
N																			
T																			
A																			
X																			
E																			
	TOTALS																		
O	URINE	HOUR	24																
		TOTAL	NA										300					300	
U		NO OF																	
		SCA																	
I	NG	OUTPUT																	
		ENT																	
		GUNAL																	
P	EMESIS																		
	STOOL																		
U	DRAINS																		
T	TOTALS																		

E  b6-4

POST-OP DAY									ACQUITY LEVEL CLASSIFICATION												
V	14	17	18	19	20	21	22	23	R	TIME											
D P T M A S E T H M S I G N S I N T A C E E D I V I S I O N F G			15						E	MODE											
			64						S	F _I O ₂											
			16						P	TV											
			98						D	RATE											
			85						I	PEEP											
									A	PH											
									A	PCO ₂											
									O	PO ₂											
									B	HCO ₃											
									Y	SAT											
								G	BASE												
									L	TIME											
	16	17	18	19	20	21	22	23	8"	A	GLUCOSE										
									B	Na/K											
									O	C/CO ₂											
									R	BUN/Cr											
									A	WBC/PLATELET											
									T	Hct/Hgb											
									O												
									B												
									V												
									A	TIME					TIME						
									C	MOUTH CARE										T	
									V	BATH										U	
									I	SKIN CARE										R	
									L	FOLEY CARE										S	
									E	TRACH CARE										U	
									S	ROM EXERCISES										C	
									D											T	
									N											I	
									F											O	
									G											N	
										24"180 TOTALS					NURSE'S SIGNATURE					INITIALS	
										wt Yesterday					wt Today						
										INTAKE					OUTPUT						
										IV					Urine:						
										GO											
										TOTAL					TOTAL						
										BALANCE											

DP
M
S
M

Urine



b6-4

NEUROLOGICAL ASSESSMENT

		HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	LEGEND	
C O M M	EYES OPEN	SPONTANEOUSLY	4																		C Closed by swelling	
		TO SPEECH	3																			
		TO PAIN	2																			
		NO EYE OPENING	1																			
A S S	BEST VERBAL RESPONSE	ORIENTED	5																		T Trach/Endo S Sturring D Dysphasia R Receptive E Expressive	
		CONFUSED	4																			
		VERBALIZES	3																			
		VOCALIZES	2																			
		NO VOCALIZATION	1																			
C A L F E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6																			
		LOCALIZES PAIN	5																			
		FLEXION WITHDRAWAL	4																			
		ABNORMAL FLEXION	3																			
		EXTENSION TO PAIN	2																			
		NO MOTION NO RESPONSE	1																			
L F M B M O V E M E N T	ARMS	NORMAL POWER	✓																		R Right L Left Record separately if there is a difference between the two sides	
		MILD WEAKNESS																				
		SEVERE WEAKNESS																				
		ABNORMAL FLEXION																				
		ABNORMAL EXTENSION																				
L F M B M O V E M E N T	LEGS	NORMAL POWER	L																			
		MILD WEAKNESS	R																			
		SEVERE WEAKNESS																				
		ABNORMAL FLEXION																				
		ABNORMAL EXTENSION																				
P U P I L S	RIGHT	SIZE REACTION	3																		+ + Brisk + Slow - No Response	
	LEFT	SIZE REACTION	3																			
PUPIL SCALE																						
ICP																						
CEREBRAL PERFUSION PRESSURE																						

VASCULAR ASSESSMENT

		HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	LEGEND
R L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ + Normal
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak
R L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler
R L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	L Left

E [REDACTED] 66-4

REPORT TITLE		INITIAL SHEET ASSESSMENT	
INTENSIVE CA		TIME	INITIALS
N E U R O	PUPILS	0600	[Redacted]
	SENSORIUM	3mm-Perrla	b6-2
		verbalizes small amt of pain	
R E S P I R A T O R Y	RESPIRATORY PATTERN	even unlabored	
	BREATH SOUNDS	(TA B)	
	SECRECTIONS	Ø	
S K I N	COLOR	warm & dry	
	INTEGRITY	NER. STITCHES	
	LOCATION	Ø, Ø, Ø, Ø, Ø, Ø, Ø, Ø	
G A S T R O I N T E S T I N A L	ABDOMEN	NT, ND,	
	BOWEL SOUNDS	SOFT, NO MASSES	
		palpable	
C U	URINE	VOID VIA URINAL	
	COLOR/CLARITY		
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S1, S2, SR	

PREPARED BY (Signature & Title) [Redacted] DEPARTMENT/SERVICE/CLINIC 91WMB ICU 2nd DATE 15 July 03

Name—last, first, middle; grade, date, hospital or medical facility) [Redacted] b6-2

LEGEND: Cr - Creatinine, F_iO₂ - Fraction of Inspired O₂, HCO₃ - Bicarbonate, ICP - Intracranial Pressure, PCO₂ - Pressure of Arterial CO₂, PEEP - Positive End Expiratory Pressure, SA - Fractional Sat - Saturation, TRACH - Tracheostomy

(Continue on reverse)

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

DA FORM 4700
 1 MAY 78
 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-NU)

CPW [Redacted] b6-4

DATE		HOSPITAL DAY																
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
V	BP Arterial Line					110		125										
	BP Cuff					90		80										
	Temperature					96.4												
	Pulse					90		88										
A	Respiratory Rate					16		22										
	SpO2					99		98										
S I G N S																		
	TOTALS																	
O U T I E S	URINE	hour	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
		TOTAL																
		sp-gr																
		SA																
	NG	OUTPUT																
		pH																
		GUAC																
		EMESIS																
		STOOL																
		DRAINS																
	TOTALS																	

EPW [REDACTED] 66-4

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

DTSG APPROVED (Date)

Date: 18 Jul 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 2030 IV Sedation Nerve Block
 Allergies: _____ OR Intake: Crystalloid 600 Colloid _____
 Pre-op V/S: _____ OR Output: UOP _____ EBL _____
 Procedures: MS (P) femur Meds/Times: _____
adjust ex-tit

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds History

Time	240	220	200	180	160	140	120	100	80	60	40	20
SaO2	95	95	95	95	95	95	95	95	95	95	95	95
FiO2												
Methods												
RR	12	14	14	13	11	10	14					
T	37.1											

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: _____ Labs: _____

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	1	2	V/S X = A-line BP = Cuff BP = Pulse
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse				
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	8	9	

Time _____ Patient teaching done; Wound Care, Pain Management,
 Pain (0-10) _____ T, C, & DB, Incentive Spirometer, Comfort Measures
 LOS _____ Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREPARED BY (Signature & Title) [Signature] DEPARTMENT/SERVICE/CLINIC ICU 2 DATE 18 Jul 03

PATIENT'S IDENTIFICATION (For Hospital Use):
 Name - last, [Redacted]
 first, middle, grade, date; hospital of medical facility
[Redacted]
b6-2
b6-4

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

MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
2300		MSO4 5mg	IVP			[REDACTED]
2310		BENADRYL 5mg	IVP			[REDACTED]
						[REDACTED]
						[REDACTED]

NURSING NOTES b6-2

2300 5mg MSO4 FOR PAIN [REDACTED]

2310 PT C/O HEADING REDNESS TO RA 2° TO MSO4 IVP INFLECTED MD GRANGER ORDERED 5mg BENADRYL IVP. MED GIVEN. VSS WILL MONITOR.

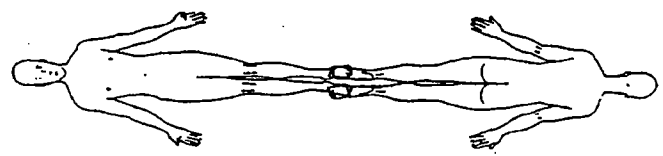
[REDACTED]

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	RLE	Ø	+	+	BR	W	NL
15'							
30'							
45'							
60'							
90'							
D/C	RLE	Ø	+	+	BR	W	NL

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
 Color: C = Cyanotic, Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS							
	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS			
Time	Location	Type	Drainage
Adm			
30'			
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

Discharge Criteria:
 Date: 2/28/14 Time: 2330 PARS: 10
 BP: 128/74 T: 97.6 HR: 85 RR: 18 SaO2: 100
 Pain Level at D/C (0-10): Ø
 Intake: Ø Output: Ø

Additional Data: Ø

Transferred To: ICW2
 Report Given To: LT [REDACTED] - all b6-2
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: LT [REDACTED] SGT [REDACTED]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: [REDACTED] KGAN

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

7012 # [redacted] b6-4

REPORT TITLE

Post-Anesthesia Care Unit (PACU) Flow Sheet

DTSG APPROVED (Date)

Date: 4 Aug 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: _____ IV Sedation Nerve Block
 Allergies: NKA OR Intake: Crystalloid 600 Colloid _____
 Pre-op VIS: 142/98 P78 OR Output: UOP 4 EBL 30
 Procedures: Endotracheal ext Meds/Times: Fentanyl 40mcg
extremity fixator - x fix adjustment Regl an

Drains	Airway
Hemovac	Nasal
NG	Oral
JP	ETT
T-tube	Trach
Foley	Other
TLS	

Pre Op Meds History

Time	SaO2	FI02	Methods	240	220	200	180	160	140	120	100	80	60	40	20	RR	T
	97	21	RA													12	78
	97	21	RA													10	88
	98	21	RA													10	88
	98	21	RA													14	88

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

X-rays: _____ Labs: _____

Post-Anesthesia Recovery score				
Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	FT = Face Tent RA = Room Air NC = Nasal Cannula
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	V/S X = A-line BP ^ = Cuff BP = Pulse
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	1	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	11	9	10	

Time _____ Patient teaching done: Wound Care, Pain Management.
 Pain (0-10) _____ T, C, & DB, Incentive Spirometer, Comfort Measures
 LOS _____ Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREP: [redacted] (Title) [redacted] (Signature) DEPARTMENT/SERVICE/CLINIC: ICU2 DATE: 4 Aug 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade, date, hospital or medical facility)
 Name - last, [redacted] b6-2 b6-4

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

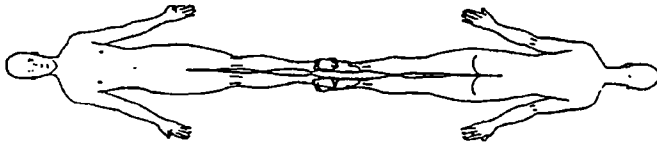
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
 Color: C = Cyanotic, Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS							
	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS			
Time	Location	Type	Drainage
Adm			
30'			
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Pharmed via letter accompanied by anesthesia c/o slight pain med 25mg in pain given by may chersy VSS, pulse ox 98% RA X-ray (R) LE to pulse pedal caprefill < 3 sec drug CDI temp 95° covered & another blanket. lungy CTA HRR RR 12 p m504 will cont to monitor

1440 - AOX3 VSS. ONIV again No changes in status

Discharge Criteria:
 Date: 4 Aug 03 Time: 1440 PARS: 10
 BP: 109/61 T: HR: 82 RR: 12 SaO2: 96
 Pain Level at D/C (0-10):
 Intake: _____ Output: _____
 Additional Data:
 Transferred To: Jcw 2
 Report Given To: Cpt [redacted] -66-2
 Transferred Via: W/C (litter) Gurney / Ambulance
 Transferred By: _____
 Cleared IAW Recovery Room SOP R 2
 Charge Nurse Signature: [redacted]

MEDCOM - 13855

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	(State or Country Code.)											
A	I	I	D	I		I	Z	For use of this form, see AR 40-400; the proponent agency is OTSG											
3. REGISTER NUMBER						7. NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
9	10	11	12	13	14	15	EPW [REDACTED] b6-4						16	17	18				
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION							
19	20	21	22	23	24	25	26	27	28	29	30	31	LINK						
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER										
32	33	34	N/A			35	36	[REDACTED]											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS								
N/A						46			1430		N/A b6-4								
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE										
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61													
			K M P																
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		20. PREV. ADMISSION										
62	63	64 65 66 67 68 69 70				71		YEAR <input checked="" type="checkbox"/> NO											
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72			1611			ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY			TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																
[REDACTED] b2-2																			
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO					23. DATE OF DISPOSITION (YYMMDD)											
73	74	75 76 77 78 79 80					81 82 83 84 85 86												
5 0								03 08 26											
24. CLINIC SVC - ADMITTING			25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)												
87	88	89	90	91 92 93 94 95 96				97 98 99 100 101 102											
A E A A							03 07 05												
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)												
103	104	105 106 107 108 109 110				111 112 113 114 115 116													
FOR LOCAL USE																			
Dx: GSW (R) Femur Rx DX 82111 Proc. 8604																			
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF ADMITTING CLERK													
[REDACTED] b6-2						[REDACTED] b6-2 SPC, AIGIA													

1. REPORTING MTF							2. MTF LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	(State or Country Code.)		For use of this form, see AR 40-400; the proponent agency is OTSG												
3. REGISTER NUMBER							NAME (Last, First, Middle Initial)							4. PAY GRADE		5. SEX						
9	10	11	12	13	14	15	EPD [REDACTED] 106-4							16	17	18						
6. DATE OF BIRTH (YYYYMMDD)							7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND									
10. LENGTH OF SERVICE				ETS			11. FMP			12. SOCIAL SECURITY NUMBER												
32	33	34				35	36	37 38 39 40 41 42 43 44 45														
ORGANIZATION (Active Duty Only)							13. MARITAL STATUS				HOUR OF ADMISSION		BRANCH / CORPS									
							46															
14. FLYING STATUS				15. BENEFICIARY CATEGORY					16. ZIP CODE OF RESIDENCE													
47	48	49	50 51 52					53 54 55 56 57 58 59 60 61														
17. UNIT LOCATION (State or Country Code)			18. MOS							19. TRAUMA		PREV. ADMISSION										
62	63	64 65 66 67 68 69 70							71			YEAR <input type="checkbox"/> NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION							WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE												
72										ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)												
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY							TELEPHONE NUMBER OF EMERGENCY ADDRESSEE															
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYMMDD)												
73	74	75 76 77 78 79 80						81 82 83 84 85 86														
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYMMDD)												
87	88	89	90	91 92 93 94 95 96						97 98 99 100 101 102												
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYMMDD)												
103	104	105 106 107 108 109 110						111 112 113 114 115 116														
FOR LOCAL USE													SIGNATURE OF ADMITTING CLERK									
DX 82111 E9912 106-2 P100 7815 8604 7845 T I 1 450																						
ADMITTING OFFICER (Signature, as required)																						

DA FORM 2985, MAR 89

EDITION OF MAY 79 IS OBSOLETE
MEDCOM - 13857

USAPPC V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTRY NUMBER [REDACTED]		2. NAME (Last, First, MI) EPW [REDACTED] b6-4			3. GRADE N/A		ADMISSION REMARKS
4. SEX M	5. AGE 56y	6. RACE	7. RELIGION unk	8. LENGTH OF SVC N/A	9. ETS N/A	10. PREVIOUS ADMISSION No	
11. FMP 99		12. SSN [REDACTED]		13. ORGANIZATION N/A		14. WARD ICU3	
15. FLYING STATUS N/A	16. RATING/DSG	17. DEPT/BEN K79	18. BRANCH/CORPS N/A	19. UIC/ZIP	20. TYPE CASE WIA		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER				22. HOURS OF ADMISSION 0020	23. CLINIC SERVICE AEAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION SB	26. DATE OF DISPOSITION 0050 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 8 Jul 03		ADMITTING OFFICER D. [REDACTED] b6-2	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b2-2				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA [REDACTED]							

Check if Continued on Reverse

33. CAUSE OF INJURY
IED

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES
Shrapnel to (L) knee

891.0
E928.9

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	1	1

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
0	0	0	0	1	1

SIGNATURE OF ATTENDING MEDICAL OFFICER: [REDACTED]

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER: [REDACTED]

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

56y 10 3 5 received shipment for 3-4 wks.
sent here b/c of concern for need for F&D.
1 + 50 other copylants at this time

FT/O/Asst

PHYSICAL EXAMINATION

65 W, un, NAD, APOX 3 - Ankle/leg well
adult male

Expt of edema, of TTP, of E, then, present,
NO 3, of status of E. then knee.
FARON.

Knee 10-13 - 0.5 kg

12
9.6 / 40 200

142 | 108 | 19 | 112
3.3 | 31 | 1.0

LF 75 - un

PROGRESS (Enter date of discharge and final diagnosis)

CASE + pt. Discussed + Examined = Orthopedic surgeon

- ① NO EV-ence of need for F&D @ this time.
- ② Return to E/W CAMP in A.M.

SIGNATURE: [Redacted] 66-2

DATE: 8 July 03

IDENTIFICATION NO.:

ORGANIZATION:

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

REGISTER NO.:

WARD NO.:

[Redacted] 66-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRM (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 13859

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8 July 03 0120	ICIV 60 ⁵ y.o. Male, Admitted from ER w/ lacerated wound to the left knee, not visible on examination. However, pt c/o tenderness to the site. Lacerated wound was reported to be old, pt was seen in the ER previously. Pt was placed on Keflex 250mg p.o. QID + Tylenol #7 p.o. for pain. Pt to stay overnight + scheduled to be DC @ 0800 in AM. DC summary completed. Prescription filled. VS. T 97.8 - 53 - 12 - 100/60 on admission. Pt awake, does not speak English. In NAD. bl-2 [redacted] Maj/AN
1320	Heart rate in the mid-40 ⁵ , BP 100/52, MD made aware. No intervention needed. Pt appear to be stable. In NAD. Continue to monitor drop in HR & BP. bl-2 [redacted] Maj/AN
0300	Pt sleeping, has no c/o pain since admission. Remain sinus bradycardic @ 43 - 14 - 12, Nat 94% RA. Plan: Return to EPW camp in AM. Night supervisor informed of the plan. bl-2 [redacted] Maj/AN
0400	Pt observed to be asleep since admission. No issue so far. bl-2 [redacted] Maj/AN
8 JUL 03 0500	Received report from previous shift. Pt resting & eyes closed. VS of pain. Sinus brady HR. Pt on continuous monitoring. D/C summary and home meds present. Will cont. care. bl-2 [redacted] Maj/AN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED
------------------------------	--------	-----------------	--------------------

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
----------------	------------	-------------------------

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

0 [redacted] bl-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

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

8 JULY 03
10340

Pt resting quietly. Loosened restraints and placed one restraint on (L) ankle. Cap. refill < 3sec and restraint 2 finger widths away from skin. Will cont. care. — [REDACTED] 21 OCT 03

1240

Pt ate lunch well. Awaiting transport to EPW camp. Needs expressed @ this time. Will cont. care. [REDACTED]

1420

Transfer pt to EPW camp via litter. — [REDACTED] 21 OCT 03

all b6-2

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	LOG NUMBER	TREATMENT FACILITY EMT
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION		ARRIVAL	
STREET ADDRESS 18401 CIV		DATE (Day, Month, Year) 7 July 07	TIME 2325
CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY

SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE			
AGE 56	AREA CODE	NUMBER	PRP	YES	NO	N/A	ITEM	YES	NO
	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE			
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			DD 2568 IN CHART			
						NAME OF INSURANCE COMPANY			

CURRENT MEDICATIONS 0	INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT		
	ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
ALLERGIES INSULIN	IS THIS AN INJURY?			WHERE	TETANUS	
	INJURY/SAFETY FORMS			HOW	DATE LAST SHOT	COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO

CHIEF COMPLAINT (L) Leg PN

CATEGORY OF TREATMENT		VITAL SIGNS					
<input type="checkbox"/> EMERGENT	TIME 2325	TIME					
<input type="checkbox"/> URGENT		BP					
<input checked="" type="checkbox"/> NON-URGENT		PULSE					
		RESP					
		TEMP					
		WT					

LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSSC/CATH	X	CHEM: 12/Lytes		ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X		X	ESR		SINUS	HEAD CT
						ANKLE R/L	X (L) RICE

<input checked="" type="checkbox"/> PULSE OX 93%	ORDERS		<input type="checkbox"/> MONITOR	<input type="checkbox"/> ECG
TIME	ORDERS	BY	COMPLETED BY	TIME
0010	50 mg Norel IV			
0020	25 mg Norel IV		bb-2	
				PATIENT'S RESPONSE

DISPOSITION	DISPOSITION QUARTERS /OFF DUTY	PATIENT/DISCHARGE INSTRUCTIONS
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.	
MODIFIED DUTY UNTIL	RETURN TO DUTY	

CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED	TO	WHEN
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED	TIME OF RELEASE	I have received and understand these instructions.		
<input type="checkbox"/> DETERIORATED		PATIENT'S SIGNATURE		

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (ISSN or other); hospital or medical facility)

CIV [Redacted] bb-4

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record
STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
-----------------------	--	-----------------------

TEST RESULTS																			
CBC	WBC 9.6	SMAC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">112</td> <td style="width:25%; text-align: center;">202</td> <td style="width:25%; text-align: center;">112</td> <td style="width:25%; text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">3.3</td> <td style="text-align: center;">3.1</td> <td style="text-align: center;">1.0</td> <td></td> </tr> </table>				112	202	112	14	3.3	3.1	1.0		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	112						202	112	14										
	3.3						3.1	1.0											
H/H 12/40	SUP O2	PH	PO2	RESULTS															
PLT 200	PCO2	SAT	OTHER	x-ray - no fractures - showed outline of bone.															
PT		DIP	EKG INTERPRETATION			UFTS am ESD-													
APTT		U/A	MICRO																
BHCg		ETOH	GLU																

PROVIDER HISTORY/PHYSICAL

See 539

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
① Retained shrapnel (L) knee			
			CODES b6-2

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

b6-4

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

PATIENT ASSESSMENT

PATIENT ASSESSMENT

TIME: _____ SIGNATURE: _____

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny (Dry) *dry*

Skin Temperature: *warm*

Color: Pale / Cyanotic / Jaundiced *NL*

Mucous Membranes: *Moist* / Dry / Cracked

Skin Breakdown: *None* Location: _____ Size: _____

NEUROLOGICAL

Loc: *Alert* / Lethargic / Unresponsive GCS: _____

Orientated / Disorientated Pupils: *PERLA*

Extremity Movement: *Full* / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): _____ Radials *(+)* Pedals *(+)*

Capillary Refill: *23* Seconds Homan's Sign *(-)*

Jugular Venous Distension *(-)* Edema *(-)*

Heart Sounds *S1S2*

Rhythm *SB @ 45 BPM* PRI: _____ QRS: _____

Vascular Catheter Central *(0)* Arterial Peripheral *(1)* Peripheral 2

Waveforms	Site	Solution

Chest Pain *(0)*

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: *Even, unlabored*

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor *(0)*

Chest Drainage System Gravity: *(0)* Suction cm: _____

Air Leak *No* Yes Crepitus

Character of Drainage: _____

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: _____ Type: _____ Position: _____

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	<i>CPA</i>	
Wheezes		
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: *Soft* / Firm / Hard / Distended cm Girth _____

Bowel Sounds: *Normal* / Hyperactive / Hypoactive / Absent

Dressings: *(0)*

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color _____ Character _____

Tube Feeding: Day No: _____ Strength: _____ Rate: _____ Aspirate: _____

Stool: Character _____

Drains: _____

GENITOURINARY

Urine Color: _____ Character: _____

Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

Calm, cooperative, speak no English

OTHER: _____

TIME: _____ SIGNATURE: _____

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature _____

Color: Pale / Cyanotic / Jaundiced

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: _____ Size: _____

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS: _____

Orientated / Disorientated Pupils: _____

Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): _____ Radials _____ Pedals _____

Capillary Refill: _____ Seconds Homan's Sign _____

Jugular Venous Distension _____ Edema _____

Heart Sounds _____

Rhythm _____ PRI: _____ QRS: _____

Vascular Catheter Central _____ Arterial _____ Peripheral 1 _____ Peripher 2

Waveforms	Site	Solution

Chest Pain _____

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: _____

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor _____

Chest Drainage System Gravity: _____ Suction cm: _____

Air Leak No Yes Crepitus

Character of Drainage: _____

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: _____ Type: _____ Position: _____

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth _____

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: _____

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color _____ Character _____

Tube Feeding: Day No: _____ Strength: _____ Rate: _____ Aspirate: _____

Stool: Character _____

Drains: _____

GENITOURINARY

Urine Color: _____ Character: _____

Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER: _____

[redacted] 66-4

P-1'S NAME

66-41
85 JULY 82

	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	
BP	101/61																								
TEMP	98.5				102/46				43/52																
HR	109				62				48																
RR	14				14				15																
SAO2	95%																								
INPUT																									
PO		600		500																					
IV																									
NGT																									
TOTAL																									
OUTPUT																									
URINE				125																					
NGT								125																	
STOOL																									
TOTAL																									
BALANCE																									

MEDCOM - 13866

PATIENT ASSESSMENT

PATIENT ASSESSMENT

TIME: 0525 SIGNATURE: [Redacted]

TIME: SIGNATURE: [Redacted]

66-4
8 JULY 03
66-2
ICT/PA

SKIN AND MUCOUS MEMBRANES
 Skin: Loose / Tight / Diaphoretic / Shiny / Dry
 Skin: Temperature WARM
 Color: Pale / Cyanotic / Jaundiced WNL Porrace
 Mucous Membranes: Moist / Dry / Cracked
 Skin Breakdown: None Location: _____ Size: _____

NEUROLOGICAL
 Loc / Alert / Lethargic / Unresponsive GCS: _____
Orientated / Disoriented Pupils: _____
 Extremity Movement: Full / Limited / None

CARDIOVASCULAR
 Pulse (0 - 4): 2+ Radials 2+ --- Pedals _____
 Capillary Refill: < 3 Seconds Homan's Sign (-)
 Jugular Venous Distension (-) Edema (-)
 Heart Sounds S₁ S₂
 Rhythm SB PRI: _____ QRS: _____
 Vascular Catheter Central Arterial Peripheral 1 Peripheral 2
 Waveforms _____
 Site _____
 Solution _____

Chest Pain Ø

RESPIRATORY
 Chest Expansion / Symmetrical / Asymmetrical
 Respiration / No Distress / SOB / Labored / Use of Access Muscles
 Breathing Patterns: RR
 Cough: Productive / Nonproductive / None
 Sputum: Color / Amount / Consistency / Odor N/A
 Chest Drainage System Gravity: _____ Suction cm: _____
 Air Leak No Yes _____ Crepitus _____
 Character of Drainage: _____
 Trachea Midline / Deviated (R) / Deviated (L)
 Artificial Airway Size: _____ Type: _____ Position: _____

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	<u>clear throughout</u>	
Wheezes		
Diminished		
Absent		

GASTROINTESTINAL
 Abdomen Soft / Firm / Hard / Distended _____ cm Girth
 Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
 Dressings: Ø
 NG Tube: Clamped / Inter. Suction / Cont. Suction / Dependent Drainage
 NG Drainage: Color _____ Character _____
 Tube Feeding: Day No: _____ Strength: _____ Rate: _____ Aspirate: _____
 Stool: Character Ø @ this time
 Drains: Ø

GENITOURINARY
 Urine Color: _____ Character: _____
 Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER: _____

SKIN AND MUCOUS MEMBRANES
 Skin: Loose / Tight / Diaphoretic / Shiny / Dry
 Skin: Temperature
 Color: Pale / Cyanotic / Jaundiced
 Mucous Membranes: Moist / Dry / Cracked
 Skin Breakdown: None Location: _____ Size: _____

NEUROLOGICAL
 Loc / Alert / Lethargic / Unresponsive GCS: _____
 Orientated / Disoriented Pupils: _____
 Extremity Movement: Full / Limited / None

CARDIOVASCULAR
 Pulse (0 - 4): Radials Pedals
 Capillary Refill: Seconds Homan's Sign
 Jugular Venous Distension Edema
 Heart Sounds
 Rhythm PRI: QRS:
 Vascular Catheter Central Arterial Peripheral 1 Periphera: 2
 Waveforms _____
 Site _____
 Solution _____

Chest Pain

RESPIRATORY
 Chest Expansion / Symmetrical / Asymmetrical
 Respiration / No Distress / SOB / Labored / Use of Access Muscles
 Breathing Patterns:
 Cough: Productive / Nonproductive / None
 Sputum: Color / Amount / Consistency / Odor
 Chest Drainage System Gravity: _____ Suction cm: _____
 Air Leak No Yes _____ Crepitus _____
 Character of Drainage:
 Trachea / Midline / Deviated (R) / Deviated (L)
 Artificial Airway Size: _____ Type: _____ Position: _____

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished		
Absent		

GASTROINTESTINAL
 Abdomen: Soft / Firm / Hard / Distended _____ cm Girth
 Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
 Dressings:
 NG Tube: Clamped / Inter. Suction / Cont. Suction / Dependent Drainage
 NG Drainage: Color _____ Character _____
 Tube Feeding: Day No: _____ Strength: _____ Rate: _____ Aspirate _____
 Stool: Character
 Drains:

GENITOURINARY
 Urine Color: _____ Character: _____
 Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER: _____

Ward/Section: <i>EMU</i>		REQUISITING PHYSICIAN: <i>Dr. [redacted] b6-2</i>		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. <i>[redacted] b6-4</i>		DATE: <i>7 JUL 2003</i>	TIME: <i>2340</i>	SSN/PSEUDO SSN: <i>[redacted] b6-4</i>				
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB	<i>3.4</i>	3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP	<i>51</i>	26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT	<i>12</i>	10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY	<i>41</i>	14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	<i>23</i>	11-38 u/l	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL	<i>0.7</i>	0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	<i>14</i>	7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺	<i>9.1</i>	8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
sO2		95-98%	CHOL	<i>117</i>	100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	CRE	<i>1.0</i>	0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU	<i>112</i>	73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP	<i>7.2</i>	6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Meilte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		<i>12.7</i> g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺	<i>142</i>	128-145 mmol/l
<i>[Signature]</i>			tCO ₂		18-33 mmol/l	K ⁺	<i>3.3</i>	3.3-4.7 mmol/l
						CL ⁻	<i>102</i>	98-108 mmol/l
						tCO ₂	<i>31</i>	18-33 mmol/l
REMARKS:								

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG													
A	I	I	I	I	I	I	Z	3. REGISTER NUMBER						NAME (Last, First, Middle Initial)				4. PAY GRADE		5. SEX	
[REDACTED]						EPW [REDACTED] b6-4						16		17		18		M			
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION								
[REDACTED]						5 6 4			Z		9		unk								
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER												
32 33 34			N/A			35 36			37 38 39 40 41 42 43 44 45												
[REDACTED]						9 9			[REDACTED]												
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS										
N/A						46			0020		N/A										
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE												
47 48 49			50 51 52						53 54 55 56 57 58 59 60 61												
[REDACTED]			K 7 9						[REDACTED]												
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				PREV. ADMISSION										
62 63			64 65 66 67 68 69 70				71				YEAR										
[REDACTED]			[REDACTED]				1				<input checked="" type="checkbox"/> NO										
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION			WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)										
72			[REDACTED]				[REDACTED]				[REDACTED]										
[REDACTED]			b2-2				[REDACTED]				[REDACTED]										
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYMMDD)												
73 74			75 76 77 78 79 80						81 82 83 84 85 86												
5 0			[REDACTED]						0 3 0 7 0 8												
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYMMDD)											
87 88 89 90				91 92 93 94 95 96						97 98 99 100 101 102											
A E A A				[REDACTED]						0 3 0 7 0 8											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYMMDD)											
103 104				105 106 107 108 109 110						111 112 113 114 115 116											
[REDACTED]				[REDACTED]						[REDACTED]											
FOR LOCAL USE												SIGNATURE OF ADMITTING CLERK									
Dx [REDACTED] Knee strapel												[REDACTED] b6-2									
Dx 8911 89919												[REDACTED] b6-2									
Ins Trauma 443												[REDACTED] b6-2									
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF ADMITTING CLERK															
[REDACTED] b6-2						[REDACTED] b6-2															
[REDACTED] b6-2						[REDACTED] b6-2															

MEDCOM - 13874

INPATIENT TREATMENT RECORD COVER SHEET

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

1. [REDACTED]		2. NAME (Last, First, MI) EPW # [REDACTED] 66-11				3. GRADE EPW		ADMISSION REMARKS
4. SEX M	5. AGE 20	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION N		
11. FMP 99		12. SSN [REDACTED]		13. ORGANIZATION 66-4		14. WARD ICU3		
15. FLYING STATUS N	16. RATING/DSG —	17. DEPT/J BEN K78	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE WIA		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION direct from ER				22. HOURS OF ADMISSION 1422	23. CLINIC SERVICE ABFA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION 50	26. DATE OF DISPOSITION 18 Jul 03				
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) UNK			27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 08 Jul 03			ADMITTING OFFICER [REDACTED] 66-2	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] 62-2					30. DATE OF INITIAL ADMISSION	32. COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA								
<input type="checkbox"/> Check if Continued on Reverse								
33. CAUSE OF INJURY								
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES GSW @ mandible, GSW @ thigh 802.20 873.64 873.63 874.8 891.0 990.0 E921.2 86.04 86.59 25.51 23.09 76.73								
35. Total Days This Facility								
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 10	f. TOTAL SICK DAYS 10			
36. Total Days All Facilities								
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS			
SIGNATURE OF [REDACTED] 66-2				OFFICER [REDACTED]				

DA FORM 3647, MAY 79

EDITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

MEDCOM - 13875

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

20 y 8 clp 4 SW Face, Alex. Seen at 240 PST -> track marks, wound exploration in face + Alex and packed. Pl in 28 CM ED NO SIBU & wound oozing from facial wound. Unknown amtx.

PHYSICAL EXAMINATION

130/60 P60
Moist muc, Bilat. eye stimulation
Paralytic, No pupillary response.
Wound: large @ jaw line wound packed oozing & excess bleeding
Over eye CU and ASA temp.
Ext. reflexes normal

PROGRESS (Enter date of discharge and final diagnosis)

A/ GSW Face, Alex sp track, debrided w/ PST (270)
Pl on exploration



b6-2

PATIENT NAME (Type or typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)	DATE	IDENTIFICATION NO.	ORGANIZATION
	7/8		
	REGISTER NO.	WARD NO.	



b6-4

ABBREVIATED MEDICAL RECORD
Standard Form 889
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRM (41 CFR) 201-45.505
OCTOBER 1976

MEDCOM - 13876

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

DATE: 7 Jul 03

240TH PST OPERATIVE NOTE

TIME: 2332

T: PRE-OP Dx: ① GSW to ④ upper lip → ② mandible Fr/c
R: ② GSW (R) post thigh (No Fr NVI distally, Pulsed Pt)
B/P: ③ GSW (R) lower leg (superficial)
P: Post-op Dx: Some

MED: PROCEDURE: ① ZONE 3 neck exploration, Resection of ④ Submandibular gland, ⑤ Carotid in
ALLER: ② TRACHEOSTOMY GSW thru the lip, upper incisors
LMP: ③ I+D (R) leg GSW x 2 ② Mandible shatter

SURGEONS: CASTO, Noonburg, Lucas, Corbett, Street, Incent.
ANESTH: GET

TOB: EBL: 500 cc

ETOH: FLUID: 2900 cc LR, 2 u PRBC

PMHx: FOLEY to gravity
TRACHEOSTOMY

PSH: COMPLICATIONS 0

FMHx: Dsp → GSW trachea, Chemically Paralyzed

Patient received instructions regarding diagnosis, plan of care, medications, follow-up, and verbalizes understanding.
Initials: [Redacted]

HOSPITAL OR MEDICAL FACILITY: DISCOM AID STATION

SPONSOR'S NAME

STATUS

DEPART./SERVICE: ARMY

RECORDS MAINTAINED AT: D.A.S.

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO. [Redacted]

NAME AND RANK: [Redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)				
7 Jul 03	047) 119 67	P-77	R-34	02-100	T-
	052) 132/66	68	30	100	
	0100) 152/74	73	22	100	
	0105) 151/77	85	17	100	
	0110) 151/77	78	20	100	
	0115) 149/82	101	14	100	
	0120)				
<p>MEAS ANCEL 1 qd TETANUS. SCC (IM) S(14) LR</p>					


HOSPITAL OR MEDICAL FACILITY 28 (SH/ENT)	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

MEDCOM - 13878

MEDICAL RECORD	PROGRESS NOTES
DATE	
7/8/03	<p>Discharge Summary</p> <p>~30yo Iraqi O7 1p CSW to face and fused LEX. Taken initially to 240 PST where facial wound debrided, packed tracheostomy placed and leg wound debrided. Tx seen transfer to ⁶²⁻² T. Kerit where, upon evaluation in ED pt noted to have massive oropharyngeal bleeding. Taken to OR emergently and bleeding stopped by approximating tongue w 2-0 chromic running sutures. Mandible noted to be unstable with displaced open fracture of angle of mandible as well as displaced fracture on contralateral inferior mandible. In addition patient noted to have trauma. Due to limited experience with this, I packed the oropharynx, carefully placed an Oa tube and stabilized patient in FICU and discussed case with Dr. ⁶⁶⁻² who will evaluate patient at 9am.</p> <p>Current med care: Lt @ 1500/hr; Zantac 50mg q8; Propofol sedation; Ampicillin 1g iv q6; Clindamycin 600mg iv q8</p> <p>Patient received 4g PRBC in 2800 OR, 2u PRP postop.</p> <p>Post op not stable @ 3370 Dressing changed this Am w minimal bleeding.</p> <p style="text-align: right;"> 66-2</p>

(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. 

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
 Prescribed by GSA/ICMR, FIRM 41
 CFRI USAPPC V1.00

T. Kerit ERW #  66-4

MEDCOM - 13879

MEDICAL RECORD

AUTHORIZED FOR LOCAL USE

PROGRESS NOTES

DATE

NOTES

8 Jul 03 Nursing Admission Note: 30 y 10 ♂ air evac from
 1540 Tikrit. Pt arrived on Vent via trach on following
 settings: FiO₂-40%, SIMV-10, TV-700, PEEP 5, SaO₂
 100%, RR 10-13. Respirations regular & unlabored.
 Pt opens eyes spontaneously and gestures w/ hands.
 GCS-11. Pt has orogastric tube & dressing to
 mandible and neck. Moderate amount of blood
 noted on dressing. Trach intact. Mild rhonchi
 auscultated in upper lobes. Abdomen soft &
 tender to palpation in all quadrants. Pt
 vomited ~ 150cc of brown drainage from mouth
 p palpating RLQ. Mouth suctioned and OGT placed
 to L15. ♂ drainage noted from OGT. Ace wrap
 dressing noted on R leg from thigh to foot.
 Strong femoral pulse palpated. Pedal & posterior
 tibial pulses present but weak. Cap refill < 3secs.
 Foley intact draining > 200cc of clear, dark yellow
 urine. Pt has subclavian cordis, 166 IV in L AC
 & 166 IV in R AC. Radial A-line zeroed and
 leveled. Sharp waveform noted. ♂ s/s of
 infection noted @ IV or A-line sites. Strong (cont'd)

MEMBERSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID
(SSN or Other)

LAST

FIRST

MIDDLE

UNIT/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAIN

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

REGISTER NO.

66-2

WARD NO

EPW # [redacted] 66-4

PROGRESS NOTES

Medical Record

STANDARD FORM 501

MEDCOM - 13880

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
8 Jul 03 1540	Nursing, Cont'd: radial pulses palpated. Receiving LR @ 125 cc/hr via Cordis. Propofol infusing @ 5 mcg/kg/min via IV in (L) AC. Fentanyl started @ 25 mcg/min and ↑ to 50 mcg/min per BP and pain level via cordis. Moderate bloody drainage on (R) posterior the dressing of (R) posterior thigh. (+) Motion, (+) Sensation to (R) foot. HOB ↑ 30°. Pt resting quietly @ this time. Pt not attempting to pull at invasive lines or trach tube. ABCs + vitals stable. Labs drawn. Will continue to monitor. [Redacted] / AN
8 Jul 03 1643	Nursing: Strong pulses palpated in (L) pedal pulses + posterior tibia. Propofol ↑ to 7.5 mcg/kg/min. Pt resting intermittently. Pt calm + cooperative. [Redacted] / AN
1700	Received report on patient. [Redacted] / AN
1800	Assessment completed. T 100° will monitor. [Redacted] / AN
2000	Patient to CT via stretcher, monitored, on vent. 5 person transfer. Head CT completed. Patient VSS throughout. Repositioned patient in bed. Redressed (R) leg + extra packing. Increased Propofol. Will continue to monitor. [Redacted] / AN
2200	Patient sleeping. T 99.6 [Redacted] / AN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			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.
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EPW [Redacted] b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.0C

MEDCOM - 13881

AST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
EPW 420			
DATE	NOTES		
19 JUL 03 0000	Patient sleeping. VSS. b6-2 [redacted] 1LT/ANS		
0200	Patient sleeping. VSS. [redacted] 1LT/ANS		
0400	Patient repositioned for comfort. Patient washed his own face. Will continue to monitor. b6-2 [redacted] 1LT/ANS		
0500	Report given to nurse. [redacted] 1LT/ANS		
0526	Received report from LT. [redacted] Pt responsive to touch. makes hand gestures for needs/wants. VSS. Bandage remain to facial area & RT leg. Will monitor. b6-2 [redacted]		
0554	Pt. to go to surgery this time. Sgt [redacted]		
0946	Returned from OR. Sutures noted to RT upper area. I+D of RT leg I+D of face + wired jaw. HC draining at bedside. Trach remains in place. Vent settings remain the same. Will continue to monitor. b6-2 Sgt [redacted]		
1100	Pt. resting in bed & eyes closed. No distress noted. VSS. condition remain stable. Will continue to monitor. b6-2 SGT [redacted]		
1200	Pt. resting in bed & eyes closed. Opens eyes spontaneously. No distress noted @ present time. Nasal suction done due to accumulation of drainage, color dull red. complication. Trach care done w difficulty. Will continue to monitor. b6-2 Sgt [redacted]		
1346	Condition remain stable. Open eyes spontaneously. No distress noted. Will monitor. b6-2 Sgt [redacted]		
1548	Pt. remain stable. Open eyes spontaneously. No distress noted @ present time. Will monitor. b6-2 Sgt [redacted]		

EPW [redacted] b6-4

STANDARD FORM 509 (REV. 07 1995) BACK
USAPA V1.00

MEDCOM - 13882

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
09 July 03 1645	Pt. resting c̄ eyes closed. Eyes opens spontaneously. No distress noted. Condition remain stable. Will monitor. Sgt. [REDACTED]
09 JUL 03 1700	Received report. Patient in bed c̄ HOB ↑ 30°. Plan to switch to TC [REDACTED] ILT/AN
1800	Assessment completed [REDACTED] ILT/AN
1805	A to TC, FIO2 50% [REDACTED] ILT/AN
1900	VSS on TC. [REDACTED] ILT/AN
2000	VSS on TC, FIO2 ↓ 35% [REDACTED] ILT/AN
2010	Suctioned bloody secretions from mouth. [REDACTED] ILT/AN
2030	Foley care p̄ Trach care [REDACTED] ILT/AN
2315	Suctioned bloody secretions from mouth. [REDACTED] ILT/AN
2400	Patient sleeping. VSS. Monitoring Temp. [REDACTED] ILT/AN
10 JUL 03 0100	T 100 ⁴ Will continue to monitor. [REDACTED] ILT/AN
0300	T 101 ^e Will continue to monitor. [REDACTED] ILT/AN
0500	Report given to nurse. [REDACTED] ILT/AN
0515	Rcvd report and care of pt. from previous shift [REDACTED]
0700	Pt sleeping in bed. Awakens spontaneously & s/s of pain/discomfort will cont to monitor [REDACTED]
1000	Pt resting in bed & s/s of pain/discomfort vss [REDACTED]

D 11 10 03

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.
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EPW [REDACTED] b6-4

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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10 July 03 will cont to monitor ~~_____~~ W6-2 ~~_____~~ CPN

1300 PT resting comfortably in bed VSS. will cont to monitor ~~_____~~ W6-2 ~~_____~~

1600 PT resting in bed. & s/s of pain/discomfort VSS. will cont to monitor ~~_____~~

11 July 0540 Received report and care of pt. from previous shift VSS. ~~_____~~ CPN

1100 AM '83 Ortho Op Note W6-2

0835 Pre Op Doc - 584 (R) by

Post Op Doc - ~~_____~~

Procedure: I & B with DPL (R) by ~~_____~~ W6-2

Wound: 1000 LN

Wounds: Wounds clean. debrided

Depth pulse - evae. High wound closed with 2-0 single and 3-0 nylon over IP drain. Cap well closed with 3-0 nylon

PLD: Pub drain in 24:48 ~~_____~~

0900 PT returned from OR. Recovering in bed VSS will cont to monitor ~~_____~~ W6-2 ~~_____~~ CPN

1200 PT sleeping in bed VSS & s/s of pain or discomfort will cont to monitor ~~_____~~ CPN

1310 PT % pain (L) vext. Gave fentanyl 50 mcg IV. W6-2

PROGRESS NOTES

DATE	NOTES	
11 July 03 1525	Pt resting in bed vss, Pt had positive response to IVP of Fentanyl @ C/O pain or discomfort will cont to monitor	LPN
1700	Pt resting in bed awake & alert. vss T-max 101.8 Report and care of pt. given to oncoming shift	LPN
1700	Received report.	ILT/AN
1800	Assessment completed.	ILT/AN
1810	T 100 ³ Will monitor.	ILT/AN
2000	T 101 ² . Will monitor.	ILT/AN
2200	T 100 ² . Patient resting @ eyes closed	ILT/AN
2400	vss. Patient asleep.	ILT/AN
12 JUL 03 0200	vss. Patient asleep	ILT/AN
0400	vss. Patient resting @ eyes closed.	ILT/AN
0500	Report given. vss. Tc@ 31% FIO2 (A@ 0300 from 35% FIO2 by RT), SaO2 > 95%, ABG drawn @ 0330. Suctioned mouth and nasal area five times, bloody secretions from mouth and nose, totalling approximately 100cc for shift. JP draining minimal amount s/s fluid. Foley to gravity draining dark yellow/orange urine. Staples to @ jaw intact. Dressing to RLE CDT @ JP drain. Generalized edema. @ sc Cordis, @ Rad A-Line,	

SHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
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IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
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 b6-4

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV 5/
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2031

ME 0 [REDACTED] lb-4 FIRST NAME MIDDLE INITIAL ID NUMBER

ATE NOTES
12 JUL 03 0500 (cont) (R) FA 1bg PIV. LR@125cc/°; Fentanyl 50mcg/h. [REDACTED] lb-2 [REDACTED] LT/AN

12 JUL 03 0550 Received report from previous shift. Pt awake. Suctioned pt mouth and bilat. nares. Sanguinous mucous noted from (L) nare. Pt (R) peripheral IV dislodged. DIC'd IV. Pt TC FIO2 31% humidified air @ O2 sats low 90s. Pt appears to have Ø pain @ this time. LR@ 125cc/h infusing and fentanyl gt @ .5.Ø ml/h (50 mcg) infusing. Temp 100.8. Will cont. to monitor Temp. Viewed labs. H+H low (7.Ø, 22.3), RBC 2.42. Abnormal ABG PO2 60, HCO3 30. Will notify MD of results. [REDACTED] lb-2 [REDACTED] LT/AN

0700 Pt O2 sats ↓ 80s. Drew ABG. Results: pH 7.59, PCO2 34.3, PO2 50, HCO3 33, SO2 91%. Showed results to Dr. [REDACTED]. Ordered CXR and deep suctioned pt. scant amt thick mucus brown tinged noted. Showed results to Dr. [REDACTED]. No new orders given. O2 sats remain in high 80s to low 90s p deep suctioning. Will cont to monitor. [REDACTED] lb-2 [REDACTED] LT/AN

0900 Pt sats remain in 80's. Ø new orders written. Completed Trach care and N'd trach tie. Deep suctioned pt x iii. Thick brown tinged mucus noted. Will cont care. [REDACTED] lb-2 [REDACTED] LT/AN

1000 Dr. [REDACTED] in to see pt. Reviewed labs. New orders written. Trach care ↑ O2 sats to low 90s. Started 18 gauge (L) FA IV for blood. Will cont. care. [REDACTED] lb-2 [REDACTED] LT/AN

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES																																								
12 July 03 1122	Started 1 st unit PRBC @ 1122. Unit # 2453991.																																								
	<table border="1"> <thead> <tr> <th></th> <th>1127</th> <th>1138</th> <th>1157</th> <th>1142</th> <th>1157</th> <th>1212</th> <th>1227</th> <th>1242</th> <th>1312</th> </tr> </thead> <tbody> <tr> <td>Temp</td> <td>100³</td> <td>100⁶</td> <td>100⁴</td> <td>100³</td> <td>100²</td> <td>99⁸</td> <td>99⁵</td> <td>100²</td> <td></td> </tr> <tr> <td>pulse</td> <td>78</td> <td>72</td> <td>72</td> <td>86</td> <td>89</td> <td>84</td> <td>78</td> <td>72</td> <td></td> </tr> <tr> <td>NIBP</td> <td>118/62</td> <td>118/62</td> <td>123/64</td> <td>118/65</td> <td>124/64</td> <td>123/65</td> <td>124/67</td> <td>127/65</td> <td></td> </tr> </tbody> </table>		1127	1138	1157	1142	1157	1212	1227	1242	1312	Temp	100 ³	100 ⁶	100 ⁴	100 ³	100 ²	99 ⁸	99 ⁵	100 ²		pulse	78	72	72	86	89	84	78	72		NIBP	118/62	118/62	123/64	118/65	124/64	123/65	124/67	127/65	
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NIBP	118/62	118/62	123/64	118/65	124/64	123/65	124/67	127/65																																	
12 July 03 1302	Started 2 nd unit PRBC @ 1302. Unit # W0204-03-001319																																								
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1500	2 nd unit PRBC complete. No rxn to blood noted. Suctioned pt x I throughout blood transfer. Thick blood tinged mucus noted from @ nose. Thin clear sputum noted from mouth. Pt very demanding. Will cont. care.																																								
1600	Gave pt bed bath and oral hygiene care. Pt resting quietly c/ eyes closed @ this time. Will cont. care.																																								
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1900	Pt Resting comfortably in bed. continue pain management. Will continue to monitor.																																								

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
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
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PROGRESS NOTES
Medical Record

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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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2100. Pt appears to be resting comfortably in bed. Suctioned mouth and nose. sanguinous fluid suctioned from nose. Continue pain management. Will continue to monitor. ^{blb-2} [REDACTED] SPC, 91WMB

2300 Pt taken off trachea collar. SAT's @ 95 on RA. Will continue to monitor ^{blb-2} [REDACTED] SPC, 91WMB

0100 Trachea care complete. Pt SAT's @ 93%. Will continue to monitor ^{blb-2} [REDACTED] SPC, 91WMB

0200 Pt complaining of breast throat pain ↑ Fent to 95mcg/hr. Will continue to monitor ^{blb-2} [REDACTED] SPC, 91WMB

0330 Pt placed on Trachea collar 3l to O₂ due to SAT's of 88%. SAT's ↑ to 95% Will continue to monitor ^{blb-2} [REDACTED]

13 Jul 03 Nursing: See ICU Flow Sheet for nursing assessment. VSS, T-100.5. Pt able to use Gunkauer suction to suction his mouth. Trachea patent, & respiratory distress noted. Small amount of old blood noted on RLE dressing. Receiving LR @ 125 ul/hr and Fentanyl @ 75mcg/hr. Resting quietly in bed. ^{blb-2} [REDACTED] (sa)

0732 13 Jul 03 Nursing: LR ↓ 75 ul/hr. Pt given Lasix 80 mg IV @ 0821 0809 per Dr. ^{blb-2} [REDACTED]'s orders. Dr. ^{blb-2} [REDACTED] reviewed CXR + labs JP Drain removed by Dr. ^{blb-2} [REDACTED]. Will continue to monitor. ^{blb-2} [REDACTED] (sa)

13 Jul 03 ^{9/12/05} 1245 Nursing: Bath and foley care completed. Dressing removed from RLE. RLE ⊕ edema. Xenoforn dressing noted on @ thigh & @ calf. Sites cleaned + wrapped. E Kerlex. OOB to chair x1. Gait unsteady. RLE elevated. ^{blb-2} [REDACTED] (sa)

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^{blb-2} [REDACTED] (sa)

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MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
13 Jul 03 1338	Nursing: Pt remains sitting up in chair in stable condition. Pt using Yankauer suction. Pt coughing thick, tan secretions from trach. Sleeping quietly @ this time. 13/14 bl-2
13 Jul 03 1530	Nursing: Pt ambulated to radiology for PA+LAT and back. Respiratory distress noted. Remains on 31% TC. Sats 95%. Pt assisted back to bed. Small amount of serousanguinous drainage noted from dressing on @ thigh. Dr. [redacted], Dr. [redacted], & Dr. [redacted] updated on pt's condition. Pt sleeping quietly @ this time. bl-2
13 Jul 03 1500 1700	Nursing: Trach care completed. Pt sleeping, 5 complaints. Report given to night shift nurse. Received report from off going shift. Pt on trach collar, 31% O ₂ SATs @ 94%. Foley draining to gravity, dark yellow moderate sufficient. Will continue to monitor. bl-2
1900	Pt appears to be sleeping comfortably in bed. Good pain control. Will continue to monitor. bl-2

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[redacted] bl-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
13 Jul 03 2100	Pt appears to be sleeping comfortably. Continue pain management will continue to monitor. [redacted] SPC, 91 WMC
2300	Traach care complete. Pt appears to be sleeping comfortably. Will continue to monitor. [redacted] SPC, 91 WMC
0100	Pt appears to be sleeping comfortably. Will continue to monitor. [redacted] SPC, 91 WMC
0300	Pt appears to be resting comfortably in bed. Drew labs via A-line USS, will continue to monitor. [redacted] SPC, 91 WMC
0500	Report given to day shift [redacted] SPC, 91 WMC
0500 W	Rel received report from previous shift USS, & c/o @ this time - will continue to monitor [redacted]
0850	A-line Picked, catheter intact. dressing changed on (N) lower ext. Xeroform dressing applied, Baifoam to guard on (D) lower ext of face, sutures removed left on Bedside, will continue to monitor, [redacted] 107/60
1000	Pt resting in bed & s/s of pain USS. Will continue to monitor. [redacted]
1200	Pt ambulated to X-Ray for CXR and returned to bed. USS. S _a O ₂ dropped to 90% while ambulating but rose to 95% when resting in bed. Will continue to monitor. [redacted] LPN
1500	Pt resting in bed & s/s of pain discomfort. USS will continue to monitor. [redacted]
14 Jul 03 1800	Received pt resting in bed. pt uses yanuker to suction mouth and restraints. will continue to monitor. [redacted]

DICAL RECORD

NURSING

(Sign all r.)

TE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
14 July 03 2100			suctioned pt & greenish white phlegm from trach. pt resting in bed & complaints of pain will cont to monitor. b6-2 [redacted]
15 July 03 0100			after performing trach care pt noticed he was not on trach collar. The interpreter came in and explained to the pt that he is being closely monitored and the pt slowed his breathing down. pt now resting & any complaints. will cont to monitor. b6-2 [redacted]
15 July 03 0500			Received pt from b6-2 [redacted] Received report from previous shift. Pt resting quietly & eyes closed. LR and fentanyl infusing. Will cont. care. b6-2 [redacted] ACT/AN
0600			Pt temp 100 ³ previously. Pt temp 99 ³ currently. Will cont. to assess temp. Will prep pt for d/c tomorrow. b6-2 [redacted] STON
0840			Pt resting quietly. Red fentanyl qit to 70 mcg/h. Will cont. care. b6-2 [redacted] STON
0940			Wheaned pt off fentanyl qit. Gave pt bidboth. Pt had 0% pain. O ₂ sats red to high 80's. Deep suctioned pt & it. Thick brown tinged mucus noted. Pt sats red to low 90's. Will cont. care. b6-2 [redacted] STON

(Continue on reverse side)

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

REGISTER NO.

WARD NO.
1C67

[redacted] b6-4

NURSING NOTES
Medical Record

MEDICAL RECORD

PROGRESS NOTES

ATL

NOTES

16 Jul 03 Trachea care complete. Pt tolerated procedure well. VSS. Will continue to monitor. [REDACTED]

17 Jul 03 Pt appears to be resting comfortably in bed. VSS. Will continue to monitor. [REDACTED]

0510 Received report from SPC [REDACTED] + assumed care of Pt. VSS, will monitor. [REDACTED]

0700 Pt lying in bed sleeping + appears to be resting comfortably @ this time. Will continue to monitor. [REDACTED]

0905 Pt sitting up in bed awake. Ntd con aints @ this time, will continue to monitor. [REDACTED]

1000 Layed Pt's head flat + had Rpm take a deep breath + hold it while cordis was being pulled. Held direct manual pressure over site for 10 mins. Then 4x4 taped in place to bleeding Ntd. Change in mental status Ntd, VSS, will continue to monitor. [REDACTED]

1100 Pt lying in bed sleeping + appears to be resting comfortably @ this time, will continue to monitor. [REDACTED]

1330 Pt sitting up in bed. Ntd complaints @ this time, VSS, will continue to monitor. [REDACTED]

INSURANCE SPONSOR

SPONSOR'S NAME

LAST

FIRST

SERVICE

HOSPITAL OR MEDICAL FACILITY

REGISTRATION NUMBER

* IDENTIFICATION: (For typed or written entries give name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank-Grade)

REGISTER NO

[REDACTED] bb-4

PROGRESS NOTES

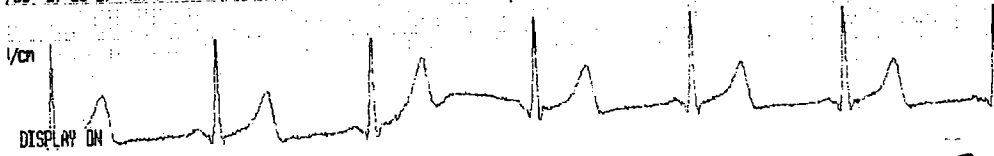
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STANDARD FORM 100

PROCESSED BY [REDACTED]

17 July 03 (1700) PTCARE Report Received from SPC [redacted] Pt Awake Alert Intel person, place, t 2, event. Skin warm, dry, Cl_{O_2} PA110s/cyanosis. No acute episode noted or reported. Sitting in chair in Bed. b6-2

03 17:38:19 HR=70 P1=OFF P2=OFF RA=31 SpO2=98% NIBP=OFF T1=OFF T2=OFF AI=OFF



17 July 03 (1800) PT up to chair. Ambulates & stooped posture Able to support weight & Bilat LE. Unsteady gait Requires (1) STAFF to assist. Suctioned for lg amt thick, tenacious yellow sputum. Cough Reflex strong. Drank juice & some ensure & dysphagia noted/reported. b6-2

17 July (2000) Tract care done. Finer cannula placed & Peroxide solution used in NS. Replaced to stop outer cannula incident. Pt & ↑ secretions & leaking at stoma site. Uses you-know suction for oral care/secretions & problems. Wires intact. Wire cutters @ bedside. b6-2

17 July (2030) Pt Back to Bed & incident. b6-2

18 July (0100) Suctioned & secretion characteristics unchanged. b6-2

18 July (0500) Pt care report given to Sgt [redacted] Pt awake & acute episode noted/Reported. b6-2

AL RECORD

PROGRESS NOTES

E

NOTES

Discharge / Transfer Summary

ADMIT DX: Gun SHOT wounds RIGHT mandible and RIGHT LEG.

① COMMUNITED Right mandibular body fracture.

② Right thigh SOFT tissue defect.

Discharge Diagnosis: Same

DIC cond: Stable

DIC diet: Blended thru straw / liquid

DIC meds: Zosyn 3.375mg IV q6h

Cipro 400mg IV q12h

fentanyl PRN Pain

Procedures: ① Tracheostomy (Prior to arrival)

② Closure of face wound

③ Placement of maxillomandibular fixation with archbar and wires.

④ Washout and closure of right leg wound

SHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or Other)

LAST

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WARD NO.

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USAPA



b6-4

ST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

DATE

NOTES

Plan:

① Pt will need follow up wound care for right leg.

② Pt will need Right facial sutures removed in 4-5 days.

③ Pt will need Archbars and wires removed in 6 weeks with bone graft once healed to right mandible if ne

b6-2



OMTJ mt

STANDARD FORM 509 (REV

MEDCOM - 13897

LOCAL RECORD

PROGRESS NOTES

DATE

NOTES

18 Jul 03 Received report from Sgt [REDACTED] Pt. resting in bed 3 complaints
 0546 @ present time & distress noted @ present time. Condition remains
 stable. Will continue to monitor. Sgt [REDACTED]
 0640 Transferred out of facility. Sgt [REDACTED]
b6-2

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

SERVICE

HOSPITAL OR MEDICAL FACILITY

INCIDENT NUMBER

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

REGISTER NO.

EPIV # [REDACTED]

b6-4

PROGRESS NOTES

DATE

BY

PROGRESS NOTES

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

9 JUN 03
0760

Letter Op Note

Pre Op Dr - 88W Les (12) High and
lower leg

Post Op Dr - same
Procedure - I + B, (12) leg

Surgeon - [REDACTED] - 66-4
OMF [REDACTED]

Findings - large, sharp, bite "x" 10x
I can see [REDACTED] extent
High with loss of patina of
cutaneous structures. Must skin
debrided & [REDACTED] - Vessel loop
closure after some 0- [REDACTED] deep
sutures.

Debrided 2cm diameter wound on medial
calf. Clam closed with 3-0 nylon
PL20: 24 ABXs per OMF, Dr. [REDACTED]
then report I + B at 48 H [REDACTED]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		[REDACTED]
	LAST	FIRST	[REDACTED]
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.

[REDACTED] b6-4

PROGRESS NOTES
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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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9 Jul 03
@0941

OrFS DP NOTE

Pre op dx: ① GSW to Right neck
 ② Comminuted right mandibular body fx.
 ③ large tongue laceration.
 ④ avulsed anterior teeth 9-12

Post op dx: Same

Procedure: ① closure of tongue lac
 ② closure of soft tissue wound
 ③ ext of teeth # 9-12
 ④ Placement of pt vis IMF
T archbars wire.

Surge: [redacted] - b6-2

Assist: [redacted], [redacted]

EBL: 400cc

fluids: 1L PRBC 2100 LR 500 Hespan 400 NS

W/O: 700

Anesth: trach

findings: comminuted mand fx, tongue lac
 soft tissue wound.

Comp: ①

Condition: Pt stable & transferred to ICU on standard monitors: b6-2

[redacted]

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

10 Jul 03
0715

OMFS POD #2

Pt lying in bed to back on RA. S distress. Minimal facial swelling noted. UMF in place tongue slightly protruding from left edentulous area but no active bleeding noted. intraoral & extra oral wounds closed 1°

VS: T 98.5 BP 149/72 p 53 R 19

CV RRR JVP C/D/B abd soft NTND/D/B

Ext: O/C/C/E (R) leg dressing

V/O: 135/4200

A/P

Pt stable S/P CR of comminuted mandibular fracture & closure of lacerations.

① Start oral care today.



b6-2

SHIP TO SPONSOR

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REGISTER NO.

WARD NO.

[Redacted] b6-4

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MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

11 Jul 03

OMFS POD # 2

@ 0728

Pt lying unbed restrained 5 clo
 per staff. An call to DR for (R) leg.
 Pt on track to eat oz. wmf stable
 oral wounds closed 10 to no active
 bleeding. neck wound closed 10.
 USS AF
 CV RRR
 Aug CDA
 add soft and NT @ BS
 wnt (R) leg dressing

AIP SIP GSW to face to comminuted

(R) mandible

- (1) Pt to DR today for right leg wound
- (2) will plan to start clear liquid diet after x
- (3) can transfer to Alragi hospital on next opportunity



b6-2

SHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5/)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2031

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

12 July 03
1815

Medicine Note
asked to see pt for hyperphagia. Sats are 88-90 on 2L.
Pt complains of abd pain/gurgling pain. He has continuous
low-grade fever 100.5-100.8. No T-cells. Hct is
22%. Ca suggestive of DLL infiltrate. Will o/c
ampl, & use zuprbc & cepro to cover pseudomonas.
Will transfuse 2u PRBC.



b6-2

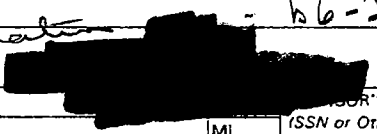
12 Jul 03

OMES

POD # 4

Pt is possible DLL infiltrate, and
low grade temp ^(Tm) 100.8. PT s/p
transfusion of 2u PRBC. facial &
oral wounds healing well &
no s/s of infection. closed l^o. ulm F stable
pt not tolerating PO well.

- ① will encourage PO intake
- ② encourage ambulation
- ③ trial of trach collar
- ④ follow medicine recommendations



b6-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER
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b6-4

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NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
15 July 03 1700			Pt resting & eyes closed. O ₂ sats low 90's q ¹⁵ of pain or needs expressed. Will cont. care. b6-2 [REDACTED]
1300			Completed trach care using hydrogen peroxide and NS. Pt sats bed 97%. p trach care. Thick brown-tinged sputum noted. Will cont. care b6-2 [REDACTED]
1500			Pt awake in bed. O ₂ sats 97% on RA. Pt suction self & yanker throughout day. UO > 100cc/hr. Will ask if com. b6-2 D/c Foley. Will [REDACTED] Will cont. care. [REDACTED]
1640			D/C'd pt Foley per order. Translator explained hand signals for needing to use bathroom. "Thumbs up" means need to urinate, balled fist means BM. Translator explained pt POC and plan to transport for tomorrow. b6-2 [REDACTED]
1700			Gave report to next shift. [REDACTED]
1705			Received report from day shift. Pt resting in bed VSS, IV to @ FA, LR infusing @ 75cc/hr. will continue to monitor. [REDACTED] SPC, 91WMB
1900			Pt resting comfortably. b6-2 [REDACTED] will continue to monitor. b6-2 [REDACTED] SPC, 91WMB
2300			Pt complaining of ear ache, notified MD. Will continue to monitor. [REDACTED] SPC, 91WMB

b6-2

2

NURSING NOTES

(Sign all notes)

MEDICAL RECORD

OBSERVATIONS
Include medication and treatment when indicated

DATE	HOUR	
	A.M.	P.M.
1/1/07		

Operate nose

Procedure: Frontal sinus Desmold

Glasgowbury

Super. Maxilla Den

PM 4:00 4:00 PM 4:00

EBL: 700 cc

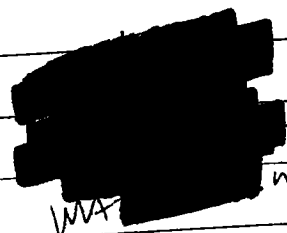
To take control

Findings: ① Commenced mandibular fracture & displacement

at angle.

② Trauma to tongue approximated & 2nd chronic

③ No placenta



b6-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

EMERGENCY CARE AND TREATMENT (Medical Record)

TREATMENT FACILITY (Station) **FMT**

LOG NUMBER **NA**

ARRIVAL DATE: **7 JUL 03** TIME: **032**

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet) PRIVATE VEHICLE AMBULANCE OTHER (Specify) **PLANE**

CURRENT MEDS. (tetanus immunization and other data) **NA**

HISTORY OBTAINED FROM PATIENT OTHER (Specify) **NA**

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code) **NA**

HOME TELE. NO. (Inc. area code) **NA**

CHIEF COMPLAINT(S) (Include symptom(s), duration) **UNSHOT WOUNDS Lower High FACIAL EXTRE**

SEX **M** AGE **NA** POSSIBLE THIRD PARTY PAYER? YES NO

VITAL SIGNS			
TIME	032	037	042
P	69/45	62/28	100/28
ULSE	147	70	57
ESP.	16	20	23
EMP.	98.4		
RT. (Child)	99	98	100

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up) **042 X-rays ordered (AP Lat SKULL) (R) Femur (R) Leg & Chest TOI ~ 2130**

TIME SEEN BY PROVIDER **032**

CATEGORY (See reverse) EMERGENT URGENT NON-URGENT

043 LABS - CBC (A, e Chem 12

ORDERS	INITS.	TIME
SUTURAL LINE		040
NAUS		042
ABUS ABG, CBC, Chem, TPC, V.		043
Acef 1 gm IV		
WT TV 700, R14, 1.5 Preps		

S: Pt is a ~ 30yo Iraqi EPW who was shot + 3 by his forces as he was firing a weapon while riding a motorcycle. Taken to FST & had Trauma done

ASSESSMENT/DIAGNOSIS **CSW (R) Jaw/Face**
CSW (R) Thigh, mult abrasions

D: no more all 4's spont. massive trauma to (R) Jaw/Face maxilla torn
Track in place. TM's white PERL EOMI 4mm.
Lugs: (D)CTA.
Cox (R) (D)
Abd: (D) Br. s. NT MD.
Ext: Lg (R) lat thigh tissue defect (D) Dupuyres.
mult lower (R) leg abrasions & lacerations.

DISPOSITION (Check all that apply) HOME FULL DUTY

EDC: hypertension to 50's/50's impaired p Level I via (D) Subclav cent line.

QUARTERS 24 Hrs. 48 Hrs. 72 Hrs.

MODIFIED DUTY UNTIL: DAY MONTH YEAR

REFERRED TO (Indicate clinic) EMERGENCY TODAY 72 HOURS ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE IMPROVED UNCHANGED DETERIORATED

NAME OF RELEASE: **0115**

PATIENT'S IDENTIFICATION (Mechanical imprint) OR WRITTEN ENTRIES GIVE: Name - last, first, middle; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD)

SIGNATURE (PRINT NAME) ID STAMP

INSTRUCTIONS (List medications ordered, any limitations and follow-up plans)

Xray: Comminuted Jaw
(R) Sinus opacities
ULCXR. EPTX.
Ext: mult frags off.

11 $\frac{7}{23}$ (170)
K
7.32/32/415/-7/100%
Tdc v2. bb-2

bb-2

To OR

MEDCOM - 13906

TIME: 0539

SIGNATURE: [Redacted]

b6-2

TIME:

SIGNATURE:

SKIN AND MUCOUS MEMBRANES			
Skin: <u>Loose</u> / Tight / Diaphoretic / Shiny / Dry			
Skin: Temperature <u>Normal to touch</u>			
Color: <u>Pale</u> / Cyanotic / Jaundiced <u>Normal for race</u>			
Mucous Membranes: <u>Moist</u> / Dry / Cracked			
Skin Breakdown: <u>None</u> Location: Size:			
NEUROLOGICAL			
Loc / <u>Alert</u> / Lethargic / Unresponsive GCS:			
<u>Oriented</u> / Disoriented Pupils: <u>PERI 3+</u>			
Extremity Movement: Full / <u>Limited</u> / None <u>CSW to R leg</u>			
CARDIOVASCULAR			
Pulse (0-4): Radials <u>+</u> Pedals <u>+</u>			
Capillary Refill: <u>good</u> Seconds Homan's Sign			
Jugular Venous Distension Edema <u>+</u>			
Heart Sounds <u>Normal</u>			
Rhythm <u>Normal</u> PRI: QRS:			
Vascular Catheter Central Arterial Peripheral 1 Peripheral 2			
Waveforms			
Site <u>BRM</u>			
Solution <u>IR 0.25/hr</u>			
Chest Pain			
RESPIRATORY			
Chest Expansion / <u>Symmetrical</u> / Asymmetrical			
Respiration / <u>No Distress</u> / SOB / Labored / Use of Access Muscles			
Breathing Patterns: <u>Normal</u>			
Cough: Productive / Nonproductive / <u>None</u>			
Sputum: Color / Amount / Consistency / Odor <u>None</u>			
Chest Drainage System Gravity: <u>Check when suction cm.</u>			
Air Leak No Yes Crepitus			
Character of Drainage:			
Trachea / Midline / Deviated (R) / Deviated (L)			
Artificial Airway Size: Type: Position:			
Breath Sounds Anterior/Location Posterior/Location			
Crackles <u>Basal breath sounds heard</u>			
Wheezes <u>+</u>			
Diminished			
Absent			
GASTROINTESTINAL			
Abdomen: <u>Soft</u> / Firm / Hard / Distended cm Girth			
Bowel Sounds: <u>Normal</u> / Hyperactive / Hypoactive / Absent			
Dressings: <u>CSW to R leg</u>			
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage			
NG Drainage: Color Character			
Tube Feeding: Day No: Strength: Rate: Aspirate:			
Stool: Character <u>+</u>			
Drains			
GENITOURINARY			
Urine Color: <u>yellow</u> Character:			
Voiding: <u>Continent</u> / Incontinent / Catheter			
EMOTIONAL/PSYCHOSOCIAL			
OTHER:			

SKIN AND MUCOUS MEMBRANES			
Skin: Loose / Tight / Diaphoretic / Shiny / Dry			
Skin: Temperature			
Color: Pale / Cyanotic / Jaundiced			
Mucous Membranes: Moist / Dry / Cracked			
Skin Breakdown: None Location: Size:			
NEUROLOGICAL			
Loc / Alert / Lethargic / Unresponsive GCS:			
Oriented / Disoriented Pupils:			
Extremity Movement: Full / Limited / None			
CARDIOVASCULAR			
Pulse (0-4): Radials Pedals			
Capillary Refill: Seconds Homan's Sign			
Jugular Venous Distension Edema			
Heart Sounds			
Rhythm PRI: QRS:			
Vascular Catheter Central Arterial Peripheral 1 Peripheral 2			
Waveforms			
Site			
Solution			
Chest Pain			
RESPIRATORY			
Chest Expansion / Symmetrical / Asymmetrical			
Respiration / No Distress / SOB / Labored / Use of Access Muscles			
Breathing Patterns:			
Cough: Productive / Nonproductive / None			
Sputum: Color / Amount / Consistency / Odor			
Chest Drainage System Gravity: Suction cm.			
Air Leak No Yes Crepitus			
Character of Drainage:			
Trachea / Midline / Deviated (R) / Deviated (L)			
Artificial Airway Size: Type: Position:			
Breath Sounds Anterior/Location Posterior/Location			
Crackles			
Wheezes			
Diminished			
Absent			
GASTROINTESTINAL			
Abdomen: Soft / Firm / Hard / Distended cm Girth			
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent			
Dressings:			
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage			
NG Drainage: Color Character			
Tube Feeding: Day No: Strength: Rate: Aspirate			
Stool: Character			
Drains:			
GENITOURINARY			
Urine Color: Character:			
Voiding: Continent / Incontinent / Catheter			
EMOTIONAL/PSYCHOSOCIAL			
OTHER:			

18 July # [Redacted] b6-4

18 July 03
 # [redacted] 166-4

PATIENT NAME

	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	
BP	112/62																								
TEMP	38.3																								
HR	73																								
RR	24																								
SAO2	98																								
INPUT																									
PO																									
IV																									
NGT																									
TOTAL																									
OUTPUT																									
URINE																									
NGT																									
STOOL																									
TOTAL																									
BALANCE																									

MEDCOM - 13908

TIME: 0622 SIGNATURE: [Redacted]

TIME: 0622 SIGNATURE: [Redacted]

66-2

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry *(Dry)*

Skin: Temperature *Warm*

Color: Pale / Cyanotic / Jaundiced *Normal for Race*

Mucous Membranes: *(Moist)* Dry / Cracked

Skin Breakdown: None Location: *RLE* Size:

NEUROLOGICAL

Loc: *(Alert)* Lethargic / Unresponsive GCS:

(Oriented) Disoriented Pupils: *PERRLA*

Extremity Movement: *(Full)* Limited / None

CARDIOVASCULAR

Pulse (0-4): Radials *+3/+3* Pedals *+3/+3*

Capillary Refill: Seconds *<3* Homan's Sign *(-)*

Jugular Venous Distension *0* Edema *Facial, (High)*

Heart Sounds *S1S2*

Rhythm *NSR 3 ectopy* PRI: QRS:

Vascular Catheter Central Arterial Peripheral 1 Peripheral 2

Waveforms

Site *(2) Subclavian cords 18G (L) FA*

Solution *LR*

Chest Pain

RESPIRATORY

Chest Expansion / *(Symmetrical)* Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: *Regular, Unlabored*

Cough: *(Productive)* Nonproductive / None

Sputum: Color / Amount / Consistency / Odor *Thin, white*

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	<i>Coarse lung sounds in</i>	
Wheezes	<i>Upper lobes</i>	
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: *(Soft)* Firm / Hard / Distended cm Girth

Bowel Sounds: *(Normal)* Hyperactive / Hypoactive / Absent

Dressings: *(0) High C/D/E*

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character

Drains:

GENITOURINARY

Urine Color: *Clear yellow* Character:

Voiding: *(Continent)* Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER:

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry *(Dry)*

Skin: Temperature *Warm*

Color: Pale / Cyanotic / Jaundiced *Normal for Race*

Mucous Membranes: *(Moist)* Dry / Cracked

Skin Breakdown: None Location: *Right lower* Size: *Extremity*

NEUROLOGICAL

Loc: *(Alert)* Lethargic / Unresponsive GCS:

(Oriented) Disoriented Pupils:

Extremity Movement: *(Full)* Limited / None

CARDIOVASCULAR

Pulse (0-4): Radials *+3* Pedals *+3*

Capillary Refill: *<3* Seconds Homan's Sign

Jugular Venous Distension *0* Edema *Facial*

Heart Sounds *S1, S2*

Rhythm *RR + Rhythm* PRI: QRS:

Vascular Catheter Central Arterial Peripheral 1 Peripheral 2

Waveforms

Site *(2) SC cords 18G (R) FA*

Solution *LR*

Chest Pain *LR 75 cc/hr*

RESPIRATORY

Chest Expansion / *(Symmetrical)* Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: *RR + Rhythm*

Cough: *(Productive)* Nonproductive / None

Sputum: Color / Amount / Consistency / Odor *thin white*

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	<i>CTA Bilat</i>	
Wheezes	<i>not tracked</i>	
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: *(Soft)* Firm / Hard / Distended cm Girth

Bowel Sounds: *(Normal)* Hyperactive / Hypoactive / Absent

Dressings: *to (0) LG Q/D/E*

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character *None @ this time*

Drains:

GENITOURINARY

Urine Color: *clear yellow* Character:

Voiding: *(Continent)* Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

able to communicate via hand signals, follows simple commands

OTHER:

16 Jul 03

7-99

#

P.L.S. NAME

	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	
BP		119/69				127/70				114/64					111/69			118/72				117/60			
TEMP		99.5			99.5					99.4					98.4			98.7				99.6			
HR		67			67					72					69			72				72			
RR		13			24					24					22			18				24			
SAO2		95%			95%					98%					98%			98%				98%			
O ₂		RA			RA					RA					RA			RA				RA			
INPUT																									
PO										60															
LR IV	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
NGT																									
IVFB		50						50	250																
TOTAL																									
OUTPUT																									
URINE		300								400	225														
NGT																									
STOOL																									
TOTAL					375		375	400		400	225			425		350	425		350		425				
BALANCE																									

MEDCOM - 13910

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: 30
 HEIGHT:
 WEIGHT: 75

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)
 NKDA PCN LATEX IODINE TAPE FOOD
 REACTION:

3. PREVIOUS SURGERY [] NO YES (type):
 IAD @ leg

4. PROPOSED SURGICAL PROCEDURE:
 IAD @ leg / Fall down

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition _____
 Tobacco ___ppd X ___ yrs. Body Piercing _____ Diabetes (Y) (N) ROM _____ ASA/Motrin w/72 hrs (Y) (N)
 ETOH _____ Implants _____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
 Glasses/Contact (Y) (N) Dentures _____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: _____

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>A. PSYCHOSOCIAL</p> <p><input checked="" type="checkbox"/> Potential for anxiety related to:</p> <p><input checked="" type="checkbox"/> 1) <u>Surgical Procedure & Operating Room Environment</u></p> <p><input type="checkbox"/> 2) <u>Separation Anxiety (Child)</u></p> <p><input checked="" type="checkbox"/> 3) <u>Surgical Outcomes</u></p>	<p><input type="checkbox"/> Pt. verbalizes any specific anxiety.</p> <p><input type="checkbox"/> Pt. Exhibits relaxed body posture.</p>	<p><input type="checkbox"/> Allow pt. to verbalize freely.</p> <p><input type="checkbox"/> Explain OR environment and answer questions regarding surgery.</p> <p><input type="checkbox"/> Offer comfort measures. (e.g., warm blanket, touch).</p> <p><input type="checkbox"/> Explain all nursing procedures before they are done.</p> <p><input type="checkbox"/> Remain with pt. whenever possible.</p> <p><input type="checkbox"/> Maintain family interface. Parents to stay with pt.</p>
<p>B. AERATION</p> <p><input checked="" type="checkbox"/> Potential for respiratory dysfunction due to:</p> <p><input checked="" type="checkbox"/> 1) <u>Positioning</u></p> <p><input checked="" type="checkbox"/> 2) <u>Effects of Anesthesia</u></p> <p><input checked="" type="checkbox"/> 3) <u>Medical/Smoking History</u></p>	<p><input type="checkbox"/> Pt. will be able to breathe without difficulty during immediate intraoperative phase.</p>	<p><input type="checkbox"/> Offer to elevate head of litter or offer pillow.</p> <p><input type="checkbox"/> Observe pt. while awaiting surgery for signs of distress.</p> <p><input type="checkbox"/> Assist anesthesia during intubation and extubation.</p>
<p>C. INTEGUMENT</p> <p><input checked="" type="checkbox"/> Potential impairment of skin integrity due to:</p> <p><input checked="" type="checkbox"/> 1) <u>Intraoperative Immobility</u></p> <p><input checked="" type="checkbox"/> 2) <u>ESU Pad Placement</u></p> <p><input checked="" type="checkbox"/> 3) <u>Positional Aids</u></p> <p><input type="checkbox"/> 4) <u>Prosthesis</u></p> <p><input checked="" type="checkbox"/> 5) <u>Pooling of Prep Solutions</u></p>	<p><input type="checkbox"/> Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).</p>	<p><input type="checkbox"/> Utilize pressure preventing devices on OR table and accessories.</p> <p><input type="checkbox"/> Check for proper positioning and support to maintain good body alignment.</p> <p><input type="checkbox"/> Pad pressure points.</p> <p><input type="checkbox"/> Place ESU ground pad on non compromised skin surface area.</p> <p><input type="checkbox"/> Keep prep fluids from pooling.</p>

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

[REDACTED] 106-4

VERIFICATIONS AT HOLDING AREA:



! ID/Allergy Band ! Dentures Removed
 ! H & P ! Contacts Removed
 ! NPO Since _____ ! Jewelry Removed
 ! UHCG/LMP ! Body Pierce Removed
 ! Consent/Blood Transfusion Signed/Witnessed/Dated
 ! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
 ! Contact Precautions (Y) (N)
 ! Family/Friend: _____

6. PATIENT PROBLEMS AND NEEDS	PATIENT GOALS AND EXPECTED OUTCOMES	JR NURSING INTERVENTIONS
<p>D. CIRCULATION: <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to: <input checked="" type="checkbox"/> 1) <u>Intraoperative Mobility</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input checked="" type="checkbox"/> 3) <u>Existing Disease</u> <input checked="" type="checkbox"/> 4) <u>Safety Devices</u> <input checked="" type="checkbox"/> 5) <u>Hypothermia</u></p>	<p><input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p><input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors. <input type="checkbox"/> Check that safety straps are correctly applied. <input type="checkbox"/> Offer pillow for under knees. <input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion. <input type="checkbox"/> Check that rings and all body piercing has been removed.</p>
<p>E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to: <input checked="" type="checkbox"/> 1) <u>Pain</u> <input checked="" type="checkbox"/> 2) <u>Intraoperative Hazards</u> <input checked="" type="checkbox"/> 3) <u>Prosthesis</u> <input checked="" type="checkbox"/> 4) <u>Positioning</u> <input checked="" type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u> E.2. <input checked="" type="checkbox"/> Potential discomfort due to: <input checked="" type="checkbox"/> 1) <u>Length of Surgery</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input checked="" type="checkbox"/> 3) <u>Arthritis</u></p>	<p><input type="checkbox"/> Pt. will be transferred to OR table without difficulty. <input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input type="checkbox"/> Have sufficient people available for transfer. <input type="checkbox"/> Insure proper body alignment. <input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning.</p>
<p>F. SPECIAL SENSES F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being: <input type="checkbox"/> 1) <u>Pre-Medicated</u> <input type="checkbox"/> 2) <u>W/O Glasses</u> F.2. <input type="checkbox"/> Potential for decreased communication due to: <input type="checkbox"/> 1) <u>Diminished Hearing</u> <input checked="" type="checkbox"/> 2) <u>Language Barrier</u> F.3. <input type="checkbox"/> Potential injury due to dentures: <input type="checkbox"/> 1) <u>Upper</u> <input type="checkbox"/> 4) <u>Caps</u> <input type="checkbox"/> 2) <u>Lower</u> <input type="checkbox"/> 5) <u>Crowns</u> <input type="checkbox"/> 3) <u>Bridges</u></p>	<p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction. <input type="checkbox"/> Pt. will be transferred safely to OR table. <input type="checkbox"/> Pt. will be able to understand instructions. <input type="checkbox"/> Minimize danger of injury during intraop period.</p>	<p><input type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening. <input type="checkbox"/> Inform pt. in which direction to move and assist if necessary. <input type="checkbox"/> Speak clearly and slowly. <input type="checkbox"/> Address pt. from _____ side. <input type="checkbox"/> Validate pt.'s understanding of verbal communication. <input type="checkbox"/> Verify removal of dentures.</p>
<p>G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS Or continuation of above interventions</p>

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

 b6-2 09 Jul 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: Clean and Dry Red N/A DRESSING DRY & INTACT: (Y)(N)
LEVEL OF CONSCIOUSNESS: A&O Drowsy Sleepy Intubated
LEVEL OF ACTIVITY: Moves All Extremities Moves Upper Extremities
 Transferred to litter with roller due to spinal

12. PREOPERATIVE EVALUATION PREPARED BY 13. POSTOPERATIVE BY
(Signature and Title)  b6-2 
DATE: 09 Jul 03 TIME: 0845 DATE: 09 Jul 03 TIME: 0930 b6-2

RE

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-56, the proponent agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: <i>Anesthesia Staff (L:HS)</i>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY: <i>CPT [REDACTED]</i> <i>b6-2</i>	
3. DATE: <i>70030708</i> TIME PATIENT ARRIVED IN SUITE		4. PATIENT IN ROOM TIME: <i>0110</i> NUMBER: <i>1-1</i>	
5. PREOPERATIVE EMOTIONAL STATUS			
<input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input checked="" type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)			
COMMENTS: <i>Paralyzed</i>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<i>SPC [REDACTED]</i>	RELIEF SCRUB	
	<i>Sgt [REDACTED]</i> <i>b6-2</i>		
ASSIGNED CIRCULATOR	<i>CPT [REDACTED]</i>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify)			
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <i>arms (bilateral) tucked & padded. Strap across waist</i>			
8. SKIN PREPARATION			
HAIR REMOVAL		PREP SOLUTION (Specify)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILETORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		<i>N/A</i> SITE: BY WHOM: SITE: BY WHOM:	
COMMENTS:			
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad -- Safety Strap === Tourniquet			
10. COUNTS		C = Correct I = Incorrect	
		Other**	First Closing Count
			Final Closing Count
		SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>SPC [REDACTED]</i> <i>b6-2</i>	<i>CPT [REDACTED]</i> <i>b6-2</i>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<i>[Signature]</i> <i>[REDACTED]</i> <i>b6-4</i>		<input checked="" type="checkbox"/> ESU NO: <i>Vallytag 00042</i> GROUND PAD: BRAND: <i>[REDACTED]</i> LOT NO: <i>10527</i> <input type="checkbox"/> ESU NO: <i>[REDACTED]</i> GROUND PAD: BRAND: <i>[REDACTED]</i>	
MEDCOM - 13913			

OTHER ORDERS _____

PHYSICIAN'S SIGNATURE _____

15. X-RAY IN OPERATING ROOM YES NO IF YES, SITE _____

LABORATORY SPECIMENS

16. SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1. 16 Fr blue in place of 16 Fr	2. Trached	3.
SITE	1. Urinary bladder	2. Trach	3.

18. DRESSING/IMMOBILIZATION (Specify)
 4x8 gauze sec tape
 Restix

19. ADDITIONAL INFORMATION
 2 Raytecs used as Bactrim
 msa [redacted] CRNA, CPT [redacted] b6-2
 Dr. [redacted] Surgeons

20. OPERATION(S) PERFORMED
 Facial basal exploration
 Glossography

21. PATIENT TRANSFERRED TO TCU b6-2 TIME 0721 METHOD Litter

22. REGISTERED NURSE SIGNATURE CPT [redacted] AW

REVERSE OF DA FORM 5179-1, OCT 87

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED
 Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397
 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)
 THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU
 PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

MEDCOM - 13914

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-68, the proponent agency is the office of The Surgeon General.

PATIENT TRANSPORTED TO OPERATING ROOM VIA [redacted] BY CA [redacted] NOJ [redacted]

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] WJ CA [redacted]

3. DATE 09JUN63 TIME PATIENT ARRIVED IN SUITE 0630

4. PATIENT IN ROOM TIME 0610 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

Table with columns for ASSIGNED SCRUB, RELIEF SCRUB, ASSIGNED CIRCULATOR, RELIEF CIRCULATOR. Includes handwritten names like SPC, SGT, LTC and CPT.

7. POSITION AND POSITIONAL AIDS (Specify)

As in paper being exposed. Arms tucked to side.

- SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS:

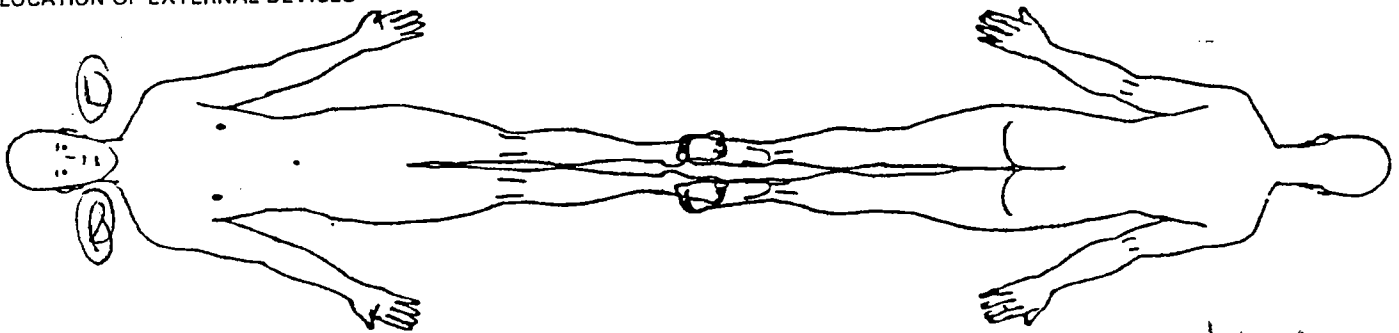
8. SKIN PREPARATION

- HAIR REMOVAL: YES NO DONE BY: OR DEPILETORY CLIP METHOD: NURSING UNIT RAZOR

PREP SOLUTION (Specify) Betadine Prep scrub SITE: Right leg BY WHOM: CA [redacted] h6-2 SITE: Fem -> Dials prep BY WHOM: LTC [redacted] h6-2

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap === Tourniquet

10. COUNTS

Table with columns for Other**, First Closing Count, Final Closing Count, SCRUB, CIRCULATOR. Includes handwritten counts and names.

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

[redacted] h6-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO

ESU NO: 030410 GROUND PAD: BRAND Vellyh's LOT NO: 65706

MEDCOM - 13915

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS, SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
1% Lidocaine Epi 1:10000	3cc	intact	injet	[REDACTED]	Dr. [REDACTED]
					b6-2

WOUND IRRIGATION YES NO, TYPE(S): 0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE
 YES NO

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
 FLUFFS
 ACE
 Kerlix

19. ADDITIONAL INFORMATION

Surgeons - Dr. [REDACTED] / Dr. [REDACTED] b6-2
 Distal - Mrs. [REDACTED] b6-2

Throat pack in w 0647 out w 0907

20. OPERATION(S) PERFORMED

IED Rpt by /

21. PATIENT TRANSFERRED TO ICU #3 TIME 0930 METHOD Lift

22. SIGNATURE [REDACTED]

MEDICAL RECORD

INTRAOPERA

DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA VIA BY Creethers

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY LT [redacted]

3. DATE 11 Jul 03 TIME PATIENT ARRIVED IN SUITE 0735

4. PATIENT IN ROOM TIME 0735 NUMBER 1-2

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SRC [redacted] CRT</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted] AT</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

For surgical procedure - pt transferred to OR table anatomically aligned

SUPINE LITHOTOMY PRONE KRASKE

LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

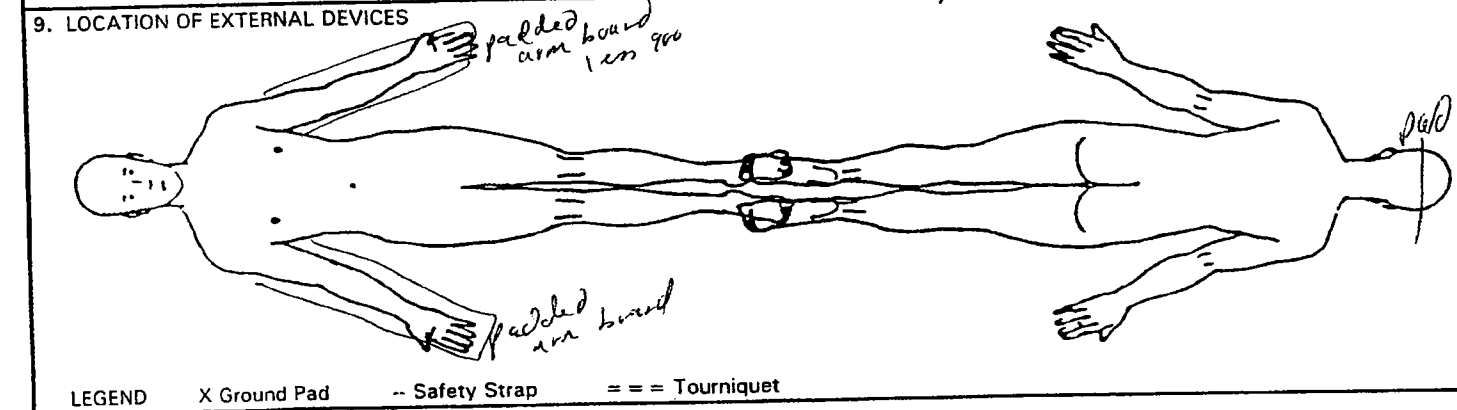
METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Betta/Betta

SITE: BY WHOM: CPT [redacted]

SITE: BY WHOM: [redacted]

COMMENTS: 2 portions of solution noted



10. COUNTS

			C = Correct I = Incorrect			SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count	Final Closing Count			
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	<u>C</u>	<u>SRC [redacted]</u>	<u>CPT [redacted]</u>	
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	<u>C</u>	<u>[redacted]</u>	<u>[redacted]</u>	
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No						

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

[redacted] bb-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO

ESU NO: #4 3/4/00

GROUND PAD: BRAND Valleylab LOT NO: ETS06

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES NO

MEDICATIONS, SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S): 0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE YES NO

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	1. JP 10mm		
SITE	1. (R) Thigh	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
Fluff
Kerlix
ACE

19. ADDITIONAL INFORMATION
Surgeon
[Redacted] b6-2
DA 5179 In Chart

20. OPERATION(S) PERFORMED
(R) Thigh I + D

21. PATIENT TRANSFERRED TO ICU-3 TIME 0840 METHOD 1. Her [unclear]

22. REGISTERED NURSE SIGNATURE [Redacted] CPT. A

Ward/Section: <u>ICU 3</u>			ESTIMATING PHYSICIAN: <u>Dr. [Redacted]</u>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>[Redacted]</u>			DATE: <u>8/5/03</u>		TIME: <u>1500</u>		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<u>13.8</u>	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	<u>3.21</u>	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	<u>9.1</u>	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	<u>29.0</u>	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	<u>90.4</u>	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	<u>84</u>	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	<u>13.9</u>	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: <u>[Redacted]</u>			DATE: <u>8/5/03</u>		LAB ID NO.:			

b6-2

rd/Section: 103

CHEMISTRY ONLY

REQUESTING PHYSICIAN

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

ST, FIRST, MI.

DATE 8 JUL TIME 1500

SSN/PSEUDO SSN:

(STAT)			(Biochem)			(Biochem) Metabolic Panel		
EST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANG
		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
02		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
02		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
03		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3mg/dl	tCO ₂		18-33 mmol/l
		95-98%	CHOL		100-200 mg/dl	(Biochem) Electrolyte		
ecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANG
Gap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
N		8-26 mg/dl	(Biochem)			ALT		10-47 u/l
U		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
at		0.7-1.5 mg/dl	GLU	106	73-118 mg/dl	AST		11-38 u/l
		38-51% PCV	BUN	11	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			ESR	1228	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
EST	RESULT	REF. RANGE	NA ⁺	133	128-145 mmol/l	(Biochem) Electrolyte		
ionin-I			K ⁺	4.2	3.3-4.7 mmol/l	TEST	RESULT	REF. RANG
g of			CL ⁻	112	98-108 mmol/l	NA ⁺		128-145 mmol/l
ise			tCO ₂	23	18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l

MARKS:

b6-4 9 JUL 03

Ward/Section: 1C03			ESTIMATING PHYSICIAN: [REDACTED]			L. 66-2			DRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED]			DATE: 09 JUN			TIME: 0230			SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology					
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE			
WBC	14.6	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative			
RBC	2.99	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative			
Hgb	8.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology					
Hct	27.2	42-52% (M) 37-47% (F)	Bili		Negative	Source					
MCV	91.1	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain					
Plt	81	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative			
Lymph %	—	20.5-51.1%	Bld		Negative	H. pylori		Negative			
(Hematology) Manual Differential			pH		N/A	Micro Parasites					
Segs		Mono	Prot		Negative	Malaria					
Bands		Eos	Urob		0.2-1.0	O & P					
Lymph		Baso	Nit		Negative	Other					
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis					
RBC Morph			HCG		Negative						
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank					
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED					
Other			Directigen		Negative	ABO/Rh					
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)								
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH						
PT		9.8-13.6 secs									
APTT		21-34 secs									
D dimer		<20 ug/ml									
FDP		<10 ug/ml									
REMARKS:											
REPORTED BY: [REDACTED]			DATE: 9/26/03			LAB ID NO.:					

66-2

103



b6-2



b6-4

10 JUN 0230

F102
409
↑
982

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.483	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	32.6	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2	127	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	24	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3mg/dl	tCO ₂		18-33 mmol/l
sO2	99	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	1	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO ₂		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		
			9/24/03					

b6-2

Chemistry Only

Ward/Section: **1C03** REQUESTING PHYSICIAN: **[REDACTED]** **66-2**

LAST, FIRST, MI: **0 [REDACTED]** **66-4** DATE: **10 JUL** TIME: **0340**

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)
SSN/PSEUDO SSN:

FIO2 35
Temp 101°

Basic Chemistry			Proco/Chemistry			Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(continued on next page)		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(continued on next page)			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(continued on next page)		
Troponin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

AS 10 Jul 03

Chemistry Only

Section: **KU3** REQUESTING PHYSICIAN: **[REDACTED]** **06-2**
 PATIENT, FIRST, MI. **[REDACTED]** **06-4** DATE: **10 JUL** TIME: **0315** SSN/PSEUDO SSN:

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

I (SI)			II (Metric)			III (Metric) Metabolic Panel		
ST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
13		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
		95-98%	CHOL		100-200 mg/dl	(Urea Nitrogen) Panel Plus		
if		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
ap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
		8-26 mg/dl	[REDACTED]		[REDACTED]	ALT		10-47 u/l
		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
		0.7-1.5 mg/dl	GLU	117	73-118 mg/dl	AST		11-38 u/l
		38-51% PCV	BUN	7	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
		12-17 g/dl	CRE	0.9	0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK	281	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
ST	RESULT	REF. RANGE	NA ⁺	140	128-145 mmol/l	(Urea Nitrogen) Panel Plus		
ain-l			K ⁺	4.1	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
of			CL ⁻	106	98-108 mmol/l	NA ⁺		128-145 mmol/l
e			tCO ₂	28	18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l

MARKS: DS 105 u/l 05

Ward/Section: ICU 3			REQUESTING PHYSICIAN: [REDACTED] b6-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED] b6-b1			DATE	TIME	SSN/PSEUDO SSN:			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	12.6	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	2.68	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	7.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	23.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	88.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	110	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	8.4	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								

MEDCOM - 13925

Ward/Section: ICU 3		REQUESTING PHYSICIAN: [REDACTED] b6-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. # [REDACTED] b6-4		DATE 11 July		TIME 0930		SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	13.4	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	2.75	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	8.0	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	25.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	91.0	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	143.	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	12.9	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								

MEDCOM - 13926

Ward/Section: IC03		TESTING PHYSICIAN: [REDACTED]		LAST, FIRST, MI. [REDACTED]		DATE 12JUL		TIME 0330		LAB ID NO. b6-2		LABORATORY RESULT FORM (to the Privacy Act of 1974)		
SSN/PSEUDO SSN: [REDACTED]		(Hematology) CBC		Urinalysis				Misc. Serology						
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR			Negative					
RBC		4.7-6.1 x 10 ⁶	App		N/A	Mono			Negative					
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology								
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source								
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain								
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld								
Lymph %		20.5-51.1%	Bld		Negative	H. pylori								
(Hematology) Manual Differential			pH		N/A	Micro Parasites								
Segs		Mono	Prot		Negative	Malaria								
Bands		Eos	Urob		0.2-1.0	O & P								
Lymph		Baso	Nit		Negative	Other								
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis								
RBC Morph			HCG		Negative									
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF				Blood Bank							
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED								
Other			Directigen		Negative	ABO/Rh								
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)											
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH							
PT		9.8-13.6 secs												
APTT		21-34 secs												
D dimer		<20 ug/ml												
FDP		<10 ug/ml												
REMARKS:														
REPORTED BY: [REDACTED]			DATE: 12 Jul 03			LAB ID NO.:								

MEDCOM - 13928

66-41 [redacted] 66-2
 113 JUL 10345

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. R.L.
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		11-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
Plt		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Hematocrit		130-500 x 10 ³ verified	SG		N/A	Gram Stain		
Lymph %		20.5-51.1%	Bld		Negative	Occ Bld		Negative
(Hematology) Manual Differential			pH		N/A	H. pylori		Negative
			Neut			Prot		Negative
		Mono	Urob		0.2-1.0	Malaria		
		Eos	Nit		Negative	O & P		
		Baso	Leuk		Negative	Other		
		Imm	HCG		Negative	Microscopic Urinalysis		
		42-52% (M) 37-47% (F)	CSF			Blood Bank		
			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit (Crossmatch) MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
P.T		21-34 secs						
Dimer		<20 ug/ml						
DP		<10 ug/ml						

REMARKS:

REPORTED BY: [redacted] DATE: 13 Jul 03 LAB ID NO.:

66-2

IC43

b6-4

b6-2

145ml | 0900

b6-4

Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. R.E.
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
Hgb		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hct		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hem		42-52% (M) 37-47% (F)	Bili		Negative			
Plt		80-94 fl (SI) 81-99 fl (F)	Ket		Negative	Source		
lymph %		130-800 x 10 ³ verified 20.5-51.1%	SG		N/A	Gram Stain		
Hematology) Manual Differential			Bld		Negative	Occ Bld		Negative
			pH		N/A	H. pylori		Negative
Neut		Mono	Prot		Negative	Micro Parasites		
Lymph		Eos	Urob		0.2-1.0	Malaria		
Mon		Base	Nit		Negative	O & P		
Imm		Imm	Leuk		Negative	Other		
			HCG		Negative	Microscopic Urinalysis		
			CSF			Blood Bank		
			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit (Crossmatch) MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D-dimer		<20 ug/ml						
DP		<10 ug/ml						

REMARKS:

REPORTED BY:

DATE:

LAB ID NO:

b6-2

MEDCOM - 13930

Ward/Section: 1243 72T		LAST, FIRST MI: [REDACTED] b6-4		DATE: 15 Jul 2003		TIME: 0350		LAB ID NO.: b6-4		LAB: b6-2		PRIMARY RESULT FORM (Subject to the Privacy Act of 1974)		
(Hematology) CBC				Urinalysis				Misc. Serology						
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	9.	4.8-10.8 x 10 ³	Color		N/A	RPR								Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono								Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology								
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source								
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain								
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld								Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori								Negative
(Hematology) Manual Differential				pH				N/A						
Segs		Mono	Prot		Negative	Micro Parasites								
Bands		Eos	Urob		0.2-1.0	Malaria								
Lymph		Baso	Nit		Negative	O & P								
Atyp		Imm	Leuk		Negative	Other								
RBC Morph			HCG		Negative	Microscopic Urinalysis								
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF				Blood Bank							
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED								
Other			Directigen		Negative	ABO/Rh								
Coagulation Studies				Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)										
TEST	RESULT	REF. RANGE	UNIT		TYPE									CROSSMATCH
PT		9.8-13.6 secs												
APTT		21-34 secs												
D dimer		<20 ug/ml												
FDP		<10 ug/ml												
REMARKS:														
REPORTED BY: [REDACTED] b6-2				DATE:				LAB ID NO.:						

MEDCOM - 13931

Ward/Section: ICU 3 REQ: INS LAB: 5 RESULT FORM
 LAST, FIRST, MI. [REDACTED] DATE: 16 Jul TIME: 2045 (Subject Privacy Act of 1974)
 SSN/PSE/DOB/SSN: 0 [REDACTED] b6-4

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	<u>yellow</u>	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App	<u>clear</u>	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	<u>neg</u>	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	<u>neg</u>	Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket	<u>mod</u>	Negative	Source		
Plt		130-500 x 10 ³ verified	SG	<u>1.02</u>	N/A	Gram Stain		
Lymph %		20.5-51.1%	Bld	<u>trace</u>	Negative	Occ Bld		Negative

(Hematology) Manual Differential			Microbiology					
Segs		Mono	pH	<u>8.0</u>	N/A	Micro Parasites		
Bands		Eos	Prot	<u>neg</u>	Negative	Malaria		
Lymph		Baso	Urob	<u>neg</u>	0.2-1.0	O & P		
Aryp		Imm	Nit	<u>neg</u>	Negative	Other		
RBC Morph			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative	<u>3-5 RBCs</u>		

Spun Hematocrit			CSF			Blood Bank		
		42-52% (M) 37-47% (F)	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Sed Rate			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:
 REPORTED BY: [REDACTED] DATE: 16 July 03 LAB ID NO.:

b6-2

Ward/Section: ICU 3		REG#	G PHYSICIAN: [REDACTED]		LABC #	RESULT FORM (Subject to Privacy Act of 1974)		
LAST, FIRST, MI. 0 [REDACTED]		b6-2		DATE 16 Jul 03	TIME 0430	SSN/PSEUDO SSN 0 [REDACTED]	b2-4	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 16 Jul 03		LAB ID NO.:			

b6-2

Ward/Section: Scu 3 REOL [REDACTED] IG PHYSICIAN: bb-2 LABOR: [REDACTED] RESULT FORM
 LAST, FIRST, MI: [REDACTED] DATE: 17 Jul 03 TIME: 0900 (Subject) Privacy Act of 1974
 SSN/PSEUDO SSN: [REDACTED] bb-4

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Plt		130-500 x 10 ³ verified	SG		N/A	Gram Stain		
Lymph %		20.5-51.1%	Bld		Negative	Occ Bld		Negative

(Hematology) Manual Differential				pH		H. pylori	
Segs		Mono		Prot		Negative	
Bands		Eos		Urob		0.2-1.0	
Lymph		Baso		Nit		Negative	
Atyp		Imm		Leuk		Negative	
RBC Morph				HCG		Negative	

Span Hematocrit		CSF		Blood Bank	
		42-52% (M) 37-47% (F)			
Sed Rate			Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED
Other			Directigen	Negative	

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: [REDACTED] DATE: 17 July 03 LAB ID NO.: [REDACTED]

bb-2

Ward Section: ICU3 PHYSICIAN: [REDACTED] CHEMIST RESULT FORM
 LAST, FIRST, MI: [REDACTED] # [REDACTED] DATE: 6/6-2 TIME: 0400 (Subject to Privacy Act of 1974)
 SSN/PSEUDO SSN: [REDACTED]

(i-STAT)

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l
Cl		98-109 mmol/L	ALT		10-47 u/l
pH		7.31-7.45	AMY		14-97 u/l
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l
PO2		80-108 mmHg (art) NA (ven)	TBIL		0.2-1.6 mg/dl
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl
sO2		95-98%	CHOL		100-200 mg/dl
BEect		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl
AnGap		10-20 mmol/L	GLU		73-118 mg/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl
BUN		8-26 mg/dl	(Piccolo) Metlyte 8		
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl
Hct		38-51% PCV	BUN		7-22 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l
Tropom-I		Negative	K ⁺		3.3-4.7 mmol/l
Drug of Abuse		Negative	CL ⁻		98-108 mmol/l
		Negative	tCO ₂		18-33 mmol/l
		Negative			
		Negative			
		Negative			
REMARKS:			(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			NA		128-145 mmol/l
			K ⁺		3.3-4.7 mmol/l
			CL ⁻		98-108 mmol/l
			tCO ₂		18-33 mmol/l

REPORTED BY: [REDACTED] DATE: 6/6-2 LAB ID NO.: 182603

Ward/Section: CU3		REQ	G PHYSICIAN: [REDACTED]		LABORATORY (Subject to Privacy Act of 1974)	RESULT FORM		
LAST, FIRST, MI: H [REDACTED]		b6-4	DATE: 18 July	TIME: 0450	SSN/PSEUDO SSN:			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Oce Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 18 July			LAB ID NO.:		

b6-2 18 July

Trach No 8

VENT FLOW SHEET

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	I/E TIME	Spont RATE	PLATEAU	HR	SO2	BP	ET	CUFF	INITIAL
8 Jul	230	SIMV	8	700	50	5	21	1:2	-	-	89	100	126/8	8		
8 Jul	420	SIMV	8	700	40	5	27	1:2	4	-	98	100	87/65	8		
8 Jul	440	SIMV	-	-	-	-	-	1:2.9	-	-	91	100	115/65	8		
8 Jul	0530	PH	7.2/2.2	PCO2 4.8	40%	P02131	HCO3 20	BE -7	BE -7	302	98	-	-	-		
8 Jul	0545	-	10	-	-	-	-	-	-	-	-	-	-	-		
8 Jul	0555	SIMV	10	700	40%	FS	26	1:2.2	2	-	87	100%	-	8		
8 Jul	0720	PH	7.3/1.5	PCO2 39.5	39.5	P02	127	HCO3 20	BE -6	-	84	100%	-	8		
8 July	0755	SIMV	10	700	40%	+5	22	1:2.2	5	-	92	99%	109/62	8		
8 July	1010	SIMV	10	700	40%	+5	22	1:2.2	0	-	96	100%	120/62	8		
8 July	1200	SIMV	10	700	40%	+5	19	1:2.2	0	-	107	100%	116/62	8		

PFF 17-99

1-99

1-STAT G3+

Pt: **[REDACTED]** b6-4
Pt Name: _____

TCO2 _____ 31 mmol/L

At 37C

PH _____ 7.315

PCO2 _____ 39.5 mmHg

PO2 _____ 127 mmHg

HCO3 _____ 20 mmol/L

BEecf _____ -6 mmol/L

SO2# _____ 99 %

*calculated *Rate 10*

Patient Temp *FI02 40*

PH _____ 7.322 *TV 700*

PCO2 _____ 36.7 mmHg *peep 5*

PO2 _____ 124 mmHg

Patient Temp: 97.7F

FI02 _____ : 40

Sample Type: ART

08JUL03 **(07:26)**

Oper: 4132

Physician: _____

Ser# 40709

Ver: **[REDACTED]** 345A
R91

b6-2

Pt: **[REDACTED]** b6-4
Pt Name: _____

PA _____ 107 mmol/L

SA _____ 3.6 mmol/L

TCO2 _____ 34 mmol/L

CO2 _____ 3.88 mmol/L

PO2 _____ 15 %POV

SO2# _____ 0 %

*calculated

At 37C

PH _____ 7.429

PCO2 _____ 35.9 mmHg

PO2 _____ 242 mmHg

HCO3 _____ 23 mmol/L

BEecf _____ +2 mmol/L

SO2# _____ %

*calculated

Sample Type: _____

08JUL03 07:37

Oper: 2978

Physician: _____

Ser _____

1-STAT G3+

Pt: **[REDACTED]** b6-4
Pt Name: _____

TCO2 _____ 30 mmol/L

At 37C

PH _____ 7.06

PCO2 _____ 46.9 mmHg

PO2 _____ 107 mmHg

HCO3 _____ 29 mmol/L

BEecf _____ 4 mmol/L

SO2# _____ 98 %

*calculated

At Patient Temp

PH _____ 7.386

PCO2 _____ 46.8 mmHg

PO2 _____ 116 mmHg

Patient Temp: 101.0F

FI02 _____ : 35

Sample Type: ART

10JUL03 03:44

Oper: 1678

Physician: _____

Ser# 40763

Ver: **[REDACTED]** 346A
R93

b6-2

120000

31% FiO2

i STAT 83+

Pt: [redacted] b6-4
Pt Name: [redacted]

TCO2 _____ 33 mmol/L

At 37C

PH _____ 7.448

PCO2 _____ 45.1 mmHg

PO2 _____ 66 mmHg

HCO3 _____ 31 mmol/L

SEecf _____ 7 mmol/L

SO2* _____ 93 %

*calculated

Sample Type: [redacted]

11JUL03 03:34

Oper: 1678

Physician: [redacted]

Ser# 40763

Ver: [redacted] 046A
[redacted] A93

b6-2

[redacted]

b6-4

ID: 00 [redacted] 12-07-03
MB [redacted] 03:32

Patient Limits

WBC	9.6	x10 ³ /uL	4.5	10.5
RBC	2.42	L x10 ⁶ /uL	4.00	6.00
Hgb	7.0	L g/dL	11.0	18.0
Hct	22.3	L %	35.0	60.0
HCV	92.1	fL	80.0	99.9
MCH	28.9	pg	27.0	31.0
MCHC	31.4	L g/dL	33.0	37.0
Plt	161	x10 ³ /uL	150	450
LYZ	15.0	*L %	20.5	51.1
LYN	1.4	* x10 ³ /uL	1.2	3.4

i STAT 83!

Pt: [redacted] b6-4
Pt Name: [redacted]

TCO2 _____ 34

At 37C

PH _____ 7.321

PCO2 _____ 54.3 mmHg

PO2 _____ 58 mmHg

HCO3 _____ 33 mmol/L

SEecf _____ 11 mmol/L

SO2* _____ 91 %

*calculated

At Patient Temp

PH _____ 7.377

PCO2 _____ 55.7 mmHg

PO2 _____ 53 mmHg

Patient Temp: 100.2F

FiO2 _____ : 31

Sample Type: ART

12JUL03 03:00

Oper: 0022

Physician: [redacted]

Ser# 42015

Ver: [redacted] 046A
[redacted] A93

b6-2

i STAT 83!

Pt: [redacted] b6-4
Pt Name: [redacted]

TCO2 _____ 31 mmol/L

At 37C

PH _____ 7.474

PCO2 _____ 41.8 mmHg

PO2 _____ 60 mmHg

HCO3 _____ 30 mmol/L

SEecf _____ 7 mmol/L

SO2* _____ 92 %

*calculated

At Patient Temp

PH _____ 7.464

PCO2 _____ 42.2 mmHg

PO2 _____ 62 mmHg

Patient Temp: 99.0F

FiO2 _____ : 31

Sample Type: ART

12JUL03 03:27

Oper: [redacted]

Physician: [redacted]

Ser# 42015

Ver: [redacted] 046A
[redacted] A93

b6-2

MEDCOM - 13939

ID: 000 [redacted] 13-07-03
 WB [redacted] 04:02
 Patient Limits
 WBC 12.8 H $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 3.12 L $\times 10^6/\mu\text{L}$ 4.00 6.00
 Hgb 7.11 g/dL 11.0 18.0
 Hct 23.9 L % 35.0 60.0
 MCV 92.7 fL 80.0 99.9
 MCH 29.3 pg 27.0 31.0
 MCHC 31.6 L g/dL 33.0 37.0
 Plt 194. $\times 10^3/\mu\text{L}$ 150. 450.
 LY% 14.2 % 20.5 51.1
 LY# 1.8 * $\times 10^3/\mu\text{L}$ 1.2 3.4

b6-b4

i STAT G3:
 Pt: 000000000 [redacted] b6-b4
 Pt Name: _____
 TC02 _____ 00 mmol/L
 At 37C
 pH _____ 7.440
 PCO2 _____ 41.7 mmHg
 PO2 _____ 77 mmHg
 HCO3 _____ 20 mmol/L
 DEact _____ 4 mmol/L
 SO2% _____ 96 %
 xcalculated

At Patient Temp
 pH _____ 7.406
 PCO2 _____ 42.5 mmHg
 PO2 _____ 70 mmHg
 Patient Temp: 39.4F
 FIO2 _____ : 01
 Sample Type: ART
 14JUL03 04:00

Oper: _____
 Physician: _____
 Ser# 42015 b6-2
 Ver: [redacted] 046R
 [redacted] R30

i STAT G3:
 Pt: 000000000 [redacted] b6-b4
 Pt Name: _____
 TC02 _____ 01 mmol/L
 At 37C
 pH _____ 7.462
 PCO2 _____ 42.6 mmHg
 PO2 _____ XXX mmHg
 HCO3 _____ 00 mmol/L
 DEact _____ 6 mmol/L
 SO2% _____ XXX %
 xcalculated

At Patient Temp
 pH _____ 7.407
 PCO2 _____ 42.6 mmHg
 PO2 _____ XXX mmHg
 Patient Temp: 39.2F
 FIO2 _____ : 00
 Sample Type: ART
 14JUL03 02:50

Oper: _____
 Physician: _____
 Ser# 42015 b6-2
 Ver: [redacted] 046R
 [redacted] R30

ID: 000 [redacted] 14-07-03
 WB [redacted] 02:14
 Patient Limits
 WBC 12.7 H $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 2.91 L $\times 10^6/\mu\text{L}$ 4.00 6.00
 Hgb 8.6 L g/dL 11.0 18.0
 Hct 27.1 L % 35.0 60.0
 MCV 93.0 fL 80.0 99.9
 MCH 29.4 pg 27.0 31.0
 MCHC 31.6 L g/dL 33.0 37.0
 Plt 231. $\times 10^3/\mu\text{L}$ 150. 450.
 LY% 16.3 % 20.5 51.1
 LY# 2.1 * $\times 10^3/\mu\text{L}$ 1.2 3.4

b6-b4

a1
284

[REDACTED] b6-4
 15-07-03
 03147
 Patient
 Limite
 WBC 9.8 $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 4.70 $\times 10^6/\mu\text{L}$ 4.00 5.00
 HGB 13.31 g/dL 11.0 15.0
 HCT 35.6 L % 35.0 45.0
 MCV 73.7 fL 80.0 99.9
 MCH 18.0 pg 27.0 31.0
 MCHC 24.1 g/dL 33.0 37.0
 RDW 14.0 % 13.0 15.0
 PLT 17.7 $\times 10^3/\mu\text{L}$ 20.5 51.1
 MPV 1.7 $\times 10^3/\mu\text{L}$ 1.2 3.4

[REDACTED] b6-4
 15-07-03
 04146
 Patient
 Limite
 WBC 11.3 $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 5.01 $\times 10^6/\mu\text{L}$ 4.00 5.00
 HGB 13.5 L g/dL 11.0 15.0
 HCT 38.4 L % 35.0 45.0
 MCV 76.6 fL 80.0 99.9
 MCH 26.8 pg 27.0 31.0
 MCHC 34.9 g/dL 33.0 37.0
 RDW 13.1 % 13.0 15.0
 PLT 170.0 $\times 10^3/\mu\text{L}$ 20.5 51.1
 MPV 3.1 $\times 10^3/\mu\text{L}$ 1.2 3.4

[REDACTED] b6-4
 15-07-03
 04145
 Patient
 Limite
 WBC 11.2 $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 5.07 $\times 10^6/\mu\text{L}$ 4.00 5.00
 HGB 13.5 g/dL 11.0 15.0
 HCT 38.4 L % 35.0 45.0
 MCV 76.6 fL 80.0 99.9
 MCH 26.8 pg 27.0 31.0
 MCHC 34.9 g/dL 33.0 37.0
 RDW 13.1 % 13.0 15.0
 PLT 170.0 $\times 10^3/\mu\text{L}$ 20.5 51.1
 MPV 3.1 $\times 10^3/\mu\text{L}$ 1.2 3.4

 i-STAT G3+
 Pt: [REDACTED] b6-4
 Pt Name: -----
 TC02_____29 mmol/L
 At 37C
 PH_____7.447
 PC02_____40.5 mmHg
 PO2_____32 mmHg
 HC03_____28 mmol/L
 BEecf_____4 mmol/L
 sO2#_____65 %
 *calculated
 Sample Type: _____
 16JUL03 04:09
 Oper: 1678
 Physician: _____
 Ser# 42011
 Ver: [REDACTED] 5046A
 A93
 [REDACTED] b6-2

[REDACTED] b6-4
 15-07-03
 04144
 Patient
 Limite
 WBC 17.5 $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 5.25 $\times 10^6/\mu\text{L}$ 4.00 5.00
 HGB 13.1 g/dL 11.0 15.0
 HCT 35.1 L % 35.0 45.0
 MCV 66.9 fL 80.0 99.9
 MCH 25.0 pg 27.0 31.0
 MCHC 37.5 g/dL 33.0 37.0
 RDW 17.0 % 13.0 15.0
 PLT 11.0 $\times 10^3/\mu\text{L}$ 20.5 51.1
 MPV 1.8 $\times 10^3/\mu\text{L}$ 1.2 3.4

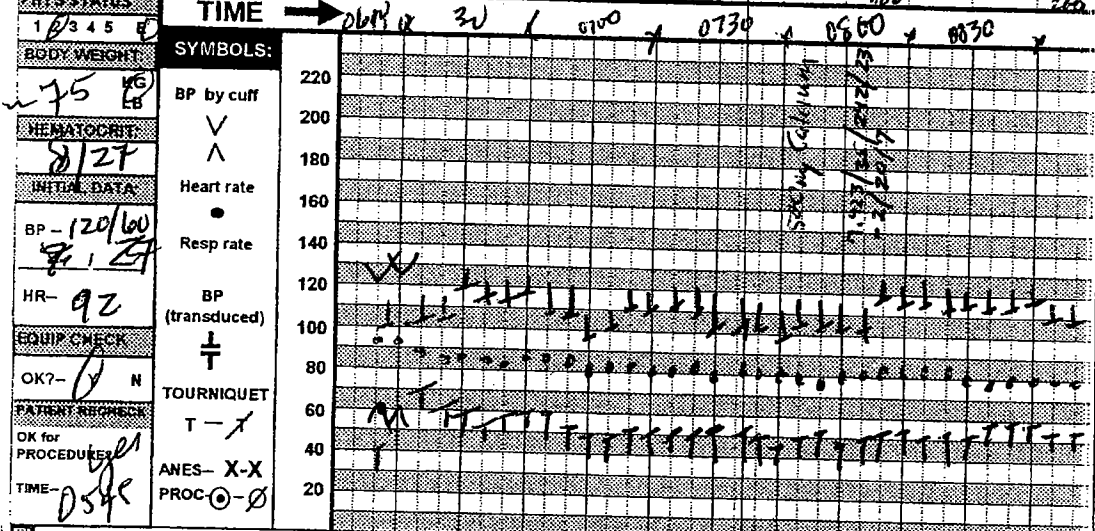
MEDCOM - 13941

FRBC1-
W020403
001317

CONTINUOUS / REPEATED DRUGS - SPECIFY UNITS - MG / MCG / ML - CONSTANT INFUSION		MEDICAL RECORD		ANESTHESIA	
URINE	(Mg/L)				
Fentanyl	(mcg)	5			
Propofol	(mg)	50			
Neostig	(mg)	6	4		
Nimbaf	(mg)				
MSA	(mg)				
Yonast	% del	25-28	2	10-10	20
AIR	L/Min				
N2O	L/Min				
O2	L/Min	5-2-2-2	3/5/4/7/4/4/4/4/4/4/4/3/3/3		

TC TALS	TOTAL FEE
250	400
50	
10	
20	820
30	

FLUIDS	ANESTHETIC AGENTS	OTHER DRUGS
LINE #	LR (500)	Warmed
1	LOGAL	Warmed
2	LOGAL	Warmed
3		Warmed



VT - ml	f - breaths/min	Peak Inf pres / PEEP	MODE - (Spon), (Assist), (Con)	ET CO2 (torr)	FIO2 (Frac or %)	SpO2 (%)	ECG	TEMP - site	N-M Block (T1/4)
320	6	23	A	32	0.21	98	SR	4/4	
400	7	25	C	30	0.22	98	SR	4/4	
500	6	24	C	31	0.22	98	SR	0/4	
600	6	25	C	31	0.22	98	SR	0/4	
600	6	27	C	31	0.22	98	SR	0/4	
600	6	19	C	33	0.22	98	SR	0/4	
500	8	17	C	35	0.22	98	SR	0/4	
500	8	12	C	34	0.22	98	SR	0/4	
500	7	18	C	34	0.22	98	SR	0/4	

Code drugs with numbers, events with letters

0820 8/27 T+C
 81 SUPRA
 PLT 81
 WBC 14.6

7.48 - 127 - 32 - 25%

0647 Throat Proc In
 0652 RPT FROM MRS
 - CPT [redacted] can
 0745 pt unable to vent,
 trach tube send + 10 puffs
 Abtulent via tube given, vent
 easy p fr. + skn. Vr > 600
 PIP 19.

Mark with letters & symbols, explain under REMARKS

EVENTS: Arms tucked & padded
 Position: a

PROCEDURES and CPT Codes

1st @ leg & @ facial wound

PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical facility

EPW # [redacted] b6-4

RECOVERY AT		
PAU/ICU #	ICU 3	(Specify)
OTHER		
CONDITION:		
RESPIR	SpO2	
TIP	HR	
ANES: START: PROCEDURE TIME		
Start	Room	End
0750	0602	0850
Ready	Begin	End
0700	0625	0925
ANESTHETIC TECHNIQUES: Describe block technique under Remarks		
GA	Eye & oint & op-site	
AIRWAY MANAGEMENT: Intubation route, blade, technique, comm. n.s		
Pt. arrived to OR & Trach → placed on vent		
SURGEONS: [redacted]		
ANESTHETISTS: [redacted] MATERNA		
PROCEDURE OR #2		
LOCATION		
DATE 9 Jul 93		
PAGE 1 OF 1		

WAMC OP/3/6 REVISED 1/Jan 99

b6-2

PATIENT RECORD

☆ U.S. GPO: 1999 - 528-336/10085

ANESTHESIA PLAN OF CARE PREPARED BY MEDICAL ASSESSMENT (Sedation/Anesthesia)

Age 30 DAYS MOS YRS

Sex M MALE () FEMALE

ASA Physical State 1 2 3 4 5 E
 WT: 175 KG/LB HT: IN.
 ALLERGIES: UNKNOWN

PROPOSED PROCEDURE: Washout
 SURGICAL SERVICE: OS
 NPO SINCE: Remains NPO

HABITS:
 TOBACCO:
 ETOH:
 DRUGS:
CURRENT MEDICATIONS:
 () = ordered as premed
 () Fentanyl 50mcg / ch
 () HR 0.25
 () propofol 10mg/kg / m
 () Dr. X Anesthetic 10 mg / 10
 () Amef / gm IV Q8
 ()

PREMEDICATIONS:
 None Yes (@ Hrs) / CC
 mg IV IM PO
 mg IV IM PO
 mg IV IM PO

LABORATORY STUDIES:
 HB/HCT: 9 , 29
 U/A:
 OTHER: 8jul WBC 13.8
PLT 84K
133 / 112 / 11
4.2 / 23 / 106
CR1228

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:		
Hypertension	N	Y
Angina	N	Y
MI	N	Y
CVA	N	Y
Other	N	Y
Pulmonary System:		
Asthma	N	Y
Bronchitis/URI	N	Y
COPD	N	Y
Other	N	Y
Renal System:		
Acute/Chronic RF	N	Y
Gastrointestinal:		
Hepatitis	N	Y
Hiatal Hernia	N	Y
PUD/GERD	N	Y
Endocrine System:		
Diabetes	N	Y
Steroids	N	Y
Thyroid	N	Y
Neurological:		
Seizures	N	Y
Neuropathy	N	Y
Other	N	Y
Gynecological :		
Pregnancy	N	Y
Other Significant Hx:		
	N	Y
	N	Y
	N	Y
Familial HX		
	N	Y
	N	Y
	N	Y

ASSESSMENT
PAST SURGICAL/ANESTHETIC
I & D @ leg
Stabilization of
glacial bleeding + low
mandible
HR = BP 50/20 @ PRT
PE level 2
PHYSICAL EXAMINATION
 BP 120 / HR R T
 Pain Scale 0-10
 HEENT - Teeth wired shut
 Trachea
 TMJ/Neck trache
 Oropharynx
 Nares
 CHEST: CTA / slight base
 CARDIAC: S1 S2 S3
Rough
diast
 EXTREMITIES: cordis @ subclava
 IV Access: #16 GAC -> L & R AC
 Ulnar Filling: A - line @
 BACK:
 OTHER: OGT
Ventilator
Start - 40
TO - 70
PO2 - 40%
PEEP 5

ANESTHETIC PLAN: () LOCAL () MAC () Regional (Specify): () General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.
 Signed: Date: 9 Jul 03 Time: 0005 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 () NO APPARENT ANESTHETIC COMPLICATIONS () OTHER
 Signed: Date: Time: Hrs

Patient Identification: (Ward) ICU 3

SEDATION KEY:

- MINIMAL (Anxiolysis)** Patient responds normally to verbal commands
- MODERATE (conscious sedation)** Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
- DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may

James not settings - Rate - 10/1 = 700/40% / PEEP 5 → presently on track
 collar @ 55%

ANESTHESIA PLAN OF CARE Pt. OCCASIONAL ASSESSMENT IS ANESTHESIA

Age 20 DAYS MOS (YRS) Sex () MALE () FEMALE

PROPOSED PROCEDURE: D/D/OPC @ High
 SURGICAL SERVICE: ortho
 NPO SINCE:

ASA Physical State 1 () 2 () 3 () 4 () 5 ()
 WT: 70 KG LS HT: IN
 ALLERGIES: NKDA

ALLERGIES:
 TOBACCO: (+)
 ETHANOL: (+)
 DRUGS:

CURRENT MEDICATIONS:
 () = ordered as premed
 Ancef 0.25
 fentanyl deep

PREMEDICATIONS:
 None Yes (@ _____ hrs) / CC
 _____ mg IV IM PO
 _____ mg IV IM PO
 _____ mg IV IM PO

LABORATORY STUDIES:

HS/HCT: /
 UA:
 OTHER:

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:	
Hypertension	N Y
Angina	N Y
MI	N Y
CVA	N Y
Other	N Y
Pulmonary System:	
Asthma	N Y
Bronchitis/URI	N Y
COPD	N Y
Other	N Y
Renal System:	
Acute/Chronic RF	N Y
Gastrointestinal:	
Hepatitis	N Y
hiatal hernia	N Y
PUD/GERD	N Y
Endocrine System:	
Diabetes	N Y
Stenosis	N Y
Thyroid	N Y
Neurological:	
Seizures	N Y
Neuropathy	N Y
Other	N Y
Gynecological:	
Pregnancy	N Y
Other Significant Hx:	
	N Y
	N Y
	N Y
Familial Hx	
	N Y
	N Y

ASSESSMENT
 PAST SURGICAL ANESTHESIA:
 D/D @ eye repair of facially w/abn
 @ Compl.

PHYSICAL EXAMINATION
 B/P 120/80 RR 20
 Pain Scale 0-10
 HEENT - Teeth:
 Trachea } tracheal
 TMJ/Neck }
 Oropharynx }
 Nares }
 CHEST: BBT/CTA
 CARDIAC: S/S/C
 EXTREMITIES:
 GSW @ eye @ eye @ eye
 IV Access: @ subcutaneous
 Ulnar Filling: @
 BACK: cords
 OTHER: @ external lev

9 July 03
 12.6 7.7 110
 23.8
 700 - 40% @ 7.3 @ 48.2 @ 116/29
 92% / H4

GSW to face eye

ANESTHETIC PLAN: () LOCAL () MAC () Regional (Specify): () General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to & discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.
 Signed: [redacted] Date: 10 July 03 Time: 2100 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU) 66-2
 () NO APPARENT ANESTHETIC COMPLICATIONS () OTHER
 Signed: _____ Date: _____ Time: _____ Hrs

SEDATION KEY:
 1. MINIMAL (Anxiolysis) Patient responds normally to verbal commands
 2. MODERATE (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
 3. DEEP SEDATION/ANALGESIA. Patient responds purposefully following repeated or painful stimulation. Airway assistance may

Patient identification: (Ward) _____

EPW
 # [redacted] 66-4
 ICU 3

DRUG	Units	MEDICAL RECORD	ANESTHESIA
Versed	()	2.5	
Fentanyl	()	150-100	
Asol	()		
Asol	()		
Asol	()		
Asol	()		
Asol	()		
AIR	L/Min		
N2O	L/Min		
O2	L/Min	8/2/2/3	

TC TALS	TOTAL URINE
2.5	Nil
280	400
10	1000

LINE	Warmed	REMARKS
(12) AC	<input type="checkbox"/>	lock
(13) Subclav.	<input type="checkbox"/>	121-11

CRYSTALLOID	COLLOID	BLOOD
1000		

REMARKS

Code drugs with numbers, even with letters
 0726 PT ID, PREOP HIST. REVIEWED + CHANGE.
 0735 RM, O2, MONITOR
 0742 TOTS
 0800 OOR TO ICU
 0846 RPT TO SPC
 [REDACTED] b6-2

AP: STATUS 3 4 5 E
 B: BY WEIGHT 70 LB
 H: HEMATOCRIT 23
 I: INITIAL DATA: BP 127, 70
 AR: 60
 ECG: RIP CHECK
 O: K7- N
 T: TENDR
 OK for PROCEDURE?
 AE- 0739

TIME	SYMBOLS:	BP by cuff	Heart rate	Resp rate	BP (transduced)	TOURNIQUET	ANES	PROC
220							X-X	
200								
180								
160								
140								
120								
100								
80								
60								
40								
20								

VT - ml	150	210	140
f - breaths/min	29	25	25
Peak inf pres / PEEP			
MODE - (Sponk, Assist), (Con)	S	S	S
BP/Auto Cuff			
ET CO2 (torr)	50	43	45
BP / oth			
FIO2 (Frac or %)	.88	.88	.88
ART line			
SpO2 (%)	100	100	100
Steth- PC/ES			
ECG	SR	SR	SR
Gas analyzer			
TEMP- site	Aril		
U-N Block (T4)	Aril		
Warming bikt			
Conv warmer			

REVIEW AT	PAU ICU	OTHER
0840	3	
CONDITION:		
RES: 26	SpO2- 100	
HR- 133/62	HR- 97	
TIME	START	ROOM
	0720	0735
	0850	
PROC	Ready	Begin
	0742	0753
	0830	

Mark with letters & symbols, explain under REMARKS
 PROCEDURES and CPT Codes
 (1) UEG T(1)

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA
 AIRWAY MANAGEMENT: intubation route, blade, technique, comments
 TRACH IN PLACE

PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical Facility

[REDACTED] b6-4

SURGEONS: [REDACTED] b6-2
 ANESTHETISTS: [REDACTED]

PROCEDURE	LOCATION	DATE
	1	11 JUL 03
PAGE	1	OF 1

MEDICAL RECORD - ANESTHESIA
 WAMC OP 376 REVISED
 1 Jan 99

PATIENT RECORD

☆ U.S. GPO: 1999 - 528-336/10

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH DATE REQUESTED 12 JULY 03 DATE AND HOUR REQUIRED 12 JULY 03 NOW KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) NONE	REQUESTING PHYSICIAN (Print) Dr. [REDACTED] b6-2 DIAGNOSIS OR OPERATIVE PROCEDURE Sp closure of @ leg wound I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE OF VERIFIER [REDACTED] b6-2 ILT/AN DATE VERIFIED 12 JULY 03 TIME VERIFIED 0930
VOLUME REQUESTED (If applicable) 1 UNIT ML	REMARKS:	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. 4	TEST INTERPRETATION	PREVIOUS RECORD CHECK:
PATIENT NO. [REDACTED]	ANTIBODY SCREEN	CROSSMATCH	<input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR COMPONENT [REDACTED]	N/A	COMPAT	SIGNATURE [REDACTED] b6-2
ABO O	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 12 JULY 03
Rh POS	REMARKS: Exp. Date: 14 Jul 2003		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED] b6-2 AT (Time) 12:50 ON (Date) 12 Jul 2003 IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient. The recipient is the same person named on this Blood Transfusion Form and on the patient identification tag. [REDACTED] b6-2 12 Jul 03 [REDACTED] ILT/AN PRE-TRANSFUSION TEMP. 100.3 PULSE 80 BP 126/71 DATE OF TRANSFUSION 12 JULY 03 TIME STARTED 1302	POST-TRANSFUSION DATA AMOUNT GIVEN 350 ML TIME DATE COMPLETED 12 JULY 03 1516 INTERRUPTED REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____ OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE [REDACTED] b6-2 ILT/AN SEX M WARD 1CU3
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BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRMR (41CFR) 201-45,505
 518-122

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) DR [REDACTED] b6-2 DIAGNOSIS OR OPERATIVE PROCEDURE 9/4 closure of @ leg wound
	DATE REQUESTED 12 JULY 03 DATE AND HOUR REQUIRED 12 JULY 03 NOW	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) NONE	SIGNATURE OF VERIFIER [REDACTED] b6-2 16/1/AN
REMARKS: b6-4	IF PATIENT IS FEMALE, IS THERE HISTORY OF: _____	DATE VERIFIED 12 JULY 03
	RHIG TREATMENT? DATE GIVEN: _____	TIME VERIFIED 0330
	HEMOLYTIC DISEASE OF NEWBORN? _____	

SECTION II - PRE-TRANSFUSION TESTING

DONOR ABO O Rh POS	TRANSFUSION NO. 3 PATIENT NO. [REDACTED] RECIPIENT ABO O Rh POS	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMPAT		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
		CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST [REDACTED] b6-2 DATE 12 Jul 03
REMARKS: Exp. Date: 14 Jul 2003				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED] b6-2 AT (Hour) 1118 ON (Date) 12 July 03		POST-TRANSFUSION DATA AMOUNT GIVEN 350 ML TIME DATE COMPLETED 12 JULY 03 1300 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
1st VERIFIER (Signature) [REDACTED] b6-2 2nd VERIFIER (Signature) [REDACTED] 16/1/AN [REDACTED] 16/1/AN		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
PRE-TRANSFUSION TEMP. 100.4 PULSE 75 BP 118/65		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
DATE OF TRANSFUSION 12 JULY 03 TIME STARTED 1122		SIGNATURE OF PERSON NOTING ABOVE [REDACTED] 16/1/AN	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.) [REDACTED] b6-4		SEX M	WARD ICU3

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

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] b6-2
	DATE REQUESTED 7/9/03	DIAGNOSIS OR OPERATIVE PROCEDURE GSW face/leg
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	SIGNATURE OF PHYSICIAN [Redacted] b6-2 CRNA
	REMARKS: IF PATIENT IS FEMALE, IS THERE HISTORY OF: _____ RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 7/9/03

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted]	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O Rh: pos	RECIPIENT ABO: O Rh: pos	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 7/9/03		NAME OF PERSON PERFORMING TEST [Redacted] b6-2
REMARKS: Exp 14 Jul 03				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Redacted] b6-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 unit ML TIME DATE COMPLETED: 0810 7/9/03 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
AT (Hour) 0751 ON (Date) 09 Jul 03		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.	
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.		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
PRE-TRANSFUSION TEMP. 97° PULSE 81 BP 111/58		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
DATE OF TRANSFUSION: 7/9/03 TIME STARTED: 0800		SIGNATURE OF REPORTING ABOVE [Redacted] b6-2 CPT CRNA	
PATIENT IDENTIFICATION - USE EMBOSSE (For typed or written entries use NAME - Last, first, middle; rank/rate; hospital number and name of facility.) EPW # [Redacted] b6-4		WARD: [Redacted] b6-2	

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

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

[redacted] b6-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
July 03	@ 1422 HOURS	[redacted] b6-2

NURSING UNIT	ROOM NO.	BED NO.
ICU 3		

- 1 Admit to ICU #3
- 2 Dx: GSW to face and leg.
- 3 Cond: Stable
- 4 Vitals: Per routine
- 5 Allerg: unknown

[redacted] b6-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN

- 6 Actv: bed rest
- 7 Nurs: HOB +30°
- 8 Foley to gravity
- 9 Aline to monitor
- 10 track care givers

[redacted] b6-2

NURSING UNIT	ROOM NO.	BED NO.

- 11 Diet NPO
- 12 IV: LR @ 125 cc/hr

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN

- 13 medo: Amcef 1gm 1x80
- 14 Decadron 10mg 1x80
- 15 morphine 2-4mg
- 16 fentanyl drip
- 17 propofol drip

[redacted] b6-2

NURSING UNIT	ROOM NO.	BED NO.

- 18 Labs: ADG, CBC new
- 19 CT Face

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN

- 20 Wond
- 21 Smv 10 TV 700 B0 409 p5

[redacted] b6-2

NURSING UNIT	ROOM NO.	BED NO.

- 22 NGT LWS
- 23 24' Chart Check

[redacted] b6-2

DA FORM 4256 1 APR 79

REPLACES EDITION MEDCOM - 13950 WHICH MAY BE USED.

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] b6-4			9 Jul 03	0948	
NURSING UNIT: ICU 3, ROOM NO., BED NO. 5			①	Admit to ICU #3	
			②	Dx: OS/P Washout (R) leg ② Closed reduction of comminuted mandible ③ closure of tongue and soft tissue wounds.	
[Redacted] b6-4			③	Cond: Stable	
NURSING UNIT: ICU 3, ROOM NO., BED NO. 5			④	Vitals: Per routine	
			⑤	Aller: Unknown	
			⑥	Activ: Bed rest	
			⑦	Nurs: Foley to gravity * Yankauer Suction to BS - Brush care of shift - Positioning to wounds TD	
[Redacted] b6-4			⑧	Diet NPO	
NURSING UNIT: ICU 3, ROOM NO., BED NO. 5			⑨	ren LR @ 125cc/hr	
			⑩	meds: Oncey 1gm IV q 8h Decadron 10mg x 1 dose then Decadron 8mg x 1 dose then Decadron 6mg x 1 dose	
			⑪	fentanyl / Propofol drip as needed - titrate to effect	
[Redacted] b6-4			⑪	Suture removal. Kit to BS as wire cutters	
NURSING UNIT: ICU 3, ROOM NO., BED NO. 5			⑫	Phenergan 12.5-25mg IV q 4h prn N/V	
				b6-2 [Redacted]	

DA FORM 1 APR 79 4256

REPLACES EDITION MEDCOM - 13951
24th Chart Check

Transcribed 9 MAY 03

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

EPW
[REDACTED] bb-4

NURSING UNIT	ROOM NO.	BED NO.
JCU3		5

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
9 Jul 03	1113 HOURS	Transcribe order 1219 [REDACTED]
May remove pt from vent and place on room air v.o. Per Dr. [REDACTED] bb-2		
24°	Chart Check 0100 1000	[REDACTED] bb-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
10 Jul 03	@ 0715 HOURS	0748 [REDACTED] bb-2
① Okay to start oral care & toothbrushed mouthwash (gentle on R & L side)		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
11 JUL 03	0825 HOURS	1123 [REDACTED]
① RESUME PREVIOUS ORDERS ② S/P CLOSURE OF (2) LEG WOUNDS ③ W-LR AT 175 CL/4H HIGH LEVEL WALK ④ RESTART DIET BTS - liquid ⑤ EMPTY BLD RESTART JO DILIN @ 0800		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
0830	1200	[REDACTED] bb-2
24° Chart Check		

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] b6-4	12 Jul 03	1000 HOURS	1) Transfer 2in of HCl & open 2" each 2) 20570 3.375g IV q6° 3) Lidoc 400g IV q 12° 4) MC amef [Signature]
[REDACTED] b6-4	[REDACTED]	[REDACTED] HOURS	[REDACTED] b6-2
[REDACTED] b6-4	[REDACTED]	[REDACTED] HOURS	[REDACTED]
[REDACTED] b6-4	[REDACTED]	[REDACTED] HOURS	[REDACTED]
[REDACTED] b6-4	[REDACTED]	[REDACTED] HOURS	[REDACTED]
[REDACTED] b6-4	[REDACTED]	[REDACTED] HOURS	[REDACTED]
[REDACTED] b6-4	[REDACTED]	[REDACTED] HOURS	[REDACTED]
24° Chart ✓ [REDACTED]	[REDACTED]	13 Jul 03 0701	[REDACTED]

DA FORM 1 APR 79 **4256**

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

MEDCOM - 13953

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]	b6-4	12 Jul 03	2021 HOURS	

- ① OOB assistance
 - ② Okay for trials off of track collar
- NOTED 12 JUL 03
[REDACTED]

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER
ICU3	24 th Chart	[REDACTED]	13 Jul 03	0700

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
			13 Jul 03	0800 HOURS

- ① 1/2 pint to 75 uph
 - ② Mix 20% IV new
- b6-2
[REDACTED]
13 Jul 03

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER
24 th	[REDACTED]	May 1835	13 Jul 03	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
			14 Jul 03	0930 HOURS

- ① PA/CXR
- ② d/c out line

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
			15 July 03	@ 1632 HOURS

- ① D/c Foley
- b6-2

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER
24 th	Chart	[REDACTED]	16 Jul 03	0541

DA FORM 1 APR 79 **4256**

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

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
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted] b6-4			15 JUN 03	1720	
			① PERCOCET TABS 1-2 PRN Q 4-6 QHS PRN		
			Noted 1995 [Redacted] b6-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
1C43					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted] b6-4					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
240 Chart 19			0542 16 Jul 03		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted] b6-2			16 July 03	1617	
			① MSO4 2mg IV q 10 PRN pain		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted] b6-2					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted] b6-2					

FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 MEDCOM - 13955

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

Mo. July Yr. 2003

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

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALIZING

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																			
				8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03
8 Jul	[REDACTED]	Vitals: per routine	05	[REDACTED]																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	Activity: Bedrest	05	[REDACTED] Did 12 July 03																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	HOB ↑ 30°	05	[REDACTED]																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	Foley to gravity	05	[REDACTED]																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	A-line to monitor	05	[REDACTED] Did 14 July 03																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	Track care of shift	05	[REDACTED]																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	Diet: NPO	05	[REDACTED] Did 11 July 03																			
9 Jul	[REDACTED]		17	[REDACTED]																			
8 Jul	[REDACTED]	Labs: ABG, CBC q AM	05	[REDACTED]																			
9 Jul	[REDACTED]		17	[REDACTED]																			
08 Jul	[REDACTED]	NGT to LIS	05	[REDACTED] Did 10 July 03																			
			17	[REDACTED]																			

51166-2

51166-2

ALLERGIES: YES NO

unknown

PRIMARY DIAGNOSIS:

ESW to face & leg

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED] b6-4

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

all b6-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)										Mo. <u> </u> Yr. 2003						
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
09 July	[redacted]	Woundover suction to BS	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
09 July	[redacted]	Suture removal kit to BS as wire cutters.	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
10 Jul 03	[redacted]	Okay to start oral care with toothbrush + mouthwash (gentle on pt's side)	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
11 July	[redacted]	Diet BTS - liquid	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
11 July	[redacted]	Empty and record JP drain @ shift	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
12 JUL	[redacted]	OOB = Assistance	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
12 JUL	[redacted]	OK for trials off of Trach collar	05 17	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

all b6-2

ALLERGIES: YES NO
 PRIMARY DIAGNOSIS: ① P wash out ② UG ③ closed reduction of comminuted mand fl ④ closure of tongue and soft tissue wounds
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: UNKNOWN
 # [redacted] bb-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 (NON-MEDICATION)

Mo. July 2003

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

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED													
				08	09	10	11	12	13	14	15	16	17	18			
8 July 03	[REDACTED]	VS q 1 ^o	05 17	[X]	[X]												
8 July 03	[REDACTED]	ACTIVITY: BR	05 17	[X]	[X]												
8 July 03	[REDACTED]	DIET: NPO	06 11 17	[X]	[X]												
8 July 03	[REDACTED]	Feet to gravity	05 17	[X]	[X]												
8 July 03	[REDACTED]	OG: flush @ 30cc H ₂ O q 4 ^o	02 06 10 14 18 22	[X]	[X]												
8 July 03	[REDACTED]	Touch care of shift	05 17	[X]	[X]												
8 July 03	[REDACTED]	A-line to monitor	05 17	[X]	[X]												
8 July 03	[REDACTED]	strict I/Os	05 17	[X]	[X]												
8 July 03	[REDACTED]	OG to LIS	05 17	[X]	[X]												

b6-2
b7C
b7D

b6-2
b7C
b7D

ALLERGIES: YES NO

Unknown

PRIMARY DIAGNOSIS:

GSW to face @ leg s/p facial explorat

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

EPW # [REDACTED]

b6-4

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)

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

Mo. ____ Yr. ____

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																
				8	9	10	11	12	13	14	15	16	17							
8 Jul	[Redacted]	Lt @ 125 cc/hr	05	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	H.L when tol. po well (11 July)	17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8 Jul	[Redacted]	Omef 1gm W	08	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	q 8 ^h	16	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]		24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8 Jul	[Redacted]	Decadron W 10mg	08	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	q 8 ^h	16	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]		24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8 Jul	[Redacted]	Propofol gtt titrate to sedation	05	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]		17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8 Jul	[Redacted]	fentanyl gtt titrate to sedation	05	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]		17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8 Jul	[Redacted]	VENT SIMV 10 T4700	05	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	40% peep - 5	17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
09 July	[Redacted]	Bacitracin to wounds	08	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	TID	16	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]		24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
10 July	[Redacted]	trach collar @ 35% O ₂	05	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	31% O ₂	17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
12 Jul	[Redacted]	CIPRO 400mg IV q 12 ^h	12	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]		24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

all b6-2

all b6-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

unknown

GSW to face of leg
SP closure of (8) leg wound (15 July)

ADDITIONAL PAGES IN USE:

YES NO

PATIENT IDENTIFICATION:

[Redacted]

b6-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Mo. Jul Yr. 03

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Verify by Initialing	Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	9 July	[redacted]	Decadron 10mg x 1 dose qhen	09 July 03		1121	[redacted]
	9 July	[redacted]	Decadron 8mg x 1 dose qhen	09 July 03	1800	1820	[redacted]
	9 July	[redacted]	Decadron 10mg x 1 dose	09 July 03	0400	0400	[redacted]
	9 July	[redacted]	may remove pt. from vent and PLACE ON ROOM AIR	09 July 03	1800	1800	[redacted]
	12 Jul	[redacted]	Transfuse w PRBC over 2° each	12 Jul	1030	1132	[redacted]
	13 Jul 03	[redacted]	Lasix 20mg IV Now	13 Jul 03		0809	[redacted]
	15 Jul	[redacted]	MSO4 2mg IVP x 1 Now	15 Jul	2311	2311	[redacted]

2-99 no

106-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION	
			TIME/DATE DISPENSED	
July	[redacted]	Phenergan 12.5-25mg IV q 4° pm NIV		
15 Jul	[redacted]	Percocet Tab 1-2 PO @ 4-6 hrs PRN MSO4 2mg IVP x 1 N	15 Jul 1945 2001	
16 Jul 03	[redacted]	MSO4 2mg IVP Q1° PRN Pain	0 1730 T 0200 0 2mg I IV	

USAPA V1.00

MEDCOM - 13961

CLINICAL RECORD **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)** Mo. 07 Yr. 03
 For use of this form, see AR 40-407; the pronoun agency is the Office of The Surgeon General.

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	12	13	14	15	16	17	18
12 Jul	[REDACTED]	Zosyn 3.375mg IV q6 ^o	06	/						
			12							
			18							
			24							
13 Jul 03	[REDACTED]	↓ IVF (LR) to 75cal ^o	05	/						
			17	/						

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
GSD to face leg

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:
 # [REDACTED] *bb-4*
EPW

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

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Apr 8 Mar 89

b6-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	1800
N E U R O	PUPILS		PERRLA		PERRLA 3mm brisk
	SENSORIUM		Opens eyes spontaneously. Moves BUE		Opens eyes spontaneously moves extremities on command follows simple commands
					Propofol 7.5mcg/kg/min
R E S P I R A T O R Y	RESPIRATORY PATTERN		Regular + Unlabored		RRR
	BREATH SOUNDS		Rhonchi		Rhonchi upper
	SECRETIONS				Ø secretions
S K I N	COLOR		Normal for Race		Normal for Race
	INTEGRITY		Dressing to mandible/neck and (R) foot to thigh		Dressing to mandible/neck blood soaked, reinforced
	LOCATION		(L) Subclavian		Drsg to (R) thigh reinforced
I V S I T E	CONDITION		16G IV (R) AC 16G IV (L) AC (R) Radial A-line Ø S/S of infection to IV sites or A-line		(L) SC Cordis 16g (L) AC; 16g (R) AC (R) Rad A-Line - flushed æ diuretic notch.
	ABDOMEN		Soft + Tender		Soft, tender, flat
	BOWEL SOUNDS		Hypoactive		BSP
G U	URINE:		Foley to Gravity		Foley to gravity
	COLOR/CLARITY		Clear, Dark Yellow		Cl, dk yellow ØS
C A R D I O V A S C U L A R	CARDIAC RHYTHM		ST, Ø ectopy Cap Refill < 3 sec Peri-orbital Edema Facial Edema		ST SI/32 Edema to face. Pulses +2 x 4 extremities Cap Refill < 3sec x 4 extrem
	LEGEND		Cr - Creatinine F _I O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	S/A - Fractional Sat - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

[Signature] b6-2
ck/zn

DEPARTMENT/SERVICE/CLINIC

1043

DATE

8 Jul 03

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

[Redacted] b6-4

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

DA FORM 4700
 1 MAY 78
 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-NU)

MEDCOM - 13963

DATE		DX												HOSPITAL DAY							
8 JUL 03		GSW to (L) mandible (R) thigh												0 13 72							
V I T A L S	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20				
	BP Arterial Line													101/53	114/58	109/57	124/63	126/63	133/68	134/72	
BP Cuff														122/44	128/67	124/65	104/54				
Temperature												102.8	102.6	101.3	100.6	100.4					
Pulse													105	119	109	110	94	93	100		
Respiratory Rate													10	11	18	13	19	16	13		
MAP													71	77	73	82	81	87	89		
O2 sets													100%	100%	93	100	100	100	100		
O2 mode													Vent	Vent	Vent	Vent	Vent	Vent	Vent		
FIO2														.40	.40	.40	.40				
S I N T E R V E N T I O N		intervention																			
I N T E N S I V E	TIME	05	06	07	08	09	10	11	12	8 T	13	14	15	16	17	18	19	20	8 T		
	LR																				
Propofol														125	125	125	125	125	125	875	
Fentanyl														2.1	2.1	3.2	3.2	3.2	3.2	17.0	
IVPB														100	100					100	
E		1022.0																			
TOTALS														125	232.1	132.1	133.2	133.2	133.2	133.2	1022.0
O U R I N E	HOUR	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	TOTAL													200	100	175	125	120	120	840	
U N D E R I N E	SP GR													200	300	475	600	720	840	840	
	OUTPUT													150						150	
EMESIS																					
STOOL																					
U D R A I N S																					
TOTALS														350	100	175	125	120	120	990	990

POST-OP DAY									ACUITY LEVEL CLASSIFICATION																																																																																																																																														
<table border="1"> <tr><td>24</td><td>22</td><td>23</td><td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td></td></tr> <tr><td>121/67</td><td>120/62</td><td>131/68</td><td>121/67</td><td>129/68</td><td>135/66</td><td>107/66</td><td>121/67</td><td></td></tr> <tr><td>139/65</td><td>120/64</td><td>119/62</td><td>110/60</td><td>119/61</td><td>132/60</td><td>146/67</td><td>133/62</td><td></td></tr> <tr><td></td><td>97</td><td>97</td><td></td><td></td><td>98</td><td></td><td></td><td></td></tr> <tr><td>92</td><td>94</td><td>97</td><td>99</td><td>85</td><td>77</td><td>88</td><td>73</td><td></td></tr> <tr><td></td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>11</td><td>10</td><td></td></tr> <tr><td>86</td><td>82</td><td>78</td><td>74</td><td>78</td><td>83</td><td>88</td><td>83</td><td></td></tr> <tr><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td></td></tr> <tr><td>Vent</td><td>Vent</td><td>Vent</td><td>Vent</td><td>Vent</td><td>Vent</td><td>Vent</td><td>Vent</td><td></td></tr> <tr><td>40</td><td>40</td><td>40</td><td>40</td><td>40</td><td>40</td><td>40</td><td>40</td><td></td></tr> </table>									24	22	23	00	01	02	03	04		121/67	120/62	131/68	121/67	129/68	135/66	107/66	121/67		139/65	120/64	119/62	110/60	119/61	132/60	146/67	133/62			97	97			98				92	94	97	99	85	77	88	73			10	10	10	10	10	11	10		86	82	78	74	78	83	88	83		100	100	100	100	100	100	100	100		Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent		40	40	40	40	40	40	40	40		<table border="1"> <tr><td>ART</td><td>9 JUL</td></tr> <tr><td>TIME</td><td>1445</td><td>0230</td></tr> <tr><td>MODE</td><td>SIMV</td><td>SIMV</td></tr> <tr><td>F_{O2}</td><td>40%</td><td>40</td></tr> <tr><td>TV</td><td>700</td><td>700</td></tr> <tr><td>RATE</td><td>10</td><td>10</td></tr> <tr><td>PEEP</td><td>5</td><td>5</td></tr> <tr><td>A</td><td>PH</td><td>7.452</td><td>7.483</td></tr> <tr><td></td><td>PCO₂</td><td>34.2</td><td>32.6</td></tr> <tr><td></td><td>PO₂</td><td>137</td><td>127</td></tr> <tr><td>B</td><td>HCO₃</td><td>24</td><td>25</td></tr> <tr><td></td><td>SAT</td><td>99</td><td>99</td></tr> <tr><td>G</td><td>BASE</td><td>0</td><td>1</td></tr> </table>									ART	9 JUL	TIME	1445	0230	MODE	SIMV	SIMV	F _{O2}	40%	40	TV	700	700	RATE	10	10	PEEP	5	5	A	PH	7.452	7.483		PCO ₂	34.2	32.6		PO ₂	137	127	B	HCO ₃	24	25		SAT	99	99	G	BASE	0	1
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NEUROLOGICAL ASSESSMENT

		HOURS		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	LEGEND		
C O M M U N I C A T I O N	EYES OPEN	SPONTANEOUSLY	4											X			X											C Closed by swelling		
		TO SPEECH	3																											
		TO PAIN	2																											
		NO EYE OPENING	1																											
P E R F O R M A N C E	BEST VERBAL RESPONSE	ORIENTED	5																									T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive		
		CONFUSED	4																											
		VERBALIZES	3																											
		VOCALIZES	2																											
		NO VOCALIZATION	1													X			T											
C O M M U N I C A T I O N	BEST MOTOR RESPONSE	OBEYS COMMANDS	6											X			X													
		LOCALIZES PAIN	5												X			X												
		FLEXION WITHDRAWAL	4																											
		ABNORMAL FLEXION	3																											
		EXTENSION TO PAIN	2																											
		NO MOTOR RESPONSE	1																											
L I M B S	ARMS	NORMAL POWER																										R Right L Left Record separately if there is a difference between the two sides.		
		MILD WEAKNESS																X												
		SEVERE WEAKNESS																												
		ABNORMAL FLEXION																												
		ABNORMAL EXTENSION																												
L I M B S	LEGS	NORMAL POWER																												
		MILD WEAKNESS																												
		SEVERE WEAKNESS																												
		ABNORMAL FLEXION																												
		ABNORMAL EXTENSION																												
P U P I L S	RIGHT	SIZE REACTION											3				Brisk											++ Brisk + Slow - No Response		
	LEFT	SIZE REACTION											3				Brisk													
PUPIL SCALE																														
ICP																														+ Intact - Abnormal
CEREBRAL PERFUSION PRESSURE																														

VASCULAR ASSESSMENT

		HOURS		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	LEGEND
Radial	R			/	/	/	/	/	/	/	/	/	++				++				++							++ Normal + Weak - Absent
	L			/	/	/	/	/	/	/	/	/	++				++				++							
Pedal	R			/	/	/	/	/	/	/	/	/	+	++	++		++				++							+ Weak - Absent
	L			/	/	/	/	/	/	/	/	/	+	++	++		++				++							
	R			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler R Right L Left
	L			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

GA Appr 8 Mar 89

b6-2

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIALS		INITIALS	
N E U R O	PUPILS	0530	[REDACTED]	b6-2	1800	[REDACTED]
	SENSORIUM					
R E S P I R A T O R Y	RESPIRATORY PATTERN					
	BREATH SOUNDS					
	SECRETIONS					
S K I N	COLOR					
	INTEGRITY					
I N J E C T I O N S	LOCATION					
	CONDITION					
G A S T R O	ABDOMEN					
	BOWEL SOUNDS					
G U	URINE:					
	COLOR/CLARITY					
C A R D I O V A S C U L A R	CARDIAC RHYTHM					

LEGEND

Cr - Creatinine
 FiO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate

ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure

S/A - Fractional
 SA_T - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

1043

DATE

9 JUL

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

[REDACTED] b6-4

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

DA FORM 1 MAY 78 4700
 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-NU)

MEDCOM - 13967

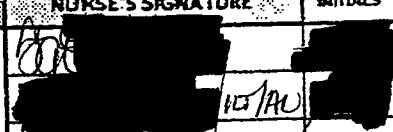

h6-4

DATE		DX																		HOSPITAL DAY	
9 JUL 03		GSW to @ mandible; (R) thigh																		1	
V	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20				
	BP Arterial Line	129/63						105/71	110/72	110/63	114/55	114/55	137/60	131/61	125/59	129/62	127/67	109/75	117/89		
BP Cuff																					
Temperature	96.9							96.0	96.9	97.2	98.2	97.6	97.4	98.5		97.8		99.0			
Pulse	70						78	81	89	85	85	83	81	89	86	110	66	66			
Respiratory Rate	10					10	10	14	12	16	10	12	10	10	12	25	17	18			
Oz Sats	100					100	100	100	99	100	100	100	100	100	100	100	100	100			
Oz Source	Vent					vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	TC	TC	TC			
FiO2	40					40	40	40	40	40	40	40	40	40	40	50	50	35			
MAP	83							96	85	81	81	82	83	78	81	80	86	98			
INTERVENTION																					
TIME		05	06	07	08	09	10	11	12	8 ^{PT}	13	14	15	16	17	18	19	20	8 ^{PT}		
IVF	125					125	125	125	125	1025	125	125	125	125	125	125	125	125	1000		
Propofol	3.5					3.5	3.5	3.5	3.5	17.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	2.1	24.6		
Fentanyl	5					5	5	5	5	25	5	5	5	5	5	5	5	5	40		
NPB							100			100				100					100		
TOTALS		133.5				133.5	233.5	133.5	133.5	767.5	133.5	133.5	133.5	233.5	133.5	133.5	133.5	132.1	1355.6		
URINE	HOUR	110				200	300	400	330	2000	285	0100	285	280	300	270	200		4200		
	TOTAL	110				110	1240	1690	2040	2040	285	285	285	385	385	385	400	4200	4200		
NG	OUTPUT																				
	DH																				
	GUAC																				
EMESIS																					
STOOL																					
DRAINS																					
TOTALS																					

BR-OR 1500cc
 NS-OR 400cc
 OR-114PKB
 OR-Resp-500cc

500
 6.5
 11.25
 IVF
 4.5
 FENT.

3855

POST-OP DAY									ACUTY LEVEL CLASSIFICATION										
V	24	22	23	00	04	02	03	04	R	TIME	0500	0344							
ELI	109		134/68	132/62	137/70	129/70	131/68	131/67	E	MODE	Simv	TC							
24	22	23	00	04	02	03	04	S	F _{O2}	40	35								
101		101 ¹		100 ⁴		101 ⁰		P	TV	700									
68	67	69	73	66	64	59	57	D	RATE	10									
15	17	19	20	18	18	17	16	T	PEEP	5									
100	100	100	99	100	100	100	100	A	pH		7.386								
TC	TC	TC	TC	TC	TC	TC	TC	A	PCO ₂		48.8								
.35	.35	.35	.35	.35	.35	.35	.35	A	PO ₂		116								
101		86	81	88	84	83	81	B	HCO ₃		29								
								G	SAT		98								
								G	BASE		4								
								I	TIME		035								
24	22	23	00	04	02	03	04	A	GLUCOSE										
125	125	125	125	125	125	125	125	B	Na/K										
2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	D	Cl/CO ₂										
5	5	5	5	5	5	5	5	R	BUN/Cr										
			100	100			100	A	WBC/PLATELET		12.6	110							
								T	Hct/Hgb		23.8	9.7							
								D	WBC		12.6								
								E											
								A	TIME										
							1156.8	C	MOUTH CARE										
132.1	132.1	132.1	132.1	132.1	132.1	132.1	132.1	T	BATH	1100									
200	240	200	200	200	170	145	120	V	SKIN CARE	0530									
200	440	640	840	1040	1110	1255	1375	I	FOLEY CARE	1100	2030								
								S	TRACH CARE	1460	2000								
								I	ROM EXERCISES	0530									
								D											
								F											
								G											
								24*1&0 TOTALS									NURSE'S SIGNATURE		INITIALS
								wt Yesterday			wt Today			 105/AL 106-2					
								INTAKE			OUTPUT								
								IV	762.5	Urine:	2040								
								PO	1355.6		4200								
									1156.8		1375								
								TOTAL	3274.9	TOTAL	7615								
								BALANCE											

NEUROLOGICAL ASSESSMENT

		HOURS	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	LEGEND	
C O M M	EYES OPEN	SPONTANEOUSLY	4	✓																							C Closed by swelling	
		TO SPEECH	3																									
		TO PAIN	2																									
		NO EYE OPENING	1																									
S A S	BEST VERBAL RESPONSE	ORIENTED	5	✓																							T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4																									
		VERBALIZES	3																									
		VOCALIZES	2																									
		NO VOCALIZATION	1																									
C A F E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	✓																								
		LOCALIZES PAIN	5																									
		FLEXION WITHDRAWAL	4																									
		ABNORMAL FLEXION	3																									
		EXTENSION TO PAIN	2																									
		NO MOTOR RESPONSE	1																									
		L M B	ARMS	NORMAL POWER		✓																						
MILD WEAKNESS																												
SEVERE WEAKNESS																												
ABNORMAL FLEXION																												
ABNORMAL EXTENSION																												
M D V E M E N T	LEGS	NORMAL POWER		✓																								
		MILD WEAKNESS																										
		SEVERE WEAKNESS																										
		ABNORMAL FLEXION																										
		ABNORMAL EXTENSION																										
P U P I L S	RIGHT	SIZE REACTION	3																								++ Brisk + Slow - No Response	
	LEFT	SIZE REACTION	3																									
PUPIL SCALE																												
ICP																												
CEREBRAL PERFUSION PRESSURE																												

VASCULAR ASSESSMENT

		HOURS	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	LEGEND
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal + Weak - Absent D Doppler R Right L Left
	L	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	L	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	L	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

NEURO	TIME	INITIALS	INITIALS
	PUPILS	0600	[Redacted]
SENSORIUM	3mm PERBL brisk		PERL bilat norm
	Sleeping but awakens spontaneously. Moves extremities w/ z purposeful movement		intact to R leg w/ z leg occlusion dressing
RESPIRATORY	RESPIRATORY PATTERN	R/R, CTA Bilat	reg. abnormally 3 disten
	BREATH SOUNDS	& secretion 8shilley	low collar & 5% O ₂
	SECRETIONS	trach, Trach Collar	#8 w/ leg trach
SKIN	COLOR	Normal for Race	11/24 L. orals
	INTEGRITY		dog to (R) leg wound on face open to air
VASCULAR	LOCATION	A-line to (B) wrist	A-line R. radial
	CONDITION	D SC. Bradis LR @ 125 r/h	L. subclavian cord. inf. flimsy no sign of infarct or embolus
GASTRO	ABDOMEN	+BS x 4 quad Soft	+BS x 4 quad soft
	BOWEL SOUNDS	Non distended	non distended abd
GU	URINE:	Clear yellow Foley	clear yellow urine
	COLOR/CLARITY	to gravisty	in acety acetate urine only to gravisty dressing
CARDIOVASCULAR	CARDIAC RHYTHM	S, S ₂ Pulses 12 x 4 ext. Cap refill > 3 sec	S, S ₂ pulse palpable w/ 4-5 sec. cap refill L. base

LEGEND Cr - Creatinine ICP - Intracranial Pressure SJA - Fractional
 FIO₂ - Fraction of Inspired O₂ PCO₂ - Pressure of Arterial CO₂ SA_i - Saturation
 HCO₃ - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) [Redacted] b6-2 DEPARTMENT/SERVICE/CLINIC 1043 DATE 10JUL03

PATIENT'S IDENTIFICATION (For typed name: Name—last, first, middle; grade; date; hospital or medical facility) [Redacted] b6-4

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

DA FORM 4700 1 MAY 78 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

MEDCOM - 13971

DATE		DX																HOSPITAL DAY			
10 JUL 03																					
V I T A L S P A I N S T A K E E O U T P U T	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	8 [°] T			
	BP Arterial Line		132/78	115/70	144/72	125/75	136/73	141/77	135/73	125/78	130/70	134/66						137/95			
BP Cuff																					
Temperature				98.5								99.2									
Pulse		58	56	53	53	56	56	55	57	57	57						58				
Respiratory Rate		15	15	19	17	12	14	10	19	14	22						20				
O ₂ Sat		100	100	100	100	100	100	100	100	100	99						100				
O ₂ Source		TC	TC	TC	TC	TC	TC	TC	TC	TC	TC						TC				
FIO ₂		35	35	35	35	35	35	35	35	35	35						35				
MAP		91	82	94	90	84	92	88	94	87	83						90				
PAIN		intermittent																			
TIME	05	06	07	08	09	10	11	12	8 [°] T	13	14	15	16	17	18	19	20	8 [°] T			
IVF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	125			
Fentanyl	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	5			
Propofol	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	12	1.5	1.5										
IVPB																					
TOTALS																					
URINE	HOUR	20	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40			
	TOTAL	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80			
NG	SP GR																				
	S/A																				
EMESIS	OUTPUT																				
	PH																				
STOOL	GUIAC																				
DRAINS																					
TOTALS																					

POST-OP DAY								ACTIVITY LEVEL CLASSIFICATION																											
V I T A L S I G N S	24	22	23	00	04	02	03	04	B E S P D I A B T A A T O R Y	TIME								L A B O R A T O R Y	GLUCOSE								A C T I V I T Y S C R I P T I O N	MOUTH CARE							
										MODE									Na/K									BATH							
										F _I O ₂									CLCO ₂									SKIN CARE							
										TV							BUN/Cr									FOLEY CARE									
										RATE							WBC/PLATELET									TRACH CARE									
										PEEP							Hct/Hgb									ROM EXERCISES									
										pH																									
										A PCO ₂																									
										pO ₂																									
										B HCO ₃																									
								SAT																											
								G BASE																											
I N T A K E O U T P U T	24	22	23	00	04	02	03	04	8° T	TIME								24 H&O TOTALS	NURSE'S SIGNATURE	INITIALS															
	125	125	125	125	125	125	125	125		wt Yesterday	wt Today																								
	5	5	5	5	5	5	5	5		INTAKE	OUTPUT																								
	100								IV	Urine:																									
									po																										
									TOTAL	TOTAL																									
									BALANCE																										

[redacted] h6-4 10 July 03

MEDCOM - 13973

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 11 July 83 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 0850 IV Sedation Nerve Block
 Allergies: NKDA OR Intake: Crystalloid 1000 LR Colloid
 Pre-op V/S: _____ OR Output: UOP 400 EBL Minimal
 Procedures: _____ Meds/Times: 2.5 Versed 250mcg Ketorolac
10mg ms04

Drains Hemovac NG JP T-tube Foley TLS	Airway Nasal Oral ETT Trach Other
--	---

Pre Op Meds _____ History _____

Time	200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	20
SaO2	96	97	98	97	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
FiO2																			
Methods																			
240																			
220																			
200																			
180																			
160																			
140																			
120																			
100																			
80																			
60																			
40																			
20																			
HR	77	76	86	87	71	64	70												
RR	18	21	19	23	21	21	20												
T	97.9	97.8	97.8	97.8	97.8	97.8	97.8												
Time	0852																		
Pain (0-10)																			
LOS																			

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
X-rays:			Labs:		
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	1	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea				V/S X = A-line BP = Cuff BP = Pulse	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1		LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2		
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.					

Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures
 Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREPARED BY: [Signature] b6-2 LPN

DEPARTMENT/SERVICE/CLINIC: ICU3 DATE: 11 July 83

PATIENT'S IDENTIFICATION: [Redacted] b6-4
 first, middle, grade, date, hospital or medical facility

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET.

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0515	[Redacted]	bl-2	
	SENSORIUM	2mm, PERRLA Alert, able to follow commands Express needs			3mm PERRL A+O, pt tracked able to communicate via hand signals able to follow commands
R E S P I R A T O R Y	RESPIRATORY PATTERN	Regular to 12-20 breaths (18-20s)			
	BREATH SOUNDS	clear throughout & diminished			L R + Rhythm, CTA Bilat
	SECRETIONS	bilat & bases. Clear drainage from mouth sanguinous drainage from bilat nares			dim. Bases. clear drainage from mouth sanguinous from nose
S K I N	COLOR	Wk for nose			
	INTEGRITY	① thigh wound drug			Normal for Rose.
I N J E C T I O N	LOCATION	D+1, 4th rib along jaw wall approximately			① thigh dressing CDT
	CONDITION	① SC single lumen ② radial x-line ③ ④ ⑤ infection, ⑥ FA 16 gauge dislodged			stitches to jaw R. Flare 4/26 of center ① Radial A line ② FA HL Bate ③ ④ ⑤ infection ⑥ flush & draw back
G A S T R O	ABDOMEN	Soft, nontender			
	BOWEL SOUNDS	BS x 4 quads, hypo active BS.			Soft nontender ① BS x 4 quads hypoactive
U R I N E	COLOR/CLARITY	foley to gravity draining clear yellow urine			Foley to gravity draining amber ff urine
	CARDIAC RHYTHM	SR @ Ectopy, edema +2 on bilat Tard ext, pulses palpable on all ext.			S, S2, ① ectopy, ② pulse to L & R Extremities, +2 Edema to BLE
LEGEND		Cr - Creatinine FiO2 - Fraction of Inspired O2 HCO3 - Bicarbonate	ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

1043

12 JUL 03

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

0 [Redacted] bl-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDCOM - 13978

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-NU)

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET.

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0647	[REDACTED]	b6-2	[REDACTED]
	SENSORIUM	PERRLA A+Ox3, Follows commands			PERRL - 3mm A+Ox3, pt tracheal able to communicate via hand signs, follows commands
R E S P I R A T O R Y	RESPIRATORY PATTERN	Regular & unlabored			Rl unlabored.
	BREATH SOUNDS	CTA & Diminished bases			CTA to BUB, diminished bases. Thin white oral secretions,
	SECRETIONS	Thin white oral secretions			Thick spargimus nasal secretions
S K I N	COLOR	Normal for Race			UFR incisions to
	INTEGRITY	Incisions on @ lower mandible, Dressing to RLE			@ lower jaw, dressing to RLE & T
I N J U R Y	LOCATION	18G @ EA			18G to @ EA
	CONDITION	Ø S/S of infection @ Radial A-line Ø S/S of infection			@ Radial A-line Ø S/S to both sites
G A S T R O	ABDOMEN	Soft, Nontender			soft Nontender non distended, BS @
	BOWEL SOUNDS	Hypoactive, Ø NIV			X4 Quad hypoactive
G U	URINE:	Foley to Gravity			Foley to Gravity
	COLOR/CLARITY	Dark yellow			Dark yellow
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR & ectopy CV=S, S2 Cap refill < 3 sec, Generalized Edema			Quantity sufficient NSR, cap refill < 3 sec Generalized edema
	LEGEND		Cr - Creatinine F ₁ O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	SA - Fractional SAI - Saturation TRACH - Tracheostomy

PREPARED BY: [REDACTED] b6-2
 DEPARTMENT/SERVICE/CLINIC: 1043
 DATE: 13 Jul 03
 (Continue on reverse)

PATIENT'S IDENTIFICATION (If of legal age, patient's initials give: Name—last, first, middle; grade; date; hospital or medical facility)

[REDACTED] b6-4

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

DA FORM 1 MAY 78 4700
 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-NU)

MEDCOM - 13981

DATE		13 Jul 03												DX				HOSPITAL DAY			
TIME		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20				
V I T A L S	BP Arterial Line	133/72	133/71	140/70	129/71	144/72	138/57	135/67	132/67	130/74	120/65	130/72	134/74	149/74	100/92	92/94	105/79				
	BP Cuff					122/67															
	Temperature		100 ⁵				99 ⁶				98.4					100 ⁵					
	Pulse	63	65	64	57	62	71	65	64	67	68	67	83	69	71	97	50				
	Respiratory Rate	21	25	24	21	19	25	21	20	19	18	19	26	18	14	23	19				
	NAP	90	93	89	83	91	95	90	90	94	91	93	97	94	98	95	100				
	SaO2	94	96	97	100	100	100	99	99	100	100	95	98	96	98	97	97				
	O2	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	RA	31%	31%	31%	31				
	Mode	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		TC	TC	TC	TC				
	TIME		05	06	07	08	09	10	11	12	8 ^T	13	14	15	16	17	18	19	20	8 ^T	
I N S T R U M E N T S	LR	125	125	125	75	75	75	75	75	75	75	75	75	75	75	75	75				
	Fentanyl	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	60	7.5	7.5	7.5	7.5	7.5	7.5	7.5				
	IVPB		50						50	100	250				50						
	TOTALS									910											
	O U T P U T	URINE	HOUR	60	60	60	40	40	1100	120	80	1970	60	60	90	90	38	180	105	TOTAL	
			SP GR																		
			S/A																		
	U N D E R S T A N D I N G	NG	OUTPUT																		
			PH																		
			GUAC																		
EMESIS																					
STOOL																					
U N D E R S T A N D I N G	DRAINS	JP																			
		Ø																			
TOTALS																					

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

REPORT TITLE **INTENSIVE CARE NURSING FLOW SHEET** *h6-2* OTSG APPROVED (Date)
 QA Apr 8 Mar 89

NEURO	TIME	INITIALS	INITIAL ASSESSMENT	
			INITIALS	INITIALS
PUPILS	<i>4x5</i>	<i>[redacted]</i>	<i>1200</i>	<i>[redacted]</i>
SENSORIUM	<i>agitated needs gettner</i>	<i>[redacted]</i>	<i>4x3 gestures needs</i>	<i>responds to verbal + pain stimuli</i>
RESPIRATORY PATTERN	<i>TC on 31%</i>		<i>Trach on RA 50, 96%</i>	
BREATH SOUNDS	<i>94% O₂ Sat</i>		<i>CTA</i>	
SECRETIONS	<i>prod cough, scant out, thick green unlabial, even regular OAB</i>		<i>productive cough suction & yawner by self + deep suction & yellowish mucous</i>	
COLOR	<i>normal for race</i>		<i>NAF</i>	
INTEGRITY	<i>dening on words</i>		<i>CDE to R thigh</i>	
LOCATION	<i>(1) ec. cordis</i>		<i>(1) subclavian Cordis.</i>	
CONDITION	<i>(1) AC PIV (1) red skin 8 S/S of infxn</i>		<i>(1) L.A. @ 7.5 Ltr (1) erythema, swelling on heat</i>	
ABDOMEN	<i>flat NT, ND</i>		<i>soft flat nontender</i>	
BOWEL SOUNDS	<i>BS x 4 quality</i>		<i>hyperactive sounds x 4 quadrants</i>	
URINE:	<i>dark amber, adequate amt,</i>		<i>colly to gravity 7 dark amber yellow</i>	
COLOR/CLARITY			<i>UNHIS</i>	
CARDIAC RHYTHM	<i>S1 S2 NSR 8 ectopy (1) hyper 1 hour ED edema</i>		<i>S₁ S₂ & extra sounds + R pulses radial & pedal 13 sec cap refill</i>	

LEGEND
 Cr - Creatinine
 F_IO₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SA1 - Saturation
 TRACH - Tracheostomy

PREPARED BY *[redacted]* *h6-2* (Continue on reverse)
 DEPARTMENT/SERVICE/CLINIC *1043* DATE *14 Jul 89*

PATIENT *[redacted]* *h6-4*
 For typed or written entries give: Name—last, first, middle, hospital or medical facility)

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

DA FORM 1 MAY 78 **4700**
 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-NU)

MEDCOM - 13984

DATE		DX																HOSPITAL DAY	
TIME		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20		
V I T A L S	BP Arterial Line		116	115		116	117	121											
	BP Cuff		75/59			69/69	66/67	70		114/20	102/70	119/65	113/65	120/63	124/63	120/62			
	Temperature		99.2			99.6													
	Pulse		74	64	72	65	68	71	72	80	123	69	86	75	75	69			
	Respiratory Rate		22				20	24	22	16	27	27	21	21	21	20			
	O ₂ Sat		98			99	98	99	99	97	96	97	95	95	95	95			
	O ₂ Source		7L			3L	3L	RA	RA	RA	RA	RA	RA	RA	RA	RA			
S I G N S		<i>pan intubation</i>																	
TIME		05	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T
I N T A K E	UR	75	75	75	75	75	75		75	525	75	75	75	75	75	75	75	75	600
	Ferd	75	75	75	75	75	75		75	525	75	75							15
	IVBB										50	200				50			300
TOTALS																			
O U T P U T	URINE	HOUR	50	50	60	60	60	60	80	100	100	100	100	100	100	150	80	990	
	TOTAL	50	100	160	220	280	340	420	520	520	100	200	300	400	500	650	730	990	
U N G	OUTPUT																		
	pH																		
	GUAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Appr 8 Mar 89 *b6-2*

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIALS	TIME
NEURO	PUPILS	0510	<i>[redacted]</i>	<i>b6-2</i>	1700
	SENSORIUM	2mm, PERRIA			2mm PERRL
RESPIRATORY	RESPIRATORY PATTERN	Alert, able to follow simple commands and express needs			Hx 3, pt heeded able to communicate via hand signs, able to follow simple comm
	BREATH SOUNDS	Equal chest rise, RRR			C/A Bilat, symmetrical chest rise, Pt on RA
	SECRETIONS	Clear throughout @ noted @ this time			O ₂ SATs @ 96%
		T.C on RA. O ₂ sat 94-96%			
SKIN	COLOR	MMR for RACE			NER, D ₅₅ to @
	INTEGRITY	D ₅₅ to @ leg CDI			leg CDI, sticks to jaw
SITE	LOCATION	@ SC cartis @			@ subclavian cath
	CONDITION	1/5 of infection, LR @ 75cc/h and Fortynil @ 8cc/h (80mg/h) infusing			@ 1/5 of infection LR @ 75cc/h @ DU to @ FA @ flush.
GASTRO	ABDOMEN	soft, nontender			Soft, nontender non distended BS @
	BOWEL SOUNDS	hyperactive x 4 quadrants			D4g wood, hyperactive
GU	URINE:	Flow to gravity			Voiding spontaneously
	COLOR/CLARITY	draining dark yellow urine			via urinary, clean yellow urine
CARDIOVASCULAR	CARDIAC RHYTHM	SR @ ectopy, HR 60s, Pitting edema +2 bilat & ext. Pulses palpable throughout			S, S ₂ , HR, +2 pulses Bilat to U & L Extremities < 3 sec cap refill
	LEGEND	Cr - Creatinine F _I O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	S/A - Fractional SAT - Saturation TRACH - Tracheostomy	

PREPARED BY (Signature & Title) _____ (Continue on reverse)

DEPARTMENT/SERVICE/CLINIC **ICU 3** DATE **15 July 03**

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

[redacted] *b6-4*

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

DA FORM 1 MAY 78 **4700**
 Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-NU)

MEDCOM - 13987

DATE		DX												HOSPITAL DAY			
TIME		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
V	BP Arterial Line																
I	BP Cuff	132/80				114/65	119/65	114/57	119/67		112/52	127/70	123/67	124/66	137/75	128/66	
T	Temperature	100.3	99.4		98.8	98.8			100.1			99.8	99.7		99.5		
A	Pulse	67	65	65	63	74	65	70	80		68	68	72	71	73	66	
L	Respiratory Rate	19	31	30	29	28	29	25	32		32	31	13	19	11	27	
S	SpO2	97	95	95	92	91	88	92	92		93	97	97	96	97	98	
S	Source	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	
S																	
I																	
G																	
N																	
S																	
I																	
N																	
T																	
A																	
K																	
E																	
TOTALS																	
O	URINE	HOUR TOTAL	90	145	205	162	163	185	152	153	1105	212	273	395	436	210	350
		SP GR	90	285	490	652	715	900	1052	1105	1377	1650	2045	2380	2690	350	325
U	NG	OUTPUT															
		pH															
		GUAC															
EMESIS																	
STOOL																	
U	DRAINS																
TOTALS																	

MEDCOM - 13988

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT			
TIME	0630	INITIALS	1730
PUPILS	PERRL	blb-2	blb-2
SENSORIUM	Pt Alert + responsive to touch + voice stimuli		Awake, Alert, Oriented cooperative. Requires ↑ prodding for self care
RESPIRATORY PATTERN	Reg R+R		MAC - purpose
BREATH SOUNDS	CTA bitat		RA Resp. 17-18
SECRETIONS	Pt trach, Od sats @ 98% on RA Equal		SATS M1090s. Cce Cough Lq Aorts thick, yellow tenacious sputum
COLOR	NFR		Bibasilar rhoks rhonchi. ↑ B side rhonchi. ↑ r/l lobes
INTEGRITY	dressings intact		Membrane pink L/R + R/F/H/A/O d/sq
LOCATION	① SC cordis - LR @ 75		COF. Bulky dress u Kerlix/Ace
CONDITION	② FA - Flushes well		PIV 18g (2) Arterial FAE LR 75° Vm Dial-A-Flow. Site 3 Sign/Sx infiltration
ABDOMEN	Soft + Round No/tender		SOFT, FLAT, NO RYMOX
BOWEL SOUNDS	No/d distended. BS + x4 Quads		① BS in (4) Quads Retains PO intake. NO BM present
URINE:	CLR Yellow to urinal @ bedside		VOIDS SPONTANEOUSLY PEN TO URINAL @ U.O. 750ml clear yellow
CARDIAC RHYTHM	S1, S2 Present. D/td ectopy. +4 radial pulses + +3 pedal E brisk cap Refill.		S, S ₂ — HR 70-80 S notes ectopy. NO NOTED. dist ccs CA R/F, 11 < 3 seconds PPP @ ⑤ 3 density
LEGEND		Cr - Creatinine F _I O ₂ - Fraction of inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure
		S/A - Fractional SA _T - Saturation TRACH - Tracheostomy	

PREPARED BY (Signature & Title)

blb-2
9/11/86
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, dle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CLINIC

ICU 3

(Continue on reverse)

DATE

17 Jul 03

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

[Redacted]

blb-4

DATE		DX		HOSPITAL DAY																			
17 Jul 03				X																			
V I T A L S	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22				
	BP Arterial Line																						
BP Cuff		111/60		108/65					110/70				117/62						112/64				
Temperature		98.6		98.6					98.5				98.4	99.6					99.8				
Pulse		61		64					61				66						74				
Respiratory Rate		14		15					14				15						16				
SAO2		98%		96%					95%				98%						97				
Method		RA		RA					RA				RA						RA				
I N S	TIME																						
M E T A	IVF	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75				
	IVPB		50						250	50					50								
E	PO														300								
	TOTALS											1250			450				350				
O U T P U T	URINE		550						625	250				450				650	350				
	NG								1175	150													
EMESIS																							
STOOL																							
DRAINS																							
TOTALS																							

LR 1800
 IVPB 450
 2250

PO 300

2550

URINE
 3425

Balance 875

POST-OP DAY				ACTIVITY LEVEL CLASSIFICATION																					
V I T A L S I G N S	23	24	CLOS	DR	DT																				
			114																						
			60																						
			992																						
			61																						
			28																						
			99																						
			RA																						
	I N T A K E			75	75	75	75	75	75	75	75														
			50																						
O U T P U T			350	200																					
24 H&O TOTALS												NURSE'S SIGNATURE		INITIALS											
wt Yesterday				wt Today				[REDACTED]		[REDACTED]		[REDACTED]													
INTAKE				OUTPUT																					
IV				Urine:																					
PO																									
TOTAL				TOTAL																					
BALANCE																									

1. REPORTING MTF						2. LOCATION		ADMISSION & CODING INFORMATION																		
1	2	3	4	5	6	7. (State or Country Code.)		For use of this form, see 40-400; the proponent agency is OTSG																		
A	I	I	D	I	I	I 2		3. REGISTER NUMBER						4. PAY GRADE						5. SEX						
[REDACTED]						NAME (Last, First, Middle Initial)						16		17		18										
[REDACTED]						EPW # [REDACTED] b6-4						EPW		M												
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION													
19	20	21	22	23	24	25	26	27	28	29	30		31		UNIC											
2	2	2	2	2	2	2	2	20		Y		X		9												
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER																	
32	33	34	-			35 36			37		38		39		40		41		42		43		44		45	
						9 9			0		0		0		0		0		0		[REDACTED]		[REDACTED]		[REDACTED]	
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS															
						46			1422		b6-4															
14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE																				
47	48	49	50 51 52			53		54		55		56		57		58		59		60		61				
			K 7 8			2 2 2 2 2																				
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA					PREV. ADMISSION														
62	63	64 65 66 67 68 69 70				71					YEAR															
							1					<input checked="" type="checkbox"/> NO														
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE																	
72						ICU3			UNK																	
									ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)																	
									UNK																	
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																				
28th CSH South						UNK																				
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)																		
73	74	75 76 77 78 79 80				81 82 83 84 85 86																				
5 0								0 3 0 7 1 8																		
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)																		
87	88	89	90	91 92 93 94 95 96				97 98 99 100 101 102																		
A B F A								0 3 0 7 0 8																		
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)																		
103	104	105 106 107 108 109 110				111 112 113 114 115 116																				
FOR LOCAL USE																										
GSW @ mandible, GSW @ thigh																										
Inj Trauma																										
[REDACTED] b6-4																										
[REDACTED] b6-2																										
[REDACTED]																										
[REDACTED]																										

MEDCOM - 13993

EVACUATION PATIENT RECORD

NAME (Last, First, Middle Initial) **FPW [redacted] 66-4**

2. SSN [redacted]

3a. STATUS **EPC**

3b. SERVICE

4. PRECEDENCE **(U) P R**

5. GRADE

6. AGE **33**

7. SEX **Male**

8. WEIGHT **175**

9. BLOOD TYPE

10. CLASSIFICATION 91A-5F) **AMBULATORY**

11. ACCEPTING PHYSICIAN

12. CITE/AUTHORITY NO.

13. APPT/SURG DATE **7/7**

14a. ORIGINATING FACILITY **2834 1st Lt**

14b. ORIGINATING FACILITY PHONE NUMBER

15a. DESTINATION FACILITY **2834 1st Lt**

15b. DESTINATION FACILITY PHONE NUMBER

16. NUMBER OF ATTENDANTS
16a. MEDICAL **2**
16b. NON MED

17. DIAGNOSIS **OGSO face**

18. BATTLE CASUALTY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues Explain YES comments in Section 23)

YES	NO	ISSUE	YES	NO	ISSUE	YES	NO	ISSUE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. HYPERTENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. MOTION SICKNESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	k. AMBULATORY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. CARDIAC PK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. VISION IMPAIRED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	l. AMBULATORY AID
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. DIABETES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. VOIDING PROBLEMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. SELF-MEDS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. BOWEL PROBLEMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	n. ADEQUATE SUPPLY OF MEDS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. EAR/SINUS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. SELF-CARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	o. OTHERS

20. PHYSICIANS ORDERS

20a. DATE **7/7**

20b. TIME **10A**

20c. ALLERGIES **None**

20d. DIET **MBP**

20e. RENAL Gm prot **MBP**

20f. TUBE TYPE

20g. PEDIATRIC: AGE

20h. TPN: Change to D10 at

20i. TUBE FEEDING at strength at

21. PRE-FLIGHT VITALS

21a. DATE/TIME **8 Jul 03**

21b. TEMP **99.3**

21c. PULSE **95**

21d. RESP **18**

21e. BP **117/57**

22. BRIEF NARRATIVE **OGSO face - seen at 210 FST wound in face expand fracture, wound by dislodged packet. (+ 2834 1st Lt) taken to OR emergency for wound copy by gnd bleeding. Tube approx 1 meter in 2-3 chronic wound packed. pt received 4u PRBC, 2u FFP. Not in Am 3/7/03, stable.**

23. ASSESSMENT/PROGRESS NOTES **pt requires**

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN **[redacted] 66-2**

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

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

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, MI) EPW [REDACTED] Job-4				3. GRADE N/A		ADMISSION REMARKS
4. SEX m	5. AGE 24y	6. RACE Z	7. RELIGION unk	8. LENGTH OF SVC N/A	9. ETS N/A	10. PREVIOUS ADMISSION NO		
11. FMP 99		12. SSN [REDACTED]		13. ORGANIZATION N/A		14. WARD ICW2		
15. FLYING STATUS N/A	16. RATING/DSG	17. DEPT./BEN K78	18. BRANCH/CORPS N/A	19. LIC/ZIP		20. TYPE CASE NBI		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER				22. HOURS OF ADMISSION	23. CLINIC SERVICE AGNA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION SO	26. DATE OF DISPOSITION 9 Jul 03				
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 8 Jul 03		ADMITTING OFFICER Dr. [REDACTED] b6-2		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b2-2				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED			
31. SELECTED ADMINISTRATIVE DATA								

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES
 hip/femur contusion

719.45
E968.2

04.81

35. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 2	f. TOTAL SICK DAYS 2
--------------------------	--------------------	---------------------------------	--------------------------------	------------------	-------------------------

36. Total Days All Facilities

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS b6-2	e. BED DAYS 2	f. TOTAL SICK DAYS 2
--------------------------	--------------------	---------------------------------	-----------------------------------	------------------	-------------------------

SIGNATURE OF ATTENDING MEDICAL OFFICER [REDACTED]	SIGNATURE OF PRD-OR MEDICAL RECORDS OFFICER For [REDACTED]
--	---

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER <i>AMC</i>
-----------------------	--	-------------------------------------

TEST RESULTS												
CBC	WBC	SMAC					ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>	
	H/H						SUP O2	PH	PO2	RESULTS		
	PLT						PCO2	SAT	OTHER	<i>See hip/pelvis/fem</i> <i>veg</i>		
PT		U/A		DIP	EKG INTERPRETATION							
APTT		BHCG	ETOH	GLU								

PROVIDER HISTORY/PHYSICAL

29 yr ♂ w/ hip/femur pain sp "leg beat a stick" 7 days
 unable to walk 2' per ambulator.

O: A&C - no dx. vs
 thour of low ch/pt mm 80 *Back AT*
 head? old well body fac. & stuffs
 Cent CTR
 Cx: low ch/pt
 A&C soft, WT
 Q+ ↓ pain @ hip
 ⊕ pain/tightness/spasm
 of @ hamstring

Procedure
 Induction femur pain
 hip pain used 15%
 Marcaine
 Femur N. block
 external entry xT & injection of an
 redacted, ⊕ N. skin ejected
 3cc Marcaine

A/P ⊕ No fractures, ⊕ spasm of hamstring, ⊕ pain over hip/fem

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STU	ID STAMP
				b6-2
DIAGNOSIS			PROVIDER SIGNA	
hip/femur contusion				
			CODES	

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (ISSN or other); hospital or medical facility)

b6-4

EMERGENCY CARE AND TREATMENT (Doctor)
 Medical Record

STANDARD FORM 558 (REV. 9-96)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.203(b)(10)
 USAFA V1.00

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	LOG NUMBER	TREATMENT FACILITY EMT
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION			ARRIVAL	
STREET ADDRESS			DATE (Day, Month, Year) 5 JULY 03	TIME 1954
CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY	

SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
AGE 24	HOME PHONE		FLYING STATUS			DD 2568 IN CHART	
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			NAME OF INSURANCE COMPANY	

CURRENT MEDICATIONS Ø	INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
	ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT
ALLERGIES NKDA	IS THIS AN INJURY?			WHERE	
	INJURY/SAFETY FORMS			HOW	
			TETANUS		DATE LAST SHOT
					COMPLETED INITIAL SERIES
					<input type="checkbox"/> YES <input type="checkbox"/> NO

CHIEF COMPLAINT: **(R) LEG PAIN TOB: 2PKS/DAY ETH:**

CATEGORY OF TREATMENT			VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME	TIME				
<input checked="" type="checkbox"/> URGENT	1950	1950	BP	146/79		
<input type="checkbox"/> NON-URGENT	INITIALS	RESP	PULSE	87		
	[Redacted]	TEMP	WT	55KG		

LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSCC/CATH	CHEM:	ACUTE ABDOMEN		LS SPINE	
	BLOOD C&S X			SINUS		HEAD CT	
				ANKLE R/L		X @ Femur/Pelvis/THIP	

ORDERS					
<input checked="" type="checkbox"/> PULSE OX	97%	<input type="checkbox"/> MONITOR	<input type="checkbox"/> ECG		
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE

DISPOSITION	DISPOSITION QUARTERS /OFF DUTY	PATIENT/DISCHARGE INSTRUCTIONS
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.	
MODIFIED DUTY UNTIL	RETURN TO DUTY	

CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED	TO	WHEN
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED	TIME OF RELEASE	I have received and understand these instructions.		
<input type="checkbox"/> DETERIORATED		PATIENT'S SIGNATURE		

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. ISSN or other; hospital or medical facility)

EPAW [Redacted] **b6-4**
[Redacted]

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record
STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TYPE ORDER NOTED SIGN
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> URSING UNIT ROOM NO. BED NO. </div> </div>	↓	8J-03	2:00 HOURS
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> ① ② ③ ④ ⑤ ⑥ ⑦ </div> <div style="width: 80%;"> Adult ECW 2 Pt. hip flex contracture Stable NKDA Vitals per protocol Regular diet IVFs hebe + LNS flow </div> <div style="width: 10%; border-left: 1px solid black; padding-left: 5px;"> [Redacted] </div> </div>			
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> URSING UNIT ROOM NO. BED NO. </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> ⑧ ⑨ </div> <div style="width: 80%;"> Meds 2 prouts in am Motrin 800mg in am Plan: D/C to EPW Camp in am See D/C Summary [Redacted] </div> <div style="width: 10%; border-left: 1px solid black; padding-left: 5px;"> [Redacted] </div> </div>			
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> URSING UNIT ROOM NO. BED NO. </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> ⑩ </div> <div style="width: 80%;"> 24 vs 2330 8J 403 [Redacted] Thanks! [Redacted] [Redacted] </div> <div style="width: 10%; border-left: 1px solid black; padding-left: 5px;"> [Redacted] </div> </div>			
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> URSING UNIT ROOM NO. BED NO. </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> ⑪ </div> <div style="width: 80%;"> [Empty] </div> <div style="width: 10%; border-left: 1px solid black; padding-left: 5px;"> [Empty] </div> </div>			
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> URSING UNIT ROOM NO. BED NO. </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> ⑫ </div> <div style="width: 80%;"> [Empty] </div> <div style="width: 10%; border-left: 1px solid black; padding-left: 5px;"> [Empty] </div> </div>			

noted for [Redacted]
 [Redacted]

bb-2

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	(State or Country Code.)											
A	1	1	D	1		I	Z	For use of this form, see AR 40-400; the proponent agency is OTSG											
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE			5. SEX				
9	10	11	12	13	14	15	C11375 EPW [redacted] b6-4						16	17	18				
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION								
19	20	21	22	23	24	25	26	27	28	29	30	31	unk						
						2 y			2	9									
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER										
32	33	34	N/A			35	36	9 9											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION			BRANCH / CORPS							
N/A						46	u						N/A b6-4						
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE										
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61													
			K 7 9																
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				20. PREV. ADMISSION								
62	63	64 65 66 67 68 69 70				71				YEAR <input checked="" type="checkbox"/> NO									
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE												
72			ICWA																
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD				ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)												
72			ICWA																
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
29th CSM South																			
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)												
73	74	75 76 77 78 79 80				81 82 83 84 85 86													
5 0							0 3 0 7 0 9												
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)											
87	88	89	90	91 92 93 94 95 96				97 98 99 100 101 102											
A G A A								0 3 0 7 0 8											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)												
103	104	105 106 107 108 109 110				111 112 113 114 115 116													
FOR LOCAL USE																			
Dx: hip / femur contusion																			
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Dx 92401 PROC0531 Trauma 9 Inj 989 b6-2 </div>																			
ADMITTING OFFICER (Signature, [redacted] b6-2)						SIGNATURE OF ADMITTING CLERK [redacted] b6-2													
[redacted] b6-2						[redacted] b6-2													

MEDCOM - 13999

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD
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PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

PHYSICAL EXAMINATION

See 558
ER

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION <i>(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)</i>		REGISTER NO.	WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRM (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 14000

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
2300 8 July 03	Pt transferred from emt to dx hip/femur contusions. VSS, pt seems alert but not quite completely orientated. Lung sounds CTA, pulses palpable x4, bs@x4. Pt able to walk, 9/10 pain in RLE. IV @ LAC Btus, running well. Pt to d/c orders in AM, continue to monitor. [redacted] 91Wm6 b6-2
9 July 03 0600 0500 95.7 78 110 110/76 98%	Assumed pt. care @ 0500; Pt. resting. Awake easily by verbal command. A to x3. Lungs CTA. @ pulse x4. @ BS x4. Pt. has bruises + scars over chest and abd. area. @ complaints @ this time. [redacted] 91Wm6 b6-2
9 July 03 1110	Assumed pt care @ 1300. pt resting quietly. VSS. Lung CTA, abd soft non tender BS @ x4 quads. Crutches @ bs. Will cont to monitor - [redacted] 91Wm6
9 July 03 2000	pt being d/c'd to EPW camp in stable condition. [redacted] 91Wm6 SGT b6-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NO (SSN or Other)
	LAST	FIRST	MID
SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	
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

EPW # [redacted] b6-4

MEDICAL RECORD	VITAL SIGNS RECORD
-----------------------	---------------------------

HOSPITAL DAY	POST-OPERATIVE DAY	MONTH-YEAR	DAY	PULSE (0)	TEMP. F (°)	TEMP. C
		July	19		105°	40.6°
						40.0°
						40.0°
						39.4°
						38.9°
						38.3°
						37.8°
						37.2°
						37.0°
						36.7°
						36.1°
						35.6°
						35.0°

TEMP. C
(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD	BLOOD PRESSURE						
Record special data only when so ordered	HEIGHT:	WEIGHT:					

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)	REGISTER NO.	WARD NO.
---	--------------	----------

EPW [redacted] 66-4

VITAL SIGNS RECORDS

Medical Record

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

CLINICAL RECORD **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. Mo. Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION									
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	8	9	10	11	12			
7/8	[REDACTED]	VHA 5 per protocol	5	/	[REDACTED]						
		b6-2	13	/	[REDACTED]						
			21	/	[REDACTED]						
7/8	[REDACTED]	Reg Diet.	7	/	[REDACTED]						
			11	/	[REDACTED]						
			17	/	[REDACTED]						

ALLERGIES: YES NO PRIMARY DIAGNOSIS: hip / femur contusions ADDITIONAL PAGES IN USE: YES NO
NKOA PAGE NO: _____

PATIENT IDENTIFICATION: EPW # [REDACTED] b6-4

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

M17109

2nd PRIORITY MODERATE M171809

M171809

M1718

DECEASED

Mass Casualty Incident Tag Eastern PA EMS Council - 1997

(A)	(P)	TIME 1805
		AGE 24 SEX M
LUNGS		PULSE
RESP.		B.P.
A	V	

Patient Name (if known) TRAPPA C1875

Notes/Treatment Not Ant R Hip ↓ ROM
extreme pain & movement

R femur X-ray

17-99

1. LAST NAME, FIRST NAME / NOM / PRÉNOM		RANK / GRADE		MALE / HOMME	
SPECIALTY CODE / GPM		FEMALE / FEMME		RELIGION / RELIGION	
2. UNIT / UNITÉ					
NATIONALITY / NATIONALITÉ					
FORCE / ÉLÉMENT		DISEASE / MALADIE		PSYCH / PSYCH	
AT	ATA	N/M	M/CA	RBI / BNC	AIRWAY / TRACHÉE
3. INJURY / BLESSURE		HEAD / TÊTE		WOUND / BLESSURE	
FRONT / DEVANT		BACK / ARRIÈRE		NECK/BACK INJURY / BLESSURE AU COL/ÀU DOS	
				BURN / BRÛLURE	
				AMPUTATION / AMPUTATION	
				STRESS / TENSION	
				OTHER (Specify) / AUTRE (Spécifier)	
		fx @ Hip			
4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE					
ALERT / ALERTE		PAIN RESPONSE / RÉPONSE À LA DOULEUR		UNRESPONSIVE / SANS RÉPONSE	
VERBAL RESPONSE / RÉPONSE VERBALE		PULSE / PULS		TIME / HEURE	
		6. TOURNIQUET / GARRIOT		TIME / HEURE	
		NO / NON		YES / OUI	
7. MORPHINE / MORPHINE		DOSE / DOSE		TIME / HEURE	
NO / NON		10mg 1857		I/M	
8. IV / IV		TIME / HEURE		TIME / HEURE	
9. TREATMENT / OBSERVATIONS / CURRENT MEDICATIONS / ALLERGIES / PRESENT MEDICATIONS / ALLERGIES / ANTIDOTES					
X-RAYS - Probable old R fem neck fx					
Morphine 10mg I/M @ 1857					
10. DISPOSITION / DISPOSITION					
RETURNED TO DUTY / RETOURA L'UNITÉ		EVACUATED / ÉVACUÉ		DECEASED / DÉCÉDÉ	
TIME / HEURE		TIME / HEURE		DATE / DATE (Y/M/MD)	
11. PROVIDER / UNIT / OFFICER MÉDICALE / UNITÉ					

DD Form 1380, This form replaces previous editions of DD Form 1380 and DD Form 1380 (TEST), which are obsolete. U.S. FIELD MEDICAL CARD FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

12. REASSESSMENT / REASSESSMENT

DATE OF ENTRY (YYMMDD)	TIME OF ARRIVAL / HEURE D'ARRIVÉE
03 JUL 98	
UNIT / UNITÉ	
185D	
RTA / RTA	
13473	
PUNISHMENTS / PUNISSEMENTS	
86	
RESPONSE / RÉPONSE	
18	

13. CLINICAL COMMENTS / DIAGNOSIS
INFORMATION MÉDICALE / DIAGNOSTIQUES

14. ORDERS / ANTIBIOTICS (Specif) / TETANUS / IV FLUIDS
DIRECTIVES MÉDICALES / ANTIKOTIQUES (Spécifier) / TÉTANOS / IV FLUIDE

15. PROVIDER / OFFICER MÉDICALE		DATE / DATE (YYMMDD)
RETURNED TO DUTY / RETOUR À L'UNITÉ		TIME / HEURE
EVACUATED / ÉVACUÉ		
DECEASED / DÉCÉDÉ		
17. RELIGIOUS SERVICES / SERVICES RELIGIEUX		
BAPTISM / BAPTISÉ		PRAYER / PRIÈRE
ANointing / ONCTION		COMMUNION / COMMUNION
CONFESSION / CONFESION		OTHER / AUTRE
CHAPLAIN / CHAPELAIN		

DD Form 1380, DEC 91 (Back)

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, MI) EPW [REDACTED] b6-4			3. GRADE		ADMISSION REMARKS
4. SEX M	5. AGE unk	6. RACE Z	7. RELIGION unk	8. LENGTH OF SVC N/A	9. ETS N/A	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN 000-00-[REDACTED]		13. ORGANIZATION N/A		14. WARD ICU2	
15. FLYING STATUS N/A	16. RATING/DSG	17. DEPT. BEN K48	18. BRANCH/CORPS b6-4 N/A	19. UIC/ZIP		20. TYPE CASE DNOB1	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER				22. HOURS OF ADMISSION 1925	23. CLINIC SERVICE AAAA		ADMITTING OFFICER b6-2 D [REDACTED]
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION 50	26. DATE OF DISPOSITION 15 Jul 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 09 Jul 03			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY 28th CSH South				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES							
Heat Injury						992.5 584.9 E900.0 240.9	
						96.04 96.71	
35. Total Days This Facility							
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 7	f. TOTAL SICK DAYS 7		
36. Total Days All Facilities							
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 7	f. TOTAL SICK DAYS 7		
SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER [REDACTED] b6-2				MEDCOM - 14009 [REDACTED]			

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

Pink
golden
?scg
-appser

30-yr old, appearing ill, EPOW brought to [redacted] b2-2
+ obtundation. He was electively intubated in the ER for GCS of 7.
No other hx available.

PHYSICAL EXAMINATION

PE T 106 @ - 99.6 now @ p 93 bp 110/70 RLB 2.9
Pv. well appearing & intubated + sedated A & 48
Neck: massive multilobular goiter & thyroid bruit AWT 21 Amy 69
Lungs CTA @ AST 33 TBIL 1.4
CVA normal CGT 34
abd. benign TP 576
7.52/25.2/91/21/982

PROGRESS (Enter date of discharge and final diagnosis)

At 1700 clinically, pt presents with heat injury & ms d's + ARF. I do not suspect thyroid storm at this time due to lack of hyperreflexia (signs), reduction in HR & LVF + 2 of fever & well cont LVF + support on vent overnight

[redacted] b6-2

DATE 9 JULY	IDENTIFICATION NO.	ORGANIZATION
REGISTER NO.		WARD NO.

[redacted] b6-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 14010

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE

NOTES

09 July 03
1925

Pt. admitted to ICU #2 from EMT @ 1830 c dx. of heat injury. Pt. presented to EMT c Temp. 106.°R. Nursing assessment done: Neuro: Pupils equal @ 2mm & reactive but sluggish. Pt. is sedated. Resp: Vent. SIMV RR 14 TV 700 PEEP 5 FIO2 100%. c sats @ 98%. Pt. is breathing over the vent 4-8 breaths. ETT 25cm @ teeth. Equal rise/fall of chest. Crackles (B)U. CV: NSR. c murmur. HR 80's. 2+ pulses x4. cap refill brisk. GI: c BS x4 quadrants. c BM x2 watery, light brown in color. NGT (B) have clamped. GU: Foley to gravity c moderate amt. bright yellow urine, about 200cc/hr. Lines: 18g PIV (L) FA c NS @ 150cc/hr infusing. 16g PIV HL (R) FA. (R) Femoral Cordis c Vent. @ 10cc/hr, Vec. @ 4cc/hr & Versed @ 4cc/hr infusing.

09 July 03
2035

Pt.'s neck reddened & swollen. Able to palpate 2 large lumps on anterior of neck. ? Thyroid enlarged. Dr. [redacted] is aware

09 July 03
2115

Asked Dr. [redacted] if he would like to draw another ABG but he said it wasn't necessary @ this time.

09 July 03
2145

FIO2 ↓ 40%. Pt. tolerating c SpO2 maintaining @ 100%.

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

SPONSOR'S ID NUMBER (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.

EPW # [redacted] 66-4

41y10 ♂

PROGRESS NOTES
Medical Record

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

MEDCOM - 14011

DATE	NOTES
10 July 03 0050	Pt. doing well. Sedated w/ Fentanyl @ 100mc/hr, Vecuronium @ 3cc/hr & Versed @ 4cc/hr. RT in to v on vent settings @ 2400. FiO2 ↓ to 35%. Pt. tolerating that w/ vitals maintained @ 100%. [REDACTED] 147 hr
10 July 03 0200	Pt. starting to have extra movements, waking up thru sedation. Bolus of 2cc Versed & 2cc Vec given. [REDACTED] 146-2
10 July 03 0435	VSS through the night. Chem B & LFT's drawn & sent to lab. [REDACTED] 147 hr
10 July 03 (0750hrs)	Assumed care of patient @ 0530hrs. (Neuro): sedated & on vent. (Pneul) @ response to painful stimuli otherwise sedative/paralytic effective. Bist capillary refill to all extremities; < 3secs and palpable pulse. (HEENT): PERA → L → B → C → R → Bist response to light (sclera clear). Throat patent. ET #8 (25cm to the teeth) w/ vent settings @ SIMV = 14rpm, TV @ 700ml, FiO2 @ 35%, PEEP @ 5. Oral membranes moist w/ oral secretions removed via yank. (CV) = RRR's @ HR 60-80 bpm. Skin color pink. (Lungs) - CTA @ coarse breath rales. SaO2 > 98% (med vent). (GU): abd non-distended soft & flat. Hyperactive bowel sounds all quadrants & upper w/ hyperactive sounds. (Lines): IV NS @ (SDa) @ foley (#18ga); @ Femoral Cordis patent & flushed. Fentanyl, Versed & Vecuronium drip dcd @ 0700hrs for extubation. @ foley (#16ga) H/O blocked. N/G tube in (R) now clamped. (Plan): Extubate off med ventilator. [REDACTED] 146-2
10 July 03 (0800hrs)	K+ @ 2.5 this a.m. Order for 40mg KCl in 100ml x 2 received. K+ after receiving both K+ units. [REDACTED] 147 hr
10 Jul @ 0835	First 40mg KCl in 100ml NS started will monitor over next hour. [REDACTED] 147 hr
10 Jul @ 0900	Patient extubated → tolerated very well w/ no or difficulty breathing. SaO2 @ 98% RA @ secretions. Eyes open spontaneously. Verbalizing well to questions. Will keep O2 equip @ the head & monitor over next couple of hours for resp. problems. [REDACTED] 147 hr
10 Jul @ 0945	Second 40mg KCl in 100ml NS started. Continue w/ current plan of care. [REDACTED] 147 hr
10 Jul @ 1100hrs	Tolerating for fluids very well post-extubation. [REDACTED] 147 hr

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE: 10 Jul 03 (1210hr)
 NOTES: Repeat K⁺ p⁻ two KCl runs now @ 3.6. Dr. [redacted] informed of latest level. Patient tolerating liquids very well → advanced to regular diet. [redacted] b6-2

DATE: 10 Jul 03 1817
 Assumed care of pt @ 1700. VS, temp 99.1. Lung sounds clear bilaterally, apex to base. RR equal + unlabored & no use of accessory muscles noted. On Sat 96% RA. Radial + Pedal pulses strong + equal to palpation bilaterally. Pt has HL to (R) forearm I&G. Pt has I&G IV NS @ 150cc/hr to (Oac). Pt has Cordis HL to (O) femoral. All sites without signs of redness, swelling, or infiltration. PERRLA. Mucous membranes moist + intact. BS active x4 Quadrants. No tenderness or distention noted to abdomen on palpation. Pt reports having no BM until last pm since Saturday 05 Jul 03. Pt has Foley to gravity draining concentrated urine @ 300cc/hr. Pt moves all extremities at will. Pt has large mass to neck. Bilateral; >R >L. Pt reports that mass is not painful unless pressure applied. ND aware, dx of goiter. Will continue to monitor for changes. [redacted] b6-2

DATE: 11 Jul 03 0050
 Pt received 10mg Ambien PO for c/o not being able to sleep, will monitor for effectiveness. [redacted] b6-2

DATE: 11 July 03 0700
 Nursing - Pt alert & oriented x 3, VS. T. 99.9. Lung sounds CBA. + Bowel sounds x 4 Quadrants. Abdomen soft. Non tender to palpation. Foley in place draining clear yellow urine. Dark yellow urine. Pt c HL (R) Forearm [redacted] b6-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (ISSN 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.

[redacted] b6-4
 41y10 ♂

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
-----------	------------	----------------	-----------

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

NS@ 150cpm @ AC and @ Femoral Line. All patent & w/o s/s of infection. Pt with goiter to @ side of neck. C/o pain upon palpation. Pt tol Reg diet w/o complaint. Pt pending transfer to ICW#2. [REDACTED]

11 July 03 0965 Pt. transferred from ICU #2. to ICW #2 via ambulatory. A to x3. lungs CTA. (+) pulses x4. Foley to gravity & clear yellow urine. HL to @ FA; @ FA and @ femoral. C/o dizziness and pain to neck area. Anterior portion of neck is swollen. Will continue to monitor - [REDACTED]

1250 Pt. voided 700cc dark amber UOP via Foley [REDACTED]

11 July 03 1300 Pt awake & alert. VSS. Airway patent. Neck swollen HL to @ FA, @ FA & @ femoral, (D) s/s of infection noted to sites. lungs CTA, abd soft BS @ x4. BLE & BLUE & full Rom @ pulses. Foley cath to gravity intact. (D) C/o pain voided @ this time. Will cont to monitor - [REDACTED]

11 July 03 21:07 Pt. awake and alert in bed. Rec'd clo pt @ 21:00. Restraint x1 to @ wrist. PERRLA @ wNL. Skin w/D. Airway patent. Neck remains swollen. ICA @ BS @ x4. PIV to @ FA bruised and patent @ arm PIV HL patent. Femoral PIV HL patent and clamped off. C/o pain @ this time. Will cont. to mon. [REDACTED]

Addendum 0853 0200 Pt voided dk yellow urine 700cc [REDACTED] Pt awake for blood draw & extremely dry buccal mucosa. H&O given will mon. [REDACTED]

PROGRESS NOTES

T

NOTES

0457 Blood draw returned from lab. Platelet level @ $56 \times 10^3/\mu\text{L}$
for blood draw from Fem central line.

0457 2nd blood draw from antecub @ arm Platelet level
@ $51 \times 10^3/\mu\text{L}$. Dr. [redacted] aware of both lab results.

0625 Assume gpt care @ 0500. pt awake and alert.
No c/o pain @ this time. VSS. Lites to neck,
painful to palpate. Fem central line dsq C&I
no redness @ site. HR reg. Lungs CTA. Abd soft
BS x4 non tender. No distended. Full ROM to extremities.
 Foley cath to gravity draining dark amber urine. Sm hb-2
amt red sediment noted. Will continue to Mon [redacted]

12/003 1300 assumed pt care @ 1300. pt awake et alert. VSS. Airways
patent, anterior portion of neck swollen painful to palpate
lungs CTA, abd soft BS x4. Femoral central line, intact.
redness/swelling noted. ↓ et ↑ ext c full ROM ⊕ pulses.
c/o pain voiced @ this time. Will cont to monitor
hb-2 [redacted] 91wml

Foley cath to gravity intact [redacted] 91wml

1201 Rec'd c/o pt @ 21:00. Pt awake and alert in bed.

2145 Restraints x 2 @ wrist and ankle. Skin w/d. PERRLA ⊕

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

[redacted] hb-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509
Prescribed by GSA/ICMR FPMR (41 CFR) 101

TE

NOTES

cont'd ICA ⊕. B5 ⊕ x 4. ⊕ PPP ⊕. Fem central line ⊕ blood return patent to flush. Mouth and buccal mucosa remains dry. Throat remains swollen. Will cont to monitor [redacted]

Attendm - FTG draining yellow urine [redacted]

13 July 03 0540 Assume pt care @ 0500. pt asleep easy to wake. VSS. Fem central line dsq CDI patent to flush. HR reg. Lungs CTA. Abd soft

0520 98.8
63
20
104/66
93%

tender to palpate RLQ. Foley to gravity draining yellow UOP c sm amt of white and red sediment. Full ROM of extremities. Mouth dry. Throat swollen, tender to palpate. pt NPO for possible surgery today. will continue to monitor [redacted]

0930 Foley placed DTU by 1330 [redacted]

13 July 03 1400

Assumed pt care @ 1300. pt awake et alert. VSS. lungs CTA, abd soft, tender to palpate lower quads. B5 ⊕ x 4 quads ↓ et ↑ ext c full ROM ⊕ pulses. IV femoral central line, dsq CDI, infusing AB @ 75cc/hr 3 diff. c/o pain voiced @ this time. Will cont to monitor [redacted] 9110mle

2000. Pt care assumed @ 2100. CT complete. Pt. c/o leg ache. Tylenol given, pt - only wanted 1 325mg tab. HR Reg, lungs CTA, B5 ⊕ x 4. Pt. c/o having diff. c speech @ times, speaks broken english. IVCL to ⊕ femoral infusing 5 diff @ 75cc/hr. Dsng CDI. Will cont. to monitor [redacted]

b6-2

MEDICAL RECORD

PROGRESS NOTES

DATE: 14 July 03
 NOTES: Assumed PT care @ 0500. PT alert to verbal stimuli, no % pain at this time. VSS. Gotta to neck noticeably swollen. Femoral line dry and wires w/ signs of infection. Lung sounds are clear bilateral. No abdominal distension BSX4. Good pulse motor function on all extremity. Skin is warm + dry. Will continue to monitor. [REDACTED]

0510 97.9
 58
 14
 116/70
 95%
 0630
 b6-2

14 July 03
 0630 - PT express desire not to have medical procedure done. Change note notified. Continue to monitor PT. [REDACTED]

MOU103
 Surgery offered Thyroidectomy for Asymptomatic rapidly enlarging goiter (ovular). PT refuses surgery. DIC to EPW camp [REDACTED]

2000 Assumed care @ 1300. VSS. ATOx3. Octopain. Refused surgery. Femoral line removed, Diced + Pressure held for 10min, then pressure taped. Pt avail w/ae to EPW camp Will monitor [REDACTED]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (ISSN or Other)
	LAST	FIRST	MI	1074

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.
--	--------------	----------

[REDACTED] b6-4

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
-----------	------------	----------------	-----------


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


14 July 83 2210 Assume pt care @ 2100. VSS. ~~ti~~-tylenol
for pain @ 2100. C/o pain @ dog site of fem
cath. Swelling to throat tender to palpate. HR reg
lungs CTA. Abd soft B.S x 4. Voids per urinal. Am B
difficulty. Will continue to monitor —  9/16/86
k6-2


PROGRESS NOTES

DATE

NOTES

15 July 03 1200 - Pt alert lying in bed. Central line site looks good, no bleeding, 4x4 removed. VSS lungs CTA, BSE. Voicing no complaints this shift. Will cont to monitor -  ^{bl-2}

15 July 03 assumed pt care @ 1300. pt sitting up in bed awake 1330 at alert. VSS. assessment findings wnl. pt has discharge orders for the EPW camp, awaiting transportation. (D) complaints voiced. will cont to monitor  ^{bl-2}

15 July 03 pt discharged in stable condition, escorted by MP's 1530 to EPW camp  ^{bl-2}

RELATIONSHIP TO SPONSOR

LAST

SPONSOR'S NAME

FIRST

MI

SPONSOR'S ID NUM (SSN or Other)

TYPE OF SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT 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.



bl-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (RE)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER	TREATMENT	b2-2	
PATIENT'S HOME ADDRESS OR DUTY STATION					RECORDS MAINTAINED AT			
STREET ADDRESS EPW # [redacted] b6-4					DATE (Day, Month, Year) 09/07/03		ARRIVAL TIME 1707	
CITY			STATE	ZIP CODE	TRANSPORTATION TO FACILITY MEDSEVAC			
SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE		
AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM	YES	NO
AGE	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE		
AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			DD 2568 IN CHART			
CURRENT MEDICATIONS		INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT			
?		ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN	
?		IS THIS AN INJURY?			WHERE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
?		INJURY/SAFETY FORMS			HOW	DATE LAST SHOT	COMPLETED INITIAL SERIES	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT HEAT STROKE								
CATEGORY OF TREATMENT			VITAL SIGNS					
<input type="checkbox"/> EMERGENT	TIME	TIME		BP				
<input checked="" type="checkbox"/> URGENT	1700	1700	1710	91/47	87/39	1717	1725	1745
<input type="checkbox"/> NON-URGENT	INITIALS	PULSE	RESP	128	121	106/53	101/41	101/32
	[redacted] b6-2	TEMP	TEMP	33	34	123		105
		02	93.1			34		14 vent
						RECT 106.0	106	
						97%		100%
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT		<input checked="" type="checkbox"/> CXR PA & LAT/PORTABLE	C-SPINE	
	URINE C&S	<input checked="" type="checkbox"/> UA MSSC/CATH		CHEM: MET8		ACUTE ABDOMEN	LS SPINE	
	BLOOD C&S X					SINUS	HEAD CT	
						ANKLE R/L		
ORDERS								
<input type="checkbox"/> PULSE OX	<input type="checkbox"/> MONITOR			<input type="checkbox"/> ECG				
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE			
1700	LFTS, CBC, COAGS, MET8, UA			1720	ABG			
1710	100 UBO, 20 ETOMIDATE				N/G tube (foley)			
1715	TSH THYROID FUNCTION TEST				ETomidate 20mg			
1717	100 SUCC				VIC a. Versed 2mg			
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS				
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.	<input type="checkbox"/> 78 HRS.				
MODIFIED DUTY UNTIL		RETURN TO DUTY						
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN		
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	TIME OF RELEASE		I have received and understand these instructions.				
<input type="checkbox"/> DETERIORATED					PATIENT'S SIGNATURE			
PATIENT'S IDENTIFICATION <small>(For typed or written entries, give: Name -- last, first, middle; ID no. (ISSN or other); hospital or medical facility)</small>								

[redacted] b6-4

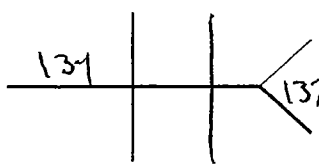
EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
-----------------------	--	-----------------------

TEST RESULTS

CBC	WBC	SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	H/H		SUP O2	PH	PO2	RESULTS	CXR C7-C8 vert compression fracture @
PLT	PCO2		SAT	OTHER	EKG INTERPRETATION		
PT	BHC	ETOH	GLU	DIP	JUA	MICRO	



PROVIDER HISTORY/PHYSICAL

Pt. 1st EFW brought by evac E temp 105 Ax & unresponsive.
 A: (+) gag pooling of secretions. 2° survey
 B: Labored BIL = BS no wheezes. HEENT: Neck (+) goiter PmtHx unknown.
 NO RACHIS. Heart tachycardic VS @ sochy
 C: B/P 89/39: cap refill > 2 sec. lungs CTABLL
 D: GCS 4; Pupils PERRL. Abd: soft BS & x4 no acute findings.
 E: Dry: hot skin no rashes. Ext's: NO deformities dry skin.
 Redul (+) tone. RT 100.

7.520 / 91 / 21 / 18° C - Pox

Pt. ETT 2° to GCS 4 → RSI; # 7.5; 25 cm @ teeth CXR; tube
 2 cm T carina. NO infiltrates. Passed thin cords. NO complications.
 B/P 116/48 / P O₂ 100% Pulse 108; Vent 700 r/min; F_iO₂ 100%; RR 14 SIMV.

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
Med			
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
Heart stroke			b6-2

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)

0 b6-4

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-96)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.203(b)(10)
 USAPA V1.00

QUALITY INDICES

CPW

10-4

9/7/03

Time	05	06	07	08	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	
BP														125/80	120/80	118/80	116/80	114/80	112/80	110/80	108/80	106/80	104/80	102/80	100/80
TEMP														97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8
HR														90	88	86	84	82	80	78	76	74	72	70	68
RR														14	14	14	14	14	14	14	14	14	14	14	14
SAO2														100	100	100	100	100	100	100	100	100	100	100	100
FI02														100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
INPUT																									
PO																									
IV NS														150	150	150	150	150	150	150	150	150	150	150	150
ARTIC														3	4	4	4	4	4	4	4	3	3	3	3
VELS														3	4	4	4	4	4	4	4	4	4	4	4
TUBING														10	10	10	10	10	10	10	10	10	10	10	10
TOTAL														150	310	484	652	820	988	1155	1322	1489	1656	1823	1990
OUTPUT																									
URINE																									
NGT														250	150	200	250	400	450	275	200	275	275	200	200
STOOL														0	0										
TOTAL														250	400	700	950	1350	1800	1075	1075	1500	1725	1725	1725
BALANCE														250	400	700	950	1350	1800	1075	1075	1500	1725	1725	1725

Initials

1 AUGUST'S INITIALS

10 JULY 05
EPW # [redacted] 106-4 Bed # 6

Time	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	01	02	03	04	
BP	108/70	120/70	105/60	110/68	111/84	111/63	115/65	109/59	94/53	105/44	110/52	104/50	101/40	93/37	93/37	97/39	98/40	102/46	102/46	100/40	100/40	100/40	102/46
TEMP	97.4	96.6	97.4	-	97.8	-	98.4	-	97.8	-	98.4	-	98.4	99.1	99.1	99.1	98.7	98.7	98.7	98.7	98.7	98.7	98.7
HR	74	67	61	58	76	61	41	40	58	64	59	64	77	74	74	74	71	71	71	71	71	71	71
RR	15	14	14	14	12	21	8	20	18	20	19	16	16	16	20	20	24	24	24	24	24	24	24
SAO2	100%	100%	100%	100%	98%	100%	100%	99%	98%	98%	98%	99%	99%	99%	98%	98%	98%	98%	98%	98%	98%	98%	98%
FI02	35%	35%	35%	35%	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
INPUT																							
PO	-	-	-	-	-	-	240	360	100				240										
IV NS	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
HEPHEC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
VEPHEC	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
TURNER	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
IVPB																							
Subtotal	167	167	150	150	350	350	390	510	800	950	150	390	450	450	450	450	450	450	450	450	450	450	450
TOTAL	167	334	484	634	874	1124	1514	2014	2324	2474	2624	2914	3214	3514	3814	4114	4414	4714	5014	5314	5614	5914	6214
OUTPUT																							
URINE	-	450	150	-	350	150	115	175	185	200	215	150	75										
NGT																							
STOOL																							
Subtotal	450	150	115	350	500	175	175	125	200	215	150	150	75										
TOTAL	450	480	600	950	1450	1625	1800	1925	2105	2350	2500	2675	2750	2825	2900	3075	3150	3225	3300	3375	3450	3525	3600
BALANCE																							
Initials																							

11 Jul 05 106-4181051
 #000-00-0 [redacted] Bed #40

Time	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	
BP			105/70																						
TEMP			37.9																						
HR			68																						
RR			20																						
SAO2			96																						
FIO2			RA																						
INPUT																									
PO																									
IV																									
NGT																									
VPB																									
TURN Q 2																									
TOTAL																									
OUTPUT																									
URINE																									
NGT																									
STOOL																									
TOTAL																									
BALANCE																									
Initials																									

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY											
POST-MONTH-YEAR	DAY										
19		11	12	13	14	15	16	17			
	HOUR	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00
PULSE (O)	TEMP. F (°)	98	98	98	98	98	98	98	98	98	98
180	104°										
170	103°										
160	102°										
150	101°										
140	100°										
130	99°										
120	98.6°										
110	98°										
100	97°										
90	96°										
80	95°										
70											
60											
50											
40											

TEMP. C
40.6°
40.0°
39.4°
38.9°
38.3°
37.8°
37.2°
37.0°
36.7°
36.1°
35.6°
35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD											
BLOOD PRESSURE		108/58	110/72	114/74	110/66	114/70	125/70	92/58			
HEIGHT:	WEIGHT →	93 1/2	95 1/2	95 1/2	93 1/2	95 1/2	98 1/2	96 1/2			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO. WARD NO.

EPW # [REDACTED] 66-4

EPW 0 [redacted] b6-4

Ward/Section: EMT			REQUESTING PHYSICIAN: Dr. [redacted]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST FIRST NAME 0 [redacted] b6-4			DATE July 23 1725		TIME 1725			SSN/PSEUDO SSN: 0 [redacted] b6-4
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	7.8	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	5.20	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	14.0	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	45.1	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	177	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	21.7	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSP			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT	17.5	9.8-13.6 secs						
APTT	20.8	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [redacted] b6-4			DATE: [redacted] b6-2		LAB ID NO.:			

[redacted] 095 ul 03

MEDCOM - 14026

Section: **ICU #2** RE: **SLING PHYSICIAN** **Dr. [REDACTED] b6-2** **CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 FIRST, MI. **EPW # [REDACTED] b6-4** DATE **10 JULY 03** TIME **1400** SSN/PSEUDO SSN:

(I-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
T	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
		95-98%	CHOL		100-200 mg/dl			

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

===== PICCOLO =====
 10/07/03 04:52
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] b6-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3082AA4
 OPER #: 678 DR #: 00
 SERIAL #: 0000100684

Misc. Chemistry	
RESULT	REF. RANGE
-I	

ALB	3.3	3.3-5.5	G/DL
ALP	52	26-84	U/L
ALT	29	10-47	U/L
AMY	239*	14-97	U/L
AST	47*	11-38	U/L
TBIL	1.8*	0.2-1.6	MG/DL
BUN	47*	7-22	MG/DL
CA ⁺⁺	7.8*	8.0-10.3	MG/DL
CHOL	134	100-200	MG/DL
CRE	1.6*	0.6-1.2	MG/DL
GLU	107	73-118	MG/DL
TP	5.9*	6.4-8.1	G/DL

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
tCO ₂		18-33 mmol/l

RKS: INST QC: OK CHEM QC: OK
 HEM 0 , LIP 0 , ICT 0

TESTED BY: [REDACTED] b6-2

Section: ICU # 2

RE: STING PHYSICIAN: [REDACTED]

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

FIRST, MI. # [REDACTED]

DATE: 10 JUL 03

TIME: 12:10

SSN/PSEUDO SSN: # [REDACTED]

66-4

66-4

(G-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
T	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE

		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
		80-105 mmHg (art) N/A (ven)	T			K ⁺		3.3-4.7 mmol/l
		23-27 mmol/L (art) 24-29 mmol/L (ven)	B	===== PICCOLO =====		CL ⁻		98-108 mmol/l
		22-26 mmol/L (art) 23-28 mmol/L (ven)	C	10/07/03	12:46	tCO ₂		18-33 mmol/l
		95-98%	C	REFERENCE RANGE:	MALE			
		(-2) - (+3) mmol/L	C	PATIENT #:	[REDACTED]			
		10-20 mmol/L	C	METLYTE 8	66-4			
		1.12-1.32 mmol/L	T	DISC LOT #:	3141AA4			
		8-26 mg/dl		OPR #:	269			
		70-105 mg/dl		DR #:	000			
		0.7-1.5 mg/dl	C	SERIAL #:	0000100494			
		38-51% PCV	E					
		12-17 g/dl	C					

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
tCO ₂		18-33 mmol/l

Misc. Chemistry

RESULT	REF. RANGE

INST QC: OK CHEM QC: OK
 HEM O, LIP O, ICT O

RKS:

TESTED BY:

DATE:

LAB ID NO.:

[REDACTED] 10 Jul 03
 66-4

Section: ICU #2 RECEIVING PHYSICIAN: _____
CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)

FIRST, MI. [REDACTED] b6-4 DATE 11/07/03 TIME 06:49 SSN/PSEUDO SSN: [REDACTED] b6-4

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel										
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE								
		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl								
		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl								
		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl								
		7.31-7.45	AST			CRE		0.6-1.2 mg/dl								
		35-45 mmHg (art) 41-51 mmHg (ven)	PICCOLO 11/07/03 06:55 REFERENCE RANGE: MALE PATIENT #: <u>[REDACTED]</u> <u>b6-4</u> METLYTE 8 DISC LOT #: 3141AA4 OPER #: 210 DR #: J00 SERIAL #: 0000100697			PICCOLO 11/07/03 06:54 REFERENCE RANGE: MALE PATIENT #: <u>[REDACTED]</u> <u>b6-4</u> LIVER PANEL PLUS DISC LOT #: 3135BA4 OPER #: 210 DR #: 000 SERIAL #: 0000100676										
		80-105 mmHg (art) N/A (ven)							GLU	80	73-118	MG/DL	ALB	2.8*	3.3-5.5	G/DL
		23-27 mmol/L (art) 24-29 mmol/L (ven)							BUN	13	7-22	MG/DL	ALP	49	26-84	U/L
		22-26 mmol/L (art) 23-28 mmol/L (ven)							CRE	0.3	0.6-1.2	MG/DL	ALT	85*	10-47	U/L
		95-98%							CK	854*	39-380	U/L	AMY	136*	14-97	U/L
		(-2) - (+3) mmol/L							NA ⁺	130	128-145	MMOL/L	AST	74*	11-38	U/L
		10-20 mmol/L							K ⁺	3.5	3.3-4.7	MMOL/L	TBIL	1.8*	0.2-1.6	MG/DL
		1.12-1.32 mmol/L							CL ⁻	106	98-108	MMOL/L	GGT	24	5-65	U/L
		8-26 mg/dl							TCO2	21	18-33	MMOL/L	TP	5.2*	6.4-8.1	G/DL
		70-105 mg/dl							INST QC: OK CHEM QC: OK			INST QC: OK CHEM QC: OK				
		0.7-1.5 mg/dl	HEM 0, LIP 0, ICT 0			HEM 0, LIP 0, ICT 0										
		38-51% PCV														
		12-17 g/dl														
Misc. Chemistry																
RESULT	REF. RANGE															

RKS:

TESTED BY: [REDACTED] DATE: 11/07/03 LAB ID NO.: _____

b6-2

EPW
 H [redacted] 66-4
 ICW

ordered by Dr. [redacted]

12 July 03
 1637

66-2

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ¹²	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Hb		130-500 x 10 ⁹	SG		N/A	Occ Bld		Negative
Lymph %		verified 20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spin Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D-dimer		< 20 ug/ml						
FDP		< 10 ug/ml						

REMARKS:

REPORTED BY:

DATE:

LAB ID NO:

ICW #2
[redacted]

66-4

1057 12 JU

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Plt		150-500 x 10 ³	SG		N/A	Gram Stain		
Lymph %		verified 20.5-51.1%	Bld		Negative	Occ Bld		Negative
(Hematology) Manual Differential			pH		N/A	H. pylori		Negative
			Segs		Mono	Prot		Negative
Bands		Eos	Urob		0.2-1.0	Malaria		
Lymph		Baso	Nit		Negative	O & P		
Atyp		Imm	Leuk		Negative	Other		
RBC Morph			HCG		Negative	Microscopic Urinalysis		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-31 secs						
D-dimer		<20 ug/ml						
FDP		<10 ug/ml						

REMARKS: AC site

REPORTED BY: _____ DATE: _____ LAB ID NO: _____

Ward/Section: ICW 2		PHYSICIAN: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: EPW [REDACTED]		DATE: 12/30/03		TIME: 04:07	
(i-STAT)		(Piccolo) Chemistry I2		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l
Cl		98-109 mmol/L	<p>===== PICCOLO =====</p> <p>12/07/03 04:55</p> <p>REFERENCE RANGE: MALE</p> <p>PATIENT #: [REDACTED] b6-4</p> <p>METLYTE 8</p> <p>DISC LOT #: 3141AA4</p> <p>OPER #: 678 DR #: 000</p> <p>SERIAL #: 0000100494</p>		
pH		7.31-7.45			
PCO2		35-45 mmHg (a)			
PO2		80-105 mmHg (a)			
TCO2		23-27 mmol/L (a)			
HCO3		24-29 mmol/L (v)			
HCO3		22-26 mmol/L (a)			
sCO2		23-28 mmol/L (v)			
Bleef		95-98%			
AnGap		10-20 mmol/L			
Ca		1.12-1.32 mmol	GLU	80	73-118 MG/DL
BUN		8-26 mg/dl	BUN	13	7-22 MG/DL
GLU		70-105 mg/dl	CRE	0.8	0.6-1.2 MG/DL
Creat		0.7-1.5 mg/dl	CK	762*	39-380 U/L
Hct		38-51% PCV	NA+	131	128-145 MMOL
Hgb		12-17 g/dl	K+	3.4	3.3-4.7 MMOL
Misc. Chemistry			CL-	105	98-108 MMOL
TEST	RESULT	REF. RANGE	tCO2	24	18-33 MMOL
Tropom-I		Negative	INST QC: OK CHEM QC: OK		
Drug of Abuse		Negative	HEM 0, LIP 0, ICT 0		
		Negative	(Piccolo) Liver Panel Plus		
		Negative	TEST	RESULT	REF. RANGE
		Negative	ALB		3.3-5.5 g/dl
REMARKS:			ALP		26-84 u/l
REPORTED BY:	DATE:	LAB ID NO.:	ALT		10-47 u/l
[REDACTED]	12/30/03		AMY		14-97 u/l
	b6-2		AST		11-38 u/l
			TBIL		0.2-1.6 mg/dl
			GGT		5-65 u/l
			TP		6.4-8.1 g/dl
			(Piccolo) Electrolyte		
			TEST	RESULT	REF. RANGE
			NA		128-145 mmol/L
			K+		3.3-4.7 mmol/L
			CL		98-108 mmol/L
			CO2		18-33 mmol/L

MEDCOM - 14033

10 JUL 03

I-STAT EG7+

Pt: 427

Pt Name:

Na 134 mmol/L

K 3.7 mmol/L

Ca 1.0 mmol/L

CO2 23 mmol/L

pH 7.38

HCO3 21 mmol/L

BE -1.2

SpO2 97%

Temp 37.0 C

HR 115 bpm

PR 91 mmHg

MAP 71 mmHg

SpO2 97%

SpO2 98%

SpO2 98%

SpO2 98%

SpO2 98%

SpO2 98%

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SpO2 98%

b6-4

ID: 000 [redacted] 12-07-03 03:59

Patient Limits

WBC	8.2	x10 ³ /uL	4.5	10.5
RBC	5.06	x10 ⁶ /uL	4.00	6.00
Hgb	14.2	g/dL	11.0	18.0
Hct	46.1	%	35.0	60.0
MCV	91.0	fL	80.0	99.9
MCH	28.1	pg	27.0	31.0
MCHC	30.8	L g/dL	33.0	37.0
Plt	94	x10 ³ /uL	150	450
LYZ	24.5	%	20.5	51.1
LY#	2.0	x10 ³ /uL	1.2	3.4

b6-2

ID: 000 [redacted] 12-07-03 04:57

Patient Limits

WBC	8.7	x10 ³ /uL	4.5	10.5
RBC	4.69	x10 ⁶ /uL	4.00	6.00
Hgb	13.5	g/dL	11.0	18.0
Hct	42.9	%	35.0	60.0
MCV	91.4	fL	80.0	99.9
MCH	28.9	pg	27.0	31.0
MCHC	31.6	L g/dL	33.0	37.0
Plt	51	x10 ³ /uL	150	450
LYZ	24.4	%	20.5	51.1
LY#	2.1	x10 ³ /uL	1.2	3.4

b6-4

ID: 000 [redacted] 12-07-03 04:12

Patient Limits

WBC	8.7	x10 ³ /uL	4.5	10.5
RBC	4.82	x10 ⁶ /uL	4.00	6.00
Hgb	13.8	g/dL	11.0	18.0
Hct	44.0	%	35.0	60.0
MCV	91.2	fL	80.0	99.9
MCH	28.6	pg	27.0	31.0
MCHC	31.3	L g/dL	33.0	37.0
Plt	56	x10 ³ /uL	150	450
LYZ	25.4	%	20.5	51.1
LY#	2.2	x10 ³ /uL	1.2	3.4

b6-4

ID: 000 [redacted] 12-07-03 16:39

Patient Limits

WBC	9.8	x10 ³ /uL	4.5	10.5
RBC	5.15	x10 ⁶ /uL	4.00	6.00
Hgb	14.1	g/dL	11.0	18.0
Hct	46.7	%	35.0	60.0
MCV	90.6	fL	80.0	99.9
MCH	27.4	pg	27.0	31.0
MCHC	30.3	L g/dL	33.0	37.0
Plt	79	x10 ³ /uL	150	450
LYZ	23.0	%	20.5	51.1
LY#	2.2	x10 ³ /uL	1.2	3.4

b6-4

ID: 000 [redacted] 12-07-03 04:12

Patient Limits

WBC	8.7	x10 ³ /uL	4.5	10.5
RBC	4.82	x10 ⁶ /uL	4.00	6.00
Hgb	13.8	g/dL	11.0	18.0
Hct	44.0	%	35.0	60.0
MCV	91.2	fL	80.0	99.9
MCH	28.6	pg	27.0	31.0
MCHC	31.3	L g/dL	33.0	37.0
Plt	56	x10 ³ /uL	150	450
LYZ	25.4	%	20.5	51.1
LY#	2.2	x10 ³ /uL	1.2	3.4

MEDCOM - 14034

estimate

ICWJ
EPW# [redacted]

[redacted] b6-2
[redacted] b6-4

112 JUL 1 0407

(Hematology) CBC

Urinalysis

Misc. Serology

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Plt		150-500 x 10 ³ verified	SG		N/A	Gram Stain		
Lymph %		20.5-51.1%	Bld		Negative	Occ Bld		Negative

(Hematology) Manual Differential

Segs	Result
Bands	Mono
Lymph	Eos
Atyp	Baso
	Imm

platelet decreased

TEST	RESULT
Prot	Negative
Urob	0.2-1.0
Nit	Negative
Leuk	Negative
HCG	Negative

TEST	RESULT	REF. RANGE
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

CSF

Blood Bank

Spun Hematocrit		42-52% (M) 37-47% (F)	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED
Sed Rate			Directigen		Negative	
Other						ABO/Rh

Coagulation Studies

**Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D-dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS: Fem Central line

REPORTED BY: [redacted] DATE: [redacted] LAB ID NO: [redacted]

ICLR

[redacted] 66-4

13 JUL 0330

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ¹²	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Plt		150-500 x 10 ⁹ verified	SG		N/A	Gram Stain		
Lymph %		20.5-51.1%	Bld		Negative	Occ Bld		Negative
(Hematology) Manual Differential			pH		N/A	H. pylori		Negative
			Segs			Prot		Negative
Bands		Mono	Urob		0.2-1.0	Malaria		
Lymph		Eos	Nit		Negative	O & P		
Atyp		Baso	Leuk		Negative	Other		
Atyp		Immu	HCG		Negative	Microscopic Urinalysis		
RBC Morph								
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate								
Other			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen		Negative			
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D-Dimer		<20 ug/ml						
FDP		<10 ug/ml						

Adequate Hct
Pit

REMARKS:

REPORTED BY:

DATE:

LAR ID NO.

MEDCOM - 14036

Ward Section: **ICU 2**
 LAST FIRST MI: **[REDACTED]**
 # **[REDACTED]** **b6-4**

ORDERING PHYSICIAN:

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)
 SSN/PSUEDO SSN:

DATE: **13 Jul 03** TIME: **0330**

(STAT)

(Piccolo) Chemistry I2

(Piccolo) Metabolic Panel

TEST	RESULT	REF RANGE
Na	138	140 mmol/L
K	3.5	4.0 mmol/L
Cl	98	109 mmol/L
pH	7.31	7.45
PCO2	38.45	mmHg (corr)
PO2	11.51	mmHg (corr)
tCO2	30.105	mmHg (corr)
tCO2	32.7	mmol/L (corr)
HCO3	21.2	mmol/L (corr)
HCO3	22.2	mmol/L (corr)
SO2	23.38	mmol/L (corr)
BL ccc	0.21	1.34 mmol/L
AnGap	10	20 mmol/L
Ca	1.12	1.32 mmol/L
BUN	8.26	mg/dL
GLU	90	mg/dL
creat	0.745	mg/dL
Hct	36.51%	PCV
Hgb	12.17	g/dL

===== PICCOLO =====
 13/07/03 04:28
 REFERENCE RANGE: MALE
 PATIENT #: **[REDACTED]**
 METLYTE 8 **b6-4**
 DISC LOT #: 3141AA4
 OPER #: 678 DR #: 000
 SERIAL #: 0000100494

TEST	RESULT	REF RANGE
GLU	90	73-118 mg/dL
BUN	9	7-22 mg/dL
CRE	1.1	0.6-1.2 mg/dL
CK	384*	39-380 U/L
NA+	136	128-145 mmo/L
K+	3.2*	3.3-4.7 mmo/L
CL-	101	98-108 mmo/L
tCO2	27	18-33 mmo/L

(Piccolo) Liver Panel Plus

TEST	RESULT	REF RANGE
ALB	3.55	3.5 g/dL
PT	26.84	u/L
TT	10.47	u/L
AMY	14.97	u/L
ST	11.38	u/L
BIL	0.21	1.6 mg/dL
GT	8.65	u/L
P	6.48	1 g/dL

Misc. Chemistry

TEST	RESULT	REF RANGE
Top panel	Negative	
Drug of Abuse	Negative	
	Negative	
	Negative	
	Negative	

INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 0

(Piccolo) Electrolyte

TEST	RESULT	REF RANGE
Na	138	145 mmol/L
K	3.5	4.7 mmol/L
Cl	98	108 mmol/L
tCO2	27	18-33 mmol/L

REMARKS:

REPORTED BY:

[REDACTED]

DATE:

13 Jul 03

LAB ID NO.:

b6-2

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

CXR

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		# [REDACTED]	bl-4	
FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
REQUESTED BY (Print):				TELEPHONE/PAGE NO.
DR [REDACTED]				
SIGNATURE OF REQUESTOR				DATE REQUESTED

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

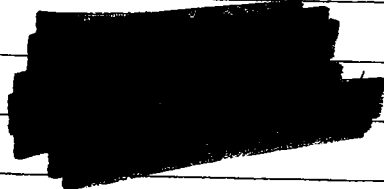
HEAT INJURY

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

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

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
11 Aug 68	<p>Med RN Pt hospitalized yesterday & difficult to get out of bed > 95% on RA like is back to baseline, mental status A&T has resolved & rehydrated, wife is taking PD's difficult Thyroid US performed yesterday revealed multi-lobed @ globe. Will defer to General Surgeon regarding to thyroidectomy. d-w pt ready for d/c</p>
	
	66-2

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

[redacted] b6-4

10 Jul 03 0800
① Kcl 40mg in 100cc NS over 2 hrs
x2

Motel @ 0800h
Kach...
10 Jul 03

ICU #2 6

[redacted] b6-2

[redacted] b6-4

10 Jul 03 0900
① DKA NGT
② Clean biopsy in 2^o then advance
as tolerated
③ ✓ K p k-us finished

Motel @ 0905
10 Jul 03
[redacted] b6-2

ICU #2 6

[redacted] b6-2

11 Jul 03 0050

Amikacin 10mg po x 1 for sleep
u/o Dr. [redacted] [redacted]

b6-2