

OR IN AM

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] (b)(6)-2
	DATE REQUESTED 17 July 03	DIAGNOSIS OR OPERATIVE PROCEDURE S/P (L) leg Amputation
	DATE AND HOUR REQUIRED ON CALL	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) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED clot in LAB
		TIME VERIFIED LAB

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
[REDACTED]	[REDACTED]	ANTIBODY SCREEN	CROSSMATCH	<input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR	PATIENT NO.	MA	Comp	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 [REDACTED]
ABO	RECIPIENT	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 16 Jul 03
Rh	ABO	REMARKS: Etp 19 Jul 03		
Rh	Rh			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
INSPECTED AND ISSUED BY (Signature) [REDACTED] (b)(6)-2		AMOUNT GIVEN 350 ML	TIME/DATE COMPLETED/INTERRUPTED 2400 16 July 03	
AT (Hour) 2235	ON (Date) 16 Jul 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 38.1	PULSE 120
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] CPT/AN (b)(6)-2	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
2nd VERIFIER (Signature) [REDACTED]	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____			
PRE-TRANSFUSION TEMP. 38.0	PULSE 119	BP 122/72	SIGNATURE OF PERSON NOTING ABOVE [REDACTED] CPT/AN	
DATE OF TRANSFUSION 16 July 03	TIME STARTED 2240	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) [REDACTED] (b)(6)-2		
SEX MALE		WARD ICU #1		

EPW [REDACTED] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 14441

OR IN AN

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] (b)(6)-2
	DATE REQUESTED 17 July 03	DIAGNOSIS OR OPERATIVE PROCEDURE S/p Leg Amputation
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER (b)(6)-2 [Redacted] CPT/AN
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED clot in LAB
		TIME VERIFIED LAB

SECTION II - PRE-TRANSFUSION TESTING

UN [Redacted] DONOR [Redacted] ABO [Redacted] Rh [Redacted]	TRANSFUSION NO. _____ PATIENT NO. [Redacted] RECIPIENT (b)(6)-4 ABO [Redacted] Rh [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: MA CROSSMATCH: Comp	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [Redacted] (b)(6)-2
CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 16 Jul 03	
REMARKS: EXP 19 Jul 03			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA			
INSPECTED AND ISSUED BY (Signature) [Redacted] (b)(6)-2		AMOUNT GIVEN Total ML	TIME/DATE COMPLETED/INTERRUPTED 17 July 2003		
AT (Hour) 11:30	ON (Date) 17 Jul 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 99	PULSE 111	BLOOD PRESSURE 106/44
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] (b)(6)-2		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
2nd VERIFIER (Signature) [Redacted] (b)(6)-2		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____			
PRE TRANSFUSION TEMP. 35	PULSE 114	BP 84/40	SIGNATURE [Redacted] (b)(6)-2		
DATE OF TRANSFUSION 17 Jul 03	TIME STARTED 1146	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial; date; hospital or medical facility) [Redacted] (b)(6)-2			
EPW [Redacted] (b)(6)-4		WARD ICU #1			

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 14442

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

Form section I containing fields for Component Requested (Red Blood Cells checked), Type of Request (Crossmatch checked), Requesting Physician (Dr. [redacted]), Date Requested (16 July), and Signature of Verifier (CPT/AN).

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Patient No., Recipient ABO/Rh, Test Interpretation (N/A, COMP), and Previous Record Check (Record checked).

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-Transfusion Data (Inspected and Issued, AT 0953), Post-Transfusion Data (Amount Given 1070 ML, Time/Date Completed 17 Jul 03), and Patient Identification (Name [redacted], Sex Male, Ward Full #1).

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMIR, FIRMAR (41 CFR) 201-9.202-1

MEDCOM - 14443

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 OF ORDERS NOTED SIG
# [REDACTED] (b)(6)-4				13 July 03	1530 HOURS	
			①	500cc RL Bolus now please		[REDACTED]
			②	↓ IMV to 12		[REDACTED]
			③	↓ F <sub>O2</sub> to 0.4		(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST OF ORDERS NOTED SIG
# [REDACTED] (b)(6)-4				13 July 03	1800 HOURS	
			1	700cc IVF Bolus RL please		
			2	D IVF to NS @ 125cc/l		
			3	↓ IMV to 10		(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST OF ORDERS NOTED SIG
# [REDACTED] (b)(6)-4				7-14	0645 HOURS	0645
				500cc NS Bolus 1/0 Dr.		[REDACTED]
				(b)(6)-2		(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST OF ORDERS NOTED SIG
# [REDACTED] (b)(6)-4				14 July 03	1800 HOURS	
			1	Exhale		
			2	all normal		
			3	repeat ABG 30min 7 exhalation		
			4	O <sub>2</sub> via mask / NC to keep Sat <sub>2</sub> 79%.		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2			

MEDCOM - 14444

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 OF NOTICES
EPW (b)(6)-4			13 July 03	1830	
			Admit to ICU 1		
			STAT @ neck exp / ex leg & thorax		✓
			critical		
			Vitals q 15 min strict L&S monitoring		✓
			Foley to gravity		✓
			NPO	(b)(6)-2	✓
			Bedrest		✓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
EPW (b)(6)-4			13 July 03	1830	
			Vent 100% 14 / .5 / 800 / 5 PEEP		✓
			OK on arrival to ICU		✓
			transcribe remaining for MAP		✓
			transcribe 2 in P&S, each unit ~ 10		✓
			Warm patient, actively to 98.4		✓
			radline chest care		✓
			(b)(6)-2		✓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
EPW (b)(6)-4			13 July 03	1830	
			change oxylan, abdo drsg q 4h		✓
			q prn		
			bandaids to @ po @ bbia		
			change @ knee, @ back injury q 4h		✓
			Arct, T q 4h		✓
			Jantra 50mg q 8h		✓
			(b)(6)-2		✓
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
EPW (b)(6)-4			13 July 03	1830	
			popul get; advance to effect		✓
			Repeat case, @ MAP / ABP when blood		✓
			transcribed.		
			call MD for MAP < 80 mmHg or bleeding		✓
			or SBP < 90	(b)(6)-2	✓
			IVF RL @ 125 u / 0		✓

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MA

MEDCOM - 14445

11-478-200

all(b)(6)-4

all(b)(6)-2

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]			14 July 03	0930	[REDACTED] <i>0930</i>
			1	300 cc NS IV Bolus	
			2	D IV to NS @ 150cc/0	
			3	Repeat ABG ~30 min after bolus	

NURSING UNIT	ROOM NO.	BED NO.
		[REDACTED] <i>102</i>

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			14 July 03	1100	[REDACTED]
			①	Altered NEBS 0.5 cc i/n 2.5 NS APRESOL Q4hrs	

NURSING UNIT	ROOM NO.	BED NO.
		[REDACTED] <i>V.O. DR [REDACTED]</i>

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			14 July 03	2135	[REDACTED] <i>MAGJAN</i>
			②	Admit to UH	
			②	87P @ popliteal artery interposition graft suture	
			③	Renew previous orders	
			④	4AM labs CBC, chem 7 ABG	
			⑤	MSO4 2-Long IV q1pm	

NURSING UNIT	ROOM NO.	BED NO.
		[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			14 July 03	2035	[REDACTED]
			⑥	CPR 1st AP in AM	

NURSING UNIT	ROOM NO.	BED NO.
		[REDACTED]

DA FORM 4256 1 APR 79

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

*all (b)(6)-4* *all (b)(6)-2*

**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]				18 July 03	0015	
NURSING UNIT				1	Admit to ICU-1	
ROOM NO.				2	5/12 decort. D. many	
BED NO.				3	renew orders.	
				4	keep sedated	
				5	propofol q 4h to effect	
					Am labs, use den 7 to pmt/ASA.	

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				15 July 03	0830	
NURSING UNIT				1	Δ additional notes to gvt prn	
ROOM NO.				2	start of CNR	
BED NO.						

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED]				15 JUL 03	0924	
NURSING UNIT				①	Spine Precautions - Flat Bed Rest	
ROOM NO.					Log Roll to Turn	
BED NO.						

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				7-15	1330	
NURSING UNIT				PO D.	250cc	
ROOM NO.				St. albumin for UO.		
BED NO.						

*done 7/17/03 0900*  
*4/4/03 in 1000 N3 over*  
*V.O. DR [REDACTED]*

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE

MEDCOM - 14447

**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]	(b)(6)-4		15 July 03	1545	1600
			1	Admit to ICU-1	
			2	Stabil	
			3	SPR (C) knee disarticulation	
			4	Resume all previous orders.	
			5	Wear of brace to stabilize	
				(b)(6)-2	
# [REDACTED]	(b)(6)-4		2245	10 JUL 03	
				T.O.	
				① keep inhibited - resume prev setting	
				② procedure for sedation.	
				(b)(6)-2	(b)(6)-2
# [REDACTED]	(b)(6)-4		16 July 03	D820	(b)(6)-2
			①	dep suction of 6 & prn	
			②	CPT of 1-leg roll	
			③	wean to exhale	
			④	QAM CXR	
			⑤	NPO 8am	
				(b)(6)-2	
# [REDACTED]	(b)(6)-4		16 July 03	2040	
			①	Transfuse T in case	
			②	IVF to 125cc/10	
			③	Type & cross for two additional units	
				(b)(6)-2	



ICU I

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] (b)(6)-4			17 July 03	0935 HOURS	(b)(6)-2
			①	transcribe 2 nurse, each over 2 hours (b)(6)-2	[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
# [REDACTED] (b)(6)-4			17 JUL 03 (b)(6)-2	1158 HOURS	(b)(6)-2
			①	Unclasp lumbar drain and drain 20 cc spinal fluid @ 10	[REDACTED]
			②	Call Dr. [REDACTED] with any lumbar drain problems.	[REDACTED]
			③	Clear liquids when fully awake!	[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
[REDACTED]			17 JUL 03	[REDACTED] HOURS	(b)(6)-2
			[REDACTED]	[REDACTED]	[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
# [REDACTED] (b)(6)-4			17 JUL 03	1640 HOURS	(b)(6)-2
			①	May use prop-fol boluses untilversed drip arrives	[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			

MEDCOM - 14449

all (b)(6)-4

all (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AFI 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]			17 July 03	1245	
			① Admit to ICU - 1 s/p ② TKA washout, central line, lumbar drain ③ Review all prep orders. ④ p/cxr on arrival to ICU		
					14750
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			17 July 03	1245	
			① Lumbar drain per neurosurg. ② Sips clears when awake. MUST HAVE RESPIRATION PRECAUTIONS WHEN FEEDING		
					17020
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			17 July 03	1245	
			① fluid Debrat feeding tube may begin, ensure 20cc once position verified. ② All sips ③ ensure, 20cc p/Lit		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			17 July 03	1300	
			① Check residuals q20 held for >80cc ② Temp 20 mg IV now please.		

ICU 3

#1



(b)(6)-4

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
	17 July 03	1831	(b)(6)-2
	1) Albuterol / Albuterol nebulizer		
	2) Albuterol 2.0/3.0cc q4h		
	3) Pantoprazole 300mg IV qd		
	4) DC Arant		
	5) Fentanyl 2ug IV q8h		
	6) Morphine 4mg IV PRN		
	7) CBC, WBC, Hgb, Hct		
	17 July 03	1615	
	1) Vent settings - SIMV 14, TV 600, PEEP 5, FiO2 100%, Wmean		
	2) o/c Fentanyl		
	3) Zolyn 3-325 q IV q 6h		
	4) G-pro 400mg IV q 12h		
	17 July 03	1635	
	1) Vented with vit rate 40		
	2) V.O. [redacted]		
	3) [redacted]		
	4) [redacted]		

MEDCOM - 14451

(b)(6)-2

all (b)(6)-4 (with one exception that is individually annotated)

all (b)(6)-2

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
	17 Jul 03	1800 HOURS	
	(1) Δ Vent ↑ PEEP & ↓ Rate to B done 1805 (2) Chem 12 New done 1808 (3) Tylenol 650mg PR Q4 <sup>h</sup> PM 7:10/15 V.I. DP		
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 JUL 03	0828 HOURS	
	(6) KCl 40 meq / 100 cc NS over 20 (central line)		
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 July 03	0830 HOURS	
	(1) Chem 7 after current run of KCl (2) Δ to ms04 gtt once function of kidneys (3) Reglan 10 mg IV q 8 <sup>h</sup> (4) Suction BTT q 4 <sup>h</sup> p.m. (5) OAM labs csk chem 12, ABG (6) OAM csk		
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 July 03	1130 HOURS	
	(1) KCl 40 meq / 100 NS / 2 hours		
NURSING UNIT	ROOM NO.	BED NO.	

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
# [REDACTED] (b)(6)-4			19 July 03	0930	1100
			1	Admit to ICU -	
			2	S/P washout / bronch	
			3	Resume all previous orders.	
			4	Dulcinox supp per colost today	
			5	QD 4 pin disc AS; 4x4; pack corner of drsg into wound to keep skin edges separated.	(b)(6)-2
NURSING UNIT	ROOM NO	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
# [REDACTED] (b)(6)-4					(b)(6)-2
			6	Wear H <sub>2</sub> O <sub>2</sub> to keep Saly 795%	
			7	chem 7 after run of 40mg KCl	
			8	40mg	
			8	1g MgSO <sub>4</sub> in 100 cc NS IV q 10	
			9	↓ PEEP to 5	
			10	Repeat AX 30mm after change.	(b)(6)-2
NURSING UNIT	ROOM NO	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
# [REDACTED] (b)(6)-4			19 July 03	1130	1130
			1	4g NaCl tablets (crushed) per <del>net gb</del> <del>per</del> changed to 2g low dose	(b)(6)-2
			10	4g sodium phos with 100 cc NS Per Dr. [REDACTED]	(b)(6)-2
NURSING UNIT	ROOM NO	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
# [REDACTED] (b)(6)-4					(b)(6)-2
			1	Continue 4g NaCl p - Net gb	
			2	3% NaCl, 40 cc / 1000 cc	
			3	500 cc NS IV F bolus now please	(b)(6)-2
NURSING UNIT	ROOM NO	BED NO.			

MEDCOM - 14453

**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] (b)(6)-4			↓ ①	DATE OF ORDER 19 Jul 03	TIME OF ORDER 1940 HOURS	LIST TIME ORDER NOTED AND SIGN [Signature]
NURSING UNIT ROOM NO. BED NO.			Give 250 cc of 5% Albumin Dosep to Dr [redacted] cpt/AN for [redacted] (b)(6)-2 [redacted] (b)(6)-2			

PATIENT IDENTIFICATION # [redacted] (b)(6)-4			1 2	DATE OF ORDER 19 July 03	TIME OF ORDER 2130 HOURS	LIST TIME ORDER NOTED AND SIGN [Signature]
NURSING UNIT ROOM NO. BED NO.			1 Enema @ 10 cc / 10 2 V remediants q 4h, KVO Noted [redacted] 19 Jul 03 (w/ OBT) [redacted] (b)(6)-2			

PATIENT IDENTIFICATION # [redacted] (b)(6)-4			1 2 3 4 5	DATE OF ORDER 20 July 03	TIME OF ORDER 0945 HOURS	LIST TIME ORDER NOTED AND SIGN [Signature]
NURSING UNIT ROOM NO. BED NO.			1 D/C 3% NaCl done 2 repeat NaCl 0930 done 3 D/C NaCl per NaT. 4 Near sedation 5 40 KCl in 100cc NS IV ~ 20 11/30/done [redacted] (b)(6)-2			

PATIENT IDENTIFICATION [redacted] (b)(6)-4			① ②	DATE OF ORDER 20 July 03	TIME OF ORDER 0945 HOURS	LIST TIME ORDER NOTED AND SIGN [Signature]
NURSING UNIT ROOM NO. BED NO.			① D/C TF ② Continue sedation Duocolax in colostomy qd V.O. STAMP [redacted] [redacted] (b)(6)-2			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 74 WHICH MAY BE USED

MEDCOM - 14454

All (b)(6)-4

All (b)(6)-2

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]			21 July 03	0930	
			1	MVI (char?) T PNAT QD	
			2	Restant TK @ 20cc l <sup>o</sup>	
			3	Erythromycin 500mg PNAT q 6 <sup>o</sup> & 72 <sup>o</sup>	
			4	NAD > MN	
			5	KCl 40meq in 100UNNS IV ~ 20	1130 [REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			22 JUL 03	0626	
			1	↑ Lumber drainage to 30 cc/hr.	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			22 July 03	0905	
			1	Restant NaCl 4g PNAT q 6 <sup>o</sup>	[REDACTED]
			2	KCl 40meq in 100UNNS IV ~ 20	[REDACTED]
			3	MgSO4 12g in 100UNNS IV ~ 20	[REDACTED]
			4	Restant TK @ 20cc l <sup>o</sup>	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
# [REDACTED]			7/22/03 2150		
			1	QID erythromycin	[REDACTED]
			2	Mylatin swish & swallow supern	[REDACTED]
				10, 2mL QID	[REDACTED]

All (b)(6)-4

All (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AFR 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]			23 July 03	1000 HOURS	
			① Repeat chem 7 if Na 125 on low start 3% NaCl @ 20 cc/1°	1200	
			② Δ TR to Jevity plus @ 40 cc/1°		
			③ ↓ ICR to 8!	1100	
			④ V ASU 30 minutes after Vent change	1130	
			⑤ Loxiv 20 mg IV Plus Am	1200	
			⑥ KCl 40mg in 100cc NS IV ~ 2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Ick-1 # [REDACTED]			23 July 03	1000 HOURS	
			⑦ P/L chem 12 @ AM		
			⑧ Δ @ AM labs to cbl, chem 7, ASU.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED]			23 July 03	1700 HOURS	
			V.I.O. DR [REDACTED]		
			25 July 03 0720		
			1 2g MgSO4 in 100cc NS IV ~ 1°		
			2 3% NaCl to 30 cc/1°		
			40mg KCl in 100cc NS IV ~ 20		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED]			24 July 03	1700 HOURS	
			1 Admit to ICU-1		
			2 S/P closure @ PRA		
			3 Resume all pending orders		
			4 MD to D duty		
			5 Resume TR @ 20 cc/1°		
			6 Chem 8		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE

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A11 (b)(6)-4

A11 (b)(6)-2

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
			25 July 03	0046 HOURS	
			① 5mg Haldol IV Q1 until <del>sedated</del> Relaxed Max 15mg.		
			② 2mg IV Ativan x 1		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			25 July 03	0815 HOURS	
			1 olc Haldol		
			2 PTF 20 cc/10 g 8° to goal if 80 cc/10		
			3 levip 20 mg IV @ AM for wk		
			4 olc QAM ASK.		
NURSING UNIT	ROOM NO.	BED NO.	5 Keep Satz 75% via NC		
100-1			6 chem 7 @ 1800 today.		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			25 July 03	0825 HOURS	
			7 40mg KCl in 100cc NS IV in 2°		
			8 olc Zantac		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			26 July 03	0820 HOURS	
			- 40mg KCl in 100 cc NS IV in 2°		
			- olc [REDACTED]		
			- 20 mg levip today @ noon		
			- olc 5% NaCl		
			- 2g NaCl post of @ even		
NURSING UNIT	ROOM NO.	BED NO.	- Haldol 2.0 mg PO q 24°		
			PTF to 80cc/10		

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.

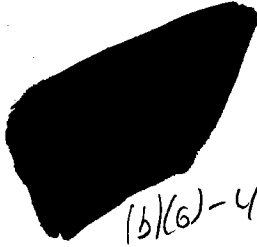
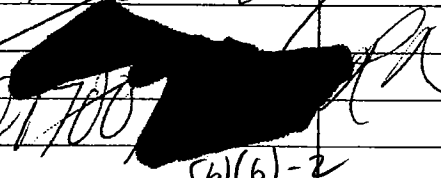
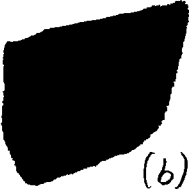
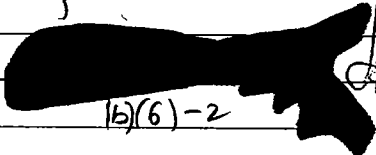

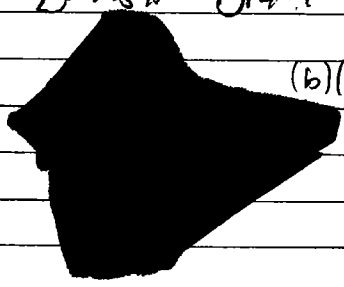
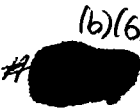

2 MEDCOM - 14457

to 25/03 e 1845 NS [REDACTED]

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION  (b)(6)-4			DATE OF ORDER 20 July 03	TIME OF ORDER 1630 HOURS	LIST TIME ORDER NOTED AND SIGN
			1	Aspirin 325mg T <del>PRN</del> do, 1 <sup>st</sup> dose now	
			2	Halcion 5mg PRN @ 1800 daily	
NURSING UNIT ROOM NO. BED NO.			(b)(6)-2 		
PATIENT IDENTIFICATION  (b)(6)-4			DATE OF ORDER 26 Jul 03	TIME OF ORDER 1800 HOURS	LIST TIME ORDER NOTED AND SIGN
			Clarification: ① Halcion 0.5 mg per NGT @ 1800 daily		
NURSING UNIT ROOM NO. BED NO.			(b)(6)-2 		
PATIENT IDENTIFICATION #  (b)(6)-4			DATE OF ORDER 27 JUL 03	TIME OF ORDER 0649 HOURS	LIST TIME ORDER NOTED AND SIGN
			①	Clamp Lumber Drain	
NURSING UNIT ROOM NO. BED NO.			(b)(6)-2 		
PATIENT IDENTIFICATION #  (b)(6)-4			DATE OF ORDER 27 July 03	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
			①	CPT @ 4" (E rebs)	
			②	Abtatedol / Advant rebs @ 4"	
			③	Halcion 10mg PRN @ 1800 daily	
			④	DL regran	
			⑤	4mg Kel in 200 cc NS IV @ 2" x 2 runs	
NURSING UNIT ROOM NO. BED NO.			(b)(6)-2 		
			⑥	DL oral / NGT NaCl supplements	
			⑦	Urolock - IV @ (b)(6)-2	

DA FORM 4256 1 APR 79

REPLAC


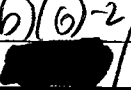

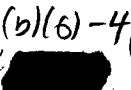


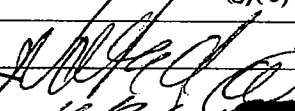




MEDCOM - 14458

ICH 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
 (b)(6)-4			↓		
				7:00	
				① DIC TF	
				② NGT to LWS	
	③ HL IFA				
NURSING UNIT	ROOM NO.	BED NO.		(b)(6)-2	
			DR. 		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
 (b)(6)-4 done @			28 July 03	1100	
			1	DL Abbotrol	
			2	DL Lanix	
			3	500 cc NS IV for 60's now please	
			4	40mg KCl in 100 cc NS IV - 20	done
			5	2g MgSO4 in 100 cc NS IV - 20	done
			6	IVF NS 100 cc/p (b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			
			7	Remove staples @ leg	done
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
 (b)(6)-4			28 July 03	1415	
			1	500 cc NS IV for 60's please	
NURSING UNIT	ROOM NO.	BED NO.		(b)(6)-2	
					
					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
 (b)(6)-4			28 July 03	1600	
				DL TF to 200cc/hr @ 60, to max of 800cc/hr	
NURSING UNIT	ROOM NO.	BED NO.		any other now (done)	
					
					

DA FORM 4256 1 APR 79

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

MEDCOM - 14459

**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] (b)(6)-4			DATE OF ORDER 29 July 03	TIME OF ORDER 1610 HOURS	LIST TIME ORDER NOTED AND SIGN [REDACTED]
1. [REDACTED] 800 mg IV now, then 400 mg IV q12h [REDACTED]					[REDACTED] 1630 (b)(6)-2
NURSING UNIT ICU 1	ROOM NO.	BED NO. 8			

PATIENT IDENTIFICATION # [REDACTED] (b)(6)-4			DATE OF ORDER 29 July 03	TIME OF ORDER 1648 HOURS	LIST TIME ORDER NOTED AND SIGN (b)(6)-2
① Please send purple top to lab for malaria with next fever spike - (10.5)					[REDACTED] 1650 [REDACTED] (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			(b)(6)-2

PATIENT IDENTIFICATION # [REDACTED] (b)(6)-4			DATE OF ORDER 29 Jul 03	TIME OF ORDER 1705 HOURS	LIST TIME ORDER NOTED AND SIGN (b)(6)-2
① U.O. Continue Diphen 20mg IV q4h for fever 1800					[REDACTED] 1710 [REDACTED] (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER 31 July 03	TIME OF ORDER 0915 HOURS	LIST TIME ORDER NOTED AND SIGN
1. D/C Vanco 2. D/C IVF 3. D/C antibiotic 4. advance to reg diet 5. Vitals to q4h					[REDACTED] (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			(b)(6)-2

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

MEDCOM - 14460

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
ICM-5 Pharmacy 10/2 # [redacted] (b)(6)-4			28 July 03	1645 HOURS	
			1	1. Ertapron 450mg IV now, then 200mg IV qd.	
			2	2. Vancomycin 1g IV q12h	
			3	3. Ceftriaxone 1g IV q12h	
			4	4. please send urine for fungus (b)(6)-2 [redacted] [redacted]	
NURSING UNIT	ROOM NO.	BED NO.			
# [redacted] (b)(6)-4			29 JUL 03	0638 HOURS	(b)(6)-2
			1	1. LP tray to bedside - in CR.	
				[redacted]	
				[redacted]	
				[redacted]	
NURSING UNIT	ROOM NO.	BED NO.			
			29 July 03	0830 HOURS	
			1	1. ac Halcion	
			2	2. ac Haldol	
			3	3. ac Advin	
			4	4. NT, sudan 940 q prn (may use nasal dropped)	
NURSING UNIT	ROOM NO.	BED NO.			
# [redacted] (b)(6)-4			29 JUL 03	0838 HOURS	(b)(6)-2
			1	1. CSF For Protein / Glucose	
				Gram Stain Cell Count.	
				[redacted]	
				[redacted]	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

REPLACEMENT MAY BE USED. MEDCOM - 14461

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4			01 AUG 03	0644 HOURS	
			↓	① To pediology for AP/Lateral lumber X-rays today.	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# (b)(6)-4			01 Aug 03	1100 HOURS	
			1	all cultures	
			2	no labs tomorrow	
			3	celomic count	
			4	ensure T can do TIO.	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# (b)(6)-4			02 Aug 03	1000 HOURS	
			1	etc, chom 8 am	
			2	D axilla drug to Dry drug OD & pm	
			3	all Nystatin S/S	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# (b)(6)-4			3 Aug 03	0835 H	
			1	Transfer to ICU	(b)(6)-2
			2	all labs	
			3	all msu	
			4	Tylenol #3 T-ff Aug 4-6 PM	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

DA FORM 4256 1 APR 79

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

MEDCOM - 14462

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	[REDACTED]	[REDACTED]	3 Aug 03	0830 HOURS	1 - Biella Dry stands drug AD ✓ 1 Prsg Δs - log Dry stands drug AD, 0 ACC ✓ - abdo W → 0 c NS BID ✓ 2 ✓ log diet & ensure supplement, T can TID 3 ✓ Respiration precautions - ROS ↑ 20° when eating 4 ✓ Spinal Rx precautions - log rol only; cannot sit up or get out of bed.
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	[REDACTED]	[REDACTED]	3 Aug 03	0830 HOURS	5 ✓ Foley to gravity, record q 80 6 Ceftriaxone T 8 IV q 12 ✓ 7 ASA 325 mg T PO q 4 ✓ 8 MRI T PO q 4 ✓ 9 Tylenol #3 T-TT PO q 4 6° pm ✓ 10 Colace T PO q 4 (20 mg) (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	[REDACTED]	[REDACTED]			11 ✓ encourage deep breath cough q 10 while awake 12 ✓ pt to work with pt in bed - cannot stand 13 V. tabs q shift ✓ 14 Routine colostomy care ✓ (b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	[REDACTED]	[REDACTED]	8/5/03	2108	1. Tylenol 325 mg T-TT PO q 4 Opran
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 14463

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 8/12/50	TIME OF ORDER 11:00 AM	LIST TIME ORDER NOTED AND SIGN
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER 19 AUG	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
TCW #2			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER 8/12/50	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
NURSING UNIT			ROOM NO.	BED NO.	
[redacted]			[redacted]	[redacted]	[redacted]

DA FORM 4256 1 APR 79

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

U.S. GO MEDCOM - 14464 710



CLINICAL RECORD - DOCTOR'S ORDERS

F

if this form, see AR 40-66, the proponent agency

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 07SEP03	TIME OF ORDER 1246 HOURS	LIST TIME ORDER NOTED AND SIGN
# [redacted] 5 (b)(6)-4			(1) MAY raise head of bed ad- 6/3/8 PM (2) UP to chair 5 shift. (3) D/c Spine Precautions. (b)(6)-2	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			
ICU	[redacted]	[redacted]			

PATIENT IDENTIFICATION			DATE OF ORDER 15 Sept	TIME OF ORDER 1631 HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted]			(1) Amber Long ghs PEN NO DR. [redacted] (b)(6)-2 [redacted] (b)(6)-2	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			
ICU	(b)(6)-4	[redacted]			

PATIENT IDENTIFICATION			DATE OF ORDER 9/28/03	TIME OF ORDER 2230 HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted]			V.O. Dr. [redacted] (b)(6)-2 Plaze FT& please	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			
ICU 24° V	(b)(6)-4	[redacted]			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]					
NURSING UNIT	ROOM NO.	BED NO.			
[redacted]	[redacted]	[redacted]			

DA FORM 4256 1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDER

For this form, see AR 40-66, the proponent agency SG

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]			07 SEP 03	(b)(6)-2 0755	HOURS
(b)(6)-4			<input checked="" type="checkbox"/> Transfer ICU - [REDACTED] - Neuro. <input checked="" type="checkbox"/> Diagnosis GSW (multiple) - paraplegia. <input checked="" type="checkbox"/> Condition Good <input checked="" type="checkbox"/> Vitals $\bar{8}^{\circ}$ <input checked="" type="checkbox"/> Activity Bed Rest, Roll side-side $\bar{2}^{\circ}$ <input checked="" type="checkbox"/> Nursing N/C Foley, replace/reorder output if no void $\bar{8}^{\circ}$ after removal.		
NURSING UNIT	ROOM NO.	BED NO.			
noted & transcribed 7 Sep 03 2200 (b)(6)-2 [REDACTED]			DATE OF ORDER	TIME OF ORDER	HOURS
					(b)(6)-2
			<input checked="" type="checkbox"/> Serial Dressing dry BID - MAT <input checked="" type="checkbox"/> to Follow. <input checked="" type="checkbox"/> Celestony QID.		
NURSING UNIT	ROOM	BED NO.			
(b)(6)-2			<input checked="" type="checkbox"/> Diet Regular. <input checked="" type="checkbox"/> IV None. <input checked="" type="checkbox"/> meds Lovonex 40 mg SQ $\bar{q}$ Day.		
NURSING UNIT	ROOM NO.	BED NO.			
			DATE OF ORDER	TIME OF ORDER	HOURS
			<input checked="" type="checkbox"/> Multivitamin $\bar{q}$ po $\bar{q}$ Day. <input checked="" type="checkbox"/> Valproe 100 mg po BID. <input checked="" type="checkbox"/> Elevil 75 mg po $\bar{q}$ HS. <input checked="" type="checkbox"/> Neurontin 600 mg po TID. <input checked="" type="checkbox"/> Tylenol 650 mg po $\bar{q}$ 4 <sup>th</sup> pm. <input checked="" type="checkbox"/> Venture Shake / Equivalent TID $\bar{q}$ HS.		
NURSING UNIT	ROOM NO.	BED NO.			
			DATE OF ORDER	TIME OF ORDER	HOURS
			<input checked="" type="checkbox"/> Lab None. <input checked="" type="checkbox"/> X-Ray - On GII For L-Spine Films today.		
NURSING UNIT	ROOM NO.	BED NO.			
			24 <sup>th</sup> Chart / 7 Sep 03 [REDACTED] (b)(6)-2 [REDACTED] (b)(6)-2		

DA FORM 4256 1 APR 79

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
# [REDACTED] (b)(6)-4			↓ 06 OCT 73	0849 HOURS	(1) Discharge to Prison Hospital. [REDACTED SIGNATURE] (b)(6)-2 6 Oct 73 [REDACTED SIGNATURE]
NURSING UNIT	ROOM NO.	BED NO.			
ICW1			(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

**DA** FORM 1 APR 79 **4256**

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.  
MEDCOM - 14467

(All (b)(6)-2 except for 2 at bottom)

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)										Mo. 07 Yr. 2003			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED											
				13	14	15	16	17	18	19	20	21	22	23	24
7/13	[REDACTED]	Vitals q 5min then Q1hr	05	[REDACTED]											
7/13	[REDACTED]	Strict I+O's	05	[REDACTED]											
7/13	[REDACTED]	monitor Foley to gravity	05	[REDACTED]											
7/13	[REDACTED]	NBT LCNS	05	[REDACTED]											
7/13	[REDACTED]	Diet: NPO TF	05	[REDACTED]											
7/13	[REDACTED]	Bedrest: Activity	05	[REDACTED]											
7/13	[REDACTED]	Vent IMV H/L 5/800/65	05	[REDACTED]											
7/13	[REDACTED]	Routine Colostomy Care	05	[REDACTED]											
7/13	[REDACTED]	A Axillary, abd dsq q day & PRN	05	[REDACTED]											
7/13	[REDACTED]	A @ knee, @ back injury dsq q day & PRN	05	[REDACTED]											
7/13	[REDACTED]	Call MD for uOP < 50% or bleeding or SBP < 90	05	[REDACTED]											
7/13	[REDACTED]	bacitracin to @ toes @ tibia	05	[REDACTED]											
7/15	[REDACTED]	Spine precautions, flat bedrest leg roll totern	05	[REDACTED]											

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/p R Neck exp sex lap o thartman's

ADDITIONAL PAGES IN USE:  
 YES  NO

PATIENT IDENTIFICATION:  
EPN  
[REDACTED] # [REDACTED]  
← (b)(6)-4 →

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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







All (b)(6)-2 except one at bottom.

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)							Mo. July Yr. 2003							
VERIFY BY INITIALING		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							
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
				25	26	27	28	29	30	31	1	2	3	4	5	6
13 July	[REDACTED]	Vitals q 4 <sup>o</sup>	05													
			17													
13 July	[REDACTED]	strict I/O's	05													
			17													
13 July	[REDACTED]	Monitor Foley to gravity	05													
			17													
13 July	[REDACTED]	Diet TF goal 2200-2500 KCal/Day 24-1 200k to goal 2200k	05													
			17													
13 July	[REDACTED]	Activity: Bedrest	05													
			17													
13 July	[REDACTED]	Routine Obstetrical care	05													
			17													
13 July	[REDACTED]	A Axillary, abd dsy q day i PRN	05													
			17													
13 July	[REDACTED]	R/D knee (D) back injury dsy q day and PRN	05													
			17													
13 July	[REDACTED]	Call MD for WBC 50000 or bleeding or SBP < 90	05													
			17													
13 July	[REDACTED]	Racitracol to (D) toes (D) tibia	05													
			17													
17 July	[REDACTED]	Unclamp lumbar drain and drain 30cc spinal fluid q 1 <sup>o</sup>	05													
			17													
17 July	[REDACTED]	Call MD to lumbar drain problems	05													
			17													
17 July	[REDACTED]	Dressing A's QD i PRN pack 4x4 corners in wound to keep wound edges separated.	05													
			17													

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P (D) neck Ex lapo hartman's  
S/P (D) BKA

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION:

EPW # [REDACTED] (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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







A-11 (b)(6) - 2 except bottom one.

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo. <u>    </u> Yr. <u>2003</u>									
VERIFY BY INITIALING		the proponent agency is the Office of The Surgeon General.					INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION									
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
				15	16	17	18	19	20	21	22	23	24	25	26	27
16 July	[redacted]	CPT q 4 <sup>h</sup> by roll	04	/	/	/	/	/	/	/	/	/	/	/	/	/
			15	/	/	/	/	/	/	/	/	/	/	/	/	/
			12	/	/	/	/	/	/	/	/	/	/	/	/	/
			16	/	/	/	/	/	/	/	/	/	/	/	/	/
			20	/	/	/	/	/	/	/	/	/	/	/	/	/
			24	/	/	/	/	/	/	/	/	/	/	/	/	/
25 July	[redacted]	CBC Chem & gam	04	/	/	/	/	/	/	/	/	/	/	/	/	/
25 July	[redacted]	Keep SpO <sub>2</sub> > 95% via A/E	05	/	/	/	/	/	/	/	/	/	/	/	/	/
			17	/	/	/	/	/	/	/	/	/	/	/	/	/
27 July	[redacted]	Chest PT q 4	05	/	/	/	/	/	/	/	/	/	/	/	/	/
			17	/	/	/	/	/	/	/	/	/	/	/	/	/
28 July	[redacted]	PTF to 20cc/hr	05	/	/	/	/	/	/	/	/	/	/	/	/	/
		to 20 max of	17	/	/	/	/	/	/	/	/	/	/	/	/	/
		30cc/hr		/	/	/	/	/	/	/	/	/	/	/	/	/
30 July	[redacted]	QD and PRN dsg's	05	/	/	/	/	/	/	/	/	/	/	/	/	/
		pack wound to keep	17	/	/	/	/	/	/	/	/	/	/	/	/	/
		edges separated		/	/	/	/	/	/	/	/	/	/	/	/	/
2 Aug	[redacted]	A. dsg's dry to	15	/	/	/	/	/	/	/	/	/	/	/	/	/
		dry dsg	17	/	/	/	/	/	/	/	/	/	/	/	/	/

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO:

PATIENT IDENTIFICATION:

EPW # [redacted] (b)(6) - 4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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



All (b)(6)-2 except bottom one.

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. 09 yr. 2003												
VERIFY BY INITIALING		the proponent agency is the Office of The Surgeon General.		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION												
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	3	4	5	6	7	8	9	10	11	12	13		
8-3	[redacted]	encourage deep breathing q1 hr	6													
8-3	[redacted]	Axilla dry sterile dressing	10													
8-3	[redacted]	Abd W → D ENS & sig	10													
8-3	[redacted]	VS Q shift	6													
8-3	[redacted]	Routine colostomy care	6													
8-3	[redacted]	Reg diet & ensure TID	6													
8-3	[redacted]	ASPIRATION PRECAUTIONS	6													
8-3	[redacted]	HOB ↑ 20° when eating	18													
8-3	[redacted]	SPINAL PRECAUTIONS, LOGROLL ONLY - CANNOT SIT UP / OOB	6													
8-3	[redacted]	P.T. to work c/rt III bed, cannot stand	6													
8-3	[redacted]	Free to gravity	6													
9/7	[redacted]	May raise head of bed ad-like	6													
9/7	[redacted]	Up to chair q shift	6													

Handwritten notes: "d/c 08 SEP 03", "S/C 9/7/03", "S/C", "S/C", "S/C".

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: L2-5 VERT FX, T12 paraplegia, S/P EX LAP c/ colostomy, @ BKA

PATIENT IDENTIFICATION: # [redacted] (b)(6)-4

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO: \_\_\_\_\_

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78

EDITION OF 4 DEC 77 MEDCOM - 14477

USAPA V1.00