

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
30 AUG 03		1300	Completed bed bath + turned pt to @ side. Completed oral care. Washed decub on head, BLE c NS + applied silvadene. Drained JPs. Pussy drainage from JP#1. Dr. [redacted] (b)(6)-2 aware. Pt Oz sat 99-100%. Will cont care [redacted] (b)(6)-2
		1345	Deep suctioned pt x iii. Thick white secretions noted. BS p suction CIA. Will cont care. [redacted] (b)(6)-2
		1400	Pt resting comfortably. Inline suction in place. Awaiting to go to OR for washout. Will cont care. [redacted] (b)(6)-2
		1700	S'd burn drsg. Cleaned c hibiclens & rinsed c NS. Applied silvadene & covered c 4x4. Noted brownish yellow drainage from midline abd incision (portion @ belly button. Wet to dry 1/4 Dakin's soln to @ flank wound. Bacitracin around all 5 JPs, J-tube & duodenal tube. Will cont care. [redacted] (b)(6)-2
		1800	Gave report to night shift. [redacted] (b)(6)-2
1/20/03		2000	op Nks Priller - Abd washout Surge - washout / Wette Ann - UGTA Purdy & undraind pus folmes ex relate To Illi, [redacted] (b)(6)-2 WATSON

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
30 Aug	1800		Received Report. VSS. [redacted] (b)(6)-2 ILT/AN
	2100		Patient to surgery for Abd washout. [redacted] (b)(6)-2 ILT/AN
	2215		Patient returned from surgery. Positioned in bed, reconnected to monitors, restarted meds/fluids as ordered. Mid drsg intact, SJP drains in place. Reconnected to Vent at previous settings per physician. NGT to US. Will restart tube feeds @ 60 and ↑ 10cc/h to goal of 125cc/h. [redacted] (b)(6)-2
	2300		Foley care done. Noted small amt of bleeding from urethra. [redacted] (b)(6)-2 ILT/AN
	2345		Suctioning of trach, thick greenish/yellowish secretions. Cleaned trach. Resuctioned more thick greenish secretions. Suctions white frothy secretions from mouth. [redacted] (b)(6)-2 ILT/A
	0015		SBP ↓ to 80's. Propofol ↓ to 90mcg/kg/min. HR @ 110's Will continue to monitor [redacted] (b)(6)-2
	0030		SBP remains in 80's. Propofol gtt turned off. Fentanyl gtt remains @ 150mcg/hr. Will monitor [redacted] (b)(6)-2
	0100		SBP ↑ to 105/57. Propofol restarted @ 50mcg/kg/min. and fentanyl ↓ to 125mcg/hr. RR remains 16-20. SpO2 97-98% on 40% FiO2. Will cont. to monitor [redacted] (b)(6)-2
	0130		SBP ↓ to low 90's. Propofol ↓ to 40mcg/kg/min. and fentanyl ↓ to 100mcg/hr [redacted] (b)(6)-2
	0320		CBC, Chem 12, Lyles, and ABG drawn via A-line and sent to lab [redacted] (b)(6)-2

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate: hospital or medical facility) [redacted] (b)(6)-4	REGISTER NO.	WARD NO.
	NURSING NOTES Medical Record	

[redacted] (b)(6)-4

MEDCOM - 16642

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM #41 CFR 101-9.202-1

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
31/11/03		1630	Wear pt off vent if possible. Possibly d/c Xline Will cont care. (b)(6)-2
		1800	Gave report to night shift. (b)(6)-2
		1800	Report received from day shift. Pt lying in bed, blinking eyes, moving head back and forth. VSS. (b)(6)-2
		2200	Drsgo changed to wrends. Burn drsgo to @chest d'd per protocol. Drsgo d'd to @UE using burn protocol. Trach care, Foley care, oral care complete. Bacitracin applied to tube insertion sites and cleaned w/ NS. Drsgo applied. @flank wound packed w/ DA gauze soaked in Dakins sol. Pt suctioned large amount yellow drng obtained. Pt turned to @side. (b)(6)-2
		0200	Colostomy leaking. Colostomy bag and wafer changed. Midline abd incision cleansed w/ betadine. Drsgo to @flank wound d'd. HR 110's, SBP ↑ to 160's. Will monitor (b)(6)-2
		0300	Pt suctioned x3. large amount yellow secretions obtained. SpO2 100%, RR 30's, SBP 170's and peak pressures 40's following suctioning. Pt given 80mg Propofol IVP. SBP ↓ to 110's, HR ↓ to 100's, peak pressures ↓ to 20's. Will monitor (b)(6)-2
		0320	CBC, Chem 12+8, ABG drawn via A Line and sent to lab (b)(6)-2
		0400	ABG - 7.33/36/93/22/-3/97% (b)(6)-2

MEDICAL RECORD	NURSING NOTES (Sign all notes)
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DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	

31 AUG 03	0800-1030	cont'd... midabd incision. Elevated @UE + @LE on blankets for edema. Turned pt onto @ side. Suctioned pt mouth + around trach. Pt tol well. Will cont care [redacted] (b)(6)-2
	1044	Peak pressure 47. RR 30s. Deep suctioned pt x iii. Thick white secretion + blood mucus clots noted. Peak pressure ↓ 31. Will cont care. [redacted] (b)(6)-2
	1140	Pt moving head + @ arm. Pt open eyes to translator's voice, however, pt sluggish. Unable to squeeze my hand. RR low 20s when rested. HR ↑ 110s-120s. O2 sat 99-100%. Translator explained trach & vent to pt. Unable to assess if pt understands. Will cont care. [redacted] (b)(6)-2
	1300	Pt peak pressure 37. Suctioned pt x iii. Thick white secretions noted. Peak Pressure ↓ 26. Pt O2 sats 99-100% throughout. Pt resting @ this time. Will cont. care [redacted] (b)(6)-2
	1530	Pt moving all 4 ext. slowly, blinking both eyes, and moving head side to side. Got translator. Pt unable to follow commands. Will cont to monitor. [redacted] (b)(6)-2
	1630	Dr. [redacted] + Dr. [redacted] to see pt. No new orders written. Plan: Turn off propofol tomorrow. [redacted] (b)(6)-2

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

[redacted]

NURSING NOTES
Medical Record

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
31 Aug 03		0000	Report given to LT (b)(6)-2
31 Aug 03		0600	Received report from NT (b)(6)-2. Pt resting in bed. HOB ↑ 30°. NGT to LIS. All IV lines intact. Pt blinking eyes but still sluggish. All 5 JP drains, J-tube, duodenal tube intact. (R) colostomy has small amt semiformed stool. (B)UE + (B)LE elevated due to edema. Vented SIMV 16, 5, 80%, 4W. FiO2 O2 sats 100%. Viewed labs K ⁺ 4.1, BUN 15, Cr 1.5, WBC 20.7, plt 1050, H+H 29.6, 9.4. ABG 7.415, 30.8, 84, 20, 97%, base -5. Will notify Dr. (b)(6)-2 of abnormal results. Will cont care (b)(6)-2
		0625	Attempting to wean pt from vent. ↓ propofol rate to 20 mcg/kg/min. Will cont. to assess pt. (b)(6)-2
		0800-1030	Completed bed bath + foley care. Noted bleeding from foley tube. Suspect damage to urethral wall. bleeding stopped. A'd (R) shoulder burn drsg + (B)LE drsg + head (decub) drsg. Washed c hibiclens + rinsed c NS. Applied silvadene & covered c gauze. Wrapped (B)LE c kerlex. A'd drsg on midabd + (B) Frank wet to dry c 1/4 strength dakin's soln. Noted small amt pussy drainage around JP#1. Applied bacitracin to midabd incision, all 5 JP-tubes, J-tube, + duodenal drain. Covered c 4x4 & used cloth tape. Noted sero sanguinous drainage on lower cont

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
01 Sept 03	0600		Received report from Lt (b)(6)-2. All IV lines intact. 3-lumen + cordis flush well. Discuss lining A-line. Dr (b)(6)-2 Midline abd + (R) flank wound drsg C, D, I. JP #5 ≈ 100cc. JP #1 has pussy drainage. Dr (b)(6)-2 aware. Trach in place. Vented SIMV 16, 800, 5, 40%. FiO ₂ , PEEP 26. All drsgs C, D, I. Will cont. care. (b)(6)-2 JLT/KA
	0700		Pt BP ↑ 160/84. Peak pressure 40 HR 110. Deep suctioned ptx iii. Large amt white sputum noted. Pt BP maintained 160s/80s. Peak pressure ↓ 31. Will cont. to monitor. (b)(6)-2 JLT/KA
	0710		Gave 80mg propofol IVP for ↑ BP. Pt not responding. BP ting 170s/80s. Dr (b)(6)-2 aware. Gave labetalol 20mg IVP due to pressures 180s/100s. Deep suctioned ptx iii. Large amt thick white sputum noted. Peak pressures mid 20s. Dr (b)(6)-2 viewed labs. K ⁺ 3.0. Ordered 20mg KCl run over 2°. H+H 9.2, 28.9, WBC 14.8 ↓ from yesterday. Will cont to monitor BP, HR, + respirations. (b)(6)-2 JLT/KA
	0830		Dr (b)(6)-2 ordered pm labetalol for pt SBP > 170 mmHg. (b)(6)-2 JLT/KA
	0915		BP ting 170/95. ↑ propofol rate to 30mcg/kg/min. Will cont to monitor. (b)(6)-2 JLT/KA
	0930-1130		Completed bed bath + foley care. Noted some bleeding from penis however contd.

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated.

01 Sept 03

0930-1130

blood clots easily. A'd colostomy to interable bags. Pt stool liquidy brown/yellowish. A'd burn drsgs @ shoulder, back of neck, @LE. Cleaned c hibiclens + rinsed c NS. Applied silvadene. Applied bacitracin to all 5 JP tubes to bulb suction, J-tube + duodenal tube + midline abd incision. Wet to dry drsg c 1/4 strength dakin's on @flank wound. Noted redness around all 5 JP tubes, J-tube, + duodenal drain. Used cloth tape to secure drsgs. Pt tol drsgs well. BP 130/100-70s, HR 100s, O₂ sats 99-100% throughout. Suctioned pt x ii Deep suction. Thick white secretions noted. Completed mouth care.

Turned pt onto @side. Will cont. care. (b)(6)-2

1210

Pt BP 107/70, peak pressure 44. Suctioned pt x ii. Thick white secretions noted. Gave 50mg propofol IV P. will cont to monitor. (b)(6)-2

1254

Suctioned pt x ii. Same secretion noted. (b)(6)-2

1424

Deep suctioned pt x iii. Peak pressure ↓ from 40 to 31. Will cont. care. (b)(6)-2

1540

Completed trach care + deep suctioned pt x ii. Will cont. care. (b)(6)-2

1600

Pt temp ↑ 101.4. Gave acetaminophen 1000mg. Will monitor. (b)(6)-2

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

REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES

Medical Record

MEDCOM - 16647

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
11 Sept 03		1700	Pt temp ↑ 101.6. Will cont to monitor. Set up for central line + X-line Δ. Will cont. care. (b)(6)-2 ILT/PA
		1800	Pt temp slightly ↓ 101.5. Grave report to night shift. (b)(6)-2 ILT/PA
13 Sept 03		2030	Pt cont. ↑ Temp 101.3 given 650mg of Tylenol via NGT & flushed w H ₂ O. Pt suctioned once by staff x ii & once by RT x iii for thick white secretions. Will cont. to monitor. (b)(6)-2
23 Sep 03	0740		Pts Propofol ↑ 30.6 mc/hr (40mg/kg) @ 2100 per Dr [redacted] for line placement then ↑ to 35.7 mc/hr (45mg/kg) @ 01400 for agitation & ↑ BP. New triple lumen central line to @ SC, all lines replaced & old central lines cultured. New A-line placed in @ radial, cont to monitor. (b)(6)-2 ILT/PA
23 Sep 03 0848	7		T-101.3, ABP 160/70s, RR 27-35, bats 99% on Following vent settings: TV-400, R-16, SIMV, FiO ₂ -40%, Peep-5. Lung sounds coarse throughout. Pt Trach suctioned x 4. Suctioned moderate amount of thick yellow secretions. Lung sounds slightly coarse in @ upper lobes otherwise CTA & suction. Trach intact. Dressings near @ axilla, Mid-abdomen, @ flank, & BLE d/I. A-line zeroed and leveled, waveform sharp. SPs x 5 intact. Draining small amounts. (b)(6)-2

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

REGISTER NO. (b)(6)-2

WARD NO. (Cont'd)

[Redacted patient name and ID]

(b)(6)-4

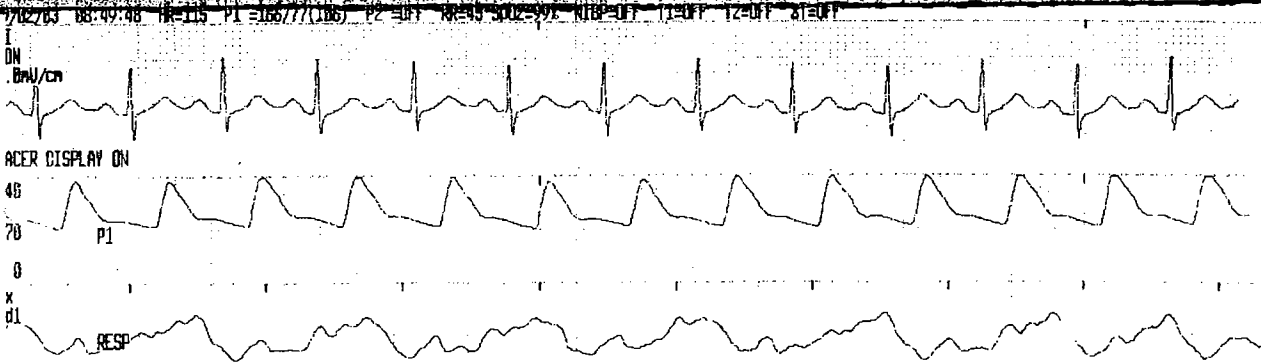
NURSING NOTES (b)(6)-2
Medical Record 4/40

MEDCOM - 16648

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
25 Sep 03	0848		<p>(Cont'd) of serous drainage. Receiving TF to duodenal juice @ 80cc/hr via J tube. Colostomy intact, draining moderate amount of liquid BM. Duodenal tube to gravity. Receiving Propofol @ 70mcg/kg/min (concentration is 10mg/ml), Fentanyl @ 100mcg/hr (concentration is 500mcg/100ml), and D5 1/2 NS @ 20mg KCl @ 30ml/hr. No distress noted @ this time. Labs shown to Drs. [redacted] & [redacted]. Pt started on 40mcg KCl infusion @ 0747. Will continue to monitor.</p>



			(b)(6)-2
25 Sep 03	1056		<p>Dr. [redacted] notified of fever. New orders written. Pt given 650mg Tylenol via J tube @ 1050 for T-101.4. [redacted]</p>
25 Sep 03	1500		<p>Nursing: From 1200-1500, pt given bath, dressings & d, Foley care done, ostomy care done, trach care done, oral care done, & pt's face shaved. Pt tolerated procedure</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3 Sep 03 1410	Nursing Cont'd: noted on distal portion of Midline abdominal incision. Pt tolerated procedure \bar{c} distress. [Redacted] 9/1/03
3 Sep 03 1644	Nursing: Respirations labored, [Redacted] (b)(6)-2 9/1/03
3 Sep 03 1644	Late Entry Note for 1300: sBP 100/50, Propofol \downarrow 50mcg/kg/min and Fentanyl \downarrow to 75mcg/hr. BP 130s/60s @ 1400. [Redacted] (b)(6)-2 9/1/03
3 Sep 03 1650	Nursing: RR-36, breathing labored, ^{97% SpO2} sats 95% on vent. Pt suctioned x4 via trach. Sats \uparrow 97%. Propofol \uparrow back to 70mcg/kg/min and Fentanyl \uparrow back to 100mcg/hr. Will continue to monitor. [Redacted] (b)(6)-2 9/1/03
3 Sep 03 1715	Nursing: Sats 97%, RR 22. Breathing regular + unlabored. Will continue to monitor. [Redacted] 9/1/03
1800	Report received from day shift. Pt suctioned x3. Obtained moderate amount thick yellow secretions. SpO2 remains 98-99%. Bronchi cleared following suctioning. [Redacted] (b)(6)-2 9/1/03
2230	Drsg Δ 's complete. Oral care, trach care, and prey care complete. \textcircled{P} Chest burn drsg Δ 'd per protocol. Wound appears white \bar{c} minimal bloody drng. Midline abd incision \bar{c} sutures intact. Wound approximated. Redness noted to site. Reddish/brown liquid/cont. [Redacted] 9/1/03

HOSPITAL OR MEDICAL FACILITY	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.

[Redacted] (b)(6)-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 USAPA V2.00

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2230	cont. drng noted to site. (R) flank wound irrigated w NS and repacked w Dakins soaked gauze. Wound appears beefy red w some white exudate (?) / tissue noted. Tube insertion sites cleaned w NS and bacitracin applied. Wounds appear seal w yellow exudate noted. Wounds to (R) LE appear white / yellow in color w active bleeding noted to wound edges. Pt turned to (R) side. Heels are elevated off bed.
2250	Updated Dr ^{(b)(6)-2} [redacted] on pt wounds. Plan for possible CT in AM. ^{(b)(6)-2} [redacted]
2315	Pt suctioned. Moderate amount thick yellow/white secretions obtained. SpO2 ↓ to 97% w PIP @ 30-33 prior to suctioning. SpO2 ↑ to 99% w PIP ↓ to 27-29 following suctioning. ^{(b)(6)-2} [redacted]
04Sep03.	
0015	Pt turned to (L) side, head repositioned. Distal + medial port of central line flushed easily w positive blood return. SBP ↓ to 89-93 w MAPs 60-62 mmHg. Propofol gtt turned off. Will cont. to monitor ^{(b)(6)-2} [redacted]
0040	SBP ↑ to 103-107 mmHg. MAP ↑ to 68-71 mmHg. Propofol restarted @ 30mcg/kg/min Will cont. to monitor ^{(b)(6)-2} [redacted]
0055	SBP holding in 101-108 mmHg w Map ~ 69 mmHg. RR 24-25 BPM w PIP @ 27 cmH ₂ O. HR 95-96. Will remain @ current rate and cont. to monitor pt response ^{(b)(6)-2} [redacted]
0120	SBP ↑ to 140's. HR ↑ to 104-105. PIP ↑ to 35-40 cmH ₂ O. Propofol gtt ↑ to 50mcg/kg/min. SBP ↓ to low 100's, HR ↓ to 90's. PIP ↓ to 27-29 cmH ₂ O. Will monitor. A-Line drsg Δ'd. ^{(b)(6)-2} [redacted]

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14 Sept 03 0001	Pt. resting in bed is discomfort. ROM, Drach & Foley care completed @ present time. Pt. deep suctioned per LT (b)(6)-2. Drsg A completed @ 2341. SpO2 100% @ present time. Will continue to monitor for any S/S of infection. (b)(6)-2
0205	Resting in bed is discomfort noted @ present time. Suctioned per order. Thick white secretion return noted. Will continue to monitor. (b)(6)-2
0439	Resting in bed is distress noted. VSS. Will continue to monitor for S/S of infection. (b)(6)-2
0533	Lab work returned. X-Ray complete. VSS. Will monitor. (b)(6)-2
0615	Report received from SGT (b)(6)-2 pt VSS, no significant changes in condition over night. SaO2 @ 94% will address with RT. Nat 153 per AM lab results, will notify MA. (b)(6)-2
0749	Pt's G-tube became occluded @ 0700. Attempted to flush w sterile water and was unsuccessful. After approx 35 mins of attempting to flush tube, no success a guide wire was used to "snake tube". Tube was then successfully flushed. (b)(6)-2
0820	Dr. (b)(6)-2 in to do ABO drsg change. Wound was noted to be beefy red, S/S of infection. MO also notified of increased NA+ value from AM labs. Order for NSW to 50 cc/hr written. (b)(6)-2
1000	Drsgs to BLE, @ shoulder, and back of head changed. All sites healing well. (b)(6)-2

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
13 Sep 1000	pt dressing Δ completed by doctor (b)(6)-2 See note for details dressing Δ to (R) shoulder and (B) lower extremity burns complete pt VSS no signs of acute distress noted will continue to monitor throughout day (b)(6)-2
13 Sep 1200	pt resting comfortably in bed. Rom exercises done. (b)(6)-2
13 Sep 1400	pt VSS. afebrile, vop adequate (b)(6)-2
13 Sep 1600	pt VSS, Trach care done (b)(6)-2
13 Sep 1800	pt VSS, Report given to Night shift (b)(6)-2
13 Sep 03 1822	Received report from Sp. (b)(6)-2 Pt. resting in bed & discomfort noted @ present time. Will continue to monitor for signs of distress. (b)(6)-2
1900	Deep suction performed. Thick white secretions noted @ time. Also thick white secretions noted from productive cough. Will continue to monitor. (b)(6)-2
2047	Resting in bed & eyes opened. No discomfort noted @ present time. Attempted mouth care. Pt refuses to open mouth, will attempt again @ a later time. (b)(6)-2
2210	No distress noted @ present time. Will continue to monitor. (b)(6)-2

HOSPITAL OR MEDICAL FACILITY	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. ICU3

EPN (b)(6)-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 USAPA V2.00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14 Sep 03 1200	pt laying in bed vss, afebrile. Trach suction done. Thick white secretions obtained
1400	SaO ₂ 95% on 24% FIO ₂ via Trach collar - (b)(6)-2
1600	pt laying on left side vss - (b)(6)-2 Rom exercises performed at this time. Facial grimacing noted when exercising pt's RLE - (b)(6)-2
1700	PT laying on @ side vss - (b)(6)-2
1800	Report given to SGT (b)(6)-2 (b)(6)-2
1813 14 Sept 03	Received Report from Spc. (b)(6)-2 SpO ₂ 91% & distress noted @ present time Temp 100.4 Skin warm, dry to touch. PERL. + pedal + radial pulse @ lateral to Q4 extremities Dry. intact. I V intact & inspiration. Will continue to monitor. (b)(6)-2
2053	Drsg Δ completed @ this time. & distress noted. Will continue to monitor. (b)(6)-2
214 ^{error}	
2144	Trach care completed @ present time. Pt. tolerated procedure well. Will continue to monitor. - (b)(6)-2
2317	Resting in bed & eyes closed. & distress noted. Will continue to monitor. (b)(6)-2

HOSPITAL OR MEDICAL FACILITY	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. ICU3

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

EPW (b)(6)-4
 T.A.U #1

MEDCOM - 16654

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

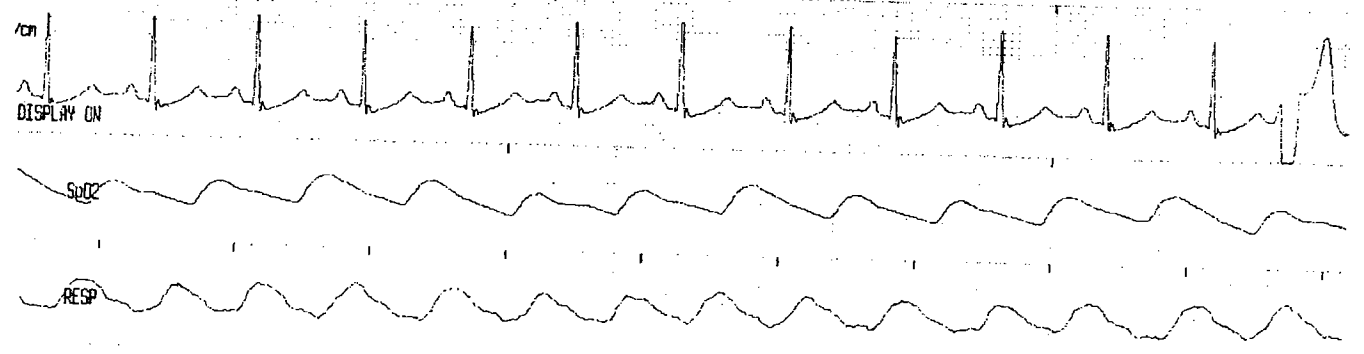
15 Sept 03 Resting in bed c eyes closed. & distress noted
0101 Will continue to monitor

0316 Pt. Deep suctioned @ present time. SpO2 95%.
Thick white secretion brought forward. & distress noted @ present time. Will continue to monitor.

0555 Resting in bed & distress. Will cont. to monitor.

15 Sept 03 Received report from previous shift. Pt awake
in bed c & s of discomfort. Pt humidified TC in place @ 24% FiO2. O2 sats 94%. Pt in 2 point wrist soft restraints. Cap refill < 3 sec in BLUE.

03 06:29:41 HR-103 P1=OFF P2=OFF RR-29 SpO2=94% NIBP=OFF T1=OFF T2=OFF AT=OFF



Abx, msoy gtt @ 5mg/10, ASW @ 50cc/10, + Jevity @ 100cc/10 infusing. Will cont care.

0645 Deep suctioned pt x iii. Large amt copious white-tinged sputum noted. O2 sats remain 94%, pp ↑ 30. Will cont. to monitor.

0720-0910 Completed bed bath. 1'd burn drsg @ shoulder, blister wound @ LE + head decub. washed all areas c hibiclens + rinsed c NS. Applied silvadene to @ shoulder burn. Applied cont'd.

STANDARD FORM 600 (REV. 6-97) BACK USAPA V2.00

MEDCOM - 16655

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17 NOV 03	Brief Op Note
	Pre-op Dx = open wound RLF
	Post-op Dx = SAA
	Wound = 5x4cm wound at RLF
	[redacted] for long period
	Surgeon = [redacted] (b)(6)-2
	Anesthesia = GATA
	EBL = minimal
	Fluids = 1600cc LR
	Drains = 0
	Specimens = 0
	Complications = 0
	Findings/Procedure = Healthy granulation bed
	with 4x5cm SBB placed & chronic
	sutures. Dressing in place for 3-5 days
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2
	[redacted] (b)(6)-2

HOSPITAL OR MEDICAL FACILITY	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.

[redacted] (b)(6)-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

RECORD - PATIENT ACTIVITIES

For use of this form, see MEDCOM Circular 00-5

SECTION I - PATIENT ASSESSMENT

DATE: 7 OCT 03 PATIENT ACUITY LEVEL: _____ POST-OP DAY: _____ HOSPITAL DAY: _____

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 10 To 1002 From: 1001 AMBULATORY CRUTCHES WHEELCHAIR STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis S/P GSW Abd B/P _____ P _____ R _____ T _____

LOC ATO x3 Neurovascular checks _____

Dressing/cast Dsg Abd Tubes Urethral Catheter

Intake (IV, po) _____ Output (EBL, other) _____ Voided No Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

TIME:	1700	2000	0400												
BP ARTERIAL LINE															
BP CUFF	120/70	100/70	110/70	1											
TEMPERATURE	96.8	98.1	96.0												
PULSE	69	76	83												
RESPIRATORY RATE	16	16	14												
OXYGEN (L%)	15														
PULSE OXIMETER	100	95	94												
O2 METHOD	RA	RA	RA												

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask
 MT = Mist tent PR = Partial rebreather A = Aerosol TC = Trach collar

TIME:	1700	2000	0400												
PAIN INTENSITY	10	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••
	5	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••
	0	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••
MED ADMINISTERED (Y/N)															
RELIEF ACCEPTABLE (Y/N)															

TIME:	N/A														
SPECIALLY NEEDED	• Skin breakdown prevention														
	• Falls prevention protocol														
	• Restraint protocol														
	• Seizure precautions														
	• Isolation precautions														
YESTERDAY'S WEIGHT:															
TODAY'S WEIGHT:															
WEIGHT CHANGE:															

TIME:															
FINGER STICK GLUCOSE															
INSULIN (Y/N)															

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool		TOTAL OUT
----------------	----	-------	-------	--	--	--	--	----------	-------	--	-------	--	-----------

PATIENT IDENTIFICATION: EPW (b)(6)-4

DIAGNOSIS: S/P GSW Abd

DRG: _____ ADMISSION DATE: 7 OCT

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (Specify): _____

SECTION: PATIENT ASSESSMENT - REVIEW OF SYS.

DIRECTIONS: A check in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 1800 INITIALS: (b)(6)-2	TIME: 1930 INITIALS: (b)(6)-2	TIME: INITIALS:
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/> O/R tach Site DSG COTF NO SOB NO CP	<input type="checkbox"/> O/R tach Site DSG COTF SOB audible air leakage from	<input type="checkbox"/>
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input type="checkbox"/> Tube intact Sevity @ 100 dph Abd also Colostomy BS & 4 c br	<input type="checkbox"/> Tube intact Sevity @ 100 C/W Liquid drainage	<input type="checkbox"/>
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input type="checkbox"/> voids per urinal	<input type="checkbox"/> voids to urinal, water stool to osomy	<input type="checkbox"/>
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input type="checkbox"/> Amb to walker and assist	<input type="checkbox"/> Amb to assist generalized weakness	<input type="checkbox"/>
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input type="checkbox"/> Burns to (C) Shoulder (B) ankles wound	<input type="checkbox"/> See note	<input type="checkbox"/>
8. PAIN: No complaints of pain/ discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)			
TIME: 1800 INITIALS: (b)(6)-2	TIME: 1930 INITIALS: (b)(6)-2	TIME: INITIALS:	TIME: INITIALS:
IV patency <input checked="" type="checkbox"/> q 5 hr	IV patency <input checked="" type="checkbox"/> q 8 hr	IV patency <input checked="" type="checkbox"/> q hr:	IV patency <input checked="" type="checkbox"/> q hr:
IV site care provided: Assess	IV site care provided: Assess	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:	IV tubing changed:
IV Site #1: LOCATION: LPA CONDITION: OK	IV Site #1: LOCATION: LPA CONDITION: OK	IV Site #1: LOCATION: CONDITION:	IV Site #1: LOCATION: CONDITION:
IV Site #2:	IV Site #2:	IV Site #2: LOCATION: CONDITION:	IV Site #2: LOCATION: CONDITION:
Comments:	Comments:	Comments:	Comments:

SECTION III - PATIENT INTERVENTIONS & 1

SITE:	TIME:						
COLOR							
CAPILLARY REFILL							
TEMPERATURE							
EDEMA							
SENSATION							
MOTION							
PASSIVE FLEXION							
PERIPHERAL PULSE							

NEUROVASCULAR

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
 Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)
 Temperature: C-cool; W-warm; H-hot
 Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
 Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
 Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
 Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
 Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;
 D-doppler, P-palpable

SAFETY

TIME:	12:00	1:00
ID band visible/legible		(b)(6)-2
Orient to environment prn		(b)(6)-2
Side rails (2/4) up	✓	NA
Bed position low		
Call light within reach		

OTHER

Review & post lab results	
Notify MD abnormal labs	
Incontinent urine/stool	
Linen change prn	
Turn/reposition q2h	
ROM q2h if immobile	
Antiemetic hose	

DIET

BREAKFAST	LUNCH	DINNER
TYPE:	TYPE:	TYPE: <i>key</i>
PERCENT CONSUMED:	PERCENT CONSUMED:	PERCENT CONSUMED:
HOW TOLERATED:	HOW TOLERATED:	HOW TOLERATED: <i>well</i>
<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE

ADLs

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <u>AMBULATE</u> <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC <i>walker</i> # TIMES/SHIFT BRP # TIMES/SHIFT CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP # TIMES/SHIFT CHAIR	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP # TIMES/SHIFT CHAIR

TEACHING

TIME: <i>1800</i>	INITIALS: <i>(b)(6)-2</i>	TIME: <i>1900</i>	INITIALS: <i>(b)(6)-2</i>	TIME:	INITIALS:
CONTENT: <i>Plan of care</i>	CONTENT: <i>call for assist not to operate bandages & tubes void journal</i>	CONTENT:	CONTENT:	CONTENT:	CONTENT:
<input checked="" type="checkbox"/> Patient/Family Verbalizes Understanding	<input checked="" type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION

EPW	(b)(6)-2	INITIALS	SIGNATURE	SHIFT
(b)(6)-4	(b)(6)-2			

SECTION III - INTERVENTIONS & TEACHING (Cont)

WOUND CARE	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
A	1800	Abd wound	DSC, CD+I JP drains	Asst
		trach DSG	CD+I	
		Burn dx Shoulder Banks	CD+I	

SECTION IV - NOTES

7 OCT 03 1805 pt admitted ICU. Stable. Amb. C walker. NCDA. (b)(6)-2 [redacted] 10/3/03

7 Oct 03 1900 Pt awake and alert. O/C 10 pain at this time. Ostomy bag leaking to abd wound. Ostomy bag did and wound cleaned. O stool in wound to abd. W+D to granulation bed. Xeroform & dry gauze to graft site. Burns to axillary region - Silvadene cream and A x 4 applied. JP x 2 intact drainage yellow, & blood noted. Pt voiding to urinal. Still intact T-Verity @ 100cc/hr. (b)(6)-2 [redacted] 10/3/03

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET
 For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 09 Oct 03 PATIENT ACUITY LEVEL: III POST-OP DAY: _____ HOSPITAL DAY: _____

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:
 Time _____ To _____ From _____ AMBULATORY CRUTCHES WHEELCHAIR STRETCHER
 Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____
 Procedure/Diagnosis _____
 LOC _____ P _____ R _____ T _____
 Dressing/cast _____ Neurovascular checks _____
 Intake (IV, po) _____ Tubes _____
 Medication _____ Output (EBL, other) _____ Voided No Yes Amount: _____
 Other _____
 Report From _____ Received By _____

TRANSFER

VITAL SIGNS

TIME:	1200																			
BP ARTERIAL LINE																				
BP CUFF	101/55																			
TEMPERATURE	97.4																			
PULSE	76																			
RESPIRATORY RATE	18																			
OXYGEN (L%)	0																			
PULSE OXIMETER	98%																			
O2 METHOD	RA																			

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask
 MT = Mist tent PR = Partial rebreather A = Aerosol TC = Trach collar

PAIN N OTH ER

TIME:	1000	12																		
PAIN INTENSITY	10	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·
	5	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·
MED ADMINISTERED (Y/N)		Y	Y																	
RELIEF ACCEPTABLE (Y/N)		NA	NA																	
TIME:	1000	12																		
FINGER STICK GLUCOSE		NA	NA																	
INSULIN (Y/N)			Y																	

SPECIAL NEEDS

TIME:	1000									
*Skin breakdown prevention										N/A
*Falls prevention protocol										
*Restraint protocol										
*Seizure precautions										
*Isolation precautions										
YESTERDAY'S WEIGHT:										
TODAY'S WEIGHT:										
WEIGHT CHANGE:										

24 HOUR TOTALS	PO	IV #1	IV #2	TOTAL IN	Urine	Stool	TOTAL OUT
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PATIENT IDENTIFICATION
EPW [REDACTED]
 (b)(6)-4

DIAGNOSIS: SPGSN abd
 ORG: _____ ADMISSION DATE: _____
 LOS: _____ EXPECTED RELEASE: _____
 CASE MANAGER: _____
 PRIMARY CARE MANAGER: [REDACTED] (b)(6)-2

SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 1000	INITIALS: (b)(6)-Z	TIME:	INITIALS:	TIME:	INITIALS:
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding.	<input type="checkbox"/>	NG-tube LUG & TFE @ 100. ostomy pink, Passing liquid brown Stool. BS active x4. JPY 2 to RUQ & clear Yellow drainage.	<input type="checkbox"/>		<input type="checkbox"/>	
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input type="checkbox"/>	Incontinent @ times.	<input type="checkbox"/>		<input type="checkbox"/>	
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input type="checkbox"/>	Generalized weakness. Ambulates c assist.	<input type="checkbox"/>		<input type="checkbox"/>	
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input type="checkbox"/>	Central abdominal wound, Burns to RUE, ostomy RUE, JPY 2 RUE	<input type="checkbox"/>		<input type="checkbox"/>	
8. PAIN: No complaints of pain/ discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

TIME: 0800	INITIALS: (b)(6)-Z	TIME: _____	INITIALS: _____	TIME: _____	INITIALS: _____
IV patency <input checked="" type="checkbox"/> q 8 hr: PRN		IV patency <input checked="" type="checkbox"/> q _____ hr: _____		IV patency <input checked="" type="checkbox"/> q _____ hr: _____	
IV site care provided: assessed.		IV site care provided: _____		IV site care provided: _____	
IV tubing changed: _____		IV tubing changed: _____		IV tubing changed: _____	
LOCATION: (1) FA	CONDITION: OK	LOCATION: _____	CONDITION: _____	LOCATION: _____	CONDITION: _____
IV Site #1: _____		IV Site #1: _____		IV Site #1: _____	
IV Site #2: _____		IV Site #2: _____		IV Site #2: _____	
Comments: HC		Comments: _____		Comments: _____	

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR	SITE: RUF	TIME: 1000							TIME: P			
	COLOR	P							SAFETY	ID band visible/legible	(b)(6)-2	
	CAPILLARY REFILL	1								Orient to environment prn	(b)(6)-2	
	TEMPERATURE	W								Side rails (2/4) up	N/A	
	EDEMA	0								Bed position low		
	SENSATION	S								Call light within reach		
	MOTION	M								Review & post lab results		
	PASSIVE FLEXION	0								Notify MD abnormal labs		
	PERIPHERAL PULSE	2+								OTHER	Incontinent urine/stool	(b)(6)-2
	<p style="text-align: center;">LEGEND</p> <p>Color: P-pink (normal); C-cyanotic; W-pale, white Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs) Temperature: C-cool; W-warm; H-hot Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting Sensation: A-absent; N-numb; T-tingling; S-sensation (present) Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable</p>										Linen change prn	(b)(6)-2
Turn/reposition q2h											(b)(6)-2	
ROM q2h if immobile											N/A	
Antiemboic hose												
DIE	BREAKFAST		LUNCH				DINNER					
	TYPE: Regular		TYPE:				TYPE:					
	PERCENT CONSUMED: 100%		PERCENT CONSUMED:				PERCENT CONSUMED:					
	HOW TOLERATED: well		HOW TOLERATED:				HOW TOLERATED: r					
ADLs			0700-1500		1500-2300		2300-0700					
	BATH/ORAL CARE		<input type="checkbox"/> SELF	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF	<input type="checkbox"/> COMPLETE				
			<input checked="" type="checkbox"/> ASSIST	<input type="checkbox"/> TOTAL	<input type="checkbox"/> ASSIST	<input type="checkbox"/> TOTAL	<input type="checkbox"/> ASSIST	<input type="checkbox"/> TOTAL				
TYPE OF ACTIVITY (Circle all that apply)		BEDREST	<input type="checkbox"/> SELF	BEDREST	<input type="checkbox"/> SELF	BEDREST	<input type="checkbox"/> SELF					
		<u>AMBULATE</u>	<input checked="" type="checkbox"/> ASSIST	<u>AMBULATE</u>	<input type="checkbox"/> ASSIST	<u>AMBULATE</u>	<input type="checkbox"/> ASSIST					
		BSC	# TIMES/SHIFT	BSC	# TIMES/SHIFT	BSC	# TIMES/SHIFT					
		BRP		BRP		BRP						
		<u>CHAIR</u>		CHAIR		CHAIR						
TEACHING	TIME: INITIALS:		TIME: INITIALS:				TIME: INITIALS:					
	CONTENT:		CONTENT:				CONTENT:					
	<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding				<input type="checkbox"/> Patient/Family Verbalizes Understanding					
PATIENT IDENTIFICATION			INITIALS	SIGNATURE		SHIFT						
EPW (b)(6)-4			(b)(6)-2	[Redacted Signature]		D						

MEDCOM - 16663

SECTION III - INTERVENTIONS & TEACHING (Cont)

W O U N D C A R E	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	1000	See note Below		

SECTION IV - NOTES

1000: Central ABD wound has pink granulation tissue on circumference wound. Skin graft site to middle of wound pink. Purulent drainage noted on dressing and on wound when dressing done. ~~odor noted~~ ^{(b)(6)-2} foul odor noted. Burn to RUE cleaned w sterile H₂O and silvadene applied. Green purulent drainage noted. MD informed. ~~Q~~ new orders 2° pt. Hx of abx resistance. Will cont. to monitor. ~~_____~~ ^{(b)(6)-2}

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD				PROGRESS NOTES			
Admission Date:		Diagnosis: <u>S/P GFWA ASDHD:</u>		POD:		<u>1</u>	
Skin assessment must be done initially and every 7 days.							
Braden Scale Evaluation (See Braden Evaluation Table for Details)							
Sensory Perception	No impairment Slightly limited Very limited Completed	4 3 2 1	4 4	Mobility	No limitations Slightly limited Very limited Completely immobile	4 3 2 1	4 4
Moisture	Rarely moist Occasionally moist Moist Constantly moist	4 3 2 1	3 3 1	Nutrition	Excellent Adequate (Eats >50%) Adequate (Rarely eats) Very poor	4 3 2 1	3 3 1
Activity	Walks frequently Walks occasionally Chairfast Bedfast	4 3 2 1	3 3 1	Friction and Shear	No apparent problem Potential problems Problems	3 2 1	3 3 1
Add the total score						Total Score: <u>16</u>	
Above 20		Low Risk		Between 16 and 20		Medium Risk	
Between 11 and 15		High Risk		Below 10		Very High Risk	
Note: A Braden Scale Score of less than 15 indicates HIGH RISK -requires immediate Ulcer Prevention program.							
Surgical wound (s): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Location: <u>Abdomen</u> Size: _____ Drainage: <u>3 JP's</u>							
Tubes: _____ Pins: _____ Appearance: _____							
Dressing change: _____							
Burn wound (s): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> % BSA _____ Partial _____ Full _____							
Location: <u>↑ Inner (R) Arm</u> Size _____							
Appearance: _____							
Dressing change: <u>BID</u>							
Pressure Ulcer (s): Yes _____ No <input type="checkbox"/>							
Stage I, II, III, IV (Circle the one that applies and describe below)							
Location: _____ Size: _____							
Wound character: Pink _____ Moist <input checked="" type="checkbox"/> Dry _____ Granulation tissue _____ Yellow slough <input checked="" type="checkbox"/> Tunneling _____							
Undermining _____ Odor _____ Purulent discharge _____ Eschar _____ Exudates _____							
Type of dressing change: Wet-to-dry <input checked="" type="checkbox"/> Comfeel dressing _____ Carrasyn-V Gel _____ Alginate _____							
Physician notified/consulted for wound debridement: Yes <input checked="" type="checkbox"/> No _____ Date/time MD notified _____							
CNS notified/consulted for Stage II and greater: Yes _____ No _____							
Nutrition Referral: Yes _____ No _____							
Physical Therapy Referral: Yes <input checked="" type="checkbox"/> No _____							
Action taken: _____ Date & Time _____							

REGISTI WARD NO.

Patient's Identification (For typed or written entries give: Name-last, first, middle:
Grade, rank, hospital or medical facility)

PROGRESS NOTES 1 7/20

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <i>nkda</i>
	3. PREVIOUS SURGERY [] NO [X] YES (type): <i>see H+P</i>

4. PROPOSED SURGICAL PROCEDURE:
Abdominal Lavage

5. ADDITIONAL INFORMATION: Last PO: _____ Medical Hx: *H+P* Implants: Medications: *none*
 Jewelry removed: yes/no *N/A* Family waiting: yes()no

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 <u>traumatic injury; language barrier; family separation; surgical environment</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.</p>
<p>B. AERATION</p> <p><input checked="" type="checkbox"/> Potential for respiratory dysfunction due to <u>sedation; positioning; injury</u></p>	<p><input checked="" type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative 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 <u>bovic pad; position; fluid shift</u></p>	<p><input checked="" 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] (b)(6)-f

ICU-1

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>D. CIRCULATION</p> <p><input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery</p>	<p><input checked="" 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.</p> <p><input checked="" type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input type="checkbox"/> Offer pillow for under knees.</p> <p><input checked="" type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion.</p> <p><input checked="" type="checkbox"/> Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury</p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain</p>	<p><input checked="" type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input checked="" type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input type="checkbox"/> Have sufficient people available for transfer.</p> <p><input type="checkbox"/> Insure proper body alignment.</p> <p><input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input type="checkbox"/> Offer support (i.e., pillows, bathtowels, etc.) for positioning.</p>
<p>F. NEUROMUSCULAR CONTROL</p> <p>F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being injury; sedation;</p> <p>F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation <u>Iraqi</u></p> <p>F.3. <input checked="" type="checkbox"/> Potential injury due to dentures.</p>	<p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input type="checkbox"/> Pt. will be able to understand instructions.</p> <p><input type="checkbox"/> Minimize danger of injury during intraop period.</p>	<p><input checked="" type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p><input checked="" type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input checked="" type="checkbox"/> Speak clearly and slowly.</p> <p><input checked="" type="checkbox"/> Address pt. from <u>right</u> side.</p> <p><input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communications.</p> <p><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 COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 CPTIAN 30 Aug 03 DATE

11. POSTOPERATIVE EVALUATION:

Bonie Site: clear (bonie not used)

Drsg: clafci

Breathing: intubated

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 CPTIAN

DATE: 30 Aug 03 TIME: 2000

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 CPTIAN

DATE: 30 Aug 03 TIME: 2110

Trauma Case

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT <small>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.</small>
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1. AGE: <u>57</u> HEIGHT: WEIGHT: <u>85 kg</u>	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>NKDA</u>
	3. PREVIOUS SURGERY <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES (type):

4. PROPOSED SURGICAL PROCEDURE:
EXTRA (b)(6)-2 Ex Lary

5. ADDITIONAL INFORMATION: Last PO: _____ Medical Hx: Ø Implants: Ø Medications: Ø
 Jewelry removed: yes/no _____ Family waiting: yes/no no
NPO since midnight Smokes: 2 pk/day
Tab: yes

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> Potential for anxiety related to <u>traumatic injury; language barrier; family separation; surgical environment</u>	<input type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. exhibits relaxed body posture.	<input type="checkbox"/> Allow pt. to verbalize freely. <input type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input type="checkbox"/> Explain all nursing procedures before they are done. <input type="checkbox"/> Remain with pt. whenever possible. <input type="checkbox"/> Maintain family interface.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to <u>sedation; positioning; injury</u>	<input checked="" type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative phase.	<input type="checkbox"/> Offer to elevate head of litter or offer pillow. <input type="checkbox"/> Observe pt. while awaiting surgery for signs of distress <input type="checkbox"/> Assist anesthesia during intubation and extubation
C. INTEGUMENT <input checked="" type="checkbox"/> Potential impairment of skin integrity due to <u>bovie pad; position; fluid shift</u>	<input checked="" type="checkbox"/> PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	<input type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input type="checkbox"/> Pad pressure points. <input type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input type="checkbox"/> Keep prep fluids from pooling.

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

[REDACTED]
(b)(6)-14

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>D. CIRCULATION</p> <p><input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; <u>previous surgery</u></p>	<p><input checked="" 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.</p> <p><input checked="" type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input type="checkbox"/> Offer pillow for under knees.</p> <p><input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion.</p> <p><input checked="" type="checkbox"/> Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury</p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain</p>	<p><input type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input type="checkbox"/> Have sufficient people available for transfer.</p> <p><input type="checkbox"/> Insure proper body alignment.</p> <p><input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input type="checkbox"/> Offer support (i.e., pillows, bathtowels, etc.) for positioning.</p>
<p>F. NEUROMUSCULAR CONTROL</p> <p>F.1. <input checked="" type="checkbox"/> <u>NI</u> Diminished visual perception due to being injury; sedation;</p> <p>F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation <u>Inappropriate</u></p> <p>F.3. Potential injury due to dentures. <u>none</u></p>	<p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input type="checkbox"/> Pt. will be able to understand instructions.</p> <p><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.</p> <p><input type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input type="checkbox"/> Speak clearly and slowly.</p> <p><input type="checkbox"/> Address pt. from <u>left</u> side.</p> <p><input type="checkbox"/> Validate pt.'s understanding of verbal communications.</p> <p><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 COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 CPTIAN 15 Aug 03 DATE

11. POSTOPERATIVE EVALUATION:

Bone site: cli

Drsg: cli

Breathing: intubated

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 MAJ BN

DATE: 15 Aug 03 TIME: 0708

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 CPTIAN

DATE: 15 Aug 03 TIME: 1020

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

MEDICAL RECORD

1. AGE: 50's

HEIGHT:

WEIGHT:

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

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

see H+P

4. PROPOSED SURGICAL PROCEDURE:

Bowel Reconstruction

unable to determine pt history see chart

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

A. PSYCHOSOCIAL

Potential for anxiety related to:

- 1) Surgical Procedure & Operating Room Environment
- 2) Separation Anxiety
- (Child) (b)(6)-2
- 3) Surgical Outcomes

- Pt. verbalizes any specific anxiety.
- Pt. Exhibits relaxed body posture.

- Allow pt. to verbalize freely.
- Explain OR environment and answer questions regarding surgery.
- Offer comfort measures. (e.g., warm blanket, touch).
- Explain all nursing procedures before they are done.
- Remain with pt. whenever possible.
- Maintain family interface. Parents to stay with pt.

B. AERATION

Potential for respiratory dysfunction due to:

- 1) Positioning
- 2) Effects of Anesthesia
- 3) Medical Smoking History

Pt. will be able to breathe without difficulty during immediate intraoperative phase.

- Offer to elevate head of litter or offer pillow.
- Observe pt. while awaiting surgery for signs of distress.
- Assist anesthesia during intubation and extubation.

C. INTEGUMENT

Potential impairment of skin integrity due to:

- 1) Intraoperative Immobility
- 2) ESU Pad Placement
- 3) Positional Aids
- 4) Prostheses (b)(6)-2
- 5) Pooling of Prep Solutions

Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).

- Utilize pressure preventing devices on OR table and accessories.
- Check for proper positioning and support to maintain good body alignment.
- Pad pressure points.
- Place ESU ground pad on non compromised skin surface area.
- Keep prep fluids from pooling.

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

(b)(6)-4 - EPW
 (b)(6)-4

VERIFICATIONS AT HOLDING AREA:

- ID/Allergy Band
- Dentures Removed
- H & P
- Contacts Removed
- NPO Since PN
- Jewelry Removed
- LITHCG/LMP
- Body Pierce Removed
- Consent/Blood Transfusion
- Signed/Witnessed/Dated
- Surgical Site/Consent verified by
- Anesthesia/Surgeon
- Contact Precautions (Y)
- Family/Friend: NONE

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

10. OR NURSING INTERVENTIONS COMPLETE BY (b)(6)-2 *CPI/A* DATE 17 Aug 03

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 ← BREATHING EASY: (Y)(N) N/A

LEVEL OF ACTIVITY: Moves All Extremities Moves Upper Extremities

12. PREOPERATIVE (Signature and Title) (b)(6)-2 *CPI/A* 13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2

DATE: 17 Aug 03 TIME: 1835 MEDCOM - 16671 17 Aug 03 TIME: 2215 (b)(6)-2

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT	
	FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General.	
1. AGE HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodin, Tape, Medication) <input type="checkbox"/> NKDA <input type="checkbox"/> PCN <input type="checkbox"/> LATEX <input type="checkbox"/> IODINE <input type="checkbox"/> TAPE <input type="checkbox"/> FOOD REACTION:	
	3. PREVIOUS SURGERY [] NO [<input checked="" type="checkbox"/>] YES (type):	
4. PROPOSED SURGICAL PROCEDURE: <u>Debridement of STS to RLE</u>		
5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition _____ Tobacco <u>yes</u> ppd X _____ vrs Body Piercing _____ Diabetes (Y) (N) ROM _____ ASA/Motrin W 72hrs (Y) (N) ETOH _____ Implants _____ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N) Glasses/Contact (Y)(N) Dentures <u>NA</u> Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: _____		
6. PATIENT PROBLEMS AND NEEDS		
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> potential for anxiety related to: <input checked="" type="checkbox"/> 1) <u>Surgical Procedure & Operating Room Environment</u> <input type="checkbox"/> 2) <u>Separation Anxiety (Child)</u> <input checked="" type="checkbox"/> 3) <u>Surgical Outcomes</u>	7. PATIENT GOALS AND EXPECTED OUTCOMES <input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. Exhibits relaxed body posture.	8. OR NURSING INTERVENTIONS <input checked="" type="checkbox"/> Allow pt. to verbalize freely. <input type="checkbox"/> Explain Or environment and answer questions regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures. (e.g. warm blanket. touch). <input type="checkbox"/> Explain all nursing procedures before they are done. <input checked="" type="checkbox"/> Remain with pt. Whenever possible. <input type="checkbox"/> Maintain family interface. Parents to stay with pt.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to: <input type="checkbox"/> 1) <u>Positioning</u> <input checked="" type="checkbox"/> 2) <u>Effects of Anesthesia</u> <input checked="" type="checkbox"/> 3) <u>Medical/Smoking History</u>	<input checked="" type="checkbox"/> Pt. will be able to breath without difficulty during immediate intraoperative phase.	<input checked="" type="checkbox"/> Offer to elevate head of litter or offer pillow. <input checked="" type="checkbox"/> Observe pt. While awaiting surgery for signs of distress. <input type="checkbox"/> Assist anesthesia during intubation and exluation.
C. INTEGUMENT <input checked="" type="checkbox"/> Potential Impairment of Skin Integrity due to: <input type="checkbox"/> 1) <u>Intraoperative Immobility</u> <input checked="" type="checkbox"/> 2) <u>ESU Pad Placement</u> <input type="checkbox"/> 3) <u>Positional Aids</u> <input type="checkbox"/> 4) <u>Prosthesis</u> <input checked="" type="checkbox"/> 5) <u>Pooling of Prep Solutions</u>	<input checked="" type="checkbox"/> Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas).	<input checked="" type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input checked="" type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input type="checkbox"/> Pad pressure points. <input checked="" type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input checked="" type="checkbox"/> Keep prep fluids form pooling.
9. PATIENT'S IDENTIFICATION: (For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)		
# [REDACTED] (b)(6)-4 17 Nov 03 [REDACTED] (b)(2) - 2		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: _____

DA FORM 5179, JUN 91

Previous editions are obsolete.

USAPA VI.0

MEDCOM - 16672

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to: <input type="checkbox"/> 1) <u>Intraoperative Mobility</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input type="checkbox"/> 3) <u>Existing Disease</u> <input type="checkbox"/> 4) <u>Safety Devices</u> <input checked="" type="checkbox"/> 5) <u>Hypothermia</u>	<input checked="" type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth, pedal pulse).	<input checked="" type="checkbox"/> Check for support stocking or ace wraps. if none, check with doctors. <input checked="" 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 checked="" type="checkbox"/> Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential Impairment of Mobility due to: <input checked="" type="checkbox"/> 1) <u>Pain</u> <input type="checkbox"/> 2) <u>Intra operative Hazards</u> <input type="checkbox"/> 3) <u>prosthesis</u> <input checked="" type="checkbox"/> 4) <u>Positioning</u> <input type="checkbox"/> 5) <u>Transfer pt. To/from OR table</u> E.2. <input type="checkbox"/> Potential Discomfort Due to: <input type="checkbox"/> 1) <u>Length of Surgery</u> <input type="checkbox"/> 2) <u>Positioning</u> <input type="checkbox"/> 3) <u>Arthritis</u>	<input checked="" type="checkbox"/> pt. will be transferred to OR table without difficulty. <input type="checkbox"/> pt. will be not experience unnecessary physical discomfort.	<input checked="" type="checkbox"/> Have sufficient people available for transfer. <input checked="" type="checkbox"/> Insure proper body alignment. <input checked="" type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input checked="" type="checkbox"/> Offer support (i.e., pillows, Bath towel, etc) for positioning.
F. Special Senses F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being: <input checked="" type="checkbox"/> 1) <u>pre-medicated</u> <input type="checkbox"/> 2) <u>W/O GLASSES</u> F.2. <input checked="" 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 checked="" 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>	<input checked="" type="checkbox"/> pt. will be made aware of surroundings prior to anesthesia induction. <input checked="" type="checkbox"/> pt. will be transferred safely to OR table. <input checked="" type="checkbox"/> pt. will be able to understand instructions. <input checked="" type="checkbox"/> Minimize danger of injury during intraop period.	<input checked="" type="checkbox"/> Introduce self, keep pt informed as to where he, she is and what is happening. <input checked="" type="checkbox"/> Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. <input type="checkbox"/> Address pt. from _____ side. <input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communication. <input checked="" type="checkbox"/> Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS OR continuation of above interventions.

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

(b)(6)-2 [Redacted] MAJAN 17 Nov 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bowie Pad Site: Clean and Dry Red N/A DRESSING DRY & INTACT:
 LEVEL OF CONSCIOUSNESS: A&O Drowsy Sleepy Intubated (Y)(N)
 LEVEL OF ACTIVITY: MOVES ALL EXTREMITIES Moves Upper Extremities BREATHING EASY:
 Transferred to Litter With roller due to spinal (Y)(N)

12. PREOPERATIVE EVALUATION PREPARED BY 13. PREOPERATIVE EVALUATION PREPARED
 (Signature and Title) BY (Signature and Title)

DATE: 17 Nov 03 TIME: 1900 (b)(6)-2 [Redacted] MAJAN TIME: 1005

MEDCOM - 16673

Trauma

MEDICAL RECORD		INTRAOPERATIVE		DOCUMENT	
For use of this form, see AR 40-66, the proce. Agency is the office of The Surgeon General.					
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <i>Litter</i>			2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY <i>[Redacted]</i>		
3. DATE <i>16 Aug 03</i>		TIME PATIENT ARRIVED IN SUITE <i>0745</i>		4. PATIENT IN ROOM TIME <i>0745</i> (b)(6)-2 NUMBER <i>1-1</i>	
5. PREOPERATIVE EMOTIONAL STATUS					
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)					
COMMENTS: Allergies: <i>mbda</i>					
6. NURSING PERSONNEL					
ASSIGNED SCRUB	<i>PAC</i> <i>[Redacted]</i> (b)(6)-2		RELIEF SCRUB		
ASSIGNED CIRCULATOR	<i>CPT</i> <i>[Redacted]</i> (b)(6)-2		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>proper body alignment maintained, head resting on foam donut, arms extended less than 90° on padded armboards, position approved by surgeon + anesthesiologist</i>					
(b)(6)-2 8. SKIN PREPARATION					
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PREP SOLUTION (Specify) <i>Beta 1 Beta</i>		
DONE BY: <i>[Redacted]</i>			SITE: <i>Nipples to mid thigh</i> BY WHOM: <i>[Redacted]</i>		
METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR			SITE: <i>#9</i> BY WHOM: <i>(b)(6)-2</i>		
COMMENTS: <i>no nicks or cuts noted</i>			COMMENTS: <i>no pooling or skin Δ's noted</i>		
9. LOCATION OF EXTERNAL DEVICES					
LEGEND X Ground Pad SM -- Safety Strap SM === Tourniquet NA					
C = Correct I = Incorrect					
UNTS	Initial Other	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>C</i>	<i>C</i>	<i>C</i>	<i>[Redacted]</i> (b)(6)-2	<i>[Redacted]</i> (b)(6)-2
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>C</i>	<i>C</i>	<i>C</i>	<i>[Redacted]</i> (b)(6)-2	<i>[Redacted]</i> (b)(6)-2
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>C</i>	<i>C</i>	<i>C</i>	<i>[Redacted]</i> (b)(6)-2	<i>[Redacted]</i> (b)(6)-2
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
PATIENT IDENTIFICATION (For typed or written entries give: Name, first, middle; Grade; Date; Hospital or Medical Facility;)				12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<i>[Redacted]</i> (b)(6)-4				<input checked="" type="checkbox"/> ESU NO: <i>VL Force 2 # 4</i> GROUND PAD: BRAND <i>VL Rem Polyhesive</i> <i>30136</i> LOT NO: <i>68936 2005-03</i>	
				<input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____	
				<input type="checkbox"/> BIPOLAR NO: _____	

ROSTHESIS, IMPLANTS

YES

NO

IF YES NAME: ID NUMBER; MANUFACTURER

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):

D. 90% NaCl

OTHER ORDERS

none

TIME

CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES

NO

16.

LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION (Specify)

4x8 TBSD

Tape

17. TUBES, DRAINS/PACKING

YES

NO

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

19. ADDITIONAL INFORMATION

WCTTT (b)(6)-2

Surgeons [redacted]

Anesthesia: (b)(6)-2

Anesthesia Type: general

(b)(6)-2

(b)(6)-2

Bovie Pad site intact pre-op ; post-op _____ Bovie Settings: 30/30 Coag/Cut

20. OPERATION(S) PERFORMED

Exploratory laparotomy (Bowel Resection - Transverse colon, Distal stomach, Small Bowel, Sigmoid Colon

21. PATIENT TRANSFERRED TO

IU 3

TIME ^{See} DA 9389

METHOD Litter @ safety straps in place

22. REGISTERED NURSE SIGNATURE

[redacted] IN

REVERSE OF DA FORM 9379-1, 87

(b)(6)-2

MEDCOM - 16675

USAPA V1.01

MEDICAL RECORD		INTRAOPER/		DOCUMENT			
(b)(6)-2 For use of this form, see AR 40-66, the prop. agency is the office of the Surgeon General.							
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u>			2. PATIENT ID [REDACTED] AND PROCEDURE VERIFIED BY [REDACTED] <u>CPT/AN</u>				
3. DATE <u>17 Aug 03</u>			4. PATIENT IN ROOM TIME <u>1730</u> NUMBER <u>(b)(6)-2 / 1-2</u>				
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 type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)							
COMMENTS: Allergies: <u>Unable to determine PT allergies</u> <u>PT intubated - PT Chart noted NKAA</u> (b)(6)-2							
6. NURSING PERSONNEL							
ASSIGNED SCRUB		SPC [REDACTED], CRT (b)(6)-2		RELIEF SCRUB SPC [REDACTED] 1930 - End (b)(6)-2			
ASSIGNED CIRCULATOR		CPT [REDACTED] AN (b)(6)-2		RELIEF CIRCULATOR Maj [REDACTED] 1800 - 1810 (b)(6)-2 ILT [REDACTED] 1910 - End			
7. POSITION AND POSITIONAL AIDS (Specify) <u>PT transferred to OR table, anatomically aligned for surgical procedure - towel under head (B) arms on padded arm board less 90°</u>							
<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: <u>Normal anatomic body alignment maintained</u>							
8. SKIN PREPARATION							
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP			PREP SOLUTION (Specify) <u>Ibicides</u> SITE: <u>Abdomen</u> BY WHOM: <u>CPT [REDACTED]</u> SITE: BY WHOM: (b)(6)-2				
COMMENTS:			COMMENTS: <u>see #9</u> <u>φ pooling</u>				
9. LOCATION OF EXTERNAL DEVICES							
LEGEND X Ground Pad - Surgery Strap == Tourniquet (b)(6)-2 (b)(6)-2 (b)(6)-2							
C = Correct I = Incorrect							
10. COUNTS							
		in-hand Other		First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C	C	C	[REDACTED]	[REDACTED]
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C	C	C	[REDACTED]	[REDACTED]
Instrument	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C	C	C	[REDACTED]	[REDACTED]
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C	C	C	C	[REDACTED]	[REDACTED]
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)							
# [REDACTED] EPW (b)(6)-4							
12. ELECTROSURGERY DEVICE(S) (ESD) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 30/30							
<input checked="" type="checkbox"/> ESU NO: <u>Valleylab #4</u>							
GROUND PAD: BRAND <u>Valleylab</u>							
LOT NO: <u>68936 Exp 2005-03</u>							
<input type="checkbox"/> ESU NO: _____							
GROUND PAD: BRAND _____							
LOT NO: _____							
<input type="checkbox"/> 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):

NS

OTHER ORDERS TIME CARRIED OUT BY

none

PHYSICIAN (b)(6)-2

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

18. DRESSING/IMMOBILIZATION (Specify)

4x8 dsq tape

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	Foley	10mm JP X2	16 Fr Red Rubber (Feeding Tube)
SITE	1. Cath to or - bladder	2. ABD	3. Jejunum + Malecot cath - to duodenum

19. ADDITIONAL INFORMATION

WC III
Surgeons: (b)(6)-2 Anesthesia: (b)(6)-2 Anesthesia Type: General
(b)(6)-2 (b)(6)-2

Bovie Pad site intact pre-op ; post-op Bovie Settings: Coag/Cut 30/30
Tourniquet Site intact pre-op ; post-op

DA 5179 Initiated

20. OPERATION(S) PERFORMED

Bowel Reconstruction

21. PATIENT TRANSFERRED TO TIME METHOD

ICU 3 2215 drifter @ 02

22. REGISTERED NURSE SIGNATURE

(b)(6)-2 (b)(6)-2 "7AW"

MEDICAL RECORD

INTRAOPERA

DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA letter BY Anesthesia OR nurse 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT (b)(6)-2

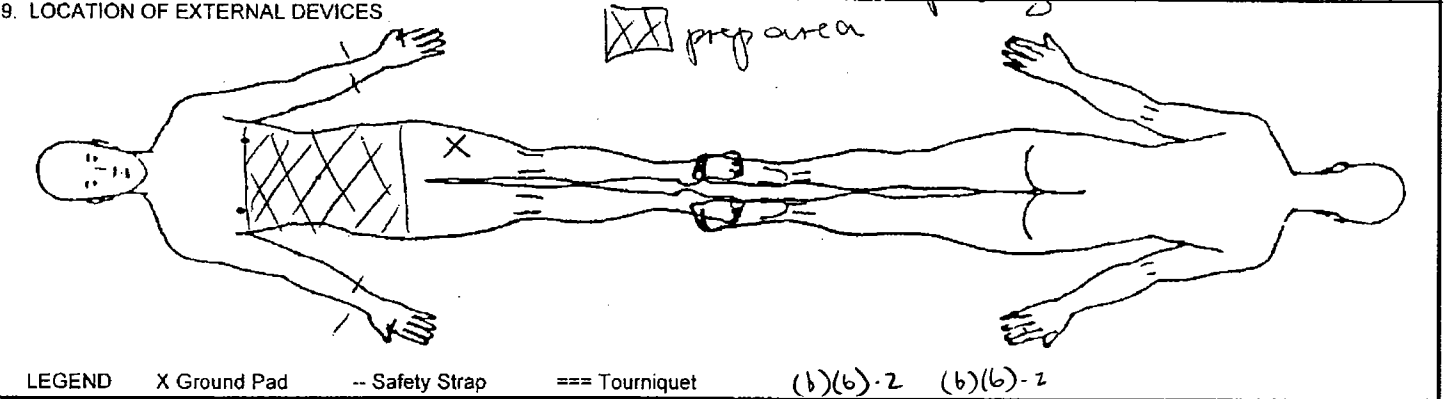
3. DATE 26 Aug 03 TIME PATIENT ARRIVED IN SUITE 1440 4. PATIENT IN ROOM TIME 1440 NUMBER 5

5. PREOPERATIVE EMOTIONAL STATUS: CALM, ANXIOUS, EXCITED, CRYING, ANGRY, WITHDRAWN, OTHER (Specify) intubated. COMMENTS: Allergies: nk da

6. NURSING PERSONNEL table with columns for Assigned Scrub, Relief Scrub, Assigned Circulator, Relief Circulator. Includes handwritten names and IDs like SPC (b)(6)-2 and CPT (b)(6)-2.

7. POSITION AND POSITIONAL AIDS (Specify): SUPINE, LITHOTOMY, PRONE, KRASKE, LATERAL: LEFT SIDE UP, RIGHT SIDE UP. COMMENTS: proper body alignment maintained, head on foam donut, arms on padded armboards at less than 90 degrees, position approved by surgeon + anesthesia.

8. SKIN PREPARATION: HAIR REMOVAL YES/NO, DONE BY, METHOD (DEPILATORY, RAZOR, CLIP), PREP SOLUTION (Specify) Beta/Beta, SITE: Nipples to Symphysis, BY WHOM: (b)(6)-2. COMMENTS: no pooling of skin A's noted.



10. COUNTS table with columns for Instrument, First Closing Count, Final Closing Count, SCRUB, and CIRCULATOR. Includes handwritten counts and initials.

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;): # (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES/NO: YES. ESU NO: Valleylab Force 40. GROUND PAD: 30130. BRAND: VL Rem Polyhesive II. LOT NO: 65706 2004-11.

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	1. 10mm JP Drain	2. 1in Parvose	3.
SITE	1. Abdomen	2. Abdomen	3.

18. DRESSING/IMMOBILIZATION (Specify)
4x8

19. ADDITIONAL INFORMATION
WC II (b)(6)-2
Surgeons: [redacted] Anesthesia: [redacted] Anesthesia Type: GETA
[redacted] (b)(6)-2 (b)(6)-2

Bovie Pad site intact pre-op ; post-op Bovie Settings: Coag/Cut 30/30
Tourniquet Site intact pre-op _____; post-op _____ N/A

-DAS179 on chart, #0's noted

20. OPERATION(S) PERFORMED
Ex lap, drainage of Abscess

21. PATIENT TRANSFERRED TO
ICU TIME 4:00 METHOD Litter
DA7389

22. REGISTERED NURSE SIGNATURE
[redacted] CRT

MEDICAL RECORD

INTRAOPERATIVE 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 gurney BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 28 Aug 03 TIME PATIENT ARRIVED IN SUITE _____

4. PATIENT IN ROOM (b)(6)-2 TIME 1216 NUMBER 4

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPC [redacted]</u> <u>(b)(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted]</u> <u>(b)(6)-2</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Bilateral arms tucked in.

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Beta / Beta

SITE: ch to groin area BY WHOM: CPT [redacted]

SITE: _____ BY WHOM: (b)(6)-2

COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES

LEGEND X Ground Pad (b)(6)-2 Safety Strap N/A == = Tourniquet

10. COUNTS

Initial	SPC <u>(b)(6)-2</u>	Other**	First Closing Count	Final Closing Count	SCRUB <u>(b)(6)-2</u>	CIRCULATOR
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>C</u>	<u>[redacted]</u>	<u>[redacted]</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>C</u>	<u>SPC [redacted]</u>	<u>CPT [redacted]</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>C</u>		<u>(b)(6)-2</u>
	<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] (b)(6)-4

[redacted] (b)(2)-2

28 AUG 03

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

ESU NO: 40/40
Vallulab #2

GROUND PAD: BRAND Vallulab E7507
LOT NO: 2004-11

ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

BIPOLAR NO: _____

MEDCOM - 16680

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 YES NO IF YES, SITE

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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	18. DRESSING/IMMOBILIZATION (Specify)
TYPE/SIZE		<i>TRACT</i> <i>- Steri Strips - 8x4</i> <i>- Benzoin - medipore tape</i>
1. <i>8 FR</i>	2. <i>16F Foley catheter (in unit)</i>	
SITE		
1. <i>NECK</i>	3. <i>JPX 2</i>	
	3. <i>ABD</i>	

19. ADDITIONAL INFORMATION

Colostomy bag

Surgeons:
assist. Dr. [redacted] (b)(6)-2
Dr. [redacted] (b)(6)-2

anesthesia:
MAT [redacted] (b)(6)-2

20. OPERATION(S) PERFORMED
Tracheostomy, Expiratory Lap

21. PATIENT TRANSFERRED TO *ICU* TIME *1346* METHOD *gurney CO2*

22. REGISTERED NURSE SIGNATURE *[redacted] CPT/AN*

MEDICAL RECORD

INTRAOPERATIVE

DOCUMENT

For use of this form, see AR 40-407. the pro. agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY medsurgical OR nurse 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted]

3. DATE 30 Aug 03 TIME PATIENT ARRIVED IN SUITE 2020 4. PATIENT IN ROOM (b)(6)-2 TIME 2020 NUMBER 2-11

5. PREOPERATIVE EMOTIONAL STATUS
 CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify) 1

COMMENTS: -intubated

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SFC [redacted]</u> <u>(b)(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted]</u> <u>(b)(6)-2</u>	RELIEF CIRCULATOR	

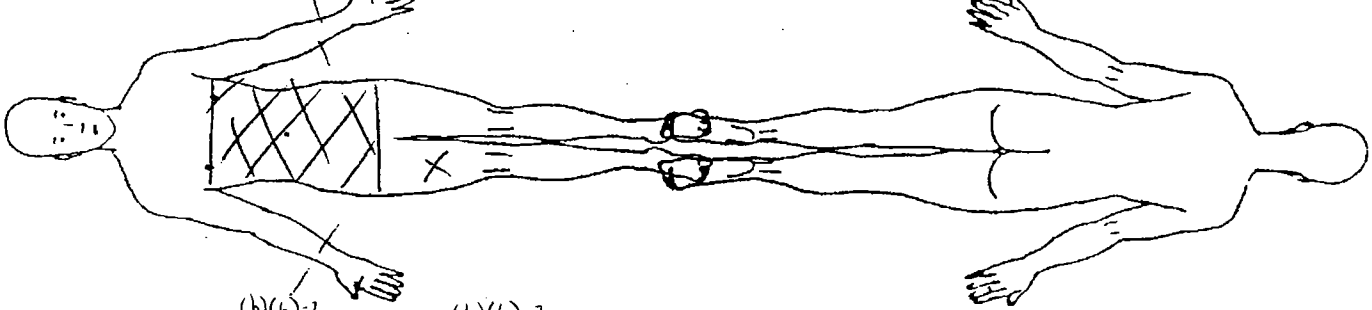
7. POSITION AND POSITIONAL AIDS (Specify)

SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP
 COMMENTS: proper body alignment maintained, head on foam clamp, arms at less than 90° on padded armboards, position approved by surgeon and anesthesia

8. SKIN PREPARATION

HAIR REMOVAL YES NO
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR CLIP
 PREP SOLUTION (Specify) Beta/Beta
 SITE: Abdomen BY WHOM: [redacted]
 SITE: BY WHOM: (b)(6)-2
 COMMENTS: no pooling or skin Δ's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted] -- Safety Strap [redacted] === Tourniquet [redacted]

10. COUNTS	C = Correct I = Incorrect			SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count		
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C	C	<u>[redacted] (b)(6)-2</u>	<u>[redacted] (b)(6)-2</u>
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C	C	<u>[redacted] (b)(6)-2</u>	<u>[redacted] (b)(6)-2</u>
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	NA	NA	NA	
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	NA	NA	NA	

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

[redacted] (b)(6)-4
ICU-1

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

ESU NO: Valleylab Force 40
 GROUND PAD: BRAND VL Rem Polyheze II
 LOT NO: 68936 2005-03
 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

OTHER ORDERS	TIME	CARRIED OUT BY
<i>none</i>		

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 <input type="checkbox"/> NO <input type="checkbox"/>				18. DRESSING/IMMOBILIZATION (Specify) <i>4x8 Tape</i>
TYPE/SIZE	1.	2.	3.	
SITE	1.	2.	3.	

19. ADDITIONAL INFORMATION (b)(6)-2 (b)(6)-2
Surgeon: [REDACTED] 1 [REDACTED]
Anesthesia: [REDACTED]
 (b)(6)-2

20. OPERATION(S) PERFORMED
Abdominal Lavage

21. PATIENT TRANSFERRED TO *ICU-1* TIME *2:00* METHOD *litter*

22. REGISTERED NURSE SIGNATURE *[Signature]*

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
1. PATIENT TRANSPORTED TO OP: <i>G ROOM</i> VIA <i>wheeled litter - anesthesia</i>		2. PATIENT ID: [REDACTED] REVIEWED AND PROCEDURE VERIFIED BY: [REDACTED] (b)(6)-2	
3. DATE: <i>06 SEP 03</i> TIME PATIENT ARRIVED IN SUITE: <i>1420</i>		4. PATIENT IN ROOM: [REDACTED] TIME: <i>1420</i> NUMBER: <i>2/1/4</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 type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify) <i>intubated.</i>			
COMMENTS: Allergies: <i>NKA</i>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<i>SPC [REDACTED] 910</i> (b)(6)-2	RELIEF SCRUB	(b)(6)-2
ASSIGNED CIRCULATOR	<i>CPT [REDACTED] 66E</i> (b)(6)-2	RELIEF CIRCULATOR	<i>ILT [REDACTED] 66E (1500)</i>
7. POSITION AND POSITIONAL AIDS (Specify) <i>Pt on padded OR bed head on foam doughnut; Arms extended out to sides & 90° secured to padded arm boards c safety straps. Solder towels under heels.</i> <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>Correct Body Alignment maintained.</i>			
8. SKIN PREPARATION			
HAIR REMOVAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	PREP SOLUTION (Specify) <i>Beta/Beta</i>	BY WHOM: <i>CPT [REDACTED]</i>
METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		SITE: <i>Chest/abdomen (as below)</i>	BY WHOM: (b)(6)-2
COMMENTS:		COMMENTS: <i>no pooling of solutions noted</i>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND: X Ground Pad C Safety Strap Q Tourniquet [shaded] - prep			
10. COUNTS			
		C = Correct I = Incorrect	
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>C</i>	SCRUB (b)(6)-2: <i>SPC [REDACTED]</i> CIRCULATOR (b)(6)-2: <i>CPT [REDACTED] - initial</i>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>C</i>	<i>C</i>
Instrument	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>C</i>	<i>C</i>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>SPC [REDACTED] (b)(6)-2</i> <i>ILT [REDACTED]</i>
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>#</i> [REDACTED] (b)(6)-4		<input checked="" type="checkbox"/> ESU NO: <i>R8E 105 305</i> GROUND PAD: BRAND <i>Valley Lab Polydesire II REM</i> LOT NO: <i>68245/2005-02</i> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> 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 <input type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY		

WOUND IRRIGATION YES NO, TYPE(S):
QS - 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) 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
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING: YES NO

TYPE/SIZE	1.	2.	3.
	<i>Kerlix Fluffs</i>		
SITE	<i>Abdomen</i>		

18. DRESSING/IMMOBILIZATION (Specify)
4x8 Kerofarm Tape

19. ADDITIONAL INFORMATION
 WCTV *(b)(6)-2*
 Surgeons: Dr *(b)(6)-2* Anesthesia: *MAS (b)(6)-2* Anesthesia Type: *Gen Endo/Trach*
 Dr *(b)(6)-2*
 Bovie Pad site intact pre-op *COT*; post-op Bovie Settings: Coag/Cut *30/30 Blend 1*
 Tourniquet Site intact pre-op *N/A*; post-op
 Tourniquet Time: Up *N/A* Down

20. OPERATION(S) PERFORMED
EX LAP

21. PATIENT TRANSFERRED TO *1* TIME *1530* MET *seled litter*

22. REGISTERED NURSE SIGNATURE *(b)(6)-2* MEDCOM - 16685 *(b)(6)-2 TAN*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the pro... gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATI...
 VIA ambulance BY Anesthesia
 3. DATE 18 Sept 03 TIME PATIENT ARRIVED IN SUITE 1600

2. PATIENT IDENTIFIED BY [redacted]
 4. PATIENT IN ROOM (b)(6)-2 NUMBER 5

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Sgt [redacted] (b)(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted] (b)(6)-2</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: proper body alignment maintained, arm on 2 padded armboards, position approved by surgeon + anesthesia

8. SKIN PREPARATION

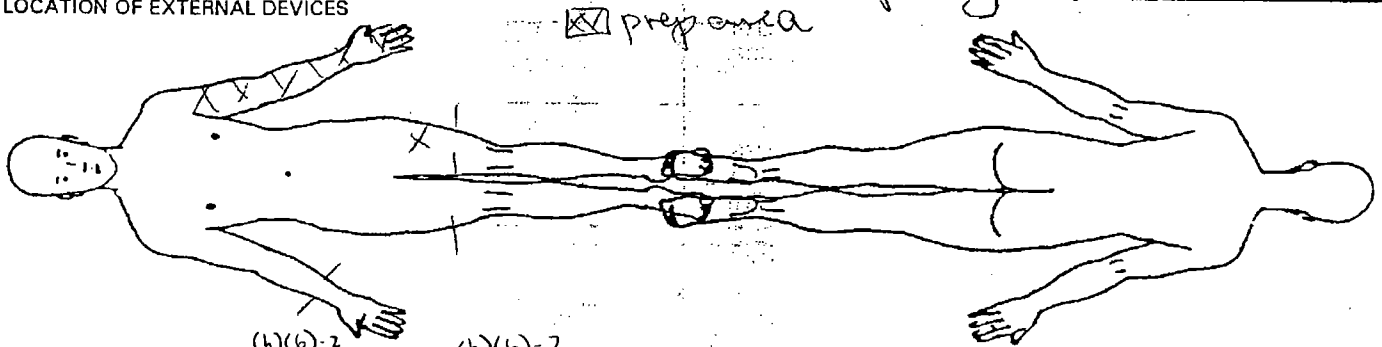
- HAIR REMOVAL YES NO
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR
 CLIP

PREP SOLUTION (Specify) Beta/Beta
 SITE: arm BY WHOM: [redacted]
 SITE: BY WHOM: (b)(6)-2

COMMENTS:

COMMENTS: reporting on skin 1's used

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS	C = Correct I = Incorrect		Initial: [redacted]		SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count			
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	E		[redacted] (b)(6)-2	[redacted] (b)(6)-2
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	E		[redacted] (b)(6)-2	[redacted] (b)(6)-2
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	NA	NA	NA	NA
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

[redacted] (b)(6)-4
IU-1

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

ESU NO: Valleylab Force 40
 GROUND PAD: 30130 BRAND: Vi Beam Polyphase II
 LOT NO: 68245 2005-02
 ESU NO: _____
 GROUND PAD: _____ BRAND: _____
 LOT NO: _____
 BIPOLAR NO: _____

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

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

OTHER ORDERS	TIME	CARRIED OUT BY
<i>none</i>		

PHYSICIAN'S SIGNATURE  (b)(6)-2

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.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs
Kerlix
Acewrap
Splint 1/2, sling

19. ADDITIONAL INFORMATION (b)(6)-2 (b)(6)-2
 Surgeon:  
 Anesthesia:  (b)(6)-2
 -5179 on chart, & d's noted

20. OPERATION(S) PERFORMED
I+D @ arm & wound closure

21. PATIENT TRANSFERRED TO *ICU-1* TIME *see DATES* METHOD *Litter*

22. REGISTERED NURSE SIGNATURE  *PTIAN*

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT																					
For use of this form, see AR 40-407, the prof		gency is the office of The Surgeon General.																					
1. PATIENT TRANSPORTED TO OPERATI VIA <u>Wheeled litter</u> BY <u>anesthesia</u>		2. PATIENT IDENT, VERIFIED BY <u>CPT</u> (b)(6)-2																					
3. DATE <u>19 SEP 03</u> TIME PATIENT ARRIVED IN SUITE <u>0935</u>		4. PATIENT IN ROOM TIME <u>0935</u> NUMBER <u>2/2/3</u>																					
5. PREOPERATIVE EMOTIONAL STATUS																							
<input checked="" type="checkbox"/> CALM <input checked="" type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify)																							
COMMENTS: <u>NKA</u>																							
6. NURSING PERSONNEL																							
ASSIGNED SCRUB	<u>SFC</u> (b)(6)-2 <u>910</u>	RELIEF SCRUB																					
ASSIGNED CIRCULATOR	<u>CPT</u> (b)(6)-2 <u>66E</u>	RELIEF CIRCULATOR																					
7. POSITION AND POSITIONAL AIDS (Specify) <u>Pt on padded OR Bed Head on foam doughnut Bilateral Arms extended out to sides @ 90° in CAP secured to padded armboards @ Safety straps folded towels under heels</u>																							
<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: <u>Correct Body Alignment Maintained</u>																							
8. SKIN PREPARATION																							
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREP SOLUTION (Specify) <u>h.biclens</u>																					
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT		SITE: <u>Abdomen +</u> BY WHOM:																					
METHOD: <input type="checkbox"/> DEPILOYATORY <input checked="" type="checkbox"/> RAZOR by Dr		SITE: <u>(R thigh</u> BY WHOM:																					
<input type="checkbox"/> CLIP (b)(6)-2		<u>(as below)</u>																					
COMMENTS: <u>no cuts or nicks noted</u>		COMMENTS: <u>no pooling of solutions noted</u>																					
9. LOCATION OF EXTERNAL DEVICES																							
LEGEND X Ground Pad (b)(6)-2 Safety Strap = = = Tourniquet N/A																							
10. COUNTS		C = Correct I = Incorrect																					
		<table border="1" style="font-size: x-small;"> <tr> <th></th> <th>intra</th> <th>First Closing Count</th> <th>Final Closing Count</th> </tr> <tr> <td>Sponge</td> <td><u>C</u></td> <td></td> <td><u>C</u></td> </tr> <tr> <td>Needle Sharp</td> <td><u>C</u></td> <td></td> <td><u>C</u></td> </tr> <tr> <td>Instrument</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </table>			intra	First Closing Count	Final Closing Count	Sponge	<u>C</u>		<u>C</u>	Needle Sharp	<u>C</u>		<u>C</u>	Instrument				Other			
	intra	First Closing Count	Final Closing Count																				
Sponge	<u>C</u>		<u>C</u>																				
Needle Sharp	<u>C</u>		<u>C</u>																				
Instrument																							
Other																							
<table border="1" style="font-size: x-small;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCRUB <u>(b)(6)-2</u> <u>SFC (b)(6)-2 910</u> CIRCULATOR <u>(b)(6)-2</u> <u>CPT (b)(6)-2 66E</u>											
Yes	No																						
<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>																						
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																					
# <u>(b)(6)-4</u>		<input checked="" type="checkbox"/> ESU NO: <u>R8B 102395</u> GROUND PAD: BRAND <u>Valleylab Polykesne IIRER</u> LOT NO: <u>68936/2005-03</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____																					

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)						YES <input type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY		
Epi 1:1000	QS	10cc	1000cc NaCl intra-op	topical	CPT [redacted]	Dr [redacted]	
Mineral Oil	QS		intra-op	topical	CPT [redacted]	Dr [redacted]	
					(b)(6)-2	(b)(6)-2	
					(b)(6)-2	(b)(6)-2	

WOUND IRRIGATION YES NO, TYPE(S):
 QS-NaCl 0.9% + NaCl 0.9% Epi 1:100 - QS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE [redacted] (b)(6)-2

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

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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TYPE/SIZE	1. 10mm SP Drain	2.	3.		
SITE	1. abdominal wound	2.	3.		

18. DRESSING/IMMOBILIZATION (Specify)
 Zeroform Gauze, Wet Kerley Fluffs, Ioban, Benzoin Tincture, Ostomy bag.

19. ADDITIONAL INFORMATION
 WC III Surgeon-Dr [redacted] (b)(6)-2 Anesthesia - [redacted] (b)(6)-2 CRNA - gen/ET
 Bovie Pad site pre-op CDI post-op CDI Bovie 30/30 Blend I

20. OPERATION(S) PERFORMED
 Skin Graft from (R) Thigh to Abdomen

PATIENT TRANSFERRED TO	TIME	METHOD
ICU3/PACU [redacted] (b)(6)-2	1100	wheeled litter

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT																																									
		For use of this form, see AR 40-407, the pro/ agency is the office of The Surgeon General.																																									
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>wheeled litter</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFICATION RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>CPT [REDACTED]</u> (b)(6)-2																																									
3. DATE <u>23 OCT 03</u> TIME PATIENT ARRIVED IN SUITE <u>0905</u>		4. PATIENT IN ROOM TIME: <u>0905</u> NUMBER <u>22-1</u>																																									
5. PREOPERATIVE EMOTIONAL STATUS																																											
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify)																																											
COMMENTS: <u>NKA</u>																																											
6. NURSING PERSONNEL																																											
ASSIGNED SCRUB	PFC [REDACTED] 91D (b)(6)-2	RELIEF SCRUB																																									
ASSIGNED CIRCULATOR	CPT [REDACTED] 66E (b)(6)-2	RELIEF CIRCULATOR																																									
7. POSITION AND POSITIONAL AIDS (Specify) <u>PT on padded OR bed head on foam doughnut, Bilat. Arms extended out to sides $\angle 90^\circ$ in CAP secured to padded armboards & safety straps.</u>																																											
<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																																											
<u>Hip bump under @hip. Folded towel under @heel.</u> COMMENTS: <u>Correct Body Alignment maintained.</u>																																											
8. SKIN PREPARATION																																											
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREP SOLUTION (Specify) <u>Hibiclens</u>																																									
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR by Dr [REDACTED] <input type="checkbox"/> CLIP		SITE: <u>Abd. @ Chest @ R ankle</u> BY WHOM: <u>CPT [REDACTED]</u> SITE: <u>R thigh, as below</u> BY WHOM: <u>(b)(6)-2</u> <u>@ clipped arm</u>																																									
COMMENTS: <u>no nicks or cuts noted</u> (b)(6)-2		COMMENTS: <u>no pooling of solutions noted</u>																																									
9. LOCATION OF EXTERNAL DEVICES																																											
LEGEND X Ground Pad S Safety Strap === Tourniquet																																											
10. COUNTS		C = Correct I = Incorrect																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Other</th> <th>First Closing Count</th> <th>Final Closing Count</th> <th>SCRUB</th> <th>CIRCULATOR</th> </tr> </thead> <tbody> <tr> <td>Sponge</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>PFC [REDACTED]</td> <td></td> </tr> <tr> <td>Needle Sharp</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>C</td> <td>C</td> <td>PFC [REDACTED] 91D (b)(6)-2</td> <td>CPT [REDACTED] 66E (b)(6)-2</td> </tr> <tr> <td>Instrument</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Yes	No	Other	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR	Sponge	<input type="checkbox"/>	<input checked="" type="checkbox"/>				PFC [REDACTED]		Needle Sharp	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	C	PFC [REDACTED] 91D (b)(6)-2	CPT [REDACTED] 66E (b)(6)-2	Instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>						Other	<input type="checkbox"/>	<input type="checkbox"/>							
	Yes	No	Other	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR																																				
Sponge	<input type="checkbox"/>	<input checked="" type="checkbox"/>				PFC [REDACTED]																																					
Needle Sharp	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	C	PFC [REDACTED] 91D (b)(6)-2	CPT [REDACTED] 66E (b)(6)-2																																				
Instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																									
Other	<input type="checkbox"/>	<input type="checkbox"/>																																									
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																																									
<u># [REDACTED]</u> (b)(6)-4		<input checked="" type="checkbox"/> ESU NO: <u>R8B 102395</u> GROUND PAD: BRAND <u>Valleylab Blyhesive FF-REM</u> LOT NO: <u>70011 2005-04</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____																																									

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER: 11A1 RER

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
Epi 1:100,000	QS	intra-op	topical	(b)(6)-2	Dr (b)(6)-2
Mineral Oil	QS	intra-op	topical	(b)(6)-2	Dr (b)(6)-2
				(b)(6)-2	(b)(6)-2

WOUND IRRIGATION YES NO; TYPE(S):
NaCl 0.9% - QS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN: (b)(6)-2

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

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
Zeroform Gauze, Kerlex Fluffs
moist & NaCl 0.9%, Spandage
- RLE ankle Kerlex fluffs, ACE

19. ADDITIONAL INFORMATION
WC - III (b)(6)-2
Surgeon: Dr (b)(6)-2
Anesthesia: Gen/Endo - MAS (b)(6)-2 CRNA
Bowie; Settings: 30/30 Blend 1-Fal - Pad site - pre-op COI post-op COI
DA 5179 previously initiated @ Δ's noted.

20. OPERATION(S) PERFORMED
STSG to Abdominal, (R) chest, (R) Ankle, (R) upper arm wounds from (R) thigh.
Debridement only of (R) Ankle.

21. PATIENT TRANSFERRED TO ICU3/PACU TIME 1045 METHOD wheeled litter.

22. (b)(6)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

or use of this form, see AR 40-407, the property agency is the _____ of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM (b)(6)-2	2. PATIENT IDENTIFICATION RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ (b)(6)-2
VIA <u>Litter</u> BY <u>CAF</u>	
3. DATE <u>17 Nov 03</u> TIME PATIENT ARRIVED IN SUITE <u>0835</u>	4. PATIENT IN ROOM TIME <u>0835</u> NUMBER <u>2-1</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SGT</u> (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>MAJ</u> (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

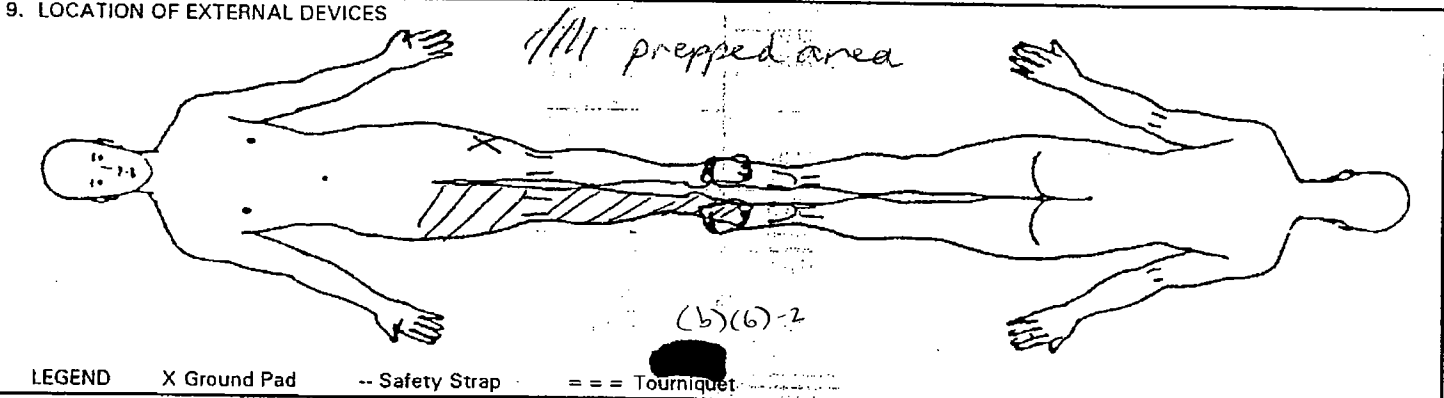
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Betadine
 SITE: BY WHOM:
 SITE: BY WHOM:

COMMENTS:



10. COUNTS

			C = Correct I = Incorrect		SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count			
Sponge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			(b)(6)-2	(b)(6)-2
Needle Sharp	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Instrument	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				MAJ
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

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

(b)(6)-4

17 Nov 03 (b)(2)-2

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

ESU NO: RGE 102395
 GROUND PAD: BRAND Valleylab
 LOT NO: 69441 EXP 2005-03

ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____

BIPOLAR NO: _____

Comp 30 Cut 30

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

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): *N/S*

OTHER ORDERS

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)

Xeroform } *Donor*
Fluffs } *site*
Kerlix }
Acc }

Bacitracin
Xeroform
Fluffs } *graft*
Kerlix } *site*
Acc }

19. ADDITIONAL INFORMATION

Surgeon: Dr (b)(6)-2
Anes: CPT (b)(6)-2

20. OPERATION(S) PERFORMED

Debridement & STSG of RLE

21. PATIENT TRANSFERRED TO *PACU* TIME *See JPT 17* METHOD *Litter*

22. REGISTERED NURSE SIGNATURE *(b)(6)-2* *MAS AN 12 Nov 03*

(b)(2)-2

VENTILATOR FLOW SHEET

8.0 SIT 20cm³ tip

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
16 Aug	1300	SIMV	16	700	50	5	27	17	90	100	159/92								
16 Aug	1400	SIMV	16	700	50	5	28	19	85	100	157/72								
16 Aug	1410	SIMV	16	750	50	5	30	17	81	100	155/69								
16 Aug	1801	SIMV	16	700	50	5	27	16	130	98	141/54	7.21	57.1	62	-8	20	86	(2170)	
16 Aug	2001	SIMV	16	800	100	5	32	16	124	100	141/58	7.28	44.4	37.1	-5	21	100%	V1702 6.0%	
16 Aug	2230	SIMV	16	800	100	5	32	16	131	100	140/52							receiving blood	
17 Aug	0150	SIMV	16	900	100	5	36	16	116	100	144/53	7.35	36						
17 Aug	0410	SIMV	16	800	100	5	36	15	117	100	144/48	7.38	36.2	135	-4	19	99	2.55%	
17 Aug	0537	SIMV	16	800	100	5	34	15	115	100	143/48								
17 Aug	0744	SIMV	16	800	100	5	35	15	116	100	147/57								
17 Aug	1000	SIMV	16	800	100	5	37	17	117	100	157/72								
17 Aug	1330	SIMV	16	800	100	5	35	13	110	99	142/65								
17 Aug	1410	SIMV	16	800	100	5	39	16	111	100	145/64								
17 Aug	1400	SIMV	16	800	100	5	30	16	107	100	144/61								
17 Aug	1735	—	16	400	100	5	30	16	107	100	144/61								
17 Aug	2218	SIMV	16	800	100	5	32	16	104	100	140/71	7.34	38.2	89	-5	21	99%	2098 v to 55	
18 Aug	0635	SIMV	16	800	100	5	32	16	100	100	140/71								
18 Aug	0325	SIMV	16	800	100	5	35	16	111	100	142/60								
18 Aug	0559	SIMV	16	800	100	5	33	16	108	100	142/68								
18 Aug	0802	SIMV	16	800	100	5	33	16	119	97	141/63								
18 Aug	1030	SIMV	16	800	100	5	35	18	124	99	142/64								
18 Aug	1200	SIMV	16	800	100	5	35	17	110	98	141/65								
18 Aug	1400	SIMV	16	800	100	5	37	18	118	98	147/68								
18 Aug	1630	SIMV	16	800	100	5	38	16	99	100	150/60								
18 Aug	1730	SIMV	16	800	100	5	37	16	98	100	151/61								
18 Aug	1800	SIMV	16	800	100	5	48	16	95	100	151/61								
18 Aug	1800	SIMV	16	800	100	5	48	16	95	100	151/61								
18 Aug	2231	SIMV	16	800	100	5	33	16	107	97	143/60	7.40	41.6	3	30	92%	DIP 35 Now		
18 Aug	2345	SIMV	16	800	100	5	33	16	107	97	143/60	7.40	42.9	6.4	2	35	92%	Sx + A'd vent	
18 Aug	0229	SIMV	16	800	100	5	32	18	110	100	143/61	7.43	35.1	85	0	34	91		
18 Aug	0820	SIMV	16	800	100	5	31	18	109	98	142/61								Sx by LNO
18 Aug	1020	SIMV	16	800	100	5	35	18	105	96	141/62								
18 Aug	1500	SIMV	16	800	100	5	32	18	113	99	147/62								
19 Aug	1500	SIMV	16	800	100	5	30	19	109	100	143/60								
19 Aug	1630	SIMV	16	800	100	5	37	18	101	100	143/61								
19 Aug	1738	SIMV	16	800	100	5	30	18	101	100	143/61								

all (b)(6)-2

Sx = white from

MEDCOM - 16694

(b)(2)-2

VENTILATOR FLOW SHEET

(b)(6)-4

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	Soa2	REMARKS	INT
20 Aug	0830	Simv	18	800	50	5	35	18	97	99	148/89								
20 Aug	1000	Simv	18	800	50	5	35	18	97	98	147/88								
20 Aug	1230	Simv	18	800	50	5	35	18	97	97	146/87								
20 Aug	1430	Simv	18	800	50	5	34	18	97	97	146/87								
20 Aug	1645	Simv	18	800	50	5	34	18	97	97	146/87								
20 Aug	1800	Simv	18	800	50	5	32	18	97	100	147/88								
20 Aug	2000	Simv	18	800	50	5	36	18	100	100	148/89								
20 Aug	2250	Simv	18	800	50	5	35	18	100	97	148/89								
20 Aug	0306	Simv	18	800	50	5	38	18	75	120	131/67								9x 10cc chestmains
20 Aug	0615	Simv	18	800	50	5	33	18	72	100	128/89								Sx
20 Aug	0845	Simv	18	800	50	5	34	18	80	100	128/89								Sx
20 Aug	1000	Simv	18	800	50	5	35	18	84	100	128/89								Sx
20 Aug	1235	Simv	18	800	50	5	36	18	83	100	125/82								Sx
20 Aug	1400	Simv	18	800	50	5	37	18	94	100	127/84								Sx but no return
20 Aug	1600	Simv	18	800	50	5	36	18	81	100	127/83								Sx
20 Aug	1812	Simv	18	800	50	5	35	18	81	100	127/83								Sx
20 Aug	1941	Simv	18	800	50	5	35	18	82	100	127/83								
20 Aug	2217	Simv	18	800	50	5	35	18	83	100	127/83								
20 Aug	0213	Simv	18	800	50	5	34	18	72	100	109/60								
20 Aug	0157	Simv	18	800	50	5	36	18	95	100	110/64								
20 Aug	0533	Simv	18	800	50	5	32	18	71	100	105/57								
20 Aug	0533	Simv	18	800	50	5	31	18	74	100	109/60								

all (b)(6)-2

MEDICAL RECORD (b)(6)-4 PROGRESS NOTES

DATE	PT	8.0 ETT	22 @ teeth	NOTES						
DATE + TIME	MODE	RATE	VT	PEEP	FiO2	PIP	HR	SpO2	BP	Remarks + Initial
22 Aug 03 1140	SIMV	16	800	5	40	33	87	100	144/66	(b)(6)-2
1355	SIMV	16	800	5	40	30	76	100	151/63	(b)(6)-2
1528	SIMV	16	800	5	40	28	83	100	143/59	(b)(6)-2
1735	SIMV	16	800	5	40	27	82	100	122/55	switched over to pugs (b)(6)-2
2000	SIMV	16	800	5	40	30	84	99	120/56	↓ 35% P Sx (b)(6)-2
2124	SIMV	16	800	5	35	28	82	98	73/58	BBS course
23 Aug 0000	SIMV	16	800	5	35	29	84	100	101/90	
0131	SIMV	16	800	5	35	29	80	99%	82/76	
0340	SIMV	16	800	5	35	36	87	98	92/84	BBS WRT Sx 3cc Secretion
0538	SIMV	16	800	5	35	29	87	100	94/86	BBS course
0700	SIMV	16	800	5	35	34	105	100		(b)(6)-2
0950	SIMV	16	800	5	35	45	111	94	176/80	CRT (b)(6)-2
1200	SIMV	16	800	5	50↑	43	105	99		(b)(6)-2
1400	SIMV	16	800	5	50	41	107	99		(b)(6)-2
1615	SIMV	16	800	5	50	34	105	99	132/69	(b)(6)-2
2015	SIMV	16	800	5	50	41	110	99	101/83	Sx no 10cc thick (b)(6)-2 yellowish/whitish
2202	SIMV	16	800	5	50	43	112	99	170/94	↓ FiO2 to 45% Sx (b)(6)-2
24 Aug 0000	SIMV	16	800	5	45	35	100	100	145/80	Sx no 10cc ↓ FiO2 to 40% PIP 32 (b)(6)-2
0202	SIMV	16	800	5	40	33	95	100	57/76	(b)(6)-2
0412	SIMV	16	800	5	40	35	85	100	153/67	(b)(6)-2
0615	SIMV	16	800	5	40	33	81	100	130/59	(b)(6)-2

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.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 5/1991)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)

USAPA V1 C

pt. (b)(6)-4

1001 Patients Name: (b)(6)-4

Date: 8.23

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line																									
NBP												122/61	114/72	106/65	101/61	109/67	104/64	103/63	100/64	97/64	94/64	93/64	89/64	84/62	75/56
TEMP												100.3													
HR												100	103	111	112	109	114	111	107	104	103	99	89	84	79
RR												21	16	17	16	16	16	16	23	20	21	21	19	16	
SaO2												100	99	99	98	100	98	98	100	99	99	99	99	99	
FIO2												50	50	50	50	50	50	50	50	50	50	40	40	40	
Source												vent	vent	vent											
MAP																									
CUP															4					4			4		
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF												30		30	30	30	30	30	30	30	30	30	30	30	30
IVPB														50	50										
NGT														14	14	14	14	14	14	14	14	14	11	14	12
Sand														3	3	3	3	3	3	3	3	3	3	3	3
veget														150	150	150	150	180	200	180	180	100	100	100	100
fruit																									
protein																									
PO																									
Total																									
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE												70		75	90	160	70	70	20	100	50				
NGT																									
STOOL													300												
DRAIN																400									
SPI																									
SP2												45													
DUMB												10				240									
Total																									

MEDCOM - 16697

100 1

(b)(6)-4

LAST NAME		FIRST NAME		TITLE INITIAL		ID NUMBER					
DATE	TIME	MODE	RATE	Vt	PEEP	FiO2	PIP	HR	SaO2	BP	Remarks & Initial
24 Aug	0730	Simv	16	800	5	40	37	110	97	123/92	(b)(6)-2
	1030	Simv	16	800	5	40	35	103	97	123/77	(b)(6)-2
	1200	Simv	16	800	5	40	35	101	98	123/77	(b)(6)-2
	1400	Simv	16	800	5	40	33	110	99	123/71	(b)(6)-2
	1600	Simv	16	800	5	40	39	111	99	123/62	(b)(6)-2
	1900	Simv	16	800	5	40	32	97	99	124/75	(b)(6)-2
	2151	Simv	16	800	5	40	31	102	99	124/77	(b)(6)-2
	0040	Simv	16	800	5	40	31	98	95	113/56	BBS (course + Bayse) (b)(6)-2
	0231	Simv	16	800	5	40	25	115	99	147/69	(b)(6)-2
	0539	Simv	16	800	5	40	26	97	99	113/63	BBS clear
	0800	Simv	16	800	5	40	29	96	99	127/66	BBS CTA CRT (b)(6)-2
	1000	Simv	16	800	5	40	25	94	98	126/65	BBS CTA CRT (b)(6)-2
	1200	Simv	16	800	5	40	29	96	98	126/59	BBS CTA CRT (b)(6)-2
	1400	Simv	16	800	5	40	30	109	98	135/62	BBS CTA CRT (b)(6)-2
	1600	Simv	16	800	5	40	26	105	99	137/63	BBS CTA CRT (b)(6)-2
	1800	Simv	16	800	5	40	28	109	100	137/59	BBS CTA T/O CRT (b)(6)-2
	1935	Simv	16	800	5	40	27	112	99	138/59	(b)(6)-2
	2230	Simv	16	800	5	40	35	112	97	123/58	Sx pn nurse (b)(6)-2
26 Aug	0300	Simv	16	800	5	40	25	112	99	144/62	(b)(6)-2
	0550	Simv	16	800	5	40	26	105	100	116/17	(b)(6)-2
	0700	Simv	16	800	5	40	27	101	100	111/53	Sx (b)(6)-2
	0850	Simv	16	800	5	40	32	116	99	113/57	(b)(6)-2
	0800	Simv	16	800	5	40	28	95	100	109/54	(b)(6)-2
	1000	Simv	16	800	5	40	33	102	96	111/51	(b)(6)-2
	1700	Simv	16	800	5	40	37	101	98	111/53	(b)(6)-2
	1810	Simv	16	800	5	40	38	90	100	113/52	(b)(6)-2
	1954	Simv	16	800	5	40	37	94	99	118/51	BBS course (b)(6)-2
	2147	Simv	16	800	5	40	35	93	100	104/55	(b)(6)-2
	2357	Simv	16	800	5	40	27	98	98	107/54	(b)(6)-2
27 Aug	0348	Simv	16	800	5	40	29	102	99	125/66	(b)(6)-2
	0536	Simv	16	800	5	40	27	102	98	121/63	(b)(6)-2
	0800	Simv	16	800	5	40	29	96	99	110/55	CRT CTA T/O (b)(6)-2
	1000	Simv	16	800	5	40	27	96	99	115/51	CRT CTA T/O (b)(6)-2
	1200	Simv	16	800	5	40	30	95	99	108/49	CRT CTA T/O (b)(6)-2
	1400	Simv	16	800	5	40	33	107	99	125/57	CRT CTA T/O (b)(6)-2
	1600	Simv	16	800	5	40	38	106	99	121/56	CRT CTA T/O (b)(6)-2
	1800	Simv	16	800	5	40	34	100	98	110/58	CRT CTA T/O (b)(6)-2
	1935	Simv	16	800	5	40	32	106	98	124/31	(b)(6)-2
	2120	Simv	16	800	5	40	34	110	96	132/56	Sx pn nurse (b)(6)-2
28 Aug	0300	Simv	16	800	5	40	26	106	99	126/56	(b)(6)-2
	0400	Simv	16	800	5	40	31	93	100	109/49	(b)(6)-2
	0610	Simv	16	800	5	40	31	96	98	116/47	Sx (b)(6)-2
	0810	Simv	16	800	5	40	31	94	99	108/47	(b)(6)-2
	1015	Simv	16	800	5	40	32	87	100	104/44	(b)(6)-2
	1630	Simv	16	800	5	40	32	92	97	120/50	(b)(6)-2
	1800	Simv	16	800	5	40	33	90	98	115/53	(b)(6)-2
	1955	Simv	16	800	5	40	35	93	97	113/59	(b)(6)-2
	2200	Simv	16	800	5	40	30	99	96	104/54	Sx 10cc (b)(6)-2
29 Aug	0143	Simv	16	800	5	40	37	109	98	131/66	Sx 10cc (b)(6)-2
	0555	Simv	16	800	5	40	29	90	100	98/45	(b)(6)-2
	0800	Simv	16	800	5	40	30	87	100	109/55	(b)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V: CC

MEDCOM - 16698

(b)(2)-2

VENTILATOR FLOW SHEET

ICU #1

(b)(6)-4

WHP

DATE	TIME	MODE	FLOW (L/min)	TEMP (C)	PRESS (cm H2O)	PE (cm H2O)	PHASE	REMARKS	INIT
29 Aug	1000	SIMV	16	32	14	25	94	100	108/57
	1200	SIMV	16	32	14	25	97	99	110/56
	1400	SIMV	16	30	16	25	85	95	119/57
	1600	SIMV	16	29	16	24	84	96	118/57
	1800	SIMV	16	30	15	24	89	98	118/57
	1950	SIMV	16	30	15	24	92	99	117/57
	2100	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2300	SIMV	16	30	15	24	92	100	117/57
	0000	SIMV	16	30	15	24	92	100	117/57
	0200	SIMV	16	30	15	24	92	100	117/57
	0400	SIMV	16	30	15	24	92	100	117/57
	0600	SIMV	16	30	15	24	92	100	117/57
	0800	SIMV	16	30	15	24	92	100	117/57
	1000	SIMV	16	30	15	24	92	100	117/57
	1200	SIMV	16	30	15	24	92	100	117/57
	1400	SIMV	16	30	15	24	92	100	117/57
	1600	SIMV	16	30	15	24	92	100	117/57
	1800	SIMV	16	30	15	24	92	100	117/57
	2000	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2400	SIMV	16	30	15	24	92	100	117/57
	0000	SIMV	16	30	15	24	92	100	117/57
	0200	SIMV	16	30	15	24	92	100	117/57
	0400	SIMV	16	30	15	24	92	100	117/57
	0600	SIMV	16	30	15	24	92	100	117/57
	0800	SIMV	16	30	15	24	92	100	117/57
	1000	SIMV	16	30	15	24	92	100	117/57
	1200	SIMV	16	30	15	24	92	100	117/57
	1400	SIMV	16	30	15	24	92	100	117/57
	1600	SIMV	16	30	15	24	92	100	117/57
	1800	SIMV	16	30	15	24	92	100	117/57
	2000	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2400	SIMV	16	30	15	24	92	100	117/57
	0000	SIMV	16	30	15	24	92	100	117/57
	0200	SIMV	16	30	15	24	92	100	117/57
	0400	SIMV	16	30	15	24	92	100	117/57
	0600	SIMV	16	30	15	24	92	100	117/57
	0800	SIMV	16	30	15	24	92	100	117/57
	1000	SIMV	16	30	15	24	92	100	117/57
	1200	SIMV	16	30	15	24	92	100	117/57
	1400	SIMV	16	30	15	24	92	100	117/57
	1600	SIMV	16	30	15	24	92	100	117/57
	1800	SIMV	16	30	15	24	92	100	117/57
	2000	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2400	SIMV	16	30	15	24	92	100	117/57
	0000	SIMV	16	30	15	24	92	100	117/57
	0200	SIMV	16	30	15	24	92	100	117/57
	0400	SIMV	16	30	15	24	92	100	117/57
	0600	SIMV	16	30	15	24	92	100	117/57
	0800	SIMV	16	30	15	24	92	100	117/57
	1000	SIMV	16	30	15	24	92	100	117/57
	1200	SIMV	16	30	15	24	92	100	117/57
	1400	SIMV	16	30	15	24	92	100	117/57
	1600	SIMV	16	30	15	24	92	100	117/57
	1800	SIMV	16	30	15	24	92	100	117/57
	2000	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2400	SIMV	16	30	15	24	92	100	117/57
	0000	SIMV	16	30	15	24	92	100	117/57
	0200	SIMV	16	30	15	24	92	100	117/57
	0400	SIMV	16	30	15	24	92	100	117/57
	0600	SIMV	16	30	15	24	92	100	117/57
	0800	SIMV	16	30	15	24	92	100	117/57
	1000	SIMV	16	30	15	24	92	100	117/57
	1200	SIMV	16	30	15	24	92	100	117/57
	1400	SIMV	16	30	15	24	92	100	117/57
	1600	SIMV	16	30	15	24	92	100	117/57
	1800	SIMV	16	30	15	24	92	100	117/57
	2000	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2400	SIMV	16	30	15	24	92	100	117/57
	0000	SIMV	16	30	15	24	92	100	117/57
	0200	SIMV	16	30	15	24	92	100	117/57
	0400	SIMV	16	30	15	24	92	100	117/57
	0600	SIMV	16	30	15	24	92	100	117/57
	0800	SIMV	16	30	15	24	92	100	117/57
	1000	SIMV	16	30	15	24	92	100	117/57
	1200	SIMV	16	30	15	24	92	100	117/57
	1400	SIMV	16	30	15	24	92	100	117/57
	1600	SIMV	16	30	15	24	92	100	117/57
	1800	SIMV	16	30	15	24	92	100	117/57
	2000	SIMV	16	30	15	24	92	100	117/57
	2200	SIMV	16	30	15	24	92	100	117/57
	2400	SIMV	16	30	15	24	92	100	117/57

all (b)(6)-2

REMARKS
Rough! 7/0
Spec bilaterally
Rough! 7/0
Rough! 7/0

SX
Sx per nurse
Sx per nurse

A Vent Low Bat.

Sx by nurses
Sx site

Nurse doing dressing

(b)(2)-2

VENTILATOR FLOW SHEET

ICU#1

(b)(6)-4

911 (b)(6)-2

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SAO2	REMARKS	INT
1 Sep	1800	Simv	16	800	40	5	29	16	106	99	135/88								
	1800	Simv	16	800	40	5	28	16	108	99	139/70								
	1900	Simv	16	900	40	5	29	23	112	100	118/60								
	1800	Simv	16	800	40	5	26	23	113	100	118/59								
	1900	Simv	16	800	40	5	26	19	109	100	120/68								
	2231	Simv	16	800	40	5	24	32	123	99	145/76								
2 SEP	0004	Simv	16	800	40	5	35	32	99										
	0203	Simv	16	800	40	5	32	16	113	99	132/92								
	0350	Simv	16	900	40	5	32	19	110	99	131/88								
	0516	Simv	16	800	40	5	31	31	110	99	135/76								
	0808	Simv	16	800	40	5	32	25	110	99	132/75								
	1000	Simv	16	800	40	5	31	26	107	99	133/77								
	1200	Simv	16	800	40	5	27	16	107	96	128/63								
	1410	Simv	16	800	40	5	26	16	100	99	138/61								
	1600	Simv	16	800	40	5	28	16	119	96	129/72								
	1800	Simv	16	800	40	5	28	22	101	92	134/69								
	2000	Simv	16	800	40	5	28	20	110	92	131/69								
	2155	Simv	16	800	40	5	24	16	102	98	131/59								
	2300	Simv	16	800	40	5	31	20	115	99	136/60								
	0200	Simv	16	800	40	5	26	16	91	99	118/60								
	0345	Simv	16	800	40	5	28	16	93	99	116/60								
	0510	Simv	16	800	40	5	28	16	93	99	130/60								
	0645	Simv	16	800	40	5	26	16	91	99	118/60								
	0800	Simv	16	800	40	5	26	16	91	99	118/60								
3 Sep	0800	Simv	16	800	40	5	26	16	91	99	118/60								
	1000	Simv	16	800	40	5	34	16	105	96	130/75								
	1200	Simv	16	800	40	5	28	21	100	99	133/77								
	1400	Simv	16	800	40	5	26	16	88	99	138/53								
	1600	Simv	16	800	40	5	26	24	100	96	132/65								
	1800	Simv	16	800	40	5	23	23	104	100	144/65								
	1933	Simv	16	800	40	5	23	22	94	99	137/55								
	2207	Simv	16	800	40	5	27	25	98	98	141/48								
	2338	Simv	16	800	40	5	29	24	105	98	129/63								
4 Sep	0154	Simv	16	800	40	5	26	16	92	99	135/62								
	0421	Simv	16	800	40	5	30	30	101	98	119/54								
	1610	Simv	16	800	40	5	27	31	104	98	144/64								

RBS clear

RBS clear
fresh start done
A Sk cath

(b)(2)-2

VENTILATOR FLOW SHEET

AID 94

all (b)(6)-2

ICU # 1
Pt [redacted]
(b)(6)-4

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT	DATE	HR	SO2	BP	PH	PO2	PO2	BE	HCO3	SAO2	REMARKS	INT
4 Sept	0750	Simv	16	800	410	5	28	36		90	95	120/75								
	1200	Simv	16	800	410	5	26	25		89	95	120/75								
	1420	Simv	16	800	410	5	26	25		94	98	120/75								
	1810	Simv	16	800	410	5	26	26		97	99	120/75								
	1930	Simv	16	800	410	5	30	30		100	99	110/63								
	2130	Simv	16	800	410	5	28	28		104	98	125/66								
	0015	Simv	16	800	410	5	27	27		101	98	125/66								
5 Sept	0015	Simv	16	800	410	5	27	27		101	98	125/66								
	0210	Simv	16	800	410	5	34	34		106	96	134/45								SX
	0340	Simv	16	800	410	5	32	32		104	96	120/23								
	0540	Simv	16	800	410	5	28	30		110	95	145/10								
	0800	Simv	16	800	410	5	31	30		111	97	140/10								
	1000	Simv	16	800	410	5	31	31		107	97	140/10								
	1200	Simv	16	800	410	5	37	37		104	98	125/84								
	1400	Simv	16	800	410	5	34	31		106	98	120/78								
	1600	Simv	16	800	410	5	30	30		110	97	145/10								
	1800	Simv	16	800	410	5	34	31		100	99	135/25								
	2002	Simv	16	800	410	5	37	17		109	99	127/5								
	0224	Simv	16	800	410	5	24	22		103	99	110/74								
	0345	Simv	16	800	410	5	21	21		104	99	130/73								Trans care done
	0401	Simv	16	800	410	5	27	27		102	99	121/54								
	0532	Simv	16	800	410	5	33	16		114	99	141/20								SX
	0800	Simv	16	800	410	5	27	18		121	99	130/65								
	1030	Simv	16	800	410	5	32	18		117	97	129/28								
	1200	Simv	16	800	410	5	26	19		85	99	97/44								
	1400	Simv	16	800	410	5	30	19		94	97	120/43								
	1600	Simv	16	800	410	5	29	16		86	93	100/47								
	1800	Simv	16	800	410	5	31	16		86	99	120/47								
	1900	Simv	16	800	410	5	38	16		91	99	120/47								
	2000	Simv	16	800	410	5	35	18		92	96	102/52								
	0000	Simv	16	800	410	5	30	23		91	96	120/52								AID/SX
	0200	Simv	16	800	410	5	35	19		94	96	120/52								
	0400	Simv	16	800	410	5	32	10		87	94	121/60								
	0600	Simv	16	800	410	5	32	21		92	98	130/18								

BBS
C
12/2008

(b)(2)-2

VENTILATOR FLOW SHEET

A16 Q4 + 5x

ICU 1

(b)(6)-4

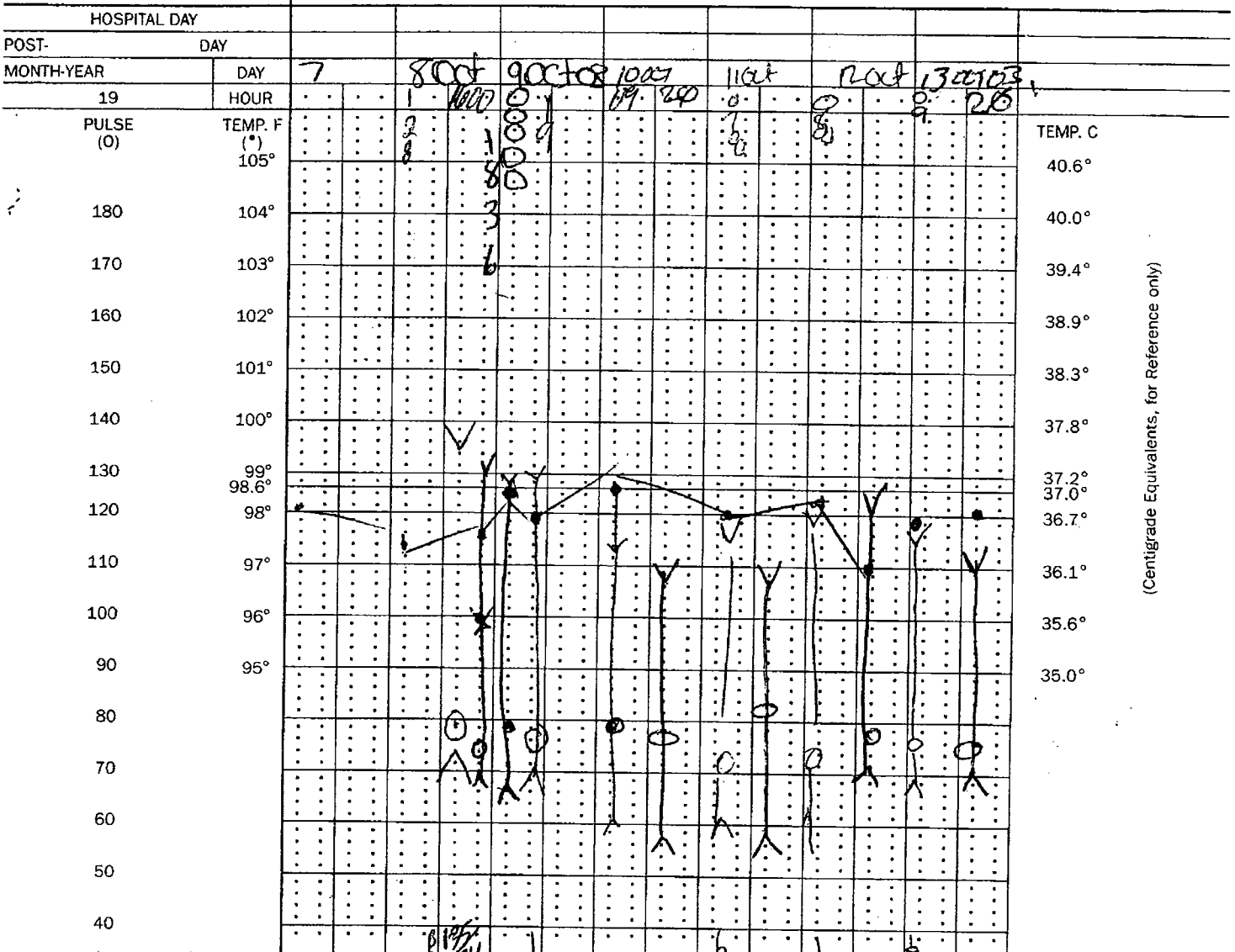
(b)(6)-2

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
7 Sep	0800	Simv	12	800	40	10	23	12	78	99	137/84							Nurse gave tx	
	0800	Simv	12	800	40	10	28	12	78	100	142/92							Nurse gave tx	
	1200	Simv	12	800	40	10	24	12	75	100	143/72							Nurse gave tx	
	1400	Simv	12	800	40	10	31	12	91	99	105/63							Nurse gave tx	
	1600	Simv	12	800	40	5	29	12	83	100	150/74							Nurse gave tx	
	1800	Simv	12	800	40	5	28	13	93	97	134/96							A16 tx	
	2000	Simv	13	800	40	5	26	12	83	100	148/68							A16 tx	
	2200	Simv	12	800	40	5	24	30	90	100	142/70							A16 tx	
	01/10	Simv	12	800	40	5	22	10	71	100	134/64							A16 tx	
8 Sep	0201	Simv	12	800	40	5	23	19	85	100	146/77							A16 tx	
	0413	Simv	12	800	40	5	27	12	87	98	142/69							A16 tx	
	0535	Simv	12	800	40	5	22	12	75	99	130/68							A16 tx	
	0820	Simv	12	800	40	5	30	35	101	98	137/82							A16 tx	
	1930																	A16 tx	
	2030																	A16 tx	
	0130																	A16 tx	
	0230																	A16 tx	
	0500																	A16 tx	

Parts of track callus will bleed at periodically from bed as does not need to be broken on vent

ICU 1

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



RESPIRATION RECORD													
BLOOD PRESSURE		110/74	120/67	105/57	105/58	120/72	115/69	105/41					
HEIGHT:		74	KA	KA	KA	KA	KA	KA					
WEIGHT →		96	96	96	96	96	96	96					
Record special data only when so ordered		RA 74. 96 90		97 96 96		97 96 96		97 96 96					
		97° (RA)											

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.
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EPW

(b)(6)-4

VITAL SIGNS RECORDS
Medical Record

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

MEDCOM - 16703

MEDICAL RECORD VITAL SIGNS RECORD

HOSPITAL DAY											
POST-MONTH-YEAR	DAY	DAY	HOUR								
	OCT 25 2003	140	0815	150	1013	160	0915	170	0713	180	0813
		150	0800	160	0830	170	0800	180	0705	190	0800
PULSE (0)		82	81	80	80	80	80	80	80	80	80
TEMP. F (°)		105°	104°	103°	102°	101°	100°	98.6°	98.0°	98.0°	98.0°
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90
		180	170	160	150	140	130	120	110	100	90

RESPIRATION RECORD		BLOOD PRESSURE	
HEIGHT:	WEIGHT	RESPIRATION	BLOOD PRESSURE
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74
		8	127/74

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

[Redacted] (b)(6)-4

MEDCOM - 16704

MEDICAL RECORD	VITAL SIGNS RECORD
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HOSPITAL DAY		POST- DAY		22 OCT 23		24 / 24 25th		26		27		28	
MONTH-YEAR	DAY	MONTH-YEAR	DAY	MONTH-YEAR	DAY	MONTH-YEAR	DAY	MONTH-YEAR	DAY	MONTH-YEAR	DAY	MONTH-YEAR	DAY
25	OCT	25	OCT	25	OCT	25	OCT	25	OCT	25	OCT	25	OCT
2003		2003		2003		2003		2003		2003		2003	
PULSE (O)		TEMP. F (°)		PULSE (O)		TEMP. F (°)		PULSE (O)		TEMP. F (°)		PULSE (O)	
105°		105°		105°		105°		105°		105°		105°	
180		180		180		180		180		180		180	
170		170		170		170		170		170		170	
160		160		160		160		160		160		160	
150		150		150		150		150		150		150	
140		140		140		140		140		140		140	
130		130		130		130		130		130		130	
120		120		120		120		120		120		120	
110		110		110		110		110		110		110	
100		100		100		100		100		100		100	
90		90		90		90		90		90		90	
80		80		80		80		80		80		80	
70		70		70		70		70		70		70	
60		60		60		60		60		60		60	
50		50		50		50		50		50		50	
40		40		40		40		40		40		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		RESPIRATION RECORD		BLOOD PRESSURE	
6	6	6	6	6	6	6	6
118/66	97/57	102/60	125/70	118/64	118/72	125/68	124/34
74	71	71	69	70	70	70	70
98	96	97	97	97	97	97	97
94%	97%	97%	97%	97%	97%	97%	97%

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. _____

[Redacted]

(b)(6)-4

VITAL SIGNS RECORDS
Medical Record

STANDARD FORM 611 (REV. 7-95)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		29 OCT											
POST-MONTH-YEAR	DAY	30			31			NOV 1			NOV 2		
19	HOUR	1	2	3	4	5	6	7	8	9	10	11	12
PULSE (O)	TEMP. F (°)	80	80	80	80	80	80	80	80	80	80	80	80
	TEMP. C	27.2	27.2	27.2	27.2	27.2	27.2	27.2	27.2	27.2	27.2	27.2	27.2

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE	PULSE		TEMP	
	S	D	F	C
121/69	61	72	98.5	
108/60	67	72	98.5	
123/73	67	72	98.5	
105/72	67	72	98.5	
109/46	67	72	98.5	
124/80	67	72	98.5	
129/60	62	72	98.5	
103/52	62	72	98.5	
104/57	62	72	98.5	
109/55	62	72	98.5	

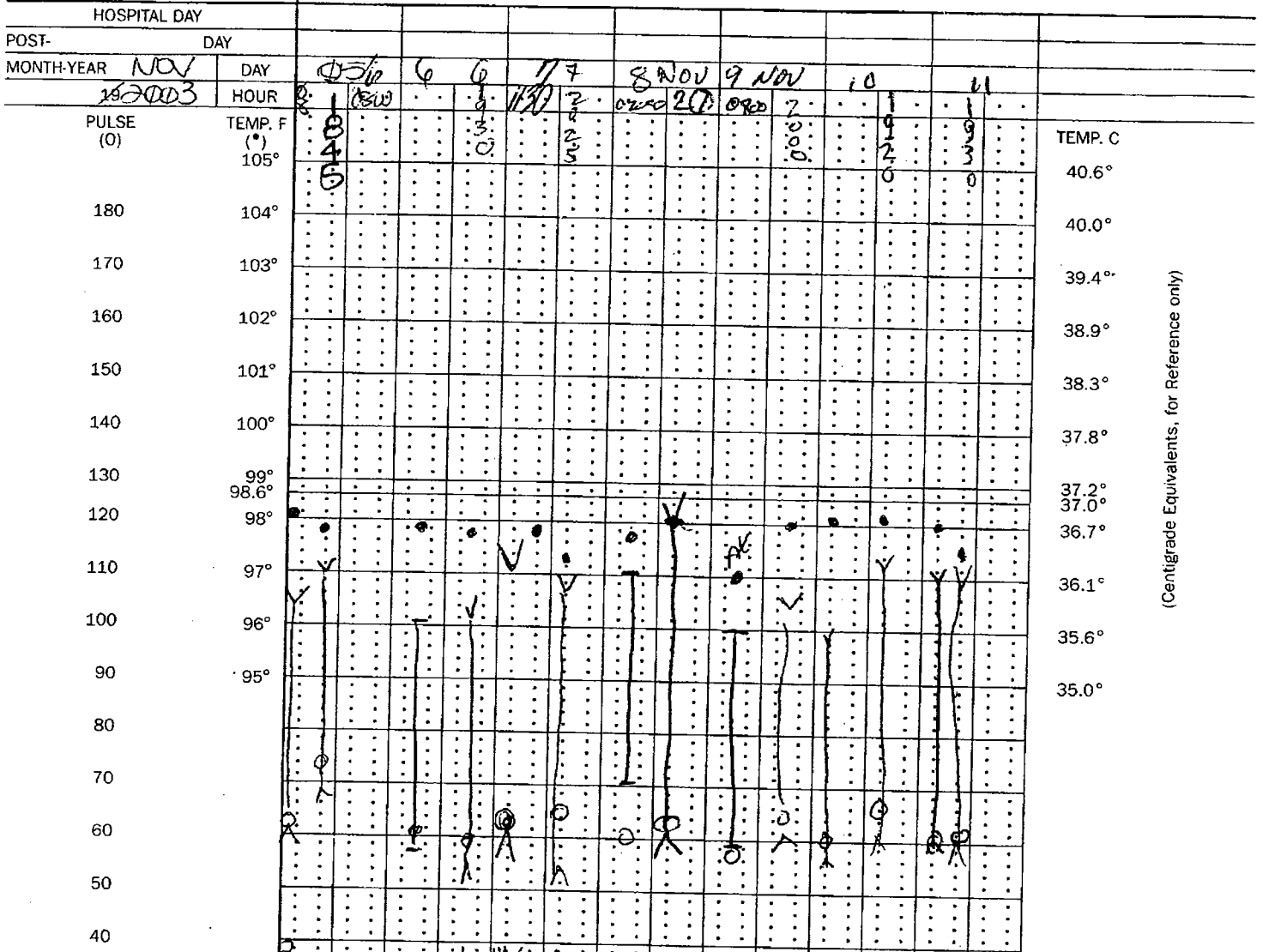
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO. _____ WARD NO. _____

STANDARD FORM 511 (REV. 7-95) BACK

[REDACTED]
(b)(6)-4

MEDICAL RECORD VITAL SIGNS RECORD



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE	RESPIRATION	
	Rate	SpO2
104/62	16	97%
101/57	14	98%
101/50	14	98%
102/50	14	98%
111/71	14	98%
120/61	14	98%
120/61	14	98%
104/60	14	98%
108/57	14	98%
112/61	14	98%
110/60	14	98%

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.

MEDCOM - 16707

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		VITAL SIGNS RECORD															
POST-MONTH-YEAR	DAY	12				13				NOV 16				NOV 17			
NOV 2003	NOV	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
PULSE (O)	TEMP. F (°)	80	78	80	80	80	80	80	80	80	80	80	80	80	80	80	80
180	105°																
170	104°																
160	103°																
150	102°																
140	101°																
130	100°																
120	99°																
110	98.6°																
100	98°																
90	97°																
80	96°																
70	95°																

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

RESPIRATION RECORD	BLOOD PRESSURE		RESPIRATION				RESPIRATION			
	HT	WT	12	13	16	17	18	19	20	20
	81/121	74/51	104/60	101/59	104/60	94/55	114/63	113/69	116/68	121/59
HEIGHT:			47.4	47.2	47.5	47.1	47.6	47.2	47.2	47.2
WEIGHT →	171 (RA)		171	171	171	171	171	171	171	171
			RA	RA	RA	RA	RA	RA	RA	RA
			P-57	P-57	P-57	P-57	P-57	P-57	P-57	P-57

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. _____



(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 16708

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY										
POST-MONTH-YEAR	DAY									
19	21	22	23/24	25	26	27	28			
PULSE (O)	TEMP. F (°)									TEMP. C
180	105°	98	98	97	99	97	99	99	99	40.6°
170	104°									40.0°
160	103°									39.4°
150	102°									38.9°
140	101°									38.3°
130	100°									37.8°
120	99°									37.2°
110	98.6°									37.0°
100	98°									36.7°
90	97°									36.1°
80	96°									35.6°
70	95°									35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE										
57	113/65	98/54	114/67	110/65	117/69	112/68	117/63	112/68	123/63	124/61
HEIGHT:	WEIGHT	97.5	97.6	97.5	63	64	96.0	96.5	120/63	
RA		98% RA	98% RA	98% RA	96% RA	97% RA	98% RA	97% RA	96% RA	97% RA
RA										

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. _____



(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 16709

MEDICAL RECORD	VITAL SIGNS RECORD
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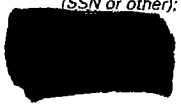
HOSPITAL DAY			
POST- DAY			
MONTH-YEAR <u>Nov 2003</u>	DAY <u>29</u>		
HOUR <u>07</u>			

PULSE (O) 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40	TEMP. F (°) 105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°	(A large grid of 12 columns and 20 rows for recording vital signs)	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°
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(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD				
Record special data only when so ordered	BLOOD PRESSURE	<u>113/74</u>		
	HEIGHT: WEIGHT →	<u>5' 9" 98 lbs</u>		

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.
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(b)(6)-4

STANDARD FORM 511 (REV. 7-95) BACK

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET					FROM	HOURS	TOTAL HOURS COVERED	DATE	
					18		24	08 Oct 03	
					TO	18			
INTAKE									
ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
10/8 2200	Notes	50	50	1800				06	
IRRIGATIONS (NG, Bladder, etc.)									
				TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
				1800-06	Jevity plus	1200	1200		
				05	Jtube flush	100	1300		
				10/8/03 1900	Jtube flush NS	80	0080		
				1800	Jevity plus	1200	1280		
BLOOD/BLOOD DERIVATIVES									
TIME STARTED	PRODUCT (i.e. Bl, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE				
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL	
GRAND TOTAL INTAKE									

MEDCOM - 16712

OUTPUT

URINE

NASOGASTRIC

10/7
10/8
10/9

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
1830	450	450							
1945	200	650							
2100	250	900							
2300	220	1120							
2330	300	300							
0800	300								
1200	450								
1600	200								

CHEST

EMESIS

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

OTHER OUTPUT


10/8

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
2330	Brown	Soft	250	250	10/8/03 1914		SP#1 25cc SP#2 10cc	

GRAND TOTAL OUTPUT

REMARKS

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

EPW 
(b)(6)-4

INTAKE EQUIVALENTS (Serving levels cc)

- MEDICINE GLASS (1 oz) 30
- 120
- SMALL FRUIT CUP 160
- COFFEE MUG 180
- HALF PINT MILK 240
- LARGE SOUP BOWL 240
- LARGE WATER GLASS 240
- PLASTIC OR PAPER
- JUICE CONTAINER 180

9 Oct 03

OUTPUT

URINE						NASOGASTRIC			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
0800	300								
1200	450	750							
1600	200	950							
2300	400	1350							
0300	320	1670							
1000									
800	300	300							
10	250	550							
1300	500	1050							

CHEST						EMESIS			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS					OTHER OUTPUT			
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
					JP #1	10/9	(scant)	light brownish
					JP #2	1700	Min	green
					JP #3	1640	22 cc	brown/green
					JP #4	1800	scant	scant
					GRAND TOTAL OUTPUT			

REMARKS

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

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

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
.	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER	
		JUICE CONTAINER	180

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM <u>0600</u> HOURS TO <u>0600</u> HOURS	TOTAL HOURS COVERED	DATE <u>9 Oct 03</u>	
INTAKE									
ORAL					INTRAVENOUS				
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
	<u>2800H2030CC</u>		<u>3000</u>						
					<u>Jevity</u> IRRIGATIONS (N/G, Bladder, etc.)				
				TIME		TYPE	AMOUNT	ACCUMULATIVE TOTAL	
				<u>06-18</u>		<u>Jevity</u>	<u>1200</u>	<u>1200</u>	
				<u>18-06</u>		<u>Jevity</u>	<u>1100</u>	<u>2300</u>	
				<u>18-06</u>		<u>flush</u>	<u>100</u>	<u>2400</u>	
				<u>06-18</u>		<u>Jevity</u>	<u>1200</u>	<u>1200</u>	
				<u>06-18</u>		<u>flush</u>	<u>100</u>	<u>1300</u>	
BLOOD/BLOOD DERIVATIVES									
TIME STARTED	PRODUCT (i.e. B1, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE				
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL	
GRAND TOTAL INTAKE									

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

MEDCOM - 16715

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM <u>08</u> HOURS	TOTAL HOURS COVERED	DATE		
						TO <u>04</u> HOURS		<u>11/02/03</u>		
INTAKE										
ORAL				INTRAVENOUS <u>GT</u>						
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL	
	Juice	180		0600	400	Jevity				
	Water	350								
13 OCT	Water	600cc	600cc	1200	1200	Jevity	1200cc	0600	1000cc	
14 OCT	Water	400cc	1000cc	1200	1000cc	Jevity	1000cc	0600	2000cc	
15 OCT	H2O	200cc	200	1400	800cc	Jevity	800cc		800cc	
				14 OCT 8-00	1200	Jevity	1200cc		2000	
VP output IRRIGATIONS (NG, Bladder, etc.)										
				TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL			
				14 OCT 06-13	yellow/green drainage	1cc	1cc			
				14 OCT 15th 18-06	y/g drainage	2cc	3cc			
15 OCT	S-tube flush	10cc								
BLOOD/BLOOD DERIVATIVES										
TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE					
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
GRAND TOTAL INTAKE										

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro. WHS/DIOR, Jun 94



(b)(6)-4

MEDCOM - 16716

OUTPUT

URINE

NASOGASTRIC

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
0700	450	450							
1300	0600	1100cc							
1400	0800	900cc							
1500	0530	1000cc							

CHEST

EMESIS

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

OTHER OUTPUT

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
2000	Yell/brn	unformed	200?	200cc				

GRAND TOTAL OUTPUT

REMARKS

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



(b)(6)-4

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
.	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER	
		JUICE CONTAINER	180

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET FROM 06 HOURS TO 06 HOURS TOTAL HOURS COVERED 24 DATE 15 OCT 08

INTAKE

ORAL

INTRAVENOUS

TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
06-18	H2O	600	600cc	0600-1800	900cc	Jevity	900cc		900cc
06-18	Juice	480	1080	1800-0600		Jevity	600		1500cc
18-06	H2O	200	1280						

Stuba Flush (Include: Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
2300	NS flush	20cc	20cc

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE			
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
GRAND TOTAL INTAKE								

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

[Redacted]


MEDCOM - 16718

(b)(6)-4

15 OCT (06-06)

JP

OUTPUT

URINE						NASOGASTRIC			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
1200	600cc	600				1745	—	JP	Scant
1720	175cc	775				0545	—	JP	Scant
0500	850cc	1625							
CHEST						EMESIS			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
STOOLS (Colostomy)						OTHER OUTPUT			
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL	
0900	YELLOW/BROWN	LIQUID	~200	200					
2200	Brown	Liquid	~200	400					
						GRAND TOTAL OUTPUT			
REMARKS									
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date; hospital or medical facility).						INTAKE EQUIVALENTS (Serving levels cc)			
#  (b)(6)-4						MEDICINE GLASS (1 oz) 30 HALF PINT MILK 240 120 LARGE SOUP BOWL 240 SMALL FRUIT CUP 160 LARGE WATER GLASS 240 COFFEE MUG 180 PLASTIC OR PAPER 180 JUICE CONTAINER 180			

160 MEDCOM - 16720 (6)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM <u>00</u> HOURS TO <u>06</u> HOURS	TOTAL HOURS COVERED <u>06</u>	DATE <u>16 OCT</u>	
ORAL				INTAKE					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0530	H ₂ O	1000	1000	0600	1200cc	SEVITY	1200	1800	1200cc
				1800	1200cc	Sevity	1200	0606	2400cc
				IRRIGATIONS (N/G, Bladder, etc.)					
				TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
				BLOOD/BLOOD DERIVATIVES					
TIME STARTED	PRODUCT (i.e. BI, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE				
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL	
				GRAND TOTAL INTAKE					

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

[Redacted]

(b)(6)-4

MEDCOM - 16721

16 OCT 03
(06-06)

LABORATORY REPORT DISPLAY

i-STAT EG7+

i-STAT G3+
Pt: (b)(6)-4
Pt Name: (b)(6)-4
TCO2 19 mmol
At 37C
PH 7.161
PCO2 47.9 mmHg
PO2 184 mmHg
HCO3 17 mmol/L
BEecf -12 mmol/L
sO2* 99 %
*calculated

At Patient Temp
PH 7.223
PCO2 39.1 mmHg
PO2 160 mmHg
Patient Temp: 36.2F
FIO2 : 50
Sample Type: ART

16AUG03 11:37
Oper:
Physician:

i-STAT G3
Pt: (b)(6)-4
Pt Name:
TCO2 20 mmol/L
At 37C
PH 7.277
PCO2 40.9 mmHg
PO2 192 mmHg
HCO3 19 mmol/L
BEecf -8 mmol/L
sO2* 100 %
*calculated

At Patient Temp
PH 7.343
PCO2 33.2 mmHg
PO2 169 mmHg

Patient Temp: 36.0F
FIO2 : 50
Sample Type: ART
16AUG03 12:16

Oper:
Physician:
Ser#
Ver: JAMS046A
CLEW R33

Pt: (b)(6)-4
Pt Name:
Na 143 mmol/L
K 4.3 mmol/L
TCO2 22 mmol/L
iCa 1.18 mmol/L
Hct 31 %PCV
Hb* 11 g/dL
*via Hct

At 37C
PH 7.210
PCO2 50.1 mmHg
PO2 62 mmHg
HCO3 20 mmol/L
BEecf -8 mmol/L
sO2* 86 %
*calculated

At Patient Temp
PH 7.234
PCO2 46.4 mmHg
PO2 55 mmHg

Patient Temp: 36.4F
FIO2 : 50
Sample Type: ART

16AUG03 17:13
Oper:
Physician:

Ser#
Ver: JAMS046A
CLEW R33

INSTRUCTIONS: This form may be used to display laboratory flow sheet to be read as a progressive table. If so, a separate sheet used for each type of report form. When assorted report forms on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

- CHEMISTRY I (SF 546)
- CHEMISTRY II (SF 547)
- CHEMISTRY III (SF 548)
- HEMATOLOGY (SF 549)
- URINALYSIS (SF 550)
- SEROLOGY (SF 551)
- SPINAL FLUID (SF 555)

- MICROBIOLOGY I (SF 553)
- MICROBIOLOGY II (SF 554)
- MISCELLANEOUS (SF 557)
- ASSORTED FORMS

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45, 505

LABORATORY REPORT
DISPLAY

U.S. GOVERNMENT PRINTING OFFICE : 1990 267-126

MEDCOM - 16727

1-STAT G3+

Pt: (b)(6)-4
Pt Name: (b)(6)-4

TCO2 24 mmol/L

At 37C

PH 7.393

PCO2 37.6 mmHg

PO2 95 mmHg

HCO3 23 mmol/L

BEcf -2 mmol/L

S02* 97 %

*calculated

At Patient Temp

PH 7.380

PCO2 39.1 mmHg

PO2 100 mmHg

Patient Temp: 100.2F

FI02 40

Sample Type:

Operator: 05SEP03 04:34

Physician:

Ser# [redacted]
Ver: JAMS046R
CLEM R93

REC'D

RECEIVED

RECEIVED

RECEIVED

(b)(6)-4

1-STAT EG7+

Pt: (b)(6)-4
Pt Name: (b)(6)-4

Na 145 mmol/L

K 4.4 mmol/L

TCO2 20 mmol/L

ICa 1.01 mmol/L

Hct 26 %PCV

Hb* 9 g/dL

*via Hct

At 37C

PH 7.258

PCO2 42.8 mmHg

PO2 52 mmHg

HCO3 19 mmol/L

BEcf -8 mmol/L

S02* 81 %

*calculated

FI02 50

Sample Type:

Operator: 16RUG03 18:51

Physician:

HEMATOLOGY
STANDARD FORM 548 (Rev. 7/78)
REPRODUCED BY GSA/NCMA
FORM 14-CFR 201-45305

	% ACTIVITY
	RATIO
	SICKING TEST
	LE PREP

549-107

CAB. ID. NO.

LABORATORY FILE

TODAY NP DOM

PRE-OP

SPECIMEN SOURCE CAP

OTHER (Specify)

STAT

Ser# 40746

1-STAT EG7+

Pt: (b)(6)-4
Pt Name: (b)(6)-4

Na 144 mmol/L

K 4.4 mmol/L

TCO2 23 mmol/L

ICa 1.10 mmol/L

Hct 22 %PCV

Hb* 7 g/dL

*via Hct

At 37C

PH 7.288

PCO2 44.4 mmHg

PO2 37 mmHg

HCO3 2 mmol/L

BEcf -r mmol/L

S02* 100 %

*calculated

Sample Type:

Operator: 16RUG03 19:54

Physician:

Ser# [redacted]
Ver: JAMS046R
CLEM R93

Ward/Section: <u>ICU-3</u>			REQUESTING PHYSICIAN: <u>(b)(6)-2</u>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>(b)(6)-4</u>			DATE	TIME	SSN/PSEUDO SSN:			
			<u>16 Aug</u>	<u>1710</u>	<u>(b)(6)-4</u>			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			
Hematocrit			CSF			Blood Bank		
42-52% (M) 37-47% (F)								
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen			ABO/Rh		
Other			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: <u>S</u>			DATE: <u>8-14-03</u>		LAB ID NO.:			

MEDCOM - 16729

Ward/Section: <u>ICU-J</u>		REQUESTING PHYSICIAN: <u>(b)(6)-2</u>		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. <u>(b)(6)-4</u>		DATE: <u>16 Aug</u>	TIME: <u>1710</u>	SSN/PSEUDO SSN: <u>(b)(6)-4</u>	
(STAT)			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	U		73-118 mg/dl
K		3.5-4.9 mmol/L	N		7-22 mg/dl
Cl		98-109 mmol/L	++		8.0-10.3 mg/dl
pH		7.31-7.45	E		0.6-2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)			128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)			3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)			98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	O2		18-33 mmol/l
sO2		95-98%	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	EST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	B		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/l	LP		26-84 u/l
BUN		8-26 mg/dl	LT		10-47 u/l
GLU		70-105 mg/dl	MY		14-97 u/l
Creat		0.7-1.5 mg/dl	ST		11-38 u/l
Hct		38-51% PCV	BIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	GT		5-65 u/l
					6.4-8.1 g/dl
Misc. Chemistry			(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Troponin-I			A+		128-145 mmol/l
Drug of Abuse			+		3.3-4.7 mmol/l
			L-		98-108 mmol/l
			CO2		18-33 mmol/l
REMARKS:					
REPORTED BY: <u>(b)(6)-2</u>		DATE: <u>16 Aug 03</u>	LAB ID NO.:		

===== PICCOLO =====
 16/08/03 17:21
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: (b)(6)-4 DR #: 000
 SERIAL #: (b)(6)-4

 GLU 217* 73-118 MG/DL
 BUN 15 7-22 MG/DL
 CRE 1.7* 0.6-1.2 MG/DL
 CK 536* 39-380 U/L
 NA+ 126* 128-145 MMOL
 K+ 4.6 3.3-4.7 MMOL
 CL- 109* 98-108 MMOL
 tCO2 18 18-33 MMOL
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 0

Ward/Section ICU 3		REQ#	ORDERING PHYSICIAN: (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI # [REDACTED]		DATE 16 Aug 03	TIME 2030		SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc Serology	
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT
WBC			Color		N/A	RPR	Negative
RBC			App		N/A	Microbiology	
Hgb			Glu		Negative	Source	
Hct			Bili		Negative	Gram Stain	
MCV			Ket		Negative	O & P	
Plt			SG		N/A	Occ Bld	Negative
Lym			Bld		Negative	H. pylori	Negative
(E			pH		N/A	Micro Parasites	
Seg			Prot		Negative	Malaria	
Bar			Urob		0.2-1.0	Other	
Lymph		Baso	Nit		Negative	Microscopic Urinalysis	
Atyp		Imm	Leuk		Negative		
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				
			AT LEAST ONE 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: (b)(6)-2		DATE: 16 Aug 03		LAB ID NO.:			

MEDCOM - 16731

WARD/SECTION		REQUESTING PHYSICIAN			LAB ID NO.		LABORATORY RESULT FORM Subject to the Privacy Act of 1974	
LAST, FIRST, MI				DATE	TIME	SSN/PSEUDO SSN		
(Hematology) CBC			(Chemistry) Basic			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 ⁹ (M)	App		N/A	Microbiology		
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Source		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Gram Stain		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	O & P		
RDW		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		
Neut			Prot		Negative	Malaria		
Mon			Urob		0.2-1.0	Other		
Lymph			Nit		Negative	Microscopic Urinalysis		
Eos			Leuk		Negative			
Baso			HCG		Negative			
Imm								
Plat								
BC								
Morph								
Spin Hematocrit		42-52% (M) 37-47% (F)	Blood Bank					
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			COAGULATION STUDIES					
TEST	RESULT	REF. RANGE	UNIT					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.:		

MEDCOM - 16732

Ward/Section: EMT		REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI: (b)(6)-4		DATE: 16 Aug 03	TIME:	SSN/PSEUDO SSN: (b)(6)-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		Apos
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT	15.5	9.8-13.6 secs						
APTT	19.7	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2		DATE: 16 Aug 03		LAB ID NO.:				

MEDCOM - 16733

* STAT

(b)(6)-2
 [Redacted]
 [Redacted]

Ward/Section: OR			REQUESTING PHYSICIAN: [Redacted] (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. (b)(6)-4 # [Redacted]			DATE 16 AUG 03		TIME 0400	SSN/PSEUDO SSN: # [Redacted] (b)(6)-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 ³	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	28.6	9.8-13.6 secs						
APTT	53.9	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [Redacted]			DATE: 16 Aug 03			LAB ID NO.:		

(b)(6)-2

Ward/Section: EAT		REQUESTING PHYSICIAN: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. (b)(6)-4		DATE: 11/4/03	TIME: 0717	SSN/PSEUDO SSN:				
(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				GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45				CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (a 41-51 mmHg (ven	===== PICCOLO ===== 16/08/03 07:25 REFERENCE RANGE: MALE PATIENT #: (b)(6)-4 GENERAL CHEMISTRY 12 DISC LOT #: 3142AA4 OPER #: (b)(6) DR #: 000 SERIAL #: (b)(6)			NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (an N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art 24-29 mmol/L (ve				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art 23-28 mmol/L (ve)				tCO ₂		18-33 mmol/l
sO2		95-98%				(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) --- mmol/L	ALB	2.3*	3.3-5.5 G/DL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	ALP	25*	26-84 U/L	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/l	ALT	89*	10-47 U/L	ALP		26-84 u/l
BUN		8-26 mg/dl	AMY	91	14-97 U/L	ALT		10-47 u/l
GLU		70-105 mg/dl	AST	131*	11-38 U/L	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	TBIL	0.4	0.2-1.6 MG/DL	AST		11-38 u/l
Hct		38-51% PCV	BUN	12	7-22 MG/DL	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CA ⁺⁺	7.5*	8.0-10.3 MG/DL	GGT		5-65 u/l
Misc. Chemistry			CHOL	119	100-200 MG/DL	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	CRE	1.4*	0.6-1.2 MG/DL	(Piccolo) Electrolyte		
Troponin-I			GLU	316*	73-118 MG/DL	TEST	RESULT	REF. RANGE
Drug of Abuse			TP	4.5*	6.4-8.1 G/DL	NA ⁺		128-145 mmol/l
			INST QC: OK CHEM QC: OK HEM 2+, LIP 0, ICT 0			K ⁺		3.3-4.7 mmol/l
			REMARKS:					
			REPORTED BY: (b)(6)-2 DATE: 8-16-03 LAB ID NO.:					

MEDCOM - 16735

Ward/Section:		REQUESTING PHYSICIAN:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI.		(b)(6)-4		DATE	TIME	SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT
			Color		N/A	RPR	Negative
			App		N/A	Mono	Negative
			Glu		Negative	Microbiology	
			Bili		Negative	Source	
			Ket		Negative	Gram Stain	
			SG		N/A	Occ Bld	Negative
			Bld		Negative	H. pylori	Negative
			pH		N/A	Micro Parasites	
			Prot		Negative	Malaria	
			Urob		0.2-1.0	O & P	
			Nit		Negative	Other	
			Leuk		Negative	Microscopic Urinalysis	
			HCG		Negative		
Spun Hematocrit		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:	8-16-03		
				LAB ID NO.:			

(b)(6)-2

MEDCOM - 16736

Ward/Section: ICU3	REQUESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. (b)(6)-4	DATE 16 AUG 03	TIME 1435	SSN/PSEUDO SSN:

Urinalysis			Misc. Serology			
REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
10.8 x 10 ³	Color		N/A	RPR		Negative
6.1 x 10 ⁹	App		N/A	Mono		Negative
8 g/dl (M) 6 g/dl (F)	Glu		Negative	Microbiology		
2% (M) 7% (F)	Bili		Negative	Source		
4 fl (M) 2 fl (F)	Ket		Negative	Gram Stain		
00 x 10 ³ sed	SG		N/A	Occ Bld		Negative
51.1%	Bld		Negative	H. pylori		Negative
ferential	pH		N/A	Micro Parasites		
	Prot		Negative	Malaria		
	Urob		0.2-1.0	O & P		
	Nit		Negative	Other		
	Leuk		Negative	Microscopic Urinalysis		
	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: (b)(6)-2	DATE: 16 Aug 03	LAB ID NO.:
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MEDCOM - 16737

Ward/Section: 1C13		REQUESTING PHYSICIAN: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [REDACTED]		(b)(6)-4		DATE: 16 AUG 03	TIME: 1035
(STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
Na		138-146			
K		3.5-4.9			
Cl		98-109			
pH		7.31-7.4			
PCO2		35-45 mm 41-51 mm			
PO2		80-105 mm N/A (veg)			
TCO2		23-27 mm 24-29 mm			
HCO3		22-26 mm 23-28 mm			
sO2		95-98%			
BEecf		(-2) - (+2) mmol/L			
AnGap		10-20			
Ca		1.12-1.28			
BUN		8-26 mmol/L			
GLU		70-100 mg/dL			
Creat		0.7-1.2 mg/dL			
Hct		38-51 %			
Hgb		12-17 g/dL			
Misc. Chemistry					
TEST	RESULT	REF.	TEST	RESULT	REF.
Troponin-I					
Drug of Abuse					
REMARKS:					
CHEM 12, CHEM 8					
REPORTED BY: [REDACTED]		DATE: 16 Aug 03		LAB ID NO.:	

===== PICCOLO =====
 16/08/03 11:29
 REFERENCE RANGE: MALE
 PATIENT #: **(b)(6)-4**
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: **[REDACTED]** DR #: 000
 SERIAL #: **[REDACTED]**

===== PICCOLO =====
 16/08/03 11:03
 REFERENCE RANGE: MALE
 PATIENT #: **(b)(6)-4**
 LIVER PANEL PLUS
 DISC LOT #: 3135BA4
 OPER #: **[REDACTED]** DR #: 000
 SERIAL #: **[REDACTED]**

GLU 216* 73-118 MG/DL
 BUN 12 7-22 MG/DL
 CRE 1.5* 0.6-1.2 MG/DL
 CK 375 39-380 U/L
 NA+ 123* 128-145 MMOL/L
 K+ 4.3 3.3-4.7 MMOL/L
 CL- 108 98-108 MMOL/L
 tCO2 16* 18-33 MMOL/L

ALB 1.2* 3.3-5.5 G/DL
 ALP 22* 26-84 U/L
 ALT 69* 10-47 U/L
 AMY 107* 14-97 U/L
 AST 105* 11-38 U/L
 TBIL 0.5 0.2-1.6 MG/DL
 GGT 12 5-65 U/L
 TP 2.0* 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 0

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 0

(b)(6)-2

Ward/Section: ICU3 REQUESTING PHYSICIAN: (b)(6)-2 **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)-4 DATE 17 AUG 03 TIME 1230 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 ⁹	Color		N/A	RPR		Negative
		4.7-6.1 x 10 ⁹			N/A			Negative

U.S. GPO: 1992-312-063/60027

I (M)
 I (F)
 (M)
 (F)
 (M)
 (F)
 x 10⁴
 1%
 erenti
 52% (M)
 47% (F)

===== PICCOLO =====
 15/09/03 10:56
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3141AA4
 OPER #: (b)(6)-4 DR #: 000
 SERIAL #: (b)(6)-4

GLU 181* 73-118 MG/DL
 BUN 25* 7-22 MG/DL
 CRE 1.0 0.6-1.2 MG/DL
 CK 62 39-380 U/L
 NA+ 146* 128-145 MMOL/L
 K+ 4.3 3.3-4.7 MMOL/L
 CL- 108 98-108 MMOL/L
 tCO2 25 18-33 MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 1+, ICT 0

PREVIOUS EDITION USABLE

PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

(b)(6)-4

Sed Rate		
Other		
Coagulation Studies		
TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

MISC

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 DOM

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

REMARKS: Questioning Location of Blood Draw.

REPORTED BY: (b)(6)-2 DATE: 17 Aug 03 LAB ID NO.:

Ward/Section: 10U3		REQUESTING PHYSICIAN: (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. (b)(6)-4		DATE: 17 AUG 03		TIME: 1350		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	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			HCC		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	20.5	9.8-13.6 secs						
APTT	42.9	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2			DATE: 17 Aug 03		LAB ID NO.:			

MEDCOM - 16741

Ward/Section: ICU 3		REQUESTING PHYSICIAN: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # (b)(6)-4		DATE 17 AUG 03	TIME 0430	SSN/PSEUDO SSN:		
(i-STAT)			(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF.			TEST	RESULT
Na		138-146	===== PICCOLO =====		GLU	
K		3.5-4.9	17/08/03	05:35	BUN	
Cl		98-109	REFERENCE RANGE:	MALE	CA**	i-STAT EC8+
pH		7.31-7.4	PATIENT #:	(b)(6)-4	CRE	Pt: (b)(6)-4
PCO2		35-45 mm	GENERAL CHEMISTRY 12		NA+	Pt Name:
PO2		41-51 mm	DISC LOT #:	3142AA4	K+	
TCO2		80-105 mm	OPER #:	(b)(6)-4	CL-	
		N/A (ven)	DR #:	000	tCO2	
		23-27 mm	SERIAL #:	(b)(6)-4		
		24-29 mm				
HCO3		22-26 mm				
		23-28 mm				
sO2		95-98%	ALB	2.4*	3.3-5.5	G/DL
BEecf		(-2) - (+3)	ALP	17*	25-84	U/L
		mmol/L	ALT	40	10-47	U/L
AnGap		10-20 mm	AMY	501*	14-97	U/L
Ca		1.12-1.32	AST	39*	11-38	U/L
BUN		8-26 mg/dl	TBIL	1.4	0.2-1.6	MG/DL
GLU		70-105 mg/dl	BUN	21	7-22	MG/DL
Creat		0.7-1.5 mg/dl	CA**	6.5*	8.0-10.3	MG/DL
Hct		38-51% Pt	CHOL	34*	100-200	MG/DL
Hgb		12-17 g/dl	CRE	1.6*	0.6-1.2	MG/DL
			GLU	74	73-118	MG/DL
			TP	3.4*	6.4-8.1	G/DL
Misc. Chemistry			INST QC: OK CHEM QC: OK			
TEST	RESULT	REF. RA.	HEM 11; LIP 0; ICT 0			
Troponin-I						
Drug of Abuse						
REMARKS:						
REPORTED BY: (b)(6)-2		DATE: 17 AUG	LAB ID NO.:			

(b)(6)-2
 (b)(6)-4
 17 AUG 03 0430
 SSN/PSEUDO SSN:
 (Piccolo) Chemistry 12
 (Piccolo) Metabolic Panel
 TEST RESULT
 GLU
 BUN
 CA** i-STAT EC8+
 CRE Pt: **(b)(6)-4**
 NA+ Pt Name:
 K+
 CL- Glu _____ 69 mg/dL
 tCO2 BUN _____ 26 mg/dL
 Na _____ 142 mmol/L
 TEST K _____ 4.7 mmol/L
 ALB Cl _____ 108 mmol/L
 ALP TCO2 _____ 21 mmol/L
 ALT AnGap _____ 19 mmol/L
 AMY Hct _____ 30 %PCV
 AST Hb* _____ 10 g/dL
 TBIL *via Hct
 GGT PH _____ 7.314
 IP PCO2 _____ 38.4 mmHg
 HCO3 _____ 20 mmol/L
 BEecf _____ -7 mmol/L
 Sample Type:
 17AUG03 05:14
 Oper: 1678
 Physician:
 Ser# 42011
 Ver: JAMS046A
 CLEM A93

MEDCOM - 16742

Ward/Section: ICU3			REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # (b)(6)-4			DATE: 17 Aug 03		TIME: 0430		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			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: (b)(6)-2			DATE: 17 Aug 03		LAB ID NO.:			

MEDCOM - 16743

Ward/Section: OR		REQUESTING PHYSICIAN:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. (b)(6)-f		DATE	TIME	SSN/PSEUDO SSN:				
8-17-03		2049						
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			Color		N/A	RPR		Negative
			App "		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
Lymph		Dasu	Leuk		Negative	Microscopic Urinalysis		
Atyp		Imm	HCG		Negative			
RBC Morph			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	ABO/Rh		
Other			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: In the OR								
REPORTED BY: (b)(6)-z		DATE: 8-17-03	LAB ID NO.:					

CBC

(b)(6)-2

Ward/Section: **ICU 13** REQUESTING DIVISION: [REDACTED] **LABORATORY RESULT FORM**
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **# [REDACTED]** DATE: **8/18/03** TIME: **1030** SSN/PSEUDO SSN: [REDACTED]

(Hematology) CBC (b)(6)-4			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[REDACTED]	[REDACTED]	Color		N/A	RPR		Negative
RB	[REDACTED]	[REDACTED]	App		N/A	Mono		Negative
Hgt	[REDACTED]	[REDACTED]	Glu		Negative	Microbiology		
Hct	(b)(6)-4	[REDACTED]	Bili		Negative	Source		
MC	[REDACTED]	[REDACTED]	Ket		Negative	Gram Stain		
Plt	[REDACTED]	[REDACTED]	SG		N/A	Occ Bld		Negative
Lym	[REDACTED]	[REDACTED]	Bld		Negative	H. pylori		Negative
(H)	[REDACTED]	[REDACTED]	pH		N/A	Micro Parasites		
Segs	[REDACTED]	[REDACTED]	Prot		Negative	Malaria		
Bands	[REDACTED]	[REDACTED]	Urob		0.2-1.0	O & P		
Lympl	[REDACTED]	[REDACTED]	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph	[REDACTED]	[REDACTED]	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 Aug 03** LAB ID NO.:

(b)(6)-2

MEDCOM - 16745

Ward/Section: **FCL3** REQUESTING PHYSICIAN: **(b)(6)-4** CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **#** DATE **18/08/03** TIME **00:52** SSN/PSUBO-SSN: **(b)(6)-4**

(STAT) **1** (Piccolo) Chemistry 12 (Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
------	--------	------------	------	--------	------------	------	--------	------------

i-STAT EC8+

Pt: **(b)(6)-4**
 Pt Name: _____

Glu _____ 79 mg/dL
 BUN _____ 26 mg/dL
 Na _____ 139 mmol/L
 K _____ 4.2 mmol/L
 Cl _____ 107 mmol/L
 TCO2 _____ 22 mmol/L
 AnGap _____ 15 mmol/L
 Hct _____ 29 %PCV
 Hb* _____ 10 g/dL
 *via Hct

PH _____ 7.352
 PCO2 _____ 37.9 mmHg
 HCO3 _____ 21 mmol/L
 BEecf _____ -5 mmol/L

Sample Type: _____
 18AUG03 00:52
 Oper: 9269
 Physician: _____
 Ser# 42011
 Ver: JAMS046A
 CLEN 893

TEST	RESULT	REF. RANGE
ALB		118 mg/dl
ALP		2 mg/dl
ALT		10.3 mg/dl
AMY		1.2 mg/dl
AST		1.45 mmol/l
TBIL		4.7 mmol/l
BUN		108 mmol/l
CA++		3 mmol/l
CHOL		Plus
CRE		RANGE
GLU		1.5 g/dl
TP		4 w/l
(Piccolo) M		
TEST	RESULT	
GLU		7 w/l
BUN		7 w/l
CRE		6 mg/dl
CK		7 w/l
NA+		1 g/dl
K+		10 w/l
CL		5 mmol/l
CO2		mmol/l
		mmol/l
		mmol/l
		mmol/l
		mmol/l

===== PICCOLO =====
 18/08/03 00:52
 REFERENCE RANGE: MALE
 PATIENT #: **(b)(6)-4**
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: **(b)(6)-4** DR #: 000
 SERIAL #: **(b)(6)-4**

ALB	2.3*	3.3-5.5	G/DL
ALP	24*	26-84	U/L
ALT	58*	10-47	U/L
AMY	276*	14-97	U/L
AST	108*	11-38	U/L
TBIL	3.3*	0.2-1.6	MG/DL
BUN	20	7-22	MG/DL
CA++	7.5*	8.0-10.3	MG/DL
CHOL	64*	100-200	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
GLU	86	73-118	MG/DL
TP	3.6*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 1+

REPORTED BY: **(b)(6)-2** DATE: **18 Aug 03** LAB ID NO.: _____

Ward/Section: ILU 3		REQUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. (b)(6)-4		DATE 18 Aug 03	TIME 7:20 AM	SSN/PSEUDO SSN: (b)(6)-4				
(i-STAT)		(Piccolo) Chemistry 12						
TEST	RESULT	REF. RANGE	TEST	RESULT	REF.			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>██████████</p> <p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: ██████</p> <p>TCO2 _____ 27 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.407</p> <p>PCO2 _____ 41.6 mmHg</p> <p>PO2 _____ 63 mmHg</p> <p>HCO3 _____ 26 mmol/L</p> <p>BEecf _____ 1 mmol/L</p> <p>sO2* _____ 92 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.399</p> <p>PCO2 _____ 42.6 mmHg</p> <p>PO2 _____ 65 mmHg</p> <p>Patient Temp: 99.6F</p> <p>FI02 _____ : 50</p> <p>Sample Type_: ART</p> <p>18AUG03 20:56</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p> </td> <td style="vertical-align: top;"> <p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: ██████</p> <p>TCO2 _____ 25 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.439</p> <p>PCO2 _____ 35.1 mmHg</p> <p>PO2 _____ 85 mmHg</p> <p>HCO3 _____ 24 mmol/L</p> <p>BEecf _____ 0 mmol/L</p> <p>sO2* _____ 97 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.436</p> <p>PCO2 _____ 35.4 mmHg</p> <p>PO2 _____ 86 mmHg</p> <p>Patient Temp: 99.0F</p> <p>FI02 _____ : 50</p> <p>Sample Type_:</p> <p>19AUG03 00:33</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p> </td> <td style="vertical-align: top;"> <p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: _____</p> <p>TCO2 _____ 27 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.401</p> <p>PCO2 _____ 40.9 mmHg</p> <p>PO2 _____ 64 mmHg</p> <p>HCO3 _____ 25 mmol/L</p> <p>BEecf _____ 1 mmol/L</p> <p>sO2* _____ 92 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.392</p> <p>PCO2 _____ 41.9 mmHg</p> <p>PO2 _____ 66 mmHg</p> <p>Patient Temp: 99.6F</p> <p>FI02 _____ : 50</p> <p>Sample Type_: ART</p> <p><i>FI02 ↑ TO 55% per RT</i></p> <p>18AUG03 22:35</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p> </td> </tr> </table>						<p>██████████</p> <p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: ██████</p> <p>TCO2 _____ 27 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.407</p> <p>PCO2 _____ 41.6 mmHg</p> <p>PO2 _____ 63 mmHg</p> <p>HCO3 _____ 26 mmol/L</p> <p>BEecf _____ 1 mmol/L</p> <p>sO2* _____ 92 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.399</p> <p>PCO2 _____ 42.6 mmHg</p> <p>PO2 _____ 65 mmHg</p> <p>Patient Temp: 99.6F</p> <p>FI02 _____ : 50</p> <p>Sample Type_: ART</p> <p>18AUG03 20:56</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p>	<p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: ██████</p> <p>TCO2 _____ 25 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.439</p> <p>PCO2 _____ 35.1 mmHg</p> <p>PO2 _____ 85 mmHg</p> <p>HCO3 _____ 24 mmol/L</p> <p>BEecf _____ 0 mmol/L</p> <p>sO2* _____ 97 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.436</p> <p>PCO2 _____ 35.4 mmHg</p> <p>PO2 _____ 86 mmHg</p> <p>Patient Temp: 99.0F</p> <p>FI02 _____ : 50</p> <p>Sample Type_:</p> <p>19AUG03 00:33</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p>	<p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: _____</p> <p>TCO2 _____ 27 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.401</p> <p>PCO2 _____ 40.9 mmHg</p> <p>PO2 _____ 64 mmHg</p> <p>HCO3 _____ 25 mmol/L</p> <p>BEecf _____ 1 mmol/L</p> <p>sO2* _____ 92 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.392</p> <p>PCO2 _____ 41.9 mmHg</p> <p>PO2 _____ 66 mmHg</p> <p>Patient Temp: 99.6F</p> <p>FI02 _____ : 50</p> <p>Sample Type_: ART</p> <p><i>FI02 ↑ TO 55% per RT</i></p> <p>18AUG03 22:35</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p>
<p>██████████</p> <p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: ██████</p> <p>TCO2 _____ 27 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.407</p> <p>PCO2 _____ 41.6 mmHg</p> <p>PO2 _____ 63 mmHg</p> <p>HCO3 _____ 26 mmol/L</p> <p>BEecf _____ 1 mmol/L</p> <p>sO2* _____ 92 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.399</p> <p>PCO2 _____ 42.6 mmHg</p> <p>PO2 _____ 65 mmHg</p> <p>Patient Temp: 99.6F</p> <p>FI02 _____ : 50</p> <p>Sample Type_: ART</p> <p>18AUG03 20:56</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p>	<p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: ██████</p> <p>TCO2 _____ 25 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.439</p> <p>PCO2 _____ 35.1 mmHg</p> <p>PO2 _____ 85 mmHg</p> <p>HCO3 _____ 24 mmol/L</p> <p>BEecf _____ 0 mmol/L</p> <p>sO2* _____ 97 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.436</p> <p>PCO2 _____ 35.4 mmHg</p> <p>PO2 _____ 86 mmHg</p> <p>Patient Temp: 99.0F</p> <p>FI02 _____ : 50</p> <p>Sample Type_:</p> <p>19AUG03 00:33</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p>	<p>i-STAT G3+</p> <p>Pt: ██████ (b)(6)-4</p> <p>Pt Name: _____</p> <p>TCO2 _____ 27 mmol/L</p> <p>At 37C</p> <p>PH _____ 7.401</p> <p>PCO2 _____ 40.9 mmHg</p> <p>PO2 _____ 64 mmHg</p> <p>HCO3 _____ 25 mmol/L</p> <p>BEecf _____ 1 mmol/L</p> <p>sO2* _____ 92 %</p> <p>*calculated</p> <p>At Patient Temp</p> <p>PH _____ 7.392</p> <p>PCO2 _____ 41.9 mmHg</p> <p>PO2 _____ 66 mmHg</p> <p>Patient Temp: 99.6F</p> <p>FI02 _____ : 50</p> <p>Sample Type_: ART</p> <p><i>FI02 ↑ TO 55% per RT</i></p> <p>18AUG03 22:35</p> <p>Oper: ██████</p> <p>Physician: _____</p> <p>Ser# ██████</p> <p>Ver: JAMS046A CLEW A93</p>						

MEDCOM - 16747

Ward/Section: 703			REQUESTING PHYSICIAN: [REDACTED] (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. (b)(6)-4			DATE 18 Aug 03		TIME 0400		SSN/PSEUDO SSN: [REDACTED] (b)(6)-4	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
Lymph		Baso	Leuk		Negative	Microscopic Urinalysis		
Atyp		Imm	HCG		Negative			
RBC Morph								
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: (b)(6)-2			DATE: 18 Aug 03		LAB ID NO.:			

MEDCOM - 16748

Ward/Section: ZCUJ		REQUESTING PHYSICIAN: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST MI (b)(6)-4		DATE 18/08/03	TIME 04:50	SSN/PSEUDO SSN: (b)(6)-4				
(STAT)			(Piccolo) Chemistry			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE

i-STAT EC8+

Pt: **(b)(6)-4**

Pt Name: _____

Glu _____ 50 mg/dL

BUN _____ 26 mg/dL

Na _____ 141 mmol/L

K _____ 4.0 mmol/L

Cl _____ 107 mmol/L

TCO2 _____ 24 mmol/L

ANGap _____ 15 mmol/L

Hct _____ 28 %PCV

Hb# _____ 10 g/dL

 # via Hct

PH _____ 7.372

PCO2 _____ 39.5 mmHg

HCO3 _____ 23 mmol/L

BEecf _____ -2 mmol/L

Sample Type: _____

18AUG03 04:50

Oper: **(b)(6)-4**

Physician: _____

Ser# **(b)(6)-4**

Ver: JAMS046A
CLEW A93

nmol/L	ALB		3.5-5.5 g/dl
mol/L	ALP		26-84 u/l
mol/L	ALT		10-47 u/l
	AMY		14-97 u/l
Ug (art)	AST		11-38 u/l
Ug (ven)			
Ug (art)	TBIL		0.2-1.6 mg/dl
U/L (art)	BUN		7-22 mg/dl
U/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl
	CHOL		100-200 mg/dl
	CRE		0.6-1.2 mg/dl
mol/L	GLU		73-118 mg/dl
mmol/L	TP		6.4-8.1 g/dl
(Piccolo) Methyts			
	TEST	RESULT	REF. RANGE
g/dl	GLU		73-118 mg/dl
g/dl	BUN		7-22 mg/dl
dl	CRE		0.6-1.2 mg/dl
	CK		39-380 u/l 30-190 u/l
ANGE	NA ⁺		128-145 m
	K ⁺		3.3-4.7 mm
	CL		98-108 m
	tCO ₂		18-33 mm

===== PICCOLO =====

18/08/03 05:05

REFERENCE RANGE: MALE

PATIENT #: **(b)(6)-4**

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: **(b)(6)-4**

SERIAL #: **(b)(6)-4**

ALB 2.2* 3.3-5.5 G/DL

ALP 27 26-84 U/L

ALT 62* 10-47 U/L

AMY 172* 14-97 U/L

AST 106* 11-38 U/L

TBIL 2.8* 0.2-1.6 MG/DL

BUN 22 7-22 MG/DL

CA⁺⁺ 7.8* 8.0-10.3 MG/DL

CHOL 32* 100-200 MG/DL

CRE 1.3* 0.6-1.2 MG/DL

GLU 91 73-118 MG/DL

TP 3.7* 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0, ICT 0

Erythrocytes

DATE: (b)(6)-2 18 Aug 03	LAB ID NO.:
------------------------------------	-------------

Ward/Section: **ICU 3** REQUESTING PHYSICIAN: **(b)(6)-2** **CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 LAST FIRST MI: **(b)(6)-4** DATE: **19AUG** TIME: **0425** SSN/POB/DOB SSN: **(b)(6)-4**

i-STAT G3+
 Pt: **(b)(6)-4**
 Pt Name: _____
 TC02 _____ 29 mmol/L
 At 37C
 PH _____ 7.431
 PC02 _____ 42.2 mmHg
 PO2 _____ 86 mmHg
 HC03 _____ 23 mmol/L
 BEecf _____ 4 mmol/L
 s02* _____ 97 %
 *calculated
 At Patient Temp
 PH _____ 7.422
 PC02 _____ 43.3 mmHg
 PO2 _____ 90 mmHg
 Patient Temp: 99.7F
 FIO2 _____ : 50
 Sample Type: ART
 19AUG03 04:33
 Oper: _____
 Physician: _____
 Ser# _____
 Ver: JAMS046A
 CLEM A93

Piccolo Chemistry 12			Piccolo Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE

ALB		3.5-5.5 g/dl	GLU		
ALP		26-84 u/l	BUN		
CA++		10-47 u/l	CA++		

===== PICCOLO =====
 19/08/03 05:50
 REFERENCE RANGE: MALE
 PATIENT #: **(b)(6)-4**
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AA4
 OPER #: _____ DR #: 000
 SERIAL #: _____
 ALB 2.0* 3.3-5.5 G/DL
 ALP 34 26-84 U/L
 ALT 66* 10-47 U/L
 AMY 56 14-97 U/L
 AST 63* 11-38 U/L
 TBIL 3.2* 0.2-1.6 MG/DL
 BUN *** 7-22 MG/DL
 CA++ 7.2* 8.0-10.3 MG/DL
 CHOL 30* 100-200 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 GLU 76 73-118 MG/DL
 TP 4.0* 6.4-8.1 G/DL

i-STAT G3+
 Pt: **(b)(6)-4**
 Pt Name: _____
 Glu _____ 68 mg/dL
 BUN _____ 22 mg/dL
 Na _____ 141 mmol/L
 K _____ 3.2 mmol/L
 Cl _____ 106 mmol/L
 Hct _____ 24 %PCV
 Hb* _____ 8 g/dL
 *via Hct
 Sample Type: _____
 19AUG03
 Oper: _____
 Physician: _____
 Ser# _____
 Ver: JAMS046A
 CLEM A93

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 1+

h ₂	18.33 mmol/l
FIO2: 50%	

Ward/Section:			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.				DATE	TIME	SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
(b)(6) - f			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			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: (b)(6) - 2			DATE: 19 Aug 03		LAB ID NO.:			

MEDCOM - 16751

(b)(6)-2

Ward/Section: 1113			REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED]			DATE: 20 AUG 03		TIME: 15:55		SSN/PSEUDO SSN:	
(b)(6)-4								
(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		109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
		7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
		5 mmHg (art)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
		5 mmHg (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
		5 mmHg (art ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
		mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
		mmol/L (art)	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
		mmol/L (ven)	(+3) CRE		0.6-1.2 mg/dl	TEST	RES	
		%	mmol/L GLU		73-118 mg/dl	ALB		
			32 nmol/L TP		6.4-8.1 g/dl	ALP		
			g/dl	(Piccolo) Methy 8			ALT	
			mg/dl	TEST	RESULT	REF. RANGE	AMY	
			mg/dl	GLU		73-118 mg/dl	AST	
			%PCV	BUN		7-22 mg/dl	TBIL	
			dl	CRE		0.6-1.2 mg/dl	GGT	
			RANGE	CK		39-380 u/l (M) 30-190 u/l (F)	TP	
				NA ⁺		128-145 mmol/l	(Pic)	
				K ⁺		3.3-4.7 mmol/l	TEST	R
				CL ⁻		98-108 mmol/l	NA ⁺	
				tCO ₂		18-33 mmol/l	K ⁺	
							CL ⁻	
							tCO ₂	

i-STAT 6+

Pt: (b)(6)-4

Pt Name: _____

Glu _____ 91 mg/dL
 BUN _____ 17 mg/dL
 Na _____ 145 mmol/L
 K _____ 3.7 mmol/L
 Cl _____ 109 mmol/L
 Hct _____ 32 %PCV
 Hb+ _____ 11 g/dL
 *via Hct

Sample Type: _____

20AUG03 15:54

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAMS046A
CLEW A93

i-STAT CREA

Pt: (b)(6)-4

Pt Name: _____

Crea _____ 1.3 mg/dL

Sample Type: _____

20AUG03 15:53

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAMS046A
CLEW A93

REPORTED BY: (b)(6)-2	DATE: 20 Aug 03	LAB ID NO.:
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Ward/Section: ICU3 REQUESTING PHYSICIAN: (b)(6)-2 **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)-4 DATE: 2/28/03 TIME: 1545 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
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			

			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: (b)(6)-2 DATE: 2/28/03 LAB ID NO.:

Ward/Section: ICU 3			REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # (b)(6)-4			DATE 20 Aug 03	TIME 0400	SSN/PSEUDO SSN: # (b)(6)-4			
(Hematology/CBC)			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
W			Color		N/A	RPR		Negative
Rf			App		N/A	Mono		Negative
Hg			Glu		Negative	Microbiology		
Hc			Bili		Negative	Source		
Mt			Ket		Negative	Gram Stain		
Plt			SG		N/A	Occ Bld		Negative
Lym			Bld		Negative	H. pylori		Negative
(H)			pH		N/A	Micro Parasites		
Segs			Prot		Negative	Malaria		
Bands			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: (b)(6)-2			DATE: 20 Aug 03		LAB ID NO.:			

MEDCOM - 16754

LAST, FIRST, MI: **[REDACTED] (b)(6)-4** DATE: **20/08/03** TIME: **0400** SSN/PSEUDO SSN: **[REDACTED] (b)(6)-4**

i-STAT 6+
 Pt: **[REDACTED] (b)(6)-4**
 Pt Name: _____
 Glu _____ 76 mg/dL
 BUN _____ 20 mg/dL
 Na _____ 143 mmol/L
 K _____ 2.5 mmol/L
 Cl _____ 109 mmol/L
 Hct _____ 23 %PCV
 Hb* _____ 8 g/dL
 *via Hct

Sample Type: _____
 20AUG03 05:07
 Oper: **[REDACTED]**
 Physician: _____
 Ser# **[REDACTED]**
 Ver: JAMS046A
 CLEW A93

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
EF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
3.5-5.5	ALB		3.5-5.5			
26-84	ALP		26-84			
10-47	ALT		10-47			
14-97	AMY		14-97			
11-38	AST		11-38			
0.2-1.6	TBIL		0.2-1.6			
7-22	BUN		7-22			

===== PICCOLO =====
 20/08/03 05:10
 REFERENCE RANGE: _____ MALE
 PATIENT #: **[REDACTED] (b)(6)-4**
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: **[REDACTED]** DR #: 000
 SERIAL #: **[REDACTED]**

i-STAT 63+
 Pt: **[REDACTED] (b)(6)-4**
 Pt Name: _____
 TC02 _____ 26 mmol/L
 At 37C
 PH _____ 7.502
 PC02 _____ 32.4 mmHg
 PO2 _____ 72 mmHg
 HC03 _____ 25 mmol/L
 BEecf _____ 2 mmol/L
 SO2* _____ 36 %
 *calculated

2 r	ALB	1.7*	3.3-5.5	G/DL
18 n	ALP	40	26-84	U/L
1 g	ALT	58*	10-47	U/L
	AMY	25	14-97	U/L
	AST	47*	11-38	U/L
REF	TBIL	5.3*	0.2-1.6	MG/DL
ANC	BUN	***	7-22	MG/DL
18 mg	CA++	7.7*	8.0-10.3	MG/DL
mg/dl	CHOL	59*	100-200	MG/DL
2 mg	CRE	1.2	0.6-1.2	MG/DL
80 u/l	GLU	83	73-118	MG/DL
90 u/l	TP	4.0*	6.4-8.1	G/DL
145 mm				

7 mmole INST QC: OK CHEM QC: OK
 08 mmole HEM 1+, LIP 0, ICT 2+

Troponin-I	
Drug of Abuse	
REMARKS:	
REPORTED BY:	

At Patient Temp
 PH _____ 7.477
 PC02 _____ 34.7 mmHg
 PO2 _____ 80 mmHg
 Patient Temp: 101.5F
 FIO2 _____ : 50
 Sample Type: ART

B ID NO.: _____

20AUG03 04:01
 Oper: **[REDACTED]**
 Physician: _____
 Ser# **[REDACTED]**
 Ver: JAMS046A
 CLEW A93

BUN-20

Ward/Section: **ICU3** REQUESTING PHYSICIAN: **(b)(6)-2** **CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI. **(b)(6)-4** DATE **21 AUG** TIME **0415** SSN/PSEUDO SSN:

(i-STAT) **(Piccolo) Chemistry 12** **(Piccolo) Metabolic Panel**

TEST	RESULT	REF. RANGE	TEST	R	REF. RANGE
			ALB		73-118 mg/dl
			ALP	21/08/03	7-22 mg/dl
			ALT	REFERENCE RANGE: MALE	8.0-10.3 mg/dl
			AMY	PATIENT #: (b)(6)-4	6.6-1.2 mg/dl
			AST	GENERAL CHEMISTRY 12	128-145 mmol/l
			TBIL	DISC LOT #: 3204AA4	3.3-4.7 mmol/l
			BUN	OPER #: (b)(6) DR #: 000	98-108 mmol/l
			CA ⁺⁺	SERIAL #: (b)(6)	18-33 mmol/l
			CHOL	ALB 1.7*	3.3-5.5 G/DL
			CRE	ALP 40	26-84 U/L
			GLU	ALT 65*	10-47 U/L
			TP	AMY 33	14-97 U/L
			(Pic) TBIL	AST 54*	11-38 U/L
			BUN	TBIL 7.0*	0.2-1.6 MG/DL
			CA ⁺⁺	BUN ***	7-22 MG/DL
			CHOL	CA ⁺⁺ 8.4	8.0-10.3 MG/DL
			CRE	CHOL 54*	100-200 MG/DL
			GLU	CRE 1.1	0.6-1.2 MG/DL
			TP	GLU 101	73-118 MG/DL
			CK	TP 4.3*	6.4-8.1 G/DL
			NA ⁺	INST QC: OK CHEM QC: OK	
			K ⁺	HEM 1+, LIP 0, ICT 2+	
			CL ⁻	Electrolyte	
			tCO ₂	T	REF. RANGE
					128-145 mmol/l
					3.3-4.7 mmol/l
					98-108 mmol/l
					18-33 mmol/l

993
56%

i-STAT 6+
Pt: **(b)(6)-4**
Pt Name: _____

Glu _____ 94 mg/dL
 BUN _____ 18 mg/dL
 Na _____ 144 mmol/L
 K _____ 2.5 mmol/L
 Cl _____ 110 mmol/L
 Hct _____ 31 %PCV
 Hb* _____ 11 g/dL
 *via Hct

Sample Type: _____
 21AUG03 05:33
 Oper: **(b)(6)**
 Physician: _____
 Ser# **(b)(6)**
 Ver: JAM5046A
 CLEM R93

REMARKS:
ABG, Chem 7, Chem 12

REPORTED BY: **(b)(6)-2** DATE: **21 Aug 03** LAB ID NO.: _____

i-STAT G3-

Pt: (b)(6)-4

Pt Name:

TCO2 27 mmol/L

At 37C

PH 7.488

PCO2 34.2 mmHg

PO2 99 mmHg

HCO3 26 mmol/L

BEecf 3 mmol/L

sO2* 98 %

*calculated

At Patient Temp

PH 7.482

PCO2 34.8 mmHg

PO2 102 mmHg

Patient Temp: 99.31F

FI02: 50

Sample Type: ART

21AUG03 04:15

Oper: (b)(6)

Physician:

Ser# (b)(6)

Ver: JAMS046A
CLEW R33

3		REQUESTING PHYSICIAN: (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
(b)(6)-4		DATE 21AUG	TIME 0415	SSN/PSEUDO SSN:		
(CBC)		Urinalysis			Misc. Serology	
REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
42-52% (M) 37-47% (F)	Bili		Negative	Source		
80-94 fl (M) 81-99 fl (F)	Ket		Negative			
130-500 x 10 ³ verified	SG		N/A	egative		
20.5-51.1%	Bld *		Nega	egative		
al Differential		pH				
ono	Prot		Negative			
s	Urob		0.2-1.0			
so	Nit		Negative			
m	Leuk		Negative	lysis		
	HCG		Negative			
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			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 21Aug 03	LAB ID NO.:
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MEDCOM - 16757

Ward/Section: 1623 REQUESTING PHYSICIAN: (b)(6)-2
 LAST, FIRST, MI. (b)(6)-4 DATE: 2/15/03 TIME: 1752
 CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
 SSN/PSEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			nmol/L	ALB	3.5-5.5 g/dl	GLU		73-118 mg/dl
			μmol/L	ALP	26-84 u/l	BUN		7-22 mg/dl
			μmol/L	ALT	10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
				AMY	14-97 u/l	CRE		0.6-1.2 mg/dl
			nHg (art)	AST	11-38 u/l			
			Hg (ven)					
			nHg (art)	TBIL	0.2-1.6 mg/dl			
			ol/L (art)	BUN	7-22 mg/dl			
			ol/L (ven)	CA ⁺⁺	8.0-10.3mg/dl			
			ol/L (art)					
			ol/L (ven)	CHOL	100-200 mg/dl			
				CRE	0.6-1.2 mg/dl			
			mol/L	GLU	73-118 mg/dl			
			mmol/L	TP	6.4-8.1 g/dl			

i-STAT 6+
 Pt: (b)(6)-4
 Pt Name: _____
 Glu _____ 89 mg/dL
 BUN _____ 16 mg/dL
 Na _____ 143 mmol/L
 K _____ 2.5 mmol/L
 Cl _____ 112 mmol/L
 Hct _____ 29 %PCV
 Hb* _____ 10 g/dL
 *via Hct
 Sample Type: _____
 21AUG03 18:15
 Oper: _____
 Physician: _____
 Ser# _____
 Ver: JAMS046A
 CLEW A93

i-STAT CREA
 Pt: (b)(6)-4
 Pt Name: _____
 Crea _____ 1.2 mg/dL
 Sample Type: _____
 21AUG03 18:15
 Oper: _____
 Physician: _____
 Ser# _____
 Ver: JAMS046A
 CLEW A93

(Piccolo) Methyte 8		
TEST	RESULT	REF. RANGE
ng/dl	GLU	73-118 mg/dl
ng/dl	BUN	7-22 mg/dl
dl	CRE	0.6-1.2 mg/dl
	CK	39-380 u/l (M) 30-190 u/l (F)
RANGE	NA ⁺	128-145 mmol/l
	K ⁺	3.3-4.7 mmol/l
	CL ⁻	98-108 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

REPORTED BY: (b)(6)-2 DATE: 2/15/03 LAB ID NO.: _____

MEDCOM - 16758

Ward/Section: ICU	REQUESTING PHYSICIAN: Dr. [REDACTED] (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: (b)(6)-4	DATE: 8-22	TIME: 1230	SSN/PSEUDO SSN: [REDACTED]	(b)(6)-4		
(i-STAT)	(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
	ALP		26-84 u/l	BUN		7-22 mg/dl
	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
	AST		11-38 u/l	NA ⁺		128-145 mmol/l
	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
	TP		6.4-8.1 g/dl	ALP		26-84 u/l
	(Piccolo) Melyte 8			ALT		10-47 u/l
	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
	GLU		73-118 mg/dl	AST		11-38 u/l
	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
	CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
	K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
	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: ABC						
REPORTED BY: [REDACTED] (b)(6)-2		DATE: 08/22/03		LAB ID NO.:		

i-STAT EG7+

Pt: [REDACTED] (b)(6)-4

Pt Name: _____

Na _____ 145 mmol/L

K _____ 3.5 mmol/L

TCO2 _____ 27 mmol/L

iCa _____ 1.06 mmol/L

Hct _____ 27 %PCV

Hb# _____ 9 g/dL

*via Hct

At 37C

PH _____ 7.498

PCO2 _____ 33.2 mmHg

PO2 _____ 131 mmHg

HCO3 _____ 26 mmol/L

BEecf _____ 3 mmol/L

sO2# _____ 99 %

*calculated

Drug of Abuse	

(b)(6)-4 IC 3

Ward/Section: [REDACTED] REQUESTING PHYSICIAN: [REDACTED] (b)(6)-2
 LAST, FIRST, MI. (b)(6)-7 # [REDACTED] DATE: 22 Aug TIME: 0400
 SSN/PSEUDO SSN:

(Hematology) CBC

Hematology			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
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative			

			Ket		Negative	Source		
			SG		N/A	Gram Stain		

			Bld		Negative	Occ Bld		Negative
			pH		N/A	H. pylori		Negative

			Prot		Negative	Micro Parasites		
			Urob		0.2-1.0	Malaria		

			Nit		Negative	O & P		
			Leuk		Negative	Other		

			HCG		Negative	Microscopic Urinalysis		
--	--	--	-----	--	----------	-------------------------------	--	--

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

Other			Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
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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.: _____

Ward/Section: ICU3			REQUESTING PHYSICIAN: (6)(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. (6)(6)-4-#			DATE: 01/22/03			TIME: 0400		SSN/PSEUDO SSN:
(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	7.487	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	32.9	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2	115	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	17	7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2	99%	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	1	(-2) - (+3) mmol/L	CRE	1.0	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	109	6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Methyte 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 ⁺	146	128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺	3.3	3.3-4.7 mmol/l
						CL ⁻	113	98-108 mmol/l
						tCO2	27	18-33 mmol/l

AT Patient Temp
 pH 7.487
 PCO2 32.9
 PO2 115

REMARKS: **ABCG FIO2 50% T-98^u**

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

PICCOLO == 04:11
 02/08/03
 RANGE: (6)(6)-4
 MEDCOM - 16761

██████████

REQUESTING PHYSICIAN: (b)(6)-2

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

(b)(6)-4

DATE: 8-23 TIME: 0415

SSN/PSEUDO SSN:

(b)(6)-4
ID: ██████████
WB

08-22-03
20:06

Patient Limits

WBC 24.6 H $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 3.51 L $\times 10^6/\mu\text{L}$ 4.00 6.00
 Hgb 10.5 L g/dL 11.0 18.0
 Hct 32.2 L % 35.0 60.0
 MCV 91.6 fL 80.0 99.9
 MCH 29.9 pg 27.0 31.0
 MCHC 32.7 L g/dL 33.0 37.0
 Plt 335 $\times 10^3/\mu\text{L}$ 150 450
 LY% 5.9 % 20.5 51.1
 LY# $1.4 \times 10^3/\mu\text{L}$ 1.2 3.4

Physician: _____

Ser# ██████████
Ver: JAMS046A
CLEW A93

R
M

Urinalysis				Misc. Serology		
RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
8×10^4	Color		N/A	RPR		Negative
10^9	App		N/A	Mono		Negative
(M)	Glu		Negative	Microbiology		
(F)	Bili		Negative			
	Ket		Negative	Source		
	SG		N/A	Gram Stain		
	Bld		Negative	Occ Bld		Negative
	pH		N/A	H. pylori		Negative
	Prot		Negative	Micro Parasites		
	Urob		0.2-1.0	Malaria		
	Nit		Negative	O & P		
	Leuk		Negative	Other		
	CG		Negative	Microscopic Urinalysis		

Spun Hemato		(M) 37-47% (F)
Sed Rate		
Other		

CSF	
Cell Count	
Directigen	Negative

Blood Bank	
MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
ABO/Rh	

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

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

REMARKS:

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

Ward/Section: 1001 REQUESTING PHYSICIAN: (b)(6)-2 CHEM (Sub)

LAST, FIRST, MI. (b)(6)-4 DATE 8/2 TIME 0900

(G-STAT) **(Piccolo) Chemistry 12**

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST
			ALB		3.5-5.5 g/dl	GLU
			ALP		26-84 u/l	BUN
			ALT		10-47 u/l	CA ⁺⁺
			AMY		14-97 u/l	CRE
			AST		11-38 u/l	NA ⁺
			TBIL		0.2-1.6 mg/dl	K ⁺
			BUN		7-22 mg/dl	CL ⁻
					8.0-10.3 mg/dl	tCO ₂

ID: (b)(6)-4 08-23-03
WB 20:15

Patient Limits
 WBC 23.7 H x10³/uL 4.5 10.5
 RBC 3.37 L x10⁶/uL 4.00 6.00
 Hgb 9.8 L g/dL 11.0 18.0
 Hct 31.0 L % 35.0 60.0
 MCV 91.8 fL 80.0 99.9
 MCH 29.2 pg 27.0 31.0
 MCHC 31.8 L g/dL 33.0 37.0
 Plt 393 x10³/uL 150. 450.
 LY% 6.3 %L % 20.5 51.1
 LY# 1.5 * x10³/uL 1.2 3.4

===== PICCOLO =====
 24/08/03 04:13
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: (b)(6)-4 DR #: 000
 SERIAL #: (b)(6)-4

ALB	1.5*	3.3-5.5	G/DL
ALP	54	26-84	U/L
ALT	20	10-47	U/L
AMY	50	14-97	U/L
AST	♦♦♦	11-38	U/L
TBIL	5.7*	0.2-1.6	MG/DL
BUN	13	7-22	MG/DL
CA++	7.6*	8.0-10.3	MG/DL
CHOL	71*	100-200	MG/DL
CRE	0.6	0.6-1.2	MG/DL
GLU	144*	73-118	MG/DL
TP	4.7*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 2+

■■■■■■■■■■

i-STAT CREA
 Pt: (b)(6)-4
 Pt Name: _____

Crea _____ 1.1 mg/dL
 Sample Type: _____
 24AUG03 04:13

Oper: (b)(6)-4
 Physician: _____
 Ser# (b)(6)-4
 Ver: JAMS046A CLEM A93

i-STAT ECG+
 Pt: (b)(6)-4
 Pt Name: _____

GLU _____ 143 mg/dL
 BUN _____ 17 mg/dL
 Na _____ 145 mmol/L
 K _____ 3.6 mmol/L
 Cl _____ 111 mmol/L
 TC02 _____ 26 mmol/L
 AnGap _____ 12 mmol/L
 Hct _____ 44 %PCV
 Hb* _____ 15 g/dL
 *via Hct
 PH _____ 7.395
 PCO2 _____ 40.8 mmHg
 HCO3 _____ 25 mmol/L
 BEecf _____ 0 mmol/L

Sample Type: _____
 24AUG03 04:13

Oper: (b)(6)-4
 Physician: _____
 Ser# (b)(6)-4
 Ver: JAMS046A

TEST
 LB
 LP
 ALT 10-47 u/l
 AMY

AST
 TBIL
 GGT
 TP

TES
 NA⁺
 K⁺
 CL⁻
 tCO₂

i-STAT G3+
 Pt: (b)(6)-4
 Pt Name: _____

TC02 _____ 28 mmol/L
 At 37C
 PH _____ 7.435
 PCO2 _____ 39.3 mmHg
 PO2 _____ 93 mmHg
 HCO3 _____ 26 mmol/L
 BEecf _____ 2 mmol/L
 sO2* _____ 98 %
 *calculated

Sample Type: _____
 NO.: 24AUG03 04:09

Oper: (b)(6)-4
 Physician: _____
 Ser# (b)(6)-4
 Ver: JAMS046A CLEM A93

MEDCOM - 16763

ORT DISPLAY

1-STAT EG7+
Pt: (b)(6)-4 *FiO2 ↓ to 50%*
Pt Name: _____

Na _____ 146 mmol/L
K _____ 4.6 mmol/L
TCO2 _____ 21 mmol/L
iCa _____ 1.04 mmol/L
Hct _____ 28 %PCV
Hb* _____ 10 g/dL
*via Hct
At 37C
PH _____ 7.338
PCO2 _____ 36.2 mmHg
PO2 _____ 135 mmHg
HCO3 _____ 19 mmol/L
BEecf _____ -6 mmol/L
sO2* _____ 99 %
*calculated

Sample Type: _____
17AUG03 04:26
Oper: _____
Physician: _____
Ser# _____
Ver: JAMS046A
CLEW A93

1-STAT 33+
Pt: (b)(6)-4
Pt Name: _____
TCO2 _____ 26 mmol/L
At 37C
PH _____ 7.459
PCO2 _____ 35.7 mmHg
PO2 _____ 127 mmHg
HCO3 _____ 25 mmol/L
BEecf _____ 2 mmol/L
sO2* _____ 99 %
*calculated

Sample Type: _____
25AUG03 04:28
Oper: _____
Physician: _____
Ser# _____
Ver: JAMS046A
CLEW A93

1-STAT EG7+
Pt: (b)(6)-4
Pt Name: _____

Na _____ 140 mmol/L
K _____ 4.8 mmol/L
TCO2 _____ 23 mmol/L
iCa _____ 1.16 mmol/L
Hct _____ 30 %PCV
Hb* _____ 10 g/dL
*via Hct
At 37C
PH _____ 7.339
PCO2 _____ 40.5 mmHg
PO2 _____ 94 mmHg
HCO3 _____ 22 mmol/L
BEecf _____ -4 mmol/L
sO2* _____ 97 %
*calculated

At Patient Temp
PH _____ 7.35
PCO2 _____ 40
PO2 _____ 96
Patient Temp: 38.1F
FiO2 _____
Sample Type: _____

Oper: _____
Physician: _____
Ser# _____
Ver: JAMS046A
CLEW A93

INSTRUCTIONS: This flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE



(b)(6)-4

IS ALONG THIS BASE LINE

FORMS DISPLAYED	0	1	2	3
<input type="checkbox"/> CHEMISTRY I (SF 544)				
<input type="checkbox"/> CHEMISTRY II (SF 54)				
<input type="checkbox"/> CHEMISTRY III (SF 5)				
<input type="checkbox"/> HEMATOLOGY (SF 54)				
<input type="checkbox"/> URINALYSIS (SF 550)				
<input type="checkbox"/> SEROLOGY (SF 551)				
<input type="checkbox"/> SPINAL FLUID (SF 555)				

<input type="checkbox"/> MICROBIOLOGY (SF 552)
<input type="checkbox"/> MISCELLANEOUS (SF 557)
<input type="checkbox"/> ASSORTED FORMS

MEDCOM - 16765

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45, 505

LABORATORY REPORT
DISPLAY

** PRINT CANCELLED **

i-STAT G3+

Pt: (b)(6)-4

Pt Name:

TCO2 27 mmol/L

At 37C

PH 7.443

PCO2 38.0 mmHg

PO2 119 mmHg

HCO3 26 mmol/L

BEscf 2 mmol/L

SO2* 99 %

*calculated

At Patient Temp

PH 7.426

PCO2 41.0 mmHg

PO2 126 mmHg

Patient Temp: 100.7F

FIO2 : 40

Sample Type: ART

26AUG03 04:03

Oper:

Physician:

Ser#

Ver: JAMS046A
CLEW A93

ID (b)(6)-4 08-25-03
WB 20:05

			Patient	Limits
WBC	21.4 H	x10 ³ /uL	4.5	10.5
REC	3.22 L	x10 ⁶ /uL	4.00	6.00
Hgb	9.3 L	g/dL	11.0	18.0
Hct	29.5 L	%	35.0	60.0
MCV	91.4	fL	80.0	99.9
MCH	28.0	pg	27.0	31.0
MCHC	31.5 L	g/dL	33.0	37.0
Plt	739. H	x10 ³ /uL	150.	450.
LYZ	7.5	*L %	20.5	51.1
LYR	1.6 *	x10 ³ /uL	1.2	3.4

PICCOLO

26/08/03 04:00

REFERENCE RANGE: FEMALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: DR #: 000

SERIAL #:

ALB	1.5*	3.3-5.5	G/DL
ALP	83	26-84	U/L
ALT	24	10-47	U/L
AMY	53	14-97	U/L
AST	***	11-38	U/L
TBIL	3.1*	0.2-1.6	MG/DL
BUN	11	7-22	MG/DL
CA++	7.7*	8.0-10.3	MG/DL
CHOL	104	100-200	MG/DL
CRE	0.6	0.6-1.2	MG/DL
GLU	140*	73-118	MG/DL
TP	5.5*	6.4-8.1	G/DL

INST GC: OK CHEM GC: OK
HEM 1+, LIP 0, ICI 1+

MEDCOM - 16766

NSN 7540-00-181-8344

PREVIOUS EDITION USABLE

===== PICCOLO =====
 26/08/03 04:03
 REFERENCE RANGE: FEMALE
 PATIENT #: (b)(6)-Y
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: DR #: 000
 SERIAL #: [REDACTED]

GLU	138*	73-118	MG/DL
BUN	11	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	391*	30-190	U/L
NA+	137	128-145	MMOL
K+	4.0	3.3-4.7	MMOL
CL-	114	98-108	MMOL
tCO2	22	18-33	MMOL

INST GC: OK CHEM GC: OK
 HEM 0, LIP 0, ICT 1+

TEST(S)	
SPECIMEN TAKEN	
DATE	TIME
26 Aug 03	0400 P.M.
REQUESTED	
ICU1	
RESULTS	

REMARKS: EBC, CR

TEST: N

i-STAT GS+

Pt: (b)(6)-Y

Pt Name: [REDACTED]

TCO2 _____ 21 mmol/L

At 37C

PH _____ 7.381

PCO2 _____ 33.0 mmHg

PO2 _____ 108 mmHg

HC03 _____ 20 mmol/L

BEecf _____ -6 mmol/L

sO2* _____ 98 %

*calculated

Sample Type: [REDACTED]

29AUG03 04:21

Oper: [REDACTED]

Physician: [REDACTED]

Ser# [REDACTED]

Ver: JAMS04EA
CLEW A93

Enter in above space
 REQUESTING PHYSICIAN'S SIGNATURE
 (b)(6)-Y

Enter in above space
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REPORTED BY
 (b)(6)-Y

ICU1

MD DATE

MISC	
URGENCY	PATIENT STATUS
<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> BED
<input type="checkbox"/> TODAY	<input type="checkbox"/> OUTPATIENT
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> NP
<input type="checkbox"/> STAT	<input type="checkbox"/> DOM
SPECIMEN SOURCE (Specify)	
Blood	
SPECIMEN/LAB RPT. NO.	

PHYSICIAN'S COPY

DATE

===== PICCOLO =====
27/08/03 04:00

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: DR #: 000

SERIAL #:

i-STAT EC8+

Pt: (b)(6)-4

Pt Name:

ID: (b)(6)-4 06-26-03
WB 19:09

Patient
Limits

WBC	21.1 H	x10 ³ /L	4.5	10.5
RBC	3.13 L	x10 ⁶ /L	4.00	5.00
Hgb	7.1 L	g/dL	11.0	18.0
Hct	28.7 L	%	35.0	60.0
MCV	91.8	fL	80.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	31.6 L	g/dL	33.0	37.0
Plt	859	H x10 ³ /L	150	450
LY%	10.4	%	26.5	51.1
LY#	2.2 *	x10 ³ /L	1.3	3.4

ALB	1.2*	3.3-5.5	G/DL
ALP	71	26-84	U/L
ALT	42	10-47	U/L
AMY	27	14-97	U/L
AST	***	11-38	U/L
TBIL	2.8*	0.2-1.6	MG/DL
BUN	15	7-22	MG/DL
CA++	7.4*	8.0-10.3	MG/DL
CHOL	95*	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	120*	73-118	MG/DL
TP	5.0*	6.4-8.1	G/DL

Glu_____112 mg/dL
 BUN_____18 mg/dL
 Na_____145 mmol/L
 K_____4.0 mmol/L
 Cl_____115 mmol/L
 TC02_____24 mmol/L
 AnGap_____11 mmol/L
 Hct_____27 %PCV
 Hb#_____9 g/dL
 *via Hct
 pH_____7.462
 PCO2_____32.9 mmHg
 nCO2_____23 mmol/L
 BEecf_____0 mmol/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 2+, ICT 0

sample Type_:

27AUG03 04:06

Oper: (b)(6)

Physician:

Ser# (b)(6)

Ver: JAMS046R
CLEM A93

CONTROL	
PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
LE PREP	

HEMATOLOGY 549-107
 STANDARD FORM 549 (Rev 7-78)
 PRESCRIBED BY GSA/ICMR
 FIRM# 141-CFR 201-45 505

MD/DATE: 8/27/03
 LAB. ID. NO.:
 PATIENT (Specify):

SPECIMEN TAKEN		DATE	TIME	P.M.
RESULTS	REQUESTED	29 Aug	0405	
	GLUCOSE			
	UREA N.			
	CREATININE			
	URIC ACID			
	SODIUM			
	POTASSIUM			
	CHLORIDE			
	CO ₂			
	PHOSPHATE			
	CALCIUM			
	TOTAL PROTEIN			
	ALBUMIN			
	GLOBULIN			
	ALKALINE PHOSPHATASE			
	ACID PHOSPHATASE			
	SGOT			
	LDH			
	CPK			
	BILIRUBIN (TOTAL)			
	BILIRUBIN (DIRECT)			
	CHOLESTEROL			
	TRIGLYCERIDES			
	AMYLASE			
	LIPASE			
	PROFILE (Specify)			

REMARKS
Chem 8 Chem 12

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-4

REPORTED BY: ICU1

TECH: (b)(6)-2

MD: (b)(6)-2

DATE: (b)(6)-2

LAB. ID. NO.:

SPECIMEN/LAB. RPT. NO.:

PATIENT'S MED. RECORD

CHEM 1

URGENCY: ROUTINE TODAY STAT PRE-OP

PATIENT STATUS: BED OUTPATIENT DOM NP

SPECIMEN SOURCE: BLOOD OTHER (Specify)

(b)(6)-4

ID: (b)(6)-4

08-27-03

20:00

Patient

Limits

WBC	15.8 #/mm ³	4.5	10.5
RBC	2.89 L x 10 ¹² /dL	4.00	6.00
Hgb	7.8 g/dL	11.0	18.0
Hct	24.5 L %	35.0	60.0
MCV	91.0 fL	90.0	99.9
MCH	29.1 pg	27.0	31.0
MCHC	31.9 g/dL	33.0	37.0
Plt	1005 #/mm ³	150	450
LYZ	10.6 %	30.5	51.1
LYB	1.7 %	1.2	3.4

i-STAT EC8+

Pt: (b)(6)-4

Pt Name:

GLU _____ 171 mg/dL

BUN _____ 22 mg/dL

Na _____ 143 mmol/L

K _____ 3.4 mmol/L

Cl _____ 112 mmol/L

TCO2 _____ 24 mmol/L

ANGap _____ 11 mmol/L

Hct _____ 21 %PCV

Hb* _____ 7 g/dL

*via Hct

pH _____ 7.420

PCO2 _____ 35.3 mmHg

HCO3 _____ 23 mmol/L

BEecf _____ -2 mmol/L

Sample Type: 28AUG03 04:10

Oper: (b)(6)-4

Physician:

Ser# (b)(6)-4

Ver: JAM5046A
CLEW A93

MEDCOM - 16769

i-STAT G3+

Pt: (b)(6)-4
Pt Name: _____

TCO2 _____ 24 mmol/L

At 37C

PH _____ 7.460

PCO2 _____ 31.7 mmHg

PO2 _____ 128 mmHg

HCO3 _____ 23 mmol/L

BEecf _____ -1 mmol/L

sO2* _____ 99 %
*calculated

Sample Type: _____

28AUG03 04:00

Oper: _____

Physician: _____

Ser# _____

Ver: JAM3046R
CLEW R93

TEST(S)
SPECIMEN TAKEN
DATE 28 AUG 03 TIME 04:00 A.M. P.M.
REMARKS RDI

===== PICCOLO =====
28/08/03 04:12
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: DR #: 000
SERIAL #: _____

ALB	1.1*	3.3-5.5	G/DL
ALP	57	26-84	U/L
ALT	48*	10-47	U/L
AMY	37	14-97	U/L
AST	76*	11-38	U/L
TBIL	2.2*	0.2-1.6	MG/DL
BUN	14	7-22	MG/DL
CA++	7.0*	8.0-10.3	MG/DL
CHOL	127	100-200	MG/DL
CRE	1.1	0.6-1.2	MG/DL
GLU	173*	73-118	MG/DL
TP	4.9*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 0

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MOD/DATE
LAB. ID. NO.

ICU
(b)(6)-4
-0460 on 28 AUG

HEMATOLOGY		SPECIMEN/LAB RPT. NO.	
URGENCY	PATIENT STATUS		
<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> BED		
<input type="checkbox"/> TODAY	<input type="checkbox"/> OUTPATIENT		
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> NP		
<input type="checkbox"/> STAT	<input type="checkbox"/> DOM		
SPECIMEN SOURCE			
<input type="checkbox"/> VEIN	<input type="checkbox"/> CAP		
OTHER (Specify)			

PATIENT # [REDACTED] (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3082AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

ALB	1.0*	3.3-5.5	G/DL
ALP	83	26-84	U/L
ALT	49*	10-47	U/L
AMY	31	14-97	U/L
AST	51*	11-38	U/L
TBIL	2.6*	0.2-1.6	MG/DL
BUN	15	7-22	MG/DL
CA++	7.9*	8.0-10.3	MG/DL
CHOL	178	100-200	MG/DL
CRE	1.5*	0.6-1.2	MG/DL
GLU	117	73-118	MG/DL
TP	5.5*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 1+, ICT 0

RESULTS

norm 12, 1ytes, ABG → F0240%, T-997

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 PHYSICIAN'S SIGNATURE [REDACTED] (b)(6)-2
 REPORTED BY [REDACTED] (b)(6)-4
 MD DATE 8/30/03
 TECH [REDACTED]

PATIENT'S MED. RECORD
 ROUTINE
 TODAY
 PRE-OP
 STAT
 BED
 OUTPATIENT
 NP
 DOM
 AMB
 CAP
 SPECIMEN SOURCE (Specify)
 Blood
 LAB ID NO.

MISCELLANEOUS 557-107
 STANDARD FORM 557 (REV. 3-77)
 PRESCRIBED BY GSA/ICMR
 FORM (41 CFR) 201-45-505

[REDACTED] (b)(6)-4

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 PHYSICIAN'S SIGNATURE [REDACTED] (b)(6)-2
 REPORTED BY [REDACTED] (b)(6)-4
 MD DATE 8/30/03
 TECH [REDACTED]

HEMATOLOGY
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM
 AMB
 CAP
 SPECIMEN SOURCE (Specify)
 VEIN
 OTHER (Specify)

PATIENT'S MED. RECORD

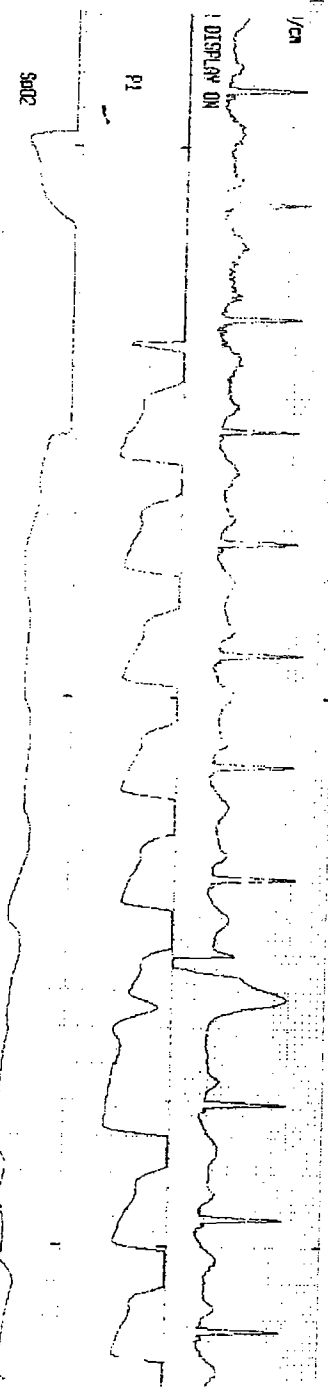
SPECIMEN/LAB RPT. NO.
 LAB. ID. NO.

CBC

HEMATOLOGY	
HEMOGLOBIN	
HEMATOCRIT	
MCV	
MCH	
MCHC	
WBC COUNT	
DIFFERENTIAL	
IMMATURE NEUTROPHILS	
NEUTROPHILS	
LYMPHS	
EOSINOPHILS	
BASOPHILS	
MONOCYTES	
PLATELETS	
RBC	
SED. RATE	
PLATELET COUNT	
RETICULOCYTE COUNT	
CLOTTING TIME	
BLEEDING TIME	
CONTROL PATIENT	
PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
LE PREP	

549-107
 HEMATOLOGY
 STANDARD FORM 549 (REV. 7-78)
 PRESCRIBED BY GSA/ICMR
 FORM (41 CFR) 201-45-505

PLEMENTAL MEDICAL
 ant. General Practice Office



10/08/03 10:15 AM
 11-000-4301-021 P2-0FF PR-22 S002-S004 N100-150/78(100) 11-0FF 12-0FF 41-0FF

MEDCOM - 16772

(b)(6)-4

Pt Name: _____

Glu_____105 mg/dL
BUN_____19 mg/dL
Na_____144 mmol/L
K_____3.4 mmol/L
Cl_____115 mmol/L
TCO2_____22 mmol/L
AnGap_____11 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

PH_____7.428
PCO2_____32.3 mmHg
HCO3_____21 mmol/L
BEecf_____ -3 mmol/L

Sample Type_: _____
30AUG03 04:05

Oper: _____
Physician: _____

Ser# _____
Ver: JAMS046A
CLEW A93

(b)(6)-4
Pt Name: _____

TCO2_____19 mmol/L
At 37C
PH_____7.438
PCO2_____27.3 mmHg
PO2_____121 mmHg
HCO3_____16 mmol/L
BEecf_____ -6 mmol/L
sO2*_____99 %
*calculated

Sample Type_: _____
30AUG03 03:49

Oper: _____
Physician: _____

Ser# _____
Ver: JAMS046A
CLEW A93

NIB: _____

1-STAT GS+

Pt: (b)(6)-4
Pt Name: _____

TCO2_____25 mmol/L
At 37C
PH_____7.476
PCO2_____33.2 mmHg
PO2_____97 mmHg
HCO3_____24 mmol/L
BEecf_____ 1 mmol/L
sO2*_____98 %
*calculated

Sample Type_: _____
27AUG03 03:50

Oper: _____
Physician: _____

Ser# _____
Ver: JAMS046A
CLEW A93

TIME	HR/PR	SpO2	SYS / DIA - MEAN	RR
HH:MM	BPM	%	mmHg	RPM
22:20	114	93	107 / 52	71 16
22:15	115	93	110 / 53	73 16
22:10	116	94	107 / 52	71 16
22:05	118	95	113 / 55	75 18
22:00	118	94	111 / 55	75 16
21:55	119	95	113 / 56	77 23
21:50	121	94	117 / 56	76 20
21:45	122	96	120 / 58	79 22
21:40	123	95	131 / 61	83 21
21:35	124	95	119 / 60	81 19
21:30	127	94	130 / 59	85 27
21:25	128	95	136 / 61	90 27
21:20	131	95	159 / 70	103 25
21:18	130	96	152 / 68	99 22

ADULT

PROTOCOL SYSTEMS, INC.

MEDCOM - 16773

i-STAT G3+

Pt: (b)(6)-4
Pt Name: _____

TCO2 _____ 21 mmol/L

At 37C

PH _____ 7.415

PCO2 _____ 30.8 mmHg

PO2 _____ 84 mmHg

HCO3 _____ 20 mmol/L

BEecf _____ -5 mmol/L

sO2* _____ 97 %

*calculated

At Patient Temp

PH _____ 7.408

PCO2 _____ 31.5 mmHg

PO2 _____ 87 mmHg

Patient Temp: 99.5F

FIO2 _____ : 40

Sample Type: ART

31AUG03 03:34

Oper: _____

Physician: _____

Ser# _____

Ver: JAMS046A
CLEW A93

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

AD/DATE
7/11/03

LAB ID NO.
K270

(b)(6)-4

MISC	URGENCY	PATIENT STATUS	SPECIMEN/LAB RPT. NO.
	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT		
SPECIMEN SOURCE (Specify)			

PATIENT'S MED. RECORD

PICCOLO
31/08/03 03:34
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
ELECTROLYTE
DISC LOT #: 3135AA4
OPER #: DR #: 000
SERIAL #:

NA+ 146 128-145 mmol/L
K+ 4.1 3.3-4.7 mmol/L
CL- 107 98-108 mmol/L
tCO2 18 18-33 mmol/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 3+, ICT 0

MEDCOM - 16774

===== PICCOLO =====
31/08/03 03:37
REFERENCE RANGE: MALE
PATIENT #: (b)(6)(b)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3082AA4
OPER #: DR #: 000
SERIAL #:

.....
ALB 1.1* 3.3-5.5 G/DL
ALP 96* 26-84 U/L
ALT 45 10-47 U/L
AMY 24 14-97 U/L
AST 86* 11-38 U/L
TBIL 2.8* 0.2-1.6 MG/DL
BUN 15 7-22 MG/DL
CA++ 8.0 8.0-10.3 MG/DL
CHOL 203* 100-200 MG/DL
CRE 1.5* 0.6-1.2 MG/DL
GLU 126* 73-118 MG/DL
TP 5.9* 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 2+, ICT 0

MEDCOM - 16775

PHYSICIAN'S COPY

557-101
MISCELLANEOUS
STANDARD FORM NO. 64 (REV. 11-77)
GSA GEN. REG. NO. 27
5010-104-01

Patient Status: AMB OUTPATIENT NP DOM PRE-OP STAT (Specify)

Urgency: ROUTINE TODAY NP DOM

MISC: URGENT STAT (Specify)

Specimen/Lab Rpt. No. PRE-OP STAT (Specify)

01/09/03
REFERENCE RANGE: 03:46
PATIENT #: (b)(6)-4 MALE
GENERAL CHEMISTRY 12
DISC LOT #: 3082AA4
OPER #: [REDACTED] DR #: 000
SERIAL #: [REDACTED]

ALB *** 3.3-5.5 G/DL
ALP 97* 26-84 U/L
ALT 42 10-47 U/L
AMY 30 14-97 U/L
AST 49* 11-38 U/L
TBIL 2.4* 0.2-1.6 MG/DL
BUN 14 7-22 MG/DL
CA++ 7.9* 8.0-10.3 MG/DL
CHOL 190 100-200 MG/DL
CRE 1.4* 0.6-1.2 MG/DL
GLU 167* 73-118 MG/DL
TP *** 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 0

PHYSICIAN'S SIGNATURE: [REDACTED]

I-STAT E08+

Pt: (b)(6)-4
Pt Name: [REDACTED]

GLU 163 mg/dL
BUN 17 mg/dL
Na 148 mmol/L
K 3.0 mmol/L
Cl 118 mmol/L
TCO2 23 mmol/L
RNGAP 23 mmol/L
Hct 26 %PCV
Hb* 5 g/dL
*via Hct

PH 7.368
PCO2 37.4 mmHg
HCO3 21 mmol/L
SEecf 4 mmol/L

Sample Type: [REDACTED]

01SEP03 03:25

Physician: [REDACTED]
Ser# [REDACTED]
Ver: JAMS046A
CLEM R93

I-STAT E08+

Pt: (b)(6)-4
Pt Name: [REDACTED]

GLU 163 mg/dL
BUN 17 mg/dL
Na 148 mmol/L
K 3.0 mmol/L
Cl 118 mmol/L
TCO2 23 mmol/L
RNGAP 23 mmol/L
Hct 26 %PCV
Hb* 5 g/dL
*via Hct

PH 7.368
PCO2 37.4 mmHg
HCO3 21 mmol/L
SEecf 4 mmol/L

Sample Type: [REDACTED]

01SEP03 03:44

Physician: [REDACTED]
Ser# [REDACTED]
Ver: JAMS046A
CLEM R93

i-STAT EC8+
 Pt: (b)(6)-4
 Pt Name: (b)(6)-4
 Glu 145 mg/dl
 BUN 18 mg/dl
 Na 150 mmol/L
 K 3.1 mmol/L
 L 122 mmol/L
 CO2 23 mmol/L
 ngap 0 mmol/L
 ct 25 %PCV
 j* 9 g/dL
 *via Hct
 1 7.388
 CO2 35.9 mmHg
 PCO2 22 mmol/L
 BEecf -3 mmol/L
 Sample Type_
 02SEP03 03:17
 Oper: 8835
 Physician:
 Ser# 42011
 Ver: JAMS046A
 CLEW P53

TESTS
 REFERENCE RANGE: 03:17 MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AA4
 OPER #: DR #: 000
 SERIAL #:
 ALB 1.3* 3.3-5.5 G/DL
 ALP 144* 26-84 U/L
 ALT 44 10-47 U/L
 AMY 40 14-97 U/L
 AST 11-38 U/L
 TBIL 2.2* 0.2-1.6 MG/DL
 BUN 15 7-22 MG/DL
 CA++ 7.9* 8.0-10.3 MG/DL
 CHOL 172 100-200 MG/DL
 CRE 1.0 0.6-1.2 MG/DL
 GLU 145* 73-118 MG/DL
 TP 6.4 6.4-8.1 G/DL
 INST QC: OK CHEM QC: OK
 HEM 1+, LIP 2+, ICT 0

Enter in above space
 PATIENT IDENTIFICATION
 glu - n
 bili - n
 ket - n
 SG - 1.025
 Bil - n
 PH - 6.0
 prot - POS 30+
 uro - neg
 nit - neg
 SSA - /+
 557-107
 MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 MANUFACTURED BY CANTON
 INSTRUMENT CO. 201-45-806
 PHYSICIAN'S COPY

TEST(S)	SPECIMEN TAKEN	A.M.	P.M.
	DATE	TIME	
	REQUESTED		
	RESULTS		
MISC URGENCY <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> AMB <input type="checkbox"/> DOM SPECIMEN SOURCE (Specify) DATE 2 Sep 03 LAB ID NO.			
			LABORATORY FILE
			SPECIMEN/LAB RPT. NO.

i-STAT GS+
 Pt: (b)(6)-4
 Pt Name: (b)(6)-4
 TC02 21 mmol/L
 At 37C
 PH 7.416
 PCO2 31.9 mmHg
 PO2 129 mmHg
 HCO3 20 mmol/L
 BEecf -4 mmol/L
 SO2* 99 %
 *calculated
 Sample Type_
 02SEP03 03:09
 Oper: (b)(6)-4
 Physician:
 Ser# (b)(6)-4
 Ver: JAMS046A
 CLEW P53

TEST(S)
SPECIMEN TAKEN
DATE TIME A.M. P.M.

03/09/03 03:52
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AAA
OPER #: DR #: 000
SERIAL #: (b)(6)-2

ALB	1.3*	3.3-5.5	G/DL
ALP	148*	26-84	U/L
ALT	35	10-47	U/L
AMY	50	14-97	U/L
AST	49*	11-38	U/L
TBIL	1.3*	0.2-1.6	MG/DL
BUN	18	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	156	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	134*	73-118	MG/DL
TP	6.2*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 0

PRE-OP
STAT
SPECIMEN SOURCE
(Specify)

PICCOLO
14/09/03 05:15
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-9
GENERAL CHEMISTRY 12
DISC LOT #: 3142AAA
OPER #: DR #: 000
SERIAL #: (b)(6)-4

ALB	2.0*	3.3-5.5	G/DL
ALP	99*	26-84	U/L
ALT	19	10-47	U/L
AMY	42	14-97	U/L
AST	25	11-38	U/L
TBIL	1.0	0.2-1.6	MG/DL
BUN	26*	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	170	100-200	MG/DL
CRE	1.2	0.6-1.2	MG/DL
GLU	146*	73-118	MG/DL
TP	7.1	6.4-8.1	G/DL

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

STAT EC8+
Pt: (b)(6)-9
Pt Name:
Glu 142 mg/dL
BUN 29 mg/dL
Na 153 mmol/L
K 3.7 mmol/L
Cl 116 mmol/L
TCO2 33 mmol/L
AnGap 8 mmol/L
Hct 28 %PCV
Hb 10 g/dL
*via Hct
PH 7.418
PCO2 49.4 mmHg
HCO3 32 mmol/L
BEecf 7 mmol/L

Sample Type:
14SEP03 05:15

Oper: (b)(6)-9

Physician:

Ser# (b)(6)-9

Ver: JAMS046A
CLEW A93

(b)(6)-4

ENT'S
ICU 1

HEMATOLOGY

URGENCY
 ROUTINE
 TODAY
 PRE-OP
STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 AMB
 DOM

SPECIMEN SOURCE
 VEIN
 OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2

REPORTED BY
MD DATE
TECH ASip

REMARKS
CBC, Chem8 + Chem12

TEST(S)	SPECIMEN TAKEN	TIME	PK	IN	REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	HCT	HCH	HCHC	WBC COUNT	IMMATURE	NEUTRO-	NEUTROSSES	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED RATE	PLATELET	RETICULOCYTE	CLOTTING TIME	BLEEDING	P CONTROL	T CONTROL	PATIENT	CONTROL

14-09-03 04:26
Patient Limits
WBC 20.6 H 10³/uL
RBC 3.15 L 10⁶/uL
Hgb 9.2 L g/dL
Hct 25.6 L %
HCV 94.2 fL
MCH 29.2 pg
MCHC 31.0 L g/dL
Plt 662 H 10³/uL
LYZ 17.1 uL %
LYN 3.5 W 10³/uL

MEDCOM - 16778

(b)(2) - 2

Baghdad, Iraq

Microbiology Request Form

Last Name: [redacted] (b)(6) - 4 Ward: 1CU1

First Name: ERU Room:

Patient # or SSN: [redacted] (b)(6) - 4 Bed:

Collected by: [redacted] (b)(6) - 2 Physician: [redacted] (b)(6) - 2

Date: 1 Sep 03 Source: *cast tip*

Time: 2000 Site: *RS subdom*

[redacted]

Received by: [redacted] (b)(6) - 2 (b)(6) - 2 Specimen #: ~~4009~~ 4010

Date: 2 Sep 03

Time: 0800

Laboratory Results

No growth at 24 hrs

Reported

Date: 3 Sep 03

Time: 0905

Tech: [redacted] (b)(6) - 2

Reviewer: [redacted] (b)(6) - 2 Number of attached sheets: 1

i-STAT EG7+
 Pt: (b)(6)-4
 Pt Name: _____

145 mmol/L
 K 4.1 mmol/L
 TC02 22 mmol/L
 iCa 1.14 mmol/L
 Hct _____
 Hb* 10 g/dL
 *via Hct

A: 37C
 P1 7.270
 PCO2 44.0 mmHg
 PO2 175 mmHg
 HCO3 20 mmol/L
 BEecf -7 mmol/L
 SO2* 99 %
 *calculated

Sample Type: _____
 16AUG03 13:13
 Oper: _____
 Physician: _____
 Ser# _____
 Ver: JAMS046A
 CLEW A93

PICCOLO
 05/09/03 04:49
 REFERENCE RANGE: _____
 PATIENT #: (b)(6)-4
 METILYIE 8
 DISC LOT #: 3151AA4
 OPER #: _____ DR #: 000
 SERIAL #: _____

GLU	144*	73-118	MG/DL
BUN	18	7-22	MG/DL
CRE	1.1	0.6-1.2	MG/DL
CK	335	39-380	U/L
NA+	133	128-145	MMOL/L
K+	4.6	3.3-4.7	MMOL/L
CL-	110*	98-108	MMOL/L
tCO2	18	18-33	MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 1+, ICT 0

PICCOLO
 05/09/03 04:49
 REFERENCE RANGE: _____
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: _____ DR #: 000
 SERIAL #: _____

ALB	1.5*	3.3-5.5	G/DL
ALP	134*	26-84	U/L
ALT	33	10-47	U/L
AMY	75	14-97	U/L
AST	40*	11-38	U/L
TBIL	1.2	0.2-1.6	MG/DL
BUN	19	7-22	MG/DL
CA++	8.1	8.0-10.3	MG/DL
CHOL	193	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	145*	73-118	MG/DL
TP	6.8	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 1+, ICT 0

===== PICCOLO =====
 06/09/03 04:58 MALE
 REFERENCE RANGE: (b)(6)-4
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12 3142AA4
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

ALB	1.6*	3.3-5.5	G/DL
ALP	109*	26-84	U/L
ALT	26	10-47	U/L
AMY	72	14-97	U/L
AST	33	11-38	U/L
TBIL	1.3	0.2-1.6	MG/DL
BUN	23*	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CHOL	197	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	162*	73-118	MG/DL
TP	7.0	6.4-8.1	G/DL

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

===== PICCOLO =====
 06/09/03 04:58 MALE
 REFERENCE RANGE: (b)(6)-4
 PATIENT #: (b)(6)-4
 METLYTE 8 3151AA4
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

GLU	160*	73-118	MG/DL
BUN	22	7-22	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
CK	186	39-380	U/L
NA+	148*	128-145	MMOVL
K+	4.2	3.3-4.7	MMOVL
CL-	112*	98-108	MMOVL
tCO2	22	18-33	MMOVL

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

Enter in above space (b)(6)-4		PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE ICU		SPECIMEN/LAB RPT. NO.	
REQUESTING PHYSICIAN'S SIGNATURE		REPORTED BY		MD/DATE 0900 3 SEP	
URGENCY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT		PATIENT STATUS <input checked="" type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> VEIN <input type="checkbox"/> OTHER (Specify)		AMB DOM CAP	
SPECIMEN SOURCE <input type="checkbox"/> VEIN <input type="checkbox"/> OTHER (Specify)		LAB ID. NO.		LABORATORY FILE	

PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP

HEMATOLOGY 549-107
 STANDARD LAB (REV. 7-78)
 PRESCRIBED BY GSK/MICAR
 FRMR (41-CFR) 201-45.905

MEDCOM - 16784

i-STAT G3+

Pt: (b)(6)-4
Pt Name:

TCO2 30 mmol/L

At 37C

PH 7.445

PCO2 41.7 mmHg

PO2 76 mmHg

HCO3 29 mmol/L

BEecf 5 mmol/L

S02* 96 %

*calculated

At Patient Temp

PH 7.418

PCO2 45.1 mmHg

PO2 86 mmHg

Patient Temp: 101.8F

FI02: 100

Sample Type: ART

065EP03 11:10

Oper:

Physician:

Ser#

Ver: JAMS046A
CLEW A93

VEN
10 A.M.
P.M.

REMARKS

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY

TECH

MD | DATE

LAB ID NO.

ROUTINE
 TODAY
 PRE-OP
 STAT
 OUTPATIENT
 NP
 DOM
 IAMB
 JAMB
SPECIMEN SOURCE (Specify)

PHYSICIAN'S COI

100%

101%

ABC

US 557-107

3-171
505

Pt: (b)(6)-4
Pt Name:

TCO2 30 mmol/L

At 37C

PH 7.436

PCO2 42.7 mmHg

PO2 119 mmHg

HCO3 29 mmol/L

BEecf 5 mmol/L

S02* 90 %

*calculated

At Patient Temp

PH 7.434

PCO2 42.9 mmHg

PO2 119 mmHg

Patient Temp: 98.0F

FI02: 100

Sample Type: ART

075EP00 08:26

Oper:

Physician:

Ser#

i-STAT G3+

Pt: (b)(6)-4
Pt Name:

TCO2 30 mmol/L

At 37C

PH 7.520

PCO2 30.5 mmHg

PO2 84 mmHg

HCO3 26 mmol/L

BEecf 5 mmol/L

S02* 97 %

*calculated

At Patient Temp

PH 7.512

PCO2 34.5 mmHg

PO2 86 mmHg

Patient Temp: 98.5F

FI02: 100

Sample Type: ART

075EP00 04:28

Oper:

Physician:

Ser#

Ver: JAMS046A
CLEW A93

MEDCOM - 16785

[REDACTED] (b)(6)-4

STATISTICS

TIME	REI	RD	HI	HI	...
------	-----	----	----	----	-----

HEMATOLOGY

URGENCY

ROUTINE BED OUT

TODAY NP

PRE-OP

STAT VEIN CLOTH

DATE: 9/11/03

LAB. ID

BLEEDING TIME

P	CONTROL	P	PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO
---	---------	---	---------	---------	---------	------------	-------

i-STAT G3+

Pt: [REDACTED] (b)(6)-4

Pt Name: [REDACTED]

TCO2 _____ 32 mmol/L

At 37C

PH _____ 7.496

PCO2 _____ 40.5 mmHg

PO2 _____ 112 mmHg

HC03 _____ 31 mmol/L

BEecf _____ 8 mmol/L

sO2* _____ 99 %

#calculated

[REDACTED] (b)(6)-4

ICU

HEMATOLOGY

URGENCY

ROUTINE BED OUT

TODAY NP

PRE-OP

STAT VEIN OTHER

DATE: 9/8/03

LAB. ID. NC

TECH: 240

BLEEDING TIME

P	CONTROL	P	PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO
---	---------	---	---------	---------	---------	------------	-------

Sample Type:

085EP03 04:16

er: [REDACTED]

sician: [REDACTED]

JAMS046A
CLEW A93

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

(b)(6)-4

[REDACTED]

HEMATOLOGY 549-

STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/COMR
FPMR (41 CFR) 201-45.505

PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	P CONTROL	P PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
----------------	--------------------	---------------	---------------	-----------	-----------	---------	---------	------------	-------	---------------	---------

08/09/03 04:48

INTERNL NAME: [REDACTED] MALE

PATIENT #: [REDACTED] (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 31425M

OPER #: [REDACTED] DR #: 000

SERIAL #: [REDACTED]

ALB 1.8* 3.3-5.5 G/DL

ALP 99* 26-84 U/L

ALT 25 10-47 U/L

LY 53 14-97 U/L

BT 32 11-38 U/L

BIL 1.3 0.2-1.6 MG/DL

IN 21 7-22 MG/DL

++ 8.2 8.0-10.3 MG/DL

LDL 201* 100-200 MG/DL

RE 0.8 0.6-1.2 MG/DL

U 141* 73-118 MG/DL

6.3* 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0, ICT 0

MEDCOM - 16787

===== PICCOLO =====
 08/09/03 04:48
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METELYTE 8
 DISC LOT #: 3141AA4
 OPER #: DR #: 000
 SERIAL #:

.....
 GLU 139* 73-118 MG/DL
 BUN 21 7-22 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 CK 177 39-380 U/L
 NA+ 153* 128-145 MMOL/L
 K+ 3.3 3.3-4.7 MMOL/L
 CL- 115* 98-108 MMOL/L
 tCO2 23 18-33 MMOL/L

II QC: OK CHEM QC: OK
 HI 0; LIP 1+, ICT 0
 MEDCOM - 16788

TC02 25 MMOL/L
 AT 37C
 PH 7.373
 PCO2 40.5 MMHG
 PO2 90 MMHG
 HCO3 24 MMOL/L
 BEecf -2 MMOL/L
 S02* 97%
 *calculated

Sample Type: 04SEP03 08:41
 Oper: [REDACTED]
 Physician: [REDACTED]
 Ser# [REDACTED]
 Ver: JAMS046R
 CLEM RPS

(b)(6)-f

ICU

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REORDERING PHYSICIAN'S SIGNATURE (b)(6)-z

REPORTED BY MD DATE 9/8/03

TECH 0400

LAB. ID. NO.

PATIENTS MED. REC

ROUTINE TODAY PRE-OP STAT DEL OUTPATIENT NP DOM SPECIMEN SOURCE BLOOD OTHER (Specify)

Chem 12, lytes. 0400

TEST	RESULT	UNIT	REF RANGE
GLU	139*	MG/DL	73-118
BUN	21	MG/DL	7-22
CRE	0.9	MG/DL	0.6-1.2
CK	177	U/L	39-380
NA+	153*	MMOL/L	128-145
K+	3.3	MMOL/L	3.3-4.7
CL-	115*	MMOL/L	98-108
tCO2	23	MMOL/L	18-33

PICCOLO
 09/09/03 05:04
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3141AA4
 OPER #: DR #: 000
 SERIAL #:

ID: (b)(6)-4 24-09-03
 WB 03:56
 Patient
 Limits
 WBC 10.9 H $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 2.82 L $\times 10^6/\mu\text{L}$ 4.00 6.00
 Hgb 7.9 L g/dL 11.0 18.0
 Hct 25.2 L % 35.0 60.0
 MCV 89.3 fL 80.0 99.9
 MCH 28.9 pg 27.0 31.0
 MCHC 31.3 L g/dL 33.0 37.0
 Plt 535. H $\times 10^3/\mu\text{L}$ 150. 450.
 LY% 20.1 %L % 20.5 51.1
 LY# 2.2 * $\times 10^3/\mu\text{L}$ 1.2 3.4

.....
 GLU 147* 73-118 MG/DL
 BUN 15 7-22 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 CK 161 39-380 U/L
 NA+ 152* 128-145 MMOL/L
 K+ 2.8* 3.3-4.7 MMOL/L
 CL- 115* 98-108 MMOL/L
 tCO2 25 18-33 MMOL/L

INSI GC: OK CHEM GC: OK
 -EM 0, LIP 1+, ICT 0

ID: (b)(6)-4 19-09-03
 WB 04:37
 Patient
 Limits
 WBC 12.8 H $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 3.00 L $\times 10^6/\mu\text{L}$ 4.00 6.00
 Hgb 8.7 L g/dL 11.0 18.0
 Hct 27.3 L % 35.0 60.0
 MCV 91.1 fL 80.0 99.9
 MCH 28.9 pg 27.0 31.0
 MCHC 31.7 L g/dL 33.0 37.0
 Plt 504. H $\times 10^3/\mu\text{L}$ 150. 450.
 LY% 24.6 * % 20.5 51.1
 LY# 3.1 * $\times 10^3/\mu\text{L}$ 1.2 3.4

TEST(S) CBC	
SPECIMEN TAKEN	
DATE 9 SEP	TIME 6400 A.M. P.M.
RESULTS	REQUESTED (X)
	<input type="checkbox"/> RBC COUNT
	<input type="checkbox"/> HEMOGLOBIN
	<input type="checkbox"/> HEMATOCRIT
	<input type="checkbox"/> MCV
	<input type="checkbox"/> MCH
	<input type="checkbox"/> MCHC
	<input type="checkbox"/> WBC COUNT
	<input type="checkbox"/> IMMATURE NEUTROBANDS
	<input type="checkbox"/> NEUTROSEGGS
	<input type="checkbox"/> LYMPHS
	<input type="checkbox"/> EOSINOPHILS
	<input type="checkbox"/> BASOPHILS
	<input type="checkbox"/> MONOCYTES
	<input type="checkbox"/> PLATELETS
	<input type="checkbox"/> RBC
	<input type="checkbox"/> SED RATE
	<input type="checkbox"/> PLATELET COUNT
	<input type="checkbox"/> RETICULOCYTE COUNT
	<input type="checkbox"/> CLOTTING TIME
	<input type="checkbox"/> BLEEDING TIME
	<input type="checkbox"/> P CONTROL PATIENT
	<input type="checkbox"/> T CONTROL PATIENT
	<input type="checkbox"/> % ACTIVITY
	<input type="checkbox"/> RATIO
	<input type="checkbox"/> SICKLING TEST
	<input type="checkbox"/> LE PREP

REMARKS
CBC

Enter in above space
 REQUESTING PHYSICIAN'S SIGNATURE
 (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REPORTED BY
 M/D DATE
9 SEP

TECH
ICU 1

HEMATOLOGY
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT ST.
 BED
 OUTPATIENT
 DOAM
 AMB

SPECIMEN SOURCE
 VEIN
 CAP
 OTHER (Specify)
Arterial

L.A.B. ID. NO.

LAB. ID. NO.

(b)(6)-4

(b)(6)-4

HEMATOLOGY
 STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY GSA/ICMR
 FPMR (41-CFR) 201-45 505

549-107

PATIENT'S MED. RECORD

LABORATORY REPORT DISPLAY

TEST(S)		SPECIMEN TAKEN		
DATE	TIME	A.M.	P.M.	(X)
RESULTS	REQUESTED			
	GLUCOSE			
	UREA N.			
	CREATININE			
	URIC ACID			
	SODIUM			
	POTASSIUM			
	CHLORIDE			
	CO ₂			
	PHOSPHATE			
	CALCIUM			
	TOTAL PROTEIN			
	ALBUMIN			
	GLOBULIN			
	ALKALINE PHOSPHATASE			
	ACID PHOSPHATASE			
	SGOT			
	LDH			
	CPK			
	BILIRUBIN (TOTAL)			
	BILIRUBIN (DIRECT)			
	CHOLESTEROL			
	TRIGLYCERIDES			
	AMYLASE			
	LIPASE			
	PROFILE (Specify)			

REMARKS: DR [REDACTED] (b)(6)-4
 CH8, CH12
 EPW
 (b)(6)-4

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REPORTED BY
 MD DATE 12 Sep
 TECH
 LAB. ID. NO.

CHEM I
 URGENCY: STAT PRE-OP TODAY ROUTINE

PATIENT STATUS
 BED OUTPATIENT DOM AMB

SPECIMEN SOURCE
 BLOOD OTHER (Specify)

PLCCOLO
 12/09/03 05:04
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (b)(6)-4
 GENERAL CHEMISTRY P2
 DISC LOT #: 3142AA4
 OPER #: [REDACTED] DR #: 600
 SERIAL #: [REDACTED]

AIB	2.1*	3.3-5.5	G/DL
ALP	82	26-84	U/L
ALT	20	10-47	U/L
AMY	45	14-97	U/L
AST	28	11-38	U/L
TBIL	1.1	0.2-1.6	MG/DL
BUN	17	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CHOL	152	100-200	MG/DL
CRE	0.7	0.6-1.2	MG/DL
GLU	135*	73-118	MG/DL
TP	7.0	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 0

CHEMISTRY I 544
 STANDARD FORM 545 (Rev. 6-77)
 PRESCRIBED BY GSA ICMR
 FIRM (41 CFR) 201-45.505

CHEMISTRY I 546-107
 STANDARD FORM 546 (Rev. 8-77)
 PRESCRIBED BY GSA ICMR
 FIRM (41 CFR) 201-45.505

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

[REDACTED]
 (b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

<input checked="" type="checkbox"/> MOUNTED ON STRIPS 1 THROUGH 7	<input type="checkbox"/> MOUNTED ON STRIPS 1, 3, 5, AND 7
<input checked="" type="checkbox"/> CHEMISTRY I (SF 546)	<input type="checkbox"/> PARASITOLOGY (SF 552)
<input type="checkbox"/> CHEMISTRY II (SF 547)	<input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)
<input type="checkbox"/> CHEMISTRY III (SF 548)	<input type="checkbox"/> ASSORTED FORMS
<input checked="" type="checkbox"/> HEMATOLOGY (SF 549)	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> URINALYSIS (SF 550)	MOUNTED ON STRIPS 1, 4, AND 7
<input type="checkbox"/> SEROLOGY (SF 551)	<input type="checkbox"/> MICROBIOLOGY I (SF 553)
<input type="checkbox"/> SPINAL FLUID (SF 555)	<input type="checkbox"/> MICROBIOLOGY II (SF 554)
	<input type="checkbox"/> MISCELLANEOUS (SF 557)
	<input type="checkbox"/> ASSORTED FORMS

12 SEP 03
 MEDCOM - 16793

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY MD DATE

(b)(6)-2
 (b)(6)-4
 (b)(6)-4

===== PICCOLO =====
 16/09/03 05:30
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3151AA4
 OPER #: DR #: 000
 SERIAL #:

GLU	153*	73-118	MG/DL
BUN	23*	7-22	MG/DL
CRE	1.1	0.6-1.2	MG/DL
CK	62	39-380	U/L
NA+	129	128-145	MMOVL
K+	4.3	3.3-4.7	MMOVL
CL-	108	98-108	MMOVL
tCO2	21	18-33	MMOVL

INST QC: OK CHEM QC: OK
 HEM 0 ; LIP 1+, ICT 0

CHEM I
 URGENCY
 ROUTINE
 TODAY

PATIENT STATUS
 BED
 OUTPATIENT
 AMB
 DOM

SPECIMEN/LAB. RPT. NO.
 LAB. ID. NO.

CHEM STANDARD PRESCRIBE FIRM (41)

(b)(6)-4

16-09-03 05:31
 Patient Limits

WBC	14.0 H	x10 ³ /uL	4.5 10.5
RBC	3.21 L	x10 ⁶ /uL	4.00 6.00
Hgb	9.1 L	g/dL	11.0 18.0
Hct	29.7 L	%	35.0 60.0
MCV	92.4	fL	80.0 99.9
MCH	28.4	pg	27.0 31.0
MCHC	30.7 L	g/dL	33.0 37.0
Plt	554. H	x10 ³ /uL	150. 450.
LYZ	20.9 *	%	20.5 51.1
LWV	2.9 *	x10 ³ /uL	1.2 3.4

HEMATOLOGY
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 AMB
 DOM

SPECIMEN SOURCE
 VEIN
 OTHER (Specify)

SPECIMEN/LAB RPT. NO.
 LAB. ID. NO.

MD DATE 11/6/03

HEMATOLOGY 549-107
 STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY GSA/CAR
 FIRM (41-CFR) 201-45 505

MEDCOM - 16794

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	TIME	P.M.
16/09/03	05:29	04:45	
RESULTS	REQUESTED	(X)	
	GLUCOSE		
	UREA N.		
	CREATININE		
	URIC ACID		
	SODIUM		
	POTASSIUM		
	CHLORIDE		
	CO ₂		
	PHOSPHATE		
	CALCIUM		
	TOTAL PROTEIN		
	ALBUMIN		
	GLOBULIN		
	ALKALINE PHOSPHATASE		
	ACID PHOSPHATASE		
	SGOT		
	LDH		
	CPK		
	BILIRUBIN (TOTAL)		
	BILIRUBIN (DIRECT)		
	CHOLESTEROL		
	TRIGLYCERIDES		
	AMYLASE		
	LIPASE		
	PROFILE (Specify)		

Enter in above space
 REQUESTING PHYSICIAN'S SIGNATURE
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REPORTED BY
 MID DATE
 LAB. ID. NO.
 OTHER (Specify)

===== PICCOLO =====
 22/09/03 05:23
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3141AA4
 OPER #: DR #: 000
 SERIAL #: [REDACTED]

GLU	124*	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	45	39-380	U/L
K+	146*	128-145	MMO/L
Ca ⁺⁺	4.2	3.3-4.7	MMO/L
Cl-	105	98-108	MMO/L
CO ₂	25	18-33	MMO/L

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

CHEM 1
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 DOM

SPECIMEN SOURCE
 BLOOD
 OTHER (Specify)

SPECIMEN/LAB. RPT. NO.
 LABORATORY FILE

===== PICCOLO =====
 16/09/03 05:29 MALE
 REFERENCE RANGE: (b)(6)-4
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AAA
 OPER #: DR #: 000
 SERIAL #: [REDACTED]

ALB	1.9*	3.3-5.5	G/DL
ALP	103*	26-84	U/L
ALT	25	10-47	U/L
AMY	36	14-97	U/L
AST	25	11-38	U/L
TBIL	1.0	0.2-1.6	MG/DL
BUN	26*	7-22	MG/DL
CA ⁺⁺	8.5	8.0-10.3	MG/DL
CHOL	143	100-200	MG/DL
CRE	1.2	0.6-1.2	MG/DL
GLU	156*	73-118	MG/DL
TP	7.6	6.4-8.1	G/DL

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

MEDCOM - 16795

STANDARD FORM 56 (Rev. 8-77)
 PRESCRIBED BY GSA/ICMR
 FIRM (41 CFR) 201-45.505

546-107

CHEMISTRY I

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.
RESULTS	REQUESTED	NO			
	GLUCOSE				
	UREA N				
	CREATININE				
	URIC ACID				
	SODIUM				
	POTASSIUM				
	CHLORIDE				
	CO ₂				
	PHOSPHATE				
	CALCIUM				
	TOTAL PROTEIN				
	ALBUMIN				
	GLOBULIN				
	ALKALINE PHOSPHATASE				
	ACID PHOSPHATASE				
	SGOT				
	LDH				
	CRK				
	BILIRUBIN (TOTAL)				
	BILIRUBIN (DIRECT)				
	CHOLESTEROL				
	TRIGLYCERIDES				
	AMYLASE				
	LIPASE				
	PROFILE (Specify)				

REMARKS: Chem & Chem 2

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-4

REPORTED BY: (b)(6)-4

MD DATE: 11/20/03

TECH: 11/20/03

LABORATORY: STAT PRE-OP NP DOM SPECIMEN SOURCE: BLOOD OTHER (Specify)

Lab. ID. NO. 0105

===== PICCOLLO =====
 18/09/03 04:15
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 BASIC METABOLIC
 DISC LOT #:
 OPER #: 3145AA4
 SERIAL #: DR #: (b)(6)-4

GLU 176* 73-118 MG/DL
 BUN 19 7-22 MG/DL
 CA++ 8.8 8.0-10.3 MG/DL
 CRE 1.2 0.6-1.2 MS/DL
 NA+ 135 128-145 MMOL
 K+ 3.7 3.3-4.7 MMOL
 CL- 104 98-108 MMOL
 tCO2 23 18-33 MMOL

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

===== PICCOLLO =====
 18/09/03 04:15
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #:
 OPER #: 3142AA4
 SERIAL #: DR #: 000

ALB 2.1* 3.3-5.5 G/DL
 ALP 91* 26-84 U/L
 ALT 14 10-47 U/L
 AMY 24 14-97 U/L
 AST 28 11-38 U/L
 TBIL 0.9 0.2-1.6 U/L
 BUN 20 7-22 MG/DL
 CA++ 8.7 8.0-10.3 MG/DL
 CHOL 145 100-200 MG/DL
 CRE 1.0 0.6-1.2 MG/DL
 GLU 180* 73-118 MS/DL
 TP 7.3 6.4-8.1 G/DL

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

MEDCOM - 16796

LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
20 SEP	0420	P.M.
RESULTS	REQUESTED	(X)

REMARKS
[REDACTED]
(b)(6)-2

REQUESTING PHYSICIAN
[REDACTED]

[REDACTED]
(b)(6)-4

DATE
20/09/03

===== PICCOLO =====
20/09/03 05:21
REFERENCE RANGE: MALE
PATIENT #: [REDACTED] (b)(6)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
OPER #: [REDACTED] DR #: 000
SERIAL #: [REDACTED]

[REDACTED]
(b)(6)-4

GLU	119*	73-118	MG/DL
BUN	15	7-22	MG/DL
CA++	8.7	8.0-10.3	MG/DL
CRE	1.3*	0.6-1.2	MG/DL
NA+	140	128-145	MMOUL
K+	4.1	3.3-4.7	MMOUL
CL-	103	98-108	MMOUL
tCO2	24	18-33	MMOUL

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

ID: [REDACTED] WB

20-09-03 05:15
Patient Limits

WBC	12.0 H	$\times 10^3/\mu L$	4.5	10.5
RBC	3.17 L	$\times 10^6/\mu L$	4.00	6.00
Hgb	9.2 L	g/dL	11.0	18.0
Hct	28.8 L	%	35.0	60.0
MCV	90.7	fL	80.0	99.9
MCH	28.9	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
Plt	578. H	$\times 10^3/\mu L$	150.	450.
LYZ	31.5 *	%	20.5	51.1
LYW	3.8 #H	$\times 10^3/\mu L$	1.2	3.4

TREATING FACILITY - WARD NO. - DATE

1001

RATIO	
SICKLING TEST	
LE PREP	

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRMR (41-CFR) 201-45 505

<input type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> TODAY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> URGENCY	<input type="checkbox"/> NP <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOOM <input type="checkbox"/> CAP <input checked="" type="checkbox"/> VEIN <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> AMB <input type="checkbox"/> DOOM	<input type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> TODAY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> URGENCY
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<input type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> TODAY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> URGENCY	<input type="checkbox"/> NP <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOOM <input checked="" type="checkbox"/> VEIN <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> AMB <input type="checkbox"/> DOOM	<input type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> TODAY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> URGENCY
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LABORATORY FILE

ALIGN ALL LABORATORY REP.

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

[REDACTED]

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)		
MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7	
<input type="checkbox"/> CHEMISTRY I (SF 546) <input type="checkbox"/> CHEMISTRY II (SF 547) <input type="checkbox"/> CHEMISTRY III (SF 548) <input type="checkbox"/> HEMATOLOGY (SF 549) <input type="checkbox"/> URINALYSIS (SF 550) <input type="checkbox"/> SEROLOGY (SF 551) <input type="checkbox"/> SPINAL FLUID (SF 555)	<input type="checkbox"/> PARASITOLOGY (SF 552) <input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556) <input type="checkbox"/> ASSORTED FORMS <input type="checkbox"/> OTHER (Specify) <hr/> <th>MOUNTED ON STRIPS 1, 4, AND 7</th>	MOUNTED ON STRIPS 1, 4, AND 7
	<input type="checkbox"/> MICROBIOLOGY I (SF 553) <input type="checkbox"/> MICROBIOLOGY II (SF 554) <input type="checkbox"/> MISCELLANEOUS (SF 557) <input type="checkbox"/> ASSORTED FORMS	

PRESCRIBE BY GSA/ICMR
MR (41-CFR) 201-45,505

LABORATORY REPORT DISPLAY

MEDCOM - 16797

TEST(S)
SPECIMEN TAKEN

REMARKS
DR [REDACTED]
CBC
[REDACTED]

(b)(6)-4

Enter in above space PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
M/D DATE

ID: [REDACTED] 22-09-03
WB [REDACTED] 05:22
Patient Limits
WBC 10.7 H $\times 10^3/\mu\text{L}$ 4.5 10.5
RBC 3.01 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 8.5 L g/dL 11.0 18.0
Hct 27.6 L % 33.0 60.0
MCV 91.7 fL 80.0 99.9
MCH 28.2 pg 27.0 31.0
MCHC 30.7 L g/dL 33.0 37.0
Plt 328. H $\times 10^3/\mu\text{L}$ 150. 450.
LYZ 27.6 * Z 20.5 51.1
LYM 3.0 * $\times 10^3/\mu\text{L}$ 1.2 3.4

===== PICCOLO =====
09/09/03 05:17
REFERENCE RANGE: MALE
PATIENT #: [REDACTED] (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [REDACTED] DR #: 000
SERIAL #: [REDACTED]

ALB 1.9* 3.3-5.5 G/DL
ALP 101* 26-84 U/L
ALT 25 10-47 U/L
AMY 56 14-97 U/L
AST 35 11-38 U/L
TBIL 1.3 0.2-1.6 MG/DL
BUN 15 7-22 MG/DL
CA++ 8.3 8.0-10.3 MG/DL
CHOL 195 100-200 MG/DL
CRE 1.1 0.6-1.2 MG/DL
GLU 151* 73-118 MG/DL
TP 6.5 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0, ICT 0

PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
LE PREP	

HEMATOLOGY	URGENCY	PATIENT STATUS
	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	
	<input type="checkbox"/> CAP <input type="checkbox"/> VEN <input type="checkbox"/> OTHER (Specify)	SPECIMEN SOURCE

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRM (41-CFR) 201-45 505

LABORATORY FILE

LABORATORY REPORT DISPLAY

TEST(S) SPECIMEN TAKEN		DATE 10 SEP		TIME 0305		A.M. P.M.	
REQUESTED		ABG					
RESULTS							
TEST(S) SPECIMEN TAKEN		DATE 10 SEP		TIME 0305		A.M. P.M.	
REQUESTED		Chem 8 Chem 12					
GLUCOSE		UREA N.		CREATININE		URIC ACID	
SODIUM		POTASSIUM		CHLORIDE		CO ₂	
PHOSPHATE		CALCIUM		TOTAL PROTEIN		ALBUMIN	
GLOBULIN		ALKALINE PHOSPHATASE		ACID PHOSPHATASE		SGOT	
LDH		CPK		BILIRUBIN (TOTAL)		BILIRUBIN (DIRECT)	
CHOLESTEROL		TRIGLYCERIDES		AMYLASE		LIPASE	
PROFILE (Specify)							
PATIENT		CONTROL		PATIENT		% ACTIVITY	
RATIO		SICKLING TEST		LE PREP			
HEMATOLOGY 549		CHEMISTRY I 546-107					
STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRM (41 CFR) 201-45.505		STANDARD FORM 546 (Rev. 8-77) PRESCRIBED BY GSA/ICMR FIRM (41 CFR) 201-45.505					

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
TECH
MD
DATE
LAB. ID. NO.

REMARKS
Chem 8 Chem 12

CHEN 1
URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOMA

SPECIMEN SOURCE
 BLOOD
 OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

(b)(6)-4

(b)(6)-2

PRESSURE MUST BE APPLIED TO ATTACH LABORATORY REPORTS

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)	
<p>MOUNTED ON STRIPS 1 THROUGH 7</p> <p><input type="checkbox"/> CHEMISTRY I (SF 546)</p> <p><input type="checkbox"/> CHEMISTRY II (SF 547)</p> <p><input type="checkbox"/> CHEMISTRY III (SF 548)</p> <p><input type="checkbox"/> HEMATOLOGY (SF 549)</p> <p><input type="checkbox"/> URINALYSIS (SF 550)</p> <p><input type="checkbox"/> SEROLOGY (SF 551)</p> <p><input type="checkbox"/> SPINAL FLUID (SF 555)</p>	<p>MOUNTED ON STRIPS 1, 3, 5, AND 7</p> <p><input type="checkbox"/> PARASITOLOGY (SF 552)</p> <p><input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)</p> <p><input type="checkbox"/> ASSORTED FORMS</p> <p><input type="checkbox"/> OTHER (Specify)</p> <hr/> <p>MOUNTED ON STRIPS 1, 4, AND 7</p> <p><input type="checkbox"/> MICROBIOLOGY I (SF 553)</p> <p><input type="checkbox"/> MICROBIOLOGY II (SF 554)</p> <p><input type="checkbox"/> MISCELLANEOUS (SF 557)</p> <p><input type="checkbox"/> ASSORTED FORMS</p>

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45, 505

LABORATORY REPORT
DISPLAY

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:

i-STAT

(Piccolo) Metabolic Panel

===== PICCOLO =====
 10/09/03 03:21
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: DR #: 000
 SERIAL #:

===== PICCOLO =====
 10/09/03 03:21
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AA4
 OPER #: DR #: 000
 SERIAL #:

GLU	140*	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
CK	134	39-380	U/L
NA+	146*	128-145	MMO/L
K+	3.3	3.3-4.7	MMO/L
CL-	109*	98-108	MMO/L
tCO2	23	18-33	MMO/L

ALB	2.0*	3.3-5.5	G/DL
ALP	85*	26-84	U/L
ALT	22	10-47	U/L
AMY	60	14-97	U/L
AST	30	11-38	U/L
TBIL	1.2	0.2-1.6	MG/DL
BUN	13	7-22	MG/DL
CA++	8.1	8.0-10.3	MG/DL
CHOL	145	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	142*	73-118	MG/DL
TP	6.2*	6.4-8.1	G/DL

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

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 0

i-STAT G3+
 Pt: (b)(6)-4
 Pt Name:

TCO2 _____ 35 mmol/L
 At 37C
 PH _____ 7.510
 PCO2 _____ 42.7 mmHg
 PO2 _____ 86 mmHg
 HCO3 _____ 34 mmol/L
 BEecf _____ 11 mmol/L
 SO2* _____ 97 %
 *calculated

At Patient Temp
 PH _____ 7.507
 PCO2 _____ 43.1 mmHg
 PO2 _____ 87 mmHg
 Patient Temp: 99.0F
 FIO2 _____ : 35
 Sample Type:

10SEP03 03:16

Oper: [Redacted]

Physician: _____

Ser# [Redacted]

Ver: JAMS046A
 CLEW A93

REPORTED BY:	DATE:	LAB ID NO.:
--------------	-------	-------------

LABORATORY REPORT DISPLAY

PICCOLO
 11/09/03 04:56
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3141AAA
 OPER #: DR #: 000
 SERIAL #:

GLU	134*	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	132	39-380	U/L
NA+	154*	128-145	MMO/L
K+	3.1*	3.3-4.7	MMO/L
CL-	113*	98-108	MMO/L
tCO2	27	18-33	MMO/L

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

PICCOLO
 11/09/03 04:56
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AAA
 OPER #: DR #: 000
 SERIAL #:

ALB	2.1*	3.3-5.5	G/DL
ALP	98*	26-84	U/L
ALT	22	10-47	U/L
AMY	102*	14-97	U/L
AST	31	11-38	U/L
TBIL	1.2	0.2-1.6	MG/DL
BUN	12	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	209*	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	137*	73-118	MG/DL
TP	6.7	6.4-8.1	G/DL

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

EPW
 (b)(6)-4

TRIGLYCERIDES	
AMYLASE	
LIPASE	
PROFILE (Specify)	

CHEMISTRY I 546-
 STANDARD FORM 545 (Rev. 6-77)
 PRESCRIBED BY GSA/ICMR
 FIRM (41 CFR) 201-45.505

CHEM 1

URGENCY
 ROUTINE
 TODAY
 PRE-OP

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM

SPECIMEN SOURCE

AMB
 DOM

T'S MED. RECORD

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

<input checked="" type="checkbox"/> MOUNTED ON STRIPS 1 THROUGH 7	<input type="checkbox"/> MOUNTED ON STRIPS 1, 3, 5, AND 7
<input checked="" type="checkbox"/> CHEMISTRY I (SF 546)	<input type="checkbox"/> PARASITLOGY (SF 552)
<input type="checkbox"/> CHEMISTRY II (SF 547)	<input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)
<input type="checkbox"/> CHEMISTRY III (SF 548)	<input type="checkbox"/> ASSORTED FORMS
<input checked="" type="checkbox"/> HEMATOLOGY (SF 549)	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> URINALYSIS (SF 550)	MOUNTED ON STRIPS 1, 4, AND 7
<input type="checkbox"/> SEROLOGY (SF 551)	<input type="checkbox"/> MICROBIOLOGY I (SF 553)
<input type="checkbox"/> SPINAL FLUID (SF 555)	<input type="checkbox"/> MICROBIOLOGY II (SF 554)
	<input type="checkbox"/> MISCELLANEOUS (SF 557)
	<input type="checkbox"/> ASSORTED FORMS

Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-45, 505

LABORATORY REPORT
 DISPLAY

GOVERNMENT PRINTING OFFICE 1990 267-126

MEDCOM - 16801

Ward/Section: CUI		ID: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. # (b)(6)-4		DATE: 15 Sept 03	TIME: 0400	SSN/PSID/DC SSN: (b)(6)-4	
(G-STAT)			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE			RESULT REF. RANGE
Na		138-146 mmol/L	===== PICCOLO =====		73-118 mg/dl
K		3.5-4.9 mmol/L	15/09/03	07:50	7-22 mg/dl
Cl		98-109 mmol/L	REFERENCE RANGE:	MALE	8.0-10.3 mg/dl
pH		7.31-7.45	PATIENT #:	(b)(6)-4	0.6-2.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	GENERAL CHEMISTRY 12		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	DISC LOT #:	3204AA4	3.3-4.5 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	OPER #:	(b)(6)-4	98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	SERIAL #:	(b)(6)-4	18-33 mmol/l
sO2		95-98%	ALB 1.9*	3.3-5.5 G/DL	
BEecf		(-2) - (+3) mmol/L	ALP 83	26-84 U/L	(Piccolo) Liver Panel Plus
AnGap		10-20 mmol/L	ALT 15	10-47 U/L	RESULT REF. RANGE
Ca		1.12-1.32 mmol/L	AMY 36	14-97 U/L	3.3-5.5 g/dl
BUN		8-26 mg/dl	AST 24	11-38 U/L	26-84 w/l
GLU		70-105 mg/dl	TBIL 1.0	0.2-1.6 MG/DL	10-47 w/l
Creat		0.7-1.5 mg/dl	BUN 26*	7-22 MG/DL	14-97 w/l
Hct		38-51% PCV	CA++ 8.6	8.0-10.3 MG/DL	11-38 w/l
Hgb		12-17 g/dl	CHOL 146	100-200 MG/DL	0.2-1.6 mg/dl
Misc. Chemistry			CRE 1.0	0.6-1.2 MG/DL	5-65 w/l
TEST	RESULT	REF. RANGE	GLU 148*	73-118 MG/DL	5.4-8.1 g/dl
Troponin-I			TP 7.1	6.4-8.1 G/DL	
Drug of Abuse			INST QC: OK CHEM QC: OK		(Piccolo) Electrolyte
			HEM 0, LIP 0, ICT 0		RESULT REF. RANGE
REMARKS: Chem 8					128-145 mmol/l
REPORTED BY:	(b)(6)-2	DATE:	9-15-03	LAB ID NO.:	3.3-4.7 mmol/l
					98-108 mmol/l
					18-33 mmol/l

MEDCOM - 16803

Ward/Section: ICU 1		REQUESTING PHYSICIAN: (b)(6) - 2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. EDW (b)(6) - 4		DATE 12SEP03	TIME 0445	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		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			
			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						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

(b)(6) - 4
 ID# [redacted] 17-09-03
 WB [redacted] 04:55
 Patient Limits
 WBC 12.1 H x10³/uL 4.5 10.5
 RBC 2.87 L x10⁶/uL 4.00 6.00
 Hgb 8.2 L g/dL 11.0 18.0
 Hct 26.2 L % 35.0 60.0
 MCV 91.2 fL 80.0 99.9
 MCH 28.5 pg 27.0 31.0
 MCHC 31.3 L g/dL 33.0 37.0
 Plt 570. H x10³/uL 150. 450.
 LY% 30.4 * % 20.5 51.1
 LY# 3.7 * x10³/uL 1.2 3.4

Microbiology Report

Name: (b)(6) - 4 Specimen: W004 Status: Final
 Patient ID: (b)(6) - 4 Source: Wound/Sterile site Collected:
 Ward/Rm: U17 Ward of Iso: Attd. Phys:

1 Pseudomonas aeruginosa Status: Final
 2 Stenotrophomonas (X.) maltophilia Status: Final

1 P. aeruginosa			2 S. maltophilia		
Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8		Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8		Amp/Sulbactam (c)	>16/8	
Ampicillin	>16		Ampicillin	>16	
Aztreonam	16	I	Aztreonam	>16	R
Cefazolin	>16		Cefazolin	>16	
Cefepime	>16	R	Cefepime	16	I
Cefotaxime (c)	>32	R	Cefotaxime (c)	>32	R
Cefotetan	>32		Cefotetan	<=16	
Cefoxitin	>16		Cefoxitin	>16	
Ceftazidime (a)	>16	R	Ceftazidime (a)	>16	R
Ceftriaxone (c)	>32	R	Ceftriaxone (c)	>32	R
Cefuroxime (b)	>16		Cefuroxime (b)	>16	
Cephalothin	>16		Cephalothin	>16	
Chloramphenicol	>16		Chloramphenicol	16	I
Ciprofloxacin	>2	R	Ciprofloxacin	>2	R
ESBL-a Scrn	>4		ESBL-a Scrn	>4	
ESBL-b Scrn	>1		ESBL-b Scrn	>1	
Gentamicin	>8	R	Gatifloxacin	<=2	
Imipenem (c)	<=4	S	Gentamicin	>8	R
Levofloxacin	>4	R	Imipenem (c)	>8	R
Meropenem (c)	<=4	S	Levofloxacin	<=2	S
Nitrofurantoin	>64		Meropenem (c)	>8	R
Norfloxacin	>8		Moxifloxacin	<=2	
Pip/Tazo (d)	>64	R	Nitrofurantoin	>64	
Piperacillin (a)	>64	R	Norfloxacin	>8	
Tetracycline	>8		Tetracycline	8	I
Ticar/K Clav (a)	>64	R	Ticar/K Clav (a)	>64	R
Tobramycin	<=4	S	Tobramycin	>8	R
Trimeth/Sulfa	>2/38		Trimeth/Sulfa	>2/38	R

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive
 MIC = mcg/ml (mg/L)

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
 (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (S=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
 (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
 (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
 For S. pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: (b)(6) - 4 Specimen: W004 Status: Final
 Patient ID: (b)(6) - 4 Source: Wound/Sterile site Collected:
 Ward/Rm: U17 Ward of Iso: Req. Phys: (b)(6) - 2

Microbiology Report

Name: (b)(6)-4 Specimen: W004 Status: Final
 Patient ID: (b)(6)-4 Source: Wound/Sterile site Collected:
 Ward/Rm: U1/ Ward of Iso: Attd. Phys:

2 Stenotrophomonas (X.) maltophilia Status: Final

2 S. maltophilia

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8				
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	16	I			
Cefotaxime (c)	>32	R			
Cefotetan	<=16				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	16	I			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	<=2				
Gentamicin	>8	R			
Imipenem (c)	>8	R			
Levofloxacin	<=2	S			
Meropenem (c)	>8	R			
Moxifloxacin	<=2				
Nitrofurantoin	>64				
Norfloxacin	>8				
Tetracycline	8	I			
Ticar/K Clav (a)	>64	R			
Tobramycin	>8	R			
Trimeth/Sulfa	>2/38	R			

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive
 MIC = mcg/ml (mg/L)

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs.
 Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
 For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: (b)(6)-4 Specimen: W004 Status: Final
 Patient ID: (b)(6)-4 Source: Wound/Sterile site Collected:
 Ward/Rm: U1/ Ward of Iso: Attd. Phys: (b)(6)-2

Printed 05-Sep-03 08:26:21

Page 1 of 1

Tech: (b)(6)-2

MEDCOM - 16807

Ward/Section: ICU	TESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: (b)(6)-4	DATE: 1/25/05	TIME: 09:05	SSN/PSEUDO SSN: (b)(6)-4
(Hematology) CBC		Micro Serology	
TEST	RESULT	REF RANGE	TEST RESULT REF RANGE

Color		N/A	RPR		Negative
App		N/A	Microbiology		
Glu		Negative	Source		
Bili		Negative	Gram Stain		
Ket		Negative	O & P		
SG		N/A	Occ Bld		Negative
Bld		Negative	H. pylori		Negative
pH		N/A	Micro Parasites		
Prot		Negative	Malaria		
Urob		0.2-1.0	Other		
Nit		Negative	Microscopic Urinalysis		
Leuk		Negative			
HCG		Negative			

(b)(6)-4
 ID: [redacted] 18-09-03
 WB: [redacted] 04:17
 Patient Limits
 WBC 12.3 H x10³/uL 4.5 10.5
 RBC 2.85 L x10⁶/uL 4.00 6.00
 Hgb 8.1 L g/dL 11.0 18.0
 Hct 26.1 L % 35.0 60.0
 MCV 91.3 fL 80.0 99.9
 MCH 28.4 pg 27.0 31.0
 MCHC 31.1 L g/dL 33.0 37.0
 Plt 524. H x10³/uL 150. 450.
 LY% 20.6 * % 20.5 51.1
 LY# 2.5 * x10³/uL 1.2 3.4

Hematocrit	2-52% (M) 37-47% (F)	CSF	Blood Bank
Set Rate		Cell Count	MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED
Other		Directigen	Negative ABO/Rh

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

REMARKS:

REPORTED BY: **DA** MEDCOM - 16808 NO.:

LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
19/09/03	05:00	
REFERENCE RANGE:	MALE	
PATIENT #:	(b)(6)-4	
METLYTE 8		
DISC LOT #:	3141AA4	
OPER #:	DR #: 000	
SERIAL #:		

GLU	119*	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	48	39-380	U/L
NA+	134	128-145	MMO/L
K+	4.0	3.3-4.7	MMO/L
CL-	105	98-108	MMO/L
tCO2	24	18-33	MMO/L

INST QC: OK CHEM QC: OK
HEM 0, LIP 1+, ICT 0

REMARKS: (b)(6)-2

Enter in above space REQUESTING PHY

TREATING FACILITY—WARD NO.—DATE

LAB. ID. NO.

PICCOLO

09/24/03 04:25 AM

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

BASIC METABOLIC

DISC LOT #: 3203AA4

OPER #: DR #: 000

SERIAL #:

GLU	116	73-118	MG/DL
BUN	13	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
NA+	135	128-145	MMO/L
K+	4.2	3.3-4.7	MMO/L
CL-	107	98-108	MMO/L
tCO2	21	18-33	MMO/L

INST QC: OK CHEM QC: OK
HEM 0, LIP 1+, ICT 0

Chemistry on back

PRESSURE MUST BE APPLIED TO ATTACH LABORATORY REPORTS

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
<input type="checkbox"/> CHEMISTRY I (SF 546)	<input type="checkbox"/> PARASITOLOGY (SF 552)
<input type="checkbox"/> CHEMISTRY II (SF 547)	<input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)
<input type="checkbox"/> CHEMISTRY III (SF 548)	<input type="checkbox"/> ASSORTED FORMS
<input type="checkbox"/> HEMATOLOGY (SF 549)	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> URINALYSIS (SF 550)	MOUNTED ON STRIPS 1, 4, AND 7
<input type="checkbox"/> SEROLOGY (SF 551)	<input type="checkbox"/> MICROBIOLOGY I (SF 553)
<input type="checkbox"/> SPINAL FLUID (SF 555)	<input type="checkbox"/> MICROBIOLOGY II (SF 554)
	<input type="checkbox"/> MISCELLANEOUS (SF 557)
	<input type="checkbox"/> ASSORTED FORMS

MEDCOM - 16809

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45, 505

LABORATORY REPORT
DISPLAY

===== PICCOLO =====
 09/25/03 05:14 AM
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 BASIC METABOLIC
 DISC LOT #: 3145AA4
 OPER #: DR #: 000
 SERIAL #:

.....
 - GLU 95 73-118 MG/DL
 - BUN 12 7-22 MG/DL
 - CA++ 8.4 8.0-10.3 MG/DL
 - CRE 1.1 0.6-1.2 MG/DL
 - NA+ 135 128-145 MMEQ/L
 - K+ 4.9* 3.3-4.7 MMEQ/L
 - CL- 101 98-108 MMEQ/L
 - tCO2 24 18-33 MMEQ/L

- INST QC: OK CHEM QC: OK
 - HEM 0, LIP 1+, ICT 0

Patient Information: Patient Name, Date of Birth, Sex, Race, Ethnicity, Religion, Marital Status, Social Security Number, Insurance Information, Contact Information, etc.

EPW
ICU
 (b)(6)-4

(b)(6)-4
 ID: [REDACTED] 25-09-02
 MR: [REDACTED] 05:17
 Patient Limits
 WBC 10.6 H x10³/dL 4.5 10.5
 RBC 3.07 L x10⁶/dL 4.00 6.00
 Hgb 8.3 L g/dL 11.0 16.0
 Hct 27.4 L % 35.0 60.0
 MCV 89.3 fL 80.0 99.9
 MCH 27.1 pg 27.0 31.0
 MCHC 30.4 L g/dL 33.0 37.0
 Plt 488. H x10³/dL 150 450
 LY% 27.0 * % 20.5 51.1
 LY# 2.9 * x10³/dL 1.2 3.4

CHEMISTRY I STANDARD FORM 546 (Rev. 8-77) PRESCRIBED BY GSA ICMR FIRM# (41 CFR) 201-45.505		546-107	
URGENCY <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> START		PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM	
SPECIMEN SOURCE <input type="checkbox"/> BLOOD <input type="checkbox"/> OTHER (Specify)		AMB LAB. ID. NO.	
PATIENT'S MED. RECORD			

MEDCOM - 16810

STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY GSATCOM
 FORM 141-CFR) 201-45 505

HEMATOLOGY

549

DATE		26	09	03
TIME		03	40	PM
RESULTS				
REQUESTED (X)				
RBC COUNT				
HEMOGLOBIN				
HEMATOCRIT				
MCV				
MCH				
MCHC				
WBC COUNT				
IMMATURE NEUTROPHILS				
BANDS				
NEUTROPHILS				
LYMPHS				
EOSINOPHILS				
BASOPHILS				
MONOCYTES				
PLATELETS				
RBC				
SED RATE				
PLATELET COUNT				
RETICULOCYTE COUNT				
CLOTTING TIME				
BLEEDING TIME				
P CONTROL				
T PATIENT				
CONTROL				
PATIENT				
% ACTIVATION				
RATIO				
SICKLING TEST				
LE PREP				

(b)(6)-4

26-09-03 03:59

Patient Limits

WBC	15.4 H	$\times 10^3/\mu\text{L}$	4.5	10.5
RBC	4.04	$\times 10^6/\mu\text{L}$	4.00	6.00
Hgb	11.0 L	g/dL	11.0	18.0
Hct	35.8	%	35.0	60.0
MCV	88.5	fL	80.0	99.9
MCH	27.1	pg	27.0	31.0
MCHC	30.7 L	g/dL	33.0	37.0
PLT	586. H	$\times 10^3/\mu\text{L}$	150.	450.
LY%*	28.1	%	20.5	51.1
LY#	4.4 H	$\times 10^3/\mu\text{L}$	1.2	3.4

EPW (b)(6)-4

ICU 1

Enter in above space PATIENT IDENTIFICATION
 REQUESTING PHYSICIAN'S SIGNATURE

REMARKS

CBC, che

Ward/Section: <u>ICU-2</u>		REQUESTING PHYSICIAN: <u>DR [REDACTED]</u> (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. # <u>[REDACTED]</u> (b)(6)-4		DATE <u>27 Sep 02</u>	TIME <u>0345</u>	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 x10 ⁶	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10 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		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	Macroscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set 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 SESS						
D dimer		<20 ug/ml						
FDP		< 10 ug /ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 16813

Enter in above space
REQUESTING PHYSICIAN'S S

REMARKS (b)(6)-2

TEST(S)	
SPECIMEN TAKEN	
TIME	
DATE	

Enter in above space
PACIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY

PHYSICIAN'S SIGNATURE

(b)(6)-4

WBC 15.9 H 110³/L
 RBC 3.57 L 110⁶/L
 Hct 31.8 L
 Hgb 10.9 g/dL
 MCV 82.9 fL
 MCH 27.5 pg
 MCHC 32.9 L g/dL
 PLT 629 H 110³/L
 LYZ 16.4 g/L
 LYM 2.6 * 110³/L

MEDCOM - 16814

PICCOLO 04:17

MALE

29/09/03

REFERENCE RANGE: (b)(6)-4

PATIENT #: 3141AA4

NETLYTE 8 DR #: 000

DISC LOT #: (b)(6)-4

OPER #: (b)(6)-4

SERIAL #

... 73-118 MG/DL
 GLU 125* 7-22 MG/DL
 BUN 12 0.6-1.2 U/L
 CRE 0.9 39-380 MMOV/L
 OK 49 128-145 MMOV/L
 NA+ 4.8* 3.3-4.7 MMOV/L
 K+ 101 98-108 MMOV/L
 CL- 23 18-33 MMOV/L
 tCO2

INST OC: OK CHEM OC: OK
 HEM 0, LIP 1+, ICT 0

(b)(6)-4

01-10-03
 04:38
 Patient Limits
 4.5 10.5
 4.00 6.00
 11.0 22.0
 33.0 44.0
 26.0 99.9
 27.0 32.0
 33.0 37.0
 150 450
 20.5 31.1
 1.2 3.4

STAT BLOOD
 OTHER (Specify)

HEMATOLOGY

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 VEIN
 OTHER (Specify)

SPECIMEN SOURCE
 CAP
 DOM

LAB. ID. NO.

MD DATE
 29 SEP 0400

PATIENT	
CONTROL	
PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
LE PREP	

549-107

HEMATOLOGY
 STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY SASA/JCMR
 FORM 141-GPM 201-45 505

LABORATORY FILE

Ward/Section: JCI REQUESTING PHYSICIAN: (b)(6)-2 LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST FIRST MI: (b)(6)-4 DATE: 09 Sep 03 TIME: 0320 SSN/PERUDO SSN: (b)(6)-4

(Hematology) CBC Urinalysis Misc. Serology

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
			App		N/A	Mono		Negative

===== PICCOLO =====
 09/30/03 03:29 AM
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3141AAM
 OPER #: (b)(6)-4 DR #: 000
 SERIAL #: (b)(6)-4

GLU 125* 73-118 MG/DL
 BUN 12 7-22 MG/DL
 CRE 0.4* 0.6-1.2 MG/DL
 CK 48 39-380 U/L
 NA+ 131 128-145 MMOL
 K+ 4.6 3.3-4.7 MMOL
 CL- 99 98-108 MMOL
 tCO2 22 18-33 MMOL

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

Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count
 Directigen

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

UNIT	TYPE	CROSSMATCH

D dimer	<20 ug/ml
FDP	<10 ug/ml

REMARKS:

REPORTED BY: MEDCOM - 16815 D NO.:

Ward/Section: ICU 1			REQUESTING PHYSICIAN: (b)(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST MI: (b)(6)-4			DATE 305 0002 0320	TIME 0320	SSN/PSEUDO SSN: (b)(6)-4			
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	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/dl
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 (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
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	(Piccolo) Meflyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		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 l (M) 30-190 l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			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:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 16816

LABORATORY REPORT DISPLAY

TE. _____
 SPECIMEN TAKEN
 TIME 0630 A.M.
 P.M.
 RESULTS REQUESTED (X)

TEST(S)
 SPECIMEN TAKEN
 DATE 1 Oct 03 TIME 0405 A.M.
 P.M.
 RESULTS REQUESTED (X)

RBC COUNT
HEMOGLOBIN
HEMATOCRIT
MCV
MCH
MCHC
WBC COUNT
IMMATURE NEUTROBANDS
NEUTROSEGS
LYMPHS
EOSINOPHILS
BASOPHILS
MONOCYTES
PLATELETS
RBC
SED. RATE
PLATELET COUNT
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
P CONTROL
T PATIENT
T CONTROL
PATIENT
% ACTIVITY
RATIO
SICKLING TEST
LE PREP

REMARKS
 (b)(6)-2
 O3D Chem 7
 Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE
 REPORTED BY
 TECH 1 Oct 03
 MD DATE
 LAB. ID. NO.
 PATIENT

PICCOLO
 07/10/03 05:09
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: DR #: 000
 SERIAL #: _____
 GLU 142* 73-118 MG/DL
 BUN 11 7-22 MG/DL
 CRE 1.3* 0.6-1.2 MG/DL
 CK 56 39-380 U/L
 NA+ 139 128-145 MMEQ/L
 K+ 4.5 3.3-4.7 MMEQ/L
 CL- 99 98-108 MMEQ/L
 tCO2 23 18-33 MMEQ/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 1+, ICT 0

RATIO
SICKLING TEST
LE PREP

HEMATOLOGY 549-107
 STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY GSA/ICMR
 FIRM (41-CFR) 201-45 505

HEMATOLOGY 549-107
 STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY GSA/ICMR
 FIRM (41-CFR) 201-45 505

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

EPW (b)(6)-4

FOR MOUNTED ON STRIPS

<input type="checkbox"/> CHEMISTRY I (SF 546)	<input type="checkbox"/> PARASITOLOGY (SF 552)
<input type="checkbox"/> CHEMISTRY II (SF 547)	<input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)
<input type="checkbox"/> CHEMISTRY III (SF 548)	<input type="checkbox"/> ASSORTED FORMS
<input type="checkbox"/> HEMATOLOGY (SF 549)	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> URINALYSIS (SF 550)	
<input type="checkbox"/> SEROLOGY (SF 551)	
<input type="checkbox"/> SPINAL FLUID (SF 555)	

MOUNTED ON STRIPS 1, 4, AND 7

<input type="checkbox"/> MICROBIOLOGY I (SF 553)
<input type="checkbox"/> MICROBIOLOGY II (SF 554)
<input type="checkbox"/> MISCELLANEOUS (SF 557)
<input type="checkbox"/> ASSORTED FORMS

PRESCRIBE BY GSA/ICMR
 FIRM (41-CFR) 201-45,505

LABORATORY REPORT DISPLAY



Na 138
 K 4.0
 Cl 101
 TCO2 29
 Bun 15
 Glu 122
 Hct 32
 4b 11
 creatinine - 1.2

ID: (b)(6)-4
 03-10-03
 05:02
 Patient Limits

WBC	17.0 H	x10 ³ /uL	4.5	10.5
RBC	3.42 L	x10 ⁶ /uL	4.00	6.00
Hgb	9.3 L	g/dL	11.0	18.0
Hct	30.8 L	%	35.0	60.0
MCV	90.0	fL	90.0	99.9
MCH	27.2	pg	27.0	31.0
MCHC	30.2 L	g/dL	33.0	37.0
Plt	670. H	x10 ³ /uL	150.	450.
LYZ	19.6	uL X	20.5	51.1
PLT	3.3	x10 ³ /uL	1.2	3.4

(b)(6)-4
 ID: [REDACTED]
 02-10-03
 04:32
 Patient Limits

WBC	13.3 H	x10 ³ /uL	4.5	10.5
RBC	3.44 L	x10 ⁶ /uL	4.00	6.00
Hgb	9.3 L	g/dL	11.0	18.0
Hct	30.7 L	%	35.0	60.0
MCV	89.2	fL	90.0	99.9
MCH	27.0	pg	27.0	31.0
MCHC	30.3 L	g/dL	33.0	37.0
Plt	576. H	x10 ³ /uL	150.	450.
LYZ	20.6	uL X	20.5	51.1
PLT	2.7	x10 ³ /uL	1.2	3.4

CHEMISTRY I
 STANDARD FORM 566 (REV. 12/91)
 PRESCRIBED BY GSP
 FORM (41 OFR) 201-

===== PICCOLO =====
 10/02/03 04:29 AM
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 BASIC METABOLIC
 DISC LOT #: 3203MM
 OPER #: DR #: 000
 SERIAL #:

GLU 141* 73-118 MG/DL
 BUN 12 7-22 MG/DL
 CA++ 8.5 8.0-10.3 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 NA+ 128 128-145 MMOL/L
 K+ 4.2 3.3-4.7 MMOL/L
 CL- 97* 98-108 MMOL/L
 tCO2 25 18-33 MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 1+, ICT 0

ST

CHEM I

URGENCY ROUTINE BED OUTPAT

TODAY NP

PRE-OP STAT

SPECIMEN BLOC OTH

LAB. ID.

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

MD DATE 02 OCT

TECH 0400

EPW
 (b)(6)-4

ABC, Chem 8

TEST(S)	
DATE	
TIME	
A.M.	
P.M.	
RESULTS	
REQUESTED	
GLUCOSE	
UREA N.	
CREATININE	
URIC ACID	
SODIUM	
POTASSIUM	
CHLORIDE	
CO ₂	
PHOSPHATE	
CALCIUM	
TOTAL PROTEIN	
ALBUMIN	
GLOBULIN	
ALANINE AMINOTRANSFERASE	
ASPARTATE AMINOTRANSFERASE	
SGOT	
LDH	
CPK	
BILIRUBIN	
BILIRUBIN (TOTAL)	
BILIRUBIN (DIRECT)	
CHOLESTEROL	
TRIGLYCERIDES	
AMYLASE	
LIPASE	
PROFILE (Specify)	

MEDCOM - 16818

(b)(6)-2

Ward/Section: 1ca1 REQUISITING PHYSICIAN: [REDACTED] CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [REDACTED] (b)(6)-4 DATE: 9/02/03 TIME: 0350 SSN/PSEL/DO SSN: [REDACTED] (b)(6)-4

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	134	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.6	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	102	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 mmol/L (art) 41-51 mmol/L (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/L
PO2		80-105 mmol/L (art) NA (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/L
TCO2	29	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	(Piccolo) Liver Panel Plus		
B/Eeef		(-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	16	8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU	140	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat	1.3	0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	30	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	10	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		
Tropom-I		Negative	K ⁺		3.3-4.7 mmol/L	TEST	RESULT	REF. RANGE
Drug of Abuse		Negative	CL ⁻		98-108 mmol/L	NA ⁺		128-145 mmol/L
		Negative	tCO2		18-33 mmol/L	K ⁺		3.3-4.7 mmol/L
		Negative				CL ⁻		98-108 mmol/L
		Negative				tCO2		18-33 mmol/L

REMARKS: Chem 8

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

LABORATORY REPORT DISPLAY

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	A.M.	P.M.
	RESULTS	REQUESTED	(X)
		ROUTINE	
		COLOR	
		SPECIFIC GRAVITY	
		UROBILINOGEN	
		OCCULT BLOOD	
		BILE	
		KETONES	
		GLUCOSE	
		PROTEIN	
		pH	
		MICROSCOPIC	
		WBC	
		RBC	
		EPITH CELLS	
		WBC	Cells
		RBC	
		HYALINE	
		GRANULAR	
		BACTERIA	
		CRYSTALS	
		MUCUS	
		NITRITE	
		BENCE-JONES PROTEIN	
		HEMOSIDERIN	
		HCG	

<p>HEMATOLOGY 549-107</p> <p>STANDARD FORM 549 (Rev. 7-78)</p> <p>PRESCRIBED BY GSA/ICMR</p> <p>FIRMR (41-CFR) 201-45 505</p>	<p>URINALYSIS 550-107</p> <p>Standard Form 550 (Rev. 4-77)</p> <p>General Services Administration and Interagency</p> <p>Committee on Medical Records FIRMR (41 CFR) 201-45.505</p>
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<p>REQUESTING PHYSICIAN'S SIGNATURE</p> <p>(b)(6)-2</p>	<p>REPORTED BY</p> <p>MD DATE</p> <p>TECH</p> <p>600403</p>	<p>LAB. ID. NO.</p> <p>6</p> <p>7</p>
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<p>URINALYSIS</p> <p>URGENCY</p> <p><input checked="" type="checkbox"/> ROUTINE</p> <p><input type="checkbox"/> TODAY</p> <p><input type="checkbox"/> PRE-OP</p> <p><input type="checkbox"/> STAT</p>	<p>PATIENT STATUS</p> <p><input checked="" type="checkbox"/> BED</p> <p><input type="checkbox"/> OUTPATIENT</p> <p><input type="checkbox"/> DOM</p>	<p>SPECIMEN SOURCE</p> <p><input checked="" type="checkbox"/> ROUTINE</p> <p><input type="checkbox"/> OTHER (Specify)</p>
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<p>HEMATOLOGY</p> <p>05-10-03</p> <p>04:24</p> <p>Patient</p> <p>Limits</p> <p>Hgb 13.4 P $\times 10^3/\mu\text{L}$ 4.5 10.5</p> <p>Hct 38.3 L $\times 10^3/\mu\text{L}$ 4.00 6.00</p> <p>Hgb 7.3 L g/dL 11.0 18.0</p> <p>Hct 30.0 L % 35.0 60.0</p> <p>Hct 90.1 fL 80.0 109.9</p> <p>Hct 28.0 pg 27.0 31.0</p> <p>Hct 21.9 L g/dL 33.0 37.0</p> <p>Plt 699 H $\times 10^3/\mu\text{L}$ 150 450</p> <p>LY% 4.5 % 20.5 51.1</p> <p>LY# $\times 10^3/\mu\text{L}$ 1.2 3.4</p>	<p>HEMATOLOGY</p> <p>05-10-03</p> <p>04:08</p> <p>Patient</p> <p>Limits</p> <p>Hgb 18.7 H $\times 10^3/\mu\text{L}$ 4.5 10.5</p> <p>Hct 34.5 L $\times 10^3/\mu\text{L}$ 4.00 6.00</p> <p>Hgb 9.6 L g/dL 11.0 18.0</p> <p>Hct 31.5 L % 35.0 60.0</p> <p>Hct 71.1 fL 80.0 109.9</p> <p>Hct 27.9 pg 27.0 31.0</p> <p>Hct 30.6 L g/dL 33.0 37.0</p> <p>Plt 661 H $\times 10^3/\mu\text{L}$ 150 450</p> <p>LY% 19.9 % 20.5 51.1</p> <p>LY# $\times 10^3/\mu\text{L}$ 1.2 3.4</p>
---	--

***** PICCOLO *****

06/10/03 05:08

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

METLYTE 8

DISC LOT #: 3141A4

OPER #: DR #: 000

SERIAL #: [REDACTED]

GLU 136* 73-118 MG/DL

BUN 13 7-22 MG/DL

CRE 0.9 0.6-1.2 MG/DL

OK 34* 39-380 U/L

NA+ 3.5 128-145 MMOL

K+ 3.8 3.3-4.7 MMOL

CL- 98 98-108 MMOL

CO2 22 18-33 MMOL

INST QC: OK CHEM QC: OK

HEM 0, LIP 2+, ICT 0

MEDCOM - 16821

Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45, 505

LABORATORY REPORT
DISPLAY

Ward Section: **ICU1** REQUESTING PHYSICIAN: **(b)(6)-2** **CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI: **EPW** **(b)(6)-4** DATE: **7 OCT** TIME: **0440** SSN/PSEUDO SSN: **(b)(6)-2**

(i-STAT) (Piccolo) Chemistry

TEST	RESULT	REF. RANGE	TEST
Na		135-146 mmol/L	ALB
K			
Cl			
pH	07/10/03	05:40	
PCO2	REFERENCE RANGE:	MALE	
PO2	PATIENT #:	(b)(6)-4	
TCO2	BASIC METABOLIC		
TCO2	DISC LOT #:	3203AA4	
TCO2	OPER #:	DR #: 000	
TCO2	SERIAL #:		
BE	GLU	112	73-118 MG/DL
An	BUN	13	7-22 MG/DL
Ca	CA++	8.5	8.0-10.3 MG/DL
BI	CRE	0.7	0.6-1.2 MG/DL
GI	NA+	131	128-145 MMOVL
C	K+	4.0	3.3-4.7 MMOVL
H	CL-	98	98-108 MMOVL
H	tCO2	26	18-33 MMOVL

INST GC: OK CHEM GC: OK
 HEM 0, LIP 1+, ICT 0

1000
0200
0300-80

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE: **(b)(6)-2**
 REPORTED BY: **(b)(6)-4**

PATIENT	
CONTROL	
PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
LE PREP	

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev. 7-78)
 PRESCRIBED BY GSA/ICMR
 FIRM 141-CFR1 201-45 505

PATIENT STATUS: URGENT, STAT, TODAY, PRE-OP, STAT

PATIENT SOURCE: INPATIENT, OUTPATIENT, DOM, CAP, OTHER (Specify)

PATIENT'S MED. RECORD

Chem 8

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

Ward/Section: **ICU 1** REQUESTING PHYSICIAN: **(b)(6)-2** LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **EPW (b)(6)-4** DATE **7 Oct** TIME **0440** SSN/PSEUDO SSN:

Hematology (CBC)			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		$4.0-10.8 \times 10^3$	Color		N/A	RPR		Negative
		$\times 10^9$	App		N/A	Mono		Negative
		g/dl (M)	Glu		Negative	Microbiology		
		g/dl (F)	Bili		Negative	Source		
		% (M)	Ket		Negative	Gram Stain		
		% (F)	SG		N/A	Occ Bld		Negative
		fl (M)	Bld		Negative	H. pylori		Negative
		fl (F)	pH		N/A	Micro Parasites		
		0×10^3	Prot		Negative	Malaria		
		d	Urob		0.2-1.0	O & P		
		1.1%	Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			

(b)(6)-4
 Patient Limits
 40 11.7 10.0 11.5 10.5
 45 12.0 10.0 12.0 10.5
 50 12.5 10.0 12.5 10.5
 55 13.0 10.0 13.0 10.5
 60 13.5 10.0 13.5 10.5
 65 14.0 10.0 14.0 10.5
 70 14.5 10.0 14.5 10.5
 75 15.0 10.0 15.0 10.5
 80 15.5 10.0 15.5 10.5
 85 16.0 10.0 16.0 10.5
 90 16.5 10.0 16.5 10.5
 95 17.0 10.0 17.0 10.5
 100 17.5 10.0 17.5 10.5

Spun Hematocrit		42-52% (M) 37-47% (F)	GSE		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.:
 MEDCOM - 16823

MEDICAL RECORD - ANES

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCC/ML - "1" = CONSTANT INFUSION		DRUG (Units)											TOTALS	TOTAL EB		
		Pentanyl (mcg)	50		25	25	25	50	25	25	25			250mg	1600	
		etomidate (mcg)	30	Versed 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5												
		lidocaine (mg)	40											5mg		
		Sch (mg)	100	VE 10											TOTAL URINE	
		phenylephrine (mcg)	100	200												
		ephedrine (mg)	5	10											125	
VOLAT AGENT		ISO % e.t.	off													
AIR		L/Min														
N2O		L/Min														
O2		L/Min	2	2	2	2	2	2	2	2	2	2	2			
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																
LINE site		PRBCs														
2000 LR		Warmed														
1800 LR		Warmed														
1600 NS		Warmed														
EST BLOOD LOSS												100				
URINE													125			
PHYS STATUS		1	2	3	4	5										
BODY WEIGHT		85														
HEMATOCRIT		32														
INITIAL DATA																
BP		79	43													
HR		106														
EQUIP CHECK																
OK? -		Y	N													
PATIENT RECHECK																
OK for PROCEDURE?		Y														
TIME		0738														
TIME		130	X	0800	X	30	X	0900	X	30	X	1000	X	30		
SYMBOLS																
BP by cuff		220	200	180	160	140	120	100	80	60	40	20				
Heart rate		74	64	52	44	39	37	38	40	42	45	48	50	52		
Resp rate		14	15	17	17	17	17	17	17	17	17	17	17	17		
TOURNIQUET		T	T	T	T	T	T	T	T	T	T	T	T	T		
ANES- X-X		X	X	X	X	X	X	X	X	X	X	X	X	X		
PROC- O-O		O	O	O	O	O	O	O	O	O	O	O	O	O		
VT - ml		SV	690	720	750	770	740	750	750	750	780					
f - breaths/min		18	8	10	10	14	13	13	11	11	11					
Peak inf pres / PEEP		24	25	25	22	21	26	25	23	23						
MODE - S(pon), A(ssist), C(on)		S	C	C	C	C	C	C	C	C						
BP/Auto Cuff		+	27	28	25	26	23	20	19	20	19					
BP/oth		FIO2 (Frac or %)	1.0	.9	.92	.92	.92	.93	.93	.91	.90					
ART line		SpO2 (%)	100	100	100	100	100	100	100	100	100					
Steth- PC/ES		ECG	ST	SR	SR	SR	SR	SR	SR	SR	SR					
Gas analyzer		TEMP-sita	Available	4x	4x	4x	4x	4x	4x	4x	4x					
		N-M Block (T/4)	0/4	0/4	0/4	0/4	0/4	0/4	0/4	0/4	0/4					
Warming blkt																
Conv warmer																
EVENTS																
PROCEDURES and CPT Codes:		Exploratory Laparotomy														
PATIENT IDENTIFICATION:																
ANESTHETIC TECHNIQUES:		GETA - eyes taped														
AIRWAY MANAGEMENT:		DLX 1 c miller 3 - 8.0 ETT placed @ ETCh2; equal BS														
SURGEONS:		(b)(6)-2														
ANESTHETISTS:		MRNA														
PROCEDURE LOCATION:		1														
DATE:		16 AUG 03														
PAGE		1														

Tube full @ 12:00

simv 16/800/40%/45 lines @ RALI, @ SC code - Trilium

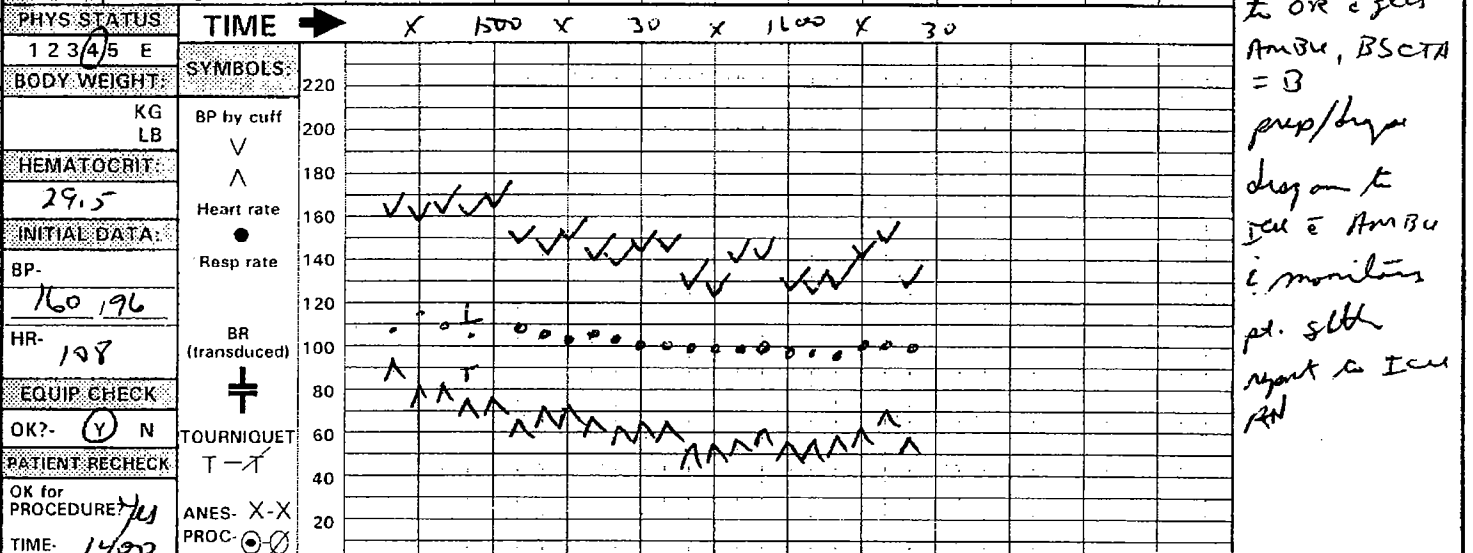
1st Page @ 100%
Fent @ 12:15
DSC @ 3:00 Nse 3:00

MEDICAL RECORD - ANESTHESIA

155 145/60-79-100% (b)(6)-2
OTSG

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" = CONSTANT INFUSION	DRUG (Units)	X 1500	X 30	X 1600	X 30	TOTALS	TOTAL EBL
	FENTANYL (cc)	1 1 1 1 1 1 1 1					10
NIMBEX (mg)	10 10 10 10 10 10 10 10						TOTAL URINE
							300

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		FLUIDS - SUMMARY	
LINE site RS Tu	<input type="checkbox"/> Warmed	CRYSTALLOID-	2500
DS 1/2 20 K	<input type="checkbox"/> Warmed	COLLOID-	
	<input type="checkbox"/> Warmed	BLOOD-	
	<input type="checkbox"/> Warmed	REMARKS	Code drugs with numbers, events with letters



VENTIL	VT - ml	600	630	570	570	580	640	650	680
	f - breaths/min	18	16	16	16	16	14	14	14
Peak inf pres / PEEP		25	24	24	23	25	26	25	
MODE - (Spon), (Assist), (Con)	C	C	C	C	C	C	C	C	
BP/Auto Cuff	X	35	35	35	33	33	34	33	
BP/oth	X								
ART line	X	100	100	100	100	100	100	100	
Steth- PC/ES	X	SR	SR	SR	SR	SR	SR	SR	
Gas analyzer	X								
TEMP-site P.O.									
N-M Block (T/4)		4	0	0					

Mark with letters & symbols. EVENTS explain under REMARKS Position → OK

PROCEDURES and CPT Codes: *LAO & drainage of abscess*

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
Intubated BS = B

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2

PROCEDURE LOCATION: OR
DATE: 8.26.03
PAGE 1 OF

AB6 e 0400

7.44/38/119/26/95%/+2

137 | 114 | 11
7.0 | 22 | 1.6 < 138 C 7.7

21.4 > 9.3 < 739
29.5

MEDICAL RECORD - ANESTHESIS

F of this form, see AR 40-66; the proponent ag.

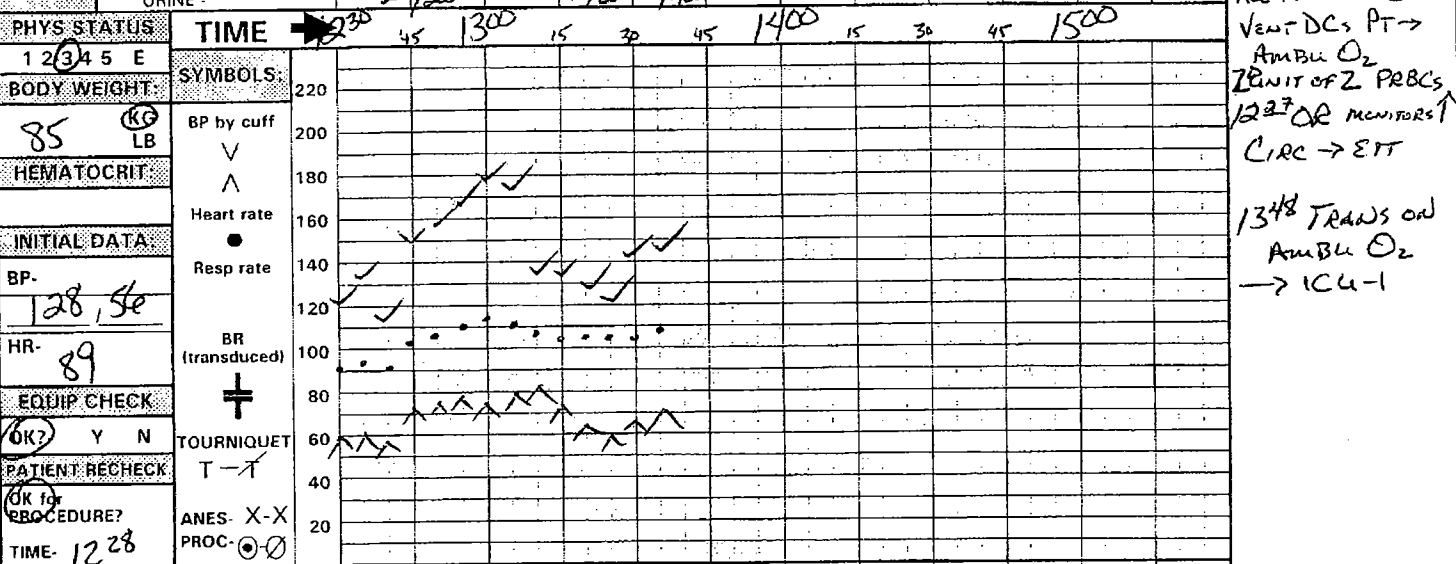
the OTSG

57/m NKDA

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/MIL "I" = CONSTANT INFUSION	DRUG	(Units)						TOTALS	TOTAL EBL
	MIDAZ	1mg	15					5mg	MIN
FENT	1mcg	200	50	50	250		500mcg	TOTAL URINE	
								700	
NIMBEX	1mg	10	10						
VOLAT AGENT	FORANE % del	0.6	1.9	2.0	2.0	2.0			
	% e.t.								
AIR	L/Min								
N2O	L/Min								
O2	L/Min	2	2	2	2	2			

FLUIDS	EST BLOOD LOSS	URINE	REMARKS
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS			
LINE site			Code drugs with numbers, events with letters
<input type="checkbox"/> Warmed			1210 Pre Op EVAL
<input type="checkbox"/> Warmed			REVIEW -> NO Δ.
<input type="checkbox"/> Warmed			All IV LINES DC'S
<input type="checkbox"/> Warmed			Vent DC's PT ->
			AMBU O2
			2 UNIT OF 2 PRBC'S
			1227 OR MONITORS ↑
			CIRC -> ETT
			1348 TRANS ON
			AMBU O2
			-> ICU-1

LOSSES	EST BLOOD LOSS	URINE
		200/200 400/600 100/700



VENTIL	VT - ml	f - breaths/min	Peak inf pres / PEEP	MODE - Spon, A(ssist), C(on)	BP/Auto Cuff	ET CO2 (torr)	BP/oth	FIO2 (Frac or %)	ART line	SpO2 (%)	Steth- PC/ES	ECG	Gas analyzer	TEMP-site	N-M Block (T/4)
	740	10	30	C	37	37	82	82	100	100	SR	SR	AVA		
	690	10	33	C	38	38	82	82	100	100	SR-T	SR-T			
	720	12	29	C	39	39	82	82	100	100	SR-T	SR-T			
		30		S	46	46	82	82	98						
		24		A											

RECOVERY	PACU (ICU 1)	OTHER
		CONDITION: STABLE MECH VENT
		RESP-19 SpO2-96
		BP-138/72 HR-112

PROCEDURES and CPT Codes: TRACH & EX LAP & WASH	ANESTHETIC TECHNIQUES: Describe block technique under Remarks
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
# [REDACTED] EPL (b)(6)-4	ARRIVED INTUB -> CIRC (b)(2)-2
	SURGEONS: [REDACTED] (b)(6)-2 [REDACTED] (b)(6)-2
	ANESTHETIC: [REDACTED] (b)(6)-2
	PROCEDURE LOCATION: OR
	DATE: 28 Aug 03
	PAGE 1 OF 1

No d in status since prior anesthetic, to proceed c GA via existing tracheostomy.

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. * = CONSTANT INFUSION	DRUG (Units)						TOTALS	TOTAL EBL	
	versed (mg)	25					5	min	
	vec (mg)	5	5	3	2	2	20	TOTAL URINE	
	Morphine (mg)		5/5	4	2	2/2		150	
VOLAT AGENT	Sevo	% del	20	10	10	1.2			
		% e.t.							
AIR	L/Min								
N2O	L/Min								
O2	L/Min								
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS									
<input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 3									

FLUIDS - SUMMARY

CRYSTALLOID - 700 LR

COLLOID - 100cc Alb 25

BLOOD -

FLUIDS

LINE site Warmed

LX SCL Warmed RL1000 - 300

Warmed

25% albumin Warmed 100cc

LOSSES EST BLOOD LOSS URINE - 150

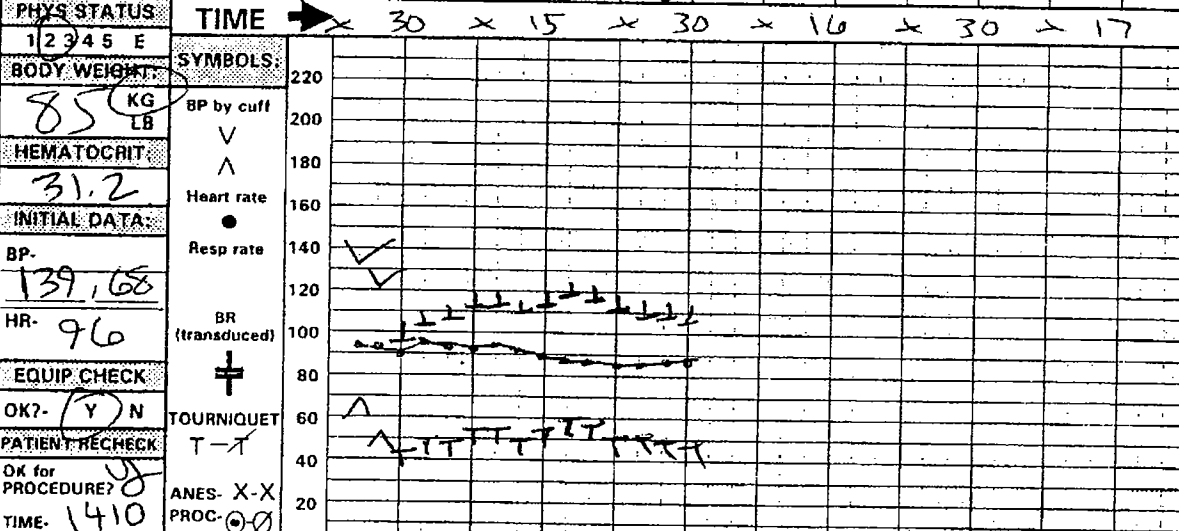
REMARKS

Code drugs with numbers, events with letters

1) To room via litter HR/SpO2 monitoring, O2 100% via Ambu.

2) Sacmons.

3) To ICU via litter, same monitors. Stable, report given. Vent settings per prep.



NTN, smoking

VENTIL

VT - ml	10	10	10	10	10
f - breaths/min	10	10	10	10	10
Peak inf pres / PEEP	22	21	22	22	22
MODE - S(pon), A(ssist), C(ont)	C	C	C	C	C
BP/Auto Cuff					
ET CO2 (torr)	36	36	36	35	
BP/pt	0.8	0.8	0.8	0.8	0.7
FIO2 (Frac or %)	100	97	98	99	98
SpO2 (%)	SR	SR	SR	SR	SR
Gas analyzer					
TEMP-site	2/4	2/4	2/4	2/4	
M Block (T/4)					

HME to circuit

Warming blkt

Conv warmer

RECOVERY AT 1

PACU ICU (Specify)

OTHER

CONDITION:

RESP. V10 SpO2 94

BP 154/71 HR 92

ANESTHESIA / PROCEDURE

Start	Room	End
1410	1420	154

Ready Begin End

1425 1440 1425

Mark with letters & symbols. EVENTS explain under REMARKS Position → 0 → → →

PROCEDURES and CPT Codes:

EX lape washout

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, (b)(6)-4 Medical facility

[redacted] EPW

S/P GSWS to Abd

[redacted] (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA via existing trach

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

Eyes taped, ETCO2, BSEP.

SURGEONS: (b)(6)-2 (b)(6)-2

PROCEDURE LOCATION: 2-1

DATE: 9/6/03

PAGE 1 OF 1

MEDCOM - 16901 [redacted] MAT, CRNA

NKDA

(b)(6)-2

PCN

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, "1" = CONSTANT INFUSION		MEDICAL RECORD		ANESTHESIA		TOTALS	
Propofol	(1/16)	250				250	
Hydrocort	(1/20)	40					
Propofol	(1/20)	200					
Serum	(1/20)	100					
INSOL	()						
ISOL	()						
AIR	L/Min						
N2O	L/Min						
O2	L/Min						

23-2-22
1.5-1.5-1.5
C-2-2-2-2-2
↓ induction

EST BLOOD LOSS
URINE -

PHYS STATUS	TIME	SYMBOLS	BP	HR	RR	SpO2	ET CO2	TEMP
1/2 3 4 5 E	1600		160	85	18	99%	44	35
90 (KG)	1700		160	85	18	99%	44	35
BP 149/69	1800		160	85	18	99%	44	35
HR 85	1900		160	85	18	99%	44	35
OK 7- (Y) N	2000		160	85	18	99%	44	35
OK for PROCEDURE?	2100		160	85	18	99%	44	35
TIME 0915	2200		160	85	18	99%	44	35

REMARKS
Code drugs with numbers, events with letters
1315 Met - 10^o IV in place - Chest Vth → prep done
1600 In room - monitors on induction
1705 SpO2 resp opened eyes exhibited to PACU V&S

VT - ml	f - breaths/min	Peak inf pres / PEEP	MODE - S(pon), A(ssist), C(ont)	BP/Auto Cuff	ET CO2 (torr)	BP / oth	FIO2 (Frac or %)	ART line	SpO2 (%)	Steth - PC/ES	PCG	Gas analyzer	TEMP - site	N-M Block (T/4)
330	15	15	SV	120	55	120	0.85	120	100	115	115	35	35	
300	15	15	SV	120	55	120	0.85	120	100	115	115	35	35	
290	15	15	SV	120	55	120	0.85	120	100	115	115	35	35	
480	15	15	SV	120	55	120	0.85	120	100	115	115	35	35	

RECOVERY AT		
PACU	ICU	(Specify)
OTHER	Stable	
CONDITION:		
RESP - 12	SpO2 - 99%	
BP - 127/73	HR - 109	
Start	Room	End
1545	1600	1715
Ready	Begin	End
1610	1628	1700

Warming blkt
Conv warmer
sheds/handlet

EVENTS
Position → (R) arm & 90° abducted padded

PROCEDURES and CPT Codes
closed (C) (L) arm

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
#3 Miller taped 20 on teeth, eyes taped. OST ↓ ↑ ⊕ return. SST bite block. Airway Management: Intubation route, blade, technique, comments. Recty - Dist T → GI 2 Vias → ET 100% passed → Post LTC2. Atraumatic → teeth OK

SURGEONS: (b)(6)-2
ANESTHETISTS: (b)(6)-2
PROCEDURE # 2
LOCATION
DATE 18 Sept 03
PAGE 1 OF

(b)(6)-4

MEDICAL RECORD - ANESTHESIA
WAMC OP 376 REVISED
MEDCOM - 16832 Jan 99

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, "1" = CONSTANT INFUSION		MEDICAL RECORD		ANESTHESIA		TOTALS	
Fentanyl (mg) 50		50				100	
Propofol (mg) 150						150	
Vec (mg) 7						7	
						TOTAL DRUGS	
SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		EST BLOOD LOSS		URINE		FLUIDS SUMMARY	
LINE site <input type="checkbox"/> Warmed		500		1-15		CRYSTALLOID-1050	
1/2 NS <input type="checkbox"/> Warmed						COLLOID-	
<input type="checkbox"/> Warmed						BLOOD-	
<input type="checkbox"/> Warmed						REMARKS	
HYPER STATUS		TIME		9:30 45 10:00 15 30 45 11:00 15 30		Code drugs with numbers, events with letters	
BODY WEIGHT		SYMBOLS:		BP by cuff		① U/S Taken	
KG		BP		147, 98		② Included c	
LB		Heart rate		107		Fentanyl, 50ug	
HEMATOCRIT		Resp rate		107		Propofol 150 mg	
Hb 8.7 Hct 26.0		BP (transduced)				Vecuronium 7mg	
INITIAL DATA		TOURNIQUET				21 Forane 100	
BP		ANES- X-X				Trach	
HR		PROC- ①-⑤				③ Procedure begins	
ECG CHECK						④ Procedure ends	
OK? - Y N						⑤ O2, suctioned	
PATIENT RESPONSE						breathing well	
OK for PROCEDURE? <input checked="" type="checkbox"/>						to recovery	
TIME							
VT - ml		740 720 750				RECOVERY AT	
f - breaths/min		10 10 10 24				PACU ICU (Specify)	
Peak inf pres / PEEP		22 22 23				OTHER	
MODE - S(poon), A(ssist), C(on)		CV CV CV A				CONDITION:	
BP/Auto Cuff		35 35 34 36				RESP-25 SpO2-99	
BP / oth		4 4 4 4				BP-161/81 HR-101	
ART line		100 100 100 100					
Steth- PC/ES		SR SR SR SR				START	
Gas analyzer						Start Room End	
TEMP. site						0925 0935 1100	
N-M Block (T/4)						Ready Begin End	
Warming blkt						0936 1018 1048	
Conv warmer						PROC ANES	
Mark with letters & symbols, explain under REMARKS		EVENTS		① ② ③ ④ ⑤		PROC ANES	
PROCEDURES and CPT Codes		5T56 to Abdomen				Ready Begin End	
PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical facility		# [REDACTED]		(b)(6)-4		0936 1018 1048	
ANESTHETIC TECHNIQUES: Describe block technique under Remarks		Gen to Trach					
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		To Trach					
SURGEONS:		(b)(6)-2					
ANESTHETIST:		[REDACTED] CABT					
PROCEDURE LOCATION							
DATE		9/19/03					
PAGE		1		OF		1	

10/703
13.7 31.8 442
NXDA

11/66, 72, 96.8, 16, 97%

Fent Patch
Atchadol
Lorazepam
Ambien
Flagyl
Tagamet

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS	CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML "I" = CONSTANT INFUSION	DRUG (Units)										TOTALS	TOTAL EBL
		VERSAD (mg)	5										
Sufenta (mcg)	30					10						40mg	min
Lido 40/Propofol	40/150												
Vec (mg)	5		1			4							TOTAL URINE
MSO4 ()													∅
VOLAT AGENT	Fovax del % e.t.		.4	.4	.4	.4							
AIR	L/Min												
N2O	L/Min												
O2	L/Min	10	2	2	2	2	2	2	2	10			

FLUIDS	SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS	EST BLOOD LOSS URINE										FLUIDS - SUMMARY			
		LINE site LK	<input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed												

PHYS STATUS	TIME	SYMBOLS										
		1 2 3 4 5 E		X	30	X	10	X	30	X	11	X
BODY WEIGHT: 85 LB	BP by cuff											
HEMATOCRIT: 31.8	Heart rate											
INITIAL DATA: BP- 145/75	Resp rate											
HR- 78-90	BR (transduced)											
EQUIP CHECK	TOURNIQUET											
OK? (Y) N	ANES- X-X											
PATIENT RECHECK	PROC- ()											
OK for PROCEDURE?												
TIME- 0700												

VENTIL	VT - ml										RECOVERY AT
	f - breaths/min	SV	860	780	800	960	870	SV	10:25		
Peak inf pres / PEEP	12	10	10	10	10	12	12				
MODE - S(pon), A(ssist), C(on)	S	C	C	C	C	C					
BP/Auto Cuff	ET CO2 (torr)	36	42	39	39	44	42				
BP/oth	FiO2 (Frac or %)	100	100	100	100	100	100				
ART line	SpO2 (%)	97.70	96.7	96.7	96.7	96.7	96.7				
Steth- PC/ES	ECG	SK	SK	SK	SK	SK	SK				
Gas analyzer	TEMP-site	SK	SK	SK	SK	SK	SK				
	N-M Block (T/4)		3/4	7/4	9/4	9/4	9/4				

Mark with letters & symbols, explain under REMARKS. EVENTS Position →

PROCEDURES and CPT Codes:	ANESTHETIC TECHNIQUES: Describe block technique under Remarks	PROCEDURE LOCATION:
SKIN graft	6 ETA 8.5ETT (epistaped) NEW IUSTARTED	2
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments & O2 ET/ET/ET one attempt 3 MAC blade grade 2 view, secured 27cm teeth @ BBS @ ETCO2	DATE: 10/23/03
(b)(6)-4	SURGEONS: (b)(6)-2	PAGE 1 OF 1
	ANESTHESIA PROVIDER: (b)(6)-2	

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 57 DAYS MOS YRS

Sex () MALE () FEMALE

PROPOSED PROCEDURE: ex lap
 SURGICAL SERVICE: _____
 NPO SINCE: NA

ASA Physical State 1 (2) 3 4 5 (E)
 WT: 85 KG/LB HT: _____ IN.
 ALLERGIES: NKA

HABITS:
 TOBACCO: 2PKS/day
 ETOH: (+)
 DRUGS: /

CURRENT MEDICATIONS:
 () = ordered as premed
 () _____
 () _____
 () _____
 () _____
 () _____

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

LABORATORY STUDIES:
 HB/HCT: _____ / _____
 U/A: _____
 OTHER: _____

16.8 / 10.4 / 32.1 / 3.8

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:
 Hypertension (N) Y Denise
 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 GSW abdomen
 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 _____

ASSESSMENT

PAST SURGICAL/ANESTHETIC
/

PHYSICAL EXAMINATION

BP 144 HR 100 R 20 T _____
 Pain Scale 0-10 _____
 HEENT - Teeth low dentent #1
 Trachea _____
 TMJ/Neck _____
 Oropharynx _____
 Nares _____

CHEST: OTA

CARDIAC: RRR

EXTREMITIES:
 IV Access: _____
 Ulnar Filling: _____

BACK: _____
 OTHER: _____

NPO Since _____

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

Plan discussed with interpreter

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 agrees. Questions answered.
 Signed: _____ Date: 8/16/03 Time: 0710 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 () NO APPARENT ANESTHETIC COMPLICATIONS () OTHER

Signed: _____ Date: _____ Time: _____ Hrs

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 be necessary.
- ANESTHESIA.** Patient does not respond to painful stimulation.

Patient Identification: (Ward) _____

(b)(6)-4

PRE-ANESTHETIC ASSESSMENT AND PLAN OF CARE

AGE: 57 Days Mos Yrs

GENDER: Male Female
 ALLERGIES: NKA

PS: 1 2 3 4 5 E
 WT: 85 Kg/Lb HT: In.

PROPOSED PROCEDURE: Bowel Reconstruction
 SURGICAL SERVICE: General
 NPO SINCE: 16 Aug 03

PREOP DX / MECHANISM OF INJURY:
Shot in abdomen
16 Aug while up to no
good (MIG)

<p>HABITS: Tobacco: <u>+</u> EtOH: <u> </u> Drugs: <u> </u></p> <p>CURRENT MEDICATIONS: () = ordered as premed () <u>Vec 6mg/hr</u> () <u>Fentanyl 90ug/hr</u> () <u>Verjcd 0.3mg/hr</u> () <u>Zantac 150mg</u> () <u> </u> () <u> </u></p> <p>PREMEDICATIONS: None / Yes @ <u> </u> Hrs <u> </u> <u> </u></p> <p>LABORATORY STUDIES: 10 30 10/32P 1300 via Piccolo Other: <u>7.34 / 40.5 / 94 / 22 / 4</u></p>	<p>PAST MEDICAL HISTORY / SYSTEMS REVIEW</p> <p>Cardiovascular: Hypertension <u>N</u> Y Angina <u>N</u> Y MI <u>N</u> Y CVA <u>N</u> Y Other <u>N</u> Y</p> <p>Pulmonary: Asthma <u>N</u> Y URI <u>N</u> Y COPD <u>N</u> Y Other <u>N</u> Y</p> <p>Renal System: ARF/CRF <u>N</u> Y Other <u>N</u> Y</p> <p>Gastrointestinal: Hepatitis <u>N</u> Y Hiatal Hernia <u>N</u> Y GERD/PUD <u>N</u> Y</p> <p>Endocrine: Diabetes <u>N</u> Y Steroids <u>N</u> Y Thyroid <u>N</u> Y</p> <p>Neurological: Seizures <u>N</u> Y Neuropathy <u>N</u> Y</p> <p>Gynecological: Pregnancy <u>N</u> Y Other <u>N</u> Y</p> <p>Other Problems: <u>N</u> Y</p> <p>Familial Hx <u>N</u> Y</p>	<p>SURGICAL HISTORY <u>16 Aug Ex lap</u> <u> </u> <u> </u> <u> </u></p> <p>PHYSICAL EXAMINATION BP: <u>108/63</u> HR: <u>112</u> RR: <u>16</u> T: <u>98.8</u> Pain (0/10 Scale): <u>Sedated</u> Airway Exam: Dentition <u>8.0 ETT</u> Trachea <u>in place</u> TMJ/C-spine <u> </u> Oropharynx <u> </u></p> <p>Chest: Lungs <u>CTAB</u> Heart <u>RRR</u></p> <p>IV Access: <u>Lt JCCordis</u> Ulnar Filling: <u>A-line lt</u> Back: <u>N/A</u> Other: <u>N/A</u></p>
---	--	--

ANESTHETIC PLAN: () Local/MAC () Regional: General Intubation/ Mask-LMA Notes: existing ETT

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives, and risks of anesthesia including death have been explained to and discussed with patient and/or legal guardian. The patient/legal guardian seems to understand and agrees to proceed. Questions answered.

(b)(6)-2 CRNA Date: 8/17/03 Time: 1430
 Sedated/nonresponsive/minor patient with no family or guardian present.

PATIENT IDENTIFICATION:

 EPW #

 (b)(6)-4
 (b)(6)-4

POST-ANESTHESIA EVALUATION AND NOTE:

() No apparent anesthetic complications.
 () Other (see progress notes)

Signed: Date: Time:

Nursing Unit: FW3

MEDCOM - 16837 HOSPITAL & MEDICAL TASK FORCE-BAGHDAD

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 57 DAYS MOS (YRS) Sex MALE (FEMALE)

ASA Physical State 1 2 4 5 E
 WT: 85 KG/185 HT: IN.
 ALLERGIES: NKDA

PROPOSED PROCEDURE: EX: TRACH
 SURGICAL SERVICE: GEN (b)(6)-2 GSW (R) FLANK
 NPO SINCE: TUBE FEEDING DC's @ 2400

HABITS:
 TOBACCO: SMOKER
 ETOH:
 DRUGS:

CURRENT MEDICATIONS:
 () = ordered as premed
 () FENT } SEDATION
 () PROPOFOL }
 () CIPRO
 ()
 ()
 ()

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

LABORATORY STUDIES:
 HB/HCT: /
 U/A:
 OTHER:

TX of 2 UNITS
Hs 7.8
20:23
27 Aug
PCR 1005
RECEIVING
#1 of 2 units
PRBCs

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 INTUBATED SIMV 16
 Bronchitis/URI N Y XOSETT VT 800
 COPD N Y F.O₂ .40
 Other N Y PEEP 5

Renal System:
 Acute/Chronic RF N Y
 Gastrointestinal: FOLEY
 Hepatitis N Y
 Hiatal Hernia N Y DUODENAL DRAIN
 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
16 Aug EX LAP
26 Aug EX LAP

PHYSICAL EXAMINATION
 BP 105/75 HR 85 R 16 T 100.6
 Pain Scale 0-10
 HEENT - Teeth
 Trachea
 TMJ/Neck
 Oropharynx
 Nares
 CHEST: MECH VENT
 CARDIAC:
 EXTREMITIES:
 IV Access: (R) SC Cordis
 Urinal Pitting: (+) 3L
 BACK:
 OTHER: (L) RADA-LINE FOR BLOOD DRAWS ONLY.

NPO Since 2400

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 (b)(6)-2 understands and agrees. Questions answered.
 Signed: Date: 28 Aug 03 Time: 10:30 Hrs

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

Patient Identification: (Ward) ICU-1
(b)(6)-4 EPW, (b)(6)-4

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 be necessary.
- ANESTHESIA.** Patient does not respond to painful stimulation.

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 40s DAYS MOS YRS Sex MALE () FEMALE

PROPOSED PROCEDURE: ST to Abdomen
 SURGICAL SERVICE: _____
 NPO SINCE: 0400

ASA Physical State 1 (2) 3 4 5 E
 WT: _____ KG/LB HT: _____ IN.
 ALLERGIES: NKA

HABITS:
 TOBACCO: _____
 ETOH: _____
 DRUGS: _____

CURRENT MEDICATIONS:
 () = ordered as premed
 () _____
 () _____
 () _____
 () _____
 () _____

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

LABORATORY STUDIES:
 HB/HCT: _____
 U/A: _____
 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 _____
 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 _____

ASSESSMENT

PAST SURGICAL/ANESTHETIC

PHYSICAL EXAMINATION

BP _____ HR _____ R _____ T _____
 Pain Scale 0-10 _____
 HEENT - Teeth _____
 Trachea _____
 TMJ/Neck _____
 Oropharynx _____
 Nares _____

CHEST: _____

CARDIAC: _____

EXTREMITIES: _____

IV Access: _____
 Ulnar Filling: _____

BACK: _____

OTHER: _____

NPO Since _____

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): _____
 General: mask intubation to trach

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: _____ (b)(6)-2 Date: 9/19/03 Time: 0925 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER
 Signed: _____ (b)(6)-2 Date: 9/19/03 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 be necessary.
 - 4. ANESTHESIA.** Patient does not respond to painful stimulation.

Patient Identification: (Ward) _____

_____ (b)(6)-4

See previous Anesthesia Record

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), Date Requested (16 Aug 03), and Requesting Physician (b)(6)-2).

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Unit No. (b)(6)-4, Transfusion No., Patient No., Donor (A pos), Recipient (A pos), and Test Interpretation (N/A, Comp).

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-transfusion Data (Inspected and Issued by (b)(6)-2), Post-transfusion Data (Amount given 1 unit ML, Time/Date 17 Aug 03), and Identification (Verifiers (b)(6)-2, (b)(6)-2).

Handwritten notes and signatures at the bottom left, including a large blacked-out area and the text (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

Medical Record Copy