

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS	TIME	PROCEDURE	ACCOMPANIED BY	RETURN
	ET Intubation		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR		CT Scan: <input type="checkbox"/> Contrast		
	Gastric Tube		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal		<input type="checkbox"/> Air <input type="checkbox"/> Contents <input type="checkbox"/> Verified Suction: Y N		<input type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis <input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input checked="" type="checkbox"/> Chest		
0155	Urinary	16F	<input type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic	SAT [redacted]	<input type="checkbox"/> Return _____ cc <input type="checkbox"/> Heme Dip: + - <input type="checkbox"/> Secured		<input type="checkbox"/> [Handwritten Signature]		
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed		<input type="checkbox"/> Grossly: + - Cell count Sent@		IV ACCESS & FLUIDS		
	Chest Tube #1		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser	TIME # GA IAW SOP SITE IVF TYPE AMT UP AMT IN			
	Chest Tube #2		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser	0117 1 18 Y N E5 @			
	12 Lead	Rhythm:	Comments			0133 1 18 Y N E5 @			

ABG SITE	TIME	%O ₂	pH	BE	pCO ₂	PO ₂	O ₂ Sat	HCO ₃
1)								
2)								

LABS		X-RAYS	
TIME	LABS	TIME	LABS
	<input type="checkbox"/> D-stick _____ <input type="checkbox"/> SHct _____		<input checked="" type="checkbox"/> Chest Initial
	<input type="checkbox"/> D-stick _____ <input type="checkbox"/> SHct _____		<input checked="" type="checkbox"/> Chest Post ET
	<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Chem <input type="checkbox"/> PT/PTT		<input checked="" type="checkbox"/> Chest Post CT
	<input type="checkbox"/> ETOH <input checked="" type="checkbox"/> T&S <input type="checkbox"/> T&C x _____		<input type="checkbox"/> C-Spine
	<input type="checkbox"/> Tox Screen		<input type="checkbox"/> Pelvis
	<input checked="" type="checkbox"/> UA <input type="checkbox"/> HCG		<input checked="" type="checkbox"/> [Handwritten Signature]
	<input type="checkbox"/> OTHER		<input type="checkbox"/> [Handwritten Signature]
	<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> [Handwritten Signature]

MEDICATIONS									
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Anacet 1gm	0109	1g							
Ted 0.5	0109	0.5							
Morph IV	0109	5mg							

BLOOD PRODUCTS							
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	WWT

LAB RESULTS

CBC: 17.4 / 12.7 / 385 / 39.8

Chem: P7/P77-12.8/29.6

129 / 102 / 15 / 124

3.7 / 20 / 1.3

Red / UA w/ mod Blood - 15 RBC LFT - wnl

INTAKE & OUTPUT			
INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL				
TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon	[redacted]	b(6)-2		
Anesth	[redacted]			
X-Ray				
RT	[redacted]			
Ortho	[redacted]	b(6)-2		
Neuro	[redacted]			
Chaplain				

VALUABLES & CLOTHING	
V	STATUS
	None Found
	Given to Patient
	Given to Family
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696
	Other: See Nursing Notes

DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/> _____
Admitted to	_____
Report Called to	_____
Time Transferred	_____
Accompanied By	_____

MEDCOM - 21841 etcher Wheelchair

VITAL SIGNS											GLASGOW COMA SCALE			
Rectal Temp: <i>Oral 98.9</i>							GCS:				EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE	
TIME	BP	HR	RHY	RR	SAO ₂	FIO ₂	MODE	E	V	M	T	4 - Spontaneous	5 - Oriented	6 - Obeys Commands
0104	139/63	85										3 - To Voice	4 - Confused	5 - Localizes Pain
0116	82/57	58										2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
0130	124/71	106										1 - None	2 - Incomp Speech	3 - Flexion to Pain
0134	139/72	106											1 - None	2 - Extension to Pain
0140	Nasal Cannula		2 liters											1 - None
145	133/69	113										TIME	PROCEDURE	PERFORMED BY:
	/												<input type="checkbox"/> Backboard Removed	BY:
	/												<input type="checkbox"/> Downgraded	BY:
NOTES														
<i>Attempt CS Fail @</i>														
<i>CS @ is good.</i>														

MEDCOM - 21842

27,60 ♂ s/p drive by shorting of nerves
 given point. they were fired back on road but
 arrived via ground. Pt AAO3 on arrival to
 Bostelby, In in @ Forearm.

point - p
 p 821 p
 In - ?
 MED 2
 p 220
 FST ⊖

G: W, W, @ PAM, AAO3.
 H: ~~W~~, PERCU, Eos d/p, 720
 @ Fresh Lacertis.
 H: p meyer, p Bog 7TP, p 5 teroff, p 220, p 110.
 W: 7A @ W / W
 A: 3, 7, 7, W, W @ B
 p 220: NT, stable,
 p 220: Here ⊖, good tone, p Blood @ Netus
 p 220: stable
 nerve: intact, non-fused.
 E: @ 110, @ soft skin Anulcia / peritonsils, 110, NT, @ 220
 @ Fore, @ skin / soft skin Anulcia. nvs @ 77

At given Anulcia / dT / nvs 27 / 77 / warm / FST to give in
 ENT

- (DX)
- ① VASCULAR injury (L) Arm 2^o to fragmentary wound
 - ② (R) Forearm Fragmentary wounds
 - ③ (R) thigh Fragmentary wounds
 - ④ microscopic Hematuria.
 - ⑤ Shrapnel to FACE SUPERFICIAL

b(6)-2

→ to OR @ Dr [REDACTED] / [REDACTED]
 [REDACTED]

ICAL RECORD-SUPPLEMENTAL MED DATA

For use of [blank] form, see AR 40-66; the proponent agency is the Office of the Surgeon General.

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

b(6)-2

SHIFT ASSESSMENT

		TIME: 0715	INITIALS: [redacted]	TIME: 1830	INITIALS: [redacted]
N E U R O	PUPILS	PERRL		PERRLA	
	SENSORIUM	Pt Alert + responsive to touch +		Pt awake, alert to sounds/touch, pain	
	EXTREMITY MOVEMENT	Voice stimuli. Able to move extremities		Moves spontaneously. Limited ROM to pain	
	SEDATION	X4.			
	PAIN CONTROL	MSO4 2-6mg q1 ^h PRN		MSO4 2mg q1 ^h PRN continues.	
R E S P	RESPIRATORY PATTERN	Reg R+R, unlabored. Equal rise + fall		Rate & depth regular, equal (B), & distress	
	BREATH SOUNDS	CTA bilat & diminished bases		CTA bilat. Bases clear.	
	SECRETIONS	Ø Ntd		Pt c/o dry mouth. H ₂ O provided.	
	O2 SOURCE/FLOW/SAO2	RA, SpO2 @ 98-100%		RA, SpO2 @ 98-100%	
	VENTILATOR SETTINGS				
C A R D	CARDIAC RHYTHM	S1, S2 present. ST E Ø Mid ectopy		Appears to be in NSR. S1, S2 audible.	
	CAPILLARY REFILL	brisk cap refill x4 extremities		Brisk cap refill, extremities warm. Cyanosis	
	PULSES	+1 pulses to radial + dorsal sites		Pulses +2 to (B) radial, +2 (B) dorsalis pedis.	
	EDEMA	bilat. Mild general edema.		Edema to (B) feet, mild. Edema to (B) hands, mild	
G I A B D	ABDOMEN	Soft + boun, non tender, non distended.		Soft, nondistended to palp, & distention	
	BOWEL SOUNDS	hypoactive. x4 Quads		BSP @ x4, hypoactive to superior quads.	
	BOWEL MOVEMENT	Ø		Ø	
	NGT/OGT	Ø		N/A	
	TUBE FEEDINGS	Ø		N/A	
DRAINS	Pt tolerating clear liquids		CL diet, c/o N/U.		
G U	VOIDING	clear yellow via Foley to gravity &		clear, yellow urine via Foley.	
	COLOR/CLARITY	Adequate UOP.		UOP adequate at this time	
S K I N	COLOR	NFR		Normal for patient. Cyanosis noted.	
	INTEGRITY	Dressings intact. Several abrasions + lacerations.		Dry to (B) elbow, UIC. Dry to (B) wrist has redness + scaling. Dry to (B) UE (shin) has redness + scaling. Multiple lacerations + abrasions to scalp, face, extremities	
A C C E S S	#1 TYPE/LOCATION/SIZE	(R) IJ Cordis, heplocked, dressing C/D/I		(R) IJ cordis, heplocked. Flashes well. Dry base.	
	DRESSING CONDITION	Flushes well.		Reinforced. Laceration repair.	
	IV FLUID/RATE	(L) IJ, heplocked, dressing C/D/I, Flushes well.		(L) IJ, heplocked. Dry base - reinforced. Flashes well.	
	#2 TYPE/LOCATION/SIZE	well.			
S S	DRESSING CONDITION	(R) Femoral A-Line, Dressing C/D/I		(R) art line DC'd on dry shirt. Dry base no active bleeding at insertion site.	
	IV FLUIDS/RATE	(R) Radial A-Line, Dressing C/D/I			

PREPARED BY (Signature & Title) [redacted] DEPARTMENT/SERVICE/CLINIC [redacted] DATE 21 Oct 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)
 NAME: # [redacted] RANK: b(6)-2 AGE: [redacted]
 UNIT: [redacted] b(6)-4 GENDER: [redacted]
 STATUS: US: AD / CIV IRAQI: CIV / (EPW)
 MEDCOM - 21844

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

ICU1

Patients Name: [REDACTED]

1624

Date: 21 Oct 03

VITALS	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	
A-Line																										
NBP	130/46	135/44	118/55	115/57	-	137/54	144/49	155/46	140/61	143/55	144/68	-		136/51	148/46	148/48	140/53	145/52	143/54	149/55	140/58	145/58	148/50	142/52	153/60	
TEMP	97.1	98.0	98.3	98.2	98.2	98.2	98.2	99.0	-	99.1	99.1	-		-	99.6	99.6	99.6	99.9	99.9	99.6	99.8	99.8	-	100.2	100.1	
HR	93	88	105	94	102	106	86	106	108	96	96	104		101	105	98	102	103	110	107	107	107	105	118	110	
RR	19	18	19	18	20	21	22	22	23	23	24	23		26	25	21	22	22	22	22	22	22	22	22	22	
SaO2	100	100	99%	98%	98%	98%	97%	100%	99%	98%	100%	97%		99%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	
FIO2	6L	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Source	SM	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	
MAP																										
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	0	0	0	0	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	125	125	125	125	125
IVPB														100												
NGT														60	-	60	-	60	60	-	-	-	-	60	-	
PO														60	-	60	-	60	60	-	-	-	-	60	-	
NGT																										
PO																										
Total		460	700				25	50	300				1435													
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	300	300	130	60	90	80	75	80	60	45	60	60	1460	60	75	30	25	20	10	10	10	10	10	10	10	
NGT																										
STOOL																										
DRAIN																										
Total													1060													

AL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)
QA Apr 8 Mar 89

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

SHIFT ASSESSMENT **b(6)-2**
INITIALS: [REDACTED] TIME: INITIALS:

N E U R O	PUPILS	PERRL
	SENSORIUM	A&O x3
	EXTREMITY MOVEMENT	4 moves all extremities Unintended in L ARM
	SEDATION	Ø Sedation
R E S P	PAIN CONTROL	MSO4 2-6 mg IVP q 1° PCN pain
	RESPIRATORY PATTERN	RR - 12 SPO2 - 97% on RA
	BREATH SOUNDS	Lung Sounds - CTA ⊕
	SECRETIONS	Ø sec
C V	O2 SOURCE/FLOW/SAO2	Ø-O2
	VENTILATOR SETTINGS	Ø Ventilator
	CARDIAC RHYTHM	HR - 104 BP - 137/47
	CAPILLARY REFILL	Capillary Refill - ≤ 3 sec
G I	PULSES	peripheral pulses - ⊕ x4
	EDEMA	generalized edema noted @ GSW sites.
	ABDOMEN	Bowel sound - Normoactive x4
	BOWEL SOUNDS	Ø BM @ present
G U	BOWEL MOVEMENT	Ø NGT Ø OGTT
	NGT/OGT	Ø Tube Feedings
	TUBE FEEDINGS	Ø drains
	DRAINS	
S K I N	VOIDING	void via Foley to gravity
	COLOR/CLARITY	draining Q.S. clear colorless urine
A C E S S	COLOR	Normal Fair Race
	INTEGRITY	GSW to Left Bicep Right Forearm & thigh dressing CDI
	#1 TYPE/LOCATION/SIZE	(R) IJ cordis infusing 125cc/hr of LR Flushes well Dressing CDI
	DRESSING CONDITION	(L) IJ Hep locked Flushes well
S S	#2 TYPE/LOCATION/SIZE	
	DRESSING CONDITION	
	IV FLUIDS/RATE	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade; date; hospital or medical facility)
 NAME: [REDACTED] b(6)-4
 UNIT: [REDACTED] b(6)-2
 STATUS: US: AD / CIV
 GENDER: M
 MEDCOM - 21846

DEPARTMENT/SERVICE/CLINIC: b(2)-2
 DATE: 22 Oct 89

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 25 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1013 IV Sedation Nerve Block
 Allergies: _____ OR Intake: Crystalloid 300 Colloid _____
 Pre-op V/S: 144/84 101 OR Output: UOP 100 EBL MIN
 Procedures: 1-7 R leg RDM Meds/Times: SAS04, 250 mg

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds History

Time	1014	1017	1021	1027																
SaO2	97	95	95	95																
FiO2																				
Methods	EA	EA	EA	EA																
240																				
220																				
200																				
180																				
160																				
140		V	V	V																
120																				
100																				
80																				
60																				
40																				
20																				
RR	14	12	14	20																
T	24																			

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

X-rays: _____ Labs: _____

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

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

DEPARTMENT/SERVICE/CLINIC PACU DATE 25 OCT 03

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

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

NURSING NOTES

Pt received from OR s/p I+D R Arm and leg. No c/o pain VSS, SpO2 97%. RA. Report given to Spt [redacted] Spt [redacted]

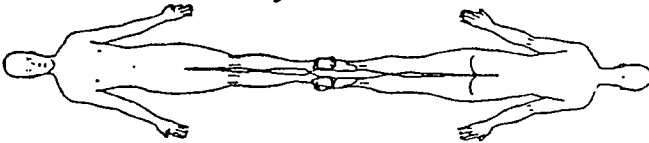
b(6)-2

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	R leg	limited	+	P	B	C	PLC
15'	R leg	limited	+	P	B	C	PLC
30'	R leg	limited	+	P	B	C	PLC
45'							
60'							
90'							
D/C	R leg	limited	+	P	B	C	PLC

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 10:14	R Arm/leg	Kerlex	0
30' 10:41	R Arm/leg	Kerlex	0
60'			
D/C 10:46	R Arm/leg	Kerlex	0



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
10:14	TSR	0	0

WAMC OP 173-E

Discharge Criteria:

Date: 25 Oct 03 Time: 10:46 PARS: 10
 BP: 144/67 T: 95.1 HR: 110 RR: 13 SaO2: 100
 Pain Level at D/C (0-10):

Intake: _____ Output: _____

Additional Data: _____

Transferred To: ICW

Report Given To: Spt [redacted]

Transferred Via: W/C [redacted] Ambulance

Transferred By: Spt [redacted]

Cleared IAW Recovery Room SOP B-3

Charge Nurse Signature: _____

b(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

DTSG APPROVED (Date)

Date: 29 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1120 IV Sedation Nerve Block
 Allergies: wk p A OR Intake: Crystalloid 400 ml Colloid 250mg Ent
 Pre-op V/S: 102/45/110 OR Output: UOP 250 EBL 200
 Procedures: ① Arm Skin Graft

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds History

Time	1120	1135	1150	1205	1220	1235	1250	1305	1320	1335	1350	1405	1420	1435	1450	1505	1520	1535	1550
SaO2	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
FiO2	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
Methods																			
240																			
220																			
200																			
180																			
160																			
140																			
120																			
100																			
80																			
60																			
40																			
20																			
RR	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
T	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
1120	LIL	400	① Hand		
X-rays: _____ Labs: _____					
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	1	2		AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	0		V/S X = A-line BP * = Cuff BP = Pulse	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2		TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	1		LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2			
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse					
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C,	8	9			

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

PREPARED BY (Signature & Title) [Redacted] b(6)-2 DEPARTMENT(SERVICE/CLINIC) PACU DATE 29 Oct 03

PATIENT'S IDENTIFICATION (For typed entries give: first, middle, grade, date; hospital or medical facility) [Redacted] b(6)-4 Name - last, 2646

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

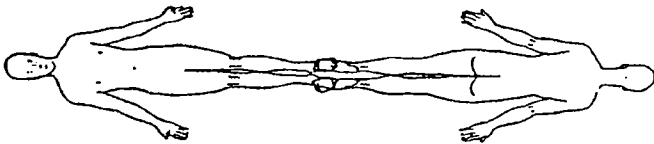
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

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

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

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

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



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

NURSING NOTES

Tracy EPW admitted to PAW SIP Bkin
 Graft to @D arm - P60, 98% VCC, WO
 4s respiratory distress. Oxy to graft CDZ.
 IV to @D hand LR @ T60, will continue to
 monitor - Foley to purify [redacted]

b(6)-2

b(6)-2

Discharge Criteria:
 Date: 2/20/03 Time: 1156 PARS: 9
 BP: 29/59 T: HR: 99 RR: 21 SaO2: 96
 Pain Level at D/C (0-10):
 Intake: < 100 Output: 0
 Additional Data:
 Transferred To: ICU
 Report Given To: [redacted]
 Transferred Via: W/C [redacted] Gurney Ambulance
 Transferred By: [redacted]
 Cleared IAW Recovery Room [redacted] B-3
 Charge Nurse Signature: _____

WAMC OP 173-E

MEDCOM - 21851

1. Reporting MTF 0580 [REDACTED]		2. MTF Location IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG			
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED]		4. Pay Grade FGN		5. Sex M	
6. DoB (YYYYMMDD) [REDACTED]		7. Age at Admission [REDACTED]		8. Race X		9. Ethnicity 9	
10. Length of Service		ETS		11. FMP 99		12. Social Security Number [REDACTED]	
Organization (Active Duty Only)				13. Marital Status		Hour of Admission 01:15	
14. Flying Status		15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES			16. Zip Code of Residence:		
17. Unit Location		18. MOS		19. Trauma BC		Prev. Admission NO	
20. Source of Admission Direct from ER		Ward:		Name / Relationship of Emergency Addressee			
b(2)-2				Address of Emergency Addressee			
Name and Location of Medical Treatment Facility: 0580 [REDACTED] Iraq; No Install Provided				Telephone Number of Emergency Addressee			
21. Type of Disposition TRF-OTH		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2003-11-04			
24. Clinic Svc - Admitting ABA - GENERAL SURGERY		25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2003-10-21			
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission 2003-10-21			
<p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: BRACHIAL ARTERY INJURY</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative: GSW</p>							
Admitting Officer (Signature) [REDACTED]				Signature of Admitting Clerk [REDACTED]			
MEDCOM - 21852				SPC, 9/16/08			

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF								2. MTF LOCATION <small>(State or Country Code.)</small>																							
1	2	3	4	5	6	7	8	NAME (Last, First, Middle Initial)								4. PAY GRADE		5. SEX													
A																16	17	18													
3. REGISTER NUMBER								6. DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION		8. RACE		9. ETHNIC		RELIGION									
9	10	11	12	13	14	15		19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND										
0	0	1	4	9	7	9		1	9	7	6	0	1	0	1	2	7	4													
10. LENGTH OF SERVICE				ETS				11. FMP				12. SOCIAL SECURITY NUMBER																			
32	33	34						35	36			37	38	39	40	41	42	43	44	45											
								9	9			0	0	0	0	0	1	0	6	7											
ORGANIZATION (Active Duty Only)								13. MARITAL STATUS				HOUR OF ADMISSION				BRANCH / CORPS															
								46																							
14. FLYING STATUS				15. BENEFICIARY CATEGORY				16. ZIP CODE OF RESIDENCE				18. TRAUMA				PREV. ADMISSION															
47	48	49		50	51	52		53	54	55	56	57	58	59	60	61	YEAR <input type="checkbox"/> NO														
				K	7	8																									
17. UNIT LOCATION (State or Country Code)				18. MOS				19. TRAUMA				PREV. ADMISSION																			
62	63			64	65	66	67	68	69	70	71																				
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION								WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)															
72																															
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY								WARD				TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																			
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)															
73	74			75	76	77	78	79	80	81	82	83	84	85	86	87	88	93	94	95	96	97	98	99	100	101	102	103	104	105	106
										2	0	0	3	1	1	0	4							2	0	0	3	1	0	2	1
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)				27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)											
89	90	91	92	93	94	95	96	97	98	109	110	111	112	113	114	115	116	117	118	119	120	121	122								

FOR LOCAL USE

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK

MEDCOM - 21853

USAPA V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN	Admission Remarks			
4. Sex M	5. Age 20Y	6. Race Z	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO				
11. FMP 99	12. SSN [REDACTED]	13. Organization			14. Ward ICW1					
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case BC				
21. Source of Admission Direct from ER				22. Hour Of Adm: 01:35	23. Clinic Service ABA - GENERAL SURGERY					
24. Name/Relation of Emergency Addressee				25. Type Disp TRF-OTH	26. Date of Disp 2003-10-23					
27a. Address of Emergency Addressee				27b. Telephone No	28. Date This Adm: 2003-10-22	Admitting Officer: [REDACTED]				
29. Reporting MTF 0580 - [REDACTED]				30. Date Init Adm 2003-10-22		32. Units Blood Components				
31. Selected Administrative Data						b(6)-2				
Marital Status:		DoB: 1983-01-01								
In/Out Patient: Inpatient		MOS:								
33. Cause Of Injury:										
34. Diagnosis / Operations and Special Procedures:										
MULTI SHRAPNEL WND'S										
<table border="0"> <tr> <td style="border: 1px solid black; padding: 5px;"> Dx: 884.0 875.0 890.00 894.0 881.00 8991.9 </td> <td style="padding: 5px;"> Proc: 86.09 87.44 </td> </tr> </table>							Dx: 884.0 875.0 890.00 894.0 881.00 8991.9	Proc: 86.09 87.44		
Dx: 884.0 875.0 890.00 894.0 881.00 8991.9	Proc: 86.09 87.44									
<table border="0"> <tr> <td style="text-align: center;">Trauma</td> <td style="text-align: center;">Anxiety</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">549</td> </tr> </table>							Trauma	Anxiety	9	549
Trauma	Anxiety									
9	549									
35. Total Days This Facility										
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days					
0	0	0	0	2	2					
35. Total Days This Facility										
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days					
0	0	0	0	2	2					
Signature of [REDACTED]				Signature of PAD or Medical Records Officer						
[REDACTED]				MAJ [REDACTED]						

MEDCOM - 21854

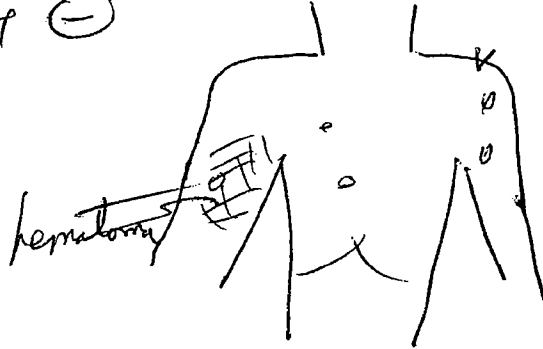
MEDICAL RECORD

22 OCT '03

ABBREVIATED MEDICAL RECORD

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

~ 20 glo c multiple wounds (R) distal forearm
 (R) medial arm, (R) ant chest, (L) shoulder, (L) upper medial arm
 Med o all o PMH (-)



PHYSICAL EXAMINATION

WD of ACS 15
 MENT (-)
 chest clear
 a - (M)
 abd. - soft
 ext. - (R) arm hematoma

PROGRESS (Enter date of discharge and final diagnosis)

CXR - small frag lower (R) chest - Ax (R) forearm
 + hemopyneum - Ax (L) shoulder

P - right arm hematoma / b(6)-2

SIGNATURE OF _____

ORGANIZATION _____

PATIENT'S IDENTIFICATION

(For typed or written entries give Name last, first, middle initial, date, hospital or medical facility)

REGISTER NO. _____

WARD NO. _____

ABBREVIATED MEDICAL RECORD
 Standard Form 539

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

MEDCOM - 21855

MEDICAL RECORD

PROGRESS NO:

DATE: Summary

NOTES: 20 y/o Iraqi with multiple bSW sustained after he detonated IED injuring 5 US soldiers

Med: All: PMH (-)

PE 130/90 90 24

HEENT (-)

chest clear cor 0 (21) abd soft nont (0) tone + ext move all

wounds - (R) medial arm pt hemostasis

2 (R) anterior chest

3 (L) shoulder + proximal arm

1 (R) medial leg 1 distal (R) forearm - 5 A

XLNT radial basilar pulser bil

nl radial/med'n/ulna n. Act'n

XLNT PT pulser bil nl mtr Act'n both lower extremities

knee/ankle nl bil

CXR - nl

(R) arm explored in OR no neurovascular inj. wound closed, penrose removed 23 Oct, ready for check, staples removed 29 Oct

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.

[Redacted] b(6)-4

[Redacted] b(2)-2

[Redacted] b(6)-2

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

MEDICAL RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

10-21-03	Time 1st set vitals 12:18	2 1227	3	4
	BP: 138/100	BP: 130/100	BP: 140/90	BP
	P: 88	P: 99	P: 60	P:
	Pox:	Pox: 94	Pox:	Pox
	R: 20	R: 16	R: 18	R:

I.V. #1234 - Lactated Ringer's 500ml - TKO

(R) arm per. wound
cuts (L) shoulder
cut to (L) upper face

Laceration to (R) pinky finger (splinted) Ring finger Edema
Laceration to (L) fore arm
Puncture wound to (R) upper chest
Laceration to L shoulder
Laceration to (R) upper bicep.
Branched laceration right wrist.
(R) Distal pulses UELLE
Pl sterilized

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.

ACE [Redacted] b(6)-4

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

MEDICAL RECORD PROGRESS NOTES

DATE: 22 Oct 1500 NOTES:

Expl (R) arm wound - penetration mid antero-medial arm thru portion of biceps/triceps. No nerve or vascular injury. irrigated + remove plated posteriorly show stable incision; frag removed from wound.

I-Fluid 800 CBC min 30 min

[REDACTED] b(6)-2

ket 44 WBC 14 13/39

142/106 count 0,9

4, 2 29 [REDACTED] b(6)-2

23 Oct

Aft USS wounds clean by chest dx all soft ext - OK, moving all 5 diff; (R) arm drain removed. P-drain = strips out in '6 d [REDACTED] 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.
--	--------------	----------

[REDACTED] b(6)-4

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

MEDICAL RECORD **PROGRESS NOTES**

DATE	NOTES
220CT03@ 0535	Pt. arrived to floor @ 0500. Pt VSS. Pt sleepy, but arousable. Pt ⊕ Foley draining clear, yellow urine. Pt has multiple BSN. DSG's to BSN. CDI. IV fluids 75cc/hr IR. Lung sounds clear through all lobes ⊕ pedal pulses. Pt ⊕ signs of pain. b(6)-2 ↓
220CT03@ 2152	VSS. Pt in 3 pt restraints. Multiple drug. ⊕ Arm DSG. Nid = dry dog. ⊕ perineal drain. MD came to see pt. MD said that wounds okay, possibly have perineal taken out tomorrow AM. Lung sounds clear through all lobes. Urinating with difficulty in urethral. ⊕ Bowel sounds.
230CT03@0900	Pt. OOB to BR. Ambulates well. ⊕ BM. Urinal @ bedside good output, clear yellow. MD removed drain & did DRSNG this AM. Small amount of serosanguinous drainage to old DRSNG. New DRSNG CDI. Pt. to be DIC'd to EPW comp today. All other assessments WNC. LR @ 75cc/10 to ⊕ FA. EPW restraint protocol in effect. ⊕ signs of skin breakdown. 217.

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

[REDACTED] b(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1988)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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>
1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>UNK</u>
	3. PREVIOUS SURGERY [] NO [] YES (type):

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: Last PO: _____ Medical Hx: _____ Implants: _____ Medications: _____
 Jewelry removed: yes/no _____ Family waiting: yes/no _____

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 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>bovic pad; position; fluid shift</u>	<input 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)

 b(6)-4

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 anesthesia; traumatic injury; position; shock; previous surgery	<input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	<input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors. <input checked="" type="checkbox"/> Check that safety straps are correctly applied. <input checked="" 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 have been removed.
E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain	<input type="checkbox"/> Pt. will be transferred to OR table without difficulty. <input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.	<input type="checkbox"/> Have sufficient people available for transfer. <input type="checkbox"/> Insure proper body alignment. <input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input type="checkbox"/> Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being injury; sedation; F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation F.3. Potential injury due to dentures.	<input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction. <input type="checkbox"/> Pt. will be transferred safely to OR table. <input type="checkbox"/> Pt. will be able to understand instructions. <input type="checkbox"/> Minimize danger of injury during intraop period.	<input type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening. <input type="checkbox"/> Inform pt. in which direction to move and assist if necessary. <input type="checkbox"/> Speak clearly and slowly. <input type="checkbox"/> Address pt. from _____ side. <input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communications. <input type="checkbox"/> Verify removal of dentures.
G. OTHER PATIENT PROBLEMS AND 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 INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

DATE: 22 Oct 03 0316 CPT/AN

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

DATE: 22 Oct 03 TIME: 0316 CPT/AN

MEDCOM - 21861

REVERSE OF DA FORM 5179, JUN 91

USAPA V1.01

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the proper agency is the Office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u>		2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE BY <u>litter anesthesia</u> VERIFIED BY <u>[REDACTED] CPT/AN</u>	
3. DATE <u>22 Oct 03</u>		4. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE TIME PATIENT ARRIVED IN SUITE <u>0230</u> TIME <u>0230</u> NUMBER	
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: <u>b(6)-2</u> <u>b(6)-2</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>Spc</u> <u>[REDACTED]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT</u> <u>[REDACTED]</u>	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: <u>Proper body alignment maintained</u>			
8. SKIN PREPARATION			
HAIR REMOVAL		PREP SOLUTION (Specify) <u>Betadine scrub/soln</u>	
<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		SITE: <u>Rt. arm</u> BY WHOM <u>[REDACTED]</u> SITE: BY WHOM: <u>[REDACTED]</u>	
COMMENTS:		COMMENTS: <u>No pooling of fluids</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad -- Safety Strap == = = = Tourniquet			
10. COUNTS		C = Correct I = Incorrect Initial <u>[REDACTED]</u>	
	Other**	First Closing Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/	C
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/	/
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/
		SCRUB	CIRCULATOR
		<u>[REDACTED]</u>	<u>[REDACTED]</u>
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] b(6)-4</u> <u>2040 ♂</u>		<input checked="" type="checkbox"/> ESU NO: <u>Force 40 BBE105303 30/30</u> GROUND PAD: BRAND <u>Valleylab Rem</u> LOT NO: <u>70011</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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	

WOUND IRRIGATION YES NO, TYPE(S):

0.9% NS

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 checked="" type="checkbox"/>	NO <input type="checkbox"/>
TYPE/SIZE	1. <i>3/8 Penrose</i>	2. <i> </i>	3. <i> </i>		
SITE	1. <i>Rt. Arm</i>	2. <i> </i>	3. <i> </i>		

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs
Kerlix

19. ADDITIONAL INFORMATION
Surg: [Redacted] *Anesth: [Redacted], CENA*
b(6)-2
Ring removed - w/ pt. to PACU

20. OPERATION(S) PERFORMED
 1. *Exploration of Rt. Arm Wound*
b(6)-2

21. PATIENT TRANSFERRED TO *PACU* TIME *0316* METHOD *litter*

22. RECOVERER SIGNATURE *[Redacted]* *CPT/AN*

MEDICAL RECORD			VITAL SIGNS RECORD													
HOSPITAL DAY																
POST-	DAY															
MONTH-YEAR	DAY	DAY														
19 2003	01	23														
	HOUR															
	00	02														
	01	03														
	04	05														
	06	07														
	08	09														
	10	11														
	12	13														
	14	15														
	16	17														
	18	19														
	20	21														
	22	23														
	24	25														
	26	27														
	28	29														
	30	31														

	PULSE (O)	TEMP. F (°)	TEMP. C	
180		105°	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°	
60				
50				
40				

RESPIRATION RECORD			
BLOOD PRESSURE	80/50	121/74	
	87/94		
	97/92		
HEIGHT:	57"	WEIGHT →	161.84

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.

(Centigrade Equivalents, for Reference only)



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 - 21864

Ward/Section: **ER** REQUEST # [Redacted] LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. # [Redacted] DATE **10/22/03** TIME **0130** SSN/PSE/ID # [Redacted]

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Color	yellow	N/A	RPR				Negative	
App	clear	N/A	Mono				Negative	
Glu	NEG	Negative	Microbiology					
Bili	NEG	Negative						
Ket	NEG	Negative	Source					
SG	1.025	N/A	Gram Stain					
Bld	NEG	Negative	Occ Bld				Negative	
pH	7.0	N/A	H. pylori				Negative	
Prot	Trace	Negative	Micro Parasites					
Urob	0.2	0.2-1.0	Malaria					
Nit	NEG	Negative	O & P					
Leuk	NEG	Negative	Other					
HCG		Negative	Microscopic Urinalysis					

Spun Hematocrit	
Sed Rate	
Other	
Coagu	
TEST	RESU
PT	
APTT	
D dimer	
FDP	
REMARKS:	
REPORTED BY	

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [Redacted] 10/22/03 01:43
 Patient ID: [Redacted] b(6)-4
 Test Name :PT
 Test Result:= 13.3 sec.
 Ratio = 1.1
 Calculated INR = 1.15
 Sample Type:citrated wh. blood
 Test Date :10/22/03
 Test Time :01:40
 Card Lot [Redacted] b(6)-4
 Operator [Redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [Redacted] 10/22/03 01:47
 Patient ID: [Redacted] b(6)-4
 Test Name :APTT
 Test Result:= 39.1 sec.
 Sample Type:citrated wh. blood
 Test Date :10/22/03
 Test Time :01:44
 Card Lot [Redacted] b(6)-2
 Operator [Redacted]

Blood Bank	
MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
negative	ABO/Rh
Blood Bank Unit Crossmatch F.518 WITH EVERY UNIT OF BLOOD REQUESTED)	
TYPE	CROSSMATCH
D.NO.:	

Ward/Section: **ER** REQUESTING PHYSICIAN: [REDACTED] **b(6)-4** **b(6)-2**

LAST, FIRST, MI: [REDACTED] DATE: **22/10/03** TIME: **0130** SSN: [REDACTED] **b(6)-4**

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

(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				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 (ar) 41-51 mmHg (ven)				NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (ar) N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (ar) 24-29 mmol/L (vc)				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (ar) 23-28 mmol/L (vc)				tCO2		18-33 mmol/l
sO2		95-98%						
BEecf		(-2) - (+3) mmol/L						
AnGap		10-20 mmol/L						
Ca		1.12-1.32 mmol						
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl						
Hct		38-51% PCV						
Hgb		12-17 g/dl						
Misc. Chemistry								
TEST	RESULT	REF. RANGE						
Troponin-I								
Drug of Abuse								
REMARKS:								
REPORTED BY:			DATE:	LAB ID NO.:				

===== PICCOLO =====
 22/10/03 02:41
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] **b(6)-4**
 GENERAL CHEMISTRY 12
 DISC LOT #: **6192**
 OPER #: [REDACTED] DR #/000
 SERIAL #: [REDACTED]

TEST	RESULT	REF. RANGE
ALB	4.4	3.3-5.5 G/DL
ALP	118*	26-84 U/L
ALT	23	10-47 U/L
AMY	63	14-97 U/L
AST	33	11-38 U/L
TBIL	0.6	0.2-1.6 MG/DL
BUN	11	7-22 MG/DL
CA ⁺⁺	9.1	8.0-10.3 MG/DL
CHOL	131	100-200 MG/DL
CRE	0.9	0.6-1.2 MG/DL
GLU	103	73-118 MG/DL
TP	7.7	6.4-8.1 G/DL

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

(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE
NA ⁺	142	128-145 mmol/l
K ⁺	4.2	3.3-4.7 mmol/l
CL ⁻	106	98-108 mmol/l
tCO2	29	18-33 mmol/l

MEDCOM - 21866

MAR

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 "T" = CONSTANT INFUSION		TOTALS		TOTAL EBL	
DRUG (Units)		Propofol	(mg) 150/50			200	100
		Succ	(mg) 10			100	
		Vecuronium	(mg) 2/3			500	TOTAL URINE
VOLAT AGENT		Frans	% del 3-2				
			% e.t.				
		AIR	L/Min				FLUIDS - SUMMARY
		N2O	L/Min				CRYSTALLOID- 800
		O2	L/Min 8-2				COLLOID-
							BLOOD-
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS							
FLUIDS		LINE site	LR 10g LRT warmed	500	1000	REMARKS	
			<input type="checkbox"/> Warmed			Code drugs with numbers, events with letters	
			<input type="checkbox"/> Warmed			Direct shot from	
			<input type="checkbox"/> Warmed			ent. Speaks no Eng	
LOSSES		EST BLOOD LOSS				to OR # 1. Minutes.	
		URINE -				Pneum - RSI. E.g. st	
PHYS STATUS		TIME → 0230 x 0300				Se. Estimated to be	
BODY WEIGHT: KG LB		SYMBOLS:				person to read book	
HEMATOCRIT: 13.4/46.0		BP by cuff V				to PACU. Report	
INITIAL DATA: BP- 140/92		Heart rate ^				S.M.	
HR- 77		Resp rate ●					
EQUIP CHECK		BR (transduced) +					
OK?- Y N		TOURNIQUET T-X					
PATIENT RECHECK		ANES- X-X					
OK for PROCEDURE? Y		PROC- 0-0					
TIME-							
VENTIL		VT - ml	900	850		RECOVERY AT	
		f - breaths/min	10	10	20	PACU ICU (Specify)	
		Peak inf pres / PEEP	25	23		OTHER	
		MODE - S(pon), A(ssist), C(on)	S/A/C	CV/SV		CONDITION: RA	
MONITORS/ACCESSORIES		BP/Auto Cuff	33	30	50	RESP. 16 SpO2 98%	
		BP/oth	FIO2 (Frac or %)	.71	.71	BP- 132/60 HR- 88	
		ART line	SpO2 (%)	100	100	ANESTHESIA PROCEDURE TIMES	
		Steth- PC/ES	ECG	SR	SR	Start Room End	
		Gas analyzer	TEMP-sites	97	97	0230 0235 0320	
			N-M Block (T/4)			Ready Begin End	
						0238 0245 0308	
Warming blkt						PROC ANES	
Conv warmer						Start Room End	
EVENTS		Position → Supine					
PROCEDURES and CPT Codes:		Exploration RUA gunshot wound		ANESTHETIC TECHNIQUES: Describe block technique under Remarks			
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		b(6)-4		GA			
		# b(6)-4		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments			
		b(6)-4		#8.5 ET OLXi Rilla 2 Airway 2. Grade I - 0.50			
		b(6)-4		SURGEONS: b(6)-2			
		b(6)-4		PROCEDURE LOCATION: OR # 1			
		b(6)-4		DATE: 21 Oct 03			
		b(6)-4		PAGE 1 OF 1			

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

EXAMINATION(S) REQUESTED CLR	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		M		ER	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY				TELEPHONE/PAGE N
SIGNATURE				DATE REQUESTED 22 Oct 07	

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

b(6)-2

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

b(6)-4

PATIENT'S IDENTIFICATION (For typed or written entries give: name - last, first, middle, Medical Facility) # [REDACTED]	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 21868 RADIOLOGIC CONSULTATION REQUEST/REPORT - RADIOLOGY

STANDARD FORM 519 Prescribed by GSA/ICM/ FPMR (41 CFR) 101-11.

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

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

PATIENT IDENTIFICATION b(6)-4 [REDACTED]			DATE OF ORDER ↓	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION b(6)-4 [REDACTED]			DATE OF ORDER	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ROOM NO.	BED NO.	

Admit 15th EPW
 Good stable
 Diet -
 Diet - absolute
 JS - 94h
 Dx - multiple CSW

PATIENT IDENTIFICATION b(6)-4 [REDACTED]			DATE OF ORDER	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION b(6)-4 [REDACTED]			DATE OF ORDER	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ROOM NO.	BED NO.	

noted 0200
 0533
 [REDACTED]

IV LR at 25th
 Amp 1gm IV PB X1 - 0330-KH
 22 Oct 73
 Prevert 2po 94 prn pain
 PC folz
 [REDACTED] b(6)-2

PATIENT IDENTIFICATION b(6)-2 [REDACTED]			DATE OF ORDER 24th	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION b(6)-2 [REDACTED]			DATE OF ORDER	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ROOM NO.	BED NO.	

Discharge pt c stable remove
 remove stye 29 Oct
 [REDACTED] b(6)-2

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

DA FORM 4256
 1 APR 79

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

MEDCOM - 21869

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN		
<div style="background-color: black; width: 100px; height: 40px; display: inline-block;"></div> b(6)-4			↓	22 OCT	0320	HOURS			
NURSING UNIT	ROOM NO.	BED NO.							
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b(6)-2

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. Yr. 2003	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION					
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED			
22 OCT 03	[REDACTED]	Diet - Reg	07 12 17	08	09	23	04
22 OCT 03	[REDACTED]	ACT - Ambulate	08 12 18 06	08	09	10	11
22 OCT 03	[REDACTED]	VS = Q4h	06 12 18 06	06	07	08	09

ALLERGIES: YES NO PRIMARY DIAGNOSIS: DX: multiple GSW

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

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

VERIFY BY INITIALING _____ INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																			
300903	[REDACTED]	IV LR at 75cc/hr	18:00	[REDACTED]																			
		b(6)-2																					

ALLERGIES: YES NO PRIMARY DIAGNOSIS: _____ ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. _____ Yr. _____

Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
22 OCT	[Redacted]	Ancef 1gm IV PBx 1	22 OCT		0330	Done in P.H.C.
		b(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
			TIME/DATE DISPENSED							

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
			TIME/DATE DISPENSED							
22 OCT	[Redacted]	Percocet 2po Q4 PRN pain								
		b(6)-2								

*U.S. GPO: 1996-454-110/95216

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

DTSG APPROVED (Date)

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

Date: 22 OCT 03 Anesthesia Type (Circle): General Spinal Epidural Spinal
 Time In: 0320 IV Sedation Nerve Block
 Allergies: _____ OR Intake: Crystalloid _____ Colloid _____
 Pre-op VIS: 1990 90 OR Output: UOP _____ EBL 100
 Procedures: Exploratory RUA GSW Meds/Times: _____

Drains
Hemovac
NG
JP
T-tube
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Time	Pre Op Meds	History
240		
220		
200		
180		
160		
140		
120		
100		
80		
60		
40		
20		
RR	<u>21</u>	<u>31</u>
T	<u>96</u>	
Pain (0-10)	<u>3</u>	
LOS		

Pacu Intake				
Time	Solution	Amount	Site	By

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

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

PREPARED BY: Sgt [Redacted] 9/1/20 DEPARTMENT/SERVICE/CLINIC: PACU DATE: 22 OCT 03

PATIENT'S IDENTIFICATION: [Redacted] Name - last, first, middle, grade, date: [Redacted] b(6)-2 b(6)-4

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

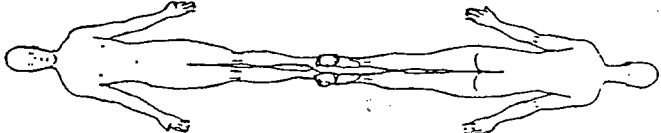
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range of Motion	Sensory	P	Cap Refill	T	Color
Adm	(R) ARM	Limited	+	P	B	W	WNL
15'	(R) ARM	Limited	+	P	B	W	WNL
30'	(R) ARM	Limited	+	P	B	W	WNL
45'							
60'							
90'							
D/C	(R) ARM	Limited	+	P	B	W	WNL

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 0320	(R) ARM	Kerlix Gauze	
30' 0350	(R) ARM	Kerlix Gauze	
60'			
D/C 0435	(R) ARM	Kerlix Gauze	



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
0320	URINE	clear yellow	200 ml

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0320	NSR		

NURSING NOTES

Received from OR via gurney. USS-Alert x3 Arousable to verbal stimuli. IV of NS to @ FA @ TKO is patent. PERRL 3m HR: NSN S₂ Lungs: CTABIL Resp even Reg. BS @ x4 guard S. Pedal pulses +3 Radial pulses +3. Dress to @ UE dry and intact. Skin w/D. color WNL CMS >3sec. PT stable @ 3. [REDACTED]

b(6)-2

b(6)-2

Discharge Criteria:
 Date: 22 Oct 13 Time: 0435 PARS: 9
 BP: 138/88 T: 97 HR: 68 RR: 16 SaO₂: 98
 Pain Level at D/C (0-10): 3
 Intake: Output: 300 urine
 Additional Data:
 Transferred To: ICW
 Report Given To: CAPT [REDACTED]
 Transferred Via: WIC [REDACTED] Ambulance
 Transferred By: Sgt [REDACTED]
 Cleared IAW Recovery Room
 Charge Nurse Signature: [REDACTED]

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TRAUMA FLOWSHEET
The proponent is Dept of Surgery

OTSG APPROVED (Date)
Q1 Apr 11 Jun 97

EMS REPORT

ARRIVAL STATUS

TIME: _____ ETA: 2:40 UNIT: _____
MED COM: Y N AirLynx

TIME: 01:45 IV x _____ O₂ _____ 1/min C-Spine Immob
Meds: UKN None Yes: _____
Allergies: UKN None Yes: _____
Tetanus: UKN Current Last Meal/Fluid Intake _____ hrs
LMP: _____
D-PainX D-PSUX

PRIMARY SURVEY

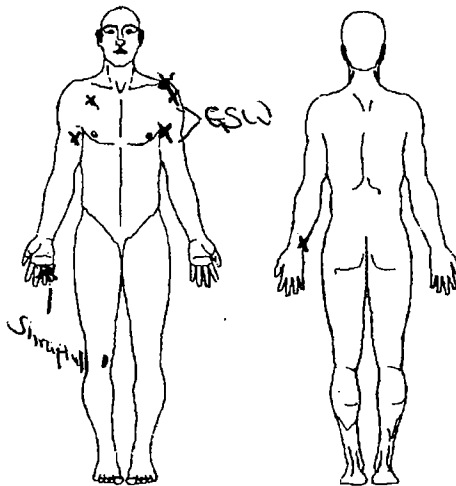
AIRWAY	BRETHING	CIRCULATION
<input checked="" type="checkbox"/> Natural Patient <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> ETT <input type="checkbox"/> _____ <input type="checkbox"/> Secretions _____	<input type="checkbox"/> Labored <input checked="" type="checkbox"/> Unlabored <input type="checkbox"/> Absent TRACHEA: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> L <input type="checkbox"/> R CHEST SYMMETRY: <input type="checkbox"/> L > = < <input type="checkbox"/> R	PULSE: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent SKIN: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot BLEEDING: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N HEART TONES: <input type="checkbox"/> Clear <input type="checkbox"/> Muffled <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic

SECONDARY SURVEY

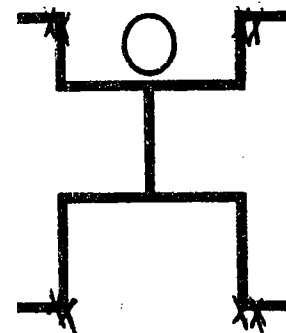
DISABILITY	HEAD	HEART	ABDOMEN
GCS: E _____ V _____ M _____ SPHINCTER TONE: <u>WNL</u> <input type="checkbox"/> None	PUPILS: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Fixed <input type="checkbox"/> React <input type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input type="checkbox"/> R NECK C-Spine Tenderness: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Pain @ _____ JVD: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	RHYTHM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> _____ PULSES: <input type="checkbox"/> Central <input type="checkbox"/> Peripheral LUNGS BREATH SOUNDS: <input checked="" type="checkbox"/> Bilat <input checked="" type="checkbox"/> Equal <input checked="" type="checkbox"/> Clear Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-Tender <input type="checkbox"/> Tender: _____ PELVIS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> _____ Blood at meatus/vagina: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Heme + <input checked="" type="checkbox"/> Prostate: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

- (A)B)rasion
- (A)M)putation
- (A)V)ulsion
- Battle's Signs
- (B)L)eeding
- (B)urn
- (D)eformity
- (E)cchymosis
- (F)oreign Body
- (H)ematoma
- (L)AC)eration
- (P)uncture (W)ound
- (P)ain
- (S)eatbelt (S)ign
- (S)tab (W)ound
- (GSW) Gun Shot Wound



VASCULAR ASSESSMENT



++ Strong + Palpable D Doppler

RN

b(6)-2

PHYSICIAN

[Redacted]

(Continue on reverse)

PREPARED BY

DEPARTMENT

ER

DATE

22 Oct 93

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

[Redacted] b(6)-4

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

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS	TIME	PROCEDURE	ACCOMPANIED BY	RETURN
	ET Intubation		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR		CT Scan: <input type="checkbox"/> Contrast <input type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis		
	Gastric Tube		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal		<input type="checkbox"/> Air <input type="checkbox"/> Contents <input type="checkbox"/> Verified Suction: Y N		<input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input type="checkbox"/> Chest <input type="checkbox"/>		
0135	Urinary	16A	<input checked="" type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic	SGT [REDACTED]	<input type="checkbox"/> Return _____ cc <input type="checkbox"/> Heme Dip: + - <input type="checkbox"/> Secured		A-Gram Site:		
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	b(6)-2	<input type="checkbox"/> Grossly: + - Cell count Sent@				
	Chest Tube #1		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser				
	Chest Tube #2		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser				
	12 Lead		Rhythm:	Comments					
ABG SITE	TIME	%O ₂	pH	BE	pCO ₂	PO ₂	O ₂ Sat	HCO ₃	
1)									
2)									
LABS					X-RAYS				
TIME	LABS				TIME	LABS			
	<input type="checkbox"/> D-stick	<input type="checkbox"/> SHct	<input type="checkbox"/> D-stick	<input type="checkbox"/> SHct		<input checked="" type="checkbox"/> Chest Initial	<input type="checkbox"/> Chest Post ET	<input type="checkbox"/> Chest Post CT	
	<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> Chem	<input checked="" type="checkbox"/> PT/PTT	<input type="checkbox"/> ETOH	<input type="checkbox"/> T&S	<input checked="" type="checkbox"/> T&C x 4	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Pelvis	
	<input type="checkbox"/> Tox Screen	<input checked="" type="checkbox"/> UA	<input type="checkbox"/> HCG	<input checked="" type="checkbox"/> OTHER	MOR & etc.				
	<input type="checkbox"/> OTHER					<input checked="" type="checkbox"/> Ribs			
LAB RESULTS					INTAKE & OUTPUT				
CBC:					Chem:				
PT/PTT					UA				
TRAUMA TEAM ARRIVAL					VALUABLES & CLOTHING				
TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED	V	STATUS			C
ED Phys	[REDACTED]	b(6)-2				None Found			
Surgeon	[REDACTED]	b(6)-2				Given to Patient			
Anesth	[REDACTED]					Given to Family			
						Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696			
						Other: See Nursing Notes			
X-Ray	[REDACTED]	b(6)-2				DISPOSITION			
RT	[REDACTED]					<input type="checkbox"/> Home	<input type="checkbox"/>		
Ortho	[REDACTED]					Admitted to _____			
Neuro	[REDACTED]					Report Called to _____			
Chaplain	[REDACTED]					Time Transferred _____			
						By _____			
						<input type="checkbox"/> Stretcher	<input type="checkbox"/> Wheelchair		

IV ACCESS & FLUIDS							
TIME	#	GA	IAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
0130	18	Y	N	RAC			
0130	19	Y	N	LFA			
			Y	N			
			Y	N			

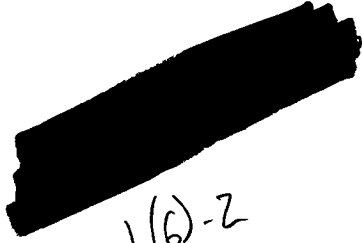
MEDICATIONS							
MEDICATION	TIME	DOSE	IV	TIME	DOSE	IV	RTN
Morph	0130	3	IV				
Ancep	0130	1	IV				
Tet.	0145	500	IM				

20 y 10 3rd EFW get out of car and c...
LFD this all phone. then shut and
Bright to 28C5H. AT 3 or 4

- 6: up, up, @PAM, AT...
- A: Foot...
- B: BS @, @, @ - @
- C: @ in @ of @.

Invis: @ @ / @ @ / @ @ / @ @
@ @, @ @

AMH-p
ASH-p
In-?
ATA-MEDA
mes-p



b(6)-2

INTREP 32-031022-001
TF 1-32 S2
DTG: 22 1349 OCT 03

b(6)-2

1. Haswah police informed LTC [REDACTED] that the two detainees taken last night in the Mercedes were terrorists from Baghdad, and that we should not release them. NFI.
2. ASSESSMENT: Report is consistent with the circumstances of the incident. The same police officers provided information on other detainees in the past, once they were in US custody, which was confirmed by multiple intelligence sources.

POC: CPT [REDACTED] S2, TF 1-32 INF, FOB Chosin
[REDACTED].army.smil.mil

b(6)-2

MEDCOM - 21882

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
 YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

b(6)-4

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: _____	
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe: _____	
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility
<input checked="" type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other

Apprehending Unit: _____		Location Grid: _____	
Date of Incident: (D/M/Y) 21 / 10 / 03 to / /	Time of Incident: 2330 hrs to hrs	Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee # <u>EPW</u> <u>b(6)-4</u>		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: _____		Last Name: _____	
First Name: _____ Given Name: _____		First Name: _____ Given Name: _____	
Hair Color: _____	Scars/Tattoos/Deformities: _____	Hair Color: _____	Scars/Tattoos/Deformities: _____
Eye-Color: _____	Weight: lb Height: in	Eye-Color: _____	Weight: lb Height: in
Address: _____		Address: _____	
Place of Birth: _____		Place of Birth: _____	
Ethn/Tribe/ Sect: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone#: _____	DOB D/M/Y: _____
	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular		<input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport	<input type="checkbox"/> Dr. license	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Passport
Document #: _____			Document #: _____

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")

<input type="checkbox"/> Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner: _____
Make: _____	Color: _____ VIN: _____	
Model: _____	Type: _____ Plate No.: _____	Number of People in Vehicle: _____
Year: _____	Names of People in Vehicle: _____	
Contraband/Weapons in Vehicle: _____		

<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type: _____	Model: _____	Color/Caliber: _____
Serial No.: _____	Quantity: _____	Make: _____
Other Details: _____	Where Found: _____	Receipt Provided to Owner: Yes/ No
		Owner: _____

Name of Assisting Interpreter: _____ Email, Phone, or Contact Info: _____

Detaining Soldier's Name (Print): <u>SSG</u> _____		Supervising Officer's Name (Print): <u>LT</u> _____	
Signature: _____		Signature: _____	
Email: _____		Email: _____	
Unit Phone: _____	Date: _____	Unit Phone: _____	Date: <u>22 / 10 / 03</u>

MEDCOM - 21883

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: NORTH HASWAH
2. DATE (YYYYMMDD): 2003 10 22
3. TIME: 17:07
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED] b(6)-2
6. SSN: [REDACTED]
7. GRADE/STATUS: O2
8. ORGANIZATION OR ADDRESS: FOB 10TH MOUNTAIN DIVISION b(6)-2

9. I, [REDACTED] b(6)-2, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 21 OCTOBER AT APPROX 2300 HRS MY 1ST SECTION WAS CLEARING ROUTE JAKSON FROM SOUTH TO NORTH THROUGH THE CITY OF HASWAH. AT APPROX 2300 I STOPPED 2 MEN DRIVING FROM SOUTH TO NORTH THROUGH HASWAH, THE DROVE A WHITE MERCEDES TOWARDS OUR LOCATION. I ORDERED MY MEN TO STOP THE VEHICLE. THESE MEN WERE CULTURE VIOLATORS AND WERE THE ONLY PEOPLE OUT DRIVING AT THAT TIME. I TOLD THE MEN TO EXIT THE VEHICLE + MOVE TO THE TRUNK. THEY OPENED THE TRUNK. IT WAS CLEAR. ONE OF MY MEN SAW THE MAN NEAREST THE TRUNK HOLDING A CELL PHONE. I TOLD THAT MAN TO GIVE ME THE PHONE. WHEN I EXAMINED THE PHONE IT DID NOT APPEAR TO BE CONNECTING. SHORT SECONDS LATER A LARGE EXPLOSION OCCURRED TO MY SEVEN O'CLOCK. I GOT AN AFK REPORT FROM MY LEADERS AND DISCOVERED THERE WERE 2 FRIENDLY CASUALTIES + 2 ENEMY CASUALTIES. AFTER REPORTING TO HIGHER I FOUND THAT I HAD TAKEN SHARDNAL TO THE THREAT. I EVACED EVERYONE TO THE REAR. THEN WE WERE ALL MEDEVACED TO BAGDAD. I AM MAKING THIS STATEMENT UNDER OATH FROM MY ROOM IN THE ARMY HOSPITAL AT BAGDAD. END OF STATEMENT NOTHING FOLLOWS. -RB 22 OCT 03

b(6)-2

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

STATEMENT OF [REDACTED] TAKEN AT 17:25 / BAGDAD DATED 22 OCT 03

9. STATEMENT (Continued)

b(6)-2

END OF STATEMENT NOTHING

b(6)-2

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of OCT, 2003 at 17:20 FW THE BAGDAD HOSPITAL

[REDACTED] MAJAN
(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES

ORGANIZATION OR ADDRESS

POB C. HOSAN 16TH MOUNTAIN
IS KANDUJAH

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

MEDCOM - 21885

PAGE 2 OF 2 PAGES

b(6)-2

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent agency is ODCSOPS			
LOCATION	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE	SOCIAL SECURITY NUMBER		GRADE/STATUS
[REDACTED]	[REDACTED]		E4
ORGANIZATION ADDRESS			
HHC 1-32/AT			
I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p>Around 2300 on the 21st of Oct, Mad dog element along w/ two Battle COMPANY gun trucks were doing our route clearance. ABOUT 100 meters give or take passed check point five OUR MAD DOG Section (2 guntrucks) crossed the median to the left side and dismantled, Battle had their two gun trucks on the right on the other side of the median and they had their dismantles as well. We walked about 15 meters give or take, till a car was speeding towards us on battles side. We pulled the vehicle over, as Battle did their inspection; security was 360° tight, about a minute or so later a loud explosion was heard coming from the median about 15 meters to my rear, screaming, yelling was heard. ONE enemy was severely wounded he laid on the median with his leg chopped up w/ bone showing; the other enemy was wounded as well he was placed in SSG [REDACTED] vehicle. Following the explosion small arms fire was coming from the RIGHT, Enemy was not spotted. <i>nothing follows</i></p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES	
	[REDACTED] b(6)-2		
<small>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</small>			

STATEMENT (Continued)

b(6)-2

AFFIDAVIT

WHEN I WAS READ OR HAVE HAD READ TO ME THIS STATEMENT
WHICH ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT
THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to
administer oaths, this _____ day of _____, 19____
at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

MEDCOM - 21887

USAPPC V2.00

b(6)-2

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

LOCATION	DATE	TIME	FILE NUMBER
[REDACTED]			
LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER		GRADE/STATUS
[REDACTED]			E-2/RA
ORGANIZATION OR ADDRESS			
HHC 1-32			

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 21st October 03, My Section was conducting night Route clearance operation in the vicinity of HAZUAI, on MSR Jackson. We also had 2 squads from BCo - 32. My section was on the left side of the Rd and BCo was on the Right. Around 2315 a vehicle was speeding up the road from our rear, the person driving the vehicle ~~acted~~ [REDACTED] it like he didn't want to stop. Out a couple of soldiers block the road, I observe the passenger, and the driver exit the vehicle, and then a big exploding, I hit the ground and I heard small arms fire.

[REDACTED]

b(6)-2

22 Oct 03

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

b(6)-2

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED SIGNATURE]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____, 19 ____ at _____

ORGANIZATION OR ADDRESS

[REDACTED SIGNATURE]
(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

MEDCOM - 21889

USAPPC V2.00

ADMISSION AND CODING INFORMATION

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

b(6)-4

1. REPORTING MTF								2. MTF LOCATION (State or Country Code.)													
1	2	3	4	5	6	7	8	3. REGISTER NUMBER								4. PAY GRADE				5. SEX	
A								[REDACTED]								16	17	18			
6. DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION				8. RACE		9. ETHNIC		RELIGION					
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND								
1	9	8	3	0	1	0	1	2	0	4			[REDACTED]								
10. LENGTH OF SERVICE				ETS				11. FMP				12. SOCIAL SECURITY NUMBER									
32	33	34						35	36				[REDACTED]								
14. FLYING STATUS								15. BENEFICIARY CATEGORY				16. ZIP CODE OF RESIDENCE									
47	48	49						50	51	52	60 61										
								K	7	8											
17. UNIT LOCATION (State or Country Code)				18. MOS				18. TRAUMA				PREV. ADMISSION YEAR									
62	63			64	65	66	67	68	69	70	71	[] NO									
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION								WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE									
72												ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)									
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY								TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)													
73	74			75	76	77	78	79	80	81 82 83 84 85 86 87 88											
										20031023											
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)													
89	90	91	92	93	94	95	96	97	98	99 100 101 102 103 104 105 106											
										20031022											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)													
107	108			109	110	111	112	113	114	115 116 117 118 119 120 121 122											
FOR LOCAL USE								[REDACTED]													
Dx: 8840 88100 8830 89919 8750 88000 8940								Pr: 8609 8744 Inj Trauma 549 9													
ADMITTING OFFICER (Signature, as required)								SIGNATURE OF ADMITTING CLERK													

Admission and Coding Information			
For use of this form, see AR 40-400; the proponent agency is OTSG			
1. Reporting MTF [REDACTED]	2. MTF IZ	4. Pay Grade FGN	
3. Register Number [REDACTED]	Name (Last, First, MI) [REDACTED]	5. Sex M	
6. DoB (YYYYMMDD) [REDACTED]	7. Age at Admission 20Y	8. Race Z	9. Ethnicity 9
10. Length of Service ETS	11. FMP 99	12. Social Security Number [REDACTED]	
Organization (Active Duty Only)		13. Marital Status	16. Zip Code of Residence: 01:35
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		Branch / Corps:
17. Unit Location	18. MOS	19. Trauma BC	Prev. Admission NO
20. Source of Admission Direct from ER	Ward: ICW1	Name / Relationship of Emergency Addressee	
Name and Location of Medical Treatment Facility: 0580 [REDACTED] Ag; No Install Provided		Address of Emergency Addressee	
21. Type of Disposition TRF-OTH	22. MTF Transferred To	Telephone Number of Emergency Addressee	
24. Clinic Svc - Admitting ABA - GENERAL SURGERY	25. MTF Transferred From	23. Date of Disposition (YYYYMMDD) 2003-10-23	
27. Location of Occurrence IZ	28. MTF of Initial Admission	26. Date this Admission (YYYYMMDD) 2003-10-22	
29. Date of Initial Admission 2003-10-22			
<p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: MULTI SHRAPNEL WND</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative:</p>			
Admitting Officer (Signature, as required) [REDACTED]		Signature of Admitting Clerk [REDACTED]	

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

b(6)-2

1. Reporting MTF 0580 [REDACTED]		2. Location IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG			
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED]		4. Pay Grade FGN		5. Sex M	
6. DoB (YYYYMMDD) [REDACTED]		7. Age at Admission 41Y		8. Race X		9. Ethnicity 9	
10. Length of Service ETS		11. FMP 20		12. Social Security Number [REDACTED]			
Organization (Active Duty Only)			13. Marital Status		Hour of Admission 23:45		Branch / Corps:
14. Flying Status		15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES			16. Zip Code of Residence:		
17. Unit Location		18. MOS		19. Trauma BC		Prev. Admission NO	
20. Source of Admission Direct from ER [REDACTED]		Ward:		Name / Relationship of Emergency Addressee			
				Address of Emergency Addressee			
Name and Location of Medical Treatment Facility: 0580 [REDACTED] Iraq; No Install Provided				Telephone Number of Emergency Addressee			
21. Type of Disposition CRO/ER		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2003-10-23			
24. Clinic Svc - Admitting AAJ - NEUROLOGY		25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2003-10-22			
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission 2003-10-22			
<p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: GSW TO BRAIN</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative:</p>							
<p>Address: [REDACTED]</p> <p>[REDACTED]</p>							

MEDICAL RECORD	PROGRESS NOTES
-----------------------	-----------------------

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

22 Oct 03	s) y/b PT C GSW to the head
-----------	-----------------------------

P: 65

SpO₂: 99%

R: 48

BP: 150/74

Not Responsive @ depression @ Bone fragments @ Brain matter

Allegis:

Pupils not reactive to light; Glazing wound to scalp. PT has

Med:

Normal rectal tone on outer ring, No tone on internal ring; CTA @ C5/6

Glucose: 150

swabs, @ Battle's signs @ Raccoon eyes @ cervical posturing; Trachea midline, @ serofes

@ TTP on C spine; @ stepoff @ TTP @ Erythema @ Ecchymosis on long spine

1 gm Ancef @ 2qds F/S/ND Abomen; No other associated extremity Trauma

IV Normal saline 14L

2305

BP 140/60

P

R

SpO₂

@ AC

22/15

2250

R 26

P: 63

SpO₂: 99

A: GSW To scalp @ CHI

BP 150/74

P: 1 C spine immobilization 4: high Flow O₂

2 Ancef 1gm

5: IV ~~Normal~~ Normal saline 14L @ 2215

3 Dressed wound

6 E-milen ointment to lubricate eyes

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.

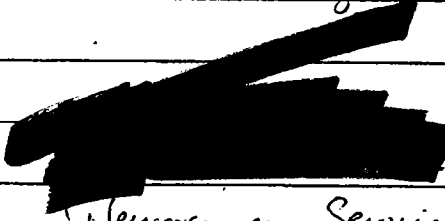
WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203b(10)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
23 Oct	Neurosurgery Note
0017	<p>Adult Iraqi male MIA while running into US soldiers attempting to collide with them was shot in the parietal occipital area. Pt. then collided into a barrier wall. On exam had no movement to noxious stimuli, pupils fixed/dilated OU, and no verbal response. Intubated in the EMT taken for a CT scan: Penetrating parietal entry wound with mid-line fragments and interhemispheric SDH, signs of Bilateral temporal lobe swelling and brainstem herniation, w/ @ thin SDH ~1cm with disproportionate midline shift >2cm of septum pellucidum. Given poor prognosis for penetrating head injury with clinical exam fixed bilateral GCS 3, Radiographic signs of herniation, sagittal sinus injury and disproportionate edema no role for neurosurgical intervention. Recommend: ① Intubation to avoid unnecessary, inappropriate ventilation given non-survivable injury.</p> <p style="text-align: right;">  Neurosurgery Service </p>

b(6)-2
hmo

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.

 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

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

Ward/Section: PMU [REDACTED] DATE: 10/23/03 TIME: 2350 SSN: [REDACTED]

TEST: Hematology CBC Urinalysis Misc. Serology:

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC			RPR		Negative
RBC			Mono		Negative
Hgb			Microbiology		
Hct			Source		
MCV			Gram Stain		
Ptc			Occ Bld		Negative
Lymph %			H. pylori		Negative
(Hematology) Manual Differential			Micro Parasites		
			Malaria		
Segs			O & P		
Bands			Other		
Lymph			Microscopic Urinalysis		
Atyp			SSA-3+		
RBC Morph			bacteria - 1+		
Spun Hematocrit		42-52% (M) 37-47% (F)	granular casts		
Sed Rate			B-15 RBC 15WBC		
Other			Blood Bank		
Coagulation Studies			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			ABO/Rh		
TEST	RESULT	REF. RANGE	Crossmatch EVERY UNIT OF BLOOD (TED)		
PT		9.8-13.6 secs	CROSSMATCH		
APTT		21-34 secs			
D-dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:			Patient ID: [REDACTED] Test Name: PT Test Result: 14.0 sec. Ratio = 1.1 Calculated INR = 1.25 Sample Type: citrated wh. blood Test Date: 10/23/03 Test Time: 00:09 Card Lot: [REDACTED] Operator: [REDACTED]		
REPORTED BY: [REDACTED]			Patient ID: [REDACTED] Test Name: APTT Test Result: 41.3 sec. Sample Type: citrated wh. blood Test Date: 10/23/03		

MEDCOM - 21895

Ward/Section: PMT REQUESTING PHYSICIAN: [REDACTED] CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST NAME: [REDACTED] DATE: 22/10/03 TIME: 23:58 SSN/PSEUDO SSN: [REDACTED]

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (i) 41-51 mmHg (ve)
PO2		80-105 mmHg (ar) N/A (veu)
TCO2		23-27 mmol/L (ar) 24-29 mmol/L (ve)
HCO3		22-26 mmol/L (ar) 23-28 mmol/L (ve)
sO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
GLU	206*	73-118 MG/DL
BUN	13	7-22 MG/DL
CRE	1.2	0.6-1.2 MG/DL
CK	684*	39-380 U/L
NA+	130	128-145 MMOL/L
K+	3.5	3.3-4.7 MMOL/L
CL-	99	98-108 MMOL/L
tCO2	21	18-33 MMOL/L

===== PICCOLO =====
 22/10/03 23:59 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] METLYTE 8
 DISC LOT # [REDACTED] DR #: 000
 OPER #: [REDACTED] SERIAL #: [REDACTED]

===== PICCOLO =====
 22/10/03 23:58 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] GENERAL CHEMISTRY 12
 DISC LOT #: [REDACTED] 3204MM
 OPER #: [REDACTED] DR # 000
 SERIAL #: [REDACTED]

TEST	RESULT	REF. RANGE	U/L
ALB	4.0	3.3-5.5	G/DL
ALP	92*	26-84	U/L
ALT	49*	10-47	U/L
AMY	42	14-97	U/L
AST	53*	11-38	U/L
TBIL	0.7	0.2-1.6	MG/DL
BUN	14	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	115	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	207*	73-118	MG/DL
TP	7.8	6.4-8.1	G/DL

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TRAUMA FLOWSHEET
The proponent is Dept of Surgery

b(6)-4

OTSG APPROVED (Date)
QI Apr 11 Jun 97

EMS REPORT

ARRIVAL STATUS

TIME: 2343 ETA: 2345 UNIT: [REDACTED]
MED COM: N
Came in with 12v line

TIME 2345 IV x 1 O₂ 1/min C-Spine Immob
Meds: UKN None Yes: _____
Allergies: UKN None Yes: 2
Tetanus: UKN Current Last Meal/Fluid Intake _____ hrs
LMP: _____

PRIMARY SURVEY

AIRWAY	BRETHING	CIRCULATION
<input type="checkbox"/> Natural Patient <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Labored <input type="checkbox"/> Unlabored <input type="checkbox"/> Absent	PULSE: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
<input type="checkbox"/> ETT _____	TRACHEA: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> L <input type="checkbox"/> R	SKIN: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot
<input checked="" type="checkbox"/> Secretions yes	CHEST SYMMETRY: <input type="checkbox"/> L > = < R	<input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> _____
		BLEEDING: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
		HEART TONES: <input type="checkbox"/> Clear <input type="checkbox"/> Muffled <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic

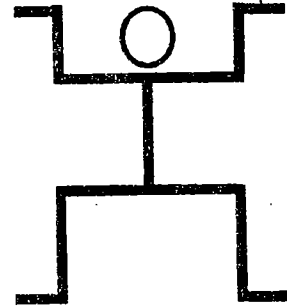
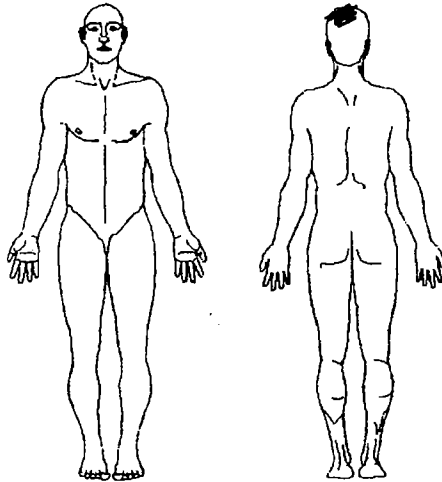
SECONDARY SURVEY

DISABILITY	HEAD	HEART	ABDOMEN
GCS: E 1 V 1 M 1	PUPILS: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> React <input checked="" type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R	RHYTHM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-Tender <input type="checkbox"/> J 2 Reels
SPHINCTER TONE: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> None	TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood	PULSES: <input checked="" type="checkbox"/> Central <input type="checkbox"/> Peripheral	<input type="checkbox"/> Tender: _____
	NECK	LUNGS	PELVIS
	C-Spine Tenderness: _____ <input type="checkbox"/> Y <input type="checkbox"/> N	BREATH SOUNDS: <input checked="" type="checkbox"/> Bilat <input type="checkbox"/> Equal <input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> _____
	Pain @ _____	Decreased <input checked="" type="checkbox"/> X <input type="checkbox"/> Absent <input type="checkbox"/> L <input type="checkbox"/> R	Blood at meatus/vagina: <input type="checkbox"/> Y <input type="checkbox"/> N
	JVD: _____ <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Wheezes <input type="checkbox"/> L <input type="checkbox"/> R	Heme + / - Prostate: <input type="checkbox"/> WNL <input type="checkbox"/> Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

VASCULAR ASSESSMENT

- (A)brasion
- (A)Mputation
- (A)Vulsion
- Battle's Signs
- (B)leeding
- (B)urn
- (D)eformity
- (E)cchymosis
- (F)oreign Body
- (H)ematoma
- (L)aceration
- (P)uncture (W)ound
- (P)ain
- (S)eatbelt (S)ign
- (S)tab (W)ound
- (G)SW Gun Shot Wound



++ Strong + Palpable D Dopler

RN

[REDACTED] b(6)-2

PHYSICIAN

[REDACTED] b(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title)

[REDACTED]

DEPARTMENT/SERVICE/CLINIC

ENT [REDACTED] b(6)-2

DATE

22 Oct 03

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

[REDACTED] b(6)-4

Age 41

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

DA FORM 1 MAY 78 4700

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005. PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

b(6)-2

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
2349	ET Intubation	8.5	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth 27	[REDACTED]	<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR
2353	Gastric Tube	18F	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal	[REDACTED]	<input type="checkbox"/> Air <input type="checkbox"/> Contents <input type="checkbox"/> Verified <u>Kg</u> Suction: Y <u>N</u>
2354	Urinary	16F	<input checked="" type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic	[REDACTED]	<input type="checkbox"/> Return _____ cc <input type="checkbox"/> Heme Dip: + - <input checked="" type="checkbox"/> Secured
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed		<input type="checkbox"/> Grossly: + - Call count Sent@
	Chest Tube #1		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser
	Chest Tube #2		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser
	12 Lead		Rhythm: _____	Comments	

TIME	PROCEDURE	ACCOMPANIED BY	RETURN
2019	CT Scan: <input type="checkbox"/> Contrast <input checked="" type="checkbox"/> Head <input checked="" type="checkbox"/> Abd <input checked="" type="checkbox"/> Pelvis <input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input checked="" type="checkbox"/> Chest <input type="checkbox"/>		
	A-Gram Site:		

IV ACCESS & FLUIDS							
TIME	#	GA	IAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
2343	1	18	<input checked="" type="checkbox"/> N	Dist	NS		
			Y N				
			Y N				
			Y N				

MEDICATIONS									
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
1. Indocin ^{Kg}	2345	100cc	IV						
Etimulate ^{Kg}	2347	20mg	IV						
Succs ^{Kg}	2349	100mg	IV						
Vcc SR	2358	10mg	IV						
Versor ^{Kg}	0001	3mg	IV						
Vcc ^{Kg}	0014	10mg	IV						

ABG SITE	TIME	%O ₂	pH	BE	pCO ₂	PO ₂	O ₂ Sat	HCO ₃
1)								
2)								

LABS				X-RAYS			
TIME	LABS		TIME	LABS			
	<input type="checkbox"/> D-stick	<input type="checkbox"/> SHct		<input checked="" type="checkbox"/> Chest Initial			
	<input type="checkbox"/> D-stick	<input type="checkbox"/> SHct		<input type="checkbox"/> Chest Post ET			
2359	<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> Chem		<input type="checkbox"/> Chest Post CT			
	<input type="checkbox"/> ETOH	<input checked="" type="checkbox"/> T&S		<input type="checkbox"/> C-Spine			
	<input type="checkbox"/> Tox Screen	<input type="checkbox"/> T&C x		<input type="checkbox"/> Pelvis			
2350	<input checked="" type="checkbox"/> UA	<input type="checkbox"/> HCG		<input type="checkbox"/>			
	<input type="checkbox"/> OTHER			<input type="checkbox"/>			
	<input type="checkbox"/> OTHER			<input type="checkbox"/>			

BLOOD PRODUCTS							
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INT

LAB RESULTS				INTAKE & OUTPUT			
CBC:	Chem:			INTAKE	AMOUNT	OUTPUT	AMOUNT
Wbc: 9	14.3	284	130	IVF		Urine	
	45.3		38	NGT		NGT	
	14/41		13	Blood		EBL	
			22	Other		Other	
			1.2	TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL				
TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[REDACTED]			
Surgeon	[REDACTED]			
Anesth	[REDACTED]			
X-Ray	[REDACTED]			
RT	[REDACTED]			
Ortho	[REDACTED]			
Neuro	[REDACTED]			
Chaplain	[REDACTED]			

VALUABLES & CLOTHING	
V	C
	None Found
	Given to Patient
	Given to Family
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696
	Other: See Nursing Notes

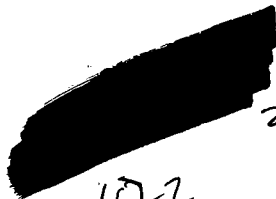
DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/>
Admitted to	ICU
Report Called to	
Time Transferred	
Accompanied By	
Via: <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair	
As per ACLS Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Adult male Iraqi slip mva / GSW to head,
Archer OGCS (3) Fixed dilated (OB) \bar{C} HR 2W ¹⁸⁰/₅₀
and HR 101, with gurgling breaths \approx 8 breaths per min.
Pt intubated using Fied procedure / 2nd line / stabilized
CT of head - no significant brain injury

See neuro surgery note.

CT Head - pituitary bleed, \bar{C} midline shift, loss of
ventricles (B)

Pt expectant. Evacuated and died ^{minutes} ~~seconds~~ later. 0044
23 Oct 03

 NO
2214
b(6)-2

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN		Admission Remarks
4. Sex M	5. Age 41Y	6. Race X	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO		
11. FMP 20	12. SSN [REDACTED]	13. Organization			14. Ward			
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case BC		
21. Source of Admission Direct from ER				22. Hour Of Adm: 23:45		23. Clinic Service AAJ - NEUROLOGY		
24. Name/Relation of Emergency Addressee				25. Type Disp CRO/ER		26. Date of Disp 2003-10-23		
27a. Address of Emergency Addressee				27b. Telephone No		28. Date This Adm: 2003-10-22		
29. Reporting MTF 0580 [REDACTED] <i>aq b(2)-2</i>				30. Date Init Adm 2003-10-22		32. Units Blood Components		
31. Selected Administrative Data								
Marital Status:		DoB: [REDACTED] <i>b(6)-4</i>						
In/Out Patient: Inpatient		MOS:						
33. Cause Of Injury:								
34. Diagnosis / Operations and Special Procedures:								
<p>GSW TO BRAIN</p> <p><i>Dx:</i> 85195 85106 873.0 3455 E919.2 E816.0 <i>Px:</i> 96.71 99.29 87.03</p> <p style="text-align: right;"><i>Trauma</i> <u>1</u> <i>Inj</i> <u>450</u></p> <p style="text-align: right;"><i>cause death</i> #1</p> <p style="text-align: right;"><i>Blood</i> <u>N</u> <i>AUT</i> <u>N</u></p>								
35. Total Days This Facility								
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days			
0	0	0	0	1	1			
35. Total Days This Facility								
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days			
0	0	0	0	1	1			
Signatures: [REDACTED]								

MEDCOM - 21901

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade Arme	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
[REDACTED]		SD	[REDACTED]	[REDACTED]
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
[REDACTED]		[REDACTED]	LINK	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négróide		MARRIED Marié		CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Iracqi		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicilié à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Declaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.		Gunshot wound to head.		2 hrs.
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
ACCIDENT Mort accidentelle				
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
[REDACTED]		[REDACTED]		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
O-4 / MAJ	[REDACTED] BAGHDAD			
DATE Date	SIGNATURE Signature			
23 Oct 03	[REDACTED]			
¹ State disease, injury or complication which caused death. ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, tel: qu'un arrêt du coeur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.				

DD FORM 2064, APR 1977

REF

A FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP

CH ARE OBSOLETE.

USAPA V.1.00

MEDCOM - 21902

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.					
Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies. Print or type entries.					
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> CD b(6)-4	2. TIME OF DEATH (Hour-day-month-year) 0044 23 Oct 03	3. MEDICAL EXAMINER / CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	4. RELIGION ?	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH					
Patient's name (Last, first, middle initial), Grade, Social Security Account No., Register Number and Ward Number					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <i>Gunshot wound to Brain</i>	≈ 2 hrs			
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) (2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	b(6)-2			
9. DATE 23 Oct 03	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> MD 2765 O-4	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE <div style="background-color: black; width: 100%; height: 20px; display: inline-block;"></div>			
SECTION B - ADMINISTRATIVE ACTION					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)		
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY			
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR			

DA FORM 3894
1 OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

U.S. GPO: 1997-418-290/55263

MEDCOM - 21903

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

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, MI) UNK				3. GRADE NA		ADMISSION REMARKS
4. SEX M	5. AGE 18y	6. RACE Z	7. RELIGION UNK	8. LENGTH OF SVC NA	9. ETS NA	10. PREVIOUS ADMISSION NO		
11. FMP 99	12. SSN [REDACTED]		13. ORGANIZATION NA		14. WARD ICW1			
15. FLYING STATUS NA	16. RATING/DSG	17. DEPT./FEN KTB NA	18. BRANCH/CORPS NA	19. UIC/ZIP	20. TYPE CASE NBI			
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from Emt				22. HOURS OF ADMISSION 0200	23. CLINIC SERVICE AEAA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION 21	26. DATE OF DISPOSITION 10/29/03		ADMITTING OFFICER [REDACTED]		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 10/23/03		30. DATE OF INITIAL ADMISSION 10/23/03		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED]				31. SELECTED ADMINISTRATIVE DATA [REDACTED]		32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED		

b(6)-4

b(2)-2

b(6)-2

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: (L) HEEL LACERATION
(R) HEEL FRAGMENTATION WOUND

15. Total Days This Facility						
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 7	f. TOTAL SICK DAYS 7	
16. Total Days All Facilities						
a. ABSENT SICK DAYS 0	b. OTHER DAYS [REDACTED]	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 7	f. TOTAL SICK DAYS 7	
SIGNATURE OF ATTENDING PHYSICIAN [REDACTED]			SIGNATURE OF MEDICAL RECORDS OFFICER [REDACTED]			

b(6)-2

b(6)-2

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD
-----------------------	-----------------------------------

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

18 '10. 5:07 AM AFTER THE CAR HE WAS RIDING
IN ALABAMA A TRUCK OF 82ND KIA BOONE.

PMU ⊕

PSY ?

66626103 - NIK 706

PHYSICAL EXAMINATION

W 3 L W L N 2 D

H 2 B 2 T - W N L

W 2 R 2 - S P P L E

⊕ - S M O L E P O S I T I O N W D D M A L ⊕ H E E L
L A T E R A L ⊕ H E E L

X I A 2 2 3 - P H A S E M T ⊕ H E E L

PROGRESS (Enter date of discharge and final diagnosis)

⊕ L 2 L 2 6 7 1 1 3 ⊕ H 2 0 0 2 5

⊕ C A N T A 3 M 1 3 4 2 1 1
W D V T 3 C 2 2

SIGNATURE OF b(6)-2	DATE 23 OCT 03	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION b(6)-4	REGISTER NO.		WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

MEDCOM - 21905

MEDICAL RECORD PROGRESS NO. 3

DATE	NOTES
22 Oct 03	s) Pt 90 Laceration to (L) Heel.
2309	
RD: 9870	
P: 107	
R: 20	o) BS NORMAL, ⊕ Airway, A&Ox3, ⊕ Active Bleeding
B/P: 176/88	
	A) Laceration (L) Heel 20cm
2312	p) 1 g Ancef
10mg Morphine	Wound irrigated

b(6)-4

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



PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

23 OCT 03 Received from EMT via stretcher. About 0330 Laceration. BS(T) x4 graded. Abd soft non-distended. Foley to gravity drainage clear yellow urine. Peripheral pulses +2. (U) AC IV saline locked as ordered. (U) local = Kerlex incision bag dressing dry & intact. (R) local = small opening < 1 cm. left open to air. Active bleeding noted @ obs time. Wound (R) local = dry sterile dressings. Will continue care as planned. [Redacted] 217A

23 OCT 03 (1325) Assumed care of pt w/ [Redacted] report from night shift. Pt alert, speaking Arabic. VSS. No clo pain. Drops to @ heels Ad per MD this am. Sutures intact. Pt amb in hallway w/ difficulty. St in @ dc flushes well w/ s/sx infection/infiltration. Tol. reg diet well. Voiding w/ difficulty. 2-point restraints in place w/ s/sx complications. Will continue to monitor. [Redacted] (1700) Pt yelling/praying d/t finding out father is dead. Pt vomitted x2. Pt medicated w/ 5mg Halobol IV. Pt resting quietly @ this time. Foley d/c'd @

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.

[Redacted] b(6)-4

b(6)-2

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

b(6)-2

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

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

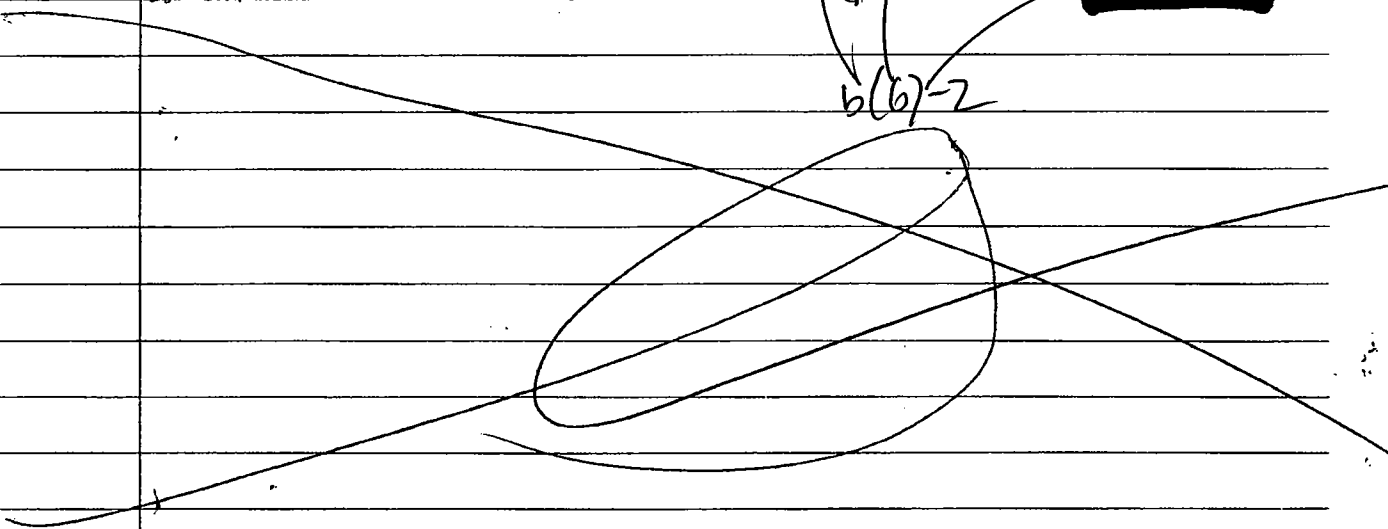
230403 (cont) 1620z Pt aware he is to void in urinal. DTN
 (1700) by 2220 monitoring. [REDACTED]

230403 VSS. Alert & Oriented. No noted vomiting
 2000 @ this time. Refusal dinner. Dry Drunk
 water. Urine clear yellow urine.
 Dry to back of throat = blood. Dry oral
 lungs clear. BS @ x4 small abd sept-
 non-distended. Peripheral pulses +2. Pt informed
 of NPO status & MN. Verbalized understanding
 per interpreter will continue care as
 planned. [REDACTED]

240403 VSS. AD. Received 5mg haloperidol for anxiety. @ pulse to
 1000 labetalol LE. CR ± 2 sounds. Voiding light yellow urine,
 granular sediment. Sent to OR for surgery. VSS LAB-
 +HRP. [REDACTED]

240403 2100 VSS. DSG to LE B/L ADT. Lung sounds clear. @ bowel sounds.
 Consumed 50% meal. Pt has Pt @ C/O pain. [REDACTED]

b(6)-2



b(6)-2

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

25 OCT 03 1700 VSS. A.O. (P) 2 pulsed to B/E - Subbullet on wound when AM for 40 min and then sat in chair to rest. Changed linen to bed. 2'd DSG to L/E @ heel as usual.

25 OCT @ 1910 Pt ambulated to BR 5 assist + had steady gait. DSG to B/L LE heels CDI. Lung sounds clear through all lobes. S.S. audible. (P) bowel sounds [redacted] 2LT/AN

25 OCT @ 1300 Pt. sitting up in bed, A.O. V.S.S. Pt. has DRESSING to heels of feet, bilat = sec wrap. W → D DRSG A to (C) heel this AM. Small amount of serous fluid drainage to old DRSG. New DRESSING CDI. Pt. ambulated to BR w difficulty, (P) BM x1. Pt. occasionally has crying episodes ^{ms.} for R/T father dying. Pt. wants to know what's happened to her father's body. LTC [redacted] informed, said she would try to find out. All other assessments WNL. Pt. in 2-point restraints. (P) C/O pain. (P) signs of skin breakdown. [redacted] 2LT/AN.

27 OCT @ 0640 Pt. denies any pain. Sleeping. (P) heel (P) S/Sx of infection. DSG A completed. CDI. Pt. ambulated to BR. Urinating in jug. Tol regular diet. VSS 2 pt restraints. [redacted] 2LT/AN

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.

[redacted] b(6)-4

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

b(6)-2

LAST NAME	I	MII	NUMBER
DATE	NOTES		
27 OCT 03 1400	<p>Pt. resting quietly in bed. V.S.S. A+Ox3. Ancef + gm infusing at this time. (L) C/O pain. W → D DRSNG A/d to (L) heel. (R) heel DRSNG, CDI. Pt. ambulates well w/ assistance. Pt. in 2 point restraints, (L) signs of skin breakdown. All other assessments WNL. Will cont. to monitor [REDACTED] 25 AN</p>		
28 OCT 03 0130	<p>Pt laying in bed. Medicated w/ 2 percocets for pain. Pt has DSG's to B/L heels. A/d DSG to (L) heel. Wound has (L) S/SX of infection. Wound beefy pink w/ white granulation tissue surrounding wound. Applied NS & soaked gauze + wrapped w/ Kerlex. [REDACTED] 27/19</p>		
28 OCT 03 0700	<p>Assumed care of pt. VSS & C/O pain or discomfort @ this time. Lungs clear HRRR Active BS x4 guards Dressing (L) foot heel wet to dry 4x4 kerlex wrapped (L) foot open to air small wounds to back of foot w/ drainage bleeding noted Will cont. to monitor [REDACTED] 9/1/03</p>		
28 OCT 03 1900	<p>VSS. Alert & Oriented. (L) FA Saline lock patent + intact. W → D dry applied to (L) heel wound. Tissue to (L) heel wound pink & moist. Ambulates to BR without difficulty. Tolerates Regular diet. No C/O pain verbal or noted [REDACTED] 26/19</p>		
29 OCT 03 0700	<p>Assumed care of pt. resting in bed A+O x 2. (L) foot kerlex wrapped wet to dry DSG B CDI heel breakdown infection TIL ABX treatment. (R) heel small wounds bacitracin ointment applied. Remains afebrile. Lungs clear HRRR Active BS. Ambulates w/ difficulty will cont. to monitor [REDACTED] 9/1/03</p>		

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
29 Oct 03 2025	<p style="text-align: right;">b(2)-2</p> <p>On the Discharge Note [REDACTED]</p>
	<p>18 x 4. I shot in heels after the car he was riding in struck an American truck. The auto was brought to his (L) heel, which was removed, and an avulsion wound to his (L) heel, which has responded to dressings.</p>
	<p>PUGH: Weight down as tolerated, dry dressing changes Levofloxacin 250 mg P.O. Q 12h x 14/2025</p>
	<p style="text-align: right;">b(6)-2 [REDACTED]</p> <p style="text-align: right;">COL 26</p>

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.	

[REDACTED] b(6)-4

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

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
29 OCT 03 7000	VSS. Alert & oriented. (L) FA Saline sock pulled & intact. Pedal pulses palpable to. Toes & brisk capillary refill. Tissue to (L) heel wound is pink & moist. OOB to BR independent. No clo pain or discomfort voiced or noted. Will continue care as planned. [REDACTED] 2074
30 OCT 03 0700	Assumed care pt. ATD X 3. VSS resting in bed foot elevated. @ foot wound wet to dry slight packing healing & s/s of infection & clo pain Ambulates & a limp. Neurovascular check intact. Lungs CTA HRRK Active BS Urinary & difficulty. Will cont to monitor [REDACTED] same

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.	

[REDACTED] b(6)-4

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

MEDCOM - 21912

b(2)-2

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER	[REDACTED]	
PATIENT'S HOME ADDRESS OR DUTY STATION					ARRIVAL		
STREET ADDRESS					DATE (Day, Month, Year)	TIME	
CITY					TRANSPORTATION TO FACILITY		
STATE					ZIP CODE		
SEX	DUTY/LOCAL PHONE		MILITARY STATUS		THIRD PARTY INSURANCE		
<input checked="" type="checkbox"/> M	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
AGE	HOME PHONE		PRP	ADDITIONAL INSURANCE			YES
18	AREA CODE	NUMBER	FLYING STATUS	DD 2568 IN CHART			NO
CURRENT MEDICATIONS		INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT		
10mg Morphine		ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN
ALLERGIES		IS THIS AN INJURY?			TETANUS		
NKDA		INJURY/SAFETY FORMS			DATE LAST SHOT		
CHIEF COMPLAINT		HOW			COMPLETED INITIAL SERIES		
GSW		Ankles			<input type="checkbox"/> YES <input type="checkbox"/> NO		
CATEGORY OF TREATMENT				VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME	TIME		BP		PULSE	
<input type="checkbox"/> URGENT	2350	7350		141/78		118	
<input checked="" type="checkbox"/> NON-URGENT	INITIALS	RESP		TEMP		WT	
	[REDACTED]	18		98.8			
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	PT/PTT	BHC/URINE/BLOOD/QUANT		CXR PA & LAT/PORTABLE	
	<input checked="" type="checkbox"/> URINE C&S	UA	MSSC/CATH	CHEM: 12 Lytes		ACUTE ABDOMEN	
	<input checked="" type="checkbox"/> BLOOD C&S					SINUS	
						C-SPINE	
						LS SPINE	
						HEAD CT	
						ANKLE R/L (B)	
ORDERS							
<input checked="" type="checkbox"/> PULSE OX	99%	<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
7350	TRANS 5 IM	JP	[REDACTED]	[REDACTED]			
	2mg Ativan IV	JP	[REDACTED]	[REDACTED]			
	5mg Morphine IV	JP	[REDACTED]	[REDACTED]			
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.	RETURN TO DUTY			
MODIFIED DUTY UNTIL		RETURN TO DUTY		I have received and understand these instructions.			
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN	
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	TIME OF RELEASE		PATIENT'S SIGNATURE			
<input type="checkbox"/> DETERIORATED							
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)							

[REDACTED] 6/2-4 b(2)-2

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

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

MEDICAL RECORD	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: } HEIGHT: } UNKNOWN WEIGHT: }	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA
	3. PREVIOUS SURGERY [] NO [] YES (type): UNKNOWN

4. PROPOSED SURGICAL PROCEDURE: **I & D Bilat. Heels**

5. ADDITIONAL INFORMATION: Last PO: ^{ASPO} _{MIN} Medical Hx: Implants: Medications:
 Jewelry removed: no Family waiting: yes/ no

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 checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" type="checkbox"/> Pt. exhibits relaxed body posture.	<input checked="" type="checkbox"/> Allow pt. to verbalize freely. <input checked="" type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input checked="" type="checkbox"/> Explain all nursing procedures before they are done. <input checked="" type="checkbox"/> Remain with pt. whenever possible. <input checked="" 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 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 checked="" 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 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 checked="" 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 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

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 anesthesia; traumatic injury; position; shock; previous surgery	<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 stockings or ace wraps. If none, check with doctors. <input checked="" type="checkbox"/> Check that safety straps are correctly applied. <input checked="" 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 have been removed.
E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain	<input checked="" type="checkbox"/> Pt. will be transferred to OR table without difficulty. <input checked="" type="checkbox"/> Pt. will 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, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being injury; sedation; F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation F.3. Potential injury due to dentures. <u>NO DENTURES</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. <input checked="" type="checkbox"/> Speak clearly and slowly. <input checked="" type="checkbox"/> Address pt. from <u>either</u> side. <input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communications. <input type="checkbox"/> Verify removal of dentures.
G. OTHER PATIENT PROBLEMS AND NEEDS. Or continuation of above problems/needs. <div style="text-align: center;">/</div> <div style="text-align: center;">b(6)-2</div>	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. <div style="text-align: center;">/</div>	OTHER NURSING INTERVENTIONS. Or continuation of above interventions. <div style="text-align: center;">/</div>

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[REDACTED] 11T/AN 24 OCT 03 DATE

11. POSTOPERATIVE EVALUATION:

Pt. is s/s of distress. Drsg. CDI.
b(6)-2 POST b(6)-2

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [REDACTED]

DATE: 24 OCT 03 TIME: 0950 MEDCOM - 21916

13. PREOPERATIVE EVALUATION PREPARED BY (Signature) [REDACTED]

DATE: 24 OCT 03 TIME: 1050

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the proper policy of the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>ILT</u> [Redacted]	
3. DATE <u>24 OCT 03</u> TIME PATIENT ARRIVED IN SUITE		4. PATIENT IN ROOM TIME <u>0955</u> NUMBER	
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>NPO p MN NKDA</u> b(6)-2			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>Sgt</u> [Redacted] <u>910</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>ILT</u> [Redacted] <u>610E</u>	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: <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>Betadine / Betadine</u> SITE: <u>Bilat. feet</u> BY WHOM: SITE: BY WHOM:	
COMMENTS: <u>N/A</u>		COMMENTS: <u>No pooling or adverse reaction</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad -- S [Redacted] Strap == Tourniquet [Hatched] prep			
Initial: <u>ILT</u> [Redacted]			
C = Correct I = Incorrect			
10. COUNTS		Other**	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		SCRUB	CIRCULATOR
		<u>Sgt</u> [Redacted]	<u>ILT</u> [Redacted]
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	
# [Redacted] <u>b(6)-4</u>		<input checked="" type="checkbox"/> ESU NO: <u>#2</u> <u>Lot 130</u> GROUND PAD: BRAND <u>V REM FORTHERNE II</u> LOT NO: <u>70011 Exp 2005-04</u>	
		<input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____	
		<input type="checkbox"/> BIPOLAR NO: _____	

13. PROSTHESIS, IMPLANTS

YI

NO

IF YES NAME: ID NUMBE'

ACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)

YES NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
N/A					

WOUND IRRIGATION YES NO, TYPE(S):

0.9% NaCl Q2

OTHER ORDERS

TIME

CARRIED OUT BY

N/A		
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PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES NO

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)

Fluffs
Kerlix

19. ADDITIONAL INFORMATION

Surgeon: Dr. [REDACTED] b(6)-2
Anesthesia: CPT [REDACTED]

DA 5179 Initiated

20. OPERATION(S) PERFORMED

I x D Bilat heels
b(6)-2

21. PATIENT TRANSFERRED TO

PACU

TIME See
DA 7389

METHOD
Lifter

22. REGISTERED NURSE SIGNATURE

[REDACTED] 117 AV

MEDICAL RECORD VITAL SIGNS RECORD

HOSPITAL DAY															
POST-MONTH-YEAR	DAY														
19		23 Oct	24 Oct	25 Oct	03	26 Oct	27	28	29						
	HOUR	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	
PULSE (O)	TEMP. F	80	80	80	80	80	80	80	80	80	80	80	80	80	
	TEMP. C	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	
180	104°														
170	103°														
160	102°														
150	101°														
140	100°														
130	99°														
120	98.6°														
110	98°														
100	97°														
90	96°														
80	95°														
70															
60															
50															
40															

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD															
BLOOD PRESSURE		144/90	126/80	124/80	111/64	100/90	96/92	127/81	131/89	118/80	134/89				
HEIGHT:	WEIGHT →	5'7"	148	147	146	146	146	147	147	147	147				
		99%	98%	97%	98%	97%	96%	97%	97%	97%	97%				
		5'7"	148	147	146	146	146	147	147	147	147				
		99%	98%	97%	98%	97%	96%	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.

 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

b(6)-4

b(6)-2

b(6)-4

Ward/Section: EMT		REQUESTER: [REDACTED]		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. [REDACTED]		# [REDACTED]		DATE: 12 Oct 07	TIME: 73:56	SSN/PHYSICIAN SSN: [REDACTED]	
(Hematology) CBC				Urinalysis		Misc. Serology	
TEST		TEST		RESULT		REF. RANGE	
WBC		Color		yel		N/A	
RBC		Asp		clr		N/A	
Hgb		Giu		neg		Negative	
Hct		Bili		neg		Negative	
MCV		Ket		neg		Negative	
Plt		SG		1.025		N/A	
Lymph %		Bld		neg		Negative	
(Hematology) Manual Differential				pH		6.0	
Segs		Mono		Prot		neg	
Bands		Eos		Urob		neg	
Lymph		Baso		Nit		neg	
Atyp		Imm		Leuk		neg	
RBC Morph		HCG		neg		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:			DATE:		LAB ID NO.:		

Ward/Section: EMT		REQUESTING PHYSICIAN: DR [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST NAME: [REDACTED]		DATE: 23/10/03	TIME: 01:00	SSN/PSEUDO SSN: [REDACTED]	
(I-STAT)		(Piccolo)) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	===== PICCOLO =====	
Na	138	138-146 mmol/L	ALB	23/10/03	01:00
K	3.2	3.5-4.9 mmol/L	ALP	REFERENCE RANGE:	MALE
Cl	103	98-109 mmol/L	ALT	PATIENT #:	[REDACTED]
pH		7.31-7.45	AMY	LIVER PANEL PLUS	[REDACTED]
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	DISC LOT #:	[REDACTED]
PO2		80-105 mmHg (art) N/A (ven)	TBIL	OPER #:	[REDACTED]
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	SERIAL #:	[REDACTED]
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺	ALB 4.5 3.3-5.5 G/DL	
sO2		95-98%	CHOL	ALP 73 26-84 U/L	
BEecf		(-2) - (+3) mmol/L	CRE	ALT 33 10-47 U/L	
AnGap		10-20 mmol/L	GLU	AMY 31 14-97 U/L	
Ca		1.12-1.32 mmol/L	TP	AST 36 11-38 U/L	
BUN		8-26 mg/dl		TBIL 0.7 0.2-1.6 MG/DL	
GLU	130	70-105 mg/dl	TEST	GGT 13 5-65 U/L	
Creat		0.7-1.5 mg/dl	GLU	TP 7.8 6.4-8.1 G/DL	
Hct		38-51% PCV	BUN	INST QC: OK CHEM QC: OK	
Hgb		12-17 g/dl	CRE	HEM 0, LIP 0, ICT 0	
Misc. Chemistry			CK		
TEST	RESULT	REF. RANGE	NA ⁺		
Troponin-I			K ⁺		
Drug of Abuse			CL ⁻		
			tCO ₂		
			CL ⁻		
			tCO ₂		
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

MEDCOM - 21921

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, "I" = CONSTANT INFUSION		DRUG (Units)		TOTALS	TOTAL EBL	
		Fentanyl (mcg)	100	100	50	200	100	
		Propofol (mg)	220				100	
		SUX (mg)	100				100	
		Misop (mg)			10	10	0	
		VOLAT AGENT	1.50 % del	30	1.50			
		AIR	L/Min					
		N2O	L/Min					
		O2	L/Min	8/2	2/8			
		SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS						
FLUIDS		LINE site	<input type="checkbox"/> Warmed					
		LR 1850	<input type="checkbox"/> Warmed	800	1700			
			<input type="checkbox"/> Warmed					
			<input type="checkbox"/> Warmed					
LOSSES		EST BLOOD LOSS						
		URINE						
PHYS STATUS		TIME	11:00 - 50 - 11:30 - 30 - 12:00 - 30 - 1:00					
BODY WEIGHT:		SYMBOLS:	220					
HEMATOCRIT:		BP by cuff	200					
INITIAL DATA:		Heart rate	180					
BP-		Resp rate	160					
HR-		BR (transduced)	100					
EQUIP CHECK		TOURNIQUET	60					
OK? - (Y) N		ANES - X-X	40					
PATIENT RECHECK		PROC - (0-0)	20					
OK for PROCEDURE?								
TIME-								
VENTIL		VT - ml	190	180	330			
		f - breaths/min	5	7	12			
		Peak inf pres / PEEP						
		MODE - S(pon), A(ssist), C(on)	S/A/S	S	S			
MONITORS/ACCESSORIES		BP/Auto Cuff	59	60	46			
		FIO2 (Frac or %)	88	50	89			
		ART line	100	100	100			
		Steth- PC/ES	SR	SR	SR			
		Gas analyzer	AVA	AVA	AVA			
		TEMP-site	414	414				
		N-M Block (T/4)						
		Warming blkt						
		Conv warmer						
EVENTS		Position	02					
PROCEDURES and CPT Codes:		ANESTHETIC TECHNIQUES: Describe block technique under Remarks:	COMBINATION: General					
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments	Kra-0.5 in, 1.5 inch, Corbitube placement, XT					
# [redacted] b(6)-4		SURGEONS:	[redacted] b(6)-2					
		ANESTHETIC:	[redacted] GTAC					
		PROCEDURE LOCATION:	OR 1					
		DATE:	24 OCT 03					
		PAGE	OF 1					

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[Redacted]

EPW

Noted
23 Oct 03
00330
[Redacted]

DATE OF ORDER

23 Oct 03

TIME OF ORDER

0200

HOURS

LIST TIME ORDER NOTED AND SIGN

Admit to ICU #1 - Dr. [Redacted]

A x 1 (L) Heel Ulceration

@ (R) Heel Embargostation [Redacted]

Condition: Stable

Vitals: per routine

All: NKDA

Med: 250 mg Keflex p.o. QID

NURSING UNIT

ROOM NO.

BED NO.

ICU #1

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

✓ 975 mg Heparin p.o. QID

✓ 5 mg Ambien p.o. QHS prn sleep

✓ IV: Heparin

Diet: Regular

Activity: Bedrest / Bathroom privileges

Nursing: BID - Dressing changes to Heels

Plan: Reevaluate By Dr. [Redacted] in AM.

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

b(6)-2

[Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

23

Oct 03

1550

① NPO after midnight for OR tomorrow

b(6)-2

[Redacted]

NURSING UNIT

R

[Redacted] BED NO.

DA FORM 1 APR 79 4256

REPLACES

MEDCOM - 21923

MAY BE USED.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	On the Op No.
29 Oct 53	
[Redacted]	Pre Op Dx - Fracture wound (B) heel
b(6)-4	Post Op Dx - none
	Procedure: I+D (B) heel
	Anesth: [Redacted] b(6)-2
	Surg: [Redacted]
	Analysis - (X) comm fragment removed from
	(R) heel. Left heel had been closed
	with tight in 51m. Distal removed
	aluminum hardware and sutured.
	Plan: Analg. w/ 'Cepiro'
	Wet to dry change.
	[Redacted]
	[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

MEDCOM - 21925

ICW-1

b(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4				29 Oct 03	[REDACTED] HOURS	
				(1) TD 12W:1		
				(2) Rx - Phenytoin 100mg (B) 4x/day		
				(3) Carbamazepine PRN		
				(4) VS - ROUTINE		

NURSING UNIT	ROOM NO.	BED NO.
	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2				8 Nov 03	12:30 CL/HR, 11:50 HOURS	
				(1) N - 12 25 CL/HR, 11:50 HOURS		
				(2) WST TO 1027 DRESSINGS TD		
				(3) WERL BID		
				(4) TD 2000 650mg PRN Q 4 HRS PRN		
				(5) PENICILLIN I - 500mg PRN Q 4 HRS PRN		

NURSING UNIT	ROOM NO.	BED NO.
	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2				13 Nov 03	2:00 HOURS	
				(1) AMBIXIN 500mg PRN Q 4 HRS PRN		
				(2) MSOL 2.6mg NP Q 2 HRS PRN		

NURSING UNIT	ROOM NO.	BED NO.
240V	30 Oct @ 0030	[REDACTED]

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2						

NURSING UNIT	ROOM NO.	BED NO.

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

MEDCOM - 21926

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)
For use of this form, see AF 40-407;
the proponent agency is the Office of The Surgeon General. Mo. ____ Yr. ____

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																					
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																			
				22	23	24	25	26	27	28	29	30											
23 Oct	[REDACTED]	Keflex 250mg P.O QID	06 12 18 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23 Oct	[REDACTED]	Tylenol 975mg P.O QID	06 12 18 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23 Oct	[REDACTED]	IV Heparin Flush @ shift	10 N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 Oct	[REDACTED]	Cipro 400mg IV PB BID	10 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 Oct	[REDACTED]	Anect 1GM IV PB 8 80	6 14 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b(6)-2

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Ulceration / heel
NKDA Fragmentation wound ADDITIONAL PAGES IN USE: YES NO
PAGE NO. _____

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

DISPENSING TIMES
USE PENCIL, CIRCLE MED TIMES
D 7 8 9 10 11 12 13 14
E 15 16 17 18 19 20 21 22
N 23 24 01 02 03 04 05 06

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 10	Yr. 03	
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials
29 Oct		D/C IV @ D/c to EPW CMG			30 Oct			
		b(6)-2						
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION					
			TIME/DATE DISPENSED					
23 Oct		Ambien 5mg p.o. QHS PRN Sleep	D/H					
			D/H					
			E/I					
23 Oct		Haldol 5-10mg IV q6-12 pm	D/H	23 Oct 24 Oct	1626	6532		
			D/H					
24 Oct		Lofexidine 650 po q 4h PRN	D/H					
			D/H					
24 Oct		Percocet 7-7.5 po q 4h PRN	D/H	24 Oct 24 Oct	1500	1550		
			D/H					
24 Oct		MKS 2-6mg IVP q 2h PRN	D/H	24 Oct 24 Oct	1050			
			D/H					

*U.S. GPO: 1998-454-110/95218

Green Sheet

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo. 10 Yr. 2003
VERIFY BY INITIALING		For use of this form, see AR 40-407. the proponent agency is the Office of The Surgeon General.					
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED			
				23	24	25	
23 Oct	[REDACTED]	2 tabs routine	D	[REDACTED]	[REDACTED]	[REDACTED]	
23 Oct	[REDACTED]	Regular diet	D	[REDACTED]	[REDACTED]	[REDACTED]	
23	[REDACTED]	Activity Bedrest	D	[REDACTED]	[REDACTED]	[REDACTED]	
		EPR privileges	N	[REDACTED]	[REDACTED]	[REDACTED]	
23 Oct	[REDACTED]	BID Dressing PLS to heels	10	[REDACTED]	[REDACTED]	[REDACTED]	
24 Oct	[REDACTED]	Up Ad Lib comb Chair TID	10	[REDACTED]	[REDACTED]	[REDACTED]	
24 Oct	[REDACTED]	H2IV	6	[REDACTED]	[REDACTED]	[REDACTED]	
24 Oct	[REDACTED]	WTD @ Heel BID DSG 2	10	[REDACTED]	[REDACTED]	[REDACTED]	
b(6)-2							

ALLERGIES: YES NO PRIMARY DIAGNOSIS: ① heel laceration - ① heel frasp wound

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

ADDITIONAL PAGES IN USE: YES NO
PAGE NO: _____

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

DTSG APPROVED (Date)

Date: 24 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1050 IV Sedation Nerve Block
 Allergies: NONE OR Intake: Crystalloid 1000 Colloid
 Pre-op VIS: 106/60 74/42 OR Output: UOP 0 EBL minimal
 Procedures: 1.50 Bilateral Feet Meds/Times: Lat 250mg, Propal 20mg
Sux 100mg 1150y 10mg

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

Time	Pre Op Meds	History
240		
220		
200		
180		
160		
140		
120		
100		
80		
60		
40		
20		
RR	<u>18 19 19 20 19</u>	
T	<u>96.4 97.2 97.7</u>	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

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

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

[Redacted] <u>107 Jan b(6)-2</u> [Redacted] <u>b(6)-4</u>	DEPARTMENT/SERVICE/CLINIC <u>Pacu/KC3</u>	DATE <u>24 Oct 03</u>
	[Redacted] <u>b(6)-2</u> [Redacted] <u>b(6)-4</u>	
[Redacted] <u>b(6)-2</u> [Redacted] <u>b(6)-4</u>	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	

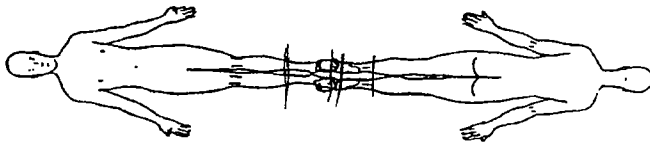
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

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

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

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

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



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

NURSING NOTES

Assessed PT care @ 1050, PT is stable condition, no S/S of distress. Available to voice, heeler, sets 98-900 NA. palpable pulses ~~++~~ +2 all extremities, 18g LAC. -GT- Hypovolemic BSX, 6u -vials spontaneously. no N/V/D, none combative, appropriate. # S₁, S₂ of electrolyte.

Discharge Criteria:
 Date: 2/9/04 Time: 1155 PARS: 9
 BP: 132/56 T: 98.7 HR: 109 RR: 18 SaO2: 99%
 Pain Level at D/C (0-10): 0
 Intake: 0 Output: 0
 Additional Data:
 Transferred To: ICU
 Report Given To: LT
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: STAFF
 Cleared IAW Recovery P...
 Charge Nurse Signatur: [Signature]

b(6)-2

WAMC OP 173-E

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION										
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG										
A	I	I	O	I		I	Z	(State or Country Code.)						4. PAY GRADE		5. SEX		
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						16		17		18		
9	10	11	12	13	14	15											M	
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION					
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND		UNIK			
10. LENGTH OF SERVICE						ETS		11. FMP				12. SOCIAL SECURITY NUMBER						
32	33	34	NA				35	36	99				[REDACTED]					
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS				HOUR OF ADMISSION		BRANCH / CORPS						
NA						46				0200								
14. FLYING STATUS			15. BENEFICIARY CATEGORY					16. ZIP CODE OF RESIDENCE										
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61												
N			K 78															
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			PREV. ADMISSION								
62	63	64 65 66 67 68 69 70				71				YEAR								
I Z										<input checked="" type="checkbox"/> NO								
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
72				Icw1			UNIK											
O							ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)											
							UNIK											
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY							TELEPHONE NUMBER OF EMERGENCY ADDRESSEE											
Direct from Emt							UNIK											
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO					23. DATE OF DISPOSITION (YYMMDD)										
73	74	75 76 77 78 79 80					81 82 83 84 85 86											
24								031029										
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)										
87	88	89	90	91 92 93 94 95 96				97 98 99 100 101 102										
A E A A								031023										
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)										
103	104	105 106 107 108 109 110				111 112 113 114 115 116												
FOR LOCAL USE											Dx: 8251 E8121 Trauma - 450 Injury Pr: 7967/x2							
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF ADMITTING CLERK												
b(6)-2						[REDACTED]												

MEDCOM - 21934

[Redacted] b(6)-4

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civillan(s) [check one] if "Other" then describe: _____	
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive In City/Town/Village (I.P.C. 485)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 485(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other _____

<input type="checkbox"/> Offense against Coalition Forces [check one] if "Other" then describe: _____	
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility
<input type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other _____

Apprehending Unit: <u>D Co 3505</u>	Location Grid: <u>[Redacted] 6(6)-4</u>
Date of Incident: (D/M/Y) <u>22/10/03 to 1/1</u>	Time of Incident: <u>2130</u> hrs to _____ hrs
Date of Report: (D/M/Y) <u>1/1</u>	Time of Report: _____ hrs

Detainee # <u>[Redacted] b(6)-4</u>		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: <u>[Redacted]</u>		Last Name: _____	
First Name: <u>[Redacted]</u> Given Name: <u>[Redacted]</u>		First Name: _____ Given Name: _____	
Hair Color: _____	Scars/Tattoos/Deformities: <u>b(6)-4</u>	Hair Color: _____	Scars/Tattoos/Deformities: _____
Eye-Color: _____	Weight: _____ lb	Height: _____ in	Eye-Color: _____ Weight: _____ lb Height: _____ in
Address: _____		Address: _____	
Place of Birth: _____		Place of Birth: _____	
Ethn/Tribe/ Sect:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone#:	DOB D/M/Y: <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____	
Document #:		Document #:	

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")

<input type="checkbox"/> Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner: _____
Make: _____	Color: _____	VIN: _____
Model: _____	Type: _____	Plate No.: _____
Year: _____	Names of People in Vehicle: _____	
Contraband/Weapons in Vehicle: _____		

<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type: _____	Model: _____	Color/Caliber: _____
Serial No.: _____	Quantity: _____	Make: _____
Other Details: _____	Where Found: _____	Receipt Provided to Owner: Yes/ No
Name of Assisting Interpreter: _____		Owner: _____

Email, Phone, or Contact Info: _____

Detaining Soldier's Name (Print): _____	Supervising Officer's Name (Print): _____
Signature: _____ Last, First MI	Signature: _____ Last, First MI
Email: _____	Email: _____
Unit Phone: _____ Date: _____	Unit Phone: _____ Date: _____

MEDCOM - 21935

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? Ramming a HM MWV WITH
vehicle vic MIXING ROWL

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

D Co 3-505 PIR

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying?

None

What contraband was this person carrying?

None

What other weapons were seized?

What other information did you get from this person?

b(6)-2

Additional Helpful Information:

CPT

DNVT

pt # [redacted] 46-4

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
 YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: <u>curfew violation - probable cause</u> IED <input type="checkbox"/> Arson (I.P.C. 342) <input type="checkbox"/> Burglary or Housebreaking (I.P.C. 426) imp <input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399) <input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430) <input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402) <input type="checkbox"/> Theft (I.P.C. 439) <input type="checkbox"/> Murder (I.P.C. 405) <input type="checkbox"/> Destruction of Property (I.P.C. 477) <input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410) <input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487) <input type="checkbox"/> Maiming (I.P.C. 412) <input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495) <input type="checkbox"/> Simple Assault (I.P.C. 415) <input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3)) <input type="checkbox"/> Kidnapping (I.P.C. 421) <input checked="" type="checkbox"/> Other	
<input type="checkbox"/> Offense against Coalition Forces (check one) If "Other" then describe: <u>curfew violation - probable cause</u> IED <input type="checkbox"/> Violation of Curfew <input type="checkbox"/> Trespass on Military Installation or Facility imp <input type="checkbox"/> Illegal Possession of Weapon <input type="checkbox"/> Photographing/Surveillance Military Installation or Facility <input type="checkbox"/> Assault/Attack on Coalition Forces <input type="checkbox"/> Obstructing Performance of Military Mission <input type="checkbox"/> Theft of Coalition Force Property <input checked="" type="checkbox"/> Other	
Apprehending Unit: <u>14AC 3/325th AIR</u> Location Grid: _____ Date of Incident (D/M/Y): <u>25 OCT 103 to 25 OCT 103</u> Time of Incident: <u>2136 hrs to 0000 hrs</u> Date of Report (D/M/Y): <u>1/1</u> Time of Report: _____ hrs	
Detainee # _____ Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: _____ Last Name: _____ First Name: _____ Given Name: _____ Hair Color: _____ Scars/Tattoos/Deformities: _____ Eye-Color: _____ Weight: _____ lb Height: _____ in Address: _____ Address: _____ Place of Birth: _____ Place of Birth: _____ Ethn/Tribe/ Sect: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: _____ Ethn/Tribe/ Sect: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: _____ Document #: <input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____ Document #: <input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____	
Total Number of Persons Involved: <u>1</u> (list names/identifying info on reverse under "Additional Helpful Information")	
<input type="checkbox"/> Vehicle Information Vehicle Number _____ of _____ Vehicle(s) Owner: _____ Make: _____ Color: _____ VIN: _____ Model: _____ Type: _____ Plate No. _____ Number of People in Vehicle: _____ Year: _____ Names of People in Vehicle: _____ Contraband/Weapons in Vehicle: _____	
<input type="checkbox"/> Property/Contraband <input type="checkbox"/> Weapon Photo Taken of Suspect with Weapon/Contraband: Yes/ No Type: _____ Model: _____ Color/Caliber: _____ Serial No.: _____ Quantity: _____ Make: _____ Receipt Provided to Owner: Yes/ No Other Details: _____ Where Found: _____ Owner: _____	
Name of Assisting Interpreter: <u>SFC [redacted] (3/325th AIR) 2nd</u> Email, Phone, or Contact Info: _____	
Detaining Soldier's Name (Print): _____ Supervising Officer's Name (Print): _____ Signature: _____ Last, First MI: _____ Email: _____ Signature: _____ Unit Phone: _____ Date: <u>25 OCT 103</u> Unit Phone: _____ Date: <u>1/1</u>	

106-35 [redacted] 302 551-30
 66-2 MEDCOM - 21937

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? Ind was shot because he was
put past curfew and dropped an object
near wall of military compound and
then fled

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
Only guard tower witnessed ind. being shot
SGT [redacted] and multiple officers then arrived
on scene to give aid to individual
b(6)-2

How was this person traveling (car, bus, on foot)? on foot

Who was with this person?

What weapons was this person carrying? none found

What contraband was this person carrying? none found

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Patient Nbr		2. Name				3. Grade FGN		Admission Remarks
4. Sex M	5. Age 29Y	6. Race C	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO		
11. FMP 99	12. SSN	13. Organization			14. Ward			
15. FlyStatus	17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP		20. Type Case DIS		
21. Source of Admission Direct from ER			22. Hour Of Adm: 03:30	23. Clinic Service AEA - ORTHOPEDICS				
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH	26. Date of Disp 2003-11-03				
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2003-10-25		Admitting Officer:		
29. Reporting MTF 058	b(2)-2			30. Date Init Adm 2003-10-25		32. Units Blood Components		
31. Selected Administrative Data								
Marital Status:		DoB:		MOS:				
In/Out Patient: Inpatient		b(6)-4						
33. Cause Of Injury:								
34. Diagnosis / Operations and Special Procedures:								
GSW R FEMUR								
35. Total Days This Facility								
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days			
0	0	0	0	10	10			
35. Total Days This Facility								
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days			
0	0	0	0	10	10			
Signature of [Redacted] Officer				Signature of PAD or Medical Records Officer				
[Redacted]				MA [Redacted]				

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 21939

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

29x10. 50W, 505 W (R) 1315,
 with OPW from FX
 b1311 - ⊖

WLDWA

PHYSICAL EXAMINATION

WLDWA WLD
 b1311 505W
 EXT - FX (L) C/L 10/10/10 WLD. WLD
 EXT WLDWA. PULS 24 ⊖

XMAS- PULS (R) from FX

PROGRESS (Enter date of discharge and final diagnosis)

PLWH I to X-FIX

<small>SIGNATURE</small> [Redacted]	<small>DATE</small> 23/02/03	<small>IDENTIFICATION NO.</small> 640	<small>ORGANIZATION</small>
<small>REGISTER NO.</small>		<small>WARD NO.</small>	

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

ABBREVIATED MEDICAL RECORD
 Standard Form 539
 GENERAL SERVICES ADMINISTRATION AND
 INTERAGENCY COMMITTEE ON MEDICAL RECORDS
 FIRM (41CFR) 201-45.505
 JANUARY 1987 539-106-01

Transfer Summary – Patient 1116

29 yo Iraqi EPW, shot in right thigh while acting suspiciously after curfew, at 0300 25 October. No other significant medical history or allergies. On exam, had developed anterior right thigh compartment syndrome, with comminuted open femur fracture.

Taken to OR on 25 October, with right thigh compartment release through IT band. Small entrance wound, but large cavitory wound in muscle down to femoral fracture. Had Hoffman II external fixator applied, with two pins in femoral neck, three in femoral shaft for proximal femur fracture. Good reduction and alignment. Irigated 6 liters.

Taken back to OR on 28 October, with I+D of wound, irrigation. Unable to close fasciotomy wound at that time.

Returned to OR on 30 October, with I+D, and DPC of wound over a penrose drain.

PLAN: Mobilize, but this patient is not motivated. Current medications include Ancef 1 gram IVPB Q 8 hours and Gentamycin 350 MG IVPB q day.



b(6)-2

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE

NOTES

25 Oct 03
0620

Orth Op Not

Pres Op Do (1) Open eye (2) femur (3) femur
(2) (2) thigh compartment syndrome
Real Op Do - same

Procedure (1) I+D (2) femur

(2) (2) thigh compartment release/fixation
(3) (2) femur external fixator

Surgeon: [redacted] b6-2

ESL: 300 60146 1000 403061 3500 LN

Surgeon - Commended (2) femur fracture
with large cavity wound with
internal compartment. Released eye IT
and vision. x-ray with 2 pins
in front neck, 3 pins in front
shaft. Good alignment.

Plan - repeat I+D in 48-72 hrs

b(6)-2

[redacted]

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

MI

SPONSOR'S ID NUMBER
(SSN or Other)

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

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

MEDCOM - 21942

MEDICAL RECORD

PROGRESS NO.

b(6)-2

DATE	NOTES
25OCT03 (1835)	<p>Assumed care of pt w/ report from night shift. Pt admitted to unit from ICU3 via gurney in stable condition. Pt tx to bed 3 assist. Pt drowsy but easily arousable. VSS. IVE infusing into IV in @ forearm 3 site infiltration. IV in @ ac dled - catheter intact. Drsg to ex fix on RLE 2 mod amount sero-sang drainage. @ pedal pulse equal bilat. Cap refill <3secs. 2 point restraints in place 3 site complications will cont. to monitor. (1710) Drsg to RLE and pins reinforced d/t large amount sero sang drainage. Monitoring</p>
25OCT03@ 2000	<p>PT'S H/H 7.4/25. Called over yellow walkie-talk 2-way radio. Waiting for response Pt Temp 101°. Medicated c 650mg Ty. Will continue to monitor. Ortho responded. Informed MD that pt H/H 7.4/25. No new orders pending. Pt lung sounds clear throughout lobes @ bowel sounds.</p>
26OCT03 (1420)	<p>Assumed care of pt w/ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c morph/percs. Drsg to RLE reinforced d/t large amount of sero-sang drainage. Ex-fix in place on RLE. Pt able</p>

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. CW1

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

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

LAST NAME	FIRST NAME	MIL	INITIAL ID NUMBER
			b(6)-2 ↓
DATE	NOTES		
26 OCT @ 1300	(cont) to move toes. ⊕ pedal pulse equal bilat. cob to chair. Pt tol. well. IV in @ ac d/ded d/t infiltration. leg IV started in @ forearm flushes well ⊖ s/sx infiltration. IVs s/d. Pt tol. reg diet well. Foley draining quantity sufficient, clear yellow urine. 2 point restraints in place ⊖ s/sx complications. Will continue to monitor. [REDACTED] W/AN		
27 OCT @ 0800	Pt's DSG saturated ⊖ serous w/ang drainage. Med of Kerlex + reinforced DSG. Pre med ⊖ 8mg MSO4. ⊕ foley ⊖ clear yellow urine. Pt able to move toes + ⊕ pedal pulse BIL. VSS. Pt tol. regular diets. [REDACTED] W/AN		
27 OCT @ 1400	Pt. resting quietly in bed. V.S.S. A & O. DRSG to ⊕ femur ex. fix. saturated ⊖ serous sanguinous drainage. Outer DRSG Δ id ⊖ 2 combine pads wrapped ⊖ Kerlex roll. Pt. premedicated ⊖ 5mg MSO4 20min prior to DRSG Δ. Pt. C/O pain when moving ⊕ LE slightly. ⊖ C/O pain at this time. Pt. compliant ⊖ drinking water; pt refused breakfast & lunch. Pt. in 2 point restraints, ⊖ signs of skin breakdown. All other assessments WNL. [REDACTED] W/AN		
27 OCT @ 2200	VSS. DSG to ⊕ Ex-Fix femur saturated ⊖ serous ang. Med outer DSG. Did not remove packed drsg 2° ⊖ order. Reinforced ⊖ 2 supersponges + 2 ABD pads, wrapped in Kerlex. Pre med ⊖ 8mg MSO4. Pt. able to move leg independently, ⊕ cap refill, ⊕ pedal pulse. cont IV ABX. Tol. reg diet, ⊕ Foley draining clear, yellow urine. [REDACTED] W/AN b(6)-2		

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

DATE

NOTES

28 Nov 03
0928

Ortha Op Job

Row Op Draw @ BSW (12) from
Post by Dr - [redacted] (2) (1) High consultant signature
Readers: I + V (12) from
Linger: [redacted] b(6)-2
[redacted]

Findings - still with longer word
not much hesitation. Conjecture
soft, but would not reply to
close. digits 6 left
Plain repeat I + V. Kind of
lacing with mesh loops (2000)

[redacted]

b(6)-2

b(6)-4

[redacted]

MEDCOM - 21946

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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b(6)-2

28 OCT 03 (1635) Assumed care of pt. of 4000. Pt alert, speaking Arabic. VSS. 0 clo pain. Pt to OR this am for I/D R.E. Drsg e mod. amount sero sang drainage. SL in @ forearm flushes 5 S/Sx infection/infiltration. 2 point restraints in place 3 S/Sx complications. Will cont. to monitor.

[REDACTED] 2A

(1735) Foley d/d this am. @ void.

28 OCT 03 1900 USS alert & oriented. (R) FA IV e tenderness to touch & pt clo pain e flush. 0 swelling noted and flush noted. (R) FA IV d/c due to disconnection. IV restarted (L) FA 20 gauge 1 1/4 inch. Pt tolerated well. Lungs clear (B). BS @ x4 quadrants. Abd soft nondistended. Urine clear yellow urine. Drsg to (R) thigh moderately soiled e sero sang drainage. Bed linen & pts clothing soiled as well. Will initiate e morphine prior to drsg B and linen change. Pedal pulses palpable #2. (R) toes e brisk capillary refill. Will continue care as ordered. - [REDACTED] 2A

28 OCT 03 2030. Pre-medicate (R) thigh drsg was change. Remove old drsg except layer of gauzes inside wound. Log rolled pt with assist from staff to change linen. Pt tolerated well.

[REDACTED] 2A

[REDACTED] b(6)-2

b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 21947

MEDICAL RECORD

PROGRESS NOTES

b(6)-2

DATE	NOTES
29 OCT 03 @ 1600	Assumed care of pt. @ 0600. VSS, A&O, @ C10 pain. Moderate amount of serous drainage to (R) thigh DRNG. DRNG reinforced & combine dressings. Pt. placed on bed pan @ BM. @ BS all 4 quads. Abdomen soft, non-distended. Pt. complains of pain whenever (R) LE is manipulated. IVSC to (L) EA flushes well. All other assessments WNL. Pt. in 2 point restraints, @ signs of skin breakdown. [REDACTED] 2LE, AM
29 OCT 03 1900	VSS X Temp 100. Tylenol given. (L) EA tube back patent & intact. (R) Thigh dry intact & small amt of drainage around pin site. Combine dry in place & dry @ this time. Ate 30% of regular diet. Drinks @ S of PO Fluid BS @ X4 med. ABD Abd soft non-distended. Pop. Pedal pulses palpable to toes capillary refill brisk. Will continue to monitor [REDACTED]
29 OCT 03 2100	Morphine 8mg IVP given for pain. Will continue to monitor. [REDACTED] Pt aware of NPO status & MN for [REDACTED] in AM [REDACTED] 2V

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.

[REDACTED] b(6)-4

PROGRESS NOTES
Medical Record

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

DATE _____ NOTES _____

30 OCT 03 @ 1400 Pt. to OR. This AM for 1 AD; pt NPO since MN. Pt. received from PACU @ 1230. V.S.S. A&O. @ C/O pain, DRNG to @ femur ex. fix, ace-wrapped, CDI. Pt. resting quietly in bed. Pt. in 2-point restraints, @ signs of skin breakdown. @ pedal pulses bilat., skin warm, Pt. unable to move @ CE. All other assessments WNL. No new post-op orders. Will resume previous orders. [REDACTED] 2CT, 1AD

30 OCT 03 Pt ATOX3, VSS, LS CTA @, @ BSx4, @ thigh 2100 Ex Fix intact, dsq to @ thigh covered w ace wraps, blood drainage around pins on dsq, rest of dsq CDI, pain controlled w perc's, T-100's, peripheral pulses equal @, cap refill < 3sec, 2 point restraint s complications. [REDACTED] 91W I concur with above assessment [REDACTED] 2U

30 Oct 03 Assume care of Pt VSS, ATOX3. @ C/O pain today. 1720 Yelling and screaming like usual. Had to @ dsq due to urinating on self. Placed a condom cath on Pt. @ thigh @ ex fix, drainage coming from penosc clavia. Placed 4x4's and Kerlix over area. In 2pt restraints @ signs of irritation. Will cont to monitor. [REDACTED]

31 OCT 03 Pt ATOX3, VSS, Ex Fix @ thigh intact, dsq 2100 covering wound, CDI, IV AT intact, @ s/sx of intex, cap ref < 3sec, pedal pulses equal @, @ BSx4, LS CTA @, Foley @ gravity draining cyu via condom cath, 2 point restraint have @ s/sx of complications. [REDACTED] 91W

STANDARD _____ ACK _____ 1.00

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

b(6)-2

DATE

NOTES

1 NOV 03

VSS. AB. ⊕ 2 pulse to RLE. Fix in place & intact. Absent to present of to VSS @ site. ⊕ 1/2 of infector to wound area. Condon cath intact drain light amber urine, @ 5 BSX4. LCTAB sent to microbiology.

0925

1 NOV 03

Pt asleep, easily aroused, VSS, 1 S CTA ⊕, ⊕ BSX4, Ex Fix to ⊕ thigh intact, ace wrap CDI, SI IV intact & s/sx of infex, & c/o pain, condom cath draining amber urine, did not eat dinner, 2 point restraint & any complications.

2030

2 NOV (1235)

Pt sleeping often, VSS, ⊕ complications, @ this time. LCTAB, HRRR, ⊕ BSX4, ex-fix intact to ⊕ LE ⊕ pulses to ⊕ LE. mod. drainage noted to drag. Condon cath intact draining dark yellow urine. IV to ⊕ arm patent & ⊕ edema or redness @ site. Am care done: pt non-compliant & Am care. pen care done, 2 pt restraints on while unclad & compromise to skin or circulation. Will monitor

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

MI

SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

PROGRESS NOTES Medical Record

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

b(6)-4

DATE NOTES

2 NOV 03 Pt awake, vss, condom cath A'd due to leakage, dsq on R thigh saturated w urine A'd, pin care given, blood drainage coming from pin sites, penrose drain came out while A'ing the dressing, Ex Fix intact, pt OOB -> stand and back to bed, did not tol well, ate most of diet, IV to R FA intact, 0 s/sx of infection, 2 point restraint s any complications, pulses equal B on LE, cap ref < 3 sec. [redacted] GW I concen with alone a [redacted] ment [redacted]

3 Nov 03 0930 Assumed care @ 0600; All vss pt A'd speaking arabic; Cms, 2 PP, brisk cap ref to affected leg, NV intact; Ex-fix in place, pin care completed w 1/2 NS H2O2; dsq to lateral aspect of R thigh A'd, xeroform placed over stitches; sutures c/d, well approximated, minimal drainage; 0 s/sx infection; 1/2 patent, easily flushes, 3 s/sx infection/infiltration; ate ~ 50% of breakfast; Restraints in place, C circ, 0 skin breaks; will cont. to monitor [redacted]

3 Nov 03 Transferred to [redacted] [redacted] [redacted] 1050 [redacted] [redacted] [redacted] b(2)-2 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	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:
HEIGHT:	
WEIGHT:	

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

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition _____
 Tobacco _____ 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 _____ 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 <input checked="" type="checkbox"/> Potential for anxiety related to: <input checked="" type="checkbox"/> 1) <u>Surgical Procedure & Operating Room Environment</u> <input checked="" type="checkbox"/> 2) <u>Separation Anxiety (Child)</u> <input checked="" type="checkbox"/> 3) <u>Surgical Outcomes</u>	<input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" 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. Parents to stay with pt.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to: <input checked="" 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 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: <input checked="" type="checkbox"/> 1) <u>Intraoperative Immobility</u> <input checked="" type="checkbox"/> 2) <u>ESU Pad Placement</u> <input checked="" type="checkbox"/> 3) <u>Positional Aids</u> <input checked="" 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 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 form pooling.

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

 b(6)-4

VERIFICATIONS AT HOLDING AREA:

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

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

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED. 25 Oct 03 DATE

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

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [Redacted] CPT/AN 13. PREOPERATIVE EVALUATION PREPARED BY (Sig) [Redacted] CPT/AN
DATE: 25 Oct 03 TIME: 0716 DATE: 25 Oct 03 TIME: 0631

MEDICAL RECORD

INTRAOPERATIVE

DOCUMENT

For use of this form, see AR 40-407, the prope

Agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter
BY anesthesia
3. DATE 25 Oct 03
TIME PATIENT ARRIVED IN SUITE 0420

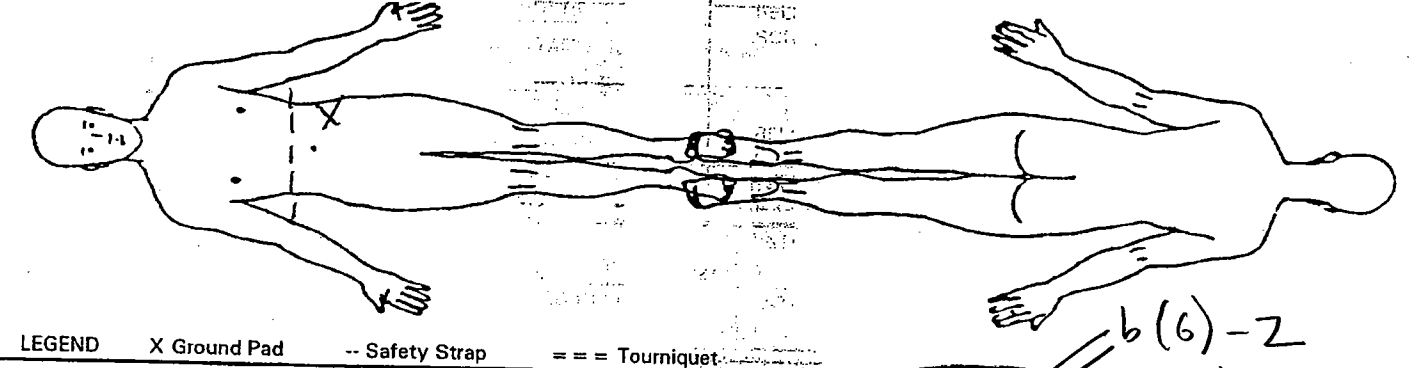
2. PATIENT IDENTIFIED
VERIFIED BY [redacted] CPT/AN
4. PATIENT IN [redacted]
TIME 0426 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS
 CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)
COMMENTS:
b(6)-2

6. NURSING PERSONNEL
ASSIGNED SCRUB: SPC [redacted] b(6)-2
RELIEF SCRUB:
ASSIGNED CIRCULATOR: CPT [redacted]
RELIEF CIRCULATOR:

7. POSITION AND POSITIONAL AIDS (Specify)
 SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP
COMMENTS: Proper body alignment maintained

8. SKIN PREPARATION
HAIR REMOVAL: YES NO
DONE BY: OR NURSING UNIT
METHOD: DEPILATORY RAZOR CLIP
PREP SOLUTION (Specify) Betadine scrub/sol'n
SITE: Rt. Leg BY WHOM: [redacted]
COMMENTS: No nicks No pooling of fluids



10. COUNTS

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

Initial C [redacted]

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

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
 ESU NO: Force 40 RBE10530S 30/30
GROUND PAD: BRAND Valley lab REM
LOT NO: 70011
 ESU NO:
GROUND PAD: BRAND
LOT NO:
 BIPOLAR NO:

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER TURER
 Hoffman # Pin 50186180 X 5
 Load # 002960

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% NS

OTHER ORDERS: None

PHYSICIAN'S SIGNATURE: [Redacted]

b(6)-2

OTHER ORDERS	TIME	CARRIED OUT BY
None		

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

C-Arm Rt. Femur

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.
	Kerlix		
SITE	Rt. Femur		

18. DRESSING/IMMOBILIZATION (Specify)
 Fluffs
 Kerlix
 ABD

19. ADDITIONAL INFORMATION

Surg: [Redacted] Anesth: [Redacted] CENA Anesth. Type [Redacted]
 b(6)-2 b(6)-2

20. OPERATION(S) PERFORMED

1. I & D Femur Wound
 2. Ex Fix Rt. Femur

21. PATIENT TRANSFERRED TO PACH (ICW1) TIME 0634 METHOD Litter

22. REGISTERED NURSE SIGNATURE [Redacted] CPT/AN

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

DOCUMENT

For use of this form, see AR 40-407, the propo...

Agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY anesthesia
3. DATE 28 OCT 03 TIME PATIENT ARRIVED IN SUITE

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY [redacted] CPT/JW
4. PATIENT IN ROOM TIME: 0850 NUMBER 2-2 (2)

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: pt of english speaker.

b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PFC [redacted] OTD</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted] JOBE</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

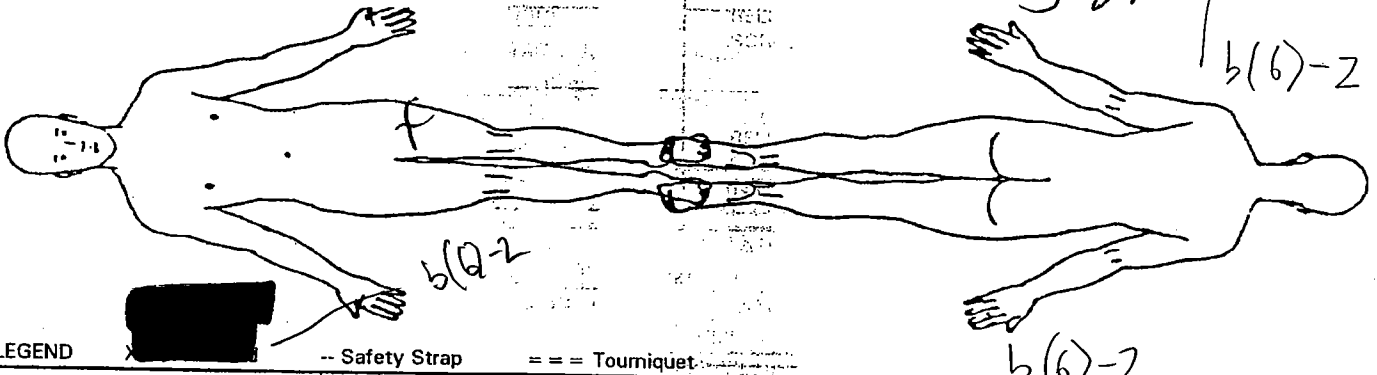
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Betaj Beta
SITE (R) leg BY WHOM: CPT [redacted]
COMMENTS: no pooling of prep noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND

-- Safety Strap == Tourniquet

10. COUNTS	C = Correct I = Incorrect		Initial		SCRUB	CIRCULATOR
	Other	First Closing Count	Final Closing Count	Count		
Sponge	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/	/
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	/	C	<u>PFC [redacted]</u>	<u>CPT [redacted]</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/	/
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
[redacted] b(2)-2
28 OCT 03

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
CUT
 ESU NO: [redacted] COAG
GROUND PAD: [redacted] BRAND [redacted] LOT NO: 700110 2005-04
 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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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"/>
TYPE/SIZE	1. <i>16F Foley to gravity</i>	2. <i> </i>	3. <i> </i>
SITE	<i>FROM WARD</i>	2. <i> </i>	3. <i> </i>

18. DRESSING/IMMOBILIZATION (Specify)
fluffs
- Kerlin
- ABD pad.

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

20. OPERATION(S) PERFORMED
I & D Right Femur

21. PATIENT TRANSFERRED TO *ICU3* TIME *0930* METHOD *Stretcher*

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

MEDICAL RECORD **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY Anesthesia

2. PATIENT IDENTIFIED, VERIFIED BY CPT

3. DATE 30 Oct 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 115 NUMBER 5

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: concerns voiced

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Sgt</u> [Redacted]	RELIEF SCRUB	[Redacted]
ASSIGNED CIRCULATOR	<u>CPT</u> [Redacted]	RELIEF CIRCULATOR	[Redacted]

b(6)-2

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: correct body alignment maintained, arms on padded armboards at less than 90°; position approved by surgeon + anesthesiologist

8. SKIN PREPARATION

HAIR REMOVAL YES NO

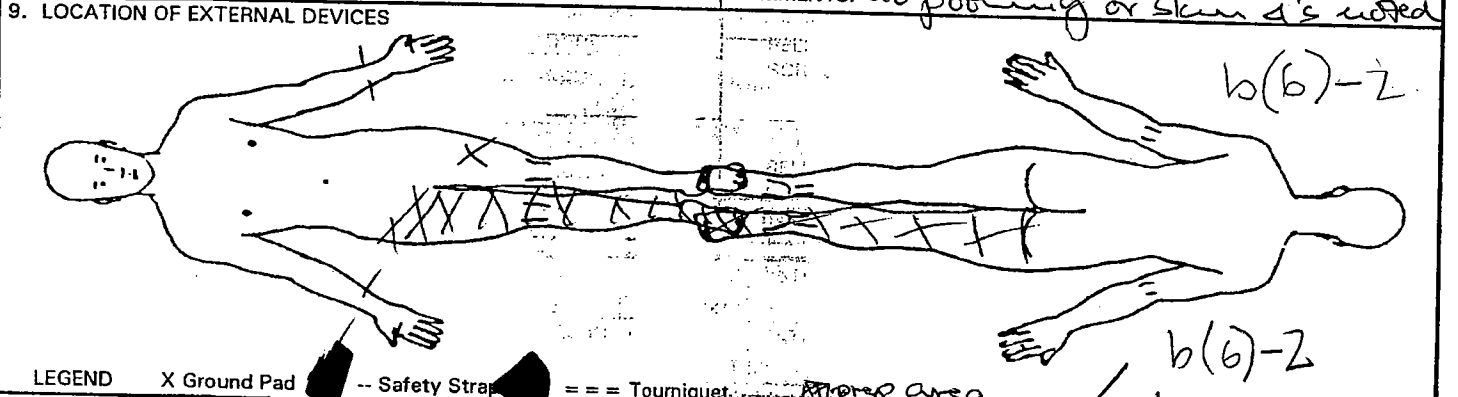
DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Beta Sumerl Beta Point

SITE: R leg BY WHOM: [Redacted]

COMMENTS: no pooling or skin d's noted



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				[Redacted]	[Redacted]
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				[Redacted]	[Redacted]
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				[Redacted]	[Redacted]
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				[Redacted]	[Redacted]

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*

30 Oct 03

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

ESU NO: Valleylab Force 2

GROUND PAD: BRAND VL Perm Polyhesive II LOT NO: 65706 2504-11

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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

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 NO

TYPE/SIZE	1	2.	3.
	3/8 in Penrose		
SITE	1	2.	3.
	(R) thigh		

18. DRESSING/IMMOBILIZATION (Specify)
Xeroform
Tegaderm
ABD
Kerlix
Acuwrap

19. ADDITIONAL INFORMATION
Surgeon: [Redacted] b(6)-2
Anesthesia: [Redacted]
-DAS179 on chart, & d's noted

20. OPERATION(S) PERFORMED
I+D (R) femur & DPC
b(6)-2

21. PATIENT TRANSFERRED TO PACU (ICU) TIME 5:00 PM 04/28/99 METHOD litter

22. REGISTERED NURSE SIGNATURE [Redacted] CPTIAN

MEDICAL RECORD **VITAL SIGNS RECORD**


HOSPITAL DAY																											
POST-	DAY																										
MONTH-YEAR	DAY	31	1	2	3																						
19	HOUR	20	20	0	0	9																					
PULSE (0)	TEMP. F (°)	105°																						TEMP. C			
		180																								40.6°	
		170																									40.0°
		160																									39.4°
		150																									38.9°
		140																									38.3°
		130																									37.8°
		120																									37.2°
		110																									37.0°
		100																									36.7°
		90																									36.1°
		80																									35.6°
70																								35.0°			

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD																		
Record special data only when so ordered	BLOOD PRESSURE	114/65	112/64	112/64	111/57	114/68												
	HEIGHT:	100	101	101	100													
	WEIGHT →	100	101	101	100													

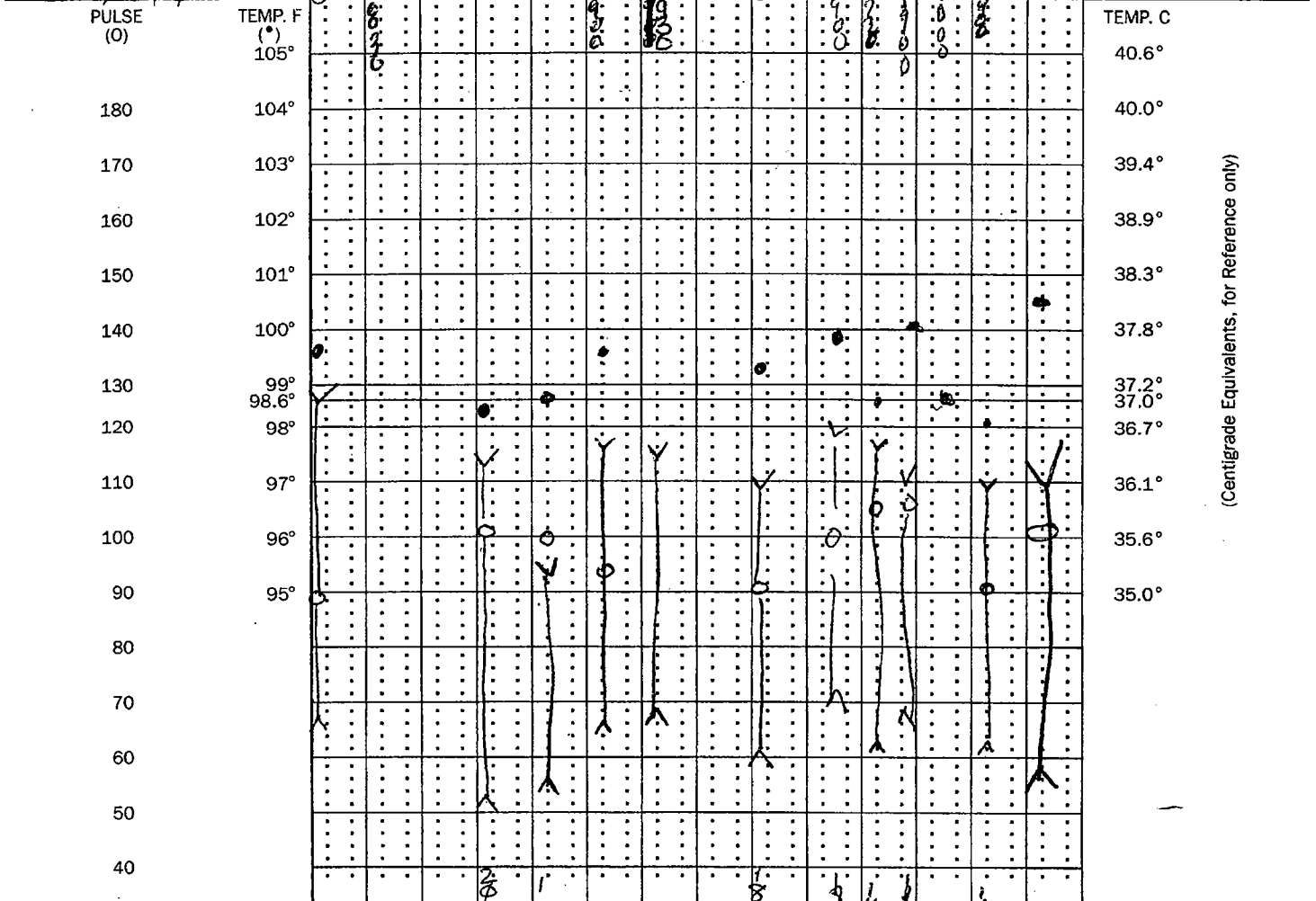
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO. WARD NO.


b(6)-4

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY											
POST-	DAY										
MONTH-YEAR	DAY	25	26	27	27	28	29	30			
10/2003	HOUR	8	8	8	11	8	1	2	8		



RESPIRATION RECORD		BLOOD PRESSURE		HEIGHT		WEIGHT	
		120/65	110/65	113/55	94	115/68	105/62
		112	100	117	109/71	109/68	110/58
		101	98	99	97	99	111
			98	99	97	99	100
			98	99	97	99	98
			98	99	97	99	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.

[REDACTED] 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

Stat

b(6)-2

Ward/Section: ER REQUEST: [REDACTED] LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [REDACTED] DATE: 10/25/03 TIME: 0330 SSN/PSEUDO SSN: [REDACTED]

(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	ye1	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App	cldy	N/A	Mono		Negative
Hgb		14-18 g/dl (M)	Glu	neg	Negative	Microbiology		
			Bili	neg	Negative	Source		
			Ket	neg	Negative	Gram Stain		
			SG	1.025	N/A	Occ Bld		Negative
			Bld	neg	Negative			
			pH	6.0	N/A			
			Prot	n	Negative			
			Urob	n	0.2-1.0			
			Nit	n	Negative			
			Lcuk	n	Negative			
			HCG		Negative			

b(6)-4

b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 10/25/03 03:55
 Patient ID: [REDACTED]
 Test Name :PT
 Test Result:= 13.2 sec.
 Ratio = 1.1
 Calculated INR = 1.14
 Sample Type:citrated wh. blood
 Test Date :10/25/03
 Test Time :03:54
 Card Lot [REDACTED]
 Operator [REDACTED]

b(6)-2

CSF

Cell Count	
Directigen	Negati

Coagulation Studies

Blood B (MUST SUBMIT SF 51)

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

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 10/25/03 03:59
 Patient ID: [REDACTED]
 Test Name :APTT
 Test Result:= 33.5 sec
 Sample Type:citrated wh. blood
 Test Date :10/25/03
 Test Time :03:56
 Card Lot [REDACTED]
 Operator [REDACTED]

b(6)-4

b(6)-2

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

Ward/Section: **ER** REQUESTOR: [REDACTED] DATE: **25/10/03** TIME: **0930** CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) SSN/PSEUDO SSN: [REDACTED]

LAST, FIRST, MI. # [REDACTED] (Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		2.6-8.4 u/l	BUN		7-22 mg/dl
Cl		10-47 u/l	CA++		8.0-10.3 mg/dl
pH		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2					28-145 mmol/l
PO2					3-4.7 mmol/l
TCO2					1-108 mmol/l
HCO3					-33 mmol/l
sO2					
BEecf					
AnGap					
Ca					
BUN					
GLU					
Creat					
Hct					
Hgb					

25/10/03 04:01
 REFERENCE RANGE: [REDACTED] MALE
 PATIENT #: [REDACTED] b(6)-4
 BASIC METABOLIC
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

TEST	RESULT	REF. RANGE
ALB	3.6	3.3-5.5 G/DL
ALP	72	26-84 U/L
ALT	11	10-47 U/L
AMY	33	14-97 U/L
AST	21	11-38 U/L
TBIL	0.6	0.2-1.6 MG/DL
BUN	7	7-22 MG/DL
CA++	8.6	8.0-10.3 MG/DL
CHOL	45*	100-200 MG/DL
CRE	0.9	0.6-1.2 MG/DL
GLU	102	73-118 MG/DL
TP	6.8	6.4-8.1 G/DL

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

25/10/03 04:01
 REFERENCE RANGE: [REDACTED] MALE
 PATIENT #: [REDACTED] b(6)-4
 BASIC METABOLIC
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

TEST	RESULT	REF. RANGE
GLU	102	73-118 MG/DL
BUN	7	7-22 MG/DL
CA++	8.6	8.0-10.3 MG/DL
CRE	0.9	0.6-1.2 MG/DL
NA+	142	128-145 MMOL/L
K+	3.9	3.3-4.7 MMOL/L
CL-	108	98-108 MMOL/L
tCO2	21	18-33 MMOL/L

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

REMARKS:

REPORTED BY: DATE: LAB IL

MEDCOM - 21963

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

Ward/Section: <u>OL</u>	REQUESTOR(S) (NAME): [REDACTED]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)					
LAST, FIRST, MI: <u>[REDACTED]</u>	DATE: <u>25 OCT 67</u>	TIME: <u>0600</u>	SSN/PSEUDO SSN:				
(Hematology) CBC		Urinalysis		Misc. Serology			
	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
	10.8 x 10 ⁹	Color		N/A	RPR		Negative
	5.1 x 10 ⁹	App		N/A	Mono		Negative
	3 g/dl (M) 6 g/dl (F)	Glu		Negative	Microbiology		
	2% (M) 7% (F)	Bili		Negative	Source		
	4 fl (M) 9 fl (F)	Ket		Negative	Gram Stain		
	500 x 10 ⁶ red	SG		N/A	Occ Bld		Negative
	-51.1%	Bld		Negative	H. pylori		Negative
	Differential	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	2% (M) 37-47% (F)	CSF		Blood Bank			
Sed Rate		Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED			
Other		Directigen		Negative	ABO/Rh		
Coagulation Studies		Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH		
PT		9.8-13.6 secs					
APTT		21-34 secs					
D dimer		<20 ug/ml					
FDP		<10 ug/ml					
REMARKS:							
REPORTED BY:		DATE:		LAB ID NO.:			

MEDCOM - 21964

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

Ward/Section:		REQUESTING PHYSICIAN:				CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # [REDACTED]		DATE 25 OCT 07		TIME 0600	SSN/PEEUO 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/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	iCO2		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) Mellyte 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
			iCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						iCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

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

Ward/Section: ICW #1		REQUESTING PHYSICIAN: [REDACTED]		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		DATE: 26 OCT 83	TIME: 1435	SSN/PSEUDO SSN: [REDACTED]				
(Hematology) CBC			Urinalysis			Misc. Serology		
<i>TEST</i>	<i>RESULT</i>	<i>REF. RANGE</i>	<i>TEST</i>	<i>RESULT</i>	<i>REF. RANGE</i>	<i>TEST</i>	<i>RESULT</i>	<i>REF. RANGE</i>
		4.8-10.8 x 10 ⁴	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)					
<i>TEST</i>	<i>RESULT</i>	<i>REF. RANGE</i>	<i>UNIT</i>	<i>TYPE</i>	<i>CROSSMATCH</i>			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 26 OCT 83		LAB ID NO.:			

b(6)-2

22.9/25.5/338 2910 EPW

17-108/11 3.9/21/1.9 P.6 Ca

MEDICAL RECORD - ANESTHESIA

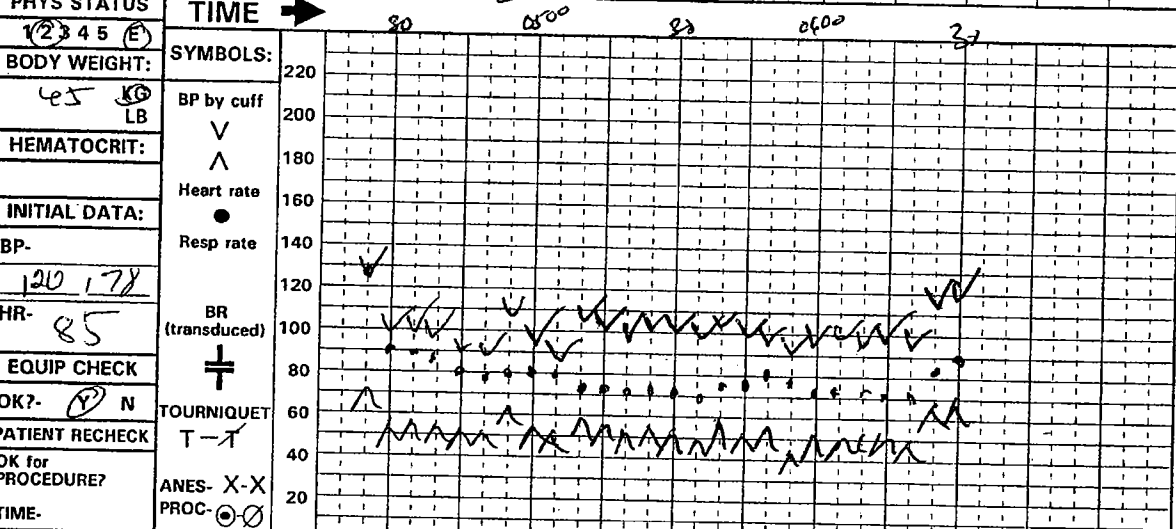
For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML - "I" = CONSTANT INFUSION	DRUG	(Units)	30	45	500	15	30	45	600	TOTALS	TOTAL EBL
		Lidocaine	()	100							
	Propofol	()	100								500
	Succin	()	100								
	Etomidate	()	100	50			50	25	25		
	Vecuron	()	3								
	ROC	()		30				30			1000
	VOLAT AGENT	Foram % del		1	2	1	1	1	1		
		% e.t.									
	AIR	L/Min	0								
	N2O	L/Min	0								
	O2	L/Min	3	2	2	2	2	3	2	6	

TOTALS	TOTAL EBL
	500
TOTAL URINE	
	1000
FLUIDS - SUMMARY	
CRYSTALLOID	3000
COLLOID	1000 HES per
BLOOD	0

SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS	430	45	500	15	30	45	60	11
LINE site	①	②	③	④	⑤	⑥	⑦	⑧
Warmed								
②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Warmed								

LOSSES	EST BLOOD LOSS URINE	(500)	500						
--------	----------------------	-------	-----	--	--	--	--	--	--



VENTIL	VT - ml	80	650	610	610	620	600	600	600
	f - breaths/min	8	7	6	6	6	10	8	8
Peak inf pres / PEEP	19	20	20	19	20	20	19	19	
MODE - S(pon), A(ssist), C(on)	S	C	C	C	C	C	C	S	
BP/Auto Cuff	④	20	20	21	22	23	22	25	
BP/oth	④	58	48	48	46	44	43	44	
ART line	④	100	100	100	100	100	100	100	
Steth- PC/ES	④	SR	SR	SR	SR	SR	SR	SR	
Gas analyzer	④	25.3	25.4	25.4	25.4	25.4	25.4	25.4	
	④	25.3	25.4	25.4	25.4	25.4	25.4	25.4	
	④								
Warming blkt								4/4	
Conv warmer									

RECOVERY AT		
PACU/ICU	(Specify)	
OTHER		
CONDITION:	96 JT	
RESP. (P)	SpO2- 100	
BP	HR- 111	
ANESTHESIA / PROCEDURE TIMES		
Start	Room	End
415	420	
Ready	Begin	End
440	450	

Mark with letters & symbols, explain under REMARKS

PROCEDURES and CPT Codes: I&O ①, ②, ③, ④, ⑤, ⑥, ⑦, ⑧, ⑨, ⑩, ⑪, ⑫, ⑬, ⑭, ⑮, ⑯, ⑰, ⑱, ⑲, ⑳, ㉑, ㉒, ㉓, ㉔, ㉕, ㉖, ㉗, ㉘, ㉙, ㉚, ㉛, ㉜, ㉝, ㉞, ㉟, ㊱, ㊲, ㊳, ㊴, ㊵, ㊶, ㊷, ㊸, ㊹, ㊺, ㊻, ㊼, ㊽, ㊾, ㊿

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

[redacted] - b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GEN

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

OETT Mac4 Grade I view

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

PROCEDURE LOCATION: ㉑-1

DATE: 25 OCT 09

PAGE 1 OF

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		
	Fentanyl (ug)	50/100/50/50													250	min
propofol (mg)	150															
Droperidol (mg)	1.25															
()																
()																
()																500
VOLAT AGENT	50 % del	2.0	2.0	X											FLUIDS - SUMMARY	
AIR	L/Min														CRYSTALLOID-	500
N2O	L/Min														COLLOID-	0
O2	L/Min	2-2-2													BLOOD-	0
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS															REMARKS	
LINE site	18g RFA	Warmed	R		500										Code drugs with numbers, events with letters ① To room via litter, SOC monitors, preO2. ② Induced ③ To PACU stable.	
		Warmed														
		Warmed														
		Warmed														
LOSSES	EST BLOOD LOSS															
	URINE -														500	
PHYS STATUS	TIME	09 → 30 → 10 → 30 → 11 → 30														
1 2 3 4 5 E	SYMBOLS:	220														
BODY WEIGHT	BP by cuff	200														
70 KG LB	V	180														
HEMATOCRIT:	Heart rate	160														
26	•	140														
INITIAL DATA:	Resp rate	120														
BP-	BR	100														
106/62	(transduced)	80														
HR- 98	+	60														
EQUIP CHECK	TOURNIQUET	40														
OK? (Y) N	T-X	20														
PATIENT RECHECK	ANES- X-X															
OK for PROCEDURE?	PROC- 00															
TIME- 0835																
VENTIL	VT - ml	400	250	500												
	f - breaths/min	14	18	12												
	Peak inf pres / PEEP	-	-	-												
	MODE - (Spon), (Assist), (Con)	5	5	5												
MONITORS/ACCESSORIES	BP/Auto Cuff	46	46	56											RECOVERY AT 0925	
	BP/oth	0.8	0.8	0.8											PACU ICU (Specify)	
	ART line	100	100	100											OTHER T974	
	Steth- PC/ES	SR	SR	SR											CONDITION:	
Gas analyzer	TEMP-site													RESP- 12 SpO2- 99		
	N-M Block (T/4)													BP- 100/60 HR- 90		
Warming bkt														ANESTHESIA / PROCEDURE TIMES		
Conv warmer														ANES Start Room End		
														0835 0845 0935		
														PROC Ready Begin End		
														0850 0905 0922		
Mark with letters & symbols, explain under REMARKS																
EVENTS Position → 0 → → →																
PROCEDURES and CPT Codes:																
IBD R+ thigh																
ANESTHETIC TECHNIQUES: Describe block technique under Remarks																
GM																
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility																
# [redacted] - 664																
29 go 0 EPW																
NKDA																
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments																
Eyes taped, #9 OA placed, easy mask.																
SU [redacted] 6(6)-2															PROCEDURE LOCATION: 2-2	
ANESTH [redacted] MAS, CRNA															DATE: 10/28/03	
															PAGE 1 OF 1	

MEDICAL RECORD - ANESTHESIA

For use on this form, see AR 40-66; the proponent agency is the JCS

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML "I" = CONSTANT INFUSION	DRUG	(Units)							TOTALS	TOTAL EBL
		Propofol	(mcg)	200						
	Fentanyl	(mcg)	100, 50, 100, 150						400	um
										TOTAL URINE
										Ø
	VOLAT AGENT	150% del % e.t.	3.0	2.5	1.0	⊗				
	AIR	L/Min								FLUIDS - SUMMARY
	N2O	L/Min								CRYSTALLOID-
	O2	L/Min	8/2	2	2/8					1000
										COLLOID-
										Ø

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										
LINE site	<input type="checkbox"/>	Warmed								BLOOD
	<input type="checkbox"/>	Warmed								Ø
	<input type="checkbox"/>	Warmed								REMARKS
	<input type="checkbox"/>	Warmed								Code drugs with numbers, events with letters

LOSSES	EST BLOOD LOSS									
	URINE -									

PHYS STATUS	TIME	SYMBOLS	220	200	180	160	140	120	100	80	60	40	20
1 2 3 4 5 (E)	115 30 • 12 ⁰⁰ • 20 • 13 ⁰⁰ • 30 • 14 ⁰⁰												
BODY WEIGHT		BP by cuff											
60 (KG) (LB)		∇											
HEMATOCRIT		∧											
INITIAL DATA		Heart rate											
BP-		•											
HR-		Resp rate											
95		BR (transduced)											
EQUIP CHECK		+											
OK? (Y) N		TOURNIQUET											
PATIENT RECHECK		T-X											
OK for PROCEDURE		ANES- X-X											
TIME- 1120		PROC- ⊙-⊙											

See
Brown
Rev of

VT - ml	190	140	240	
f - breaths/min	24	16	10	
Peak inf pres / PEEP				
MODE - S(pon), A(ssist), C(on)	S/AS	S	S	
BP/Auto Cuff	ET CO2 (torr)	45	54	52
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0
ART line	SpO2 (%)	100	100	100
Steth- PC/ES	ECG	SR	SR	SR
Gas analyzer	TEMP-site	44.0/36.2		
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

RECOVERY AT	1207
PACU ICU (Specify)	
OTHER	
CONDITION:	
RESP- SpO2	100
BP- HR	100
ANESTHESIA / PROCEDURE TIMES	
PROC ANES	Start Room End
	1100 1115 1210
	Ready Begin End
	1120 1130 1207

Mark with letters & symbols, explain under REMARKS. EVENTS Position → 6J

PROCEDURES and CPT Codes:
 (R) Femur Washout

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

[Redacted] - 6(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
 General CMA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
 4.5mm cuffed 4.5% FIO2, #24 CMA Placed XT

SURGEON: [Redacted] - 6(6)-2

ANESTHESIA: [Redacted]

PROCEDURE LOCATION: OR 2
 DATE: 30 OCT 03
 PAGE 1 OF 1

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation Anesthesia)

Age 5 DAYS MOS 0 YRS Sex MALE () FEMALE

ASA Physical State 1 (2) 3 4 5 (E)
 WT: 65 KG/LB HT: _____ IN.
 ALLERGIES: NKOR

PROPOSED PROCEDURE: _____
 SURGICAL SERVICE: OTL
 NPO SINCE: _____

HABITS:
 TOBACCO: (1)
 ETOH: (3)
 DRUGS: _____

CURRENT MEDICATIONS:

() = ordered as premed
 () 7mg
 () 1/2 dose
 () gabap
 () _____
 () _____
 () _____

PREMEDICATIONS:

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

LABORATORY STUDIES:

HB/HCT: _____ / _____
 U/A: _____
 OTHER: _____

2 IV S LP
120/28 85 97%

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 Syncope
 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 _____
Familial HX
(N) Y _____
(N) Y _____
(N) Y _____

ASSESSMENT
PAST SURGICAL/ANESTHETIC

PHYSICAL EXAMINATION

BP 25 HR 85 R LF T _____
 Pain Scale 0-10 _____
 HEENT - Teeth _____
 Trachea _____
 TMJ/Neck _____
 Oropharynx _____
 Nares _____
CHEST: _____
CARDIAC: _____
EXTREMITIES: _____
 IV Access: 2 US
 Ulnar Filling: _____
BACK: _____
OTHER: _____

NPO Since 1000 240000

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): _____ General: Mask intubation

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

The patient/legal guardian seems to understand and agrees. Questions answered.

Signed: _____ Date: _____ Time: _____ Hrs

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

Patient Identification: (Ward) _____

[Redacted] 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.

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4	25 OCT 03	0615 HOURS	

NURSING UNIT	ROOM NO.	BED NO.	① TD ICW-1 ② S/P GBW (R) PUNW ③ I/Vs - NORMAL ④ I/Os TO CYLOR TPO ⑤ RUBOM DIBT ⑥ I.V. LR AT 125CC/HR. HOP LBLK
---------------------	-----------------	----------------	---

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[REDACTED] b(6)-2			

NURSING UNIT	ROOM NO.	BED NO.	W/O TRKOP P/O. W/DW ⑦ VpNLEF 7 GRAM IVPB Q 8 HRS ⑧ I/TYLENOL 650MG P.O. Q 4 HRS PRN ⑨ PIZLOCT 1.2 P.O. Q 4-6 HRS PRN ⑩ MSOH, 2-8MG IVP Q 8 HRS PRN ⑪ GEMFIRMOLIN 350MG IVPB Q 12 HRS ⑫ H+H AT 1200 ⑬ I/TYPS 500 SCHEG 2UP [REDACTED]
---------------------	-----------------	----------------	---

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[REDACTED] b(6)-2	20/11/03	2400 HOURS	

NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[REDACTED] b(6)-2	27 OCT 03	1600 HOURS	

NURSING UNIT	ROOM NO.	BED NO.	① NPO P MN V.O. DR. [REDACTED]
			2400 ✓ 28 OCT 03 @ 0600 [REDACTED]

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[REDACTED] b(6)-2			

NURSING UNIT	ROOM NO.	BED NO.	

DA FORM 1 APR 79 4256

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

MEDCOM - 21971

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			28 OCT 03	0925 HOURS	
			①	Resume previous orders	
			②	Regular diet	
			③	N 1/2 at 125 cc/4h 1200 LOW upon taking P.O. well	
			④	D/L Foley	
			⑤	NPO after midnight 29 OCT 03 for ON 30 OCT 03	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
BED NO.			[REDACTED]		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
b(6)-2			28 OCT 03		
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
BED NO.			[REDACTED]		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
b(6)-2			24 OCT 03	0150	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
BED NO.			[REDACTED]		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
b(6)-4					
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
BED NO.			[REDACTED]		
[REDACTED]			[REDACTED]		

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

MEDCOM - 21972

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

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

PATIENT IDENTIFICATION [REDACTED] b(6)-4			DATE OF ORDER 31 OCT 03	TIME OF ORDER 1818 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			① 623162 Sme PO. @ [REDACTED]	[REDACTED]	
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION [REDACTED] b(6)-4			DATE OF ORDER 1 NOV 03	TIME OF ORDER 2249 HOURS	[REDACTED] b(6)-2
[REDACTED]			42345678 TO [REDACTED]	[REDACTED]	
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED] b(6)-2		
PATIENT IDENTIFICATION [REDACTED] b(6)-4			DATE OF ORDER	TIME OF ORDER	[REDACTED] b(6)-2
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION [REDACTED] b(6)-4			DATE OF ORDER	TIME OF ORDER	[REDACTED]
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

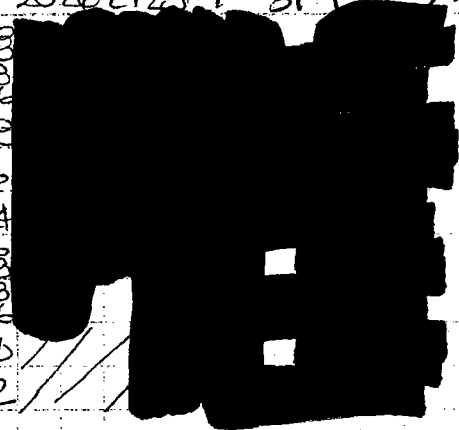
DA FORM 4256
 1 APR 79

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

MEDCOM - 21973

10 03

DATE	TIME	RELATIVE HOURS OF PRECEDENCE	25	26	27	28	29	30	31	1	2	3	4	5
25 OCT 03	1435	VS-routine												
25		1435 COB to chair TID												
25		1435 Regular diet												
28 OCT 03		1435 Pin care BID												



b(6)-2

SP GSW @ FEMUR

[redacted] b(6)-4

ACTION TIMES

USE PENCIL. CIRCLES FOR CHANGES

0	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	
24	01	02	03	04	05	06	07	

MEDCOM - 21974

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED										
				25	26	27	28	29	30	31	1	2	3	4
25	[REDACTED]	V. URW 125cc/hr - HL	18	[REDACTED]										
		when taking POWELL	18	[REDACTED]										
25	[REDACTED]	Ancef 1 gram IVPB	16	[REDACTED]										
		q8h	16	[REDACTED]										
25	[REDACTED]	Bentamycin 350mg	24	[REDACTED]										
		IVPB q day	16	[REDACTED]										
		b(6)-2												

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
S/P GSW @ FEMUR

ADDITIONAL PAGES IN USE:
 YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 21976

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET** The proponent is Dept of Surgery
 OTSG APPROVED (Date): Q1 Apr 11 Jun 97

EMS REPORT		ARRIVAL STATUS	
TIME: 0330	ETA: _____	UNIT: _____	TIME: 0328
MED COM: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> X			IV x 1 <input type="checkbox"/> O ₂ _____ 1/min <input type="checkbox"/> C-Spine Immob
			Meds: <input type="checkbox"/> UKN <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes: _____
			Allergies: <input type="checkbox"/> UKN <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes: _____
			Tetanus: <input checked="" type="checkbox"/> UKN <input type="checkbox"/> Current Last Meal/Fluid Intake 16 hrs Ago
			LMP: _____

PRIMARY SURVEY

AIRWAY	BRETHING	CIRCULATION	
<input checked="" type="checkbox"/> Natural Patient <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Labored <input checked="" type="checkbox"/> Unlabored <input type="checkbox"/> Absent	PULSE: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	SKIN: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot
<input type="checkbox"/> ETT <input type="checkbox"/> _____	TRACHEA: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> L <input type="checkbox"/> R	BLEEDING: <input checked="" type="checkbox"/> X <input type="checkbox"/> N	<input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> _____
<input type="checkbox"/> Secretions _____	CHEST SYMMETRY: <input type="checkbox"/> L <input checked="" type="checkbox"/> X <input type="checkbox"/> R	HEART TONES: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Muffled	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic

SECONDARY SURVEY

DISABILITY	HEAD	HEART	ABDOMEN
GCS: E 4 V 5 M 6	PUPILS: <input type="checkbox"/> Equal <input type="checkbox"/> Fixed <input type="checkbox"/> React <input type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R	RHYTHM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input checked="" type="checkbox"/> Non-Tender
	TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input type="checkbox"/> R	PULSES: <input checked="" type="checkbox"/> Central <input checked="" type="checkbox"/> Peripheral	<input type="checkbox"/> Tender: _____
SPHINCTER TONE:	NECK	LUNGS	PELVIS
<input checked="" type="checkbox"/> WNL <input type="checkbox"/> None	C-Spine Tenderness: <input type="checkbox"/> Y <input checked="" type="checkbox"/> X	BREATH SOUNDS: <input checked="" type="checkbox"/> Bilat <input type="checkbox"/> Equal <input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> _____
	Pain @ _____	Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R	Blood at meatus/vagina: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> X
	JVD: <input type="checkbox"/> Y <input checked="" type="checkbox"/> X	Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R	Heme + _____ Prostate: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

- (A)B)rasion
- (A)M)putation
- (A)V)ulsion
- Battle's Signs
- (B)L)eeding
- (B)urn
- (D)eformity
- (E)chymosis
- (F)oreign Body
- (H)ematoma
- (L)A)C)eration
- (P)uncture (W)ound
- (P)ain
- (S)eatbelt (S)ign
- (S)tab (W)ound
- (G)SW) Gun Shot Wound

VASCULAR ASSESSMENT

++ Strogg + Palpable D Dopler

RN: [Redacted] - b(6)-2 PHY: [Redacted]

PREPARED BY (Signature & Title): [Redacted] DEPT: ER DATE: 25 00

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

[Redacted] b(6)-4

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS	TIME	PROCEDURE	ACCOMPANIED BY	RETURN					
	ET Intubation		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR		CT Scan: <input type="checkbox"/> Contrast							
	Gastric Tube		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal		<input type="checkbox"/> Air <input type="checkbox"/> Contents <input type="checkbox"/> Verified _____ Suction: Y N		<input type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis							
0340	Urinary	16	<input checked="" type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic	SGT [redacted]	<input type="checkbox"/> Return _____ cc <input type="checkbox"/> Home Dip: + - Secured		<input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input type="checkbox"/> Chest <input type="checkbox"/>							
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	b(6)-2	<input type="checkbox"/> Grossly: + - Cell count Sent@		A-Gram Site:							
	Chest Tube #1		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser		IV ACCESS & FLUIDS							
	Chest Tube #2		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser		TIME	#	GA	IAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
	12 Lead	Rhythm:	Comments				0335	1	Y	N	RFA	NSx2		1500
							0340		Y	N	LAC	NSx1		1000

ABG SITE	TIME	%O ₂	pH	BE	pCO ₂	PO ₂	O ₂ Sat	HCO ₃
1)								
2)								

MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Ancef	0335	1	IV						
Let		.5	IM						
Morph		5	IV						

LABS				X-RAYS			
TIME	LABS			TIME	LABS		
	<input type="checkbox"/> D-stick	<input type="checkbox"/> SHct			<input type="checkbox"/> Chest Initial		
	<input type="checkbox"/> D-stick	<input type="checkbox"/> SHct			<input type="checkbox"/> Chest Post ET		
	<input checked="" type="checkbox"/> CBC	<input checked="" type="checkbox"/> Chem	<input checked="" type="checkbox"/> PT/PTT		<input type="checkbox"/> Chest Post CT		
	<input type="checkbox"/> ETOH	<input type="checkbox"/> T&S	<input checked="" type="checkbox"/> PT&C x <i>Yemas</i>		<input type="checkbox"/> C-Spine		
	<input type="checkbox"/> Tox Screen				<input type="checkbox"/> Pelvis		
	<input checked="" type="checkbox"/> UA	<input type="checkbox"/> HCG			<input checked="" type="checkbox"/> R femur		
	<input type="checkbox"/> OTHER				<input type="checkbox"/>		
	<input type="checkbox"/> OTHER				<input type="checkbox"/>		

BLOOD PRODUCTS									
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	AMT		

LAB RESULTS		INTAKE & OUTPUT	
CBC:		Chem: Blood type	

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL				
TITLE	NAME (I-#)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon	b(6)-2			
Anesth				
X-Ray	<i>Orub</i>			
RT				
Ortho	[redacted]			
Neuro				
Chaplain	b(6)-2			

VALUABLES & CLOTHING	
V	C
	None Found
	Given to Patient
	Given to Family
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696
	Other: See Nursing Notes

DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/>
Admitted to	_____
Report Called to	_____
Time Transferred	_____
Accompanied By	_____

MEDCOM - 21979 stretcher Wheelchair

29yo [redacted] EDW - shot with [redacted] BIP.
 PT brought to 28 USG @ [redacted] I/O in place and
 BIP [redacted] on @ Leg. Given 2x [redacted] 2x [redacted] [redacted]
 placed in A&O [redacted] splint on Arm to [redacted]
 G: WD, [redacted], [redacted], [redacted] [redacted]
 H: N/A, [redacted] [redacted] [redacted]

p.m.t - [redacted]
 ps [redacted]
 FM - [redacted]
 (F) [redacted]
 [redacted]
 med - [redacted]
 Ad - [redacted]
 [redacted] this morning

n. [redacted]
 L [redacted] [redacted]
 [redacted]
 AD: [redacted], [redacted], [redacted] [redacted]
 Fat: [redacted] ⊕ Elem/ [redacted] [redacted] [redacted]
 [redacted] [redacted] [redacted] [redacted]

[redacted] [redacted]
 (b) - 2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 25 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 0640 IV Sedation Nerve Block

Allergies: _____ OR Intake: Crystalloid 3300 Colloid _____
 Pre-op V/S: 120/78 85 OR Output: UOP 1000 EBL _____

Procedures: ex fix R femur Meds/Times: 1000 Hyspan, 250 Verb 3 Versed

Drains
 Hemovac
 NG
 JP
 T-tube
 (Foley)
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

7.4
 25 H+H

Pre Op Meds

History

Time	0640	0645	0650	0700	0720
SaO2	96	96	96	96	96
FiO2					
Methods	2x	1x	1x	1x	1x
240					
220					
200					
180					
160					
140					
120					
100					
80					
60					
40					
20					
RR	21	17	13	10	20
T					
Pain (0-10)					
LOS					

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
0720	300 LR	300	IVAC	✓	

X-rays: _____ Labs: _____

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

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

PRN Signature & Title
 [Redacted]

DEPARTMENT/SERVICE/CLINIC

PACU

DATE

25 Oct 03

Patient ID# (For typed or written entries give first, middle, grade; date; hospital or medical facility)

Name - last

[Redacted] b(6)-4 b(6)-2

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

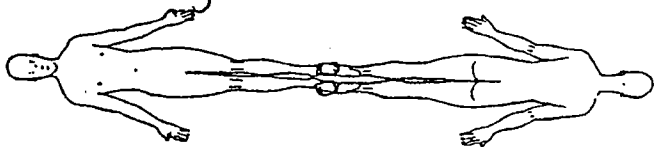
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	R leg	limited	+	P	B	WM	P
15'	R leg	limited	+	P	B	WM	P
30'	R leg	limited	+	P	B	WM	P
45'	R leg	limited	+	P	B	WM	P
60'							
90'							
D/C	R leg	limited	+	P	B	WM	P

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 0640	R leg	4x4 Kerlex	Min
30' 0710	R leg	Kerlex	Min
60'			
D/C 0720	R leg	Kerlex	Min



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
0720	Foley	clear yellow	800 cc

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0640	TSR	0	0

WAMC OP 173-E

NURSING NOTES
 Pt received from OR s/p ex fix @ femor.
 Pt SpO₂ 100% RA. Arousable to verbal. Able to wiggle toes on RLE. Report given to Lt [redacted], pt VSS, no c/o pain — SF [redacted] CW

b(6)-2

Discharge Criteria:
 Date: 250603 Time: 0720 PARS: 9
 BP: 136/77 T: 46.1 HR: 86 RR: 20 SaO₂: 100
 Pain Level at D/C (0-10): —
 Intake: 300 Output: 800
 Additional Data: —
 Transferred To: ICW
 Report Given To: Lt [redacted]
 Transferred Via: W/C (litter) Gurney Ambulance
 Transferred By: SF [redacted]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

DTSG APPROVED (Date)

Date: _____ Anesthesia Type (Circle): General Spinal Epidural
 Time In: 9:30 IV Sedation Nerve Block _____
 Allergies: None OR Intake: Crystalloid 500 Colloid _____
 Pre-op V/S: 106/62/98 OR Output: UOP 500 EBL None
 Procedures: Joint OR Meds/Times: _____

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

Time	History											
SaO2	100	100	100	100	100	100	100	100	100	100	100	100
FiO2	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
Methods												
240												
220												
200												
180												
160												
140												
120												
100												
80												
60												
40												
20												
RR	13	14	15	16	17	18	19	20	21	22	23	24
T	37.4											

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
9:30	0.9	500	IV	MD	
X-rays:			Labs:		
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	1	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	2	2	V/S X = A-line BP = Cuff BP = Pulse	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2		
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse					
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	7 10 10				

PREPARED BY: _____ (Name & Title) DEPARTMENT/SERVICE/CLINIC: 1003 DATE: 280003

PATIENT'S SIGNATURE (or typed or written entries give: first, middle, grade; date; hospital or medical facility) _____

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

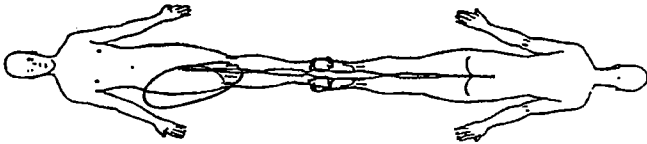
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	Distal	ex D/V	+	+3	<3	w	norm.
15'							
30'							
45'							
60'							
90'							
D/C							

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	(12) Thigh	- Gauze	ex D/V
30'			
60'			
D/C			



PAGU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

NURSING NOTES

930: CVA (M), (M) pulse to distal (M) extremities; erythema in foot - ~~4012~~ ~~ex D/V~~ upper slight fever say orange to upper area -

b(6)-2

b(6)-2

Discharge Criteria:
 Date: 4/28/02 Time: 1010 PARS: 10
 BP: 117/62 T: 97.4 HR: 99 RR: 14 SaO2: 100
 Pain Level at D/C (0-10):
 Intake: 4100 cc Output: 0
 Additional Data:
 Transferred To:
 Report Given To:
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By:
 Cleared IAW Recovery Room
 Charge Nurse Signature:

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE Post-Anesthesia Care Unit (PACU) Flow Sheet DTSG APPROVED (Date)

Date: 30 Oct 03 Anesthesia Type (Circle): General Spinal Epidural LM A
 Time In: 1210 IV Sedation Nerve Block UPP Feat
 Allergies: _____ OR Intake: Crystalloid 1000 Colloid _____
 Pre-op VIS: NR/ab 95 OR Output: UOP _____ EBL min
 Procedures: _____ Meds/Times: _____
Fentanyl

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

Time	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	
SaO2																								
FIO2																								
Methods																								
240																								
220																								
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
20																								
RR																								
T																								

Pacu Intake					
Time	Solution	Amount	Site	Rate	Infused
1210	LR	100	① Arm		

X-rays: _____ Labs: _____

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

Time Patient teaching done; Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures

Pain (0-10) _____ Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREPARED BY: [Redacted] DEPARTMENT/SERVICE/CLINIC: PACU DATE: 30 Oct 03

PATIENT'S NAME: [Redacted] (first, middle, grade, date, hospital or medical facility) Name - last, first, middle, grade, date, hospital or medical facility

b(6)-2

b(6)-4

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

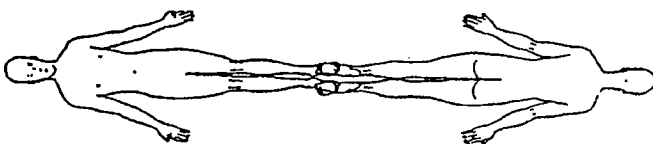
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

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

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

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

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



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Male Iraqi admitted to PACU
 S/P IZmer Washout PSA 1000
 VSS NO S/S respiratory distress
 Drags to Rt EXEM CMT. IV O Am
 LP @ TKO. Pt responsive to pain.
 Will continue to monitor



b(6)-2

Discharge Criteria:
 Date: 30 Oct 03 Time: PARS: 9
 BP: 120/75 T: HR: 104 RR: 12 SaO2: 99%
 Pain Level at D/C (0-10):
 Intake: Output:
 Additional Data:
 Transferred To: ZLW 1
 Report Given To: [Redacted]
 Transferred Via: WIC (Litter) Gurney Ambulance
 Transferred By: SSC [Redacted]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

b(6)-2

1. Reporting MTF 0580-██████████		2. MTF Station IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number ██████████		Name (Last, First, MI) ██████████			
6. DoB (YYYYMMDD) ██████████	7. Age at Admission 29Y	8. Race C	9. Ethnicity 9		Religion
10. Length of Service ETS		11. FMP 99	12. Social Security Number ██████████-██████████-██████████ b(6)-4		
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 03:30	Branch / Corps:	
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:		
17. Unit Location	18. MOS	19. Trauma DIS	Prev. Admission NO		
20. Source of Admission Direct from ER b(2)-2		Ward:	Name / Relationship of Emergency Addressee		
			Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580-██████████ No Install Provided		Telephone Number of Emergency Addressee			
21. Type of Disposition TRF-OTH	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-11-03			
24. Clinic Svc - Admitting AEA - ORTHOPEDICS	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-25			
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-25			
FOR LOCAL USE					
Type Patient (Inpatient / Outpatient): Inpatient					
Admission Diagnosis Narrative: GSW R FEMUR					
Procedure Narrative(s):					
Cause of Injury Narrative:					
<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block;"> Dx 82019 Proc 7815 E9912 8604 X2 8659 Trauma 9 Inj 569 </div>					
821.10 958.8 E922.3 78.15 83.14 86.22 x2 86.59					
Admitting Officer (Signature, as required) ██████████			Signature of Admitting Clerk ██████████ b(6)-2		

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN		Admission Remarks
4. Sex M	5. Age 45Y	6. Race X	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO		
11. FMP 99		12. SSN [REDACTED]		13. Organization			14. Ward	
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case DIS		
21. Source of Admission Direct from ER				22. Hour Of Adm: 16:30		23. Clinic Service ABA - GENERAL SURGERY		
24. Name/Relation of Emergency Addressee				25. Type Disp TRF-OTH		26. Date of Disp 2003-11-02		
27a. Address of Emergency Addressee				27b. Telephone No		28. Date This Adm: 2003-10-25		Admitting Officer: [REDACTED]
29. Reporting MTF 0580 [REDACTED] b(2)-2				30. Date Init Adm 2003-10-25		32. Units Blood Components		

31. Selected Administrative Data

Marital Status:

DoB: [REDACTED] b(6)-4

In/Out Patient: Inpatient

MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

BURN DEBRIDMENT L R ARM/HAND S TSG R FA

DX: 94126
 94121
 94128
 94224
 94325
 94321
 94425
 94426
 94810
 E9792

Trauma
 9
Injury
 759

Px: 8622
 8669
 8662

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0			8	8

Signature of Attending Medical Officer

Signature of PAD or [REDACTED]

MEDCOM - 21989

MEDICAL RECORD

1700 25 Dec

ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT AND CONDITION ON ADMISSION (Date and time of admission)

66yo driver of car which exploded for
? reason, pt jumped out of car engulfed in flames
Medo dills sh. PMH app

PHYSICAL EXAMINATION

HEENT 1° burn face, cornea OK (R) ear post deep burn
mouth OK, voice OK
L heart OK (R) TM red, but 2 perf
neck OK ~~no tenderness to movement~~
chest clear
abdomen (R) abd rig
pelvic stable

BURNS (Give date of occurrence and full %TBSA)

49% TBSA burn (R) forearm, hand, dorsum, vol
finger
also burn thorax anterior on (L)

A - ~5% TBSA burn
P - admit details

ORGANIZATION OF	NAME	DATE	IDENTIFICATION NO.	ORGANIZATION
	MS	25 Dec		
PATIENT'S ID	Name (last, first, middle; grade, date; hospital or medical facility)		REGISTER NO.	WARD NO.

662-2

ABBREVIATED MEDICAL RECORD
STANDARD FORM 628
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL
RECORDS
FORM 641 (CFR) 201-45 805
OCTOBER 1973

MEDICAL RECORD

PROGRESS NOTES

AUTHORIZED FOR LOCAL REPRODUCTION

DATE

NOTES

10 OCT 03 @ (0030) Pt arrived to floor from OR. Pt has B/L hands wrapped in gauze. DSG ODF. Denies any pain at this time. VSS. Jurgs are clear through all lobes. Pt has @ 2 pedal pulses. Pt ambulates @ steady gait. Pt has HR running @ 150cc. Pt sleeping at this time. Pt urinates @ difficulty. @ bowel, b(6)-2

26 OCT 07 @ 1300 Pt. resting quietly in bed, D/C 10 pain. Dr. [redacted] in the Δ DRNG. to hands & FA distal. Affected areas on UE's cleaned & Hibaclose & N.S. Blisters to fingers to @ hand drained & extra skin cut away. Affected areas covered @ Silvadine cream. Super sponges placed between fingers. Hands & FA wrapped @ Kerlex roll. Pt. premedicated @ 5mg MSO₄. New IV started at @ upper arm, LR @ 150cc/° Δ'd to D5 1/2 NS @ 20 KCl. All other assessments WNL. Pt. ambulates well to BR's assistance. 2 point restants, D5/15 of skin breakdown.

17 OCT @ 0300 Pt laying in bed. DSG to BLUE has clear, yellow drainage. Reinforced DSG @ Kerlex. Will continue to monitor. Pt denies any pain at this time. Applied Bacitran to ears, nose, neck + head. Pt amb to BR @ steady gait. Pt refused dinner @ no appetite. Pt able to move fingers + @ cap refill.

RELATIONSHIP TO SPONSOR	LAST		SPONSOR'S NAME		FIRST		ID NUMBER	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		MI	(SSN or Other)		b(6)-2		
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

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

LAST NAME		NAME	INITIAL	ID NUMBER
DATE	NOTES			
7 OCT 03 @ 1400	Pt. resting quietly in bed, V.S.S. A+O, D5 1/2 NS @ 20 KU infusing @ 150 cc/hr to (1) upper arm. Dr. [redacted] did DRNG to arms on hands. Loose tissue removal, affected areas rinsed & Hibodense & NS solution. Silvadene cream applied, Kerlex super sponges placed between fingers, wrapped & Kerlex roll. Bacitracin oint. applied to ears & back of head. Pt. premedicated & 5mg MSO4.			
b(6)-2	Dr. [redacted] gave v.o. to push 5mg more of MSO4 during DRNG Δ. Pt. ambulates w/ difficulty. Pt. ate 25% of breakfast & lunch. Pt. in 2 point restraints. (1) signs of skin breakdown. All other assessments WNL. Will cont. to monitor [redacted] 2LT, ADI			
27 OCT 03 @ 2215	Pt resting quietly. Denies any pain at this time. DSG to [redacted] b(6)-2 B/L hands + FA intact, scant amt clear drainage. Bacitran applied to face, neck, + back of head. Pt tol reg diet. b(6)-2 D5 1/2 NS @ 20K infusing. Pt amb @ steady gait. [redacted] 2LT.			
28 OCT 03 0700	Assumed care of pt. A+O x3. @ o/s pain or discomfort. D5 1/2 NS @ 20mcg. @ 150 cc/hr to (1) RTU bicep. Lungs clear HRRR Actv BS x4 quads Burns to 50% of body @ side of face and neck b/lateral [redacted] upper extremities and partial hands. Dressing Δ complete silvadene cream applied burn dressings applied and kerlex wrapped. Will cont to monitor [redacted] 2LT/AD			
 <div data-bbox="357 1526 1559 1946" data-label="Image"> </div> 				

MEDICAL RECORD | **PROGRESS NOTES**

DATE | NOTES

28 OCT 03 1900 VSS. Alert & Oriented. Speaks fluent English (B)
 UE - Kerlix wrapping. chats dry & intact.
 2° Burns to face, head neck & (B) Ear. Cleared
 with sterile NS and bacitracin ointment applied.
 (L) FA IV patent & intact infusing D5 1/2 NS @ 20
 mg kcl/l @ 150 c/hr. 1st 2nd degree burns noted
 to (B) upper back. Voiding clear yellow urine.
 Lung clear (B). Abd soft non-distended
 BS (+) x4 quad. Peripheral pulses palpable (+)
 Consumed 70% of Regular diet for dinner
 no clo pain voiced or noted. Will continue
 care as planned. [REDACTED] 20711

28 OCT 03 2000 Pt informed of NPO status / p MN for
 OR tomorrow for skin graft. Anef
 I on IVPB on chart. Will obtain CBC @ 0400
 Will continue to monitor [REDACTED] 20712

28 OCT 03 0330 CBC obtain via vein puncture from (B) AC. & 1 other
 specimen sent to lab. [REDACTED] 20712

29 OCT 0900 Pt a/c, VSS, no clo pain, (B) UE wrapped & Kerlix,
 face head & neck - 2° burns, bacitracin applied
 resp even & unlabored. LCTAB (+) BS x 4 abd. NPO [REDACTED]

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
		b(6)-2

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

PROGRESS NOTES
 Medical Record

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

DATE (cont) NOTES

29 OCT 0900 OR today. Pt ambulating with difficulty voiding apt via urinal. 2 pt restriction 5 compromise to skin or circulation. will monitor

[Redacted]

91111111
b(6)-2

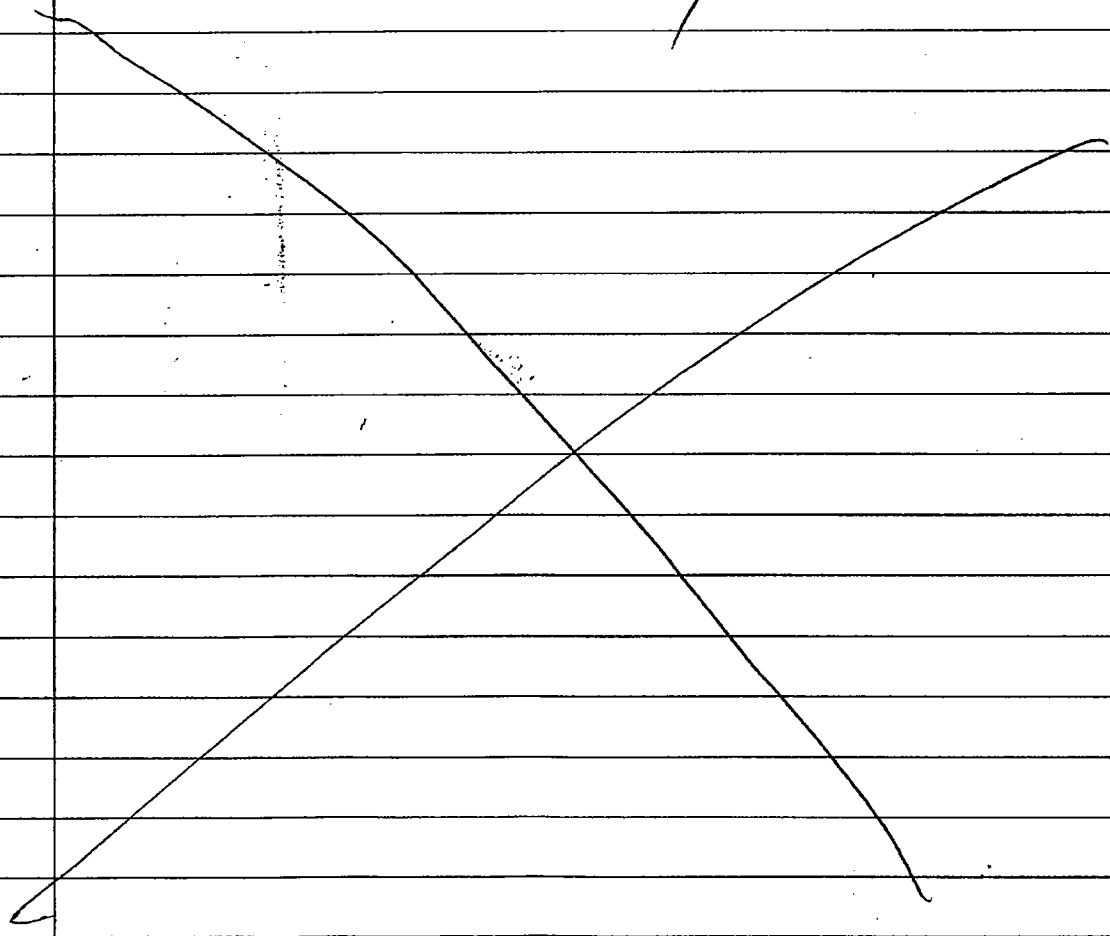
29 Oct Op 1000

BT 54 ~ 300cm² (R) thigh to dorsum of (R) forearm + dorsum hand for deep partial thickness burn remains approx same and should heal in 2-3 wks

fluid 1700
EBL 300

[Redacted]

b(6)-2



MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
29 Oct 03 1800	Received from PACU alert & oriented VS Temp 99-88-18 ¹³⁰ No O2 SAT 97% RA Bilateral bulky kerlix dress to hands dress intact (R) thigh with bulky kerlix dress dress intact. (L) upper arm IV patent & intact infusing LR @ 200 c/hr. Regular diet consumed Bacitracin oint applied to facial lacerations Lungs clear Bilateral. BS (D) x 4 quad. Abd soft non distended. Peripheral pulses 2+ will continue to monitor ^{b(6)} [redacted] 2170
29 Oct 03 2000	DOB ascertained to BR. Active bleeding noted to (R) thigh. Dr [redacted] present. IV fluids ↑ 200 c/hr. Will continue to monitor [redacted] 2170
30 OCT (1100)	Pt a/o, VSS, premedicated c 5mg M304 for dress A and removal of kerlix from (R) thigh. (L) hand cleaned c hibiclens & silver- dene applied & wrapped c kerlix. (R) thigh kerlix removed xentorm new O/A. Resp even & unlabored. (D) BS x 4, LR @ 200cc/hr to DAC. Edema or redness noted. (D) pulses equal bil

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.

[redacted] b(6)-4

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

30 OCT 03 NOTES b(6)-2

1100 (CONT) 2 pt restraints on S compromise to when/circulation. Will monitor [REDACTED] 91W

30 OCT 03 Pt A+O x3, VSS, speaks english, LS CTA (R),
 2130 (L) BSx4, dsq (L) arm intact, several blood spots, dsq (L) hand Δ'd, hand cleaned = hibiclens, applied silvaden + covered = kerlix, pain controlled = percoc, graft site on (R) thigh has Ø s/sx of infex, IV (L) AC int act infusing LR @ 200 cc/hr, Ø s/sx of infex or infiltration, applied bacitracin to face, 2 point restraint in place = Ø s/sx of complications, COB → RR, voiding c/y urine s diff [REDACTED] 91W
 I concur with above assessment [REDACTED] 207W

31 Oct 03 Assume care of pt @ 0600. VSS, A+O x3, given morphine to wash face and (L) hand. Δed dsq on (L) hand. Heals nicely, minimal blood, maintains pulse. Ø C/G pain today. Applied bacitracin to face and back of head. In 2 pt restraint without skin irritation. (L) arm in ace wrap intact. Will [REDACTED] b(6)-2
 IV dc'd by dr. Will cont. to monitor. [REDACTED] 91WSP [REDACTED] b(6)-2

31 OCT 03 Pt awake, A+O x3, VSS, (L) hand dsq Δ'd, 1945 cleaned = hibiclens + applied silvadene cream, pt premedicated, tol procedure well, RUE dsq intact, graft site on (R) thigh Ø s/sx of infex, applied bacitracin to pt face, AS CTA (R), (L) BSx4, 2 point restraint = Ø complications. [REDACTED] 91W

b(6)-2 - [REDACTED] 91W
 STANDARD [REDACTED] 91W
 21.00 [REDACTED] 7

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
1 NOV 03	VSS. AO. Speaking english & hearin thru AM. DSS to (L) (R)
1 09 08	upper extremities CDL & apparent changes. (R) forearm DSS intact and remains closed. Able to move fingers on RUE. Able to touch. Greeting between (L) fingers, but poorly used. Face remains intact & segments of healed and crusted skin. Ambulated x1 for 20 min on ward & difficult. Lost to monitor. Skin integrity intact in all other regions.
1 NOV. 03	Pt resting in bed, A+Ox3, VSS, dsq + ace
19151913	wrap to RUE CDL, dsq to (L) hand A'd, burns cleaned & hibidens and silvadene cream applied, bacitricin applied to burns on face, skin graft site on (R) thigh & s/sx of infex, premedicated & MSOL prior to dsq A, tol well, voiding cya to urinal s complications, s/sx of poor circulation or skin break on pts of restraint.

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. -

[redacted] - b(6)-4

PROGRESS NOTES
Medical Record

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

LAST NAME

NAME

MIC

TIAL ID NUMBER

DATE

NOTES

2 NOV 07 1030

Pt. sitting in hallway, to be transferred to ED. Pt. A40x3
 Dressing Δ to ⊕ PA not done due to transfer at this time.
 Pt. is ambulatory. AM care done, ⊕ C10 pain, Bacitracin
 ointment applied to head & ears. Pt. has no IV access. Pt.
 ate 50% of breakfast, tolerated well. All other assessments

[Redacted]

2-17 AM

b(6)-2

[Redacted] - b(6)-4

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 21998

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
25 OCT 03	s) 46 y/o Iraqi ♂ allegedly driving UBIED sustained burns when vehicle exploded. Self-extricated & ambulatory at
TOE: 13:20	scene. No pain to head, ears, ears, face. Pt speaks english.
Arrival at BA-	Denies any medical problems, drug allergies.
15:20	1) Throat, 40x3, Normal voice.
P: 74	HEENT: 2° burns to scalp, ears. φ carbonaceous sputum or rhinorrhea, oral mucosa traumatic.
R: 12	NECK: 2° burns (1) posterior
BP: 135/65	Back: 2° burns (1) scapula
WEDS: NONE	Arms: 2° burns posterior (1) shoulder, bilat forearms, hands, both palmar & dorsal surface.
Allergies: NKDA	Partial thickness thermal burns, estimated BSA @ 14.5 %
	concerned about burns to hands.
	1) Referto [redacted] for further eval/tx.
	b(2)-2
	[redacted]
	[redacted]
	b(6)-2
	ILT, SP, PA-C
	On PA

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

b(2)-2

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER	TREATMENT
PATIENT'S HOME ADDRESS OR DUTY STATION						RECORDS MAINTAINED AT	
STREET ADDRESS						DATE (Day, Month, Year)	ARRIVAL TIME
CITY			STATE	ZIP CODE	TRANSPORTATION TO FACILITY <i>AIR</i>		
SEX <i>M</i>	DUTY/LOCAL PHONE AREA CODE NUMBER		MILITARY STATUS ITEM YES NO N/A			THIRD PARTY INSURANCE ITEM YES NO	
AGE <i>46</i>	HOME PHONE AREA CODE NUMBER		FLYING STATUS	DD 2568 IN CHART		NAME OF INSURANCE COMPANY	
CURRENT MEDICATIONS <i>Ø</i>		INJURY OR OCCUPATIONAL ILLNESS ITEM YES NO WHEN (Date)			EMERGENCY ROOM VISIT DATE LAST VISIT 24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO		
ALLERGIES <i>Ø</i>		INJURY/SAFETY FORMS HOW			TETANUS DATE LAST SHOT COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO		
CHIEF COMPLAINT <i>Burns 2° to arms / head / 3° Lt hand</i>							
CATEGORY OF TREATMENT <input type="checkbox"/> EMERGENT <input checked="" type="checkbox"/> URGENT <input type="checkbox"/> NON-URGENT				VITAL SIGNS			
TIME <i>1625</i>		TIME <i>1630</i>		TIME <i>1700</i>		TIME <i>1730</i>	
INITIALS <i>U</i>		BP <i>119/76</i>		BP <i>142/88</i>		BP <i>131/80</i>	
		PULSE <i>100</i>		PULSE <i>104</i>		PULSE <i>95</i>	
		RESP <i>25</i>		RESP <i>18</i>		RESP <i>18</i>	
		TEMP <i>98.7</i>		TEMP <i>98.7</i>		TEMP <i>98.7</i>	
		WT <i>96 1/2</i>		WT <i>95 1/2</i>		WT <i>97 1/2</i>	
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	<input checked="" type="checkbox"/> PPT/PTT	BHC/URINE/BLOOD/QUANT		<input checked="" type="checkbox"/> CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSCC/CATH		CHEM:		ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X					SINUS	HEAD CT
						ANKLE R/L	
ORDERS							
<input type="checkbox"/> PULSE OX		<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
<i>1630</i>	<i>Morphine 5mg IV</i>	<i>U</i>	<i>U</i>		<i>pain ↓ 5/10 from 7/10</i>		
<i>1631</i>	<i>Tetanus</i>	<i>U</i>	<i>U</i>				
<i>1632</i>	<i>ANCEF 1gm IV</i>	<i>U</i>	<i>U</i>				
<i>1640</i>	<i>Morphine</i>	<i>U</i>	<i>U</i>				
DISPOSITION <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY		DISPOSITION QUARTERS /OFF DUTY <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.		PATIENT/DISCHARGE INSTRUCTIONS			
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED <input type="checkbox"/> DETERIORATED		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN	
		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION				PATIENT'S SIGNATURE			

b(6)-4

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

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

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

TEST RESULTS

CBC	WBC	SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	H/H		SUP O2	PH	PO2	RESULTS	
	PLT		PCO2	SAT	OTHER		
PT	[Handwritten graph showing a line that starts high, drops vertically, then horizontally, then diagonally down to the right]			EKG INTERPRETATION			
APTT	BHCG	ETOH	GLU				U/A

PROVIDER HISTORY/PHYSICAL

4 boys cirque ♂, states he is translator for NS, s/p explosion in the back of his vehicle, he jumped from the car.

VSS, gen: Mild Distress

heart: IM intact, cyther-dms B/L @ 2nd degree Burns over neck & face, 3° to @ ear, Pinnal arm/Post ear.

(B) arms to Middle/prox fore - 2nd/3rd ° burns,

(R) Back = 1° Burn.

CO: RR @ M lys: c/a @ abd: soft, ND, NTTP, @ BS ext: pulses at intact, burns as described.

* I/P: 2/3° Burns to face/arms (B)

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
Surgey	1700	admit for Debridement	b(6)-2
			PROVIDER SIGNATURE AND STAMP
DIAGNOSIS			[Redacted]
Burns to ~ 8% BSA			[Redacted]

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

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

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>46</u> HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>NICDA</u>
	3. PREVIOUS SURGERY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (type):

4. PROPOSED SURGICAL PROCEDURE:
Burn Debridement (R) + (L) arm/hand

5. ADDITIONAL INFORMATION: Last PO: 2mc Medical Hx: See Hx Implants: Q Medications: uncc
 Jewelry removed: no Family waiting: yes/no

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 checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" 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 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)-4

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 <u>anesthesia; traumatic injury; position; shock; 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 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 type="checkbox"/> Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input type="checkbox"/> Potential impairment of mobility due to <u>sedation; pain; injury</u></p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to <u>injury; pain</u></p>	<p><input checked="" 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 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, bathtowels, etc.) for positioning.</p>
<p>F. NEUROMUSCULAR CONTROL</p> <p>F.1. <input type="checkbox"/> Diminished visual perception due to being <u>injury; sedation;</u></p> <p>F.2. <input type="checkbox"/> Potential for decreased communication due to <u>language barrier; sedation</u></p> <p>F.3. <input type="checkbox"/> Potential injury due to <u>dentures.</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 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 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 type="checkbox"/> Speak clearly and slowly.</p> <p><input checked="" type="checkbox"/> Address pt. from <u>ET/He</u> side.</p> <p><input type="checkbox"/> Validate pt.'s understanding of verbal communications.</p> <p><input checked="" type="checkbox"/> <u>Verify removal of dentures.</u></p>
<p>G. OTHER PATIENT PROBLEMS AND NEEDS. Or continuation of above problems/needs.</p> <p><u>b(6)-2</u></p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p> <p><u>b(6)-2</u></p>	<p>OTHER NURSING INTERVENTIONS. Or continuation of above interventions.</p>
<p>10. OR ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.</p> <p><u>MAJ/A 25 Oct 03</u> DATE</p>		
<p>11. POSTOPERATIVE EVALUATION:</p> <p><u>b(6)-2</u></p>		
<p>12. PREOPERATIVE BY (Signature and Title)</p> <p><u>MAJ/A</u></p> <p>DATE: <u>25 Oct 03</u> TIME: <u>1856</u></p>	<p>13. PREOPERATIVE BY (Signature and Title)</p> <p><u>MAJ/A</u></p> <p>DATE: <u>25 Oct 03</u> TIME: <u>1905</u></p>	

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT											
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <i>Stretcher</i> BY <i>Anesthesiologist</i>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <i>MAJ/AZ</i>											
3. DATE: _____ TIME PATIENT ARRIVED IN SUITE: _____		4. PATIENT IDENTIFICATION NUMBER: _____											
5. PREOPERATIVE EMOTIONAL STATUS													
<input 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 type="checkbox"/> OTHER (Specify)													
COMMENTS: <i>b(6)-2</i>													
6. NURSING PERSONNEL													
ASSIGNED SCRUB	<i>SSG [redacted] ORN</i>	RELIEF SCRUB											
ASSIGNED CIRCULATOR	<i>MAJ [redacted] AZ</i>	RELIEF CIRCULATOR											
7. POSITION AND POSITIONAL AIDS (Specify) <i>Pl transferred to OR table, anatomically aligned for surgical procedure</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:													
8. SKIN PREPARATION													
HAIR REMOVAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify)	<i>[redacted]</i>										
DONE BY:	<input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE:	<i>Hand/arm</i>										
METHOD:	<input type="checkbox"/> DEPLIATORY <input type="checkbox"/> RAZOR	SITE:	<i>(2) Hand Arm</i>										
COMMENTS:		COMMENTS: <i>Pooling of solution noted</i>											
9. LOCATION OF EXTERNAL DEVICES													
LEGEND X Ground Pad -- Safety Strap == = = = Tourniquet													
10. COUNTS		C = Correct I = Incorrect											
Sponge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Needle Sharp <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<table border="1"> <thead> <tr> <th>Other**</th> <th>First Closing Count</th> <th>Final Closing Count</th> <th>SCRUB</th> <th>CIRCULATOR</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR					
Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR									
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
<i># [redacted] b(6)-4</i>		<input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <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 checked="" type="checkbox"/>
MEDICATIONS. SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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


16. LABORATORY SPECIMENS

SPECIMEN (S) 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)
*Platts
Kerlet
S. Iradon Cream*

19. ADDITIONAL INFORMATION
Surgeon *Anesthesia*

b(6)-2 *b(6)-2*

20. OPERATION(S) PERFORMED
Burn Debridement (L) & (R) hand / Arms

21. PATIENT *PACU* TIME *1905* METHOD *Letter i*

22. REGISTERED *MA 7/A*

MEDICAL RECORD

INTRAOPERATIVE

DOCUMENT

For use of this form, see AR 40-407, the procedure

agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM

VIA wheeled litter BY Anesthesia

2. PATIENT IDENTIFICATION

VERIFIED BY CPT [redacted]

RECORD REVIEWED AND PROCEDURE

3. DATE

29 OCT

TIME PATIENT ARRIVED IN SUITE

1454

4. PATIENT IN ROOM

TIME: 1454

NUMBER 2-2-10

5. PREOPERATIVE EMOTIONAL STATUS

CALM

ANXIOUS

EXCITED

CRYING

ANGRY

WITHDRAWN

OTHER (Specify)

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB

PFC [redacted] 91D

RELIEF SCRUB

ASSIGNED CIRCULATOR

CPT [redacted] 66E

RELIEF CIRCULATOR

7. POSITION AND POSITIONAL AIDS (Specify)

extended out to side < 90° in CAPP secured to padded armboard & safety strap. RUE prepped into sterile field + placed on padded double armboard. Folded towels under cheeks. Correct Body Alignment maintained.

SUPINE

LITHOTOMY

PRONE

KRASKE

LATERAL:

LEFT SIDE UP

RIGHT SIDE UP

8. SKIN PREPARATION

HAIR REMOVAL

YES NO

DONE BY:

OR

METHOD:

DEPILATORY

CLIP

NURSING UNIT

RAZOR of [redacted]
By Dr [redacted]

PREP SOLUTION (Specify) Hibiclens

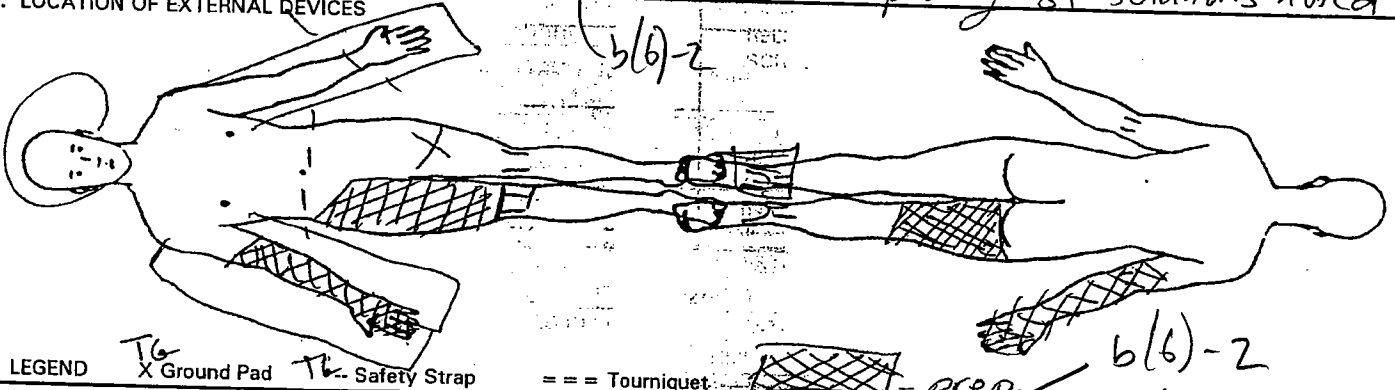
SITE: RUE circumfren BY WHOM: CPT [redacted]

SITE: RUE circumfren BY WHOM: [redacted]

COMMENTS: no nicks or cuts noted

COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES



10. COUNTS

C = Correct I = Incorrect

	Initial Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>PFC [redacted]</u>	<u>CPT [redacted]</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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

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

ESU NO: R8B 102395
GROUND PAD: BRAND Valleylab Polyhesive II REM
LOT NO: 70011/2005-04
 ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____
 BIPOLAR NO: _____

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

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		
1:100,000 Epi & 0.9% NaCl	QS	intra-op	topical	[Redacted]	Dr [Redacted]		
Silvadene Cream 1%	QS	dressing	topical	Monarch Pharm	Dr [Redacted]		
Bacitracin Ointment	QS	intra-op	topical	Sougera	Dr [Redacted]		

WOUND IRRIGATION YES NO; TYPE(S):
 0.9% NaCl - QS b(6)-2

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 NO

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

18. DRESSING/IMMOBILIZATION (Specify)
 Zerofom Gauze, Kerlex Fluffs
 Kerlex Roll, ACE wrap.
 (R) Thigh - zerofom Gauze, Kerlex Roll

19. ADDITIONAL INFORMATION
 WC - IV
 Surgeon: Dr [Redacted] b(6)-2
 Anesthesia: CAT [Redacted] CRNA - GEN/LMA
 Bowie: Settings 30/30 Blend 2/Spray/Pad site: pre-op CD1, post-op COF
 DFT 5179 previously done

20. OPERATION(S) PERFORMED
 STSG to (R) Forearm from (R) thigh
 Dressing Δ LUE / b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME 1700 METHOD wheeled litter

22. [Redacted] CAT/AN

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY														
POST-	DAY													
MONTH-YEAR	DAY													
19	HOUR													
PULSE (0)	TEMP. F (°)													TEMP. C
	105°													40.6°
180	104°													40.0°
170	103°													39.4°
160	102°													38.9°
150	101°													38.3°
140	100°													37.8°
130	99°													37.2°
120	98.6°													37.0°
110	98°													36.7°
100	97°													36.1°
90	96°													35.6°
80	95°													35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD													
Record special data only when so ordered	BLOOD PRESSURE	28/115											
		115											
	HEIGHT:	5'8"											
	WEIGHT →	134 1/2											
		99 1/2											
		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.

STANDARD FORM 511 (REV. 7-95) BACK

91 [Redacted] b(6)-4

MEDICAL RECORD VITAL SIGNS RECORD

Table with columns for Hospital Day (25-31), Post-Day, Month-Year (OCT 2003), and rows for Pulse (0-180), Temp. F (95-105), and Temp. C (35.0-40.6). Includes handwritten data points and a temperature trend line.

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD table with columns for Blood Pressure, Height, and Weight. Includes handwritten values such as 124/74, 96%, and 94%.

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.

6(6)-4

VITAL SIGNS RECORDS Medical Record

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

Ward/Section: **EMT** | REQUESTED BY: **Dr. [REDACTED]** | LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI: **[REDACTED]** | DATE: **25 Oct** | TIME: **1634** | SSN/PSEUDO SSN: **[REDACTED]**

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.3-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	ASP		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			Microscopic Urinalysis		
Segs.	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
	Mono		Prot		Negative
Bands	Eos		Urob		0.2-1.0
Lymph	Baso		Nit		Negative
Atyp	Imm		Leuk		Negative
RBC Morph			HCG		Negative

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

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

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

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) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB	4.7	3.3-5.5 G/DL
K		3.5-4.9 mmol/L	ALP	84	26-84 U/L
Cl		98-109 mmol/L	ALT	19	10-47 U/L
pH		7.31-7.45	AMY	60	14-97 U/L
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	33	11-38 U/L
PO2		80-105 mmHg (art) N/A (ven)	TBIL	0.9	0.2-1.6 MG/DL
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	GGT	16	5-65 U/L
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	TP	8.1	6.4-8.1 G/DL
sO2		95-98%	INST QC: OK	CHEM QC: OK	
BEecf		(-2) - (+3) mmol/L	HEM 0, LIP 0, ICT 0		
AnGap		10-20 mmol/L			
Ca		1.12-1.32 mmol/L			
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl			
Hct		38-51% PCV			
Hgb		12-17 g/dl			
TEST RESULT REF. RANGE					
TEST	RESULT	REF. RANGE			
Troponin-I					
Drug of Abuse					
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

===== PICCOLO =====
 25/10/03 16:43
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] b(6)-4
 LIVER PANEL PLUS
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

===== PICCOLO =====
 25/10/03 16:43
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] b(6)-4
 METLYTE 8
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

ALB 4.7 3.3-5.5 G/DL
 ALP 84 26-84 U/L
 ALT 19 10-47 U/L
 AMY 60 14-97 U/L
 AST 33 11-38 U/L
 TBIL 0.9 0.2-1.6 MG/DL
 GGT 16 5-65 U/L
 TP 8.1 6.4-8.1 G/DL

GLU 122* 73-118 MG/DL
 BUN 6* 7-22 MG/DL
 CRE 1.3* 0.6-1.2 MG/DL
 CK 190 39-380 U/L
 NA+ 128 128-145 MMOL
 K+ 4.1 3.3-4.7 MMOL
 CL- 101 98-108 MMOL
 tCO2 21 18-33 MMOL

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

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

b(6)-2

b(6)-2

Ward/Section:			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
I.A. [REDACTED]			DATE	TIME	SSN/PSEUDO SSN:			
29 Oct 03			0 2:30					
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁴	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 22013

b(6)-1 b(6)-2

Ward/Section: <u>JCW</u>			REQUESTING PHYSICIAN: <u>[Redacted]</u>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <u>[Redacted]</u>			DATE: <u>30 Oct</u>	TIME: <u>0730</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 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 22014

b(6)-4

ID: [REDACTED] 29-10-03
 WB [REDACTED] 03:48

		Patient Limits	
WBC	8.0 x10 ³ /uL	4.5	10.5
RBC	4.57 x10 ⁶ /uL	4.00	6.00
Hgb	14.2 g/dL	11.0	18.0
Hct	42.9 %	35.0	60.0
MCV	93.9 fL	80.0	99.9
MCH	31.1 H pg	27.0	31.0
MCHC	33.2 g/dL	33.0	37.0
Plt	274. x10 ³ /uL	150.	450.
LYZ	19.5 L %	20.5	51.1
LY#	1.6 x10 ³ /uL	1.2	3.4

b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 10/25/03 16:51

Patient ID: [REDACTED]
 Test Name :PI
 Test Result:= 14.7 sec.
 Ratio = 1.2
 Calculated INR = 1.35
 Sample Type:citrated wh. blood
 Test Date :10/25/03
 Test Time :16:47
 Card Lot [REDACTED]
 Operator [REDACTED] b(6)-2

b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 10/25/03 16:53

Patient ID: [REDACTED]
 Test Name :APTT
 Test Result:= 38.9 sec.
 Sample Type:citrated wh. blood
 Test Date :10/25/03
 Test Time :16:51
 Card Lot [REDACTED]
 Operator [REDACTED] b(6)-2

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, "I" = CONSTANT INFUSION		DRUG	(Units)													TOTALS	TOTAL EBL																																																																																																																																																																																																																																																																																																																																																																																																																	
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BP- 135/75	HR- 100																																																																																																																																																																																																																																																																																																																																																																																																																																	
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PROCEDURES and CPT Codes: -	ANESTHETIC TECHNIQUES: Describe block technique under Remarks																																																																																																																																																																																																																																																																																																																																																																																																																																	
BURN Debridement ARMS	6/17 b(6)-2																																																																																																																																																																																																																																																																																																																																																																																																																																	
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments -																																																																																																																																																																																																																																																																																																																																																																																																																																	
# [REDACTED] b(6)-4	Endotracheal tube placed 22 cm @ lip (P) 21 cm																																																																																																																																																																																																																																																																																																																																																																																																																																	
	SURGEONS: (D) CO2 (+) cuff @ 5N.																																																																																																																																																																																																																																																																																																																																																																																																																																	
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	DATE: 7/20/05																																																																																																																																																																																																																																																																																																																																																																																																																																	
	PAGE 1 OF 1																																																																																																																																																																																																																																																																																																																																																																																																																																	

MEDICAL RECORD - ANESTHESIA

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		DRUG (Units)								TOTALS	TOTAL EBL																
		Phenergan (mg)	25							25	400																
		MSO ₂ (mg)	10																								
		propofol (mg)	200	50						250	TOTAL URINE																
		Ketalarc (mg)			100					100	—																
		VOLAT AGENT	% del	4-3-2-As 15 1.5 1.5-X							FLUIDS SUMMARY																
		AIR	L/Min								CRYSTALLOID																
		N2O	L/Min								COLLOID																
		O2	L/Min	8-4-4-4-4-3-3-3-7							BLOOD																
		LINE site	0.9% NS	1000 → *g							REMARKS																
		EST BLOOD LOSS	URINE	400							Code drugs with numbers, events with letters TO CR # 2. Monitor - O ₂ Smith & Nephew inductive Eye/eye/shut. Sx. LMA OK TO ramp																
PHYS STATUS		TIME	1500 x 1530 x 1600 x 1630 x 1700																								
BODY WEIGHT		SYMBOLS																									
HEMATOCRIT		BP by cuff																									
INITIAL DATA		Heart rate																									
BP		Resp rate																									
HR		BR (transduced)																									
EQUIP CHECK		TOURNIQUET																									
OK? - N		ANES PROC																									
PACU		VT - ml																									
OK for PROCEDURE? Y		1 - breaths/min	14	18	17	10	8	13	15	RECOVERY AT																	
TIME		Peak inf pres / PEEP								PACU ICU (Specify)																	
		MODE - S(pon), A(ssist), C(on)	SU	SU	SU	SU	SU	SU	SU	OTHER																	
		BP/Auto Cuff	60	55	58	61	58	56	54	CONDITION:																	
		ET CO2 (torr)	84	83	84	84	84	85	85	RESP: 16 / SpO ₂ : 96																	
		BP/oth	100	100	100	100	100	100	100	BP: 152 / HR: 120																	
		ART line	ST	ST	ST	ST	ST	ST	ST	ANESTHETIC PROCEDURE TIMES																	
		Steth- PC/ES	97	97	97	97	97	98	97	<table border="1" style="font-size: small;"> <tr> <th>PROC ANES</th> <th>Start</th> <th>Room</th> <th>End</th> </tr> <tr> <td></td> <td>1445</td> <td>1454</td> <td>1700</td> </tr> <tr> <th>PROC ANES</th> <th>Ready</th> <th>Begin</th> <th>End</th> </tr> <tr> <td></td> <td>1500</td> <td>1540</td> <td>1553</td> </tr> </table>		PROC ANES	Start	Room	End		1445	1454	1700	PROC ANES	Ready	Begin	End		1500	1540	1553
PROC ANES	Start	Room	End																								
	1445	1454	1700																								
PROC ANES	Ready	Begin	End																								
	1500	1540	1553																								
		Gas analyzer																									
		TEMP-site																									
		N-M Block (T/4)																									
		Warming blkt																									
		Conv warmer																									
		EVENTS																									
		PROCEDURES and CPT Codes:	STSG Rt Forearm																								
		PATIENT IDENTIFICATION:	Typed or written entries: Name, Grade/Rate, Medical facility # [redacted] (ICW 1) EPW b(6)-4																								
		ANESTHETIC TECHNIQUES:	GLMA																								
		AIRWAY MANAGEMENT:	# 4.0 LMA (4) S = SS (4) ETOR																								
		SURGEONS:	[redacted] b(6)-2																								
		PROCEDURE LOCATION:	2-2																								
		DATE:	10/29/03																								
		MEDCOM - 22017	MAS, CRWA [redacted] b(6)-2							PAGE 1 OF 1																	

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

DATE

Transfer Hummer 25-^{NOTES} 1 Nov '03

Pt a 46 y/o \pm 4-5% TBSA burn from car explosion, to (L) hand, (R) face, (R) distal forearm, + dorsum hand. Pt created 29 October over dorsum of (R) forearm and hand from (R) thigh. XCVI take remains of burn healing well. Needs take down 3 previously removal of staples and active PT and treatment of remaining burn, which should heal within the 2 week time frame

b(6)-2



MD LTC



b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="background-color: black; width: 100px; height: 30px; margin-bottom: 5px;"></div> b(6)-4	25 Oct 1700	1700 HOURS	
Admit wound good stable Diet NPO / op - detrusor Act and all US - 946 Dx burn 5% IV LR at 150 cc/h			
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			
<div style="background-color: black; width: 100px; height: 30px; margin-bottom: 5px;"></div> b(6)-2	25 Oct 1800	[REDACTED] HOURS	b(6)-2
Admit wound good stable Diet NPO Act stimulate US 946 Dx - 5% burn IV LR at 150 cc/h MS 2-6 by IV q 1h prn nerve pain Keracort 1-2 po q 4 prn nerve pain			
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			
<div style="background-color: black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Noted 26 Oct 03	[REDACTED]	1200 HOURS	b(6)-2
① Δ IV LR @ 150cc/h TO D5 1/2 NS ± 20KCl @ 150cc/h V.O. Dr. [REDACTED] ZLT, AN [REDACTED]			
NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			

DA FORM 4256 1 APR 79

REPLACES EDI MEDFORM - 22019 3E USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATA IN THIS SYSTEM IS USED, WRITE PROBLEM

DATE AND SIGN EACH SET OF ORDERS. IF NUMBER IN COLUMN INDICATED BY ARROW

EM ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

LIST TIME ORDER NOTED AND SIGN

27 OCT 03

1115

HOURS

① MSO₄ 5mg IVP x 1 NOW.

V.O. DR.

207, AK

NOTED 27 OCT 03 @ 1115
[Redacted] T, AK

b(6)-2

24 V 28 Oct @ 0945

[Redacted]

NURSING UNIT

ROOM NO.

BED NO.

b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

28 Oct 2003

① NPO - MW

② Amox 1gm IVPB q 6hr

③ CBC in am

b(6)-2

b(6)-4

NOTED 28 OCT 2003
[Redacted] b(6)-2

NURSING UNIT

ROOM NO.

BED NO.

[Redacted]

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

29 Oct '03

Admit, wound ✓

Con stable ✓

Diet reg ✓

IV HR at 100cc/h ✓

8, 16, 24

[Redacted]

① fentanyl 100mcg on pillow

② fentanyl 1-2pc q 4 prn pain or MS 2-5 mg

NOTED 29 OCT 03 1930
[Redacted] 207

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

W g 2h prn muc secret ✓

CBC 30 Oct am ✓

Act - ambulate

DO NOT CHANGE RIGHT FOREARM DRESSING

CHANGE ONLY, LEFT HAND DRESSING -

Wash i Petrolen + q 4 prn blinders, pulps + heels; all

Boutonni to [Redacted] TID

b(6)-2

NURSING UNIT

ROOM NO.

BED NO.

[Redacted]

DA FORM 4256 APR 79

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

24 ✓ @ 30 Oct 03 @ 100 [Redacted] 207 AK
b(6)-2

MEDCOM - 22020

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION [Redacted]	DATE OF ORDER 29 Oct 2000	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
	↑ IV to 200 cc/h		

NURSING UNIT	ROOM NO.	BED NO.
240V	300A	0100

PATIENT IDENTIFICATION [Redacted]	DATE OF ORDER 31 Oct 0830	TIME OF ORDER _____ HOURS
	V @ DC IV V @ DC Army V (3) Keflex 500 mg po q ch V (4) MS 10 mg IM q 2h before @ had down	

NURSING UNIT	ROOM NO.	BED NO.
240V	110V03	0100

PATIENT IDENTIFICATION [Redacted]	DATE OF ORDER _____	TIME OF ORDER _____ HOURS
	[Redacted]	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER _____ HOURS

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256 1 APR 70

REPLACES E

MEDCOM - 22021

LY BE USED.

MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
POST ANESTHESIA ORDERS (circled Items)			
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen.		
3	Morphine Meperidine ___ mg IV now and 4 mg q 3-5 min prn pain for a max dose of 20 mg.		
4	Zofran ___ mg IV prn N/V q 15 min, may repeat x ___.		
5	Metoclopramide 10 mg IV prn N/V x 1.		
6	Droperidol ___ mg IV prn N/V x 1.		
7	Phenergan ___ mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: _____ @ _____ cc/hr.		
10	Discharge from recovery status when PACU discharge criteria met.		
	290203 AW [Redacted] CAT, CRNA		
	[Redacted] b(6)-2		

PATIENT IDENTIFICATION

[Redacted] b(6)-4

[Redacted] b(2)-2

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.
[Redacted]			1 of 1

Order Date	Nurse	Single ORDER - PRE-OP	Date To be Given	Time to be Given	Time Given	Initials
28 Oct 03	[REDACTED]	ON NFO P M N	29 Oct	0001	0001	[REDACTED]
29 Oct	[REDACTED]	CBC in Am	29 Oct	0400	[REDACTED]	[REDACTED]

b(6)-2

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

VERIFY BY INITIALING		RECURRING ACTION, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION											
ORDER DATE	CLERK/ NURSE			29	30	31	1	2	3	4	5	6	7	8	9
29 Oct	[REDACTED]	Reg diet	D	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Oct	[REDACTED]	Elevate (R) FA, hand on pillows or Blankets	D	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Oct	[REDACTED]	Act. Ambulate	D	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Oct	[REDACTED]	Do NOT Change Right FORE ARM DRESSING	D	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Oct	[REDACTED]	Change ONLY LEFT Hand Dressing	D	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Wash - Hibiclen	N	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Apply silvadene	X	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Fluffs & Kerlix roll.	X	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
 Burn Debrdment (L) (R) Arm/Hand
 S TSG (R) FA

ADDITIONAL PAGES IN USE:
 YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED]

b(6)-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. ___ Yr. ___

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED															
				25	26	27	28	29	30										
26 OCT	[REDACTED]	IV:LR@150	06 18 06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
26 OCT 79	[REDACTED]	D5 1/2 NS & 20 KCL @ 150 cc/hr	06 18 06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b(6)-2

one of

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

5% Burn

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22027

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
27 OCT 03	[REDACTED]	MSO ₄ 5mg IVP x 1 NOW	27 OCT 03	1115	1115	[REDACTED]	
28 OCT		V.O. 10 mg IUP for dsq Δ					
29 OCT	[REDACTED]	Ancef 1 gm IVPB OCT ON	29 OCT	OCT ON		[REDACTED]	
b(6)-2							
Order/Expir Date		Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
				TIME/DATE DISPENSED			
25 OCT			MS 2-6 mg IV q 4h prn severe pain	26 OCT 1056	26 OCT 1115	26 OCT 1200	
				6mg	5mg	10mg	
b(6)-2							
25 OCT			Percocet 1-2 po q 4 prn pain				

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. ___ Yr. ___

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED										
				29	30	31	1	2	3	4				
29 Oct	[REDACTED]	IV LR @ 100cc/hr ↑ 200cc/hr	D	/	/	/	/	/	/	/	/	/	/	/
29 Oct	[REDACTED]	Ancef 1gm IVPB @ 8hr	N	/	/	/	/	/	/	/	/	/	/	/
29 Oct	[REDACTED]	Bacitracin to face TID	08	/	/	/	/	/	/	/	/	/	/	/
31 Oct	[REDACTED]	Keflex 500mg PO Q6h	06	/	/	/	/	/	/	/	/	/	/	/
31 Oct	[REDACTED]	m504 10mg IM 1/2 hour before @ hand drsg change	10	/	/	/	/	/	/	/	/	/	/	/
		b(6)-2												

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
Burn debridement @ @ arm / hand
S TSG (R) FA

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22029

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

DTSG APPROVED (Date)

Date: 25 OCT 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1905 IV Sedation Nerve Block
 Allergies: NOKOA OR Intake: Crystalloid 400 Colloid _____
 Pre-op VIS: 15/17 192 OR Output: UOP _____ EBL ML
 Procedures: Wound debride Meds/Times: 350mg Fen
nil. hand

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds History

Time	Pre Op Meds	History
240		
220		
200		
180		
160		
140		
120		
100		
80		
60		
40		
20		
RR	<u>21 17 21 21 14 14 15</u>	
T	<u>47.3</u>	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
<u>1905</u>	<u>LR</u>	<u>900</u>	<u>LAL</u>	<u>[Redacted]</u>	<u>150 CC</u>
X-rays:			Labs:		
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	<u>2</u>	<u>2</u>	<u>2</u>	AIRWAY A = Ambu BB = Blow-by M = Mask	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	<u>1</u>	<u>2</u>	<u>2</u>	FT = Face Tent RA = Room Air NC = Nasal Cannula	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	<u>2</u>	<u>2</u>	<u>2</u>	VIS X = A-line BP * = Cuff BP = Pulse	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	<u>1</u>	<u>2</u>	<u>2</u>	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	<u>2</u>	<u>2</u>	<u>2</u>	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	<u>Ø</u>	<u>Ø</u>	<u>Ø</u>		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	<u>8</u>	<u>10</u>	<u>10</u>		

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

(Continue on reverse)

IDENTIFICATION (for typed or written entries give: Name - last, middle; grade; date; hospital or medical facility)
[Redacted]
9/14/06
b(6)-2

DEPARTMENT/SERVICE/CLINIC PACU DATE 25 OCT 03
 HISTORY/PHYSICAL FLOW CHART
 OTHER EXAMINATION OR EVALUATION OTHER (Specify)
 DIAGNOSTIC STUDIES
 TREATMENT

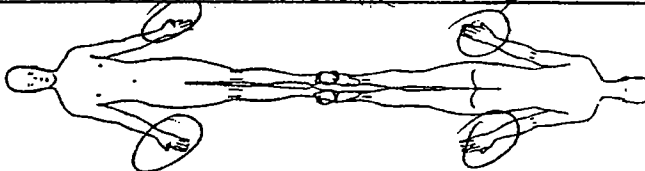
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
150		2mg Morph	IV			[Redacted]

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	bil hand	LOM	+	W	15	W	PK
15'							
30'							
45'							
60'							
90'							
D/C	bil hand	LOM	+	W	15	W	PK

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	Bil. hands	CURBOX	Ø
30'			
60'			
D/C	Bil. hands	W/CD	Ø



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
1915	Urinal	lt yellow CLR	350

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1900	NSR	Ø	Ø
2027	NSR tach	Ø	Ø

WAMC OP 173-E

NURSING NOTES

PT Received from OR by [Redacted]
 Bilateral hands. Pulse at 96% Room Air
 PARS 10
 PT Transferred to ICU by [Redacted]
 by SPC [Redacted] Report given to LT [Redacted]

b(6)-2

b(6)-2

Discharge Criteria:
 Date: 25 Oct 03 Time: 2025 PARS: 10
 BP: 130/65 T: 98 HR: 110 RR: 22 SaO2: 94
 Pain Level at D/C (0-10):
 Intake: 100cc Output: 350 cc
 Additional Data: Ø
 Transferred To: ICU
 Report Given To: LT [Redacted]
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: SPC [Redacted]
 Cleared IAW Recovery [Redacted]
 Charge Nurse Signature [Redacted]

b(2)-2 *b(6)-7*

1. Reporting MTF 0580 [REDACTED]		2. MTF Location IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED]		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD) [REDACTED]		7. Age at Admission 45Y	8. Race X	9. Ethnicity 9	Religion
10. Length of Service ETS		11. FMP 99	12. Social Security Number [REDACTED]		
Organization (Active Duty Only)			13. Marital Status	Hour of Admission 16:30	Branch / Corps:
14. Flying Status		15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location		18. MOS	19. Trauma DIS	Prev. Admission NO	
20. Source of Admission Direct from ER		Ward:	Name / Relationship of Emergency Addressee		
			Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580 [REDACTED] Iraq; No Install Provided		Telephone Number of Emergency Addressee			
21. Type of Disposition TRF-OTH		22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-11-02		
24. Clinic Svc - Admitting ABA - GENERAL SURGERY		25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-25		
27. Location of Occurrence		28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-25		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: BURN DEBRIDMENT L R ARM/HAND S TSG R FA

Procedure Narrative(s):

Cause of Injury Narrative:

b(6)-2 *b(6)-2*

Admitting Officer (Signature, as required) Signature of Admitting Clerk

[REDACTED SIGNATURES]

MEDCOM - 22034

b(6)-2
TOC 31325 APR 82M ABN DIV

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

Offense against Civilian(s) [check one] If "Other" then describe:
 Arson (I.P.C. 342)
 Solicitation of Fornication/Prostitution (I.P.C. 399)
 Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
 Murder (I.P.C. 405)
 Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
 Maiming (I.P.C. 412)
 Simple Assault (I.P.C. 415)
 Kidnapping (I.P.C. 421)
 Burglary or Housebreaking (I.P.C. 426)
 Extortion/Communicating Threats (I.P.C. 430)
 Theft (I.P.C. 439)
 Destruction of Property (I.P.C. 477)
 Obstructing a Public Highway/Place (I.P.C. 487)
 Discharging Firearm, Explosive in City/Town/Village (I.P.C. 495)
 Riot or Breach of Peace (I.P.C. 495(3))
 Other

Offense against Coalition Forces [check one] If "Other" then describe:
 Violation of Curfew
 Illegal Possession of Weapon
 Assault/Attack on Coalition Forces
 Theft of Coalition Force Property
 Trespass on Military Installation or Facility
 Photographing/Surveillance of Military Installation or Facility
 Obstructing Performance of Military Mission
 Other: **ED IDENTIFIED IN HIS VEHICLE**

Apprehending Unit: **31325 APR 82M ABN** Location Grid:
Date of Incident (D/M/Y): **25 Oct 03 to 1 1** Time of Incident: **1330 hrs to 1400 hrs** Date of Report (D/M/Y): **1 1** Time of Report: **hrs**

Detainee #
Last Name: **b(6)-4** Key Connected Person: Victim Witness
First Name: **Given Name** Last Name: **Given Name**
Hair Color: Scars/Tattoos/Deformities: Hair Color: Scars/Tattoos/Deformities:
Eye-Color: Weight: lb Height: in Eye-Color: Weight: lb Height: in
Address: Address:
Place of Birth: Place of Birth:
Ethn/Tribe/ Sect: Sex: M F Phone#: Mobile Regular
DOB D/M/Y: Mobile Regular
 Passport Dr. license Other (specify) Passport Dr. license Other (specify)
Document #: Document #:

Total Number of Persons Involved: (List names/identifying info on reverse under "Additional Helpful Information")

Vehicle Information: Vehicle Number of Vehicle(s) Owner:
Make: Color: VIN:
Model: Type: Plate No: Number of People In Vehicle:
Year: Names of People In Vehicle:
Contraband/Weapons in Vehicle:

Property/Contraband Weapon Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type: Model: Color/Caliber:
Serial No.: Quantity: Make: Receipt Provided to Owner: Yes/ No
Other Details: Where Found: Owner:

Name of Assisting Interpreter: **b(6)-2** Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): **b(6)-2** Supervising Officer's Name (Print):
Signature: **b(6)-2** Signature: Last First MI
Email: Unit Phone: Date: MEDCOM - 22035 Date:

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? ^{A Possible} ~~AD~~ ~~IED~~ DETORATED IN HIS VEHICLE

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses
411th CA, 3/325 A# 82nd ABN DIV

How was this person traveling (car, bus, on foot)? PERSONAL VEHICLE

Who was with this person? ALONE

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized? N/A

What other information did you get from this person?

Additional Helpful Information:

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

b(6)-4

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, MI) UNK [REDACTED]			3. GRADE NA		ADMISSION REMARKS
4. SEX M	5. AGE 25	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NA	9. [REDACTED] NA	10. PREVIOUS ADMISSION NO	
11. FMP 99	12. SSN [REDACTED]		13. ORGANIZATION NA		14. WARD ICWDI		
15. FLYING STATUS NA	16. RATING/DSG	17. DEPT. BEN NA	18. BRANCH/CORPS NA	19. UIC/ZIP		20. TYPE CASE NBI	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from Emt				22. HOURS OF ADMISSION 1805	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION		26. DATE OF DISPOSITION 11/3/03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) UNK			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 10/26/03		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED]					30. DATE OF INITIAL ADMISSION 10/26/03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
31. SELECTED ADMINISTRATIVE DATA <i>b(2)-2</i>							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES GSW @ HUMERUS							
35. Total Days This Facility							
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 9	f. TOTAL SICK DAYS 9		
36. Total Days All Facilities							
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 9	f. TOTAL SICK DAYS 9		
SIGNATURE OF ATTENDING MEDICAL OFFICER				SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER			

DA FORM 3647, MAY 79

EDITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

MEDCOM - 22037

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
 YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe:			
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Obstructing Performance of Military Mission	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Kidnapping (I.P.C. 421)
<input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe:			
<input type="checkbox"/> Violation of Curfew	<input checked="" type="checkbox"/> Trespass on Military Installation or Facility	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility	
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Other	
<input type="checkbox"/> Theft of Coalition Force Property			
Apprehending Unit: <u>Aco 40th EV BN</u>		Location Grid: <u>CP #12</u>	
Date of Incident (D/M/Y): <u>26/10/03 to 26/10/03</u>	Time of Incident: <u>1315 hrs to 1340 hrs</u>	Date of Report (D/M/Y): <u>26/10/03</u>	Time of Report: <u>1340</u> hrs
Detainee #/ID: <u>██████████ - 5(6) - 4</u>	Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness		
Last Name: <u>██████████</u>	Last Name: <u>██████████</u>		
First Name: <u>██████████</u>	Given Name: <u>██████████</u>		
Hair Color: <u>Brown</u>	Scars/Tattoos/Deformities: <u>██████████</u>		
Eye-Color: <u>BAN</u>	Weight: <u>165</u> lb	Height: <u>7</u> in	
Address: <u>██████████</u>		Address: <u>██████████</u>	
Place of Birth: <u>██████████</u>		Place of Birth: <u>██████████</u>	
Ethn/Tribe/ Sect: <u>PAQI</u>	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: <u>██████████</u>	DOB D/M/Y: <u>██████████</u>
<input type="checkbox"/> Mobile <input type="checkbox"/> Regular	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular		
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)		
Document #:	Document #:		
Total Number of Persons Involved: <u>1</u> (list names/identifying info on reverse under "Additional Helpful Information")			
<input checked="" type="checkbox"/> Vehicle Information	Vehicle Number: <u>██████████</u>	of <u>1</u> Vehicle(s)	Owner: <u>██████████</u>
Make: <u>Citroen</u>	Color: <u>White</u>	VIN: <u>██████████</u>	
Model: <u>unknown</u>	Type: <u>4-door</u>	Plate No.: <u>██████████</u>	Number of People In Vehicle: <u>██████████</u>
Year: <u>07</u>	Names of People In Vehicle: <u>unknown</u>		
Contraband/Weapons in Vehicle:			
<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type: <u>██████████</u>	Model: <u>██████████</u>	Color/Caliber: <u>██████████</u>	
Serial No.: <u>██████████</u>	Quantity: <u>██████████</u>	Make: <u>██████████</u>	Receipt Provided to Owner: Yes/ No
Other Details: <u>██████████</u>	Where Found: <u>b(6)-2</u>	Owner: <u>██████████</u>	
Name of Assisting Interpreter: <u>██████████</u>	Email, Phone, or Contact Info: <u>Aco 40th EV BN Army Mission</u>		
Detaining Soldier's Name (Print): <u>██████████</u>	Supervising Officer's Name (Print): <u>██████████</u>		
Signature: <u>██████████</u>	Signature: <u>██████████</u>		
Email: <u>██████████</u>	Email: <u>██████████</u>		
Unit Phone: <u>██████████</u>	Date: <u>26/10/03</u>	Unit Phone: <u>██████████</u>	Date: <u>01/10/03</u>

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? He did not stop as CP#12 as prescribed and ran through the Military Bypass Entrance

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses
CPT [REDACTED] [REDACTED] 40167N ACO
SPC [REDACTED] [REDACTED] UCI
SSG [REDACTED] [REDACTED] UCI
b(6)-2

How was this person traveling (car, bus, on foot)? CAR

Who was with this person? No one

What weapons was this person carrying? Unknown / vehicle still being searched

What contraband was this person carrying? Unknown

What other weapons were seized? Unknown

What other information did you get from this person? WAS NOT responding after being shot.

Additional Helpful Information: POC for this incident is

CPT [REDACTED] [REDACTED]
ACO [REDACTED] Baiara Party Museum
[REDACTED] FM 657
DNUT [REDACTED]
b(6)-2

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE (YYYYMMDD)

20031026

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

25 Y/O IRAQI @ SIP GSW (L) SHOULDER. PT. APPARENTLY RAN CHECKPOINT AND WAS SHOT. HE C/O TINGLING DOWN (L) ARM. NO SOB

3. PHYSICAL EXAMINATION (Including pertinent positives and negatives)

CHEST: CTA (R); POSITIVE PUNCTATE WOUNDS LUE SBP: 155 RUE SBP: 149
CARD: PRR
NECK: Ø SWELLING
EX: POST (L) SHOULDER ENTRY; 2+ RADIAL PULSE
Ø ULNAR DEFICIT, ? RADIAL DEFICIT; INTACT SENSORY

4. IMPRESSION (Enter admission note with plan on progress notes)

CXR: Ø PTX (PROX. HUMERUS)
PROXIMAL OPEN (L) HUMERAL FX (COMMINUTED) (L) SHOULDER
- TO O.R.

5. ADMITTING OFFICER

a. SIGNATURE

[Redacted Signature]

b. DATE SIGNED (YYYYMMDD)

20031026

6. DISCHARGE NOTE (Brief condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)

b(6)-2

7. DISCHARGE DATE (YYYYMMDD)

8. DISCHARGING OFFICER

a. NAME (Last, First, Middle Initial)

b. GRADE

c. TITLE

d. SIGNATURE

9. PATIENT IDENTIFICATION (For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)

[Redacted Patient Info] b(6)-4

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD (X when done)