EDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

IMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

OLUME REQUESTED *(If applicable)*: 1 unit ML

EMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 09 May 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? N/A DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: Previous Sample

DATE VERIFIED: 9 May 03

TIME VERIFIED: 2118

SECTION II – PRE-TRANSFUSION TESTING

NIT NO.: 466 0769

XP 9 May 03

TRANSFUSION NO.: 423

PATIENT NO.:

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp (S) 37 AHG

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

DATE: 9 May 03

ONOR

BO: O

h: POS

RECIPIENT

ABO: AB

Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

Seq# 13AC 73033947

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

NSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

T *(Hour)*: 2118 ON *(Date)*: 9 May 03

DENTIFICATION:

have examined the Blood Component container label and this form and I ind all information identifying the container with the intended recipient natches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

st VERI (b)(6)-2 MD.

nd (b)(6)-2 maj CRNA

PRE-TRANSFUSION

TEMP. 36 PULSE 104 BP 97/47

DATE OF TRANSFUSION: 9 May 03

TIME STARTED: 2120

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME DATE COMPLETED: 2135 9 May

INTERRUPTED: all

REACTION

- [x] NONE
- [ ] SUSPECTED

108/59/92 / 100% Sat.

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

SEX: M

WARD: ICU2

(b)(6)-4

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

MEDICAL RECORD COPY

MEDCOM - 5772

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)*: 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 09 May 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: Previous Sample

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: 4651295 9 May 03

TRANSFUSION NO.: 423

PATIENT NO.:

DONOR ABO: O Rh: pos

RECIPIENT ABO: AB Rh: pos

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp (LS) (37) (AHC)

PREVIOUS RECORD CHECK: [x] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

DATE

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

BAC736673

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* ____ ON *(Date)* ____

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER: (b)(6)-2

2nd VERIFIER *(Signature)*: (b)(6)-2

PRE-TRANSFUSION VITALS

TEMP. 36 PULSE 107 BP 94/46

DATE OF TRANSFUSION: 9 May 03

TIME STARTED: 2137

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME DATE COMPLETED: 2155 9 May 03

INTERRUPTED

REACTION [x] NONE [ ] SUSPECTED

107/64 95 13

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

SEX: M

WARD: ICU2

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

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 9 May 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? N/A DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)* Dr. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE CSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER Previous sample

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 4653081

Exp 9 May 03

DONOR

ABO O

Rh Pos

TRANSFUSION NO.

PATIENT NO. #423

RECIPIENT

ABO AB

Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp IS AHG

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 9 May 03

REMARKS:

BAC711362

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)* 2317 ON *(Date)* 9 May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (S (b)(6)-2

2nd VERIFIER (Signature) (b)(6)-2

PRE-TRANSFUSION

TEMP. 36 PULSE 115 BP 75/35

DATE OF TRANSFUSION 9 May 03

TIME STARTED 2310

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME DATE COMPLETED 2324 9 May

INTERRUPTED Yes

REACTION

- [ ] NONE
- [ ] SUSPECTED

103/50, 100, 12

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

SEX M

WARD OR

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

★U.S.GPO:1993-0-337-272/80075

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 9 May 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)* Dr. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER Previous sample

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 465 7284 Exp 11 May 03

TRANSFUSION NO.

PATIENT NO. 473

DONOR

ABO O

Rh Pos

RECIPIENT

ABO AB

Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp (IS) (37) (AHG)

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD dw

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE

REMARKS:

BAC73547

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2

AT *(Hour)* 0904 ON *(Date)* 11 May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* (b)(6)-2 LT, AN

2nd VERIFIER *(Signature)* (b)(6)-2 HMC

PRE-TRANSFUSION

TEMP. 98.7 PULSE 142 BP 133/77

DATE OF TRANSFUSION 11 MAY 03

TIME STARTED 0930

POST-TRANSFUSION DATA

AMOUNT GIVEN 350-400 ML

TIME DATE COMPLETED 1015 11 MAY 03

INTERRUPTED

REACTION [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER _____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)* _____

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 LT, AN

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

SEX M

WARD 1CU2

#423

MEDCOM - 5775

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

★U.S.GPO:1993-0-337-272/80075

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)*: 1 unit ML

REMARKS: CLOT IN LAB

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 10 MAY 05 00

DATE AND HOUR REQUIRED: 10 MAY 05 00

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____ N/A

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: Previous sample

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 4640110 Exp 11 May 03

TRANSFUSION NO.

PATIENT NO. 423

DONOR ABO: O Rh: Pos

RECIPIENT ABO: AB Rh: Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp (B) (3)

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TE (b)(6)-2

DATE

Seq # BAC 7372482

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

AT *(Hour)* 1007 ON *(Date)* 11 May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1. (b)(6)-2 [signature]
2. (b)(6)-2 [signature]

PRE-TRANSFUSION

TEMP. 98.6 PULSE 117 BP 128/62

DATE OF TRANSFUSION: 11 May 03

TIME STARTED: 1030

POST-TRANSFUSION DATA

AMOUNT GIVEN: 350-400 ML

TIME DATE COMPLETED: 1330 11 MAY 03

INTERRUPTED

REACTION
- [X] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

(b)(6)-4

SEX: M

WARD: ICU 2

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

MEDCOM - 5776

518-124 NSN 7540-00-634-415

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 14-May 03

DATE AND HOUR REQUIRED 1730

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

(2) respiratory

I have collected a blood specimen on the bel named patient, verified the name and ID No. of t patient and verified the specimen tube label to b correct

(b)(6)-2

14 May 03

TIME VERIFIED 0900

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 2770479

14 May 03

TRANSFUSION NO. 423

PATIENT NO.

DONOR

ABO A

Rh Pos

RECIPIENT

ABO AB

Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp IS 37° AHG

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 14 May 03

SECTION III – RECORD OF TRANSFUSION

6465870

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)* 1240 ON *(Date)* 14 May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

(b)(6)-2

(b)(6)-2

WTAN

PRE-TRANSFUSION TEMP. 98.2 PULSE 105 BP 112/64

DATE OF TRANSFUSION 14 May 03 TIME STARTED 1230

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE 98.7 PULSE 114 BLOOD PRESSUR 128/72

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Ban

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

[ ] NO [ ] YES *(Specify)*

(b)(6)-2

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

(b)(6)-4

SEX M WARD ICU2

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 14-May 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

CC respiratory

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

(b)(6)-2

DATE VERIFIED 14 May 03

TIME VERIFIED 0900

(b)(6)-2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 1260423 14May03

TRANSFUSION NO. 423

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp IS 37° AHG

PREVIOUS RECORD CHECK:

- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DATE 14May03

DONOR

ABO A

Rh Pos

RECIPIENT

ABO AB

Rh Pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

SECTION III – RECORD OF TRANSFUSION

644P8282

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2

AT *(Hour)* 1055 ON *(Date)* 14May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and

(b)(6)-2

(b)(6)-2

LT, AN

PRE-TRANSFUSION

TEMP. 98.2 PULSE 105 BP 112/64

DATE OF TRANSFUSION

TIME STARTED 1130

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.4	107	118/65

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

(b)(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; ; hospital or medical facility)

(b)(6)-4

SEX M

Cat 2

*U.S.GPO:1993-0-356-139/80643

PATIENT NAME
PATIENT NO. # (b)(6)-4
PATIENT TYPE AB POS

1260425

NSN 7540-00-634-4159

NENT TRANSFUSION

UNIT NO 1260425
UNIT TYPE A POS
UNIT EXPIRATION 14 MAY 03

COMPATABILITY TECH ME (IS) (37°) (AHG)

REQUESTING PHYSICIAN (Print)
Dr. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE
GSW c̄ ureteral tear

☐ Rh IMMUNE GLOBULIN

☐ OTHER (Specify)

DATE AND HOUR REQUIRED

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED (If applicable)
1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)
NONE

SIGNATURE OF VERIFIER
(b)(6)-2

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN:
HEMOLYTIC DISEASE OF NEWBORN?

9 MAY 03

TIME VERIFIED
0800

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.
1260425
14 MAY 03

TRANSFUSION NO. (b)(6)-4
PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp IS AHG

PREVIOUS RECORD CHECK:
☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST
(b)(6)-2

DONOR
ABO A
Rh POS

RECIPIENT
ABO AB
Rh POS

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUE ATE 9 MAY 03

REMARKS:

#644P8510

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECT (b)(6)-2

AT (Hour) 0900 ON (Date) 9 MAY 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature)
(b)(6)-2 1LT, AN

2nd VERIFIER (Signature)
(b)(6)-2 SSG 91WMC

PRE-TRANSFUSION
TEMP. 97.4 PULSE 91 BP 110/47

DATE OF TRANSFUSION
9 MAY 03

TIME STARTED
0905

POST-TRANSFUSION DATA

AMOUNT GIVEN ML

TIME/DATE COMPLETED/INTERRUPTED
1030 / 9 MAY 03

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE 97.2 (A)

PULSE 82

BLOOD PRESSURE 104/48

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present. Keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER (Specify)

OTHER DIFFICULTIES (Equipment, clots, etc.)
☐ NO ☐ YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE
(b)(6)-2 1LT, AN

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

SEX M

WARD ICU-2

(b)(6)-4

MEDCOM - 5779

BLOOD OR BLOOD COMPONENT TRANSFUSION

PATIENT NAME (b)(6)-4
PATIENT NO.
PATIENT TYPE AB POS

176-759

1640883

UNIT NO. 1640883
UNIT TYPE A POS
UNIT EXPIRATION 14MAY

COMPATABILITY TECH MOZ

ZS 37 A+6

NENT TRANSFUSION

I Blood

REQUESTING PHYSICIAN (Print)
Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE
GSW ō ureteral damage

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER (b)(6)-2 LT, AN

DATE VERIFIED 9MAY03

TIME VERIFIED 0900

☐ OTHER (Specify)

VOLUME REQUESTED (If applicable) 1 unit ML

REMARKS:

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) NA

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: NA

HEMOLYTIC DISEASE OF NEWBORN? ____

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 14MAY03 1640883

TRANSFUSION NO. (b)(6)-4

PATIENT NO.

DONOR
ABO A
Rh POS

RECIPIENT
ABO AB
Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp ZS A+6

PREVIOUS RECORD CHECK: ☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 9MAY0

REMARKS:

646P1623

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND (b)(6)-2

AT (Hour) 1020 ON (Date) 9MAY03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature) (b)(6)-2 SSO 9CWMS

2nd (b)(6)-2 LT, AN

PRE-TRANSFUSION
TEMP. 97.2 PULSE 84 BP 103/43

DATE OF TRANSFUSION 9MAY03

TIME STARTED 1035

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED 9MAY2003 1200

INTERRUPTED

REACTION ☑ NONE ☐ SUSPECTED 97.1(A), P-86, BP 110/57

If reaction is suspected – IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER ____

OTHER DIFFICULTIES (Equipment, clots, etc.)
☐ NO ☐ YES (Specify) ____

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 LT, AN

PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries ...
NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

(b)(6)-4

SEX M

WARD ICU-2

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

MEDCOM - 5780

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable) Unit _____ ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 5/27/03 in AM

DATE AND HOUR REQUIRED 2N AM

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING (b)(6)-2 Dr

DIAGNOSIS OR OPERATIVE PROCEDURE 3/P (R) Nephrectomy Heat Conduit

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

(b)(6)-2 S [redacted] CPT/AN

DATE VERIFIED 26 MAY 03

TIME VERIFIED 213

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 4632114

EXP: 2 Jun 03

TRANSFUSION NO. 423

PATIENT NO.

DONOR O Pos

ABO ~~AB~~ (W) ~~O~~

Rh ~~Pos~~ (W) ~~Pos~~

RECIPIENT

ABO AB

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK: [ ] RECORD [x] NO RECORD (b)(6)-2

(b)(6)-2 [redacted] 26 MAY 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 [redacted]

AT (Hour) 1032 ON (Date) 27 May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature) (b)(6)-2 [redacted] CPT/AN

(b)(6)-2 [redacted] 1LT, AN

PRE-TRANSFUSION

TEMP. 98.9 PULSE 111 BP 102/59

DATE OF TRANSFUSION 27 May 03

TIME STARTED 0745

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME/DATE COMPLETED/INTERRUPTED 27 May 03 0930

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 97.8 PULSE 97 BLOOD PRESSURE 117/70

If reaction is suspected—IMMEDIATELY
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER (Specify)

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [x] NO [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 [redacted] 1LT, AN

M

WARD ICU 1

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, rate; hospital or medical facility)

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

(b)(3)-1 [redacted]

ICU 1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 5781

Medical Record Copy

NSN 7540-00-634-4159

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

PRODUCT REQUESTED (Check one)
- [ ] WHOLE BLOOD
- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable): UNIT ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 5/27/03 in AM

DATE AND HOUR REQUIRED: IN AM

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify): N/A

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: N/A
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING (b)(6)-2: DR

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P (R) Nephrectomy Ileal Conduit

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

(b)(6)-2 LCT/AN

26 MAY 03

TIME VERIFIED: 2130

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 4632122

EXP. 25 Jun 03

TRANSFUSION NO. 923

PATIENT NO.

DONOR
ABO: ~~AB~~ (AWN) O
Rh: ~~POS~~ (AWN) POS

RECIPIENT
ABO: AB
Rh: POS

TEST INTERPRETATION
ANTIBODY SCREEN: N/A
CROSSMATCH: Comp

PREVIOUS RECORD CHECK
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 26 May 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2

AT (Hour) 1045 ON (Date) 27 May 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature) (b)(6)-2 LCT, AN

2nd VERIFIER (Signature) (b)(6)-2 LCT, AN

PRE-TRANSFUSION
TEMP. 97.9 PULSE 105 BP 131/70

DATE OF TRANSFUSION: 27 May 03

TIME STARTED: 0942

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 27 May 03 1200

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 99.2 PULSE: 112 BLOOD PRESSURE: 125/67

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER (Specify)

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [x] NO
- [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 LCT, AN

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, rate: hospital or medical facility)

LN # (b)(6)-4

86th CSH

ICU 1

M

WARD: ICU 1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 5782

Medical Record Copy

I

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER 2130 HOURS | LIST TIME ORDER NOTED AND SIGN

Admit orders cont'd

17 - Benadryl 25mg IVPB q6°

18 - Colace - PO BID

19 - Zantac 50mg IVPB q8°

20 - Haldol 40mg IV q6°

21 - Paxil 40mg PO/NGT BID

22 - Dulcolax suppos PR QD

PATIENT IDENTIFICATION

ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER HOURS

23 - Sedra D5 drip QD

24 - Labetalol 20mg IV q1° PRN MAP > 90 mmHg

25 - Insoy 5mg IV q2-4° PRN

26 - Zofran 4mg IV q6°

27 - ~~Ativan~~ Valium 5mg IV q8° PRN Agitation

PATIENT IDENTIFICATION

ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER HOURS

28 ~~I~~ finish Imipenem dose

29 then d/c Imipenem

30 Timenth 3.1gm IV q6°

31 Vancomycin 1gm IV q12°

32 review P/C orders 8/3 93/03 "1300 D/C orders" for Tmithly & meds LAT given

PATIENT IDENTIFICATION

ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER HOURS

33 D5 1/2 NSS @ 100 ml/hr

34 NPO

35 note - pt is potentially violent - please [illegible] the usual [illegible] treatment summary

(b)(6)-2

(b)(6)-2

(b)(6)-2

NOTED

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-383-710

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER | HOURS | DR. OF NOTE, SIG.

4 MAY 03 20:00

(1) Admit to ICW 2 / SURGE

(2) Rx: GSW 3/22 c

Orotropenitoneal ooze

(2) Bil nephrostomy tubes

(PEAN attached o/c summary from USNS comfort

~~Cont~~ (3) Acinetobacter sepsis

BLDG. UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

(3) Condition Serious

(4) All: NKDA

(5) nursing VS q 2° c O2 SaO2

(6) I/O q 2° bil nephrostomy

(7) Bedrest c HOB @45°

(8) Contact Isolation precautions

2° Acinetobacter

BLDG. UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

(9) TEDS / SCDS if available

(10) Humidified FB @ 28L c

(11) Aggressive pulmonary toilet

(Chest PT, NT suction / Albuterol

Atrovent / mucomyst nebs q 3°)

otherwise DNAPE NC / Fm RD

keep SaO2 > 93%.

BLDG. UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

(12) DSG Δ buttock wound w → D Bil

(13) NGT - low intermit suction

(14) Call for T > 102, UOP < 0.5cc/kg/hr,

MAP < 60 or SBP > 180

(15) T&C 2 units

(16) CBC in a.m. Bmp, PT/PTT a.m.

BLDG. UNIT | ROOM NO. | BED NO.

(b)(6)-2

(b)(6)-2

(b)(6)-2

NOTED

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984 - 0-0

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 SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER TIME OF ORDER HOURS

L L NOT SI

5 MAY 03 Lapression.
.. 5 mg IV q 3 min x 3
then 15 minutes F Last bolus.
25 mg ~~IVP~~ per NG q 6 x 48°
then maintence 100 mg per NG
TID.

Noted and transcribed @ 1035.
(b)(6)-2 LT, AN

(b)(6)-2 comall

NURSING UNIT | ROOM NO | BED NO.

PATIENT IDENTIFICATION

DATE OF O (b)(6)-2 HOURS

Hold Atrovent / Mucomyst until at final facility

(b)(6)-2

CDR ML

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

5 May 03 1200
V.O.
~~Sinus~~ Vasopressin IVP Q 2 hours.

(b)(6)-2

NURSING UNIT | ROOM NO | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

5 MAY 03
1) Versed 5-10 mg IVPB Q 1° prn

NOTED/TRANSCRIBED 5/6/03 (b)(6)-2 LT MA

(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.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 - 363-710

NICAL RECORD - DOCTOR'S ORDERS

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

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

ATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 5 May 03 TIME OF ORDER 1550 HOU

1) Insure PO T&C x 2 w/ PRN.
2) Lab: Fibrinogen and plts splitted pro

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

ATIENT IDENTIFICATION

DATE OF ORDER 5 MAY 03 TIME OF ORDER 1800 HOURS

1) MVI ~ tab PO or NGT QD
2) FeSO4 325 mg PO or NGT QD
3) Dexpan 5 mg IV Q 4 hrs Q 1 pm
4) Hold 2nd unit Blood.
5) KUB tonight.
6) CBC in AM

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

7) CBC AM

(b)(6)-2

HOURS

8) if Hct < 30 transfuse 2nd unit PRBC.
9) D/C Cordrox.

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6 MAY 03 TIME OF ORDER 0945 HOURS

1) Regular diet + cereal or equivalent + can PO TID
2) Δ Twice in abdominal wound + c D
3) Bacitracin to wound TID

noted and transcribed 6 May 03 (b)(6)-2 1515

(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.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 7 MAY 03 TIME OF ORDER: 1000 HOURS

1) Clamp bilateral nephrostomy tubes. (b)(6)-2

LIST TIME ORDER NOTED AND SIGN: KITMN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 8 MAY 03 TIME OF ORDER: 0840 HOURS

1) Begin continuous bladder irrigation via suprapubic tube - adjust flow to achieve light pink to clear color in foley. (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 08 MAY 03 TIME OF ORDER: 1550 Hr HOURS

1) CBC x 3 now
- transfuse 2 units O+ blood if < 22 Hct.

2) repeat CBC at 0500 Hr (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 09 MAY 03 TIME OF ORDER: 0800 HOURS

1) Repeat CBC at 1500 Hr.
- repeat transfusion if Hct < 24 with 2 units pRBC c̄ O+ Blood or typed. (b)(6)-2

2) ordering both nephrostomy tubes. (b)(6)-2

3) NPO after midnight (b)(6)-2

Noted and transcribed 9 MAY 03, (b)(6)-2 LUTAN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S ORDERS

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

[illegible] SINGLE RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL [illegible] USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 08MAY03 TIME OF ORDER 1630 HOURS

1) repeat CBC at 0500/X in 10MAY03

2) MSO4 1-4mg IV Q15min PRN

3) IVF-D5 1/2NS KVO at 150cc/H. or NS as needed

4) rectal temp

(b)(6)-2

NOTED

(b)(6)-2

R 1700

CLINIC OR WARD | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER HOURS

CLINIC OR WARD | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

CLINIC OR WARD | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

CLINIC OR WARD | ROOM NO | BED NO

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

U.S. GOVERNMENT PRINTING OFFICE 1994 - 363-710

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | DATE | HOURS | TIME | PROBLEM NUMBER AND SIGN

18 MAY 03 0045

1. To ICU #1 – Urology / Dr. Pohrase
2. S/P Ex lap / R nephrectomy / L ileal conduit / reconstruction of bladder neck
3. Stable
4. VS q 1°, strict I/O's
5. MK04
6. Bedrest c̄ HOB 30°, Restraints

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

7. Vent: SIMV Tv 700 RR 12 PS 12 PEEP 5 FiO2 100% (Titrate to keep sats ≥ 95%)
8. Foley → gravity
9. Suprapubic tube → gravity
10. Rectal tubes → gravity
11. JP to bulb suction (Record output q shift)
12. LR @ 125 cc/hr
13. NG → LIWS

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

14. Sedation / pain meds per anesthesia
15. PCXR on arrival
16. CBC, chem 7 in AM & q AM
17. Routine central line care
18. Zantac 50 mg IVPB q 8°
19. Unasyn 3.0 gm IVPB q 6°
20. (1) nephrostomy tube → gravity
21. Notify MD for T > 101.5

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

P > 120 < 60 SBP > 170 < 100 mm

Sats < 90%

(b)(6)-2

MD

MAS, PMC

NURSING UNIT | ROOM NO. | BED NO.

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

1994-363-710

MEDCOM - 5789

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 14 May 03 | TIME OF ORDER: 0030 | HOURS | PROB. NO. | NOTED BY

Propofol IV drip
10-15 cc/hr.
titrate to sedation start at
10 cc/hr.
~~D/C at 1am~~

(b)(6)-2

NURSING UNIT | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

Morphine IV ~~5mg~~ 2-4
mg q 3 hrs.

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 14 May 03 | TIME OF ORDER: 1445 | HOURS

1) Percocet 1-2 tabs PO Q4° pm
2) Colace 100mg PO BID

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 15 May 03 | TIME OF ORDER: 0900 | HOURS

1) post-transfusion Hct & T now
2) D/C IV ABX
3) Percocet 500mg PO QD

Noted and transcribed
15 May 03 (b)(6)-2

(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

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

Noted and transcribed
10 May 03 @ 0900 (b)(6)-2

NURSING UNIT | ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | PROBLEM NO. | NOTED AND TRANSCRIBED

10 March 03 0800

1) Rec prophylaxis
2) Warm to antibiotics
3) Bacitracin ointment to penis BID
4) Chem 7, Ca, Mg, PT

(b)(6)-2

OB/Gyn

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

10 May 03 0830

1) MSO4 1-8mg IV PB Q15min prn
- must have pulse ox on
2) Versed 2.5-5mg IV Q 2Hr prn

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

10 May 03 0900 esw

1) Ca Gluconate 1gm in 100 NS ⅓ over 2Hr.
2) Mag. Sulfate 2gm in 100cc NS ⅓ over 1Hr

(b)(6)-2

PATIENT IDENTIFICATION

Noted and transcribed
10 May 03 @ 1420

NURSING UNIT | ROOM NO. | BED NO

DATE OF ORDER | TIME OF ORDER | HOURS

10 May 03 1300

1) incentive spirometry Q1°

(b)(6)-2

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

U.S. GOVERNMENT PRINTING OFFICE: 1994 - 362 710

CLINICAL RECORD - DOCTOR'S ORDERS

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

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 11 MAY 03 — TIME OF ORDER: 0530 HOURS

1. TRANSFUSE 2 U PRBC - RUN EACH UNIT SLOWLY (2 HR FOR EACH UNIT)
2. PROMETHAZINE ≈ 650 mg TYLENOL RECTALLY AND 25 mg IV ~~PROMETHAZINE~~ BENADRYL
3. ↳ IVF TO 70 cc/HR
4. D/C all pre-op orders

(b)(6)-2 BSN

PATIENT IDENTIFICATION:

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 13 MAY 03 — TIME OF ORDER: 0830

1. D/C ABT
2. clear liquid diet
3. ~~MED~~ PT consult to ambulate & sit in chair

(b)(6)-2 (b)(6)-2 513-07

PATIENT IDENTIFICATION:

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 14 MAY 03 — TIME OF ORDER: 0810 HOURS

1. Transfuse II units PRBC over 3° each
2. Reg Diet
3. D/C Zantac
4. Heplock IV p transfusion

(b)(6)-2 (b)(6)-2 14/11/11 MD MAJ, MC

PATIENT IDENTIFICATION:

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 14 MAY 03 — TIME OF ORDER: 0902 HOURS

1. post transfusion Hct then D/C labs

(b)(6)-2 (b)(6)-2 14 May (b)(6)-2

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

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

Noted/transcribed 16 MAY 03 (b)(6)-2 LT(MC)

NURSING UNIT | ROOM NO. | BED NO.: 240 Chief [redacted]

DATE OF ORDER: 16 MAY 03 TIME OF ORDER: 0826 HOURS

1) Ativan 1mg PO Q6° prn

2) Ditropan XL 5 tab PO QD

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 17 MAY 03 TIME OF ORDER: 0800 HOURS

1) Diazepam 5mg PO 4/D for Bladder spasms prn

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 18 MAY 03 0850 HOURS

1) Dakin's 1/4 strength M&D dressing D BID to upper portion of wound

5) Send JP fluid for culture

3) D/C all IV orders.

4) VS Q Shift

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

PATIENT IDENTIFICATION: (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19 MAY 03 TIME OF ORDER: HOURS

1) Valium 10mg IM x 1 then QAM at Q 7-45 hr

2) Phenergan 12.5-25mg IM Q 4 prn.

3) DCelex to 100mg PO BID prn.

(b)(6)-2

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

U.S. GOVERNMENT PRINTING OFFICE: 1994—303-719

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 (b)(6)-2

21 May 03

DATE OF ORDER: 21 MAY 03 TIME OF ORDER: 0815 HOURS

1) D/C PO D/A 2½ qAM

2) $FeSO_4$ 325 mg PO QD

(b)(6)-2

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT: double | ROOM NO.: Chart | BED NO.: 2115 disc 0805

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 23 MAY 03 TIME OF ORDER: 0830 HOURS

1) Clamp percutaneous nephrostomy tube

(b)(6)-2

noted (b)(6)-2 0830

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23 MAY 03 TIME OF ORDER: 1300 HOURS

1) Colace 100 mg PO BID

2) If pt creatinine increases at 0500

(b)(6)-2

noted (b)(6)-2 23 May 1330

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

Done 25 May 03 1100 (b)(6)-2

DATE OF ORDER: 25 MAY 03 TIME OF ORDER: 1100 HOURS

1) CBC 1 x 7 now

(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.

CLINICAL RECORD - DOCTQ DFRS

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

PHYSICIAN SHALL REC 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

(b)(6)-2

26MAY03

DATE OF ORDER 26 MAY 03, TIME OF ORDER 0830 HOURS

1) D/C Ditropan

(b)(6)-2

ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 26May03 1530 TIME OF ORDER HOURS

CBCx1 NW

VP (b)(6)-2 (b)(6)-2 (b)(6)-2

ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 26 MAY 03 TIME OF ORDER HOURS

4) Bedrest with BATHROOM PRIVILEGES

5) T&C for 2u PRBC in AM & Hgb/Hct IV

(b)(6)-2

(b)(6)-2

CPT MC 5/26/03 2100

ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 27 MAY 03 TIME OF ORDER 0800 HOURS

1) 2u PRBC ⊡ over 4Hrs

2) post-transfusion CBC

3) Pre-Tx with:

Tylenol 650mg PO Q6hrs

Benadryl 50mg PO x1

27 May 03

(b)(6)-2

(b)(6)-2

ROOM NO.

DA FORM 1 APR 25 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994—383-710

"USE BALL POINT PEN-PRESS FIRMLY! NO CARBON PAPER REQUIRED"

MEDCOM - 5795

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 27 May 03 TIME OF ORDER: 0700 HOURS

(b)(6)-2 27 May 03

V.O. (b)(6)-2 taken (b)(6)-2

1. Valium 5mg IV now per dsg change

(b)(6)-2

LCT, AN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 27 MAY 03 TIME OF ORDER: 1688 HOURS

1) Tylenol 20mg PO QD

noted 27 May 03 1745

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

CPT, AN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 5/27/03 TIME OF ORDER: 2225 HOURS

- Draw CBC @ 0500 hrs in AM (5/28/03).
- Keep abdominal wound packed.

V.O. Dr. (b)(6)-2 CPT. (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

data V 28 May 03 0600 am

noted (b)(6)-2 CPT

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 28 MAY 03 TIME OF ORDER: 0830 HOURS

1) Vitamin K 5mg IM x 3
2) MOM 30cc PO Q6° until stools soft then qm
3) Stop DAKINS and will only do QAM dressing Δs
4) Continue bedrest.
5) D/C [illegible]

noted 28 May 03 0850

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984-363-710

CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10 11 12 13 14 15 16 17 18 19 20 21 22 23
10MAY03	(b)(6)-2	STRICT I&O's ~~VS q 1°~~	DENDENDENDE	(b)(6)-2 (b)(6)-2
10may	(b)(6)-2	ACT: Bedrest HOB 30° restraints		(b)(6)-2
10MAY03		FOLEY → Gravity		
10may	(b)(6)-2	Suprapubic Tube → Gravity		(b)(6)-2
			DEN	(b)(6)-2 D/C'd 18May03
[redacted]				(b)(6)-2
10may	(b)(6)-2	JP bulb ~~q8~~ SUCTION Record out ~~q~~ q SHIFT	NDENDENDE	(b)(6)-2 (b)(6)-2
10mag	(b)(6)-2	NG → LIWS		(b)(6)-2 D/C 13May03 (b)(6)-2
10MAY03	(b)(6)-2 (b)(6)-2	q AM	NDD	(b)(6)-2 D/C → (b)(6)-2
10MAY 03		FY MD FOR T>101.5 HR>120<60, SBP>170<100 SATS<98%	E	(b)(6)-2
~~10 may03~~	(b)(6)-2	~~(L) nephrostomy Tube → Gravity~~	NDN	error

NO | PRIMARY DIAGNOSIS

NKDA | S/P Rt Nephrectomy / Elect conduit

ADDITIONAL PAGES ATTACHED: X YES NO

PAGE NO 1/2

(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

EDITION OF 1 DEC 77 MAY BE USED.

ATION CARE PLAN

		Date to be Done	Date Done
	ON ARRIVAL		
	ADMIT TO ICU #2 COND: Stable	10 May 0130	
14 May (b)(6)-2	PT Consult up in Chart	10 May	
	Post Transfusion CBC when	13 May 0530	14 30
18 MAY (b)(6)-2	D/C a.m. labs,	14 May 0900	1900
	Send JP fluid for creatinine	18 MAY 0900	0915

(b)(6)-2

PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED												

RECORD THERAPEUTIC [illegible] ADMINISTRATION CHART

10 May 1110 [illegible]

[redacted]

10 May 1110 DSG [illegible] Bulbock [illegible]
W→D B.D. [illegible]

10 MAY PM Bacitracin [illegible]
to penis [illegible]
Urethrite [illegible]

14 May 803 Rx [illegible]

18 MAY Dakin's 1/4 Strength W-D 10 /
dressing ΔBID Wrapper 22 /
portion of wound

18 May Vital Signs Q Shift D E N

YES NO PRIMARY DIAGNOSIS

NKDA S/P Rt Nephrectomy / Ileal Conduit

OPERATION

ADDITIONAL PAGES YES

PAGE NO. 2/2

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

1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED

10MAY	(b)(6)-2	CHEM 7, Ca, Mg		10MAY	~~0822~~	NOW	0845
10 MAY				10MAY		ASAP	—
15MAY		WEAN to Extubate		15MAY13		0945	0945
		Post-transfusion HCT X 1 NOW					

(b)(6)-2

PRN
ACTION

INITIAL PROPER COLUMN FOLLOWING COMPLETION
IMMEDIATE COMPLETED

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)	May 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS FREQUENCY/ TIME	TIME	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION / DATE COMPLETED
10 May 03	(b)(6)-2 [redacted]	Notify MD for T >101.5, P>120	07	(b)(6)-2 [redacted]
		P<60, SBP >170 <100, Sat <98%	19	
10 May 03	(b)(6)-2 [redacted]	(L) Nephrostomy Tube	07	(M) DC 27 May 03
		to gravity	19	
10 May 03	(b)(6)-2 [redacted]	Foley to gravity	07	(M) D/C
			19	JB D/C
10 May 03	(b)(6)-2 [redacted]	JP Bulb to suction - record	07	(M) D/C
		output QS	19	JB D/C
10 May 03	(b)(6)-2 [redacted]	Dsg Δ to buttock wounds	07	(b)(6)-2 [redacted]
		wet to dry BID	19	
10 May 03	(b)(6)-2 [redacted]	Bacitracin Ointment to	09	
		Penis BID	21	
10 May 03	(b)(6)-2 [redacted]	Incentive Spirometer Q1°	07	
		while awake	19	
14 May 03	(b)(6)-2 [redacted]	Diet: Regular	07	(b)(6)-2 [redacted]
			12	
			17	
18 May 03	(b)(6)-2 [redacted]	Vital Signs Q4	07	(b)(6)-2 [redacted]
			19	
10 May 03	(b)(6)-2 [redacted]	Strict I & O's	07	
			19	
18 May 03	(b)(6)-2 [redacted]	Dakins 1/4 strength W→D	09	(b)(6)-2 [redacted] D/C 5/27/03
		dsg Δ to upper portion	21	
		of wound only		
26 May 03	(b)(6)-2 [redacted]	ACT: Bedrest c̄ BRP	07	/ / / / (b)(6)-2 [redacted]
			19	/ / / (b)(6)-2 [redacted]

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS:
S/P (R) Nephrectomy, Ileal Conduit

ADDITIONAL PAGES IN USE: ☒ YES ☒ NO
PAGE NO: 1

PATIENT IDENTIFICATION:
(b)(6)-4 [redacted]
(b)(3)-1 [redacted]

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED. USAPA V1.00

MEDCOM - 5801

THE[illegible]FIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo. May Yr. 2003

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initial
23 May 03	(b)(6)-2	JP drainage for creatinine 2.5 24 hrs 5/24/03	5/24/03	0500	0800	(b)(6)-2
26 May 03		CBC x1	26 May	1530	1530	
26 May 03		Hold PM Aldoreganon A	26 MAY 03	2100	2130	
5/26/03		Tsc for 2u PRBC in AM	26 MAY 03	ASAP	2130	
		& Mgsulph 1u				
27 May 03	(b)(6)-2	2u PRBC over 4hrs	27 May	ASAP	0800	(b)(6)-2
27 May 03		Post transfusion CBC				
27 May 03	(b)(6)-2	Draw CBC @ 0500hrs 5/28/03	5/28/03	0500	0515	(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED

CLINICAL RECORD — **THERAPEUTIC DOCUMENTATION CARE PLAN** (NON-MEDICATION)

Mo. May yr 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK / NURSE	RECURRING ACTIONS / FREQUENCY - TIME	DATE COMPLETED
27 May 03	(b)(6)-2 [redacted]	Heplock IV	(b)(6)-2 [redacted]
27 May 03		Abd dsg Δ pack lower portion with dry guaze and cover upper portion c dry 2x2	(b)(6)-2 [redacted]

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

s/p Ⓡ nephrectomy, Ileal Conduit

ADDITIONAL PAGES IN USE. ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

(b)(6)-4 [redacted]

(b)(3)-1 [redacted]

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.

ORDER DATE	CLERK NURSE	RECURRING MEDICATIONS DOSE, FREQUENCY	HR	DATE DISPENSED
			/ 10 11	
10 may	(b)(6)-2	ZOFRAN 4mg IV q 6°	06 (b)(6)-2	DCD 11 MAY 03
			12 (b)(6)-2	
			18	
			24	
10 may	(b)(6)-2	TIMENTIN 3.1gm IV q 6°	06	DCD 11 MAY 03
			12 (b)(6)-2	
			18	
			24	
10 may	(b)(6)-2	VANCOMYCIN 1gm IV q 12°	10	DCD 11 MAY 03
			22	
10 may	(b)(6)-2	Propofol 10-15 cc/hr IV Drip titrate to effect	D E N	D/C'D 10 MAY 03

PRIMARY DIAGNOSIS: X

NKDA

ADDITIONAL PAGES: X

PAGE NO. 2/2

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIME.

D	7	8	9	10	11	12	1	
E	15	16	17	18	19	20	21	
N	23	24	01	02	03	04	05	06

DA FORM 4870 EDITION ... OBSOLETE UNTIL EXHAUSTED

MEDCOM - 5804

THERAPEUTIC DOCUMENTATION RECORD
MEDICATIONS

SINGLE ORDER, PRE-OPERATIVES

Order Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
10 May	(b)(6)-2	Recovered – 11 May 03	11 May 2200	11 May 2350	12 May 0210	12 May 0630	12 MAY 0840	12 MAY 1245	12 MAY 1410	12 May 1656	12 MAY 1747	12 MAY 1930	12 MAY 0720	13 MAY 1215	13 MAY 0630	13 MAY 1645
		MSO4 1-8 mg IVP	4 mg	5 mg	4 mg	5 mg	8 mg	2 mg	2 mg	4 mg	2 mg	10 mg	5 [redacted]	[redacted]	8 mg	5 mg
		q 15 min PRN –	(b)(6)-2								(b)(6)-2					(b)(6)-2
		must have pulse ox	1900 5 mg	[redacted]	2100 5 mg	2300 5 mg	0200 5 mg IVP	0245 5 mg	0530 5 mg	0630 8 mg						
					(b)(6)-2		(b)(6)-2		(b)(6)-2		(b)(6)-2				(b)(6)-2	

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.

TIME	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED (INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION)
				10 11 12 13 14 15 16 17 18 19 20 21 22 23
10ma[redacted]	[redacted]	[redacted]		[redacted]
10may03	[redacted]	ZANTAC 50mg IVPB q 8°	06 14 22	DCD 11 MAY 03
10may03	[redacted]	UNASYN 3.0 gm IVPB q 6°	06 12 18 24	[redacted]
10may03	[redacted]	METOPROLOL 100mg BID	08 20	DCD 11 MAY 03
10may	[redacted]	MVI 1 TAB PO OR NGT QD	08	[redacted]
10may	[redacted]	FESO4 325mg PO OR NGT QD	08	DCD 11 MAY 03
10may	[redacted]	BENADRYL 25mg IVPB q 6°	06 12 18 24	DCD 11 MAY 03
10may	[redacted]	COLACE PO BID	10 22	DCD 11 MAY 03
10may	[redacted]	PAX 40mg PO BID OR NG	10 22	DCD 11 MAY 03
10may	[redacted]	DUCOLAX SUPP PR QD	10	DCD 11 MAY 03
10may	[redacted]	SEPTRA DS QD	10	

ALLERGIES: YES X NO

PRIMARY DIAGNOSIS:

ADDITIONAL ALLERGIES: X YES

NKDA

PAGE NO. 1/2

DISPENSING TIME

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12

E 15 16 17 18 19 20

N 23 24 01 02 03 04

DA FORM 4678 EDIT

MEDCOM - 5806

10MAY	(b)(6)-2	Na Bicarbonate 2gm in 1000ml NS over 2Hr			
10MAY		Mag Sulfate 2gm in 100ml NS over 4hrs.			
11MAY		650 Tylenol rectally - premedicate for blood	11 MAY	0830	0845
11MAY		25mg Benedryl - premedicate for blood	11 MAY	0830	0845

Order Date	Check Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
10may	(b)(6)-2	[redacted]	
10may	(b)(6)-2	[redacted]	
10may	(b)(6)-2	[redacted]	0325 0445 0615 0815 15MAY 12may 12may 5mg 5mg 5mg 17 (b)(6)-2
10may	(b)(6)-2	[redacted]	15 MAY 0345 5mg 5mg (b)(6)-2 (b)(6)-2
10MAY	(b)(6)-2	[redacted] (must have DUBE-DX)	1130 10mg 5mg 18 (b)(6)-2 11 MAY 5mg 0515 11 MAY 5mg 746 11 MAY 5mg 11 MAY 5mg 4mg 2000 (b)(6)-2
10MAY	(b)(6)-2	[redacted]	

Sold died died

CONTINUED ON 2ND MED SHEET

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.

ORDER DATE	CLERK'S INITIALS	RECURRING MEDICATIONS DOSE FREQUENCY	HOW	DATE DISPENSED (INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION) 14 15 16 17 18 19 20 21 22 23 24 25 26 27
[redacted]				
15 May	(b)(6)-2	Levaquin 500mg PO QD	10	
16 May	(b)(6)-2	Ditropan XL 5mg PO QD	12	
[redacted]				
19 May	(b)(6)-2	Diazepam 10mg IM QAM @ 0745	0745	
21 May	(b)(6)-2	FeSO4 325mg PO QD	19	
		Diazepam 10mg IM QAM @ 0745	0745	
19 May	(b)(6)-2	Diazepam 10mg IM QAM @ 0745	0745	

PIC 2

Rewritten 23 May 02 @ 0100

PRIMARY DIAGNOSIS:

NKDA

S/P (R) Nephrectomy / Hal conduit

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D	7	8	9	10	11	12	1							
E	15	16	17	18	19	20	21							
N	23	24	01	02	03	04	05	06						

TSA FORM 4678 EDITION EXHAUSTED.

MEDCOM - 5808

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Date	Time	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given

Date	Time	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
~~SDD~~ 14 May	(b)(6)-2	Percocet 1-2 tabs P.O. Q4hr prn. ((Recopied below))	14 MAY 1700	14 MAY 2100	15 MAY 0100	15 MAY 0400	15 MAY 1100	15 MAY 2000	15 MAY 2400	16 MAY 0400	16 MAY 2300	17 MAY 1420	17 MAY 2	17 MAY 2200	17 MAY 1200	18 MAY 0230	18 MAY 2230	18 MAY 1130
14 MAY	(b)(6)-2	Ativan 1mg PO q6° pRN	14 MAY 1020	14 MAY 1700	1mg 2300	14 MAY 2000	14 MAY 2000	20 MAY 1mg 0000	21 MAY 0230	21 MAY 0400	21 MAY 1100							
14 May 2053		PERCOCET 1-2 TABS PO Q4° pRN (Recopied)	14 MAY 2000	14 MAY 1900	20 MAY 1915	21 MAY 0230			21 MAY 0500	21 MAY 1300	22 MAY 2130							
			14 MAY 1100															

Clerk by initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. May Yr. 2003

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
26 May	(b)(6)-2	Premedicate Blood transfusion with 650mg tylenol + 50mg benadryl	26 May	27 May PRN	0745	(b)(6)-2
27 May	(b)(6)-2	Valium 5mg IV now (dsg change)	27 May	0700	0700	
28 May		Vitamin K 5mg IM	28 May	0900	1000	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
16 May 03	(b)(6)-2	Ativan 1mg PO Q6° PRN	1mg 5/26 0400 21 (b)(6)-2 5/26 0500 5/26 0530
19 May 03	(b)(6)-2	Percocet 1-2 tabs PO Q4° PRN	5/23 0315 5/23 1200 5/23 2000 5/24 2000 5/25 0200 5/25 0210 5/26 2330 5/26 2400 5/27 0140 (b)(6)-2 5/27 0400 5/27 0800
19 May 03	(b)(6)-2	Phenergan 12.5-25mg IM Q4° PRN	05/24 25mg 1235
19 May 03 28 May	(b)(6)-2	Colace 100mg PO BID PRN MOM 30cc q6° prn	

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS DOSE, FREQUENCY	HR	23	24	25	26	27	28	29
15 May 03	(b)(6)-2	Levofloxin 500mg PO QD	12	(b)(6)-2						
~~[illegible]~~ May 03		Ditropan XL 1 tab PO QD	12	(b)(6)-2						
19 May 03		Diazepam 10mg IM QAM	0745							
21 May 03		FeSO4 325mg Tab PO QD	12	(b)(6)-2						
10 May 03		MVI 1 Tab PO QD	12							
23 May 03		Colace 100mg PO BID	09		(b)(6)-2					
			20	(b)(6)-2						
27 May 03	(b)(6)-2	Prilosec 20mg PO QD	20							
28 May		mom 30cc PO qhs prn stools soft then prn	06							
			12							
			18							
			24							

D/C'd 26 MAY 03

D/C'd 28 May 03

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

S/p (R) Nephrectomy, Ileal Conduit

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(3)-1

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				01	02	03	04	05	06

DA FORM 1 FEB 79 4678

MEDCOM - 5811

7-055

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF — MTF LOCATION (State or Country Code): 1 2 3 4 5 6 7 8 (b)(3)-1

3. REGISTER NUMBER: 9 10 11 12 13 14 15 (b)(6)-4

NAME (Last First Middle Initial): (b)(6)-4

4. PAY GRADE: 16 17

5. SEX: 18

6. DATE OF BIRTH (Y Y Y Y M M D D): 19 20 21 22 23 24 25 26

7. AGE AT ADMISSION: 27 28 29

8. RACE: 30 I

9. ETHNIC BACKGROUND: 31

RELIGION

10. LENGTH OF SERVICE: 32 33 34

ETS

11. FMP: 35 36 9 9

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45 (b)(6)-4

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS: 46

HOUR OF ADMISSION: 2000

BRANCH / CORPS

14. FLYING STATUS: 47 48 49

15. BENEFICIARY CATEGORY: 50 51 52

16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code): 62 63

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71 INJ

PREV. ADMISSION: YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 Direct

WARD: 1CU2

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION: 73 74 EVAC

22. MTF TRANSFERRED TO: 75 76 77 78 79 80 (b)(3)-1

23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 0 3 0 5 2 9

24. CLINIC SVC - ADMITTING: 87 88 89 90 A B A A

25. MTF TRANSFERRED FROM: 91 92 93 94 95 96

26. DATE THIS ADMISSION (Y Y M M D D): 97 98 99 100 101 102 0 3 0 5 0 4

27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104

28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116

FOR LOCAL USE

GSW to pelvis

Inj Trauma

450 1

Dx 8671 8623 E9912

Pr 5551 5789 5781 5511

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF M

MEDCOM - 5812

7-08

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1
2. MTF LOCATION (State or Country Code):
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4
4. PAY GRADE: —
5. SEX: M
6. DATE OF BIRTH (Y Y Y Y M M D D): 1983 01 01
7. AGE AT ADMISSION: 20
8. RACE: X
9. ETHNIC BACKGROUND: 9
RELIGION:
10. LENGTH OF SERVICE: —
ETS:
11. FMP: 20
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS: Z
HOUR OF ADMISSION: 2000
BRANCH / CORPS:
14. FLYING STATUS: —
15. BENEFICIARY CATEGORY: K78
16. ZIP CODE OF RESIDENCE: 09330000
17. UNIT LOCATION (State or Country Code): —
18. MOS: —
19. TRAUMA: INJ
PREV. ADMISSION: YEAR ☐ NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1 Direct
WARD: ICU2
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
(b)(3)-1
21. TYPE OF DISPOSITION: 21 EVAC
22. MTF TRANSFERRED TO: (b)(3)-1 (b)(3)-1
23. DATE OF DISPOSITION (Y Y M M D D): 20030529
24. CLINIC SVC - ADMITTING: ABAA
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (Y Y M M D D): 20030504
27. LOCATION OF OCCURRENCE (Battle Casualty Only): IZ
28. MTF OF INITIAL ADMISSION:
29. DATE INITIAL ADMISSION (Y Y M M D D):

FOR LOCAL USE

GSW to pelvis
DX: 86339, 86613, 8671
PR: 5551, 5785

Trauma 9
Inj 450

ADMITTING OFFICER (Signature, as required): = original signed =

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 5813

Date: 2003/05/04 Order # T4624603124-1 Time: 2:44:03 AM

TRANSFER MANIFEST

A-1 EXECUTIVE DIVISI

(b)(3)-1

FPO AE

(b)(6)-2

Postal Code: 09566-4008

Country:

Transfer Order #: T4624603124-1

Issue Date: 2003/05/04
Issuing HQ:
TransMode: A-AIR
TransType: U-US CAMP
Rec Org (b)(3)-1
Rec Auth:

Planned Date: 2003/05/04
Actual Date: 2003/05/04
Prop Ship Date: 2003/05/04
Receiving Date:
Ackldg Date:
Ackldg Source:

Shipping Address:

Reason for Transfer:

Going to (b)(3)-1 for further medical evaluation.

Postal Code

Country

ISN	Name	Rank/Status	Arm	En/Cmp	Phys Cond	Pwr Srvd/National
(b)(6)-4	(b)(6)-4	E1	A1		F-FAIR	IZ-Iraq

Total Records on the Roster: 1

Manifest Prepared By: (b)(6)-2

Change Of Custody Record

1) Print Name/Signature: (b)(6)-2 (b)(6)-2 Unit: (b)(6)-4 Date: 5MAY03

2) Print Name/Signatur (b)(6)-2 Unit: (b)(6)-4 Date: 29MAY03

3) Print Name/Signature: Unit: Date:

4) Print Name/Signature: Unit: Date:

PATIENT TREATMENT RECORD COVER SHEET

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

(b)(3)-1		(b)(6)-4			3. GRADE	ADMISSION REMARKS
5. AGE	6. RACE: Iraqi Civ	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP: QC	(b)(6)-4		13. ORGANIZATION		14. WARD: ICW1	
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN: K78	18. BRANCH/CORPS: IRAQI CIVILIAN	19. UIC/ZIP	20. TYPE CASE: Inj	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct				22. HOURS OF ADMISSION: 2015	23. CLINIC SERVICE: ABPA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION: Home		26. DATE OF DISPOSITION: 4 May 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION: 4 May 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 IRAQ					30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

E991

S/P GSW & Ex LAP 868.19

~~leg~~ ABD 54.9

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
3	3				3

36. Total Days All Facilites

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

(b)(6)-2

MAJ, MC, USA

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER: (b)(6)-2

EDITION OF ...

MEDCOM - 5815

USAPPC V1.10

NAME (b)(6)-4

SS# (b)(6)-4

CASS ICD-9 AND CPT CODES

ICD-9	CPT
879.2	
881.00	
V45.89	
518.81	
E991.2	

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER (b)(3)-1	2. NAME (b)(6)-4					3. GRADE	ADMISSION REMARKS
4. SEX	5. AGE	6. RACE Iraqi Civ	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP CQ	12. (b)(6)-4		13. ORGANIZATION			14. WARD ICW1	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS IRAQI Civilian	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Dual				22. HOURS OF ADMISSION 2015	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION Home		26. DATE OF DISPOSITION 7 May 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 4 May 03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 IRAQ					30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

E991

S/P GSW 5 Ex LAP 868.19

~~leg~~ ABN 54.0

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
3	3				3

36. Total Days All Facilites

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

(b)(6)-2

MAJ, MC, USA

SIGNATURE OF RAD OR MEDICAL PROGRAM ... (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 A

USAPPC V1.10

MEDCOM - 5817

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
05-04-03	@ 2030 VS= 140/90-92-18-T 97.9 POX= 99%. Admit to Bed 1 s/p GSW & Exp. LAP c̄ Healing ABD. wound. Skin turgor Good c̄ good Skin Color Ambulatory Independently. Oral mucosa = moist & pale. Dentition poor & all teeth present. No Swelling in Extremities. ABDominal wound - 26cm Long by 3cm wide c̄ Superficial opening Pink Beefy granulated tissue c̄ white necrotic edges & Small yellow Slough tissue present at Center of wound. Drsg cleansed c̄ NSS & applied wet gauze packing & covered c̄ dry drsg. Secured c̄ tape. BS Hypoactive. Pt voided 300 cc Amber urine. Denies pain. Lungs clear c̄ No Cough/congestion. (b)(6)-2
140/90 92 18 97.9 99% Sat 2	
05-04-03	Resting Quietly. CBC & Chem 12 Blood Specimens dispatched to Lab. (b)(6)-2 WSN
4 May 03 2300	Nsg. Shift Assessment completed. Condition unchanged from prior 2030 assessment. To be d/ced in AM. (b)(6)-2 CM
5 May 03 0800	VS 114/88 P=96, R=23, T=97.9, Pox=92

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.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

DATE	NOTES
5 May 03 0930	Pt AAOx3. ambulating to toilet c̄ steady gait. C/o pain to Abd. Medicated c̄ 2 percocet. Drsg to Abd changed by Navy physician. wet to dry. Serous-Sanguinous drainage noted. NO other wounds noted. good appetite. lungs CTA. BS (+). (b)(6)-2 [redacted] RNSG
05May03 1520	Denies pain to ABD. Drsg Dry & Intact BS + all Quads. voided 100cc DK. Amber urine. lung clear c̄ NO cough/congestion (b)(6)-2 [redacted] LPN
1730	Ambulating c̄ ī Staff on Hall & outside — ate 75% meal. (b)(6)-2 [redacted]
050503	@ 2000 - Drsg Δ to Abdomen. Area = Pink granulating tissue c̄ even Edges - no unusual odor/no unusual drainage. Tol. well. Area Cleansed c̄ NSS. Applied Wet to dry drsg c̄ NSS & Secured c̄ tape - (b)(6)-2 [redacted] LPN VS = 110/70 - 82 - 18 T 97.9. Pox = 95% (b)(6)-2 [redacted] LPN
05 May 03 @ 2300	Received report from evening shift. Pt sleeping. Drsg to (R) side of abdomen. C/D/I. HRRR, Clear. equal bilat breath sounds, BS x4 qd. cap refill < 2sec equal strength +4 extremities. Pt amb c̄ nursing staff care. Pt denies pain. Will continue to monitor for infection. Ø IV assess. (b)(6)-2 [redacted] RN MG
5 MAY 03 2300	VS BP 122/78 P 91 R 20 T 99.4 SpO2 94%
6 May 03 0800	VS BP 114/80 P 83 R 18 T 96.4(A) SP 94 (b)(6)-2 [redacted] RN

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

4MAY03 Gen Surg / Urology

S: S/P 6 SW to abd, incidental finding of peritoneal studding c/w carcinoma. Had loculated biliary ascites, s/p drained, neg EGD & colonoscopy

O: abd - s/p ex LAP c partially open wound & some upper hernia

+ NT, ⊖ ascites.

A/P: 1) Healing wound → wet-dry dressing Q's BID

2) Prob metastatic CA → JCBC Chem 14 - will need f/u at civilian hospital.

(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.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
6 May 03 1445	Pt AAOx3. No C/O discomfort at present. Drsg to Abd Changed x2 by physician. area beefy red except for small area to bottom of incision that is yellowish. Drsd c̄ wet to dry 4x4's + Abd's. Ambulatory voiding dark yellow urine. Encouraged to drink more H_2O. good appetite. orders received for D/C in AM — (b)(6)-2 MAT
06 May 03 @ 2000	Pt resting. A&Ox3. Denies pain. Drsg to Abd CDI, HRR, Clear equal bilateral breath sounds, BS x 4 qd. good cap refill, equal strength bilat, ambulates well. Pt will leave tomorrow @ 0745 through EMT. Will continue to monitor — (b)(6)-2 9/WM6 —
2000 06 MAY 03	VS> BP 120/80 P 97 R 16 T 95.1 Ax SpO2 92
07 May 03 @ 0530	D'd Drsg. Area is beefy red c̄ yellowish area towards bottom of incision, approx. 2 in in length. — (b)(6)-2 9/WM6
0800 7 May 03	VS> BP 124/90 P 88 R 21 T 98.7(Ax) SP 93 (b)(6)-2 9/W
Emergency	(b)(6)-2
07 May 03	alert, Language barrier. Drsg Intact to Abd. Denies pain. Ate 100% breakfast (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.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

DATE	NOTES
07May03	at 0800 – Drsg Δ to ASP done. TVL well – area is pink + granulating c̄ 2 small yellow slough areas. No unusual drainage – no odor. Edges Even. Cleansed c̄ NSS. Applied NS wet drsg + then covered c̄ dry drsg. Secured c̄ tape. (b)(6)-2
07May03	Discharged to home. (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: (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 5 MAY 03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1) 1/4 strength DAKINS to DEEP wound only
- change TID
- use saline dampened dry for remainder of wound. (b)(6)-2

noted (b)(6)-2 6 May

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6 MAY 03 | TIME OF ORDER: 1425 HOURS

1) Transfer to (b)(3)-1 at Hore
2) D/C DAKINS

(b)(6)-2 (b)(6)-2 (b)(6)-2 MAJ, MC

6 May 03 1445

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6 MAY 03 | TIME OF ORDER: _____ HOURS

D/C to home

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

noted (b)(6)-2 9 May @ 2300 06 May 03

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER: _____ HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

IENT IDENTIFICATION

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

ICW-1

ISING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 4 MAY 03 TIME OF ORDER 2015 HOURS

LIST TIME ORDER NOTED AND SIGN

1) admit to ICW-1 - Gen Surgery
2) Dx: S/P GSW & GSW LAP now with healing abd wound
3) Cond: Stable
4) Vitals: Q 4D, call for abnl values.

IENT IDENTIFICATION

ISING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

5) activity: ambulate prn.
6) Nursing: abdominal wound dressing changes with damp saline-to-dry BID
7) QTV
8) Diet: Regular.
9) Meds: FeSO4 + tab PO QD

IENT IDENTIFICATION

T. 97.9 140/90 - 92 - 18 - 99

ISING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

MVI + tab PO QD
Lovenox 30mg SQ BID
Zantac 150mg PO BID
10) LABS: CBC and Chem 12

(b)(6)-2

(b)(6)-2

6/4/03 at 2030

IENT IDENTIFICATION

ISING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 5 MAY 03 TIME OF ORDER HOURS

Percocet 1-2 PO Q 4° prn pain

(b)(6)-2

(b)(6)-2

CDR MCUSA

(b)(6)-2

MKS 5 May 03 0900

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

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. 05 Yr. 02

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 04	05	06	07	08
5/4/03	R---	Vitals QID	10	✓	(b)(6)-2			
	-----	Call For Abnormal	14	✓				
	-----	Values	18	✓				
	-----		22					
5/4/03	R---	Activity: Ambulate	07	✓				
	-----	PRN	15					
	-----		23					
5/4/03	R---	NSG: Abdominal	10	✓				
	-----	wound dry changes		✓				
	-----	with damp saline	20	(b)(6)-2				
	-----	to dry BID		✓				
5/4/03	R---	Diet: Regular	07	✓	(b)(6)-2			
	-----		11	✓	(b)(6)-2	(b)(6)-2		
	-----		17	✓	(b)(6)-2			
6 May 03	900	~~¼ strength packing~~ (b)(6)-2		✓	✓			
	-----	to deep wound only.	08	✓	✓	(b)(6)-2		
	-----	DTD. use saline	16	✓	✓	(b)(6)-2		
	-----	damp-to-dry for	24	✓	✓			
	-----	remainder of wound		✓				

Pt d/c See Below 6 May 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P BSW + Exp. LAP Abd. now c̄ Healing Wound

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(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

DA FORM 1 OCT 78 4677

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. USE USED.

MEDCOM - 5825

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo 05 Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
5 03	03 (b)(6)-2	Cond. Stable				
05 03	03	Admit to ICW-1 - General Surgery	050403	2030	(b)(6)-2	
5/4/03	(b)(6)-2	LABS: CBC & chem 12	5/4/03	2200		
5/6		D/C to Red Crescent/home	5/6			
5/4		D/C to Home	5/7			

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													

☆ U.S. GPO:1997-418-290/55267

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. 05 Yr. 03

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 04	05	06	07	08
5/4/03	(b)(6)-2	Q IV	07	✓ (b)(6)-2		(b)(6)-2		
	.....		15	(b)(6)-2				
	.....		23	(b)(6)-2				
5/4/03	(b)(6)-2	MEDS:	✓					
5/4/03		Prosay 1 tab PO	10	✓ (b)(6)-2				
	.....	QD	✓					
5/4/03	(b)(6)-2	multi 1 tab PO QD	10	✓ (b)(6)-2				
5/4/03		Lovenox 30mg SQ BID	10	✓				
			22	✓ (b)(6)-2				
5/4/03		Zantac 150mg PO	10	✓ (b)(6)-2				
	.....	BID	22	✓ (b)(6)-2				
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							
	.....							

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW + EXP LAP (now c̄ Healing ABD. wound) ? UA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(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._____ Yr._____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
5/4	(b)(6)-2	Percocet I-II PO	5 May 0900 II (b)(6)-2		05 May 0520 II	(b)(6)-2	06 May 2100 II	(b)(6)-2								
.....	.....	q4° PRN Pain														
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															

USAPA V1.00

US ARMY [redacted] (b)(3)-1

Gender : Male
Age : 50
Disposition : Home, Self Care (1)
Disch Date : 05/07/2003

Medicare DRG

280 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST, AGE 18+ with CC

CMS wt 0.6981 A/LOS 4.2 G/LOS 3.2

Principal Diagnosis

***8792** OPEN WOUND OF ABDOMINAL WALL, ANTERIOR, UNCOMPLICATED

Secondary Diagnoses

***51881** ACUTE RESPIRATORY FAILURE
88100 OPEN WOUND, WITHOUT COMPLICATION, FOREARM
V4589 POSTSURGICAL STATUS

US ARMY [redacted] (b)(3)-1

Gender : Male
Age : 50
Disposition : Home, Self Care (1)
Disch Date : 05/07/2003

Medicare DRG

148 MAJOR SMALL AND LARGE BOWEL PROCEDURES with CC

CMS wt 3.4503 A/LOS 12.3 G/LOS 10.2

Principal Diagnosis

***86352** TRANSVERSE COLON INJURY, WITH OPEN WOUND INTO CAVITY

Secondary Diagnoses

***86330** SMALL INTESTINE, UNSPECIFIED SITE INJURY, WITH OPEN WOUND INTO CAVITY
#9974 DIGESTIVE SYSTEM COMPLICATIONS, NOT ELSEWHERE CLASSIFIED
#486 PNEUMONIA, ORGANISM UNSPECIFIED
#5185 PULMONARY INSUFFICIENCY FOLLOWING TRAUMA AND SURGERY
#496 CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED
#2762 ACIDOSIS
5768 DISORDER OF BILIARY TRACT
3051 TOBACCO USE DISORDER
E8784 RESTORATIVE SURGERY, WITH ABNORMAL REACTION/LATER COMPLICATION, NO SURGICAL MISADVENTURE
E9912 INJURY DUE TO WAR OPERATIONS FROM BULLET

Principal Procedure

***4574** RESECTION OF TRANSVERSE COLON

Other Procedures

5411 EXPLORATORY LAPAROTOMY
8628 NONEXCISIONAL DEBRIDEMENT OF WOUND/INFECTION/BURN
4523 COLONOSCOPY
4513 ENDOSCOPY OF SMALL INTESTINE
9604 INSERTION OF ENDOTRACHEAL TUBE
9671 CONTINUOUS MECHANICAL VENTILATION FOR LESS THAN 96 CONSECUTIVE HOURS

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

_____ _____
Physician's Signature Date

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1
MTF LOCATION (State or Country Code): I Q

3. REGISTER NUMBER: (b)(6)-4
(b)(6)-4 Middle Initial)

4. PAY GRADE
5. SEX

6. DATE OF BIRTH (Y Y Y Y M M D D)
7. AGE AT ADMISSION
8. RACE: I
9. ETHNIC BACK-GROUND
RELIGION

10. LENGTH OF SERVICE
ETS
11. FMP: 9 9
12. SOCIAL SECURITY NUMBER: (b)(6)-4

ORGANIZATION (Active Duty Only)
13. MARITAL STATUS
HOUR OF ADMISSION: 2015
BRANCH / CORPS

14. FLYING STATUS
15. BENEFICIARY CATEGORY
16. ZIP CODE OF RESIDENCE

17. UNIT LOCATION (State or Country Code)
18. MOS
19. TRAUMA: IN
PREV. ADMISSION: YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: DIRECT
WARD: CCW1
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 IRAQ
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION: HOME
22. MTF TRANSFERRED TO
23. DATE OF DISPOSITION (Y Y M M D D): 0 3 0 5 0 7

24. CLINIC SVC - ADMITTING: A B A A
25. MTF TRANSFERRED FROM
26. DATE THIS ADMISSION (Y Y M M D D): 0 3 0 5 0 4

27. LOCATION OF OCCURRENCE (Battle Casualty Only)
28. MTF OF INITIAL ADMISSION
29. DATE INITIAL ADMISSION (Y Y M M D D)

FOR LOCAL USE

S/P BSW 3 QX LAP

ADMITTING OFFICER (Signature as required): (b)(6)-2
SIGNATURE OF ADMITTING CLERK: (b)(6)-2

EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 5831

ADMISSION AND CODING INFORMATION

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

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
			N																

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
	E	9	9	1						8	6	8		1	9								

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224
		5	4		Ø																		

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272
Ø	2	Ø	1				

MEDCOM - 5832

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1
MTF LOCATION (State or Country Code): IZ

2. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4
4. PAY GRADE:
5. SEX: M

6. DATE OF BIRTH (Y Y Y Y M M D D): 1953 01 01
7. AGE AT ADMISSION: 50 11
8. RACE: X
9. ETHNIC BACKGROUND: 9
RELIGION:

10. LENGTH OF SERVICE:
ETS:
11. FMP: 99
12. SOCIAL SECURITY NUMBER: (b)(6)-4

ORGANIZATION (Active Duty Only):
13. MARITAL STATUS: Z
HOUR OF ADMISSION: 2015
BRANCH / CORPS:

14. FLYING STATUS:
15. BENEFICIARY CATEGORY: KRT 74
16. ZIP CODE OF RESIDENCE: 09330000

17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA: INJ
PREV. ADMISSION: YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1 DIRECT
WARD: LCWI
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
(b)(3)-1
FACILITY: TRAQ
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:

21. TYPE OF DISPOSITION: 05 Home
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (Y Y M M D D): 2003 05 07

24. CLINIC SVC - ADMITTING: ABAA
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (Y Y M M D D): 2003 05 04

27. LOCATION OF OCCURRENCE (Battle Casualty Only): IZ
28. MTF OF INITIAL ADMISSION:
29. DATE INITIAL ADMISSION (Y Y M M D D):

FOR LOCAL USE

DX: 86352
86330
9974
486
5185
496
2762
5768
3051
5939A

S/P BSW & Ex LAP

Trauma 1

Inj 450

RX: 4574, 5411, 8628, 4523, 4512, 9600, 9171

ADMITTING OFFICER (Signature, as required): (b)(6)-2
SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY

MEDCOM - 5833

PROGRESS NOTES

DATE	
12APR03	Medical Nutrition Tx's
1400	O: Dx's GSW to abdomen Wt. ≈ 75kg.
	Ate Breakfast + lunch, RD offered ENSURE - pt accepted.
	Labs 10APR03: Hgb/Hct 12.0/37.2
	A/P: Kcal needs: 30-35 kcal/kg/day = 2250-2625 kcal/day.
	Protein needs: 1.5-2.0 g/kg/day = 112-150 g/day.
	Hgb/Hct ↓ - recommend MVI q day.
	Recommend Regular diet + snacks/ENSURE TID
	between meals. RD to f/u q 2-3 days.
	(b)(6)-2 MPH, RD
	(b)(6)-2 MPH, RD
	LT, MSC, USNR (b)(6)-2
15 Apr	~~A Sound~~
	Unclear if pt is eating on morning round.
	Abd mass distended but softer than
	a few days ago.
	Moving wind - clear granulation
	will do colonoscopy and EG (b)(6)-2
	Note - having watery diarrhea
	Will look for obstructing lesion, c diff
	(b)(6)-2

STANDARD FORM 509 BACK (Rev. 11-77)

☆ U.S.GPO:1984-0-421-526/124

MEDICAL RECORD	PROGRESS NOTES
DATE	
	~~CxR shows pneumonia~~
	Int Med
11 Apr 03	Asked by gen surg to see pt for pneumonia
	Pt does not appear to be exceptionally coughing.
	On exam WBC 16.9
	Lungs RLL rales
	CXR (B) LL infiltrates RSL 140/65-92-98.6
	TMS Pneumonia 95% Sat
	Rx 1) Azithromycin 500 g po tonight
	2) then 250 g po q QD x 4 d
	(b)(6)-2 (b)(6)-2
12 Apr 1700	Int Med consult appreciated
	Review of films with radiology says pneumonia is soft call.
	Abs ⊖ gas throughout colon -
	Abd soft today. Non tender
	Continuing to watch
	(b)(6)-2

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101-11.806-8
'09-110

MEDICAL RECORD	PROGRESS NOTES
DATE	
17 Apr	No vital signs
1200	Not eating
	Abd soft but distended..
	Translator not currently available.
	Will get AAN
	(b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
12 Apr 1990	12 days s/p x-lap for GSW to abdomen ± ileostomy & colostomy x2. Wound healing by 2° intention. Eating, stooling & passing flatus; ostomy was functioning. PMH of peritoneal and mesenteric nodules c/w metastatic ~~ca~~ or granulomatous disease.
	⊖ smoker
	Alert, cooperative, c/o weakness in right hand.
	PERRL EOM intact
	Oral cavity grossly ± lesions
	Neck supple ± adenopathy
	Lungs - ↓ BS bilat
	Abd - distended, tympanitic;
	- midline wound clean, granulating
	- 2cm wound to right of incision - clean.
	Bowel ± masses
	Rectal - brown stool, no masses.
	Imp - s/p GSW to abdomen
	R/o ~~ut~~ cancer; R/o TB.
	Plan - CXR - no obvious lesion
	KUB -
	CMP - alk P 352 K 3.8
	Feeding trial, if tolerated, discharge ± advice
	Sos Sw. Pk w/c (b)(6)-2
	WBC 17000 Hgb 12.0 (b)(6)-2

MEDICAL RECORD	PROGRESS NOTES
DATE	ICU
4.17.03/ 1620.	ID 103 is s/p ex lap. for bile leak after laparotomy for GSW in abdomen on Nov 29. Patient currently being treated for pneumonia and has developed post-operative hypox., requiring post-op mechanical ventilation.
Neuro	Neuro -> sedated for mechanical ventilation.
Motor	CV -> stable w/ good peripheral pulses.
Hem	Pul -> currently treated for presumed pneumonia. On
Fentanyl	PEEP 15 PS 12 CPAP
Morphine	-> will wean rapidly to extubation
Versed	GI -> post-op.
	FE -> urine output low -> will bolus w/ 7 liters LR now
Lab.	Overall -> stable but requiring PEEP to ↑ O_2 Sat.
OK.	Mostly likely post-operative atelectasis -> will extubate ASAP.
	(b)(6)-2 (b)(6)-2
4/21/03 1400	- Pt has abd distention & abd pain s/p OR lap -
	- 2 drains in both + central wound open.
	- Abd is hypermetric & hyperactive BS's - mildly tender
	Bowels open X 2 holding fluids & vomiting
	(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101-11.806-8
509-110

PROGRESS NOTES

DATE	
	RT chest clear.
	– A. Acute Dizziness V/S sub acute obstruction.
	P. 1. – Acute and tension
	x possible CT. –
	2. Get surgical opinion
	DR (b)(6)-2 (b)(6)-2 (b)(6)-2

STANDARD FORM 509 BACK (Rev. 11-77)

☆ U.S.GPO:1984-0-421-526/124

PROGRESS NOTES

DATE	
17 Apr 1500	O/ note Ex lap c washout of bilious ascites. No active leak noted. Drains 2 JP, one in (B) gutter, 1 in Morrison's pouch Opdine - Naperkowski GET usl 200 cc PT tolerated procedure well, next to ICU because of hx of desat after prior surg and desat during surg (b)(6)-2
18 Apr 0900	A fer vss, extubated last night O2 sat 90 on RA Urine output 50-70 cc/hr Lungs - junky Abd soft, dressing dry J.Ps draining ~ 200 cc serosanguinous fluid, no obvious success or bile Na 133 K 5.1 Cl 130 CXR Doing well, will transfer to ward, start sips of liquids (b)(6)-2

STANDARD FORM 509 BACK (Rev. 11-77)

☆ U.S.G.P.O.: 1986-491-248/20616

MEDICAL RECORD | **PROGRESS NOTES**

DATE

16 Apr 03 2000

As noted by DR (b)(6)-2

CT shows multiple collections of fluid in abdomen, suggestive of abscess.

Aspiration of (R) gutter collection ⇒ bilious, succous material.

CT showed no leak of contrast.

GSW apparently hit colon in hepatic flexure (based on colonoscopy done yesterday) and could have injured liver or bile duct. Doubt ~~bowel inj~~ persistent bowel injury at this time as patient should be sicker

ERCP/HIDA unavailable

Plan - ex lap, washout of abdomen, examine hepatic biliary tract, possible cholangiogram or T-tube. Will also get bx of those peritoneal nodules. (Path on colon bx ⇒ no tumor)

Will recheck labs, (b)(6)-2

(b)(6)-2

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
Apr 30	T max 100.3 P ~110 c/o diarrhea and irritation of skin. Not complaining of abdominal pain. No appetite, but apparently afraid of diarrhea. No J-P drainage recorded past 24h. Urine 500 cc yesterday well, none recorded overnight Overall, appears to be doing well. Will DC foley, check lab, try feeding Stool cxs pending (b)(6)-2
21 Apr 2130	Pt seen this morning but chart not available Pt. alert, overall looking better Less diarrhea Abd soft but midline wound clean. During day pt noted to be in some discomfort and to have some trouble breathing AAS and subsequent CT scan → reaccumulation of fluid over dome of liver. Mild abdominal collection. Contrast goes thru to bowel. No leakage of contrast. Contrast gives thru to gas filled colon. Imp - recurrent/persistent (R) subphrenic bulging Plan - CT/US guided catheter placement and drainage (b)(6)-2

STANDARD FORM 509 BACK (Rev. 11-77)

U.S. GOVERNMENT PRINTING OFFICE: 1985-461-275/20017

MEDICAL RECORD

DATE	PROGRESS NOTES
17Apr-	Aff HR 28-35 O2 sat ~ 95% ~ 2L
0000	Awake alert, appears to be complaining of
	Gelly
	Lungs
	Abd distended but soft
	J-P drains currently empty but no output
	recorded since yesterday at 1000.
	No urine output recorded since 2300 yesterday.
	Abd wound reported as clean.
	~~Imp:~~ ag No idea if pt has had anything po or
	passed any stool or flatus.
	Imp - appears to be doing well.
18APR03	Medical Nutrition Tx: F/U: (b)(6)-2
1555	O: Ate lunch per RN. Labs 18APR 03 Hgb/Hct 12.2↓/36.5↓
	Meds: FeSO4, Folic Acid, MVI. Diet Rx: Regular
	A/P: Hgb/Hct ↓ - recommend offer MVI, FeSO4, folic acid
	c̄ fruit juice to ↑ absorption.
	PO intake fair. Recommend continue encourage
	PO intake c̄ Regular diet + snacks/ENSURE TID.
	RD to f/u q̄ 2-3 days. (b)(6)-2
	MPH, RD

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital ... (b)(6)-4

(Continue on reverse side)

(b)(6)-2 LT, MSC, USNR, MPH, RD (b)(6)-2

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101-11.806-8
509-110

MEDICAL RECORD	PROGRESS NOTES
DATE 4/21/03 300	10 FR DRAIN PLACED IN BILOMA UNDER LOCAL ANESTHESIA. LARGE AMT PURULENT DRAINAGE - WILL NEED TO EMPTY DRAINAGE BAG FREQUENTLY. APPRECIATE CONSULT. WILL FOLLOW. (b)(6)-2 (b)(6)-2
22 Apr 0730	Drained 600cc initially, 200cc next 4 hrs, 50cc last 4 hrs. Neatly pigment bile. Gram stain showed no organisms, few WBC. Pt appears most comfortable today. Afeb P 95-100. Abd soft, non tender. Drain well (b)(6)-2
22 Apr N/S	Afeb VSS. Good urine. Bilious drainage diminishing. Feels much better today. Eating, ambulating and having normal bowel movements.

(Continue on reverse side)

REGISTER NO. | WARD NO.

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

(b)(6)-4

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-45.505
509-111

DATE	PROGRESS NOTES
	Abd soft and nontender. Growing gram neg rod from bile. As he has remained afeb, is looking so much better & has not been on any antibiotics, I would not start treatment at this time but continue to watch closely. (b)(6)-2
23 Apr 0445	Temp 100. Eating + ambulating. Continue to do well. Midline wound clean. (b)(6)-2
24 Apr	No change. (b)(6)-2
25 Apr	Afeb vss. Less perky today. Minimal yellow clear drainage. Midline wound has pockets of necrotic tissue with mostly good granulation. Subhepatic drain pulled. Doing well. (b)(6)-2

☆U.S. GOVERNMENT PRINTING OFFICE: 1990 262-081/20182

MEDICAL RECORD | **PROGRESS NOTES**

DATE	
22APR03 1710	Medical Nutrition Tx: F/U: O: Eating dinner. Labs 21APR Hgb/Hct 9.6↓/28.8↓ MCV/MCH 81.4 /27.1 Na^+ 132↓ glucose 133↑ Meds: Folic Acid, $FeSO_4$, MVI. Diet Rx: Regular. A/P: Hgb/Hct ↓ - recommend offer fruit juice c̄ MVI & $FeSO_4$ to ↑ absorption. Na^+ ↓ - decreased since 18APR03 - recommend offer ENSURE TID to provide additional 600 mg Na^+ q̄ day. Glucose elevated, but normalizing since 18APR03. RD to f/u q̄ 2-3 days. (b)(6)-2 MPH, RD (b)(6)-2 MPH, RD LT, MSC, USNR (b)(6)-2

(Continue on reverse side)

REGISTER NO. | WARD NO.

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

(b)(6)-4

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

MEDICAL RECORD | **PROGRESS NOTES**

DATE

5APR03 '23 — Medical Nutrition TX

S: Per translator: Appetite fair. Ate 1/2 of lunch + 1 apple. Wants juice.

O: ↓ current labs. Diet Rx: Regular.

A/P: PO intake good. Recommend continue encourage PO intake. RD to f/u q 3-5 days. (b)(6)-2 MPH, RD

(b)(6)-2 MPH, RD

~~LT, MSC, USNR~~ (b)(6)-2

20 Apr 1661 — Recurrent drainage x 24 hrs from JP; ~120 cc in 1.1 hrs (since 0700). Supra hyoid drainage noted as zero ↓ 36 hrs. Both drains pulled. (b)(6)-2

27APR03 1440 — Medical Nutrition TX: F/U

S: Per translator: 4/26 - ate all 3 meals + apple + orange. 4/27 - ate breakfast + lunch + 1 apple + 1 orange.

O: ↓ current labs. Diet Rx: Regular

A/P: PO intake good. Recommend continue to encourage PO intake. RD to f/u q 3-5 days.

(b)(6)-2 MPH, RD

(b)(6)-2 MPH, RD

~~LT, MSC, USNR~~ (b)(6)-2

(Continue on reverse side)

REGISTER NO. | WARD NO.

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

(b)(6)-4

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR, FPMR (41 CFR) 101-11.806-8.
509-110

DATE	PROGRESS NOTES
20 Apr 1300	A full Continues to eat full well Awaiting medical [redacted] (b)(6)-2
21 Apr	Midline wound with 2 areas of necrotic debrided at bedside. Otherwise good granulation Adv soft Doing well (b)(6)-2
1MAY03 1805	Medical Nutrition Tx's F/U's S: Per translator - ate all meals 4/30 + today. O: Diet Rx's Regular. ↓current labs. A/P: PO intake good. Recommend continue to encourage PO intake. RD to f/u q 3-5 days. (b)(6)-2 MPH, RD (b)(6)-2 MPH, RD LT, MSC, USNR (b)(6)-2 (b)(6)-2

NURSING NOTES
(Sign all notes)

CLINICAL RECORD

HOUR A.M.	HOUR P.M.	OBSERVATIONS (Include medication and treatment when indicated)
4/13		ASSUMED CARE OF Pt. Pt VS ARE STABLE. ABD DRESSING C.D.I, PT Sleeping Peacefully. Will continue (b)(6)-2 to monitor Pt.
03 0700		Assumed pt. care. Performed pt. assessment. No change since 0019. Pt now sleeping quietly. Will continue monitoring (b)(6)-2 for any changes.
r 03 1600		Assumed care of pt. Patient resting in bed without complaint of pain. A&O x3. Cap refill <3 sec. PPP x4. Lungs CTAB. Some serosanguinous drainage noted on abdomen. BS hyperactive. (b)(6)-2 EMS, RN will continue to monitor.
APR 03	1900	Assesment Done. PT resting in bed. Complains of pain. Lung sound CTAB. heart S1S2 RRR. ⊖ BS x4 some serosanguinious drainage noted on abdomen dressing. DR notified. (b)(6)-2 will monitor. PT dialoted.
3 Apr 03	1900	Concur with above note. Will continue to monitor VS, pain. (b)(6)-2 EMS, RN

Continue on reverse side

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

REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES
Standard Form 510
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
14APR03		2300	Assumed Pt Assessment. Pt IV site on (R) hand has NO S/Sx of infection + Lung Sounds diminish BS x4q Pt deg. upper abdomine CDI. Neuro ✓ + CAP Refilled Good. Pt is Sleeping Comfortably.
			(b)(6)-2 [redacted] th 3 (b)(6)-2 [redacted]
14APR03	0800		Assumed care of pt. Pt. resting comfortably. VSS other than O2 at 91%. Will continue to monitor. Had pt. cough and deep breathe. O2 went up to 95-98%. (b)(6)-2 [redacted]

☆ U.S. GOVERNMENT PRINTING OFFICE : 1983 O - 421-526 (9201)

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
14 Apr 03		1530	Assumed care of patient. A&O. S1, S2, Lungs CTAB. Patient with limited inspiration do to gaurding. Montgomery straps to abd. some drainage to middle of montgomery strap. Abd very distended but equal to yesterday. BS (+) but hypoactive, some what distant. Patient reports having loose stool when he eats. Will continue to monitor VS, pain, bs, resp status. (b)(6)-2 ENK NC
15APR03		2315	Assumed Pt Care Pt A&O x3 ~~Abd~~ NO S/Sx of Infection drs ON ~~LLE~~ upper abdominal was CDI + BS x4q cap Refilled less than 2 sec. Pt is sleeping comfortably. Hr 3 (b)(6)-2 (b)(6)-2 SWS
15APR03	0900		PT to Rad. via WC, corpmen, & escort (b)(6)-2
15 Apr 03		1630	Patient returned from EGD/colonoscopy. A&Ox3 S1, S2. Lungs CTAB. Patient coughing up some mucous. Abd. distended w/ montgomery strap in place. Some pain reported to abd. Patient passing gas, tolerating PO fluids. Will continue to monitor VS, pain, bloating. (b)(6)-2 ENS, NC

Continue on reverse side

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

(b)(6)-4

REGISTER NO.

WARD NO.

NURSING NOTES
Standard Form 510
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
510-110

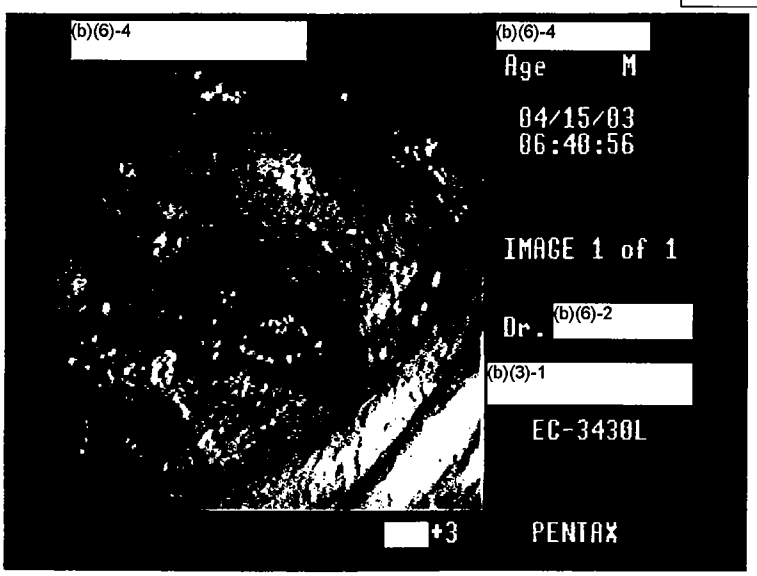
NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
16APR03		2330	Assumed Pt care. Pt drs on upper abdomen is CDI diminish BS Pt have NO c/o pain resting comfortably [redacted]
16APR03	0930		Agree c above assessment. Pt abd. distended, but soft. ØBM. Pt sipping contrast @ this time. Pt c/o nausea due to amount of contrast. Pt able to transfer from bed to WC with Ø assist. Will cont to monitor for pain/nausea [redacted]
16APR03	1000		Pt to Nuc Med via WC for CT. [redacted]
16Apr03	1530		Assumed care of patient. Patient resting in bed. Lungs CTAB, S_1S_2, PPPX4. Abd soft distended. BS hypoactive. NO N/V at this time. Patient reports loose stool, but none has been seen by staff. Will continue to monitor minimal drainage to montgomery strap. Does not appear to be new drainage. [redacted]
17Apr03			Assumed Pt care. Pt drs on abdomen is CDI Pt is resting comfortably [redacted]

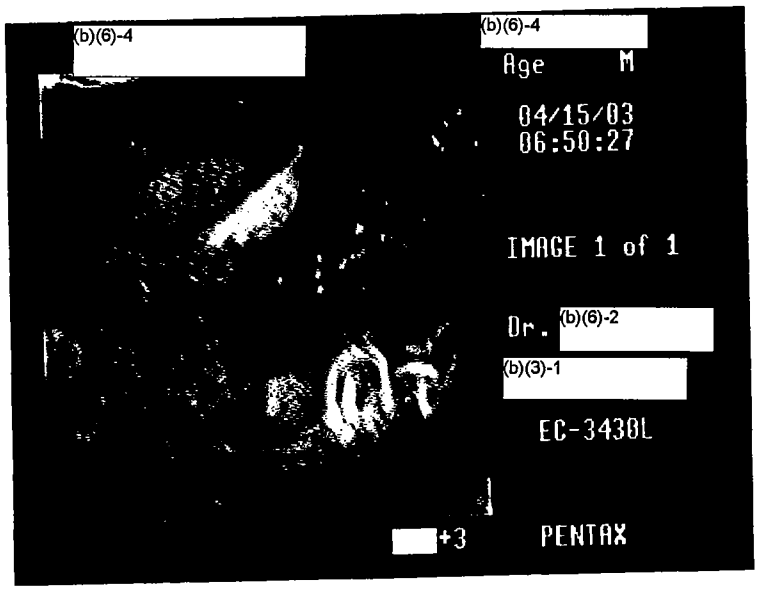
PROGRESS NOTES

DATE	
4/16/03 1420	Int Med Pt had colonoscopy yest - Results on prior page - No clear cut ev of malignancy. He remains anorexic but quite distended - CT performed this AM - Numerous large areas of rim enhancing fluid (liters) Pt was prepped + draped, anesthetized locally c̄ 1% xylocaine, then a 16 guage needle used to tap R LQ just superior to iliac crest 1 liter of bile-colored fluid was removed. Pt tolerated well + no complications were noted - I believe he may have an intraperitoneal bile leak, staining his ascitic fluid. I have sent fluid for cell count/diff, prot, alb, bili, cytology and cultures. Will review findings w/ Dr (b)(6)-2 (b)(6)-2 (b)(6)-2



MEDICAL RECORD	PROGRESS NOTES
DATE	
15 Apr	Op note
1430	EGD = normal
	Colonoscopy to cecum ⇒ no evidence of pseudomembrane or obstruction
	Edema and mass effect at site of stent line in hepatic flexure.
	? Ca, ? recurrent
	Will schedule CT scan to R/o partial small bowel obstruction, pancreatic lesion

(b)(6)-2



(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
1415	4/17/03		Received from OR c̄ stable VS, sedated, intubated (size 8.0 ETT measuring 22@ the teeth; lungs c̄ crisp crackles and rhonchi, sm amt tan fluid c̄ suctioning; ⊕ pupils PERRL, ⊖ abd sounds, NGT placement verified; palpable pulses all extremities, abd dsg c̄ JP X2 (charged) C/D/I; SCDs in place; plan is sedation c̄ possible wean and extubate this PM (b)(6)-2
4/17/03		1730	2nd Liter bolus done. (b)(6)-2
		1810	Lasix 10mg IVP 2° ↓ U.O. (b)(6)-2
		1830	Good U.O. result > 100cc (b)(6)-2
			Pt Extubated successfully (b)(6)-2
4/17/03		1900	ASSUMED CARE OF PT. RESTING SUPINE IN BED. FM IDL. PEARL A+O TO BEDSIDE ACTIVITY. EXLAP + WASHOUT. CTA UPPERS SLIGHT CRACKLES LOWERS. $S_1 S_2$ ST ⊖ BS PULSES +4. FOLEY TO GRAVITY c̄ CLEAR AMBER URINE. DRSG TO MIDLINE TORSO C/D/I. VSS. WILL CONTINUE TO MONITOR. (b)(6)-2 HN/USN
4/18/03		0000	ASSESMENT COMPLETE. NO CHANGE FROM PREVIOUS ASSESMENT. NO SIGNIFICANT SIGNS OF PAIN. VSS. WILL CONTINUE TO MONITOR (b)(6)-2

★U.S.GPO:1990-0-281-782/20252

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4/18/03		0400	ASSESMENT COMPLETE. NO CHANGE FROM ABOVE. NO SIGNIFICANT S OF PAIN. VSS. WILL CONTINUE TO MONITOR. — (b)(6)-2 HN/USN
4/18/03		0400	Pt states itching occassionally c̄ no hives noted and daily cares completed w/ ↓ in pt itching (b)(6)-2 RN
18APR03		0400	Pt given Morphine occassionally for complained pt pain — (b)(6)-2
18APR03		0630	I agree w/ above assessment + care. — (b)(6)-2 RN

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

(b)(6)-4

Continue on reverse side

REGISTER NO.

WARD NO.

NURSING NOTES
Standard Form 510
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
510-110

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
1415	4/17/03		Received from OR c̄ stable VS, sedated, intubated (size 8.0 ETT measuring 22@ the teeth; lungs c̄ crisp crackles and rhonchi, sm amt tan fluid c̄ suctioning; ~~#~~ pupils PERRL, ⊖ abd sounds, NGT placement verified; palpable pulses all extremities, abd dsg c̄ JP x2 (charged) C/D/I; SCDs in place; plan is sedation c̄ possible wean and extubate this PM (b)(6)-2
4/17/03		1730	2nd Liter bolus done. (b)(6)-2
		1810	Lasix 10mg IVP 2° ↓ U.O. (b)(6)-2
		1830	Good U.O. result > 100cc
			Ct Extubated successfully
4/17/03		1900	ASSUMED CARE OF PT. RESTING SUPINE IN BED. FM IOL. PEARL A+O TO BEDSIDE ACTIVITY. EXLAP + WASHOUT. CTA UPPERS SLIGHT CRACKLES LOWERS. $S_1 S_2$ ST ⊖ BS PULSES +4. FOLEY TO GRAVITY c̄ CLEAR AMBER URINE. DRSG TO MIDLINE TORSO C/D/I. VSS. WILL CONTINUE TO MONITOR. (b)(6)-2 HN/US
4/18/03		0000	ASSESSMENT COMPLETE. NO CHANGE FROM PREVIOUS ASSESMENT. NO SIGNIFICANT SIGNS OF PAIN. VSS. WILL CONTINUE TO MONITOR. (b)(6)-2

★U.S.GPO:1990-0-281-782/20252

NURSING NOTES
Standard Form 510
(Reverse)

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4/18/03	0700		Assumed PT care. PT is resting supine in Bed. PT's VS's are stable. PT has Foley to gravity with clear yellow urine. Dressing to Mid Torso. Pulses +4. — HN (b)(6)-2
4/18/03	0840		Heparin administered at 5000 USP — HN (b)(6)-2
4/18/03	1234		Performed dressing change on PT's Abdomen. Wound is aproximatly 10" long 2" wide has moderate amount of sero sanguinous drainage. PT tolerated dressing change ~~with~~ very well — HN (b)(6)-2
4/18/03	1305		Report called to ward nurse — (b)(6)-2 HN
4/18/03	1930		PT transferred from 4Forward Port. PT stable, assisted to bed, ambulatory Foley to gravity, draining amber colored urine. D5 1/2 NS @ 125. (b)(6)-2 ABD dressing CDI. Will monitor — (b)(6)-2
~~18APR03~~	~~0000~~		~~ASSUMED PT CARE~~ (b)(6)-2
19APR03	0212		Assumed care @ 2330. V/S stable. Pt sat @ 290 sim on 2L NC c̄ ↑ sat >90. Pt. slightly agitated on pulling @ foley. Talks to staff c̄ no success to bed & sitting in chair. C/O to Robitussin for cough but does not refer to pain. Sleeping this shift and be comfortable. (b)(6)-2

Continue on reverse side

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

REGISTER NO.	WARD NO.

NURSING NOTES
Standard Form 510
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4/19/03		1500	Assumed pt care at 0700. Pt resting in bed. Pt on 3L NC, O2 Sat 92-95%. Alert and oriented, HRR, Lungs CTAB, abd distended, NT, large abd drsg Δ'd by wound care team, CDI. Foley draining dark yellow urine. Refused to eat lunch & Encouraged to drink ensure. Will cont to encourage OOB to chair (b)(6)-2 CTJG/NC
4/19/03		1700	Assumed pt. care @ 1500. Pt resting in bed. Pt c foley cath. Abd. drsg. CDI, Pt. on nasal, set in 4L/min (SPO2 92%-95%). Pt c D5 45% KCL 1000ml @ 125/hr. foley cath. draining dark yellow urine. Pt. complaining pain on his Abd. (notified the nurse) AOx3, HRR, lungs is clear. VS taken BP 140/80, PR 111 T. 96.9, R 30. Will cont. monitor ____ HN (b)(6)-2
		1730	Concurred c above — (b)(6)-2 CHB/NC
04/19/03	0200		Pt. sleeping @ this time. Pt. has large dressing to ABD. Clean dry & intact. Pt. has a Foley cath. draining clear yellow urine. Lungs are clear. Pt. has very high Resp. Pt. has c/o pain @ this time. Will continue to monitor closely. ____ (b)(6)-2 (b)(6)-2
04/20/03	0300		concur c above ____ (b)(6)-2 CDR NC

* U.S. GPO: 1990-262-081/20136

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
			one hour. (b)(6)-2 [redacted] RN, BSN
4/21/03		1400	Pt c/o abd pain, > to (L). Abd distended and TT. JP's to (R) Abd x2 draining minimal amt of serous fluid. Dr (b)(6)-2 [redacted] on to assess pt. Pt sent for AAS. CT c̄ contrast also ordered. Pt SOB due to distention but sats WNL. (b)(6)-2 [redacted] CRNP, NC
04/21/03			Pt. went down for X-RAY today. Pt c/c ABD pain EARLIER. JP's draining scant amount of drainage. Pt. voiding without difficulty. Pt. sleeping @ this time. will continue to monitor. (b)(6)-2 [redacted]
04/22/03	0100		Assummed pt. care @ 2330. Pt lying in bed. VS taken BP. 132/78 PR 104 SPO2 93, R 30, T 98.8. Lungs clear. Abd. distended. Pulse good (<3 secs.) all Ext. Large abd. dsg. c̄ a small amount of drainage. 2 JP drains c̄ a small amount of serous fluid. Pt has a biloma drainage draining a large amount of purulent drainage (600cc emptied on 2300). Pt in nasal canula set in 6 L/min. Ø c/o pain at this time. Will cont. to monitor (b)(6)-2 [redacted]
	0230		Concurred c̄ 0100 assessment (b)(6)-2 [redacted] RN, BSN
04/22/03		1700	Pt. feeling much better today. Pt. has ~~c/c~~ Ø c/o pain throughout the day. V/S stable. Pt. eating & drinking good amounts,

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
20 APR 03	1235		Foley DC'd. Due to void @ 1835 — (b)(6)-2
20 APR 03			Pt. more comfortable today. Pt. has ∅ c/o pain. Pt. had BM. today. RESTING most of the shift. Pt. still has ABD. DRESSING C.D.I. Pt. has D5 ½ NS @ 125 cc/hr. Pt. voiding spontaneously without difficulty. V/S STABLE. Will continue to monitor pt. — (b)(6)-2
21 APR 03	0100		Assumed pt. care. Ambulated pt. to bathroom. Pt. tolerated well. Pt. abd. dsg intact c̄ small amount of drainage c̄ 2 JP drains draining yellowish fluid. Pt has D5 ½ NS @ 125 cc/hr. No c/o pain at this time. Will cont. to monitor pt. care — (b)(6)-2
21 APR 03	0100		Administered O2. Nasal cannula set in 3L/min. ~~O2 Sat. 92 = 96 %~~ ORC
			O2 sat 92-96 % — (b)(6)-2
	0300		Temp ↑ Δ of shift 102°. 650mg Tylenol PR administered. T°C of 30 = 100.6 & currently 92.6°. Temp broken & diaphoretic, ∅ s.s. Will recheck in

Continue on reverse side

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

REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES
Standard Form 510
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
510-110

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
04/23/03		2000	Pt. Resting @ this time. Will continue to monitor pt. Pt. very ANXIOUS to go. (b)(6)-2
4/23/03		2400	Assumed pt. care. Pt c̄ a biloma tube at (R) side of his chest. 2 JP drains (R) side of abd. c̄ a small amount of serous fluid. Big drsg. on pt. abd., CDI. lung is clear, Abd. slightly distended pt. is in good cond. No further changes. Will cont. to monitor pt. care HN (b)(6)-2
	2430		Concurrent assessment (b)(6)-2
04/24/03		1600	Assumed pt. care. pt. in good cheer @ this time. Pt. voiding good. pt. c/o little irritation to throat gave pt. water & it seemed to help. Pt. still has JP's draining small amounts of drainage. V/S are stable. Pt. drinking a lot. Will continue to monitor pt. (b)(6)-2
4/25/03		0000	Pt care assumed. Pt sleeping currently o in NAD. ML incision covered o abd pads, combine dressing CDI. Biloma drain from RUQ o o drainage. 2 JP's from (R) UQ drainage serous drainage. Ted distention to abd noted from previous nights. Dr notified during 3/11 shift (b)(6)-2

CLINICAL RECORD (b)(6)-2 **NURSING NOTES** *(Sign all notes)*

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
			CONT [redacted]
04/22/03		0900	of food & water. Pt. still has ABD. dressing CDI. U/S stable @ this time. Pt has NO IV. site @ this time. Will reassess I.V. site + Pt. + continue to monitor Pt. (b)(6)-2
04/20/03		2400	Assumed pt. care. Pt has a abd. drsg. cdi. 2 JP drains at the side of abd. draining small amount of serous fluid. Pt is a draining tube at his chest side, draining a large amt. of purulent drainage. Temp. slightly high (100.4) O2 Sat 92% noted. No c/o pain at this time. Will cont. to monitor pt. care (b)(6)-2
		0200	Concurred to above assessment. 3L O2 per NC to pt. Will monitor sats. 2 Tylenol tabs given for temp. Will recheck. (b)(6)-2
04/23/03		2000	Assumed pt. care. Pt. very happy today. Pt. has Ø c/o pain so far. Pt. had a BIG BM today confirmed by doctor. Ø changes @ pt. Only issue is DOCTOR (b)(6)-2 A'D DRSG ON ABD. *Continue on reverse side* CONT.

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

(b)(6)-4

REGISTER NO.

WARD NO. 4Hub

NURSING NOTES
Standard Form 510
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
30 April 03		2045	Assumed pt care. Pt is resting @ the moment. Pt did not c/o any pain or discomfort. Pt's dressing Δ was done to his mid line abdominal incisional. W-D dressing was performed. wound looks pink, no drainage was noted. Pt's V/S WNL ~~WD~~ Pt will be monitor closely. (b)(6)-2
30 APR 03		2100	Agree c̄ above corpsman note & assessment (b)(6)-2
1 May 03		1937	Pt was lying on bed comfortably. Wound care was provided to pt. Pt's abdominal wound was repacked c̄ a W/D dressing. Wound looks pink and is in good shape. Pt didn't have any other complaints. Pt will be monitor closely (b)(6)-2
01 May 03	@	2015	Pt had dsg Δ done, Agree c̄ above corpsman notes assessment (b)(6)-2 EMS, RC
02 May 03	@	1445	Assumed pt care @ this time no c/o's @ this time V/S neuro V/S wm dressings to Abdomen CDI c̄ no S/S of infection pts bowl sounds active x4 quadrants will continue to monitor (b)(6)-2
2 May 03	@	2030	Concur c̄ above corpsman assessment. Continue to monitor. JNG (b)(6)-2

*U.S. GOVERNMENT PRINTING OFFICE: 1985 0 – 461 –275 (20038)

NURSING NOTES
Standard Form 510
(Reverse)

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
28APR03	0950		Assumed pt care @ 0730. Pt is resting with no complaints. VSS. will continue to monitor. (b)(6)-2
			Concur c above note. Abd drsg C/D/I & changed by wound care team. no c/o pain noted. Voiding well & ambulates c assistance. (b)(6)-2 CDR
	1100		
28 April 03		2300	Pt is lying on bed. No c/o any pain or discomfort @ this time. Pt's wound on his abdomen is covered c gauze. dressing CDI not drainage or s/s of infection was noted @ this time. (b)(6)-2
28APR03		2350	Pt's drsg s/d @ 2100. Site is briefly red. Agree c above corpsman note & assessment (b)(6)-2 BNSN
29 APR 03 0850			Assumed care of pt - Pt resting comfortably in bed. No complaints of pain. VSS, AF. Large tape and gauze dressing to midline abdomen. CDI. Will continue to monitor. (b)(6)-2
29 April 03		1930	Assumed pt care. Pt is lying on bed. Pt did not c/o pain or any other complications. Dressing change to midline abd wound was done. Dressing now CDI. No other S/S were noted or stated by Pt. @ this time (b)(6)-2
29APR03		2300	Agree c above corpsman note & assessment (b)(6)-2 BNSN

U.S. GOVERNMENT PRINTING OFFICE: 1985 0 – 461 –275 (20038)

(b)(6)-4

NURSING NOTES
Standard Form 510
(Reverse)

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
3 May 03	@	1950	Assumed Pt care @ this time Pt has no C/OS V/S were WNL will continue to monitor HN USN (b)(6)-2
03 May 03	@	2000	Pt dsg is done. Wound pink/red c̄ yellow exudate. IV-D dsg applied (b)(6)-2 USN

Continue on reverse side

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

(b)(6)-4

REGISTER NO.

WARD NO.

NURSING NOTES
Standard Form 510
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

CLINICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
26APR03		2300	ASSUMED PT CARE. PT IS CURRENTLY RESTING COMFORTABLY. PT IS AHOX3, ØNSAIDS, WDWN, VS NOTED + STABLE. HEART SOUNDS S1 S2 Ø GALLOPS, Ø MURMURS. LUNG SOUNDS CTA BILAT Ø WHEEZING, Ø RHONCHI. PT HAS DRSG ON MID ABDOMEN CDI. ALSO DRSG TO (R) FLANK CDI. PT HAS Ø COMPLAINTS AT THIS TIME. ALSO BOWEL SOUNDS PRESENT. WILL CONTINUE TO MONITOR + FOLLOW MD'S ORDERS — HM3 (b)(6)-2
27APR03		0800	Assumed pt care @ 0715 pt is resting with Ø complaints. VSS. Lung sound CL (B). Mid-line abd dressing C/D/I. (R) flank dressing C/D/I. Will continue to monitor. — (b)(6)-2
27APR03		2300	ASSUMED PT CARE. PT IS RESTING COMFORTABLY W/ Ø COMPLAINTS. VS NOTED + STABLE. HEART SOUNDS S1 S2 Ø MURMURS, Ø GALLOPS. LUNG SOUNDS CTA BILAT. PT HAS MID-ABDOMEN DRESSING CDI. ALSO (R) FLANK DRSG CDI. WILL CONTINUE TO MONITOR + FOLLOW MD'S ORDERS — HM3 (b)(6)-2
		0325	Concurred w/ above — (b)(6)-2 KWS/L

Continue on reverse side

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

REGISTER NO.

WARD NO.

NURSING NOTES
Standard Form 510
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4/25/03		0000	cont... Will reattempt to contact MD in AM. — (b)(6)-2 [redacted], BNS, RN
4/25/03		1870	ASSUMED PT CARE @ 1700. PT IS LYING ON BACK, RESTING BUT AROUSABLE, AOX3. VSS, COLD FEET BUT (+) PULSE, CAP REFILL < 3 SECS. ABD SOFT, DRESSING HAS MIN AMOUNT serous OF DRAINAGE, 1 JP DRAIN. ~~DID BM~~ ~~FOLEY @ 1700.~~ PT IS AMBULATORY W/ MINIMAL ASSISTANCE, WENT TO BATHROOM FOR BM. 0 C/O PAIN @ THIS TIME. (b)(6)-2 ~~VSS~~ WILL CONTINUE TO MONITOR — (b)(6)-2 [redacted]
4/25/03		2015	Concur w above note. ~~Foley~~ ~~nephrostomy~~ percutaneous tube also in place draining yellow blood urine. Drain care done, also to JP site & redressed. Uno c/o pain. Eating well — (b)(6)-2 [redacted] LCDR
4.25.03		2400	Assumed care of pt. No complaint of pain. All dsg. on abd. CDI. JP drain (R) side of abd. Intact draining small amount of serous fluid. Nephrostomy Intact + empty. VS taken BP 140/82 PR 90 SPO2 95% T98.8 R20. Lung clear, Abd. slightly distended. pulse good all ext. (<3 secs) cap refill. Pt. is in good cond. Will cont. to monitor — (b)(6)-2 [redacted]
4/26/03		0110	Pt is alert. PR (b)(6)-2 [redacted] in + removed percutaneous drain + JP drain. Sites both dressed. Pt did shower this pm + all wounds redressed. Pt tolerated well. Good appetite + voiding s difficulty. Uno c/o pain noted — (b)(6)-2 [redacted] LCDR

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4/11/03	0600		Assumed care @ 2400. A&O x 3. VSS. Dressings midline abd c/d/i. c/o of pain, MSO4 given. Ambulated to BR earlier had BM. Pt resting comfortably at this time. Will continue to monitor. (b)(6)-2 ENS, NC
4/11/03	0900		Pt voiding dark, tea colored urine (b)(6)-2 ENS, NC
4/12/03	0330		ASSUMED CARE OF PT. A/O x 3. Δ IV SITE TO (R) HAND. ABD DRESSING C/D/I. PT C/O MINOR ABD PX. GIVEN PX MEDS WITH Ø FURTHER COMPLAINT. WILL CONTINUE TO MONITOR. (b)(6)-2
			HN (b)(6)-2

*U.S. GOVERNMENT PRINTING OFFICE: 1985 0 – 461 –275 (20038)

NURSING NOTES
Standard Form 510
(Reverse)

NURSING ADMISSION NOTE

CLINICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOURS A.M.	HOURS P.M.	OBSERVATIONS Include medication and treatment when indicated SERVICE:
			ADMITTED TO: EFWD FROM: CasRec TIME ARRIVED: 1510 AGE: SEX: M
			DX: s/p ex-lap for GSW DUE TO:
			PAST MEDICAL HX: abd CA c̄ mets to lungs
			MEDICATIONS: surfak DISPOSITION:
			ALLERGIES: VALUABLES: DISPOSITION:
			VS: B/P 160/96 T: 99.1 P: 100 R: 26 HT: WT:
			GENERAL APPEARANCE: elderly gentleman in NAD
			EENT: no drainage noted
			NEUROLOGICAL: alert, attempts to communicate in Arabic + c̄ sign language
			RESPIRATORY: O_2 2L O_2 sat 96%, wheezes and crackles in bases
			CIRCULATORY: H=RRR
			URINARY: voiding spontaneously
			GI: abd. very distended, BS x 4 hypoactive, midline dsg. c̄ gauze & tape CDI ?
			MUSCULO/SKELETAL: weakness to (R) hand, grip weak and unable to straighten wrist
			SKIN INTEGRITY: no other skin breakdown noted
			COPING: talking c̄ neighbor
			SUMMARY AND PLAN OF CARE: Will cont. to monitor O_2 + abdominal girth. Encouraged coughing and deep breathing.
			EKS (b)(6)-2 M
			SIGNATURE: (b)(6)-2 DATE: 4/10 TIME: 1640

verse side

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

REGISTER NO.	WARD NO.

(b)(6)-4

NURSING NOTES
Standard Form 510
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

(b)(6)-4

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			5-Forward(s)		(b)(6)-2
10 Apr	03	✓	Admit to ward - s/p x-lap for GSW		
1400		✓	VS q4h		
		✓	up ad lib		
		✓	Diet as desired		
		→	D5 1/4NS + 20 mEq KCl/liter at 75 ml/hr		
		✓	Morphine sulfate 3-5 mg IV q3h prn pain		
		→	Surfak 1 po qd		
		✓	C-spine series Done	(b)(6)-2	
		✓	Percocet 1-2 po q3h prn		
		✓	Nasal O_2 2-3L/min nasal cannula		
				(b)(6)-2	
			(b)(6)-2		
			NC 4/10/03	(b)(6)-2	
4/10/03			T.O. D[illegible] (b)(6)-2 / LTJC-NC		(b)(6)-2
1900			X 1 Uf To D5 1/2NS + 20KCL		(b)(6)-2
			(b)(6)-2 (b)(6)-2 (b)(6)-2	LTJC-NC	
					(b)(6)-2
10APR03	1130	(1)	CXR in AM - ordered in CHCS	(b)(6)-2	(b)(6)-2
4/10/03 2150				(b)(6)-2	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, f[illegible] middle; grade; rank; rate; hospital or medical facility) (b)(6)-2 NC @ 0630 | WARD NO.

4/11/03 24 chart verification CDR

(b)(6)-4

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FPMR 101-11. 806-8
508-110

(b)(6)-4

Pre-flight checklist for medevac patients staged in CasRec

- [ ] Identification (ID/Band)
- [ ] Personal Effects – including hygiene and ADL supplies, ***valuables envelope***
- [ ] Medications – as derived from the discharge orders (___ day supply)
- [ ] Records (DC order, SF539 and Narrative Summary completed and signed, MAR updated)
- [ ] X-rays, CT scans, imaging studies –hardcopies
- [ ] Consumables (dressing change supplies, splints, O2/respiratory supplies, etc.)
- [ ] Flotation gear/hearing protection ???
- [ ] Handcuffs in place as appropriate

belongings

2.5 lbs.

1/2

PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560

✓	ACTIVITY	DATE	✓	BATH	DATE	DIET	DATE	✓	VITAL SIGNS	FREQ	✓	SPECIAL NOTES
	Bedrest			Bed bath		NPO			Temp			Dentures
	Bathroom Privileges			Shower		As desired	4/20		Pulse	Q1°		Speech impediment
	Up in chair			Tub					Resp			Language barrier
✓	Ambulate Encourage	4/19		Needs assistance					B/P			Prosthetic device
	Commode								Other SATS			Visual impairment
	Needs assistance											Blind
	Restricted to unit											Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE							Glasses
4/17 ✓	Other HOB ↑	30°		Self		FEEDING	DATE		FLUIDS			Hearing defect
				Needs assistance		Self			Forced to:			Other
				Special		Needs assistance			Restricted to:			
						Gavage	4/19		I & O			

DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES
4/17		TEDS / SCDS			?	20G : RA	
4/18		incentive spirometer			4/20	16G : LA	
4/17		foley					
4/18		O2 at 2 L NC O2 sat <90		4/18		D5 1/2 NS at 125 cc/hr	
				4/19		Record urine output	
4/17		JP x2 - RECORD				q 4°	
		OUTPUT Q SHIFT		4/19		Record output from	
		(KEEP CHARGED)				SP q shift, record	
4/17		Δ MIDLINE DSG (saline)		4/20		Encourage Ambulation	
		QD (W→D) @ 1000					
						PSY	
CALL MO		FOR: T >101.5 or <98,				PROTOCOLS	
		HUOP < 0.5cc/kg					
		MAP <60 or SBP >200					
		or DBP >110					

ADDRESSOGRAPH

(b)(6)-4

ICU2

(b)(6)-4

DIAGNOSIS

EXPLAP AND WASH-OUT 4/17
BILIOUS ASCITES

OP/SPECIAL PROCEDURES

ADMITTING MO:

(b)(6)-2

FINDINGS:

AGE	HEIGHT	WEIGHT
~50	64"	~70 kg

PATIENT CLASSIFICATION

	DATE ON	DATE OFF
SI	4/17	
VSI		
RELIGIOUS RITES		

Rack 33 / N/A

ALLERGIE: NKDA

DATE ORD.	DATE RENEW	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/ CONSULTATIONS	DATE SENT	DATE COMP
4/18		Heparin 5000 u SQ BID	09-21	4/17	PCXR ☒		
4/18		Zantac 50mg IV Q 8°		4/18	CBC, chem 7, mg		
					Ca PO4 in AM	4/19	☒
				4/21	AAS		4/21
				4/21	U/S ABD		
				4/21	CT SCAN done		
4/18		Tylenol 650 mgs supp PR Q6° prn temp > 102					
4/18		MSO4 2-6 mg IV Q 1° prn pain			ROUTINE LABS		
					QAM CBC, chem 7		

ADDRESSOGRAPH

(b)(3)-1

Name: ,

CHCS Name: (b)(6)-4

(b)(6)-4 Iraqi civilian

Prognosis: Good

Date of Admission: 4/10/2003

Date of Transfer:

History:

GSW to abdomen. X-lap and oversew of small and large bowel injuries. Peritoneal implants suggestive of cancer or granulomatous disease noted. Transferred here, tolerating diet. Hx of COPD;

Hospital Course:

Poor appetite led to CT scan and above procedures. Once drained, eating and feeling well. Subhepatic drain pulled 25 Apr., Other drains pulled 27 Apr. Remains afebrile and eating well. 2 portions of midline wound are necrotic and may eventually break down causeing a hernia or dehiscence.

Diagnoses:

s/p GSWto abdomen;; Bilious ascites;

Surgeries/Treatmen

EGD neg. Colonoscopy showed inflammation at GSW site, hepatic flexure.; X-lap(17Apr) for washout and drainage (JPx2; in right gutter and subhepatic region) of loculated bilous ascites. Dense adhesions precluding complete exam. No active leak or source of leak noted. No peritoneal nodules noted.; Percutaneous drain placement right subphrenic space for drainage of collection of bile.(21Ap).

Recommendations:

Local wound care to midline abdominal incision;

SpecialNeeds:

Physician:

(b)(6)-2 LCDR Dept of General Surgery 5/3/2003

TRANSFER TO WARD ORD
(Circle appropriate order)

1. **Admit to** ~~ICU~~ Ward **on DATE/TIME** 19 Apr
2. **Admitting physician** (b)(6)-2
3. **Diagnosis:** Biliary ascitis
4. **Procedures:** X-lap and washout
5. **Condition:** (SD) VSL STABLE
6. **Allergies:** NKDA
7. **Isolation:** (Standard) All patients
   Contact MRSA, Viral hemorrhagic fevers
8. **Nursing:**
   Vital Signs (BP, Pulse, Temp,) every 4 hours
   Call MD **Temp >101.5 or <98**
   Hourly Urine Output < 0.5 cc/kg
   MAP < 60 or SBP >200 or DBP >110
   Weight QD
   ~~Neuro checks~~
   Teds/SCDS
   Foley to gravity
   ~~NG to LIS~~
   ~~Chest tube to -20cm H20 pleurovac~~
   Head of Bed elevated to 30 degrees
   ~~C-spine collar and log~~
   Incentive Spirometry 10reps
9. **Diet:** NPO
   (Clear liquids) – do not push
   Regular
   Advance as tolerated
10. **Activity:** Bed rest
    (Out of bed with assistance)
    Ad Lib
12. **IVF:** LR at ____cc/hr **or** D5 1/2 NS ~~+ 20 KCL/Liter~~ at 125 cc/hr. ~~Or Heparin Lock~~

(b)(6)-2

(b)(6)-2

4-18-03
1430

(b)(3)-1 ,

CHCS Nan. (b)(6)-4

(b)(6)-4 EPW

Dat ` 'mission: 4/10/2003

Date ansfer:

Age: Gender: M

History:
GSW to abdomen. X-lap and oversew of small and large bowel injuries. Peritoneal implants suggestive of cancer or granulomatous disease noted. Transferred here, tolerating diet. Hx of COPD;

Hospital Course:
Poor appetite led to CT scan and above procedures. Once drained, eating and feeling well.

Diagnoses:
s/p GSWto abdomen;, Bilious ascites,

Surgeries/Treatment:
EGD neg. Colonoscopy showed inflammation at GSW site, hepatic flexure. X-lap(17Apr) for washout and drainage of loculated bilous ascites. Dense adhesions precluding complete exam. No leak noted., Percutaneous drain placement right
subphrenic space for drainage of collection of bile.(21Ap).,

Recommendations:
Local wound care to midline abdominal incision; Drains out any day

Special Needs:

Prognosis: Good

Physician: (b)(6)-2 LCDR Dept of General Surgery 4/24/2003

(b)(3)-1

(b)(3)-1

Level II

4F S

Lift of Opportunity Application

Last, First, & Middle Name: (b)(6)-4

Social Security/Pseudo SSN:

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

Name of escort accompanying applicant:

Rank/Rate	Service Branch	Civilian Status	Birth date	Gender	Religion
	EPW				

Complete Name & Address of Command/Unit	Homeport Location

Next of Kin's Name & Complete Address	Relationship of NOK	Next of Kin's Phone Number

Printed name & title of attending physician authorizing patient to return to duty or other specified location: (b)(6)-2

*Signature of attending physician listed above: (b)(6)-2

*Attending physician's signature is **REQUIRED** in order to arrange transportation!*

Printed name of MED HOLD Coordinator (if applicable) : _____

Signature of MED HOLD Coordinator listed above: _____

☺ *Patient Administration Use ONLY* ☺

Initial the following once completed:

_____PT discharged from CHCS

_____Changes reflected on board and in the blue book

Date chit received:_____

Date & Time of departure:_____

11. **Labs:**

19 Apr ~~QAM~~ AM: CBC | Chem 7 | ABG

LFTs | Amylase/Lipase

PT/PTT | Mg/Ca/PO4

13. **Radiology:** _____

(b)(6)-2

14. **Oxygen:** 2L nasal cannula for O_2 sat < 90

15. **Meds:** Ancef 1gm IVPB Q8hrs x 6 doses total

Vancomycin 1gm IV Q12hrs (if PCN allergic) x 4 doses total

Mefoxin 1gm IV Q8hrs x 6 doses total

Heparin 5000 units SQ BID

Prilosec slurrey 40mg NG/po QD or Zantac 50 mg IV q 8 hrs

PRN: Morphine sulfate 2-6mg IV Q 1hr prn pain

Ativan 1-2mg IV Q 1hr prn agitation

Tylenol 650mg supp pr Q6hr prn Temp >101

Benadryl 25 mg IV/P0 Q 4hrs PRN itch

Phenergan 12.5mg to 25mg P0/IV Q4hrs PRN nausea

Vistaril 12.5mg 25mg P0 Q4hrs PRN nausea

16. **MISC.**

Change midline dressing qd, saline wet to dry

(b)(6)-2

(b)(6)-2

4-18-03

13. **Labs:**

On admission to ICU: CBC, Chem7, Chem 20, ABG, PT/PTT, Type/Cross or Type /Hold ____units

QAM : CBC | Chem 7 | ABG (b)(6)-2

LFTs | Amylase/Lipase

PT/PTT | Mg/Ca/PO4

14. **Oxygen:** Titrate to SpO2 93-97% using nasal cannula, face mask prn (b)(6)-2

Ventilator protocol

15. **Meds:** Ancef 1gm IVPB Q8hrs x 6 doses

Vancomycin 1gm IV Q12hrs (if PCN allergic) x 4 doses

Mefoxin 1gm IV Q8hrs x 6 doses (b)(6)-2

Heparin 5000 units SQ BID (b)(6)-2

Prilosec 40mg slurry NG/po QD or Zantac 50mg IV q 8 (b)(6)-2

PRN: Morphine sulfate 2-6mg IV Q 1hr prn pain see flowsheet order

Ativan 1-2mg IV Q 1hr prn agitation

Tylenol 650mg supp pr Q6hr prn Temp >101

Benadryl 25 mg IV/P0 Q 4hrs PRN itch

Phenergan 12.5mg to 25mg P0/IV Q4hrs PRN nausea

Vistaril 12.5mg 25mg P0 Q4hrs PRN nausea

Jaked

16. **MISC.** J-P to bulb. Keep charged & record output q shift (b)(6)-2

Change midline dressing q d, w → D (b)(6)-2

(b)(6)-2

(b)(6)-2

Protocols

Burn | Electrolyte

Insulin IV drip | Insulin Subcutaneous sliding scale

Heparin IV drip | Enteral Feeding

(b)(6)-4

ICU2

(b)(6)-4

ICU ADMISSION ORDERS
(Circle appropriate order)

1. **Admit to ICU: Date/Time** 17 Apr (b)(6)-2
2. **Admitting physician** (b)(6)-2
3. **Diagnosis:** Biliary ascites
4. **Procedures:** X-lap and washout
5. **Condition:** SL VSL (b)(6)-2
6. **Allergies:** NKDA (b)(6)-2
7. **Isolation:** Standard — All patients
   - Airborne — Small pox, Measles, Varicella, Pulmonary tuberculosis, unknown.
   - Droplet — Pneumonic plague, Meningococcus, Influenza
   - Contact — MRSA, Viral hemorrhagic fevers
8. **Nursing:**
   - Vital Signs (BP, Pulse, Temp, SAO_2,) every hour
   - **Call MD** — **Temp >101.5 or <98**; **Hourly Urine Output < 0.5 cc/kg**; **MAP < 60 or SBP >200 or DBP >110** (b)(6)-2
   - Neuro checks
   - Weight QD (b)(6)-2
   - Teds/SCDS
   - Foley to gravity
   - NG to LIS (b)(6)-2
   - Chest tube to -20cm H20 pleurovac (b)(6)-2
   - Head of Bed elevated to 30 degrees
   - C-spine collar and log roll
   - Incentive Spirometry 10reps Q1hr
9. **Diet:** NPO (b)(6)-2
   - Clear liquids
   - Regular
   - Advance as tolerated
10. **Activity:** Bed rest (b)(6)-2
11. ~~**IVF:** LR at _____ cc/hr or D5W/NS at 125 cc/hr.~~ HCK
    ½NS at 125 cc/h (b)(6)-2 (b)(6)-2 (b)(6)-2
12. **Radiology:** CXR on admission and QAM (while intubated) OCMB

(b)(6)-4

ICU2

(b)(6)-2

(b)(6)-4

Faxed

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

I P I	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL

MEDCOM - 5882

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOT
FOLEY																									300	
UOP					X1																					
BM					X1																					

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

Name: (b)(6)-4

NURSING [illegible] SHEET
MEDTREFAC 65[illegible] Temp Form

Date: 17 APR 03

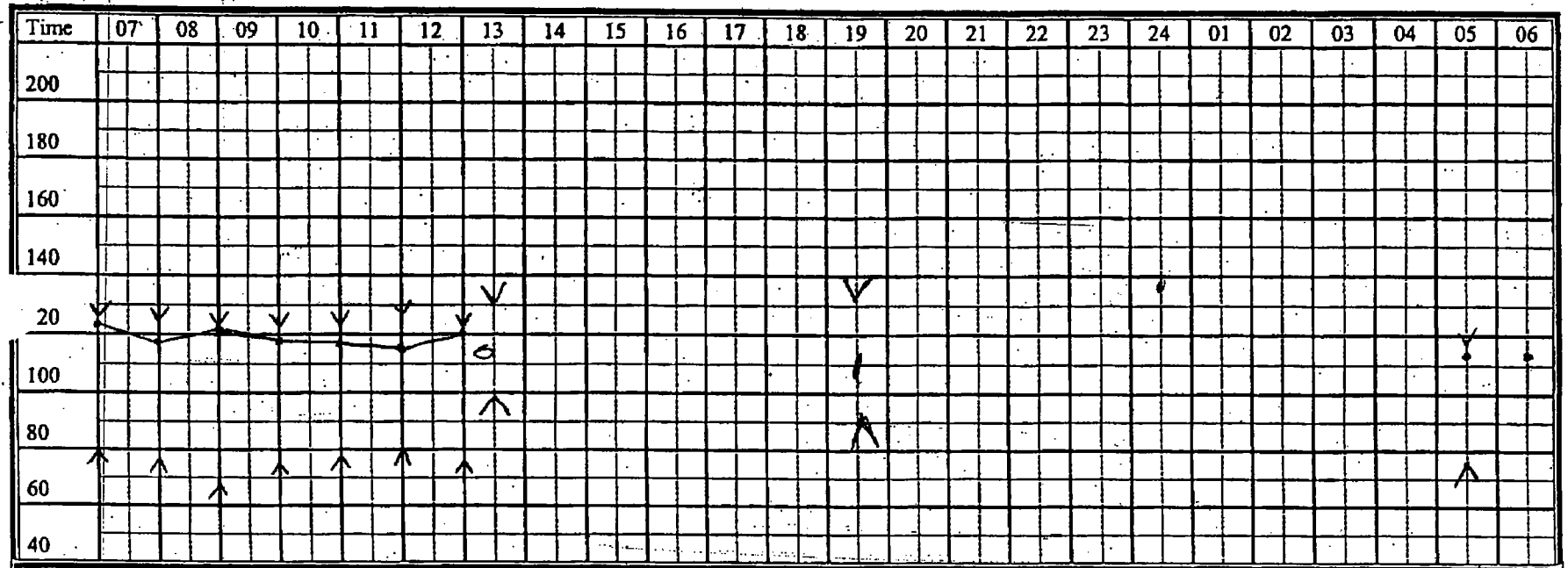
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120		V																						
100																								
80																								
60		A																						
40																								
RR		22																						
TEMP		98.0																						
SAO2		89																						
MAP																								
O2 Mode																								
pulse		94																						

DRIP/DOSE

Name: (b)(6)-4

NURSING SHEET
MEDTREFAC 6550/12/Temp Form

Date: 18APR- 19APR



	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
RR	32	30	30	28	36	28	34	20										16		32			38	28
TEMP	100.1	100.6	99.2	99.4	97.5	100.8	100.1	99.1										97.4					97.9	99.2
SAO2	89	88	90	90	90	92	88											94%					93%	95%
MAP	91	85	70	87	85	92	90																	
O2 Mode	RA	RA	RA	RA	RA	RA	RA																	
																							118/74	

DRIP/DOSE

FREQ. VIT. SIGNS

TIME															
BP															
HR															
RR															
TEMP															
SAO_2															

Notes:

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
)																										
PB																										
R	150	150	150	D/C'd																						
ntac		100																								
Foxin			100																							
Norm Saline				125	125	125																				
Sulfak				100	~~100~~																					

MEDCOM - 5885

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY	102	100	70	150	90	200	32											800								
UOP																										
BM																										
JP#1			60cc	40cc																						
JP#2			10cc	10cc																						

PREVIOUS 24 HOUR INPUT 2200 PREVIOUS 24 HOUR OUTPUT 1641 PREVIOUS WEIGHT _____

PRESENT 24 HOUR INPUT _____ PRESENT 24 HOUR OUTPUT _____ PRESENT WEIGHT _____

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

N	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
O																										
VPB											CAP															
														1000						1000						

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP								150							700			400					960			
BM																										
JP1								5																		
JP2								5																	20	
																									30	

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 5886

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC [redacted] Temp Form

Date: 19 APR03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR	32		33								30				40			40						
TEMP	97.4		98.1								96.4				99.2			100.3						
SAO2	92		94	95							95	96%	96%		95			95						
MAP												4LO2	4LO2											
O2 Mode																								

DRIP/DOSE

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
B																										

MEDCOM - 5888

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY		50																								
UOP		~~150~~						150		X1											260		160			
BM			X1					X1		X1																
JP1				100											20cc											
JP2															20cc											

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC 6[redacted] Temp Form

Date: 20 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR		26							28								42				28		20	
TEMP		99.2							99.4								102.0	100.7			97.1	97.6	97.7	
SAO2		95							95								93%		95%	96%	94%	[illegible]	98%	
MAP																								
O2 Mode																								

DRIP / DOSE

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

N	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
O											1000															
VPB										1000													720			

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOT.
FOLEY																										
UOP						300									80	150		520	280			100	100		500	
BM			X1			X1																				
JP1									10					SCANT									3			
JP2									5					SCANT									5			
Bile Drain																		600cc				200cc				

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

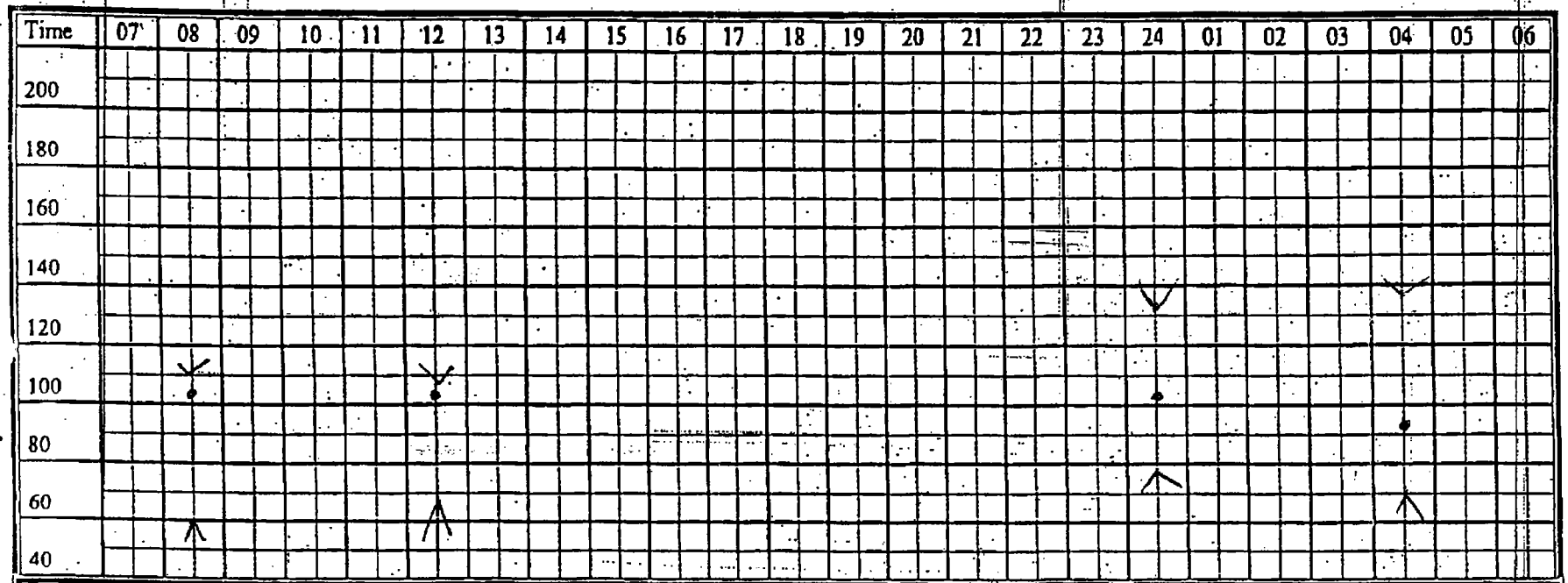
PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 5890

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 21 APR 93



	08	12	24	04
RR	24	26	30	28
TEMP	98.7	98.2	98.8	97.8
SAO2	96	95	95%	96%
MAP				
O2 Mode				

DRIP/DOSE

MEDCOM - 5891

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO											120															
IVPB															500											

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP	300			350																500		300		900		
BM																										
JP1				0												3cc										
JP2				0												SCANT										
#3	50			65																						

(b)(6)-2

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ P_____

(b)(6)-2

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03
200																					
180																					
160																					
140																					
120																					
100																					
80																					
60																					
40																					
RR		26								30								28			49.3
TEMP		99.7								99.5				99.7				100.4			
SAO2		97								99%								92			
MAP																		RA			
O2 Mode																					

DRIP/DOSE

FREQ. VITAL SIGNS

IM																
P																
R																
R																
EM																
AO2																

otes

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
											480			240												
PB																										

UT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTA
LE																										
P													(b)(6)-2									200				
M																										
D1																										
D2																5cc										
																10cc										

EVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

ESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____

Name: [redacted]

(b)(6)-4

URSING [redacted] SHEET
EDTREFAC 65[redacted]/Temp Form

Apr 23

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR																			24					
TEMP					99.5														99.3					
SAO2					96														94					
MAP																								
O2 Mode																								

DRIP/DOSE

FREQ. VITAL SIGNS

IM																
P																
R																
R																
EM																
AO																

otes

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
										240																
PB																										

UT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
OLE																										
OP	200																							750		
M																										
JP1																										
JP2																										
Drain																								0		

EV OUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

ESENT 24 JR INPUT PRESENT 24 HOUR OUTPUT PRESENT WEIGHT_____

MEDCOM - 5896

Name: [redacted] (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: [redacted]

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR		22								24								22						
TEMP		99.3								97.1								98.8						
SAO2		94								99.8								99%						
MAP																								
O2 Mode																								

DRIP/DOSE

Name: (b)(6)-4

NURSING [illegible] SHEET
MEDTREFAC-65[illegible] Temp Form

Date: 15 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								

RR																	18							
TEMP																	98.6							
SAO2																	92							
MAP																								
O2 Mode																								
BP																	136/87							

FF

L

L

IR

DRIP/DOSE

FREQ. VITAL SIGNS

TIME															
BP															
HR															
RR															
TEMP															
SAO_2															

Notes:

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB																										

Pt Ambulates to BR

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP	x1																									
												25														
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 5899

Name: (b)(6)-4

NURSING SHEET
MEDTREFAC 65 Temp Form

Date: 14APR03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
20		✓																						
100									✓															
80																								
60		^							^															
40																								
RR		20							20															
TEMP		98.8							97.8															
SAO2		99																						
MAP																								
O2 Mode																								
pulse		99							90															

DRIP/DOSE

JFF

HR

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:_____

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB																										

MEDCOM - 5901

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP		x1				125																				
BM		Ø																								

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

Name: [redacted]

NURSING [redacted] SHEET

MEDTREFAC [redacted] Temp Form

Date: [redacted]

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
[illegible]																								
100																								
80																								
60																								
40																								
RR		24								20														
TEMP		96.1								98														
SAO2		89								91														
MAP																								
O2 Mode																								
Pulse		101								108														

DRIP/DOSE

MEDCOM - 5902

Name: (b)(6)-4

NURSING [illegible] SHEET
MEDTREFAC-65[illegible] Temp Form

Date: 06 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																	✓							
80																								
60																	✓							
40																								
RR																	16							
TEMP																	99.5							
SAO2																	96							
MAP																								
O2 Mode																								
BP																	116/65							

DOSE

Name: (b)(6)-4

NURSING FLOW SHEET
MEDTREFAC 6550/12/Temp Form

Q4

Date: 12 APR 03

CUFF

AL

R

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								

RR				20						12														
TEMP				97.7						98.0														
SAO2				96%			95			98%														
MAP																								
O2 Mode				RA			RA																	

DRIP/DOSE

FREQ. VITAL SIGNS

TIME															
BP															
HR															
RR															
TEMP															
SAO_2															

Notes: _____

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO		240					240																			
IVPB	100	100	100	100	D/C																					

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06
FOLEY																									
UOP			300				700							1000				150							
BM																									

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

Name: (b)(6)-4

Date: 19 Apr 05

NURSING [illegible] SHEET
MEDTREFAC-65[illegible]/Temp Form

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																		V						
140																								
120																								
100																								
80																		N r						
60																								
40																								
RR																		20						
TEMP																		99.5						
SAO2																		96						
MAP																								
O2 Mode																		135/50						
DP																								

DRIP/DOSE

(b)(6)-2

Name:

NURSING FLOW SHEET
MEDTREFAC 6550/12/Temp Form

Date: 13APR03

CUFF

AL

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140		↓																↓						
120																								
100		o																						
80																								
60		↑																↑						
40																								

RR		18																16						
TEMP		97.7																98.7						
SAO2																								
MAP																								
O2 Mode																								

DRIP/DOSE

MEDCOM - 5907

Name: (b)(6)-4

NURSING FLOW SHEET
MEDTREFAC 6550/12/Temp Form

Date: 10 APR03

CUFF

AL

R

DRIP/DOSE

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								

RR									20											22				
TEMP									98.7											98.6				
SAO2									94											95				
MAP																								
O2 Mode									2LNC															
																				138/90				

Name: (b)(6)-4

NURSING [illegible] SHEET
MEDTREFAC 65[illegible] /Temp Form

Date: 17 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR																	16							
TEMP																	98.3							
SAO2																	88							
MAP																								
O2 Mode																								
BP																	116/70							

FF

R

DRIP/DOSE

Name: (b)(6)-4

NURSING SHEET
MEDTREFAC 65 Temp Form

Date: 16APR03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140		✓																						
120																								
100									✓															
80																								
60		^							^															
40																								

RR		16							16															
TEMP		98.1							98.6															
SAO2		89							93															
MAP																								
O2 Mode									102/72															
pulse		89							89															

DRIP/DOSE

MEDCOM - 5910

FREQ. VITAL SIGNS

TIME															
BP															
HR															
RR															
TEMP															
SAO_2															

Notes:

INPUT/OUTPUT

I	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
P						Ø																				
T																										

MEDCOM - 5911

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP						700																				
BM						Ø																				

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

Name: [redacted] (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-6[redacted] Temp Form

Date: [redacted]

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR		20											16										14	
TEMP		99.1											99.4											
SAO2																								
MAP																								
O2 Mode																								

DRIP/DOSE

Name: [redacted] (b)(6)-4

NURSING [redacted] SHEET
MEDTREAC [redacted] Temp Form

Date: 30 Apr 05 [redacted]

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120		✓											✓											
100	✗	●																						
80		∂																						
60		△											▲											
40																								

RR		19											16											
TEMP		99.9											99.0											
SAO2																								
MAP																								
O2 Mode																								

DRIP/DOSE

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: APR 24

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR		20											18											
TEMP		98.8											99.5											
SAO2		94											97											
MAP																								
O2 Mode																								
BP		110/70											118/60											

DRIP/DOSE

Name: (b)(6)-4

NURSING SHEET
MEDTREFAC /Temp Form

Date: 28 APR 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
22																								
18																								
16																								
14																								
12																								
10																								
8																								
6																								
4																								
2																								
				18										16								14		
				97.0										95.6								98.2		

MEDCOM - 5915

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC 65[redacted]/Temp Form

Date: 27 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
200																							
180																							
160																							
140																							
120																							
100																							
80																							
60																							
40																							

RR		16																18					
TEMP		99.4								98.4								99.6					
SAO2																		93%					
MAP																							
O2 Mode																							

DRIP/DOSE

MEDCOM - 5916

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 26 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								

RR		20															14							
TEMP		97.8							98.2								100.1							
SAO2		95															95%							
MAP																	—							
O2 Mode																	RA							

DRIP/DOSE

MEDCOM - 5917

FREQ. VITAL SIGNS

ME																
MP																
O2																

es: _____

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
B									200		100	200				100										

T	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
LEY																										
P Urine											300					200				400						

EVIOUS 24 HOUR INPUT _____ PREVIOUS 24 HOUR OUTPUT _____ PREVIOUS WEIGHT _____

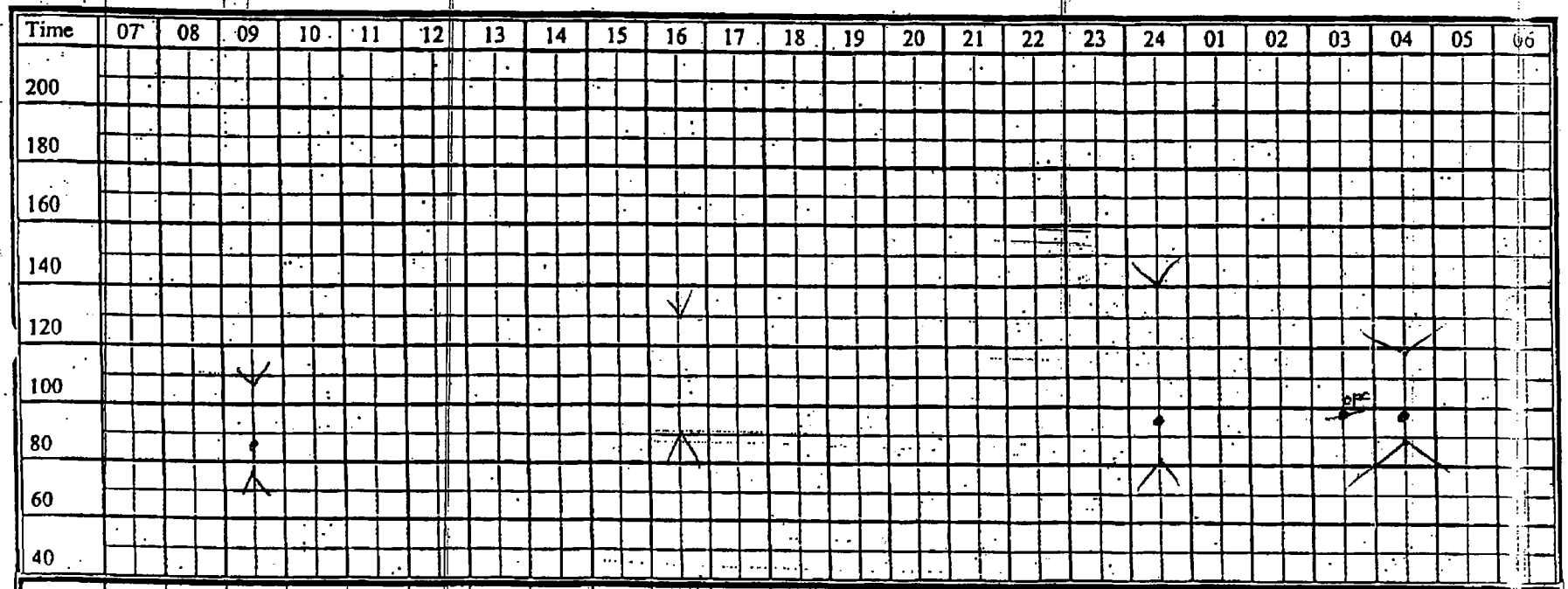
ESENT 24 HOUR INPUT _____ PRESENT 24 HOUR OUTPUT _____ PRESENT WEIGHT _____

MEDCOM - 5918

Name: (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 25 APR 03



	09	16	24	04
RR	22	24	20	18
TEMP	98.1	98.8	98.8	97.6
SAO2	95		95	95
MAP				
O2 Mode				

FREQ. VITAL SIGNS

E																	
P																	
2.																	

S:

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
																200										

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOT
EY																										
									100							100	100							500		
																	1000							1000		

VIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

SENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 5920

ED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH _____ 19 2003 — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/10	4/11	4/12	4/13	4/14	4/15	4/16
4/10	Augmentin 1 po QD	0900	X	(b)(6)-2				DC 4/14/03 (b)(6)-2	
~~4/11~~	~~Azithromycin 500 mg po now (see back) then 250 mg po qd x 4 days~~								
4/11	Azithromycin 250 mg po qd x 4 days	0900			(b)(6)-2		(b)(6)-2		X

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2 EMS, M	(b)(6)-2	(b)(6)-2 HN		
			(b)(6)-2 HN		

(b)(6)-4

WARD NO.

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

SINGLE DOSE PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

~~Rock #48~~ Back #2 Rick. dr

MEDCOM - 5921

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
4/11 Azithromycin 500	4/12	0320	(b)(6)-2				
mg po x 1 Now							
4/11 0.5 mL (H) Td							
once							
4/11 Dulcolax x1 Now po	4/12	0320	(b)(6)-2				

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN															
4/10	MSO4 3-5mg	DATE	4/10	4/11	4/12												
	IVP Q 30	TIME	2175	0250	0215												
	pen pain	DOSE	3mg	4mg	5												
		INIT.	(b)(6)-2														
4/10	Percocet	DATE	4/10	4/11	4/11	4/11	4/13										
	1-11 po	TIME	1620	0710	1210	2050	1220										
	Q 3° pen	DOSE	1/11	2	2	2	2										
		INIT.	(b)(6)-2														
4/12	Tylenol 650	DATE															
	PO q 4° PRN	TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															

3 P.O.: 1982-587-016/5409

ALLERGIES:

DATE ORD.	DATE RENEW	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/ CONSULTATIONS	DATE SENT	DATE COMP
4/11		~~Azithromycin 500mg po~~		4/10	C-Spine		4/10
				4/10	CXR in Am	4/11	
4/11		Azithromycin 250 mg	0900	4/11	~~AAS~~	4/11	
		po qd x 4 days		4/13	CBC, CMP in AM		
4/10		Surfak PO		~~4/15~~	~~NAA~~	~~4/15~~	
4/16		Heparin 5000U SQ BID	09/2100	4/15	Schedule CT of Abdomen w/contrast		
4/22		Tobramycin 350mg IVPB qd	1600	4/16	CBC, CMP NOW	(b)(6)-2	
4/22		Zantac 150mg po BID	09-21	4/22	CT scan dun 4/24		
				4/22			
4/12		Tylenol 650mg PO q4° PRN					
4/10		Phenergan 1-2 po q 3° prn					
4/10		MSO4 3-5mg IVP q 3° prn					

ADDRESSOGRAPH

(b)(6)-4

2/2

PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560

✓	ACTIVITY	DATE	✓	BATH	DATE	DIET	DATE	✓	VITAL SIGNS	FREQ	✓	SPECIAL NOTES
	Bedrest			Bed bath		NPO			Temp			Dentures
	Bathroom Privileges			Shower		4/20 DAT			Pulse	Q 4°		Speech impediment
	Up in chair			Tub		tm yogurt			Resp			Language barrier
✓	Ambulate w/ walker	4/10		Needs assistance		Bread			B/P			Prosthetic device
	Commode					snacks in			Other 4/25			Visual impairment
	Needs assistance					between						Blind
	Restricted to unit											Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE							Glasses
	Other			Self		FEEDING	DATE		FLUIDS			Hearing defect
4/20	Aid + Encourage			Needs assistance		Self			Forced to:			Other
	Ambulation			Special		Needs assistance			Restricted to:			
						Gavage			I & O			

DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES
4/20		D/C Foley					
4/20		Record volume of all urine					
4/22		No IV access / D'c'd					
4/25		Dressing A B D					
4/25		LOO completed					
4/25		Dressing Supplies					
4/26		Pt may shower + open wounds washed then dressed					

Dr (b)(6)-2

ADDRESSOGRAPH

(b)(6)-4

(b)(6)-4

Rack 33

Rack # 5

DIAGNOSIS: S/P x lap for GSW

AGE	HEIGHT	WEIGHT

PATIENT CLASSIFICATION

OP/SPECIAL PROCEDURES

FINDINGS:

	DATE ON	DATE OFF
SI		
VSI		
RELIGIOUS RITES		

MEDCOM - 5924

Standard Form 508

CLINICAL RECORD — DOCTOR'S ORDERS (Sign all)

DATE AND TIME START	DATE AND TIME STOP	Rx	DRUG ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked here)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
20 Apr			May shower & open abdomen		(b)(6)-2
1100			Redress after shower		
			4/26/03 2115	(b)(6)-2 CDR	
27	0115		24° complete	(b)(6)-2	EWS, RC
27 APR 03	0030		24° chart verification	(b)(6)-2	EWS, RC
27 APR 03 0850			Assumed care of pt. At resting comfortably in bed. No c/o pain. VSS, AF. Large tape and gauze dressing to midline abd - CDL. Will continue to monitor.	(b)(6)-2	
30 APR 03	0000		24° chart verification	(b)(6)-2	EWS, RC
01 May 03	0000		24° chart verification	(b)(6)-2	EWS, RC
01 MAY 03	1500	(1)	Discharge to level II facility when available		
02 May 03	@ 0015		24° chart verification	(b)(6)-2	
				(b)(6)-2	EWS, RC
3 May 03	@ 0015		No New orders	(b)(6)-2	
			24° chart verification		
04 May 03	@ 0030		24° chart verification	(b)(6)-2	EWS, RC

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

Page #33

DOCTOR'S ORDERS
Standard Form 508
508-109

General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

508-112 7540-01-044-5515

MEDICAL RECORD

DOCTOR'S ORDERS

INSTRUCTIONS: Place form on **firm surface**; use pressure on ball point pen. Sign all orders.
Nurse: Remove one copy and send to Pharmacy after each order is written.

DATE AND TIME START	STOP	Rx	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/16/03	1420		(1) NPO p MN	(b)(6)-2	(b)(6)-2
			(2) CBC, CMP in AM		
			(3) Heparin 5000 units SQ bid (if not already ordered)	(b)(6)-2	
Faxed 1540			→ 16APR03 1430 Noted Dr.	(b)(6)-2 (b)(6)-2	
16 Apr 2000			EKG tonight done	(b)(6)-2	
			Do CBC and CMP now instead of tomorrow	(b)(6)-2 (b)(6)-2	
			D5 1/2 NS + 20 mEq KCl / 1 liter @ 100/hr	(b)(6)-2	
			4/16/03 noon	(b)(6)-2	
17 Apr 2003	0120		24° Chest Venfunctu	(b)(6)-2 surgery, OSMR	
17 Apr 1400			See ICU order sheet.	(b)(6)-2	
18 Apr 0700			Transfer to ward		
			D/C NG tube	(b)(6)-2	

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)* (b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PACK #5

J. Pont

MEDCOM - 5926

Standard Form 508

CLINICAL RECORD	DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	STOP	Rx	DRUG ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s); may be administered UNLESS checked here)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4.17.03 / 1515			→ Morphine 5mg - 10mg IV q5min PRN for pain → Versed 1 to 5mg IV q5min PRN for anxiety. → PEEP to 10 cm H_2O	(b)(6)-2	(b)(6)-2
4-17-03 / 1540			→ ↑ PEEP to 15 cm H_2O	(b)(6)-2	
4-17-03 / 1620			LR 1000 x 1 now please → PCXRM	(b)(6)-2	
4/17/03 1700			LR 1000cc x 1 now DC 04/17/03 @ 1800	(b)(6)-2	(b)(6)-2
4/17/03 1800			Lasix 10mg IV x 1 Now CDR, RN 4/17/03 @ 1800	(b)(6)-2	(b)(6)-2
4.17.03 / 1820			Change IVF to LR at 150 cc/hr.	(b)(6)-2	
			12 VERIFICATION		(b)(6)-2

(Continue on reverse side)

24 V 4/18/03 0605

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

(b)(6)-4

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
Standard Form 508
508-109

General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
11 Apr 1201			ASA now	(b)(6)-2	
			Notified [redacted] RE NAPROS 1330	(b)(6)-2	
11 Apr 1630			Decadron 4 po now		(b)(6)-2
			Cipro 500 mg po BID	(b)(6)-2	
11 APR 03	1900	(1)	0.5 ml (H) Td once	(b)(6)-2 CDR/NC/USN	(b)(6)-2
				(b)(6)-2 LCDR MC USNR	
11 APR 03 1915		(1)	D/C CIPRO (discontinue)		(b)(6)-2
		(2)	Z PAK (Azithromycin) 500 mg PO now then 250 mg qd x 4 days		(b)(6)-2
				TX (b)(6)-2	(b)(6)-2
				Notified	(b)(6)-2
12 Apr 03 @ 0030			24° chart verification	(b)(6)-2	(b)(6)-2 NC 4/12 @ 0030
12 Apr 1700			Tylenol ~~gr X~~ 650 mg po q4h prn pain	(b)(6)-2	(b)(6)-2
				(b)(6)-2 12 Apr 03	

FAXED 4/11

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; and where applicable, hospital or medical facility)

(b)(6)-4

REGISTER NO.

WARD NO.

24° chart verification 0240 13 April

(b)(6)-4

0410

(b)(6)-2

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FPMR (41 CFR) 201-45-505
508-112

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
20 Apr 1025			D/C Foley Record volume of all voiding Diet as desired stay yogurt, bread A.M and encourage ambulation	(b)(6)-2	(b)(6)-2
4/20/03				(b)(6)-2	
April 20 '03 1800hrs			CBC / TOMORROW CMP Fe Sat T Iron Folic acid by PO MULTIVIT T PO	(b)(6)-2	
4/20 0245			24° ✓ complete	(b)(6)-2	EVS, NC
April 21 '03 1700hrs			ACUTE ABD SERIES - U/S ABDOMEN - SURGERY TO SEE (DR OPPLINGER) Noted (b)(6)-2 UTJG, NC 4/21/03 1400	(b)(6)-2	
21 Apr 0157			CT scan - done	(b)(6)-2	

(Continue on reverse side)

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

(b)(6)-4

Rack 33

REGISTER NO.

(b)(3)-1

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

MEDCOM - 5929

RECORD

DOCTOR'S ORDERS
(Sign all orders)

START	Rx	DRUG ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked here)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
18 APR 1000		2gm Magnesium Sulfate IVPB x 1 Now	(b)(6)-2 done 1100	
		V.O. Dr. (b)(6)-2 (b)(6)-2	(b)(6)-2 CT	
			(b)(6)-2 CDR	
			1445 4-18-03	
19APR03 @ 0211		VERIFIED		
			(b)(6)-2	
19 Ap 2031		Record urine output q4h	(b)(6)-2	
		Record output from J-P's q8h. Sft, record each one separately	(b)(6)-2	
		Assist in ambulation	(b)(6)-2	
		Record oral intake	(b)(6)-2	
4/19/03 1000			(b)(6)-2	
4/20 0300		chart verified (b)(6)-2		
20 Apr 0920		Record J-P output q8h. Sft	(b)(6)-2	
		Record Q if no output		
		Record Pulse and Temp q4h including nights		
		Record urine output q4h x all shifts		
4/20/03 1100		CBC, BMP, Mg+ now	(b)(6)-2	

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO. [redacted] NO.

(b)(6)-2

DOCTOR'S ORDERS
Standard Form 508
508-109

General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

MEDICAL RECORD | **DOCTOR'S OR...** *(Sign all orders)*

...AND TIME ...RT	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
	4/22		0230 24° ✓ complete	(b)(6)-2	CNS, NC
Faxed 4/22/03	4/22/03		T.O. DR (b)(6)-2 /	(b)(6)-2	(b)(6)-2
4/22/03			1400 Tobramycin 350mg IVPB	gd	
	4/22/03		1400	(b)(6)-2	
22 Apr 2020			D/c Tobramycin	✓ (b)(6)-2	
			D/c IV	✓	
			Zantac 150mg po bid	✓	
				(b)(6)-2	
			faxed to pharm 22APR02 2145		
			noted (b)(6)-2 LCDR NC	22APR02 2145	
4/23			0210 24° ✓ complete	(b)(6)-2	CNS NC
25 Apr 0600			Pulse + temp q4h		(b)(6)-2
			Aid and encourage ambulation		
			Nutritious snacks in between meals		
			Change dressing BID	(b)(6)-2	
			LOO		
			Needs dressings - no meds		
26APR03 0400			24hr chart ~~verification~~	(b)(6)-2 (b)(6)-2	CDR (b)(6)-2

(Continue on reverse side)

...NT'S IDENTIFICATION (For typed or written entries give: Name – last, first, grade; rank; rate; hospital or medical facility)

(b)(6)-4 Rack 33

REGISTER NO.

WARD NO. (b)(3)-1

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

MEDICAL RECORD	DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START / STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
4/13/03 1935		① CBC + CMP in AM	(b)(6)-2
4/13/03		(b)(6)-2 LCM	(b)(6)-2 (b)(6)-2 CDR (b)(6)-2
14 Apr 03 0225		24° Chest Verification	(b)(6)-2
4/14/03 2050		② D/C Surfak (pt has diarrhea)	(b)(6)-2
		(b)(6)-2	(b)(6)-2 CDR (b)(6)-2
4/15/03 0325		24° Chest Verification	(b)(6)-2 EWS, USN
15 Apr		Acute abdominal series ~~today~~ this morning	(b)(6)-2
		~~Floats~~ NPO	(b)(6)-2 (b)(6)-2
		15 APR 03 @ 0900	(b)(6)-2 NC
15 Apr 1430		Continue pre procedure orders.	(b)(6)-2
		Clear liquid diet	(b)(6)-2
		Scheduled CT of abdomen	(b)(6)-2
			(b)(6)-2
		(b)(6)-2 4/15/03	(b)(6)-2 LCSEWC, USN
4/16/03 0225		24° Chest Verification	(b)(6)-2 EWS, USN

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

NAVMED 6550/8 (REV. 4-74) S/N ...-LF-216-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH MAY 20 03 — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	2	3	4				
4/18	FeSO4 ÷ tab PO TID	0700	(b)(6)-2						
		1100							
		1700							
4/18	FOLIC ACID ÷ mg PO qd	0700							
4/18	MVI ÷ tab PO qd	0700							
4/18	LOVENOX ~~SQ~~ 30mg SQ q 12h	0900							
		2100							
4/22	ZANTAC 150mg PO BID	0900							
		1700							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE

(b)(6)-4

Injection Site Code

② = Right Buttock ⑥ = Right Leg

④ = Right Deltoid ⑧ = Right Arm

⑨ = Abdomen

SINGLE DOSE, PRE-OP PRN VARIABLE DOSE ORDERS SEE REVERSE

MEDCOM - 5933

MEDICATION ADMINISTRA RECORD (Back) S/N 0105-LF-216-5581

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION		DOSES GIVEN																	
4/10	PERCOCET	DATE	4/29	4/30	5/2	5/2														
	1-2 tabs PO	TIME	1800	1100	0700	2200														
	Q3° PRN	DOSE	2	2	2	2														
		INIT.	(b)(6)-2																	
4/16	Benedryl 25mg	DATE	4/28	4/29																
	PO Q4° PRN	TIME	2045	2430																
		DOSE	25	25																
		INIT.	(b)(6)-2																	
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		

Neurovascular/Neuromuscular Check (MEDTREFAC 6550/12/Temp Form)

	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06
	EYES OPEN	4		4				4																	
	VERBAL	2		2				5																	
	MOTOR	4		4				5																	
	TOTAL	10		10				14																	
	PUPIL REAC R/L	+ / +		+ / +				+ / +																	
	PUPIL SIZE R/L	2 / 2		2 / 2				2 / 2																	
LUE	COLOR	NFR		NFR				NFR																	
	PULSES	+		+				+																	
	CAP REFILL	L3		L3				L2																	
	MOVEMENT	+		+				+																	
	STRENGTH	2		3				3																	
RUE	COLOR	NFR		NFR				NFR																	
	PULSES	+		+				+																	
	CAP REFILL	L3		L3				L2																	
	MOVEMENT	+		+				+																	
	STENGTH	2		2				2																	
LLE	COLOR	NFR		NFR				NFR																	
	PULSES	+		+				+																	
	CAP REFILL	L3		L3				L2																	
	MOVEMENT	+		+				+																	
	STRENGTH	2		3				3																	
RLE	COLOR	NFR		NFR				NFR																	
	PULSES	+		+				+																	
	CAP REFILL	L3		L3				L2																	
	MOVEMENT	+		+				+																	
	STRENGTH	2		2-3				3																	

RESPONSE	1	2	3	4	5	6
EYES OPEN	Never	To Pain	To Sound	Spontaneously		
VERBAL	None	Incomprehensible	Inappropriate	Confused Conversa-	Oriented	
MOTOR	None	Extension	Flexion-Abnormal	Flexion-Withdrawal	Localizes Pain	Obeys Commands

LEGEND

Movement: + -
Strength: 0 - +5/5
P = Pronator Drift
FW = Flexion/Withdrawal
E = Extension
FL = Flaccid
FA = Flexion Abnormal

Reflexes:
- = Absent
+ = Present

Pupil Reaction:
S = Sluggish
+ = Reactive
- = Nonreactive

PUPIL SIZE SCALE (MM)

SIZE

MEDCOM - 5935

(b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: Apr 20

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR		18																						
TEMP		96.4																						
SAO2		99																						
MAP																								
O2 Mode																								

DRIP/DOSE

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

N	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
O																										
/PB																										

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOT
FOLEY				200			300																			
UOP																	200									
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

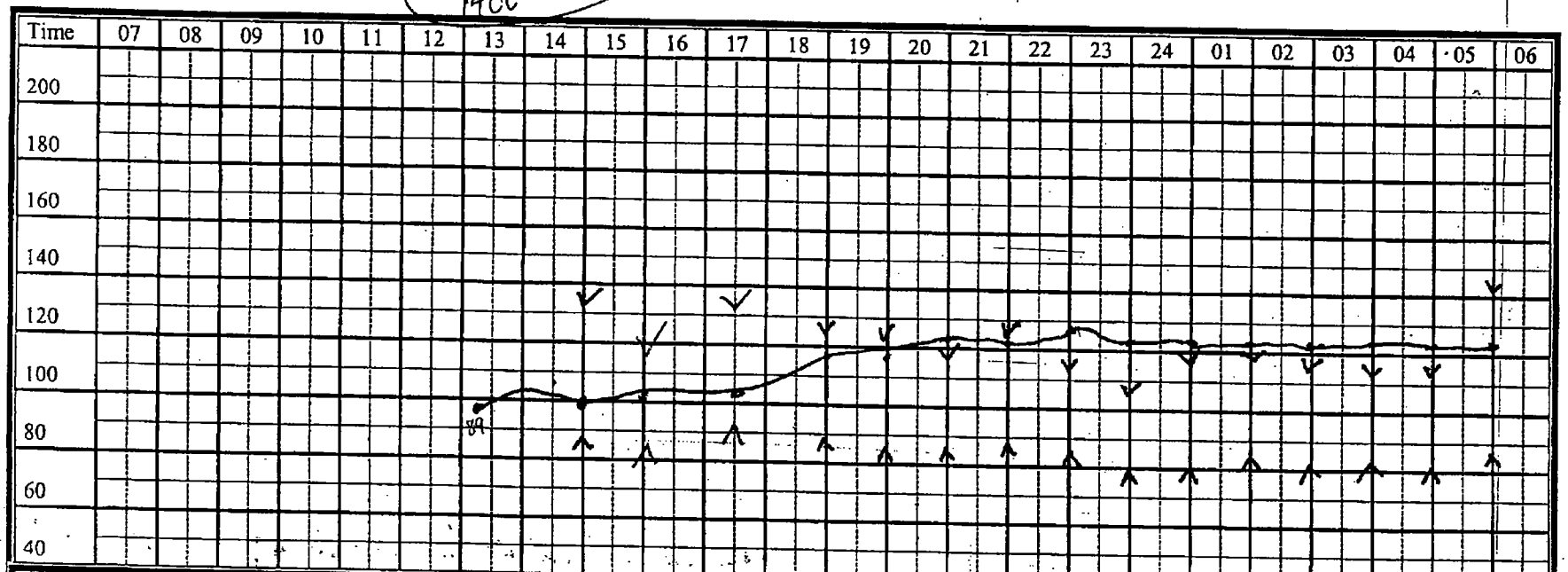
MEDCOM - 5937

Name: (b)(6)-4

ADMISSION 1400

NURSING FLOW SHEET
MEDTREFAC 6550/12/Temp Form

Date: 17 April 2003



	13	16	17	19	20	21	22	23	24	01	02	03	04	05	06
RR	12	12	18	28	24	24	22	24	22	22	22	22	24	22	24
TEMP	98.3	98.3	—	—	98.4			96.2					97.2		100.6
SAO2	100%	100	100	96	96	97	94	97	96	97	96	97	96	97	98
MAP			103	97	92	96	97	97	91	92	92	92	91	97	97
O2 Mode	VENT	PSV	PSV	FM BL	FM BL	NC 1L	RA	NC 1L	NC 1L	NC 1L	NC 1L	RA	NC 1L	NC 1L	RA
F_iO_2	50%	30%	30												
PSP		12	12												
PEEP		15	15												

DRIP/DOSE

FREQ. VITAL SIGNS

TIME	1400															
BP	150/86															
HR	98															
RR	12															
TEMP	97.3															
SAO_2	100															

Notes: OR admission

(b)(6)-2

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB												50	50						100							100
IVF							125	125	125	125	125	125	750	125	125	125	125	150	150	150	150	150	150	150	150	1200
FLUIDS				from OR			2250 →						2250													
JP 1							35 →					30	65											5 cc	20 cc	
JP 2							5 →					60	65											10 cc	30 cc	
IV FLUIDS										1000	1000		2000													
Algiman															30											

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY							50 →			30		25	105	70	50	50	35	35	35	45	40	50	50	30	70	59
UOP							~~50~~ PN		*Ho NOTIFIED LAB-LICP SEE BLUD				400cc													
BM																										
EBL							200 →						200													
JP#1													805		∅										0	
JP#2													736		30			50					30		30	140

PREVIOUS 24 HOUR INPUT 2200 PREVIOUS 24 HOUR OUTPUT 1641 PREVIOUS WEIGHT _____

PRESENT 24 HOUR INPUT _____ PRESENT 24 HOUR OUTPUT _____ PRESENT WEIGHT _____

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06
EYES OPEN										4				4				4				4		
VERBAL										ETT				1				1				1		
MOTOR										6				4				4				4		
TOTAL										10				9				9				9		
PUPIL REAC R/L										+ +				+ +				+ +				+ +		
PUPIL SIZE R/L														2 2				2 2				2 2		
LUE COLOR														WNL				WNL				WNL		
PULSES														+2				+2				+2		
CAP REFILL														<3				<3				<3		
MOVEMENT														+				+				+		
STRENGTH																								
COLOR														WNL				WNL				WNL		
PULSES														+2				+2				+2		
CAP REFILL														<3				<3				<3		
MOVEMENT														+				+				+		
STENGTH																								
LLE COLOR														WNL				WNL				WNL		
PULSES														+2				+2				+2		
CAP REFILL														<3				<3				<3		
MOVEMENT														+				+				+		
STRENGTH																								
RLE COLOR														WNL				WNL				WNL		
PULSES														+2				+2				+2		
CAP REFILL														<3				<3				<3		
MOVEMENT														+				+				+		
STRENGTH																								

RESPONSE	1	2	3	4	5	6
EYES OPEN	Never	To Pain	To Sound	Spontaneously		
VERBAL	None	Incomprehensible	Inappropriate	Confused Conversa-	Oriented	1
MOTOR	None	Extension	Flexion-Abnormal	Flexion-Withdrawal	Localizes Pain	Obeys Commands

LEGEND

Movement: + -
Strength: 0 - +5/5
P = Pronator Drift
FW = Flexion/Withdrawal
E = Extension
FL = Flaccid
FA = Flexion Abnormal

Reflexes:
- = Absent
+ = Present

Pupil Reaction:
S = Sluggish
+ = Reactive
- = Nonreactive

PUPIL SIZE SCALE (MM)

SIZE

MEDCOM - 5940

NAVMED 6550/8 (REV. 4-74) S/N 0108-LF-216-5581 Recopied.

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH April 2000 — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/15	4/16	4/17	4/18	4/19	4/20
4/11	Anthomycin 250mg PO QD x 4 days	0900	(b)(6)-2	X	(b)(6)-2			
4/16	Heparin 5000U SQ BID	0900	X	X	(b)(6)-2			
		2100	X	(b)(6)-2	X			

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2		

ADDRESSOGRAPH PLATE

(b)(6)-4

WARD NO.

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

SINGLE DOSE PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

RAD [redacted] 91

MEDCOM - 5941

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION		DOSES GIVEN																
4/10	MSO4 3-5 mg	DATE	4/16																
	IVP q3°	TIME	0100																
	PRN pain	DOSE	5mg																
		INIT.	(b)(6)-2																
4/10	Percocet	DATE	4/16																
	T-II PO	TIME	2100																
	q3° PR.	DOSE	2																
		INIT.	(b)(6)-2																
4/12	Tylenol	DATE																	
	650 mg	TIME																	
	PO q4° PR	DOSE																	
		INIT.																	
4/16	Benadryl	DATE																	
	25mg PO	TIME																	
	& q PRN	DOSE																	
		INIT.																	
4/16	Phenergan 25	DATE																	
	IV/25mg PO	TIME																	
	PRN	DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

★ G.P.O.: 1982-587-016/5409

(b)(3)-1

CP/RT Ventilator Check Off Sheet

Date	4/17/03											
Time	1430	1500	1540	1732								
Vent	760	760	760	760								
Mode	PSV	PSV	PSV	PSV								
VT set/actual												
VT spontaneous	400	477	388	455								
Rate set				/								
Rate total	11	19	18	24								
Peak flow	34	46	54	54								
Sensitivity	-2	-2	-2	-2								
Peep	10	12	15	15								
PIP	36	27	27	27								
~~Insp pause~~ PS	25	15	12	12								
~~Sigh volume~~ MV	5.30	8.54	8.28	9.31								
~~Sigh rate~~ MAP	19	15	19	19								
Sigh frequency				/								
Sigh PIP				/								
Fio2	.50	.30	.30	.3								
Waveform	DEC	DEC	DEC	/								
High PIP alarm	50	50	50	50								
Low PIP				/								
Low volume	200	200	200	20								
Det. delay				/								
Apneic period				20								
Low PEEP/CPAP				/								
High rate	35	35	35	35								
Volume check qS				/								
Temp/set				/								
Water level				/								
HME	NEW	OK	OK	OK								
Pt/secretion check				/								
O2 sats	98%	97%	97%	97%								
Cuff Pressure	22			/								
Initials	(b)(6)-2											

Name/Signature	Initials	Pt. Information/Addressograph
(b)(6)-2	(b)(6)-2	(b)(6)-4

Date	Time	
	1500	PT RECEIVED FROM OR S/P EXLAP. TRIED TO WEAN PS AND PEEP DOWN ONLY PARTIALLY SUCCESSFULL, FIO2 DOWN TO 30%. (b)(6)-2
		(b)(6)-2
	1550	CURRENT PLAN PLACE PATIENT ON PS 12 PEEP 15 FOR 2 HOURS THEN TRY TO WEAN. PT APPEARS TO BE TOLERATING VENT THERAPY AND APPEARS TO BE STABLE (b)(6)-2
	1500	LATE NOTE: 8.0 mm OETT PATENT AND SECURE AT (b)(6)-2 AT EQUAL BILAT LUNG SOUNDS C̄ COARSE SOUNDS THROUGHOUT. SUCTION X 2 MOD AMOUNT (b)(6)-2
	1625	PT EXTUBATED, PLACED ON AEROSOL MASK & JET NEB AT FIO2 100%. PT HAS RHONCHI T/O, PT HAS WEAK COUGH. STILL SOMEWHAT SEDATED WILL CONTINUE TO FOLLOW (b)(6)-2

LAB FLOW SHEET

PATIENT NAME (b)(6)-4

Date/Time	4/16	4/18													
CBC															
WBC (4.8-10.8) K/UL	13.4	21.1													
RBC (4.7-6.1) 1X10 6/UL	4.6	4.5													
HGB (14.0-18.0) g/Dl	12.5	12.2													
HCT (42-52) %	37.8	36.5													
PLT (150-450) 1x10 3/UL	827	917													
NEUT%	10.3	16.9													
CHEMISTRY															
NA+ (137-145) mmol/L	136	133													
K (3.6-5.0) mmol/L	3.9	5.1													
CL- (97-107) mmol/L	100	100													
CO2 (22-31) mmol/L	33	28													
BUN (9-21) mg/Dl	5	7													
GLUCOSE (76-110) mg/dL	122	138													
CREAT (0.8-1.5) mg/dL	0.4	0.8													
CA (8.8-10.4) mg/dL	8.5	8.2													
PHOSPHORUS (2.5-4.5) mg/dL	4.9	5.5													
URIC ACID (3.3-8.4) mg/dL	4.6														
PROTEIN TOTAL (6.3-8.3) g/dL	6.3														
ALBUMIN (3.5-5.0) g/dL	2.7														
AST (15-46) U/L	28														
LDH (313-618) U/L	694														
ALK PHOS (70-250) U/L	287 ~~24~~														
TBILI (1.0-10.5) mg/dL	0.6														
GGT (8-78) U/L	104														
CK (0-203) U/L	42														
MG (1.7-2.2) mg/dL	2.0	1.3													
AMYLASE (30-110) U/L															
LIPASE (23-300) U/L															
ALT (11-66) U/L	37														
ABG															
pH															
pCO2															
pO2															
HCO3															
BE															
Sao2															
COAG															
APTT (23.8-35.5) Seconds															
PT (11.6-14.4) Seconds															
INR															
OTHER															

(b)(6)-4

MEDICAL RECORD	OPERATION REPORT

PREOPERATIVE DIAGNOSIS

Intraabdominal Fluid Collection, GSW to both large and small bowel

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
(b)(6)-2	(b)(6)-2		
ANESTHETIST	ANESTHETIC		TIME BEGAN 1151
LCDR (b)(6)-2	Gen		TIME ENDED 1405
SURGICAL NURSE	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
LTjg (b)(6)-2	HN (b)(6)-2 HM2 (b)(6)-2	1212	1350
OPERATIVE DIAGNOSES	DRAINS *(Kind and number)*		SPONGE COUNT VERIFIED
	JP 10 mm x2 to abdominal		Correct X2

SAA

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

none

OPERATION PERFORMED

Ex lap and drainage of bilious ascites

DESCRIPTION OF OPERATION *(Type(s) of suture used, gross findings, etc.)*	MAJOR	MINOR	DATE OF OPERATION
	x		4/17/03

EBL 200 CC's IVLR 2000 cc's U/O 50 (foley)

Pt has multiple fluid collections on CT, bilious on aspiration, 2 weeks s/p x-lap and oversew of GSW to transverse colon. Prepped and draped in sterile fashion. Midline wound opened carefully with one small nick in liver. A fibrinous peel was found over the liver and this was entered and a liter of old bilious material was evacuated. Cultures were obtained yesterday so no new specimens were sent. This cavity was traced down theright gutter where the bowel and omentum were separated from the lateral abdominal wall and another cavity entered and evacuated. The bowel on the right side of the abdomen was covered by a bilious thick peel precluding safe identification of the space between loops of bowel. A similar cavity was encounteredin the pelvis. The bowel on the left side of the abdomen was healthy in appearance. Falciform ligament was divided. The gallbladder was identified and adhesions to the peel were divided until the porta hepatis could be identified as could the foramen of winslow. After copious irrigation, no fresh bilious or succus leakage could be noted. Some oozing of blood from peritoneal surfaces was encountered. The serosal/peritoneal nodules referred to in the original op note were not identified. 10mm JP was placed into Morrisons pouch and another into the right gutter. Both secured with nylon. At this point it was decided that further mobilization of the bowel to run it completely would probably lead to numerous enterotomies. Furthermore, the CT scan was done 12 hours after both upper and lower endoscopies carried out and no free air was noted. This suggested against a current hole in the bowel. Cholangiogram thru the GB was going to be done but the patient was in the wrong position to use the C-arm. Furthermore, it was decided that a PTHC could be done if bile was seen to be leaking from the drains. Fascia was closed with running #1 PDS and the wound packed. Patient was taken directly to the ICU for recovery, in satisfactory condition

SIGNATURE OF SURGEON			DATE
	(b)(6)-2		4/17/03
PATIENT'S IDENTIFICATION	*(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
(b)(6)-4			

OPERATION REPORT

STANDARD FORM 516 (REV. 9-77)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

(b)(3)-1

P rative Plan Of Care & Nursing

Patient Assessment For Surgery - Potential For Injury - Outcome: Patient is free from signs and symptoms of injury ☐ Yes ☐ No

rauma# or atient #

Diagnosis: Intra abdominal fluid collection Planned Procedure: ex-lap

Date: 4/17/03 Arrival Time: 1130 Interviewer: LT (b)(6)-2

Side: ☐ N/A ☐ Right ☐ Left
Age: HT: WT:

rom:
CASREC
ICU
Ward _____
OTHER:

Transport Via:
☑ Gurney
☐ Litter
☐ Ambulated
☐ Wheelchair
☐ Other

Patient ID:
☑ Trauma card
☐ Verbal
☑ Chart
☑ Armband
☐ Other

Blood Ordered:
☑ N/A
☐ Yes ☐ Consent
☐ T/C #Units _____
☐ T/H #Units _____
Comments: _____

Surgical/Anesthesia Consent Verified:
☐ Procedure
☐ Consent complete, dated, signed
☑ Emergent case; no consent, MD note

reop Labs (HCG, etc):
None ☐ Yes
est/Results: _____

Drug/Latex Allergies:
☑ NKDA
Allergy/Reaction: _____

Present On Admission:
☐ N/A
☐ Oxygen
☑ IV Site: #1 (L) Alt leg a
#2 _____
☐ Foley
☐ Endotrachial Tube
☐ Arterial Line Site: _____
☐ Drain(s) _____
☐ Chest Tube(s) _____
☐ See RN Note # _____

Past Medical History:
☑ None known
☐ Smoker ppd/yrs ____/____
☐ ETOH ☐ Asthma
☐ HTN ☐ CAD
☐ GERD ☐ CBR exposure
☐ Other:

Past Surgical History:
☐ None known
☑ Yes
List: See pt's chart

Cultural Needs Addressed:
☐ Yes ☑ No
List: _____

re-Op Pain:
No
Yes Level _____(0-10)
ction Taken: _____
ocation/type: _____

Last PO Intake: (date/time)
Solid: unknown
Liquid: _____

Chart:
H&P ☑ Yes ☐ No
EKG ☐ Yes ☐ No
CXR ☐ Yes ☐ No
Other: _____

Skin Condition:
☑ Intact
☐ Other: _____

Limitations:
☐ N/A
☐ Language
☑ Mobility
☐ Other: _____
☐ Auditory
☐ Visual
☐ Prosthesis

Personal Items:
☑ None
☐ Military gear
☐ Glasses
☐ Dentures
☐ Jewelry/wallet
☐ Other
Disposition: _____

Potential For Anxiety – Outcome: Patent demonstrates knowledge of psychological responses to an invasive procedure ☐ Yes ☐ No

ental/Emotional Status:
Alert/Oriented
Disoriented
Anxious
Appropriate for age
Other
☐ Calm
☐ Sedated
☐ Unresponsive

Comfort Measures Implemented:
☐ Clear, concise explanations
☐ Communicated patient concerns to other staff members
☐ Remain with patient during induction

Pre-op Teaching Included:
☑ N/A due to patient condition
☐ Physical layout of OR
☐ Personnel present during procedure
☐ Environment (noise, temperature, etc.)
☐ Post-op expectation (PACU, drains, etc.)

Potential For Impaired Skin Integrity Related To Surgical Procedure – Outcome: Patient is injury free ☐ Yes ☐ No

perative Position:
Supine
Prone
Jackknife
Lithotomy
Other:
☐ Beach chair
☐ Sitting
☐ Lateral L / R

Positional Aids:
☑ Arms <90
Armboard: ☑ L ☑ R
Tucked: ☐ L ☐ R
☐ Airplane
☐ Fracture Table
☐ Hand Table
☐ Stirrups
☐ Other:
☐ Axillary roll
☐ Gel Pad
☐ Leg Holder
☐ Tape
☐ Bean Bag
☐ Gel donut
☐ Pillows
☐ Wilson Frame

Comments: _____

SU # 5
ad Site: (R) thigh
ad Lot # 6/27
ite Clear at end of case? ☐ No ☑ Yes
f No, see RN note # _____
ipolar: ___ Max Cut 50 Coag 30

DVT Prevention:
SCD used ☐ No ☑ Yes
Pressure: 45 ☐ Left ☐ Right
Teds: ☐ No ☑ Yes
Bair Hugger used: ☑ No ☐ Yes
Other warming techniques: Warm sheets

Tourniquet:
☐ Arm ☐ Leg # _____
☐ Left ☐ Right
☐ webril applied
Applied by: _____
↑ ____ ↓ ____
↑ ↓
Total Min: _____

Comments: _____

(b)(6)-4

(b)(6)-4

Comments: _____

(b)(3)-1

Potential For Infe/ Outcome: Appropriate Actions Taken to Infection ☑ Yes ☐ No

Wound Classification:
☐ I ☐ II ☑ III ☐ IV

Shave Prep:
☐ Shave ☐ Clipper
Area: _____ By: _____

Skin Prep:
☑ Betadine Scrub Spray
☐ Hibiclens
☐ Duraprep
☐ Other:

Solutions/Medications:
☑ Normal saline
☐ Sterile water
☐ Local _____
☐ Antibiotics _____
☐ Other: _____

Drains/Packing: ☐ None
☑ Foley FR: 16
☐ JP #1 Fr 10mm Location: Abd #2 Fr 10mm Location: Abd
☐ Hemovac: Size ____ Location _____
☐ Chest tube: Location _____
Size _____ H2O Pressure: _____
☐ Packing: type/location: _____
☐ See RN Note # ____ for comments

Dressing: Location: _____

☐ ABD	☐ Cervical Collar	☐ Kling	☐ Steri-strips	☐ Benzoin
☐ Ace	☐ Coban	☐ Immobilizer	☑ Tape	☐ Mastisol
☐ Bias	☐ Drip Pad	☑ Plains	☐ Webril	☐ Bacitracin
☐ Band-Aid(s)	☐ Fluffs	☐ Sling	☐ Xeroform	
☐ Cast	☐ Kerlix	☐ Splint	☐ Other:	

Miscellaneous

Counts: (initials)
Scrub: RN:
MN [b)(6)-2]
LTjg [b)(6)-2]
_____ _____
_____ _____

Correct?
Sharps ☑ Yes ☐ No ☐ N/A
Sponges ☑ Yes ☐ No ☐ N/A
Instruments ☐ Yes ☐ No ☑ N/A

☐ See RN note # ____ for additional comments

Xray:
☑ None ☐ Other:
☐ Portable
☐ C-Arm

Skin Integrity:
☑ Clear & Intact (other than incision)
Comments: _____

☐ See RN note # ____ for additional comments.

Implants:
Item / Lot # / Exp Date:
None

☐ See RN note # ____ for additional comments.

Discharge from Operating Room

Complications:
☐ None Comments: None

☐ See RN note # ____ for additional comments

Transport From OR:
☑ gurney w/ siderails up
☐ Litter w/ safety strap in place
☐ w/ Oxygen
☐ w/ Monitor
☐ Other:

Transferred To:
☐ PACU
☑ ICU #2
☐ Medivac
☐ Ward ____
☐ Other

Report by:
☑ Anesthesia provider ☐ RN

Surgical Procedure Performed: Ex-Lap and drainage of illeus accites.

RN Note: (number each note to corresponding area above)

Initial/Name Box: (please print)
[b)(6)-2] [b)(6)-2] LTjg

[b)(6)-2] LTjg 4/17/03
Primary OR RN Signature Date

[b)(6)-2]
Relief OR RN Signature Date/Time

Pre / Post-anesthetic Summ.

NNMC 6320/279 (Dec-00)

Proposed Operation	Age	Weight (kg)	Height (in)	ASA Status	Allergies
Ex-lap	~50	~70	64"	1 (2) 3 4 5 E	NKDA

Chemistries

134	100	5
3.9	33	122
		0.6

TPro

Hematology
H / H - 12.5/37.8
Platelets - 827K
WBCs - 13.4

Coags
PT -
INR - Ø
PTT -

Urinalysis / HCG
Ø

NPO - ✓
Teeth - intact
Airway - MP I (II) / III / IV
FROM, 3 FB O, 3 FB HM

Respiratory
Cough:
Sputum:
Asthma:
COPD:
Recent URI: ~~yes~~ recent pneumonia
TB: ?

Lung Exam: distant

CXR: 4/11 patchy infiltrates (B) c/w pneumonia

CV
HTN:
CAD:
MI:
CHF:
VHD:
Arrythmias:
Exercise Tolerance:
?

Cardiac Exam:

ECG: 4/14 - NSR marked posterior QRS axis, poss. inf. infarct

CNS / Skeletal
Seizure:
CVA:
LOC:
Neuro:
Muscle:
Skeletal:
?

Misc
Ø

Other
Hepatic: Ø ?
Renal:
GI: s/p GSW to abd
Endo:
Heme: Ø?

EtOH:
Tobacco: ?

Previous Anesthetics:
29 MAR Ex-lap
15 APR Colonoscopy + EGD } GA ∑ probs

Family Hx:

Current Medications:
Azithromycin

Premedication:
Ø

Preoperative Diagnoses
(1) s/p Ex-lap for GSW to abdomen 29 MAR

Vitals	Pre-op	DOS
BP:	136/80	134/78
HR:	90	95
Resp:	18	18
Temp:		
FHR:		

Evaluator Signature | Date

Day of Surgery
- ☐ Chart Reviewed / patient examined
- ☐ Risks / benefits / options discussed with patient
- ☐ Patient questions answered
- ☐ Patient / parent / guardian understands and accepts risks
- ☐ NPO after ____ liq., ____ clears, ____ solids

Plan: GETA

Staff MD / CRNA signature: (b)(6)-2

Date & Time: 4/17/02 CRNA/LCDR/NC

Patient identification: (b)(6)-4

Post-operative note

☒ No apparent anesthetic complications

(b)(6)-2 CRNA

Signature Date 4/17/03

ANESTHESIA RECOR

NMC 279(12/00) | Wt (kg) 70 | Ht (in) - 64 | Allergies - NKDA

Procedure	Anesthesiologist/CRNA	Surgeon	OR #
Ex-lap - drainage of bilious ascites	(b)(6)-2 Leder MC - CRNA	(b)(6)-2	(b)(6)-2 3

See Page One — Page 1 of ____

Date	Anes. Start	In Room	Surg. Start	Surg. End	Anes. End	R
4/17/03	1125	1151	1212	1350	1415	4

Time	1145	1200	K 30	K 1300	X 30	K 1400	K
O_2 L/M	6	2	3	3	2	2	2	2	3	3
N_2O / Air L/M	2	X								
Halo / Iso / Sevo / Des	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1	0.7
STP / Prop. / Etomidate	400								
Sux / Cistracurium	100								
Ro / Rapa / Ve / curonium		10				6		4	
Lidocaine									
Neostigmine / Glyco									
Ephedrine / Neo									
Midazolam	3								
MSO_4 / Remi / Su / Fentanyl	100	100-50		50		100		100	
Epid / Lido / BupIV / RopIV									
NS04									
NS / LR								2000	
U/O								50	
EBL								200	

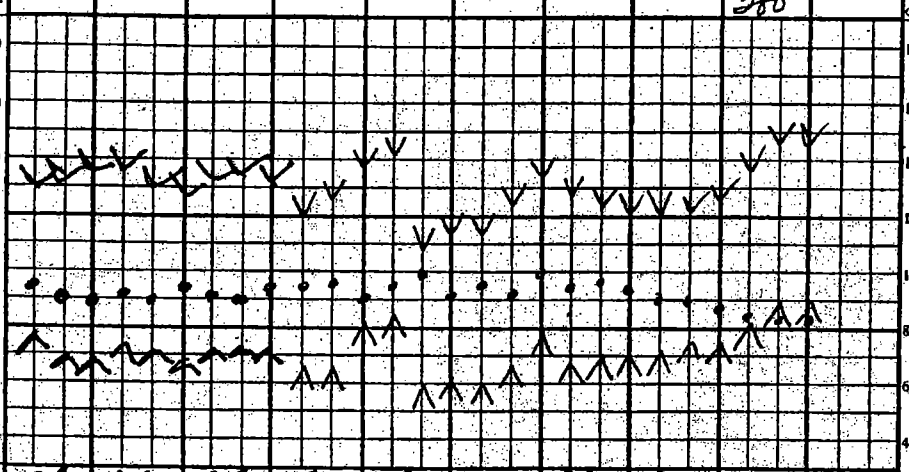
Checklist - ☑ O_2 ☑ Suction ☑ Machine ☑ Consent ☑ NPO

Monitors - ☑ SaO_2 ☑ ECG ☑ FiO_2 ☐ NIBP L / R arm ☐ $EtCO_2$ ☐ PCS / ES ☑ PNS ☑ PIP ☑ Temp ☑ Mass Spec ☐ Verbal ☐ TEE ☐ Fluid warmer ☑ Air Warm ☑ Foley ☐ FHT ☐ Pulm Art cath ☐ CVP IJ / SC / Fem L / R ☐ OG / NG L / R ☐ A-Line Rad / Fem L / R

Position - ☑ Pressure points padded ☑ Arms < 90°
Supine Prone Lithotomy Sitting Lateral L / R

2 Drawn 5 Used 5 Wasted Ø Witns Ø
Drawn 500 Used 500 Wasted Ø Witns Ø
IV - 16 G L / R Hand Wrist FA AC EJ
10 ☐ Tourniquet ____ mmHg Times 1 1
68 / 90 / 120 / 130 / 140 / 150 min - Surgeons informed

		Antibiotics	
	Total	Agent -	
2250	Total	mg -	
50	Total	over	minutes
200	Total	@	



PACU / ICU
Pulse - 92
BP - 150/86
Temp - 97.3
RR - 12
SaO_2 - 100
Comps - + 1 C

ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR
Es / Np / Or / Sk / Ax Temp		36.3	36.2	36.1	35.9	35.8	35.6	35.5	35.5
% FiO_2		1.0	1.0	1.00	1.00	1.00	1.00	1.00	1.00
% SaO_2		99	100	100	99	98	97	99	99
$EtCO_2$		44	41	40	39	37	36	36	36
	○ Ø Ø	Ⓥ	Ø	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ	Ⓥ
TV	Ø	0	450	450	450	450	467	470	470
PIP (cmH_2O)			40	40	40	40	40	42	40
Resp. Rate			15	15	15	15	15	15	15

1330 Suctioned ETT for med. amt yellowish sputum
BS → insp + exp. wheezing / rhonchi on (R) all lobes
1400 To ICU #2 — VSS. O_2 via ETT 10 / min + monitors for transport

Induction - Monitors On — Preoxygenated — Smooth — Inhalation / IV — ~~Cricoid Pressure~~ — ~~Rapid Sequence~~ — Mask ventilation easy Y / N
Intubation - Mac / Mil 3 Grade I view Tube Size 8.0 — Attempts 1 — Oral / ~~Nasal L / R~~ w/o w/ Cuff — Stylet Y / N — Bil BS / $EtCO_2$ x 3 / ~~L CIN~~
Tube taped @ 23 cm @ lips / teeth / nares — Trauma Y / N — ~~FOB / LW / Blind~~ ~~LMA #~~ Ø — DLT Ø Fr L / R
Maintenance - Smooth — Cuff checked — Eyes taped / lubed
Extubation - Smooth — Reversed — SV VSS — ~~Full T4 / Head lift / Sustained tetanus~~ — Suctioned — ~~Awake / Deep~~
Disposition - PACU / ICU — Ø VSS — ~~Awake / Sleepy~~ — ~~Extubated~~ / Intubated

Patient Identification
(b)(6)-4

(b)(6)-4

Prep	Regional	Regional	Comments / Drugs:
☐ Sterile Technique	☑ Spinal / Epidural	☐ Catheter out - tip intact	
☐ Disposable kit	☐ Touhy / Whitacre / Quincke	☐ Level ____	
☐ Betadine prep x 3	☐ Needle guage ____		
☐ Local infiltration	☐ Sitting	Lines	
☐ Site ____ L / R	☐ Lateral R / L	☐ Seldinger Technique	
☐ Attempts ____	☐ LOR to Air / NS	☐ CVP manually transduced	
Blocks	☐ Paresthesia + / -	☐ Cordis 9.5 / 8.5 Fr	
☐ Nerve Stim ____ mA	☐ Heme + / -	☐ SLIC	
☐ Trans-arterial	☐ CSF + / -	☐ 2 / 3 - lumen	
☐ Deal cuff	☐ Test dose ⊖		
	☐ CSF ⊕ swirl		

NAVMED 6550/8 (REV. 4-74) S/N 0105- 3-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH APRIL 19 2003 — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/17	4/18	4/19	4/20	4/21	4/22	4/23
4/17	MEFOXIN 1GM IV	0800	X	(b)(6)-2					
	Q8° X 6 DOSES	1800	1800 (b)(6)-2		X	X	X	X	X
		2400			X	X	X	X	X
4/17	HEPARIN 5,000 U SQ BID	0900	X	(b)(6)-2					
		2100	(b)(6)-2						
4/17	ZANTAC 50MG IV	0800	X						
	Q8°	1600	(b)(6)-2						
		2400							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2 LCDR NC HN/USN	(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE

(b)(6)-4

~~LCDR~~

(b)(6)-4

Rack ~~[illegible]~~ 33

Injection Site Code

1 = Left Buttock
2 = Right Buttock
3 = Left Deltoid
4 = Right Deltoid
5 = Left Leg
6 = Right Leg
7 = Left Arm
8 = Right Arm
9 = Abdomen

WARD NO.

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
MSO4 10mg / Versed 2mg	4/17/03	1520	(b)(6)-2				
Versed 2mg	4/17/03	1945					
~~[illegible]~~	~~4/17~~	~~[illegible]~~					
Lasix 10mg IVP x 1	4/17	1810					
Mag Sulfate 2g IVB	4/18	1100		(b)(6)-2			

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN							
4/17	MSO4 5-10mg IV Q5min PRN PAIN	DATE	4/17	4/17/03	4/17/03	4/17/03	4/18	4/18/03	
		TIME	1745	2015	2045	0025	0300	0415	
		DOSE	5mg	2mg	3mg	3mg	3mg	4mg	
		INIT.	(b)(6)-2						
4/17	VERSED 1-5mg Q5min PRN ANXIETY	DATE	4/17	4/17	4/17	4/17			
		TIME	1622	1635	1740	1810			
		DOSE	2mg	2mg	2.5mg	3mg			
		INIT.	(b)(6)-2						
4/17/03	MSO4 2-6mg IV q1hr PRN pain	DATE	4/18						
		TIME	3mg						
		DOSE	120						
		INIT.	(b)(6)-2						
4/18	Tylenol 650mg Supp PR Q6° p.r.n. temp ≥ 102	DATE							
		TIME							
		DOSE							
		INIT.							
		DATE							
		TIME							
		DOSE							
		INIT.							
		DATE							
		TIME							
		DOSE							
		INIT.							
		DATE							
		TIME							
		DOSE							
		INIT.							

D/C'd

D/C'd

(b)(3)-1

CASU/ RECEIVING

AL RECORD

ABBREVIATED MEDICAL R D
(Sign all notes)

TRIAGE CATEGORY (Circle one)
Immediate
Delayed
Minimal
Expectant

4/10/03 Time: 1310 arrived on board USNS Comfort

nsported by: Helo Boat Pier Other _____
(Circle one)

: LITTER AMBULATORY
(Circle one)

E: _____ HEIGHT (ft' in"): _____ Weight (lbs): ~75kg

STORY: 12 days s/p exp lap for GSW to abdomen, superficial GSW to (R) forearm. ? CA to ABD / metastatic CA.

LERGIES: unknown
URRENT MEDS: MSO4, Ulasyn, Valium
AST ILLNESSES: ? metastatic CA
AST MEAL: (Date) 4/10/03 (Time) AM
vents Preceding Injury: transfer from (b)(3)-1 12 days s/p exp lap for GSW to ABD

TAL SIGNS	TIME	TEMP	PULSE	B/P	RESP RATE	GCS	CAP REFILL (pres/abs)
OMISSION	1310		102	165/83	26	15	+
ISCHARGE	1700	100'	98	160/80	26	15	+

upils: = OR ≠ (Circle one)

L reactive / sluggish / fixed (Circle one)

R reactive / sluggish / fixed (Circle one)

L R

JURIES
Airway Obstruction ☐ Yes ☐ No
Breath Sounds (+ ↓ -)
Hemorrhage
Laceration
Puncture
Wound
Trauma, Amputation
Concussion
Fracture
3. Dislocation
1. Burn
2. dressing
3. _____

BURN
1° %
2° %
3° %

LAB
Hb/Hct
Lytes/BUN/Glue
ABG
UA
T&C _____ units

XRAY
C-spine
CXR
Abdominal
IVP
Extremity

Glasgow Coma Score (GCS)

	Points
A. Eye Opening	
Spontaneous	4
To voice	3
To pain	4
None	1
(Total "A")	
B. Verbal Responses	
Oriented	5
Confused	4
Inappropriate words	3
Incomprehensible words	2
None	1
Total "B"	
C. Motor Responses	
Obeys command	6
Localize pain	5
Withdraw (pain)	4
Flexion (pain)	3
Extension (pain)	2
None	1
Total "C"	15

DIAGNOSIS:
1) r/o metastatic CA
2) 12 days post op exp lap for GSW to ABD

Level of Consciousness (LOC) (Circle one)
A - Alert
V - Responds to Vocal Stimuli
P - Responds to Painful Stimuli
U - Unresponsiveness

Continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; ...)
(b)(6)-4

REGISTER NO.

WARD NO.

ABBREVIATED MEDICAL RE
STANDARD FORM 539
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-6.5.505
510-110

MEDCOM - 5953

(b)(3)-1

CASUALTY RECEIVING MEDICAL TREATMENT RECORD (*continued*)

.WAY nasal / oral Incubate nasal / oral _____ mm tube @ _____ cm teeth / nares

YGEN Room Air Face Mask @ 12 L / min OTHER _____

BES CHEST TUBE: size / site _____

N/G: guaiac neg/pos _____

FOLEY: dipstick blood neg / pos _____

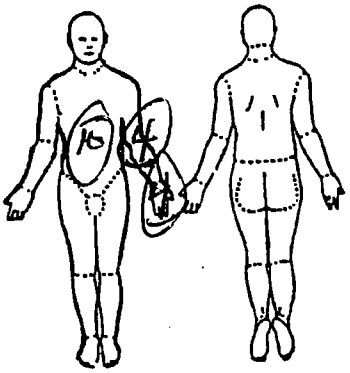
SITES	SIZE
LAC a arrival ? gauge 20/cd	
L hand #20 14340 4/10/03	

/ SOLUTION	AMT INFUSED
1 Ø	
2	
3	
4	

BLOOD PRODUCTS	AMT INFUSED

TREATMENTS

1. Oxygen
2. Cricothyrotomy
3. Tracheotomy
4. IV Sites
5. Pressure Dressings
6. MAST
7. Apply Hemostat
8. Sutures
9. Tourniquet
10. Bandage
11. Splint
12. Cast
13. _____
14. _____



PERITONEAL LAVAGE

Comments _____

Results: (Circle one) POSITIVE NEGATIVE

OUTPUT

Chest Tube _____ cc

Gastric _____ cc

Foley _____ cc

TOTAL INTAKE _____ cc

TOTAL OUTPUT _____ cc

MEDICATIONS	Dose	Route	Time	Initials	MEDICATIONS	Dose	Route	Time	Initials
Morphine									
Mefoxin									
Ancef									
Tet Tox									
Hypertet									

DATE	HOUR A.M.	HOUR P.M.	TRANSFERRED Time: _____ to OR ICU BURN ICU WARD: _____
4/10/03	1310		Pt arrived in casper A+OX3 c̄ complaint @ this time.
			O2 sats ↓ @ 80% on RA. O2 via NC started @
			2.5 l/min and sats ↑ to 95-96%. Dr (b)(6)-2
			bedside (b)(6)-2
	1320		Dressing change done c̄ sterile technique to abdomen
			wet to dry. Pt tolerated well (b)(6)-2
	1401		Pt transf'd to 5FS, ENS Sproul, via RAD c̄ HMS (b)(6)-2

☆ U. S. GPO: 1987-181-247/60056

MEDCOM - 5954

(Reverse)

Personal Dat. Privacy Act of 1974 (PL 93-

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

21 Apr 03 @ 2226 (Coll) PERITONEAL F(ABDOMEN)

ASAP BF CULT: Final Report

Bacteriology Result:

thio growth day one. Gs: gram negative rods.notified dr. wright @ 1355.
xtn 4/22/03
many psuedomonas sp. Sens to amikacin, ciprofloxacin, imipenem, ceftazidime, ticarcillin
ID still pending.
Many Ps. Aeruginosa

21 Apr 03 @ 2226 (Coll) OTHER(ABDOMEN)

Order comment: RIGHT SUBPHRENIC FLUID COLLECTION

ASAP GRAM STA: Final Report

Gram Stain:

NO ORGANISMS NOTED. FEW PMNS. RARE MONOS.

21 Apr 03 @ 0555 (Coll) BLOOD

ASAP WBC	14.5	H	(4.8-10.8)	K/UL
RBC	3.5	L	(4.7-6.1)	1X10 6/UL
HGB	9.6	L	(14.0-18.0)	g/dL
HCT	28.8	L	(42-52)	%
MCV	81.4		(80-94)	fL
MCH	27.1		(27-32)	pg
MCHC	33.3		(31-37)	g/dL
RDW	16.1	H	(12-14)	%
PLT CNT	553	H	(150-450)	1x10 3/UL
MPV	8.5		(7.4-10.4)	FL
NEUT/100 WBC	73.3			%
NEUT%	10.6			1x10 3/UL
LYMPHS/100 WBC	16.8			%
LY#	2.4			1x10 3/UL
MONO/100 WBC	9.9			%
MO#	1.4			1x10 3/UL
BAS#	<0.2			1x10 3/UL

21 Apr 03 @ 0555 (Coll) SERUM

ASAP NA+	132	L	(137-145)	mmol/L
K	4.0		(3.6-5.0)	mmol/L
CL-	97		(97-107)	mmol/L
CO2	28		(22-31)	mmol/L
BUN	9		(9-21)	mg/dL

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Personal Dat. Privacy Act of 1974 (PL 93-)

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

21 Apr 03 @ 0555 (Coll) SERUM

GLUCOSE	133	H	(76-110)	mg/dL
CREAT	0.6	L	(0.8-1.5)	mg/dL

20 Apr 03 @ 1521 (Coll) BLOOD

WBC	16.5	H	(4.8-10.8)	K/UL
RBC	3.7	L	(4.7-6.1)	1X10 6/UL
HGB	10.0	L	(14.0-18.0)	g/dL
HCT	30.4	L	(42-52)	%
MCV	81.7		(80-94)	fL
MCH	26.9	L	(27-32)	pg
MCHC.	32.9		(31-37)	g/dL
RDW	15.7	H	(12-14)	%
PLT CNT	526.0	H	(150-450)	1x10 3/UL
MPV	8.6		(7.4-10.4)	FL
NEUT/100 WBC.	71			%
LYMPHS/100 WBC.	19			%
MONO/100 WBC.	9			%
EOS/100 WBC	1.0			%
PLT EST	HIGH			
MORPHOLOGY.	NORMAL			

20 Apr 03 @ 1521 (Coll) SERUM

MG.	2.2		(1.7-2.2)	mg/dL

Interpretations:

NA+	129	L	(137-145)	mmol/L
K	4.0		(3.6-5.0)	mmol/L
CL-	95	L	(97-107)	mmol/L
CO2	29		(22-31)	mmol/L
BUN	9		(9-21)	mg/dL
GLUCOSE	124	H	(76-110)	mg/dL
CREAT	0.6	L	(0.8-1.5)	mg/dL

18 Apr 03 @ 0505 (Coll) BLOOD

STAT WBC	21.1	H	(4.8-10.8)	K/UL
RBC	4.5	L	(4.7-6.1)	1X10 6/UL
HGB	12.2	L	(14.0-18.0)	g/dL
HCT	36.5	L	(42-52)	%
MCV	82.2		(80-94)	fL
MCH	27.3		(27-32)	pg
MCHC.	33.3		(31-37)	g/dL
RDW	16.1	H	(12-14)	%

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Personal Dat. Privacy Act of 1974 (PL 93-

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

18 Apr 03 @ 0505 (Coll) BLOOD

PLT CNT	844	H	(150-450)	1x10 3/UL

Result Comment: NOTIFIED LT (b)(6)-2 @ 0630

MPV	8.4		(7.4-10.4)	FL
NEUT/100 WBC	79.9			%
NEUT%	16.9			1x10 3/UL
LYMPHS/100 WBC	13.2			%
LY#	2.8			1x10 3/UL
MONO/100 WBC	6.9			%
MO#	1.5			1x10 3/UL
BAS#	<0.2			1x10 3/UL
PLT EST	HIGH			
MORPHOLOGY	NORMAL			

18 Apr 03 @ 0505 (Coll) SERUM

STAT CA	8.2	L	(8.8-10.4)	mg/dL
PHOSPHORUS	5.5	H	(2.5-4.5)	mg/dL
MG	1.2	L*	(1.7-2.2)	mg/dL

Result Comment:
VERIFIED BY REPEAT ANALYSIS.
NOTIFIED TO HA (b)(6)-2 @0624

Interpretations:

NA+	133	L	(137-145)	mmol/L
K	5.1	H	(3.6-5.0)	mmol/L
CL-	100		(97-107)	mmol/L
CO2	28		(22-31)	mmol/L
BUN	7	L	(9-21)	mg/dL
GLUCOSE	138	H	(76-110)	mg/dL
CREAT	0.8		(0.8-1.5)	mg/dL

16 Apr 03 @ 2129 (Coll) SERUM

Order comment: PRE-OP

NA+	136	L	(137-145)	mmol/L
K	3.9		(3.6-5.0)	mmol/L
CL-	100		(97-107)	mmol/L
CO2	33	H	(22-31)	mmol/L
BUN	5	L	(9-21)	mg/dL
GLUCOSE	122	H	(76-110)	mg/dL
CREAT	0.6	L	(0.8-1.5)	mg/dL
CA	8.5	L	(8.8-10.4)	mg/dL
PHOSPHORUS	4.9	H	(2.5-4.5)	mg/dL
URIC ACID	4.6		(3.3-8.4)	mg/dL

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Personal Dat Privacy Act of 1974 (PL 93-)

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

16 Apr 03 @ 2129 (Coll) SERUM

PROTEIN TOTAL	6.3		(6.3-8.3)	g/dL
ALBUMIN	2.7	L	(3.5-5.0)	g/dL
AST	28		(15-46)	U/L
ALT	37		(11-66)	U/L
LDH	694	H	(313-618)	U/L
ALK PHOS	287	H	(70-250)	U/L
TBILI	0.6	L	(1.0-10.5)	mg/dL
GGT	104	H	(8-78)	U/L
CK	42		(0-203)	U/L
MG	2.0		(1.7-2.2)	mg/dL

Interpretations:

16 Apr 03 @ 2129 (Coll) BLOOD

Order comment: PRE-OP

WBC	13.4	H	(4.8-10.8)	K/UL
RBC	4.6	L	(4.7-6.1)	1X10 6/UL
HGB	12.5	L	(14.0-18.0)	g/dL
HCT	37.8	L	(42-52)	%
MCV	83.1		(80-94)	fL
MCH	27.5		(27-32)	pg
MCHC	33.1		(31-37)	g/dL
RDW	15.9	H	(12-14)	%
PLT CNT	827	H	(150-450)	1x10 3/UL

Result Comment: NOTIFIED ENS (b)(6)-2 @ 2229.KF

MPV	7.9		(7.4-10.4)	FL
NEUT/100 WBC	46.7			%
NEUT%	6.3			1x10 3/UL
LYMPHS/100 WBC	38.3			%
LY#	5.1			1x10 3/UL
MONO/100 WBC	15.0			%
MO#	2.0			1x10 3/UL
BAS#	<0.2			1x10 3/UL

16 Apr 03 @ 1617 (Coll) BODY FLUID

WBC	135	MM3
RBC	1225	MM3
COLOR	BROWN	MM3
APPEARANCE	CLOUDY	
MN CELL	23	
PMN CELLS	77	MM3

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Personal Dat Privacy Act of 1974 (PL 93-)

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

16 Apr 03 @ 1357 (Coll) BLOOD(BLOOD)

BLD CULT: Final Report

Bacteriology Result:

AEROBIC AND ANAEROBIC VIAL NO GROWTH X 5 DAYS

16 Apr 03 @ 1354 (Coll) SERUM

PROTEIN TOTAL	3.2	L	(6.3-8.3)	g/dL

Order comment: ascites fluid

ALBUMIN	1.1	L	(3.5-5.0)	g/dL

Order comment: ascites

TBILI	12.6	H	(1.0-10.5)	mg/dL

16 Apr 03 @ 1354 (Coll) CEREBROSPINA

Order comment: ascites fluid

Cancel comment: WRONG TEST ORDERED. ASCITES FLUID RECIEVED.

PROTEIN BF. . . . . LAB CANCELLED

16 Apr 03 @ 1354 (Coll) PERITONEUM

Cancel comment: UNABLE TO RESULT. TEST REORDERED. SJC.

BF CELL CNT . . . . . LAB CANCELLED

16 Apr 03 @ 1354 (Coll) PERITONEAL F(PERITONEUM)

BF CULT: Final Report

Bacteriology Result:

thio no growth after five days

16 Apr 03 @ 0000 (Coll) TISSUE(TISSUE)

TISSUE E

Microscopic Diagnosis:

A1: COLON

COLON, HEPATIC FLEXURE:

FRAGMENTS OF BENIGN COLONIC MUCOSA.

Staff Pathologist(s):

(b)(6)-2

Specimen(s):

[A] BIOPSY OF HEPATIC FLEXURE

1: COLON

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Personal Dat Privacy Act of 1974 (PL 93-)

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

16 Apr 03 @ 0000 (Coll) TISSUE(TISSUE)

Gross Description:

RECEIVED IN FORMALIN LABELED WITH THE PATIENT'S NAME (b)(6)-4 AND DESIGNATED BIOPSY OF HEPATIC FLEXURE, ARE MULTIPLE TAN SOFT TISSUE FRAGMENTS MEASURING UP TO 0.3 CM. M/1/NG.

Clinical History:

DIARRHEA 2 WEEKS S/P X-LAP FOR GSW WITH SUTURING OF COLON INJURY. METASTATIC PERITONEAL NODULES NOTED WITHOUT OBVIOUS PRIMARY.

Preoperative Diagnosis:

R/O CANCER

Operative Findings:

CANCER VS REACTION TO PRIOR INJURY.

Post Operative Diagnosis:

SAA

16 Apr 03 @ 0000 (Coll) NON GYN CYTO

Cancel comment: CORRECTION

CYTO N-GYN. . . . . DISCONTINUED

Modify comment: CORRECTION

CYTO N-G

Microscopic Diagnosis:

A1: PERINEURIUM

ACCESSION ERROR. WRONG TOPOGRAPHY.

A2: PERITONEAL FLUID

NEGATIVE FOR MALIGNANCY.

ABUNDANT GRANULAR DEBRIS WITH MODERATE AMOUNT OF LYMPHOCYTES AND NEUTROPHILS. FEW SQUAMOUS CELLS, MACROPHAGES AND EOSINOPHILS ALSO NOTED.

Staff Pathologist(s): (b)(6)-2

Cytotechnologist(s): (b)(6)-2

Specimen(s):

[A] PERITONEAL FLUID

1: PERINEURIUM

2: PERITONEAL FLUID

Clinical History:

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Personal Dat Privacy Act of 1974 (PL 93-)
PATIENT LAB INQUIRY
For: 21 Jan 03 - 01 May 03
Report requested by: (b)(6)-2 [redacted]

(b)(6)-4 [redacted] (b)(6)-4 [redacted] M/21d Reg #: (b)(6)-4 [redacted]
Ph: Military Unit: UNKNOWN

---

16 Apr 03 @ 0000 (Coll) NON GYN CYTO
Clinical History: (Cont'd)
Pt s/p gsw abd, at surg noted to have peritoneal "studding" on CT has extensive ascites with enhancement

Preoperative Diagnosis:
ascites,r/o malignancy vs granulomatous dz

Operative Findings:
bilious ascites

Post Operative Diagnosis:
saa

15 Apr 03 @ 1515 (Coll) STOOL(FECES)
STOOL CU: Final Report
Bacteriology Result:
no salmonella or shigella noted

14 Apr 03 @ 0457 (Coll) BLOOD

WBC	14.8	H	(4.8-10.8)	K/UL
RBC	4.3	L	(4.7-6.1)	1X10 6/UL
HGB	11.9	L	(14.0-18.0)	g/dL
HCT	36.0	L	(42-52)	%
MCV	83.1		(80-94)	fL
MCH	27.4		(27-32)	pg
MCHC	33.0		(31-37)	g/dL
RDW	15.8	H	(12-14)	%
PLT CNT	836	H	(150-450)	1x10 3/UL

Result Comment:
Critical result verified by repeat analysis
Notified LT (b)(6)-2 [redacted] on 4FP of result @ 0810 -- (b)(6)-2 [redacted]

MPV	8.4	(7.4-10.4)	FL
NEUT/100 WBC	64.7		%
NEUT%	9.6		1x10 3/UL
LYMPHS/100 WBC	23.8		%
LY#	3.5		1x10 3/UL
MONO/100 WBC	11.5		%
MO#	1.7		1x10 3/UL
PLT EST	HIGH		

Result Comment: MANUAL COUNT IS 855

==========
L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult
==========

Personal Dat Privacy Act of 1974 (PL 93-)

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

14 Apr 03 @ 0457 (Coll) BLOOD

14 Apr 03 @ 0457 (Coll) SERUM

NA+	136	L	(137-145)	mmol/L
K	4.1		(3.6-5.0)	mmol/L
CL-	100		(97-107)	mmol/L
CO2	30		(22-31)	mmol/L
BUN	8	L	(9-21)	mg/dL
GLUCOSE	110		(76-110)	mg/dL
CREAT	0.6	L	(0.8-1.5)	mg/dL

10 Apr 03 @ 1351 (Coll) SERUM

STAT NA+	139		(137-145)	mmol/L
K	3.8		(3.6-5.0)	mmol/L
CL-	95	L	(97-107)	mmol/L
CO2	37	H	(22-31)	mmol/L
BUN	8	L	(9-21)	mg/dL
GLUCOSE	113	H	(76-110)	mg/dL
CREAT	0.6	L	(0.8-1.5)	mg/dL
CA.	8.1	L	(8.8-10.4)	mg/dL
PHOSPHORUS.	3.9		(2.5-4.5)	mg/dL
URIC ACID	3.5		(3.3-8.4)	mg/dL
PROTEIN TOTAL	6.9		(6.3-8.3)	g/dL
ALBUMIN	2.9	L	(3.5-5.0)	g/dL
AST	34		(15-46)	U/L
ALT	33		(11-66)	U/L
LDH	804	H	(313-618)	U/L
ALK PHOS.	352	H	(70-250)	U/L
TBILI	1.0		(1.0-10.5)	mg/dL
GGT	151	H	(8-78)	U/L
CK.	54		(0-203)	U/L
MG.	2.3	H	(1.7-2.2)	mg/dL

Interpretations:

10 Apr 03 @ 1351 (Coll) PLASMA

STAT APTT.	21.2	L	(23.8-35.5)	Seconds
PT.	13.6		(11.6-14.4)	Seconds
INR	1.1			

Interpretations:

The current recommended therapeutic range for INR is 2.0-3.0 for all indications except prosthetic valves for which an INR 2.5-3.5 is recommended (Chest 108(4):231S-246S; 1995). It should be recognized that

---

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

Personal Da Privacy Act of 1974 (PL 93-)

PATIENT LAB INQUIRY

For: 21 Jan 03 - 01 May 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/21d Reg #: (b)(6)-4

Ph: Military Unit: UNKNOWN

---

10 Apr 03 @ 1351 (Coll) PLASMA

Interpretations: (Cont'd)

these are guidelines and adjustments may be required based on individual patient risk factors. The INR is not useful for the first 7-10 days of therapy.

10 Apr 03 @ 1351 (Coll) BLOOD

STAT WBC	16.9	H	(4.8-10.8)	K/UL
RBC	4.4	L	(4.7-6.1)	1X10 6/UL
HGB	12.0	L	(14.0-18.0)	g/dL
HCT	37.2	L	(42-52)	%
MCV	83.6		(80-94)	fL
MCH	27.0		(27-32)	pg
MCHC	32.3		(31-37)	g/dL
RDW	16.1	H	(12-14)	%
PLT CNT	629	H	(150-450)	1x10 3/UL
MPV	8.7		(7.4-10.4)	FL
NEUT/100 WBC	62			%
LYMPHS/100 WBC	27			%
MONO/100 WBC	7			%
EOS/100 WBC	4.0			%
PLT EST	HIGH			
ANISOCYTOSIS	1+			

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

---

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(3)-1

Procedure: CHEST, PA
Requested by: (b)(6)-2
Ward/Clinic: WARD 4 FWD STBD (b)(3)-1

DIAGNOSTIC RADIOLOGY (b)(3)-1
Exam Date: 21 Apr 2003@2236
Status: COMPLETE
Exam #: (b)(6)-4
Pregnant:

Reason for Order:
R/O PNEUMOTHORAX; S/P SUBPHRENIC DRAIN PLACEMENT

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

CF several other recent prior cxr's. Progressive collapse RLL w/ possible pneumonia, appears worse on today's exam. Recommend PA and lateral viewsif feasible. ET and NG tubes DC'd. Mediastium normal.

Transcription Date/Time: 23 Apr 2003@0802

Interpreted by: (b)(6)-2 CDR,MC,USN
Supervised by:

Approved by: (b)(6)-2 CDR,MC,USN 23 Apr 2003@0807
Supervised by:

(b)(6)-4

Reg #: (b)(6)-4

SF519-B

(b)(6)-4
10 Apr 2003 / MALE
Loc: CASREC MAIN
Spon: (b)(6)-4
Unit:

FOREIGN CIVILIAN
H: W:
Room-Bed:
Rank: D:
RR:

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(6)-4 DIAGNOSTIC RADIOLOGY (b)(3)-1
Procedure: ABDOMEN SERIES, ACUTE Exam Date: 21 Apr 2003@1447
Requested by: (b)(6)-2 Status: COMPLETE
Ward/Clinic: WARD 4 FWD STBD (b)(3)-1 Exam #: (b)(6)-4
Pregnant:

Reason for Order:
R/O SUBACUTE OSTRUCTION/ILEUS
ABD DISTENSION

Order Comment:

Result Code: ABNORMALITY, ATTN. NEEDED

Report:

AAS cf AAS of 4/15/03.
Chest: Right hemidiaphragm again elevated.
A sliver of left sided subdiaphragmatic free air is noted on the current film. Question recent surgery to explain this. Otherwise consider other causes such as perforation. Bibasilar atelectasis and low lung volumes also noted.

Drain over the right flank, new. Scattered small bowel air and a paucity of air in the colon- small bowel not dilated. Oval densities overlying the RUQ may represent pills in the gut.

Study otherwise negative.

Conclusion: Free subdiaphragmatic air. Bowel gas pattern suggesting ileus but not obstruction.

Transcription Date/Time: 21 Apr 2003@1722

Interpreted by: (b)(6)-2 CAPT,MC,USN
Supervised by:

Approved by: (b)(6)-2 CAPT,MC,USN 21 Apr 2003@1728
Supervised by:

(b)(6)-4 (b)(6)-4 FOREIGN CIVILIAN
10 Apr 2003 / MALE H: W:
Reg #: (b)(6)-4 Loc: CASREC MAIN Room-Bed:
Spon: (b)(6)-4 Rank: D:
SF519-B Unit: RR:

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(6)-4

Reg #: (b)(6)-4

SF519-B

(b)(6)-4

10 Apr 2003 / MALE
Loc: CASREC MAIN
Spon: (b)(6)-4
Unit:

FOREIGN CIVILIAN
H: W:
Room-Bed:
Rank: D:
RR:

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(3)-1

Procedure: KUB
Requested by: (b)(6)-2
Ward/Clinic: CASREC MAIN

DIAGNOSTIC RADIOLOGY (b)(3)-1
Exam Date: 10 Apr 2003@1313
Status: COMPLETE
Exam #: (b)(6)-4
Pregnant:

Reason for Order:
POST OP

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

Portable films of the abdomen are of limited diagnostic quality. No gross bowel dilatation or free gas is identified. Recommend in-dept films if feasible.

Transcription Date/Time: 10 Apr 2003@1411

Interpreted by: (b)(6)-2 CDR,MC,USN
Supervised by:

Approved by: (b)(6)-2 CDR,MC,USN 10 Apr 2003@1413
Supervised by:

(b)(6)-4

Reg #: (b)(6)-4

SF519-B

(b)(6)-4
10 Apr 2003 / MALE
Loc: CASREC MAIN
Spon: (b)(6)-4
Unit:

FOREIGN CIVILIAN
H: W:
Room-Bed:
Rank: D:
RR:

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(3)-1

Procedure: PORTABLE, CHEST (AP ONLY)
Requested by: (b)(6)-2
Ward/Clinic: WARD 4 FWD PORT (b)(3)-1

DIAGNOSTIC RADIOLOGY (b)(3)-1
Exam Date: 17 Apr 2003@1703
Status: COMPLETE
Exam #: (b)(6)-4
Pregnant:

Reason for Order:
ETT PLACEMENT

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

Compared with exam 15APR03. Interval intubation with tip in right mainstem bronchus - ward notified. NG tube noted with tip below film. Low lung volumes with atelectasis, less likely infiltrate. No pneumothorax. Remainder of exam is stable.

Transcription Date/Time: 17 Apr 2003@1712

Interpreted by: (b)(6)-2 MD LCDR, MC ,USN
Supervised by:

Approved by: (b)(6)-2 MD LCDR, MC ,USN 18 Apr 2003@1436
Supervised by:

(b)(6)-4

Reg #: (b)(6)-4

SF519-B

(b)(6)-4
10 Apr 2003 / MALE
Loc: CASREC MAIN
Spon: (b)(6)-4
Unit:

FOREIGN CIVILIAN
H: W:
Room-Bed:
Rank: D:
RR:

RADIOLOGIC EXAMINATION REPORT

Patient (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(3)-1

Procedure: CT, ABDOMEN W/O
Requested by: (b)(6)-2
Ward/Clinic: WARD 4 FWD PORT (b)(3)-1

COMPUTED TOMOGRAPHY
Exam Date: 16 Apr 2003@0927
Status: COMPLETE
Exam #: (b)(6)-4
Pregnant:

Reason for Order:
ABDOMINAL DISTENTION

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

1cm axial images thru the abdomen and pelvis after the uneventful administration of IV contrast.

The lung bases are remarkable for a small right effusion and bilateral atelectasis although the left base is suspicious for an infiltrate.

There are multiple intermediate density loculated fluid collections scattered through out the abdomen - which have enhancing rims, ranging in size from one to several cm's. The bulk of these collections are on the right.

The liver, spleen, pancreas, adrenal glands, kidneys, ureters, and bladder are normal. The prostate gland was not viusalized. The GI tract is normal except the asceding colon with is surrounded by these collections and is not well visualized. On a single image #25 there is a filling defect within the ascending colon of uncertain etiology. However, the bowel is unprepped. There is some wall thickening in this location. There are scattered less than 5mm mesenteric and para-aortic lymph nodes. No peritoneal studding or caking is seen on this exam. No free air is seen. Bones are remarkable only for a bridging osteophyte / partial fusion of the superior right sacroiliac joint.

Impression:

1. Left lower lobe infiltrate.

(b)(6)-4 (b)(6)-4 FOREIGN CIVILIAN

Reg #: (b)(6)-4 10 Apr 2003 / MALE H: W:
Loc: CASREC MAIN Room-Bed:
Spon: (b)(6)-4 Rank: D:
SF519-B Unit: RR:

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

2. Multiple fluid collections may represent abcess. This finding discussed with Dr (b)(6)-2 at time of exam.

3. No definte evidence of intraperitonal neoplasm although the ascending colon is not well visualzed. The filling defect in the ascending colon could be stool. If concerned for a GI process, recommend barium enema or colonoscopy.

4. Right sacro-iliac joint finding likley degenerative in nature.

Transcription Date/Time: 16 Apr 2003@1100

Interpreted by: (b)(6)-2 MD LCDR, MC ,USN
Supervised by:

Approved by: (b)(6)-2 MD LCDR, MC ,USN 18 Apr 2003@1436
Supervised by:

(b)(6)-4 (b)(6)-4 FOREIGN CIVILIAN
10 Apr 2003 / MALE H: W:
Reg #: (b)(6)-4 Loc: CASREC MAIN Room-Bed:
Spon: (b)(6)-4 Rank: D:
SF519-B Unit: RR:

RADIOLOGIC EXAMINATION REPORT

Patient: (b)(6)-4 FMP/SSN: (b)(6)-4

(b)(3)-1

DIAGNOSTIC RADIOLOGY (b)(3)-1

Procedure: ABDOMEN SERIES, ACUTE
Requested by: (b)(6)-2
Ward/Clinic: WARD 4 FWD PORT (b)(3)-1

Exam Date: 15 Apr 2003@0904
Status: COMPLETE
Exam #: (b)(6)-4
Pregnant:

Reason for Order:
DIARRHEA AND FAILURE TO EAT S/P EX LAP

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

Minimal gas in abdomen. Gas in stomach. No dilated bowel. No free gas.
Bones normal. Right basal atelectasis.

Transcription Date/Time: 15 Apr 2003@0939

Interpreted by: (b)(6)-2 CDR,MC,USN
Supervised by:

Approved by: (b)(6)-2 CDR,MC,USN 15 Apr 2003@0940
Supervised by:

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

Reg #: (b)(6)-4

SF519-B

10 Apr 2003 / MALE
Loc: CASREC MAIN
Spon: (b)(6)-4
Unit:

FOREIGN CIVILIAN
H: W:
Room-Bed:
Rank: D:
RR: