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

TIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AN SIGN
[redacted] b(6)-4			22 June 03	1130 HOURS	
			1. NPO @ MN		
			2. ~~Foley to bedside @ MN~~		
			3. CBC, chem 7 in AM		
			4. Type & screen in AM		
			5. On call to OR in AM		
RSING UNIT	ROOM NO.	BED NO.			
1CW2		15	[redacted] b(6)-2		

noted 22 June 03 1815 [redacted] b(6)-2

TIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
CIV [redacted] b(6)-4			23 June 03	0715 HOURS	
			1. Hold coumadin		
			[redacted] b(6)-2		
RSING UNIT	ROOM NO.	BED NO.			
1CW2					

noted 23 June 03 0800 [redacted] b(6)-2

TIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
RSING UNIT	ROOM NO.	BED NO.			

TIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
RSING UNIT	ROOM NO.	BED NO.			

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

#[redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW2		

DATE OF ORDER: 23 Jun 03 | TIME OF ORDER: ____ HOURS | LIST TIME ORDER NOTED AND SIGN

(1) Admit ICW2
- ✓ S/P STSG to Abd
- ✓ Cond Stable
- ✓ Vitals Routine
- ✓ All Ø
- ✓ Act Strict Bed Rest Flat
- ✓ Nurse - IP to Section

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER | ____ HOURS

- ✓ No Ostomy Bag Δ for 3 days
- ✓ Heat lamp to Donor site
- ✓ Diet Regular
- ✓ IV Saline Lock
- ✓ Lovenox 30 mg SQ BID

Noted 23 Jun 03 1000 [redacted]

PATIENT IDENTIFICATION

#[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
	24 W/S	040

DATE OF ORDER | TIME OF ORDER | ____ HOURS

- ✓ Clotrimazole cream to Back QID (Roll to put on.)
- ✓ ZANTAC 150 mg PO BID
- ✓ TYLENOL #3 2-1T Tabs PO q 4° PRN pain
- ✓ Do Not take Down Dressing [redacted]

24 Jun [redacted]

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 24 Jun 03 | TIME OF ORDER: 0700 HOURS

(2) Benadryl 50 mg IV q 6° PRN

b(6)-2

[redacted]

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

[redacted] b(4)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW II		15

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24 JUNE 03	0945 HOURS	
(1) [redacted] b(4)-2		
(2) [redacted]		
- [redacted]		
(3) [redacted] b(4)-2		

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW II	24/5 2300	15

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
25 Jun 03	0845 HOURS	
VO [redacted] SPC [redacted]		
4mg MSO4 mw		
12.5mg phenergan mw		
[redacted] b(4)-2		

PATIENT IDENTIFICATION

[redacted] b(4)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW II		15

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
25 Jun 03	1121 HOURS	
Benadryl 50mg p.o. mw		
[redacted] b(4)-2		

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW II		15

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
26 JUNE 03	2000 HOURS	
(1) [redacted]		
(2) [redacted] b(4)-2		
[redacted]		

FORM 1 APR 79 **4256** REPLACES EDITION OF 1 . 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 [redacted]

DATE OF ORDER: 26 Jun 03 TIME OF ORDER: 2320 HOURS

1. MSO4 2-8 mg IVP q 2° or IM PRN pain.
2. Phenergan 25mg IVP q6° PRN N. or IM

LIST TIME ORDER NOTED AND SIGN: noted 24 Jun 03 23:00 [redacted]

NURSING UNIT | ROOM NO. | BED NO.: 24° [redacted] b(6)-2 [redacted]

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

DATE OF ORDER: [redacted] 0850 HOURS

1. [redacted]
2. [redacted]

[redacted] b(6)

NURSING UNIT: ICW2 | ROOM NO. | BED NO.: 24° [redacted]

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

DATE OF ORDER: 28 JUN 03 TIME OF ORDER: 1015 HOURS

1. TRANSFER TO Regi HOSPITAL
TRANSFER SUMMARY COMPLETED
PRESCRIPTIONS COMPLETED.
2. [redacted] b(6)-2

b(6)-2 noted [redacted] 1100

NURSING UNIT | ROOM NO. | BED NO.: ICW2 | 24°/S | 2300

PATIENT IDENTIFICATION

DATE OF ORDER: Jun 03 [redacted] TIME OF ORDER: b(6)-2 HOURS

NURSING UNIT | ROOM NO. | BED NO.

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. MAY Yr. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED (INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION) 14	15	16	17	18
14 MAY 03	[redacted]	IV LR @ 150 cc/hr	05	[redacted]				
b(6)			13	[redacted]			HL	
			21	[redacted]				
14 MAY 03	[redacted]	Unasyn 3gm IV	06	[redacted]				
b(6)		@ 6°	12	[redacted]			b(6)-2	
			18	[redacted]				
			24	[redacted]				
		~~Gentamycin 500~~						
		~~mg IV on arrival~~						
		~~to floor~~						
14 MAY 03	[redacted]	Gentamycin to	12					
b(6)-2		be dosed daily			DCE 5/15/03			
		per pharmacy						
		calculation						
14 MAY 03	[redacted]	Zantac 50 mg IV	08					
b(6)-2		@ 8°	14				b(6)-2	
			20	[redacted]				
14 MAY 03	[redacted]	O2 2L per NC titrate	05	[redacted]				
		to keep sat >94%	13					
			21	[redacted]				
b(6)-2								
15 May	[redacted]	Cefotaxim 500mg Q6 IV to	12	[redacted]			b(6)-2	
		Gent 450mg q day IV						
						b(6)-2		
15 May	[redacted]	HL IV	5					
			13	[redacted]			DCE 12/17/03	
			21					

See above sheet

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
S/P Exploratory Lap POD #3

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

b(4)-2 A11

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
14 MAY 03	[redacted]	Gentamycin 500 mg IV on	14 MAY 03	ASAP	1700	[redacted]
		arrival to floor				
15 May	[redacted]	HL IV if tolerating PO	15 May	Today	DONE	
16 May	[redacted]	~~Tylenol 650 mg Per rectum~~ SS				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
14 MAY 03	[redacted]	MSO4 1-5 mg IV	5/14 0200	5/14 0000												
		q 1° prn pain	IV [redacted]													
14 MAY 03	[redacted]	Fraadol 15-30 mg	5/15 0000	5/16 0950												
		IV q 8° prn pain	[redacted]	30 mg IV												
16 May	[redacted]	Tylenol 650 mg Per	2200 5/16													
		rectum Q6 PRN for	650 mg [redacted]													
		temp ≥ 101.5														

USAPA V1.00

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. 5 Yr. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 17	18	19	20	21	22
17 may	[redacted]	LR @ 125 cc/hr	06	[redacted]					
b(6)-2			13						
			21						
17 May	[redacted]	Toradol 30mg IV q8°	6						
			14						
b(6)-2		b(6)-2	22						
17 May	[redacted]	Unasyn 3gm IV Q6°	6						
			12						
			18						
			24						
17 May	[redacted]	Gentamycin 450mg QD IV	12						
17 May	[redacted]	Zantac 50mg IV Q8	6						
			14						
b(6)-2			22						
18 May	[redacted]	LR @ 150 cc/hr	06						
			13						
			21						
20 May	[redacted]	LR @ 40 cc/hr	06	/	/	/			
			14	/	/	/			
b(6)-2			22	/	/	/			
21 May	[redacted]	Heplock IV	06						
			14						
			21						

Change S&E 13 Elo 00 13 May 03 [redacted]

[redacted] 22 May 03

DC'd 5/21/03

DC'd 5/21/03

ALLERGIES: ☐ YES ☐ NO NKA

PRIMARY DIAGNOSIS: Hartmans Procedure. ~~s/p Ex lap~~

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

b(6)-2 A11

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
17May	[redacted]	Resume preop orders for Abx				[redacted]
		Resume Unasyn and gentamycin				
17May	[redacted]	as ordered previously				[redacted]
18May	[redacted]	Bolus 1 Liter LR Now	18May	Done		[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
		MSO4 2-5 mg	5/19 0300	19May 0950	20May 0400											
17May	[redacted]	q° prn	[redacted]		[redacted]											

USAPA V1.00

b(6)-2 A11

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

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	22	23	24
21May	[redacted]	LR @120cc/hr	06	/	[redacted]		
			14	/		DC'd 22 May 03	
			22	[redacted]			[redacted]
22May	[redacted]	Hplock IV	06	/		Dc'd 22 May 0900	
			13	/			
			21	/			
22May		LR @ 120cc/hr	06			Dc'd 22 May 03	
			14				
			22				
24May		CIPRO IV 400mg Q12°	06	/	/	/	
			18	/	/	/	
26MAY	[redacted]	Dopamine gtt	05				
		infuse at 3mcg/Kg/	17				
		min.					

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ___

PATIENT IDENTIFICATION:

EPW

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

b(6)-2 All

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*				Mo. May Yr. 03
Order Date	**Clerk/ Nurse**	**SINGLE ORDER, PRE-OPERATIVES**	**Date to be Given**	**Time to be Given**	**Time Given**	**Initials**
24 May	[redacted]	PRBC 1 UNIT NOW	24 May	NOW	0800 DONE	[redacted]
	- - - - -					
	- - - - -					
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Order/ Expir Date	**Clerk/ Nurse**	**PRN MEDICATION, DOSE, FREQUENCY**	*INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* **TIME/DATE DISPENSED**													
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USAPA V1.00

b(6)-2-A11

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. May Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 22	23	24	25	26	27	28	29	30	31
22 May	[redacted]	IV LR @ 130cc/hr	01	[redacted]									
			17	[redacted]									
22 May	[redacted]	Fentanyl gtt titrate to	05	[redacted]									
		pain free	17	[redacted]									
22 May	[redacted]	Unasyn 3.0 gm IV	06	[redacted]									
		Q 6°	12	[redacted]									
			18	[redacted]									
			24	[redacted]									
22 May	[redacted]	Gentamycin 450 mg IV	D	[redacted]									
		Q 8 hrs											
22 May	[redacted]	Zantac 50 mg IV Q 8°	06	[redacted]									
			14	[redacted]									
			22	[redacted]									
22 May	[redacted]	Versed gtt titrate	05	[redacted]									
		to pain free	17	[redacted]									
22 MAY	[redacted]	↑ LR 150 cc/hr	07	[redacted]									
		~~P bolus~~ ↓ 75cc/hr	17	[redacted]									
24 MAY		Cipro 400 mg Q 12°	10										
			22										
24 May	[redacted]	Zosyn 3.375 gm	06	[redacted]									
03		Q 6° IV	12	[redacted]									
			18	[redacted]									
			24	[redacted]									
25 May	[redacted]	NS c 20 meq KCL @ 100cc/hr	05	[redacted]									
			17	[redacted]									
25 May	[redacted]	Lovenox 30 mg SQ	10	[redacted]									
			22	[redacted]									

Order AD NE 22 May

DCD 31 May

Dced 24 May 03 1400 SBST WAGNER 9 mm6

Rewritten

DC 25 May 03 1400 SBST WAGNER 9 mm6

AD TO NS c 20 KCl F LR FINISH

D'Ced 24 May 03 1400

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx: S/P Exploratory LAP, Cond - Serious Transverse Colectomy and Colostomy c I&D

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

[redacted] EPW [redacted] b(6)-2

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITIO[redacted]77 WILL BE USED UNTIL EXHAUSTED. USA

b(6) - 2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. May Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	[redacted]	~~Tylenol 650mg PR q 4-6°~~	error		[redacted]	
	-----	~~prn T > 101.5~~				
22 May	[redacted]	LR. Bolus IV 500 ml	22 May 03	NOW	2000	[redacted]
22 May 03	[redacted]	LR Bolus IV 500 ml	22 May 03	NOW	2145	[redacted]
22 May 03	[redacted]	↑ LR 150 cc/hr ↓ bolus	22 May 03	NOW	2215	[redacted]
24 May	[redacted]	1 unit PRBC NOW	24 May 03	NOW	0800	[redacted]
24 May	[redacted]	Transfuse ↑ unit PRBCs			DONE	[redacted]
	-----	over 40				
25 May	[redacted]	TRANSFUSE ↑↑ UNIT PRBCs	25 May	NOW	0900	[redacted]
26 May	[redacted]	Sputum STAIN	26 May	NOW	0930	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
22 May	[redacted]	Tylenol 650mg	22 May 1900	22 May 03 2000	25 May 03	25 May 03 2118	25 May 03 0200	26 May 03 0730	26 May	29 May	29 May				
-----	-----	pr q 4-6° prn	650mg	650mg	650mg	650mg	650mg	650	1930 650	2000 650mg	650mg	DC'D			
-----	-----	T > 101.5	[redacted]								100		29 May 03		
-----	-----				TT					102.2	100.1				
29 May	[redacted]	TYLENOL 650MG PO/	29 May 1200	29 May 2300	30 May 1330										
-----	-----	NGT Q 4-6° PRN	650mg PO/NG	650mg	650mg PO										
-----	-----	T > 101.5	102.1	103.4	101.1										
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USAPA V1.00

b(6)-2 A1

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 JUN Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	JUN 31	1	2	3
22 MAY	[redacted]	ZANTAC 50MG IV Q8°	06	[redacted]			
			14				
			22				
22 MAY	[redacted]	GENTAMYCIN 450MG IV	10				
		QD					
24 MAY	[redacted]	ZOSYN 3.375GM Q6°	06	[redacted]			
		IVPB	12				
			18				
			24				
25 MAY	[redacted]	NS ĉ 20 MEQ KCL @ 50CC/HR	05	[redacted]			
			17				
25 MAY	[redacted]	LOVENOX 30MG SQ	10				
			22				
26 MAY	[redacted]	AMPICILLIN Q6° 500MG	06	[redacted]			
		IVPB	12				
			18				
			24				
31 MAY	[redacted]	ENSURE (+) B/T MEALS	08	[redacted]			
		TID/HS TTT CANS/DAY	18				
			22				

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: EX LAP TRANSVERSE COLECTOMY AND COLOSTOMY.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

b(6)-2 Ant

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. JUN Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
31 MAY	[redacted]	40 MEQ KCl IN 100CC NS OVER 4°	31 MAY	NOW	DONE	[redacted]
		VO FROM DR. [redacted]				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
30 MAY	[redacted]	PHENERGAN 12.5-25MG														
		Q4° PRN N/V														
29 MAY	[redacted]	TYLENOL 650MG PO	0900 650MG													
		Q4-6° PRN T>101.5	101.7 [redacted]													
31 MAY	[redacted]	PERCOCET I-II TABS	2045 31 MAY II AE	0130 1 JUN II AE												
		Q4-6°														
31/0	[redacted]	MSO4 2-4mg IVP	31/5 2153 4mg	1 JUN 0637 4mg	1 JUN 0810 4mg											
		↑ dsng Δ pain/pn	[redacted]													

USAPA V1.00

b(6)-2 A1-1

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

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	25	26	27	28	29	30	31
25 May	[redacted]	MUCOMYST 20% Ō	08	/						
		ALBUTEROL Q 4°	12	/						
			16	[redacted]	/					
			20	[redacted]						
25 May	[redacted]	PROPOFOL GTT @ 30mcg/kg/min	05	/	[redacted]					
		TITRATE TO SEDATIVE	11	1/2	/					
		EFFECT.								
25 MAY 03	[redacted]	Mucomyst 20% Ō 2cc NS	04	/						
		ad 0.5cc Albuterol	08	/	[redacted]					
			12	/						
			16	/						
			20	/						
			24	1/2						
26 May	[redacted]	AMPICILLIN 500mg IV	06	/	/	[redacted]				
		Q 6°	12	/						
			18	/						
			24	/						
26 MAY 03	[redacted]	Dopamine gtt - infuse @	05	/	/					
		3 mcg/kg/min, Titrate to	17							
		Keep MAP 65								
22 May	Rewritten [illegible]	Gentamycin 450mg IV	10	/	/	[redacted]				
		qd		/						

D/C 29 MAY 03

D/C 27 May 03 [redacted]

D/C 29 MAY 03

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: DX: S/P EX LAP TRANSVERSE COLECTOMY AND COLOSTOMY

COND: SERIOUS

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ___

PATIENT IDENTIFICATION:

[redacted] EPW

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

Verif Init | Order Date

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

b(6)-2 A71

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THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. _____ *Yr.* 03

	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
4	[redacted]	IL NS OVER 30 MINUTES	26 May	1330	1345	[redacted]
May	[redacted]	IL NS OVER 30 MINUTES	26 May	1600	1605	[redacted]
8 May	[redacted]	Wean propofol + let awake + wean vent	28 May	NOW	1200	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
30 May	[redacted]	Phenergan 12.5-25 MG	1200 30 May													
-----	-----	Q4° PRN	12 [illegible] [redacted]													
-----	-----															
-----	-----															
-----	-----															
-----	-----															
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-----	-----															
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USAPA V1.00

b(6)-2-All

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. 6 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 1	2	3	4	5	6	7	8	9	10	11	12	13	14
6/1	[redacted]	IV: LR @ 50 cc/hr c̄ 20 mEq KCl per bag	05	[redacted]													
			17														
			21														
6/1	[redacted]	Gentamycin 45 mg IV q d	10	[redacted]													
6/1	[redacted]	Zosyn 3.375 IV q 6°	06	[redacted]													
			12														
			18														
			24														
6/1	[redacted]	Ampicillin 500 IV q 6°	06	[redacted]													
			12														
			18														
			24														
6/1	[redacted]	Zantac 150 mg PO q 12°	08	[redacted]													
			20														
6/1	[redacted]	Lovenox 30 mg SQ BID	10	[redacted]													
			22														
2 June	[redacted]	IV LR @ 125 cc/hr c̄ NPO c̄ 20 meq KCl added	05	[redacted]													
			13														
			21														

↑ 125 cc/hr

D/C'd [redacted] 8 June 03

D/C'd [redacted] 8 June 03

D/C'd [redacted] 8 June 03

D/C'd

changed 6/3 11:00 [redacted]

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P Ex lap

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1 of 2

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

b(6)-2

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. 06 Yr. 03

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
5	[redacted]	NS ÷ L lb/w	5 June 0910		0915	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
6/1	[redacted]	Toradol 30mg IV q6° prn (priority pain med)	30mg IV 1500 0100 [redacted]
6/1	[redacted]	MSO4 2-4mg IV q1° prn	0 June 0300 2mg; 2 June 0045 4mg; 2 June 1015 4mg RD +; 2 June 2000 4mg; 3 June 0030 2mg; 3 June 0230 4mg IV; 3 June 0800 2mg; 3 June 1500 2mg IV; 3 June 0300 4mg IV; 5 June 0600 4mg IV [redacted] Re-written
6/1	[redacted]	Percocet ÷ II PO q4-6hrs prn pain	0 June 0815; 2 June 1110; 5 June 2300; 6 June 0930; 6 June 2200; 9 June 0400; 11 June 1100; 11 June 1700; 12 June 1430 [redacted]
6/1	[redacted]	Tylenol ÷ II PO q4-6hrs prn Temp ≥ 101.5 (do not give c Percocet)	0 June 0145; 2 June 0530 101.8; 5 June 2020 100.4; 9 June 0415 101.8; 9 June 1410; 10 June 1330; 10 June 0810; 10 June 2200 7 Jun; 12 June 1800 [redacted]

USAFA V1.00

b(6)-2 A21

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. 06 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 3	4	5	6	7	8	9	10	11	12	13	14	15	16
6/1	[redacted]	IV LR @ 50 cc/hr c	05	[redacted]													
		20 mg KCL added	13	[redacted]													
			2	[redacted]													
7	[redacted]	ZANTAC 150mg PO BID	08	\	\	\	\	[redacted]									
			20	\	\	\	\	[redacted]									
14 Sep 03	[redacted]	Clotrimazole cream to	10	/	/	/	/	/	/	/	/	/	/	/	/	/	[redacted]
		back ~~BID~~ QID	19	/	/	/	/	/	/	/	/	/	/	/	/	/	[redacted]
14 JUN	[redacted]	Clotrimazole cream	06	\	\	\	\	\	\	\	\	\	\	\	X	X	[redacted]
		to back QID	12	\	\	\	\	\	\	\	\	\	\	\	X	X	[redacted]
			18	\	\	\	\	\	\	\	\	\	\	\	X	X	[redacted]
			24	\	\	\	\	\	\	\	\	\	\	\	X	X	[redacted]

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: S/P Ex lap

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO
PAGE NO. 2 of 2

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

DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 06 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
6/2	[redacted]	2mg MSO4 IV X1 now	6/2	2355	2355	[redacted]
8 JUN 03	[redacted]	Transfuse 2 units PRBC	8 JUN 03	ASAP	#1 1620	[redacted]
					#2	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
6/1		O2 NC 2-4L pm Sats														
	[redacted]	<90%, Call HO.P														
		reading > 4L.														
		Rewritten on additional page														
6/5		MSO4 2-4mg IV	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]	q1° PRN														
6/2		Benadryl 25-50mg PO	[redacted]													
	[redacted]	PRN itching.														

USAPA V1.00

b(6)-4 A11

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. 6 Y. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 17	18	19	20	21	22	23	24	25	26	27	28	29	30
6/1	[redacted]	IV LR @ 50cc/hr c̄	05	[redacted]													
		20 meq KCL added	13														
			21														
6/7	[redacted]	Zantac 150 mg PO BID	08	[redacted]													
			20														
6/14	[redacted]	Clotrimazole Cream	06	[redacted]													
		to back QID	12														
			18														
			24														

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/D Ex lap

ADDITIONAL PAGES IN USE: ☒ YES ☒ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

CIV # [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

b(4)-2 A1

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													
6/1	[redacted]	O_2 NC 2-4l prn														
		Sats <90%. Call HOIF														
		needing >4L.														
6/3	[redacted]	M304 2-4mg IV q1°	4mg 0034	20mg 0950 4mg IV	21 Jun 0810 4mg	21 Jun 2332 4mg	22mg 0900 3mg IV	20mg 1100 3mg IV								
		PRN														
6/16	[redacted]	Benadryl 25-50 mg	[redacted]	[redacted]	[redacted]	0630 25mg PO										
		PO prn itching														
6/19	[redacted]	Ambien 10mg PO	19 Jun [redacted]													
		PRN for sleep.	PO [redacted]													

USAPA V1.00

b(4)-2 - Ant

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. 6 Yr. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 15	16	17	18	19	20	21	22	23	24	25	26	27	28
1 Jun	[redacted]	Laverox 30mg SQ	10	[redacted]													
		BID	22														
18 Jun	[redacted]	Hydrocortisone 1% Crème	05	/	/	/	/	[redacted]									
		apply topically to affected	13	/	/	/	/										
		area. (Rt quadrant)	21	/	/	/	[redacted]										

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P ex lap

ADDITIONAL PAGES IN USE: ☒ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted]

CIV b(4)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 6 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
		b(6)-2-A1				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
1	[redacted]	Tylenol I-II po q4-6° prn temp >101.5	2200	0530	2200												
1	[redacted]	(Tylenol #3) Percocet I-II po q4-6° po prn-pain	1830	1700													
1	[redacted]	Toradol 30mg IVP q6° prn (priority)															
1	[redacted]	MSO4 2-4mg IVP q1° prn-pain	0845 IV 4mg	0905 IV 4mg	0915 IV 4mg	0740 4mg	1200 4mg IVP										

See next sheet

USAPA V1.00

b(6)-7 A11

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. 6 Y 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 23	24	25	26	27	28	29
22 June	[redacted]	IV: WL	06	/ [redacted]						
			14	[redacted]						
			22	[redacted]						
23 June	[redacted]	Lovenox 30mg SQ BID	10	/ [redacted]						
			20	[redacted]						
22 June 03	[redacted]	Clotrimazole cream to back QID (Rdl to pt on)	06	/ [redacted]						
			12	[redacted]						
			18	[redacted]						
			24	[redacted]						
23 June 03	[redacted]	Zantac 150mg PO BID	08	[redacted]						
			20	[redacted]						
23 Jun	[redacted]	Colace 100 mg PO BID	08	/ [redacted]						
			20	/ [redacted]						

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P STSG to ABD

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

CIV # [redacted] b(6)-4

ICW2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

b(6) - 2 AM

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. 6 Yr. 03

Verify by Initialing: Order Date	Clerk/	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
25Jun	[redacted]	4mg MSO4, 12.5 mg phenergan now	25Jun	2300	2300	[redacted]
26June	[redacted]	Benadryl 50mg po X1 now	26June	NOW	1120	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
23JunOB	[redacted]	Tylenol #3 1-11 tabs po q4 PRN pain	22June 1145 PO [redacted]	0300 23 Jun [redacted]	0500 24 Jun [redacted]	2130 [redacted]	2145 [redacted]	1700 [redacted]	0845 [redacted]	1700 [redacted]	2000 [redacted]	1500 [redacted]	0610 [redacted]				
		Benadryl 50 mg IV q 6° prn	0710 [redacted]	0100 [redacted]	0700 [redacted]	1400 [redacted]	1110 [redacted]	[redacted]	[redacted]	[redacted]	1100 [redacted]						
27Jun	[redacted]	MS(4) 2-8mg IV for IM PRN pain q 2°	2300 2700 [redacted]	0500 4mg IV [redacted]													
27Jun	[redacted]	Phenergan 25mg IVP q 6° PRN IV or IM															
		MOM 30cc PO Q6 PRN constipation or no stools in 48hrs															

USAPA V1.00

b(6)-2 A11

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. MAY Yr. 2003

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 14	15	16	17	18
14 MAY 03	[redacted]	vitals q 1° x 4, then	02	/	[redacted]			
		q 2°	04	/				
			06	/				
			08	/				
			10	[redacted]				
			12				DC'd	
			14				15 MAY 03	
			16					
			18				0900	
			20					
			22					
			24					
14 MAY 03	[redacted]	Foley to DD	05	[redacted]				
			13		DC'd			
			21		15 MAY 03 0900			
14 MAY 03	[redacted]	activity: OOB TID	08	/ [redacted]				
			16	[redacted]				
			24	[redacted]				
14 MAY 03	[redacted]	Diet: NPO	07	[redacted]				
			11		DC'd			
			17		15 MAY 03 0900			
14 MAY 03	[redacted]	Labs: CBC, LYTES,	04	/ [redacted]				
		BUN/cc qd						
14 MAY 03	[redacted]	Call HO for T > 102.5,	05	[redacted]				
		P > 125, UOP < 30 cc/hr	13					
			21					

ALLERGIES: ☐ YES ☑ NO

— NKMA

PRIMARY DIAGNOSIS: S/P EXPLORATORY LAP POD #3

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

EPW # [redacted]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-2-A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo ____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
14 MAY 03	[redacted]	vitals q 1 0 x 4	14 MAY 03	1000	1000	[redacted]
	-----			1100	1100	[redacted]
	-----			1200	1200	[redacted]
	-----			1300	1307	[redacted]
15 May	[redacted]	DC Foley.	15 May	Now	0900	[redacted]
15 May	[redacted]	NPO: Pt Due to Vad on 6 hrs	15 May	1500 ~~0900~~	1500 ~~1500~~	[redacted]
16 May	[redacted]	CXR today	16 May	Today	Done	[redacted]
17	[redacted]	NPO for OR today	17 May	Today		[redacted]
17	[redacted]	Surgery today for Abd wall hernia repair	17 May	Now		[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
-----	-----															
-----	-----															
-----	-----															
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-----	-----															
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USAPA V1.00

b(6)-2-A11

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. MAY Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 14	15	16	17	18
14 MAY 03	[redacted]	Place abd. drain	05	[redacted]				
		to DD	13					
			21					
14 MAY 03	[redacted]	ostomy appliance	05					
		place over ostomy	13					
			21					
14 MAY 03	[redacted]	Wet to Dry Dsg	08					
	[redacted]	TID to open	16					
		wound	24					
15 May	[redacted]	Diet: Clears advance to Reg	07					
		as tolerates	11					
			17					
15 May	[redacted]	Ambulate TID	06					
			13					
			21					
15 May	[redacted]	Cough & Deep Breath q 30min	06					
		while awake	13					
			21					
15 May	[redacted]	Vitals q shift	06					
			13					
			21					

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
S/P EXP. LAP POD #3

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-2 A11

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. 5 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 17	18	19	20	21	22
17 May	[redacted]	Diet: NPO	5	[redacted]					
			11						
			17						
17 May	[redacted]	NG to LIS	5						
			13						
			21						
17 May	[redacted]	Foley to DD	5						
			13						
			21						
17 May	[redacted]	I's + O's	5						
			13						
			21						
17 May	[redacted]	Vitals Q2x4 then Q4	02						
			04						
			08						
			12						
17 May	[redacted]	Q4 Vitals	4						
			8						
			12						
			16						
			20						
			24						
18 May	[redacted]	PT may have	06						
		ice chips, sips of	14						
20 May	[redacted]	clears, ADV TO REG	22						
		AS TOLERATED							

DC'd

DC'd

DC'd

Rewritten 22 May 03 [redacted]

DC'd

Rd 22 May 03 [redacted]

22 May 03 [redacted]

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Hartmans Procedure, Take down colostomy, Repair of abdominal defect

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2 A71

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo 5 Yr 2003

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
19 May	[redacted]	Condition: Stable				[redacted]
19 May	[redacted]	CBC today	19	NOW	0900	[redacted]
19	[redacted]	DC NG	19	NOW	945	[redacted]
19	[redacted]	DC Dsg to Abd	19	NOW	0945	[redacted]
19	[redacted]	DC [redacted] b(6)-2	19	NOW	0945	[redacted]
20	[redacted]	CBC, Lyts, BUN, CR this AM ~~and~~ ~~qday x 3~~	20	NOW	0830	[redacted]
22	[redacted]	MD will do dsg Δ this AM	22	AM		
22	[redacted]	NPO N	22	NOW	NOW	[redacted]
22	[redacted]	type and cross for OR today	22	NOW	0900	[redacted]

Order Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
19 May	[redacted]	Call if T>102,														
		P>125, UO<30/hr														
		DSG Δ to ABD PRN														
19 May	[redacted]	Dsg to Abd prn														

USAPA V1.00

b(6)-2 All

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. MAY Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 19	20	21	22	23
19	[redacted]	Ambulate	06	[redacted]				
			14	[redacted]				
			22	[redacted]				
19	[redacted]	Hard Candy Ad lib	06	[redacted]				
			14	[redacted]				
			22	[redacted]				
20	[redacted]	CBC, Lytes, BUN, CR in AM x 3 DAYS	06	/ /	[redacted]			3 X
21	[redacted]	NPO	06					
			11					
			14					
21 May	[redacted]	Sipo of clear liquids	06	/	[redacted]			
22 hy	[redacted]	Advance as tolerated	14	/	[redacted]			
			22		[redacted]			
21 May	[redacted]	ambulate tid	06	/	[redacted]			
			14	/	[redacted]			
			22		[redacted]			
21 May	[redacted]	Dodform gauze to abdominal wound TID	6	/	[redacted]			
			14	/				
			22		[redacted]			

Rewritten 5/21/03

Sipo See below

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Repair of ABDO. DEFECT

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-2 A11

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. May Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25	26	27	28	29	30	31
22 May	[redacted]	Vitals Q1° x4, then Q8°	05	[redacted]									
		x4, then Q4°	17										
22 May	[redacted]	I&O	05										
			17										
22 May	[redacted]	Foley to GD	05										
			17										
22 May	[redacted]	NG to LS	05										
			17										
22 May	[redacted]	Δ Dressing p.r.n	05										
			17										
22 May	[redacted]	Vent: FiO2 50%, TV 750,	05										
		Rate 12, Peep 5, 18	17										
22 May	[redacted]	DC'D 31 May 03 ABG, CBC, Lytes Q Am	06										
22 May	[redacted]	CxRay Q Am	06										
22 May	[redacted]	Call PA if T > 102,	05										
		P > 120, U.O < 30 ml/hr	17										
23 [redacted]													
			17										
23 May	[redacted]	Δ DSG STARTING 24 May	08										
		BID	20										
29 May	[redacted]	Dressing: wet to dry	08										
		c Kerlix supersponge	20										
		and ABD BID											
28 May	[redacted]	Start Tenity @ 20cc/hr	05										
		via NGT	17										
28 May	[redacted]	Check Residuals q4°	05										
		hold for > 100cc	17										

[redacted]

DC'D 31 May 03

DC'D 31 May 03

DC'D 29 May

DC'D 31 May 03

DC'D 29 May 03

Apl 27 May 03

DC'D 29 May

DC'D 31 May

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx - SP Exploratory LAP, transverse Colectomy and Colostomy c I+D SIP Bag Removal

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

#[redacted] EPW

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

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

b1 b3 2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo May Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
22 May	[redacted]	ABG, CBC, Lytes on arrival to ICU	22 May	1400	1400	[redacted]
22 May	[redacted]	CXR on Arrival to ICU	22 May	1400	1400	[redacted]
24 May	[redacted]	CXR NOW	24 May	NOW	Done	[redacted]
25 May	[redacted]	↑ PEEP to 8	25 May	—	Done	[redacted]
27 May	[redacted]	Resume previous orders	27 May	1200	done	[redacted]

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

USAPA V1.00

b(6)-2 All

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

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 28	29	30	31
28MAY03	[redacted]	Keep HUBS	05	[redacted]			
		3UT	17				
30MAY	[redacted]	Diet: Reg. TAND	05	/	/	/	[redacted]
		as tolerated	17	/	/	[redacted]	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P DXLAP

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES — USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-4 [redacted]

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.	Month Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	JUN 31	1	2	3
31 MAY	[redacted]	VITAL SIGNS Q 4°	04	/			
			08	[redacted]			
	b(6)-2		12				
			16				
			20				
			24				
22 MAY	[redacted]	CBC AND LYTES QAM	06	[redacted]			
22 MAY	[redacted]	CXR QAM	06				
22 MAY	[redacted]	CALL MD IF T>102	05				
		P>120, UO<30cc/HR	17				
27 MAY	[redacted]	DSG ▲ WET TO DRY C	08	[redacted]			
		KERLIX SUPER SPONGE	20				
b(6)-2		AND ABD PAD BID	/				
28 MAY	[redacted]	HOB @ 30°	05	[redacted]			
			17				
30 MAY	[redacted]	DIET: REG C TANG AS	07	[redacted]			
		TOLERATED	12				
b(6)-2			17				
31 MAY	[redacted]	WRAP BINDER ON ABD AND	08	[redacted]			
		UP TO CHAIR TID	16				
			24	[redacted]			
		b(6)-2					

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: EX LAP

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

b(6)-2 A1

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. 6 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5	6	7	8	9	10	11	12	13	14
6/1	[redacted]	Vitals q 4 hrs	04	[redacted]													
			08														
			12														
			16														
			20														
			24														
6/1	[redacted]	I&O's	05	[redacted]													
			13														
			21														
6/1	[redacted]	Activity: Ambulate c assist TID	06	[redacted]													
			12	[redacted]													
			18	[redacted]													
6/1	[redacted]	Calorie Count	05	[redacted]													
			13														
			21														
6/1	[redacted]	Diet: Regular c ~~III~~ can Ensure Plus (between meals)	06	[redacted]													
			12	[redacted]													
			17	[redacted]													
6/1	[redacted]	Abd drsg ~~to~~ wet to dry ~~BIS BID~~ TID	08	[redacted]													
			1[redacted]	[redacted]													
			2[redacted]	[redacted]													

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: S/P Explap

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO — PAGE NO: 1 of 2

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

b(a)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 06 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
6/1	[redacted]	Admit to ward; condition stable	6/1			[redacted]
6/1	[redacted]	PT consult for strength & conditioning	6/1	Today		
6/1	[redacted]	Nutrition consult to see today	6/1	Today		
6/1	[redacted]	CBC, lytes, BUN/CR q day x3	6/2 #1	0400	0500	[redacted]
6/3	-----		6/3 #2	0400	[illegible]	[redacted]
	-----		6/4 #3	0400	0730	[redacted]
June	[redacted]	NPO p MN	2 June	2400	2400	[redacted]
6/3	[redacted]	Resume preop orders	3 June	NOW	0930	[redacted]
7 June	[redacted]	CBC tomorrow AM.	8 June	0400	[illegible]	[redacted]
7	[redacted]	UA today	7 June	1000	1025	[redacted]
7	[redacted]	CXR PA + LAT	7 June	1000	1045	[redacted]
8 Jun 03	[redacted]	CBC 2 hrs post transfusion	8 Jun 03		0945	[redacted]
8 Jun 03	[redacted]	Chem 8, Chem 12 2 hrs post transfusion	8 Jun 03		0945	[redacted]
~~8 June~~	[redacted]	~~CBC in AM~~	~~10 June~~	~~AM~~		

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED												
6/1	[redacted]	△ Ostomy bag prn													
-----	-----														
-----	-----														
-----	-----														
-----	-----														
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-----	-----														
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b(6)-2 A11

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. 06 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5	6	7	8	9	10	11	12	13	14
6/1	[redacted]	ACE wrap Abd circum-	06	/	[redacted]	/	[redacted]	[redacted]	[redacted]						[redacted]		
		frentially to abd over dsg	12	[redacted]		/											
		& bag before getting out of	18	[redacted]		/											
		bed TID															
8 June	[redacted]	Activity: OOB to chair	8	/	/	/	/	/	/	/	[redacted]						
		Bid	18	/	/	/	/	/	/	/							
10	[redacted]	vitals routine	06										/				
			12									/					
			20									/					

b(6)-2

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: s/p Exlap

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO — PAGE NO: 2 of 2

PATIENT IDENTIFICATION:

Civ # [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo 06 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10	[redacted]	CBC in Am b/w-2	11	04	done	[redacted]

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

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recopied b(6)-2 A11

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. 6 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 14	15	16	17	18	19	20	21	22	23
1	[redacted]	ace wrap around	08	/	[redacted]								
		abd dsg & bag before	18	[redacted]									
		getting OOB	/										
			/										
1	[redacted]	OOB to chair BID	08	/	[redacted]								
19	[redacted]	and ambulate	18	[redacted]									
			/										
10	[redacted]	vitals routine	06	/	[redacted]								
			14	[redacted]									
			22	[redacted]									
			/										
1	[redacted]	regular diet c̄ ice	07	/	[redacted]								
		C&B between each meal	12	/	[redacted]								
		B@ bed time	17	[redacted]									
			/										
1	[redacted]	abd dsg - petrolatum	08	/	[redacted]								
		gauze - TID	14	[redacted]									
			2	[redacted]									
14	[redacted]	keep patient off back	5	/	[redacted]								
		for part of day	13	/	[redacted]								
			21	[redacted]									
			/										
	[redacted]												

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P ex lap

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

CIV # [redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

b(4)-2 - All

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 6 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
16 Jun	[redacted]	CBC, Chem 7 in AM (17 Jun)	17 Jun	AM	0400	[redacted]
22 June	[redacted]	Pt NPO p MN	23 June	0000		
22 June	[redacted]	CBC, Chem 7 in AM (23 June)	23 June	AM		
22 June	[redacted]	Type & Screen in AM	23 June	AM		
22 June	[redacted]	On call to OR in AM	23 June	AM		

b(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
- - -	[redacted]	Ostomy bag PRN	14 Jun [redacted]													
- - - -	- - - - -															
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b(4)-2

USAPA V1.00

b(4)-2 All

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. 6 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28
23JUN03	[redacted]	Vitals: Routine	06	[redacted]					
			14						
			22						
23JUN03	[redacted]	Activity: strict bedrest FLAT	06	[redacted]					
			14						
			22						
23JUN03	[redacted]	NSG: JP to suction	06	[redacted]					
			14						
			22						
23JUN03	[redacted]	No ostomy bag Δ'd for 3 days	06						
			14						
			22						
23JUN03	[redacted]	Heat lamp to donor site (R) thigh	06	[redacted]					
			14						
			22						
23JUN03	[redacted]	Diet: Regular	07	[redacted]					
			11						
			17						
23JUN03	[redacted]	Do not take down dressing	06	[redacted]					
			14						
			22						

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
S/P STSG to ABD

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

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

LCW2

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

b(w)-2 ATL

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo June Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23June	[redacted]	Admit ICW 2	23June			[redacted]
23June	[redacted]	S/P STSG to abd	23June			[redacted]
23June	[redacted]	condition stable	23June			[redacted]
23June	[redacted]	Transferred [redacted] hospital: transfer	ASAP			
	-----	summary completed				
23June	[redacted]	Please send pt. c̄ colostomy supplies	when pt transfers			

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
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USAPA V1.00

b(6)-2 A1

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. 6 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 24	25	26	27	28
24 Jun	[redacted]	Activity - strict bed rest	06	[redacted]				
		may log roll or prop up	14					
		on side - limit mobility	22					
		graft site	/					
			/					
26	[redacted]	petrolatum gauze	08	/	/	/	[redacted]	
		to skin graft BID	20	/	/	[redacted]		
			/					
26	[redacted]	may trim thigh	06	/	/	/	[redacted]	
		dsg as needed -	14	/	/	[redacted]		
		dry parts	22	/	/	[redacted]		

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
S/P STSG to ABD

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

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

ICW 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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo _____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
24 Jun	[redacted]	May A ostomy bag as needed	2400 [redacted]													
24 Jun	[redacted]	May log roll or prop up either side - limit mobility of skin graft														
- - - -	- - - - -															
- - - -	- - - - -	b(6)-2														
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USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 17MAY03
Time In: 1845
Allergies: NKDA
Pre-op V/S: 120/60 No=110
Procedures: Ref Amount [illegible]
2 vials 50mcg of fentanyl

Anesthesia Type (Circle): General Spinal Epidural
IV Sedation Nerve Block
OR Intake: Crystalloid 2700
Colloid
OR Output: UOP 800
EBL 50
Meds/Times: 1800 [illegible]

ASA II

Reversed.
420 [illegible]
@1800

Drains
Hemovac
NG
JP
T-tube
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds

History: GSW to ABD.

Time	1845	1850	1855	1900	1905	1910	1915	1920	1925						
SaO2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]						
FiO2	/	/	/	/	/	/	/	/	/						
Methods	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]						
240															
220															
200															
180															
160															
140															
120	120	116	118	120	118	118	118	118	120						
100															
80															
60	51	60	59	65											
40															
20															
RR															
T															
Time	1845	1800													
Pain (0-10)	0	0													
LOS															

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1845	LR	1 liter	(L) Arm		1 liter
2000	LR	1 liter	(R) Arm		

X-rays:

Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	1	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	9	9

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
' = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

PREPARED BY (Signature & Title) [redacted]
b(6)-2

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: ICU #2

DATE: 17MAY03

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

EPW # [redacted]
b(6)-4

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

b(6)-2

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
1930		Toradol/30 mg	IM			[redacted]
2000		Morphine/5mg	IV			

NEUROVASCULAR

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

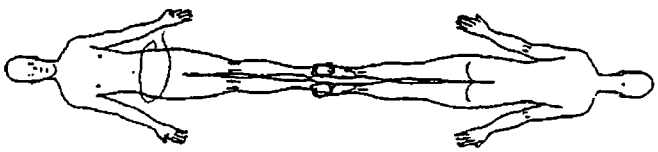
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	ABD	Bulk	ø
30'	ABD	Bulk	ø
60'	ABD	Bulky	ø
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1845	SR	NO	NO

WAMC OP 173-E

NURSING NOTES

NPN: Pt. ~~recovered~~ arrived for recover on litter c O2 at 8L FM. V.S. stable colostomy bag intact. Dsg to abd is D&I. Pt. ~~response~~ responsive to tactile stimulation. —CPT [redacted]
b(6)-2

Discharge Criteria:
Date: 17MAY **Time:** 2005 **PARS:** 9
BP: 130/70 **T:** **HR:** 96 **RR:** 21 **Sa02:** 100
Pain Level at D/C (0-10): minimal
Intake: PO=0 **Output:** 25cc
Additional Data:
Transferred To: ICW #3
Report Given To:
Transferred Via: W/C (Litter) Gurney Ambulance
Transferred By: CPT Eggo
Cleared IAW Recovery Room SOP [redacted]
Charge Nurse Signature: [redacted]

b(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 22
Time In: 1340
Allergies: NKDA
Pre-op V/S: 120/70 110
Procedures: BKP LAP IDD
SIGMOID TRANSVERSE COLECTOMY
SOW STOMY

Anesthesia Type (Circle): General Spinal Epidural
IV Sedation Nerve Block

OR Intake: Crystalloid 2100 Colloid 500
OR Output: UOP 2350 EBL 300
Meds/Times:

HGT 26
500 HESTRAN
5 VOLSED
5 VEC
500 FENT
10 MSO4

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds: History

Time	1340	1345	1350	1400	1440
SaO2	100	100	100	100	100
FiO2	60	50	50	50	50
Methods	V	V	V	V	V

240
220
200
180
160
140
120
100
80
60
40
20

RR	12	13	14	13	12
T	96.9			97.8	98.5
Time					
Pain (0-10)					
LOS					

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	SEDATED	Sedated	Sedated
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	VENT	Vent	Vent
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	Sedated	Sedate
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	7	6	6

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
• = Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

PREPARED BY (Signature & Title) b(6)-2 SGT [redacted] 9WMC

DEPARTMENT/SERVICE/CLINIC: ICU 2

DATE: 22MAY03

(Continue on reverse)

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

40 ♂

BW [redacted] b(6)-4

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

b(6)-2 A11

MEDICATIONS

Allergies:

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

NEUROVASCULAR

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

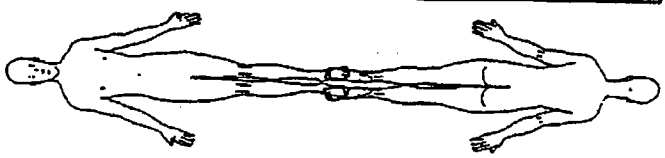
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm 1340	ABD	wet/dry	none
30'	"	"	"
60'	"	"	"
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

22May03 1340 ~~1~~ 04.0 ♂ EPW transferred via litter from OR to ICU Q. S/P [redacted] transverse colectomy, colostomy. PT ventilated RT present, SGT [redacted] VSS SaO2 100% on 50% O2. Color good. ABD DRG CDI, IV 20g (R) AC patent, (L) IV 18G LFA patent. LS (+) Rhonchi small amt. suctioned by RT sm amt clear mucus noted. CBC, ABG, chest x-ray per MD order ABG - ph 7.441 pCO2 34.4 pO2 96 HCO3 23. BEecf -1, SaO2 98% will cont to monitor SGT [redacted] 91/min 6

Discharge Criteria:
Date: **Time:** **PARS:**
BP: **T:** **HR:** **RR:** **Sa02:**
Pain Level at D/C (0-10):
Intake:_____ **Output:**_____
Additional Data:_____
Transferred To:_____
Report Given To:_____
Transferred Via: W/C Litter Gurney Ambulance
Transferred By:_____
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:_____

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	1500	INITIALS	1900	INITIALS		INITIALS
NEURO	PUPILS	3mm ROUND/BRISK		2mm / Bright			
	SENSORIUM	SEDATED C 3MG		sedated c 7mg/hr Versed IV			
		VERSED AND 50 MCG		and 50 mcg Fent			
		FENT.					
RESPIRATORY	RESPIRATORY PATTERN	SIMV 12 50% PEEP 5		SIMV 12 FiO2 50%			
	BREATH SOUNDS	TV 700		PEEP 5 TV 700			
	SECRETIONS	RHONCHI B/L		equal rise and fall of			
		SMALL AMOUNT OF		Chest, Lung sounds			
		THICK SECRETIONS		CTA (B)			
				#8 ETT, 24cm @ lip			
SKIN	COLOR	NORMAL FOR TRACE		Normal for race			
	INTEGRITY	DRSG TO ABD CDI		ABD Dressing CDI			
IV SITE	LOCATION	16G L WRIST INTACT		16g L wrist CDI			
	CONDITION	20G RAC INTACT		20g R AC CDI			
GASTRO	ABDOMEN	NGT TO LIS		NGT LIS			
	BOWEL SOUNDS	BS Ø		WO. BS			
GU	URINE:	FTG		Foley to Gravity			
	COLOR/CLARITY	AMBER/ CLEAR		Clear, Amber			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR Ø ECTOPY		Sinus Tach			
		PULSES x4		Pulses x4			
		ABD C 2+ EDEMA		ABD girth looks ↑ on			
				Flowsheet			

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) SGT [redacted] b(u)-2 91WM6

DEPARTMENT/SERVICE/CLINIC ICU 2 unit

DATE 22May03

PATIENT'S [redacted] entries give: Name—last, first, middle; grade; date; hospital or medical facility)

EPW # [redacted] b(u)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 22 May 03 | DX Transverse, sigmoid colectomy, colostomy | HOSPITAL DAY

VITAL SIGNS																		
TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
BP Arterial Line																		
BP Cuff											111/61	104/58	109/57	115/63	105/61	115/60	92/51	
Temperature											97.5		97.4		101.7	103 AM	102	
Pulse											99	97	111	117	130	136	128	
Respiratory Rate											12	12	12	12	17	13	14	
SpO2											100	100	100	100	100	100	100	
pain intervention																		

INTAKE																		
TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
LR											120	120	120	130	130	130	130	
Versed														7	7	2	4	
Fent														30	30	30	20	
NS																		
Unasyn															100			
Zantac																		
Cent																		
TOTALS																		

OUTPUT																		
URINE HOUR								350			350			150	150	50	50	
URINE TOTAL								350			100			500	1000	105	100	
URINE 10 gr																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04
	97/48	100/49	97/52	102/62	107/	114/61	103/53	109/61
	102.3	101.4	101		100.8	100.5		
	130	132	132	125	123	123	117	116
	14	13	15	12	12	11	13	12
	100	100	100	100	100	100	100	100

INTAKE	21	22	23	24	01	02	03	04	8° T
	600	360 / 1910	150 / 2060	150 / 2210	150 / 2360	150 / 2510	70 / 2680	70 / 2750	
	6	6 / 54	6 / 60	7 / 67	7 / 74	7 / 81	7	7 / 95	
	30	30 / 270	30 / 300	30 / 330	30 / 360	30 / 390	40	40 / 470	
			50	100					

OUTPUT								
	100 / 120	45 / 245	50 / 295	70 / 365	50 / 415	70 / 485	80 / 565	40 / 605

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY		TIME	1428	200	2100	0400					
		MODE	SIMV	SIMV	SIMV	SIMV					
		F_IO_2	50	50	50	50					
		TV	700	700	700	700					
		RATE	12	12	12	12					
		PEEP	5	5	5	5					
	A	pH	7.491								
	A	PCO_2	34.4								
	B	pO_2	96								
	B	HCO_3	23								
	B	SAT	98								
	G	BASE	-1								

LABORATORY DATA	TIME								
	GLUCOSE								
	Na/K								
	Cl/CO_2								
	BUN/Cr								
	WBC/PLATELET								
	Hct/Hgb								

ACTIVITIES OF DAILY LIVING	TIME				TURN / SUCTION	TIME			
	MOUTH CARE								
	BATH								
	SKIN CARE								
	FOLEY CARE								
	TRACH CARE								
	ROM EXERCISES								

24 H&O TOTALS

wt Yesterday 95 wt Today

INTAKE		OUTPUT	
IV	2750	Urine:	
po	350		
TOTAL	3665	TOTAL	1815
BALANCE	+2150		

NURSE'S SIGNATURE	INITIALS
[redacted]	S/3
b/c) - 2	

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	17
EYES OPEN	SPONTANEOUSLY	4	
	TO SPEECH	3	
	TO PAIN	2	2
	NO EYE OPENING	1	
BEST VERBAL RESPONSE	ORIENTED	5	
	CONFUSED	4	
	VERBALIZES	3	
	VOCALIZES	2	
	NO VOCALIZATION	1	1
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	
	LOCALIZES PAIN	5	
	FLEXION WITHDRAWAL	4	
	ABNORMAL FLEXION	3	
	EXTENSION TO PAIN	2	
	NO MOTOR RESPONSE	1	1
LIMB MOVEMENT — ARMS	NORMAL POWER		
	MILD WEAKNESS		
	SEVERE WEAKNESS		
	ABNORMAL FLEXION		
	ABNORMAL EXTENSION		
	NO RESPONSE		1
LIMB MOVEMENT — LEGS	NORMAL POWER		
	MILD WEAKNESS		
	SEVERE WEAKNESS		
	ABNORMAL FLEXION		
	ABNORMAL EXTENSION		
	NO RESPONSE		1
PUPILS — RIGHT	SIZE		2
	REACTION		#
PUPILS — LEFT	SIZE		2
	REACTION		#
PUPIL SCALE			● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm
ICP			
CEREBRAL PERFUSION PRESSURE			

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record separately if there is a difference between the two sides.

+ + Brisk
+ Slow
- No Response

+ Intact
- Abnormal

VASCULAR ASSESSMENT

HOURS	
	R L
	R L
	R L
	R L
	R L

LEGEND

+ + Normal
+ Weak
- Absent
D Doppler
R Right
L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 23 May 03
Time In: 1120
Allergies: NKDA
Pre-op V/S: 104/55 116 13
Procedures: Debridement FBD wound - Sitz bath Δ
Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 2300 Colloid
OR Output: UOP 250 EBL 200
Meds/Times: Morphine 1mg 1030, Fent 5, Kc - 10

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds History

Time	1120	1245	1230	1135	1140	1155
SaO2	100	100	99	100	100	99
FIO2						
Methods						
240						
220						
200						
180						
160						
140						
120		^	^	^	^	^
100	^					^
80						
60						
40						
20						
RR						
T						
~~Time~~ Sed						
Pain (0-10)	9	9	9			
LOS						

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2		
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	Sedate		
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2		
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	Sedate		
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2		
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.			

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

(Continue on reverse)

PREPARED BY (Signature & Title): SGT [redacted] b1(c)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2

DATE: 23 May 03

PATIENT'S IDENTIFICATION (Name - last, first, middle; grade; date; hospital or medical facility)

EPW #[redacted] b1(c)-4

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

MEDICATIONS

Allergies:

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

NEUROVASCULAR

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

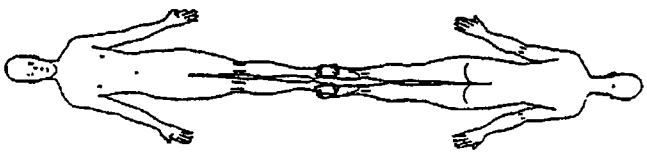
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

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



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

23 May03 - 1120 40 y.o EPW transfer from OR to ICU S/P ABD Debridement + silo bag Δ. VSS SaO2 100% 50% O2 color good. Intubation per MD order for vent setting RT + [illegible] See SF600 Sect [redacted] b(6)-2

Discharge Criteria:
Date: **Time:** **PARS:**
BP: **T:** **HR:** **RR:** **SaO2:**
Pain Level at D/C (0-10):
Intake:_____ **Output:**_____
Additional Data:_____
Transferred To:_____
Report Given To:_____
Transferred Via: W/C Litter Gurney Ambulance
Transferred By:_____
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:_____

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

b(4)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0615	INITIALS [redacted]	1730	INITIALS [redacted]		INITIALS
NEURO	PUPILS	2MM ROUND/REACTIVE		3mm, Brisk PERRLA			
	SENSORIUM	SEDATED & VERIED/FELT		PT sedated, wakes to stimuli			
		PT FOLLOWS SIMPLE		follows instructions when			
		COMMANDS.		awake			
RESPIRATORY	RESPIRATORY PATTERN	VENT 8 ETT 22@ LIPLINE		Vent settings (see last sheet)			
	BREATH SOUNDS	SIMV 12 700 5 50%		CTA(B), Ø secretions			
	SECRETIONS	CTA & MILD RHONCHI		ETT #8, 24cm @ lip			
		THROUGHOUT.					
		ETT INCLINE SM AMOUNT					
SKIN	COLOR	NORMAL FOR RACE		normal for race			
	INTEGRITY	INTACT ABD DSG C		Intact, (R) colostomy			
		SMALL AMOUNTS OF [redacted]		and ABD Drsg, C/D/I			
IV SITE	LOCATION	DRAINAGE. SEROUS.		(R) central / CDI			
	CONDITION	HOG LUMEN INTACT AND		(L) int / C/D/I			
		PATENT. 20G, RAC INTACT		(R) AC / C/D/I			
		AND PATENT					
GASTRO	ABDOMEN	BULKY DRESSING TENDER		(R) colostomy			
	BOWEL SOUNDS	BS Ø		Ø BS Saline bag dressing			
				C/D/I, NGT to LIS			
				2 JP drains LIS			
GU	URINE:			foley to gravity			
	COLOR/CLARITY	AMBER/CLEAR		Amber clear			
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 NSR -ST		Sinus Tach			
		PPP x4; CAP REFILL		S1 S2 Present			
		=3SECS.		Pulses present x4			
				Cap refill < 3secs			

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

[redacted] (Signature & Title): b(4)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2 west

DATE: 23-MAY-03

[redacted] or typed or written entries give: Name—last, first, [redacted] date; hospital or medical facility)

[redacted] b(4)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 23 May 03 | DX | HOSPITAL DAY

VITALS SIGNS	TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
	BP ~~Arterial Line~~	104/55	106/58	109/60	3/58				119/65		109/67	107/50	100/59	100/57	109/61	103/67	110/61	107/61	
	BP Cuff																		
	Temperature	98.9		99.1			O	R	98.2			98.9			100.4	100.8		101	
	Pulse	116	109	110	111	103			109		107	101	107	107	113	109	118	119	
	Respiratory Rate	13	12	12	17	12			12		12	12	12	12	12	12	12	12	
	SaO2	100%	100%	100%	100	100			100%		100%	100	100%	100%	100	100	100	100	
	FiO2	50%	50%	50%	50%	50%			50%		50%	50	50	50	50	50	50	50	
	pain																		
	intervention																		

INTAKE	TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
	LR	75	75	75	75	75	O	R	75		75	75	75	75	75	75/900	75/975	75/1050	
	versed	7	7	7	7	7	2300 cc LR		7		7	7	7	7	7	7/2384	7/2391	2398	
	fent	50	50	50	50	50			50		40	40	40	40	40	40/540	40/580	40/620	
	IVPB	100	50						100		100	50				100/700		400	
	BOLUS		25mcg FENT (3)		4mg versed (4) 48mg J (12) 48mcg (12)											34			
	I																		
					712														
	TOTALS	232	414	546	688	844		3144	3376		3608	172/3780	122/3900	122/4025	122/4150	122			

OUTPUT		HOUR / TOTAL	05 / 15	06 / 115	07 / 115	08 / 265	09 / 415	10	11 / 535	12 / 760		13 / 885	14 / 125 / 1010	15 / 175 / 1185	16 / 200	125 / 325	90 / 415	90 / 505	100 / 605	
	URINE	sp gr							G											
		S/A							R											
	NG	OUTPUT	130	/	45	45		OR								15				
		pH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS	JP1								15		20	5	10	20					
		JP2								O		O	O	15	O					
	TOTALS																			

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04
	122/58	103/53	107/55	108/49	123/66	109/54	119/60	103/54
		101.5	101.5	101.3			100.4	100.1
	119	115	117	115	123	112	117	107
	17	18	12	12	22	12	12	12
	100	100	100	100	100	100	100	100
	50%	50%	50%	50%	50%	50%	50%	50%
		50%						

INTAKE	21	22	23	24	01	02	03	04	8° T
	75 / 1100	75 / 1175	75 /	75 / 1225	75 /	75 /	75 / 1350	75 / 1425	
	2 / 2405	2 / 2412	2 /	2 / 2426			/ 2447	2154	
	40 / 40	40 / 640	40	40 / 720			340	430	
			50 / 750	100 / 850			650		

OUTPUT	21	22	23	24	01	02	03	04
	100 / 1905	100 / 1985	100 / 1905	80 / 1985	100 /	60 /	60 / 2165	/
			115 / 115					
			0					

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	1700	2300	0300						
	MODE	SIMV	SIMV	SIMV						
	F_IO_2	50	50	50						
	TV	700	700	700						
	RATE	12	12	12						
	PEEP	5	5	5						
ARTERIAL	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

LABORATORY	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 HOUR TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	1625 / 2154	Urine:	290
po	430		2165
	650		115
	115		
TOTAL	4974	TOTAL	2560

NURSE'S SIGNATURE | INITIALS

[redacted] [redacted]

b(6)-2

b(6)-2

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	17	21
EYES OPEN	SPONTANEOUSLY	4		
	TO SPEECH	3		
	TO PAIN	2		
	NO EYE OPENING	1	1	
BEST VERBAL RESPONSE	ORIENTED	5		
	CONFUSED	4		
	VERBALIZES	3		
	VOCALIZES	2		
	NO VOCALIZATION	1	1	
BEST MOTOR RESPONSE	OBEYS COMMANDS	6		
	LOCALIZES PAIN	5		
	FLEXION WITHDRAWAL	4		
	ABNORMAL FLEXION	3		
	EXTENSION TO PAIN	2		
	NO MOTOR RESPONSE	1	1	
LIMB MOVEMENT — ARMS	NORMAL POWER			
	MILD WEAKNESS			
	SEVERE WEAKNESS			
	ABNORMAL FLEXION			
	ABNORMAL EXTENSION			
	NO RESPONSE		1	
LIMB MOVEMENT — LEGS	NORMAL POWER			
	MILD WEAKNESS			
	SEVERE WEAKNESS			
	ABNORMAL FLEXION			
	ABNORMAL EXTENSION			
	NO RESPONSE		1	
PUPILS — RIGHT	SIZE		3	
	REACTION		+	
PUPILS — LEFT	SIZE		3	
	REACTION		+	
PUPIL SCALE			2 3 4 5 6 7 mm	
ICP				
CEREBRAL PERFUSION PRESSURE				

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record separately if there is a difference between the two sides.

+ + Brisk
+ Slow
- No Response

+ Intact
- Abnormal

VASCULAR ASSESSMENT

HOURS		
	R	
	L	
	R	
	L	
	R	
	L	
	R	
	L	
	R	
	L	

LEGEND

+ + Normal
+ Weak
- Absent
D Doppler
R Right
L Left

b(6)-2
A11

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630	INITIALS [redacted]	1830	INITIALS [redacted]		INITIALS
NEUROLOGICAL	PUPILS	3mm REACTIVE RESPONDS		3mm Perr/G			
	SENSORIUM	TO TOUCH. ABLE TO		Jaundice to sclera			
		MAE ↑ OWT DIFFICULTY.					
RESPIRATORY	RESPIRATORY PATTERN	NAD B/L RHONCHI		Lung sounds clear			
	BREATH SOUNDS	NC 4L SaO2 @ 98-100%.		Symmetrical chest wall			
	SECRETIONS	TAKEN OFF NEB 10L		expansion, pt. ↑			
		@ 0800. PT ↑ FROTHY		occasional frothy			
		SECRETIONS FROM MOUTH		secretions from mouth			
		ABLE TO COUGH IT UP.					
SKIN	COLOR	SLIGHT JAUNDICE TO		Normal.			
	INTEGRITY	SCLERA, CONJUCTIVA		Scaling to wrist.			
		PINK.					
I.V. SITE	LOCATION	RAC INTACT		(R)AC, (L)AC,			
	CONDITION	LAC INTACT		(L) subclavian,			
		SLC (R) INTACT		(R) A-line patent			
		(R) A LINE INTACT					
GASTRO	ABDOMEN	SOFT TO SLIGHTLY FIRM		Open ABD ↑			
	BOWEL SOUNDS	AND TENDER HOBT 3x		wet to dry dsg.			
		BS HYPOACTIVE.		DJI. colostomy			
		COLOSTOMY ↑ YELLOW/BROWN		↑ Brown liquid stool.			
GU	URINE:	STOOL		Foley to gravity;			
	COLOR/CLARITY	FOLEY AMBER URINE		amber urine.			
CARDIOVASCULAR	CARDIAC RHYTHM	SL,S7 ∅ ECTOPY		[redacted]			
		PP x4 UP BOTH ≤3					
		EDEMA TO BUE/ABD.					

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (S[redacted] CPT, N
DEPARTMENT/SERVICE/CLINIC ICU 2 west
DATE 24 MAR 03

PATIENT'S IDENTIFICA[redacted] Name—last, first, middle; grade; date; hospital or medical facility)

#[redacted]
b(6)-4

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

DATE	05	06	07	08	09	10	11	12		13	14	15	16	HOSPITAL DAY 17	18	19	20	
VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line	115/63	114/61	135/62	154/75	154/64	164/78	164/76	130/68		119/68	104/62	92/56	127/69	132/77	140/83	131/80	125/74	
BP Cuff				124/62	123/64							115/66						
Temperature	100.2			100.7			102.1		Tylenol 650mg Lasix		100.4				100.9			
Pulse	111	101	93	97	101	101	99	106		107	105	106	94	92	95	103	94	
Respiratory Rate	28	23	27	23	28	28	26	21		31	28	26	26	21	23	22	23	
O2 SAT	100	100	98	99	99	99	99	98		98	99	99	100	100	100	94	98	
FIO2	10L	10L	2L	2L	2L	2L	RA	RA		RA	2L	2L	2L	2L	2L	2L	2L	
ROUTE O2	NRB	NRB	NC	NC	NC	NC	Ø	Ø		Ø	NC	NC	NC	NC	NC	NC	NC	
open extubation				08	09	10	11	12		13	14	15	16	17	18	19	20	
INTAKE																		
TIME	05 24	06 01	07 02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
NS 2Ok	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
Fentanyl	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	
IVPB		100	50			50		100			50				50	50	50	
Tube Feed	20	20	100	Ø			100				100				100			
PO													60		100			
	127.5	227.5	257.5	107.5														
TOTALS	~~175~~	~~295~~ ~~225~~		~~175~~	107.5	167.5	107.5	207.5	1300	107.5	167.5	107.5	167.5	107.5	357.5	157.5	157.5	1360
TOTALS														1947.5				
OUTPUT																		
URINE HOUR	90	95	100	85	150	150	100	150	820	90	85	80	75	70	100	200	200	1520
URINE TOTAL	90	185	285	370	520	670	770	920		910	995	1075	1150	1220	1320	1520	1520	
URINE sp gr																		
URINE S/A																		
NG RESIDUAL OUTPUT		15			gall 15						14					20		
NG pH													Fluid Status					
NG GUIAC													+					
EMESIS													253.5					
STOOL					200													
DRAINS			100															
DRAINS			~~285~~	85	~~150~~									1054				
TOTALS	90	200	~~485~~	~~370~~	350	170	100	150		90	99	80	75	70				

POST-OP DAY	21	22	23	24	01	02	03	04	
V I T A L S S I G N S	~~16~~	~~17~~	~~18~~	~~19~~	~~20~~	~~21~~	~~22~~	~~23~~	
	115/91	108/81	134/81	129/79	126/[illegible]	134/90	151/83	135/79	
			102.4	101	[illegible]	[illegible]			
	96	109	95	94	98	93	87	97	
	24	26	30	26	26	29	21	19	
	100	98	98	99	99	99	100	100	
	2L	2L	2L	2L	2L	2L	2L	2L	
	NC	NC	NC	NC	NC	NC	NC	NC	
	21	22	23	24	01	02	03	04	
I N T A K E	~~16~~	~~17~~	~~18~~	~~19~~	~~20~~	~~21~~	~~22~~	~~23~~	8° T
	100	100	100	100	100	100	100	100	
	75	75	75	75	75	75	75	75	
		50		50	50	[illegible]			
	Hold				400				
	1075	1575	1075	1575	1575	1075	1075	1075	1010
O U T P U T			300/300			200/50		725/725	725
		200							

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_iO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME				TURN / SUCTION	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

24° I&O TOTALS

wt Yesterday ________ wt Today ________

INTAKE	OUTPUT
IV 3470	Urine: 3065
po ________	________
TOTAL ________	TOTAL ________

BALANCE

[redacted] SIGNATURE	INITIALS
[redacted]	
b(6)-2	

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89 b(6)-2

INITIAL SHIFT ASSESSMENT

		TIME	0530	INITIALS [redacted]	b(6)-2	INITIALS	1400	INITIALS [redacted]
NEURO	PUPILS		3mm ROUND BRISK				3mm PERRLA, reactive brisk	
	SENSORIUM		VERSED @ 8mg/HR				Sedated ~~7mg~~ 1/hr Propofol	
			FENT @ 200mcg/HR				Fentanyl 250mcg/hr	
			EYES OPEN TO TOUCH					
RESPIRATORY	RESPIRATORY PATTERN		8.0 ETT 24@ LIPS				8.0 ETT 24@ lip line	
	BREATH SOUNDS		CTA				CTA slight exp wheezes	
	SECRETIONS		SCANT IN LINE					
	VENT		SIMV 12 700 FIO2				SIMV, Rate 8, FiO2 50%, Peep 5	
			40% PEEP 5					
SKIN	COLOR		NORMAL FOR RACE				Normal for race	
	INTEGRITY		INTACT					
IV SITE	LOCATION		(R) SLC PATENT CDI				(R) central line CDI, patent	
	CONDITION		(L) AC 18G PATENT				(L) AC 18G CDI, patent	
			(R) RADIAL A-LINE				(R) radial A-line CDI, zeroed; ~~[illegible]~~	
			ZEROED; CORRELATING					
			C MBP.					
GASTRO	ABDOMEN		EDEMATOUS TIGHT TENDER	OSTOMY BAG IN PLACE			Sutures by intact, ABD dressing	
	BOWEL SOUNDS		Ø BS APPRECIATED	C MINIMAL LIQUID			CDI, Ø BS	
			COLOSTOMY SITE PINK	DRAINAGE.			Colostomy site pink c pale areas	
			AND PALE IN SOME AREAS	NGT (R) NARE DRAINING GREENISH YELLOW DRAINAGE			NGT to LIS - draining greenish fluid	
GU	URINE:		FTG FOLEY QS				Foley to gravity draining	
	COLOR/CLARITY		AMBER URINE C NO				clear amber urine	
			SEDIMENT AND CLEAR					
CARDIOVASCULAR	CARDIAC RHYTHM		S1,S2 SINUS TACHY				S1 S2 present, Sinus Tach	
			C NO ECTOPY				Pulses present x4	
			ALL PULSES STRONG				Cap refill c 3 secs	
			CAP REFILL C 3 SECS					

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
	ICU 2 west	25-MAR-03

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

CIV [redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITALS																		
TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
BP Arterial Line	114/54	133/58	126/52	130/56	123/57	121/57	111/60	102/58		137/59	161/85	124/57	119/52	125/53	113/57	117/57		
BP Cuff																		
Temperature	100.5	100.8	100.7	100.8	100.9	100.9	101.4	100.4			101.7	103.2		101.5	101.3	101.5	101.7	
Pulse	103	103	107	108	100	100	102	98		100	88	119	117	114	103	104	121	
Respiratory Rate	12	12	12	12	12	12	12	12		12	29	11	20	24	23	20	30	
SPO2	100	100	100	100	100	100	100	100		100	100	96	94	97	98	98	100	
% O2	40%	40	40	40	40	40	40	40		40	40	50	50	50	50	50	50	
pain																		
sedation																		

INTAKE																			
TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
UC	75	75	75	75	75	75	75	75		75	75	75	KIS 100	20 100	0	0		
GENT							100											
Versed	8	8	8	8	8	8	8	8		8	12	12	12	12	0/40			
IVPB		150			363	363	150	50				50			0/916			
Pent	50	50	50	50	50	56	50	50		50	60	60	60	60	60/450	50/450	50/450	
NS @ 20 ml													100/100	100/200	100/100	100/400	100/400	
Propofol															126/126	126	126	
TOTALS	113 / 225	282 / 392	113 / 409	113 / 422	476 / 898	476 / 1374	213 / 1587	183 / 1770		113 / 1883	182 / 2030	197 / 2227	172 / 2399	172 / 2571	300	102.6	102.6	

OUTPUT																			
URINE	HOUR	85	130	140	126	210	310	310	100		130	450	550	225	200	200	200	200	
	TOTAL	225	350	490	616	826	1136	1436	1556		1686	2136	2686	2911	3111				
	sp gr																		
	S/A																		
NG	OUTPUT	20 / 20	15 / 30	10 / 40	3 / 43	10 / 103					20 / 103			25 / 128					
	pH																		
	GUIAC																		
EMESIS																			
STOOL		Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø		Ø	Ø	Ø	Ø	Ø				
DRAINS																			
TOTALS																			

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04	
	167/8	137/56	80/68	107/52	173/58	134/63	108/54	111/59	
	103.7	102.8	101.5	102.4	103.5	103.0	102.5	101.7	
	120	117	110	112	120	121	115	113	
	23	21	21	12	24	25	26	19	
	99	98	97	100	98	99	96	97	
	50%	50%	50%	50%	50%	50%	50%	50%	

INTAKE	21	22	23	24	01	02	03	04	8° T
	0/825		0/825	0/825	0/825	0/825			825
	0/140		0/140	0/140	0/140	0/140			140
		150/1126	0/1126	0/1126	0/1126	0/1126			1126
	100/510	50/560	50/610	50/660	50/710	25/735	25	25	785
	100/800	100/900	100/900	100/900	100/900	100/1000	100	100	1200
	12.6/50.4	12.6/63.0	12.6/75.6	12.6/88.2	12.6/100.8	12.6/113.4			139.4
	162.6	162.6	162.6	162.6	162.6	162.6	162.6	162.6	4547

OUTPUT	21	22	23	24	01	02	03	04	
	200/391	250	250/441	250/4	250/491	200/511	150	150/511	511
									200
									4.11

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	05	1500	2400						
	MODE	SIMV	SIMV	SIMV						
	F_IO_2	40	50	50						
	TV	700	700	700						
	RATE	12	12	12						
	PEEP	5	8	8						
ARTERIAL BLOOD GAS	A: pH	7.490								
	A: PCO_2	37.9								
	B: pO_2	97								
	B: HCO_3	29								
	B: SAT	98								
	G: BASE	5								

LABORATORY DATA	TIME	04								
	GLUCOSE	95								
	Na/K	119/3.5								
	Cl/CO_2									
	BUN/Cr	5/.7								
	WBC/PLATELET	30.1/714								
	Hct/Hgb	27.4/8.3								

ACTIVITIES OF DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
PO			
TOTAL	4549	TOTAL	5611
BALANCE			1064

NURSE'S SIGNATURE | INITIALS

[redacted]

b(6)-2

NEUROLOGICAL ASSESSMENT

			HOURS	18
COMA SCALE	EYES OPEN	SPONTANEOUSLY	4	
		TO SPEECH	3	
		TO PAIN	2	
		NO EYE OPENING	1	✓
	BEST VERBAL RESPONSE	ORIENTED	5	
		CONFUSED	4	
		VERBALIZES	3	
		VOCALIZES	2	
		NO VOCALIZATION	1	✓
	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	
		LOCALIZES PAIN	5	
		FLEXION WITHDRAWAL	4	
		ABNORMAL FLEXION	3	
		EXTENSION TO PAIN	2	
		NO MOTOR RESPONSE	1	✓
LIMB MOVEMENT	ARMS	NORMAL POWER		
		MILD WEAKNESS		
		SEVERE WEAKNESS		
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		✓
	LEGS	NORMAL POWER		
		MILD WEAKNESS		
		SEVERE WEAKNESS		
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		✓
PUPILS	RIGHT	SIZE		3
		REACTION		+
	LEFT	SIZE		3
		REACTION		+
PUPIL SCALE				● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm
ICP				
CEREBRAL PERFUSION PRESSURE				

LEGEND

- C Closed by swelling
- T Trach/Endo
- S Slurring
- D Dysphasia
- R Receptive
- E Expressive
- R Right
- L Left

Record separately if there is a difference between the two sides.

- + + Brisk
- + Slow
- - No Response
- + Intact
- - Abnormal

VASCULAR ASSESSMENT

HOURS		
	R	
	L	
	R	
	L	
	R	
	L	
	R	
	L	
	R	
	L	

LEGEND

- + + Normal
- + Weak
- - Absent
- D Doppler
- R Right
- L Left

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0800	INITIALS [redacted]	1800	INITIALS [redacted]		INITIALS
NEUROLOGICAL	PUPILS	4 0 4.0 EPW. S/P debrided of ABD c colostomy. pupils 3mm, auxiliaries to touch, Alert, moves extremities x 4.		at PERRLA, 3mm Brisk Related, awake at times, aids when questioned			
	SENSORIUM						
RESPIRATORY	RESPIRATORY PATTERN	Peep 5 vol 700 O2 40%		SIMV 12BPM; TV 700, PEEP 5			
	BREATH SOUNDS	BS CTA, Secretions		FiO2 40%, Lungs CTA (B)			
	SECRETIONS	Clear, Sm amt SaO2		↓ secretions			
		100% Color good, pulses		Equal Cxc & full at chest			
		present x 4 cap refill		SpO2 100%			
		brisk skin warm					
SKIN	COLOR	noted bilat wrist healing		normal for Race			
	INTEGRITY	abrasions (-) drg. IV		Colostomy, ABD dressing c/d/I			
		(R) AC 20g, (R) Central line,		Sutures to occiput w/o drainage			
IV SITE	LOCATION	SC patent, (L) wrist Hep		(R) central line - c/d/I			
	CONDITION	patent. ABD noted		Radial A-line c/d/I removed			
		edema +2 Drg ABD		(L) AC 18g c/d/I			
		intact mod amt serous +					
		slightly bloody drainage.					
		Drg Δ: per MD order qwet					
GASTRO	ABDOMEN	to dry. Sutures sit silo		NOT to LIS, Ø BS			
	BOWEL SOUNDS	bag c Red rubber suture intact		ABD Dressing c/d/I			
		(-) sts of infx lg amt serous		Colostomy bag, Ø BM			
		drainage noted (-) odor.		2 JP drains to Cont Low Suc			
GU	URINE:	colostomy Sm amt bloody +		Foley to Gravity			
	COLOR/CLARITY	serous drg (-) noted stool. JP		clear yellow			
		to LIS x 2 (-) drg only small bloody					
CARDIOVASCULAR	CARDIAC RHYTHM	residual in tube Foley to gravity		NSR, Pulses x4			
		drg clear amber urine Ø Sed		CVP 75 y/h, Vessel 8 ml/hr			
		Pmt vss T 100.2 note labs		Fent 50 ml/hr			
		PRBC started at MD order.					
		Cardiac (-) dysrhythmias					

LEGEND: Cr - Creatinine [redacted] ; F_IO_2 - Fraction of Inspired O_2 ; HCO_3 - Bicarbonate ; ICP - Intracranial Pressure ; PCO_2 - Pressure of Arterial CO_2 ; PEEP - Positive End Expiratory Pressure ; S/A - Fractional ; SAT - Saturation ; TRACH - Tracheostomy

b(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] RN

DEPARTMENT/SERVICE/CLINIC ICU 2 unit

DATE 25-MAY07

PATIENT'S IDENTI[redacted] entries give: Name—last, first, middle; grade; date; hospital or medical facility)

EPN

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 24 May 03 | DX GSW ABD SIP EXP Lab colostomy | HOSPITAL DAY

VITAL SIGNS																		
TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
BP Arterial Line						154/67	116/48	118/52		117/54	136/54	113/54	110/56	115/53	118/52	117	112/55	
BP Cuff	100/59	128/55	103/52	97/48	101/59	126/72	117/56	109/55		109/54	110/59	110/57	107/55	113/57		100	100	
Temperature		100.9		100.1	100.0	100.4	100.2	100.1			100.3	100.2	100.3	100.4	100	100	100	
Pulse	102	114	105	107	101	111	109	104		103	102	101	110	110	102	99	97	
Respiratory Rate	12	12	12	12	12	12	12	12		12	12	12	12	12	12	12	12	
Vent O2	50%	40%	40%	40	40	40	40	40		40	40	40	40	40	40%	40%	40%	
SaO2	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
open intubation																		

INTAKE																		
TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
LR	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75/100	
versed	7	7	7	7	7	7	8	8		8	8	8	8	8	8	8	8/122	
Fent	40	40	40	40	40	40	45	45		35	35	35	40	40	40	40	40/635	
IVPB		100	50				100	50			50			100			0/440	
PRBC				363												450/813	0/813	
TOTALS	100/100	200/300	170/510	133/643	120/833	120/955	600/1081	178/1281		118/1399	168/1567	118/1685	125/1810	125/1935				

OUTPUT																		
URINE HOUR			215	140	100	325	60	225		145	200	125	110	60	150	250	250	
URINE TOTAL				815	915	1240	1300	1525		1670	1870	1995	2105	2165	1970	2220	2470	
URINE sp gr																		
URINE S/A																		
NG OUTPUT	Ø	40	Ø	20/60	3/63	0/63	5/68	20/88			5/93	Ø	Ø	5/98				
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL (colostomy)	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø		Ø	Ø	Ø	Ø	Ø				
DRAINS JP1	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø		Ø	5	Ø	Ø	Ø				
DRAINS JP2	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø		25	20	Ø	Ø	Ø				
TOTALS																		

POST-OP DAY 2

VITAL SIGNS	21	22	23	24	01	02	03	04
	134/59	137/59	137/58	121/59	111/54	101/58	117/59	117/56
	100.5	100.5	100.5	100.6	100.5	100.6	100.5	100.5
	97	95	100	98	99	101	102	101
	12	13	12	12	12	12	12	12
	40%	40%	40%	40%	40%	40%	40	40
	100	100	100	100	100	100	100	100

INTAKE	21	22	23	24	01	02	03	04	8° T
	75/1275	75	75/1425	75	75	75/1500	75	75/1800	
	8/130	8	8/146	8	8	8/170		186	
	40/675	40/715	40/755	40	40	40/875		955	
	0/450							450	
	0/813							813	
								2500	

OUTPUT	21	22	23	24	01	02	03	04
	450/920	300/930	150	150/350	150	150/520	200	200/920
								195
								5
								30

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA		TIME	06	18	1100	2200
		MODE	SIMV	SIMV	SIMV	SIMV
		F_IO_2	40	40	40	40
		TV	700	700	700	700
		RATE	12	12	12	12
		PEEP	5	5	5	5
	A	pH	7.5			
	A	PCO_2	32.1			
	A	pO_2	98			
	B	HCO_3	26			
	B	SAT	98			
	G	BASE	3			

LABORATORY DATA	TIME	101							
	GLUCOSE	118							
	Na/K	120/4.2							
	Cl/CO_2	99/24							
	BUN/Cr	7/.6							
	WBC/PLATELET	30.1/781	30.1/714						
	Hct/Hgb	23.5/7.0	22.4/8.3						

ACTIVITIES DAILY LIVING	TIME	08							
	MOUTH CARE	[illegible]							
	BATH								
	SKIN CARE								
	FOLEY CARE								
	TRACH CARE								
	ROM EXERCISES								

TURN / SUCTION — TIME

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
PO			
TOTAL	2584	TOTAL	4453

BALANCE -1869

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

NEUROLOGICAL ASSESSMENT

		HOURS	17	21
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4		
		TO SPEECH 3		
		TO PAIN 2	2	
		NO EYE OPENING 1		1
	BEST VERBAL RESPONSE	ORIENTED 5		
		CONFUSED 4		
		VERBALIZES 3		
		VOCALIZES 2		
		NO VOCALIZATION 1	✓	1
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6		
		LOCALIZES PAIN 5	5	
		FLEXION WITHDRAWAL 4		
		ABNORMAL FLEXION 3		
		EXTENSION TO PAIN 2		
		NO MOTOR RESPONSE 1		1
LIMB MOVEMENT	ARMS	NORMAL POWER		
		MILD WEAKNESS		
		SEVERE WEAKNESS	✓	
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		✓
	LEGS	NORMAL POWER		
		MILD WEAKNESS		
		SEVERE WEAKNESS	✓	
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		✓
PUPILS	RIGHT	SIZE	3	3
		REACTION	+	+
	LEFT	SIZE	3	3
		REACTION	+	+
PUPIL SCALE			● 2	● 3 ● 4 ● 5 ● 6 ● 7 mm
ICP				
CEREBRAL PERFUSION PRESSURE				

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record separately if there is a difference between the two sides.

+ + Brisk
+ Slow
- No Response

+ Intact
- Abnormal

VASCULAR ASSESSMENT

HOURS	
	R / L
	R / L
	R / L
	R / L
	R / L

LEGEND

+ + Normal
+ Weak
- Absent
D Doppler
R Right
L Left

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0545	INITIALS	INITIALS	1730
	PUPILS	3MM-4MM ROUND			Pt's eye open, 3mm, brisk
	SENSORIUM	REACTIVE PROPOFOL			Sclera are yellow
		31 MCG/KG/MIN, FENT			
		200 MCG/HR RESPONDS			
		TO TOUCH MAE E ALERTAIN			
RESPIRATORY	RESPIRATORY PATTERN	SIMV ETT B 24@ LIPLINE	12 FiO2 50% PEEP 8		See vent setting next page
	BREATH SOUNDS	MILD RHONCHI TO	TV 700		equal size and full at chest
	SECRETIONS	UPPER LOBES DIMINISHED			Sats 100% on 50% FiO2
		BS ON (R) LOWER LOBE			Clear lung sounds
		SMALL AMOUNT FROTHY			small amts yellow secretions
		SECRETIONS FROM IN-LINE SUCTION			
SKIN	COLOR	NORMAL FOR RACE			Normal for race
	INTEGRITY	INTACT E LAC TO RIGHT HEAD, ABD WOUND,			ABD wound dressing
		STOMA			Head wound dressing
IV SITE	LOCATION	RAC 18G INTACT/PATENT			(R) AC 18g clot
	CONDITION	LAC 18G INTACT/PATENT			(L) AC 18g clot
		RSLC PATENT/INTACT			(R) central line clotted
		(R) RADIAL A LINE INTACT/PATENT			(R) radial A-line patent, secured
GASTRO	ABDOMEN	DISTENDED TAUT E 2+			ABD dressing clot
	BOWEL SOUNDS	EDEMA SURROUNDING ABD WOUND			Colostomy site pink → brown
		BS NOT APPREACIATED	NGT (R) NARE		Edema (L) lower extremity
		DRAINING SMALL MED AMOUNTS OF GREENISH/YELLOW			Ø BS or flatus
GU	URINE:	SECRETIONS. STOMA MOISTENED PAUCI AREAS OF PANIC.			clear amts dk color
	COLOR/CLARITY	DARK AMBER TO ORANGE FOLEY QS			
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 (+) ST Ø ECTOPY	PULSES PRESENT		S1 S2 present,
		AND PALPABLE.			Pulses x 4, cap refill <2 secs
		CAP REFILL ≤ 3 SECS.			

LEGEND

Cr - Creatinine
F_IO_2 - Fraction of Inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU Quest

DATE: 21-MAR-03

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

CIV

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

Pamwood 11 B

DATE | DX | HOSPITAL DAY

VITALS SIGNS																			
TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20		
BP Arterial Line	103/55	108/55	101/53	122/61	140/57	115/47	116/52	96/43		95/42	136/63	105/51	101/42	105/54	103/53	95/47	94/48		
BP Cuff											133/60	102/55	100/60	98/55					
Temperature	100	100.9	100.9	101	103.2	103.2	101.4	101.4		101.7	102	103	103	98.3	99.2	98.5	98.5		
Pulse	112	112	110	118	126	123	117	120		123	127	124	120	122	123	105	101		
Respiratory Rate	24	27	24	26	15	18	16	12		19	18	24	23	15	19	18	17		
SpO_2	97	99	96	94	97	98	100	100		98	92	94	97	95	97	100	97		
F_iO_2	50%	50	50	50	50	50	50	50		50	50	50	50	50	50%	50%	50%		
MAP																58			
open																			
intubation																			

INTAKE																			
TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T	
NS c 20 KCl	112	112	112	112	112	112	112	112		112	112	112	160	150	150	150	150/1982		
Fent	25	25	25	27.5	27.5	27.5	27	27.5		27.5	27.5	24.5	27.5	27.5	25	25/400	25/425		
Propofol	13	13	13	14.7	14.7	14.7	14.7	14.7	10.5	10.5	25	16.8	12.6	12.6	12.6	12.6	12.6/269		
IVPM			50			100		50		50	50			100	100		0/400		
			50																
bolus NS											500	500		1000		500	0/2500		
Dopamine																	3.9		
TOTALS	150/150	150/300	250/550	154/704	154/858	50/908	150/958	200/1158		197/1357	714/2071	655/2726	200.1/2926	1148/4124.2					

OUTPUT																			
URINE	HOUR		500	60	110	220	110	90	90		60	30	120	60	110	140	50	20	
	TOTAL		500	560	670	890	1000	1090	1180		1240	1270	1390	1450	1560	1700	1750	1770	
	sp gr																		
	S/A																		
NG	OUTPUT	0	10/10	—	—	10/20	—	90/110				30/140	0	0					
	pH																		
	GUIAC																		
EMESIS																			
STOOL		0	0	0	0	0	0	0	0		0	0	0	0	0				
DRAINS																			
TOTALS																			

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04	
	94/51	92/55	114/60	104/58	94/57	100/57	114/61	104/56	
	96.2	96.7	96.7	96.8	96.0	96.8	97.0	97.0	
	98	96	96	96	91	86	84	85	
	12	16	12	12	12	13	12	12	
	99	100	100	100	100	100	100	100	
	50%	50%	50%	50%	50%	50%	50%	50%	
			63	70	65	70	75	70	

INTAKE	21	22	23	24	01	02	03	04	8° T
	150 /	150 / 2282	150 / 2332	150 / 2332	150 / 2482	150 / 2632	150 / 2782	150 /	2932
	27 /	25 / 477	25 / 500	25 / 525	25 / 550	25 / 575	25 /	15 /	505
	12.5	12.5 / 254	12.0 / 242.0	12.6 / 254.6	12.6 / 267.2	12.6 / 279.8			375.0
	3.9	3.9 / 11.7	6.6 / 18.3	6.6 / 24.9	6.6 / 31.5	6.6 / 38.1	9.2 /	9.2 /	56.5
OUTPUT	70 / 1610	70 / 1690	150 /	150 / 1990	150 / 2140	90 / 2230	70 / 2300	70 /	2370
									120

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY					
	TIME	0400	2200	2	
	MODE	SIMV	SIMV		
	F_IO_2	50	50		
	TV	700	700		
	RATE	12	12		
	PEEP	8	8		
ABG	pH	7.4			
	PCO_2	39.1			
	pO_2	84			
	HCO_3	26			
	SAT	97			
	BASE	2			

LABORATORY DATA									
	TIME	0400	1800						
	GLUCOSE	99							
	Na/K	133 / 4.3							
	Cl/CO_2	97 / 23							
	BUN/Cr	4 / 6							
	WBC/PLATELET	3+ / 5 / 6008							
	Hct/Hgb	32.5 / 10.3	27.1 / 9.0						

ACTIVITIES DAILY LIVING	TIME	1000				TIME			
	MOUTH CARE	✓			TURN				
	BATH	✓							
	SKIN CARE	✓							
	FOLEY CARE	✓			SUCTION				
	TRACH CARE	✓							
	ROM EXERCISES								

24° I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
DAY IV	4124.2	DAY	1260
Night		Night	
TOTAL	2932	TOTAL	2370

BALANCE +1468.5

NURSE'S SIGNATURE [redacted] INITIALS

b(6) -2

NEUROLOGICAL ASSESSMENT

			HOURS	17
COMA SCALE	EYES OPEN	SPONTANEOUSLY	4	
		TO SPEECH	3	✓
		TO PAIN	2	
		NO EYE OPENING	1	
	BEST VERBAL RESPONSE	ORIENTED	5	
		CONFUSED	4	
		VERBALIZES	3	
		VOCALIZES	2	
		NO VOCALIZATION	1	✓
	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	
		LOCALIZES PAIN	5	✓
		FLEXION WITHDRAWAL	4	
		ABNORMAL FLEXION	3	
		EXTENSION TO PAIN	2	
		NO MOTOR RESPONSE	1	
LIMB MOVEMENT	ARMS	NORMAL POWER		
		MILD WEAKNESS		
		SEVERE WEAKNESS		✓
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		
	LEGS	NORMAL POWER		
		MILD WEAKNESS		
		SEVERE WEAKNESS		✓
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		
PUPILS	RIGHT	SIZE		3
		REACTION		+
	LEFT	SIZE		3
		REACTION		+
PUPIL SCALE				● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm
ICP				
CEREBRAL PERFUSION PRESSURE				

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record separately if there is a difference between the two sides.

+ + Brisk
+ Slow
- No Response

+ Intact
- Abnormal

VASCULAR ASSESSMENT

HOURS	
	R L
	R L
	R L
	R L
	R L

LEGEND

+ + Normal
+ Weak
- Absent
D Doppler
R Right
L Left

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME		INITIALS [redacted]	1805	INITIALS [redacted]		INITIALS
NEURO	PUPILS	3mm reactive, round		3mm reactive			
	SENSORIUM	spontaneous eye opening		Eyes open to tactile			
		sedated diprivan 31mcg/kg/min		stimulation. Diprivan			
		fentanyl 250mcg/hr		@3mcg/kg/min,			
				Fent. @ 200mcg/h			
RESPIRATORY	RESPIRATORY PATTERN	equal chest expansion		Bilat chest Expansion			
	BREATH SOUNDS	diminished c̄ clear upon		Lungs sounds clear			
	SECRETIONS	exhalation. vent SIMV		SIMV=12 TV=700			
		P10 R12 TV 700 50%		FIO2=50; P=05			
SKIN	COLOR	Normal		Normal			
	INTEGRITY	incisions and scars intact		scarring to wrist.			
	(L) wrist area	c̄ healing circumferential scarring		bilat.			
IV SITE	LOCATION	(R)AC;(L)AC,(R)SC site		(R)AC,(L)AC,(R)SC			
	CONDITION	s̄ s/s infection ø		patent. No signs of			
		redness at site; patent.		infection.			
GASTRO	ABDOMEN	open abd wound c̄ clear		open abd c̄ dsg			
	BOWEL SOUNDS	plastic surrounding wound		to site. Pt			
		Drsg Δ to site and ABD pad					
		reapplied.					
GU	URINE:	amber colored		amber color			
	COLOR/CLARITY	ø sediments noted in AM					
CARDIOVASCULAR	CARDIAC RHYTHM	SR; palpable 2+ pulses		cap refill < 3sec.			
		Cap refill < 3secs.		x4 extremities;			

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of Inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)
[redacted] CAPTAIN b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2 unit

DATE: 27-MAY-03

[redacted] (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

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

DATE | DX: TOR | HOSPITAL DAY

VITALS / SIGNS																		
TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
BP Arterial Line	111/54	110/60	112/64	113/61	104/52	103/51		123/66		144/80	144/74	103/56	121/61		105/57	115/60	136/50	
BP Cuff											97[1]			100[3]				
Temperature	97°			96[7]				95		98	99					101.3	102	
Pulse	104	99	93	91	108	116		92		94	87	93	104		112	112	118	
Respiratory Rate	11	12	12	12	12	12		12		12	12	12	12		13	13	17	
SpO_2	100	100	100	100	100	100		100		100	100	100	100		100	100	100	
FiO_2	50%	50	50	50	50	50		50		50	50	50	50		50	50	50	
MAP	70	76		76	71	67		86			96	69	79		78	78	84	
open																		
intubation																		

INTAKE																			
TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
NS ± 20 Kcl	150	150	150	150	150	150		100		100	100	100	100	100	100	100	100	
Propofol	13	13	13	13	13	16[8]		16[8]		16[8]	16[8]	16[8]	12[6]	12[6]	12[6]	12[6]	12[6]	
Fentanyl	25	25	25	25	25	25	R	25		25	25	25	20	20	20	20	20	
Dopamine	9[2]	9[2]	9[2]	9[2]	9[2]	4[6]	0	6[6]		7[9]	6[6]	6[6]	6[6]	5[3]	5[3]	5[3]	5[3]	
IVPB		150						100			50				50		50	
							TO											
							300											
hourly	197[2]	347[2]	197[2]	197[2]	197[2]	196[4]	300	248[4]		149[7]	198[4]	148[4]	139[2]	137[4]	187[9]	137[4]	162[4]	
TOTALS	197[2]	544[4]	741[6]	938[8]	1136	1332[4]	1632[7] 02	1880[8]	1880[8]	149[7]	348[1]	496[5]	635[9]	773[6]	961[5]	1098[9]	1283[3]	1283[3]

OUTPUT																			
URINE	HOUR	90	100	50	50	75	75	20	50	56	50	50				395			
	TOTAL	90	190	240	290	365	440	460	510	515	50	100				495			495
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04
	124/61	125/59	127/59	112/44				
	101.9	102.5	103	101.4	101	103.1	101.5	101.5
	117	116	116	114	122	114	116	118
	12	16	12	12	20	20	13	13
	100	100	100	100	99	100	100	100
	45	45	45	45	40	40	40	40
	72	77	76	69	85	91	78	78

INTAKE	21	22	23	24	01	02	03	04	8° T
	100	100	100	100	100	100	100	100	
	126	141	140	126	147	141	126	126	
	20	20	20	20	225	225	225	225	
	53	53	53	[illegible]	46	46	39	39	
		50		100					
	139	140	140	139	141	141	139	139	
	139	277	417	555	697	839	978	1117	1117 (4)

OUTPUT	21	22	23	24	01	02	03	04	
	525				725			750	2000

ACUITY LEVEL CLASSIFICATION 3 Stepdown

RESPIRATORY DATA	TIME	05	02
	MODE	SIMV	SSIMV
	F_IO_2	50	40
	TV	700	700
	RATE	12	12
	PEEP	10	5
ARTERIAL BLOOD GAS	A: pH		
	A: PCO_2		
	A: pO_2		
	B: HCO_3		
	SAT		
	G: BASE		

LABORATORY DATA	TIME	
	GLUCOSE	146
	Na/K	141/4.3
	Cl/CO_2	106/26
	BUN/Cr	12
	WBC/PLATELET	31.6/149
	Hct/Hgb	29.9/9.2

ACTIVITIES DAILY LIVING	TIME		
	MOUTH CARE	0700	
	BATH	0700	
	SKIN CARE	0700	
	FOLEY CARE	0700	
	TRACH CARE		
	ROM EXERCISES		

TURN	TIME

SUCTION	TIME
	07

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE: IV, 4285.5 PO _____ TOTAL _____

OUTPUT: Urine: ~~[illegible]~~ 2440 TOTAL _____

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

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT [redacted]

	TIME	[redacted] INITIAL	1910	[redacted] INITIAL	INITIALS
NEURO	PUPILS	2mm reactive	2mm reactive		
	SENSORIUM	Spontaneous eye opening	Diprivan DC'd.		
		sedated diprivan 40mg	Fent @ 75mcg/h		
		fent 200mg	Pt. off vent @		
			1830		
RESPIRATORY	RESPIRATORY PATTERN	equal chest expansion	Symetrical chest		
	BREATH SOUNDS	clear exhalation; vent	expansion.		
	SECRETIONS	SIMV R12 P5 TV 700			
		FIO2 4 %.			
		Minimal secretions			
SKIN	COLOR	Normal; dry	Normal		
	INTEGRITY	open abdominal wound	open abd. wound		
		otherwise intact			
IV SITE	LOCATION	(R) AC, (L) AC, (R) SC	(R) AC, (L) AC, (R) SC		
	CONDITION	NO S/S infection @			
		site; CDI			
GASTRO	ABDOMEN	open wound wet→dry Dsg	open wound wet→		
	BOWEL SOUNDS	Ø BS. NGT(R) nare LIS	dry dsg.		
GU	URINE:	foley; dark yellow	foley to gravity		
	COLOR/CLARITY	slightly cloudy	dark yellow		
CARDIOVASCULAR	CARDIAC RHYTHM	SR→ palpable pulses			
		(R); Cap refill <3secs			

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)
[redacted] CPT AP b(6)-2

DEPARTMENT/SERVICE/CLINIC
ICU 2 west

DATE
28 May 03

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

[redacted] b(6)-4

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

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20
BP Arterial Line			117/63	88/54		110/92		122/71		128/71	129/66	135/72	130/75		108/73	139/70	140/78
BP Cuff			91/59	101/57	87/52	137/69	108/59	101/73									
Temperature			99.1				97.9					96.4			99.3	100.3	
Pulse		93	109	106	98	91	90	85		81	80	91	95		88	97	111
Respiratory Rate		12	12	12	12	12	12	12		12	12	13	12		12	18	22
MAP			67	66	66	100	74			91	86	96			96	97	
SpO2		100	100	100	100	100	100	100		100	100	100	100		100	100	94
FIO2		40	40	40	40	40	40	40		40	40	40	40		40		

open intubation

INTAKE

TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
NS w/20KCl	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
Fentanyl	20	20	20	20	20	20	20	20		20	20	15	10	75	75	75	75	
Diprivan	12.6	12.6	16.8	16.8	16.8	16.8	16.8	12.6		off	off	off	off					
Dopamine	3.9	3.9	3.9	3.9	6.6	6.6	6.6	6.6		6.6	6.6	5.3	3.9	3.9	3.9	3		
IVPB		150				100		100		100					400			
Tube feed																	20	
Hourly	136.5	286.5	140.7	140.7	143.4	243.4	143.4	239.2		126.6	126.6	120.3	113.9	111.4	111.4	110.5	109.5	110.5
TOTALS	136.5	423	563.7	704.4	847.8	1091.2	1234.6	1473.8		126.6	253.2	373.5	487.4	598.8	710.2			

OUTPUT

URINE	HOUR	100	200	250	100	45	45	60	60	88	50	50	50	50		150	100		450
	TOTAL	100	300	550	675	720	765	825	885		150	100	150	200		350	450		
	SP GR																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

POST-OP DAY	21	22	23	24	01	02	03	04	
VITAL SIGNS									
	146/80		150/[illegible]	132/64	130/6[illegible]	125/60	121/60	123/68	
						NOL			
	112		110	106	108	109	114	110	
	30		27	25	25	29	31	26	
	[illegible]		92		85	81	81	86	
	99		100	100	100	100	100	100	
INTAKE	21 16	22 17	23 18	24 19	01 20	02 21	03 22	04 23	8° T
	100	100	100	100	100	100	100	100	
	75	75	75	75	75	75	75	75	
			50	50	50				
	20	20	20	20	20	20	20	20	
	1275	1275	1275	1275	1275	1275	1275	1275	1170
OUTPUT	40/40	100/40	60/200	60/260	40/300	325/625	150/775	125/900	900

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME	0600	1415
		MODE	SIMV	
		F_IO_2	4	
		TV	700	
		RATE	12	V8
		PEEP	5	
ABG	A	pH	7.45	
		PCO_2	33.4	
		pO_2	78	
	B	HCO_3	23	
		SAT	96	
	G	BASE	0	

LABORATORY	TIME	0600
	GLUCOSE	86
	Na/K	134/3.8
	Cl/CO_2	107/24
	BUN/Cr	8/0.6
	WBC/PLATELET	13.9/360
	Hct/Hgb	30.4/9.6

ACTIVITIES DAILY LIVING	TIME		23 00
	MOUTH CARE		✓
	BATH	07	✓
	SKIN CARE	07	✓
	FOLEY CARE	07	✓
	TRACH CARE		
	ROM EXERCISES		

TURN	TIME

SUCTION	TIME

24 I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV	1170	Urine:	900
po			
TOTAL		TOTAL	
BALANCE			

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

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INTERSHIFT ASSESSMENT

	TIME	0600	INITIALS [redacted]	1900	INITIALS [redacted]		INITIALS
NEURO	PUPILS	3MM REACTIVE/ROUND		Perrla			
	SENSORIUM	INTACT ANSWERS/FOLLOWS		Intact			
		SIMPLE COMMANDS		Juntile to sedatio			
				bilat			
RESPIRATORY	RESPIRATORY PATTERN	NORMAL NAD					
	BREATH SOUNDS	CLEAR T. DEPRESSED @ BASES		Clear T @ Bases			
	SECRETIONS	FROTHY SPUTUM PRODUCED		Frothy Sputum			
		BY PT. STRONG COUGH		occasionally.			
SKIN	COLOR	SLIGHT JAUNDICE		Normal			
	INTEGRITY	INTACT		Scarring to wrists			
		ABD WOUND CDI		Bilat			
I.V. SITE	LOCATION	RAC PATENT / CDI		RAC, (L) AC.			
	CONDITION	LAC PATENT / CDI					
GASTRO	ABDOMEN	TENDER FIRM SLIGHTLY		open wound C BRKY Dsg			
	BOWEL SOUNDS	(+)		(+)			
GU	URINE:	DARK YELLOW		Amber			
	COLOR/CLARITY	CLEAR					
CARDIOVASCULAR	CARDIAC RHYTHM	S1,S2 PULSES x4		Edema to hands			
		EDEMA TO BILATERAL		bilat + ABD			
		UPPER EXTREMITIES					
		AND ABD.					

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

b(6)-2

(Continue on reverse)

PR[redacted], CPT, AN

DEPARTMENT/SERVICE/CLINIC: ICU 2 west

DATE: 30MAY03

PAT[redacted] (If typed or printed entries give: Name—last, first, middle; grade; date; hospital or medical facility)

#[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE	DE 05	06	07	08	09	10	11	12		13	14	15	16	HOSPITAL DAY 17	18	19	20	
VITALS SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	134/69	132/76	137/76	138/80	143/86			148/[illegible]					117/68	114/65	119/69	115/68	123/69	
Temperature	99.2			99.9				100.9		104.1	102.6	101.3	99.3				99.2	
Pulse	79	93	89	84	81			110					90	88	86	78	82	
Respiratory Rate	19	23	21	18	20			30					29	23	28	22	25	
O_2 SAT	100	99	99	99	100			99					99	98	98	98	97	
FiO2	2L	2L	2L	2L	2L			2L					2L	2L	2L	2L	2L	
SOURCE	NC	NC	NC	NC	NC			NC					NC	NC	NC	NC	NC	
pain intervention						VR					VR				VR			
INTAKE																		
TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
NS @ 20K	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
Fent	75	75	75	75	75	75	75	75		75	75	75	75	75	[illegible]	5	5	
IVPB		150				50		50		50	50				50	50		
Tube Feed		100						D/C										
PO								25%										
														12° TOTAL				
TOTALS	175	325	175	175	175	175	175	175	1210	175	175	175	175	175	175	155	105	1055
OUTPUT																		
URINE — HOUR	100	100	100					100					450			300	105	
URINE — TOTAL	100	200	300					900	900				1350			1650	1705	[illegible]
URINE — SG																		
URINE — S/A																		
NG — OUTPUT																		1705
NG — pH																		
NG — GUIAC																		
EMESIS																		
STOOL										200								
DRAINS																		
TOTALS																		

POST-OP DAY	21	22	23	24	01	02	03	04	
VITAL SIGNS	16	15	18	19	20	21	22	23	
							130/60	132/80	
	126/80	128/70	126/03	136/78	132/70	136/[illegible]	135	95	
				1069					
	80	85	80	84	86	89	95	95	
	20	24	25	26	25	24	28	30	
	99	99	99	98	98	98	96	96	
	2L	2L	2L	2L	2L	2L	2L	2L	
	NC	NC	NC	NC	NC	NC	NC	NC	
INTAKE	21	22	23	24	01	02	03		
	16	17	18	19	20	21	22	23	8° T
	100	100	100	100	100	100	100	100	
	5	5	5	5	5	5	5	5	
		50							
	105	155	105	105	105	105	105	105	890
OUTPUT			600			200		400	
			600			300		1300	1700

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA										
	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING										
	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	[redacted]
INTAKE	OUTPUT		
IV 3155	Urine: 1305	b(6)-2	
po			
TOTAL	TOTAL		

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET b(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

		INITIAL ASSESSMENT					
	TIME	0615	INITIALS	18K	INITIALS		INITIALS
NEURO	PUPILS	3MM ROUND/REACTIVE		PERRLA			
	SENSORIUM	ALERT DOSES INTERMITTENTLY		Alert			
RESPIRATORY	RESPIRATORY PATTERN	NAD		Normal			
	BREATH SOUNDS	CTA		Clear Bilat			
	SECRETIONS	FROTHY SPUTUM CLEAR ONCE EVERY 2-3°		occasional frothy sputum			
SKIN	COLOR	LIGHT PALE YELLOW					
	INTEGRITY	CLEARING FROM BEFORE INTACT		Scaring to wrist healing			
IV SITE	LOCATION	RH 20G 31 MAY 03		(R) hand			
	CONDITION	CDI					
GASTRO	ABDOMEN	SLIGHT TENDERNESS		Open wound T			
	BOWEL SOUNDS	(+) T LOOSE AND SMALL FORMED STOOL IN COLOSTOMY BAG.		dsg wet to dry. colostomy bag intact			
GU	URINE: COLOR/CLARITY	FZ AMBER SLIGHTLY CLOUDY		Amber, Foley D/C'd			
CARDIOVASCULAR	CARDIAC RHYTHM	S1, S2 ∅ ECTOPY (+) 4 VSS [redacted]		S1, S2, pulse x4 palpable b(6)-2			

[redacted] Creatinine; F_IO_2 - Fraction of inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Sig[redacted] | DEPARTMENT/SERVICE/CLINIC: ICU 2 west | DATE: 31MAY02

PATIENT'S IDENTIFICATION [redacted]ve: Name—last, first, middle; grade; date; hos[redacted] or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE	DX 05	06	07	08	09	10	11	12		13	14	15	16	HOSPITAL DAY 17	18	19	20	
VITALS SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff	135/96			136/78				117/61					126/73				108/63	
Temperature	100.4			101.7				99.3					99.7				99.4	
Pulse	93			104				102					97				96	
Respiratory Rate	26			30				22					25				25	
SaO2				99%				97					98				96	
SOURCE				NC				RA					RA				RA	
FiO2				2L														
INTAKE																		
urination	05	06	07	08	09	10	11	12	13	13	14	15	16	18	19	19	20	
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
NS + 20 K	100	100	100	100	100	100	100	100		100	100	100	50	50	50	50	50	
D/PB		150				100		100			50				50	50		
PO		60			40			60			30				50			
40K Run	25	25	25	25														
FONT	5	5	5	5	5	5	5	5		OFF	OFF	OFF	D/C					
													TOTAL 1700 12°	1930				
TOTALS	130	340	130	130	145	205	105	265	1460	100	180	100	50	50	150	100	50	730
TOTALS							D/C FOLEY 1130			1320		1445	1545					
OUTPUT																		
URINE HOUR				1000			625			550		400	400	2975	100		100	
URINE TOTAL							1625			2175		2575	2975		3075		3175	3175
URINE 30 gr																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL OSTOMY					200													
DRAINS																		
TOTALS																		

POST-OP DAY 21 22 23 (24) 01 02 03 04

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS	21	22	23	24	01	02	03	04	
	16	17	18	19	20	21	22	23	
				110/54				108/67	
				99				96	
				88				86	
				18				15	
				98				98	
				GA				RP	

INTAKE	21	22	23	24	01	02	03	04	
	16	17	18	19	20	21	22	23	8° T
I.V.	50	50	50	50	50	50	50	50	
	70			50	50				
OUTPUT	130	50	50	100	100	50	50	50	50
		500 / 500						500 / 100	1000

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

LABORATORY DATA	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME				TIME				
	MOUTH CARE				TURN				
	BATH								
	SKIN CARE								
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								

24 HRS TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV	2760	Urine:	4175
po			
TOTAL		TOTAL	
BALANCE			

NURSE'S SIGNATURE [redacted] INITIALS [redacted]

b(6)-2

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0530	INITIALS [redacted]	b(6)-2	INITIALS		INITIALS
NEURO	PUPILS	3MM BRISK PERRL					
	SENSORIUM	MAE FOLLOWS					
		SIMPLE COMMANDS.					
		CHEERFUL THIS AM.					
RESPIRATORY	RESPIRATORY PATTERN	NAD UNLABORED					
	BREATH SOUNDS	EQUAL B/L BS					
	SECRETIONS	CTA C MIN SECRETIONS					
		FROM COUGH					
SKIN	COLOR	PALE YELLOW SCLERA					
	INTEGRITY	INTACT OTHER THAN					
		ABD DSG INTACT					
IV SITE	LOCATION	20G RW					
	CONDITION	PATENT INTACT					
GASTRO	ABDOMEN	~~EDEMATOUS TO PERIPHERY~~					
	BOWEL SOUNDS	OF WOUND. BS (+)					
		NO STOOL IN OSTOMY					
		BAGS THIS TIME.					
GU	URINE:	SPONTANEOUS TO					
	COLOR/CLARITY	URINAL W/ DYSURIA					
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 TO-BOS					
		PULSES 3+ ALL EXTREMITIES					
		WARM TO TOUCH					
		CAP REFILL ≤ 3 SECS					
		[redacted] IVF DW.					
	b(6)-2	[redacted] Creatinine					
		[redacted] $_2$ - Fraction of Inspired O_2					
		[redacted] HCO_3 - Bicarbonate					

ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure

S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED [redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2 nd

DATE: 7 JUN 93

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

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE		05	06	07	08	09	10	11	12		13	14	15	16	HOSPITAL DAY 17	18	19	20	
VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line																		
	BP Cuff				116/62														
	Temperature	99			98.7														
	Pulse				101														
	Respiratory Rate				21														
	FiO2				99%														
	SOURCE				RA														
	pain																		
	orientation																		
INTAKE	TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
	NS KVO	50	50	50	50	50	50												
	IVPB		150																
	PO		250																
	TOTALS	50	450	50	50	50	50												
OUTPUT	URINE HOUR		325			500	325												
	URINE TOTAL		325			825	1150												
	URINE SP GR																		
	URINE S/A																		
	NG OUTPUT																		
	NG pH																		
	NG GUIAC																		
	EMESIS																		
	STOOL OSTOMY																		
	DRAINS																		
	TOTALS																		

POST-OP DAY	21	22	23	24	01	02	03	04	
VITAL SIGNS	16	17	18	19	20	21	22	23	
INTAKE	16	17	18	19	20	21	22	23	8°T
OUTPUT									

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
	A: pH									
	A: PCO_2									
	A: pO_2									
	B: HCO_3									
	B: SAT									
	G: BASE									

LABORATORY DATA	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24 I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday _____	wt Today _____		
INTAKE	OUTPUT		
IV _____	Urine: _____		
po _____	_____		
_____	_____		
TOTAL _____	TOTAL _____		
BALANCE _____			

MEDCOM - 15131

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 3 June
Time In: 0935
Allergies: NKDA.
Pre-op V/S:
Procedures: SIP FGD 9 Cholecystectomy
Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid _____ Colloid _____
OR Output: UOP _____ EBL _____
Meds/Times: 9 [illegible]

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

Pre Op Meds History

Time	0935	0950	1010
SaO2	97	98	97
FiO2	RA	RA	RA
Methods			
240			
220			
200			
180			
160			
140			
120			
100			
80			
60			
40			
20			
RR	16	20	21
T	96.4		96.4
Time	0935	1010	
Pain (0-10)	0	9	
LOS	[illegible]		

B5 / 2/65 / 24 / 16 / 98% / 94.85
55 / 1/67 / 15 / 20 / 98% / 010 / 18/73 / 99 / 23 / 97% / 96.45

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	2	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	10	10	

Codes:
AIRWAY: A = Ambu; BB = Blow-by; M = Mask; FT = Face Tent; RA = RoomAir; NC = Nasal Cannula
V/S: X = A-line BP; ^ = Cuff BP; = Pulse
TEMP: S = Skin; O = Oral; A = Axillary; T = Tympanic; R = Rectal
LOS: C = Cervical; T = Thoracic; L = Lumbar; S = Sacral

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

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] b(6)-2
DEPARTMENT/SERVICE/CLINIC: JCW #1
DATE: 3 June 02

P[redacted] Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

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

Medcom 15131

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
	denies					

NEUROVASCULAR

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

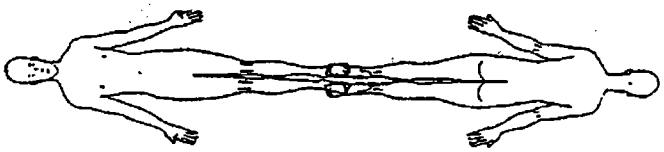
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	abdomen	gauze	C/D/I
30'	abdomen	gauze	C/D/I
60'			
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1025	NSR	∅	C

WAMC OP 173-E

NURSING NOTES

Assumed care at approx 0935 pt ~~alert~~ fully aware & alert ~~[illegible]~~ upon receipt of pt. pt in no apparent distress. A alert & responsive follows commands, appropriate c̄ staff. CVSR c̄ ectopy S1 S2 pulses +2 x 4 extremes. GI hyperBS x 4 ~~[illegible]~~ ON/D. GU no void.

[redacted] b(6)-2

Discharge Criteria:
Date: 8 Jun **Time:** **PARS:**
BP: 118/73 **T:** 96.4 **HR:** 94 **RR:** 20 **Sa02:** 97
Pain Level at D/C (0-10): ∅
Intake: — **Output:** —
Additional Data:
Transferred To: ICW
Report Given To: [redacted]
Transferred Via: W/C **Litter** Gurney Ambulance
Transferred By: KT [redacted]
Cleared IAW Recovery Room [redacted]
Charge Nurse Signatur [redacted]

b(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 05 Jun 03
Time In: 1045
Allergies: NKDA
Pre-op V/S: 127/80
Procedures: hematoma

Anesthesia Type (Circle): General Spinal Epidural ET
IV Sedation Nerve Block

OR Intake: Crystalloid 2000 Colloid Ø
OR Output: UOP Ø EBL 100

Meds/Times:

60 kg
250 fent
2 versed
80 ketamine

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds / History

Time	1045	1050	1055	1100	1105	1110	1115
SaO2	95	100	97	100	100	99	96
FIO2	2L	2L	2L	2L	2L	RA	RA
Methods	NC	NC	NC	NC	NC	✓	✓
240							
220							
200							
180							
160							
140							
120							
100							
80							
60							
40							
20							
RR	13	23	15	18	18	18	16
T	96.7		98.2	97.8			
Time							
Pain (0-10)							
LOS							

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1045	LR	700 ↑	(R) FA	[redacted]	100cc
					b(6)-2

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	11	11	12

Codes:
AIRWAY: A = Ambu, BB = Blow-by, M = Mask, FT = Face Tent, RA = RoomAir, NC = Nasal Cannula
V/S: X = A-line BP, ˙ = Cuff BP, = Pulse
TEMP: S = Skin, O = Oral, A = Axillary, T = Tympanic, R = Rectal
LOS: C = Cervical, T = Thoracic, L = Lumbar, S = Sacral

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

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] CPT/AN

DEPARTMENT/SERVICE/CLINIC: ICU #2

DATE: 05 Jun 03

[redacted] (Last, middle; grade; date; hospital or medical facility) Name — last, ies give: b(6)-2

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

EPW [redacted] b(6)-4

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

b(6)-2 A11

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
		[redacted]				

none

NEUROVASCULAR

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

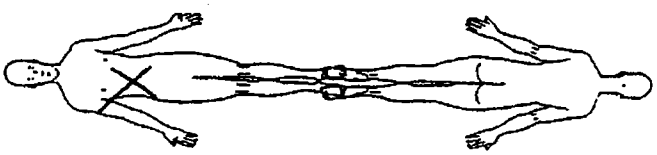
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	Abd	bulky	Ø
30'	Abd	bulky	Ø
60'	Abd	bulky	Ø
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount
		[redacted]	

none

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Patient recovered on gurney
neuro: alert, follows commands, no apparent pain
resp: lungs clear, sats 96-100%. room air, occasional cough
CV: HR / BP stable, pulses palpable
GI: OStomy intact, Ø N/V
GU: Ø urine, Ø distention
Skins: Bulky ⊗ due to abd CDT: [redacted] CPT/TN

Discharge Criteria:
Date: 5 June 03 **Time:** 1145 **PARS:** 12
BP: 112/45 **T:** 97.8 **HR:** 105 **RR:** 17 **Sa02:** 96%
Pain Level at D/C (0-10):
Intake: 100cc **Output:** Ø
Additional Data:
Transferred To: ICW #1
Report Given To: [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: [redacted] CPT/TN

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 23 Jun 03
Time In: 0933
Allergies: Ø
Pre-op V/S: 96, 20/66 150
Procedures: Split thick Skin graft

Anesthesia Type (Circle)): General Spinal Epidural MAC
IV Sedation Nerve Block
OR Intake: Crystalloid 1100 Colloid
OR Output: UOP Ø EBL 50
Meds/Times: Fentanyl

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds

History

Time	0935	0940	0950	1000
SaO2				
FiO2				
Methods				
240				
220				
200				
180				
160				
140				
120	↓	↓	↓	↓
100				
80	↑	↑	↑	↑
60				
40				
20				
RR	24	20	20	20
T 95.9				
Time SAT	100	100	100	100
Pain (0-10)	See	Over		
LOS				

Pacu Intake

Time	Solution	Amount	Site	By	Infused
	LR				
	NACL				

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	2	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	12	12	12

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

(Continue on reverse)

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU/Recovery

DATE: 23 Jun 03

PATIENT'S IDENTIFICA[redacted] give: Name – last, first, middle; grade; date; hospital

[redacted] b(6)-4

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

b(w)-2 A11

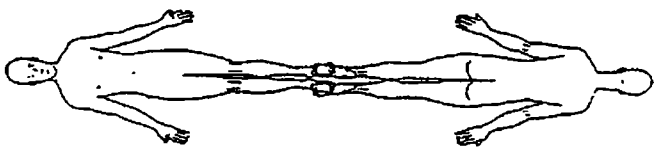
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 0935	ABD	Gauze	None
30'			
60'			
D/C 0935	ABD	Gauze	None



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0935	SR	Ø	Ø

WAMC OP 173-E

NURSING NOTES

(0940) pt arrived Alert; Ing; MAE; No apparent distress; VSS; no N/V; lying supine; no nonverbal/facial indicators of pain; pt mods "yes" to "Alarm" - unable to determine scale; Sx to abdomen dressing, light to RLE donor site; [redacted] epi PA; unable to find nsg pm pain med orders — [redacted] (000). Report given to RN; pt to be transferred via litter with MSN/P. [redacted]

Discharge Criteria:
Date: 23 Jan 03 Time: 1005 PARS: 12
BP: 118/70 T: 97.5 HR: 94 RR: 24 Sa02: 98 RA
Pain Level at D/C (0-10):
Intake: 100 Output: Ø
Additional Data:
Transferred To: 2 (W) 2
Report Given To: RN
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP: [redacted]
Charge Nurse Signatur[redacted]

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	EPW [redacted] b(u)-4		M

b(u)-4

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	4 0 Y	X	9	UNKNOWN

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
—	—	9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
—	U	0815	— b(u)4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
—	K 7 8	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
—	—	1	YEAR ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0		—
		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE —

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
2 4 EPW CAMP		0 3 0 6 0 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
A B A A		0 3 0 5 1 4

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

FOR LOCAL USE

DX: GSW TO ABDOMEN

10
10
10
10
10 X

40

20
10
10
10

b(u)-2 b(u)-2

ADMITTING OFFICER (Sign [redacted] , MAJ, MC

SIGNAT [redacted] DM [redacted] E, SPC, 91G/10

AR 40-400/ MAR 90

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	b(6)-4 EPW [redacted]	—	M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
		X	9	UNKNOWN

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
—	UNKNOWN	9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
—	U	0750	— b(6)-4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
—	[redacted]	—

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	
—	—			X NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0	ICW2	—

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted]	—

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
—

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
2 6		0 3 0 6 2 8 June 28

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
A B A A		0 3 0 5 2 6 May 26

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

FOR LOCAL USE

DX: SP EX [redacted]

b(6)-2

Dx: 86813 C49883 5543 86813 89912

ADMITT[redacted]

SIGNA[redacted]

DR. [redacted], MAJ, MC [redacted], SPC, 91610

b(6)-2

DA FORM 2088

MEDCOM - 15138

b(6) -4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted]	2. [redacted] (EPW# [redacted])			3. GRADE —	ADMISSION REMARKS
SEX M	5. AGE UNK	RACE Z	7. UNK	8. LENGTH OF SVC —	9. ETS —
10. PREVIOUS ADMISSION N					
11. FMP 99	12. SSN [redacted]	13. ORGANIZATION —			14. WARD ICW
15. FLYING STATUS —	16. RATING/DSG —	17. DEPT./BEN K79	18. BRANCH/CORPS —	19. UIC/ZIP —	20. TYPE CASE NBI
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: DIRECT FROM ER			22. HOURS OF ADMISSION 1539	23. CLINIC SERVICE ABAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK			25. TYPE DISPOSITION 24	26. DATE OF DISPOSITION 20030514	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK			27b. TELEPHONE NO. —	28. DATE OF THIS ADMISSION 20030513	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2) 2				30. DATE OF INTIAL 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

DX: GSW TO CHEST (X-RAY)

35. Total Days This Facility

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

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
0	0	0	0	2	2

SIGNATURE OF ATTENDING MEDICAL OFFICER [redacted] b(6) 2

SIGNATURE OF [redacted] RECORD [redacted]

b(6)-4 All

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	A [redacted]
2. MTF LOCATION (State or Country Code.)	IZ
3. REGISTER NUMBER	[redacted]
NAME (Last, First, Middle Initial)	[redacted]
4. PAY GRADE	
5. SEX	M
6. DATE OF BIRTH (YYYYMMDD)	UNK
7. AGE AT ADMISSION	UNK
8. RACE	Z
9. ETHNIC BACKGROUND	9
RELIGION	UNK
10. LENGTH OF SERVICE	—
ETS	—
11. FMP	99
12. SOCIAL SECURITY NUMBER	[redacted]
ORGANIZATION (Active Duty Only)	—
13. MARITAL STATUS	Z
HOUR OF ADMISSION	1539
BRANCH / CORPS	—
14. FLYING STATUS	—
15. BENEFICIARY CATEGORY	K79 K78
16. ZIP CODE OF RESIDENCE	UNK
17. UNIT LOCATION (State or Country Code)	—
18. MOS	—
19. TRAUMA	9
PREV. ADMISSION	YEAR: ; [X] NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	O
WARD	ICWP
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	UNK
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	UNK
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	[redacted] b(2)-2
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE	UNK
21. TYPE OF DISPOSITION	24
22. MTF TRANSFERRED TO	
23. DATE OF DISPOSITION (YYYYMMDD)	20030514
24. CLINIC SVC - ADMITTING	ABAA
25. MTF TRANSFERRED FROM	
26. DATE THIS ADMISSION (YYYYMMDD)	20030513
27. LOCATION OF OCCURRENCE (Battle Casualty Only)	
28. MTF OF INITIAL ADMISSION	
29. DATE INITIAL ADMISSION (YYYYMMDD)	

FOR LOCAL USE

DX: GSW TO CHEST (X-RAY)

DX: 8150 99919

b(6)-2

b(6)-2

ADMITTING OFFICER (Signature, as required) [redacted]

SIGNATURE OF [redacted]

DA [redacted] EDITION OF MAR 0343 OBSOLETE

USAPA V1.00

PATIENT TREATMENT RECORD COVER SHEET

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

1. [redacted]	2. NAME (Last, First, [redacted] EPW # [redacted] b(6)-4			3. GRADE EPW	ADMISSION REMARKS
4. SEX M	5. AGE 29	6. RACE —	7. RELIGION —	[redacted] OF SVC —	8. ETS —
10. PREVIOUS ADMISSION NO					
11. [redacted] 99	[redacted]	13. ORGANIZATION —			14. WARD JCW#2
15. FLYING STATUS —	16. [redacted] DSG —	17. [redacted] BEN K78	18. BRANCH/CORPS —	19. UIC/ZIP —	20. TYPE CASE WIA
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER			22. HOURS OF ADMISSION 2200	23. CLINIC SERVICE AEAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			26. TYPE DISPOSITION 05	28. DATE OF DISPOSITION 27 July 03	b(6)-2
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. —	28. DATE OF THIS ADMISSION 20 July 03	ADMITTING OFFICER Dr. [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED

☐ Check If Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Dx: GSW (R) Shoulder & Back

35. Total Days This Facility

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

36. Total Days All Facilities

a. ABSENT SICK DAYS	[redacted]	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF AT[redacted] RECORDS OFFICER

Dr. [redacted]

DA FORM 3647, MAY [redacted] EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

b(6)-2

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE *(YYYYMMDD)*
2003 07 20

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW
CC: GSW to (R) shoulder. 3 days prior presents to ICW for evaluation, schrapnel wound 2 cm diam by 1cm deep. Wound clean Sanguinous drainage & S/S of infection - induration to (R) wound 8 x 5 cm warm but non erythematous

3. PHYSICAL EXAMINATION *(Including pertinent positives and negatives)*
AAO3 ltd ROM to (R) (-) shoulder joint pain or limitation. (-) lymph nodes

4. IMPRESSION *(Enter admission note with plan on progress notes)*
GSW to shoulder ? schrapnel wound
X Ray shows shrapnel fragments to soft tissue no involvement c̄ bone or /and tissue

5. ADMITTING OFFICER

a. SIGNATURE [redacted] b(6)-2

b. DATE SIGNED *(YYYYMMDD)*
2003 07 20

6. DISCHARGE NOTE *(Brief h[redacted] procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)*

7. DISCHARGE DATE *(YYYYMMDD)*
2003 07 21

[illegible]
Dsn A & Tetanus Gurol B 20
Keflex 250 QID 10 Rx
D/C [illegible]

8. DISCHARGING OFFICER

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SI[redacted]
[redacted] b(6)-2	MC	[illegible]	[redacted] b(6)-2

9. PATIENT IDENTIFICATION *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

[redacted]T/HEALTH RECORD [redacted]ED AT:

11. COPY PLACED IN OUTPATIENT RECORD *(X when done)*

DD FORM 2770, APR 1998 (EG)

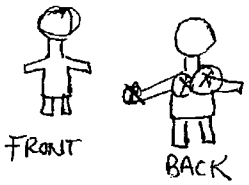
USAPA V1.0C

DATE
20 July 03
[redacted] b(6)-4

MEDICAL	ABBREVIATED MEDICAL RECORD

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

(S) EPW J[redacted] has tunelling GSW wound to his back, (+) Blood, (+) smell, (+) infection. EPW has temp of 101°F. Laceration to (R) hand. GSW to back is an Enter + Exit wound. It exit through his (R) ~~hand~~ ARM.



(O) EPW seemed to have pain in back from GSW and it was infected, and still bleeding.
- 29 y/o EPW

PHYSICAL EXAMINATION

BP 112/92
P 86
R 18
* T 101.0°F

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

- Tunelling and fever

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted] b(6)-4		

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

b(4)-2 A1)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
20 July 03 2240	Received pt. from ER, pt. walked to ward. IV fluids D/C'd & HL'd. [redacted]
21 July 03 0330	Pt. awake & alert in bed. 3 complaints @ this time. HR Regular, lungsounds diminished in bases bilat, bowel sounds (+) x 4 quads. HL in (L) AC. S/S of infection. VSS. DSG to upper back slightly saturated c̄ yellowish drainage. Pt. c̄ orders to D/C to EPW camp. All other assessment findings WNL. Will continue to monitor. [redacted]
0420	CBC drawn. Pt. c̄ very limited ROM in (R) arm. [redacted]
0550	Pt. care assumed @ 0500. Pt. sleeping, awakens c̄ verbal stimuli. Pt. c̄ two dressings ↑ Back. Drsng to (R) shoulder saturated c̄ yellow drainage. Drsng reinforced. Drsng. (L) shoulder CDI. HR Reg, lungs CTA, BS (+) x4. Restrained x2. HL to (L) AC flushed ∑ diff. ∅ s/s infection/infiltrate. Will cont. to monitor. [redacted]
21 July 03 1305	- Assumed Pt care. VSS. Lung sound clear Bilateral. BS x4. Pt has (+) DOM to all extremity. Drsg to Back Shoulder Clean c̄ clear drainage. Drsg to (L) Shoulder CDI. D/C HL to (L) Arm. Pt is Awaiting transfer to Epw camp. Will cont to monitor vital signs.

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

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

REGISTER NO.

WARD NO. ICW2

[redacted]

b(4)-4

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

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
20 July 03	Transfer Summary
	This pt has superficial shrapnel wounds to shoulder + BACK. Pt given Keflex / percocet. Pt with NO ACUTE ISSUES. he will have chronic PAIN.
	b(6)-2 [redacted] 2765
	0-4 MA

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

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

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

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER [redacted] b(2)-2
		RECORDS MAINTAINED AT [redacted]

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS: FPW

CITY: #[redacted] b(4)-4 | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: 20 07 2003 | TIME

TRANSPORTATION TO FACILITY

SEX: M

AGE: 19

DUTY/LOCAL PH[redacted]	
AREA CODE	NUMBER

HOME PHONE	
AREA CODE	NUMBER

MILITARY STATUS			
ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE		
ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: 6 meds

ALLERGIES: NKA

CHIEF COMPLAINT

INJURY OR OCCUPATIONAL ILLNESS			
ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?	✓		WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT	
DATE LAST VISIT	24 HOUR RETURN ☐ YES ☐ NO
TETANUS	
DATE LAST SHOT	COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CATEGORY OF TREATMENT

☐ EMERGENT
☐ URGENT
☒ NON-URGENT

TIME: 2030

INITIALS: [redacted] b(4)-2

VITAL SIGNS

TIME	2025				
BP	144/63				
PULSE	116				
RESP	18				
TEMP	100.6				
WT					

LAB ORDERS

☒	CBC/DIFF	[redacted]	☐	BHCG/URINE/BLOOD/QUANT	
☐	URINE C&S	UA MSCC/CATH	☐	CHEM:	
☐	BLOOD C&S X				

X-RAY ORDERS

☐	CXR PA & LAT/PORTABLE	☐	C-SPINE
☐	ACUTE ABDOMEN	☐	LS SPINE
☐	SINUS	☐	HEAD CT
☐	ANKLE R/L	☐	

ORDERS

☒ PULSE OX 94%
☐ MONITOR
☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
	1 gram Rocephin	[redacted]	b(4)-4		

DISPOSITION

☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE

☐ IMPROVED ☐ UNCHANGED
☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

#[redacted] b(4)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

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

NSN 7540-01-075-3786

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

TEST RESULTS

CBC		SMAC				
WBC 10.K		137	109	16	105	
H/H 11.4/34.8		4.2	29	1.1		
PLT 183						

PT	APTT	BHCG	ETOH	GLU

ABG/PULSE OX		
SUP O2	PH	PO2
PCO2	SAT	OTHER
U/A	DIP	
	MICRO	

RADIOLOGY	Check if read by radiologist ☐
RESULTS	
EKG INTERPRETATION	

PROVIDER HISTORY/PHYSICAL

S: 294.0. GSW to Shoulder 3 days ago ER

med hx: 0
sx hx: 0
fmy hx: 0
Tob: 0
EtOH: 3/day

O: VS notes mild temp
GSW back (R) shoulder Wound 2.5 cm across 1 cm deep
Wound non-edematous c induration to right wound - non-erythematous - sanguinous drainage non pulsatile

A: GSW (R) shoulder

P: Admit to ICW
1 gm Rocephin IVPB

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP [redacted] Capt FMC

b(6) - 2

DIAGNOSIS

GSW to (R) shoulder

CODES

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

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR July 03 DAY 21

19 HOUR 3 6 9 12 3 6 9 12

PULSE (O)	TEMP. F (•)	TEMP. C (Centigrade Equivalents, for Reference only)
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

RESPIRATION RECORD

BLOOD PRESSURE 124/84 116/80 122/74

HEIGHT: WEIGHT →

O2 Sats → 98% 97

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICW2

#[redacted]

b(6)-4

VITAL SIGNS RECORDS

Medical Record

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

b(a)-2

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	RBC COUNT	
	HEMOGLOBIN	
	HEMATOCRIT	
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS: WBC, Chem 7, UA

[redacted]

[redacted]

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY: B. Ward-NP Resident

Color Straw/Clear
S.G. 1.005
Nitrite - Neg
Urobili - 0.2
Protein - Neg
pH - 6.0
Blood - Neg
Ketone - Neg

Glucose - Neg

MD DATE

TECH

HEMATOLOGY URGENCY: ROUTINE ☐ TODAY ☐ STAT ☐ PRE-OP ☐

PATIENT STATUS: BED ☐ OUTPATIENT ☐ NP ☐ AMB ☐ DOM ☐

SPECIMEN SOURCE: VEIN ☐ OTHER (Specify) ☐ CAP ☐

SPECIMEN/LAB RPT. NO.

LAB. ID. NO.

PATIENT'S MED. RECORD

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRMR (41-CFR) 201-45.505

1-STAT E

b(a)-2

Pt: 5327

Pt Name: [redacted]

Glu_____

BUN_____13

Na_____144 mm

K_____4.1 mmc

Cl_____102 mmol/

TCO2_____27 mmol/

_____39 mmol/L

_____44 %PCV

_____15 g/dL

Ca

_____.412

_____43.3 mmHg

_____ mmol/

_____ mmol/

Sample Type_:

20JUL03 19:5

Oper: 4555

Physician:_____

Ser# 39666

Ver: JAM5045A
CLEW A91

---

b(6) 2

b(6) 4

Ward/Section: 1CW2 | REQ: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

[redacted] | TIME: 21 Jul 03 0400 | [redacted] SSN: b(6) 4

[redacted]

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	8.92	1.8-10.8 x 10³	Color		N/A	RBC		Negative
RBC	3.91	4.7-6.1 x 10⁶	App		N/A	Mono		Negative
Hgb	11.3	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	[redacted]		
Hct	35.5	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.8	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	192	130-500 x 10³ verified	SG		N/A	Occ Bld		Negative
Lymph %	30.5	20.5-51.1%	Bld		Negative	H. pylori		Negative
[redacted]			pH		N/A	Micro-Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O&P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	[redacted]		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	[redacted]			[redacted]		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

[redacted]

TEST	RESULT	REF. RANGE	ID NUMBER	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
PTT		21-34 secs			
D-dimer		<20 ug/ml			
FSP		<10 ug/ml			

REMARKS:

REPORTED BY: b(6) 2 [redacted] | DATE: 21 Jul 03 | LAB TECH:

Ward/Section: EMD	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. b(6)-4 [redacted]	DATE 07/20/2003	TIME 2037	SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	10.5	4.8-10.8 x 10^3
RBC	4.03	4.7-6.1 x 10^9
Hgb	11.4	14-18 g/dl (M) 12-16 g/dl (F)
Hct	36.8	42-52% (M) 37-47% (F)
MCV	91.5	80-94 fl (M) 81-99 fl (F)
Plt	183	130-500 x 10^3 verified
Lymph %	22.2	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Coagulation Studies

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

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
Occ Bld	Negative
H. pylori	Negative
Micro Parasites	
Malaria	
O & P	
Other	

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: b(6)-2 [redacted]	DATE: 20July03	LAB ID NO.:

b(4)-2

Ward/Section: EM | QUESTING PHYSICIAN: [redacted] | MISTRY RESULT FORM (Subject to the Privacy Act [illegible]4)

LAST, FIRST, MI: [redacted] b(4)-4 | DATE | TIME | SSN/[redacted] b(4)-4

(i-STAT) | (Piccolo)

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

Misc. Chemistry

TEST	RESULT	REF. RANG
Troponin-I		
Drug of Abuse		

======= PICCOLO =======
20/07/03 20:43
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: 0000100684

ALB	3.5	3.3-5.5	G/DL
ALP	64	26-84	U/L
ALT	63*	10-47	U/L
AMY	23	14-97	U/L
AST	42*	11-38	U/L
TBIL	2.0*	0.2-1.6	MG/DL
BUN	16	7-22	MG/DL
CA++	8.9	8.0-10.3	MG/DL
CHOL	196	100-200	MG/DL
CRE	1.1	0.6-1.2	MG/DL
GLU	105	73-118	MG/DL
TP	7.3	6.4-8.1	G/DL

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

======= PICCOLO =======
20/07/03 20:46
REFERENCE RANGE: MALE
PATIENT #: [redacted]
ELECTROLYTE
DISC LOT #: 3135AA4
OPER #: [redacted] DR #: 000
SERIAL #: 0000100494

NA+	137	128-145	MMOL/L
K+	4.2	3.3-4.7	MMOL/L
CL-	109*	98-108	MMOL/L
tCO2	29	18-33	MMOL/L

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

N
K
C
tC

REMARKS:

REPORTED BY: [redacted] | DATE: 20Jul03 | LAB ID NO.:

b(4)-2

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] b(6)-4	DATE 20JUL03 / TIME 2113	SSN/PSEUDO SSN: b(6)-4 [redacted]

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	15.0	4.8-10.8 x 10^3
RBC	4.66	4.7-6.1 x 10^9
Hgb	13.2	14-18 g/dl (M) 12-16 g/dl (F)
Hct	42.2	42-52% (M) 37-47% (F)
MCV	90.5	80-94 fl (M) 81-99 fl (F)
Plt	396	130-500 x 10^3 verified
Lymph %	10.9	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: [redacted] b(6)-2	DATE: 20 Jul 03	LAB ID NO.:

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

#[redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
1CW2		

DATE OF ORDER	TIME OF ORDER 2200 HOURS	LIST TIME ORDER NOTED AND SIGN
20 Jan 03	Admit 1CW 2	
	Dx: GSW (R) shoulder back	
	Condition Good	
	Vitals Routine	
	Activity ad lib (EPW)	
	IVF'S - Complete Procedure Sheet	~~EE~~ D/C

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER HOURS	
	~~Med~~ Follow up c̄ ortho in AM	
	Meds: Keflex ~~250~~ 500mg ī po ~~BID~~ BID + 14 days	
	~~Allergic~~ Tylenol T-II po Q4-6d prn pain	
	Allergies: NKA	
	Labs: CBC	
	[redacted]	

b(6)-2 A11

noted 20 Jan 03 0240

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER HOURS	
	[redacted]	
	~~Transfer to EPW ward in AM~~	
	~~DKO pt in~~	
21 Jan 03	Discharge from hospital	
	Return to EPW Comp	
	[redacted]	Capt EMPO
	0245 [redacted] 21 Jan	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
24 chart ✓	21 Jan 03	

DATE OF ORDER	TIME OF ORDER HOURS	

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.

the proponent agency is the Office of The Surgeon General. MO. YR 2003

RIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21
21 July	[redacted]	Vitals Routine	06	AS
			14	⊘
			22	
21 July	[redacted]	Activity: Ad Lib (EPW)	06	AS
			14	⊘
			22	

b(6)-2

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
GSW ⊘ shoulder & Back

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO:

PATIENT IDENTIFICATION:

[redacted]
b(6)-4

1CW2

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIME

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

b(6)-2

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo July Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
21July	[redacted]	Admit to ICW2, condition Good				[redacted]
21July	[redacted]	Follow up c̄ ortho in AM	22July	AM		
21July	[redacted]	CBC in AM	22July	0400	0415	[redacted]
22July	[redacted]	Discharge from hospital; Return to	22July	ASAP		
		FPW camp				

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

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.

Month July Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	22	23	24	25	26	27	28	29	30	31
21 July	[redacted]	IVF's - Complete Reception then D/C +IL	06	[redacted]										
			14	[redacted]										
			20											
		b(6)-2												
21 July	[redacted]	Keflex 250mg i po QID x 14 days (end on Aug 3)	06	[redacted]										
			12	[redacted]										
			18											
			24											

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS:

GSW to R shoulder & back

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

#[redacted] b(6)-9 1CW2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

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													
2wkly	CO	tylenol ÷ II po Q														
.....	.....	4-6' PRN pain														
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															

USAPA V1.00

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	EPW # [redacted] b(w)-4	EPW	M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	029	Z	Z	UNK

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		99	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	Z	2200	

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

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		9	YEAR / [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
	ICW#2	UNK

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted] b(2)-2	UNK

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
UNK

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
05		030721

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
AEAA		030720

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

FOR LOCAL USE

Dx: GSW (R) Shoulder & Back

Dx: 8820
8761
E993

ADMITTING OFFICER (Signature, [redacted]

DR: [redacted]

ADMITTING CLERK

b(w)-2

DA FORM 2085, MAR 90

INPATIENT TREATMENT RECORD COVER SHEET

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

[redacted]	2. NAME (Last, First, MI) EPW # [redacted] b(4)-4			3. GRADE EPW	ADMISSION REMARKS
4. SEX M	5. AGE 28	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION N
11. FMP 2049	12. SSN [redacted]		13. ORGANIZATION —			14. WARD EMT
15. FLYING STATUS —	16. RATING/DSG —	17. DEPT/BEN K78	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE WIA
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION			22. HOURS OF ADMISSION 0030	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION died in ER	26. DATE OF DISPOSITION 21 July 03		b(4)-2
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 21 July 03		ADMITTING OFFICER [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2				30. DATE OF INTIAL 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

GSW to chest with aortic wound, GSW (R) buttocks, GSW (L) leg

Blood: Y — Aut: N

Trauma: 9 — Inj: 569

DX: 901.0, 877.1, 823.90, E991.2

Proc: 54.11, 99.04 (4), 34.04

Cause Death #1

PR: 34.09, 88.27

862.9, 891.0, 877.0, 901.0, E991.2

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
Ø	Ø	Ø	Ø	1	1

36. Total Days All Facilites

b(4)-2

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

SIGNATURE OF ATTENDING MEDIC[redacted]

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès *(D'Outre-Mer)*

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) [redacted] b(6)-4	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe ☒ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
☐ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ PROTESTANT Protestant
☐ NEGROID Négroïde	☐ MARRIED Marié	☐ CATHOLIC Catholique
☒ OTHER (Specify) Autre *(Spécifier)* Iraqi	☐ WIDOWED Veuf	☐ JEWISH Juif
	☐ DIVORCED Divorcé	☐ OTHER *(Specify)* Autre *(Spécifier)* ☒ unknown
	☐ SEPARATED Séparé	

NAME OF NEXT OF KIN Nom du plus proche parent unknown	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilé à (Rue)	CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort[1]		Gunshot wound to chest with aortic wound.	1 hour
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	Gun shot wound to Right buttock	1 hour
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	Gunshot wound to Left Leg	1 hour
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]		None	

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☒ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☐ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	Shot by U.S. Marines while outside of LSA Dogwood Iraq
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
☒ HOMICIDE Homicide	SIGNATURE Signature / DATE Date	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☒ NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* 0129 21 JULY 2003	PLACE OF DEATH Lieu de décès LSA Dogwood, Iraq

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire [redacted] b(6)-2	TITLE OR DEGREE Titre ou diplômé MD
GRADE Grade MAJ	INSTALLATION OR ADDRESS [redacted]
DATE Date 21 July '03	SIGNATURE Signature [redacted] b(6)-2

[1] *State disease, injury or complication which caused death, but not mode of dying such as hea*
[2] *State conditions contributing to the death, but not related to the disease or condition causing de*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préliser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

b(2)2

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL [redacted]

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

[redacted] (b)6-4

Patient's name (Last, first, middle initial), Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 0129 21 July 2003

3. MEDICAL EXAMINER/CORONER'S CASE: ☐ YES ☒ NO

4. RELIGION: Unknown

5. CHAPLAIN NOTIFIED: ☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH: None

CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* Gun Shot Wound to chest with Aortic Wound	1 hour
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1) Gunshot Wound to Right buttock	1 hour
	(2) Gunshot Wound to Left Leg	1 hour
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. None	
	b. none	

9. DATE: 21 July 2003

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: [redacted] MAJ b(6)-2

11. SIGNATURE OF [redacted]CAL OFFICER IN ATTENDANCE: [redacted]

SECTION B - ADMINISTRATIVE ACT[redacted]

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 1 OCT 72 3894 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

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

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
21 July 03	0103 ~~0130~~ 1st unit O positive blood hung by LT [redacted] Unit #
	009430 → Completed 0112 No adverse Rx noted.
	0103 VS 71/41-138- R 58 0107 58/p
	0107 Respiratory here - bagging pt - pt intubated
	~~0013~~ Pm 0113 2nd unit O+ blood hung by LT Garth.
	Completed 0120 (Unit # 5305161). 0123 3 unit blood
	hung (unit # 00419) completed 0130.
	0130 4th unit PRBC Unit # 2454456 completed 0138
	0138 Pt pronounced dead — LTC [redacted]
	b(6)-2

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

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

EPW [redacted] b(6)-4

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

NSN 7540-01-075-3786

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

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: July 21 03 | TIME: 0030

TRANSPORTATION TO FACILITY

SEX: M

AGE: 28

DUTY/LOCAL PHONE	
AREA CODE	NUMBER
HOME PHONE	
AREA CODE	NUMBER

MILITARY STATUS			
ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE		
ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: PMHO

No Meds

ALLERGIES: NKDA

INJURY OR OCCUPATIONAL ILLNESS			
ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT	
DATE LAST VISIT	24 HOUR RETURN ☐ YES ☐ NO
TETANUS	
DATE LAST SHOT	COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: GSW: buttocks / legs (Dr [redacted] b(6)-2 surgeon called 0030)

CATEGORY OF TREATMENT

☐ EMERGENT

☐ URGENT

☐ NON-URGENT

TIME

INITIALS b(6)-7 [redacted]

VITAL SIGNS

TIME	0035	0042	0127		
BP	61/35	52/39			
PULSE	146	148	87		
RESP	24				
TEMP					
WT	96 kg 0025 at				

LAB ORDERS

☒	CBC/DIFF 0105	ABG	☒ PT/PTT	BHCG/URINE/BLOOD/QUANT	
	URINE C&S	UA MSCC/CATH		CHEM: Metabolic 12 Pr 0105	
	BLOOD C&S X				
0100	T&C X 4 units Pr				

X-RAY ORDERS

	CXR PA & LAT/PORTABLE	C-SPINE
	ACUTE ABDOMEN	LS SPINE
	SINUS	HEAD CT
	ANKLE R/L	

ORDERS

☐ PULSE OX b(6)-2 ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0100	IV NS 1000cc	[redacted]	0103	0035	5mg Tetanus Pr Paxton
0035	Ancef + GM			0120	foley placed Stretch
	Lt tib fib pelvis chest				
0005	4 units O pos blood				

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS: — Death —

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE 21 July 03 0129

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

EPW # [redacted] b(6)-4

Coags-7 mor

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

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

NSN 7540-01-075-3786

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

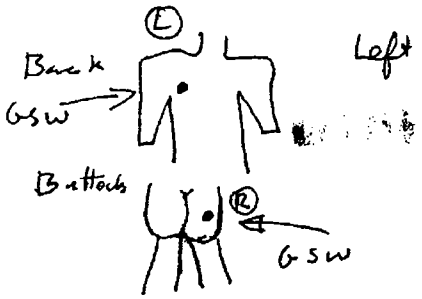
TEST RESULTS

CBC		SMAC									
WBC				ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐			
H/H				SUP O2	PH	PO2	RESULTS				
PLT				PCO2	SAT	OTHER					
PT				U/A	DIP		EKG INTERPRETATION				
APTT	BHCG	ETOH	GLU		MICRO						

PROVIDER HISTORY/PHYSICAL

20 yr old male via Marines s/p GSW. arrived via L: Heli. responsive but drowsy.

(B) unable to get pulse ox reading.
Lungs = ↓ B.S. (B)
♡ = RRR
ABD = Soft Tender ↓ B.S.



Left tibia open GSW

(A) GSW's; hypotensive
4 units of O neg blood given
4 + L NS Central line

- Chest tube drained 500cc blood
- Chest opened Fragment wound to aorta & diaphragm.
- No pulse, Chest cavity full of blood. Pronounced dead @ 0129.

21 July 03

CONSULT WITH	TIME	ACTION
[redacted]		

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP [redacted]

PROVIDER SIGNATURE AND STAMP [redacted] b(6)-2

DIAGNOSIS

GSW Chest / Buttocks / Leg (L) Tibia

CODES [redacted]

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

[redacted]

b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: EPW [redacted] b(6)-4	DATE: 20Jul03 / TIME: 0039	SSN/PSEUDO SSN: EPW [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	28.8	4.8-10.8 x 10^3
RBC	4.22	4.7-6.1 x 10^9
Hgb	12.7	14-18 g/dl (M) 12-16 g/dl (F)
Hct	41.2	42-52% (M) 37-47% (F)
MCV	97.5	80-94 fl (M) 81-99 fl (F)
Plt	164	130-500 x 10^3 verified
Lymph %	22.5	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Coagulation Studies

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

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
Occ Bld	Negative
H. pylori	Negative
Micro Parasites	
Malaria	
O & P	
Other	

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS:

REPORTED BY: [redacted]	DATE: 21Jul03	LAB ID NO.:

b(6)-2

OPERATION REQUEST AND WORKSHEET

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

SECTION A – REQUEST FOR SURGERY

1. PATIENT'S NAME (Last, First, MI) (Print)	2. STATUS	3. AGE	4. RELIGION	5. REGISTER NO	6. SSN (with Family Member Prefix)
EPW [redacted] b(6)-4	EPW	28	NAK		EPW [redacted]

7. PREOPERATIVE DIAGNOSIS: GSW buttocks Lt leg

8. NURSING UNIT (from - to): DCU H 2

9. OPERATION PROPOSED: exp lap c̄ possible thoracotomy

10. REQUESTING SERVICE:

11. DATE OF SURGERY	12. TIME OR CASE NO	13. SCHEDULE PRIORITY (check one)	14. BLOOD REQUIRED (Unit)	15. SEPTIC
21 Jul 03	0025	☒ EMERGENCY ☐ SEMI-EMERGENCY ☐ ROUTINE	4 units in EMT cc	

16. SURGEON	17. ASSISTANT(S)	18. POSITION OF PNT	19. PREP REQUIRED
[redacted] b(6)-2			

20. NURSING STAFF	21. ANESTHETIST(S)	22. ANESTHESIA

23. SPECIAL INSTRUCTIONS AND REMARKS:

24. REQUESTING OFFICER (Printed Name and Signature):

SECTION B – OPERATION WORKSHEET

25. OPERATING ROOM NO	26. TIME OR CASE NO	27. SEPTIC	28. FLUIDS (other than blood)	29. BLOOD ADMINISTERED

30. SURGEON	31. ASSISTANT(S)	32. ANESTHETIST(S)	33. ANESTHESIA TIME (Began and Ended)

34. INDUCTION ANESTHETIC	AGENT	TECHNIQUE	37. AIRWAY	39. SPECIAL PROCEDURES (Anesthesia)
35. PRIMARY ANESTHETIC	AGENT	TECHNIQUE	38. RELAXANTS INTUBATION / OTHER	
36. SECONDARY ANESTHETIC	AGENT	TECHNIQUE		

40. NURSING TIME (Began and Ended)	41. SCRUBBED PERSON(S)	42. CIRCULATING PERSON(S)

43. OPERATION DATE	44. OPERATION TIME (Began and Ended)	45. DRAINS	46. SPONGE COUNT	47. LABORATORY SPECIMEN

48. OPERATIVE DIAGNOSIS:

49. OPERATION(S) PERFORMED

☐ EPISODES OF SURGERY

50. COMPLICATIONS (Continue on reverse, if more space is required)

51. DICTATOR'S NAME, SERVICE & PHONE EXT

RECORDED IN REGISTER (Initials)

DA FORM MAR 82 4107 EDITION

MEDCOM - 15167

518-124 TI 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) _____ ML

REMARKS: (b)(6)-4

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

Type & Cross

DATE REQUESTED 21 Jul 03 0042

DATE AND HOUR REQUIRED 21 Jul 03 0042

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) [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW buttock

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 29 Jul 03

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

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 21 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour) 0105 ON (Date) 21 Jul 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) [redacted] LTC, AN

2nd VERIFIER (Signature) b(6)-2 [redacted] LT RN

TEMP. PULSE BP

DATE OF TRANSFUSION 21 Jul 03

TIME STARTED 0103

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0000 Pm 0112

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE PULSE BLOOD PRESSURE

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 [redacted] LTC, AN b(6)-2

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

(EPW [redacted] b(6)-4

SEX M

WARD EMT

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 - 15168

Medical Record Copy

b(6)-2 All

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 — Type & Cross
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)* — 4 units
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

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

- [ ] TYPE AND SCREEN — Type & Cross
- [ ] CROSSMATCH — 4 units

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW buttocks

DATE REQUESTED: ~~2 Jul~~ 21 July 03 0030

DATE AND HOUR REQUIRED: 21 July 0030

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER: [redacted] LTC, AN

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 21 July 0045 [redacted]

TIME VERIFIED: 21 July 0045 [redacted]

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

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

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DONOR — ABO: O — Rh: POS

RECIPIENT — ABO: O — Rh: POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 21 Jul 03

REMARKS: Exp 29 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)*: 0105 ON *(Date)*: 21 Jul 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)* [redacted] LTC, AN

2nd VERIFIER *(Signature)* [redacted] LT, AN

TRANSFUSION

TEMP. | PULSE | BP

DATE OF TRANSFUSION: 21 July 03

TIME STARTED: 0113

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 21 July 03 0120

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE | PULSE | BLOOD PRESSURE

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: [redacted] LTC, 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: EMT

EPW [redacted] b(6)-4

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 - 15169

Medical Record Copy

b(6)-2 All

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)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN — Typed
- [ ] CROSSMATCH — Cross

DATE REQUESTED: 21 Jul 03 0042

DATE AND HOUR REQUIRED: 21 Jul 03 0042

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)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW buttock

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: SPR

DATE VERIFIED: 21 Jul 03

TIME VERIFIED: 0130

b(6)-4

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DATE: 21 Jul 03

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 31 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)*: 0115 [redacted] *(Date)*: 21 Jul 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)*: [redacted] LTC GN

2nd VERIFIER *(Signature)*: [redacted] /CT GN

PR[redacted]ANSFUSION

TEMP. | PULSE | BP

DATE OF TRANSFUSION: 21 Jul 03

TIME STARTED: ~~0023~~ PR 0123

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 21 Jul 03 0130

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE | PULSE | BLOOD PRESSURE

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: [redacted] LTC GN

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

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

SEX: M

WARD: EMT

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 - 15170

Medical Record Copy

b(6)-2 A11

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)* _____

Type & cross 4 units

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

Type & Cross 4 units

DATE REQUESTED 21 Jul 03 0055

DATE AND HOUR REQUIRED 21 Jul 03 0051

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW buttocks

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED see original 518

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] 21 Jul 03

DONOR

ABO: O

Rh: POS

RECIPIENT

ABO: O

Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 31 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0115 ON *(Date)* 21 Jul 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)* [redacted] LTC, AN

2nd VERIFIER *(Signature)* [redacted]

TEMP. | PULSE | BP

DATE OF TRANSFUSION 21 Jul 03

TIME STARTED 0130

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0138

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE | PULSE | BLOOD PRESSURE

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 [redacted] LTC, AN

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

EPW [redacted] b(6)-4

SEX: M

WARD: ENT

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 - 15171

Medical Record Copy

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	00 [redacted]	EPW # [redacted] b(4)-4	EPW	M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26: Z Z Z Z Z Z Z Z	27 28 29: 2 8 Y	30: X	31: 9	UNK

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34: —	—	35 36: 99	37 38 39 40 41 42 43 44 45: [redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
—	46: Z	0030	— b(4)-4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49: —	50 51 52: K 7 8	53 54 55 56 57 58 59 60 61: Z Z Z Z Z

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63: —	64 65 66 67 68 69 70: —	71: 1	YEAR: ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72:		UNK
		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(2)-2		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: UNK

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
73 74: 4 2	75 76 77 78 79 80:	81 82 83 84 85 86: 0 3 0 7 2 1

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
87 88 89 90:	91 92 93 94 95 96:	97 98 99 100 101 102: 0 3 0 7 2 1

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
103 104:	105 106 107 108 109 110:	111 112 113 114 115 116:

FOR LOCAL USE

GSW to chest with aortic wound, GSW to Ⓡ buttocks, GSW to Ⓛ leg

b(6)-2

ADMITTING OFFICER (Signature, as appropriate): [redacted]

[redacted]

DA FORM 20[redacted]

(b)(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) EPW # [redacted] b(4)-4			3. GRADE EPW
4. SEX M	5. AGE 25	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION N
11. FMP 99		12. SSN [redacted]		13. ORGANIZATION —		14. WARD
15. FLYING STATUS —	16. RATING/ DSG —	17. DEPT./ BEN K79	18. BRANCH/CORPS —		19. UIC/ZIP —	20. TYPE CASE WIA

ADMISSION REMARKS

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: direct from ER		22. HOURS OF ADMISSION: 0032	23. CLINIC SERVICE: ABAA
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK	25. TYPE DISPOSITION: died in OR 30	26. DATE OF DISPOSITION: 21 JUL 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK	27b. TELEPHONE NO.: UNK	28. DATE OF THIS ADMISSION: 21 JUL 03	ADMITTING OFFICER: b(4)-2 [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2		30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

hemorrhagic shock, GSW to abdomen

Dx: 958.4, 902.10, E991.2, 879.4, 902.10, 958.4, E991.2

Proc: 54.11, 87.03, 87.44, 99.04 V10, 34.01, 37.91

Trauma: 1

Inj: 450

Cause Death: #1

Blood: N

Aut: N

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
Ø	Ø	Ø	Ø	1	1

36. Total Days All Facilites b(4)-2

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

SIGNATURE OF ATTENDING MEDICAL OFFICER [redacted]

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE *(YYYYMMDD)*

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

sustained GSW to (P) flank in conflict c Maum

3. PHYSICAL EXAMINATION *(Including pertinent positives and negatives)*

GSW to (P) flank

4. IMPRESSION *(Enter admission note with plan on progress notes)*

To OR emergently

b(6)-2

5. ADMITTING OFFICER [redacted]

a. SIGNATURE [redacted]

b. DATE SIGNED *(YYYYMMDD)* 2003 0721

6. DISCHARGE NOTE *(Brief hospital course, diagnoses, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)*

7. DISCHARGE DATE *(YYYYMMDD)* 2003 0721

Pt had GSW to IVC thru + thru
Expired.

b(6)-2

8. DISCHARGING OFFICER [redacted]

a. NAME *(Last, First, Middle Initial)* [redacted] **TITLE** 04

d. SIGNATURE [redacted]

9. [redacted] *or typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

[redacted] b(6)-4

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD *(X when done)*

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER	TREATMENT FACILITY [redacted] b(2)-2
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: 21 JUN 03 | TIME: 632

TRANSPORTATION TO FACILITY: Medevac

SEX: M

DUTY/LOCAL PHONE — AREA CODE | NUMBER

AGE: 25

HOME PHONE — AREA CODE | NUMBER

MILITARY STATUS			
ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE		
ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: Ø

ALLERGIES

INJURY OR OCCUPATIONAL ILLNESS			
ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: GSW

CATEGORY OF TREATMENT

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 0045

INITIALS: [redacted] b(4) 2

VITAL SIGNS

TIME	0045	0053	0105	0120	
BP	74/39	100/53	107/67	110/60	
PULSE	125	119	132	126	
RESP	24	24	20	20	
TEMP	97.8	—	—		
WT	95%	97%	84%	100% Intubated	

LAB ORDERS

✓ CBC/DIFF	[redacted] PT/PTT	BHCG/URINE/BLOOD/QUANT	
URINE C&S	✓ UA MSCC/CATH	CHEM: 12 w/ lytes	
BLOOD C&S X			
✓ Type + Cross			

X-RAY ORDERS

CXR PA & LAT/PORTABLE	C-SPINE
ACUTE ABDOMEN	LS SPINE
SINUS	HEAD CT
ANKLE R/L	

ORDERS

☒ PULSE OX 98%

☐ MONITOR

☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0040	1g Ancef IV	[redacted]	b(4)-2	0105	1 unit PRBC IV 07
0102	1mg Vec IV			0104	120 succ IV
0103	50 Ketamine IV	[redacted]		0105	10 vec IV
0103	20 etomidate IV			0107	23 At zeeth

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS: 0120 10 prbc 07 d70.5 Zm

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☒ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

[redacted] b(4)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

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

NSN 7540-01-075-3786

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

TEST RESULTS

CBC		SMAC				ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC 22.7			135	104	12	SUP O2	PH	PO2	RESULTS CXR - WNAD pelvis, R-femur	
H/H 11.7/37.1			3.2		33	PCO2.	SAT	OTHER LFTs		
PLT 327					1.4	U/A	DIP		EKG INTERPRETATION ⊕ FAST	
PT 12.5							MICRO	UA		
APTT 25.2	BHCG	ETOH	GLU							

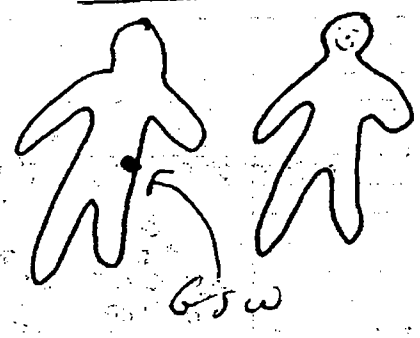
PROVIDER HISTORY/PHYSICAL

~~0104 120 SUCC JP~~

25 y/o ♂ s/p GSW to Buttock in confusion c̄ MAlcohol. Arrived to ED via Hummer.

GCS 15, ~~[illegible]~~, AAOx3

HI



A/P 4L NS / 4u PRBC / Ancef / dZ / Intubated / Foley / to OR Dr. [redacted] b(4)-2

CONSULT WITH	TIME	ACTION
Anesthesia / Surgery /		OR

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

b(4)-2

PROVIDER SIGNATURE AND STAMP [redacted] 2265

DIAGNOSIS

GSW to torso

CODES

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

[redacted] b(4)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

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

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE:

HEIGHT:

WEIGHT:

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

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

Emergency

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition_____
Tobacco____ppd X___yrs. Body Piercing_____ Diabetes (Y) (N) ROM_____ ASA/Motrin w/72 hrs (Y) (N)
ETOH_____ Implants_____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

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

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

[redacted] b(6)-4

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

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to: ✓ 1) Intraoperative Mobility ✓ 2) Positioning ✓ 3) Existing Disease ✓ 4) Safety Devices ✓ 5) Hypothermia	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to: ✓ 1) Pain ✓ 2) Intraoperative Hazards ✓ 3) Prosthesis ✓ 4) Positioning ✓ 5) Transfer pt. to/from OR table E.2. ✓ Potential discomfort due to: ✓ 1) Length of Surgery ✓ 2) Positioning ✓ 3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. ✓ Diminished visual perception due to being: ✓ 1) Pre-Medicated 2) W/O Glasses F.2. Potential for decreased communication due to: ✓ 1) Diminished Hearing ✓ 2) Language Barrier F.3. ✓ Potential injury due to dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

10. OR NURSING [redacted] COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTION S NOTED.

[redacted] LTC AN 21 Jul 03
DATE

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

12. PREOPERATIVE EVALUATION PREPARED BY [redacted] LTC AN
DATE: 21 Jul. 03 TIME [redacted]

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) NA
DATE: TIME: Time of death 0212

b(6)-2

MEDICAL RECORD

INTRAOPERA[redacted] DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA: Gurney BY ER personnel

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

3. DATE 21 Jul. 03 TIME PATIENT ARRIVED IN SUITE 0150

4. PATIENT IN ROOM TIME 0150 [redacted]MBER 2

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☒ OTHER (Specify) Intubated

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc. [redacted]	RELIEF SCRUB	
	Spc. [redacted]		
ASSIGNED CIRCULATOR	LTC [redacted]	RELIEF [redacted]RCULATOR	
	Cpt. [redacted] Cpt [redacted]		

7. POSITION AND POSITIONAL AI[redacted] (Specify)

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

COMMENTS:

8. SKIN PREPARATION

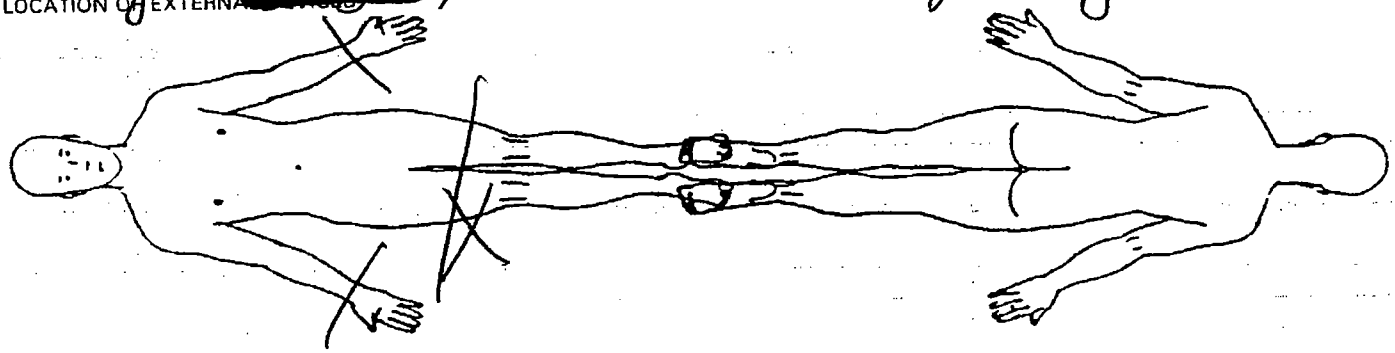
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR
☐ CLIP

COMMENTS: by Dr [redacted] / No nicks

PREP SOLUTION (Specify) Betadine soap/paint
SITE: BY WHOM:
SITE: Abd. BY WHOM: LTC [redacted]

COMMENTS: No pooling

9. LOCATION OF EXTERNA[redacted]



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

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No	✓			Spc. [redacted]	LTC [redacted]
Needle Sharp	☒ Yes	☐ No	✓				
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

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

#[redacted] b(6)-4

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

☒ ESU NO: Valleylab Force 4
GROUND PAD: BRAND Valleylab REM
LOT NO: 68930 exp 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

Hr: 30 coag: 30

MEDCOM - 15179

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

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

b(6)-2 A11

14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

NA

19. ADDITIONAL INFORMATION

Surgeons: Dr. [redacted] Dr. [redacted] Dr. [redacted]

Anesth: MDr. [redacted], Maj. [redacted] CRNA, Maj [redacted] CRNA, & Cpt. [redacted] CRNA

20. OPERATION(S) PERFORMED

Exploratory Laparotomy / Time of death 0212

21. PATIENT TRANSFERRED TO Morgue TIME 0300 METHOD Litter

[redacted] NURSE SIGNATURE LTC, AN [redacted]

REVERSE OF DA FORM [redacted] 37 USAPA V1.01

b(6)-2

Ward/Section: BMC	REQ[redacted]N:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: BPW	DATE: 21JUL03 / TIME: 037	SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	22.7	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	3.89	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	11.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	37.1	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	95.4	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	327	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %	25.3	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT	17.5	9.8-13.6 secs			
APTT	25.4	21-34 secs			
D-dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: [redacted] b(6)-4	DATE: 21 Jul 03	LAB ID NO.:

Ward/Section: EMT	QUESTING PHYSICIAN: [redacted] b(6)-2	MISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: EPW	DATE: 21JUL03	TIME: 055	SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANG
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

PICCOLO
21/07/03 00:51
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: 0000100684

ALB	3.2*	3.3-5.5	G/DL
ALP	76	26-84	U/L
ALT	22	10-47	U/L
AMY	73	14-97	U/L
AST	38	11-38	U/L
TBIL	1.1	0.2-1.6	MG/DL
BUN	12	7-22	MG/DL
CA++	8.0	3.0-10.3	MG/DL
CHOL	105	100-200	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
GLU	345*	73-118	MG/DL
TP	6.0*	6.4-8.1	G/DL

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

(Piccolo) Metabolic Panel

i-STAT 6+
Pt: 402
Pt Name:_____

Glu_____338 mg/dL
BUN_____16 mg/dL
Na_____139 mmol/L
K_____3.2 mmol/L
Cl_____104 mmol/L
Hct_____34 %PCV
Hb*_____12 g/dL
*via Hct

Sample Type:
21JUL03 00:51
Oper: 13
Physician:_____
Ser# 42011
Ver: JAM5046A CLEW A93

CL		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] b(6)-2	21Jul03	

MEDICAL RECORD - ANESTHESI[A]

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

ANESTHETIC AGENTS AND DRUGS

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)		TOTALS
Epin (mg)	1/1/1/1 1	5mg
Bicarb (mEq)	1	2(?)
Ca chloride (gm)	1	1gm
( )		
( )		
( )		

TOTAL EBL: —

TOTAL URINE: —

VOLAT AGENT	% del	
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	2 — 2 — 2 X

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (1) (2) (3)

FLUIDS

LINE site		
Lt SCL ☐ Warmed	8.5 Cordis	1500cc crystalloid
Rt Fem ☐ Warmed	8.5 cordis	
18g RAC ☐ Warmed		
☐ Warmed		

FLUIDS SUMMARY

CRYSTALLOID- 1500

COLLOID- b(4)-2

BLOOD- PRBCs ~~44~~ [redacted]

LOSSES

EST BLOOD LOSS

URINE -

PHYS STATUS: 1 (2) 3 4 5 (E)

BODY WEIGHT: ≈ 75 (KG) LB

HEMATOCRIT:

INITIAL DATA:

BP- 70/40

HR- 90

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? (Y) TIME- 0135

TIME → 30 × 02 × 30 × 03 × 30 × 04

SYMBOLS: BP by cuff V Λ; Heart rate •; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Chart scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

Chart annotations:

⊕ [redacted] #1 ⊕ [redacted] #7

⊕ [redacted] #2 [redacted] #8

[redacted] #3

⊕ Units hung in EMT & completed in OR

[redacted] #4

[redacted] #5 (units not in order)

⊕ [redacted] #6 b(6)-4

Time of Death 0212

VENTIL

VT - ml	800	800	800
f - breaths/min	11	11	11
Peak inf pres / PEEP	24	24	24
MODE - S(pon), A(ssist), C(on)	C	C	C

MONITORS/ACCESSORIES

✓ BP/Auto Cuff	✓ ET CO2 (torr)	30	Ø	Ø	
BP/oth	✓ FIO2 (Frac or %)	0.8	0.8	0.8	
ART line	✓ SpO2 (%)				
Steth- PC/ES	ECG	ST	IV*	IV*	Asys
Gas analyzer	TEMP-site				
	N-M Block (T/4)				

* Idioventricular rhythm

Warming blkt

Conv warmer

Mark with letters & symbols, explain under REMARKS — EVENTS Position → O— →

REMARKS

Code drugs with numbers, events with letters

(1) To OR via litter, full monitors, O2 100% via Ambu

(2) Loss of NIBP & palp pulse, chest opened & card massage initiated.

(3) Efforts terminated

RECOVERY AT: PACU ICU ____ (Specify) OTHER ____ CONDITION: RESP- SpO2- BP- HR- (crossed out)

ANESTHESIA / PROCEDURE TIMES

ANES	Start 0135	Room 0135	End 0230
PROC	Ready 0140	Begin 0140	End 0212

PROCEDURES and CPT Codes: Trauma lap/thoracotomy

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* ETT from ER, ⊕ ETCO2 BSEB

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

\# [redacted] b(6)-4

SURGEONS: b(4)-2 [redacted]

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: Z-1

DATE: 7/21/03

PAGE 1 OF 1

b(6)-2 All

518-123

NSN 7540-00-634-4158

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)* _____ ML

REMARKS:

(b)(6)-4

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 21 Jul 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)* [redacted]

DIAGNOSIS [redacted]

Exp Exp

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED

TIME VERIFIED

original 518

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 22 Jul 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING [redacted]

DATE 21 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature* [redacted]

AT *(Hour)* 0200 ON *(Date)* 21 Jul 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 [redacted]

1st VERIFIER [redacted]

2nd VERIFIER [redacted]

PRE-TRANSFUSION [redacted]

TEMP. [redacted] PULSE [redacted] BP 55/35

DATE OF TRANSFUSION 21 Jul 03

TIME STARTED 0205

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0208

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
95	85	55/35

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 [redacted]*

- [X] NO

SIGNATURE [redacted]

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

SEX M

WARD OOC

#[redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

b(u)-2 All

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [x] 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 21 July 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)* [redacted]

DIAGNOSIS OF [redacted] Ex Lap

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED [redacted] 0 [illegible]

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO O
Rh POS

RECIPIENT
ABO O
Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

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

SIGNATURE OF PERSON [redacted]

DATE 21 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0200 ON *(Date)* 21 Jul 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 [redacted] this Blood Component Transfusion Form and on the patient [redacted]

1st VERIFIER [redacted] CRNA

2nd [redacted] CRNA

PRE-TRANSFUSION [redacted]

TEMP. 95 PULSE [redacted] BP —

DATE OF TRANSFUSION 21 Jul 03 TIME STARTED 0209

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0212

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
95	—	—

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] N[redacted]

SIGN[redacted] ABOVE CRNA

SEX M WARD OR

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

[redacted] [redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

b(6)-2 A1

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)* _____

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 21 Jul 03

DATE AND HOUR REQUIRED ASAP

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGN[redacted] Exp Lap

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER self

DATE VERIFIED original sig

TIME VERIFIED

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 21 Jul 03

REMARKS: Exp 23 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0200 ON *(Date)* 21 Jul 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 [redacted] this Blood Component Transfusion Form and on the patient ide[redacted]

1st VERIFIE[redacted] CRNA

2nd [redacted] CRNA

PRE[redacted]

TEMP. [redacted] BP 65/25

DATE OF TRANSFUSION 21 Jul 03 0203

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0208

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
95	82	50/30

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[redacted]

SIGN[redacted] ABOVE CRNA

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

SEX M

WARD OR

#[redacted]

b(6)-4

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 - 15186

Medical Record Copy

b(6)-2-A11

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)* _____

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR C[redacted]

Explap

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED see orig. wd

TIME VERIFIED 4FSLD

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 21 Jul 03

REMARKS: Exp 22 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0200 ON *(Date)* 21 Jul 02

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 [redacted] on this Blood Component Transfusion Form and on t[redacted]

[redacted] CRNA

[redacted] CRNA

T[redacted] PU[redacted] BP 50/35

DATE OF TRANSFUSION 21 Jul 03

[redacted] STARTED 0205

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0210

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 95

PULSE 80

BLOOD PRESSURE 50/38

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 *(Fa[redacted] etc.)*

[redacted] ABOVE

[redacted] CRNA

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

SEX M

WARD OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

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): 4 Units ML

REMARKS:

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

DATE REQUESTED: 21 JULY 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): [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW b(6)-3

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.

[redacted] RIFIER [redacted]

DATE VERIFIED: 21 JULY [redacted] 3

TIME VERIFIED: 0.37

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

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

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

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: pos	Rh: pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 21 JUL 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour): 0130 [redacted] ON (Date): 21 JUL 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the contain[redacted]e intended recipient matches item by item. The recipient is the [redacted]his Blood Component Transfusion Form and on the pati[redacted]

1st VERIFIE[redacted] CRNA

b(6)-2

2nd VE[redacted] CRNA

PRE-T[redacted] 70/50

TEMP[redacted]

DATE OF TRANSFUSION: 21 JUL 0[redacted]

POST-TRANSFUSION DATA

AMOUNT GIVEN: All ML

TIME/DATE COMPLETED/INTERRUPTED: 0135 21 JUL 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	95	95	70/49

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)

b(6)-2

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

[redacted] CKWA

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

SEX: M

WARD: BMT

0 [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

b(6) - 2 A71

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)* 6 Units ML

REMARKS: (b)(6)-4

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

- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 21 JUL 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)* [redacted]

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.

[redacted]

DATE VERIFIED 21 JUL 03

TIME VERIFIED 0 37

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 21 JUL 03

REMARKS: Exp 31 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0130 ON *(Date)* 21 JUL 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 [redacted]

1st V[redacted] CRNA

2nd [redacted] CRNA

PR[redacted]

TE[redacted] PULSE [redacted] BP 70/50

DATE OF TRANSFUSION 21 JUL 03

TIME STARTED 0135

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 0140 21 JUL 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 95

PULSE 95

BLOOD PRESSURE 70/50

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
- [ ] [redacted]

SIG[redacted]BOVE

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

SEX M

WARD EMT

[redacted]

b(6) - 4

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 - 15189

Medical Record Copy

b(6)-2 A1

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)* 4 Units ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 21 JUL 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)* [redacted]

DIAG[redacted]OCEDURE 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.

SI[redacted]IER [redacted]

DATE VERIFIED 21 JUL 03 [redacted]

TIME VERIFIED 037

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 21 Jul 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0130 ON *(Date)* 21 Jul 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 [redacted] on this Blood Component Transfusion Form and on the [redacted]

1st V[redacted] RNA

[redacted] 2NA

TEMP. 95 PULSE 70 BP 70/48

DATE OF TRANSFUSION 21 Jul 03 TIME STARTED 0138

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 0145

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	95	93	68/40

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 DIFFIC[redacted] etc.)

[ ] [redacted]

S[redacted]BOVE

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

SEX M WARD EMT

[redacted] b(6)-4

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 - 15190

Medical Record Copy

b(6)-2 A

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)*: 6 units ML

REMARKS:

b(6)-4

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 21 JUL 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)*: [redacted]

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 PHYSICIAN: [redacted]

DATE VERIFIED: 21 JUL 03

TIME VERIFIED: 0 37

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: MA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DONOR

ABO: O

Rh: pos

RECIPIENT

ABO: O

Rh: pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 21 Jul 03

REMARKS: Exp 29 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted]

AT *(Hour)*: 0130 ON *(Date)*: 21 Jul 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 [redacted] Blood Component Transfusion Form and on the patie[redacted]

1st VERI[redacted] CRNA

2nd VE[redacted] CRNA

PRE-TRAN[redacted]

TEMP. 95 PULSE [redacted] BP 70/50

DATE OF TRANSFUSION: 21 Jul 03

TIME STARTED: 0140

POST-TRANSFUSION DATA

AMOUNT GIVEN: All ML

TIME/DATE COMPLETED/INTERRUPTED: 21 Jul 03 0148

REACTION: [ ] NONE [ ] SUSPECTED

TEMPERATURE: 95 PULSE: 98 BLOOD PRESSURE: 0145 0148

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, plate, etc.)*

- [x] NO
- [ ] [redacted]

SIGN[redacted]

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

SEX: M

WARD: EMT

[redacted] b(6)-4

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 - 15191

Medical Record Copy

b(4)-2 (A)

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)* 6 Units ML

REMARKS:

b(6)-4

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 21 JULY 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)* [redacted]

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. [redacted]

DATE VE[redacted] 21 July 03

TIME VERIFIED 037

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	pos	Rh	pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: exp 29 Jul 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF [redacted] TEST [redacted] 13 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED B[redacted]

AT *(Hour)* 0105 ON *(Date)* 21 Jul 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.

[redacted] SSG 91W LPN

2ND VERIFIER (Signature) [redacted]

PRE-TRANSFUSION

TEMP. 97.8 PULSE 132 BP 107/67

DATE OF TRANSFUSION 21 JUL 03 TIME STARTED 0105

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME/DATE COMPLETED/INTERRUPTED 0120 21 JUL 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
97.8	126	110/50

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 [redacted] SSG, 91W LPN

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

[redacted]

SEX M WARD EMT

b(4)-4

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 - 15192

Medical Record Copy

b(u)-2 A11

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)* 6 units ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 21 July 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)* [redacted]

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.

[redacted]

DATE VERIFIED 21 July 03

TIME VERIFIED 0537

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	pos	Rh	pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED [redacted]

DATE 21 Jul 03

REMARKS: Exp 29 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0105 ON *(Date)* 21 Jul 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 [redacted] SS6, 91W CPN

2nd VERIFIER [redacted]

PRE-TRANSFUSION [redacted]

TEMP. 97.8 PULSE 126 BP 110/50

DATE OF TRANSFUSION 21 JUL 03

TIME STARTED 0120

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME/DATE COMPLETED/INTERRUPTED 0235

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
97.8	120	110/50

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 [redacted]

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

SEX M

WARD EMT

[redacted] b(u)-4

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 - 15193

Medical Record Copy

b(2)-2

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION [redacted]

Instructions - Medical Officer in attendance:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

NAME unknown [redacted]

b(6)-4

Patient's name (Last, first, middle initial), Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 0212

3. MEDICAL EXAMINER/CORONER'S CASE: ☐ YES ☒ NO

4. RELIGION: Muslim

5. CHAPLAIN NOTIFIED: ☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* Hemorrhagic Shock	
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1) GSW to Abdomen	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b. b(6)-2	

9. DATE: 21 Jul 03

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: [redacted] MD

11. SIGN[redacted] ATTENDANCE

SECTION B - ADMINISTRATIVE ACTION [redacted]

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*: ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 1 OCT 72 3894 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. *U.S. GPO: 1997-418-290/55263

BATES PAGE MEDCOM 15195 HAS BEEN WITHHELD IN ITS ENTIRITY PURSUANT TO FOIA EXEMPTIONS 6 AND 7, 5 U.S.C. 552(B)(6) AND (B)(7)(C).

Photo depicting Deceased

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)
A 1 1 D 1 [redacted]	I Z

3. REGISTER NUMBER b(4)-4

[redacted]

NAME (Last, First, Middle Initial) EPW # [redacted] b(4)-4

4. PAY GRADE: EPW

5. SEX: M

6. DATE OF BIRTH (Y Y Y Y M M D D): Z Z Z Z Z Z Z Z

7. AGE AT ADMISSION: 2 5 Y

8. RACE: X

9. ETHNIC BACKGROUND: 9

RELIGION: UNK

10. LENGTH OF SERVICE:

ETS:

11. FMP: 9 9

12. SOCIAL SECURITY NUMBER: [redacted]

ORGANIZATION (Active Duty Only):

13. MARITAL STATUS: Z

HOUR OF ADMISSION: 0032

BRANCH / CORPS: b)(6)-4

14. FLYING STATUS:

15. BENEFICIARY CATEGORY: K 7 8

16. ZIP CODE OF RESIDENCE: Z Z Z Z Z

17. UNIT LOCATION (State or Country Code):

18. MOS:

19. TRAUMA: 1

PREV. ADMISSION: YEAR: [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 0

WARD:

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(2)-2

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: UNK

21. TYPE OF DISPOSITION: 4 ~~2~~ 30

22. MTF TRANSFERRED TO:

23. DATE OF DISPOSITION (Y Y M M D D): 0 3 0 7 2 1

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 7 2 1

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

hemorrhagic shock, GSW to abdomen

Dx 9584
90210
E9912

Pr 5411
8703
8744
9904 x10

Inj Trauma
450 1

Cause death 1
Blood : No
Out : No

b(4)-2

ADMITTING OFFICER (Signature [redacted]

[redacted] ADMITTING CLERK

DA FORM 2085 [redacted]

INPATIENT TREATMENT RECORD COVE.

For use of this form, see AR 40-400; the proponent agency is 6

1. [redacted]	2. NAME (Last, First, MI) EPW [redacted]					3. GRADE —	ADMISSION REMARKS
4. SEX M	5. AGE —	6. RACE Z	7. RELIGION MUS	8. LENGTH OF —		10. PREVIOUS ADMISSION NO	
11. FMP	12. SSN [redacted]		13. ORGANIZATION —			14. WARD ICU	
15. FLYING STATUS —	16. [illegible] OSG —	17. DEPT/BEN K79	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER				22. HOURS OF ADMISSION 1740	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION ERQ Camp		26. DATE OF DISPOSITION 030727		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK		28. DATE OF THIS ADMISSION 030723		ADMITTING OFFICER
29. [redacted]					30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

b(2)-2

☐ Check if Continued on Reverse

31. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: S/P Ex fix (L) humerus non-healing

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. DED DAYS	f. TOTAL SICK DAYS
0	0	0	0	4	4

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. [redacted]	e. DED DAYS	f. TOTAL SICK DAYS
[redacted]					

SIGNATURE [redacted]

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.00

b(2)-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
23 July 03 1830	Rec'd pt from EMT @ 1815 pt ambulatory, gait steady. VSS. (R) arm c̄ full ROM (+) pulse. (W) arm c̄ ex fix slight movement of fingers (+) sensation. lungs CTA, abd soft non-tender BS (+) x4 quads. BLE c̄ full ROM (+) pulses. (+) IV access noted @ this time. pt has orders for OR in am. (-) c/o pain/discomfort noted @ this time. Will cont to monitor — [redacted] 91WM6
23 July 03 2230	Rec'd c/o pt @ 21: (2) restraints x2 (R)/(L) ankle. VS WDL per flow sheet. Pt. awake/alert in bed. Skin W/D. PERRLA WDL LCA (B). BS (+) x4. (+) PPP (B). (L) arm ex fix in place. (+) exudate @ pin sites. (+) (2) RAD pulse. (+) < 3 sec cap refill. (+) ROM passive/active. Encouraged to perform passive and active ROM to digits/wrist. c/o pain @ this time will cont to mon. HL (B) F/A patent [redacted] DRT/AW
24 July 03	0555 Assume pt care @ 0500. pt alert easy to awake. No c/o pain or discomfort @ this time. VSS HR reg Lungs CTA. Abd soft non-tender non distended BS x4. NPO for OR today. Ex-fix (R) UE intact open to air. (+) sensation (+) pulse (+) movement below ex fix. D5 NS @ 125 cc/hr infusing to (R) AC ~ s/s redness/infiltration. Will continue to monitor [redacted] 91WM6

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

EPW #[redacted]

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

b(6)-2
AN

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
24 July 03 1430	Pt stable at this time Ø complaints. AAOx3. PERRLA. Mucous membranes pink and intact. Neck supple, FROM. Lungs CTA bilat, Ø resp distress. NSR. Abd soft, non-tender, bowel sounds active x4 quads. (L) arm external fixator intact. Skin around pins CDI. (L) arm weak, poor strength to (L) hand. Good pulses and brisk cap refill to all 4 extremities. Good strength to (R) arm and bilat LE. — [redacted] DT/A
24 July 03 0040	Rec'd c/o pt @ 21:00. VS WNL per flow sheet. Restraints x2 (R) wrist (L) ankle. Pt sleeping in bed. Easily awakened skin w/D. PIVC D5NS @ 125cc/hr. (L) arm ex fix in place pin sites ⊼ sxs infection. All other assessment finding WNL. Ergan ⊼ c/o pain @ this time will cont to mon. [redacted] DT/AN
25 July 03	0900 - Pt alert lying in bed, ⊼ c/o to O2. VSS, lungs CTA, HR reg, BS⊕ IV to (R) AC = D5NS @ 125cc/hr. Ext fix intact to (L) arm, ⊕ sensation able to wiggle fingers, warm to touch. Voiding Ø complaints. Will cont to mon — [redacted]

SHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (R

[redacted] b(6)-4

b(6)-2
All

DATE	NOTES
25 July 03 1330	- Assumed PT care. VSS. Lungs Ans clear Bilateral. BS x 4. PT has Good Pulse motor function to all extremity except the (L) Arm. (+) ROM to (L) Arm c̄ ex-fix. CAP Ref +2 secs. Limited ROM to (L) Arm. (+) sensation felt. IV DSLR @ 125cc/hr in (R) Arm CDI c̄ (-) s/s of infection. PT is actively transfer to O.R. Will cont to monitor. [redacted]
25 July 03 22:35	Rec'd c/o pt @ 21:00. Restraints x2 (R)(L) ankles. VS WNL per flowsheet. Awake and alert in bed. PERRLA (+) Skin WNL W/D. LCA (B). BS (+) x 4. (+) PPP (B). PIV (R) AC DSNS @ 125cc/hr. (L) ↑ arm ex-fix in place. 1st and 2nd Proximal pinsites c̄ sm. amt drainage noted. 3rd & 4th distal pins s̄ s/s infection. Ø c/o pain @ this time. Will cont. to mon [redacted] AN
26 July 03 0600	Assume pt care @ 0500. Pt asleep easy to awake. No c/o pain or discomfort @ this time. NS @ 125cc/hr to (R) AC no s/s redness/infiltration. Pharmacy to bring new bag DSNS as ordered. LUE ex-fix intact. No drainage noted @ this time. (+) movement to fingers (+) pulse. Limited ROM to (R) wrist. VSS. HR reg. Lungs CTA. Abd soft BS x 4. Will discuss plan c̄ Dr. [redacted] b)(6)-2 today. Will continue to monitor. White Plains
0615	Replaced NS c̄ D5NS as ordered — [redacted] Smith
0835	pt will be NPO p̄ MN tonight for OR tomorrow for removal of ex-fix [redacted] Smith
1430	Pt stable at this time. AAO x 3. PERRLA. Lungs CTA bilat. No resp distress. NSR. Abd soft non-tender, bowel sounds active x 4 quads. Ex fix site CDI

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

RECORD | PROGRESS NOTES

AUTHORIZED FOR LOCAL REPRODUCTION

NOTES

26July03 1930 (cont) (L) hand to minimal movement and sensation. Ø complaints. Ø/V access wire discuss need for fl dson rounds [redacted] CT/RN

26July03 2000 Rec'd c/o pt @ 21:00. Restraints x 2 Ø/(L) ankles. VS WNL per flow sheet. Awake/alert in bed. PERRLA (+) WDL. LCA (B) BS (+) x4 (+) PP (B). HR reg s/s. (L) ↑ ext. ex-fix intact. pin sites (+) crusting @ insertion sites. (+) pitting edema. (+) ROM/limited (+) <3sec cap refill (+) sensation to wrist and digits (L) HAND. c/o pain @ this time will cont to mon. [redacted] RT/RN

27July03 0650 Assume pt care @ 0500. Pt awake and alert. No c/o pain or discomfort @ this time. 0.5 NS @ 125cc/hr to (R) FA. No s/s redness infiltration. Ex-fix to LUE intact. Crusting noted @ pin sites. VSS. HR reg. Lungs CTA. Abd soft BS x4. Ambs w difficulty. NPO for OR today. Will continue to monitor [redacted] RN/WMC

27July03 1200 pt transferred from ICU2 via stretcher. VSS. B/P 104/76 P 68 R 14 Temp 97.6. (L) UE in ace wrap. (+) movement (+) pulse (+) sensation. Limited ROM to (L) wrist. No c/o pain [redacted] RN/WMC

SPONSOR'S NAME

LAST | FIRST | MI | SERVICE NUMBER

HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

REGISTER NO

PROGRESS NOTES
Medical Record

STANDARD FORM 509

EPW
#[redacted] b(6)-4

AUTHORIZED FOR CLINICAL REPRODUCTION

RECORD

PROGRESS NOTES

NOTES

27 Jul 1015 Op Note

Dx (L) humerus fx

Rx Ex Fix removal

Surgeon Gunzer

GEN A

b(6)-2 A-H

[redacted]

MAJ Gunzer

27Jul03 1400 assumed care @ 1300 - VSS - no c/o pain @ this time - SC patent, tol. regular diet for lunch - dsg. CDI on (R) upper arm, arm in sling - neurovs WNL on (L) hand [redacted]

2245 pt. care assumed @ 2100. VSS. HR Reg, lungs CTA, BS ⊕ XY. SC patent. Drsng to (L) forearm intact (L) arm in sling. neurovs (L) hand WNL ↓ grip strength. Will cont. to monitor. [redacted]

28July03 0800 VSS. Pt. awake & alert in bed. ∅ complaints. HR Regular, Lung sounds clear bilat, bowel sounds (+) x 4quads. HL in RFA-∅ s/s of infection, flushed well ∅ 3cc NS. (L) arm in cast restricted ∅ sling. (L) arm & digits with very limited ROM, grip ∅ minimal strength, (+) sensation, cap refill <3 sec, (+) radial pulse. All other assessment findings WNL. Will continue to monitor. [redacted]

SPONSOR'S NAME

LAST | FIRST | MI | SSN or Claim

HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

REGISTER NO | PAGE NO

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509

[redacted] EPW

28 July 03
1400 Pt stable at this time. Ø complaints. AAOX3. Lungs CTA bilat, Ø resp distress. NSR. Abd soft, non-tender, bowel sounds active x4 quads. Cast to (L) UE intact pt's good strength to (L) hand. Brisk cap refill and strong pulses x4 extremities. Pt awaiting transport to EPW camp. —— Pvt [redacted] T/DN

1700 Pt discharged to EPW camp. Pt took meds, x-rays and discharge summary. Pt restrained T ziptie and escorted by MP. —— b(6)-2 [redacted] T/DN

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
23 Jul	Ortho Consult
	y/o ♂ Iraqi EPW, s/p ? GSW
	(L) humerus c̄ ex fix @ Iraqi hospital
	~ 2 1/2 months ago. Apparently ∅ p/u.
	Sent here from EPW camp for eval.
	c/o ↓ use LUE, ↓ mvmt. ∅ pain.
	∅ F/C, ∅ trauma
	∅ PMH PS above ∅ meds NKDA
	(PE) LUE ex fix f̄ humerus, healed A-C sec
	PT c o D ∅ SST
	∅ TTP
	elbow ROM 60° → 100°
	mm p/s
	VV 2+ RP, brisk CR
	poor effort but ∅ R or U noted
	mm flex digits, v. stiff throughout
	∅ CT R/U, ↓ med
	intrinsic wasting of hand
	↓ ↓ ↓ ↓

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	XP comminuted mid shaft humerus
	∅ evidence of callus
	loose plas? radiolucency prox 2
	(P) (L) humerus ~10 wks s/p GSW fx,
	now c̄ delayed (non-union, probable
	radial & ulnar nerve inj
	(P) with excess Tx options w/c
	interpreter & plan
	[redacted]
	MAJ [redacted]

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

MEDICAL RECORD	**PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT** For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: 20 HEIGHT: } unknown WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): Ø NKDA 3. PREVIOUS SURGERY [ ] NO [✓] YES (type): Ex-Fix (L) Humerus, Scrotal Sx

4. PROPOSED SURGICAL PROCEDURE:

Ex Fix removal (L) humerus

5. ADDITIONAL INFORMATION: Last PO: Medical Hx: poly. subst. abuse Implants: Ex Fix LUE Medications: Ø
Jewelry removed: yes/no Family waiting: yes/no

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

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

[redacted]

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to anesthesia; ~~traumatic injury;~~ position; ~~shock;~~ previous surgery	ø Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	ø Check for support stockings or ace wraps. If none, check with doctors. ø Check that safety straps are correctly applied. ø Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. ø Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to sedation; pain; injury E.2. ✓ Potential discomfort due to injury; pain	ø Pt. will be transferred to OR table without difficulty. ø Pt. will not experience unnecessary physical discomfort.	ø Have sufficient people available for transfer. ø Insure proper body alignment. ø Allow patient to lie in position of comfort while waiting for surgery. ø Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being injury; sedation; F.2. ✓ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures. None	ø Pt. will be made aware of surroundings prior to anesthesia induction. ø Pt. will be transferred safely to OR table. ø Pt. will be able to understand instructions. ø Minimize danger of injury during intraop period.	ø Introduce self. Keep pt. informed as to where he/she is and what is happening. ø Inform pt. in which direction to move and assist if necessary. ø Speak clearly and slowly. ø Address pt. from either side. ø Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

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

b(a)-2 [redacted] CPT 1011 27July03 DATE

11. POSTO[redacted]TIVE EVALUATION:

Site: N/A
Breathing: extubated
Drsg. clean

b(a)-2

12. PREOPERTIVE EVALUATION PREPARED BY (Signatu[redacted] b(a)-2	13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title [redacted] CPT 1011
1113 TIME: 0027	DATE: 27July03 TIME: 1015

JUN 91

USAPA V1.01

b(6)-2 A71

MEDICAL RECORD — INTRAOPER. DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY Anesthesia

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

3. DATE 27 July 03 TIME PATIENT ARRIVED IN SUITE 0940

4. PATIENT IN ROOM TIME 0940 NUMBER 2-4

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: Allergies: NKDA

6. NURSING PERSONNEL

ASSIGNED SCRUB	SSG [redacted]	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

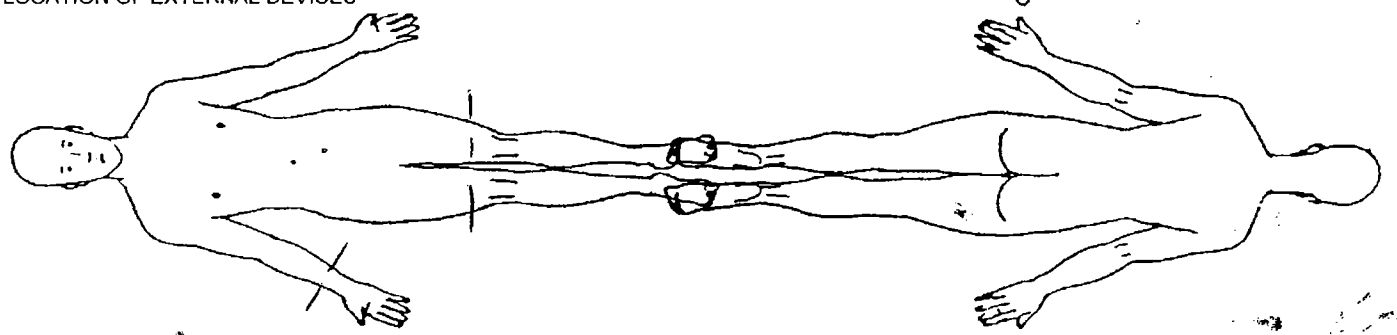
COMMENTS: proper body alignment maintained

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Betadine Paint
SITE: (L) arm pinsites BY WHOM: [redacted]
SITE: BY WHOM: [redacted]
COMMENTS: no peeling or skin reaction noted

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☐ No					
Needle Sharp	☐ Yes	☐ No					
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

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

[redacted] b(6)-4

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

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

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

☐ BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% Nacl

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE (L) arm C-arm

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs Fiberglass Cast
Kerlix
Webrie

19. ADDITIONAL INFORMATION
WC
Surgeons: [redacted] Anesthesia [redacted] Anesthesia Type: General

Bovie Pad site intact pre-op_____; post-op_____ Bovie Settings: Coag/Cut N/A

- DA 5179 Initiated

20. OPERATION(S) PERFORMED
Ex-Fix Removal (L) humerus

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU 2	See DA7389	Litter

22. REGISTERED NURSE SIGNATURE
[redacted] LPN

REVERSE [redacted]

USAPA V1.01

MEDCOM - 15209

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR July 2003 | DAY 23 24 25 26 27 28 29 | HOUR

PULSE (O) | TEMP. F (•)

TEMP. F	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99°	37.2°
98.6°	37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICU2

[redacted]

VITAL SIGNS RECORDS

Medical Record

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

ICU 2/ICW

MEDICAL RECORD - ANESTHESIA

For . this form, see AR 40-66; the proponent agenc ie OTSG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG	(Units)	
Versed	(mg)	2
Propofol	(mg)	200
Mrsy	(mg)	(4) 2 2
Lidocaine	(mg)	50
	( )	
	( )	
VOLAT AGENT — Sevo	% del	2.0-2.5X
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	10-3-10

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → — Ancef 2, IVPB X

FLUIDS

LINE site		
18 G (R)	☐ Warmed	D5NS 600 ml
	☐ Warmed	
	☐ Warmed	
	☐ Warmed	

LOSSES

EST BLOOD LOSS	
URINE -	not measured

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT 60 KG LB

HEMATOCRIT N/A

INITIAL DATA

BP- 110/60

HR- 72

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? okay TIME- 0930

TIME 30 45 1000 15 30

SYMBOLS: BP by cuff V ; Heart rate ∧ ; Resp rate ● ; BR (transduced) ; TOURNIQUET T—T ; ANES- X-X ; PROC- ⊙-⊘

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

VENTIL

	30	45	1000
VT - ml	300	200	300
f - breaths/min	32	21	16
Peak inf pres / PEEP	—	—	—
MODE - S(pon), A(ssist), C(on)	S	S	S

MONITORS/ACCESSORIES

		30	45	1000
BP/Auto Cuff	X ET CO2 (torr)	(4)	40	45
BP/oth	X FIO2 (Frac or %)	.78	.78	.78
ART line	X SpO2 (%)	100	100	100
Steth- PC/ES	X ECG	SR	SR	SR
Gas analyzer	X TEMP-site	Available		
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

Mark with letters & symbols, explain under REMARKS — EVENTS Position → Ok →

TOTALS	TOTAL EBL
2	mod
200	TOTAL URINE
12	N/A

FLUIDS SUMMARY

CRYSTALLOID- 300

COLLOID- Ø

BLOOD- Ø

REMARKS

Code drugs with numbers, events with letters

0930 A, ID in IC to OR via litter, 0940, In room, ⊕ monitors, ⊕ O_2, smooth IV induction 0950 Procedure start 1010 LMA removed, difficulty, to ICU 2. Report to RN

RECOVERY AT 1015

PACU (ICU) 2 (Specify)

OTHER

CONDITION: stable/stable

RESP- 16 SpO2- 100

BP- 102/59 HR- 60

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0930	0940	1020
	Ready	Begin	End
PROC	0950	0950	1010

PROCEDURES and CPT Codes: Removal Ex-Fix (L) Humerus

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — GA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility — EPW # [redacted] b c d e

AIRWAY MANAGEMENT: Intubation route, blade, technique, complications — #4 Proseal LMA insert x 1 attempt, 5 cuff, Exs taped

SURGEONS: [redacted] b c d e

ANES: [redacted] CRNA

PROCEDURE LOCATION: OR2

DATE: 27 Jul 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 15211 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

ICU 2/ ICW

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

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

ASA Physical State 1 2 3 4 5 E
WT: 65 KG/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Removal
SURGICAL SERVICE: Ortho – [redacted]
NPO SINCE: MID

HABITS:
TOBACCO: –
ETOH: ____
DRUGS: ____

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) D5WS 125cc/hr
( ) ____
( ) ____
( ) ____
( ) ____
( ) ____

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

LABORATORY STUDIES:
HB/HCT: ____/____
U/A: ____
OTHER: ____

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological :			
Pregnancy	N	Y	N/A
Other Significant Hx:			
	N	Y	S/P Ex Fix (L) Humerus @ Iraqi Hospital 2 months ago
	N	Y	
Familial HX	N	Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
May 2003 (L) Humerus Sx

PHYSICAL EXAMINATION
BP 110/60 HR 72 R 19 T ____ 99%
Pain Scale 0-10 ____
HEENT - Teeth Remarkable for Dentures
Trachea TMD 2.5 FB
TMJ/Neck ____
Oropharnyx MP II
Nares ____
CHEST: (+) BBS (+) CTA
CARDIAC: ____
EXTREMITIES: ____
IV Access: 18g (R) Arm
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since MID

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ {X} General: Mask Intubation

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

The patient [redacted] guardian seems to understand and agrees. Questions answered.
Signed [redacted] b(6)-2 Date: 27 July 03 Time: 0815 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICW 2

EPW # [redacted] b(6)-4

SEDATION KEY:

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-68; the proponent agency is OTSG

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

DATE OF ORDER 27JUL03

- Post-op slp fx fix Remarck
- resume previous orders
- reg diet
- Ancef [illegible]

noted [redacted] 27JUL03 DWO

8-16-24

ROOM NO. | BED NO.

ICW2 | | 13

b(6)-2 [redacted] MAJ [redacted]

PATIENT IDENTIFICATION

EPW

b(6)-4

[redacted]

DATE OF ORDER 27JUL03 TIME OF ORDER 1600

HL IVF when tol regular diet

noted 28JUL03 0600 [redacted]

ROOM NO. | BED NO.

ICW2 | | 13

240 [redacted] ICTAN 727 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted]			23 Jul 03 1740 HOURS	
			Admit	
			Dx (L) humerus non-union	
			s/p Ex Fix	
			vitals routine ✓	
			Activity as tol. ✓	
NURSING UNIT	ROOM NO.	BED NO.	Diet regular now, NPO	⅋ MN
			⅋ IV now	
PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
[redacted]			@ MN D5LR @ 125 cc/h	
			OR in AM	
			[redacted]	
			MAJ [redacted]	
NURSING UNIT	ROOM NO.	BED NO.	b(6)-2 [redacted]	
1CW2				
PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
[redacted]			23 Jul 03 21:35 HOURS	
			Δ D5LR to D5NS at	noted
			125 cc/hr ✓ [redacted]	21:36 23 Jul
			[redacted]	
			b(6)-2	
NURSING UNIT	ROOM NO.	BED NO.		
1CW2			NPO/clear [redacted]	
PATIENT IDENTIFICATION			DATE OF ORDER	
[redacted]			24 Jul 03 0835 HOURS	noted
			- NPO ⅋ MN	[redacted]
			OR tomorrow [redacted]	0835
			MAJ	
			b(6)-2	
NURSING UNIT	ROOM NO.	BED NO.		
1CW2			NPO/clear [redacted]	

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

b(6)-2 A11

the proponent agency is the Office of The Surgeon General. M.D. ✓ YR 2003

RIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29	30	31
23 July	[redacted]	VS q shift	6	[redacted]								
			13									
			21									
23 July	[redacted]	Activity as tol	6	[redacted]								
			13									
			21									
23 July	[redacted]	Out Reg ~~NPO~~	6	[redacted]								
~~27 July~~		~~NN~~ Reg diet	11									
			17									

D/C 28 July 03 [redacted] IT/RN

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ex fix (L) humerus non-healing

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIME

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. — USA

blue-2 A

Verif. by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo _____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23	[redacted]	admit ICW 2	23	Now	1815	[redacted]
		Dx: (L) humerus non-healing S/P				
		ex fix				
23	[redacted]	NPO p̄ MN for OR in AM	24	2400	2400	[redacted]
24		NPO p̄ MN for OR tomorrow	27	2400	2400	
27		S/P Ex-Fix removed	27			
27		Resume previous orders	27			

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

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.	Mo. 7 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 23	24	25	26	27	28	29	30	31	1
23 July	[redacted]	D5LR @125cc/hr	6	/									
		@ MN for OR	14	/									
			21	/									
23 Jul	[redacted]	D5NS @125cc/hr	06	[redacted]									
		@ HN for OR	14	[redacted]									
			22	[redacted]									
27 July	[redacted]	Ancef ÷ q IV q 8°	8	/	/	/	/	/	[redacted]				
			16	/	/	/	/	[redacted]					
			24	/	/	/	/						
28 July 03	[redacted]	HL IV when tolerating po	06	/	/	/	/	/	[redacted]				
			14	/	/	/	/	/					
			22	/	/	/	/	/					

D/C'd 23 Jul 03

D/C'd 27 July 03 [redacted]

D/C 28 Jul 03 [redacted]

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Ex Fix (D) humerus non-healing

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

[redacted]

Post-Anesthesia Care Unit (PACU) Flow Sheet

Date: 27Jul03
Time In: 0920
Procedure: NKPA
Pre-op V/S: 110/60, 72
Procedures: Removal Ext Fix Cast

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 300 Colloid
OR Output: UOP 0 EBL
Meds/Times:

LMA
Ves 2
Prof 200
MS04 12
Ancef (1000)

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Allergies: Name

Pre-Op Meds / History

Time																
		0900	0930	0945	1000	1015	1030									
SpO2		98	100	100	100	97	99	99								
FiO2			10	10	RA	RA	RA	RA								
Methods			NC	LB												
BP																
HR																
RR																
Temp																
Pain																
Nausea		^	^	^	^											
						^	^	^								
Vomiting		•	•	•	•											
		•			•											
		V	V	V	V	V	V	V								
Urine																
Drains			16	14	12	12	16									
		95%	96	96	96	96	96									
Pain																
Pain (0-10)			0													
LOS																

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep Breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP +/- 20% of Pre-op (1) SBP +/- 20-50% of Pre-op (0) SBP +/- 50% of Pre-op	2	2	2
Consciousness (2) Fully Awake, responds to verbal or crying (1) Arousable to verbal or pain	1	2	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only, reliable pulse	2	2	2
TOTALS: Must be 8 or greater to D/C; otherwise needs anesthesia approval for D/C.	11	12	12

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

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

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 27Jul03

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

[redacted] b(6)-4

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

DD FORM 4700, MAY 73 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

b(u)-3
AM

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Arm							

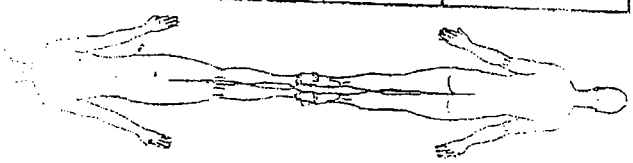
Movement/Sensation: + = present, - = absent Temp: C = Cool
Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

MC OP 173-E

1030
pt arrived via litter accompanied by anesthesia. O2 RB @ 10L pulse ox 100% easily arousable (+) arm ace wrap @ elbow dry + intact strong pulse immediate capnfill Ø c/o pain — [redacted] may/kn
1045 move fingers on (+) extremity warm pulse strong denies pain awake + alert — [redacted] may/kn
1100 awake alert moves affected extremity very guarded movement strong pulse immediate cap refill Ø c/o pain — [redacted] may/kn

Discharge Criteria:
Date: 27 Jul 03 Time: 1130 PARS: 12
BP: 99/44 T: HR: 67 RR: 16 SaO2: 98
Pain Level at D/C (0-10):
Intake: IV [redacted] Output: Ø
Additional Data:
Transferred To: IW2
Report Given To: SPO [redacted]
Transferred Via: W/C (Litter) Gurney Ambulan
Transferred B[redacted] may/kn
Cleared IAW Rec[redacted]OP B-3
Charge Nurse Signature:

ADMISSION A... CODING INFORMATION

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

1. REPORTING MTF								TF LOCATION (State or Country Code.)
1	2	3	4	5	6	7	8	
A	\	\	D	\			IZ	

3. REGISTER NUMBER							NAME (Last, First, Middle Initial)	4. PAY GRADE		5. SEX
9	10	11	12	13	14	15	EPW	16	17	18
[redacted]										M

6. DATE OF BIRTH (Y Y Y Y M M D D)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	Muslim
											Z	9	

10. LENGTH OF SERVICE			ETS	11. FMP		12. SOCIAL SECURITY NUMBER								
32	33	34		35	36	37	38	39	40	41	42	43	44	45
—			—			[redacted]								

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
—	46	1740	— b(2)-2
	Z		

14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE								
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
			~~R79~~		R78									

17. UNIT LOCATION (State or Country Code)		18. MOS							19. TRAUMA	PREV. ADMISSION YEAR	NO
62	63	64	65	66	67	68	69	70	71		☒
									9		

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION							WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72								
O	b(2)-2						ICW2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted]								TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. [redacted]											23. DATE OF DISPOSITION (Y Y M M D D)					
73	74		75	76	77	78	79	80			81	82	83	84	85	86
		EPW Camp									0	3	0	7	2	7

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (Y Y M M D D)					
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102
										0	3	0	7	2	3

27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (Y Y M M D D)					
103	104	105	106	107	108	109	110	111	112	113	114	115	116

FOR LOCAL USE

DX: S/P Ex fix ② humerus non-healing

DX: 73382
9052
E9912

b(2)-2

ADMITTING OFFICER (Signat[redacted]

[redacted]

SIGNATURE OF ADMITTING CLERK

[redacted]

b(2)-2

DA FORM 2095, MAR 80

b(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTRAN [redacted]	2. NAME (Last, First, MI) EPW # [redacted] b(6)-4			3. GRADE NA	ADMISSION REMARKS
4. SEX M	5. AGE UNK	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NA	9. ETS NA	10. PREVIOUS ADMISSION NO
11. FMP 99 20	12. SSN [redacted]		13. ORGANIZATION NA			14. WARD ICW2
15. FLYING STATUS NA	16. RATING/ OSG	17. BEN NO ~~NA~~	18. BRANCH/CORPS NA	19. UIC/ZIP		20. TYPE CASE NBI
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct From Emt				22. HOURS OF ADMISSION 1415	23. CLINIC SERVICE AAJA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE Unk			25. TYPE DISPOSITION 24		26. DATE OF DISPOSITION 10/6/03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 7/27/03	ADMITTING OFFICER DR TEFF
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2					30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: SHRAPNEL T-4 PARA.
s/p GSW back
DX: 80631
E9912

Trauma
9
Injury
569

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LVICOCP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	72	72

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LVICOCP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	72	72

b(6) SIGNATURE [redacted] MD for DR [redacted] | Done

37. MEDICAL RECORDS OFFICER [redacted] b(6)-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
20 Jul 03	13 hours ago [illegible] – Neck/Chest BP 140 R – 18 P – 120 pt alert – [illegible] – [illegible] head chest tub [illegible] Xray – fragments of upper back Neck – collared – Subject complaints ⓓ upper chest BS – clear 3 IVs – placed – No report of injury report of pain – 4 Ounce Red Bottle [illegible] – Daily – Weekly [illegible] – [illegible] [illegible] – CSA – [redacted] [illegible] ASMB b(6)-2 BTAB Valium 5mg IV now – V.O. [redacted] PA / [redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEP[redacted]	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

[redacted]

[redacted]

b(6)-4

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Signature of Surgeon)
1306	5 mg Valium IV given [redacted] b(6)-2
27 JUL 03 1509	SURGERY [redacted]
	Procedure b(2-2)
	① SC Cath insertion sterile seldinger technique
	Tx 1% Xylocaine
	excellent venous return + easy flush.
	Secured in place
	DSD placed
	Tol. well. [redacted] b(6)-2

[redacted]

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

b(6)-4

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
27 Jul 03 1545	Neurology Consult HPI: 26 yo @H Iraqi ♂ transferred apparently from an Iraqi hospital for further tx of a GSW to the back. The pt reports he was drunk on whisky last night when he ran a U.S. checkpoint + was shot. He believes he was hit by 1-3 bullets + since that time has had no sensation below his high chest, no LE or abdominal motor control, and no B/B control. He had a chest tube placed on the (L) prior to arrival here + a unit of blood given at the Iraqi Hospital. The pt is c/o no pain currently. PMH ∅ hospitalizations, ∅ surgery meds: None PTA NKDA! Now on Dopamine drip SHx: mechanic PE: 110-127/44-53, 100, 14-20 GEN: Alert, coop Iraqi male in NAD c̄ mult IV's, Foley, (L) chest tube, O2 by NC, and having a (L) central line placed when I initially observed him

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

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

EPW
#[redacted] [redacted] b(6)-2
b(6)-4

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

b(6)-2
LIC [redacted]

27 Jul 03 | Neuro (C)

HEENT AT/NC, ∅ Battle sign, ∅ Raccoon eyes, ORO clear

Neck NT to palp, full ROM not done but no pain on limited voluntary neck movement. ∅ Bruits

Lungs CTA anteriorly, (L) chest tube, (L) central subclavian line

HT RRR ~ (M) (borderline tachy), full pulses.

Abd NL active BS, soft, flat, NT, ∅ masses

Genit nl circ ♂ ~ foley in, no priapism

Extrem ∅ deform

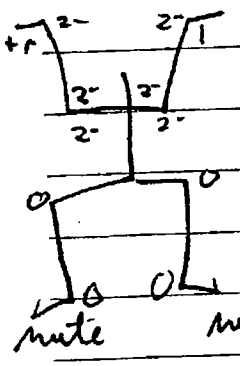
Rectal (+) (brisk) anal wink (B), no volitional contraction but good reflex contraction.

MS A+O x 4 ~ gross deficits of cognition or language

CN VF-FTC x 4 gd (B), Fundi-benign, PRRLA 3 → 2.5 → 2, ∅ APD, EOM I, nl pursuits + saccades, ∅ ptosis, intact NM + NFE, remainder intact in detail.

Motor nl tone in UE, flaccid in LE. 5/5 strength in (B). UE ~ (R) finger flexors + hand intrinsics (Abductors) are 4+/5. No abd movements, intact finger dexterity.

Sensory PT has a discrete level ~~at~~ dorsally + ventrally at about T2-T3 (B) (appears sl higher posteriorly on the (L) and posteriorly on the (R)). Pt has no position sense or reliable vibratory sense in (B) LE's. Sensory levels were marked on pt + dated/timed.



Coord Good F→N

Reflexes See anal wink above, on cremasteric testing his penis moves when he is stimulated on the (R) thigh (varish on the (L)) but there is only a hint of scrotal movement

(cont'd)

STANDARD FORM 600 (REV. 6-97) BACK

FPI. LEX. Printed on Recycled Paper

ESPW #[redacted] b(6)-4

LTC [redacted] b(6)-2

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

27 Jul 03 Nurse (2)

only ↑ stim on the (R). No superficial or ~~abdom~~ deep abdominal reflex. Did not check Beevors sign b/c of fragments in spine.

Assessment

1. Transtic myelopathy, T2 complete 2° to GSW

It is unclear at this time if the pt has had his high T-spine cord severed or just contused. Thus, it is hard to give an accurate prognosis at this time. We have no MRI and our CT scanner has been broken >1 week. He appears to have mild cord shock but is relatively stable on his dopamine drip.

Plan

b(a)-2

1. Neurosurgery eval pending. Have discussed case ↑ Dr [redacted]

b(a)-2

[redacted]

LTC [redacted]

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

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

EPW # [redacted] [redacted]

b(a)-4 b(a)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
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b(w) - 2
A)

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 JUL 03	Neurosurgery Procedure
1857	Lumber drain placed at L4-5.
	CSF Serosanguinous.
	Drain set for 20 cc/hr.
	Will observe thoracic drainage.
	[redacted] 4797
28 Jul 03	0500 Assumed care. Reduced Dopamine to 12 mcg/K/min for BP 127/55 MAP 81. ↓ O_2 @ 2L via NC O_2 sat 99%. Pt sleeping comfortable c̄ no complaints @ this time VS stable. Will continue to monitor. [redacted] ILT AN
	0530. Pt Alert follows commands. VSS S1-S2, SB 50's afebrile skin warm + dry capillary refill <3sec +2 pulses x4. Chest tube (R) side to continuous suct. small drainage. Lungs CTA (R) diminished (R) side 2L NC O_2 99%. NPO Hypoactive BS Ø BM foley to gravity draining clear yellow urine Ø sediments. Lumbar drainage clear 6 to 20 cc/hr. dressings CDI. Will continue to monitor. ~~Plan~~ + follow plan of care [redacted] ILT/AN.
0930	↓ Dopa @ 11 mcg/K/min. ↓ [redacted]
1020	↑ Dopa @ 11.5 mcg/K/min. 10:45 Chest tube [redacted]
1100	Moved pt (R) side position. O_2 via NC [redacted] ILT/AN
1220	Tylenol 650mg given for HA. Pt requested [redacted]
1300	Transfered to bed #1. 1400 Dop 11.5 mcg/K/min 1600 Dopa 10.5 mcg
1600	HOB 45° dressing changed [redacted]

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 July 05 @ 1555	Pt arrive from EMT @ 1530. Pt alert, oriented ~~x3~~ per interpreter. PERRLA 3mm. Able to move upper extremities c̄ slight left side weakness. Ø sensation below nipple line. unable to move hips or L/E. RR/SR 90-100's. BP 90/40's. Pressure started @ 5mcg/kg/min via (L) peripheral IV ∴ positive blood backflow and easily flushed. (L) SC cordis started (+) blood flow, flushes easily Ø S/S infiltration. UTA portable CXR @ this time. Clinically verified placement and started Dopamine via CL. currently infusing @ 7 mcg/kg/min to maintain MAPs > 70. Pulses palpable ~~f/f~~ all extremities. IV ½ 20k infusing wide bore via Rt (R) Bicep. LS clear, diminished (R) side. CT to suction (L) chest. Sanguinous fluid. Sats 97% on 6L NC. BS absent. Clear urine in colorless via Foley. VSS. Tm 99.9. (105 per EMT) Pt resting on back. Spinal precautions. (R) Scapula entry wound not visualized @ this time. Will out to neurosurgery [redacted]
27 JUL 05 1648	Neurosurgery: b(6)-2 See also Dr. [redacted] Neurology consult. Exam Finds paraplegia complete, consistent with his penetrating cervicothoracic injuries. CSF is leaking from both major wounds. Impression: (1) Paraplegia. (2) CSF leak. Plan: (1) No steroids presented too late. (2) Will need lumbar drain. [redacted] b(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONS[redacted]	4757

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

EPW [redacted] b(6)-4

CH[redacted]ICAL RECORD OF MEDICAL CARE
Medical Record

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
28JUL03	Neurosurgery Drain #2
0809	(S/O) VSSA. Drain output 6-20/hr.
	Na 133. WBC 11.7
	Awake.
	Remains paraplegic.
	Dressing - moderate CSF drainage.
	(A/P) GSW T-Spine c̄ paraplegia (complete) - Stable.
	Lumbar drainage.
	Dressing Δ.
	Monitor for infection / hypo natremia.
	[redacted] b(6)-2 4797
28July03 1845	Surg
	VSS off on Dopamine
	CT output minimal
	cont Dopamine 11.5 µg/kg/min.
	will try to wean in am.
	Doing well 11.7 / 11.0 / 34.6 / 199. 133 / 103 / 7 / 172 3.9 / 23 / 1.0
	¢ ambulate.
	place CT on water seal - open 6° / [redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAI[redacted]
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	b(6)-2

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

[redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1719 7/28/03	assumed care - pt. assessment completed skin: warm + dry, normal for race. pt alert + follows commands. Pupil 3mm bilat Perrla. Pt. has FROM in UE. Radials + Pedals +3. Heart sounds S_1 + S_2 NSR. Resp even + unlabored c̄ no distress. (L) base diminished. Abd. soft, non-tender. Urine clear c̄ Foley to gravity. Hypo BS. IV (R) Bi. Lumbar drain to gravity c̄ 15cc an hour average. drainage clear will cont to monitor. CT to gravity c̄ water seal. no drainage noted. Pt. resting well @ this time. will cont to monitor. [redacted]
b(6)-2	
2217 28July03	Transported pt via litter to XRay @ 1900. Pt. tolerated well. [redacted]
0440 29July03	VSS Pt resting well @ this time. Pt had [redacted]
7/29/0600	Assumed pt care from [redacted] @ approx 0530. Pt resting quietly in no apparent distress. Change of shift pt. DS 1/2 c̄ 20 KCl infusing @ 100cc/hr, prepared D.5 meq/kg/hr via cardis, lumbar drain intact, foley to gravity. Spo2 91% on RA. N alert appears oriented, non combative, follows commands appropriate c̄ staff. Pupils 3mm brisk. moves upper extremities c̄ difficulty, movable to move lower extremities unable to appreciate to dile stimulation of LE. CV NSR c̄ ectopy S_1S_2, +2 radial & pedal pulses bilat c̄ JVD, dependent. Maintaining MAPS 75 c̄ 15mg/kg/hr Resp breathing even & unlabored, pt placed on 2L NC per
b(6)-4	

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STANDARD FORM 600 (REV. 6-97) BACK

EPW [redacted]

MEDCOM - 15230

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
7.29/0600	Spo2 of 91/. currently @ 99/. pt denies SOB or difficult
continued	breathing. Lungs CTA, ~~[illegible]~~ ~ diminished bases.
	GI hypo BS Q N/V/D Q Bm, abd soft nontender.
	GU FTG QS clear straw colored urine
	Lines LSC [redacted] b(6)-2 b(6)-2
	No issues @ this time will continue to [redacted] ICTFW
25JUL03	Neurosurgery
0631	(5/0) Afebrile. Requiring 14 mcg/kg/min.
	Lumber drain tapered down to 0-10/hr.
	Awake, alert.
	Paraplegic status.
	Dressing d - midline wound scant CSF.
	(N/A) GSW T-Spine ~ CSF leak.
	(1) Flushed drain. Will manipulate if needed
	this Am. b(6)-2
	(2) Await WBC / Na this Am. [redacted]
	(3) Placement to NSCIC initiated [redacted] 1777
29 July 03	Surgery
	after VSS
	on 14 mcg drip. (8 mcg)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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EPCW [redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
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will ↓ dopamine
CT on ~~suction~~ H_2O seal
CPK - lung well expanded. - min output
will remove CT today
needs nutrition.
If he doesn't eat will need duotube

[redacted]

b(6) - 2 A.11

LR JR
1520

· Chest Tube
Removed
uneventfully.

[redacted]

CXR pending

b(4)-2
A11

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
04Aug03 21:32	Rec'd c/o pt @ 21:00. VS WNL per flow sheet ↑ temp 100.3. Will retake. ÷ tylenol given @ 19:00. Pt. awake and alert in bed. Skin W/D WNL PERRLA WNL LCA (B). HRRS.S2 BS (+) x4 ABD soft and non-tender. (+) PPB. FTG draining clear yellow urine. ROM exercises done ⊼ difficulty little resistance ~~met~~ met. DSD ⊼'d to (D) ↑ back x2 C/D/I dd dsg c̄ scant amt. Bloody serous, yellow drainage noted on both. HL (R) FA patent. Scant amt. watery mucous c̄ brown flecks stool noted in attends. ⊼'d new attends C/D/I ⊼ c/o pain @ this time. will cont. to mon. [redacted] DZT/AN
23:42	c/o pain ÷ Tylenol given. Will mon [redacted] DZT/AN
01:06	Pt. c/o pain in UE (B) and chest. ÷ Percocet given will cont. to mon [redacted] DZT/AN
late entry/addendum	LCA (B) ⊼ (R) mid-lobe expiratory wheeze noted [redacted] DZT/AN
02:30	Pt PROM to LE's performed LLE feels slight resistance when performing hip flexion/extension/rotation. TNP pt from back to (L) side. pt c/o ↑ pain to (L) shoulder. Repositioned pt to (R) side. pain ↓. Pt. able to assist some c̄ TNP. Temp retaken 99.1°. c/o pain in arms ÷ Percocet given. Will cont to mon [redacted] DZT/AN
04:35	TNP pt. to supine position. [redacted] DZT/A
5Aug03	0600 - Pt alert lying in bed. VSS, temp 100°. HL to (R) upper arm → patent. Drain on leg clamped. Foley intact draining clear yellow urine. Lungs CTA, HR regular, BS (+)

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

ICW 2

will cont. to monitor — [illegible]

dcs 2 A11

1000 - Complete bed bath done. Foley care done. Dsg Δd to upper back c̄ dry dsg. Some bloody oozing noticed from all wounds. Will cont to monitor — [redacted] [illegible]

5Aug03 1345

pt care assumed @ 1300, VSS temp 99.6 pt given ⅋ Tylenol per PRN orders. HL to RUE, flushes ⅋ diff lungs CTA, abd BS⊕. foley cath intact, draining cl yellow urine ⅋ diff. Drsing to ↑ back CDI. Will cont to monitor — [redacted] 91WM6

5Aug03 1600

pt moaning & crying c/o pain, tried to give pt ⅋ percocet pt refused, gave pt some H2O pt then threw the water on himself, still would not take the percocet. ⅋ percocet wasted — [redacted] 91WM6

05Aug03 21:30

Rec'd c/o pt @ 21:00. Restraints x1 ⊕ ankle. VS WNL ⅋ ↑ temp. 100.9°. Awake and alert in bed. Skin diaphoretic per sheets damp. Skin color WNL. PERRLA⊕ WNL LCA⊕. HRR S1S2. BS⊕x4 ABD soft & tender. ⊕PP⊕. HL⊕ AC patent & S/S infection. foley draining CPU & odor. C/O pain x1. ⅋ Percocet given. Will retake temp 1° p̄ percocet given. DSD Δd to ⊕ ↑ back. Old dsg c̄ scant amt yellow/brown drainage. Wounds ⊕ bloody drainage. Wound @ mL c̄ some white d/c noted. New DSD applied C/D/I. Pt. log rolled @ this time ⅋ difficulty. & further complaints. will cont. to mon. [redacted] 2Ω/AN

22:00

725 cc CPU emptied from foley [redacted] 2Ω/AN

0150

c/o pain from ABD ↑ to ~~Arms~~ Arms ⅋ Tylenol given [redacted] 2Ω/AN

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES b(6)-7 AW
6 Aug 03	0530 - Pt alert + oriented lying in bed on back. Will log roll @ 2°. HL to (R) forearm. VSS, temp 100°, lungs CTA, HR reg, BS ⊕ x4, pulses ⊕ x4, foley patent draining clear yellow urine. Will cont to monitor [redacted]
	1130 - Dsg Δd to backside. less oozing than yesterday. log rolled @ 2°. ROM carried out. [redacted]
6 Aug 03 1300	pt care assumed from previous shift. Pt lying on back @ this time, pt is to be turned @ 2°. VSS, temp 99.8 pt given ⅓ Tylenol for temp. lungs CTA, abd soft BS⊕. Foley cath intact draining cl yellow urine 3 diff. HL to RUE flushes 3 diff ⊕ s/sx of infection noted ⊖ complaints voiced @ this time. Will cont to monitor — [redacted] 9/WMC
1645	HL RUE DC'd per orders. HL dc'd intact. ⊖ c/o pain/discomfort voiced @ this time — [redacted] 9/WMC
6 Aug 03 2000-22	Recd c/o pt @ 21:00. Pt awake and alert in bed VSWR per flowsheet. PERLA⊕WNL. Skin WD. LCA⊕. BS⊕x4 hyperactive. ⊕PP⊕. Enc. IS. pt. performed IS x 10 ⅗ difficulty. c/o H/A ⅓ Tylenol given. Will cont. to mon. FTB draining CVU. DSD Δd to (L) back. dried bloody drainage

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO. EW2

EW [redacted] b(6)-4

PROGRESS NOTES
Medical Record

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USAPA V1.00

b(6)-2 Ahl

NSN 7540-00-634-4176 600-108

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
10 Aug 03 1350	pt care assumed @ 1300. VSS. pt's temp 102.1 pt given ∴ Tylenol per prn orders. pt turned to (R) side lungs CTA, abd soft nontender BS(+)x4. Foley cath intact draining ∃ diff, draining CYU. drsing to back CDI. (+) IV access. (-) complaints voiced @ this time. Will cont to monitor — [redacted] 91WM6
10 Aug 03 2257	Rec'd c/o pt @ 21:00. Pt. awake and alert in bed. Supine position. VS WNL per flowsheet. DSD's d/d to (L) ↑ back wounds well approx. and healing tissue visible. TNP to (R) side skin W/D/I. PT RRLA(+)x2 LCA(+) HRP.S.S.2. BS(+)x4 (+)PP(+). FTG ~~drainai~~ erroneous draining CYU. c/o pain to ↑ (L) shoulder ∴ Percocet given. Will cont. to mon [redacted] /AD
11 Aug 03	1150 - pt. alert & oriented lying on (L) side in bed. VSS, temp 101.4 at 0600. Given Tylenol, temp 99.6 now. Lungs CTA, BS(+)4, pulses (+)x4 Dsg d/d to upper back. Foley intact. ROM completed. Pm care carried out. Voiding (-) complaints. Will cont to monitor — [redacted]
11 Aug 03 1300	Pt stable. AAOx3. PERRLA. Mucous membranes pink, moist & intact. Neck supple, FROM. Lungs CTA bilat, (-) resp distress. NSR. Abd soft, non-tender, ~~(+)~~ bowel sounds active x4 quads. Foley intact, draining

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

[redacted]

b(6)-4

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* TCW | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDCOM - 15236

STANDARD FORM 600 (REV. 5-84)
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FIRMR (41 CFR) 201-45.505

10(a)-2 A11

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
cont'd	to (D) ↑ Back + shoulder. Old dsgs c̄ scant amt yellowish & bloody drainage. Wounds approx. c̄ sm. amt. whitish d/c. New DSD's applied to wounds. c/o pain in ↑ back ī̄ Tylenol given. will cont. to mon [redacted] DET/AN
08:30	Bisacodyl suppository given PR s̄ results p̄ 1°. [redacted] DET/AN
0800	Fleets enema given c̄ (+) results. BM med in size formed x 2. Pt cleaned up and TNP to supine pos. PROM performed. will cont. to mon [redacted] DET/AN
9 Aug 03	0515: Assumed pt. care @ 0500. VSS. lungs CTA. (+) BS x4. (+) Pulses x4. Drsng to Back CDI. Foley to gravity c̄ clear yellow urine output. (0) Complaints @ this time [redacted] gwm6
9 Aug 03 1440	assumed pt care @ 1300. pt resting in bed quietly. VSS. lungs CTA, abd soft, non-tender, BS(+) foley cath intact, draining CYU. (+) pulses x 4. (+) IV access HL noted. drsng LUB CDI. (0) complaints voiced @ this time. will cont to monitor [redacted] gwm6
9 Aug 03 22:00	Rec'd c/o pt. @ 21:00. Awake and alert in bed. Skin W/D PERRLA(+) WNL. LCA(B) HRRSS2. BS(+)x4 ABD soft/non tender (+) PP(B). TNP from (L) side to back/supine position. c/o's ~~with~~ [redacted] FTG draining CYU. Will cont. to mon [redacted] DET/AN
10 Aug 03	0945 - Pt alert & oriented lying on (L) side. AM Care & Foley Care completed. Redness to skin on (R) hip. Dsg Δ'd to wounds on upper back. Two remain open c̄ small amount of drainage. ROM done s̄ difficulty. VSS, HR reg, lungs CTA BS(+). Pulses (+) x 4. (0) pain meds required. Will cont to monitor [redacted] gwm

b(6)-7
A11

NSN 7540-00-634-4176 600-108

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11Aug03 1300 (Cont)	Clear yellow urine. Dsg x2 to back CDI. Strong pulses and brisk cap refill x 4 extremities. Pt log rolled q2°. Ø skin breakdown noted — [redacted]
11Aug 0100	Pt care assumed @2100. VSS, alert and awake, no complaints. Lung sounds clear, pulses ⊕x4, bs ⊕. Foley draining cyu to gravity w/ difficulty. Pt had rom performed and dsg Δ done w/ difficulties, being rolled q2°. Will continue to monitor. — [redacted] 9lwme
12Aug 03	1020: Pt alert & oriented lying in bed. Orange mattress placed on bed covered w/ blanket. Redness noticed to sacral area. Turned q2°. AM care completed. Foley intact draining cyu. Dsg Δ'd to two small wounds on upper back. Minimal drainage on old dsg. VSS, lungs CTA, HR reg, BS ⊕ x4, pulse ⊕ x4. ROM completed. Voiding Ø complaints. Will ~~completed~~ cont to monitor — [redacted]
12Aug 03 1300	Pt care assumed from previous shift. pt awake & alert. VSS. lungs CTA, and diminished BS ⊕x4 quads ⊕ pulses to lower ext. BUE w/ full ROM ⊕ pulses. Bring to back area CDI. pt turned per orders. Ø complaints voiced will cont to monitor — [redacted] 9lwme

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

[redacted]

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

ICW7

b(6)-2 AM

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
12 Aug 03 21:30	Rec'd c/o pt @ 21:00. NS WNL per FS x ↑ temp 101.2. Blankets removed and sheet tented over bedside table. ∴ Tylenol given temp ↓100.8 @ 2200 will mon. temp throughout night. Skin hot to touch. dry. PERRLA⊕WNL Awake and alert. LCA⊕HRRSS2. BS⊕x4. lower quads R/L ABD visibly distended and hard. ⊖ kinks in foley noted @ this time. Irrigated foley c̄ 30cc sterile NS. ⊕ results 400cc drained into bag CYU. FTG intact. ⊕PP⊕. ⊖ c/o's will cont. to mon. DSD to ⊕ ↑ back ML L/d. wounds c̄ ⊕ healing tissue ⊖ S/S infection noted. Will mon [redacted] DT/AN
0154	Pt c/o ⊖ being able to sleep. Order obtained for 50mg Benadryl PO x1 now will mon [redacted] DT/AN
0300	Pt c/o pain to ML back. ∴ Percocet given. Monitored temp throughout night. ∴ Tylenol given @ 22:00. T max @ 21:00 101.2 22:10 - 100.8° @ 22:45 - 98.9 01:00 - 100.0 0300 - 99.2 will cont. to mon [redacted] DT/AN
13 Aug 03	1115 - Pt alert & oriented lying on ⊕ side. VSS, temp 101 this AM. Gave Tylenol. Temp now 99.3. Lungs CTA, BS⊕x4, pulses ⊕x4. Had small BM. Bleeding noticed from opening of rectum. Will notify Doctor. Pt ate only small amount of breakfast stating he did not care if he ate or not. Gave milk, but pt threw it up immediately after drinking it. Voicing ⊖ complaints at this time. Will cont to monitor [redacted]

b(4)-2 AM

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
13 Aug 03 1320	Assumed pt care @ 1300. Pt awake & alert. pt turned on (L) side. (R) side red around hip area. Drains to upper back CDI. lungs CTA, abd soft BS(+). foley cath intact draining CYU 3 diff. pulses (+) x4. (-) bleeding noted from rectum area @ this time. BUE c/ROM. (-) complaints voiced @ this time. Will cont to monitor — [redacted] gwmk
21:15	Rec'd c/o pt @ 21:00. VS WNL x ↑ temp 102.2 Dr. Dixon notified CXR and UA ordered ⅊ tylenol given. Awake and alert in bed. Skin hot to touch. c/o pain to (L) shoulder. PERRLA(+) WNL. LCA(B). HRRS, S_2. BS(+) x4. ABD soft. foley cath in place ~~draing~~ draining cloudy amber urine. (+) BM soft brown stool oozing from rectum. (-) bloody drainage noted. Will cont. to mon [redacted] SKD/AN
2250	Urinalysis results obtained Dr. [redacted] notified. FTG ~~cate~~ catheter X'd. New order for Levaquin 500mg PO QD obtained per Dr. [redacted] Will cont. to mon. ↑ temp throughout shift. See flowsheet for trends. [redacted]
14 Aug 03 0149	c/o pain upper (L) shoulder ⅊ percocet given will mon [redacted] SKD/AN
Late entry:	2300 Pt had large soft-formed bowel movement [redacted]

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[redacted] b(4)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
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