

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
3/20/03	1300		Completed bed bath + turned pt to R side. Completed oral care. Washed decubitus head, (b)(6) C NS + applied silvadene. Drained JPs. Pussy drainage from JP #1. Dr. [REDACTED] aware. Pt O2 sats 99-100%. Will cont. care. [REDACTED] (b)(6)-2 (b)(6)-2
	1345		Deep suctioned pt x iii. Thick white secretions noted. BS p suction CTA. will cont. care. [REDACTED] (b)(6)-2 (b)(6)-2
1400			Pt resting comfortably. In-line suction in place. [REDACTED] waiting to go to OR for washout. Will cont. care. [REDACTED] (b)(6)-2 (b)(6)-2
1400			1/2 burndrsq. Cleaned C hibiclens & nsed C NS. Applied silvadene & covered C 4x4. Noted brownish yellow drainage from midline abd incision (portion @ belly button. Wet today) 1/2 dakin's soln to (b) plank wound. Bacitracin around all S JPs, J-tube & duodenal tube. Will cont. care. [REDACTED] (b)(6)-2 (b)(6)-2
	1800		Gave report to night shift. [REDACTED] (b)(6)-2 (b)(6)-2
1/20/03	2000		Op. N/A Problems - Abd washout Surgeon - washout / Wound Dose = 1650 cc Purdey & undrainable per formes ex washout To TUE, opn [REDACTED] (b)(6)-2
			[REDACTED] WATERS [REDACTED]

MEDICAL RECORD		NURSING NOTES (Sign all notes)
DATE	HOUR A.M. P.M.	OBSERVATIONS Include medication and treatment when indicated
		30 Aug 1800	Received Report. VSS.	(b)(6)-2 ILT/AN
2100	Patient to surgery for Abd washout.	(b)(6)-2 ILT/AW
2215	Patient returned from surgery. Positioned in bed, reconnected to monitors, restarted meds/fluids as ordered. Mid drsg intact, 5 JP drains in place. Reconnected to Vent at previous settings per physician. NGT to US. Will restart tube feeds @ 60 and ↑ 10cc/p to goal of 125cc/h.	(b)(6)-2
2300	Foley care done. Noted small amt of bleeding from urethra.	ILT/AN (b)(6)-2
2345	Suctioning of trach, thick greenish/yellowish secretions. Cleaned trach. Resuctioned more thick greenish secretions. Suctions white frothy secretions from mouth.	(b)(6)-2 ILT/A
0015	SBP ↓ to 80's. Propofol ↓ to 90mcg/kg/min. HR @ 110's. Will continue to monitor	(b)(6)-2
0030	SBP remains in 80's. Propofol gtt turned off. Fentanyl gtt remains @ 150mcg/hr. Will monitor	(b)(6)-2
0100	SBP ↑ to 105/57. Propofol restarted @ 50mcg/kg/min and fentanyl ↓ to 125mcg/hr. PR remains 16-20. SpO ₂ 97-98% on 40% FiO ₂ . Will cont. to monitor	(b)(6)-2
0130	SBP ↓ to low 90's. Propofol ↓ to 40mcg/kg/min and fentanyl ↓ to 100mcg/hr	(b)(6)-2
0330	CBC, Chem 12, Lopes, and ABG drawn via A-line and sent to lab	(b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES

Medical Record

(b)(6)-4

MEDCOM - 16642

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
31 JUL 03	1630		Wear pt off vent if possible. Possibly d/c X line Will cont care. [REDACTED] (b)(6)-2
	1800		Gave report to night shift. [REDACTED] (b)(6)-2
	1800		Report received from day shift. Pt laying in bed, blinking eyes, moving head back and forth. VSS. [REDACTED] (b)(6)-2
	2200		Drgs changed to wounds. Burn drsg to (P) chest d'd per protocol. Drgs d'd to (B)E using burn protocol. Trach care, forey care, oral care complete. Bacitracin applied to tube insertion sites and cleansed c ns. Drgs applied. (P) flank wound packed c Da gauze soaked in Dakin's sox. Pt suctioned large amount yellow drng obtained. Pt turned to side. [REDACTED] (b)(6)-2
	0200		Colostomy leaking. Colostomy bag and wafer changed. Midline abd incision cleansed c betadine. Drsg to (P) flank wound d'd. HR 110's, SBP ↑ to 160's. Will monitor [REDACTED] (b)(6)-2
	0300		Pt suctioned x 3. large amount yellow secretions obtained. SpO2 100%, RR 30's, SBP 170's and peak pressures 40's following suctioning. Pt given 80mg propofol IVP. SBP ↓ to 110's, HR ↓ to 100's, peak pressures ↓ to 20's. Will monitor [REDACTED] (b)(6)-2
	0320		CBC, Chem, 12+8, ABG drawn via A line and sent to lab [REDACTED] (b)(6)-2
	0400		ABG - 7.33/34/93/22/-3/97% [REDACTED]

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
31 AUG 03	0800-1100		cont'd... midabdominal incision. Elevated (BUE + BIE) on blankets for edema. Turned pt onto (b)(6)-2 side. Suctioned pt mouth + around trach. Pt tol well. Will cont care [REDACTED]
	1044		Peak pressure 47. RR 30s. Deep suctioned pt x iii. Thick white secretion + blood mucus clots noted. Peak pressure ↓ 31. Will cont care. [REDACTED] (b)(6)-2
	1140		Pt moving head + (b)(6) arm. Pt open eyes to translator's voice, however, pt sluggish. Unable to squeeze my hand. RR 10s/20s when rested. HR ↑ 110s-120s. O ₂ sat 99-100%. Translator explained trach & vent to pt. Unable to assess if pt understands. Will cont care. [REDACTED] (b)(6)-1
	1200		Pt peak pressure. 31. Suctioned pt x iii. Thick white secretions noted. Peak pressure ↓ 26. Pt O ₂ sats 99-100% throughout. Pt resting @ this time. Will cont. care [REDACTED] (b)(6)-2
	1530		Pt moving all 4 ext. slowly, blinking both eyes, and moving head side to side. Got translator. Pt unable to follow commands. Will cont to monitor. [REDACTED] (b)(6)-2
	1630		Dr. [REDACTED] + Dr. [REDACTED] to see pt. No new orders written. Plan: Turn off ventilator tomorrow. (b)(6)-2 [REDACTED] (b)(6)-2

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REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES

Medical Record

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
31 Aug 03	0000		Report given to LT [REDACTED] (b)(6)-2
31 Aug 03	0600		Received report from LT [REDACTED] (b)(6)-2 Pt resting in bed. HOB ↑ 30°. NGT to LIS. XII IV lines intact. Pt blinking eyes but still sluggish. XII 5 JP drains, J-tube, duodenal tube intact. (R) colostomy has small amt semiformed stool. (B)UE + (B)LE elevated due to edema. Ventilator simi 16, 5, 80%, 40% FiO ₂ O ₂ sats 100%. Viewed labs K ⁺ 4.1, BUN 15, Cr 1.5, WBC 20.7, pt 1050, H+H 29.6, 9.4. ABG 7.415, 30.8, 84, 20, 97%, base -5. Will notify Dr. [REDACTED] (b)(6)-2 of abnormal results. Will cont care [REDACTED] (b)(6)-2 101a
	0625		Attempting to wean pt from vent. ↓ propofol rate to 20 mg/kg/min. Will cont. to assess pt. [REDACTED] (b)(6)-2 101a
0800-1030			Completed bed bath + Foley care. Noted bleeding from Foley tube. Suspect damage to urethral wall. bleeding stopped. A'd (R) shoulder burn drsg + (B)LE drsg + head (decub) drsg. Washed in hibiclens + rinsed in NS. Applied silvadene & covered in gauze. Wrapped (B)LE in kerlex. A'd drsg on midabd + (R)Frank wet to dry in 1/4 strength Dakin's soln. Noted small amt pussy drainage around JP#1. Applied bacitracin to midabd incision, all 5 JP tubes, J-tube, + duodenal drain. Covered in 4x4 & used cloth tape. Noted serosanguinous drainage on lower cont [REDACTED]

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
01 Sept 03 0600			Received report from H [REDACTED] XII IV lines intact. 3-lumen + cordis flush well. Discuss A-line & line in Dr. [REDACTED] Midline abd + (R) plant wound drsg C, D, I. JP #5 = 10cc's. JP #1 has pussy drainage. Dr. [REDACTED] aware. Trach in place. Vented SIMV 16, 80%, 5, 40%. FiO ₂ , peep 26. XII drsgs C, D, I. W, II cont. care. [REDACTED] ULTA [REDACTED]
0700			Pt BP ↑ ^{160/84} / 84. Peak pressure 140 HR 110. Deep suctioned pt x iii. Large amt white sputum noted. Pt BP maintained ^{160/85} / 85. Peak pressure ↓ 31. Will cont. to monitor. [REDACTED] (b)(6)-2 21-110
0710			Gave 80mg propofol IVP for tbd BP. Pt not responding. BP ↑ ^{170/85} / 85. Dr. [REDACTED] aware. Gave labetalol 20mg IVP due to pressures ^{180/95} / 95. Deep suctioned pt x iii. Large amt + thick white sputum noted. Peak pressures mid 20's. Dr. [REDACTED] viewed labs. K+ 3.0. Ordered 20mg KCl run over 2°. H+H 9.2, 28.9, WBC 14.8 ↓ from yesterday. Will cont to monitor BP, HR, + respirations. [REDACTED] (b)(6)-2 1/27/03
0830			Dr. [REDACTED] ordered pm labetalol for pt SBP > 170 mmhg. [REDACTED] (b)(6)-2 1/27/03
0915			BP ↑ ¹⁷⁰ / 95. ↑ propofol rate to 30mg/kg/min. Will cont to monitor. [REDACTED] (b)(6)-2 1/27/03
0930-1130			Completed bed bath + foley care. Noted some bleeding from penis however cont'd. [REDACTED] (b)(6)-2 1/27/03

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated.
	A.M.	P.M.	
01 Sept 03	0930-1100		<p>blond clots easily. A'd colostomy to interable bags. Pt stool liquidy brown/yellowish. A'd burn drsgs (R) shoulder, back of neck, (B) LE Cleared c hibicen + rinsed c NS. Applied silvadene. Applied bacitracin to all 5 JP tubes to bulb suction, T-tube + duodenal tube + midline abd incision. Wet to dry drsg c 1/4 strength dakin's on (R) flank wound. Noted redness around all 5 JP tubes, T-tube, + duodenal drain. Used cloth tape to secure drsgs. Pt tol drsgs well. BP 130/85, HR 100s. O₂ sats 99-100%. Throughout. Suctioned pt x ii Deep suction. Thick white secretions noted. Completed mouth care. Turned pt onto (R) side. Will cont. care. [REDACTED]</p> <p>1210 Pt BP 105/80, peak pressure 44. Suctioned pt x ii. Thick white secretions noted. Gave 50mg propofol IV P. Will cont to monitor. [REDACTED] (b)(6)-2</p> <p>1254 Suctioned pt x ii. Same secretion noted. [REDACTED] (b)(6)-2</p> <p>1424 Deep suctioned pt x iii. Peak pressure ↓ from 40 to 31. Will cont. care. [REDACTED] (b)(6)-2</p> <p>1544 Completed trach care + deep suctioned pt x iii. Will cont. care. [REDACTED] (b)(6)-2</p> <p>1600 Pt temp ↑ 101.4. Gave antipyretic (A) NST. Will monitor. [REDACTED] (b)(6)-2</p>

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REGISTER NO.

WARD NO.

(b)(6)-4

NURSING NOTES

Medical Record

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR	OBSERVATIONS Include medication and treatment when indicated	
		A.M.	P.M.
11 Sept 03	1700	Pt temp ↑ 101.4, Will cont to monitor. Set up for central line + A-line D. Will cont care. (b)(6)-2 [REDACTED]	
	1800	Pt temp slightly ↓ 101.5. Gave report to night shift. (b)(6)-2 [REDACTED]	
12 Sept 03	2030	Pt cont. ↑ Temp 101.3 given 650mg of Tylenol via NGT & flushed w H2O. Pt suctioned once by staff x ii & once by RT x iii for thick white secretions. Will cont to monitor. (b)(6)-2 [REDACTED]	
23 Sep 03	0400	Pt's Propofol 1306cc/hr (60mg/kg) @ 2100 per Dr [REDACTED] for line placement then 1 to 35.7cc/hr (743mg/kg) @ 0400 for agitation & ABP. New triple lumen central line to QSC, all lines replaced & old central lines cultured. New A-line placed in R radial. Cont to monitor. (b)(6)-2 [REDACTED]	
25 Sep 03	0846	T-101.3, ABP 160/70s, RR 27-35, Sats 99% on Following vent settings: TV-400, R-16, SIMV, FiO ₂ -40%, Peep - 5. Lung sounds coarse throughout. PT Track suctioned x 4. Suctioned moderate amount of thick yellow secretions. (b)(6)-2 [REDACTED] Lung sounds slightly coarse in R upper lobes otherwise CTA & suction. Track intact. Dressings near R axilla, Mid-abdomen, R flank, & BLE dcl I. A-line zeroed and leveled, waveform sharp. JPs x 5 intact. Draining small amounts (b)(6)-2 [REDACTED]	

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

REGISTER NO.
(b)(6)-2

WARD NO. (Cont'd)

NURSING NOTES
(b)(6)-2
Medical Record

(b)(6)-4

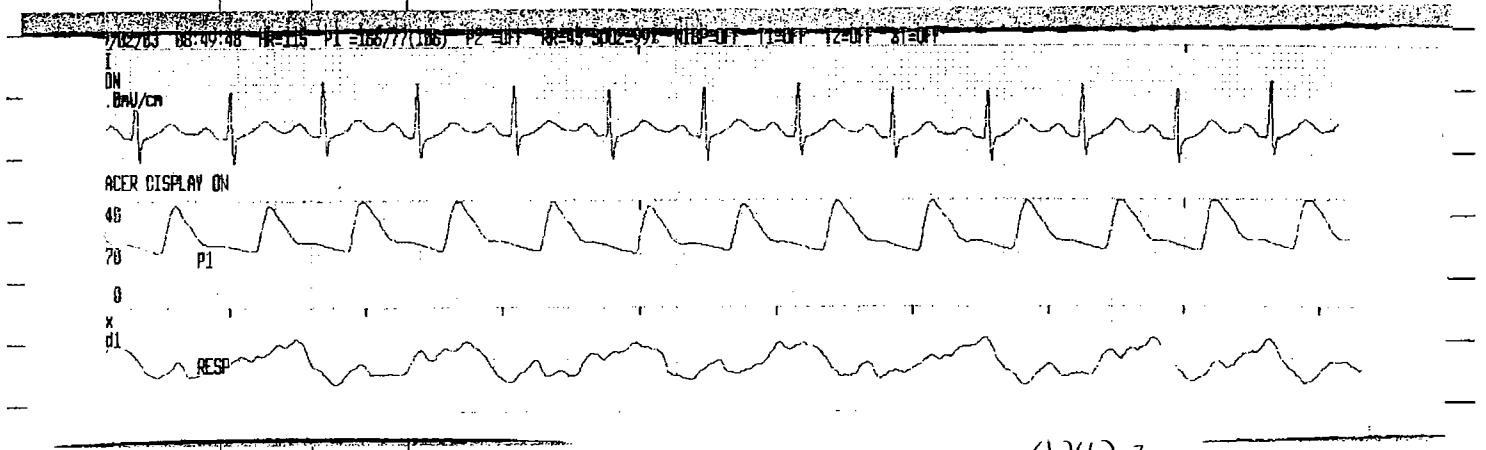
MEDCOM - 16648

(b)(6)-4

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
25 Sep 03 0848			(Cont'd.) of serous drainage. Receiving TF to Duodenal juice @ 80cc/hr via T-tube. Colostomy intact, draining moderate amount of liquid BM. Duodenal tube to gravity. Receiving Propofol @ 70mcg/kg/min (concentration is 10mg/ml), Fentanyl @ 100mcg/hr (concentration is 500mcg/100ml), and 05 1/2 NS & 20meq KCl @ 30ml/hr. No distress noted at this time. ^{(b)(6)-2} ^{(b)(6)-2} ^{(b)(6)-2} Labs shown to Drs. [REDACTED] + [REDACTED]. Pt started on 40meq KCl infusion @ 0747. Will continue to monitor.



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

(Cont'd)

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3 Sep 03	Nursing Cont'd: noted on distal portion of		
1410	Mid-line abdominal incision. Pt tolerated procedure w/ distress.		
3 Sep 03	Nursing: Respirations labored, [REDACTED] (b)(6)-2		
1644	(b)(6)-2 1644		
3 Sep 03	Late Entry Note for 1300: SBP 100/50, Propofol & 50mcg/kg/min and Fentanyl ↓ to 75 mcg/hr. BP ↑ 130s/60s @ 1400. (b)(6)-2 [REDACTED] 97%		
3 Sep 03	Nursing: RR - 36, breathing labored, Sats 95% on (b)(6)-2 (b)(6)-2 1650 went. Pt suctioned x 4 via trach. Sats ↑ 97%. Propofol ↑ back to 70 mcg/kg/min and Fentanyl ↑ back to 100 mcg/hr. Will continue to monitor. (b)(6)-2 [REDACTED] 97% (b)(6)-2		
3 Sep 03	Nursing: Sats 97%, RR 22. Breathing regular & unlabored. (b)(6)-2 1715 Will continue to monitor. [REDACTED] 97% (b)(6)-2		
1800	Report received from day shift. Pt suctioned x 3. Obtained moderate amount thick yellow secretions. SpO2 remains 98-99%. Bronchi cleared following suctioning. (b)(6)-2 [REDACTED] 97% (b)(6)-2		
2230	Drsg A's complete. Oral care, trach care, and eye care complete. (b)(6)-2 (b) Chest burn drsg ↓'d per protocol. Wound appears white w/ minimal bloody drng. Midline abd incision w/ sutures intact. Wound approximated. Redness noted to site. Pendleish/brown liquid (cont.)		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

REGISTER NO.

WARD NO.

(b)(6)-4

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

DATE

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

2230 cont. drng noted to side. (R) flank wound irrigated w/ NS and repacked w/ Dakins soaked gauze. Wound appears beefy red w/ some white exudate (?) tissue noted. (L) Tube insertion sites cleansed w/ NS and bacitracin applied. Wounds appear red w/ yellow exudate noted. Wounds to (B) LUS appear white/yellow in color w/ active bleeding noted to wound edges. Pt turned to (R) side. Heels are elevated off bed.

(b)(6)-2
2250 Updated Dr [REDACTED] on pt wounds. Plan for possible CT in AM. [REDACTED]

2315 Pt suctioned. Moderate amount thick yellow/white secretions obtained. SpO₂ ↓ to 97% w/ PIP @ 30-33 prior to suctioning. SpO₂ ↑ to 99% w/ PIP ↓ to 27-29 following suctioning. [REDACTED] (b)(6)-2 [REDACTED]

04 Sep 03.

0015 Pt turned to (L) side, head repositioned. Distal & medial port of central line flushed easily w/ positive blood return. SBP ↓ to 89-93 w/ MAPs 60-62 mmHg. Propofol gtt turned off. Will cont. to monitor [REDACTED] (b)(6)-2

0040 SBP ↑ to 103-107 mmHg. MAP ↑ to 68-71 mmHg. Propofol restarted @ 30mcg/kg/min. Will cont. to monitor [REDACTED] (b)(6)-2

0055 SBP holding in 101-108 mmHg w/ Map ~ 69mmHg. RR 24-25 BPM w/ PIP @ 27 cmH₂O. HR 95-96. Will remain [REDACTED] (b)(6)-2 @ current rate and cont. to monitor pt response [REDACTED]

0120 SBP to 140's. HR ↑ to 104-105. PIP ↑ to 35-40 cmH₂O.

Propofol gtt ↑ to 50mcg/kg/min. SBP ↓ to low 100's, HR ↓ to 90's. PIP ↓ to 27-29 cmH₂O. Will monitor. A-line drsg d'd. [REDACTED] (b)(6)-2

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14 Sept 03 0001	Pt. resting in bed & discomfort. ROM neck & fetley care completed @ present time. Pt. deep suctioned per LT [REDACTED] Drsg A complete @ 2341. SpO ₂ 100% @ present time. Will continue to monitor for any S/SX of infection. [REDACTED]
0205	Resting in bed & discomfort noted @ present time. Suctioned per order. Thick white secretion return noted. Will continue to monitor. [REDACTED]
0439	Resting in bed & diuresis noted. VSS. Will continue to monitor for S/SX of infection. [REDACTED]
0533	Lab work returned. X-Rays complete. RSS will monitor. [REDACTED]
0615	Report received from SGT [REDACTED] at RSS, no significant changes in condition over night. SaO ₂ @ 94%, will address with RT. Nat 153 per AM lab results, will notify MD. [REDACTED] 91wmb
0749	at 3 G-tube became occluded @ 0700. Attempted to flush w/ sterile water and was unsuccessful. After approx 35 mins of attempting to flush tube & no success a guide wire was used to "snake tube". Tube was then successfully flushed. [REDACTED] 91wmb
0820	Dr. [REDACTED] in to do ABD drsg change. Wound was noted to be beefy red, q/s/s of infection. MD also notified of increased NAT value from AM labs. Order for NSW@ to 50cc/hr written. [REDACTED]
1000	Drugs to BLE, Q shoulder, and back of head changed. All sites healing well. [REDACTED]

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
13 Sep 1000	pt dressing A completed by doctor [REDACTED] (b)(6)-2 See note for details dressing A to (B) shoulder and (B) lower extremity, burns complete pt VSS no signs of acute distress noted will continue to monitor throughout day [REDACTED] PFC 9A (b)(6)-2
13 Sep 1200	pt resting comfortably in bed. Rom exercises done. [REDACTED] (b)(6)-2 91WMC
13 Sep 1400	pt VSS, afebrile, vop adequate [REDACTED] (b)(6)-2 91WMC
13 Sep 1600	pt VSS, Trach care done [REDACTED] (b)(6)-2 91WMC
13 Sep 1800	pt VSS, Report given to Night Shift [REDACTED] (b)(6)-2
13 Sept 03 1822	Received report from Dr. [REDACTED] Pt. resting in bed s discomfort noted @ present time. Will continue to monitor for S/S of distress. [REDACTED] (b)(6)-2
1900	Deep suction performed. Thick white secretions noted @ time. Also thick white secretions noted from productive cough. Will continue to monitor. [REDACTED] (b)(6)-2
2047	Resting in bed eyes opened. B discomfort noted @ present time. Attempted mouth care. Pt refused to open mouth, will attempt again @ a later time. [REDACTED] (b)(6)-2
2210	B distress noted @ present time. Will continue to monitor. [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.
ICU3

EPN [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

USAPA V2.00

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPOMTS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14 Sep 03	pt laying in bed VSS, afebrile. Trach suction done. Thick white secretions obtained
1200	SaO₂ 95% on 24% FiO₂ via Trach collar -
1400	pt laying on left side VSS — (b)(6)-2
1600	Rom exercises performed at this time. Facial grimacing noted when exercising pt's RLE- (b)(6)-2
1700	PT laying on Q side VSS — (b)(6)-2
1800	Report given to SGT (b)(6)-2 (b)(6)-2
1813 14 Sept 03	Received report from Spc. [REDACTED] POD 911 of distress noted @ present time Temp 100.4 Skin warm, dry to touch. PERRL + pedal + radial pulse Olaternal to Q4 extremities. Drsg intact, I V intact w/infiltration. Will continue to monitor. (b)(6)-2
2053	Drsg A completed @ this time. A distress noted. Will continue to monitor. (b)(6)-2
2140	Trach care completed @ present time. Pt tolerated procedure well. Will continue to monitor. (b)(6)-2
2317	Resting in bed eyes closed. A distress noted. Will continue to monitor. (b)(6)-2

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

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

REGISTER NO.

WARD NO.
ICU3

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

USAPA V2.00

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

T.A.C #1

MEDCOM - 16654

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION, (Sign each entry)
15 Sept 03	Resting in bed w/ eyes closed. No distress noted.
0101	Will continue to monitor. [REDACTED]
0316	Pt. Deep suctioned @ present time. SpO ₂ 95%. (b)(6)-2 Chick white secretion brought forward. No distress noted @ present time. Will continue to monitor. [REDACTED]
0555	Resting in bed No distress. Will cont. to monitor. [REDACTED] (b)(6)-2
15 Sept 03 (0600Z)	Received report from previous shift. Pt awake in bed w/ S/S of discomfort. Pt humidified TC in place @ 24%. FiO ₂ . O ₂ sats 94%. Pt in 2 point wrist soft restraints. Cap refill <3 sec in Blue. (b)(6)-2
03 06:29:41	HR=103 P1=OFF P2=OFF RR=29 SpO ₂ =94% NIBP=OFF T1=OFF T2=OFF AT=OFF
ECG	[ECG Traces: ECG, SpO ₂ , RESP]
DISPLAY ON	[ECG Traces: ECG, SpO ₂ , RESP]
SpO ₂	[ECG Traces: ECG, SpO ₂ , RESP]
RESP	[ECG Traces: ECG, SpO ₂ , RESP]
2bx, mso4 gtt@5mg/hr, DSW@50cc/hr, + Jevity@100cc/hr infusing. Will cont care. [REDACTED] (b)(6)-2	
0645	Deep suctioned pt x 3. Large amt. copious white-tinged sputum noted. O ₂ sats remain 94%. RR ↑ 30. Will cont. to monitor. [REDACTED] (b)(6)-2
0720-	Completed bed bath. 1'd burn drsg (R) shoulder, blister wound (B) LE, + head decub. washed all areas w/ Hibiclens + rinsed w/ NS. Applied Silvadene to (R) shoulder burn. Applied cont'd.. [REDACTED] (b)(6)-2
0910	

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

17NOV03

Brief O Note

Pre-op Dx = open wound RLE

Post op Dx = SHT

Indication = 5x4cm wound at RLE

for long period

Surgery = [REDACTED] (b)(6)-2

Anesthesia = GETA

ERL = minimal

Fluids = 1600cc LR

Pain = Ø

Specimens = Ø

Complications = Ø

Findings/Procedure = healthy granulation bed
with 4x5cm SHT placed to chronic
picture. Dressing in place for 3-5 days

(b)(6)-2

(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.

(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

SEC. 1 - PATIENT ASSESSMENT - REVIEW OF SYS.

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

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

SECTION III - PATIENT INTERVENTIONS & 1							
N E U R O S C U L A R R	SITE:	TIME:					
	COLOR						
	CAPILLARY REFILL						
	TEMPERATURE						
	EDEMA						
	SENSATION						
	MOTION						
	PASSIVE FLEXION						
PERIPHERAL PULSE							
LEGEND							
Color: P-pink (normal); C-cyanotic; W-pale, white							
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)							
Temperature: C-cool; W-warm; H-hot							
Edema: 0-none; 1-mild; 2-moderate; 3-severe; 4-pitting							
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)							
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM							
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; O-no pain							
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable							
D I E T	BREAKFAST		LUNCH			DINNER	
	TYPE:		TYPE:			TYPE:	
	PERCENT CONSUMED:		PERCENT CONSUMED:			PERCENT CONSUMED:	
	HOW TOLERATED:		HOW TOLERATED:			HOW TOLERATED:	
	<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE		<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE			<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	
			0700-1500			1500-2300	
	BATH/ORAL CARE		<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL			<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	
	TYPE OF ACTIVITY (Circle all that apply)		BEDREST <input type="checkbox"/> SELF AMBULATE <input type="checkbox"/> ASSIST BSC <input checked="" type="checkbox"/> BRP <input checked="" type="checkbox"/> walker TIMES/SHIFT			BEDREST <input type="checkbox"/> SELF AMBULATE <input type="checkbox"/> ASSIST BSC <input type="checkbox"/> BRP # TIMES/SHIFT	
A D L S	TIME: 1800 INITIALS: [REDACTED]		TIME: 1900 INITIALS: [REDACTED]		TIME: [REDACTED] INITIALS: [REDACTED]		
	CONTENT: (b)(6)-2		CONTENT: (b)(6)-2		CONTENT:		
	P/M OF CARE		Call for assist Not topical at bandages/tubes Void tourinal				
	<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input checked="" type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		
	PATIENT IDENTIFICATION				SIGNATURE	SHIFT	
	EPW [REDACTED] (b)(6)-4				[REDACTED]	[REDACTED]	
	(b)(6)-2				[REDACTED]	[REDACTED]	

SECTION III - INTERVENTIONS & TEACHING (Cont)

W O U N D C A R E	T I M E	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
0	0	Abd Wound track Dsg	DSG, CP + I granul	AS
0	0	Burn dsg Shoulder Bunkles	CD + I	

SECTION IV - NOTES

7 Oct 03 1805 pt admitted ICU. Stable - amb
C walker. NKA. (b)(6)-2 [REDACTED]

7 Oct 03 1900 Pt. awake and alert. Oct 10, pain at
this time. Ostomy bag leaking to abd wound.
Ostomy bag Dis. and wound cleaned. S stool
in wound to abd. W⁺ D to granulation bed.
Xeroform & dry gauze to graft site. Burns to
Axillary region - Silverdene cream and
4x4 applied. JP x2 intact drainage yellow, &
blood noted. Pt voiding to urinal. Stoma intact
& levity @ 100cc/hr. (b)(6)-2 [REDACTED]

SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

	TIME: <u>1000</u> INITIALS: <u>(b)(6) Z</u>	TIME: INITIALS:	TIME: INITIALS:
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input type="checkbox"/> Ostomy pink, passing liquid brown stool. BS active x4. JPY 2 to RUQ & clear yellow drainage.	<input type="checkbox"/>	<input type="checkbox"/>
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input type="checkbox"/> Incontinent @ times.	<input type="checkbox"/>	<input type="checkbox"/>
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input type="checkbox"/> Generalized weakness. Ambulates & assist.	<input type="checkbox"/>	<input type="checkbox"/>
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input type="checkbox"/> Central abdominal wound, Burns to RUE, abdomen RUQ, JPY 2 RUQ	<input type="checkbox"/>	<input type="checkbox"/>
8. PAIN: No complaints of pain/ discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)			
TIME: <u>0800</u> INITIALS: <u>(b)(6)</u>	TIME: <u>✓ 8</u> INITIALS: <u>PRN</u>	TIME: <u>✓</u> INITIALS: <u>hr:</u>	TIME: <u>✓</u> INITIALS: <u>hr:</u>
IV patency ✓ q 8 hr: <u>PRN</u>	IV patency ✓ q _____ hr: _____	IV site care provided: _____	IV site care provided: _____
IV site care provided: <u>assessed</u>	IV tubing changed: _____	IV tubing changed: _____	IV tubing changed: _____
IV tubing changed: _____	LOCATION: <u>FA</u> CONDITION: <u>OK</u>	LOCATION: _____ CONDITION: _____	LOCATION: _____ CONDITION: _____
IV Site #1: <u>FA</u> IV Site #2: _____	IV Site #1: _____	IV Site #2: _____	IV Site #1: _____
Comments: <u>HC</u>	Comments: _____	Comments: _____	Comments: _____
	MEDCOM - 16662		

SECTION III - PATIENT INTERVENTIONS & TEACHING											
N E U R O V A S C U L A R I T	SITE:	RUE	TIME:	1000							
	COLOR	P	TIME:	P							
	CAPILLARY REFILL	I									
	TEMPERATURE	W									
	EDEMA	O									
	SENSATION	S									
	MOTION	M									
	PASSIVE FLEXION	G									
PERIPHERAL PULSE	2+										
LEGEND											
Color: P-pink (normal); C-cyanotic; W-pale, white											
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)											
Temperature: C-cool; W-warm; H-hot											
Edema: O-none; 1-mild; 2-moderate; 3-severe; 4-pitting											
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)											
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM											
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; O-no pain											
Peripheral Pulse: O-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable											
O T H E R	TIME:	P									
	ID band visible/legible	(b)(6)-2									
	Orient to environment prn	(b)(6)-2									
	Side rails (2/4) up	N/A									
	Bed position low										
	Call light within reach										
	Review & post lab results										
	Notify MD abnormal labs										
D I E T	Incontinent urine/stool	(b)(6)-2									
	Linen change prn	(b)(6)-2									
	Turn/reposition q2h	(b)(6)-2									
	ROM q2h if immobile	N/A									
	Antiembolic hose										
BREAKFAST											
LUNCH											
DINNER											
TYPE:	Regular			TYPE:				TYPE:			
PERCENT CONSUMED:	100%			PERCENT CONSUMED:				PERCENT CONSUMED:			
HOW TOLERATED:	well			HOW TOLERATED:				HOW TOLERATED:			
<input checked="" type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE				<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE				<input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE			
0700-1500				1500-2300				2300-0700			
BATH/ORAL CARE		<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL
TYPE OF ACTIVITY (Circle all that apply)		BEDREST	<input type="checkbox"/> SELF	AMBULATE	<input checked="" type="checkbox"/> ASSIST	BEDREST	<input type="checkbox"/> SELF	AMBULATE	<input type="checkbox"/> ASSIST	BEDREST	<input type="checkbox"/> SELF
		AMBULATE	<input checked="" type="checkbox"/> ASSIST	BSC	# TIMES/SHIFT	AMBULATE	<input type="checkbox"/> ASSIST	BSC	# TIMES/SHIFT	AMBULATE	<input type="checkbox"/> ASSIST
		BSC	# TIMES/SHIFT	BRP	# TIMES/SHIFT	BRP	# TIMES/SHIFT	BRP	# TIMES/SHIFT	BRP	# TIMES/SHIFT
		BRP	# TIMES/SHIFT	CHAIR		CHAIR		CHAIR		CHAIR	
TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:
T E A C H I N G	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:	CONTENT:
	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding	<input type="checkbox"/> Patient/Family Verbalizes Understanding
PATIENT IDENTIFICATION				INITIALS	(b)(6)-2	SIGNATURE		SHIFT			
EPW [REDACTED]				[REDACTED]	(b)(6)-2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
(b)(6)-4											
MEDCOM - 16663											

SECTION III - INTERVENTIONS & TEACHING (Cont)

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

SECTION IV - NOTES

1000: Central ABD wound has pink granulation tissue on circumference wound. Skin graft site to middle of wound pink. Purulent drainage noted on dressing and on wound when dressing is done. ~~Q otter noted~~ ^{(b)(6)-2} foul odor noted. Bi-nito RUE cleaned w/ sterile H₂O and silvadene applied. Green purulent drainage noted. MD informed. Q new orders 2^o pt. HX of abx resistance. Will cont. to monitor. ^{107AM}
 (b)(6)-2

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD				PROGRESS NOTES				
				<i>S/P GPWT AHD:</i>				
Admission Date:				Diagnosis: <i>S/P GPWT AHD:</i>				
Skin assessment must be done initially and every 7 days.								
Braden Scale Evaluation (See Braden Evaluation Table for Details)								
Sensory Perception No impairment Slightly limited Very limited 2 Completed 1		4 3 2 1	Mobility No limitations Slightly limited Very limited Completely immobile 4 3 2 1		4 3 2 1	Nutrition Excellent Adequate (Eats >50%) Adequate (Rarely eats) Very poor 4 3 2 1		
Moisture Rarely moist Occasionally moist Moist 2 Constantly moist 1		4 3 2 1	Friction and Shear No apparent problem Potential problems Problems 3 2 1		3 2 1			
Activity Walks frequently Walks occasionally Chairfast Bedfast 4 3 2 1		3 2 1			3 2 1			
<i>Add the total score</i> Total Score: 16								
Above 20		Low Risk						
Between 16 and 20		Medium Risk						
Between 11 and 15		High Risk						
Below 10		Very High Risk						
Note: A Braden Scale Score of less than 15 indicates HIGH RISK requires immediate Ulcer Prevention program.								
Surgical wound (s): Yes <input checked="" type="checkbox"/> No _____ Location: <i>Abdomen</i> Size: _____ Drainage: <i>3 & P4</i> Tubes: _____ Pins: _____ Appearance: _____ Dressing change: _____								
Burn wound (s): Yes <input checked="" type="checkbox"/> No _____ % BSA _____ Partial _____ Full _____ Location: <i>inner (R) arm</i> Size _____ Appearance: _____ Dressing change: <i>BID</i>								
Pressure Ulcer (s): Yes _____ No _____ Stage I, II, III, IV (Circle the one that applies and describe below) Location: _____ Size: _____ Wound character: Pink _____ Moist <input checked="" type="checkbox"/> Dry _____ Granulation tissue _____ Yellow slough <input checked="" type="checkbox"/> Tunneling _____ Undermining _____ Odor _____ Purulent discharge _____ Eschar _____ Exudates _____ Type of dressing change: Wet-to-dry <input checked="" type="checkbox"/> Comfeel dressing _____ Carrasyn-V Gel _____ Alginate _____								
Physician notified/consulted for wound debridement: Yes <input checked="" type="checkbox"/> No _____ Date/time MD notified _____ CNS notified/consulted for Stage II and greater: Yes _____ No _____ Nutrition Referral: Yes _____ No _____ Physical Therapy Referral: Yes <input checked="" type="checkbox"/> No _____ Action taken: _____ Date & Time _____								
				REGISTI	WARD NO. <i>1</i>			

MEDICAL RECORD		PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT		
For use of this form, see AR 40-66; the proponent is The Office of the Surgeon General.				
1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <i>NKA</i>			
	3. PREVIOUS SURGERY [] NO <input checked="" type="checkbox"/> YES (type): <i>H+P</i>			
4. PROPOSED SURGICAL PROCEDURE: <i>Abdominal Lavage</i>				
5. ADDITIONAL INFORMATION: Last PO: Jewelry removed: yes/no Family waiting: yes/no <i>NIA</i>		Medical Hx: <i>H+P</i>	Implants: <input checked="" type="checkbox"/>	Medications: <i>clorant</i>
6. PATIENT PROBLEMS AND NEEDS		7. PATIENT GOALS AND EXPECTED OUTCOMES		8. OR NURSING INTERVENTIONS
<p>A. PSYCHOSOCIAL <u>Potential for anxiety</u> <u>related to traumatic injury;</u> <u>language barrier; family</u> <u>separation; surgical environment</u> </p>		<ul style="list-style-type: none"> o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture. 		<ul style="list-style-type: none"> 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.
<p>B. AERATION <u>Potential for respiratory dysfunction due to sedation; positioning; injury</u></p>		<ul style="list-style-type: none"> o PT. will be able to breathe without difficulty during immediate intra-operative phase. 		<ul style="list-style-type: none"> 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
<p>C. INTEGUMENT <u>Potential impairment of skin integrity due to bovic pad; position; fluid shift</u></p>		<ul style="list-style-type: none"> o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas). 		<ul style="list-style-type: none"> 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) <i>[REDACTED] (b)(6)-4 I CUI</i>				

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION <u>Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery</u>	<input checked="" type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	<ul style="list-style-type: none"> <input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors. <input checked="" type="checkbox"/> Check that safety straps are correctly applied. <input type="checkbox"/> Offer pillow for under knees. <input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion. <input checked="" type="checkbox"/> Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. <u>Potential impairment of mobility due to sedation; pain; injury</u> E.2. <u>Potential discomfort due to injury; pain</u>	<input checked="" type="checkbox"/> Pt. will be transferred to OR table without difficulty. <input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.	<ul style="list-style-type: none"> <input type="checkbox"/> Have sufficient people available for transfer. <input type="checkbox"/> Insure proper body alignment. <input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input type="checkbox"/> Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. <u>Diminished visual perception due to being injury; sedation</u> F.2. <u>Potential for decreased communication due to language barrier; sedation Iraq</u> F.3. <u>Potential injury due to dentures</u>	<input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction. <input type="checkbox"/> Pt. will be transferred safely to OR table. <input type="checkbox"/> Pt. will be able to understand instructions. <input type="checkbox"/> Minimize danger of injury during intraop period.	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening. <input type="checkbox"/> Inform pt. in which direction to move and assist if necessary. <input type="checkbox"/> Speak clearly and slowly. <input type="checkbox"/> Address pt. from <u>right</u> side. <input type="checkbox"/> Validate pt.'s understanding of verbal communications. <input type="checkbox"/> Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

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

(b)(6)-2

OPTIAN

DATE

11. POSTOPERATIVE EVALUATION:

Bovie site: clear (bovie not used)

Drsg: cldfi

Breathing: intubated

12. PREOPERTIVE EVALUATION PREPARED BY
(Signature and Title)

(b)(6)-2

DATE: 30 Aug 03

TIME:

2000

OPTIAN

13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)-2

DATE: 30. 03

TIME:

2110

Trauma Case

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: <u>57</u> HEIGHT: WEIGHT: <u>85 kg</u>	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>NKA</u>		
	3. PREVIOUS SURGERY <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES (type): <u>Exxx (b)(6)-2 Ex Lary</u>		
4. PROPOSED SURGICAL PROCEDURE: <u>Exxx (b)(6)-2 Ex Lary</u>			
5. ADDITIONAL INFORMATION: Last PO: <u>8</u> Medical Hx: <u>8</u> Implants: <u>8</u> Medications: <u>8</u> Jewelry removed: yes/no <u>no</u> Family waiting: yes <u>no</u> <u>NPO since midnight</u> <u>(b)(6)-yes</u> <u>Smokes: 2 pk/day</u>			
6. PATIENT PROBLEMS AND NEEDS A. PSYCHOSOCIAL <input checked="" type="checkbox"/> Potential for anxiety related to <u>traumatic injury; language barrier; family separation; surgical environment</u>	7. PATIENT GOALS AND EXPECTED OUTCOMES <input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" type="checkbox"/> Pt. exhibits relaxed body posture.	8. OR NURSING INTERVENTIONS <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allow pt. to verbalize freely. <input checked="" type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input checked="" type="checkbox"/> Explain all nursing procedures before they are done. <input checked="" type="checkbox"/> Remain with pt. whenever possible. <input checked="" type="checkbox"/> Maintain family interface. 	
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to <u>sedation; positioning; injury</u>	<input checked="" type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative phase.	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Offer to elevate head of litter or offer pillow. <input checked="" type="checkbox"/> Observe pt. while awaiting surgery for signs of distress <input checked="" type="checkbox"/> Assist anesthesia during intubation and extubation 	
C. INTEGUMENT <input checked="" type="checkbox"/> Potential impairment of skin integrity due to <u>bovie pad; position; fluid shift</u>	<input checked="" type="checkbox"/> PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input checked="" type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input checked="" type="checkbox"/> Pad pressure points. <input checked="" type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input checked="" type="checkbox"/> Keep prep fluids from pooling. 	
9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility) <u>#</u> <u>(b)(6)-14</u>			

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	<ul style="list-style-type: none"> 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 have been removed.
E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	<ul style="list-style-type: none"> 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, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being injury; sedation; F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation <i>Intraop note</i> F.3. Potential injury due to dentures. <i>none</i>	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.	<ul style="list-style-type: none"> 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 <i>left</i> side. o 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)(6)-2 *CPTIAN* *16 Aug 03* DATE

11. POSTOPERATIVE EVALUATION:

Bre Side: c/i

Drsg: d/i

Breathing: intubated

12. PREOPERTIVE EVALUATION PREPARED BY
(Signature and Title)

DATE: *16 Aug 03* TIME: *0708*

13. PREOPERTIVE EVALUATION PREPARED BY
(Signature and Title)

DATE: *16 Aug 03* TIME: *1020*

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: 50's

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

HEIGHT:

WEIGHT:

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

See H&P

4. PROPOSED SURGICAL PROCEDURE:

Bowel Reconstructionunable to determine pt history see chat

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition
 Tobacco ____ ppd X ____ yrs. Body Piercing _____ Diabetes (Y) (N) ROM _____ ASA/Motrin w/72 hrs (Y) (N)
 ETOH _____ Implants _____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
 Glasses/Contact (Y) (N) Dentures _____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

6. PATIENT PROBLEMS AND NEEDS

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

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

- EPW

(b)(6)-4

(b)(6)-2

VERIFICATIONS AT HOLDING AREA:
 1. Allergy Band 2. Ventures Removed
 3. H & P 4. Contacts Removed
 5. NPO Since DNR 6. Jewelry Removed
 7. L/HCG/LMP 8. Body Pierce Removed
 9. Consent/Blood Transfusion
 10. Signed/Witnessed/Dated
 11. Surgical Site/Consent verified by
 12. Anesthesia/Surgeon
 13. Contact Precautions (Y)
 14. Family/Friend: NONE

6. PATIENT PROBLEMS AND NEEDS		PATIENT GOALS AND EXPECTED OUTCOMES	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		(b)(6)-1 o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.) (b)(6)-2	Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. <input checked="" type="checkbox"/> 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) Prostheses (b)(6)-2 4) Positioning 5) Transfer pt. to/from OR table E.2. Potential discomfort due to: 1) Length of Surgery 2) Positioning 3) Arthritis		<input checked="" type="checkbox"/> 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 (b)(6)-2 4) Caps 2) Lower 5) Crowns 3) Bridges		<input checked="" type="checkbox"/> 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.	c Introduce self. Keep pt. informed as to where he/she is and what is happening. c Inform pt. in which direction to move and assist if necessary. c Speak clearly and slowly. c Address pt. from <u>either</u> side. c Validate pt.'s understanding of verbal communication. c 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. COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.
(b)(6)-2

CP/TA

17 Aug 03

DATE

11. POSTOPERATIVE EVALUATION:
LEVEL OF CONSCIOUSNESS: A&O
LEVEL OF ACTIVITY: Moves All

SKIN INTEGRITY: Bovie Pad Site: Clean and Dry Red N/A DRESSING DRY & INTACT: (Y)(N)
 Drowsy Sleepy Intubated ←
 Extremities Moves Upper Extremities
 Referred to liner with roller due to spinal
BREATHING EASY: (Y)(N) N/A

12. PREOPERATIVE
(Signature and Title)

DATE: 17 Aug 03

(b)(6)-2 TIME: 183

13. POSTOPERATIVE EVALUATION: PREPARED
BY (Signature and Title)

MEDCOM - 16671

17 Aug 03 TIME: 2215

(b)(6)-2

MEDICAL RECORD

PREOPERATIVE/POSTOP PERIODIVE NURSING DOCUMENT

FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General.

1. AGE HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication) <input type="checkbox"/> NKDA <input type="checkbox"/> PCN <input type="checkbox"/> LATEX <input type="checkbox"/> IODINE <input type="checkbox"/> TAPE <input type="checkbox"/> FOOD REACTION:
	3. PREVIOUS SURGERY [] NO [✓] YES (type):
	4. PROPOSED SURGICAL PROCEDURE:

Debridement of STSR to RLE

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition _____
 Tobacco Yes ppd X ____ vrs Body Piercing _____ Diabetes (Y) (N) ROM _____ ASA/Motrin W 72hrs (Y) (N)
 ETOH _____ Implants _____ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
 Glasses/Contact (Y)(N) Dentures NA Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> potential for anxiety related to: 1) <u>Surgical Procedure& Operating Room Environment</u> 2) <u>Separation Anxiety (Child)</u> 3) <u>Surgical Outcomes</u>	<input type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. Exhibits relaxed body posture.	<input type="checkbox"/> Allow pt. to verbalize freely. <input type="checkbox"/> Explain Or environment and answer questions regarding surgery. <input type="checkbox"/> Offer comfort measures. (e.g. warm blanket, touch). <input type="checkbox"/> Explain all nursing procedures before they are done. <input type="checkbox"/> Remain with pt. Whenever possible. <input type="checkbox"/> Maintain family interface. Parents to stay with pt.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to: 1) <u>Positioning</u> 2) <u>Effects of Anesthesia</u> 3) <u>Medical/Smoking History</u>	<input type="checkbox"/> Pt. will be able to breath without difficulty during immediate intraoperative phase.	<input type="checkbox"/> Offer to elevate head of litter or offer pillow. <input type="checkbox"/> Observe pt. While awaiting surgery for signs of distress. <input type="checkbox"/> Assist anesthesia during intubation and extubation.
C. INTEGUMENT <input checked="" type="checkbox"/> Potential Impairment of Skin Integrity due to: 1) <u>Intraoperative Immobility</u> 2) <u>ESU Pad Placement</u> 3) <u>Positional Aids</u> 4) <u>Prostheses</u> 5) <u>Pooling of Prep Solutions</u>	<input type="checkbox"/> Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas).	<input type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input type="checkbox"/> Pad pressure points. <input type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input type="checkbox"/> Keep prep fluids from pooling.

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

(b)(6)-4

(b)(2) - 2

17 Nov 03

VERIFICATIONS AT HOLDING AREA:

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

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

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

(b)(6)-2

MARAV

17 Nov 03

DATE

11. POSTOPERATIVE EVALUATION:

LEVEL OF CONSCIOUSNESS: A&O

SKIN INTEGRITY: Bovie Pad Site: Clean and Dry

Red

N/A

DRESSING DRY & INTACT:

(Y)(N)

BREATHING EASY:

(Y)(N)

LEVEL OF ACTIVITY: MOVES ALL

Drowsy

Sleepy

Intubated

EXTREMITIES

Moves Upper Extremities

Transferred to Litter With roller due to spinal

12. PREOPERATIVE EVALUATION

PREPARED BY

13. PREOPERATIVE EVALUATION PREPARED

BY: (Signature and Title)

(Signature and Title)

(b)(6)-2

MARAV

DATE: 17 Nov 03

TIME:

MEDCOM - 16673

1005

Trauma

MEDICAL RECORD

INTRAOPERS/

DOCUMENT

For use of this form, see AR 40-66, the prop.

Agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Lifter</u> BY <u>Anesthesia</u>	2. PATIENT IDENTIFIED, RECORDED, REVIEWED AND PROCEDURE VERIFIED BY <u>[REDACTED]</u> <u>MAC An</u>
3. DATE <u>16 Aug 03</u> TIME PATIENT ARRIVED IN SUITE <u>0745</u>	4. PATIENT IN ROOM (b)(6)-2 TIME <u>0745</u> NUMBER <u>-1</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Allergies: meda

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Pje</u> (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT</u> (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

proper body alignment maintained, head resting and down, arms extended or less than 90° on padded armboards, position approved by surgeon + anesthetist

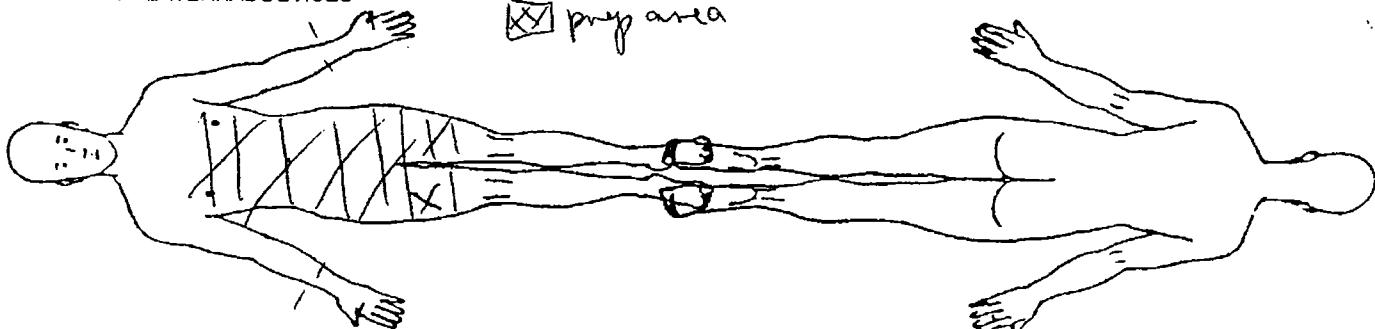
(b)(6)-2 8. SKIN PREPARATION

HAIR REMOVAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BY <u>[REDACTED]</u>	PREP SOLUTION (Specify) <u>Beta/Beta</u>
DONE BY:	<input checked="" type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	(b)(6)-2	SITE: <u>Nipples to mid thigh</u> BY WHOM: <u>[REDACTED]</u>
METHOD:	<input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR		SITE: <u>#9</u> BY WHOM: <u>(b)(6)-2</u>

COMMENTS: no ricks or cuts noted

COMMENTS: no pooling or skin A's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad 4M -- Safety Strap SM === Tourniquet NA

UNITS	C = Correct I = Incorrect			SCRUB	CIRCULATOR
	Initial Other**	First Closing Count	Final Closing Count		
Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C	(b)(6)-2	(b)(6)-2
ut	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C	(b)(6)-2	(b)(6)-2
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	NA	(b)(6)-2	(b)(6)-2

IDENTIFICATION (For typed or written entries give:
t, first, middle; Grade; Date; Hospital or Medical Facility;)

(b)(6)-4

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

ESU NO: VL Force 2 + 4
GROUND PAD: 30136 BRAND: VL Run Polyhesive
LOT NO: 68936 2005-03

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

BIPOLAR NO: _____

ROSTHESIS, IMPLANTS

 YES NO

IF YES NAME: ID NUMBER; MANUFACTURER

MEDICATIONS/ORDERS

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

YES NO

INDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION

 YES NO, TYPE(S):

D. 9% NaCl

OTHER ORDERS

none

TIME

CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES NO

16.

LABORATORY SPECIMENS

SPECIMEN (S)	NAME		NAME		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FROZEN SECTION (FS)	NAME		NAME		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
CULTURE (C)	NAME		NAME		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
NAME	NAME		NAME		
NAME	NAME		NAME		
18. DRESSING/IMMOBILIZATION (Specify)					
4x8 <i>TBD</i>					
<i>TApe</i>					

17. TUBES, DRAINS/PACKING

YES NO

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

19. ADDITIONAL INFORMATION

WCTT *(b)(6)-2**(b)(6)-2*Surgeon *[REDACTED]*Anesthesia *[REDACTED]*

Anesthesia Type: General

*(b)(6)-2**(b)(6)-2*Bovie Pad site intact pre-op

; post-op _____

30 / 30

Bovie Settings: Coag/Cut

20. OPERATION(S) PERFORMED

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

21. PATIENT TRANSFERRED TO

*ICU*TIME *See DA 7389*

METHOD

Litter & safety straps in place

22. REGISTERED NURSE SIGNATURE

IN

MEDICAL RECORD		INTRAOPERATIVE		DOCUMENT	
		(b)(6)-2 For use of this form, see AR 40-66, the prop.		gency is the office of the Surgeon General.	
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED VERIFIED BY		3. DATE <u>17 Aug 03</u> TIME PATIENT ARRIVED IN SUITE <u>1730</u>	
4. PATIENT IN ROOM TIME <u>1730</u>		(b)(6)-2		5. PREOPERATIVE EMOTIONAL STATUS <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)	
6. NURSING PERSONNEL					
ASSIGNED SCRUB	<u>SPC [REDACTED], ORT</u> (b)(6)-2	RELIEF SCRUB	<u>SPC [REDACTED]</u> (b)(6)-2	<u>1930 - End</u>	
	<u>CPT [REDACTED], AN</u> (b)(6)-2			RELIEF CIRCULATOR	<u>Maj [REDACTED]</u> (b)(6)-2	1800 - 1810
ASSIGNED CIRCULATOR		ILT [REDACTED]		<u>1910 - End</u>	
7. POSITION AND POSITIONAL AIDS (Specify) Procedure: <u>Pt transferred to OR table, arctically aligned for surgery</u> Position: <u>Towel under head, arms on padded arm board less 90°</u> <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRSKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP					
COMMENTS: <u>Normal anatomic body alignment maintained</u>					
8. SKIN PREPARATION					
HAIR REMOVAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP			PREP SOLUTION (Specify) <u>Hibiclens</u> SITE: <u>Abdomen</u> BY WHOM: <u>Cpt [REDACTED]</u> SITE: <u>[REDACTED]</u> BY WHOM: <u>(b)(6)-2</u> COMMENTS: <u>XXX see #9</u> <u>pooling</u>		
9. LOCATION OF EXTERNAL DEVICES					
<p> L R padded arm board less 90° padded arm board less 90° strap --- Tourniquet (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 Towel </p>					
LEGEND X Ground Pad - Safety Strap == Tourniquet (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2					
10. COUNTS					
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	SCRUB <u>SPC</u> (b)(6)-2	
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	CIRCULATOR <u>ILT</u> (b)(6)-2	
Instrument	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>		
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>C</u>	<u>C</u>		
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)					
# <u>EPW</u> (b)(6)-4					
12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>30/30</u>					
<input checked="" type="checkbox"/> ESU NO: <u>Valleylab #4</u> GROUND PAD: <u>4</u> BRAND: <u>Valleylab</u> LOT NO: <u>68936 EXP. 2005-03</u>					
<input type="checkbox"/> ESU NO: _____ GROUND PAD: _____ BRAND: _____ LOT NO: _____					
<input type="checkbox"/> BIPOLAR NO: _____					

13. PROSTHESES, IMPLANTS

 YES NO

IF YES NAME: ID NUMBER; MANUFACTURER

14.

MEDICATIONS/ORDERS

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

YES NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):

NS

OTHER ORDERS

None

TIME

CARRIED OUT BY

PHYSICIAN

(b)(6)-2

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES NO

16.

LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION (Specify)

4x8 dsg
tape

17. TUBES, DRAINS/PACKING

YES NO

TYPE/SIZE	1. <i>Foley</i>	2. <i>10mm JP X2</i>	3. <i>16 Fr Red Robin (Foley Tube)</i>
SITE	1. <i>cervix to ope-</i> <i>bladder</i>	2. <i>ABD</i>	3. <i>Jejunum</i> + Malecot cath -to duodenum

19. ADDITIONAL INFORMATION

WC II

Surgeons:

(b)(6)-2

Anesthesia:

(b)(6)-2

Anesthesia Type: General

(b)(6)-2

(b)(6)-2

Bovie Pad site intact pre-op V1; post-op ✓ Bovie Settings: Coag/Cut 30/30Tourniquet Site intact pre-op N/A; post-op N/A

DA-5179 Initiated

20. OPERATION(S) PERFORMED

bowel reconstruction

21. PATIENT TRANSFERRED TO

ICU 3

TIME 2215

METHOD

driffer to O2

22. REGISTERED NURSE SIGNATURE

MAD/

REVERSE OF DA FORM 5179-1, OCT 87

(b)(6)-2

(b)(6)-2

MEDCOM - 16677

CPT/

(b)(6)-2

USAPA V1.01

MEDICAL RECORD

INTRAOPERA

DOCUMENT

For use of this form, see AR 40-66, the propc.

ency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [REDACTED] (b)(6)-2	
3. DATE 26 Aug 03		TIME PATIENT ARRIVED IN SUITE 1440	
		4. PATIENT IN ROOM TIME 1440	
		NUMBER 5	

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Allergies: nk da

intubated

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [REDACTED] (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [REDACTED] (b)(6)-2	RELIEF CIRCULATOR	CPT [REDACTED] (b)(6)-2 (1500-EC)

7. POSITION AND POSITIONAL AIDS (Specify)

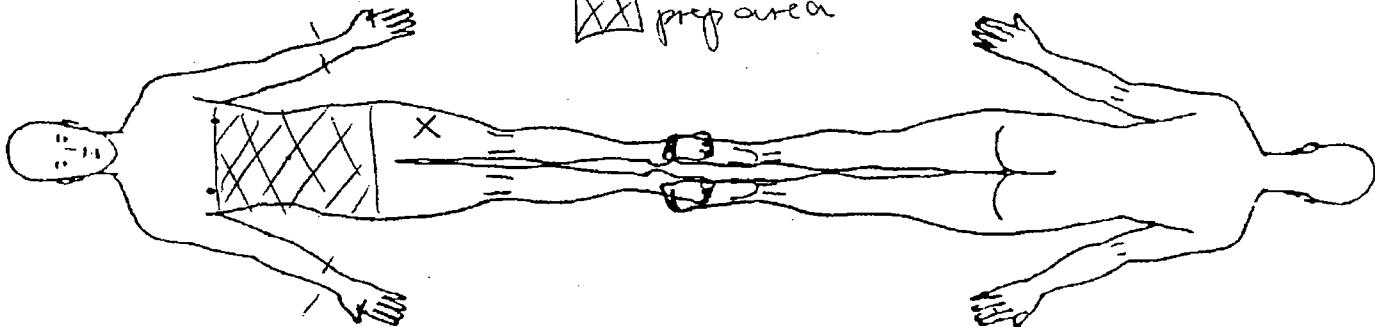
SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

proper body alignment maintained, head on foam donut, arms on padded
COMMENT: arm boards at less than 90°, position approved by surgeon + anesthesia

8. SKIN PREPARATION

HAIR REMOVAL DONE BY: METHOD:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OR <input type="checkbox"/> DEPILATORY <input type="checkbox"/> CLIP	<input type="checkbox"/> NURSING UNIT <input type="checkbox"/> RAZOR	PREP SOLUTION (Specify) Beta I Beta SITE: Nipples to Symphysis BY WHOM: [REDACTED] (b)(6)-2 SITE: Pubis BY WHOM: [REDACTED]
COMMENTS:	COMMENTS: NO pooling of skin a's noted		

9. LOCATION OF EXTERNAL DEVICES



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

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

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

[REDACTED]
(b)(6)-4

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

ESU NO: Valleylab Force 40
GROUND PAD: BRAND VL Recu Polyhesive II
30130 LOT NO: 65706 2004-11

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

BIPOLAR NO: _____

13. PROSTHESES, 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 IF YES, SITE
YES NO

16. LABORATORY SPECIMENS

SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION (Specify) 4x8
17. TUBES, DRAINS/PACKING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
TYPE/SIZE	1. 10mm JP Drain	2. 1in Porous
SITE	1. Abdomen	2. Abdomen

19. ADDITIONAL INFORMATION

WC II (b)(6)-2

Surgeons:

Anesthesia:

Anesthesia Type: gTA

(b)(6)-2

Bovie Pad site intact pre-op post-op Bovie Settings: Coag/Cut
Tourniquet Site intact pre-op _____ post-op NIA

-DA 5179 on chart, & o's noted

20. OPERATION(S) PERFORMED

Ex hap, Drainage of Abscess

21. PATIENT TRANSFERRED TO

Pcu,

TIME SEE

DA 7389

METHOD

Litter

22. REGISTERED NURSE SIGNATURE

CPT

REVERSE OF DA FORM 5179-1, OCT 87

(b)(6)-2

INTRAOPERA DOCUMENT

MEDICAL RECORD

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

PATIENT TRANSPORTED TO OPERATING ROOM

VIA gurney BY anesthesia

3. DATE

28 aug 03

TIME PATIENT ARRIVED IN SUITE

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE
VERIFIED BY CPT / AN4. PATIENT IN ROOM (b)(6)-2TIME 1216NUMBER 4

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify)

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

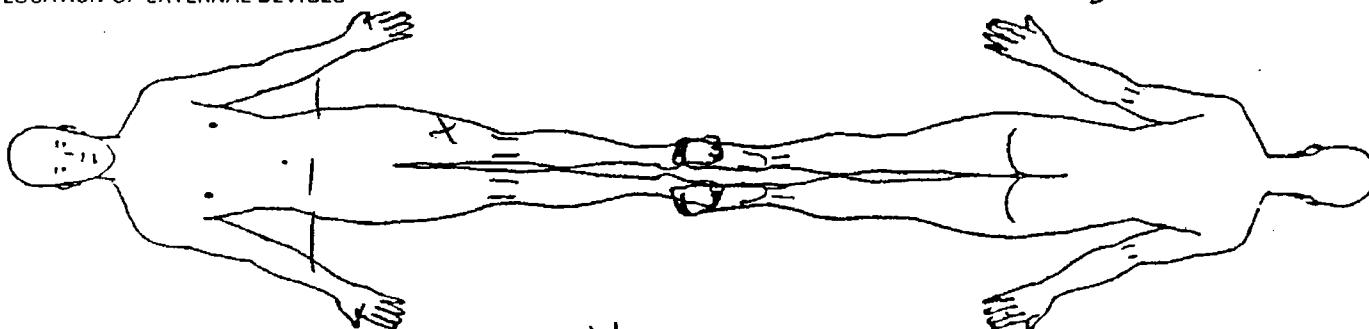
COMMENTS:

Bilateral arms tucked in.

8. SKIN PREPARATION

HAIR REMOVAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DONE BY:	<input type="checkbox"/> OR	<input type="checkbox"/> NURSING UNIT	PREP SOLUTION (Specify) <u>Beta / Beta</u>
METHOD:	<input type="checkbox"/> DEPILATORY <input type="checkbox"/> CLIP		<input type="checkbox"/> RAZOR	SITE: <u>chin to groin</u> BY WHOM: <u>CPT</u>	SITE: <u>area</u> BY WHOM: <u>(b)(6)-2</u>
COMMENTS:					COMMENTS: <u>no pooling or prep noted.</u>

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad (b)(6)-2 Safety Strap

= = = Tourniquet

N/A

Initial - SPC (b)(6)-2 = Correct I = Incorrect

CPT (b)(6)-2 Other** First Closing Final Closing SCRUB (b)(6)-2 CIRCULATOR

10. COUNTS	(b)(6)-2	Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR
Sponge	<input type="checkbox"/> Yes <input type="checkbox"/> No		C	C		
Needle Sharp	<input type="checkbox"/> Yes <input type="checkbox"/> No		C	C	SPC (b)(6)-2	CPT (b)(6)-2
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No		C	C		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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

(b)(6)-4

(b)(2)-2

28 AUG 03

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

<input checked="" type="checkbox"/> ESU NO: <u>40/40</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
GROUND PAD: <u>Valleylab #2</u>	BRAND <u>Valleylab</u> LOT NO: <u>E7507</u>
LOT NO: <u>2004-11</u>	
<input type="checkbox"/> ESU NO: _____	
GROUND PAD: _____	BRAND _____
LOT NO: _____	
<input type="checkbox"/> BIPOLE 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

PHYSICIAN'S SIGNATURE

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

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

17. TUBES, DRAINS/PACKING YES NO
TYPE/SIZE 1. 8Fr 2. 16F Foley 3. JPX 2
SITE 1. NECK 2. (in unit) 3. ABD

18. DRESSING/IMMOBILIZATION (Specify)

TRAcht ~ 8x4
- Steri Strips ~ medipore tape
- Benzoin

19. ADDITIONAL INFORMATION

Colostomy bag

surgeon: Dr. [REDACTED] (b)(6)-2
ass't. Dr. [REDACTED] (b)(6)-2

anesthesia: M&T [REDACTED] (b)(6)-2

20. OPERATION(S) PERFORMED

Tracheostomy, Exploratory hep.

21. PATIENT TRANSFERRED TO TIME METHOD

Icu

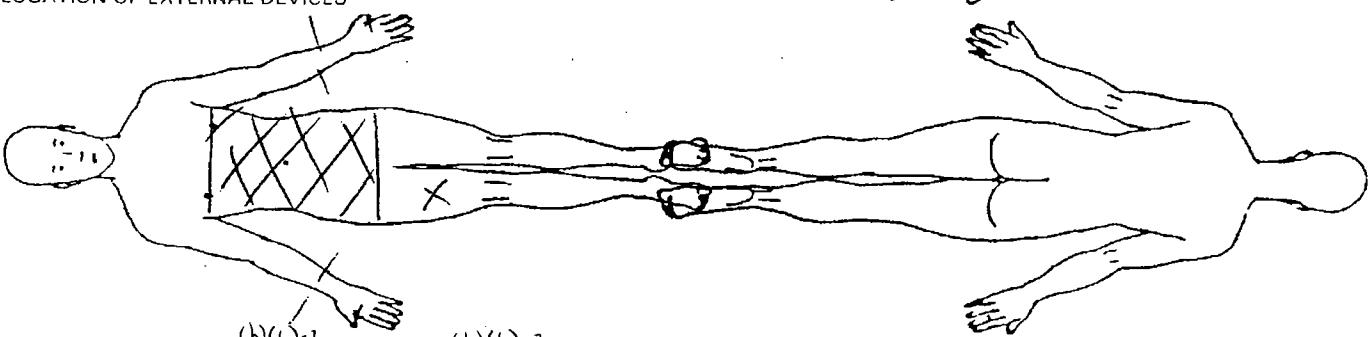
(346)

METHOD

gurney cO₂

22. REGISTERED NURSE SIGNATURE

[REDACTED] CPT/AN

MEDICAL RECORD		INTRAOPERA		DOCUMENT	
For use of this form, see AR 40-407, the prop agency is the office of The Surgeon General.					
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>CPT [REDACTED]</u>			
3. DATE <u>30 Aug 83</u>		TIME PATIENT ARRIVED IN SUITE <u>2020</u>		4. PATIENT IN ROOM <u>(b)(6)-2</u> TIME <u>2020</u> NUMBER <u>2-11</u>	
5. PREOPERATIVE EMOTIONAL STATUS <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify) <u>-intubated</u>					
COMMENTS:					
6. NURSING PERSONNEL					
ASSIGNED SCRUB	<u>SPC [REDACTED]</u> <u>(b)(6)-2</u>	RELIEF SCRUB			
ASSIGNED CIRCULATOR	<u>CPT [REDACTED]</u> <u>(b)(6)-2</u>	RELIEF CIRCULATOR			
7. POSITION AND POSITIONAL AIDS (Specify) <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP COMMENTS: <u>proper body alignment maintained, head on floor about arms at less than 90° on padded armboards, position approved by surgeon and anesthetist</u>					
8. SKIN PREPARATION HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> CLIP <input type="checkbox"/> NURSING UNIT <input type="checkbox"/> RAZOR SITE: <u>Abdomen</u> PREP SOLUTION (Specify) <u>Beta/Beta</u> BY WHOM: <u>(b)(6)-2</u> SITE: <u>(b)(6)-2</u> BY WHOM: <u>(b)(6)-2</u> COMMENTS: <u>no pooling or skin a's noted</u>					
9. LOCATION OF EXTERNAL DEVICES  LEGEND X Ground Pad -- Safety Strap === Tourniquet <u>(b)(6)-2</u> <u>(b)(6)-2</u>					
<u>C</u> = Correct <u>I</u> = Incorrect					
10. COUNTS		Other **	First Closing Count	Final Closing Count	SCRUB
			<u>C</u>	<u>C</u>	<u>(b)(6)-2</u>	(b)(6)-2
Sponge		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>(b)(6)-2</u>
Needle Sharp		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	<u>(b)(6)-2</u>
Instrument		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>NA</u>	<u>NA</u>	<u>NA</u>
Other		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)			12. ELECTROSURGERY DEVICE(S) (ESU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ESU NO: <u>Valleylab Force 40</u> GROUND PAD: <u>VL Rec Polyhesive II</u> LOT NO: <u>68936 2005-08</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: _____ LOT NO: _____ <input type="checkbox"/> BIPOLE NO: _____		
<u>[REDACTED] (b)(6)-4</u> <u>ICU-1</u>					

13. PROSTHESIS, IMPLANTS		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES NAME: ID NUMBER; MANUFACTURER	
14. MEDICATIONS/ORDERS					
IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					
MEDICATIONS/SOLUTION		DOSAGE	TIME	METHOD	PREPARED BY GIVEN BY
WOUND IRRIGATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO, TYPE(S):		
0.9% NaCl					
OTHER ORDERS					
None				TIME	CARRIED OUT BY
PHYSICIAN'S SIGNATURE					
15. X-RAY IN OPERATING ROOM			IF YES, SITE		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. LABORATORY SPECIMENS					
SPECIMEN (S)		NAME		NAME	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FROZEN SECTION (FS)		NAME		NAME	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
CULTURE (C)		NAME		NAME	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
NAME		NAME		NAME	
NAME		NAME		NAME	
18. DRESSING/IMMOBILIZATION (Specify)					
4x8 Tape					
17. TUBES, DRAINS/PACKING			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TYPE/SIZE		1.	2.	3.	
SITE		1.	2.	3.	
19. ADDITIONAL INFORMATION (b)(6)-2 (b)(6)-2					
Surgeon: [REDACTED] | [REDACTED]					
Anesthesia: [REDACTED] (b)(6)-2					
20. OPERATION(S) PERFORMED					
Abdominal Lavage					
21. PATIENT TRANSFERRED TO			TIME SER	METHOD	
ICU-1			DA7589	U/W	
22. REGISTERED NURSE SIGNATURE					
[REDACTED] [REDACTED]					

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.																												
1. PATIENT TRANSPORTED TO OP ^I VIA <u>wheeled litter</u>		G ROOM <u>nesthesia</u>	2. PATIENT ID VERIFIED BY [REDACTED] (b)(6)-2		OPD REVIEWED AND PROCEDURE																									
3. DATE <u>06 SEP 03</u>		TIME PATIENT ARRIVED IN SUITE <u>1420</u>	4. PATIENT IN ROOM TIME <u>1420</u>		NUMBER <u>2114</u>																									
5. PREOPERATIVE EMOTIONAL STATUS <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify) <u>intubated</u> COMMENTS: Allergies: <u>NKA</u>																														
6. NURSING PERSONNEL																														
ASSIGNED SCRUB	<u>SPC [REDACTED] 91D</u> (b)(6)-2		RELIEF SCRUB																											
				(b)(6)-2																										
ASSIGNED CIRCULATOR	<u>CPT [REDACTED] 66E</u> (b)(6)-2		RELIEF CIRCULATOR	<u>ILT [REDACTED] 66E (1500)</u>																										
7. POSITION AND POSITIONAL AIDS (Specify) Ptn on padded OR bed head on foam doughnut. Arms extended out to sides & 90° Secured to padded armboards w/ safety straps. <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRSKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP folded towels under heels. COMMENTS: Correct Body Alignment maintained.																														
8. SKIN PREPARATION																														
HAIR REMOVAL DONE BY: METHOD:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP	PREP SOLUTION (Specify) <u>Beta/Beta</u> SITE: <u>Chest/Abdomen</u> BY WHOM: <u>CPT [REDACTED]</u> SITE: <u>(as below)</u> BY WHOM: <u>(b)(6)-2</u>																												
COMMENTS: no pooling of solutions noted																														
9. LOCATION OF EXTERNAL DEVICES																														
<p>(b)(6)-2</p> <p>(b)(6)-2</p> <p>LEGEND X Ground Pad Safety Strap Tourniquet (b)(6)-prep</p>																														
<p>C = Correct I = Incorrect</p> <table border="1"> <thead> <tr> <th>Initial</th> <th>First Closing Count</th> <th>Final Closing Count</th> <th>SCRUB (b)(6)-2</th> <th>CIRCULATOR (b)(6)-2</th> </tr> </thead> <tbody> <tr> <td>Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C</td> <td>C</td> <td>C</td> <td>SPC [REDACTED]</td> <td>CPT [REDACTED] - initial</td> </tr> <tr> <td>Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C</td> <td>C</td> <td>C</td> <td>[REDACTED]</td> <td>(b)(6)-2</td> </tr> <tr> <td>Instrument <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C</td> <td>C</td> <td>C</td> <td>SPC [REDACTED]</td> <td>ILT [REDACTED]</td> </tr> <tr> <td>Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Initial	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2	Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C	C	C	SPC [REDACTED]	CPT [REDACTED] - initial	Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C	C	C	[REDACTED]	(b)(6)-2	Instrument <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C	C	C	SPC [REDACTED]	ILT [REDACTED]	Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Initial	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2																										
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C	C	C	SPC [REDACTED]	CPT [REDACTED] - initial																										
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C	C	C	[REDACTED]	(b)(6)-2																										
Instrument <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No C	C	C	SPC [REDACTED]	ILT [REDACTED]																										
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)																														
<p>(b)(6)-4</p>																														
12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																														
<input checked="" type="checkbox"/> ESU NO: <u>R8E 105 305</u> GROUND PAD: <u>Valleylab Polyflexive II REM</u> LOT NO: <u>68245/2005-02</u>																														
<input type="checkbox"/> ESU NO: _____ GROUND PAD: _____ LOT NO: _____																														
<input type="checkbox"/> BIPOLAR NO: _____																														

13. PROSTHESES, IMPLANTS YES NO IF YES NAME, ID NUMBER, MANUFACTURER

14. MEDICATIONS/ORDERS IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
WOUND IRRIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, TYPE(S): <i>QS - 0.9% NaCl</i>					
OTHER ORDERS			TIME	CARRIED OUT BY	
PHYSICIAN'S SIGNATURE					
15. X-RAY IN OPERATING ROOM		IF YES, SITE			
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>				
16. LABORATORY SPECIMENS					
SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME		NAME		
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME		NAME		
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME		NAME		
NAME	NAME		NAME		
NAME	NAME		NAME		
18. DRESSING/IMMOBILIZATION (Specify) <i>4x8 Kerofarm Tape</i>					
17. TUBES, DRAINS/PACKING		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
TYPE/SIZE	1. <i>Kerlix Fluff</i>	2.	3.		
SITE	1. <i>Abdomen</i>	2.	3.		
19. ADDITIONAL INFORMATION WC <i>IV</i> (b)(6)-2 Surgeons: Dr. <i>[REDACTED]</i> Dr. <i>[REDACTED]</i> (b)(6)-2 Anesthesia: MAJ <i>[REDACTED]</i> Anesthesia Type: Gen Endo/Trach					
Bovie Pad site intact pre-op <i>COT</i> ; post-op <input checked="" type="checkbox"/> Bovie Settings: Coag/Cut <i>50/50 Blend /</i> Tourniquet Site intact pre-op <i>N/A</i> ; post-op _____ Tourniquet Time: Up <i>N/A</i> ; Down _____					
20. OPERATION(S) PERFORMED <i>Explap</i>					
21. PATIENT TRANSFERRED TO		TIME	MET	<i>sealed litter</i>	
22. REGISTERED NURSE SIGNATURE		<i>[REDACTED] CPT/6 MEDCOM - 16685 [REDACTED] TAN</i>			

(b)(6)-2

(b)(6)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATI

VIA ~~AMBULANCE~~ BY ~~Anesthesia~~

3. DATE TIME PATIENT ARRIVED IN SUITE

18 Sept 83 1600

2. PATIENT IDENT, VERIFIED BY CPT

4. PATIENT IN ROOM (b)(6)-2

TIME 1600 NUMBER 5

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SGT (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR INTL	

7. POSITION AND POSITIONAL AIDS (Specify)

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

proper body alignment maintained, (b)(6)-2 arm on 2 padded
COMMENTS: armboards, position approved by surgeon + anesthesia

8. SKIN PREPARATION

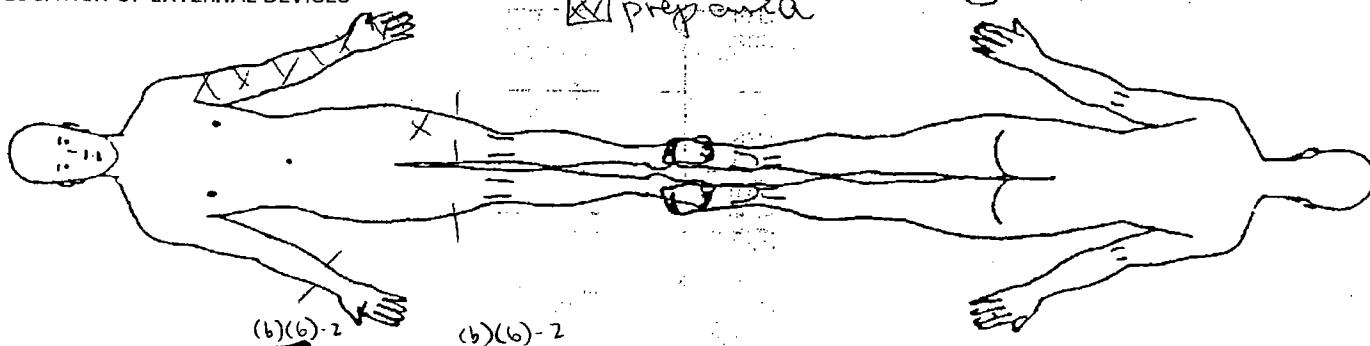
HAIR REMOVAL: YES NO
DONE BY: OR NURSING UNIT
METHOD: DEPILATORY RAZOR
 CLIP

PREP SOLUTION (Specify) Beta T Beta
SITE: (b)(6)-2 BY WHOM:
SITE: (b)(6)-2 BY WHOM: (b)(6)-2

COMMENTS:

COMMENTS: no popping or skin l's noted

9. LOCATION OF EXTERNAL DEVICES



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

Initial (b)(6)-2

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

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

(b)(6)-4

I AM-1

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO ESU NO: Valleylab Force 40

GROUND PAD:

30130

BRAND VL Beam Pongheive II

LOT NO: 68245 2005-02

 ESU NO:

GROUND PAD:

BRAND

LOT NO:

 BIPOLAR NO:

13. PROSTHESES, IMPLANTS		<input type="checkbox"/> YES	NO	IF YES NAME: ID NUMBER; I	FACTURER
14. MEDICATIONS/ORDERS IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
MEDICATIONS/SOLUTION		DOSAGE	TIME	METHOD	PREPARED BY
					GIVEN BY
WOUND IRRIGATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO, TYPE(S): 0.9% NaCl		
OTHER ORDERS none				TIME	CARRIED OUT BY
PHYSICIAN'S SIGNATURE [REDACTED] (b)(6)-2					
15. X-RAY IN OPERATING ROOM IF YES, SITE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. LABORATORY SPECIMENS					
SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME		NAME	
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME		NAME	
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME		NAME	
NAME		NAME		NAME	
NAME		NAME		NAME	
18. DRESSING/IMMOBILIZATION (Specify) Fluff Kewlfix Acemrap Sphinct'r, Sling					
17. TUBES, DRAINS/PACKING YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPE/SIZE	1.	2.	3.		
SITE	1.	2.	3.		
19. ADDITIONAL INFORMATION (b)(6)-2 (b)(6)-2 Surgeon: [REDACTED] Anesthesia: [REDACTED] -5179 on chart, & O's noted					
20. OPERATION(S) PERFORMED I+D L arm & wound close					
21. PATIENT TRANSFERRED TO ICU-1		TIME SEE DABSPG	METHOD Litter		
22. REGISTERED NURSE SIGNATURE [REDACTED] CPTIAN					

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

jency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATI

VIA Wheeled Titter BY anesthesia

3. DATE

19 SEP 03

TIME PATIENT ARRIVED IN SUITE

0935

2. PATIENT IDENT.

VERIFIED BY CPT

RECORD REVIEWED AND PROCEDURE

(b)(6)-2

4. PATIENT IN ROOM

TIME 0935

NUMBER 2/2/3

5. PREOPERATIVE EMOTIONAL STATUS

 CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: NKA.

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [REDACTED] 91D (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [REDACTED] 66E (b)(6)-2	RELIEF CIRCULATOR INT.	

7. POSITION AND POSITIONAL AIDS (Specify) Patient padded OR Bed Head on foam doughnut B, lateral arms extended out to sides C 90° in CAP secured to padded armboards C Safety straps, folded towels under heels

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

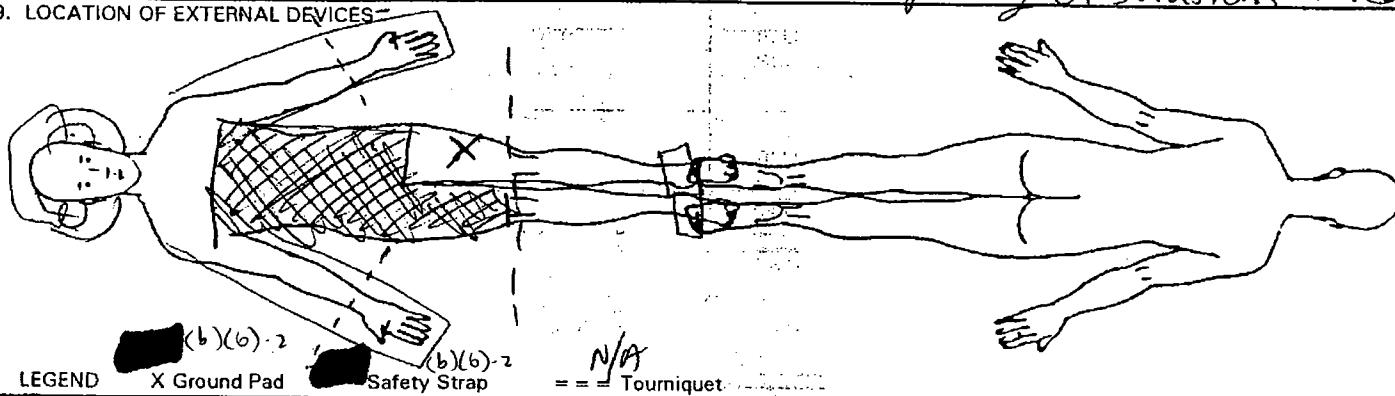
COMMENTS: Correct Body Alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL YES NO
DONE BY: OR NURSING UNIT
METHOD: DEPILATORY RAZOR by Dr [REDACTED]
 CLIP (b)(6)-2

COMMENTS: no cuts or nicks noted

9. LOCATION OF EXTERNAL DEVICES



10. COUNTS	C = Correct		I = Incorrect		SCRUB (b)(6)-2, SPC [REDACTED] 91D	CIRCULATOR (b)(6)-2, CPT [REDACTED] 66E
	Initial	Other	First Closing Count	Final Closing Count		
Sponge	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	C	C
Needle Sharp	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	C	C
Instrument	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

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

#



(b)(6)-4

13. PROSTHESES, IMPLANTS		<input type="checkbox"/> YES	NO	IF YES NAME/ID NUMBER:	FACTURER
14. MEDICATIONS/ORDERS IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					
MEDICATIONS/SOLUTION		DOSAGE	TIME	METHOD	PREPARED BY
Epi 1:1000 mineral oil		QS- 10cc & 100cc NaCl in tray	intra-op	topical topical	CPT [REDACTED] Dr [REDACTED] CPT [REDACTED] Dr [REDACTED] (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2
WOUND IRRIGATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO, TYPE(S):		
Q5r NaCl 0.9% + NaCl 0.9% & Epi 1:100 - QS					
OTHER ORDERS				TIME	CARRIED OUT BY
PHYSICIAN'S SIGN [REDACTED] (b)(6)-2					
15. X-RAY IN OPERATING ROOM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
16. LABORATORY SPECIMENS					
SPECIMEN(S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME		NAME	
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME		NAME	
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME		NAME	
NAME		NAME		NAME	
NAME		NAME		NAME	
17. TUBES, DRAINS/PACKING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
TYPE/SIZE	1.0mm JP Drain	2.	3.		
SITE	1. Abdominal Wound	2.	3.		
18. DRESSING/IMMOBILIZATION (Specify) Zeroform Gauze, Wet Kerley Fluff's, Ioban, Benzoin Tincture. - Ostomy bag.					
19. ADDITIONAL INFORMATION WC III (b)(6)-2 Surgeon - Dr [REDACTED] Anesthesia - [REDACTED] CRNA - gen/ET Bovie Pad site pre-op CDI post op CDI Bovie 30/30 Blend 1					
20. OPERATION(S) PERFORMED Skin Graft from (R) Thigh to Abdomen					
21. PATIENT TRANSFERRED TO		TIME	METHOD		
ICU3 / PACU		1100	wheeled litter		
22. [REDACTED]					

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

erty is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATE
VIA shoaled lifter BY Anesthesia

3. DATE 23 OCT 03

TIME PATIENT ARRIVED IN SUITE 0905

2. PATIENT IDENTIFIED
VERIFIED BY CPT

RECORD REVIEWED AND PROCEDURE
(b)(6)-2

4. PATIENT IN ROOM
TIME: 0905

NUMBER 23-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [REDACTED] 91D (b)(6)-2	RELIEF SCRUB	[Signature]
ASSIGNED CIRCULATOR	CPT [REDACTED] 66E (b)(6)-2	RELIEF CIRCULATOR INTL	[Signature]

7. POSITION AND POSITIONAL AIDS (Specify) PT on padded OR bed, head on foam doughnut, Bilat. Arms extended out to sides < 90° in CAR Secured to padded armboards w/ safety straps.

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

Hip bump under R hip. Folded towel under L heel.

COMMENTS: Correct Body Alignment maintained.

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNITMETHOD: DEPILATORY RAZOR by Dr CLIP

COMMENTS: no nicks or cuts noted (b)(6)-2

PREP SOLUTION (Specify) Hibitans

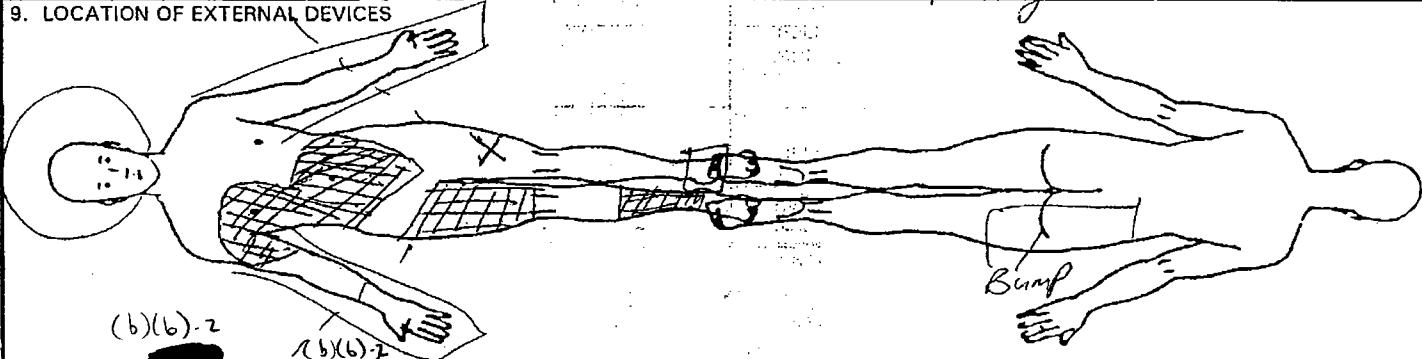
SITE: Abd, R Chest & Rank BY WHOM: CPT [REDACTED]

SITE: R thigh, as below BY WHOM: (b)(6)-2

(upper arm)

COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad Safety Strap == Tourniquet

10. COUNTS	C = Correct		I = Incorrect		SCRUB	CIRCULATOR	
	Sponge	Yes	No	First Closing Count	Final Closing Count		
Sponge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			PFC	
Needle Sharp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C		PFC	
Instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C		
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

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

ESU NO: R8B 102395
GROUND PAD: BRAND Valleylab Blythosafe RF
LOT NO: 70011/2005-04

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

BIPOLAR NO: _____

13. PROSTHESES, IMPLANTS	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES NAME: ID NUMBER:	FAI	RER
14. MEDICATIONS/ORDERS IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					
MEDICATIONS/SOLUTION		DOSAGE	TIME	METHOD	PREPARED BY
Epi 1:100,000 mineral oil		QS QS	intra-op intra-op	topical topical	Dr [REDACTED] Dr [REDACTED] (b)(6)-2 (b)(6)-2 (b)(6)-2
WOUND IRRIGATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO; TYPE(S):		
NaCl 0.9% - QS					
OTHER ORDERS				TIME	CARRIED OUT BY
PHYSICIAN				(b)(6)-2	
15. X-RAY IN OPERATING ROOM		IF YES, SITE			
<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO			
16. LABORATORY SPECIMENS					
SPECIMEN (S)	NAME			NAME	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				
FROZEN SECTION (FS)	NAME			NAME	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				
CULTURE (C)	NAME			NAME	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				
NAME	NAME			NAME	
NAME	NAME			NAME	
17. TUBES, DRAINS/PACKING					
YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>			
TYPE/SIZE	1.	2.	3.		
SITE	1.	2.	3.		
18. DRESSING/IMMOBILIZATION (Specify) Zeroferm Gauze Kerlex Fluffs moist w/ NaCl 0.9%, Spandage RLE ankle Kerlex fluffs, ACE					
19. ADDITIONAL INFORMATION WC-III Surgeon: Dr [REDACTED] (b)(6)-2 Anesthesia: Gen/Endo - MAS [REDACTED] CRNA Bouie Settings: 30/30 Blend 1-Fal/- Pad site - pre-op COI post-op COI DA 5179 previously initiated & is noted.					
20. OPERATION(S) PERFORMED STSG to Abdominal, R chest, R Anterior Wounds from R thigh. Debridement only of R Ante.					
21. PATIENT TRANSFERRED TO ICU 3/PACU TIME 1045 METHOD wheeled lifter.					
22. [REDACTED]					

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

or use of this form, see AR 40-407, the prop

gency is the _____ of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter	JM (b)(6)-2 BY CPT [REDACTED]	2. PATIENT IDENTIFICATION VERIFIED BY MAJ [REDACTED] (b)(6)-2
3. DATE 17 Nov 03	TIME PATIENT ARRIVED IN SUITE 0835	4. PATIENT IN ROOM TIME 0835 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SGT [REDACTED] (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ [REDACTED] (b)(6)-2	RELIEF CIRCULATOR INTL	

7. POSITION AND POSITIONAL AIDS (Specify)

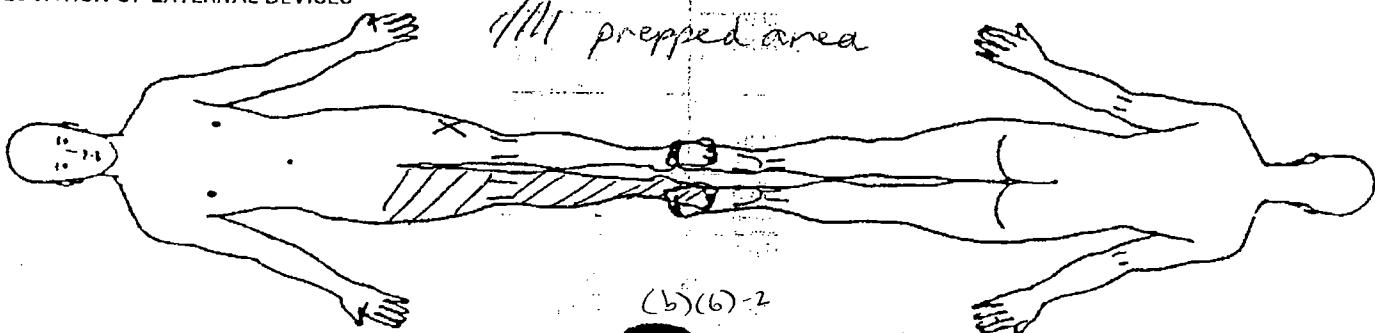
SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL DONE BY: METHOD:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP	PREP SOLUTION (Specify) <i>Betadine</i> SITE: _____ BY WHOM: _____ SITE: _____ BY WHOM: _____
COMMENTS:		COMMENTS:

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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			(b)(6)-2	(b)(6)-2
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

[REDACTED] (b)(6)-4

17 Nov 03

(b)(2)-2

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

<input checked="" type="checkbox"/> ESU NO: RSE 102395
GROUND PAD: BRAND Valley Lab
LOT NO: 69441 EXP 2005-03
<input type="checkbox"/> ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____
<input type="checkbox"/> BIPOLE NO: _____
_____ Cord 30 Cut 30

13. PROSTHESES, IMPLANTS

 YES NO

IF YES NAME: ID NUR

FACTURER

14.

MEDICATIONS/ORDERS

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

 YES NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S): N.S.

OTHER ORDERS

TIME

CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

 YES NO

IF YES, SITE

16.

LABORATORY SPECIMENS

SPECIMEN (S)

YES NO

NAME

FROZEN SECTION (FS)

YES NO

NAME

CULTURE (C)

YES NO

NAME

NAME

NAME

NAME

NAME

17. TUBES, DRAINS/PACKING

YES NO

TYPE/SIZE

1.

2.

3.

SITE

1.

2.

3.

19. ADDITIONAL INFORMATION

Surgeon: Dr [REDACTED]

(b)(6)-2

Anest: CPT [REDACTED]

(b)(6)-2

18. DRESSING/IMMOBILIZATION (Specify)

Kerform

Fluffs

Kerlix

Tee

Bacitracin

Kerform

Fluffs

Kerlix

Tee

Derm site

graft site

20. OPERATION(S) PERFORMED

Debridement & STSG of RLE

21. PATIENT TRANSFERRED TO

PACU

TIME ^{sec}
JPT/17METHOD
Litter

22. REGISTERED NURSE SIGNATURE

(b)(6)-2 MAS AN 17 Nov 03

(b)(2)-2

VENTILATOR FLOW SHEET

8.0 ETT 20cm² tip

(b)(6)-4

DATE	TIME	MODE	RATE	VOLUME	FIO2	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
16 Aug	1000	SIMV	16	700	.50	5	27	17	9.0	100	57/52	—	—	—	—	—	—	—	
16 Aug	1040	SIMV	16	700	.50	5	28	19	85	100	101/12	—	—	—	—	—	—	27	
16 Aug	1040	SIMV	16	750	.50	5	30	17	101	100	102/105	—	—	—	—	—	—	22	
16 Aug	1041	SIMV	16	750	.50	5	31	16	135	98	101/150	7.21	52.1	62	-8	240	86.6@1700	47	
16 Aug	1041	SIMV	16	800	100	5	32	16	84	100	117/178	7.28	44.4	37	-5	21	100% V/FD 6.0%	47	
16 Aug	1041	SIMV	16	800	100	5	32	16	100	100	102/102	—	—	—	—	—	receiving blood	47	
17 Aug	0530	SIMV	16	900	60	5	36	16	116	103	104/103	7.35	36.	—	—	—	—	47	
17 Aug	0610	SIMV	16	800	60	5	36	16	117	100	104/103	7.35	36.	2	135	—	—	47	
17 Aug	0537	SIMV	16	900	65	5	34	16	115	100	104/103	—	—	—	—	—	—	47	
17 Aug	0745	SIMV	16	800	55	5	32	16	116	100	104/103	—	—	—	—	—	—	47	
2 Aug	1000	SIMV	16	800	55	5	32	17	117	100	105/102	—	—	—	—	—	—	47	
7 Aug	1330	SIMV	16	800	55	5	35	13	116	99	104/103	—	—	—	—	—	—	47	
7 Aug	1410	SIMV	16	800	55	5	34	16	111	100	105/102	—	—	—	—	—	—	47	
7 Aug	1400	SIMV	16	800	55	5	34	16	111	100	105/102	—	—	—	—	—	—	47	
7 Aug	1735	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	47	
18 Aug	0330	SIMV	16	800	60	5	32	16	105	100	102/101	7.34	38.7	89	-5	21	Welded 2048 4 to 55	47	
18 Aug	0335	SIMV	16	800	55	5	32	16	105	100	102/101	7.34	38.7	89	-5	21	Welded 2048 4 to 55	47	
18 Aug	0335	SIMV	16	800	55	5	35	16	111	100	103/100	—	—	—	—	—	—	47	
18 Aug	0537	SIMV	16	800	55	5	35	16	108	100	103/100	—	—	—	—	—	—	47	
18 Aug	0802	SIMV	16	800	55	5	33	16	108	100	103/100	—	—	—	—	—	—	47	
18 Aug	1030	SIMV	16	800	55	5	32	16	114	97	117/168	—	—	—	—	—	—	47	
18 Aug	1220	SIMV	16	800	55	5	35	18	114	99	102/101	—	—	—	—	—	—	47	
18 Aug	1400	SIMV	16	800	55	5	37	17	110	98	102/101	—	—	—	—	—	—	47	
18 Aug	1630	SIMV	16	800	55	5	37	18	118	98	102/101	—	—	—	—	—	—	47	
18 Aug	1720	SIMV	16	800	55	5	38	16	120	100	104/103	—	—	—	—	—	—	47	
18 Aug	1800	SIMV	16	800	55	5	37	16	118	98	104/103	—	—	—	—	—	—	47	
18 Aug	1823	SIMV	16	800	55	5	36	16	118	98	104/103	—	—	—	—	—	—	47	
18 Aug	2325	SIMV	20	800	50	5	33	16	107	97	138/160	7.43	42.9	64	-2	25	92% SX + AID vent	47	
19 Aug	0830	SIMV	16	800	50	5	32	15	117	100	105/103	—	—	—	—	—	—	47	
19 Aug	1020	SIMV	16	800	50	5	35	16	103	96	134/162	—	—	—	—	—	—	47	
19 Aug	1500	SIMV	16	800	50	5	32	18	113	99	151/152	—	—	—	—	—	—	47	
19 Aug	1500	SIMV	16	800	50	5	32	19	109	100	160/160	—	—	—	—	—	—	47	
19 Aug	1630	SIMV	16	800	50	5	37	16	107	100	113/161	—	—	—	—	—	—	47	
19 Aug	1738	SIMV	16	800	50	5	36	18	101	99	149/161	—	—	—	—	—	—	47	

5x white

MEDCOM - 16694

a11 (b)(6)-2

(b)(2)-2

VENTILATOR FLOW SHEET

(b)(6)-4

DATE	TIME	MODE	RATE	VOLUME	FIO2	PEEP	PIP	PTR	RATE	HR	S02	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	[INT]
19 Aug	1340	SIMV	15	700	30	3	33	18	47	99	105/67									
19 Aug	1445	SIMV	15	800	30	5	28	18	98	98	105/56									
20 Aug	0344	SIMV	15	800	30	5	31	18	97	97	105/51									
20 Aug	0630	SIMV	18	800	30	5	30	15	35	97	97	105/51								
20 Aug	0830	SIMV	18	800	30	5	30	15	35	18	97	97	105/51							
20 Aug	1000	SIMV	18	800	30	5	30	15	35	19	97	97	105/51							
20 Aug	1230	SIMV	18	800	30	5	30	15	35	18	91	100	105/51							
20 Aug	1430	SIMV	18	800	30	5	30	15	35	18	83	100	105/51							
20 Aug	1645	SIMV	18	800	30	5	30	15	34	18	84	100	105/51							
20 Aug	1800	SIMV	18	800	30	5	30	15	34	18	78	100	105/51							
20 Aug	2000	SIMV	18	800	30	5	30	15	32	21	77	100	105/51							
20 Aug	2200	SIMV	18	800	30	5	30	15	30	18	100	100	105/51							
20 Aug	2300	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0000	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0100	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0200	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0300	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0400	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0500	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0600	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0700	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
20 Aug	0845	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
21 Aug	1000	SIMV	18	800	30	5	30	15	30	18	100	97	105/51							
21 Aug	1235	SIMV	18	800	30	5	30	15	30	18	94	100	105/51							
21 Aug	1400	SIMV	18	800	30	5	30	15	30	18	75	100	105/51							
21 Aug	1600	SIMV	18	800	30	5	30	15	30	18	94	100	105/51							
21 Aug	1812	SIMV	18	800	30	5	30	15	30	18	81	100	105/51							
21 Aug	1944	SIMV	18	800	30	5	30	15	30	18	81	100	105/51							
21 Aug	2117	SIMV	18	800	30	5	30	15	30	18	81	100	105/51							
21 Aug	0013	SIMV	18	800	30	5	30	15	30	18	81	100	105/51							
21 Aug	0157	SIMV	18	800	30	5	30	15	30	18	81	100	105/51							
21 Aug	0334	SIMV	18	800	30	5	30	15	30	18	81	100	105/51							
21 Aug	0533	SIMV	18	800	30	5	30	15	30	18	71	100	105/51							
											74	100	105/51							

MEDICAL RECORD		(b)(6)-4 PROGRESS NOTES									
DATE	PT [REDACTED]	8.0 ETT 22G teeth								NOTES	
DATE + TIME	MODE	RATE	VT	PEEP	F _O 2	PIP	HR	SaO ₂	BP	Remarks + Initial	
22 Aug 03 1140	SIMV	16	800	5	44%	33	87	100	144/66	[REDACTED]	(b)(6)-2
1355	SIMV	16	800	5	46	34	76	100	151/63	[REDACTED]	(b)(6)-2
1528	SIMV	16	800	5	48	28	83	100	143/59	[REDACTED]	(b)(6)-2
1735	SIMV	16	800	5	48	27	82	100	122/55	Switched over to pugs	(b)(6)-2
2045	SIMV	16	800	5	48	30	84	99	120/56	[REDACTED] ↓ 35% P SX	(b)(6)-2
2128	SIMV	16	800	5	35	28	82	98	73/58	BBS coarse	
23 Aug 0000	SIMV	16	800	5	35	29	84	100	101/70		
0131	SIMV	16	800	5	35	29	80	99%	82/78		
0340	SIMV	16	800	5	38	36	87	98	92/84	S+ 3cc Secretion	
0538	SIMV	16	900	5	35	29	87	100	94/86	BBS coarse	
0700	SIMV	16	800	5	35	34	105	100		[REDACTED]	(b)(6)-2
0950	SIMV	16	800	5	35	45	111	94	176/80	[REDACTED] CRT	(b)(6)-2
1200	SIMV	16	800	5	50↑	43	105	99		[REDACTED]	(b)(6)-2
1400	SIMV	16	800	5	50	41	107	99		[REDACTED]	(b)(6)-2
1615	SIMV	16	800	5	50	34	105	99	132/69	[REDACTED]	(b)(6)-2
2115	SIMV	16	800	5	50	41	110	99	161/83	Sx ~ 10cc thick (b)(6)-2 yellowish/whitish	
2202	SIMV	16	800	5	50	43	112	99	176/94	[REDACTED] ↓ F _O 2 to 45% P	(b)(6)-2
24 Aug 0024	SIMV	16	800	5	45	35	100	100	145/80	Sx ~ 5cc - hard to pass sputum Sx ~ 10cc ↓ F _O 2 to 40% P	
0202	SIMV	16	800	5	40	33	95	100	157/76	PIP 32 — [REDACTED]	(b)(6)-2
0412	SIMV	16	800	5	40	35	85	100	153/67	[REDACTED]	(b)(6)-2
0615	SIMV	16	800	5	40	33	81	100	132/59	[REDACTED]	(b)(6)-2
RELATIONSHIP TO SPONSOR		SPONSOR'S NAME								SPONSOR'S ID NUMBER (SSN or Other)	
		LAST				FIRST				MI	
DEPART./SERVICE				HOSPITAL OR MEDICAL FACILITY				RECORDS MAINTAINED AT			

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical RecordSTANDARD FORM 509 (REV. 5/1991)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)

USAPA V1 C

pt.

(b)(6)-4

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05		
A-Line													124	144	165	168	150	174	164	137	146	157	170	154	145	
NBP													100	103	111	112	104	114	111	97	94	93	97	89	84	79
TEMP													100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3
HR													100	103	111	112	104	114	111	97	94	93	97	89	84	79
RR													21	16	16	16	16	16	16	23	23	23	23	19	19	16
SaO2													100	99	96	98	100	98	98	100	98	100	100	100	100	99
FIO2													50	50	50	50	50	50	50	50	50	50	50	50	50	50
Source													50	50	50	50	50	50	50	50	50	50	50	50	50	50
MAP													50	50	50	50	50	50	50	50	50	50	50	50	50	50
CVP													4	4	4	4	4	4	4	4	4	4	4	4	4	4
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	T
IVF													30	30	30	30	30	30	30	30	30	30	30	30	30	30
IVPB													50	50	50	50	50	50	50	50	50	50	50	50	50	50
NGT													100	100	100	100	100	100	100	100	100	100	100	100	100	100
SO													14	14	14	14	14	14	14	14	14	14	14	14	14	14
URINE													3	3	3	3	3	3	3	3	3	3	3	3	3	3
STOOL													150	150	150	150	150	150	150	150	150	150	150	150	150	150
DRAIN													300	325	300	300	300	300	300	300	300	300	300	300	300	300
SP+1													45	10	45	10	45	10	45	10	45	10	45	10	45	10
SP+2													10	10	10	10	10	10	10	10	10	10	10	10	10	10
DURM													240	240	240	240	240	240	240	240	240	240	240	240	240	240
PO																										
Total																										
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	T
JRINE													70	75	90	160	70	20	140	50	20	140	50	20	140	50
NGT													50	50	50	50	50	50	50	50	50	50	50	50	50	50
STOOL													325	400	400	400	400	400	400	400	400	400	400	400	400	400
DRAIN													300	300	300	300	300	300	300	300	300	300	300	300	300	300
SP+1													45	10	45	10	45	10	45	10	45	10	45	10	45	10
SP+2													10	10	10	10	10	10	10	10	10	10	10	10	10	10
DURM													240	240	240	240	240	240	240	240	240	240	240	240	240	240
Total																										

LAST NAME	FIRST NAME	WILE INITIAL	ID NUMBER							
DATE	NOTES									
DATE + TIME	MODE	RATE	VT	PEEP	FiO ₂	PIP	HR	SaO ₂	BP	Remarks & Initial
24 Aug 0730	SIMV	16	800	5	40	37	110	97	213/92	(b)(6)-2
1030	SIMV	16	800	5	40	35	103	97	154/77	(b)(6)-2
1200	SIMV	16	800	5	40	35	101	98	153/77	(b)(6)-2
1400	SIMV	16	800	5	40	33	110	99	142/71	(b)(6)-2
1600	SIMV	16	800	5	40	37	111	99	151/62	(b)(6)-2
1941	SIMV	16	800	5	40	32	97	99	154/75	(b)(6)-2
2151	SIMV	16	800	5	40	31	102	99	156/77	(b)(6)-2
0040	SIMV	16	800	5	40	31	98	95	113/56	P.B.S., O ₂ w/s + B.C.G.S. (b)(6)-2
0231	SIMV	16	800	5	40	25	115	99	142/69	(b)(6)-2
0539	SIMV	16	800	5	40	26	97	99	113/63	BBS CTA 1
0800	SIMV	16	800	5	40	29	96	99	122/106	BBS CTA 2 CRT (b)(6)-2
1000	SIMV	16	800	5	40	25	94	98	120/105	BBS CTA 3 CRT (b)(6)-2
1200	SIMV	16	800	5	40	29	96	98	126/153	BBS CTA 4 CRT (b)(6)-2
1400	SIMV	16	800	5	40	30	109	98	135/62	BBS CTA 5 CRT (b)(6)-2
1600	SIMV	16	800	5	40	26	105	99	134/63	BBS CTA 6 CRT (b)(6)-2
1935	SIMV	16	800	5	40	28	109	100	137/59	BBS CTA 7/10 1/CAT (b)(6)-2
2230	SIMV	16	800	5	40	38	112	97	123/58	- SP pn nurse (b)(6)-2
26 Aug 0300	SIMV	16	800	5	40	25	112	99	144/62	(b)(6)-2
0350	SIMV	16	800	5	40	21	105	104	116/77	(b)(6)-2
0400	SIMV	16	800	5	40	29	107	100	111/53	SX (b)(6)-2
0550	SIMV	16	800	5	40	32	116	99	113/57	(b)(6)-2
0800	SIMV	16	800	5	40	28	95	100	104/54	(b)(6)-2
1000	SIMV	16	800	5	40	33	102	96	113/51	(b)(6)-2
1200	SIMV	16	800	5	40	37	101	98	116/53	(b)(6)-2
P+ : 1	OK									
1810	SIMV	16	800	5	40	38	90	100	113/52	(b)(6)-2
1954	SIMV	16	800	5	40	37	94	99	116/51	1/B.S. code S. (b)(6)-2
2147	SIMV	16	800	5	40	35	93	100	104/55	
2357	SIMV	16	800	5	40	27	98	98	107/54	
27 Aug 0348	SIMV	16	800	5	40	28	102	99	125/66	
0536	SIMV	16	800	5	40	27	102	98	121/63	
0800	SIMV	16	800	5	40	29	96	99	110/55	CRT CTA T/O (b)(6)-2
1000	SIMV	16	800	5	40	27	96	99	115/51	CRT CTA T/O (b)(6)-2
1200	SIMV	16	800	5	40	30	95	99	108/49	HRT CTA T/O (b)(6)-2
1400	SIMV	16	800	5	40	33	107	99	125/57	HRT CTA T/O (b)(6)-2
1600	SIMV	16	800	5	40	38	106	99	121/56	HRT CTA T/O (b)(6)-2
1800	SIMV	16	800	5	40	34	100	98	110/58	HRT CTA T/O (b)(6)-2
1935	SIMV	16	800	5	40	32	106	98	126/51	(b)(6)-2
2120	SIMV	16	800	5	40	34	110	96	122/56	- SP = (Pw) (b)(6)-2
28 Aug 0305	SIMV	16	800	5	40	26	106	99	126/56	(b)(6)-2
0410	SIMV	16	800	5	40	31	93	100	109/49	(b)(6)-2
0610	SIMV	16	800	5	40	31	91	98	116/47	SX (b)(6)-2
0810	SIMV	16	800	5	40	31	94	99	108/47	(b)(6)-2
1015	SIMV	16	800	5	40	32	87	100	109/44	(b)(6)-2
DT. in	OK									
1630	SIMV	16	800	5	40	32	92	97	120/50	(b)(6)-2
1800	SIMV	16	800	5	40	33	91	98	115/53	(b)(6)-2
1933	SIMV	16	800	5	40	33	95	97	113/59	(b)(6)-2
2200	SIMV	16	800	5	40	30	99	96	104/54	Sx 1cc (b)(6)-2
21 Aug 0143	SIMV	16	800	5	40	37	109	98	131/66	Sx 1cc (b)(6)-2
0533	SIMV	16	800	5	40	29	90	100	98/45	(b)(6)-2
0800	SIMV	16	800	5	40	30	87	100	109/55	(b)(6)-2

(b)(2)-2

VENTILATOR FLOWSHEET

ICU #1

(b)(6)-4

W.H.C.

29 Aug. 1000 SIMV 16 800 40 5 52 14 94 100/1015

1200 SIMV 16 800 40 5 14 35 77 99 140/140

1400 SIMV 16 800 40 5 30 14 85 75 19/15

1600 SIMV 16 800 40 5 20 14 85 75 15/15

1800 SIMV 16 800 40 5 26 14 85 75 15/15

2000 SIMV 16 800 40 5 26 14 85 75 15/15

2200 SIMV 16 800 40 5 26 14 85 75 15/15

2400 SIMV 16 800 40 5 26 14 85 75 15/15

2600 SIMV 16 800 40 5 26 14 85 75 15/15

2800 SIMV 16 800 40 5 26 14 85 75 15/15

3000 SIMV 16 800 40 5 26 14 85 75 15/15

3200 SIMV 16 800 40 5 26 14 85 75 15/15

3400 SIMV 16 800 40 5 26 14 85 75 15/15

3600 SIMV 16 800 40 5 26 14 85 75 15/15

3800 SIMV 16 800 40 5 26 14 85 75 15/15

4000 SIMV 16 800 40 5 26 14 85 75 15/15

4200 SIMV 16 800 40 5 26 14 85 75 15/15

4400 SIMV 16 800 40 5 26 14 85 75 15/15

4600 SIMV 16 800 40 5 26 14 85 75 15/15

4800 SIMV 16 800 40 5 26 14 85 75 15/15

5000 SIMV 16 800 40 5 26 14 85 75 15/15

5200 SIMV 16 800 40 5 26 14 85 75 15/15

5400 SIMV 16 800 40 5 26 14 85 75 15/15

5600 SIMV 16 800 40 5 26 14 85 75 15/15

5800 SIMV 16 800 40 5 26 14 85 75 15/15

6000 SIMV 16 800 40 5 26 14 85 75 15/15

6200 SIMV 16 800 40 5 26 14 85 75 15/15

6400 SIMV 16 800 40 5 26 14 85 75 15/15

6600 SIMV 16 800 40 5 26 14 85 75 15/15

6800 SIMV 16 800 40 5 26 14 85 75 15/15

7000 SIMV 16 800 40 5 26 14 85 75 15/15

7200 SIMV 16 800 40 5 26 14 85 75 15/15

7400 SIMV 16 800 40 5 26 14 85 75 15/15

7600 SIMV 16 800 40 5 26 14 85 75 15/15

7800 SIMV 16 800 40 5 26 14 85 75 15/15

8000 SIMV 16 800 40 5 26 14 85 75 15/15

8200 SIMV 16 800 40 5 26 14 85 75 15/15

8400 SIMV 16 800 40 5 26 14 85 75 15/15

8600 SIMV 16 800 40 5 26 14 85 75 15/15

8800 SIMV 16 800 40 5 26 14 85 75 15/15

9000 SIMV 16 800 40 5 26 14 85 75 15/15

9200 SIMV 16 800 40 5 26 14 85 75 15/15

9400 SIMV 16 800 40 5 26 14 85 75 15/15

9600 SIMV 16 800 40 5 26 14 85 75 15/15

9800 SIMV 16 800 40 5 26 14 85 75 15/15

10000 SIMV 16 800 40 5 26 14 85 75 15/15

10200 SIMV 16 800 40 5 26 14 85 75 15/15

10400 SIMV 16 800 40 5 26 14 85 75 15/15

10600 SIMV 16 800 40 5 26 14 85 75 15/15

10800 SIMV 16 800 40 5 26 14 85 75 15/15

11000 SIMV 16 800 40 5 26 14 85 75 15/15

11200 SIMV 16 800 40 5 26 14 85 75 15/15

11400 SIMV 16 800 40 5 26 14 85 75 15/15

11600 SIMV 16 800 40 5 26 14 85 75 15/15

11800 SIMV 16 800 40 5 26 14 85 75 15/15

12000 SIMV 16 800 40 5 26 14 85 75 15/15

REMARKS

Ranch, TX

Branch, TX

Clear Plateau

Phoenix, AZ

Glenwood

Sp. C. Cell bag

SIX PER NURSE

A Vent

Lambert.

3X 64 MARS

SIX SEC

011(b)(6)-2



(b)(2)-2

VENTILATOR FLOW SHEET

ICU H1

(b)(6)-4

DATE TIME MODE RATE VOLUME FIO2 PEEP PIP PT RATE HR SO2 BP PH PCO2 PO2 BE HCO3 SaO2 REMARKS INT

1 Sep	1200	SIMV	16	800	40	5	29	16	104	99	155/3		
	1300	SIMV	16	800	40	5	28	16	108	97	152/2		
	1400	SIMV	16	800	40	5	29	23	112	100	1160		
	1600	SIMV	16	800	40	5	26	23	113	100	185/2		
	1800	SIMV	16	800	40	5	26	19	112	100	180/2		
	1940	SIMV	16	800	40	5	24	19	108	99	145/1		
	2230	SIMV	16	800	40	5	25	32	123	95		Ex	
2 SEP	0004	SIMV	16	800	40	5	25	32	113	99	124/2		
	0203	SIMV	16	800	40	5	32	19	110	99	158/2	RBS clear	
	0350	SIMV	16	800	40	5	31	19	110	98	151/2	fresh gas done	
	0516	SIMV	16	800	40	5	32	19	115	98	172/1	A Secuity	
	0828	SIMV	16	800	40	5	31	26	107	99	153/2		
	1030	SIMV	16	800	40	5	27	16	107	96	128/3		
	1230	SIMV	16	800	40	5	26	16	102	93	134/1		
	1410	SIMV	16	800	40	5	23	16	119	96	151/2		
	1608	SIMV	16	800	40	5	28	22	101	92	187/2		
	1837	SIMV	16	800	40	5	22	24	116	97	126/2		
	2007	SIMV	16	800	40	5	25	16	113	98	167/5		
	2255	SIMV	16	800	40	5	24	16	115	99	116/2		
	2400	SIMV	16	800	40	5	26	16	116	99	116/2		
	0345	SIMV	16	800	40	5	25	16	91	99	116/2		
	0410	SIMV	16	800	40	5	25	16	91	99	116/2		
3 SEP	0800	SIMV	16	800	40	5	24	16	91	99	116/2		
	1000	SIMV	16	800	40	5	24	16	103	96	136/2		
	1300	SIMV	16	800	40	5	21	100	98	151/2			
	1400	SIMV	16	800	40	5	26	116	88	99	165/3		
	1600	SIMV	16	800	40	5	24	100	96	144/5			
	1800	SIMV	16	800	40	5	23	104	100	144/5			
	1933	SIMV	16	800	40	5	23	21	100	98	151/2		
	2207	SIMV	16	800	40	5	27	25	95	98	171/4		
	2335	SIMV	16	800	40	5	29	24	105	98	123/3		
	0154	SIMV	16	800	40	5	26	16	92	93	110/51	RIBS clear	
	0231	SIMV	16	800	40	5	30	35	101	98	171/54		
	0610	SIMV	16	800	40	5	27	31	94	95	144/4		

(b)(2)(A)

VENTILATOR FLOW SHEET

Tcui 1

4-(9)(9)

Alb Q4 + Sx

8

2

MEDICAL RECORD		VITAL SIGNS RECORD															
HOSPITAL DAY																	
POST-MONTH-YEAR		DAY		TIME		PULSE		TEMP. F		RESPIRATION		TEMP. C					
19	19	7		800 ⁰⁰	900 ⁰⁰	100 ⁰⁰	110 ⁰⁰	120 ⁰⁰	130 ⁰⁰								
PULSE (0)		TEMP. F (°)		105°		104°		103°		102°		101°		100°			
180		170		160		150		140		130		120		110			
170		160		150		140		130		120		110		100			
160		150		140		130		120		110		100		90			
150		140		130		120		110		100		90		80			
140		130		120		110		100		90		80		70			
130		120		110		100		90		80		70		60			
120		110		100		90		80		70		60		50			
110		100		90		80		70		60		50		40			
RESPiration RECORD																	
Record special data only when so ordered	BLOOD PRESSURE		F 79		100/67		107/57		107/58		120/72		115/69		105/61		
			T 96/0		129/116		77		83		79		75		70		98
HEIGHT: 74		WEIGHT → 160		SpO ₂ 96		132/71		97/10		97/9		97/8		97/8		96/1	
						97/10		97/9		97/8		97/8		96/1		96/1	
						RA 74		97/10		97/9		97/8		97/8		96/1	
						RA 74		97/10		97/9		97/8		97/8		96/1	
						97/10		(RA)									
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)												REGISTER NO.	WARD NO.				

(Centigrade Equivalents, for Reference only)

VITAL SIGNS RECORDS

Medical Record

(b)(6)-4

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST-	DAY	14 OCT 03	15 OCT 03	16 OCT 03	17 OCT 03	18	19/2021
<u>15 OCT 03</u>	HOUR	8 1	3 1	1 2	1 3	1 4	8 0 11

PULSE
(O)

105°

180

170

160

150

140

130

120

110

100

90

80

70

60

50

40

MEDICAL RECORD

VITAL SIGNS RECORD

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.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD		VITAL SIGNS RECORD							
HOSPITAL DAY POST-	DAY	21	22	23/24	25	26	27	28	
MONTH-YEAR	DAY	19	1	9	1	0	1	2	
PULSE (O)	TEMP. F (°)	105°	98	99	97	99	79	81	86.6°
			8	8	8	8	8	8	40.6°
			3	3	3	3	3	3	40.0°
			0	0	0	0	0	0	39.4°
			0	0	0	0	0	0	38.9°
			0	0	0	0	0	0	38.3°
			0	0	0	0	0	0	37.8°
			0	0	0	0	0	0	37.2°
			0	0	0	0	0	0	37.0°
			0	0	0	0	0	0	36.7°
			0	0	0	0	0	0	36.1°
			0	0	0	0	0	0	35.6°
			0	0	0	0	0	0	35.0°
			0	0	0	0	0	0	
RESPiration RECORD		70	60	50	40	30	20	10	
BLOOD PRESSURE		113/65	108/54	114/67	110/65	111/69	116/68	112/63	110/68
		57	57	57	57	57	57	57	57
		97.5	97.6	97.5	97.5	97.5	97.5	97.5	97.5
HEIGHT: WEIGHT →		97.2	97.2	97.2	97.2	97.2	97.2	97.2	97.2
Record special data only when so ordered	S/D L RA		98%	97%	98%	98%	97%	97%	97%
			RA	RA	(RA)	RA	RA	RA	RA
		95%							
		1A							
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)						REGISTER NO.	WARD NO.		

(Centigrade Equivalents, for Reference only)

VITAL SIGNS RECORDS

Medical Record

MEDICAL RECORD		VITAL SIGNS RECORD														
HOSPITAL DAY																
POST-	DAY															
MONTH-YEAR	DAY	29														
10 2003	HOUR	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.
PULSE (0)	TEMP. F (°) 105°	7	.	.	.	.	.	.	.	.	.	.	.	.	.	TEMP. C 40.6°
180	104°		.	.	.	.	.	.	.	.	.	.	.	.	.	40.0°
170	103°		.	.	.	.	.	.	.	.	.	.	.	.	.	39.4°
160	102°		.	.	.	.	.	.	.	.	.	.	.	.	.	38.9°
150	101°		.	.	.	.	.	.	.	.	.	.	.	.	.	38.3°
140	100°		.	.	.	.	.	.	.	.	.	.	.	.	.	37.8°
130	99° 98.6°		.	.	.	.	.	.	.	.	.	.	.	.	.	37.2° 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																
Record special data only when so ordered	BLOOD PRESSURE		113/64													
	HEIGHT:	WEIGHT →														
	O/S CT 98(BD)															

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

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK

(b)(6)-4

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

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro WHS/DIOR Rev 94

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

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

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

OUTPUT									
URINE						NASOGASTRIC			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
1830	450	450							
1945	200	650							
2100	250	900							
2300	220	1120							
2230	300	300							
10/19	0800	300							
	1200	450							
	1600	200							
CHEST						EMESIS			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
STOOLS									
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	OTHER OUTPUT				
2230	Brown	Soft	250	250	TIME	AMOUNT	TYPE	ACCUM TOTAL	
					10/19/03 1914		SP#1 25cc SP#2 10cc		
GRAND TOTAL OUTPUT									
REMARKS									
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)					INTAKE EQUIVALENTS (Serving levels cc)				
  (6)(6)-4					MEDICINE GLASS (1 oz) 30 HALF PINT MILK 240 120 LARGE SOUP BOWL 240 SMALL FRUIT CUP 160 LARGE WATER GLASS 240 COFFEE MUG 180 PLASTIC OR PAPER JUICE CONTAINER 180				

9 Oct 03

OUTPUT									
URINE						NASOGASTRIC			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
1800	300								
1200	450	750							
1600	200	950							
2300	400	1350							
0300	320	1670							
1000									
0800	300	300							
10	250	550							
1300	500	1050							
CHEST						EMESIS			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
STOOLS									
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	JP OTHER OUTPUT				
					TIME	AMOUNT	TYPE	ACCUM TOTAL	
					10/9 1700	(scant) Mm	light brownish green	scant	
					1640 1700	<2cc scant	brown/green	scant	
					GRAND TOTAL OUTPUT				
REMARKS									
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility).						INTAKE EQUIVALENTS (Serving levels cc)			
EPW # [REDACTED] (b)(b)-4						MEDICINE GLASS (1 oz) 30 SMALL FRUIT CUP 160 COFFEE MUG 180 HALF PINT MILK 240 LARGE SOUP BOWL 240 LARGE WATER GLASS 240 PLASTIC OR PAPER JUICE CONTAINER 180			

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET					FROM <u>0600</u> HOURS	TO <u>0600</u> HOURS	TOTAL HOURS COVERED	DATE <u>9 Oct 03</u>	
					INTAKE				
ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
<u>2000H2030CC</u>				<u>3000</u>					
<u>Jevity</u> IRRIGATIONS (N/G, Bladder, etc.)									
		TIME		TYPE		AMOUNT	ACCUMULATIVE TOTAL		
		<u>06-18</u>		<u>Jevity</u>		<u>1200</u>	<u>1200</u>	<u>1200</u>	
		<u>18-06</u>		<u>Jevity</u>		<u>1100</u>	<u>2300</u>		
		<u>18-06</u>		<u>flush</u>		<u>100</u>	<u>2400</u>	<u>2400</u>	
		<u>06-18</u>		<u>Jevity</u>		<u>1200</u>	<u>1200</u>		
		<u>06-18</u>		<u>flush</u>		<u>100</u>	<u>1300</u>		
BLOOD/BLOOD DERIVATIVES									
TIME STARTED	PRODUCT (i.e. BI, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE				
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL	
GRAND TOTAL INTAKE									

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM <u>06</u> HOURS	TOTAL HOURS COVERED	DATE <u>11 Oct 83</u>	
INTAKE						INTRAVENOUS <u>GT</u>			
ORAL				INTRAVENOUS <u>GT</u>					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0800	juice	180		0600	400	Jevity			
	water	350							
13 OCT	Water	600cc	600cc	1000cc	1000cc	Jevity	1000cc	1000cc	1000cc
14 OCT	Water	1100cc	1100cc	2000cc	1000cc	Jevity	1000cc	1000cc	2000cc
15 OCT	H ₂ O	2000cc	2000cc	14 OCT 13	800cc	Jevity	800cc	800cc	800cc
				14 OCT 15th	1200	Jevity	1200cc	1200cc	2000
IP output IRRIGATIONS (NG, Bladder, etc.)									
				TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
				14 OCT 06	yellow/green drainage	1cc	1cc		
				14 OCT 15th	y/g drainage	2cc	3cc		
15 OCT	J tube flush	10cc							
BLOOD/BLOOD DERIVATIVES									
TIME STARTED	PRODUCT (i.e. BI, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE				
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL	
GRAND TOTAL INTAKE									

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

OUTPUT										
URINE						NASOGASTRIC				
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL	
620	450	450								
1300	1100cc	1100cc								
1400	8600	900cc	2600cc							
1500	030	600cc	2600cc							
CHEST						EMESIS				
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL	
STOOLS						OTHER OUTPUT				
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL		TIME	AMOUNT	TYPE	ACCUM TOTAL	
2000	yell/bRN.	unformed	200?	200cc						
GRAND TOTAL OUTPUT										
REMARKS										
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)						INTAKE EQUIVALENTS (Serving levels cc)				
(b)(6) - 4						MEDICINE GLASS (1 oz) 30 SMALL FRUIT CUP 160 COFFEE MUG 180				HALF PINT MILK 240 120 LARGE SOUP BOWL 240 PLASTIC OR PAPER JUICE CONTAINER 180

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

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM <u>00</u> HOURS	TO <u>24</u> HOURS	TOTAL HOURS COVERED <u>24</u>	DATE <u>15 OCT 93</u>	
						INTAKE				
ORAL				INTRAVENOUS						
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL	
18-06-06	H ₂ O	600	600cc	0600-1800	900cc	Jevity	900cc		900cc	
18-06-08	Juice	480	1680cc	0800-1600	600cc	Jevity	600		1500cc	
18-06	H ₂ O	200	1280							
<i>Tube flush</i> (Intake & Output, Bladder etc.)										
		TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL					
		2300	NS flush 20cc	20cc						
BLOOD/BLOOD DERIVATIVES										
TIME STARTED	PRODUCT (i.e. BI, AIB, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE					
					TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL		
					GRAND TOTAL INTAKE					

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR, Jun 94

(b)(6)-4
MEDCOM - 16718

15 OCT
(06-06)

11 LC

DD FORM 792, JAN 74

Page 2

MEDCOM - 16719

(JP)

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

INTAKE EQUIVALENTS (Serving levels cc)

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

DD FORM 792, JAN 74

Page 2

160 MEDCOM - 16720 (X)

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

DD FORM 792, JAN 74 (EG)

EDITION OF 1 SEP 54 IS OBSOLETE.

Designed using Perform Pro, WHS/DIOR - Jun 94

(b)(6)-4

MEDCOM - 16721

16 OCT 03
(06-06)

$$C = 1600$$

$$T = 2780$$

980
1800
2780

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

INTAKE EQUIVALENTS (*Serving levels cc*)

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

DD FORM 792, JAN 74

**EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP)
1 JUL 72 WHICH MAY BE USED.**

USAPPC V1.00

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET						FROM 06 TO 06	HOURS HOURS	TOTAL HOURS COVERED	DATE 20 OCT
INTAKE						INTRAVENOUS			
ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0700	Juice	240	240			Jevity@100cc/hr			600
1400	H2O	100	340	1615	1000	Jevity@100cc/hr	600		600
1420	Juice	240	580	1630	20cc	20cc NS FLUSH 20cc			1220
21 OCT 03 (06-06)				Jevity@100cc/hr flush				1200cc 1200cc	
0700	Juice	240	240						
0700	H2O	100	340						
						IRRIGATIONS (ING, Bladder, etc.)			
				TIME		TYPE	AMOUNT	ACCUMULATIVE TOTAL	
BLOOD/BLOOD DERIVATIVES									
TIME STARTED	PRODUCT (i.e. BI, Alb, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	OTHER INTAKE				
					TIME		TYPE	AMOUNT	
								ACCUMULATIVE TOTAL	
						GRAND TOTAL INTAKE			

USAPPC V1.00

[REDACTED]
(b)(6)-4

{ 20 OCT - 21 OCT
\$6000 - \$6000 }

DD FORM 792, JAN 74

EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP)
1 JUL 72 WHICH MAY BE USED.

USAPPC V1.00

USAPPC V1.00

USAPPC V1.00

1

(b)(6)-4

LABORATORY REPORT DISI

i-STAT EG7+

i-STAT GS+
(b)(6)-4
Pt: [REDACTED]

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

TCO2 19 mmol
At 37°C
PH 7.161
PCO2 47.9 mmHg
PO2 184 mmHg
HCO3 17 mmol
BEecf -12 mmol/
SO2% 99 %
*calculated

At Patient Temp
PH 7.223
PCO2 39.1 mmHg
PO2 160 mmHg

Patient Temp: 90.2°F
FIO2 : 50
Sample Type: ART

16AUG03 11:37
Oper: [REDACTED]

Physician: _____

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

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

[REDACTED]

(b)(6)-4

MEDCOM - 16727

- | | |
|--|---|
| <input checked="" type="checkbox"/> CHEMISTRY I (SF 546) | <input type="checkbox"/> CHEMISTRY II (SF 547) |
| <input type="checkbox"/> CHEMISTRY III (SF 548) | <input type="checkbox"/> HEMATOLOGY (SF 549) |
| <input type="checkbox"/> URINALYSIS (SF 550) | <input type="checkbox"/> SEROLOGY (SF 551) |
| <input type="checkbox"/> SPINAL FLUID (SF 555) | <input type="checkbox"/> MICROBIOLOGY I (SF 553) |
| | <input type="checkbox"/> MICROBIOLOGY II (SF 554) |
| | <input type="checkbox"/> MISCELLANEOUS (SF 557) |
| | <input type="checkbox"/> ASSORTED FORMS |

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

LABORATORY REPORT
DISPLAY

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

Ser# 40746

i-STAT G3+

E3

IF
ECG
SPO2i-STAT EG7+
(b)(6)-4 102 ✓Pt: (b)(6)-4
Pt. Name:

TCO2-----24 mmol/L

At 37C

PH-----7.393

PCO2-----37.6 mmHg

PO2-----95 mmHg

HCO3-----23 mmol/L

BEact-----2 mmol/L

SO2*-----97 %

*calculated

At Patient Temp

PH-----7.380

PCO2-----39.1 mmHg

PO2-----100 mmHg

Patient Temp: 100.2F

F102-----40

Sample Type:

05SEP03 04:34

Oper: [REDACTED]

Physician:

Ser# JAM5046A
Ver: CLEM A93

i-STAT EG7+

(b)(6)-4 102 ✓

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

Na-----145 mmol/L

K-----4.4 mmol/L

TCO2-----20 mmol/L

iCa-----1.01 mmol/L

Hct-----26 %PCV

Hb-----7 g/dL

*via Hct

At 37C

PH-----7.258

PCO2-----42.8 mmHg

PO2-----52 mmHg

HCO3-----3 mmol/L

BEact------5 mmol/L

SO2*-----81 %

*calculated

At 37C

PH-----7.268

PCO2-----44.9 mmHg

PO2-----37.1 mmHg

HCO3-----3 mmol/L

BEact------5 mmol/L

SO2*-----100 %

*calculated

Sample Type:

16AUG03 19:54

Oper: [REDACTED]

Physician:

Ser# JAM5046A
Ver: CLEM A93

Ward/Section: ICU-3	REQUESTING PHYSICIAN: ██████████	(b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. ██████████	(b)(6)-4	DATE 16 Aug	TIME 1710	SSN/PSEUDO SSN: ██████████ (b)(6)-4				
(Hematology) CBC			Urinalysis		Misc. Serology			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		0 ⁺	Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			
Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE: 8-14-95	LAB ID NO.:				

Ward/Section: <u>ICU-3</u>	REQUESTING PHYSICIAN: <u>(b)(6)-2</u>	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <u>(b)(6)-4</u>		DATE: <u>16 Aug 93</u>	TIME: <u>1710</u>	SSN/PSEUDO SSN: <u>(b)(6)-4</u>
G-STAD			(Piccolo) Chemistry 12	
TEST	RESULT	REF. RANGE		
Na	138-146 mmol/L	PICCOLO 16/08/03 17:21		
K	3.5-4.9 mmol/L	REFERENCE RANGE: MALE		
Cl	98-109 mmol/L	PATIENT #: <u>(b)(6)-4</u>		
pH	7.31-7.45	METLYTE 8		
PCO ₂	35-45 mmHg (art) 41-51 mmHg (ven)	DISC LOT #: 3152AA4		
PO ₂	80-105 mmHg (art) N/A (ven)	OPER #: <u> </u> DR #: 000		
TCO ₂	23-27 mmol/L (art) 24-29 mmol/L (ven)	SERIAL #: <u> </u>		
HCO ₃	22-26 mmol/L (art) 23-28 mmol/L (ven)			
sO ₂	95-98%			
BECf	(-2) - (+3) mmol/L	GLU	217*	73-118 MG/DL
AnGap	10-20 mmol/L	BUN	15	7-22 MG/DL
Ca	1.12-1.32 mmol/L	CRE	1.7*	0.6-1.2 MG/DL
BUN	8-26 mg/dl	CK	536*	39-380 U/L
GLU	70-105 mg/dl	NA+	126*	128-145 MMOL/L
Creat	0.7-1.5 mg/dl	K+	4.6	3.3-4.7 MMOL/L
Hct	38-51% PCV	CL-	109*	98-108 MMOL/L
Hgb	12-17 g/dl	tCO ₂	18	18-33 MMOL/L
			INST QC: OK	CHEM QC: OK
			HEM 0 , LIP 0 , ICT 0	
Misc. Chemistry				
TEST	RESULT	REF. RANGE		
Troponin-I				
Drug of Abuse				
REMARKS:				
REPORTED BY: <u> </u>	DATE: <u>16 Aug 93</u>	LAB ID NO.:		

(b)(6)-2

Ward/Section: LAST, FIRST, MI:	REQ:	REF:	ING PHYSICIAN: (b)(6)-2	RATORY RESULT FORM (Subject to the Privacy Act of 1974)				
			DATE: (b)(6)-4	TIME: 10 Aug 03	SSN/PSEUDO SSN:			
(Hematology) CBC				Microbiology		Misc. Serology		
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
WBC			Color		N/A	RPR		Negative
RBC			App		N/A	Microbiology		
Hgb			Glu		Negative	Source		
Hct			Bili		Negative	Gram Stain		
MCV			Ket		Negative	O & P		
Plt			SG		N/A	Occ. Bld		Negative
Lym			Bld		Negative	H. pylori		Negative
(I)			pH		N/A	Micro Parasites		
Seg			Prot		Negative	Malaria		
Bas			Urob		0.2-1.0	Other		
Lymph		Baso		Nit		Microscopic Urinalysis		
Atyp		Imm		Leuk				
RBC			HCG		Negative			
Morph								
Spun Hematocrit		42.52% (M) 37.47% (F)		ESR		Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies				Crossmatch				
TEST: DATE: 16 Aug 03					CROSSMATCH			
TEST	RESULT	REF RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2			DATE: 16 Aug 03	LAB ID NO.:				

Last/First/MI	REQUESTING PHYSICIAN	DATE	TIME	LAB TEST REQUEST FORM CC to the Privacy Act of 1974 SSN/PSEUDO SSN				
(Hematology) CBC				(Microbiology)				
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
WBC	$4.8-10.8 \times 10^3$		Color		N/A	RPR		Negative
RBC	$4.7-6.1 \times 10^9$ (M) (L)		App		N/A	Microbiology		
Hb	$14-18.9 \text{ g/dL (M)}$ $12-16.9 \text{ g/dL (F)}$		Glu		Negative	Source		
Hct	$39.2-52.9\% \text{ (M)}$ $37-47\% \text{ (F)}$		Bili		Negative	Gram Stain		
CV	$80-94 \text{ f. (M)}$ $81-99 \text{ f. (F)}$		Ket		Negative	O & P		
RDW	$13.0-5.50 \times 10^3$ $\text{VARI} + 2.8$		SG		N/A	Occ Bld		Negative
Lymph %	$20.5-51.1\%$		Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential				pH	N/A	Micro Parasites		
Legs	Mono		Prot		Negative	Malaria		
Hands	Eos		Urob		0.2-1.0	Other		
Lymph	Baso		Nit		Negative	Microscopic Urinalysis		
Myel	Imm		Leuk		Negative			
CBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Bd Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies								
TESTS ARE TO BE PERFORMED ON THE BLOOD								
TEST	RESULT	REF RANGE	UNIT	TEST	RESULT	REF RANGE	CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		>20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY		DATE		LAB ID NO.				

Ward/Section: <i>bmr</i>	REQUESTING PHYSICIAN:			(b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI: <i>(b)(6)-4</i>			DATE: <i>16 Aug 03</i>	TIME	SSN/PSEUDO SSN: <i>(b)(6)-4</i>			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		$4.8-10.8 \times 10^3$	Color		N/A	RPR		Negative
RBC		$4.7-6.1 \times 10^9$	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		$130-500 \times 10^3$ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh	<i>Apos</i>	
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT	<i>15.5</i>	9.8-13.6 secs						
APTT	<i>19.7</i>	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE: <i>16 Aug 03</i>	LAB ID NO.:				

(b)(6)-2

* STAT

Ward/Section: OR	REQUESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, MI. (b)(6)-4 # (b)(6)-2		DATE 16 AUG 03	TIME 0400	SSN/PSEUDO SSN: # (b)(6)-4				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph				HCG		Negative		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other				Directigen		Negative	ABO/Rh	
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT	28.6	9.8-13.6 secs						
APTT	53.9	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2			DATE: 16 Aug 03	LAB ID NO.:				

(b)(6)-2

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
	(b)(6)-4	DATE 11/4/03	TIME 0717	SSN/PSEUDO SSN:	
(I-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L			
K		3.5-4.9 mmol/L			
Cl		98-109 mmol/L			
pH		7.31-7.45			
PCO ₂		35-45 mmHg (a) 41-51 mmHg (ven)			
PO ₂		80-105 mmHg (an) N/A (ven)			
TCO ₂		23-27 mmol/L (art) 24-29 mmol/L (ve)			
HCO ₃		22-26 mmol/L (art) 23-28 mmol/L (ve)			
sO ₂		95-98%			
B Eecf		(-2) - (+3) mmol/L	ALB	2.3* 3.3-5.5	G/dL
AnGap		10-20 mmol/L	ALP	25* 26-84	U/L
Ca		1.12-1.32 mmol/L	ALT	89* 10-47	U/L
BUN		8-26 mg/dl	AMY	91 14-97	U/L
GLU		70-105 mg/dl	AST	131* 11-38	U/L
Creat		0.7-1.5 mg/dl	TBIL	0.4 0.2-1.6	MG/dL
Hct		38-51% PCV	BUN	12 7-22	MG/dL
Hgb		12-17 g/dl	CA++	7.5* 8.0-10.3	MG/dL
Misc. Chemistry					
TEST	RESULT	REF. RANGE	INST QC: OK	CHEM QC: OK	
Troponin-I			HEM 2+, LIP 0	ICT 0	
Drug of Abuse					
REMARKS:					
REPORTED BY:	DATE: 8-16-03	LAB ID NO.:			

(b)(6)-2

Ward/Section:	REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.	(6)(6)-4		DATE	TIME	SSN/PSEUDO SSN:			
(Hematology) CBC			Urinalysis		Misc. Serology			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Color		N/A	RPR		Negative			
App		N/A	Mono		Negative			
Glu		Negative	Microbiology					
Bili		Negative	Source					
Ket		Negative	Gram Stain					
SG		N/A	Occ Bld		Negative			
Bld		Negative	H. pylori		Negative			
pH		N/A	Micro Parasites					
Prot		Negative	Malaria					
Urob		0.2-1.0	O & P					
Nit		Negative	Other					
Leuk		Negative	Microscopic Urinalysis					
HCG		Negative						
Spun Hematocrit		37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (6)(6)-2			DATE: 8-16-03	LAB ID NO.:				

Ward/Section: ICU3	REQUESTING PHYSICIAN: (6)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. (6)(6)-4	DATE 16 Aug 03	TIME 10:35	SSN/PSEUDO SSN:			
BC		Urinalysis		Misc. Serology		
REF. RANGE	TEST	RESULT	REF. RANGE	TEST		
10.8×10^3	Color		N/A	RPR		Negative
6.1×10^9	App		N/A	Mono		Negative
8 g/dl (M) 6 g/dl (F)	Glu		Negative	Microbiology		
2% (M) 7% (F)	Bili		Negative	Source		
4 fl (M) 3 fl (F)	Ket		Negative	Gram Stain		
00×10^3 ed	SG		N/A	Occ Bld		Negative
51.1%	Bld		Negative	H. pylori		Negative
ferential	pH		N/A	Micro Parasites		
	Prot		Negative	Malaria		
	Urob		0.2-1.0	O & P		
	Nit		Negative	Other		
	Leuk		Negative	Microscopic Urinalysis		
	HCG		Negative			
Spun Hematocrit	42-52% (M) 37-47% (F)	CSF		Blood Bank		
Sed Rate		Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other		Directigen		Negative	ABO/Rh	
Coagulation Studies		Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)				
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH	
PT		9.8-13.6 secs				
APTT		21-34 secs				
D dimer		<20 ug/ml				
FDP		<10 ug/ml				
REMARKS:						
REPORTED BY:	(6)(6)-2	DATE:	16 Aug 03	LAB ID NO.:		

Ward/Section: ICU3	REQUESTING PHYSICIAN: (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. [REDACTED]	(b)(6)-4	DATE: 10/16/02	TIME: 1035	SSN/PSEUDO SSN:	
(STAT) (Piccolo) Chemistry 12		(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
Na	138-146				
K	3.5-4.9				
Cl	98-109				
pH	7.31-7.4				
PCO ₂	35-45 mm 41-51 mm		PATIENT #: [REDACTED] (b)(6)-4	MALE	
PO ₂	80-105		METLYTE 8		
Na(ve)			DISC LOT #: 3152AA4		
TCO ₂	23-27 mm 24-29 mm		OPER #: [REDACTED]	DR #: 000	
HCO ₃	22-26 mm 23-28 mm		SERIAL #: [REDACTED]		
sO ₂	95-98%				
BEc _f	(-2)-4 mmol/L		GLU 216* 73-118 MG/DL	ALB 1.2* 3.3-5.5 G/DL	
AnGap	10-20		BUN 12 7-22 MG/DL	ALP 22* 26-84 U/L	
Ca	10.2-11		CRE 1.5* 0.6-1.2 MG/DL	ALT 69* 10-47 U/L	
BUN	8-26 mg/dL		CK 375 39-380 U/L	AMY 107* 14-97 U/L	
GLU	70-100		NA+ 123* 128-145 MMOL/L	AST 105* 11-38 U/L	
Creat	0.7-1.1		K+ 4.3 3.3-4.7 MMOL/L	TBIL 0.5 0.2-1.6 MG/DL	
Hct	38-51		CL- 108 98-108 MMOL/L	GGT 12 5-65 U/L	
Hgb	12-17		tCO ₂ 16* 18-33 MMOL/L	TP 2.0* 6.4-8.1 G/DL	
INST QC: OK CHEM QC: OK HEM 1+, LIP 0 , ICT 0					
INST QC: OK CHEM QC: OK HEM 2+, LIP 0 , ICT 0					
Misc. Chemistry					
TEST	RESULT	REF			
Troponin-I			nol/l		
Drug of Abuse			ng/l		
			ol/l		
REMARKS: CHRM 12, CHRM 10					
REPORTED BY: [REDACTED]	DATE: 16 Aug 02	LAB ID NO.: [REDACTED]			

(b)(6)-2

Ward/Section: ICU	REQUESTING PHYSICIAN:	(b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.	(b)(6)-4	DATE 17 AUG 03	TIME 1230	SSN/PSEUDO SSN:	
(Hematology) CBC		Urinalysis		Misc. Serology	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	$4.8-10.8 \times 10^3$	Color	N/A	RPR	Negative
	$4.7-6.1 \times 10^3$	Ann	N/A		Negative
U.S. GPO: 1992 - 312 - 063 / 60027					
I (M) II (F) M (M) F (F) $\times 10^3$ 1% erenti		Jef PREVIOUS EDITION USABLE Negative Negative			
PICCOLO 15/09/03 10:56					
REFERENCE RANGE: MALE					
PATIENT #: (b)(6)-4					
METLYTE 8					
DISC LOT #: 3141AA4					
OPER #: DR #: 000					
SERIAL #: (b)(6)-4					
GLU 181* 73-118 MG/DL BUN 25* 7-22 MG/DL CRE 1.0 0.6-1.2 MG/DL CK 62 39-380 U/L NA+ 146* 128-145 MMOL/L K+ 4.3 3.3-4.7 MMOL/L CL- 108 98-108 MMOL/L tCO2 25 18-33 MMOL/L					
52% (M) 47% (F)					
INST QC: OK CHEM QC: OK HEM 0, LIP 1+, ICT 0					
Enter in above space. PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE					
lk 518 WITH QUESTED					
BLOOD					
SMATCH					
PATIENT'S MED. RECORD					
Sed Rate Other		MISC <input type="checkbox"/> URGENCY <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM SPECIMEN SOURCE (Specify)			
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			
REMARKS: Questioning Location of Blood Draw.					
REPORTED BY: (b)(6)-2	DATE: 17 Aug 03	LAB ID NO.:			

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: Dr. [REDACTED] (b)(6)-Z	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)						
	# [REDACTED] (b)(6)-4	DATE 17 Aug 03	TIME	SSN/PSEUDO SSN: (b)(6)-4 # [REDACTED]				
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF.	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB			Na		73-118 mg/dl
K		3.5-4.9 mmol/L	A/G			K		3.7-7.2 mg/dl
Cl			Y			Cl		93.0-103.1 mg/dl
pH			L			pH		7.0-7.2 mg/dl
PCO ₂			J			PCO ₂		128-145 mmol/l
PO ₂			iCa			PO ₂		3.3-4.7 mmol/l
TCO ₂			Hct			TCO ₂		98-108 mmol/l
HCO ₃	TCO ₂	24 mmol/L	Hb*			iCa	1.09 mmol/L	18-33 mmol/l
sO ₂	At 37°C		Hb*			Hct	30 %PCV	
BEec	pH	7.266				Hb*	10 g/dL	
AnG	PCO ₂	49.6 mmHg						
Ca	PO ₂	107 mmHg						
BUN	HCO ₃	23 mmol/L						
GLU	BEecf	4 mmol/L						
Crea	sO ₂ *	97 %						
Hct		*calculated						
Hgb	Sample Type:							
TE	17AUG03	19:25						
Trop	Oper:							
Dru	Physician:							
Abus	Ser# [REDACTED]							
	Ver: JAMS046R							
	CLEM A93							
REMARKS: <i>In the OR</i>								
REPORTED BY:	(b)(6)-2	DATE:	17 Aug 03	LAB ID NO.:				

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)-Z	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
10U3		DATE: 17 Aug 03	TIME: 13:30	SSN/PSEUDO SSN:				
(Hematology) CBC		Urinalysis		Misc. Serology				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			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	20.5	9.8-13.6 secs						
APTT	42.9	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-Z		DATE: 17 Aug 03	LAB ID NO.:					

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN:	(b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
16U3	(b)(6)-4	DATE: 17AUG03	TIME: 0430	SSN/PSEUDO SSN:	
TEST		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF.		TEST	RESULT
Na	138-146		PICCOLO	GLU	
K	3.5-4.9	17/08/03	05:35	BUN	
Cl	98-109	REFERENCE RANGE: 95-109 mmol/L	PATIENT #: (b)(6)-4	CA++	i-STAT EC8+
pH	7.31-7.4	GENERAL CHEMISTRY 12	DISC LOT #: 3142AA1	CRE	Pt: (b)(6)-4
PCO2	35-45 mm	OPER #: (b)(6)	DR #: 000	NA ⁺	Pt Name:
	41-51 mm	SERIAL #: (b)(6)		K ⁺	
PO2	80-105 mm			CL ⁻	Glu 69 mg/dL
	N/A (ven)			tCO2	BUN 26 mg/dL
TCO2	23-27 mm			Na 142 mmol/L	Na 4.7 mmol/L
	24-29 mm			Ca++ 108 mmol/L	K 21 mmol/L
HCO3	22-26 mm			ALB 19 mmol/L	AnGap 30 KPCV
	23-28 mm			ALT 10.5 mmol/L	Hct 10 g/dL
sO2	95-98%	ALR 2.4*	3.3-5.5 U/DL	AMY *via Hct	AST 7.314
BEecf	(-2) - (+3) mmol/L	ALP 17*	26-84 U/L	TBIL 38.4 mmHg	PCO2 20 mmol/L
AnGap	10-20 mm	ALT 40	10-47 U/L	GGT 29 mmol/L	HC03 7 mmol/L
Ca	1.12-1.32	AMY 501*	14-97 U/L	TP 42011	
BUN	8-26 mg/c	AST 39*	11-38 U/L		
GLU	70-105 mg	TBIL 1.4	0.2-1.6 MG/DL		
		BUN 21	7-22 MG/DL		
		CA++ 6.5*	8.0-10.3 MG/DL		
Creat	0.7-1.5 mg	CHOL 34*	100-200 MG/DL		
Hct	38-51% Pt	CK 1.6*	0.6-1.2 MG/DL		
Hgb	12-17 g/dl	GLU 74	73-118 MG/DL		
		TP 3.4*	6.4-8.1 G/DL		
Misc. Chemistry					
TEST	RESULT	REF. RA.	INSTR QC: OK	CHIM QC: OK	
Troponin-t			HFM 11	LIP 0	TCT 0
Drug of Abuse					
REMARKS:					
REPORTED BY:	(b)(6)-2	DATE: 17AUG	LAB ID NO.:		

Ward/Section <i>ICU3</i>	REQUESTING UNIT <i>(b)(6)-2</i>	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. <i>(b)(6)-4</i>	<i>(b)(6)-4</i>	DATE <i>17 Aug 03</i>	TIME <i>0430</i>	SSN/PSEUDO SSN:	
(Hematology) CBC		Urinalysis		Misc. Serology	
TEST	RESULT	REF. RANGE	TEST	RESULT	
RBC			Color	N/A	
			App	N/A	
			Glu	Negative	
			Bili	Negative	
			Ket	Negative	
			SG	N/A	
			Bld	Negative	
			pH	N/A	
S			Prot	Negative	
B			Urob	0.2-1.0	
L			Nit	Negative	
A			Leuk	Negative	
				Microbiology	
RBC Morph			HCG	Negative	
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF		
Sed Rate			Cell Count		Blood Bank
Other			Directigen	Negative	ABO/Rh
Coagulation Studies		Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)			
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:					
REPORTED BY:		DATE: <i>17 Aug 03</i>	LAB ID NO.:		

(b)(6)-2

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)-t			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
			DATE 8-17-03	TIME 2049	SSN/PSEUDO SSN:			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
Lymph		Dasu				Microscopic Urinalysis		
Atyp		Imm		Leuk				
RBC Morph				HCG				
Spun Hematocrit			42-52% (M) 37-47% (F)	CSF			Blood Bank	
Sed Rate				Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Other				Directigen		Negative	ABO/Rh	
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: In The OR								
REPORTED BY: (b)(6)-z			DATE: 8-17-03	LAB ID NO.:				

(b)(6)-2

Ward/Section: ICU3			REQUESTED DATE: 1/18/03			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED]			TIME: 118 4430			SSN/PSEUDO SSN: [REDACTED]		
(Hematology) CBC (b)(6)-4			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC			Color		N/A	RPR		Negative
RB			App		N/A	Mono		Negative
Hgt			Glu		Negative	Microbiology		
Hct			Bili		Negative	Source		
MC			Ket		Negative	Gram Stain		
Plt			SG		N/A	Occ Bld		Negative
Lym			Bld		Negative	H. pylori		Negative
(H			pH		N/A	Micro Parasites		
Segs			Prot		Negative	Malaria		
Bands			Urob		0.2-1.0	O & P		
Lympf			Nit		Negative	Other		
Atyp	Imm		Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 18 Aug 03		LAB ID NO.:			

(b)(6)-2

Ward/Section:

LAST, FIRST, MI.

REQUESTING PHYSICIAN:

(b)(6)-4

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. #			DATE	TIME	SSN/PSPUDO-SSN
			18/08/03	00:54	
(G-STAT)			Piccolo Chemistry 12		(Piccolo) Metabolic Panel
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
i-STAT EC8+			ALB		118 mg/dl
Pt: (b)(6)-4			ALP		2 mg/dl
Pt Name: _____			ALT		10.3 mg/dl
Glu _____	79 mg/dL		AMY		1.2 mg/dl
BUN _____	26 mg/dL		AST		145 nmol/l
Na _____	139 mmol/L		TBIL		4.7 mmol/L
K _____	4.2 mmol/L		BUN		108 mmol/L
Cl _____	107 mmol/L		CA ⁺⁺		3 mmol/L
TCO ₂ _____	22 mmol/L		CHOL		J Plus
AnGAP _____	15 mmol/L		CRE		F. RANGE
Hct _____	29 %PCV		GLU	2.3*	3.3-5.5 G/DL
Hb* _____	10 g/dL	*via Hct	ALP	24*	26-84 U/L
pH _____	7.352		TP	58*	10-47 U/L
PCO ₂ _____	37.9 mmHg		(Piccolo) M	276*	14-97 U/L
HCO ₃ _____	21 mmol/L		TEST	108*	11-38 U/L
BEefc _____	-5 mmol/L		GLU	3.3*	0.2-1.6 MG/DL
Sample Type: _____			BUN	20	7-22 MG/DL
18AUG03 00:52			CA ⁺⁺	7.5*	8.0-10.3 MG/DL
Oper: 9269			CHOL	64*	100-200 MG/DL
Physician: _____			CRE	1.4*	0.6-1.2 MG/DL
Ser# 42011			CK	86	73-118 MG/DL
Ver: JAMS046A CLEW, R93			NA ⁺	3.6*	6.4-8.1 G/DL
			K ⁺		RANGE
			CL ⁻		5 mmol/L
			CO ₂		mmol/L
					mmol/L
					mol/L
					3

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

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

ICU 3

LAST, FIRST, MI.

(b)(6)-4

REQUESTING PHYSICIAN:

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)TIME
7:00

SSN/PSEUDO SSN:

(b)(6)-4

i-STAT

(Piccolo) Chemistry 12

TEST

RESULT

REF. RANGE

TEST

RESULT

REF

[REDACTED]

i-STAT G3+

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

i-STAT G3+

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

TCO2 27 mmol/L

At 37C

PH 7.407

PCO2 41.6 mmHg

PO2 63 mmHg

HCO3 26 mmol/L

BEecf 1 mmol/L

SO2* 92 %

*calculated

TCO2 25 mmol/L

At 37C

PH 7.439

PCO2 35.1 mmHg

PO2 85 mmHg

HCO3 24 mmol/L

BEecf 0 mmol/L

SO2* 97 %

*calculated

At Patient Temp

PH 7.399

PCO2 42.6 mmHg

PO2 65 mmHg

Patient Temp: 99.6F

FI02 : 50

Sample Type: APT

18AUG03

20:56

At Patient Temp

PH 7.436

PCO2 35.4 mmHg

PO2 86 mmHg

Patient Temp: 99.0F

FI02 : 50

Sample Type:

19AUG03 00:33

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

i-STAT G3+

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

Pt Name: _____

TCO2 27 mmol/L

At 37C

PH 7.401

PCO2 40.9 mmHg

PO2 64 mmHg

HCO3 25 mmol/L

BEecf 1 mmol/L

SO2* 92 %

*calculated

At Patient Temp

PH 7.392

PCO2 41.9 mmHg

PO2 66 mmHg

Patient Temp: 99.6F

FI02 : 50

Sample Type: APT

FI02 TO 55% per RT
18AUG03 22:35

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

Ward/Section: <i>JCU 3</i>	REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: (b)(6)-4	DATE: 18 Aug 03		TIME: 0400	SSN/PSEUDO SSN: (b)(6)-4				
(Hematology) CBC		Urinalysis			Misc. Serology			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
Lymph		Baso		Nit	Negative	Other		
Atyp		Imm		Leuk	Negative	Microscopic Urinalysis		
RBC Morph				HCG	Negative			
Spun Hematocrit			42-52% (M) 37-47% (F)	CSF			Blood Bank	
Sed Rate				Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Other				Directigen		Negative	ABO/Rh	
Coagulation Studies				Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)				
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2			DATE: 18 Aug 03		LAB ID NO.:			

Ward/Section: ICU	REQUESTING PHYSICIAN: (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, MI. (b)(6)-4	DATE 18/08/03	TIME @ open	SSN/PSEUDO SSN: (b)(6)-4					
G-STAT		(Piccolo) Chemistry Panel		(Piccolo) Metabolic Panel				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
mmol/L	ALB	3.5-5.5 g/dl	mmol/L	73-118 mg/dl				
mmol/L	ALP	26-84 u/l						
mmol/L	ALT	10-47 u/l						
mmol/L (art)	AMY	14-97 u/l						
mmol/L (art)	AST	11-38 u/l						
mmol/L (ven)	TBIL	0.2-1.6 mg/dl						
mmol/L (art)	BUN	7-22 mg/dl						
mmol/L (ven)	CA++	8.0-10.3 mg/dl						
mmol/L (ven)	CHOL	100-200 mg/dl						
mmol/L	CRE	0.6-1.2 mg/dl						
mmol/L	GLU	73-118 mg/dl						
mmol/L	TP	6.4-8.1 g/dl						
mmol/L	(Piccolo) Methb. & G-							
ug/dl	TEST	RESULT	REF. RANGE					
ug/dl	GLU	73-118 mg/dl						
ug/dl	BUN	7-22 mg/dl						
ug/dl	CRE	0.6-1.2 mg/dl						
ug/dl	CK	39-380 u/l						
mmol/L	NA+	128-145 m						
mmol/L	K+	3.3-4.7 mm						
mmol/L	CL-	98-108 m						
mmol/L	tCO ₂	18-33 mm						
<i>Electrolytes</i>								
(b)(6)-2	DATE: 18 Aug 03	LAB ID NO.:						

===== PICCOLO =====

18/08/03 05:05

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: DR # 000

SERIAL #:

ALB	2.2*	3.3-5.5	G/DL
ALP	27	26-84	U/L
ALT	62*	10-47	U/L
AMY	172*	14-97	U/L
AST	106*	11-38	U/L
TBIL	2.8*	0.2-1.6	MG/DL
BUN	22	7-22	MG/DL
CA++	7.8*	8.0-10.3	MG/DL
CHOL	32*	100-200	MG/DL
CRE	1.3*	0.6-1.2	MG/DL
GLU	91	73-118	MG/DL
TP	3.7*	6.4-8.1	G/DL

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

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

i-STAT G3+

Pt: (b)(6)-4

Pt Name: _____

TCO₂ 29 mmol/L

At 37°C

pH 7.431

PCO₂ 42.2 mmHg

PO₂ 86 mmHg

HCO₃ 28 mmol/L

BEecf 4 mmol/L

SO₂* 97 %

*calculated

At Patient Temp

pH 7.422

PCO₂ 43.3 mmHg

PO₂ 90 mmHg

Patient Temp: 99°F

FiO₂: 50

Sample Type: ART

19AUG03 04:33

Oper: _____

Physician: _____

Ser#: _____

Ver: JAMS046A
CLEW A93

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dL	GLU		
ALP		26-84 u/l	BUN		
AMY		10-47 u/l	CA++		

===== PICCOLO =====

19/08/03 05:50

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3204AA4

OPER #: DR #: 000

SERIAL #: _____

ALB 2.0* 3.3-5.5 G/DL

ALP 34 26-84 U/L

ALT 66* 10-47 U/L

AMY 56 14-97 U/L

AST 63* 11-38 U/L

TBIL 3.2* 0.2-1.6 MG/DL

BUN 7-22 MG/DL

CA++ 7.2* 8.0-10.3 MG/DL

CHOL 30* 100-200 MG/DL

CRE 0.9 0.6-1.2 MG/DL

GLU 76 73-118 MG/DL

TP 4.0* 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0 , ICT 1+

i-STAT 6+

Pt: (b)(6)-4

Pt Name: _____

Glu 68 mg/dL

BUN 22 mg/dL

Na 141 mmol/L

K 3.2 mmol/L

Cl 106 mmol/L

Hct 24 %PCV

Hb* 6 g/dL

*via Hct

Sample Type: _____

19AUG03

Oper: _____

Physician: _____

Ser#: _____

Ver: JAMS046A
CLEW A93

2	18-33 mmol/L
<i>FiO₂: 50%</i>	

28

Ward/Section:	REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.		DATE	TIME	SSN/PSEUDO SSN:				
(Hematology) CBC			Urinalysis		Misc. Serology			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
(b)(6)-f			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Ooc Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2			DATE: 19 Aug 03		LAB ID NO.:			

(b)(6)-2

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
		DATE: 20 AUG 03	TIME: 15:54	SSN/PSEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		136-146 mmol/L	ALB		3.5-5.5 g/dL	GLU		73-118 mg/dL
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dL
Cl	99	99 mmol/L	ALT		10-47 u/l	CA++		8.0-10.3 mg/dL
	7.45	mmHg (art) mmHg (ven)	AMY		14-97 u/l	CRE		0.6-1.2 mg/dL
	5	mmHg (art) mmHg (ven)	AST		11-38 u/l	NA+		128-145 mmol/L
	5	mmHg (art) mmHg (ven)	TBIL		0.2-1.6 mg/dL	K+		3.3-4.7 mmol/L
i-STAT 6+			BUN		7-22 mg/dL	CL-		98-108 mmol/L
Pt: (b)(6)-4			CA++		8.0-10.3 mg/dL	tCO ₂		18-33 mmol/L
Pt Name: _____			%		100-200 mg/dL	(Piccolo) Liver Panel Plus		
glu	91	mg/dL	(+3)	CRE	0.6-1.2 mg/dL	TEST	RES	
BUN	17	mg/dL	mmol/L	GLU	73-118 mg/dL	ALB		
Na	145	mmol/L	32 mmol/L	TP	6.4-8.1 g/dL	ALP		
K	3.7	mmol/L	g/dL	(Piccolo) Methane Gas			ALT	
Cl	109	mmol/L	mg/dL	TEST	RESULT	REF. RANGE	AMY	
Hct	32	%PCV	mg/dL	GLU		73-118 mg/dL	AST	
Hb*	11	g/dL	PCV	BUN		7-22 mg/dL	TBIL	
via Hct			dt	CRE		0.6-1.2 mg/dL	GGT	
Sample Type: _____				CK		39-380 u/l (M) 30-190 u/l (F)	TP	
20AUG03 15:54				ANGE	NA+	128-145 mmol/L	(Piccolo) Metabolic Panel	
Oper: (b)(6)				K+		3.3-4.7 mmol/L	TEST	R
Physician: _____				CL-		98-108 mmol/L	NA+	
Ser# (b)(6)				tCO ₂		18-33 mmol/L	K+	
Ver: JAMS046A CLEW A93							CL-	
							tCO ₂	

i-STAT CREA

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

Crea 1.3 mg/dL

Sample Type: _____

20AUG03 15:53

Oper: (b)(6)

Physician: _____

Ser# (b)(6)
Ver: JAMS046A
CLEW A93

REPORTED BY: (b)(6)-2	DATE: 20 Aug 03	LAB ID NO.: _____
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Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN:	(b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
KU3			DATE 20 Aug 03	TIME 1545	SSN/PSEUDO SSN:
(Hematology) CBC			Urinalysis		Misc. Serology
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		$4.8-10.8 \times 10^3$	Color		N/A
		$\times 10^3$	App		N/A
			Glu		Negative
			Bili		Negative
			Ket		Negative
		$\times 10^3$	SG		N/A
		$\times 10^3$	Bld		Negative
		$\times 10^3$	pH		N/A
		$\times 10^3$	Prot		Negative
		$\times 10^3$	Urob		0.2-1.0
		$\times 10^3$	Nit		Negative
		$\times 10^3$	Leuk		Negative
		$\times 10^3$	HCG		Negative
		$\times 10^3$	(M)	CSF	
		$\times 10^3$	(F)		
Sed Rate			Cell Count		
Other			Directigen	Negative	ABO/Rh
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:					
REPORTED BY:	(b)(6)-2	DATE: 20 Aug 03	LAB ID NO.:		

Ward/Section: ICU 3	REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. # (b)(6)-4	DATE 20 Aug 03	TIME 0400	SSN/PSEUDO SSN: # (b)(6)-4					
(Hematology) CBC		Urinalysis		Misc. Serology				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
W			Color		N/A	RPR		Negative
RJ			App		N/A	Mono		Negative
Ht			Glu		Negative	Microbiology		
Hc			Bili		Negative	Source		
MC			Ket		Negative	Gram Stain		
Plt			SG		N/A	Occ Bld		Negative
Lym			Bld		Negative	H. pylori		Negative
(B)			pH		N/A	Micro Parasites		
Segs			Prot		Negative	Malaria		
Band			Urob		0.2-1.0	O & P		
Lymph	Baso		Nit		Negative	Other		
Atyp	Imm		Leuk		Negative	Microscopic Urinalysis		
RBC			HCG		Negative			
Morph								
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: (b)(6)-2	DATE: 20 Aug 03	LAB ID NO.:						

Ward/Section:
ICU 3
LAST, FIRST, MI.

REQUESTING PHYSICIAN
M.D.

(b)(6)-2

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

i-STAT 6+

Pt: (b)(6)-4

Pt Name:

Glu 76 mg/dL
BUN 20 mg/dL
Na 143 mmol/L
K 2.5 mmol/L
Cl 109 mmol/L
Hct 23 %PCV
Hb* 8 g/dL

*via Hct

Sample Type:

20AUG03 05:07

Oper:

Physician:

Ser#

Ver: JAMS046A
CLEW A93

Troponin-I	
Drug of Abuse	

REMARKS:

REPORTED BY:

(b)(6)-4

DATE
20AUG03
TIME
0400

SSN/PSUEDO SSN:

F (b)(6)-4

(Piccolo) Chemistry 12				(Piccolo) Metabolic Panel		
REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
3-146 nmol/L	ALB		3.5-5.5			
4.9 nmol/L	ALP		26-84			
109 nmol/L	ALT		10-47			
1-7.45	AMY		14-97			
45 mmHg (art) 51 mmHg (ven)	AST		11-38			
105 mmHg (art) A (ven)	TBIL		0.2-1.6			
27 nmol/L (art) 59 nmol/L (ven)	BUN		7-22 mg			
			8.0-10.3			
			200			

i-STAT G3+

Pt: (b)(6)-4

Pt Name:

TCO2 26 mmol/L

At 37°C

PH 7.502

PCO2 32.4 mmHg

PO2 72 mmHg

HCO3 25 mmol/L

BEcF 2 mmol/L

SO2* 96 %

*calculated

At Patient Temp

PH 7.477

PCO2 34.7 mmHg

PO2 60 mmHg

Patient Temp: 101.5°F

FiO2: 50

Sample Type: ART

20AUG03 04:01

Oper:

Physician:

Ser#

Ver: JAMS046A
CLEW A93

===== PICCOLO =====

20/08/03 05:10

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: 000 DR #: 000

SERIAL #:

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

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

3 mmol/

11

11

11

11

11

11

11

11

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11

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11

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11

11

BUN - 20

B ID NO.:

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)-2 (b)(6)-4	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
	DATE: 21 AUG 03	TIME: 0415	SSN/PSEUDO SSN:		
i-STAT		(Piccolo) Chemistry 12			
TEST	RESULT	REF. RANGE	TEST	R	REF. RANGE
Glu	94 mg/dL		ALB		73-118 mg/dl
BUN	18 mg/dL		ALP		7-22 mg/dl
Na	144 mmol/L		ALT		8.0-10.3 mg/dl
K	2.5 mmol/L		AMY		0.6-1.2 mg/dl
Cl	110 mmol/L		AST		128-145 mmol/l
Hct	31 %PCV		TBIL		3.3-4.7 mmol/l
Hb*	11 g/dL		BUN		98-108 mmol/l
*via Hct					
Sample Type: 21AUG03 05:33					
Oper: [REDACTED]					
Physician: [REDACTED]					
Ser# [REDACTED]					
Ver: JAM5046A CLEW A93					
REMARKS: ABCs, Chem 7, Chem 12					
REPORTED BY: (b)(6)-2	DATE: 21 Aug 03	LAB ID NO.: [REDACTED]			

993
50%

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

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

Sample Type: 21AUG03 05:33

Oper: [REDACTED]

Physician: [REDACTED]

Ser# [REDACTED]

Ver: JAM5046A CLEW A93

REMARKS: ABCs, Chem 7, Chem 12

TEST R

ALB 1.7 3.3-5.5 G/DL Panel Plus

ALP 40 26-84 U/L REF. RANGE

ALT 65 10-47 U/L

GLU 33 14-97 U/L

AMY 33 14-97 U/L

AST 54* 11-38 U/L

TBIL 7.0* 0.2-1.6 MG/DL

BUN 7-22 MG/DL

CA++ 8.4 8.0-10.3 MG/DL

CHOL 54* 100-200 MG/DL

CRE 1.1 0.6-1.2 MG/DL

GLU 101 73-118 MG/DL

TP 4.3* 6.4-8.1 G/DL

Na+ INST QC: OK CHEM QC: OK

K+ HEM 1+, LIP 0, ICT 2+

CL tCO₂

Electrolyte

TEST R

REF. RANGE

128-145 mmol/l

3.3-4.7 mmol/l

98-108 mmol/l

18-33 mmol/l

i-STAT G3+

Pt: (b)(6)-4

Pt Name: _____

TCO₂ 27 mmol/L

At 37°C

PH 7.488

PCP₂ 34.2 mmHgPO₂ 99 mmHgHC₀₃ 26 mmol/LBE_{efc} 3 mmol/LSO_{2*} 98 %

*calculated

At Patient Temp

PH 7.482

PCO₂ 34.8 mmHgPO₂ 102 mmHg

Patient Temp: 99.3°F

FiO₂: 50

Sample Type: ART

21AUG03 04:15

Oper: _____

Physician: _____

Ser# _____

Ver: JAM5046A
CLEW A93

REQUESTING PHYSICIAN: (b)(6)-2				LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
		DATE 21AUG	TIME 0415	SSN/PSEUDO SSN:			
(b)(6)-4		Urinalysis		Misc. Serology			
REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	
4.8-10.8 x 10 ³	Color		N/A	RPR		Negative	
4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative	
14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology			
42-52% (M) 37-47% (F)	Bili		Negative	Source			
80-94 fl (M) 81-99 fl (F)	Ket		Negative				
130-500 x 10 ³ verified	SG		N/A				
20.5-51.1%	Bld		Nega				
Al Differential		pH	N/A				
Pro	Prot		Negati				
S	Urob		0.2-1.0				
SO	Nit		Negati				
IM	Leuk		Negati				
	HCG		Negati				
42-52% (M) 37-47% (F)		CSF		Blood Bank			
		Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED			
		Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)				
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH		
PT		9.8-13.6 secs					
APTT		21-34 secs					
D dimer		<20 ug/ml					
FDP		<10 ug/ml					
REMARKS:							
REPORTED BY:		DATE: (b)(6)-2 21 Aug 03	LAB ID NO.:				

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)-2 (b)(6)-4	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)									
		DATE: 21AUG03	TIME: 1750	SSN/PSEUDO SSN:							
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel							
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE			
mmol/L	ALB	3.5-5.5 g/dl	mmol/L	GLU	73-118 mg/dl						
μmol/L	ALP	26-84 u/l	μmol/L	BUN	7-22 mg/dl						
μmol/L	ALT	10-47 u/l	μmol/L	CA ⁺⁺	8.0-10.3 mg/dl						
	AMY	14-97 u/l		CRE	0.6-1.2 mg/dl						
μHg (art) Hg (ven)	AST	11-38 u/l									
μHg (art)	TBIL	0.2-1.6 mg/dl									
μL (art) μL (ven)	BUN	7-22 mg/dl									
μL (art) μL (ven)	CA ⁺⁺	8.0-10.3 mg/dl									
	CHOL	100-200 mg/dl									
μL	CRE	0.6-1.2 mg/dl									
μmol/L	GLU	73-118 mg/dl									
2 mmol/L	TP	6.4-8.1 g/dl									
(i-STAT) (Piccolo) Methane & G											
ng/dl	TEST	RESULT	REF. RANGE	ng/dl	TEST	RESULT	REF. RANGE				
ng/dl	GLU	73-118 mg/dl	ng/dl	CK	39-380 u/l (M) 30-190 u/l (F)						
PCV	BUN	7-22 mg/dl	μmol/L	NA ⁺	128-145 μmol/L						
dl	CRE	0.6-1.2 mg/dl		K ⁺	3.3-4.7 mmol/l						
				CL ⁻	98-108 mmol/l						
				tCO ₂	18-33 mmol/l						
					K ⁺	3.3-4.7 mmol/l					
					CL ⁻	98-108 mmol/l					
					tCO ₂	18-33 mmol/l					
<table border="1"> <tr> <td>REPORTED BY: (b)(6)-2</td> <td>DATE: 21AUG03</td> <td>LAB ID NO.:</td> </tr> </table>									REPORTED BY: (b)(6)-2	DATE: 21AUG03	LAB ID NO.:
REPORTED BY: (b)(6)-2	DATE: 21AUG03	LAB ID NO.:									

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

(b)(6)-4 *IC 3*

Ward/Section:	REQUESTING PHYSICIAN:	(b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.	(b)(6)-1	DATE 22 Aug	TIME 0400	SSN/PSUEDO SSN:	
(Hematology) CBC			Urinalysis		Misc. Serology
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 $\times 10^3$	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
			Microbiology		Microbiology
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		ABO/Rh
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

Ward/Section: ICU3	REQUESTING PHYSICIAN: (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)									
LAST, FIRST, MI. (b)(6)-4	08/04/00	TIME 12:45 PM	0400	SSN/PSEUDO SSN:							
(Q-STAT)		(Piccolo) Chemistry 12									
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE			
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl			
Cl		98-109 mmol/L	ALT		10-47 u/l	CA++		8.0-10.3 mg/dl			
pH	7.487	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl			
PCO2	32.9	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA+		128-145 mmol/l			
PO2	115	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K+		3.3-4.7 mmol/l			
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	17	7-22 mg/dl	CL-		98-108 mmol/l			
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA++		8.0-10.3 mg/dl	tCO2		18-33 mmol/l			
sO2	99%	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus					
BEcF	1	(-2) - (+3) mmol/L	CRE	1.0	0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE			
AnGap		10-20 mmol/L	GLU	109	73-118 mg/dl	ALB		3.3-5.5 g/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l			
BUN		8-26 mg/dl	(Piccolo) Methylate 8			ALT		10-47 u/l			
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l			
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l			
Misc. Chemistry			CK		39-380 u/l (M), 30-190 u/l (F)	TP		6.4-8.1 g/dl			
TEST	RESULT	REF. RANGE	NA+	128-145 mmol/l					(Piccolo) Electrolyte		
Troponin-I			K+		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE			
Drug of Abuse			CL-		98-108 mmol/l	NA+	146	128-145 mmol/l			
			tCO2		18-33 mmol/l	K+	3.3	3.3-4.7 mmol/l			
						CL-	113	98-108 mmol/l			
						tCO2	27	18-33 mmol/l			
REMARKS: <i>ABG F02 50%, T-98°</i>											
REPORTED BY:			DATE:	LAB ID NO.:							

PICCOLO = 04:11
02/03/03
RANGE: ~~██████████~~
04:11
~~(b)(6)-4~~

(b)(6)-4

ID:
WB

WBC 24.6 H $\times 10^3/\mu\text{L}$
 RBC 3.51 L $\times 10^6/\mu\text{L}$
 Hgb 10.5 g/dL
 Hct 32.2 L %
 MCV 91.6 fl
 MCH 29.9 pg
 MCHC 32.7 L g/dL
 Plat 335.
 LY% 5.9 %
 LYH 1.4 * $\times 10^3/\mu\text{L}$

08-22-03
 20:06
 Patient Limits
 4.5 10.5
 4.00 6.00
 11.0 18.0
 35.0 60.0
 80.0 99.9
 27.0 31.0
 53.0 57.0
 150. 450.
 20.5 51.1
 1.2 3.4

Physician:

 ser# JAM5046A
 ver: CLEW A93
R
M

REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
(b)(6)-4		DATE 8-23	TIME 0400	SSN/PSEUDO SSN:		
Urinalysis RANGE TEST RESULT REF. RANGE TEST RESULT REF. RANGE 3×10^3 Color N/A RPR Negative 10^3 App N/A Mono Negative (M) Glu Negative (F) Bili Negative Source Ket Negative Gram Stain SG N/A Occ Bld Negative Bld Negative H. pylori Negative pH N/A Micro Parasites Prot Negative Malaria Urob 0.2-1.0 O & P Nit Negative Other Leuk Negative CG Negative				Misc. Serology		
				Microbiology		
				Microscopic Urinalysis		
Spun Hemato		37-47% (M) 37-47% (F)	CSF		Blood Bank	
Sed Rate		Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Other	Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)			
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH	
PT		9.8-13.6 secs				
APTT		21-34 secs				
D dimer		<20 ug/ml				
FDP		<10 ug/ml				
REMARKS:						
REPORTED BY:		DATE:	LAB ID NO.:			

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN: (b)(6)-2	CHEI (Sub)
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G-STAT		(Piccolo) Chemistry 12		
TEST	RESULT	REF. RANGE	TEST	RESULT
		mmol/L	ALB	3.5-5.5 g/dl
			ALP	26-84 u/l
			ALT	10-47 u/l
			AMY	14-97 u/l
			AST	11-38 u/l
			TBIL	0.2-1.6 mg/dl
			BUN	7-22 mg/dl
			Na ⁺	8.0-10.3 mg/dl
			K ⁺	
			CL ⁻	
			tCO ₂	

ID: (b)(6)-4 08-23-03
 WB 20:15
 Patient Limits
 WBC 23.7 H x10³/uL 4.5 10.5
 RBC 3.37 L x10⁶/uL 4.00 6.00
 Hgb 9.8 g/dL 11.0 18.0
 Hct 31.0 % 35.0 60.0
 MCV 91.8 fl 80.0 99.9
 MCH 29.2 pg 27.0 31.0
 MCHC 31.8 L g/dL 33.0 37.0
 Plt 393. x10³/uL 150. 450.
 LY% 6.3 % 20.5 51.1
 LY# 1.5 * x10³/uL 1.2 3.4

i-STAT ECG+

Pt: (b)(6)-4

Pt Name: _____

Glu 143 mg/dL
 BUN 17 mg/dL
 Na 145 mmol/L
 K 3.6 mmol/L
 Cl 111 mmol/L
 TC02 26 mmol/L
 AnGap 12 mmol/L
 Hct 44 %PCV
 Hb* 15 g/dL
 *via Hct
 PH 7.395
 PCO2 40.8 mmHg
 HC03 25 mmol/L
 BEecf 0 mmol/L

Sample Type: _____

24AUG03 04:13

Oper: _____

Physician: _____

Ser# _____
 Ver: JAMS046A

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

===== PICCOLO =====

24/08/03 04:13

REFERENCE RANGE:
 PATIENT #: (b)(6)-4 MALE
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: DR #: 000 AMY
 SERIAL #: DR #: 000

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

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

i-STAT CREA

Pt: (b)(6)-4

Pt Name: _____

Crea 1.1 mg/dL

Sample Type: _____

24AUG03 04:13

Oper: _____

Physician: _____

Ser# _____

Ver: JAMS046A
 CLEW A93

i-STAT G3+

Pt: (b)(6)-4

Pt Name: _____

TCO2 26 mmol/L

At 37C

PH 7.435

PCO2 39.3 mmHg

PO2 93 mmHg

HC03 26 mmol/L

BEecf 2 mmol/L

sO2* 98 %

*calculated

Sample Type: _____

NO.: 24AUG03 04:09

Oper: _____

Physician: _____

Ser# _____

Ver: JAMS046A
 CLEW A93

Ward/Section: LAST, FIRST, MI.	REQUESTING PHYSICIAN:	(b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
	(b)(6)-4	DATE 25 Aug	TIME 0415	SSN/PSEUDO SSN:	
(STAT)			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE			
Na	138-146 mmol/L	25/08/03	04:46	GI	
K	3.5-4.9 mmol/L	REFERENCE RANGE:	M&L	BI	
Cl	98-109 mmol/L	PATIENT #:	(b)(6)-4	C	
ELECTROLYTE			TEST: PICCOLO		
DISC LOT #: 3135AA1			DISC LOT #: 3204AA4		
OPER #: DR #: 000			OPER #: DR #: 000		
SERIAL #:			SERIAL #:		
<u>L (art)</u>	<u>Na+</u> 133	<u>128-145</u> MMOL/L	<u>L (art)</u>	<u>ALB</u> 1.5*	<u>3.3-5.5</u> G/DL
<u>L (ven)</u>	<u>K+</u> 3.8	<u>3.3-4.7</u> MMOL/L	<u>L (ven)</u>	<u>ALP</u> 66	<u>26-94</u> U/L
<u>L (art)</u>	<u>CL-</u> 109*	<u>98-108</u> MMOL/L	<u>L (ven)</u>	<u>ALT</u> 31	<u>10-47</u> U/L
<u>L (ven)</u>	<u>tCO2</u> 21	<u>18-33</u> MMOL/L		<u>AMY</u> 51	<u>14-97</u> U/L
				<u>AST</u> 100	<u>11-38</u> U/L
				<u>TBIL</u> 3.8*	<u>0.2-1.6</u> MG/DL
				<u>BUN</u> 14	<u>7-22</u> MG/DL
				<u>CA++</u> 7.6*	<u>8.0-10.3</u> MG/DL
				<u>CHOL</u> 81*	<u>100-200</u> MG/DL
				<u>URE</u> 0.7	<u>0.6-1.2</u> MG/DL
				<u>GLU</u> 151*	<u>73-118</u> MG/DL
				<u>IP</u> 5.1*	<u>6.4-8.1</u> G/DL
				INST QC: OK CHEM QC: OK	
				HEM 1+, LIP 2+, ICT 1+	
				INST QC: OK CHEM QC: OK	
				HEM 1+, LIP 1+, ICT 1+	
				GE	
Drug of Abuse					
				CL	98-108 mmol/L
				tCO2	18-33 mmol/L
REMARKS:					
REPORTED BY:	DATE:	LAB ID NO.:			

ORT DISPLAY

i-STAT EG7+

(b)(6)-4

Pt: [REDACTED]

Pt Name: _____

Na_____146 mmol/L

K_____4.6 mmol/L

TCO₂_____21 mmol/L

iCa_____1.04 mmol/L

Hct_____28 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

PH_____7.338

PCO₂_____36.2 mmHg

PO₂_____135 mmHg

HCO₃_____19 mmol/L

BEecf_____6 mmol/L

sO₂*_____99 %

*calculated

Sample Type: _____

17AUG03 04126

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

② ③

i-STAT EG7+

(b)(6)-4

Pt: [REDACTED]

Pt Name: _____

Na_____140 mmol/L

K_____4.6 mmol/L

TCO₂_____23 mmol/L

iCa_____1.16 mmol/L

Hct_____30 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

PH_____7.339

PCO₂_____40.5 mmHg

PO₂_____94 mmHg

HCO₃_____22 mmol/L

BEecf_____4 mmol/L

sO₂*_____97 %

*calculated

Sample Type: _____

25AUG03 04126

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

IS ALONG THIS BASE LINE

is a _____
be _____

FORMS DISPLAYED O
MOUNTED ON STRIPS 1-7

CHEMISTRY I (SF 54)

CHEMISTRY II (SF 54)

CHEMISTRY III (SF 54)

HEMATOLOGY (SF 54)

URINALYSIS (SF 550)

SEROLOGY (SF 551)

SPINAL FLUID (SF 555)

MICROBIOLOGY (SF 556)

MISCELLANEOUS (SF 557)

ASSORTED FORMS

i-STAT EG7+

(b)(6)-4

Pt Name: _____

Na_____140 mmol/L

K_____4.6 mmol/L

TCO₂_____23 mmol/L

iCa_____1.16 mmol/L

Hct_____30 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

PH_____7.339

PCO₂_____40.5 mmHg

PO₂_____94 mmHg

HCO₃_____22 mmol/L

BEecf_____4 mmol/L

sO₂*_____97 %

*calculated

Sample Type: _____

At Patient Temp

PH_____7.35

PCO₂_____40

PO₂_____96

Patient Temp: 39.1F

F102_____

Sample Type: _____

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

LJ MICROBIOLOGY (SF 556)

MISCELLANEOUS (SF 557)

ASSORTED FORMS

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

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

[REDACTED]

(b)(6)-4

** PRINT CANCELLED **

i-STAT G3+

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

Pt Name: _____

TCO₂ _____ 27 mmol/L

At 37°C

pH _____ 7.443

PCO₂ _____ 36.0 mmHg

PO₂ _____ 119 mmHg

HCO₃ _____ 26 mmol/L

BEacf _____ 2 mmol/L

S₀₂* _____ 99 %

*calculated

At Patient Temp

pH _____ 7.426

PCO₂ _____ 41.0 mmHg

PO₂ _____ 126 mmHg

Patient Temp: 100.7°F

FIO₂ _____ : 40

Sample Type: APT

26AUG03 04:03

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAMS046A
CLEW A93

Spec: PICCOLO Date: 26/08/03 Time: 04:00
REFERENCE RANGE: FEMALE
PATIENT #: [REDACTED] (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [REDACTED] DR #: 000
SERIAL #: [REDACTED]
.....

ID: [REDACTED] (b)(6)-4 Date: 08-25-03
WB: 2005
Patient
Limits
WBC 21.4 H $\times 10^3/\mu\text{L}$ 4.5 10.5
REC 3.22 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 9.3 L g/dL 11.0 18.0
Hct 29.5 L % 35.0 60.0
MCV 91.4 fL 80.0 99.9
MCH 28.8 pg 27.0 31.0
MCHC 31.5 L g/dL 33.0 37.0
Plt 739. H $\times 10^3/\mu\text{L}$ 150. 450.
LYM 7.5 H % 20.5 51.1
LYB 1.6 * $\times 10^3/\mu\text{L}$ 1.2 3.4

ALB 1.5* 3.3-5.5 G/DL
ALP 83 26-84 U/L
ALT 24 10-47 U/L
AMY 53 14-97 U/L
AST 44 11-38 U/L
TBIL 3.1* 0.2-1.6 MG/DL
BUN 11 7-22 MG/DL
CA++ 7.7* 8.0-10.3 MG/DL
CHOL 104 100-200 MG/DL
CRE 0.6 0.6-1.2 MG/DL
GLU 140* 73-118 MG/DL
TP 5.5* 6.4-8.1 G/DL

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

PICCOLO
26/08/03 04:03
REFERENCE RANGE: FEMALE
PATIENT #: (b)(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: DR #: 000
SERIAL #:

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

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

TEST(S)		SPECIMEN/TAB RPT. NO.																			
DATE	TIME	PREVIOUS EDITION USABLE																			
26Aug03	0400 P.M.	# (b)(6)-4																			
REQUESTING PHYSICIAN'S SIGNATURE		Enter in above space																			
(b)(6)-2																					
REMARKS																					
RESULTS																					
TEC																					
i-STAT G3+																					
Pt: (b)(6)-4																					
Pt Name: _____																					
TcO2 21 mmol/L																					
At 37°C																					
pH 7.381																					
PCO2 33.0 mmHg																					
PO2 108 mmHg																					
HC03 20 mmol/L																					
BEact -6 mmol/L																					
SO2* 98 %																					
*calculated																					
Sample Type:																					
26AUG03 04:21																					
Oper: (b)(6)																					
Physician: _____																					
Ser# (b)(6)																					
Ver: JAM5046A CLEM A93																					
MD DATE																					
LAB ID NO.																					
<table border="1"> <thead> <tr> <th colspan="2">MISC</th> </tr> <tr> <th>URGENCY</th> <th>PATIENT STATUS</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> ROUTINE</td> <td><input type="checkbox"/> BED</td> </tr> <tr> <td><input type="checkbox"/> TODAY</td> <td><input type="checkbox"/> OUTPATIENT</td> </tr> <tr> <td><input type="checkbox"/> PRE-OP</td> <td><input type="checkbox"/> AMB</td> </tr> <tr> <td><input type="checkbox"/> STAT</td> <td><input type="checkbox"/> INP</td> </tr> <tr> <td><input type="checkbox"/> DOM</td> <td><input type="checkbox"/> DOM</td> </tr> <tr> <td colspan="2">SPECIMEN SOURCE (Specify)</td> </tr> <tr> <td colspan="2">Blood</td> </tr> </tbody> </table>				MISC		URGENCY	PATIENT STATUS	<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> BED	<input type="checkbox"/> TODAY	<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> PRE-OP	<input type="checkbox"/> AMB	<input type="checkbox"/> STAT	<input type="checkbox"/> INP	<input type="checkbox"/> DOM	<input type="checkbox"/> DOM	SPECIMEN SOURCE (Specify)		Blood	
MISC																					
URGENCY	PATIENT STATUS																				
<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> BED																				
<input type="checkbox"/> TODAY	<input type="checkbox"/> OUTPATIENT																				
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> AMB																				
<input type="checkbox"/> STAT	<input type="checkbox"/> INP																				
<input type="checkbox"/> DOM	<input type="checkbox"/> DOM																				
SPECIMEN SOURCE (Specify)																					
Blood																					
PHYSICIAN'S COPY																					

	(b) (6) - 4	08-26-03
		19:59
	Patient	Limits
WBC	21.1 $\times 10^3/\mu\text{L}$	4.5 - 10.5
RBC	3.13 L $\times 10^{12}/\mu\text{L}$	4.00 - 6.00
Hgb	9.1 g/dL	11.0 - 18.0
Hct	28.7 L	55.0 - 60.0
MCV	91.0 fL	80.0 - 99.9
MCH	29.0 pg	37.0 - 51.0
MCHC	31.6 g/dL	33.0 - 37.0
PtT	859. H $\times 10^3/\mu\text{L}$	150 - 450
LWBC	10.4 μL^{-1}	20.5 - 51.1
LWBC	2.2 * $\times 10^3/\mu\text{L}$	1.2 - 3.4

	CONT
	CONTROL
	PATIENT
	% ACTIVITY
	RATIO
SICKLING TEST	
LE PREP	
HEMATOLOGY	
STANDARD FORM 549 (Rev. 7-78)	
PRESCRIBED BY GSA/ICMR	
FIRM# (41-CFR) 201-45505	

DATE : PICCOLO
27/08/03 : 04:00
REFERENCE RANGE: MALE
PATIENT #: (b)(6) - 4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: DR #: 000
SERIAL #:

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

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

i-STAT EC3+

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

Pt Name: _____

Glu_____112 mg/dL
 BUN_____18 mg/dL
 Na_____145 mmol/L
 K_____4.0 mmol/L
 Cl_____115 mmol/L
 TCO2_____24 mmol/L
 AnGap_____11 mmol/L
 Hct_____27 %PCV
 Hb#_____9 g/dL
 *via Hct
 pH_____7.462
 PCO2_____32.9 mmHg
 nCO3_____23 mmol/L
 BEefc _____0 mmol/L

Sample Type:

3281003

ANSWER

— 1 —

Figures _____

Serial#

Ver: JAM3046A
SLEW 993

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

CHEMISTRY I

STANDARD FORM 546 (Rev. 6-72)
 PRESCRIBED BY GSA ICMR
 FIRMR (41 CFR) 201-45.505

546-107

Enter in above space
 REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REPORTED BY

ICU

MD DATE

TECH

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 BLOOD
 OTHER (Specify)

PATIENT STATUS
 BED AMB
 OUTPATIENT
 NP DOM

SPECIMEN SOURCE

LAB. ID. NO.

PATIENT'S MED. RECORD

REMARKS

Chem 8, Chem 12

(b)(6)-4

(b)(6)-2

(b)(6)-4

(b)(6)-4

ID: [REDACTED] 08-27-03
 SS: [REDACTED] 20423 Patient Limits
 WBC 15.8 * 10³/μL 4.5–10.5
 RBC 4.67 L g/dL 4.00–6.00
 Hgb 7.8 L g/dL 11.0–16.0
 Hct 24.5 L % 35.0–50.0
 MCV 91.0 fL 80.0–97.0
 MCH 29.1 pg 32.0–34.0
 MCHC 31.9 L g/dL 32.0–37.0
 Plat 1505.4 H x10³/dL 150–450.
 LY2 10.8 mL % 10.5–11.1
 UBG 1.7 * 10³/μL 1.2–3.4

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

Glu 171 mg/dL
 BUN 22 mg/dL
 Na 143 mmol/L
 K 3.4 mmol/L
 Cl 112 mmol/L
 PCO₂ 24 mmol/L
 BnGap 11 mmol/L
 Hct 21 %PCV
 Hb* 7 g/dL
 *Via Hct
 pH 7.420
 PCO₂ 35.3 mmHg
 HCO₃ 23 mmol/L
 BEef -2 mmol/L

Sample Type:

28AUG03 04:10

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
 CLEW A93

i-STAT G3+

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

Pt Name: _____

TCO₂ 24 mmol/L

At 37°C

pH 7.460

PCO₂ 31.7 mmHg

PO₂ 128 mmHg

HCO₃ 23 mmol/L

BEecf -1 mmol/L

S02* 99 %

*calculated

Sample Type: _____

28AUG03 04:00

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM3046R
CLEW A93

TEST(S)	
SPECIMEN TAKEN	
DATE 28 AUG 03	TIME 04:00
A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>

REMARKS
D
C

Enter in above space
REQUESTING PRACTITIONER
PATIENT IDENTIFICATION—TREATING PHYSICIAN
REPORTING FACILITY—WARD NO.—DATE
RECORDED BY

-0460 on 28AUG

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

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

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

HEMATOLOGY	
URGENCY <input checked="" type="checkbox"/>	PATIENT STATUS <input checked="" type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> AMB <input type="checkbox"/> NP <input type="checkbox"/> DOM
ROUTINE <input checked="" type="checkbox"/>	PRE-OP <input type="checkbox"/> START <input type="checkbox"/> LAB. ID. NO.
SPECIMEN SOURCE <input type="checkbox"/> VEIN <input type="checkbox"/> OTHER (Specify) OTHER (Specify) <input type="checkbox"/> CAP	
PATIENT'S MED. RECORD	

TEST(S)

REV

Enter
REQ.

(b)(6)-4

Patient
Limits

WBC	15.6	4.10 ³ /μL	4.0	10.5
RBC	3.22	1.10 ⁶ /μL	4.00	6.00
Hgb	9.8	g/dL	11.0	18.0
Hct	29.7	%	35.0	60.0
MCV	81.0	fL	80.0	99.9
MCH	25.5	pg	27.0	31.0
MCHC	32.2	g/dL	32.0	37.0
Plt	1000.0	4.10 ³ /μL	150.	450.
Lyo	12.3	4.10 ³ /μL	20.5	51.1
CHE	1.9	* 10 ³ /μL	1.2	3.4

CONTROL		
PATIENT		
% ACTIVITY		
RATIO		
SICKLING TEST		
LE PREP		

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/CMR
FIRMA (41-CFP) 201-45 505

549-107

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
MD DATE

MD DATE

LAB. ID. NO.

HEMATOLOGY		PATIENT STATUS	
URGENCY	<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> BED	<input type="checkbox"/> AMB
TODAY	<input type="checkbox"/>	<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> DOM
PRE-OP	<input type="checkbox"/>	<input type="checkbox"/> NP	<input type="checkbox"/> DOM
STAT	<input type="checkbox"/>	<input type="checkbox"/> SPECIMEN SOURCE	<input type="checkbox"/> CAP
		<input type="checkbox"/> VEIN	<input type="checkbox"/> OTHER (Specify)
			ARTERIAL

PATIENT'S MED. RECORD

INST QC: OK CHEM QC: OK
HbM 1+, LIP 3+, IGT 0
Hb 12.5 102 18.33 HbA2 145 3.3 3.34%
Hct 35 102 102 102 HbA1c 145 3.3 3.34%
Ht 102 102 102 102 HbA1c 145 3.3 3.34%

REF ID: PIC 05:24
29/08/03 MALE
REFERENCE RANGE:
PATIENT #: (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: DR #: 000
SERIAL #:

ALB	1.2*	3.3-5.5	G/DL
ALP	72	26-84	U/L
ALT	48*	10-47	U/L
AMY	34	14-97	U/L
AST	72*	11-38	U/L
TBIL	2.6*	0.2-1.6	MG/DL
BUN	17	7-22	MG/DL
CA+ +	7.9*	8.0-10.3	MG/DL
CHOL	119	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	138*	73-118	MG/DL
TP	5.5*	6.4-8.1	G/DL

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

INST QC: OK CHEM QC: OK
HbM 1+, LIP 3+, IGT 0
Hb 12.5 102 18.33 HbA2 145 3.3 3.34%
Hct 35 102 102 102 HbA1c 145 3.3 3.34%
Ht 102 102 102 102 HbA1c 145 3.3 3.34%

PLEMENTAL MEDICAL
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NAME: MALE
PATIENT #: (b)(6)-4
GENERAL CHE 7Y 12
DISC LOT #: 3082AA4
OPER #: DR #: 000
SERIAL #:

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

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

RESULTS

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE		MD	DATE	TECH	LAB ID NO.
HYSICIAN'S SIGNATURE	REPORTED BY				
(b)(6)-2					
<input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> BED <input type="checkbox"/> TODAY <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> AMB <input type="checkbox"/> PRE-OP <input type="checkbox"/> NP <input type="checkbox"/> DOM <input type="checkbox"/> STAT <input type="checkbox"/> SPECIMEN SOURCE <input type="checkbox"/> (Specify) Blood					
PATIENT'S MED. RECOI					

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FARMR (41 CFR) 201-45-505

557-107

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE		MD	DATE	TECH	LAB. ID. NO.
HYSICIAN'S SIGNATURE	REPORTED BY				
(b)(6)-2					

549-107

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

HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	WBC DIFF AND BLOOD CELL MORPH							
						IMMATURE NEUTRO EOS BASO MONO PLATELET	RBC	SED RATE	PLATELET COUNT	RETICULOCYTE COUNT	ERYTHROCYTE COUNT	CLOTTING TIME	BLEEDING TIME	LE PREP

1-STAT 63+

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

Pt Name: _____

TCO2_____25 mmol/L

Pt 37C

pH_____7.476

PCO2_____33.2 mmHg

PO2_____97 mmHg

HCO3_____24 mmol/L

BEecf_____1 mmol/L

sO2*_____98 %

*calculated

Sample Type: _____

27AUG03 03:50

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

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

TCO2_____19 mmol/L

At 37C

pH_____7.438

PCO2_____27.3 mmHg

PO2_____121 mmHg

HCO3_____18 mmol/L

BEecf_____6 mmol/L

sO2*_____98 %

*calculated

sample Type: _____

30AUG03 03:49

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

NIBP [REDACTED] 03:49:00

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

ADULT

PROTOCOL
SYSTEMS, INC.

(b)(6)-4

Pt Name: _____

Glu_____105 mg/dL

BUN_____19 mg/dL

Na_____144 mmol/L

K_____3.4 mmol/L

Cl_____115 mmol/L

TCO2_____22 mmol/L

AnGap_____11 mmol/L

Hct_____23 %PCV

Hb*_____8 g/dL

*via Hct

pH_____7.428

PCO2_____32.3 mmHg

HCO3_____21 mmol/L

BEecf_____+3 mmol/L

Sample Type: _____

30AUG03 04:05

Oper: [REDACTED]

Physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

i-STAT G3+

Pt: (b)(6)-4

Pt Name: _____

TCO₂ 21 mmol/L

At 37°C

pH 7.415

PCO₂ 30.6 mmHg

PO₂ 84 mmHg

HCO₃ 20 mmol/L

B_{Ec}CO₂ 5 mmol/L

S_O2* 97 %

*calculated

At Patient Temp

pH 7.408

PCO₂ 31.5 mmHg

PO₂ 87 mmHg

Patient Temp: 39.5°F

FiO₂: 40

Sample Type: ART

31AUG03 03:34

Oper: [REDACTED]

Physician: _____

ser# [REDACTED]

Ver: JAMS046A
CLEW A93

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE	REPORTED BY	MD DATE
REQUIRING PHYSICIAN'S SIGNATURE		

MISC	SPECIMEN/LAB RPT. NO.
URGENCY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	PATIENT STATUS <input checked="" type="checkbox"/> IN BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM
SPECIMEN SOURCE (Specify)	
LAB ID NO. R210	

PATIENT'S MED. RECORD

RESULTS PICCOLO 31/08/03 03:34
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
ELECTROLYTE
DISC LOT #: 3135AA4
OPER #: DR #: 000
SERIAL #:
NA+ 128-145 MMOL/L
K+ 4.1 3.3-4.7 MMOL/L
CL- 107 98-108 MMOL/L
tCO₂ 18 18-33 MMOL/L

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

==== PICCOLO =====

31/08/03 03:37

REFERENCE RANGE: MALE

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

GENERAL CHEMISTRY 12

DISC LOT #: 3082AA4

OPER #: [REDACTED] DR #: 000

SERIAL #: [REDACTED]

.....

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

INST QC: OK CHEM QC: OK

HEM 1+, LIP 2+, ICT 0

SPECIMEN/LAB RPT. NO	
PATIENT STATUS	
<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> OUTPATIENT
<input checked="" type="checkbox"/> AMB	<input type="checkbox"/> DOM
URGENT	
<input type="checkbox"/> SPECIMEN SOURCE	
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> STAT
<input type="checkbox"/> TODAY	<input type="checkbox"/> DOM
Pt Name: [REDACTED]	
Specry: [REDACTED]	
Misc	
PHARMACISTS COPY	
557-101 MISCELLANEOUS	

i-STAT EC8+

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

i-STAT G3+

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

Glucose 163 mg/dL
 BUN 17 mg/dL
 Na 148 mmol/L
 K 3.0 mmol/L
 Cl 118 mmol/L
 TCO2 23 mmol/L
 PH 7.370
 PCO2 36.0 mmHg
 PO2 93 mmHg
 HC03 22 mmol/L
 BEcf -3 mmol/L
 SO2* 97 %
 *calculated

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

Sample Type: [REDACTED]
 Pt ID: [REDACTED] 03:25
 Operator: [REDACTED]

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

TCO2 23 mmol/L
 PH 7.370
 PCO2 36.0 mmHg
 PO2 93 mmHg
 HC03 22 mmol/L
 BEcf -3 mmol/L
 SO2* 97 %
 *calculated

Physician: [REDACTED]
 Ser# [REDACTED]
 Ver: JAMES046H
 CLEW A93

Physician: [REDACTED]
 Ser# [REDACTED]
 Ver: JAMES046H
 CLEW A93

TEST(S)	SPECIMEN TAKEN	TIME		A.M. P.M.
		DATE	TIME	
REQUESTED	RESULTS	Dr. [REDACTED] Hazy		
Enter in above space				
PATIENT IDENTIFICATION				
Pt. Name: (b)(6)-4	PATIENT #: (b)(6)-4	REFERENCE RANGE:	MALE	
BUN: 18 mg/dL	DISC LOT #: GENERAL CHEMISTRY 12	DR #: 000		
Na: 150 mmol/L	OPER #: [REDACTED]	SERIAL #: [REDACTED]		
K: 3.1 mmol/L				
1. ALB: 122 mmol/L	ALB: 1.3*	3.3-5.5 G/DL	Ket: n	
C02: 23 mmol/L	ALP: 144*	26-84 U/L	SG: 1.025	
ngap: <0 mmol/L	ALT: 44	10-47 U/L	Bld: n	
ct: 26 %PCV	AMY: 40	14-97 U/L	pH: 6.0	
3*: 9 g/dL	AST: ♦♦	11-38 U/L		
via Hct	TBIL: 2.2	0.2-1.6 MG/DL		
1. 7.388	BUN: 15	7-22 MG/DL	prot - pos	30+
202. 35.9 mmHg	CA++: 7.9*	8.0-10.3 MG/DL		
mc03. 22 mmol/L	CHOL: 172	100-200 MG/DL		
BEcfc. -3 mmol/L	CRE: 1.0	0.6-1.2 MG/DL	uro: - neg	
	GLU: 145*	73-118 MG/DL	Nit: - neg	
	TP: 6.4	6.4-8.1 G/DL		
Sample Type: : 02SEP03 03:11	INST QC: OK	CHEM QC: OK	SSA: 1+	
Oper: 8835	HEM 1+, LIP 2+, ICT 0			
Physician: _____				
Ser# 42011				
Ver: JAMS046A				
PHYSICIAN'S COPY				
STANDARD FORM SSA-1 Prescribed by SSA or Physician FAX (414) 201-4545 SOS				
557-107				

		SPECIMEN/LAB RPT. NO.	
MISC			
URGENCY <input type="checkbox"/> ROUTINE TODAY <input type="checkbox"/> <input type="checkbox"/> PRE-OP STAT <input type="checkbox"/>	PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> AMB <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> <input type="checkbox"/> NP <input type="checkbox"/> DOM		
	SPECIMEN SOURCE (Specify)		
DATE 2 Sep 03	LAB ID NO.		

MISCELLANEOUS

STANDARD FORM 557-107
PRINTED BY GARDNER & CO.
FIRMX (41 CFR) 201-45-505

557-107

PHYSICIAN'S COPY

TEST(S)		DATE	TIME	A.M.	P.M.	REMARKS	REQUESTING LAB	Entered in Q.C. -
SPECIMEN TAKEN								
		03/09/03						03:52
		REFERENCE RANGE:				MALE		
		PATIENT #:		(b)(6) - 4				
		GENERAL CHEMISTRY 12						
		DISC LOT #:				3204AA4		
		OPER #:				DR #: 000		
		SERIAL #:						
<hr/>								
ALB	1.3*	3.3-5.5			G/DL			
ALP	148*	26-84			U/L			
ALT	35	10-47			U/L			
AMY	50	14-97			U/L			
AST	49*	11-38			U/L			
TBIL	1.8*	0.2-1.6			MG/DL			
BUN	18	7-22			MG/DL			
CA++	8.0	8.0-10.3			MG/DL			
CHOL	156	100-200			MG/DL			
CRE	1.0	0.6-1.2			MG/DL			
GLU	134*	73-118			MG/DL			
TP	6.2*	6.4-8.1			G/DL			
<hr/>								
INST QC: OK			CHEM QC: OK					
HEM 1+, LIP 1+,			ICT 0					
<input type="checkbox"/> PRE-OP <input type="checkbox"/> SPECIMEN SOURCE <input type="checkbox"/> STAT <input type="checkbox"/> (Specify)								

[REDACTED]
(b)(6) -

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

TEST(S)	SPECIMEN TAKEN	TIME	(b)(6) 2	NATURE	REPORTED BY	MD	DATE	REMARKS	
								REQUESTED	(b)(6)	TECH
CBC	RBC COUNT								
	HEMOGLOBIN								
	HEMATOCRIT								
	MCV								
	MCH								
	MCHC								
	WBC COUNT								
				IMMATURE NEUTRO-BLASTS NEUTROSEGS					
				LYMPHOS					
				EOSINOPHILS					
				NEUTROPHILS					
				BA.SOPHILS					
				MONOCYTES					
				MONOCYTES					
				PLATELETS					
				KBC					
						SED RATE			
						PLATELET COUNT			
						RETICULOCYTE COUNT			
						CLOTTING TIME			
						BLEEDING TIME			
						P CONTROL	T		
						PATIENT	T		
						CONTROL			

CBC, Chemo + Chemiz

	(b)(6)-4	14-09-33	04:26
Patient	Limits		
WBC	20.6 H $\times 10^3/\mu\text{L}$	4.5	10.5
RBC	3.15 L $\times 10^6/\mu\text{L}$	4.00	6.00
Hb	9.2 L g/dL	11.0	18.0
Hct	25.6 L %	35.0	60.0
NEV	94.2	41	80.0
NEC	28.2	9%	21.0
NEU	31.0 L	9/dL	33.0
Plt	662. H $\times 10^3/\mu\text{L}$	150.	450.
LYZ	17.1 %	7	20.5
Y%	75.4 H $\times 10^3/\mu\text{L}$	1.2	3.4

<u>PECIM</u>	<u>Ver:</u>	JAM5046A CLEW A93
PATIENT STATUS		
LBED	<input type="checkbox"/>	AMB
OUTPATIENT	<input type="checkbox"/>	
NP	<input type="checkbox"/>	DOM
SPECIMEN SOURCE		
VEIN	<input type="checkbox"/>	CAP
OTHER (Specify)		
PATIENT'S MED. RECORD		

Physician: _____

Ser# [REDACTED]
Ver: JAMS046A
CLEW 893

-STAT EC8+

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

Pt. Name: _____

Giu- 142 magdi

BUN - 23 mg/dl

Na₊ 156 mmol/l

K_m = 3.7 $\mu\text{mol/l}$

$\text{Cl}_{\text{excess}} = 116 \text{ mmol/l}$

TCO₂ = 33 mmol/l

AnGap_{max} = 8 mmol/l

Hct - 28 % PCV

Hb^f _____ 10 g/dL

*via Hct

PH-7.418

PCO₂... 49.4 mmHg

HCO₃-----32 mmol/L

BECf _____? mmol/L

Panel 2

145EBGS

85-15

(b)(2) - 2

Baghdad, Iraq

Microbiology Request Form

Last Name: [REDACTED] (b)(6)-4 Ward: ICU 1
First Name: ERIN Room:
Patient # or SSN: [REDACTED] (b)(6)-4 Bed:

Collected by: [REDACTED]

(b)(6)-2

Date: 1 Sep 03 Source: [REDACTED]
Time: 2000

Site: Cath Tip
[REDACTED]

(b)(6)-2

Received by: [REDACTED] (b)(6)-2 Specimen #: [REDACTED] W010
Date: 2 Sep 03
Time: 0800

Laboratory Results

No growth after 24 hrs

Reported

Date: 3 Sep 03
Time: 0905

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

Reviewer: [REDACTED] (b)(6)-2

Number of attached sheets: 1

04/09/03 03:45
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AA4
 OPER #: DR #: 000
 SERIAL #: [REDACTED]
 i-STAT EC8+
 Pt: (b)(6)-4
 Pt. Name: _____
 Glu _____ 143 mg/dL
 BUN _____ 22 mg/dL
 Na _____ 148 mmol/L
 K _____ 4.1 mmol/L
 Cl _____ 121 mmol/L
 TC02 _____ 24 mmol/L
 ANGAP _____ 8 mmol/L
 Hct _____ 26 %PCV
 Hb* _____ 9 g/dL
 *via Hct
 PH _____ 7.381
 PCO2 _____ 39.1 mmHg
 HC03 _____ 23 mmol/L
 BEefc _____ -2 mmol/L
 INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0 , ICF 0
 MEDCOM - 16781

SPECIMEN/LAB RPT. NO.	
HEMATOLOGY URGENCY <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	
PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM	
SPECIMEN SOURCE <input type="checkbox"/> VEIN <input type="checkbox"/> CAP <input type="checkbox"/> OTHER (Specify)	
DATE	9/4/03
LAB. ID. NO. 040	

PHYSICIAN COPY	
HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GRAD/CMR FIRM (41-CPR) 201-45 505	
549-107	

HEMATOLOGY	
DATE: 04SEP03 TIME: 03:46 Operator: [REDACTED] Physician: _____ Ser#: [REDACTED]	
SAMPLE TYPE: _____ STAT: _____	
IUDAT U <input type="checkbox"/> PRE-OP <input type="checkbox"/> NP <input type="checkbox"/> DOM <input type="checkbox"/> SPECIMEN SOURCE <input type="checkbox"/> BLOOD <input type="checkbox"/> OTHER (Specify)	
CONTROL PATIENT CONTROL PATIENT % ACTIVITY RATIO SICKLING TEST LE PREP	

PATIENT'S MED: Ver: JAMS046A CLEM A93

i-STAT EG7+

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

Pt Name: _____

Na⁺ 145 mmol/L

K⁺ 4.1 mmol/L

tCO₂ 22 mmol/L

ica 1.14 mmol/L

Hct _____

Hb* 10 g/dL

*via Hct

pH 7.270

PCO₂ 44.0 mmHg

PO₂ 175 mmHg

HCO₃ 20 mmol/L

BEc_c 7 mmol/L

S_{O2}* 99 %

*calculated

sample Type:

16AUG03 13:13

Oper: [REDACTED]

physician: _____

Ser# [REDACTED]

Ver: JAM5046A
CLEW A93

===== PICCOLO =====

05/09/03 04:49

REFERENCE RANGE: MALE

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

METHYLE 8

DISC LOT #: 3151AA4

OPER #: [REDACTED] DR #: 000

SERIAL #: [REDACTED]

===== PICCOLO =====

05/09/03 04:49

REFERENCE RANGE: MALE

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

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: [REDACTED] DR #: 000

SERIAL #: [REDACTED]

	GLU	144*	73-118	MG/DL		ALB	1.5*	3.3-5.5	G/DL
BUN	18	7-22	MG/DL		ALP	134*	26-84	U/L	
CRE	1.1	0.6-1.2	MG/DL		ALT	33	10-47	U/L	
CK	335	39-380	U/L		AMY	75	14-97	U/L	
NA ⁺	133	128-145	MMOL/L		AST	40*	11-38	U/L	
K ⁺	4.6	3.3-4.7	MMOL/L		TBIL	1.2	0.2-1.6	MG/DL	
CL ⁻	110*	98-108	MMOL/L		BUN	19	7-22	MG/DL	
tCO ₂	18	18-33	MMOL/L		CA++	8.1	8.0-10.3	MG/DL	
				INST QC: OK	CHOL	193	100-200	MG/DL	
				HEM 0, LIP 1+, ICT 0	CRE	0.8	0.6-1.2	MG/DL	
					GLU	145*	73-118	MG/DL	
					TP	6.8	6.4-8.1	G/DL	

INST QC: OK CHEM QC: OK

HEM 0, LIP 1+, ICT 0

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

TESTIS)	
DATE	SPECIMEN TAKEN
6/20/83	14:
RESULTS	REQUE:

TEST(S)

SPECIMEN TAKEN

DATE	TIME
1-25-33	10:30 A.M.
	P.M.

CINEMA

REQUESSTING
center in above

卷之三

+ 116

PTE 2008

TCP

五
三七〇

PC02 80 g

WOG - 80 mmHg

BEEcf = 2 nmol/L

*calculated

Patient no.

200 - 460

20 98 69 He

temp: 101.9F

Type 1 diabetes

063EP03

1

10

Ver: JAMS046R
CLEW A93

FRICTION COPY

MEDCOM - 16783

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

	DISC LOT #:	OPER #:	SERIAL #:	DR #:	TEST	RESULT	UNITS
GLU	160*	73-118		000	MG/DL	16*	3.3-5.5
BUN	22	7-22			MG/DL	ALP	G/DL
CRE	1.4*	0.6-1.2			MG/DL	109*	U/L
CK	186	39-380			U/L	ALT	U/L
NA+	148*	128-145			MMOL/L	AMY	U/L
K+	4.2	3.3-4.7			MMOL/L	AST	U/L
CL-	112*	98-108			MMOL/L	TBIL	MG/DL
tCO2	22	18-33			MMOL/L	CA++	0.2-1.6
						CHOL	MG/DL
						CRE	8.0-10.3
						GLU	100-200
						LIP	MG/DL
						TP	73-118
							G/DL

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

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

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

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

HEMATOLOGY		SPECIMEN/LAB RPT. NO.
<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT		<input checked="" type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> STAT
<input type="checkbox"/> TODAY <input type="checkbox"/> PREP		<input type="checkbox"/> AMB <input type="checkbox"/> DOM
<input type="checkbox"/> SPECIMEN SOURCE		<input type="checkbox"/> VEIN <input type="checkbox"/> CAP
		<input type="checkbox"/> OTHER (Specify)
MD DATE	3 SEP	LAB. ID. NO.

LABORATORY FILE

HEMATOLOGY		549-107
STANDARD FORM 549 Rev. 7-76 PRESCRIBED BY GS/VC/AR DODMR 41-CFR 20-45-505		
PATIENT	CONTROL	PATIENT
% ACTIVITY	RATIO	SICKLING TEST
		LE PREP

TEST(S)	
DATE	TIN
RESULTS	REC
RBC	
HE	(b)(6)-4
HE	
MC	
MC	
MC	
WC	
WBC DIFF AND BLOOD CELL MARKER	
SE	
PLATELETS	
RE	
CR	
CI	
BIL	
TI	
P	CONTROL
T	PATIENT
P	CONTROL
P	PATIENT
% ACTIVITY	
RATIO	
SICKLING TEST	
LE PREP	

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/CMR
FIRMER (41 CFR) 177.201-5

7/03
0400

HEMATOLOGY		URGENCY	PATIENT STATUS
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> BED		
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> AM	
<input type="checkbox"/> TODAY	<input type="checkbox"/> NP	<input type="checkbox"/> PM	
<input type="checkbox"/> STAT	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> DOM	
SPECIMEN SOURCE		<input type="checkbox"/> BLOOD	
		<input type="checkbox"/> OTHER (Specify)	
LAB. ID. NO.			

Enter in above space		PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE		MD	DATE	LAB. ID. NO.
REQUESTING PHYSICIAN'S SIGNATURE		REPORTED BY	TECH			
(b)(6)-2					9/1/03	

REMARKS

Chem 12 ~~14~~ 14 tes

TEST(S)	SPECIMEN TAKEN	TIME	A.M.	P.M.	CREATININE	UREA N.	URIC ACID	ACID ALKALI	POSSUM	SODIUM	CHLORIDE	CO ₂	PHOSPHATE	ALBUMIN	GLOBULIN	TOTAL PROTEIN	CALCIUM	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BUN	URIC ACID	DIRECT	INDIRECT	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)	
TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS	TESTS

MEDCOM - 16786

PICCOLO 04:48
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3141AA4
 OPER #: DR #: 000
 SERIAL #: [REDACTED]

GLU	139*	73-118	MG/DL
BUN	21	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	177	39-380	U/L
NA+	153*	128-145	MMOL/L
K+	3.3	3.3-4.7	MMOL/L
CL-	115*	98-108	MMOL/L
TRCO2	23	18-33	MMOL/L

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

		TCO2	25 MMOL/L	PCO2	18.5 mmHg
		PH	7.4873	PO2	90 mmHg
		HC03	24 MMOL/L	BEef	2 MMOL/L
		S02*	97 %	Calculated	
*Sample Type:					
		045EP03	03:41	Oper:	[REDACTED]
				Physician:	[REDACTED]
				Ser#	[REDACTED]
				Ver:	JAMS046A CLEW A93
<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> PRE-OP <input type="checkbox"/> DOM <input type="checkbox"/> STAT <input type="checkbox"/> NP I Cll					
REQUESTING PHYSICIAN'S SIGNATURE		REPORTED BY	MD	DATE	PATIENT'S MED. REC
(b)(6)-2				9/8/03	LAB. ID. NO.
REMARKS		TECH	0400	546-107	

(b)(6)-4

Chem 12, lyses.

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

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

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

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

(b)(6)-4
 ID: 19-09-03
 WB 04:37
 Patient Limits
 WBC 12.8 H $\times 10^3/\mu\text{L}$ 4.5 10.5
 RBC 3.00 L $\times 10^6/\mu\text{L}$ 4.00 6.00
 Hgb 8.7 g/dL 11.0 18.0
 Hct 27.3 L % 35.0 60.0
 MCV 91.1 fL 80.0 99.9
 MCH 26.9 pg 27.0 31.0
 MCHC 31.7 L g/dL 33.0 37.0
 Plt 504. H $\times 10^3/\mu\text{L}$ 150. 450.
 LY% 24.6 *L % 20.5 51.1
 LYH 3.1 * $\times 10^3/\mu\text{L}$ 1.2 3.4

STANDARD FORM 545 (REV 1.
545-108

LABORATORY REPORT DISPLAY

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

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

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

**LABORATORY REPORT
DISPLAY**

TESTIS)		CBC	
SPECIMEN TAKEN			
DATE 4SEP	TIME 0400	A.M. P.M.	
RESULTS	REQUESTED	(X)	
	RBC COUNT		
	HEMOGLOBIN		
	HEMATOCRIT		
	MCV		
	MCH		
	MCHC		
	WBC COUNT		
		IMMATURE	
	WBC DIFF AND BLOOD CELL MORPH	NEURO-BANDS	
		NEUTROSEGS	
		LYMPHADS	
		EOSINOPHILS	
		BASOPHILS	
		MONOCYTES	
		PLATELETS	
		RBC	
	SED RATE		
	PLATELET COUNT		
	RETICULOCYTE COUNT		
	CLOTTING TIME		
	BLEEDING TIME		
	P T CONTROL		
	P T PATIENT		
	P T CONTROL		
	P T PATIENT		
	% ACTIVITY		
	RATIO		
	SICKLING TEST		
	LE PREP		

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

649-107

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

REPORTING FACILITY—WARD NO.—DATE
REPORTED BY MD DATE LAB. ID. NO.
TECH 9 SEP ABC

1

Arteria
ID. NO.

TEST	HEMATOLOGY	
	PATIENT ST.	AMB
LAB. ID. NO.	URGENCY	
	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT <input type="checkbox"/> OTHER (Specify)	<input checked="" type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM <input type="checkbox"/> CAP
PATIENT'S MED. RECORD		

LABORATORY REPORT DISPLAY

	TRIGLYCERIDES
	AMYLASE
	LIPASE
■■■■■	PROFILE (Specify)

CHEMISTRY I
STANDARD FORM 545 (Rev 6-77)
PRESCRIBED BY GSA ICMR
FIRM (41 CFR) 201-45,505

	TRIGLYCERIDES
	AMYLASE
	LIPASE
■■■■■	PROFILE (Specify)

CHEMISTRY I
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRM (41 CFR) 201-45,505

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

Enter in above space	
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE	
REQUESTING PHYSICIAN'S SIGNATURE	Dr [REDACTED]
REPORTED BY	[REDACTED] (b)(6)-2
REMARKS	CH8, CH12
MD	12 Sep
TECH	
PATIENT'S MED. RECORD	
URGENCY	CHEM I
<input type="checkbox"/> ROUTINE	PATIENT STATUS
<input type="checkbox"/> TODAY	<input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> AMB <input type="checkbox"/> NP
<input type="checkbox"/> STAT	<input type="checkbox"/> DOM
<input type="checkbox"/> SPECIMEN SOURCE	
<input type="checkbox"/> BLOOD	
<input type="checkbox"/> OTHER (Specify)	
LAB. ID. NO.	

PICCOLO 12/09/03 05:04

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: DR # 600

SERIAL #: [REDACTED]

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

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

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

(b)(6)-4

12 SEP 03

MEDCOM - 16793

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

LABORATORY REPORT
DISPLAY

GOVERNMENT PRINTING OFFICE : 1990 267-126

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

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

REPORTED BY

MD

DATE
16 Sep

LAB. ID. NO.

NSN 7340-00-181-8334
PREVIOUS EDITION USABLE

(b)(6)-2

(b)(6)-4

CHEMISTRY I
STANDARD FORM 548 (Rev. 8-77)
PREScribed BY GSA ICMR
FIRMA (41 CFR) 201-45.50

PIUCCOLO ELENE
6/09/03 05:29
ATL FRENCE RANGE: [REDACTED] MALE
PATIENT #: (6)(6)-4
MINERAL CHEMISTRY 12
DISC L01 #: [REDACTED]
DOFFER #: [REDACTED]
SERIAL #: [REDACTED]

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

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

MEDCOM - 16795

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

REMARKS

Chomg 8 & Chomg 2

REGULATING PHYSICIAN'S SIGNATURE
Enter in above space

(b)(6)-2

(b)(6)-4

i2

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LABORATORY REPORT DISPLAY

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

REMARKS
Enter in above space
REQUESTING PHYSICIAN
(b)(6)-2

(b)(6)-4
ID# [REDACTED]
20-09-03
05:15
Patient
Liaits
WBC 12.0 H $\times 10^3/\mu\text{L}$ 4.5 10.5
RBC 3.17 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 9.2 L g/dL 11.0 13.0
Hct 38.8 L % 35.0 60.0
HCV 90.7 fL 80.0 95.9
MCH 28.9 Pg 27.6 31.0
MCHC 31.9 L g/dL 33.0 37.0
Plt 578. H $\times 10^3/\mu\text{L}$ 150. 450.
LY% 31.5 % 20.5 51.1
LYW 3.8 $\#/\mu\text{L}$ $\times 10^3/\mu\text{L}$ 1.2 3.4

RATIO
SICKLING TEST
LE PREP

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

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

LABORATORY FILE

ALIGN ALL LABORATORY REP.

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

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

(b)(6)-4

DATE 20
RESULT
PICCOLO
20/09/03 05:21
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
OPER #: DR #: 000
SERIAL #: (b)(6)-4
GLU 119* 73-118 MG/DL
BUN 15 7-22 MG/DL
CA++ 8.7 8.0-10.3 MG/DL
CRE 1.3* 0.6-1.2 MG/DL
NA+ 140 128-145 MMOL/L
K+ 4.1 3.3-4.7 MMOL/L
CL- 103 98-108 MMOL/L
tCO2 24 18-33 MMOL/L

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

URGENCY	PATIENT STATUS
<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> BED
<input type="checkbox"/> TODAY	<input type="checkbox"/> OUTPATIENT
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> NP
<input type="checkbox"/> STAT	<input type="checkbox"/> DOM
<input checked="" type="checkbox"/> BLOOD	<input type="checkbox"/> SPECIMEN SOURCE
PATIENT'S MED. RECORD	
SPECIMEN/LAB. RPT. NO.	

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

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

TEST(S) SPECIMEN TAKEN												
(b)(6) - 4												
ID:	22-09-03											
WB	05:22											
Patient Limits												
WBC	10.7 H $\times 10^3/\mu\text{L}$	4.5 10.5										
RBC	3.01 L $\times 10^6/\mu\text{L}$	4.00 6.00										
Hgb	8.5 g/dL	11.0 18.0										
Hct	27.6 L %	35.0 60.0										
MCV	91.7 fL	80.0 99.9										
MCH	28.2 pg	27.0 31.0										
MCHC	30.7 L g/dL	33.0 37.0										
Mit	528. H $\times 10^3/\mu\text{L}$	150. 450.										
LYM	27.6 * %	20.5 51.1										
LYN	3.0 * $\times 10^3/\mu\text{L}$	1.2 3.4										
<table border="1"> <tr> <td>PATIENT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>% ACTIVITY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RATIO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SICKLING TEST</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LE PREP</td> <td><input type="checkbox"/></td> </tr> </table>			PATIENT	<input type="checkbox"/>	% ACTIVITY	<input type="checkbox"/>	RATIO	<input type="checkbox"/>	SICKLING TEST	<input type="checkbox"/>	LE PREP	<input type="checkbox"/>
PATIENT	<input type="checkbox"/>											
% ACTIVITY	<input type="checkbox"/>											
RATIO	<input type="checkbox"/>											
SICKLING TEST	<input type="checkbox"/>											
LE PREP	<input type="checkbox"/>											
HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRMP (41-CFR) 201-45 505												
549-107												

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE		PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
(b)(6)-4		(b)(6)-2
DR	REPORTED BY	
REMARKS	MD DATE	
CBC Tech [REDACTED] Sep		
LAB. ID. NO.		

HEMATOLOGY		PATIENT STATUS		
URGENCY		<input type="checkbox"/> BED	<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> AMB
<input checked="" type="checkbox"/> ROUTINE		<input type="checkbox"/> NP	<input type="checkbox"/> DOM	
TODAY	<input type="checkbox"/>			
PRE-OP	<input type="checkbox"/>			
STAT	<input type="checkbox"/>			
VEIN	<input type="checkbox"/>			
OTHER (Specify)	<input type="checkbox"/>			

LABORATORY FILE

PICCOLO
 09/09/03 05:17
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: DR #: 000
 SERIAL #:
 ALB 1.9* 3.3-5.5 G/DL
 ALP 101* 26-84 U/L
 ALT 25 10-47 U/L
 AMY 56 14-97 U/L
 AST 35 11-38 U/L
 TBIL 1.3 0.2-1.6 MG/DL
 BUN 15 7-22 MG/DL
 CA++ 8.3 8.0-10.3 MG/DL
 CHOL 195 100-200 MG/DL
 CRE 1.1 0.6-1.2 MG/DL
 GLU 151* 73-118 MG/DL
 TP 6.5 6.4-8.1 G/DL

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

STANDARD FORM 545 (REV. 1-1962)
545-108

LABORATORY REPORT DISPLAY

TEST(S)	
SPECIMEN TAKEN	
DATE <u>10SEP</u>	TIME <u>0305</u> A.M. P.M.
REQUESTED	
ABG	
RESULTS	
MISCELLANEOUS	
STANDARD FORM 537 (Rev. 7-77) Prescribed by GSA/ICAR FIRMAR (41 CFR) 201-45-505	

HEMATOLOGY 549
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRM (41-CFR) 201-45 506

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
RESCRIBED BY GSA ICMR
IRMR (41 CFR) 201-45.505

		SPECIMEN/LAB. RPRT. NO.	
		CHEM 1	
		PATIENT STATUS	<input checked="" type="checkbox"/> BED <input type="checkbox"/> AMB
		ROUTINE	<input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOM
		TODAY	<input type="checkbox"/> NP <input type="checkbox"/> PRE-OP
			<input type="checkbox"/> STAT <input checked="" type="checkbox"/> BLOOD
		SPECIMEN SOURCE	<input type="checkbox"/> OTHER (Specify) _____
		MD	
		DATE	
		TECH	
		LAB. ID. NO. 10 SEP	
PHYSICIAN'S COPY			
REMARKS			
REQUESTING PHYSICIAN'S SIGNATURE		PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE	
(b)(6)-2		REPORTED BY	
		Enter in above space	

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

- | | |
|---|--|
| FORMS DISPLAYED ON THIS SHEET ARE (Check one) | |
| 1 | 2 |
| MOUNTED ON STRIPS 1 THROUGH 7 | MOUNTED ON STRIPS 1, 3, 5, AND 7 |
| <input type="checkbox"/> CHEMISTRY I (SF 546) | <input type="checkbox"/> PARASITOLOGY (SF 552) |
| <input type="checkbox"/> CHEMISTRY II (SF 547) | <input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556) |
| <input type="checkbox"/> CHEMISTRY III (SF 548) | <input type="checkbox"/> ASSORTED FORMS |
| <input type="checkbox"/> HEMATOLOGY (SF 549) | <input type="checkbox"/> OTHER (Specify) _____ |
| <input type="checkbox"/> URINALYSIS (SF 550) | MOUNTED ON STRIPS 1, 4, AND 7 |
| <input type="checkbox"/> SERIOLOGY (SF 551) | <input type="checkbox"/> MICROBIOLOGY I (SF 553) |
| <input type="checkbox"/> SPINAL FLUID (SF 555) | <input type="checkbox"/> MICROBIOLOGY II (SF 554) |
| | <input type="checkbox"/> MISCELLANEOUS (SF 557) |
| | <input type="checkbox"/> ASSORTED FORMS |

Prescribed by GSA/ICMR
FIRMR (AI CERI) 201-45 505

LABORATORY REPORT
DISPLAY

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

G-STAT

TEST | DOCUMENT | DATE | TIME |

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

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

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

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

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

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

(Piccolo) Metabolic Panel

i-STAT G3+

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

tCO2 35 mmol/L

At 37C

pH 7.510

PCO2 42.7 mmHg

PO2 86 mmHg

HCO3 34 mmol/L

BBeacf 11 mmol/L

sO2* 97 %

*calculated

At Patient Temp

pH 7.507

PCO2 43.1 mmHg

PO2 87 mmHg

Patient Temp: 99.0F

FIO2 : 35

Sample Type:

10SEP03 03:16

Oper: (b)(6)

Physician:

Ser# (b)(6)

Ver: JAMS046A
CLEW A93

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

LABORATORY REPORT DISPLAY

PICCOLO
11/09/03 04:56
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
METHYLIE 8
DISC LOT #: 3141AA1
OPER #: DR #: 000
SERIAL #: (b)(6)-4

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

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

PICCOLO
11/09/03 04:56
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA1
OPER #: DR #: 000
SERIAL #: (b)(6)-4

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

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

	TRIGLYCERIDES
	AMYLASE
	LIPASE
■■■■■	PROFILE (Specify)

CHEMISTRY I
STANDARD FORM 545 (Rev 5-77)
PRESCRIBED BY GSA/ICMR
FIRM (41 CFR) 201-45.505

ST
FIRM

CHEM I	URGENCY	PATIENT STATUS
	<input type="checkbox"/> ROUTINE		☐ BED
PRE-OP	<input type="checkbox"/> TODAY	<input type="checkbox"/> OUTPATIENT
	<input type="checkbox"/> NP	<input type="checkbox"/> AMB
	<input type="checkbox"/> DOM	<input type="checkbox"/> DOM
T'S MED. RECORD		

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

(b)(6)-4

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

Ward/Section: ICU	REQUESTING PHYSICIAN: [REDACTED] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. # [REDACTED] (b)(6)-4	DATE 15 Sep 03	TIME 0400	SSN/PSEUDO SSN: # [REDACTED] (b)(6)-4		
(Hematology) CBC		Urinalysis		Misc. Serology	
RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	
V		Color		N/A	
R		App		N/A	
E		Glu		Negative	
F		Bili		Negative	
D		Ket		Negative	
E	(b)(6)-4	SG		N/A	
I	ID: [REDACTED] WB	Bld		Negative	
P	15-09-03 04:12	pH		N/A	
S	Patient Limits	Prot		Negative	
RBC	14.8 H $\times 10^3/\mu\text{L}$	Urob		0.2-1.0	
Hgb	2.80 L $\times 10^6/\mu\text{L}$	Nit		0.2-1.0	
Hct	8.2 L g/dL	Leuk		Negative	
MCV	26.1 L fl	HCG		Negative	
MCH	29.1 pg				
MCHC	31.3 L g/dL				
Pt	612. H $\times 10^3/\mu\text{L}$				
LYM	21.5 %				
LYW	3.2 * $\times 10^3/\mu\text{L}$				
	1.2				
	3.4				
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		ABO/Rh	
Coagulation Studies		Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)			
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

Ward/Section: LAST, FIRST, MI.	TEST NUMBER #	(b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
		DATE: 15 Sept 0400	TIME: 0400	SSN/PSELNO SSN: (b)(6)-4
(G-STAT)			(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	RESULT	REF. RANGE
Na	138-146 mmol/L		PICCOLO	73-118 mg/dl
K	3.5-4.9 mmol/L			7-22 mg/dl
Cl	98-109 mmol/L		REFERENCE RANGE: MALE	8.0-10.3 mg/dl
pH	7.31-7.45		PATIENT #: (b)(6)-4	0.6-22 mg/dl
PCO ₂	35-45 mmHg (art) 41-51 mmHg (ven)		GENERAL CHEMISTRY 12	128-145 mmol/l
PO ₂	80-105 mmHg (art) N/A (ven)		DISC LOT #: 3204AA4	3.3-4.7 mmol/l
TCO ₂	23-27 mmol/L (art) 24-29 mmol/L (ven)		OPER #: DR #: 000	98-108 mmol/l
HCO ₃	22-26 mmol/L (art) 23-28 mmol/L (ven)		SERIAL #:	18-33 mmol/l
sO ₂	95-98%		ALB 1.9* 3.3-5.5 G/DL	
BEc _f	(-2) - (+3) mmol/L		ALP 83 26-84 U/L	
AnGap	10-20 mmol/L		ALT 15 10-47 U/L	
Ca	1.12-1.32 mmol/L		AMY 36 14-97 U/L	3.3-5.5 g/dl
BUN	8-26 mg/dl		AST 24 11-38 U/L	26-84 u/l
GLU	70-105 mg/dl		TBIL 1.0 0.2-1.6 MG/DL	
Creat	0.7-1.5 mg/dl		BUN 26* 7-22 MG/DL	10-47 u/l
Hct	38-51% PCV		CA++ 8.6 8.0-10.3 MG/DL	14-97 u/l
Hgb	12-17 g/dl		CHOL 146 100-200 MG/DL	
Misc. Chemistry			CRE 1.0 0.6-1.2 MG/DL	11-38 u/l
TEST	RESULT	REF. RANGE	GLU 148* 73-118 MG/DL	0.2-1.6 mg/dl
Troponin-I			TP 7.1 6.4-8.1 G/DL	5-65 u/l
Drug of Abuse				5.4-8.1 g/dl
REMARKS: Chem 8			(Piccolo) Electrolyte	
REPORTED BY: (b)(6)-2	DATE: 5-15-03	LAB ID NO.:	RESULT	REF. RANGE
				128-145 mmol/l
				3.3-4.7 mmol/l
				98-108 mmol/l
				18-33 mmol/l

Ward/Section: <i>ICU 1</i>	REQUESTING PHYSICIAN: [REDACTED] (b)(6) - 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, MI. <i>EPW</i> (b)(6) - 4	DATE <i>17 Sep 03</i>	TIME <i>0445</i>	SSN/PSEUDO SSN:					
(Hematology) CBC		Urinalysis		Misc. Serology				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			
		CSF			Blood Bank			
		Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED			
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:	LAB ID NO.:				

Ward/Section:	REQUESTED BY:	
LAST, FIRST, MI.		
G-STAT		
TEST	RESULT	REF. RANGE
Na	138-146 mmol/L	
K	3.5-4.9 mmol/L	
Cl	98-109 mmol/L	
pH	7.31-7.45	
PCO ₂	35-45 mmHg (art) 41-51 mmHg (ven)	
PO ₂	80-105 mmHg (art) N/A (ven)	
TCO ₂	23-27 mmol/L (art) 24-29 mmol/L (ven)	
HCO ₃	22-26 mmol/L (art) 23-28 mmol/L (ven)	
sO ₂	95-98%	
BEecf	(-2) - (+3) mmol/L	
AnGap	10-20 mmol/L	
Ca	1.12-1.32 mmol/L	
BUN	8-26 mg/dl	
GLU	70-105 mg/dl	
Creat	0.7-1.5 mg/dl	
Hct	38-51% PCV	
Hgb	12-17 g/dl	
Misc. Chemistry		
TEST	RESULT	REF. RANGE
Troponin-t		
Drug of Abuse		
REMARKS:		
REPORTED BY:	DATE:	LAB ID NO.:

PICCOLO

17/03/03 04:55

REFERENCE RANGE: MALE
PATIENT #: (b)(6) - 4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: DR #: 000
SERIAL #: (b)(6)

(Piccolo) Metabolic Panel

ST	RESULT	REF. RANGE
		73-118 mg/dl
		7.2-10.3 mg/dl
		8.0-10.3 mg/dl

i-STAT EC8+
pt: (b)(6) - 4
pt Name: _____

ST	RESULT	REF. RANGE
	Glu	118 mg/dL
	BUN	27 mg/dL
	Na	150 mmol/L
	K	3.6 mmol/L
	Cl	112 mmol/L
	TCO ₂	32 mmol/L
	AnGap	11 mmol/L
	Hct	27 %PCV
	Hb*	9 g/dL

*via Hct
pH 7.428
PCO₂ 46.6 mmHg
HCO₃ 31 mmol/L
BEecf 6 mmol/L

sample Type:
17SEP03 04:56
Oper: (b)(6)
Physician:
Ser# (b)(6)
Hgt: 10MSB468

Microbiology Report

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

(b)(2) - 2

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

1 P. aeruginosa

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

2 S. maltophilia

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

S = Susceptible
 I = Intermediate
 R = Resistance
 MIC = mcg/ml (mg/L)

N/R = Not Reported
 -- = Not Tested
 TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
 ESBL = Extended spectrum beta-lactamase
 Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)

ESBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

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

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

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

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

Microbiology Report

(b)(6)-2

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

2	Stenotrophomonas (X.) maltophilia	Status: Final
---	-----------------------------------	---------------

2 S. maltophilia

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

S = Susceptible
 I = Intermediate
 R = Resistance
 MIC = mcg/ml (mg/L)

NR = Not Reported
 — = Not Tested
 TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
 ESBL = Extended spectrum beta-lactamase
 Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)

ESBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

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

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

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

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

Ward/Section: <i>T-1</i>	TESTING PHYSICIAN: [REDACTED]	(b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED]	(b)(6)-4	DATE: 18-09-03	TIME: 04:17	SSN/PSEUDO SSN: [REDACTED]	(b)(6)-4
(Hematology)					
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
$1.8 \times 10^3 \times 10^3$	Color:	N/A		RPR	Negative
$7-6.1 \times 10^9$ (M)	App	N/A	Microbiology		
$4-18.9 \text{ dL} (M)$ $2-16.9 \text{ dL} (F)$	Glu	Negative	Source		
$2-52\% (M)$ $37-47\% (F)$	Bili	Negative	Gram Stain		
$80-44 \text{ fL (M)}$ $31-99 \text{ fL (F)}$	Ket	Negative	O & P		
$130-500 \times 10^3$ verified	SG	N/A	Occ Bld	Negative	
	Bld	Negative	H. pylori	Negative	
Differential					
	pH	N/A	Micro Parasites		
	Prot	Negative	Malaria		
	Urob	0.2-1.0	Other		
	Nit	Negative	Microscopic Urinalysis		
	Leuk	Negative			
	HCG	Negative			
Hematocrit: [REDACTED]	2-52% (M) 37-47% (F)	OSI	Blood Banks		
SeJ Rate		Cell Count	MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other		Directigen	Negative	ABO/Rh	
Coagulation Studies					
TESTS ARE PERFORMED ON THE SAME UNIT OF BLOOD IF NOT INDIVIDUALLY STATED					
TEST	RESULT	REF RANGE	UNIT	TYPE	CROSSMATCH
PT	9.8-13.6 secs				
APTT	21-34 secs				
D dimer	<20 ug/ml				
FDP	<10 ug/ml				
REMARKS:					
REPORTED BY:	DA	MEDCOM - 16808		NO:	

LABORATORY REPORT DISPLAY

PRESSURE MUST BE APPLIED TO ATTACH LABORATORY REPORTS

TEST(S)	SPECIMEN TAKEN		REMARKS (b)(6)-2
DATE	TIME	A.M. P.M.	
RESULTS REQUESTED	19/09/03		(b)(6)-1
REFERENCE RANGE:	05:00		
PATIENT #:			MALE
METLYTE 8	(b)(6)-4		
DISC LOT #:			
OPER #:	3141AA4		
SERIAL #:	DR #: 000		
GLU	119*	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	48	39-380	U/L
NA+	134	128-145	MMOL/L
K+	4.0	3.3-4.7	MMOL/L
CL-	105	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

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

Chemistry
on
back

PICCOLO
09/24/03 04:25 AM
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: DR #: 000
SERIAL #: (b)(6)-

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

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

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

(b)(6)-4

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

==== PICCOLO =====

09/25/03 05:14 AM

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

BASIC METABOLIC

DISC LOT #: 3145AA1

OPER #: DR #: 000

SERIAL #:

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

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

CHEMISTRY I		546-107
STANDARD FORM 546 (Rev. 5-77)		
PRESCRIBED BY GSA ICMR		
FIRMR (41 CFR) 201-45.505		

CHEM I		SPECIMEN/LAB. RPT. NO.	
URGENCY	PATIENT STATUS	<input type="checkbox"/> BED	<input type="checkbox"/> AMB
		<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> DOM
PRE-OP	SPECIMEN SOURCE	<input type="checkbox"/> NP	
		<input type="checkbox"/> BLOOD	<input type="checkbox"/> OTHER (Specify)
LAB. ID. NO.			
PATIENT'S MED. RECORD			

(b)(6)-4
EPW
TOC /
25-09-03
0517
Patient
Limits
WBC 10.6 H $\times 10^3/\mu\text{L}$ 4.5 10.5
RBC 3.07 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 8.3 L g/dL 11.0 18.0
Hct 27.4 L % 35.0 60.0
RDW 89.3 fL 80.0 99.9
MCV 27.1 pg 27.0 31.0
MCHC 30.4 L g/dL 33.0 37.0
PLT 408. H $\times 10^3/\mu\text{L}$ 150- 450
LYM 27.0 * % 20.5 51.1
LYM 2.9 * $\times 10^3/\mu\text{L}$ 1.2 3.4

(b)(6)-4

EPA *TCU 1*

WBC 15.6 H $\times 10^3/\mu\text{L}$
 RBC 4.04 $\times 10^6/\mu\text{L}$
 Hgb 11.0 g/dL
 Hct 35.8 %
 RDW 88.5 fL
 MCH 27.1 pg
 MCHC 30.7 g/dL
 PLT 586,000 $\times 10^3/\mu\text{L}$
 RBC 28.1 %
 HLY 4.4 $\times 10^3/\mu\text{L}$

ID

BB

(b)(6)-4

Enter in above space
PATIENT IDENTIFICATION
REQUESTING PHYSICIAN'S SIGNATURE

REMARKS	TEST(S)	SPECIMEN TAKEN	DATE	TIME	RESULTS	SEQUENCED (X)	
						WBC COUNT	IMMATURE
						MCHC	NEUTRO-BANDS
						MCH	LYMPHS
						MCV	EOSINOPHILS
						HEMATOCRIT	MONOCYTES
						HEMOGLOBIN	PLATELETS
						RBC COUNT	RBC
						WBC DIFF AND BLOOD CELL MORPH	
						LYMPHOS	
						EOSINOPHILS	
						MONOCYTES	
						PLATELETS	
						COUNT	SEDO RATE
						PLATELET	PLATELET TIME
						RETICULOCYTE	CLOTTING TIME
						COUNT	ELIMINATING TIME
						PATIENT	TIME
						CONTROL	PATIENT
						CONTROL	CONTROL
						PATIENT	RATIO
						PATIENT	% ACTIVITY
						TEST	SCICKLING TEST
						PREP	DE PREP

Ward/Section: ICU-2	REQUESTING PHYSICAN: OR [REDACTED]	(b)(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. # [REDACTED] (b)(6)-4		DATE 27 Sep 03	TIME 0345		SSN/PEEUDO SSN:	
(STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	
		ol/dL	ALB		PICCOLO 118 mg/dl	
		µL	ALP		03:57 2 mg/dl	
		ol/L	ALT		REFERENCE RANGE: MALE (b)(6)-4 10.3 mg/dl	
			AMY		PATIENT #: (b)(6)-4 METLYTE 8 1.2 mg/dl	
		Hg (art) Hg (ven)	AST		DISC LOT #: 3152AA4 145 mmol/dl	
		Hg (art)	TBIL		OPER #: DR #: 000 SERIAL #: 4.7 mmol/l	
		µL (art) µL (ven)	BUN		108 mmol/l	
		ol/L (art) ol/L (art)	CA ⁺⁺		33 mmol/l	
			CHOL		Plus	
			CRE		F. RANGE	
		mol/L	GLU		1.1 0.6-1.2 MG/DL	
		mmol/L	TP		CK 39-380 U/L	
		/dl	(Piccolo) Metab			NA+ 139-145 MMOL/L
		ng/dl	TEST	RESULT	K+ 3.3-4.7 MMOL/L	
		mg/dl	GLU		CL- 98-108 MMOL/L	
		PCV	BUN		tCO2 18-33 MMOL/L	
		g/dl	CRE		INST QC: OK CHEM QC: OK	
Misc. Chemistry			CK		4.97 u/l	
TEST	RESULT	REF. RANGE	NA ⁺		HEM 0 , LIP 2+, ICT 0	
Tropoin-1			K ⁺		4.38 u/l	
Drug of Abuse			CL ⁻		2.1.6 mg/dl	
			tCO2		65 u/l	
					4.8.1 g/dl	
					Lyte	
					F. RANGE	
					145 mmol/l	
					4.7 mmol/l	
					98-108 mmol/l	
					18-33 mmol/l	
REMARKS:						
REPORTED BY:		DATE:		LAB ID NO.:		
				MEDCOM - 16812		

Ward/Section: <u>ICU-2</u>	REQUESTING PHYSICAN: <u>DR [REDACTED]</u>	(b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. <u># [REDACTED]</u>	(b)(6)-4	DATE <u>27 Sep 02</u>	TIME <u>0345</u>	SSN/PEUDO SSN:				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10^6	App		N/A	Mono		Negative
Hgb		14-18 g/dl(M) 12-16 g/dl(F)	Glu		Negative	Microbiology		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 fL(M) 81-99 fL(F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Macroscopic Urinalysis		
RBC Morph				HCG				
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Congulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		< 10 ug /ml						
REMARKS:								
REPORTED BY:			DATE:	LAB ID NO.:				

==== PICCOLO 04:17 MALE
28/09/03 RANGE: [REDACTED] 3141AA4
REFERENCE #: [REDACTED] DR #: 001
PATIENT #: [REDACTED] MG/
METLYTE 8
DISC LOT #: [REDACTED]
OPER #: [REDACTED]
SERIAL #: [REDACTED]

Enter in above space
REQUESTING PHYSICIAN'S S

REMARKS

TEST(S)	SPECIMEN TAKEN	A.M.	TIME

(b)(6) PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
ENTER IN ABOVE SPACE
PATIENT'S SIGNATURE | REPORTED BY

MD DATE
29 SEP
0400 D

STAT <input type="checkbox"/>	<input checked="" type="checkbox"/> BLOOD	PHYS
	<input type="checkbox"/> OTHER (Specify)	
SPECIMEN/LAB REF ID		
HEMATOLOGY		
URGENCY	PATIENT STATUS	
<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> BED	<input type="checkbox"/> AMB
TODAY <input type="checkbox"/>	<input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> DOM
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> NP	
STAT <input type="checkbox"/>	SPECIMEN SOURCE	
	<input checked="" type="checkbox"/> VEIN	<input type="checkbox"/> CAP
	<input type="checkbox"/> OTHER (Specify)	
MD DATE 29 SEP 2000	LAB. ID. NO.	

LABORATORY FILE

MEDCOM - 16814

Ward/Section: <i>& CIC</i>	REQUESTING PHYSICAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, MI. (b)(6)-4		DATE 005 Sep 03	TIME 0320	SSN/PEUDO SSN: (b)(6)-4				
(Hematology) CBC		Urinalysis		Misc. Serology				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	4.8-10.8 x 10 ⁹		Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			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			
INST QC: OK CHEM QC: OK HEM 0 , LIP 0 , ICT 0								
CSF								
Cell Count								
Directigen								
Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)								
?	UNIT	TYPE	CROSSMATCH					
D dimer	<20 ng/ml							
FDP	< 10 ug /ml							
REMARKS:								
REPORTED BY:		MEDCOM - 16815	D NO.:					

Ward/Section: TCU 1	REQUESTING PHYSICAN: [REDACTED] (b)(6)-z	DATE 3052002 0720			TIME	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED] (b)(6)-4	[REDACTED]					SSN/PEERUDO SSN: [REDACTED] (b)(6)-4		
(STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ++		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA +		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K +		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL -		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA ++		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEcfc		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Methylate 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry		CK		39-380 U (M) 30-190 U (F)	TP			6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA +	128-145 mmol/l	(Piccolo) Electrolyte			
Tropoin-1			K +	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE	
Drug of Abuse			CL -	98-108 mmol/l	NA +		128-145 mmol/l	
			tCO2	18-33 mmol/l	K +		3.3-4.7 mmol/l	
					CL -		98-108 mmol/l	
					tCO2		18-33 mmol/l	
REMARKS:								
REPORTED BY:		DATE:		LAB ID NO.:				

LABORATORY REPORT DISPLAY

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PECIMEN TAKEN		TIME	A.M. P.M.																																															
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>RBC COUNT</td></tr> <tr><td>HEMOGLOBIN</td></tr> <tr><td>HEMATOCRIT</td></tr> <tr><td>MCV</td></tr> <tr><td>MCH</td></tr> <tr><td>MCHC</td></tr> <tr><td>WBC COUNT</td></tr> <tr><td>IMMATURE NEUTRO-BANDS NEUTROSEGS</td></tr> <tr><td>LYMPHOS</td></tr> <tr><td>EOSINOPHILS</td></tr> <tr><td>BASEOPHILS</td></tr> <tr><td>MONOCYTES</td></tr> <tr><td>PLATELETS</td></tr> <tr><td>RBC</td></tr> <tr><td>SED. RATE</td></tr> <tr><td>PLATELET COUNT</td></tr> <tr><td>RETICULOCYTE COUNT</td></tr> <tr><td>CLOTTING TIME</td></tr> <tr><td>BLEEDING TIME</td></tr> <tr><td>P CONTROL</td></tr> <tr><td>T PATIENT</td></tr> <tr><td>P CONTROL</td></tr> <tr><td>T PATIENT</td></tr> <tr><td>% ACTIVITY</td></tr> <tr><td>RATIO</td></tr> <tr><td>SICKLING TEST</td></tr> <tr><td>LE PREP</td></tr> </table>				RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE NEUTRO-BANDS NEUTROSEGS	LYMPHOS	EOSINOPHILS	BASEOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	P CONTROL	T PATIENT	P CONTROL	T PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP																				
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HEMATOLOGY	549-107																																																	
STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRMR (41-CFR) 201-45.505																																																		

PICCOLO
01/10/03! 05:09
REFERENCE RANGE: MALE:
PATIENT #: (b)(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: DR #: 000
SERIAL #:
GLU 142* 73-118 MG/DL
BUN 11 7-22 MG/DL
CRE 1.3* 0.6-1.2 MG/DL
CK 56 39-380 U/L
NA+ 139 128-145 MMOL/L
K+ 4.5 3.3-4.7 MMOL/L
CL- 99 98-108 MMOL/L
tCO2 23 18-33 MMOL/L

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

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

EPW [REDACTED]

(b)(6)-4

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

PREScribe BY GSA/ICMR
FIRMR (41-CFR) 201-45.505

LABORATORY REPORT
DISPLAY

Na 138
K 4.0
Cl 101

TCO2 29

Bun 15

Glu 122

Hct 32

Hb 11

creatinine - 1.2

(b)(6)-4
ID: [REDACTED]
03-10-03
05:02
Patient
Limits
WBC 17.0 H $\times 10^3/\mu\text{L}$ 4.5 10.5
RBC 3.42 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 9.3 L g/dL 11.0 18.0
Hct 30.8 L % 35.0 60.0
MCV 90.0 fl 80.0 99.9
MCH 27.2 pg 27.0 31.0
MCHC 30.2 L g/dL 33.0 37.0
Pit 670. H $\times 10^3/\mu\text{L}$ 150. 450.
LYM 19.6 % 20.5 51.1
LYM $3.3 \times 10^3/\mu\text{L}$ 1.2 3.4

(b)(6)-4

ID: [REDACTED]
03-10-03
04:32
Patient
Limits
WBC 13.3 H $\times 10^3/\mu\text{L}$ 4.5 10.5
RBC 3.44 L $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 9.3 L g/dL 11.0 18.0
Hct 30.7 L % 35.0 60.0
MCV 89.2 fl 80.0 99.9
MCH 27.0 pg 27.0 31.0
MCHC 30.3 L g/dL 33.0 37.0
Pit 576. H $\times 10^3/\mu\text{L}$ 150. 450.
LYM 20.6 % 27.0 51.1
LYM $3.3 \times 10^3/\mu\text{L}$ 1.2 3.4

03-10-03
04:32

TEST(S)	RESULT	REFERENCE RANGE:	TEST(S)	RESULT	REFERENCE RANGE:
SPECIMEN TRAINE	[REDACTED]	10/02/03	PICCOLO	04:29 AM	10/02/03
TIME	[REDACTED]	REFERENCE RANGE:	MAL.E	[REDACTED]	REFERENCE RANGE:
PATIENT #:	(b)(6)-4	PATIENT #:	(b)(6)-4	PATIENT #:	(b)(6)-4
BASIC METABOLIC	[REDACTED]	DISC LOT #:	3203004	OPER #:	DR #: 000
SERIAL #:	[REDACTED]				

STANDARD FORM NO. 10-1401 REV. 1-64
PRINTED BY GS-2
FIRM 441 CPH 201

CHEMISTRY 1

10/02/03 04:29 AM
REFERENCE RANGE: MAL.E
PATIENT #: (b)(6)-4
BASIC METABOLIC
DISC LOT #: 3203004
OPER #: DR #: 000
SERIAL #: [REDACTED]

GLU 141* 73-118 MG/DL
BUN 12 7-22 MG/DL
CA++ 8.5 8.0-10.3 MG/DL
CRE 0.9 0.6-1.2 MG/DL
NA+ 128 128-145 MMOL/L
K+ 4.2 3.3-4.7 MMOL/L
CL- 97* 98-108 MMOL/L
tCO2 25 18-33 MMOL/L

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

(b)(6)-4

TEST	RESULT	TEST	RESULT
CHYMOTRYPSIN	[REDACTED]	CHOLESTEROL	[REDACTED]
CK	[REDACTED]	CHURUBIN	[REDACTED]
LDH	[REDACTED]	TOTAL BILIRUBIN	[REDACTED]
SGOT	[REDACTED]	PROTHROMBIN TIME	[REDACTED]
AKALINIC PHOSPHATE	[REDACTED]	ACID PHOSPHATE	[REDACTED]
ALBUMIN	[REDACTED]	TOTAL PROTEIN	[REDACTED]
GLOBULIN	[REDACTED]	PHOSPHATE	[REDACTED]
CO2	[REDACTED]	CALCIUM	[REDACTED]
CHLORIDE	[REDACTED]	PHOSPHATE	[REDACTED]
POTASSIUM	[REDACTED]	SODIUM	[REDACTED]
URIC ACID	[REDACTED]	CREATININE	[REDACTED]
UREA N.	[REDACTED]	CHLORIDE	[REDACTED]
GLUCOSE	[REDACTED]	POTASSIUM	[REDACTED]
PM.	[REDACTED]	AMMONIA	[REDACTED]
RESULTS	[REDACTED]	TESTS	[REDACTED]

LAB ID:
0400

MD DATE
02 OCT
TECH

PATIENT IDENTIFICATION-TREATING FACILITY-WARD NO.-DATE
REPORTED BY

TEST IN ABOVE SPACE
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2

MARKS

Ward/Section: ICU	REQUESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, M.I.: (b)(6)-4		DATE 9/27/03	TIME 0350	SSN/PSEUDO SSN: (b)(6)-4				
Hematology / CBC			Urinalysis					
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		$4.8-10.8 \times 10^3$	Color		N/A	RPR		Negative
RBC		$4.7-6.1 \times 10^9$	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bil		Negative	Source		
MCV					Negative	Gram Stain		
Plt					N/A	Occ Bld		Negative
Lymph %					Negative	H. pylori		Negative
Hematocrit					N/A	Micro Parasites		
Segs					Negative	Malaria		
Bands		1			04-10-03 05:00			
Lymph		B			Patient Limits			
Atyp		Ir.			4.5 10.5			
RBC Morph					4.00 6.00			
Spun Hematocrit		42			11.0 18.0			
Sed Rate		37			35.0 60.0			
Other			Directigen		Negative			
Congenital Smiles			BLOOD BANK (100% GLOBULIN) (MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE		CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DA	MEDCOM - 16819			NO.:	

(b)(6)-2

Ward/Section: <i>ICU</i>	REQ'D. BY/ING PHYSICIAN: <i>D</i>	DATE: <i>40403</i>	TIME: <i>0350</i>	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: <i>S</i>	(b)(6)-4				SSN/PSEUDO SSN: <i>(b)(6)-4</i>			
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	<i>134</i>	138-146 mmol/L	ALB		3.5-5.5 g/dL	GLU		73-118 mg/dL
K	<i>3.6</i>	3.5-4.9 mmol/L	ALP		26-84 u/L	BUN		7-22 mg/dL
Cl	<i>102</i>	98-109 mmol/L	ALT		10-47 u/L	CA ⁺		8.0-10.3 mg/dL
pH		7.31-7.45	AMY		14-97 u/L	CRE		0.6-1.2 mg/dL
PCO ₂		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/L	NA ⁺		128-145 mmol/L
PO ₂		80-105 mmHg (art) NA (ven)	TBIL		0.2-1.6 mg/dL	K ⁺		3.3-4.7 mmol/L
TCO ₂	<i>29</i>	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dL	CL ⁻		98-108 mmol/L
HCO ₃		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺		8.0-10.3 mg/dL	tCO ₂		18-33 mmol/L
SO ₂		95-98%	CHOL		100-200 mg/dL	(Piccolo) Liver Panel Plus		
B-EtOH		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dL	ALB		3.3-5.5 g/dL
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dL	ALP		26-84 u/L
BUN	<i>16</i>	8-26 mg/dL	(Piccolo) Methyle 8			ALT		10-47 u/L
GLU	<i>140</i>	70-105 mg/dL	TEST	RESULT	REF. RANGE	AMY		14-97 u/L
Creat	<i>1.3</i>	0.7-1.5 mg/dL	GLU		73-118 mg/dL	AST		11-38 u/L
Hct	<i>30</i>	38-51% PCV	BUN		7-22 mg/dL	TBIL		0.2-1.6 mg/dL
Hgb	<i>10</i>	12-17 g/dL	CRE		0.6-1.2 mg/dL	GGT		5-65 u/L
Misc. Chemistry			CK		39-380 u/L (M) 30-190 u/L (F)	TP		6.4-8.1 g/dL
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/L	(Piccolo) Electrolyte		
Troponin-I	Negative	K ⁺		3.3-4.7 mmol/L	TEST	RESULT	REF. RANGE	
Drug of Abuse	Negative	CL ⁻		98-108 mmol/L	NA ⁺		128-145 mmol/L	
	Negative	tCO ₂		18-33 mmol/L	K ⁺		3.3-4.7 mmol/L	
	Negative				CL ⁻		98-108 mmol/L	
	Negative				tCO ₂		18-33 mmol/L	
REMARKS: <i>Chem 8</i>								
REPORTED BY:			DATE:		LAB ID NO.:			

LABORATORY REPORT DISPLAY

TEST(S)		SPECIMEN TAKEN		REQUESTING PHYSICIAN'S SIGNATURE	RESULTS	REMARKS	URINALYSIS		PHYSICIAN'S COPY
DATE	TIME	A.M.	P.M.				ROUTINE	COLOR		SPECIFIC GRAVITY	UROBILINOID
15-10-03	0424								
PATIENT									
URINE									
156 16.4 H x10 ³ /mL	4.5 19.2								
158 2.32 L x10 ³ /mL	4.80 8.00								
159 7.00 L 8.00	11.0 12.0								
160 32.0 3.2	52.0 60.0								
161 9.01 L	60.0 70.0								
162 38.0 2.2	27.0 31.0								
163 21.0 4.1	52.0 37.0								
164 699. H x10 ³ /mL	150. 450.								
165 ***	28.5 51.1								
166 ***	x10 ³ /mL 1.2 3.4								
PT	CONTROL								
PT	PATIENT								
PT	CONTROL								
PT	PATIENT								
PT	% ACTIVITY								
PT	RATIO								
SICKLING TEST									
LE PREP									
HEMATOLOGY		549-107		URINALYSIS		550-107			
Standard Form 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45 505									

ALIGN ALL TRANSCRIPTIONS

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

MEDCOM - 16821

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

==== PICCOLO =====

06/10/03 05.08

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

METLYTE 8

DISC LOT #: 3141AA4

OPER # DR #: 000

SERIAL #:

GLU 136* 73-118 MG/DL

BUN 13 7-22 MG/DL

CRE 0.9 0.6-1.2 MG/DL

OK 34* 39-380 U/L

NA+ 128-145 MMOL/L

K+ 3.8 3.3-4.7 MMOL/L

CL- 98 98-108 MMOL/L

tCO2 22 18-33 MMOL/L

LABORATORY REPORT
DISPLAY

JRY REPORTS

(b)(6)-2

Ward Section: LAST, FIRST, MI	ICU	REQUESTING PHYSICIAN EPW	(b)(6)-4	DATE 7 OCT	TIME 0440	SSN/PSEUDO SSN:																																																																												
(i-STAT)		(Piccolo Chem)																																																																																
TEST	RESULT	REF. RANGE	TEST	SPEC	TAKEN TIME																																																																													
Na	138-146 mmol/L	ALB																																																																																
K																																																																																		
Cl	PICCOLO																																																																																	
PtT	07/10/03	05:40																																																																																
PCG	REFERENCE RANGE:			MALE																																																																														
Po2	PATIENT #:			(b)(6)-4																																																																														
TcT	BASIC METABOLIC																																																																																	
DISC LOT #:				3203AA4																																																																														
OPER #:				BR #: 000																																																																														
SERIAL #:																																																																																		
BfE	GLU	112	73-118	MG/DL																																																																														
	BUN	13	7-22	MG/DL																																																																														
Au	Ca++	8.5	8.0-10.3	MG/DL																																																																														
Ca	CRE	0.7	0.6-1.2	MG/DL																																																																														
Bl	NA+	131	128-145	MMOUL																																																																														
Gl	K+	4.0	3.3-4.7	MMOUL	ST	R																																																																												
	CL-	98	98-108	MMOUL																																																																														
C	tCO2	26	18-33	MMOUL																																																																														
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Chem 8

REPORTED BY:	DATE:	LAB ID NO.:
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Ward/Section: ICU	REQUESTING PHYSICIAN: [REDACTED] (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, MI. EPW	(b)(6)-4	DATE 7 OCT	TIME 0440	SSN/PSEUDO SSN:				
Hematology/CBC		Urinalysis		Misc Serology				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	4.9×10^3	$4.0 - 10.8 \times 10^3$	Color		N/A	RPR		Negative
	1×10^9		App		N/A	Mono		Negative
	g/dl (M) g/dl (F)		Glu		Negative	Microbiology		
	% (M) % (F)		Bili		Negative	Source		
	fl (M) fl (F)		Ket		Negative	Gram Stain		
(b)(6)-4	0×10^3	d	SG		N/A	Occ Bld		Negative
	1.1%		Bld		Negative	H. pylori		Negative
	Patient Limits		pH		N/A	Micro Parasites		
	4.0 - 7.0 H	6.0 - 10.5	Prot		Negative	Malaria		
	7.0 - 7.5 L	6.0 - 8.0	Urob		0.2-1.0	O & P		
	11.0 - 12.0		Nit		Negative	Other		
	12.0 - 14.0		Leuk		Negative	Microscopic Urinalysis		
	14.0 - 16.0		HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	GSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:	LAB ID NO.:				
			MEDCOM - 16823					

MEDICAL RECORD - ANES

For use of this form, see AR 40-66; the propone

nacy is the OTSG

INVESTIGATIVE AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MIN/ML, # CONSTANT INFUSION	DRUG (Units)									TOTALS	TOTAL ED	
	Fentanyl (mcg)	50	25	25	25	50	25	25	25		2500	1600
	Etomide (mg)	30	Versed	25	>5	25						
	Lidocaine (mg)	40										
	Sch (mg)	100	Vec 10									
	Phenylephrine (mcg)	100/200		100 (100)								
	Ephedrine (mg)	5		10								
	VOCAT AGENT % del	150										
	% e.t.	0.6		0.6	0.4	0.4	0.4	0.4	0.4			
	AIR L/Min											
	N2O L/Min											
	O2 L/Min	8	2	2	2	2	2	2	2	2		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS												
FLUIDS	LINE site PRBCs	<input checked="" type="checkbox"/> Warmed										
	R 2000 LR	<input type="checkbox"/> Warmed										
	L 1800 LR	<input type="checkbox"/> Warmed										
	D 1600 NS	<input checked="" type="checkbox"/> Warmed										
OSSES	EST BLOOD LOSS											
	URINE	100	*									
PHYS STATUS	TIME	130 X 0800 X 30 X 1000 X 30 X 1000 X 30										
1/2/3 4 5 (E)	SYMBOLS:	7/3 145 7/24 145 46 39 40 5/24 40 588 1st -14 95 -10 22 15 22 17 7 100% 7 100%										
BODY WEIGHT	BP by cuff	220										
85 KG	V	200										
HEMATOCRIT	A	180										
32	Heart rate	160										
INITIAL DATA:	●											
BP	●											
79, 43	●											
HR	106	BR (transduced)	100									
EQUIP. CHECK	+	80										
OK? - Y N	TOURNIQUET	60										
PATIENT RECHECK	T-T	40										
OK for PROCEDURE? Y	ANES- X-X	20										
TIME: 0738	PROC- O-O											
VENTIL	VT - ml	SV	690	720	750	770	790	750	750	780		
	f - breaths/min	18	8	10	10	14	13	13	11	11		
	Peak inf pres / PEEP	24	25	20	22	21	26	25	23	23		
	MODE - S(spon), A(assist), C(ton)	5	C	C	C	C	C	C	C	C		
MONITOR/ACCESSORIES	BP/Auto Cuff	ET CO2 (torr)	+	27	28	25	26	23	20	19		
	BP/oth	FIO2 (Frac or %)	1.0	.9	.92	.92	.92	.92	.93	.93	20	19
	ART line	SpO2 (%)	100	100	100	100	100	100	100	100	91	90
	Steth- PC/ES	ECG	ST	SR	SR	SR	SR	SR	SR	SR	100	100
Gas analyzer	TEMP-site	Available	4x	3x	3x	3x	3x	3x	3x	5x	5x	
	N-M Block (T/4)	0/4	1/4	0/4	0/4	0/4	0/4	0/4	0/4	0/4	0/4	
	Warming blkt											
	Conv warmer											
Mark with letters & symbols. EVENTS explain under REMARKS Position → OFF → 2 a o												
PROCEDURES and CPT Codes:												
Exploratory Laparotomy												
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility												
ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETAK eyes Taped Arms padded & secured												
AIRWAY MANAGEMENT: intubation route, blade, technique, comments DLx1 c miller 3-8.0 ETT placed (4) ETCO2, equal BS												
SURGEONS: (b)(6)-2 (b)(6)-2 (b)(6)-2												
ANESTHETISTS: (b)(6)-2 (b)(6)-2 (b)(6)-2												
PROCEDURE LOCATION: 1												
DATE: 16 AUG 03												
PAGE 1 OF												

MEDICAL RECORD - ANESTHESIA

(use of this form, see AR 40-66; the proponee's copy is the DTSG)

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "L" = CONSTANT INFUSION	DRUG	(Units)											TOTALS	TOTAL EBL			
	Ventral	(1.6)	100 (a) 50/50/50/50											500	200		
	Vecf	(mg)	10											10			
	MSC24	(g)	2											4	TOTAL URINE		
	()	()													640		
	()	()															
	VOLAT AGENT	150 % del	1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 0.8 1.2 1.2 1.0											FLUIDS SUMMARY			
		% e.t.														CRYSTALLOID- LX-2800	
AIR	L/Min														COLLOID- FFP-1 unit A1B11		
N2O	L/Min														BLOOD- 0		
O2	L/Min	0 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2															
SINGLE DOSE DRUGS-MARK ON GRID, WITH NUMBERS & ENTER IN REMARKS														REMARKS			
FLUIDS	LINE site	Subclav	Warmed	Lat - FFP - 100	#2											Code drugs with numbers, events with letters	
		(26)	<input checked="" type="checkbox"/>	(27)	#1											Dex-10 - Rx op	
		(18)	<input type="checkbox"/>													Ked	
		(14)	<input type="checkbox"/>													Vibitated - TO	
LOSSES	EST BLOOD LOSS															OR	
	URINE															1730 - On OR-	
PHYS. STATUS	TIME	→ 1730 X (8w) X 30 X (19w) X 30 X (20w) X															
1 2 3 4 5 E	SYMBOLS																
BODY WEIGHT	KG	85															
	LB																
HEMATOCRIT	V																
	Λ																
INITIAL DATA	Heart rate	●															
BP	●	140															
HR	●	110															
EQUIP CHECK	+																
OK- (Y) N																	
PATIENT RECHECK	Tourniquet	T-T															
OK for PROCEDURE	ANES- X-X																
TIME	PROC- O-O																
MONITOR/ACCESSORIES	VENTIL	VT - ml	500 490 530 520 740 730 750 710 760 670 700 700											RECOVERY AT 2015			
	f - breaths/min	13	13 13 13 10 10 10 9 9 12 12 12											PACU (ICU) 3 (Specify)			
	Peak inf pres / PEEP	33 23	53 53 33 24 25 54 24 25 24 23 25											OTHER			
	MODE - (Spont), (Assist), (Clos)	CV CV CV CV CV C/C C/C C/C C/C											CONDITION: Stable				
	BP/Auto Cuff	11 CO2 (torr)	36 34 34 34 31 32 30 31 33 29 28 28											RESP: 16 SpO2: 100			
	BP/oth	FIO2 (Frac or %)	72 72 72 72 .72 .72 .72 0.77 0.72 0.72 0.72 0.72											BP: 150/73 HR: 107			
	ART line	SpO2 (%)	100 100 100 100 100 100 100 100 100 100 100 100											ANESTHESIA / PROCEDURE TIMES:			
	Steth- PC/ES	ECG												Start Room End			
	Gas analyzer	TEMP-site	36.9 36.2 36.7 36.7 36.4 36.3 36.3											Anes 1730 1730 2020			
	CO2	N/M Block (T/4)	94 94 94 94 94 94 94 94 94 94 94											Proc Ready Begin End			
Warming blkt	Wood blanket/heatwrap														1740 1800 2010		
Conv warmer																	
Mark with letters & symbols. EVENTS → (a) Circumstances → (b) abduced → (c) palced																	
explain under REMARKS																	
PROCEDURES and CPT Codes:																	
Patient Reconstruction																	
ANESTHETIC TECHNIQUES: Describe block technique under Remarks																	
Vibitated to +8 ETT taped 22 calys																	
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments																	
B65HCO2+																	
SURGEONS: (b)(6)-2 / (b)(6)-2																	
PROCEDURE LOCATION:																	
DATE: 17AUG03																	
ANESTHETIST: (b)(6)-2																	
PAGE 1 OF 2																	

MEDICAL RECORD - ANESTHESIA

For use or this form, see AR 40-66; the proponent agency.

JTSG

NKDA

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. " " = CONSTANT INFUSION	DRUG (Units)								TOTALS	TOTAL EBL
Fentanyl (50) mcg										
Vecuronium mg	(10)									
MgSO ₄ [4] (mg)	(0)									
()	()									
()	()									
VOLAT AGENT Iso	% del 1.0	1.0	0.8	0.8	0.8	0.4	0.4	X		
	% e.t.									
AIR L/Min										
N ₂ O L/Min										
O ₂ L/Min	2 2 2 2 2 2 2									
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										
LINE site CSC cords X Warmed CR#3	2500									
OPN #18	Warmed									
OPN #16	Warmed									
LOSSES	EST BLOOD LOSS	200								
	SO URINE	400 - 600	640							
PHYS STATUS	TIME → 2000, 2100, 30, 2200, 30									
1 2 3 4 5 E	SYMBOLS	QT ABG # 7.31 Na 140								
BODY WEIGHT:		CO ₂ 47.1 K 4.6								
KG		PO ₂ 131 Ca, 25								
LB		BE -2, ca 1.09								
HEMOCRIT:		HCO ₃ 24 Hb 120								
INITIAL DATA:		180								
BP: #1		160								
HR: ?		140								
EQUIP CHECK:		120								
OK? - Y N		100	100	100	100	100	100			
PATIENT RECHECK:		80								
OK for PROCEDURE?		60	TTTTTTTTTTTTTTTTTT							
TIME: -		40								
		20								
VENTIL	VT - ml	770 750 750 760 760 740 730								
	I - breaths/min	12 12 12 12 12 12 12								
	Peak inf pres / PEEP	28 26 26 24 25 26 28								
	MODE - Spont, Assist, Clos	C C C C C C								
MONITORS/ACCESSORIES	BP/Auto Cuff	ET CO ₂ (torr)	28 26 25 26 26 27 28							
	BP/oth	FiO ₂ (Frac or %)	0.72 0.72 0.72 0.72 0.73 0.72 0.72							
	ART line	SpO ₂ (%)	100 100 100 100 100 100 100							
	Steth- PC/ES	ECG	SR regular, P waves							
	Gas analyzer	TEMP-site oral	36.3 36.3 36.3 36.3 36.3 36.3 36.3							
	N-M Block (T4)	0/4 0/4 0/4 0/4 0/4 0/4 0/4								
	Warming blkt	x wool fuzzy head wrapped								
	Conv warmer									
Mark with letters & symbols. EVENTS explain under REMARKS Position →							RECOVERY AT			
							PACU	JCU	(Specify)	
							Other			
							CONDITION:			
							RESP: P30	SpO ₂		
							BP: 130	NR		
							ANESTHESIA / PROCEDURE TIMES			
PROC	Start	Room	End							
PROC	Ready	Begin	End							
PROCEDURES and CPT Codes:							ANESTHETIC TECHNIQUES: Describe block technique under Remarks			
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility							AIRWAY MANAGEMENT: Intubation route, blade, technique, comments			
# (b)(6)-4							SURGEONS: (b)(6)-2 (b)(6)-2			
							PROCEDURE LOCATION: T			
							DATE: 17 Aug 03			
							PAGE 2 OF 2			

Tibiae full size 12-15 mm 16/300/40% +5 lines (2) Rd Alm, (2) sc carmine Tribun

5th Page @ 100 μ /sq
Font @ 12 pitch

For

MEDICAL RECORD - ANESTHESI

155 145/60 - 79 - 100% (b)(6)-2
ie OTSG

Mark with letters & symbols. EVENTS Position → ok

PROCEDURES and CPT Codes:
Ex LAD's drainage of abscess

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

$$\text{Antwort: } B_S = \overline{B}$$

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

SURGEONS

PROCEDURE

PROCEDURE
LOCATION: OR

DATE: 3-14-22

8.26.3

PAGE 1 OF

AB6 c 0400

7.44/38/119/26/95%/+2

137 | 114 | 11
7.0 22 1.6 < 138 C 7.7

21.4 > 9.3 < 739
29.5

MEDICAL RECORD - ANESTHES

of this form, see AR 40-66; the proponent ag.

the OTSG

57/m NKDA

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION	DRUG	(Units)									TOTALS	TOTAL EPI	
	MIDAZ	(mg) 15										5mg	ml
	FENT	(mcg) 10/60 50 50	200									Spores	
		()											
		()											
	NIMBEX	(mg) 10 10											
	VOLAT AGENT	FORANE % del	0.6/1.0 2.0	2.0	2.0	X							
		% e.t.											
	AIR	L/Min											
	N2O	L/Min											
O2	L/Min	2	2	2	2	2							
SINGLE DOSE DRUGS-MARK ON GRID, WITH NUMBERS & ENTER IN REMARKS													
FLUIDS	LINE site	<input type="checkbox"/> Warmed											
		<input type="checkbox"/> Warmed											
		<input type="checkbox"/> Warmed											
		<input type="checkbox"/> Warmed											
LOSSES	EST BLOOD LOSS												
	URINE	200/200		400/600 mg/100									
PHYS STATUS	TIME	230	45	1300	15	30	45	1400	15	30	45	1500	
1 2 3 4 5 E	SYMBOLS												
BODY WEIGHT:		220											
85 KG	BP by cuff	200											
LB	V	180											
HEMATOCRIT	A	160											
INITIAL DATA	Heart rate	140											
BP:	●	120											
128, 56	Resp rate	140											
HR:	BR (transduced)	120											
89	+	100											
EQUIP CHECK	TOURNIQUET	80											
OK? Y N	T - T	60											
PATIENT RECHECK		40											
OK? Y N		20											
PROCEDURE?													
TIME- 1228	ANES- X-X												
	PROC- O-O												
VENT	VT - ml	740	690	720									
	1 - breaths/min	10	10	12	30	24							
	Peak inf pres / PEEP	.30	.33	.29									
	MODE - S(pon), A(ssist), C(on)	C	C	S	A								
MONITORS/ACCESSORIES	BP/Auto Cuff	ET CO ₂ (torr)	.37	.38	.39	.46							
	BP/oth	FIO ₂ (Frac or %)	.82	.82	.82	.82	>.21						
	ART line	SpO ₂ (%)	100	100	100	100	98						
	Steth- PC/ES	ECG	SR	SR-T	SR-T	SR-T							
	Gas analyzer	TEMP-site AUAAC											
		N-M Block (T/4)											
	Warming blkt												
	Conv warmer												

Mark with letters & symbols. EVENTS
explain under REMARKS Position

PROCEDURES and CPT Codes: TRACT & EX LAT & WASH

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate,
Medical facility# [REDACTED] EPL
(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

(b)(2)-2

ARRIVED INT'B → CIRC

SURGEONS: [REDACTED]

(b)(6)-2

(b)(6)-2

ANESTHETISTS: [REDACTED]

(b)(6)-2

PROCEDURE LOCATION: OR

DATE: 28 Aug 03

PAGE 1 OF 1

PreOp 150mcg FENT MEDICAL RECORD - ANESTHESIA
 or use of this form, see AR 40-66; the proponer agency is the OTSG

ANESTHETIC AGENTS AND DRUGS <small>CONTINUOUS/REPEATED DRUGS SPECIFIC UNITS - MG/GML "1" = CONSTANT INFUSION</small>	DRUG (Units)	()	()	()	()	()	()	()	()	TOTALS	TOTAL EEE		
	()												
	()												
	()												
	()												
	Vec (mg) /D	FORANE % del	1.0	1.5	1.5								
VOLAT AGENT	% e.t.												
AIR L/Min													
N2O L/Min													
O2 L/Min	2	1	1										
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS													
FLUIDS	LINE site	R SC Cerv	Warmed	NS	→								
			<input type="checkbox"/>	Warmed									
			<input type="checkbox"/>	Warmed									
			<input type="checkbox"/>	Warmed									
LOSSES	EST BLOOD LOSS												
	URINE												
PHYS STATUS	TIME	20 ⁵	50	45	21 ⁰⁰	15	30	45	22 ⁰⁰	15	30	15	23 ⁰⁰
1 2 3 4 5 E	SYMBOLS:												
BODY WEIGHT	BP by cuff	220											
100 LB	✓												
HEMATOCRIT	△												
INITIAL DATA	Heart rate	180											
BP-	●	160											
191, 84	Resp rate	140	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HR- 131	BR (transduced)	120	•	•	•	•	•	•	•	•	•	•	•
EQUIP CHECK	TOURNIQUET	100											
OK? Y N	T-T'	80	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
PATIENT RECHECK	ANES- X-X	60											
OK for PROCEDURE?	PROC- O-O	40											
TIME- 20 ²¹	VT - ml	840	840	850									
VENTIL	I - breaths/min	12	12	10									
	Peak inf pres / PEEP	28	28	28									
MONITORS/ACCESSORIES	MODE - S(spon), A(ssist), C(ton)	C	C	C									
	BP/Auto Cuff	38	34	35									
	BP/oth	FIO2 (Frac or %)	.78	.78	.79								
	ART line	SpO2 (%)	100	100	100								
	Steth- PC/ES	ECG	ST	ST	ST								
	Gas analyzer	TEMP-site	AVAIL	→									
		N-M Block (T/4)	94										
	Warming blkt												
	Conv warmer												
Mark with letters & symbols, EVENTS explain under REMARKS Position →													
PROCEDURES and CPT Codes: <i>Abd LANGE</i>						ANESTHETIC TECHNIQUES: Describe block technique under Remarks <i>GETA</i>							
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility <i>[REDACTED]</i> (b)(6)-4						AIRWAY MANAGEMENT: Intubation route, blade, technique, comments <i>Circ → Trach</i>							
SURGEONS: (b)(6)-2 (b)(6)-2 (b)(6)-2						PROCEDURE LOCATION: OR 2-1							
						DATE: 30 Apr 03							
						PAGE 1 OF 1							

No A in status since prior
anesthesia, to proceed w/ GA via
existing tracheostomy.

MEDICAL RECORD - ANESTHESIA												
For use of this form, see AR 40-66; the proponent agency is the OTSG												
FLUIDS: ANESTHETIC AGENTS AND DRUGS	DRUG	(Units)									TOTALS	TOTAL EBL
	CONTINUOUS/REFUSED DRUGS SPECIFY UNITS: MG/MGML I = CONSTANT INFUSION											
	Versed (mg)	25									5	min
	Vec (mg)	5	5	3	2	2						
	Morphine (mg)	5/5	4	2	2	2					20	TOTAL URINE
	()											
	()											
	VOLAT. AGENT	Sevo % det	2.0	1.0	1.0	1.2						
	AIR	L/Min										
	N ₂ O	L/Min										
O ₂	L/Min											
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS												
LINE site	<input type="checkbox"/> Warmed											
LT SCL	<input type="checkbox"/> Warmed	RL 1000	→ 300	—								
	<input type="checkbox"/> Warmed											
2.5% albumin	<input type="checkbox"/> Warmed		100cc	—	X							
LOSSES	EST BLOOD LOSS											
	URINE											
PHYS STATUS	TIME →	X 30	X 15	X 30	X 16	X 30	X 17					
1 2 3 4 5 E												
BODY WEIGHT	SYMBOLS:	220										
85 KG	BP by cuff	200										
LB	V	180										
HEMATOCRIT	Λ	160										
31.2	Heart rate	140	✓									
INITIAL DATA:	●	120	✓									
BP	Resp rate	100	12	11	12	11	12					
139, 68	BR (transduced)	80	—	—	—	—	—					
HR 96		60	—	—	—	—	—					
EQUIP. CHECK	TOURNIQUET	40	—	—	—	—	—					
OK? (Y) N	T-T	20	—	—	—	—	—					
PATIENT RECHECK												
OK for PROCEDURE? (Y) N	ANES-X-X	VT - ml	750	780	780	760						
TIME 1410	PROC-@0	t - breaths/min	10	10	10	10	10					
		Peak inf pres / PEEP	22	21	22	22	22					
		MODE - Spont, Assist, Cough	C	C	C	C	C					
		BP/Auto Cuff	WET CO ₂ (torr)	36	36	36	36	35				
		BP/cth	FIO ₂ (Frac or %)	0.8	0.8	0.8	0.8	0.7				
		ART line	SpO ₂ (%)	100	97	98	99	98				
		Steth- PC/ES	ECG	SR	SR	SR	SR	SR				
		Gas analyzer	TEMP-site									
		W-M Block (T/4)		2/4	2/4	2/4	2/4					
		HME to circuit										
		Warming blkt										
		Conv warmer										
Mark with letters & symbols. EVENTS explain under REMARKS Position → O → → →												
PROCEDURES and CPT Codes: Ex lap & washout												
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, (b)(6)-4 Medical facility # [REDACTED] EPW S/P GSWs to Abd (b)(6)-4 MEDCOM - 1000 [REDACTED] MAT, CRNA												
ANESTHETIC TECHNIQUES: Describe block technique under Remarks GA via existing trach												
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments Eyes taped, ETCO ₂ , BJEBC												
SURGEONS: (b)(6)-2 (b)(6)-2												
PROCEDURE LOCATION: 2-1 DATE: 9/6/03												
PAGE 1 OF 1												

NKDA

PCR

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCg / ML 1 = CONSTANT INFUSION		MEDICAL RECORD		ANESTHESIA		TOTALS
Fentanyl	(1/6)	250				25046
Lidocaine	(mg)	40				min
Bisoprolol	(mg)	200				
Serape	(mg)	700				
MgSO4	(1)		22222			
CRISTAL	150	% del				
		% e.t.				
AIR	L/MIN					
N2O	L/MIN					
O2	L/MIN					
SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		1.5 - 1.5 - 1.5 X				
LINE site	#3018 PA	Warmed	WT			
		Warmed				
		Warmed				
		Warmed				
EST BLOOD LOSS		C - 2 - 2 - 2 - 2				
URINE -		↓ induction				
TIME → (60) X 30 X (70) X 30 X (80)						
SYMBOLS:						
BP by cuff	220					
V	200					
Λ	180					
Heart rate	160					
●	140					
Resp rate	120					
BP (transduced)	100					
+	80					
TOURNIQUET	60					
T - X	40					
ANES - X-X	20					
PROC - O - Ø						
VT - ml	350	300	250	200		
f - breaths/min	15	13	12	11		
Peak inf pres / PEEP	SV	CV	CV	CV		
MODE - (Spoon), (Assist), (Con)	SV	CV	CV	CV		
BP/Auto Cuff	ET CO2 (torr)	33	54	56	49	
BP / oth	FiO2 (Frac or %)	.75	.75	.75	.75	
ART line	SpO2 (%)	100	100	100	100	
Steth - PC/ES	ECG	115	115	115	115	
Gas analyzer	TEMP - site	skin	35	35	35	
	N-M Block (T4)					
Warming blanket	Sheets/blanket					
Conv warmer						
Mark with letters & symbols, EVENTS explain under REMARKS		(R) arm & 9° abducted/extended				
Position						
PROCEDURES and CPT Codes						
PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Race, Medical facility						
Anesthesia Techniques: Describe block technique under Remarks		# 3 Miller, taped 20 cx teeth, Eyes taped OST V T (+) return, SOT better block				GPA - #3a/27
AIRWAY MANAGEMENT: intubation route, blade, technique, comments		Recty - Dr x T → GL 2 Jaws → CII laryng passed → B3ST LTCUT, ATraumatic → teeth OK				
SURGEONS:		(b)(6)-2				
ANESTHETISTS:		(b)(6)-2				
MEDICAL RECORD - ANESTHESIA						
WAMC OP 376 REVISED MEDCOM - 16832						Jan 99
RECORDS						
PAGE 1 OF						

(b)(6)-4

CONTINUOUS / REPEATED DRUGS		MEDICAL RECORD		ANESTHESIA		TOTALS	
NAME	DOSE	Fentanyl (mg)	50	N2O	50	100	
		Propofol (mg)	150	O2		150	
Ves	(mg)					7	
	()					5	
	()						
	()						
DATA ENTERED	TIME	% del					
		% est.					
AIR	L/MIN						
N2O	L/MIN						
O2	L/MIN						
SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS							
LINE site	□ Warmed	500					
	□ Warmed		1NS				
	□ Warmed						
	□ Warmed						
DRUGS	EST BLOOD LOSS						
	URINE						
ALERT STATUS	TIME →	32 45 102 15 30 45 1100 15 30					
1 2 3 4 5 E	SYMBOLS:						
BODY WEIGHT	KG	220					
	LB						
Hb 8.7 Hct 27.3	V						
	Λ						
BP - 147, 98	Heart rate	180					
HR - 107	●	160					
ECG - DIRECT	BP (transduced)	140					
OK? - Y N	1	120					
MONITORING	TOURNIQUET	100					
OK for PROCEDURE?	T	80					
TIME -	ANES - X-X	60					
	PROC ○-○	40					
		20					
VT - ml	740 720 750						
1 - breaths/min	10 10 10 24						
Peak inf pres / PEEP	22 22 23						
MODE - Spont, Assist, Clos	CV CV CV A						
BP/Auto Cuff / ET CO ₂ (torr)	35 35 34 36						
BP / oth	4 4 4 4						
ART line	SpO ₂ (%)	100 100 100 100					
Steth- PC/ES	ECG	SR SR SR SR					
Gas analyzer	TEMP- site						
	H-M Block (T4)						
Warming blanket							
Conv warmer							
Mark with letters & symbols. EVENTS explain under REMARKS		Position	(1) (2) X (3) O (4) (5)				
PROCEDURES and CPT Codes		ANESTHETIC TECHNIQUES: Describe block technique under Remarks					
5T56 to Abdomen		Con to trach					
PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Race, Medical facility		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments					
# [REDACTED]		To trach					
(b)(6) - 4							
ANESTHETIST [REDACTED] CANA		SURGEONS: (6)(6) - Z					
MEDCOM - 16833		PROCEDURE LOCATION					
WAMC OP 376 REVISED		DATE 9/19/03					
MEDCOM - 16833		PAGE 1 OF 1					

10/7/03
13.7 > ~~9.7~~ 442
~~31.8~~

112/66, 72, 96.8, 16, 97%

UKOM

Fent Patch
Atendol
Lovenox
Ambien
Flagyl
Tramadol

MEDICAL RECORD - ANESTHESIA

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

Ambien Flag 1 Tapered		MEDICAL RECORD - ANESTHESIA For use of this form, see AR 40-66; the proponent agency is the OTSG											
CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML * = CONSTANT INFUSION										TOTALS	TOTAL EBL		
DRUG (Units)		Versed (mg)	5								5 mg 40 mg min		
Sufenta (mcg)		30											
Lido 4% / Propofol (mg/ml)		40/150											
Vec (mg)		5		1	4								
MSO4 (mg)		()											
VOLAT AGENT		Fo ₂ (del % e.t.)	-4	.4	-4	4	X						
AIR		L/Min											
N ₂ O		L/Min											
O ₂		L/Min	10	2	2	2	2	10					
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS													
FLUIDS		LINE site LR	<input type="checkbox"/> Warmed			1000		1300					
			<input type="checkbox"/> Warmed										
			<input type="checkbox"/> Warmed										
			<input type="checkbox"/> Warmed										
LOSSES		EST BLOOD LOSS											
		URINE											
PHYS STATUS		TIME →	X	30	X	10	X	30	X	11	X	30	X
1 2 3 4 5 E													
BODY WEIGHT:		SYMBOLS:	220										
85 KG		BP by cuff	200										
LB		✓	180										
HEMATOCRIT:		Λ	160										
31.8		•	140										
INITIAL DATA:		●	120										
BP- 145/75		Resp rate	100										
HR- 78/90		BH (transduced)	80										
EQUIP CHECK		+	60										
OK? - (Y) N		Tourniquet T-T	40										
PATIENT RECHECK		ANES- X-X	20										
OK for PROCEDURE?		PROC- O-O											
TIME- 0700													
VENTIL		VT - ml	SV	860	780	800	960	870	SV				
		f - breaths/min	12	10	10	10	10	9	12				
		Peak inf pres / PEEP	19	19	19	19	22	22	18				
MONITORS/ACCESSORIES		MODE - S(spon), A(ssist), C(on)	S	C	C	C	C	C					
		BP/Auto Cuff	ET CO ₂ (torr)	36	42	39	39	31	44	42			
		BP/oth	FiO ₂ (Frac or %)	100	100	100	100	100	100	100			
		ART line	SpO ₂ (%)	70	67	67	67	67	67	67			
		Steth- PC/ES	ECG	SK	SK	SK	SK	SK	SK				
		Gas analyzer	TEMP-site SK	Available									
		N-M Block (T/4)			3/4	7/4	0/4	0/4	4/4				
		Warming blkt											
		Conv warmer											
Mark with letters & symbols. EVENTS explain under REMARKS Position → o—													
PROCEDURES and CPT Codes: <i>skin graft</i>													
ANESTHETIC TECHNIQUES: Describe block technique under Remarks <i>6 ETI 8.5cm cprta paf</i>													
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments & O ₂ placed <i>one attempt straight blade grade 2, 0.5cm, secured 24cm teeth O₂ BIS ETCO₂</i>													
SURGEONS: <i>[redacted] (b)(6)-2</i>													
PROCEDURE LOCATION: 2 DATE: 10/23/03 PAGE 1 OF 1													
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility <i>[redacted] (b)(6)-4</i>													

Mark with letters & symbols, explain under REMARKS

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

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Regional.

AIRWAY MANAGEMENT: intubation route, blade, technique, comments & **OBSTACLES**
one attempt **BLACk blade grade 2 view, secured**
24cm teeth **(+) BLS** **(+) ETCO₂**
SURGEONS: _____ **PROCEDURE:** _____

SUBGEONS.

(b)(6)-2

PROCEDURE 3
LOCATION

LOCA
DATE

10/23/03

PAGE / OF

DA FORM 7389, FEB 1998

MEDCOM - 16834

COPY 2 - ANESTHESIA PROVIDER

LUGARIA MA 92

(b)(6)-4

NKDA
Verifia NP0 Status

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS	DRUG	(Units)							TOTALS	TOTAL EBL
	CONTINUOUS/REPATED DRUGS SPECIFY UNITS (MG/MCG/MIN) T = CONSTANT INFUSION									
	Morphine (mg)	(20)						20	mls.	
	Ropivacaine (mg)	(300/100)								
	Sux (mg)	(100)								
	()									
	()									
	VOLAT AGENT	SEVO % del	1.0	1.3	1.5	2	0.4			
		% e.t.								
	AIR	L/Min								
N ₂ O	L/Min									
O ₂	L/Min	10	2	1.5	2	10				
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										
FLUIDS	LINE site 1	WARM	100	22						
	<input type="checkbox"/> Warmed									
	<input type="checkbox"/> Warmed									
	<input type="checkbox"/> Warmed									
LOSSES	EST BLOOD LOSS									
	URINE									
PHYS STATUS	TIME →	145	new	X	30	X	1000			
1 2 3 4 5 E	SYMBOLS:	220								
BODY WEIGHT:	85 KG	LB	BP by cuff	200						
HEMATOCRIT:			V(R)	180						
INITIAL DATA:			HR	160						
BP:			●	140						
HR:	150	180	●	120	110	110	100			
EQUIP CHECK:			●	100	100	100	100			
OK? (Y N)	OK?	(Y N)	BR (transduced)	80	70	70	70			
PATIENT RECHECK:			TOURNIQUET	60	50	50	50			
OK for PROCEDURE?	Y		T-T	40	30	30	30			
TIME - 0830	0830		ANES-X-X	20	10	10	10			
PROC-@-0			PROC-@-0							
Photos placed	I:E 1:2	VT - ml	850	350	550	350	500			
-LATE START	f - breaths/min		12	10	6	9	10			
	Peak inf pres / PEEP		19	15	—	—	—			
MONITOR/ACCESSORIES	/MODE - S(spon), A(assist), C(on)		N/r	C	C	S	S			
	/BP/Auto Cuff	ET CO ₂ (torr)	36	32	36	42	41			
	BP/oth	FIO ₂ (Frac or %)	1.0	.67	.63	.62	.63			
	ART line	SpO ₂ (%)	100	100	100	100	100			
	Steth- PC/ES	ECG	SB	SB	SB	SB	SB			
	Gas analyzer	TEMP-site A/V/A								
		N-M Block (T/4)	5	4/4	—	—	—			
		Warming bkt								
		Conv warmer								
Mark with letters & symbols, EVENTS explain under REMARKS Position → supine										
PROCEDURES and CPT Codes: STSG, RLE + debridement										
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility										
ANESTHETIC TECHNIQUES: Describe block technique under Remarks CETA										
ATTEMPT TO PLACE #1 SLMA → UNABLE TO SEAT properly DLx2 MAC L AIRWAY MANAGEMENT: Intubation route, blade, technique, comments BLADE - UNABLE TO VISUALIZE VC - ETT PLACED blind & cricoid pri (check) CHEST (LGSV) ETCO ₂ BILSBY EXAMINED 22 - AT TREN. AIRWAY UNABLE Able to mask SURGEONS: (b)(6)-2										
PROCEDURE LOCATION: DR-2 DATE: 11/17/03										
ANESTHETISTS: (b)(6)-2 CRNA (b)(6)-2 PAGE 1 OF 1										

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)Age 57 DAYS MOS YRSSex MALE FEMALEPROPOSED PROCEDURE: ex Lap

SURGICAL SERVICE:

NPO SINCE: 12/12
 ASA Physical State 1 2 3 4 5 E
 WT: 85 KG/LB HT: 6'0" IN.
 ALLERGIES: NKDA
HABITS:TOBACCO: 2 PKS/day
ETOH:
DRUGS: g**CURRENT MEDICATIONS:**
() = ordered as premed()
()
()
()
()
()**PREMEDIATIONS:**None Yes Hrs /CC
____ mg IV IM PO
____ mg IV IM PO
____ mg IV IM PO**LABORATORY STUDIES:**HB/HCT: 10.4 /
W/A: 32.1
OTHER: 16.8**PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW**

Cardiovascular:

Hypertension N Y 02/15/02
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 GSC abdominal
Hiatal Hernia N Y _____
PUD/GERD N Y _____

Endocrine System:

Diabetes N Y _____
Steroids N Y _____
Thyroid N Y _____

Neurological:

Seizures N Y _____
Neuropathy N Y _____
Other N Y _____

Gynecological :

Pregnancy N Y _____
Other Significant Hx: N Y _____

Familial HX

N Y _____
N Y _____
N Y _____**ASSESSMENT PAST SURGICAL/ANESTHETIC**02/15/02**PHYSICAL EXAMINATION**BP 134/84 HR 107 R 20 T

Pain Scale 0-10

HEENT - Teeth Poor dentition OI

Trachea _____

TMJ/Neck _____

Oropharynx _____

Nares _____

CHEST: CTACARDIAC: R/R _____**EXTREMITIES:**

IV Access: _____

Ulnar Filling: _____

BACK: _____

OTHER: _____

NPO Since _____

ANESTHETIC PLAN: LOCAL MAC Regional (Specify): _____ General: Mask IntubationPlan discussed with patient/legal guardian. 10/16/02
INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian. (b)(6)-2

The patient/legal guardian _____

agrees. Questions answered: _____

Signed: _____

Date: 8/16/03Time: 0710

Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASA)
 NO APPARENT ANESTHETIC COMPLICATIONS OTHER

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

(b)(6)-4**SEDATION KEY:**

- MINIMAL (Anxiolysis) Patient responds normally to verbal commands
- MODERATE (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
- DEEP SEDATION/ANALGESIA. Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
- ARESTHESIA. Patient does not respond to painful stimulation.

PRE-ANESTHETIC ASSESSMENT

AND PLAN OF CARE

AGE: 57 Days Mos Yrs

GENDER: Male Female
ALLERGIES: NKDAPS: 1 2 3 4 5 E
WT: 85 Kg Lb HT: In.PROPOSED PROCEDURE: Bowel Reconstruction
SURGICAL SERVICE: General
NPO SINCE: 16 Aug 03

PREOP DX / MECHANISM OF INJURY:

Shot in abdomen

16 Aug while up to no good (M16)

HABITS: Tobacco: <input checked="" type="checkbox"/> EtOH: <input checked="" type="checkbox"/> Drugs: _____	PAST MEDICAL HISTORY / SYSTEMS REVIEW <i>(N=No, Y=Yes)</i> Cardiovascular: Hypertension N Y <input checked="" type="checkbox"/> Angina N Y <input checked="" type="checkbox"/> MI N Y <input checked="" type="checkbox"/> CVA N Y <input checked="" type="checkbox"/> Other N Y <input checked="" type="checkbox"/> Pulmonary: Asthma N Y <input checked="" type="checkbox"/> URI N Y <input checked="" type="checkbox"/> COPD N Y <input checked="" type="checkbox"/> Other N Y <input checked="" type="checkbox"/> Renal System: ARF/CRF N Y <input checked="" type="checkbox"/> Other N Y <input checked="" type="checkbox"/> Gastrointestinal: Hepatitis N Y <input checked="" type="checkbox"/> Hiatal Hernia N Y <input checked="" type="checkbox"/> GERD/PUD N Y <input checked="" type="checkbox"/> Endocrine: Diabetes N Y <input checked="" type="checkbox"/> Steroids N Y <input checked="" type="checkbox"/> Thyroid N Y <input checked="" type="checkbox"/> Neurological: Seizures N Y <input checked="" type="checkbox"/> Neuropathy N Y <input checked="" type="checkbox"/> Gynecological: Pregnancy N Y <input checked="" type="checkbox"/> Other N Y <input checked="" type="checkbox"/> Other Problems: Familial Hx N Y <input checked="" type="checkbox"/>	SURGICAL HISTORY 16 Aug Ext lap VENT SETTINGS SIMV 16, 800, 55, PEEP 5 PHYSICAL EXAMINATION BP: 108/63 HR: 112 RR: 16 T: 98° Pain (0/10 Scale): Sedated Airway Exam: Dentition 8.0 E-T Trachea in place TMJ/C-spine _____ Oropharynx _____ Chest: Lungs CTAB Heart RRR IV Access: L + SC Cordis Ulnar Filling: A-line IT Back: N/A Other: N/A
---	---	--

LABORATORY STUDIES:

10/32P 1300 via Piccolo

10 30 Other: 7.34 / 40.5 / 94 / 22 / 4

ANESTHETIC PLAN: Local/MAC Regional: General. Intubation/ Mask-LMA Notes: existing ETT**INFORMED CONSENT/COUNSELING STATEMENT:** Plans, alternatives, and risks of anesthesia including death have been explained to and discussed with patient and/or legal guardian. The patient/legal guardian seems to understand and agrees to proceed. Questions answered.(b)(6)-2 [REDACTED] CRNA Date: 8/17/03 Time: 1430
Sign: [REDACTED] Sedated/nonresponsive/minor patient with no family or guardian present.

PATIENT IDENTIFICATION:

(b)(6)-4

EPW # [REDACTED]

(b)(6)-4

POST-ANESTHESIA EVALUATION AND NOTE:

 No apparent anesthetic complications. Other (see progress notes)

Signed: _____ Date: _____ Time: _____

Nursing Unit: FW 3

MEDCOM - 16837 HOSPITAL & MEDICAL TASK FORCE-BAGHDAD

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 57 DAYS MOS YRS

Sex MALE FEMALEASA Physical State 1 2 4 5 E

PROPOSED PROCEDURE: EX

TRACH

(b)(6)-2 GSW (R) FLANK

WT: 85 KG DS HT: IN.

SURGICAL SERVICE: GEN

NPO SINCE: TUBE FEEDING DC'd @ 2400

ALLERGIES: NKDA

HABITS:
TOBACCO: SMOKER
ETOH:

DRUGS:

CURRENT MEDICATIONS:
() = ordered as premed

- () FENT SEDATION
 () PROPOFOL
 () C.I.P.D.
 ()
 ()
 ()

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

LABORATORY STUDIES:

HB/HCT: /
 U/A:
 OTHER:
 TX'd for 2 UNITS
 Hs 7.81 20/23 27 Aug
 WBC 15.8 1005 RECIEVING #1 of 2 units
 PRBCs
 HCT

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

INTUBATED SIMV 16 VT 800

F.O2: 40 PEEP 5

Renal System:

FOLEY

Acute/Chronic RF

DUODENAL DRAIN

Gastrointestinal:

Hepatitis

Hiatal Hernia

PUD/GERD

Endocrine System:

Diabetes

Steriods

Thyroid

Neurological:

Seizures

Neuropathy

Other

Gynecological:

Pregnancy

Other Significant Hx:

N Y

N Y

N Y

Familial Hx

ANESTHETIC PLAN: LOCAL MAC Regional (Specify): _____ General: Mask Intubation

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

The patient/legal guardian _____ understands and agrees. Questions answered.

Signed: _____

Date: 28 Aug 03

Time: 10:30

Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 NO APPARENT ANESTHETIC COMPLICATIONS OTHER

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) 1CCU - 1

(b)(6)-4

EPW

(b)(6)-4

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION				
SECTION I - REQUISITION					
COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE CSW Abdomen			
	DATE REQUESTED 16 Aug 03	DATE AND HOUR REQUIRED 16 ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.		
	VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) unknown	SIGNATURE OF VERIFIER See original		
REMARKS:		IF PATIENT IS FEMALE, IS THERE HISTORY OF RHIG TREATMENT? DATE GIVEN: N/A HEMOLYTIC DISEASE OF NEWBORN?		DATE VERIFIED TIME VERIFIED	
SECTION II - PRE-TRANSFUSION TESTING					
UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD	
		PATIENT NO. (b)(6)	M/R	Comp	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-(2)
DONOR	RECIPIENT				
ABC	ABO				
Rh	Rh				
REMARKS: Exp 19 Aug 03					
SECTION III - RECORD OF TRANSFUSION					
PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2			POST-TRANSFUSION DATA AMOUNT GIVEN TIME/DATE COMPLETED/INTERRUPTED 1 unit ML 17 Aug 03 0010		
AT (Hour) 2220		ON (Date) 16 Aug 03	REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 98°	PULSE 119
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.		BLOOD PRESSURE 114/68			
1st VERIFIER (Signature) (b)(6)-2 (b)(6)-2		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)			
2nd VERIFIER (Signature) (b)(6)-2 (b)(6)-2		OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			
PRE-TRANSFUSION TEMP. 98° PULSE 122 BP 118/69		SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2			
DATE OF TRANSFUSION 16 Aug 03		SEX M WARD ICU 3			
PATIENT IDENTIFICATION—USE EMBOSSEER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)					

(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