518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 16 Aug 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: unknown

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN?

REQUESTING PHYSICIAN *(Print)*: [redacted] (b)(6)-2

DIAGNOSTIC OR DIAGNOSTIC/THERAPEUTIC PROCEDURE: GSW Abdomen

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

SIGNATURE OF VERIFIER: See original

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted] (b)(6)-2

TRANSFUSION NO.

PATIENT NO.

DONOR — ABO: A; Rh: POS

RECIPIENT — ABO: A; Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 19 Aug 03

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

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

DATE: 16 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)*: 0055 ON *(Date)*: 17 Aug 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: [redacted] UT/AW

2nd VERIFIER *(Signature)*: [redacted] (b)(6)-2

PRE-TRANSFUSION

TEMP. 98.8 PULSE 119 BP 114/68

DATE OF TRANSFUSION: 17 Aug 03

TIME STARTED: 0055

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 17 Aug 03 0300

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

SIGNATURE OF PERSON NOTING ABOVE: [redacted] SW

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rate; hospital or medical facility) (b)(6)-2 M

WARD: ICU3

[redacted] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16841

Medical Record Copy

518-124

NSN 7540-00-634-415

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS: (b)(6)-4

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 16 Aug 03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 16 Aug 03

TIME VERIFIED 0709 (b)(6)-2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR		RECIPIENT	
ABO	A	ABO	A
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMPAT

PREVIOUS RECORD CHECK:

- [ ] RECORD [redacted]

SI[redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQU[redacted] DATE 16 Aug 03

REMARKS:

Exp. Date: 19 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION [redacted]

INSPECTED AN[redacted]

AT *(Hour)* 0935 ON *(Date)* 16 Aug 03

IDENTIFICATION

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

1st VERIFIER [redacted] (b)(6)-2

2nd VERIF[redacted] M.D.

PRE-TR[redacted]

TEMP. 35 C PULSE [redacted] BP 93/49

DATE OF TRANSFUSION 8/16/03 TIME STARTED 0900

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED		
1 U ML	8/16/03 0916		
REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	35°C	78	103/60

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

- [ ] NO
- [ ] [redacted]ecify) (b)(6)-2

SIGNATURE [redacted]

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

[redacted]

(b)(6)-4

SEX M

WARD EMT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16842

Medical Record Copy

#2

518-124

NSN 7540-00-634-415

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

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

VOLUME REQUESTED (If applicable) UNIT ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 16 Aug 03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print) [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 16 Aug 03

TIME VERIFIED 0709

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. 2

PATIENT NO. [redacted]

DONOR	RECIPIENT (b)(6)-4
ABO A	ABO A
Rh POS	Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMPAT

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUE[redacted]

DATE 16 Aug 03

REMARKS:

Exp. Date: 19AUG03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED [redacted]

AT (Hour) 0804 ON (Date) 16 Aug 03

IDENTIFICATION

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

1st VERIFIER (Signature) [redacted] LTC CRNA (b)(6)-2

2nd VERIFIER [redacted]

PRE-TRANSFUSION VITALS

TEMP. 35 PULSE 94 BP 110/57

DATE OF TRANSFUSION 8/16/03 TIME STARTED 0815

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 0830 8/16/03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 35 PULSE 90 BLOOD PRESSURE 86/47

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

OTHER DIFFICULTIES (Equipment, clots, etc.)

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

SIGNATURE OF [redacted]

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

[redacted] (b)(6)-4

SEX M

WARD EMT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16843

Medical Record Copy

#3

518-124

NSN 7540-00-634-415[illegible]

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 16 Aug

TIME VERIFIED 0707

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. [redacted]

DONOR		RECIPIENT	
ABO	A	ABO	A
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMPAT

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT R[redacted]

DATE 16 Aug 03

REMARKS:

Exp. Date: 19 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DA[redacted]

INSPECTED AND ISSUE[redacted]

AT *(Hour)* [redacted] ON *(Date)* [redacted] 03

IDENTIFICATION

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

1st V[redacted] MD (b)(6)-

2nd [redacted]

PRE-TRANSFUSION

TEMP. 35 C | PULSE 88 | BP 112/50

DATE OF TRANSFUSION 16 AUG 03 | TIME STARTED 0841

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
74 ML	8/16/03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	35	81	82/67

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

- [ ] NO
- [ ] [redacted]

SIGNATURE [redacted]

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

SEX M | WARD Emt

[redacted]

(b)(6)-4

MEDCOM - 16844

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

#1

518-124

NSN 7540-00-634-415

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 16 Aug 03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

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

SIGNATURE [redacted]

DATE VERIFIED 16 Aug 03

TIME VERIFIED 0707

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. 2 (b)(6)-4

PATIENT NO. [redacted]

DONOR			
ABO	A	ABO	A
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMPAT

PREVIOUS RECORD CHECK:

- [ ] RECORD [redacted] NO RECORD

SIGNATURE OF [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 16 Aug 03

REMARKS:

Exp Date: 19 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (S[redacted]

AT *(Hour)* 0800 ON *(Date)* 16 Aug 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted] (b)(6)-2

2nd VERIFIER [redacted]

PRE-TRANSFUSION [redacted]

TEMP. 98.3 | PULSE 91 | BP 83/34

DATE OF TRANSFUSION 8/16/03 | TIME STARTED 0806

POST-TRANSFUSION DATA

AMOUNT GIVEN 1U ML

TIME/DATE COMPLETED/INTERRUPTED 0814 8/16/03

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
35	98	119/57

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

- [X] NO [ ] YES

SIGNATURE [redacted]

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

[redacted]

(b)(6)-4

SEX M

WARD EMT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 16845

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS: Original Exp. Date: 6 Jan 04

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 16 AUG 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUEST[redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE Coagulopathy

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

SIGNATURE OF VERIFIER

DATE VERIFIED SEE ORIGINAL 518

TIME VERIFIED SF

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

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

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	N/A

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR	RECIPIENT
ABO A	ABO A
Rh POS	Rh POS

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03

REMARKS: Thawed Exp. Date: 17 Aug 03 1055

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1117 ON *(Date)* 16 Aug 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* [redacted] 9/WM6 (b)(6)-2

2nd [redacted]

PRE-TRANSFUSION

TEMP. 98.2 PULSE 107/57 BP 98

DATE OF TRANSFUSION 16 Aug 03 TIME STARTED 1035

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML TIME DATE COMPLETED 1048 16 Aug 03 INTERRUPTED

REACTION [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

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

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

SIGNATURE [redacted] NOTING ABOVE CPT/pn

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

[redacted]

(b)(6)-4

SEX M WARD OR/ICU3

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS: ORIGINAL Exp. Date: 6 Aug 04

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 16 AUG 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE Coagulopathy

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

SIGNATURE OF VERIFIER ORIGINAL

DATE VERIFIED 16 Aug 03

TIME VERIFIED 518

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. (b)(6)-7

PATIENT NO. [redacted]

DONOR		RECIPIENT	
ABO	A	ABO	A
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	N/A

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03

REMARKS: Thawed Exp. Date: 17 Aug 03 @ 1055

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1118 ON *(Date)* 16 Aug 03

IDENTIFICATION

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

1st [redacted] (b)(6)-2

2nd [redacted]

PRE-TRANSFUSION

TEMP. 90.2 PULSE 102 BP 85/58

DATE OF TRANSFUSION 16 Aug 03 TIME STARTED 1120

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML TIME DATE COMPLETED 16 Aug 1133 INTERRUPTED

REACTION [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

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

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

SIGN[redacted] NOTING ABOVE OPT/IN

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

SEX M WARD OR/ICU3

[redacted]

(b)(6)-7

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS: ORIGINAL
Exp. Date: 11 Feb 04

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 16 AUG 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-7

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE Coagulopathy

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

SIGNATURE OF VERIFIER ORIGINAL

DATE VERIFIED SEE ORIGINAL

TIME VERIFIED SEE 518

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR [redacted]

ABO A

Rh POS

RECIPIENT [redacted]

ABO A

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	N/A

PREVIOUS RECORD CHECK:

[x] RECORD

SIGNATURE [redacted]

[x] CROSSMATCH NOT REQUIRED FOR THE COMPO[redacted]ESTED DATE 16 Aug 03

REMARKS:

Thawed Exp. Date: 17 Aug 03 @ 1144

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTE[redacted]ature) (b)(6)-2

AT *(Hour)* 1144 ON *(Date)* 16 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item [redacted] e same person named on this Blood Comp[redacted] patient identification tag.

1st V[redacted]

2nd [redacted]

[redacted]

TEMP. PULSE 102 BP 132/92

DATE OF TRANSFUSION 16 Aug 03 TIME STARTED 1150

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED INTERRUPTED

REACTION [ ] NONE [ ] SUSPECTED

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

DESCRIPTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE

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

[redacted] (b)(6)-4

SEX M

WARD OR ICU 3

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

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS: Original Exp Date: 11 Feb 04

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 16 AUG 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING [redacted]

[redacted]

Coagulopathy

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

SIGNATURE OF VERIFIER

DATE VERIFIED SEE ORIGINAL

TIME VERIFIED SF 518

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. (b)(6)-4

PATIENT NO. [redacted]

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	N/A

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR	RECIPIENT
ABO A	ABO A
Rh POS	Rh POS

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03

REMARKS: Thawed Exp. Date: 17 Aug 03 1120

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* [illegible] ON *(Date)* 16 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient ma[redacted] the recipient is the same person named on this Blood C[redacted]on Form and on the patient identification tag.

1[redacted] OPT (b)(6)-2

2nd [redacted]

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED INTERRUPTED

REACTION [ ] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

[ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE

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

[redacted] (b)(6)-4

SEX M

WARD OR/ICU 3

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

MEDICAL RECORD COPY

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

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

VOLUME REQUESTED (If applicable): 1 UNIT ML

REMARKS: Original
Exp Date: 07Feb04

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 17 AUG 03

DATE AND HOUR REQUIRED: STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify): (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print): [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW ABD

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

SIGNATURE OF VERIFIER: SEE ORIGINAL

DATE VERIFIED

TIME VERIFIED: SP 518

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

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

PATIENT NO.: [redacted]

DONOR

ABO: AB

Rh: POS

ABO: A

Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

- [x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

17 Aug 03

REMARKS:

Thawed Exp Date: 18 Aug 03 1600

SECTION III – RECORD OF TRANSFUSION

INSPECTED: [redacted]

AT (Hour): [redacted]

ON (Date): 17 Aug 03

IDENTIFICATION

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

1st VERIFIER (Signature): [redacted] (b)(6)-2

2nd VERIFIER (Signature): [redacted]

PRE-TRANSFUSION VITALS: [redacted]

TEMP. 98.8 | PULSE 107 | BP 124/71

DATE OF TRANSFUSION: 17 AUG 03

TIME STARTED: 1650

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED		
281 ML	17 AUG 03 1705		
REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[ ] NONE [ ] SUSPECTED	98.8	114	177/88

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

OTHER DIFFICULTIES (Equipment, clots, etc.)

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

SIGNATURE OF PERSON NOTIFIED: [redacted]

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

[redacted] (b)(6)-4

SEX: M

WARD: ICU3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16850

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS: ORIGINAL Exp. Date: 03Feb04

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 17 AUG 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD

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

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT [redacted]

TRANSFUSION NO. (b)(6)-4

PATIENT NO. [redacted]

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

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

SIGNATURE OF [redacted]

DONOR	RECIPIENT
ABO AB	ABO A
Rh Pos	Rh Pos

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUE[redacted] DATE 17 Aug 03

REMARKS:

Thawed Exp. Date: 18Aug03 1730 ~~1730~~

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP[redacted] Signature) [redacted]

AT *(Hour)* 1758 ON *(Date)* 17Aug03

IDENTIFICATION

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

1st VERIFIER *(Si[redacted]* [redacted] (b)(6)-2

2nd VERIFIER *(Si[redacted]* [redacted]

PRE-TRANSFUSION:

TEMP. 35 PULSE 116 BP 84/65

DATE OF TRANSFUSION 17AUG03 TIME STARTED 1806

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 17AUG 03/1815

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 35 PULSE 117 BLOOD PRESSURE 141/66

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE [redacted]

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

SEX M WARD 1CU3

[redacted] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16851

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 20 AUG 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD

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

SIGNATURE OF VERIFIER [redacted]

DATE 20 AUG 03

TIME VERIFIED 0705

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR ABO A Rh positive

RECIPIENT ABO A Rh positive

TEST INTERPRETATION

ANTIBODY SCREEN: N/T

CROSSMATCH: Compatible

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT [redacted]

DATE 20, AUG 03

REMARKS: EXP DATE 27, AUG 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION [redacted]

INSPECTED AND ISSUED [redacted]

AT *(Hour)* [redacted] ON *(Date)* 20 Aug 03

IDENTIFICATION

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

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

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

PRE-TRANSFUSION

TEMP. 100.8 PULSE 88 BP 173/76

DATE OF TRANSFUSION 20 AUG 03

TIME STARTED 1126

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 1546 20 AUG 03

REACTION

- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
100.3	81	139/68

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] LT/AN

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

[redacted] (b)(6)-4

SEX M

WARD ICU3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16852

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 20 AUG 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD

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

SIGNATURE [redacted] ILT/AN

DATE 20 AUG 03

TIME VERIFIED 0705

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO A

Rh positive

RECIPIENT

ABO A

Rh positive

TEST INTERPRETATION

ANTIBODY SCREEN: N/T

CROSSMATCH: Compatable

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 20, AUG 03

REMARKS: EXP. 27, AUG 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

TIME 0856 ON *(Date)* 20, AUG 03

IDENTIFICATION

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

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

[redacted] ILT/AN

PRE-TRANSFUSION

TEMP. 101.5 | PULSE 104 | BP 155/66

DATE OF TRANSFUSION 20 AUG 03

TIME STARTED 0800

POST-TRANSFUSION DATA

AMOUNT GIVEN 300 ML

TIME/~~DATE COMPLETED~~/INTERRUPTED 1110 20 AUG 03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 100.6

PULSE 83

BLOOD PRESSURE 145/69

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted] ILT/AN

WARD TCU3

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

[redacted] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: 1 UNIT

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 28 AUG 03

DATE AND HOUR REQUIRED: ASAP 28 AUG 03

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: Dr. [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P abd washout

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.

SIGN[redacted]

28 AUG 03

TIME VERIFIED: 0850

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO A; Rh positive

RECIPIENT: ABO A; Rh positive

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Compatible

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT [redacted] DATE 28 Aug 03

REMARKS: Exp 2, Sept 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

ON *(Date)* 28, Aug 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: [redacted] (b)(6)-2

PRE-TRANSFUSION

TEMP. 101.0 | PULSE 85 | BP 104/45

DATE OF TRANSFUSION: 28 Aug 03 | TIME STARTED: 0955

POST-TRANSFUSION DATA

AMOUNT GIVEN: 335 ML

TIME/DATE COMPLETED/INTERRUPTED: 1110 28 Aug 03

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 100.7 | PULSE: 83 | BLOOD PRESSURE: 118/49

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGN[redacted]

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

[redacted] (b)(6)-4

M | WARD: ICU1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16854

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: 1 UNIT

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 28 AUG 03

DATE AND HOUR REQUIRED ASAP 28 AUG 03

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* Dr. [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE S/P abd washout

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

[redacted]

DATE 28 AUG 03

TIME VERIFIED 0850

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR: ABO A, Rh positive

RECIPIENT: ABO A, Rh positive

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Compatible

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT

REMARKS: EXP 2, Sept 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 28 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1115 ON *(Date)* 28 Aug 03

IDENTIFICATION

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

1st VERIFIER [redacted] (b)(6)-2

2nd [redacted] LT/AN

PRE-TRANSFUSION

TEMP. 100.5 PULSE 83 BP 114/49

DATE OF TRANSFUSION 28 Aug 03 TIME STARTED 1120

POST-TRANSFUSION DATA

AMOUNT GIVEN 367 ML

TIME/DATE ~~COMPLETED/INTERRUPTED~~ 1245 28 AUG 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE

PULSE 105

BLOOD PRESSURE 150/70

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE [redacted]

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

[redacted] (b)(6)-4

M

WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16855

Medical Record Copy

NSN 7540-01-165-7294 591-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATIONS (S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINC	REGISTER NO.
C X Ray		M	[redacted] (b)(6)-4	ICU	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print)		[redacted] (b)(6)-2		TELEPHONE/PAGE NO.
	SIG[redacted]				DATE REQUESTED 9/19/03

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

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

RADIOLOGIC REPORT

No comparison. (2) CP cut-off/rotated.

1) Mild RLL persist opacity.

2) Trach. ado appearing on rotated view

3) artifact/clavicle overlying (R) upper hemithorax.

[redacted] MD

(b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give : Name - last, first, middle, Medical Facility)*

[redacted] (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT RECORD

MEDCOM - 16856

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

ICW1

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

Gastrourcw study of the J-Tube

AGE | SEX: M | SSN: [redacted]

WARD/CLINIC: KWH

REGISTER NO.

FILM NO. (b)(6)-4

PREGNANT: ☐ YES ☒ NO

REQUESTED BY: [redacted] (b)(6)-2

TELEPHONE/PAGE NO.

SIGNA[redacted]

DATE REQUESTED: 180CT03

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

Tube came out last Night Now with poor Flow Please put Gastrourcw through tube to Assure location / Patency

DATE OF EXAMINATION *(Month, day, year)*: 18 Oct 03

DATE OF REPORT *(Month, day, year)*:

DATE OF TRANSCRIPTION *(Month, day, year)*:

RADIOLOGIC REPORT

Fluoro w/ gastrografin

demonstrate small bowel filling and peristalsis.

? free air KUB → CT pending

[redacted] (b)(6)-2

[redacted] (b)(2)-2

CT A/P (1) No Free air / No ascites. (4) CRenal Disease (5) ASVD

(2) J Tube adeq. (6) RUQ sharpel.

(3) S. Scm length transverse colon is opposed against incision site - may be adherent. (Am MS) (No obstruct)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

[redacted] (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 16857

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER / TIME OF ORDER / HOURS / LIST TIME ORDER NOTED AND SIGN

Admit to ICU
S/p ex LAP for GSW to Abd
Cord Guarded
Vital Q1° x SAT
All Ø
ACT Bed rest
Nurse Foley to Gravity

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER / TIME OF ORDER / HOURS

I/O
Tx
NPO
IVF KR @ 150 cc/hr
Meds
Versed drip titrate to effect
Morphine 1-10 mg Q1° titrate to effect

Noted 16 Aug 03 1300 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER / TIME OF ORDER / HOURS

Unasyn 3.0 gm IV Q8° [illegible]
1030 LABS CBC, Chem 12, Chem 8, ABG Q 1hr
then CBC Q6°
Vent: [illegible] 12/750/[illegible]
1125 Tx 4y AFF when [illegible] (b)(6)-2
24° Chart ✓ [redacted] 2145 16Aug03 [redacted]

PATIENT IDENTIFICATION [redacted] (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER / TIME OF ORDER / HOURS

NURSING UNIT	ROOM NO.	BED NO.

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1986—409-924

"USE BALL POINT PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

F of this form, see AR 40-66, the proponent agenc TSG

THE DOCTOR SHALL RECORD DA E AND SIGN EACH SET OF ORDERS. IF PR ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM MBER IN COLUMN INDICATED BY ARROW BEL

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER — LIST TIME ORDER NOTED AND SIGN

16 AUG 03 — 1700 HOURS

1700 (1) ABG 3 cykes NOW ✓

1700 (2) fentanyl 100 µ Bolus ✓

1755 (3) Start fentanyl Drip @ 150 µ/hr ✓

Hrs ✓

1700 (4) D/C Morphine ✓

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME O[redacted] HOURS

16 AUG 03 — 1710

(1) Vecuronium 10 mg IV ✓

(2) Hold Vec @ 6 mg Thu ✓

(3) NGT + CIS ✓

[redacted]

16 Aug 03 2000 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER

16 Aug 03 — 1835 HOURS

(1) Transduce CVP. ✓

(2) 500cc human bolus x 1 now.

V.O. Dr. [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER

16 Aug 03 — 1855 HOURS

(1) ↑ TV 800 + ↑ FiO2 100%.

V.O. Dr. [redacted]

NURSING UNIT	ROOM NO.	BED NO.
24 Chart	[redacted]	

[redacted] 2100 16 Aug 03

DA FORM 1 APR 79 4256 REPLACES EDI[redacted] 77, WHICH MAY BE USED.

(5)(6)-2

(5)(6)-2

(5)(6)-2

U.S. GOVERNMENT PRINTING OFFICE: 1996—409-924

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DA E AND SIGN EACH SET OF ORDERS. IF PR ORIENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLEM ... BER IN COLUMN INDICATED BY ARROW BEL

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
16 AUG 03	1125 HOURS	
(1) Give LR one liter bolus Now		1125
(2) Increase LR IVF rate to 200ml/hr		
(3) Transfuse Two units of RBCs Now		
1145 (4) ↑ RR to 16 and [redacted]		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
16AUG03	1150 HOURS	
(1) ZANTAC 50 mg IV Q8'		1360 [redacted] LTDA

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
16 Aug 03	HOURS	
(1) Fentanyl 100mcg IVP x 1 now V.O. Dr [redacted] PT [redacted]		noted 16 Aug 1130 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
16 Aug 03	1625 HOURS	
(1) 500cc of 5% Albumin x 1 now V.O. Dr. [redacted]		noted 16 Aug 03 1855 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° Chart ✓ [redacted] 2200 16 Aug 03

DA FORM 1 APR 79 4256 REPLACES [redacted] CH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1986—403-924

"USE BALL POINT PEN—PRESS FIRMLY I NO CARBON PAPER REQUIRED"

(6)(6)-4

(5)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For [illegible] of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DAT[illegible]E AND SIGN EACH SET OF ORDERS. IF PR[illegible] ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM [illegible]BER IN COLUMN INDICATED BY ARROW BEL[illegible]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 16AUG03 TIME OF ORDER: 2100 HOURS

LIST TIME ORDER NOTED AND SIGNED

1. Tx 2u PRBC
2. 500 cc 5% Albumin x 1 now

noted 2140 16AUG03

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 17AUG03 TIME OF ORDER: 0715 HOURS

1. 500 cc 5% Albumin (1 Now)
2. 0735 Tap cacl over (illegible)

noted 17Aug03 0815

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 17AUG03 TIME OF ORDER: 0823 HOURS

1. Draw CCC @ 1300

noted 17Aug03 0830

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 17 Aug 03 TIME OF ORDER: 1424 HOURS

1. Draw Coag study.
2. Infuse 2 units FFP NOW
V.O. Dr. [redacted]

noted 17Aug03 1535

[redacted]

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

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"USE BALL POINT PEN—PRESS FIRMLY I NO CARBON PAPER REQUIRED"

(b)(6)-4

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

Fr[illegible] of this form, see AR 40-66, the proponent agency is [illegible]TSG

THE DOCTOR SHALL RECORD DAT[illegible]E AND SIGN EACH SET OF ORDERS. IF PR[illegible] SYSTEM IS USED, WRITE PROBLEM N[illegible]BER IN COLUMN INDICATED BY ARROW BELL[illegible]

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 17AUG03 TIME OF ORDER: 2200 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU
Dx s/p GSW Abd.
cond Stable
Vitals Q1° C SAT & I/O
All Ø
Act Bedrest
Foley to Gravity

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

Duodenal tube to Gravity
IP's to Bulb suction
Line care
A Line
Vent IMV 16 TV 800 Peep 5 FiO2 50%
NPO
IVF LR @ 150 cc/hr

[redacted] 0120 17AUG03

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

(b)(6)-2

meds
Versed Drip titrate to effect
Fentanyl Drip titrate to effect
Unasyn 3.0 g IV Q6°
ZANTAC 50 mg IV Q8°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

LABS CBC, ABG, Chem 8 Chem 12 Now
and Q AM.
Flush Duodenal tube and J tube [redacted]
10cc H2O Q8hr [redacted]
NG to LIS [redacted]

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

U.S. GOVERNMENT PRINTING OFFICE: 1996—403-924

"USE BALL POINT PEN—PRESS FIRMLY I NO CARBON PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
18 AUG 03	1600 HOURS	
0955 ① 5% Albumin in 500cc x 1 now.		noted 18 Aug 03 [redacted]
V.O. Dr [redacted]		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
18 AUG 03	1400 HOURS	
① Δ drsg midline abd incision wet to dry QD.		noted 18 Aug 03 1620 [redacted]
② Δ drsg around JP tubes prn.		
V.O. Dr [redacted]		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
19 AUG 03	0650 HOURS	
0648 ① 40mEq KCl in 250cc run over 2°		noted 19 Aug 03 [redacted]
0725 ② ↓ MIVF to 75cc/°		
V.O. Dr [redacted]		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
20 Aug 03	0209 HOURS	
① Tylenol 650mg thru NG Tube for ↑ temp [illegible]		noted 20 Aug 03 [redacted]
V.O. Dr [redacted]		

NURSING UNIT	ROOM NO.	BED NO.

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

U.S. GOVERNMENT PRINTING OFFICE: 1996—409-924

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]	21 Aug 03	0723 HOURS	
6805	① KCl 40mg IV in 100cc NS over 4	[redacted]	Noted 21 Aug 03 0810 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[redacted]	21 AUG 03	0930 HOURS	
	① Lovenox 40mg SQ QD	[redacted]	Noted 21 AUG 03 1845 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[redacted]	21 AUG 03	1000 HOURS	
	① 1/4% bleach soaks Dakins soln to midline abd incision + ① Plank BID ō dress A. V.O. Dr. [redacted]		

NURSING UNIT | ROOM NO. | BED NO.

24° Chart [redacted] 21 Aug 03

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[redacted]	21 Aug 03	1945 HOURS	
	40meq KCl in 100cc NS IVPB over 2hrs via central line. VO: Dr [redacted]		Noted

NURSING UNIT | ROOM NO. | BED NO.

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

U.S. GOVERNMENT PRINTING OFFICE: 1986—409-924

"USE BALL POINT PEN PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted]	2110.	21 Aug 03 HOURS	
	ΔIVF to D5 1/2 NS + 20 KCl @ 75cc/hr.		
	VO: Dr [redacted]		
NURSING UNIT / ROOM NO. / BED NO.	[redacted]		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[redacted]	21 AUG 03	2120 HOURS	
	KCl 50 mg over 8 hours in flush of chart		Noted [redacted] 2140 21 Aug 03
	[redacted]		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
	22 AUG 03	HOURS	
	1 - START JBOW @ 10cc/hr		
	2 - ✓ Glucose q 4°		
	3 - ✓ CBC Chem 12, Chem 7 + [redacted] A.M.		
	4 - Portable CXR in A.M.		
NURSING UNIT / ROOM NO. / BED NO.	[redacted]		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
[redacted]	8-22-03	1320 HOURS	[redacted] 1320.
	Home O2 cl in room / BSO per U/O Dr.		
NURSING UNIT / ROOM NO. / BED NO.			
FCU			

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1986—409-924

"USE BALL POINT PE MEDCOM - 16865 PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
25 AUG 03	0600 HOURS	
① NS @ KVU for cardis.		
V.O. Dr. [redacted]		noted 29 Aug 03 [redacted]
	(b)(6)-2	
24 Chart Check [redacted]	LT/AN 26 Aug 0030	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 28AUG07 TIME OF ORDER: 1125 HOURS

LIST TIME ORDER NOTED AND SIGN: 1130 [redacted]

(1) Mix ~~ego~~ 7hrs Duodenal Drainage with 3hrs TF and feed over 3hrs. [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24AUG03 TIME OF ORDER: 0800 HOURS

(1) Advance SJT 20cm to 24cm @ lip. V.O. Dr. [redacted] [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24 AUG 03 TIME OF ORDER: 1140 HOURS

1200 (1) Portable CXR s/p triple lumen placement [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24AUG03 TIME OF ORDER: 1435 HOURS

1443 (1) Initiated 20mg IVP q6° per SOP 7120 [redacted]

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° Chart [redacted] 0850 25AUG03. 1443 24 Aug 03

DA FORM 1 APR 79 4256 REPLACES ED[redacted]AY BE USED.

(b)(6)-4

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	20 Aug 03	0630 HOURS	
	① D/C O Vmasyn		
0756	② Lasyn 3.375 gm IV q6°		
	③ Cipro 400mg IV q12°		
	④ Thawing 2 units PRBC & crit 4° each		noted 20AUG03 0915
0745	⑤ KCl 40meq in 100cc NS crit 4°		
0200	⑥ Advance ETT 2.0cm	[redacted]	

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	20AUG03	0805 HOURS	
0840	① Advance ETT 1.0cm		
	V.O. Dr. [redacted]	[redacted]	

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	24AUG03	0830 HOURS	
	① Midabd and ② puncture wound wet to dry dress BID		noted 0930 20AUG03
	V.O. Dr. [redacted]	[redacted]	

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	24 Aug 03	2200 HOURS	
	CBC, chem 8, ABG, CXR in AM		NOTED 2100 20AUG
	[redacted]		

NURSING UNIT | ROOM NO. | BED NO.

24° Chart ✓ [redacted] /AN 21AUG 0100

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

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"USE BALL POINT PEN—PRESS FIRMLY I NO CARBON PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]	26 AUG 03 — 1625 HOURS	
	① Resume previous orders	
	② Hold TF for now.	Noted 26 AUG 03
	③ [redacted]	[redacted]
NURSING UNIT / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	
[redacted]	27 Aug 03 — HOURS	
	V.O. Dr [redacted]	Noted 27 [redacted]
	1) Restart TF gently @ low rate up to [redacted] 125 cc/hr in six hours.	
	2) Mix 3 hours duodenal drainage & 3 hrs TF over 3 hours	
NURSING UNIT / ROOM NO. / BED NO.	[redacted]	

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	
[redacted]	8/27 — 0830 HOURS	
	① Fluconazole 100mg IVP qAM First dose now	
	② CXR now	
NURSING UNIT / ROOM NO. / BED NO.	[redacted] MD	

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	
	27 Aug 03 — 1252 HOURS	[redacted]
	Δ Fluconazole to 150mg PO QAM (First Dose Now)	1257 27 Aug 03
	V.O. per Dr. [redacted]	
NURSING UNIT / ROOM NO. / BED NO.		

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

(6)(6)-4

(5)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(5) 61-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27 Aug 03 TIME OF ORDER: 2110 HOURS

(1) NPO 5 min.
VO Dr [redacted]

LIST TIME ORDER NOTED AND SIGN: Noted 27 Aug 03 @ 2110 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 8/28 TIME OF ORDER: 900 HOURS

(1) Transfuse 2u pRBC now
(2) Lasix 40mg IVP in between units [redacted]

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 8/28 TIME OF ORDER: 1400 HOURS

(1) Resume pre op orders
(2) Start TF at 60 cc/hr
Advance as tolerated.
(3) Mouth care
(4) Trach care

Noted [redacted] 8/28 1400

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]			30 Aug 03	0705 HOURS	
		0710	(1) Hold T.F.		
			(2) V.O. Dr. [redacted]		noted 30 Aug 03 [redacted]
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[redacted]			1 Sept 03	0720 HOURS	
		0805	(1) 20mEq KCl in 1000cc NS over 2°		
			V.O. Dr. [redacted]		
NURSING UNIT	ROOM NO.	BED NO.			noted 01 Sept 03 0830 [redacted]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[redacted]			01	HOURS	
		0755	(1) Labetalol 20mg ivp x1		
			[redacted]		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[redacted]			1 Sept 03	0800 HOURS	
			(1) labetalol 20mg IVP q6° prn SBP >170		noted [redacted] 01 Sept 03 0835
[redacted]			[redacted]		
NURSING UNIT	ROOM NO.	BED NO.			

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE, AND SIGN EACH SET OF ORDERS. IF PR SYSTEM IS USED, WRITE PROBLEM NU IN COLUMN INDICATED BY ARROW BELO

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 01 Sept 03 | TIME OF ORDER: 1600 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) Tylenol 650mg via NGT q 4-6° prn fever.
V.O. Dr. [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1 Sept 03 | TIME OF ORDER: 2230 HOURS

(1) ↓ Jerky to 80cc/hr
(2) DC Zosyn
(3) DC Cipro
(4) Rocephin 2gm IVPB QD
(5) Unasyn 3.0gm IVPB q6°
(6) ↓ Fluconazole to 400mg IVPB QD
(7) Cath tips for culture

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

24 chart check done

DATE OF ORDER | TIME OF ORDER | HOURS

(8) UA for culture

noted 1800 [redacted]

[redacted]

2 Sep 03 [redacted] PT / AM

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Sep 03 | TIME OF ORDER: HOURS

KCl 40mg in 100 cc NS over 2hrs.

[redacted]

2 Sep 03 0845

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
25Sep03	1600 HOURS	25Sep03 [redacted]
Δ Fluconazole to 150 mg PO QD		
V.O. per Dr [redacted]		

NURSING UNIT: ICU 1 | ROOM NO.: 24° Chart ✓ | BED NO.: Allison Recadillo LPN/AW 1840 25Sep03

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER	TIME OF ORDER	
3-sep03	0716 HOURS	
(1) D/C NGT		
(2) Mg SO4 2gm IV in 250 cc D5W x 2hr		
(3) Keep in the same 250 cc D5W		
(4) Send Fresh Aspirate for c/s		
[redacted]		3Sep03 0757

NURSING UNIT: | ROOM NO.: | BED NO.:

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER	TIME OF ORDER	
3Sept 2003	0810 HOURS	
(1) Aldactone 25mg po QD		
(2) ↑ fluids D5 1/2NS at 100cc/hr [redacted] with 40KCl		03Sep03 [redacted]
[redacted]		0850

NURSING UNIT: | ROOM NO.: | BED NO.:

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER	TIME OF [redacted]	
3Sep03	1600 HOURS	
(1) Mix TF & 80cc of Feed & 40cc/hr of Duodenal drainage and run @ 120cc/hr ie. for 4 hrs mix 320 cc Feeds with 160 cc Duodenal drainage & run @ 120cc/hr		[redacted]

NURSING UNIT: 24° Chart ✓ [redacted] | ROOM NO.: | BED NO.: LPN/AW 03Sep03 1930

[redacted] 3Sep03 1626

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

(b)(6)-2

(b)(6)-4

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For u[illegible] this form, see AR 40-66, the proponent agenc[illegible] TSG

THE DOCTOR SHALL RECORD DATE, AND SIGN EACH SET OF ORDERS. IF PR[illegible] ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NU[illegible] R IN COLUMN INDICATED BY ARROW BELO...

PATIENT IDENTIFICATION

[redacted]

(5)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICU 1		

DATE OF ORDER: 4 sep 03 — TIME OF ORDER: 1240 HOURS — LIST TIME ORDER NOTED AND SIGN

(1) BID Moist Kerlix Dressing to Midline wound ★ be very careful there is Bowel under there. Make sure Dressing stays Moist. ★

(2) D/C Maint IUF [redacted]

(3) PCXR in AM [redacted]

4 Sep 03 1532

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 5 Sept 03 — TIME OF ORDER: 0830 HOURS

(1) ↑ Atenolol 50mg po QD

(2) [redacted]

noted 5 Sept 03 [illegible]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 05 Sept 03 — TIME OF ORDER: 1600 HOURS

(1) Pt to CT scan tomorrow Dr [redacted]

noted 05 Sept 03 1705 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
24° Chart ✓ [illegible]		[redacted]

AM/AM 0631 6 Sep 03

(5)(6)-2

DATE OF ORDER: 6 Sep 03 — TIME OF ORDER: 0630 HOURS

(1) Resume Previous orders ★ No more Duodenal Tube drainage or Feeds

(2) start TF @ 20 cc/hr. [redacted]

AM 0631 6 Sep 03

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU 1		

DATE OF ORDER: 6 Sep 03 TIME OF ORDER: 1820 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ↑ F_iO_2 to 100%
2. PCXR
3. ABG
4. JPs #3 & #4 to LIS
5. Repeat ABG

V.O. per Dr. [redacted]

[redacted] 6 Sep 03 1835 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 6 Sept 03 TIME OF ORDER: 2015 HOURS

1. Albuterol neb q 4°

Noted [redacted] 07Sep03

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 6 Sep 03 TIME OF ORDER: 0700 HOURS

1. CKR QAM
2. ↓ KR to 12
3. ABG in 1 hr

noted 0700 07Sept03 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 1615 7 Sept 03 TIME OF ORDER: HOURS

1. D/C JP LIS to bulb suction
2. ↑ TF by 20cc/° until target rate
3. ↓ peep to 5

V.O. Dr. [redacted]

noted 0715 [redacted] 7 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

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

(b)(6)-4

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

ORIENTED MEDICAL RECORD

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

PATIENT IDENTIFICATION

[redacted]

(5)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 8 Sep 03 | TIME OF ORDER: 0705 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) Trach collar for 1 hr then ARG — noted 08 Sep 03 0735

(2) Advance TF to 80 cc/hr — [redacted]

24° Chart Check [redacted] 0100

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 9 Sep 03 | TIME OF ORDER: 0650 HOURS

(1) KCl 40 meq in 250 cc D5W over 2 hrs. — done 1000

[redacted]

24° Chart Check [redacted] RET/AN 0130

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 Sep 03 | TIME OF ORDER: 0710 HOURS

Use Sulfamylon solution for wet to dry dressing changes on back of head, R shoulder, and BLE

V.O. Dr. [redacted] RET/AN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 Sep 03 | TIME OF ORDER: 0819 HOURS

KCl 20 meq IVPB Now to run over 2 hours

V.O. Dr. [redacted] RET/AN

[redacted] 10 Sep 03 0820

24° chart check [redacted] CPT/AN 0100 11 Sep 03

DA FORM 1 APR 79 4256 — PREVIOUS EDITIONS OBSOLETE 77, WHICH MAY BE USED.

(5)(6)-2

INICAL RECORD - DOCTOR'S ORDERS

For u[illegible] his form, see AR 40-66, the proponent agenc[illegible]G

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

PATIENT IDENTIFICATION

EPW

#[redacted]

(b)(6)-4

DATE OF ORDER: 11Sep03 TIME OF ORDER: 0030 HOURS

LIST TIME ORDER NOTED AND SIGN

fentanyl gtt to Morphine gtt. to effect. Titrate

VO: Dr [redacted] [illegible]

NURSING UNIT: [redacted] ROOM NO.: CPT /[illegible] BED NO.: 24' chart chart chart date 11Sep 0130 [redacted] 11 Sep03

(b)(6)-2

PATIENT IDENTIFICATION

EPW

#[redacted]

DATE OF ORDER: 11 Sp03 TIME OF ORDER: 0705 HOURS

1. KCl 40 mg in 500 cc D5W over 4 hrs.
2. send Track Bp cuffs [redacted]

0830 11Sep0

NURSING UNIT: [redacted] ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

EPW [redacted]

DATE OF ORDER: 11Sep03 TIME OF ORDER: 1000 HOURS

1. Start PIV
2. D/c central line when PIV Access obtained
3. Start clears as tolerated

[redacted] 11Sep03 1047

(b)(6)-5

NURSING UNIT: ICU I ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

EPW [redacted]

DATE OF ORDER: 12Sep03 TIME OF [illegible] HOURS 1010

1. D5W 50 cc/hr IV
2. Make ALL IV infusions D5W.

[redacted] 12Sep03 1010

NURSING UNIT: 24° Chart ROOM NO.: [redacted]

[redacted] 1734 12Sep03

DA FORM 1 APR 79 4256 [redacted]ON OF 1 JUL 77, WHICH MAY BE USED.

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER	TIME OF ORDER	DATE TIME ORDER NOTED AND SIGN
13 sep 03	0940 HOURS	
① Please empty and record JP output Q8hr PA.		
② ~~Amount~~ TTF to 100 cc/hr.		
③ Salm Lock D5W infusion.		
[redacted]		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
14 sep 03	0800 HOURS	
① 2/D5W to 50 cc/hr		Noted 14 Sep 03 0950 13 Sep 03 1006
[redacted]		

NURSING UNIT | ROOM NO. | BED NO.

2d chart [redacted] done 16 Sep 03 0600 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
16 sep 03	1200 HOURS	
① Δ D5W infusion to 1/2 NS @ 50 cc/hr		noted 16 Sept 1235 [redacted]
[redacted]		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
16 Sept 03	1245 HOURS	
① OOB to chair BID V.O. Dr. [redacted]		noted 16 Sept 03 1600 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

2d Chart [redacted] 08/13 16 Sep 03

DA FORM APR 09 4256 PREVIOUS EDITION OF 1 JUL 77, WHICH MAY BE USED

(5)(b)-2

U.S. GOVERNMENT PRINTING OFFICE: 1985—494-024

USE BALL POINT PEN—PRESS FIRMLY. NO CARBON PAPER REQUIRED

(5)(b)-7

(5)(b)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted]

(b)(6)-4

NURSING UNIT: ICU 1 | ROOM NO. | BED NO.

DATE OF ORDER: 18Sep03 | TIME OF ORDER: 0705 HOURS | 1ST TIME ORDER NOTED AND SIGN

X ① Fentanyl Patch 50µg/hr to CW Q 3days

② ↓ Mscy @ Fentanyl comes on

③ Ativan 1-2 mg IV Q 4° PRN Agitation

④ Haldol 5mg IV Q8° PRN Agitation or repeat to Ativan.

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19Sep03 | TIME OF ORDER: 1100 HOURS

① Admit to PACU → ICU

S/P STSG to Abd

Cond stable

Vitals Q1° & SAT & I/O

All - Ø

Act Bed Rest

Nurse. Please Keep Relaxed

sedated x 3days' while STSG takes

NPO No TF x 3days

IVF D5 1/2 NS 120KCL @ 120cc/hr

Meds.

Fentanyl Patch 50mg/hr to CW Q3d

ZANTAC 50mg IV Q8°

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

Lovenox 40mg SQ QD

D/C Rocephin/Unasyn/Fluconazole

Atenolol 50mg PO QD

Albuterol Neb's Q6°

Mscy Gtt Titrate to effect

Ativan 1mg IV Q8° & 1mg IV Q8° PRN Agitation.

(b)(6)-2

19Sep03 0100

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

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

24° Chart ✓ [redacted] 20Sep03 0855

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted] (5)(6)(7)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19 Sep 03 TIME OF ORDER: 1100 HOURS

LIST TIME ORDER NOTED AND SIGN: [redacted]

① orders Part II

LABS CBC, Chem 8 QAM.

Tylenol 650 mg PJ tube Q6° PRN Fever

Loperamide crushed 2 pills crushed) do Per J tube Now then one pill

Q 12°

JP to 125 mm Hg suct[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: [redacted] TIME OF [redacted] HOURS

At All times

24° Chart Check [redacted] 20 SEP 03 0445

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 20 Sep 03 HOURS

① Ativan 1-2 mg IV Q 4° PRN Agitation

② Haldol 5 mg IV Q 6° PRN Agitation Not responsive to Ativan

③ Haldol 5 mg IV QHS

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 20 Sep 03 TIME: 1029 HOURS

Δ Lovenox to 30 mg SQ QD

V.O. per Dr. [redacted]

[redacted]

DA FORM 1 APR 79 4256 240V [redacted] 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(5)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 21 Sep 03 TIME OF ORDER: 2400 HOURS

(1) DC Lopressor

LIST TIME ORDER NOTED AND SIGN: Intd by [redacted] 9/24 22 SEP 0530

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 22 Sep 03 TIME OF ORDER: 1230 HOURS

(1) BID W-D dressing D's to Abd. Place xeroform over Graft Area.

(2) Start TF @ 30 cc/hr then + 10 cc/hr Q2° until Goal of 100 cc/hr reached

[redacted]

Mod 1300

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 22 Sep 03 TIME OF [redacted] HOURS: 1230

(3) Pt may try Regular Diet

[redacted]

2u [redacted] mg /AW 0800 9/23

PATIENT IDENTIFICATION

(5)(6)-2

(5)(6)-4

[redacted]

NURSING UNIT | ROOM NO.

DATE OF ORDER: 9/23 TIME OF ORDER: 1630 HOURS

(1) Flagyl 500 mg po tid

(2) ↓ IVF to 75 cc/hr 1630

[redacted] 9/23/03 1640

24° Chart [redacted] /AW 1736 20 Oct 03

[redacted]

DA FORM 1 APR 79 4256 [redacted] N OF 1 JUL 77, WHICH MAY BE USED.

(5)(6)

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 26 SEP 03 TIME OF ORDER: 1630 HOURS

V.O.

Changes VS to Q4h

Given by Dr [redacted]

Taken by Floyd Sempler

[redacted]

LIST TIME ORDER NOTED AND SIGN: Noted 26 Sep 03 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 27 SEP TIME OF ORDER: 11:00 HOURS

DC Albuterol

V.O. Dr [redacted]

Taken by Floyd Sempler

[redacted]

LIST TIME ORDER NOTED AND SIGN: [redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 29 Sep 03 TIME OF ORDER: 1629 HOURS

X-ray of abd. c contrast.

V.O. Dr [redacted]

LIST TIME ORDER NOTED AND SIGN: Noted

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 30 Sep 03 TIME OF ORDER: 2100 HOURS

1. DC IV Zantac when Pharmacy Supply depleated then begin IV Tagamet [illegible]

2. [redacted]

V.O. Dr. [redacted] MAJ An

LIST TIME ORDER NOTED AND SIGN:

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 2

DATE OF ORDER: 02Oct03 | TIME OF ORDER: 0926 HOURS | LIST TIME ORDER NOTED AND SIGN

① D/C Ativan 1mg IV Q8h.
② D/C Haldol 5mg IV QHS.
VO Dr [redacted]

noted 02Oct03 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 02 Oct 03 | TIME OF ORDER: 1450 HOURS

V.O. Maj [redacted] - Lab
Please do wound culture from the abdominal surgical site + chest wound sites. Mark them of the source

[redacted] Maj/AN

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10/2 | TIME OF ORDER: 1630 HOURS

PT consult

[redacted]

(b)(6)-2

NURSING UNIT: 24° Chart | ROOM [redacted] | [redacted] 1741 20ct03

noted 02Oct03 [redacted]

PATIENT IDENTIFICATION

24° ✓ 03OCT03 0553 [redacted]

DATE OF ORDER: [redacted] | TIME OF ORDER: 1LT/AN HOURS

50cf 0100

(1) V.O. Dr Matsumoto / CPT [redacted]
Ambien 10mg qHS

NURSING UNIT | ROOM NO. | BED NO.

24° ✓ 50cf 03 [redacted] CPT/AN

DA FORM 1 APR 79 4256 REPLACES EDITIONS [redacted] WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted] EPW

NURSING UNIT: ICW I | ROOM NO.: 1 | BED NO.: B

DATE OF ORDER: 10/7 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1. Transfer to Ward
2. S/P GSW Abdomen
3. Stable
4. Routine VS
5. Strict I+O
6. JP x 2 to bulb suction. Record output q shift
7. Feeding tube left side of abdomen

PATIENT IDENTIFICATION: EPW [redacted]

NURSING UNIT: ICW I | ROOM NO.: 1 | BED NO.: B

DATE OF ORDER: _____ | TIME OF ORDER: _____ HOURS

8. Incentive Spirometer
9. Ambulate daily bid
10. Dressing change:
    - trach site: q 2-3 days; Arm: Silvadene bid
    - Abdomen: Wet-dry dressing on granulation tissue only (skin graft in center of wound)
11. Decubitus precautions

PATIENT IDENTIFICATION: EPW [redacted]

NURSING UNIT: ICW I | ROOM NO.: 1 | BED NO.: B

DATE OF ORDER: _____ | TIME OF ORDER: _____ HOURS

12. Flush J tube c 10 cc water q shift [redacted]
13. Routine colostomy care
14. Regular diet
15. Tube feeds at 100 cc/hr (Jevity)
16. Cefamox 30 mg sq bid
17. Atenolol 50 mg po qd.
18. Fentanyl patch 50 mcg/hr, p cw q 3d.

PATIENT IDENTIFICATION: EPW [redacted]

NURSING UNIT: ICW I | ROOM NO.: 1 | BED NO.: B

DATE OF ORDER: _____ | TIME OF ORDER: _____ HOURS

19. Tagamet 400 mg po bid

NURSING UNIT: ICW I | ROOM NO.: 1 | BED NO.: B

[redacted]

DA FORM 1 APR 79 4256 REPLACES ED[redacted] MAY BE USED. 10/5/03

(b)(6)-2

CLINICAL RECORD - DOCTOR'S RS

use of this form, see AR 40-66, the proponen. icy is OTSG

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

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

[redacted]

NURSING UNIT | ROOM | BED NO.

[redacted]

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
7 Oct 03	2300 HOURS	
Benadryl 25mg IVP q6° PRN		
[redacted]		
(b)(6)-2		

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER	TIME OF ORDER	
230	HOURS	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD D ME AND SIGN EACH SET OF ORDERS. IF EM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLE UMBER IN COLUMN INDICATED BY ARROW b

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

Noted [redacted] 1000 0055

NURSING UNIT	ROOM NO.	BED NO.
ICW#1	3	F

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

18 OCT 03 — 0650 HOURS

① Send for contrast study of T tube

(b)(6)-2 [redacted]

24° [redacted] 118

PATIENT IDENTIFICATION

24°✓ 20 Oct @ 0500 [redacted]

TIME OF ORDER — HOURS

24 OCT 03 — 0700

① ~~Stat~~ NPO

② Stop IV Now

③ On call to OR

Noted [redacted] 23 OCT 03 0710

NURSING UNIT | BED NO.

[redacted]

24°✓ 24 Oct @ 0500 [redacted]

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER — TIME OF ORDER

25 Oct 03 — 0700 HOURS

① Restart Jevity @ 75 cc/hr.

noted [redacted] 24 OCT 03 1800

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° [redacted] 24 OCT @ 1800

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER

27 OCT 03 — 0930 HOURS

Dsg Δ BID to abd skin graft site c̄ Silvadene cream and dry fluff

V.O.D. [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24°✓ 29 Oct 03 0440 [redacted]

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

CLINICAL RECORD - DOCTOR'S ORDERS

'se of this form, see AR 40-66, the proponent age- -- is OTSG

THE DOCTOR SHALL RECORD [IME AND SIGN EACH SET OF ORDERS. IF EM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLE.. .UMBER IN COLUMN INDICATED BY ARROW [N.

PATIENT IDENTIFICATION

[redacted]

(5)(6)-4

noted [redacted] (5)(6)2

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
28OCT03	0925 HOURS	
① All skin graft sites: BID Rinse wound c NS then Apply Silvadene covered with Gauze BID		

NURSING UNIT	ROOM NO.	BED NO.
240 /	0500	28OCT03

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
29OCT03	0900 HOURS	
① D/c Jeuity		
② D/c Hep Lock		
③ D/c Tagamet		

[redacted] 0900 29OCT03

NURSING UNIT	ROOM NO.	BED NO.
240 /	0345	30OCT03

[redacted]

PATIENT IDENTIFICATION

[redacted]

(5)(6)-4

(5)(6)-2 Noted [redacted] 05NOV03 1000

DATE OF ORDER	TIME OF ORDER	
5NOV03	0945 HOURS	
① N/C Silvadene to skin grafts		
② Apply Moisturine to STG BID		
③ Continue W→D dressing As to LLE @ least BID		

NURSING UNIT	RO[redacted]	BED NO.

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
05NOV03	1730 HOURS	
Cont. using silvadene on skin grafts c BID dress as v.o. Dr. [redacted]		

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
240 /	2300	5NOV03

[redacted]

DA FORM 1 APR 79 4256 REPLACES E[redacted] OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		

DATE OF ORDER: 25OCT03 TIME OF ORDER: 1030 HOURS

LIST TIME ORDER NOTED AND SIGN

Admit to PACU → ICW2
Slp Skin graft to Abd / chest / Arm
cond stable
VS Q shift
All Ø
Act Ad Lib.
Nurse - (1) BID WET Dressing Δ to

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

(R) Lower Lg wound
(2) Moisten skin graft Dressing ī
Sulfamylon solution ~~BID~~ Q8°
Regular Diet
Flush I-tube ī 10cc NS Q8°
Saline Lock IV
Meds -

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
240 ✓		24 OCT 03 @ 0500 Dr [redacted]

DATE OF ORDER: TIME OF ORDER: HOURS

(b)(6)-2

Resume Previous Meds
MD will Δ STSG sites in 3-5 days

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

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

MEDICAL RECORD - DOCTOR'S ORDERS

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

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

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen. to maintain Sat ≥ 95%		
3	Morphine / ~~Meperidine~~ 2 mg IV now and 1-2 mg q 3-5 min prn pain for a		
	max dose of 10 mg.		
4	Zofran 4 mg IV prn N/V q 15 min, may repeat x ____.		
5	Metoclopramide 10 mg IV prn N/V x 1.		
6	~~Droperidol ____ mg IV prn N/V x 1.~~		
7	~~Phenergan ____ mg IV prn N/V x 1.~~		
8	~~Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.~~		
9	IVF: LR @ 100 cc/hr.		
10	Discharge [redacted] when PACU discharge criteria met.		
	[redacted] CRNA		
11	May give 15 mg Demerol for shivering x 1 [redacted]		
	[redacted] CRNA		
	(b)(6)-2		

PATIENT IDENTIFICATION

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.
PACU, 28th CSH			1 of 1

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

IEDICAL RECORD - DOCTOR'S ORD
For use of this form, see ~~MEDCOM Circular 40-5~~

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

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
11/17/03	1015 POST ANESTHESIA ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.	1015 11/17/03 [redacted]	
2	Supplemental oxygen. For O2 SAT < 96%	[redacted]	
3	Morphine / Meperidine 3-4 mg IV now and 3 mg q 3-5 min prn pain for a	[redacted]	1045 [redacted]
	max dose of 20 mg. MAINTAIN RR > 10/min		
4	Zofran 4 mg IV prn N/V q 15 min, may repeat x ____.	11/17/03 1015 [redacted]	
5	Metoclopramide____mg IV prn N/V x 1.		
6	Droperidol____mg IV prn N/V x 1.		
7	Phenergan____mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: LR @ 150 cc/hr.	11/17/03 1015 [redacted]	1015 [redacted]
10	Discharge from recovery status when PACU discharge criteria met.	[redacted]	1100
11.	LABETALOL IV 5mg Q5-10min TO MAX of 20mg for SBP > 170 and/or DBP > 90	[redacted] 1015 [redacted]	[redacted]
	[redacted]		

PATIENT IDENTIFICATION

[redacted] (b)(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.
PACU, 28th CSH			1 of 1

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

form

CLINICAL RECORD - DOCTOR'S ORDERS

'se of this form, see AR 40-66, the proponent is OTSG

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

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° / 18NOV03 @ 0300 [redacted]

DATE OF ORDER: 15 NOV03 | TIME OF ORDER: 1000 | HOURS | LIST TIME ORDER NOTED AND SIGN

(1) NPO p MN this Sunday but OR Monday for 1STG

[redacted]

(5)(b)-2

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

DATE OF ORDER: 19 NOV03 | TIME OF ORDER: 0837 | HOURS

(1) May take pt. in a wheelchair to the bathroom. No walking or standing.

(2) May sit in a chair but must elevate his leg @ all times

(3) No dangling leg [redacted]

Noted (5)(b)-2 19NOV03 0840

(5)(b)-2

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

DATE OF ORDER: 21 NOV03 | TIME OF ORDER: 0811 | HOURS

(1) Dry Protective Dressing s/c daily to Right thigh donor site

[redacted]

(5)(b)-2

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

DATE OF ORDER: 22 NOV03 | TIME OF ORDER: 0946 | HOURS

(1) Pt. may ambulate to and from the bathroom

(2) 5 day dry dressing to the thigh donor site. DO NOT Remove the Xenoform

(3) 5 day dressing s/c to the Right lower leg skin graft c Xenoform and dry dressing. Trim the Xenoform to only touch the graft

(5)(b)-2

NURSING UNIT | ROOM NO. | BED NO.

24° / 23NOV03 @ 0410 [redacted]

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

[redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

use of this form, see AR 40-66, the propone ncy is OTSG

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

PATIENT IDENTIFICATION

#[redacted]

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 17NOV03 TIME OF ORDER 1000 HOURS | LIST TIME ORDER NOTED AND SIGN

1. Return to Ward Dr. Ellison
2. Dx: open wound RLE
3. Condition = stable
4. NKDA
5. Vitals = q 6° x 24 hours then routine
6. Activity = Bed Rest; strict ↑ RLE elevated @ all times and no pressure applied to the posterior position of his chest while awake
7. Incentive Spirometry 10x/hr
8. Diet = Regular
9. HepLock IV
10. Atenolol 50mg p.o. qd
11. Fentanyl Patch 25 mcg/hr change every 72 hours
12. Percocet 1-2 p.o. q 4-6° prn breakthrough pain
13. Lovenox 30 mg SQ q day
14. Moisturizer or other moisturizing cream to chest and abdomen skin grafts BID
15. (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

17NOV03@1800

Dr [redacted] / LT [redacted]

Tylenol 650 mg PO x 1 now

(b)(6)-2

noted 17NOV03 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

4e | 0400 | 18NOV03

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DAT E AND SIGN EACH SET OF ORDERS. IF PI M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM ER IN COLUMN INDICATED BY ARROW BE

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
24/0300	24NOV03	[redacted]

DATE OF ORDER: 24NOV03 TIME OF ORDER: 1718 HOURS

(1) Pt may ambulate @ will

(2) Be sure Xeroform is over Right Lower Leg skin graft

[redacted]

24 Nov 03

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
24/0400	24NOV03	[redacted]

DATE OF ORDER: 25NOV04 TIME OF ORDER: 0856 HOURS

(1) Moisturine Cream to RLE Donor site and Skin Graft site

(2) W/C Xeroform Gauze dressing to Skin Graft

(3) Dry Protective dressing to RLE skin graft p Moisturine applied

[redacted]

noted [redacted] 25 Nov @0900

(5)(6)-4

(5)(6)-2

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
24/0400	24NOV03	[redacted]

DATE OF ORDER: 27NOV03 TIME OF ORDER: 0942 HOURS

(1) W/C Keptany / Pafen ✓

(2) Narrative will on the Chart ✓

(3) W/C to Prison Camp @ next camp run

[redacted]

noted [redacted] 27 Nov @1000

NURSING UNIT	ROOM NO.	BED NO.
24/27NOV03 @ 0450		[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

NURSING UNIT	ROOM NO.	BED NO.

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 08 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10	11	12	13	14	15	16	17	18	19	20
10 Aug 03	[redacted]	Start Jevity @ 5cc/hr	06	[redacted]										
		via DHT	18	[redacted]										
10 Aug 03	[redacted]	Increase TF to 50cc	04											
		over next 4 hours.	08											
		Check residuals q 4°	12											
		Hold for over 100cc.	16											
		Restraint when less	20											
		than 100cc.	24											
11 Aug 03	[redacted]	Increase TF to 100cc/hr	06											
		over next 4 hrs. ✓ residuals	18											
		q 4° Hold for > 100cc												
11 Aug 03	[redacted]	Increase TF to 125cc/hr	06	[redacted]										
			18											
13 Aug 03	[redacted]	NIO: Elevate arms	06											
		and heels off bed.	18											
12 Aug 03	[redacted]	Vent settings: S/MV TV 700,												
		Rate 18, FiO2 50%, peep 18 5 (14 Aug 03)	06											
			18											
14 Aug 03	[redacted]	ABG's ~~BID~~ QHOD	04											
			16											
14 Aug 03	[redacted]	S/MV 16, TV 700, FiO2 40%, peep 5	06											
			18											
15 Aug 03	[redacted]	CBC, Chem 7, ABG, CXR	04											
		QAM												
16 Aug 03	[redacted]	BID wet to dry dressing Δ's	06											
		Excision Site. Sulfamylon	18											

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: Solution for dressing Δ.

S/P 50% BSA Burns

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

(5)(6)-7

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

(5)(6)-2

(5)(6)-2

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo 08 Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
14Aug03	[redacted]	Restart Tube feeds	14Aug		1015	[redacted]
14Aug	[redacted]	Change PR 16	14Aug		1350	[redacted]
17Aug 03	[redacted]	ABG, Chem 7 ; CBC @0400	15Aug 03	0400	0400	[redacted]
16Aug03	[redacted]	Resume previous orders.	16Aug03		1340	[redacted]
17Aug	[redacted]	KUB + Chest in AM	18Aug	0400		
17Aug	[redacted]	1000cc LR Bolus	17Aug	1900	1900	[redacted]
17Aug	[redacted]	500cc LR Bolus Now	17Aug	2200	2200	[redacted]
17Aug	[redacted]	Vecoronium 10mg IVP Now	17Aug	2200	2200	[redacted]
17Aug	[redacted]	ABG/CBC	17Aug	2215	2215	[redacted]
17Aug	[redacted]	2u PRBC	17Aug	2100	2100	[redacted]
	-----	Transfuse 1u PRBC	17Aug	2300	2300	[redacted]
14Aug03	[redacted]	CBC/Chem 7. ABG & Transfusion	18Aug03			

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

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CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. ___ Yr. 2

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 17
16Aug93	[redacted]	CBC, chem 12, Chem 8,	04[redacted]	
		ABG & Am	18	(5)(6)-2
	(5)(6)-2			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD

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

Mo. ____ Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 16	17	18
16 Aug	[redacted]	VS q1hr, I&O	06	[redacted]		
			18			
16 Aug	[redacted]	Act: BR	06	[redacted]		
			18			
16 Aug	[redacted]	foley to gravity	06	[redacted]		
			18			
16 Aug	[redacted]	Diet: NPO	06	[redacted]		
			18			
16 Aug	[redacted]	labs: CBC, ch12, ch8,		> Dd 16 Aug 03 clarification		
16 Aug	[redacted]	CBC q6°	06	[redacted]		
			12			
			18			
			24			
16 Aug	[redacted]	Vent: SIMV-12/TV-750/ peep 5/50%.	06	> See RT flowsheet for vent changes		
			18			
16 Aug	[redacted]	NGT to LS	06	[redacted]		
			18			
16 Aug	[redacted]	Transduce CVP	06	[redacted]		
			18			

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO
all ∅

PRIMARY DIAGNOSIS:
S/P Ex lap GSW to Abd

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

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

85 kg

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo ____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
16Aug03	[redacted]	Transfuse 2units PRBCs #1	16Aug03		!	
	.....	#2	16Aug03			
17Aug03	[redacted]	500cc 5% Albumin IV now	17Aug03	NOW	0800	[redacted]
17Aug03	[redacted]	+ amp CaCl over 10 minutes	17Aug03	NOW	0735	[redacted]
17Aug	[redacted]	Infuse 2units FFP NOW ①	17Aug03	NOW	1650	[redacted]
	(b)(6)-2	②	17Aug03			(b)(6)-2
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
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USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo _____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
16Aug	[redacted]	Admit to ICU	16Aug		1012	[redacted]
16Aug	[redacted]	Condition Graded	16Aug		1012	[redacted]
16Aug	[redacted]	Labs: CBC, chem 12, chem 8, ABG	16Aug		1035	[redacted]
16Aug	[redacted]	ABG & lytes NAW	16Aug		1710	[redacted]
16Aug	[redacted]	↑ RR to 16 and TV to 750 ml	16Aug		1145	[redacted]
16Aug	[redacted]	↑ TV 800 + ↑ FiO2 100%.	16Aug		1855	[redacted]
17Apr	[redacted]	Draw CBC @ 1300	17Aug	1300	1230	[redacted]
17Apr	[redacted]	Draw Coag. study	17Aug		1350	[redacted]
	(b)(6)-2					(b)(6)-2

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

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 14	15	16	17	18	19	20	21	22	23	24	25	26	27
17AUG03	[redacted]	Vitals Q 1° ĉ SOI & I/O	06	[redacted]													
			18														
17AUG03	[redacted]	Act: Bedrest	06														
			18														
17AUG03	[redacted]	drain to gravity	06														
			18														
17AUG03	[redacted]	JP's bulb suction	06														
			18														
17AUG03	[redacted]	CBC, ABG, Chem8, Chem12	04														
		Q AM															
17AUG03	[redacted]	Flush J-tube ĉ 10cc NS	06														
		Q Shift	18														
18AUG03	[redacted]	Δ dsg around JP tubes	06														
		prn	18														

(b)(6)-2

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO	PRIMARY DIAGNOSIS:	ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
NKDA	S/P Gunshot wound abd.	PAGE NO: ___

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 31	01	02	03	04	5	6	7	8	9	10	11	12	13
17Aug03	[redacted]	Vitals q1° c̄ sat + I/O	06	[redacted]													
			18														
17Aug03	[redacted]	Act: Bedrest	06														
			18														
17Aug03	[redacted]	Foley to gravity	06														
			18														
17Aug03	[redacted]	Duodenal tube to gravity	06														
			18														
17Aug03	[redacted]	JP's to bulb suction	06														
			18														
17Aug03	[redacted]	Line care, A-line	06														
			18														
17Aug03	[redacted]	CBC, ABG, Chem 8, Chem	04														
		12 q̄ AM															
17Aug03	[redacted]	Flush duodenal tube	06														
		and J-tube c̄ 10cc NS	18														
17Aug03	[redacted]	q̄ shift															
		NG-LFS	06														
			18														
18Aug03	[redacted]	Adrsg around JP tubes	06														
		prn	18														
3 Sep 03	[redacted]	Mix TF c̄ 80cc of	06	/	/	/											
		Feed c̄ 40cc of	18	/	/	/											
		Duodenal Drainage															
		+ run @ 120cc/hr. i.e.															
		For 4hrs, Mix 320cc Feeds															
		c̄ 160cc Duodenal Drainage															

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: and run @ 120cc/hr

S/P Gunshot wound abd

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Rewritten Aug03 AB 0300

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 17	18	19	20	21	22	23	24	25	26	27	28	29	30
17Aug03	[redacted]	Vitals q 1° c̄ Sat + I/O	06	[redacted]													
			18														
17Aug03	[redacted]	Act: Bedrest	06														
			18														
17Aug03	[redacted]	Foley to gravity	06														
			18														
17Aug03	[redacted]	Duodenal tube to gravity	06														
			18														
17Aug03	[redacted]	JP's to bulb suction	06														
			18														
17Aug03	[redacted]	line care, A line	06														
			18														
17Aug03	[redacted]	vent SIMV 14 TV800, Peep5 FiO2 50%	06														
			18														
17Aug03	[redacted]	NPO	06														
			18														
17Aug03	[redacted]	CBC, ABG, Chem 8, Chem 12 q AM	04														
17Aug03	[redacted]	Flush duodenal tube and J tube c̄ 10 cc NS q shift	10														
			22														
17Aug03	[redacted]	NG - LIS	06														
			18														
18Aug03	[redacted]	Δ midline abd drsg wet to dry QD	06														
			18														
18Aug03	[redacted]	Δ drsg around JP tubes prn	06														
			18														

(b)(6)-2

(b)(6)-2

Sec RT sheet for vent

Δ'd 22 Aug 03

Δd 20 Aug 03

ALLERGIES: ☐ YES ☐ NO — Ø

PRIMARY DIAGNOSIS: SP gunshot wound abd.

ADDITIONAL PAGES: ☒ YES ☐ NO — PAGE NO: 1

PATIENT IDENTIFICATION: # [redacted] (b)(6)-7

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
18 Aug	[redacted]	Admit to ICU	done		!	[redacted]
18 Aug	[redacted]	cond. stable.				[redacted]
18 Aug 03	[redacted]	lab CBC, ABG, Chem 8, Chem 12 NOW			[illegible]	[redacted]
18 Aug 03	[redacted]	5% Albumin in 500cc x 1 now	18 AUG 03		0955	[redacted]
19 Aug 03	[redacted]	40 mEq KCl in 250cc run over 2°	19 AUG 03		0040	[redacted]
20 Aug	[redacted]	Advance ETT 2.0cm	20 AUG 03		0700	[redacted]
20 Aug	[redacted]	Advance ETT 1.0cm	20 AUG 03		0840	[redacted]
24 Aug	[redacted]	Advance ETT 2.0cm to 24cm @ lip	24 AUG 03		0800	[redacted]
24 Aug	[redacted]	Portable CXR s/p triple lumen placement	24 AUG 03		1204	[redacted]
26 AUG	[redacted]	Hold TF for now	26 AUG 03		1640	[redacted]
27 Aug 03	[redacted]	CXR Now	27 Aug 03		1030	[redacted]
27 Aug	[redacted]	~~NPO after Midnight~~ [redacted]	~~27 Aug 03~~	~~[illegible]~~		
27 Aug	[redacted]	NPO p̄ MN.	27 Aug 03	p̄mn	p̄mn	[redacted]
28 Aug		Resume previous orders	28 Aug 03	noted		[redacted]
30 Aug	[redacted]	Hold TF	30 Aug 03		0710	[redacted]

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

USAPA V1.00

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Rewritten 02Sep03 10 AM

CLINICAL RECORD

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

Mo. ____ Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 20	21	22	23	24	25	26	27	28	29	30	31	01	2
21 Aug 03	[redacted]	Mid abd and ⊕ puncture	14	[redacted]													
		wound wet to dry drsg	20														
		Δ BID															
21 Aug 03	[redacted]	½ strength Dakin's soln	10														
		to midline abd incision +	20														
		⊕ Plank BID & drsg Δ															
8.23	[redacted]	mix 3 hrs duodenal	06														
		drainage & 3 hrs TF @	18														
		feed over 2 hrs															
28 Aug 03	[redacted]		X														
28 Aug 03	[redacted]	start TF at 60 cc/hr	06														
		advance as tolerated	18														
	[redacted]		X														
28 Aug	[redacted]	Mouth Care	06														
			18														
	[redacted]		X														
28 Aug 03	[redacted]	Trach care	06														
			18														
1 Sep	[redacted]	↓ Jevity to 80 cc/hr	06														
			18														

Δ'd 21 Aug 03

(b)(6)-2

(b)(6)-2

error

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS:

S/P Gunshot wound Abdomen

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

[redacted]

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

USAPA V1.00

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
1Sep	[redacted]	Catheter tips for Cx	1Sep	2300	0300	[redacted]
1Sep	[redacted]	VA for Culture	1Sep	2300	0300/1Sep	[redacted]
3Sep03	[redacted]	Send Trach aspirate for Cx	3Sep03		0830	[redacted]
4Sep03	[redacted]	PCXR in AM	4Sep03	0400		
5Sept	[redacted]	Pt to CT scan tomorrow	5Sept03	OK	Sent to O.R. instead	
6Sep03	[redacted]	Resume previous orders except	6Sep03		1700	[redacted]
	-----	No more Duodenal Tube Drainage				
	-----	or feeds				
6Sep03	[redacted]	PCXR	6Sep03		1730	[redacted]
6Sep03	[redacted]	ABG	6Sep03		1715	[redacted]
6Sep03	[redacted]	Repeat ABG	6Sep03		1830	[redacted]
7Sept03	[redacted]	~~CPRT~~ ABG in 1°	7Sept03	0755	0755	[redacted]
8Sept03	[redacted]	Trach collar for 1 hrs then ABG	8Sept03		0915	[redacted]
	-----		8Sept03	1015	1015	[redacted]
11Sep03	[redacted]	Send Trach Asp Culture	11Sep03		1116	[redacted]
11Sep03	[redacted]	Start PIV	11Sep03		1240	[redacted]
11Sep03	[redacted]	D/C central line when PIV access obtained	11Sep03		1248	[redacted]

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

(b)(6)-2

(b)(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 03	04	5	6	7	8	9	10	11	12	13	14	15	16
21Aug03	[redacted]	1/4 strength Dakins soln to	06	[redacted]													
		Ⓡ wank BID c drsg Δ.	22														
23Aug03	[redacted]	Mix 3hrs duodenal drng	06	[redacted]													
		c 3hrs TF and feed over	18														
		3hrs	X														
28Aug03	[redacted]	Mouth care	06	[redacted]													
			18														
28Aug03	[redacted]	Trach care	06	[redacted]													
			18														
4Sep03	[redacted]	BID moist Kerlix Dressing	06	/	[redacted]												
		to Midline wound * Be	18	/													
		very careful there is															
		bowel under there.															
		Make sure dressing															
		stays moist															
4Sep03	[redacted]	NIO: ROM excersises	06	X	[redacted]												
			18	X													
6Sep03	[redacted]	Start TF @ 20cc/hr	06	/	/	/	[redacted]										
			18	/	/	/											
6Sep03	[redacted]	JPs #3 + #4 to CIS	06	/	/	/	[redacted]										
			18	/	/	/											
7Sept03	[redacted]	CXR QAM	06	/	/	/	/	[redacted]									
7Sept03	[redacted]	D/C JP WS to bulb	06	/	/	/	/										
		suction	18	/	/	/	/										
7Sept03	[redacted]	↑ TF by 20cc/° until	06	/	/	/	/										
8Sept03		target rate (advance	18	/	/	/	/										
		TF to 80cc/°)															

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: S/P Gunshot wound abd.

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 05	06	07
05 oct 03	[redacted]	BID W-D dressing	10	[redacted]		
		A's to Abd place	22			
		xeroform over graft	X			
		area	X			
05 sept 03	[redacted]	start tube Feed @	06	[redacted]		
		30cc/hr then 10cc/hr q 2°	18			
		until goal of 100cc/hr	X			
		reached	X			
05 Sep 03	[redacted]	Pt may have reg	06	[redacted]		
		diet	18			
05 Sep 03	[redacted]	Change VS to Q 4h	06	[redacted]		
			18			

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [redacted]

(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 16907

EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*

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

Mo. Sep Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10	11	12	13	14	15	16	17
10 Sep 03	[redacted]	Use Sulfamylon Solution	06	[redacted]							
		for Wet to Dry Dressing	18								
		Changes on Back of	/								
		Head, Shoulder, & BLE	/								
11 Sep 03	[redacted]	Start Clears as	06	/ [redacted]							
		Tolerated	18	/							
11 Sep 03	[redacted]	Nursing Order for									
		pressure sore dressing change (see atrm order for solution)									
		① Wipe pressure sore									
		c̄ wet gauze									
		② Apply W-D dressing									
		moist c̄ ~~Dakin's solution~~									
		~~(½ strength)~~ ~~Sol atrm solution~~									
		(½ strength) squeeze									
		excess solution.									
		③ Apply to sacral									
		area only.									
		④ Cover dressing c̄									
		Tegaderm to preserve									
		moisture to the wound)									
	[redacted]	⑤ Document wound									
		appearance each									
		dressing change.									

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P GSW to Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78

CLINICAL RECORD

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

Mo Sep Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 13	14	15	16	17	18	19	20		1
13Sep03	[redacted]	Please empty and record	6	[redacted]									
		JP output Q shift	18										
			/										
13Sep03	[redacted]	↑ TF to 100 cc/hr	6	[redacted]									
			18										
			/										
21Aug03	[redacted]	1/4 strength Dakins soln to	06	/	/	/	[redacted]						
		(R) Plant. BID c drsg Δ	18										
			/										
28Aug03	[redacted]	Mouthcare	06	/	/	/	[redacted]						
			18										
			/										
28Aug03	[redacted]	Trach care	06	/	/	/	/	[redacted]					
			18										
			/										
4Sept03	[redacted]	BID moist kerlex drsg to	06	/	/	/	/	[redacted]					
		midline wound * Be very	18										
		careful there is bowel under there	/										
		Make sure drsg stays moist	/										
			/										
7Sept03	[redacted]	CXR QAM	04	/	/	/	/	[redacted]					
			/										
16Sept03	[redacted]	OOB to chair BID	06	/	/	/	[redacted]						
			18										

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to Abd

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO

PAGE NO: 3

PATIENT IDENTIFICATION:

EPW [redacted] (b)(6)-7

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

(b)(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE rewritten	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 03	04	05	06	07	08	09	10	11	12	13	14	15
19Sept	[redacted]	Activity: Bedrest	06	[redacted]												
			18													
19Sept	[redacted]	JP to bulb suction	06													
			18													
19Sept	[redacted]	CBC, Chem8 QAm	04													
19Sept	[redacted]	Δ Dress around J-tube prn	→	See back of this sheet										02Oct03		
19Sept	[redacted]	Flush J-tube c̄ 10cc NS	06													
		Q shift	18													
19Sept	[redacted]	Foley to gravity	06													
			18													
19 Sept	[redacted]	Δ colostomy Bag prn so	06													
		stool will not get into	18													
		graft site														

(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P STSG to Abd.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 16910

EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 19	20	21	22	23	24	25	26	27	28	29	30	1	2
19 Sep	[redacted]	vital q1° c̄ sit + I+O	06	[redacted]										26SEP03			
			18														
19 Sep	[redacted]	activity bedrest	06	[redacted]											lg CPD.M		lg
			18														
19 Sep	[redacted]	nurse - please keep	06	[redacted]													
		relatively sedated x 3day	18														
		while STSG takes															
19 Sep	[redacted]	NPO No TF x 3days	06	(1)	(2)	(3)											
			18														
19 Sep	[redacted]	JP to bulb suction	06	[redacted]													
			18														
19 Sep	[redacted]	CBC chem 8 QAM	04	[redacted]													
19 Sep	[redacted]	Δ day around J tube	06	[redacted]													
		prn	18														
19 Sep	[redacted]	flush J tube c̄ 10cc	06	[redacted]													
		NS q shift	18														
19 Sep	[redacted]	foley to gravity	06	[redacted]													
			18														
19 Sep	[redacted]	Δ colostomy bag prn	06	[redacted]													
		so stool will not get	18														
		into graft site															
19Sep03	[redacted]	JP to 125 mm Hg	06	[redacted]													
		suction at all times	18														

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: s/p STSG to abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

(b)(6)-2

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

(b)(6)-2

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

5

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr 2005

by ing Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
[redacted]	Admit to PACU-ICU; Cond-stable	19 Sep	[illegible]		[redacted]
[redacted]	X-ray of abd c̄ contrast	29 Sept	29 Sept	29 Sept	[redacted]
[redacted]	~~Left~~ Please do wound culture from	02Oct01	next dressing		
	abdomial surgical site + Shrapal wound				(b)(6)-2
	sites. Mark tubes of the source	[redacted]			
[redacted]	PT consult.				
	(b)(6)-2				

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

USAPA V1.00

CLINICAL RECORD

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

Mo. 9 Yr. 2003

VERIFY BY INITIALING — *INITIAL PROPER* — *IN FOLLOWING EACH COMPLETION*

ORDER DATE 2003	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25	26	27	28	29	30	1	2	3	4
22 Sep	[redacted]	BID W-D dressing	10	/	[redacted]											
		Δ's to add. Place	22													
		Xeroform over	X													
		graft area.	X													
	[redacted]	Use NS W-D	X													
		dressing per MD	X													
			X													
22 Sep	[redacted]	Start TF @ 30cc/hr	06	1430	[redacted]											
		then 10 cc/hr Q2°	18													
		until goal of	X													
		100 cc/hr reached	X													
			X													
22 Sep	[redacted]	Pt may have regu-	07	/	[redacted]											
		lar diet	12	/												
			17													
			X													
26 Sep	[redacted]	Change VS to Q4h	06					[redacted]								
			18													

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to the Abd.

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 7	8	9	10	11	12	13	14	15	16	17	18	19
7	[redacted]	vitalsigns routine	D	[redacted]												
			N													
			/													
7	[redacted]	Strict I&O	D	[redacted]												
			N													
			/													
7	[redacted]	JP x 2 to bulb	D	[redacted]												
		Suction - record	N	[redacted]												
		output q shift	/													
			/													
7	[redacted]	incentive spirometer	D	[redacted]												
		10x q1°	N	[redacted]												
			/													
7	[redacted]	ambulate daily	D	[redacted]												
		BID	N	[redacted]												
			/													
7	[redacted]	Dressing Δ's	00	/	[redacted]											
		trach site - q2-3 days	20	[redacted]												
		~~Ars - Silvadine BID~~ D/C		[redacted]												
		abdomen: W → D dsgon														
		granulation tissue only														
		(skin graft in center of wound)														
			/													
7	[redacted]	decubitis precautions		[redacted]												
7	[redacted]	routine colostomy care		[redacted]												
7	[redacted]	regular diet		[redacted]												

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [redacted]

(b)(6)-7

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 10 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
7	[redacted]	transfer to ward - stable	7	[redacted]		[redacted]
7	[redacted]	feeding tube left side of	7			
	----	abdomen		[redacted]		
16	[redacted]	D/C silvadene dress, Δ to moist	16			[redacted]
	----	today (B) arm/chest; (R) leg	/	/	/	
18 OCT 03	[redacted]	Send for contrast study of tube	18 OCT 03			[redacted]
	----	(b)(6)-2			(b)(6)-2	

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

New Post-OP Ord ; Written & Transcribed to new Sheet 10/23/03

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 16	17	18	19	20	21	22	23
16	[redacted]	Moist to dry dsg Δ to	10	[redacted]							
		Ⓟ mm/chest; Ⓟ & LE BID	22								
07 OCT03	[redacted]	Vital signs routine	06 18				/				
			18 06				/				
07	[redacted]	Strict I/O	06 18				/				
			18 06				/				
07	[redacted]	Incentive spirometer	06 18				/				
		10x q1°	18 06				/				
07	[redacted]	Ambulate daily, BID	06 18				/				
			18 06				/				
07	[redacted]	Dsg Δs to trach site	10	/	/	/	/			/	/
		q2-3 days									
07	[redacted]	Dsg Δ to abd: W→D	10				/				
		on granulation tissue	22				/				
		only (skin graft in center)									
07	[redacted]	Decubitis precautions	06 18				/				
			18 06				/				
07	[redacted]	Routine colostomy care	06 18				/				
			18 06				/				
07	[redacted]	Regular diet	06 18				/				
			18 06				/				

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW ABD

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW# [redacted] (5)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Rewritten

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 11 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 6	7	8	9	10	11	12	13	14	15	16	17
23OCT	[redacted]	VS: qshift	6	[redacted]											
			18												
23OCT	[redacted]	ACT: adlib	10												
			18												
23OCT	[redacted]	BID W→D Dressing	8												
		A to (R) lower leg	20												
		wound (continue)	X												
23OCT	[redacted]	Regular diet	6												
			18												
28OCT	[redacted]	BID—rinse wounds	10												
		(ABD, CHEST, ARM) c̄ NS	22												
		then apply silvadene	/	SIC OSNOV03											
		cover gauze	/												
05 Nov03	[redacted]	Apply Moisturing to SJSG	10	SIC 05NOV03											
		BID	22												
05	[redacted]	Cont. using silvadene	10	[redacted]											
		on skin grafts c̄ BID	22												
		drsg													

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: S/P skin graft to abd, chest, arm

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

PATIENT IDENTIFICATION:
[redacted] (5)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 16917

EDITION OF 1 DEC 77 MAY BE USED — USAPA V1.00

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo 10 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
18OCT	[redacted]	send for contrast study of J-	ASAP	ASAP		
	----	tube				
23 OCT03	[redacted]	NPO - Stop TF	23 OCT03	—	—	[redacted]
23	[redacted]	On call to OR	23	—	—	[redacted]
	----	(b)(6)-2			(b)(6)-2	

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

Green Sheet

CLINICAL RECORD

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

Mo. 10 Yr. 2003

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23 24 25 26 27 28 29 30 31 01 02 03 04 05
10/23	[redacted]	Vitals q Shift	06	[redacted]
10/23	[redacted]	Activity: Ad lib	06	[redacted]
10/23	[redacted]	BID W→D Dressing	06	[redacted]
		L to (R) lower leg	06	[redacted]
		Wound (continued)		
10/23	[redacted]	Moistent Skin graft	06	[redacted]
		Dressing c sulfamylon	12	[redacted]
		solution q 6°	18	[redacted]
			24	[redacted]
10/23	[redacted]	Regular diet	06	[redacted]
			18	[redacted]
10/23	[redacted]	Flush J-tube c	06	[redacted]
		1 Dec NS q 8°	14	[redacted]
			22	[redacted]
27 OCT 03	[redacted]	Drsg Δ BID to abd	10	[redacted]
		skin graft site c	22	[redacted]
		Silvadene cream		
		and dry fluffs		
28	[redacted]	BID - Rinse wound	10	[redacted]
		c NS then apply	22	[redacted]
		Silvadene covered		
		gauze BID (ABD)		
05 Nov	[redacted]	Apply Moisturizer to	10	[redacted]
		SISG BID	22	[redacted]

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P Skin graft to Abd, Chest & Arm

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO

PAGE NO:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

(b)(6)-2

(b)(6)-2

DSC 2 OCT 03

DSC

DSC

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

Green Sheet

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Oct Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10/23	[redacted]	Admit / CW Condition Stable	10/23			
10/23	[redacted]	MD will Δ STSG Sites in 3-5 days	10/23		noted (b)(6)-2	[redacted]
29 oct	[redacted]	D/C IV	ASAP			[redacted]
	(b)(6)-2					

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

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 11 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 17	18	19	20	21	22	23	24	25	26	27	28	29
11/17	[redacted]	Vitals q 6° x24°	06	[redacted]												
		then routine	12													
			18													
			24													
11/17	[redacted]	Activity: Bedrest;	06 12 18 24	[redacted]												
		strict ↑ RLE	06													
		elevated @ all														
		times and no														
		pressure applied														
		to the positive														
		portion of his drsg														
11/17	[redacted]	Incentive Spirometer	06	[redacted]												
		10 x/hr while awake	18 06													
11/17	[redacted]	Diet: Regular	06 18													
			18 06													
17	[redacted]	VITALS: routine	6													
			18													
19 Nov 03	[redacted]	May take pt in WC to	06													
		BR: ambulating/standing	18 06													
19	[redacted]	May sit in chair but	06													
		must elevate his leg	18 06													
		@ all times														
19	[redacted]	No dangling leg	06 18													
			18 06													
21/22 Nov 03	[redacted]	Dry protective drsg Δs	10													
		daily to @ thigh														
		donor site. DO NOT														
		remove the xeroform														

(b)(2)

(b)(5)

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: Open Wound RLE

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 16921

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo Nov Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
11/16	[redacted]	Return to Ward [redacted]	11/17	—			
11/16	[redacted]	Condition: Stable	11/17	noted		[redacted]	
11/25	[redacted]	D/C xeroform gauze drsg to	11/25			[redacted]	
	---	skin graft.	/	/	/	/	
27 Nov	[redacted]	narrative summary is on the chart	27	—		[redacted]	
29 Nov	[redacted]	D/C TO prison camp at next camp	29	—		[redacted]	
	---	run.					
~~28 Nov~~	[redacted]	~~D/C xeroform~~					

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

CLINICAL RECORD

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

Mo. 11 *Yr.* 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25	26	27	28
22 NOV 03	[redacted]	Pt may amb to and	08 18	[redacted]						
		from the bathroom	18 06							
22	[redacted]	q day dsg Δ to the	10							
		(R) lower leg skin								
		graft c̄ Xeroform and								
		dry dsg. Trim the								
		Xeroform to only								
		touch the graft								
24 NOV	[redacted]	Pt may ambulate	06 18	[redacted]						
		(R) Will	18 06							
24 NOV	[redacted]	Be sure Xeroform	06 18	[redacted]						
		is over (R) lower	18 06							
		leg skin graft	/							
25 NOV	[redacted]	moisturize cream to	06	[redacted]						
		(R) LE skin graft site	18							
		and donor site	X							
25 NOV	[redacted]	dry protective dsg	06	[redacted]						
		to (R) LE skin graft	18							
		P. moisturizer applied	X							

DC 25 NOV

DC 25 NOV

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN WOUND RLE

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 16923

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo 11 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
16NOV	[redacted]	NPO p MN this Sunday for O.R.	17NOV	0000		
(5)16	=2	Monday for STSG.				

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

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. ____ Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 16	17	18
16 Aug	[redacted]	LR @ 150 cc/hr	06	[redacted]		
			18			
16 Aug	[redacted]	Versed gtt titrate to effect	06	[redacted]		
			18			
16 Aug	[redacted]	MSO4 1-10mg q1° titrate to effect	06	[redacted]		
			18			
16 Aug	[redacted]	Unasyn 3.0 gm IV q6° 1st dose now	04			
			10	[redacted]		
			14	[redacted]		
			22	[redacted]		
16 Aug 03	[redacted]	Zantac 50mg IV Q8°	08			
			16	[redacted]		
			24	[redacted]		
16 AUG 03	[redacted]	↑ LR IVF rate to 200cc/hr	06	[redacted]		
			18	[redacted]		
16 Aug	[redacted]	Start Fentanyl drip @ 150mcg/° titrate	06	[redacted]		
			18			
16 Aug	[redacted]	Vecuronium gtt @ 6mg/°	06	[redacted]		
			18			

Did 16 Aug 03

DC'd 16 Aug 03 - 1930 [redacted]

(b)(6)-5

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

all ¢

PRIMARY DIAGNOSIS: S/P Ex-lap GSW to abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

MEDCOM - 16925

HAUSTED.

USAPA V1.00

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. _____ Yr. 2003

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
16Aug	[redacted]	Transfuse 4U FFP when available	① 16Aug		1035	[redacted]
			② 16Aug		1120	
			③ 16Aug		1150	
			④ 16Aug		1205	
16Aug	[redacted]	Transfuse two units pRBCs now	① 16Aug	NOW	1225	
			② 16Aug	NOW	1304	
16Aug	[redacted]	Give LR ~~IVF rate to~~ one Liter bolus now	16Aug03	NOW	1135	
16Aug		Fentanyl 100mcg IVPx1 now	16Aug	NOW	1405	
16Aug		500cc of 5% Albumin x1 now	16Aug	NOW	1625	
16Aug		fentanyl 100mcg bolus	16Aug	NOW	1720	
16Aug		Vecuronium 10mg IVP x1 now	16Aug	NOW	1730	
16Aug		500cc hespan bolus x1 now	16Aug		1830	
16Aug03		500cc 5% Albumin X1 now	16Aug03	done	2130	

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

(b)(6)-2

(b)(6)-2

USAPA V1.00

Rewritten 31 Aug 03 AEB 0800

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE F... (MEDICATIONS)

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

Mo. ____ Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	17	18	19	20	21	22	23	24	25	26	27	28	29	30
17Aug03	[redacted]	IVF- LR @ 150	06	/	[redacted]												
			18														
17Aug03	[redacted]	Versed gtt. titrate to effect	06	/	[redacted]												
			18														
17Aug03	[redacted]	Fentanyl gtt titrate to effect	06	/	[redacted]												
			18														
17Aug03	[redacted]	Unasyn 3.0 gm IV q 6°	04	/	[redacted]												
			10	/													
			16	/													
			22	[redacted]													
17Aug03	[redacted]	Zantac 50mg IV q 8°	08	/	[redacted]												
			16														
			24	[redacted]													
19AUG03	[redacted]	↓MIVF to 75cc/°	06	/	/	[redacted]											
			18	/	/												
20AUG03		Zosyn 3.375gm IVQ6°	00	/	/												
			06	/	/	/											
			12	/	/	/											
			18	/	/	/											
20AUG03	[redacted]	Cipro 400mg IV Q12°	10	/	/	/											
			22	/	/	/											
21AUG03	[redacted]	Lovenox 40mg SQ QD	10	/	/	/	/										
21AUG03	[redacted]	Δ IVF to D5½NS + 20KCl @ 75cc° 30cc/hr	06	/	/	/	/	/									
			18	/	/	/	/	/									
24AUG03	[redacted]	NS @ KVO for cardis	06	/	/	/	/	/	/	/							
			18	/	/	/	/	/	/	/							

Δ'd 19 AUG 03

D/C'd

D'd

D'd 21 AUG 03

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

⊖

PRIMARY DIAGNOSIS: S/p Gunshot Wound - abd.

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED (Sep) 31	01	02	03	4	5	6	7	8	9	10	11	12	13
17Aug03	[redacted]	Fentanyl gtt. titrate to effect	04	[redacted]													
17Aug03	[redacted]	Zantac 50mg IV q 8°	08	[redacted]													
			16	[redacted]													
			24	[redacted]													
19 Aug03	[redacted]	Zosyn 3.375gm IV q 6°	04	[redacted]													
			12	[redacted]													
			18	[redacted]													
			24	[redacted]													
20Aug03	[redacted]	Cipro 400mg IV q 12°	10	[redacted]													
			22	[redacted]													
21Aug03	[redacted]	Lovenox 40mg SQ q day	10	[redacted]													
21Aug03	[redacted]	Δ IVF to D5 1/2NS + 20	06	[redacted]													
		KCl @ 30cc/hr	18	[redacted]													
24Aug03	[redacted]	NS KVO for cordis	06	[redacted]													
			18	[redacted]													
27Aug03	[redacted]	Δ Fluconazole to 150mg	08	[redacted]													
		PO q AM (First dose															
		now) (Δ fluconazole to 400															
		mg IVPB QD.) 1Sep03															
1Sep03	[redacted]	↓ Jevity to 80cc/hr	06														
			18														
1Sep03	[redacted]	Rocephin 2 gm IVPB QD	10														
1Sep03	[redacted]	Unasyn 3.0gm IVPB q 6°	06														
			12														
			18														
			24														

(b)(6)-2

Pt'd 1 Sep

Pt'd 1 Sep

DC'd 05 Sep03

DC'd Cordis

Δ'd on 2 Sep03

Δ'd 3 Sep03

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P Gunshot Wound abd.

ADDITIONAL PAGES: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing		Th. EUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. Yr. 2003
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
20Aug 03	[redacted]	Transfuse 2 U PRBC over 4° each	① 20Aug03	NOW	0800	[redacted]
	.....		② 20Aug03	NOW	1120	
20Aug 03	[redacted]	KCl 40meq in 100cc NS over 4°	20Aug03		0745	
21Aug 03	[redacted]	KCl 40meq IV in 100cc NS over 4°	21Aug		0805	
21Aug	[redacted]	40meq KCl in 100cc NS over 2hrs via	21Aug03		2000	
	.....	central line				
21Aug03	[redacted]	KCl 80meq over 8hrs in fluid of choice.	21Aug03	done		[redacted]
20Aug	[redacted]	Resume previous orders	20Aug	done		
28Aug 03	[redacted]	Transfuse 2U PRBC NOW	28Aug	Now	0955	
28Aug	.....	Lasix 40meq IVP in between units of	28Aug	Now	1115	
	.....	PRBC				
	.....					
	.....					

(b)(6)-2

(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
30 Aug03	[redacted]	Tylenol Tab 650mg	20Aug03 0200	0955	0815	20Aug 1907	1005										
.....	.....	Thru NG Tube for	101.4	101.5	101.[redacted]	[redacted]											
.....	.....	↑ temp. Q4-6° PRN															
24Aug03	[redacted]	Labetalol 20mg	24Aug 03														
.....	.....	IVP Q6° PRN SBP	1448														
.....	.....	>170	[redacted]														
.....	.....																
.....	.....																
.....	.....																
.....	.....																
.....	.....																
.....	.....																
.....	.....																
.....	.....																

(b)(6)-2

USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
01Sep03	[redacted]	20mEq KCl in 100cc NS over 2°	01Sep03		0805	[redacted]	
01Sep03	[redacted]	Labetalol 20mg IVP x1	01Sep03		0755	[redacted]	
25Sep03	[redacted]	KCl 40 meq in 100cc NS over 2hrs	25Sep03		0747	[redacted]	
35Sep03	[redacted]	Mg SO4 2gm IV in 250cc D5W x 2 hrs	35Sep03		0815	[redacted]	
	-----	KCl 40meq in the same 250cc D5W x 2hrs					
6Sep03	[redacted]	↑ FiO2 to 100%	6Sep03		1700	[redacted]	
7Sep03	[redacted]	↓ RR to 12	7Sep03		1655	[redacted]	
7Sep03	[redacted]	ABG in 1°	7Sep03		0755	[redacted]	
7Sep03	[redacted]	↓peep to 5	7Sep03		1600	[redacted]	
9Sep	[redacted]	KCl 40mEq in 250cc D5W over 2 hours	9Sep			[redacted]	
10Sep03	[redacted]	KCl 20meq IVPB Now to run over 2hrs	10Sep03	Now	0850	[redacted]	
11Sep03	[redacted]	KCl 40 meq in 500cc D5W over 4hrs	11Sep03		1040	[redacted]	

(b)(6)-2

(b)(6)-2

Order/ Expir Date	[redacted]	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED						
01Sep03	[redacted]	Labetalol 20mg IVP							
-----	-----	Q6° pm SBP>170							
01Sep03	[redacted]	Tylenol 650mg via	01Sep03 1600	12Sep 2015 650mg	25Sep03 1050 [redacted]	25Sep 03 1655 [redacted]	6Sep 0410 [redacted]	6Sep03 0824 [redacted]	
-----	-----	NGT Q4-6° prn fever							
-----	-----								
-----	-----								
-----	-----								
-----	-----								
-----	-----								
-----	-----								
-----	-----								
-----	-----								
-----	-----								

(b)(6)-2

Rewritten

USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 14	15	16	17	18	19	20	21	22	23	24	25	26	27
10Aug03	[redacted]	Zantac 50mg IV Q 8°	08	[redacted]													
			16														
			24														
21Aug03	[redacted]	Lovenox 40mg SQ Q day	10														
01Sept03	[redacted]	Rocephin 2gm IVPB QD	10														
01Sept03	[redacted]	Unasyn 3.0gm IVPB Q6°	06														
			12														
			18														
			24														
14Sept03	[redacted]	↑ D5W to 50 cc/hr	06														
			18														
02Sept03	[redacted]	Δ Fluconazole to 150mg	10														
		PO QD															
05Sept03	[redacted]	↑ atenolol to 50mg PO QD	10														
05Sept03	[redacted]	Albuterol neb Q4°	04														
			08														
			12														
			16														
			20														
			24														
11Sept03	[redacted]	MSO4 gtt, titrate to effect	06														
			18														
13Sept03	[redacted]	Make all IV fluids infusion	06														
		in D5W	18														
16Sept03	[redacted]	Δ D5W infusion to	06														
		1/2 NS @ 50cc/°	18														

Add 16 Sept 03

Add see below

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P Gunshot Wound Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ___

PATIENT IDENTIFICATION:

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

2-(b)(6)

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 27	28	29	30										
27 Aug 03	[redacted]	Δ Fluconazole to	08	[redacted]													
		150 mg PO QAM															
		(First Dose Now)															
		(b)(6)-2															

Rewritten 31 Aug 03 0200 [redacted]

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P Gunshot wound to Abd

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

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*

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

Mo. Sep Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 2	3	4	5	6	7	8	9	10	11	12	13	14	15
2Sep03	[redacted]	Δ Fluconazole to	10	1610 [redacted]													
		150mg PO QD	2														
3Sep03	[redacted]	Atenolol 25mg PO QD	10	X													
3Sep03	[redacted]	↑ fluids D5 1/2 NS @	06	X													
		100cc/hr with 40KCl	18	X													
5Sept03	[redacted]	↑ atenolol to 50mg po QD	10	/	/	/											
DiSep03	[redacted]	Albuterol q4° nebs q4°	04	/	/	/	/	/	/								
			08	/	/	/	/	/	/								
			12	/	/	/	/	/	/								
			16	/	/	/	/	/	/								
			20	/	/	/	/	/	/								
			24	/	/	/	/	/	/								
11Sep	[redacted]	Δ fentanyl gtt to MSO4	06								/	/					
		gtt, titrate to effect	18								/	/					
12Sept03	[redacted]	D5W 50cc/hr IV	06	/													
			18	/													
12Sep03	[redacted]	Make all IV infusions	06	/	/	/	/	/	/	/	/	/	/				
		in D5W	18	/	/	/	/	/	/	/	/	/	/				
13Sep03	[redacted]	Saline Lock D5W infusion	6	/													
			18	/													
13Sep03	[redacted]	Make all IV infusions	6	/													
		in D5W	18	/													

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P GSW to Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo._____ Yr._____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
18Sep03	[redacted]	↓ MSO4 @ Fentanyl comes in	18Sep03			
	(b)(6)-2					
		(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
01Sep03	[redacted]	Labetalol 20mg IVP	
		Q6° prn SBP >170	
01Sep03	[redacted]	Tylenol 650mg via	
		NGT Q4-6° prn Fever	
18Sep03	[redacted]	Ativan 1-2 mg IV	18Sep03 0726 2 mg
		Q4° PRN Agitation	[redacted]
18Sep03	[redacted]	Haldol 5mg IV	
		Q8° PRN agitation	
		unresponsive to Ativan	

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*

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

Mo. Sep Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 18	19	20	21	22	23	24	25	26	27	28	29	30	1
18Sep03	[redacted]	Fentanyl Patch	08	[redacted]	X	X		X	X		X	X		X	X		X
	------	50 mcg/hr to cW	X														
	------	Q3 days	X														
13Sep03	[redacted]	Make IVF infusions	06	[redacted]													
	------	in D5W	18	[redacted]													

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

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P Gunshot wound Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	19	20	21	22	23	24	25	26	27	28	29	30	1	2
19 Sep	[redacted]	D5½NS + 20 KCl @ 120	06	[redacted]													
		cc/h	18														
19 Sep	[redacted]	fentanyl patch 50 mcg/h	10	X	X		X	X	[redacted]								
		to CW q 3d	10	X	X	[redacted]	X	X	X	X	[redacted]	X	X	[redacted]			X
19 Sep	[redacted]	Zantac 50 g IV q8°	08	[redacted]													
			16														
			24														
19 Sep	[redacted]	lovenox 40 g SQ qd	10	[redacted]													
19 Sep	[redacted]	atenolol 50 g po qd	10	[redacted]													
19 Sep	[redacted]	albuterol neb q6°	06	[redacted]													
			12	[redacted]													
			18	[redacted]													
			24	[redacted]													
19 Sep	[redacted]	MSO4 gtt titrate to	00	[redacted]													
		effect	18	[redacted]													
19 Sep	[redacted]	ativan 1 mg IV q8 h	06	[redacted]													
			14	[redacted]													
			22	[redacted]													
19 Sep	[redacted]	loperamid (imodium)	11	[redacted]													
		1 pill q12° pm 1 tabs	23	[redacted]													
		crushed															
20 Sep 03	[redacted]	Haldol 5 mg IV	06	/													
		QHS	18	/													
20 Sep 03	[redacted]	Haldol 5 mg IV	22	[redacted]													
		QHS	X	[redacted]													
20 Sep 03	[redacted]	Lovenox 30 mg SQ QD	10	/	[redacted]												

Bed 9/23/03

20 Sep 03

D/C'd

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: s/p ST SG to Abdomen

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2

(b)(6)-2

CLINICAL RECORD

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

Mo. OCT Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE rewritten	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	03	04	05	06	07	08	09	10	11	12	13	14	15	16
19Sept	TB/[redacted]	Fentanyl patch 50mcg/h	10	[redacted]	X	X	[redacted]	X	X		X	X		X	X		X
	-----	to CW Q3day															
19Sept	TB/[redacted]	Atenolol 50mg PO QD	10	[redacted]													
19 Sept	TB/[redacted]	MSO4 gtt titrate to effect	06	O	O	O							[redacted]				
	-----		18	O	O	O											
20Sept	[redacted]	Lovenox 30mg SQ QD	10	[redacted]													
5Oct	[redacted]	Ambien 10mg PO qHS	22	[redacted]													[redacted]
23Sep	[redacted]	Flagyl 500mg PO TID	08	X	X	X	X	[redacted]									
recopied	-----		16	X	X	X	X										
	-----		24	X	X	X	X										
23Sep	[redacted]	D5.45NS ≅ 20KCl @ 75cc/hr	06	X	X	X	X	[redacted]									
recopied	-----		18	X	X	X	X										
30Sep	[redacted]	Tagamet 300mg IVPB Q6H	06	X	X	X	X	[redacted]									
recopied	-----		12	X	X	X	X										
	-----		18	X	X	X	X										
	-----		24	X	X	X	X										

	-----																

(5)(6)-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P STSSG to Abd.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

FT [redacted] (5)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

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

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
19 Sep	[redacted]	loperamide crush 2 pills per J tube	19 Sep	now	1110	[redacted]
		(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
19 Sep	[redacted]	ativan 1mg IV	20 Sep 03													
		q8hrs prn agitation	[redacted] 0903													
19 Sep	[redacted]	Tylenol 650 g														
		J tube q6° prn pain	(b)(6)-2													
20 Sep 03	[redacted]	Ativan 1-2 mg IV	20Sep 0846 1mg	20Sep 1936 2mg	20Sep 2233 2mg	21Sep 0830 1mg	21Sep 1830 1mg	21Sep 2005 1mg	22Sep 0345 1mg	22Sep 0800 1mg	22Sep 1700 1mg	22Sep 2000 1mg	22Sep 2230 1mg	22Sep 0045 1mg	22Sep 0830 1mg	
		Q4° PRN Agitation	[redacted]													
20 Sep 03	[redacted]	Haldol 5mg IV	24Sep 1936 5mg	24Sep 0132 5mg	24Sep 1900 5mg	[redacted]	25Sep 0200	25Sep 1700	[redacted]	26Sep 0500	26Sep 1100	26Sep 1900 5mg	27Sep 0130 5mg	27Sep 2120 5mg	28Sep 0430 5mg	28Sep 1500 5mg
		Q6° PRN Agitation	[redacted]													
		Not Responsive to	29Sep 0100 5mg	29Sep 0500 5mg	29Sep 1325 5mg	30Sep 1540 5mg	01Oct 0230 5mg									
		Ativan	[redacted]													
			(b)(6)-2													
		Ativan 1-2 mg IV	23Sep 1900 [redacted]													
		Q4 Prn Agitation	[redacted]													

(b)(6)-2

USAPA V1.00

...ICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*

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

Mo Sep Y 03

...RIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 23	24	25	26	27	28	29	30	Oct 1	2	3	4	5	6
9/23	[redacted]	Flagyl 500mg p.o. TID	08	/	[redacted]												
			16	1700 SW													
			24	/													
			X														
9/23	[redacted]	D5 ½ NS + 20 Kcl @ 75cc/hour	06	/	[redacted]												
			18	1700													
			X														
30Sep03	[redacted]	Tagamet 300mg IVPB Q6h	6								/	[redacted]					
			12								/						
			18								/						
			24								/						

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW
SIP ST SG to abd

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

EPW [redacted] (b)(6)-7

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2

(b)(6)-2

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
	(b)(6)	Discontinued 9/23/03														
9/23	[redacted]	Ativan 1-2 mg	23 Sep 1700	23 Sep 2100	24 Sep 0100	24 Sep 1250	24 Sep 1400	24 Sep 2000	24 Sep 2400	25 Sep 0430	25 Sep 1050	25 Sep 0020	25 Sep 0500	25 Sep 0900	25 Sep 1700	25 Sep 1155
		IV 6x PRN	1mg IVP	2mg IVP	2mg IVP	1mg IV	2mg IV	2mg IVP	2mg IVP	2mg	2mg	2mg	2mg	1mg	1mg	1mg
		agitation	[redacted]													
			27 Sep 0930	27 Sep 1500	27 Sep 1900	27 Sep 2100	26 Sep 0100	25 Sep 0430	26 Sep 0900	28 Sep 1200	28 Sep 1500	28 Sep 1900	28 Sep 2300	29 Sep 0100	29 Sep 1400	30 Sep
			2mg IV 0930	1mg IV 1500	2mg IV 1900	2mg IV	2mg IV	2mg	1mg	2mg	1mg	2mg	2mg	2mg	1mg	2mg
			[redacted]													
			10 Oct 0230 2mg													
			[redacted]													

(b)(6)-2

USAPA V1.00

CLINICAL RECORD

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

Mo. 10 Yr. 05

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 7	8	9	10	11	12	13	14	15	16	17	18	19	20
7	[redacted]	flush J tube C	D	[redacted]													
		10cc water QS	N														
			/														
7	[redacted]	tube feeds @ 100cc/hr	D	[redacted]													
		(Jevity)	N														
			/														
7	[redacted]	lovenox 30mg SQ	10	[redacted]													
		BID	22														
			/														
7	[redacted]	atenolol 50mg PO QD	10	[redacted]													
			/														
7	[redacted]	fentanyl patch	10	X	[redacted]		[redacted]			[redacted]							
		50mcg/hr q 72° (3 days)	/														
			/														
7	[redacted]	tagamet 400mg PO	10	[redacted]													
		BID	22														
20 SEP 03	[redacted]	lovenox 30mg SQ QD	10														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

CEPW

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2

(b)(6)-5

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*				Mo. 10 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	-----					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED													
7Oct	[redacted]	Benadryl 25mg IVP 96° PRN (5)(6)-2	7Oct 2300 25mg [redacted]													
-----	-----															
-----	-----															
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USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	22	23	24	25
7	[redacted]	Flush J Tube	D	[redacted]				
	-----	10cc water QS	N	[redacted]	(b)(6)-2			
	-----		/					
7	[redacted]	tube feeds @ 100cc/h	D	[redacted]				
	-----	Jejuny	N					
	-----		/					
7	[redacted]	Atenolol 50mg PO	10					
	-----	QD	/					
7	[redacted]	Fentanyl Patch	10	☐	X	X	☐	X X
	-----	50mcg/hr q 72° (3 days)	/					

7	[redacted]	Tagament 400mg	10					
	-----	PO BID	22					
27 Sep 03	[redacted]	Lovenox 30mg Sq	10					
	-----	QD	/					

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [redacted]

(b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

CLINICAL RECORD

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

Mo. 11 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 03	04	05	06	07	08	09	10	11	12	13	14	15	16
01 OCT03	[redacted]	Atenolol 50mg po QD	10	[redacted]													
07	[redacted]	Fentanyl patch 50mcg/	10														
	(b)(6)-2	hr q 72° (3 days)															
29 01 03	[redacted]	Lovenox 30mg SQ QD	10	[redacted]													

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to ABD

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted]

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
2 ST	[redacted]	Benadrl 25mg														
(5)(6-2		IVP q6°PRN														

*U.S. GPO: 1998-454-110/95216

CLINICAL RECORD

THE[illegible]UTIC DOCUMENTATION CARE PLAN [illegible]MEDICATIONS)

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeo[illegible]

I.

Mo.____ Yr.____

VERIFY BY INITIALING

INITIAL PROPER CO[illegible] FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				17	18	19	20	21	22	23							
07OCT	[redacted]	Atenolol 50mg po QD	16	[redacted]													
07OCT	[redacted]	Fentanyl patch 50mcg	10	[redacted]	X	X	☐										
		hr q72° (3days)			(b)(6)-2												
29OCT	[redacted]	Lovenox 30mg SQ QD	10	[redacted]													
	(b)(6)-2																

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW TO ABD

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

Re-written

MEDCOM - 16946

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*				Mo._____ Yr. _____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
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	- - - - -					
	- - - - -					
	- - - - -					
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	- - - - -					
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Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
07Oct	[redacted]	Benadryl/25mg IVP	D/T													
- - - - -	- - - - -	q6° PRN	D/I													
- - - - -	- - - - -															
- - - - -	- - - - -															
- - - - -	- - - - -															
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CLINICAL RECORD

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

MOC (Yr. 03)

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 20	21	22	23	24	25	26	27	28	29	30	31	NOV 01	02
07 Oct	[redacted]	Flush J-Tube 2	D	[redacted]													See
	-----	10 cc H_2O Qs	N	[redacted]													Green
07 Oct	[redacted]	Jevity @ 100cc/hr	D	[redacted]													Sheet
	-----	via J-Tube	N	[redacted]													
07 Oct	[redacted]	Atenolol 50mg	10	[redacted]													
	-----	P.O QD	X														
07 Oct	[redacted]	Fentanyl Patch	~~10~~														
	-----	50mcg/hr @ 72° (3day)	~~10~~	[redacted]													
07 Oct	[redacted]	Tagament 400mg	10	[redacted]													
	-----	PO BID	22	[redacted]												D/C'd	[redacted]
20 Oct	[redacted]	Lovenox 30mg SQ	10	[redacted]												890103	
	-----	QD															
23 Oct	[redacted]	Restart Jevity @	6	→ [redacted]													
	-----	75cc/hr	8	→ [redacted]												D/C'd 29 Oct	[redacted]

	-----	Lovenox 30mg SQ	10	[redacted]													
29 Oct	[redacted]	QD	~~22~~														

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW ABD

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF _____ EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. Oct Yr. 83
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
10/23	[redacted]	Resume previous Meds	10/23	—	—	[redacted]
7 Oct	[redacted]	D/c Tagamet & Sevity	ASAP	—	—	[redacted]
		(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
7 Oct	[redacted]	Benadryl 25mg	25mg													
		IVP Q6° PRN	25mg													
		(b)(6)-2	[redacted]													

*U.S. GPO: 1998-454-110/95216

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. 11 Yr.

Verify by Initialing: Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
05 NOV	[redacted]	D/C silvadene to skin grafts	05 NOV	—		[redacted]
		(5)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
05 OCT	[redacted]	Benadryl 25mg IVP q 6° prn	D/4												
			D/I												

*U.S. GPO: 1998-454-110/95216

CLINICAL RECORD

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

Mo. 11 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 17	18	19	20	21	22	23	24	25	26	27	28	29
11/17	[redacted]	Heplock IV	08	[redacted]												
			18 20													
11/17	[redacted]	Atenolol 50mg p.o.	08	[redacted]												
		q d.	/													
11/17	[redacted]	Fentanyl Patch	08	12:00 PM [redacted]			/	[redacted]	/	[redacted]		/				
		25 mcg/hr change														
		q 72														
11/17	[redacted]	Lovenox 30mg SQ	[redacted]													
		q d.														
11/17	[redacted]	Moisturize or the	08	[redacted]												
		moisturizing cream	20	[redacted]	18	18	[redacted]									
		to chest & abdomen	/													
		Skin graft BID	/													

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: Open Wound RLE

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

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

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

(b)(6)-2

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 72 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. NOV Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
17 NOV	[redacted]	Tylenol 650 mg PO x 1 now	17 NOV	Did not give 17 Nov am		
27 NOV	[redacted]	PIC Fentanyl patch	22			[redacted]
		(b)(6)-2				(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED						
11/17	[redacted]	Percocet 1-11	Date	17 NOV	18 NOV	18 NOV	18 NOV	19 NOV	19 NOV
		P.O. q 4-6° prn	Time	1800	0700	1230	2015	0845	1500
			Dose Time	1	11	11	11	11	11
			T/E	[redacted]					
		(b)(6)-2							

*U.S. GPO: 1998-454-110/95216

ME - RECORD-SUPPLEMENTAL MEDICA TA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA APPR 08MAR8

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 1015 Initals: [redacted]	Time: 1850 Initals: [redacted]
NEURO	Pupils	3mm sluggish PERRL	3mm PERRL. Pt is sedated and paralyzed on vec, versed and fentanyl. Pt not responsive to any stimuli
	Sensorium	sedated c̄ versed + MSO4	
	LOC / GCS	gtt for pain	
CARDIAC	Cardiac Rhythm	SR c̄ occasional PVCs HR 80-90	Sinus tach c̄ occasional PVCs. Rate 130's. S1-S2. +2 (B) radial pulses, +2 (B) pedal pulses. Cap refill <3 sec.
	PRI: / QRS:	—	
	Pulse Strength	+1 pulses palpable in all 4 ext.	
	Cap Refil / JVD	>3 sec, Ø JVD	
	Edema	Ø noted c̄ this time	
	Chest Pain	UTA	
RESP	Respiratory Pattern	ETT #8.0 24cm @ lip: SIMV, 16, FiO2 50%, TV 750, peep 5 peak 27	ETT #8.0, 22cm @ lip. SIMV 800, FiO2 100%, Peep 5, peak pressures 28-30. SpO2 100%. Rhonchi noted bilat. Ø secretions c̄ suction.
	Breath Sounds	Rhonchi throughout	
	Secretions	Ø secretion or cough	
	Cough		
SKIN	Color	WNL for race. pt cold to touch	Skin warm & dry. Large abd wound Drsg to mid line abd incision c̄ some bloody drng noted, (B) flank drsg c̄ serosanguinous drng
	Integrity	GSW abd. Drsg mid abd D+1	
	Backside	Drsg (R) & (L) flank saturated c̄ sanguinous fluid	
IV	Access Devices	18 gauge (L) FA, 16 gauge (L) hand	16G PIV (L) AC, 18G PIV (L) HAND, 20G (R) FA saline locked. (L) SC cordis inserted today. LR @ 200cc/hr, versed @ 1mg/hr (6cc/hr) vecuronium @ 1mg/hr (12cc/hr) fent @ 150 mcg/hr (15cc/hr).
	Location	20 gauge (R) FA, (L) radial A-line	
	Condition	c̄ Ø S/S of infection	
GI	Abdomen	Soft, nondistended, NGT (R) nare clamped. Ø bowel sounds throughout.	Abd soft and nondistended. NGT to (R) nare to LIS. Ø BS. Small amount blood drng obtained
	Bowel Sounds		
	Stoma/Ostomy		
GU	Device	Foley to gravity draining	Foley to gravity drng Ø urine @ this time.
	Color / Clarity	dark yellow urine	

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC (b)(2)-2 | DATE 16 AUG 03

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

ICU3, [redacted]

[redacted] (b)(6)-4

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

DA FORM 4700, MAY 78

USAPPC V2.00

ICU Flowsheet Patient Name: Date: / / 2003

Vital Signs	24	01	02	03	04	05	06	07	08	09	10	11		12	13	14	15	16	17	18	19	20	21	22	23	
Temperature											NCT PAT TOO SOON	98.2		98.8	91.6	91.6	94.6	95.4		96.7	97.7	98.3	98.7	98.3	98.5	
Pulse											85	99		93	94	94	103	119	126	133	127	127	133	122	123	
B/P A-Line											127/81	84/64		157/95	167/103	167/106	138/94	180/79	132/69	111/59	129/73	122/77	102/57	118/69	117/67	
MAP											97	71		121	132	143	109	85	83	73	89	95	72	86	82	
B/P Cuff /CVP												84/52		150/87	167/103	167/106	134/91	106/73	114/78	96/55	120/73	14	11	15		
Respirations											11	9		28	19	16	11	15	34	15	15	16	16	16	16	
Sa02											100	100		100	100	100	100	100	97	96	100	100%	96%	100%	100%	
Source											vent	vent		vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	
FiO2											50	50		50	50	50	50	50	50	50	100	100%	60%	60%	60%	

Intake	24	01	02	03	04	05	06	07	08	09	10	11	Total	12	13	14	15	16	17	18	19	20	21	22	23	Total
IVF			(4500	+500 in OR)							150		8150	200	200	200	200	200	200	200	200	200	200	200	200	2400
IVPB											100		100					50							100	150
~~NGT~~ /Bolus												1000	1000				300	1000		500 heparin	500 5% Alb		500 5% Alb			2500
Blood/~~FFP~~			(1536 in OR	4 unit PRBC)									1536	384	384	(800 total		PFP)	(500cc		Albumin)			32 PRBCs		2488
~~Versed~~ vecuronium MSO4											3	3	6	3	5	7	7	7	D/C'd	6	6	6	6	12	12	89
~~PO intake~~ Versed											3	3	6	3	3	3	7	4	6	6	6	6	3	3	3	77
~~O.R. IN~~ Fentanyl																				15	15	15	12.5	12.5	12.5	82.5
~~Totals~~ Vecuronium													9798													5526

Output	24	01	02	03	04	05	06	07	08	09	10	11	Total	12	13	14	15	16	17	18	19	20	21	22	23	Total
Urine Hourly													Ø		50/50	100/150	50/200	50/250		25/25	Ø/275	60/335	90/425	70/495	60/550	580
NG Tube																										
Drains #1																										
#2																										
EBL ~~#3~~													1600Ø													
Emesis/Stool																										
O.R. OUT													125													
Totals																										

24 hour input	
24 hour output	
24 hour balance	

MEDCOM - 16954

M AL RECORD-SUPPLEMENTAL MEDIC ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA APPR 08MAR8

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 0615 Initals: [redacted]	Time: 2245 Initals: [redacted]
NEURO	Pupils	2mm, PERR, Ø rxn to light	2mm PERRL Pt is sedated c̄
	Sensorium	Sedated c̄ versed and vecuronium	versed and fentanyl gtt. Still
	LOC / GCS	fentanyl gtt for pain control	c̄ remnants of vecuronium. Pt
			is not responsive to stimuli
CARDIAC	Cardiac Rhythm	ST c̄ PVCs q 4th beat	Sinus tach. Rate 100's. Pt
	PRI: / QRS:	—	Frequent PVCs noted. (+) 2
	Pulse Strength	+2 palpable radial, +1 palpable BLE	(B) radial pulses, (+) 2 (B) pedal
	Cap Refil / JVD	Ø JVD. Cap refill <3sec.	pulses. Cap refill <3 sec.
	Edema	Ø noted @ this time	
	Chest Pain	UTA	
RESP	Respiratory Pattern	Vent: #8.0 ETT 20cm @ lip SIMV 16, 800, 50%.	Vented, intubated #8.0 ETT,
	Breath Sounds	5, peak 37. Equal chest rise. Rhonchi throughout	22cm @ lip. SIMV 16, 800,
	Secretions	Suctioned mouth, bloody drainage noted	50% peak upper 20's. Rhonchi
	Cough	Ø cough	noted (B). Equal chest expansion
SKIN	Color	wnl for race. warm to touch. G Stu to abd	Norm. for race. Warm & dry. JP drain
	Integrity	midline. Drsg to midline abd, (R) IJ. Plant D+I	x2 to abd, (R) colostomy, (L) J-tube, and
	Backside	old drainage noted. Burn to (R) shoulder.	(R) duodenal tube to gravity drng c̄ green &
		Drsg DH.	brown liquid drng noted
IV	Access Devices	(R) FA PIV, (L) Hand PIV, (L) FA PIV, (L) radial	(L) SC cordis tlc inserted 16 Aug Ø3. LR @ 150 mg/hr
	Location	A-line, (L) SC cordis c̄ Ø S/S of infection	versed @ 3mg/hr and fentanyl @ 100 mcg/hr
	Condition	All lines started 16 AUG Ø3	(R) FA PIV, (L) hand, (L) FA PIV saline locked
			A line to (R) radial artery zeroed + leveled
GI	Abdomen	soft,	Abd soft - No bowel sounds noted
	Bowel Sounds	Ø bowel sounds throughout	NG tube to (R) nare to LIS with
	Stoma/Ostomy	Ø noted	no output noted
		NGT (R) nare to LIS small amt brown fluid	
GU	Device	Foley to gravity draining dark yellow	Foley to gravity drng clear dark yellow
	Color / Clarity	urine	urine.

(Continue on reverse)

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC: ICU3, [redacted] (b)(2)-2 | DATE: 17 AUG Ø3

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

[redacted] (b)(6)-4

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

DA FORM 4700, MAY 78

USAPPC V2.00

(b)(6)-4

ICU Flowsheet Patient Name: [redacted] Date: 08 / 17 / 2003

Vital Signs	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
Temperature	99.4	99.9	99.7	99.6	99.6	97.7	98.8	99.1	98.8	98.1	98.3	98.8					95°	95.4	96°	97°				
Pulse	114	114	116	117	112	115	116	117	123	116	108	111					105	102	105	107	107	111	110	109
B/P A-Line	99/60	97/58	113/60	105/74	108/62	124/67	114/65	114/66	141/84	109/66	122/68	150/79					135/74	125/71	120/64	111/60	124/63	123/68	123/68	132/67
MAP	72	70	74	95	78	85	81	82	107	81	88	102					94	93	80					
~~B/P Cuff~~ CVP		10	13	15	15	16	15	16	15	15	16	20								7				
Respirations	16	8	8	15	16	17	12	16	16	16	16	16					16	16	16	14	16	16	16	16
Sa02	100%	100%	100%	100%	100%	99%	99%	99%	99%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%
Mode	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent					vent	vent	vent	vent	vent	vent	vent	vent
FiO2	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%					55%	55%	60%	60%	55%	55%	55%	55%

Intake	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	24	01	02	03	04	05	Total
IVF	200	200	200	200	200	200	200	200	200	200	200	200	2400					150	150	150	150	150	150	150	150	1200
IVPB	100		500		100					150		231	1131								100	50		100		250
VEC	6	6	6	6	6	6	6	6	6	6	6	6	72					—								
versed	3	3	3	3	3	3	3	3	3	3	3	3	36					3	3	3	3	3	3	3	3	24
fentanyl	8	8	8	8	8	9	9	9	9	9	9	10	104					10	10	10	10	8	8	8	8	72
PO intake																										
O.R. IN																	[redacted]	500 ml albumin 1 unit FFP								
Totals													3743					(b)(6)-2								2900
																										4446

Output	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	24	01	02	03	04	05	Total
Urine Hourly	50/50	45/95	70/165	110/275	120/395	150/545	170/715	130/845	135/980	70/1060	100/1160	135/1295	1295					640 OR	80/720	90/810	90/900	75/975	70/1045	70/1115	55/1170	1170
NG Tube																										1295
Drains JP #1																										2465
JP #2																		90						110		
#3																		60						95		
Emesis/Stool																										
O.R. OUT													1295					~~640~~ ~~ml~~ 200 [redacted] (b)(6)-2								
Totals																										200

24 hour input	8189
24 hour output	3960
24 hour balance	7829

MEDCOM - 16956

ME[illegible]L RECORD-SUPPLEMENTAL MEDICA[illegible]TA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA APPR 08MAR8

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 0600 Initals: [redacted]	Time: 2000 Initals: [redacted]
NEURO	Pupils	3mm, PERRL	Perrl 3mm
	Sensorium	sedated c̄ versed, pain control	pt continues sedation c̄
	LOC / GCS	c̄ fentanyl, pt slightly moves	versed & fentanyl. slightly
		(R) arm and head	moves (R) arm and head
CARDIAC	Cardiac Rhythm	ST c̄ occasional PVCs	ST
	PRI: / QRS:	—	—
	Pulse Strength	+2 palpable in all 4 ext.	+2 pulses in all 4 extremities
	Cap Refil / JVD	cap refill <3 sec, Ø JVD	cap refill < 3sec, Ø JVD
	Edema	slight edema BLE	+1 edema BLE
	Chest Pain	Ø CP	Ø CP
RESP	Respiratory Pattern	Vented #8.0 22cm @ Lip SIMV 16, 55%	Vented #8.0 20cm @ Lip SIMV
	Breath Sounds	800, 5, peak 37. Rhonchi throughout	20 BPM, TV 800, peak 33, FiO2 50
	Secretions	thick white secretions from ETT	Lung sounds - rhonchi
	Cough	Ø cough	throughout.
			Ø cough
SKIN	Color	WNL for race. Body warm to touch	Normal for Race. duodenal drain
	Integrity	burn drsg (R) shoulder DI, abd drsg + (R)(L)	Drsg to (R) shoulder & DI, ABD drsg
	Backside	flank DI, 2 JP drains abd. (R) duodenal (pulsuction)	(R) & (L) Flank drgs CDI. 2 JP's to
		drain, JP clamped, (R) colostomy	bulb suction (ABD) (R) colostomy, J-Tube
IV	Access Devices	(L) SC cordis, (L) hand PIV, (L) FA PIV, (L)	
	Location	radial A-line, (R) FA PIV c̄ Ø S/S of infection	
	Condition	All PIV lines H.L. (L) SC cordis - NS @ 150 cc/°,	
		versed 5mg/°, fentanyl 50mcg/°	
GI	Abdomen	soft	
	Bowel Sounds	Ø bowel sounds, NGT to LIS, brown	
	Stoma/Ostomy	fluid noted, Colostomy c̄ scant	
		amt sanguinous fluid	
GU	Device	Foley to gravity draining dark yellow	
	Color / Clarity	urine. UO > 30 cc/°	

(Continue on reverse)

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC (b)(2)-2
ICU3, [redacted]

DATE
18 AUG 03

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

[redacted] (5)(6)-4

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

DA FORM 4700, MAY 78

USAPPC V2.00

ICU3

Patients Name: #[redacted] (b)(6)-4 Date: 18 Aug 03

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	129/73	119/67	122/71	112/60	133/68	144/71	109/59	132/62	202/86	172/69	149/66	147/68	149/66	140/62	136/62	123/63	135/64	150/60	153/68	156/72	163/72	142/67	146/67	143/67
NBP																								
TEMP	97	98.8	99.2	99.1	99.3	99.4	99.6	99.1	99.1	99.1	99.1	99.8	99.9	99.9		99.6			98.7				99.7	
HR	113	112	115	111	108	122	111	107	112	107	100	97	94	101	101	108	103	106	104	97	97	92	95	92
RR	110	16	16	16	16	15	16	16	20	16	16	16	16	16	15	25	24	23	20	18	18	18	18	18
SaO2	100%	97%	97%	98%	99%	98%	96%	97%	99%	100%	100%	100%	100%	97%	98%	97	97%	98%	98%	100%	100%	100%	100	100
FiO2	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	50%	50%	50%	55%	50%	50%	50%	50%	50%	50%
Source	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
		83	90	84	89	94	77	83	124	94	92	90	93	87	85	82	84	94	95	99	100	92	92	92
				10	10			10				10		10				10				9	9	9

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	150	150	150	150	150	150	150	150	150	150	150	150	1800	150	150	150	150	150	150	150	150	150	150	150	150	18
IVPB			50		500					150			800					100		50				100		25
NGT																										
versed	5	5	5	5	5	7	5	5	5	7	7	7	68	7	7	7	7	7	7	7	7	14	8	8	8	83
fent	16	16	16	16	16	18	16	8	10	10	10	10	162	16	10	10	10	10	10	10	10	15	15	15	15	14
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	Total
URINE	60	40	30	20	60	110	75	120	115	100	95	120	957	130	80	200	200	120	140	160	120	160	120	100	200	1900 2857
NGT											857															
STOOL																										
DRAIN																										
JP#1	80		40	25	25		30		35		20 230		230		15		20		10	15	15		10		10	80 310
JP#2	55		30		25		20		20		20 170		170		30		10		20	10	10		10		10	90 360
duodenal tube	155		100		100		80		90		110 635		635		200		150		150	150	150		125		100	525 1510
Total																										

MEDCOM - 16958

AL RECORD-SUPPLEMENTAL MEDIC ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT

		Time: 0610 Initals: [redacted] (b)(6)-2	Time: Initals:
NEURO	Pupils	3mm, PERRL sluggish scleral edema	3mm PERL sluggish
	Sensorium	Sedated c̄ versed @ 8mg/°. Pt moves	White. Sedated c̄ 8mg versed.
	LOC / GCS	all extremities when versed turned off	
CARDIAC	Cardiac Rhythm	SR c̄ Ø ectopy @ this time. HR 90s-150	
	PRI: / QRS:		
	Pulse Strength	+2 pulses palpable in all extremities	+pulse to all extremities
	Cap Refil / JVD	<3sec, Ø JVD	
	Edema	generalized edema throughout	edema noted to (R) dsg hands
	Chest Pain	Ø CP (UTA)	
RESP	Respiratory Pattern	Vented: ETT #8.0 22cm@lip: SIMV 18,	vented. ETT # 8 SIMV 18
	Breath Sounds	5, 790, 50%. Rhonchi throughout	peek 5 FIO2 50%. Rhonchi
	Secretions	thin white secretions through	throughout. Thick white
	Cough	ETT	secretion noted to ETT
SKIN	Color	WNL for race. body warm to touch. (R)	normal for race. (R) shoulder
	Integrity	shoulder burn dsg Dri. midline abd incsn	burn dsg. midline incision to
	Backside	dsg Dri & JP, J-tube, duodenal tube, + colostomy	abd. JP drains x2 duodenal tube +
		intact	colostomy noted.
IV	Access Devices	(R) FA PIV + (L) hand PIV + (L) FA PIV H.L., (R) SC	(L) radial A-line. (R) FA PIV (L) hand PIV.
	Location	cordis + (L) radial a-line c̄ Ø s/s of infection	(R) SC cordis.
	Condition	Versed + fentanyl + LR through (L) SC cordis	
GI	Abdomen	Soft	Soft
	Bowel Sounds	Ø bowel sounds	Colostomy intact
	Stoma/Ostomy	Colostomy c̄ scant amt sanguinous	
		drainage	
GU	Device	foley to gravity draining dark yellow	F/C to BS
	Color / Clarity	urine. UO > 100cc/°	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC ICU3 [redacted] (b)(2)-2

DATE 19AUG03

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU3

Patients Name: [redacted] (5)(6)-4 Date: 19 Aug 03

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	145/67	140/61	130/65	158/73	157/76	187/84	155/74	149/76	169/79	146/71	121/62	126/64	128/64	113/61	101/57	106/59	117/60	103/54	108/56	115/55	109/55	110/54	114/55	112/55
NBP																								
TEMP		99.7	99.7	99.8	99.9	99.9	99.9	99.9	100.4	100.7	100.7	100.4	100.6	100.7	100.8	100.8	100.4	100.5	100.7	100.1	101.4	101.7	101.5	101.7
HR	92	98	99	109	116	117	106	114	114	109	102	102	100	101	101	101	96	97	99	100	98	97	97	94
RR	18	18	18	18	21	20	18	25	25	18	18	21	18	18	18	18	18	18	18	18	18	18	18	18
SaO2	100	97%	99%	97%	97%	98%	99%	99%	99%	100%	100%	100%	98	97	98	98	99	98	98	98	97	97	97	97
FiO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Source	Vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	VENT	vent	vent	vent	vent	vent	vent	vent	vent	vent
MAP	91	93	87	99	101	116	100	105	105	96	88	87	83	81	72	76	78	74	75	77	74	75	75	75
CVP	10	11			9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

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	Total
IVF	150	75	75	75	75	75	75	75	75	75	75	75	975	75	75	75	75	75	75	75	75	75	75	75	75	900
IVPB	—		50		100						150		300					100		50			100			250
NGT	—																									
Fentanyl	15	15	15	15	15	17.5	17.5	35.0	35.0	35.0	15.0	15.0	245	15	15	15	10/15	15	15	15	15	15	15	15	15	175
Versed	8	8	8	8	8	8	8	8	8	8	8	8	96	8	8	8	4/8	8	8	8	8	8	8	8	8	92
KCl		250											250													
PO																										
Total	173	348	148	98	198	100.5	100.5	118	118	118	248	98	1800													

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
URINE	140	70	130	120	152	140	60	40	150	100	120	60	1282	188	50	100	60	100	55	60	65	60	70	50	65	1317
NGT												300	300													300
STOOL																										
DRAIN																										
JP#1		10			20	10		10					50				20								15	35
JP#2		10			25	30		25					90				10								10	20
duodenal tube	50	40			110	50		60				100	310		75			50							225	350
		130	130	120	307	230	60	135	150	100	120	460	2032													1248

MEDCOM - 16960

ME - RECORD-SUPPLEMENTAL MEDICA TA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA APPR 08MAR8

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 0620 Initals: [redacted]	Time: 1900 Initals: [redacted]
NEURO	Pupils	3mm, PERRL (sluggish) scleral edema	PERRLA
	Sensorium	Sedated c̄ versed. Moves	Versed 9mg Fentanyl 1.75 mcg/hr
	LOC / GCS	all 4 ext. when versed turned off	
CARDIAC	Cardiac Rhythm	SR c̄ occasional PVCs	SR S1|S2
	PRI: / QRS:		
	Pulse Strength	+2 palpable in all 4 ext.	+2 palpable x 4 extremities
	Cap Refil / JVD	<3 sec. Ø JVD	<3 sec
	Edema	scleral edema, +1 edema BUE	+2 BUE
	Chest Pain	UTA	
RESP	Respiratory Pattern	Vented: SIMV 18 800, 5, 50% peak 37	Simv 18 TV800 Peep 5 FiO2 50
	Breath Sounds	Rales throughout	Peak 36.
	Secretions	Yellow tinged sputum from ETT, Pink	Minimal secretions from
	Cough	frothy sputum from mouth	ETT.
SKIN	Color	WNL for race. Mid abd incision drsg	Normal for Race Mid abd
	Integrity	DH, (R) JP + (L) JP tube (L) J-tube, (L) duodenal	drsg CDI, B JP drains,
	Backside	tube to gravity, (L) puncture wound drsg	(L) J-tube, (R) duodenal tube drain
		intact	to gravity
IV	Access Devices	(R) FA PIV H.L, (L) radial A-line, (R) Hand PIV	PIV (R) FA H/L. PIV (L) Hand, H/L.
	Location	H.L, (L) FA PIV H.L, (L) SC. Cordis versed,	PIV (L) FA H/L. (L) Radial A-Line.
	Condition	fentanyl + LR @ 75cc/° infusing + CVP. Ø	(L) SC Cordis, LR @ 75cc/°.
		S/S of infection of all lines	
GI	Abdomen	soft, nondistended	Round, soft
	Bowel Sounds	Ø bowel sounds, NGT to LIS pink/brown	⊖, NGT LIS Reddish brown
	Stoma/Ostomy	tinged fluid noted, (R) colostomy c̄ scant	(R) colostomy c̄ dk brn liquid stool
		amt bloody drainage	
GU	Device	foley to gravity draining dark yellow	Foley to gravity, dk orange
	Color / Clarity	urine c̄ some sediment noted	urine, c̄ small amount of
			sediment

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU3, [redacted] (b)(2)-2

DATE: 20 Aug 03

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

Civ. # [redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ICU3

Patients Name: Civ. #[redacted] (b)(6)-4

Date: 20 Aug 03

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	142/67	152/60	143/63	114/58	164/72	151/66	176/75	163/75	138/69	154/73	120/61	140/69		158/73	153/72	181/83	129/65	129/61	180/84	137/66	118/100	100/96	88/84	102/81	127/66	
NBP																			169/80	148/61	165/67	162/66	135/58	165/63	136/64	
TEMP	101.6	101.9	101.5	101.4	101.1	100.8	100.7	100.6	100.6	100.5	100.1	100.1		100.0	99.8	99.8		99.7		99.3	99.3	99.4	99.7	99.3	99.4	
HR	92	103	104	92	91	83	91	88	84	56	76	81		81	76	95	78	72	94	75			73	80	76	
RR	13	16	18	19	18	18	18	18	18	18	18	18		18	18	18	18	18	18	18	18	18	18	18	18	
SaO2	99%	94%	98%	98%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100	100	100	100	100	100	100	100	100	100	100	
FiO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%		50%	50	50	50	50	50	50	50	50	50	50	50	
Source	Vent	Vent	Vent	vent	vent	vent	vent	vent	vent	vent	vent	vent		vent	vent	vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
MAP	91	99	91	79	104	94	106	105	96	103	83	95		104	99	116	88	83	119	89					90	
CVP															9	11	9	10	12	12	9	9	10	7	8	

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	Tota
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75	
IVPB		50	50			200		50			50		400													
NGT												125	125													
KCl		100											100													
blood		350	350			350							700													
holus													~~1035~~													
Versed	8	8	8	8	8	8	9	9	9	9	9	9	103	9	10	10	10	10	10	10	10	10	10	10	10	
fentanyl	15	15	15	15	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	200	17.5	35*	35	35	17.5	17.5	17.5	20	20	20	20	20	
PO																										
Total																										

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
URINE	55	55	65	55	90	50	105	130	70	110	70	75	930	55	70	50	60	60	55	70	60	65	50	60	65	
NGT																										
STOOL					150					100			250													
DRAIN																				800						800
JP1			5					20					25							25						25
JP2			10					5					15													
duodenostomy			110					130					230							200					180	380
Total	55	55																								

*Strength Changed

MEDCOM - 16962

MI L RECORD-SUPPLEMENTAL MEDIC TA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA APPR 08MAR8

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 1610 Initals: [redacted]	Time: 1845 Initals: [redacted]
NEURO	Pupils	3mm PERRL (sluggish)	3mm PERRL. Pt is sedated on
	Sensorium	Sedated c̄ versed @ 10mg/°	versed and fentanyl.
	LOC / GCS		
CARDIAC	Cardiac Rhythm	SR c̄ occasional PVCs	NSR c̄ frequent PVCs. Rate 80's.
	PRI: / QRS:	—	S1-S2. (+)2 (B) radial pulses and
	Pulse Strength	+2 palpable in all 4 ext	(+)2 (B) pedal pulses. <3 sec
	Cap Refil / JVD	<3sec Ø JVD	cap refill. Scleral edema noted.
	Edema	sclera edema bilat generalized edema	Nonpitting edema noted to BLE
	Chest Pain	throughout, UTA CP	and (B) UE.
RESP	Respiratory Pattern	Vented SIMV 18, 790, 5, 50%, peak 32 ETT 24	Intubated, #8 ETT, 24cm @ lip.
	Breath Sounds	Rales throughout. Thin white	SIMV 18, TV 790, FiO2 50%, Peep 5, peak
	Secretions	secretions noted.	pressures upper 30's. Rhonchi noted
	Cough		Bilat. SpO2 100%. Not overbreathing vent.
			Equal chest expansion bilat.
SKIN	Color	WWL for race. Midabd incision drsg C,D,I	Wrm and dry. Large midline abd incision
	Integrity	(R) flank drsg C,D,I, (L) puncture wound drsg	c̄ drsg dry and intact. (R) flank drsg D+I.
	Backside	C,D,I, (L) JP + (L) JP intact, (R) duodenal tube	Drsg to (R) upper chest D+I. Sclera
		draining well, (R) colostomy c̄ liquid stool, J tube	appear jaundiced.
IV	Access Devices	(L) FA PIV + (R) FA PIV c̄ Ø% of infection H.L.	(L) SC cordis inserted 17 Aug. Drsg intact. No
	Location	(R) radial A-line Ø% of infection, (L) SC cordis	redness/drng noted. UR @ 75cc/hr, fentanyl @
	Condition	c̄ versed, fentanyl + LR infusing c̄ Ø% of	200 mcg/hr (20cc/hr), versed @ 11mg (11cc/hr) (L)
		infection, (L) Hand PIV infiltrated	radial A-line zeroed + leveled. 18G (L) AC
GI	Abdomen	soft, nondistended	PIV Saline locked, (R) FA 20G PIV saline lock
	Bowel Sounds	(-), NGT to LIS (brown colored drainage)	No redness/drng noted. Abd soft + non-
	Stoma/Ostomy	(R) colostomy c̄ large amt liquid brown	distended. NG to (R) nare to LIS c̄ min mod
		stool	reddish drng noted. Placement verified c̄
GU	Device	Foley to gravity draining amber	air bolus (R) colostomy - stoma pink, brown
	Color / Clarity	urine.	liquid drng noted. J-tube clamped.
			Duodenal tube c̄ green/brown liquid drng
			Foley drng clear amber urine.

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC
ICU3, 28th Combat Support Hospital

DATE
21AUG03

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

[redacted] (b)(6)-4

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

DA FORM 4700, MAY 78

USAPPC V2.00

ICU3

Patients Name: [redacted] (b)(6)-4 Date: 20 Aug 03

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	141/88	127/70	101/83	98/88	101/69	107/66	137/71	110/69	130/60	116/60	126/66	97/67	149/74	189/70	164/81	133/73	112/84	108/67	102/59	130/60	143/60	111/61	114/61	112/61
NBP	162/67	147/60	150/62	147/60	145/60	144/62	147/61	141/64	133/64	141/59	118/61	143/57	143/66			122/57		144/62	124/59	145/62	104/60	125/60	135/62	138/62
TEMP	99.5	99.5	99.2	99.2	99.4	99.2	99.2	99.2	99.0	99.4	99.4	99.7	99.8		100.2		99.4		98.5			98.6		
HR	83	76	72	74	87	73	80	73	85	76	78	78	83	80	101	83	90	91	70	76	81	73	75	75
RR	18	18	18	18	18	25	19	18	18	18	18	19	18	18	18	18	18	18	18	18	18	18	18	18
SaO2	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FiO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Source	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent
MAP	109	89	92	93	93	100	95	87	94	90	89	91	101	94	114	77	97	99	78	91	-	78	80	88
CVP	9	9	9	9	10	9	10	10	10	11	11	11	12	12	11	13								

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	Total
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75	900
IVPB	50		100		250		100				50		400					200		200						400
NGT																										
Pentanyl	20	20	20	20	20	20	20	20	20	20	20	20	240	20	20	20	20	20	20	20	20	20	20	20	20	240
Versed	10	10	10	10	10	10	10	10	10	11	11	11	124	11	11	11	10	11	11	11	11	11	11	11	11	132
KCl			100														100	25	25	25	25	25	25	25	25	25
PO																										
Total													1664													1674

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
URINE	80	80	55	60	50	50	50	50	60	50	45	55	645	55	100	50	60	40	50	45	50	55	45	45	45	585
NGT																										
STOOL					425								425	425												
DRAIN																									250	250
JP1							5					10	15	15												
JP2							20					10	30	30											5	5
duodenalink							120					120	240	240											10	10
																									250	250
Total													1355													1100

T.N = 3638. Out = 2455. = 1183

MEDCOM - 16964

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date): QA Appr 8 Mar 89

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 0610 Initals: [redacted]	Time: 1000 Initals: [redacted]
NEURO	Pupils	3mm PERRL	3mm PERRL sluggish, sedated
	Sensorium	Sedated c̄ versed, pain control	c̄ Glasgow 10 sed, 15 Glasgow [illegible], pt does
	LOC / GCS	c̄ fentanyl	not appear agitated, no gag reflex
			c̄ deep suctioning
CARDIAC	Cardiac Rhythm	SR c̄ occasional PVCs	NSR c̄ occ PVCs
	PRI: / QRS:	—	—
	Pulse Strength	+2 palpable in all 4 ext.	+2 radial & pedal pulses bilat
	Cap Refil / JVD	<3sec, ∅ JVD	<3sec & ∅ JVD
	Edema	scleral bilat, generalized edema throughout	periorbital sclera edema, generalized edema throughout torso & LE ave. +2 pitting bilat hands & feet.
	Chest Pain	NTA	NTA chest pain
RESP	Respiratory Pattern	Vented: SIMV 16, 790, 5, 50%, peak 30	vented: SIMV 16, 800, 5, 50%
	Breath Sounds	Rales (R) lung, Rales (R) upper lobe	Coarse BS upper and lower L lobe R.
	Secretions	Thin white secretions	thick mod amount white from deep suctioning
	Cough	# 8.0 shiley 24@lip	# 8 shiley 22cm @ lip. ∅ cough
SKIN	Color	WNL for race, midline abd incision (R) flank	appropriate for race
	Integrity	wound drsg C,D,I. (R) shoulder/chest drsg	See progress note
	Backside	C,D,I, (R) puncture wound drsg C,D,I	
IV	Access Devices	(R) FA PIV, (L) FA PIV, (L) radial A-line	(L) radial art line (L) SC cordis (L) AC
	Location	(positional) (L) SC cordis c̄ 5D½NS	PIV, (R) AC PIV.
	Condition	c̄ 2D½NS infusing, versed & fentanyl gtts	
GI	Abdomen	soft, nondistended, ∅ BS (R) NGT	soft, nondistended, ∅ BS, (R) NG LIS c̄
	Bowel Sounds	to LIS c̄ brown/red drainage.	scant light brown drainage (R) colostomy
	Stoma/Ostomy	(R) colostomy c̄ liquid brown stool	c̄ peak brown stool, (L) jejunostomy, (R) duodenum
			drain c̄ mod yellow drainage.
GU	Device	foley to gravity draining dark yellow	F.C. c̄ amber urine ∅ S
	Color / Clarity	urine.	

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU #1 [redacted] (b)(2)-2

(Continue on reverse)

DATE: 22Aug03

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

NAME: # [redacted] (b)(6)-4 RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

REATMENT

MEDCOM - 16965

DA FORM 4700, MAY 79

ICU3

Patients Name: [redacted] (b)(6)-4 Date: [redacted] 02 AUG 03

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	110/69	97/64		149/89	91/48											101/56		102/53						117/37		
NBP	137/59	117/33		149/59	120/54	155/59	164/66	137/59	154/63	133/60	138/62	133/60		126/60	116/55	[illegible]	107/51	132/57	119/54	151/60	152/67	123/59	120/60	107/74	178/84	
TEMP	98.5	98.4			98.1				98.4							99.6					99.3					
HR	73	73		79	73	84	86	77	76	78	81	81		82	81	83	81	84	83	84	78	80	78	94	92	
RR	18	16		16	18	16	16	16	16	16	16	16		16	16	19	16	16	16	17	18	16	16	16	20	
SaO2	100	100%		100%	100%	100%	100%	100%	100%	100%	100	100		100	100	99	98	98	98	100	99	98	99	100	100	
FiO2	50%	50%		50%	50%	40%	40%	40%	40%	40%	40%	40%		40%	40%	35%	35%	35	35	35	35	35	35	35	35	
S[illegible]ce	vent	vent		vent	vent	vent	vent	vent	vent	vent	vent	vent		vent	vent	vent	vent	vent	vent	vent	Vent					
[illegible]				92		94	84	87	94	85	89	85		82	76	78	70	84	78	97	97	81	84			

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	75	75		75	75	75	75	75	75	75	75	75	825	75	75	75	75	75	75	75	75	75	75	75	75	
IVPB	100	100			250		100		[illegible]	[illegible]	[illegible]		650	100					100	100						
NGT																										
Fent.	20	20		20	[illegible]	15	15	15	15	15	15	15	180	15	15	16	35	25	25	25	25	15	15	14	14	
Versed	11	11		6	6	7	7	7	7	7	7	7	61	7	7	8	8	7.5	7.5	7.5	6.5	6.5	6.5	6.5	6.5	
KCl	25	25							50	50			100													
Sevrity								10	20	20	20	20	90	20	20	20	20	20	20	20	20	20	20	20	20	
Total													1906													

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	Total
URINE	55	65	[illegible]	140	45	70	65	55	60	65	55	65	880	55	50	70	55	35	75	75	90	60	50	50	60	
NGT												30	30													
STOOL		500																								
DRAIN																										
chest drain				40		60			80			[illegible]	180	120												
JP #1												10	10													
JP #2												15	15													
Chestum												0														
Total													1085	1085												
													1791													

MEDCOM - 16966

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

(b)(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 0610 Inital: [redacted]	Time: 1830 Initals: [redacted]
NEURO	Pupils Sensorium LOC / GCS	3mm, PERRL Sedated c̄ propofol @ 50mcg/kg/min, fentanyl @ 60 mcg/h for pain control. Easily arousable off propofol	3mm PERRL Pt is sedated on propofol on @ 90mcg/kg/min and fentanyl @ 60mcg/hr.
CARDIAC	Cardiac Rhythm PRI: / QRS: Pulse Strength Cap Refil / JVD Edema Chest Pain	SR +2 palpable in all 4 ext. <3sec, Ø JVD +3 pitting BUE, generalized throughout UTA	Sinus rhythm to sinus tach. late 90's - 100's. Frequent PVCs noted. (+)2 (B) radial pulses, (+)2 (B) pedal pulses. <3sec cap refill. Generalized edema noted.
RESP	Respiratory Pattern Breath Sounds Secretions Cough	Vented: SIMV 16, 800, 5, 40%. ETT #8.0 ~~stt~~ 22cm @ lip. Anronchi throughout. Thin white secretions noted.	Pt is ~~ver~~ intubated #8 ETT, 24cm @ teeth. SIMV 16, TV 800, peep 5, FIO2 40%. Peak pressures low 30's. Coarse breath sounds noted bilat. SpO2 99-100% Pt overbreaths vent. Equal chest expansion (B)
SKIN	Color Integrity Backside	WWL for race. Midline abd incision, (R) shoulder burn, (R) exit wound drsg C,D,I. JP (R) + (L) abd in place c̄ serous fluid.	warm and dry. Multiple abd wounds. large mid line abd inc. c̄ drsg intact (L) + (R) flank wounds, (R) chest drsg clean and dry.
IV	Access Devices Location Condition	(L) SC cordis c̄ propofol, fentanyl & D5/2NS c̄ 20kcl infusing. (R) radial a-line. Ø S/S of infection.	(R) SC cordis and TLC CVC inserted 8/24/05. Fentanyl and propofol infusing via medial port c̄ D5/2NS +20KCl @ 30cc/hr. NS @ 80cc/hr infusing via cordis.
GI	Abdomen Bowel Sounds Stoma/Ostomy	Soft. NGT to (R) nare LIS normal BS in all 4 quad. Jevity + duodenal juice in J-tube, (R) colostomy c̄ light brown semiformed stool	Abd soft. BS present. (R) side colostomy c̄ pasty yellow/green drng. (L) J-tube c̄ Jevity + duodenal drainage @ 125cc/hr. (R) duodenal drn. c̄ brown/green liquid drng. JP drn x 2 c̄ yellow liquid drng.
GU	Device Color / Clarity	foley to gravity draining amber urine. UO > 30cc/h	Foley to gravity drng tea colored urine.

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)-2
ICU #1 [redacted]

DATE
24 AUG 03

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

NAME: [redacted] RANK: AGE:

UNIT: [redacted] (b)(6)-4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV EPW

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

DA FORM 4700, MAY 78

USAPPC V2.00

ICUT Patients Name: [redacted] (6)(6)-4 Date: 8/24/02

VITALS	06	07	*08	09	*10	11	*12	13	14	15	*16	17	*18	19	20	21	22	23	00	01	02	03	04	05
A-Line																								
NBP	140/101	[illegible]/87	210/81	145/74	116/79	132/77	153/77	169/90	172/93	233/106	211/108	185/93	176/91	156/91	144/70	156/71	133/72		113/60	129/67	142/69	114/64	118/61	137/58
TEMP	98.3	99.9	99.9	99.9	100.0	99.8			99.4	100.0	99.9	100.1	100.1	99.9	98.1		99.1			99.9	100.1		100.4	
HR	81	108	100	101	103	101	101	103	115	104	105	104	103	95	95	97	102		99	98	110	101	98	102
RR	18	[illegible]	20	16	19	16	21	17	20	38	26	16	16	17	16	16	16		17	18	18	17	16	18
SaO2	100	99%	98%	99%	99%	97%	99%	98%	98%	96%	99%	98%	99%	99%	98%	99%	99%		95%	96%	99	98%	98%	99%
FiO2	40	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%		50%	40%	40	40%	40%	40%
Source	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP																								
CVP																								

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	360	30	30	30	30	30	30	30	30	30	30	30	30	330
IVPB	50		50		250		50				50		450	50				500				50				1100
NGT													100													
feeds	12	14	14	12	12	12	12	9	12	12	12	12	145	12	12	12	12	7.5	10	10	10	12.5	12.5	12.5		145
Propofol	25.5	25.5	31.8	25.5	25.5	25.5	25.5	off	off	off	25.5	25.5	235	35.7	45.9	45.9	45.9	45.9	51.0	51	51	51	51	51	51	612
Fentanyl	125	125	125	125	125	125	125	125	125	125	125	125	1500	125	125	125	125	125	125	125	125	125	125	125	125	1500
NS								30	30	30	30	30	150	30	30	30	30	30	30	30	30	30	30	30	30	360
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
URINE	40	70	73	60	55	80	63	63	64	60	45	65	740	70	70	60	50	60		160	60	50	60	50	60	3751
NGT																										760
STOOL					600												300					200				1100
DRAIN																										
JP #1									5				5													
JP #2									15				15													
Duodenal		225			60				225				510				10			120			120	10		25
																										760
Total																										
																										2645

IN 3751 OUT 2645 #1106

MEDCOM - 16968

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	1926 1900	INITIALS [redacted]		INITIALS	1830	INITIALS [redacted]
NEURO	PUPILS	3mm PERRL				2mm PERRL. Pt is	
	SENSORIUM	Sedated c̄ propofol.				sedated on propofol and	
		Fentanyl for pain				fentanyl gtt.	
		Gag reflex present					
RESPIRATORY	RESPIRATORY PATTERN	Vented. #8 @ 26cm lip				Intubated. ETT #8, 26cm @	
	BREATH SOUNDS	SIMV 16, 800, 5, 16, 40%				lip. SIMV 16, 5, 12, 40%, TV 800,	
	SECRETIONS	peak 21. Slight rhonchi				PEEP 5. Peak pressures upper 30's	
		@ bases. Thin white				lower 40's. Rhonchi noted bilat.	
		secretions				Equal chest expansion.	
SKIN	COLOR	Midline abd incision, (R)	(R) duodenal tube yellowish drainage			JP drns x3. Large midline	
	INTEGRITY	flank incision drng C,D,I	Stage I decub sacrum			abd. incision c̄ drsg. D+I.	
		2 JP tubes in abd yellowish drainage				(R) flank wound.	
IV SITE	LOCATION	(R) radial A-line, (R) SC				(L) radial a-line. - Not	
	CONDITION	cordis/3 lumen c̄ propofol				reading. (R) SC cordis + TLC	
		fentanyl, D5½ c̄ 20 KCl, NS				NS infusing via cordis. Propofol	
		infusing c̄ ⊕% of infection				@ 100 mcg/kg/min + fent @ 125	
						mcg/hr and D5½NS @ 125 cc/hr	
						20 KCl @ 30 cc/hr. Inserted 24 Aug 89	
GASTRO	ABDOMEN	soft, NGT (R) nare to LIS	drain c̄ drainage of amber			Abds soft/nontender, hypo	
	BOWEL SOUNDS	brown/red fluid noted, BS ↓	color			BS. (R) colostomy c̄ drng. Stoma	
		in all 4 quad. (R) colostomy				pink + edematous. J-tube clamped	
		c̄ semi formed stool, (R) duodenal				duodenal tube to drng c̄ brown,	
GU	URINE:	foley to gravity draining				green liquid drng. NG to	
	COLOR/CLARITY	amber urine UO > 30 cc/hr				(R) nare to LIS c̄ min amount	
						brown drng. Foley to gravity	
CARDIOVASCULAR	CARDIAC RHYTHM	SR-ST c̄ occasional PVCs				drng ten colored urine.	
		generalized edema throughout				NSR. Rate 80s. Occasional	
		pitting edema BUE + BLE, cap				PVCs. Generalized edema.	
		refill < 3 sec in all ext. 2+ pal pable				Cap refill < 4 sec.	
		pulses in all ext					

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

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU1

DATE: 26 AUG 89

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
BP Arterial Line	133															
BP Cuff	161	122/54	118/53	125/58	134/57	129/52	137/60	150/61	126/52			110/50	119/48	104/47	120/50	119/47
Temperature	100.7	100.5	100.5	100.5	100.0	100.2	99.9	100.5	100.5			98.8	99.4	99.5	99.7	100.4
Pulse	109	97	94	96	107	102	102	111	101			102	89	86	99	91
Respiratory Rate	16	32	22	21	23	16	16	17	18			16	16	16	16	16
MAP	89	78	77	85	85	76	84	92	78			72	69		77	76
SPO_2	99	100%	100%	99%	97%	96%	98%	98%	98%			93%	97%	100%	97%	99%
FIO_2	40	40	40	40	40	40	40	40	40			40	40	40%	40%	40%
Mode	vent	vent	vent	vent	vent	vent	vent	vent	vent			vent	vent	vent	vent	vent

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°
NS	30	30	30	30	30	30	30	30	240	30	250	0	30	30	30	30	30	268
D5 1/2	30	30	30	30	30	30	30	30	240	30	—	—	30	30	30	30	30	180
IVPB	50	—	50	—	200	—	50	—	350	—	—	—	50	50				100
Fent	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	100	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	100
Propofol	51.0	51.0	51.0	51.0	51.0	51.0	51.0	51.0	408	51.0			51.0	51.0	51	51	51	300
TF	125	125	125	125	125	125	125	85	85	0	0	0	0	0	—	—	—	
TOTALS									2257									3360

OUTPUT

URINE	HOUR	68	180	60	55	65	65	70	90									
	TOTAL	68	248	308	363	428	493	563	653	1603	1703	2303	1703	1823	1883	2168	2198	
	~~48-54~~ EBL											100						
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	JP1							300	300									
	JP2							scant	scant				40		20			
	Duoden	190				325		10	10	300			100		30			
~~TOTALS~~	JP3								415				200					
									0				50		50			

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	04	05
T	120/63	105/60	121/67	121/64	95/48	99/50	112/61	119/60
		101.5	100.8	101.4	100.4	100.5		
P	90	102	105	112	97	96	101	105
R	16	16	16	16	16	16	18	
S	100%	100%	98%	98%	98%	98%	99%	98%
	40%	40%	40%	40%	40%	40%	40%	
	vent	vent	vent	vent	vent	vent	vent	

INTAKE	22	23	24	01	02	03	04	05	8° T
I	30	30	30	30	30	30	30	30	240
	30	30	30	30	30	30	30	30	240
	200		50	50					300
	12.5	12.5	12.5	12.5	15	12.5	12.5	12.5	100
	51	51	51	51	51	51	51	51	408

OUTPUT	22	23	24	01	02	03	04	05	8° T
O	40/1381	75/1413	50/1463	50/1513	20/1543	30/1573	30/1603	27/1630	1630
U									
T									
P									
U				25			10		95
							20		120
							700		1615
T				40			15		

ACUITY LEVEL CLASSIFICATION

BESPIRATORY												
	TIME	0000										
	MODE	SIMV										
	F_iO_2	40										
	TV	800										
	RATE	16										
	PEEP	5										
ABG	pH	7.443										
	PCO_2	38.0										
	pO_2	119										
	HCO_3	26										
	SAT	99%										
	BASE	2										

LABORATORY												
	TIME	0400										
	GLUCOSE	138										
	Na/K	137/4.0										
	Cl/CO_2	114/22										
	BUN/Cr	11/0.6										
	WBC/PLATELET	21.4/139										
	Hct/Hgb	29.5/9.3										
	CA++	7.7										

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

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	1630
po			
TOTAL	7118	TOTAL	~~1630~~ 3615
			3503

NURSE'S SIGNATURE | INITIALS

[redacted]

(b)(6)-2

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	1600	INITIALS [redacted]	INITIALS [redacted]	1800	INITIALS [redacted]
NEUROLOGICAL	PUPILS	3mm PERRL			3mm PERRLA	
	SENSORIUM	Sedated c̄ versed gtt @ 100mcg/h. Fentanyl gtt @ 125mcg/h for pain control. jaundice bilat eyes			Pt on versed 100mcg + Fent @ 125mcg/hr for pain	
RESPIRATORY	RESPIRATORY PATTERN	Vented SIMV 16, 800, 5, 40%			Pt vented size 8 tube SIMV 16, 800, 5, 40%	
	BREATH SOUNDS	peak 26. Clear bilat + Wheezes			Peak @ 26. Lungs CTA	
	SECRETIONS	some rhonchi bilat + L lobes			Bilat. Suctioning	
		Thin white secretions			thin white secretions from tube.	
		ETT # 8.0 26cm @ lip			NFR. Trimmed to	
SKIN	COLOR	Midline abd + R flank wound			midline abd. + R flank	
	INTEGRITY	drsg C, D, I, TP1 + TP2 yellowish			drsg C/D/I TP drains	
		drainage, burn drsg R shoulder C, D, I			yellowish drainage. 2 burns	
IV SITE	LOCATION	R radial A line + R SC			to shoulder Drsg C/D/I.	
	CONDITION	cordis/3 lumen c̄ NS @ 30cc/h,			L radial A line	
		fentanyl @ 125mcg/h, propofol			+ flash. R SC cordis/	
		@ 100mcg/h and D5½ 20KCl			3 lumen c̄ NS 30cc/hr	
		@ 30cc/h infusing. ⊖ S/S of			fent @ 125mcg/hr, prop @ 100mc	
		infection			+ D5½ 20KCl @ 30cc/hr	
GASTRO	ABDOMEN	soft, NGT @ rare @ LIS,			⊖ S/S of infection	
	BOWEL SOUNDS	light green fluid noted. BS(+)			soft, round, BS x4 quad	
		normal all 4 quad. duodenal			duodenal drain R side drain	
		drain R side draining amber bile			dark amber bile.	
GU	URINE:	Foley to gravity draining			Foley, to gravity	
	COLOR/CLARITY	amber urine			draining dark amber urine	
CARDIOVASCULAR	CARDIAC RHYTHM	SR c̄ occasional PVCs, +2			R pulses x4 extremities	
		palpable pulses in all ext.			<3 sec cap refill	
		<3 sec cap refill, generalized			generalized edema	
		edema throughout upper			throughout S1, S2, occasional	
		body			PVCs.	

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

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC

DATE 25 Aug 03

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

[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITALS	TIME	00	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
	BP Arterial Line																
	BP Cuff	108/59	135/67	120/62	126/60	127/66	119/62	130/62	143/67	136/69	136/64	147/66	135/63	143/69	127/55	139/61	139/67
	Temperature	100.4	101.0	100.5	100.6	100.4	100.4	100.4	100.2	100.4	100.5	101.4	101.3	101.5	101.1	100.6	100.4
	Pulse	95	103	92	91	96	94	92	118	114	109	106	106	109	111	112	114
	Respiratory Rate	16	15	12	16	16	16	16	26	19	16	16	16	16	16	19	17
	SpO2	98%	99%	97%	99%	99%	98%	99%	98%	98%	99%	99%	99%	100%	99%	100	100
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40	40
	Mode	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent
SIGNS														[redacted]			

INTAKE	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°
	IVF	30	30	30	30	30	30	30	30	250	30	30	30	30	30	30	30	30	
	Fent	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	98	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	
	Propofol	51	51	51	40.8	40.8	40.8	40.8	40.8	357	459	51.0	51.0	51.0	51.0	51.0	51.0	51.0	
	IVPB	50	—	50	—	200	—	50	—	350	—	—	50	—	50	—	—	—	
	NS	30	30	30	30	30	30	30	30	250	30	30	30	30	30	30	30	30	
	TF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	
	TOTALS																		

OUTPUT		HOUR / TOTAL	00	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°
	URINE		60/60	80/140	65/205	60/265	85/350	70/420	70/470	65/535	535	100/635	55/690	70/760	120/880	55/935	68/1003	90/1093	50/1101	110
		~~Cholecystojejunal~~																		
		S/A																		
	NG	OUTPUT																		
		pH																		
		GUIAC																		
	EMESIS																			
	STOOL		200			175			150		515	175	-	-			200			
	DRAINS	JP1										5								
		JP2							30		20	20			20					
		duodenal		90							0		200			150			200	

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	04	05
	150/	152/	144/	148/	160/	143/	151/	148/
	163	162	162	159	162	160	160	165
	100 8	100 8	100 8				100 7	
	114	111	112	117	111	106	101	111
	16	24	24	27	16	25	30	16
	100	100	99	99	99	99	99	99
	40%	40	40	40	40	40	40	40
	vent	vent	vent	vent	vent	vent	vent	vent

INTAKE	22	23	24	01	02	03	04	05	8° T
	30	30	30	30	30	30	30	30	
	125	125	125	125	125	125	125	125	
	51.°	51.°	51.°	51.°	51.°	51.°	51.°	51.0	
	200	—	50/50	—	—	—	—	—	
	30	30	30	30	30	30	30	30	
	125	125	125	125	125	125	125	125	

OUTPUT									
	80/200	100/300	105/405	68/473	50/523	56/579	100/679	70/749	749
			300			200			
								10	
			50			125			

ACUITY LEVEL CLASSIFICATION

RESPIRATORY										
	TIME	0412								
	MODE	SIMV								
	F_IO_2	40%								
	TV	800								
	RATE	16								
	PEEP	5								
ARTERIAL BLOOD GAS	pH	7.459								
	PCO_2	35								
	pO_2	127								
	HCO_3	25								
	SAT	99%								
	BASE	2								

LABORATORY										
	TIME	0446								
	GLUCOSE	151								
	Na/K	133/3.8								
	Cl/CO_2	109/21								
	BUN/Cr	14/.67								
	WBC/PLATELET	23.3/577								
	Hct/Hgb	3.3/9.9								
	Ca^{++}	7.6								

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

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	1101
po			749
TOTAL		TOTAL	

BALANCE

NURSE'S SIGNATURE | INITIALS

[redacted]

(b)(6)-2

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL [redacted] ASSESSMENT

	TIME	0700	INITIALS [redacted]		INITIALS	1942	INITIALS [redacted]
NEURO	PUPILS	2mm PERRL				PERL	
	SENSORIUM	Pt sedated on Propofol				vented - sedated	
RESPIRATORY	RESPIRATORY PATTERN	ETT @ 26cm				vent mode SIMV	
	BREATH SOUNDS	Lips VENT Mode:				TV 800 BPM 16 Peep 5	
	SECRETIONS	SIMV. TV 800 TR 16				FIO2 40%	
		PEEP-5 FIO2-40%					
		Ronchi bilat					
SKIN	COLOR	NFR				normal for race	
	INTEGRITY					incision to abd c̄ sutures	
						intact.	
IV SITE	LOCATION	TLC to (R) Subclavian				cordis to (R) SC	
	CONDITION	Cordis to (R) Subclavian				A-Line (L)	
		A-Line to (L) Radial					
GASTRO	ABDOMEN	+BS +4 quads				abd soft & mildly	
	BOWEL SOUNDS	Abd soft & distention				distented. Incision	
						to abd c̄ sutures intact	
GU	URINE:	Clear dark Amber				amber; TLC to BS	
	COLOR/CLARITY	Foley to gravity					
CARDIOVASCULAR	CARDIAC RHYTHM	S S2 +2 Pulses				+pulses to ↑ & ↓	
		x4 extremities				extremities.	
						UR 114	
						Edema to ↑ + ↓	
						extremities	

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

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: ICU1

DATE: 27 Aug 03

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

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 27 Aug 03 | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
BP Arterial Line																
BP Cuff	115/58	117/59	119/55	107/53	115/51	110/52	115/52	111/54	121/59	124/57	129/60	119/55	119/54	135/66	134/63	127/55
Temperature	100°	101.0°	101.4°	100.7	100.8	100.7	100.7	100.9	100.8		100.2	100.3	100.3	100.5	101.3	100.6
Pulse	100	99	96	97	94	96	96	103	107	106	109	99	102	102	111	110
Respiratory Rate													16	16	16	16
SpO2	98%	99%	99%	99%	99%	99%	99%	99	98	98	99	99	98	98	96	96
FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Mode	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	vent	vent	vent

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°
D5 1/2 NS+20K	38	30	30	30	30	30	30	30	180	30	30	30	30	30	30	30	30	240
NS	30	30	30	30	30	30	30	30	180	30	30	30	30	30	30	30	30	24
IVPB	50		50		200		50		350					50				50
Fentanyl	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	100	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	10
Propofol	51	51	51	51	51	51	51	51	408	51	51	51	51	51	50	51	51	40
TF			60	60	60	80	80	80	440	100	125	125	125	125	125	125	125	97
TOTALS																		

OUTPUT

URINE	HOUR		38	50	35	34	35	35	55	20	40	45	55	70	70	80	60	
	TOTAL		38	88	123	157	192	227	282	302	342	387	442	512	582	662	722	
	SP GR																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
~~ENTESIS~~ duodenal			70				200				250							
STOOL																		
DRAINS	JP 1	~~JP~~	0			0								200	150			
	JP #2	~~JP~~	15			50						10			5			
	JP #3	~~JP~~	10			15						30			25			
TOTALS												20			20			

POST-OP DAY

VITAL SIGNS	22	23	00	01	02	03	04	05	
	135/60	124/54	121/55	106/55	117/60	111/64	109/67	114/46	
	100.3	100.5	100	110.3	100.1	100.2	100.6	100.5	
	104	109	105	101	95	92	92	92	
	16	16	16	16	16	16	16	16	
	98	98	99	99	100	100	100	100	
	40%	40%	40%	40%	40%	40%	40%	40%	
	vent	vent	vent	vent	vent	vent	vent	vent	

INTAKE	22	23	00	01	02	03	04	05	8-T
	30	30	30	30	30	30	30	30	480
	30	30	30	30	30	30	30	30	480
	50	50							350
	15	15	15	15	15	15	15	15	220
	51	51	51	51	51	51	51	51	815
	125	125	NPO	NPO	NPO	NPO	NPO	NPO	1225
									3570

OUTPUT	22	23	00	01	02	03	04	05	
	100/590	110/700	120/800	90/910	110/1100	90/1190	120/1310	60/1370	1370
						400			920
						125			475
						20			35
						30			150
						25			100

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME	0400
	MODE	vent
	F_IO_2	40%
	TV	800cc
	RATE	16
	PEEP	5
ABG	pH	
	PCO_2	
	pO_2	
	HCO_3	
	SAT	
	BASE	

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

ACTIVITIES OF DAILY LIVING	TIME	2100
	MOUTH CARE	
	BATH	
	SKIN CARE	✓
	FOLEY CARE	✓
	TRACH CARE	
	ROM EXERCISES	/

TURN	TIME	1800	2000	2200	0000
		Back	(L) side	(R) side	(L) side

SUCTION

24 hr I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

[redacted]

(5)(6)-2

ICU1

Patients Name: EPW [redacted] (b)(6)-4 Date: 28 Sep 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05
A-Line																									
NBP	130/70				118/67					117/71				104/58				139/90							
TEMP	98.6				97.4					97.9															
HR	98				81					83				85				99							
RR	27				22					26				26				35							
SaO2	100				99					100				100				100							
FiO2																									
Source	RA				RA																				
MAP																									

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900													
IVPB			50								50		100													
~~NGT~~ TF	100	100	100	100	100	100	100	100	100	100	100	100	1200													
MSO4	5	5	5	5	5	5	5	5	5	5	5	5	60													
PO																										
Total													2260													

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	Total
URINE					550/550			900/850				900/1450	1450	150	150	230	270	100	130	130						
NGT																										
STOOL																										
DRAIN																										
Total																										

MEDCOM - 16978

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

28AUG03

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

	INI[redacted]BFT/ASSESSMENT			
	TIME	Q63 Q	INITIALS [redacted]	INITIALS	1830 [redacted]
NEURO	PUPILS	2mm PERRL			PERRLA 3mm sluggish
	SENSORIUM	Pt sedated on			Propofol 100 mcg/kg/min
		Propofol			
RESPIRATORY	RESPIRATORY PATTERN	ETT Size 8 Vent			SIMV 16 TV800 Peep 5
	BREATH SOUNDS	settings TV-800			FIO2 40 SaO2 98
	SECRETIONS	PEEP 5 RR-16			~~#8 ETT~~ #8 Trach
		FIO2 40% SIMV			Expiratory rhonchi
		ETT 26cm at Lips			(L) lobe
SKIN	COLOR	NFR Abdominal			Normal for Race
	INTEGRITY	incision Dsg, CDI			Abd sutures intact, drsg CDI
					RLQ Drsg CDI, Blister (R) LE
I.V. SITE	LOCATION	TLC to (R) Subclavian			(R) SC TLC, Flushed @
	CONDITION	Cordis (R) Subclavian			10cc NS each port,
		A-line (L) Radial			Cordis flushed
					(L) Rad A-Line
GASTRO	ABDOMEN	Soft (R) distention			Soft Round
	BOWEL SOUNDS	Hypoactive BS			+
		NG tube to (L) nare			NGT (R) Nare to LIS
GU	URINE:	Clear, Amber			Foley to gravity
	COLOR/CLARITY	foley to gravity			DK yellow clear
CARDIOVASCULAR	CARDIAC RHYTHM	S1S2 +2 pulses			SR S1/S2
		X 4 extremities			generalized edema @
		HR-95			+4 pitting to extremities
					Cap Refill < 3 sec
					Pulses +2 x 4 extremities

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

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 28AUG03

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

#[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

[redacted] (b)(6)-4

DATE 28/11/03 DX HOSPITAL DAY PAGE 2

VITALS SIGNS	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
	BP Arterial Line																
	BP Cuff	110/47	117/50	109/47	110/46	109/42	110/49			137/73	109/62	117/62	118/62	115/63	113/59	109/59	112/58
	Temperature	101.4	101.1	101.2	101.0	100.5	100.7				99.8	99.9	100.1	99.5		100.4	99.2
	Pulse	94	102	94	88	85	85			133	94	90	93	94	94	94	96
	Respiratory Rate													13	12	16	12
	SPO2	99	95	99	100	100	100			92	93	98	98	98	98	97	99
	FiO2	40%	40%	40%	40%	40%	40%			40%	40%	40%	40%	40%	40	40	40
	mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV

INTAKE	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
	NS	30	30	30	30	30	Ø				30	30	30	30	30	30	30	30
	IVPD	50	Ø	50	Ø	200	Ø				50	Ø	50		50			
	TF	Ø	Ø	Ø	Ø	Ø	Ø				Ø	Ø	Ø	60	70	80	90	100
	Propofol	51	51	51	51	51	51				51	51	51	51	51	51	51	51
	Fentanyl	15	15	15	15	15	15				15	15	15	15	15	15	15	15
	D5 ½NS	30	30	30	30	30	30				30	30	30	30	30	30	30	30
	TOTALS																	

OUTPUT		HOUR / TOTAL	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
	URINE		55/55	55/110	65/175	60/235	70/305	50/355	X	700/1055	1055	230/230	230/230	200/430	100/530	100/630	80/710	75/785	90/875
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		JP4										25			20				
		JP5										5			10				
	EMESIS Duodenal					375													
	STOOL																		
	DRAINS	JP 1				20						30			25				
		JP 2				20						30			5				
		JP 3				10						10			15				
	TOTALS																		

POST-OP DAY

VITAL SIGNS	22	23	00	01	02	03	04	05	
	104/54	129/61	134/66	133/66		112/59	116/60	123/62	
		99.8	100.4	100°					
	100	105	115	111	106	96	101	98	
	13	13	25	21	17	14	11	20	
	95	96	98	98	99	99	99	98	
	40	40	40	40	40	40	40	40	
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	

INTAKE									
									8° T
	30	30	30	30	30	30	30	30	240
	200		50						250
	110	125	125	125	125	125	125	125	1000
	51	51	51	51	51	51	51	51	408
	15	15	15	15	15	15	15	15	120
	30	30	30	30	30	30	30	30	240
									2258

OUTPUT									
	90/90	100/190	95/285	90/375	100/475	100/575	90/665	100/765	765
								500	500
			10					10	20
			80					90	170
			50					10	60
			5					10	15
			5					30	35

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	0400								
	MODE	vent								
	F_iO_2	40%								
	TV	800								
	RATE	16								
	PEEP	5								
A	pH	7.460								
A	PCO_2	31.7								
A	pO_2	128								
B	HCO_3	23								
B	SAT	99%								
G	BASE									

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

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

TURN / SUCTION	TIME						
TURN							
SUCTION							

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
PO			
TOTAL		TOTAL	

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

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0600	INTILAS [redacted]	INTILAS	1850.	INTILA [redacted]
	PUPLIS	3mm PERRL			3mm PERRL. Pt is sedated c̄ versed and fentanyl drip.	
	SENSORIUM	Sedated c̄ propofol @ 100 mcg/kg/min & fentanyl @ 150 mcg/° for pain control				
RESPIRATORY	RESPIRATION PATTERN	Vented: #8 Shiley trach			#8 Shiley trach. SIMV 16, TV 800, FiO2 40% Peep 5, peak pressures 27-28. O2 sats 99%. Pt not overbreathing vent. Rhonchi noted bilat - Equal chest expansion	
	BREATH SOUNDS	SIMV 16, 800, 5, 40%.				
	SECRETIONS	peak 28. O2 sats 99-100%. rales (R) LLL, diminished (L) lll.				
SKIN	COLOR	BLISTER (R) vent., midline.			Midline abd. incision c̄ staples intact JPx5 intact c̄ serous drng noted (R) flank wound c̄ drsg OHE	
	INTEGRITY	abd incision staples intact drsg C,D,I, (R) flank wound drsg C,D,I				
IV SITE	LOCATION	(R) SC cordis c̄ NS @ 30cc/hr			(R) SC cordis & TLC. ~~Cor~~ Inserted 24Aug03. NS @ 30cc/hr via cordis. Propofol @ 100mcg/kg/min, fentanyl @ 125mcg/hr & DS½NS + 20K @ 30 via proximal port. (L) radial A-line - only draws blood.	
	CONDITION	c̄ 3-lumen cath c̄ propofol, fentanyl + DS½NS c̄ 20KCl @ 30cc/° c̄ 0% of infection (R) radial A-line flushes well				
GASTRO	ABDOMEN	soft, nondistended, (R) nare			Abd soft. NG to LIS. (R) colostomy c̄ pasty yellow/green stool, J-tube c̄ gravity + duodenal drng @ 15cc/hr. Duodenal drain c̄ brown/green liquid drng. Foley to gravity drng clear yellow urine.	
	BOWEL SOUNDS	NGT @ LIS, (+) hyperactive throughout, (R) colostomy c̄ semiformed brown stool				
GU	URINE	Foley to gravity draining				
	COLOR/CLARITY	clear yellow urine				
CARDIOVASCULAR	CARDIACRHYTHM	SR c̄ ectopy noted, +2 palpable pulses in all 4 ext. Pitting edema (B) UE (B) LE generalized edema			NSR, rate 90's. No ectopy noted. +3 (B) pedal + radial pulses. Pitting edema noted to hands, feet.	

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] 1LT (AN) | DEPARTMENT/SERVICE/CINC CCU | DATE 29 AUG 03

PATIENT'S INDICATIONS (For typed entries, give: Name—Last, First, middle; grade; date; hospital or medical facility)
(b)(6)-2
[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 29 AUG 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	06	07	[illegible]	09	10	11	12	13		14	[illegible]	16	17	18	19	20	21	
BP Arterial line																		
BP Cuff	118/69	109/55	107/54	140/64	128/61	122/59	146/66	113/54		119/55	113/61	115/51	112/52	115/53	116/51	108/50	111/50	
Temperature	99.4	99.4	99.3	97.9	98.1	97.9	98.1	97.6		98.1	98.1	99.9	99.1	99.9		100		
Pulse	90	88	86	93	93	90	97	84		85	84	84	85	88	91	92	90	
Respiratory Rate	16	16	16	20	8	16	26	16		16	16	16	16	16	16	16	16	
SaO_2	100	100	100	100	100	100	100	99		99	100	100	99	99	99%	99%	100%	
FiO_2	40	40	40	40	40	40	40	40		40	40	40	40	40	40%	40%	40%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	

INTAKE																			
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
IVF	30	30	30	30	30	20	30	30	240	30	30	30	30	30	30	30	30	240
IVPB	50		50		100		50		350			50		50				100
TF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	1000
Propofol	51	51	51	51	51	51	51	51	408	51	51	51	51	51	51	51	51	408
Fentanyl	15	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	15	120
D5½NS c̄ 20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
NGTmeds/flush			60						60									
TOTALS									2448									2108

OUTPUT																				
URINE	HOUR / TOTAL	100 / 100	120 / 220	90 / 310	100 / 410	80 / 490	165 / 655	100 / 755	100 / 855	115 / 970	115	90 / 1060	80 / 1140	90 / 1230	85 / 1315	65 / 1380	79 / 1459	85 / 1544	60 / 1604	1540
	SP gr																			
	S/A																			
NG	OUTPUT																			
	PH																			
	GUIAC																			
EMESIS/duodenal		300					400			200	275				300			550	1125
STOOL							50			50									
DRAINS	JP1						10			20	scant 10				scant 5				
	JP2						10												
	JP3						30			25	20				10				
	JP4						5				10				10				
	JP5						40			40	20				10				
TOTALS																			

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03		05
		130/64	122/54	121/5	118/54	112/62	117/5	137/81
			100.5	100.4		99.7	100.7	100
		109	103	98	96	91	91	115
		30	22	17	16	16	16	25
		98%	97%	98%	99%	99%	99%	97%
		40%	40%	40%	40%	40%	40%	40%
		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV

INTAKE	14	17	18	19	20	21	22	23	8°T
	30	30	30	30	30	30	30	30	240
	200		50	50					300
	125	125	125	125	125	125	125	125	1000
	51	51	51	51	51	51	51	49	402
	15	15	15	15	15	15	15	15	120
	30	30	30	30	30	30	30	30	240
									2302

OUTPUT									
	80/1420	70/1470	120/1530	100/1930	80/2010	90/2100	70/2170	100/2270	2270
			200			200			400
							20 +5		20 30
							30 10		60 30
							50		80

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	0421									
	MODE	SIMV									
	F_IO_2	40									
	TV	800									
	RATE	16									
	PEEP	5									
	ABG pH	7.381									
	ABG PCO_2	38.6									
	ABG pO_2	108									
	ABG HCO_3	26									
	ABG SAT	98%									
	ABG BASE	-6									

LABORATORY	TIME	0421									
	GLUCOSE	138									
	Na/K	139/3.8									
	Cl/CO_2	102/16									
	BUN/Cr	17/1.6									
	WBC/PLATELET	15.6/1000									
	Hct/Hgb	29.7/9.6									
	Ca#	7.9									

DAILY ACTIVITIES	TIME				TURN	TIME			
	MOUTH CARE								
	BATCH								
	SKIN CARE								
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								

24°180 TOTALS | NURSE'S SIGNATURE | INITIALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
Po			
TOTAL	6828	TOTAL	4850

BALANCE +1978

[redacted]

(b)(6)-2

MF[illegible]L RECORD-SUPPLEMENTAL MEDICAL [illegible]
For use of this form [illegible] 40-66; the proponent agency is The Office of [illegible] Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INTILAS [redacted]	INTILAS	1830	INTILA [redacted]
NEURO	PUPLIS	3mm PERRL			PERRLA 3mm	
	SENSORIUM	Sedated c̄ propofol @ 90mcg/kg/min + fentanyl @ 150mcg/h for pain control			Propofol 100mcg/kg/min Fentanyl 150mcg/h	
RESPIRATORY	RESPIRATION PATTERN	Vented: #8 shilley trach			Shilley #8	
	BREATH SOUNDS	SIMV 16, 800, 5, 40%			SIMV 16, TV 800, Peep 5	
	SECRETIONS	Rales (B) lobes + (B) LL (0) secretions @ this time			FIO2 40 Rhonchi (B) Upper Lobes clears c̄ suctioning thick greenish yellow secretion	
SKIN	COLOR	stage I decub back head. blister			Normal for Race	
	INTEGRITY	(B) LE, midline abd + (R) flank drsg C, D, I, 5 JP tubes to bulb suction			Drsg BLE CDI, Mid Abd drsg CDI 5 JP	
IV SITE	LOCATION	(L) Radial A-line in >5 days				
	CONDITION	reddened, (R) SC cordis/3-lumen c̄ fentanyl, propofol, NSS 30cc/h, NS/A c̄ 20K Cl @ 30cc/h infusing				
GASTRO	ABDOMEN	soft, nondistended			Soft Round	
	BOWEL SOUNDS	(+) normal throughout, Jevity c̄ duodenal juice @ 125 cc/h, NKT to LIS @ nare			(+), Jevity/duodenal fluid off pending surgery 5 JP drains	
GU	URINE	foley to gravity draining			foley to gravity	
	COLOR/CLARITY	clear yellow urine			dark orange, clear	
CARDIOVASCULAR	CARDIACRHYTHM	ST c̄ (0) ectopy, +2 palpable pulses in all 4 ext, pitting edema (B) LE + (B) UE			SR S1/S2 generalized edema +3 pitting BLE/BUE. Cap Refill <3 sec, Pulses +2 x 4 extremities	

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PR[redacted]PT/Ar

DEPARTMENT/SERVICE/CINC

DATE 30 Aug 03

PATIE[redacted] typed or written entries give: Name—Last, First, middl[redacted]e; date; hospital or medical facility)

[redacted]

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
HOSPITAL DAY																		
VITAL SIGNS																		
TIME	24	01	[illegible]	03	04	05	06	07		08	[illegible]	10	11	12	13	14	15	
BP Arterial line																		
BP Cuff	106/70	131/60	132/59	104/52	114/55	111/53	109/51	107/50		100/60	116/53	125/60	131/63	135/65	136/62			
Temperature	100.5	100.0	99.9	99.3	99.4	99.1	99.7	100.0		99.8	99.1	99.4	99.9	99.4	100.4			
Pulse	115	114	101	86	82	85	85	82		81	78	78	85	89	87			
Respiratory Rate	27	29	19	16	16	16	16	16		16	16	16	16	16	20			
SaO2	97%	97%	97%	100%	100%	100%	100%	99%		100%	100%	100%	100%	100%	100	98		
FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40			
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SURGERY	
MAP														89	89			
INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
IVF	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30		70
IVPB	50		50		200		50		350			50		50				100
TF	125	125	Hold	Hold	Hold	Hold	Hold	Hold	125	Hold	Hold	Hold	Hold	Hold				
Propofol	49	51.0	51.0	51.0	51.0	51.0	51.0	51.0	402.9	51.0	51.0	51.0	51.0	51.0	51			300
Fentanyl	15	15	15	15	15	15	15	15	400	15	15	15	15	15	15			90
D5½NS & 20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30			180
NGT meds/flush					55				55									
TOTALS					150					180								740
OUTPUT																		
URINE HOUR / TOTAL	70/70	110/180	90/270	85/355	80/435	125/560	65/625	75/700		65/765	100/865	130/995	85/1080	75/1155	90/1245	90/1335		1335
URINE SP gr																		
URINE S/A																		
NG OUTPUT																		
NG PH																		
NG GUIAC																		
EMESIS / duodenal					400				400		300							
STOOL																		
JP DRAINS 1/2			10/10					10/5	35				5/5					5
JP DRAINS 3/4			5/5					5/10	15				5/5					
JP DRAINS 5			20					15	35				15					15
TOTALS																		

VITAL SIGNS									
POST-OP DAY	22	23	24	01	02	03	0[illegible]	[illegible]	
	~~14~~	~~17~~	~~18~~	~~19~~	~~20~~	~~21~~	~~2[illegible]~~	~~23~~	
	111/55	107/52		105/51	101/49	104/52	110/55	102/51	
	100^6	100^2		99^9	99^8				
	118	109	109	106	102	95	93	89	
	16	16	16	16	16	17	16	20	
	94	93	96	97%	98%	99%	99%	99%	
	40	40	40	40%	40%	40%	40%	40%	
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	75	71							

INTAKE									
	~~14~~	~~17~~	~~18~~	~~19~~	20	21	22	23	8°T
	22	23	24	01	02	03	04	05	
	30	30	30	30	30	30	30	30	(240)
	250	50							300
	60	70	80	80	80	90	90	110	(660)
	51	51	51	30^4	20^4	20^4	20^4	20^4	265
	15	15	15	15	10	10	10	10	(100)
	30	30	30	30	30	30	30	38	(240)
									KO

OUTPUT									
	90/90	90/180	85/265	50/315	70/385	55/440	80/520	80/600	(935)
	120					400			
	10							10/10	10/20
	50/10							35/5	35/15
	40							35	75

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES OF DAILY LIVING	TIME					TURN / SUCTION	TIME				
MOUTH CARE											
BATCH											
SKIN CARE											
FOLEY CARE	2300 MF						2000 MF	2345 MF			
TRACH CARE	2345 MT										
ROM EXERCISES											

24 HOUR TOTALS

WT Yesterday ______ wt Today ______

INTAKE — IV ______ Po ______ TOTAL 6176

OUTPUT — Urine: ______ TOTAL 2255

BALANCE +3921

NURSE'S SIGNATURE | INITIALS

[redacted]

(6)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D[redacted]

For use of this form [redacted]R 40-66; the proponent agency is The Office of [redacted] Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0610	INTILA[redacted]		INTILAS	1840 INTILAS[redacted]
	PUPLIS	3mm PERRL				3mm PERRL. Pt remains sedated on propofol 20mcg/kg/min and fentanyl @ 100 mcg/hr.
	SENSORIUM	Sedated c̄ propofol @ 40mcg/kg/min, Fentanyl @ 100mcg/h for pain control				
RESPIRATORY	RESPIRATION PATTERN	Vented #8 shiley trach SIMV				Trach #8 Shiley. Vented. SIMV TV 800, FiO2 40%, Peep 5, peak pressure 29. Coarse breath sounds, SaO2 100% on vent. Pt overbreathing vent. Rate 22-28. Equal chest expansion bilat.
	BREATH SOUNDS	16, 800, 5, 40% peak 27.				
	SECRETIONS	Clear throughout @ this time. Ø secretions noted @ this time				
SKIN	COLOR	stage I decub back head, midline abdl @ Plank wound drsg C, D,				
	INTEGRITY	(R) shoulder burn drsg C, D, (B) L drsg C, D,				
IV SITE	LOCATION	(L) radial 1-line tendered				(L) radial A-line inserted 17 Aug03. Tendered. (R) SC cordis and TLC inserted 24 Aug03. No redness or drng noted. NS @ 50cc/hr via cordis, D5 1/2NS + 20K @ 30 via medial port
	CONDITION	(R) SC cordis/3-lumen c̄ Ø S/S of infection c̄ propofol D5 1/2 c̄ 20KCL @ KVO, NS @ KVO, fentanyl infusing				
GASTRO	ABDOMEN	soft, nondistended				Soft. BS x4. (R) side J-tube c̄ gravity + duodenal drng @ 125cc/hr. (R) duodenal tube to gravity c̄ yellow/brown liquid. ~~Foley~~ to NG to ~~LIS~~ c̄ min brown liquid drng. Foley to gravity drng clear. Tx ileus ~~to gravity~~ Sinus tach. Rate 110's + 3 (B) radial (B) pedal pulse. Generalized edema.
	BOWEL SOUNDS	+ all for quads active. NGT to LIS @ rare				
GU	URINE	Foley to gravity draining				
	COLOR/CLARITY	amber urine				
CARDIOVASCULAR	CARDIACRHYTHM	SR c̄ Ø ectopy noted @ this time. P+ing edema @ US + BLE. +2 palpable pulses throughout, <3sec cap refill				

LEGEND

Cr - Creatinine
F_iO - Fraction of inspired O_2
F_iO_2 - Bicarbonate

ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure

S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU

DATE 31 Aug03

PATIENT'S INDICATIONS (For typed or written entries give: Name — Last, First, middle; grade; date; hospital or medical facility)

[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS																	
TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
BP Arterial line																	
BP Cuff	109/63	116/58	117/58	120/60	134/71	146/66	151/71	121/60		119/58	142/71	113/71	124/66	132/71	134/71	129/69	141/71
Temperature	98.8	99.3	99.4	99.4	99.2	99.0	99.0	98.9		99.1	99.2	99.5	99.5	99.6		99.4	
Pulse	89	93	109	94	105	118	117	109		105	106	103	112	114	119	116	114
Respiratory Rate	16	16	16	16	27	20	31	22		17	18	16	16	22	20	22	16
SpO2	100%	99%	99%	100%	99%	98%	99%	99%		99%	100%	100%	100%	100%	100%	100%	100%
FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV

INTAKE																		
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
D5½NS+20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
NS	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
Propofol	20.4	10.2	10.2	10.2	10.2	10.2	10.2	10.2	91.8	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2	91.8
Fentanyl	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	80
TF	120	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	1000
IVPB	50		50		200		50		350			50		50				100
NGT meds/flush			60						60									
TOTALS									2001									1751

OUTPUT																		
URINE	HOUR / TOTAL	80/80	75/155	100/255	75/330	100/430	110/540	140/680	165/845	845	95/940	110/1050	140/1190	85/1275	80/1355	115/1470	115/1585	100/1685	1685
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS duodenal				300			125			425	200			0				200
STOOL						100				100				225				225
DRAINS	JP1 / JP2	1	10/10				10/0			30	10/10			5/5				15/15
	JP3 / JP4		5/5				10/0			20	10/10			5/5				15/15
	JP5		35				40			75	25			15				40
TOTALS										1050								525

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03		05
	138/72	142/74		174/84	131/71	112/55	134/68	135/73
				995		992		
	111	106	115	119	117	107	102	101
	16	16	25	28	30	16	16	16
	100	100%	100%	100%	100%	99%	100%	100%
	40	40%	40%	40%	40%	40%	40%	40%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV

INTAKE	22	23	24	01	02	03	04	05	8°T
	30	30	30	30	30	30	30	30	240
	30	30	30	30	30	30	30	30	240
	10^2	10^2	10^2	10^2	10^2	10^2	10^2	10^2	918
	10	10	10	10	10	20	20	20	110
	125	125	125	125	125	125	125	125	1000
	200		100						300

OUTPUT									
	110/175	110/185	120/145	100/205	100/145	110/225	85/340	100/240	1981/2440
						150			150
	700				400				800
								20/10	20/10
								20/10	20/10
								55	55
									1005

ACUITY LEVEL CLASSIFICATION

RESPIRATORY									
TIME		0334							
MODE		SIMV							
F_IO_2		40							
TV		800							
RATE		16							
PEEP		5							
ABG	pH	7.415							
	PCO_2	30.8							
	pO_2	84							
	HCO_3	20							
	SAT	97%							
	BASE	-5							

LABORATORY									
TIME		0331							
GLUCOSE		124							
Na/K		146/4.1							
Cl/CO_2		107/18							
BUN/Cr		15/1.5							
WBC/PLATELET		20.7/1050							
Hct/Hgb		29.4/9.4							
Ca^{++}		8.0							

DAILY ACTIVITIES									
TIME									
MOUTH CARE									
BATCH									
SKIN CARE									
FOLEY CARE									
TRACH CARE									
ROM EXERCISES									

TURN	TIME					
SUCTION						

24-180 TOTALS

NURSE'S SIGNATURE | INITIALS

[redacted]

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
Po			
TOTAL	5793	TOTAL	4155
BALANCE	+1638		

(b)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D[illegible]
For use of this form [illegible] 40-66; the proponent agency is The Office of [illegible]geon General

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0610	INTI[redacted]		INTILAS	1800	INTI[redacted]
	PUPLIS	3mm PERRL				PERRL 3mm
	SENSORIUM	Sedated c̄ propofol @ 20 mcg/kg/min & fentanyl @ 100 mcg/°				Pt sedated c̄ Propofol @ 30 mcg/kg/min & Fentanyl @ 100 mcg/hr
RESPIRATORY	RESPIRATION PATTERN	Vented: SIMV 16, 800, 5, 40%.				Vented: S-16, TV-800, P-5, FiO2 40%
	BREATH SOUNDS	peak 26 Trach #8 shiley				Peak 29 Trach #8 shiley, lungs
	SECRETIONS	Coarse @ BUL, Diminished @ LL Thick white secretions				CTA bilat & thick white secretions
SKIN	COLOR	Skin dry, stage 1 decub back of head				WNL, stage 1 decub back of head, @ [illegible]
	INTEGRITY	@ shoulder burn dsg C, D, I. mid abd & @ flank wound dsg C, D, I				axillary burn dsg mid abd, @ flank wound dsg @ LE burn dsg all C, D, I
IV SITE	LOCATION	@ radial A-line reddened				@ SC cordis/triple lumen c̄ Propofol, NS,
	CONDITION	around insertion site. Flushes well. @ SC cordis/3 lumen c̄ propofol, fentanyl, D5/½NS c̄ 20 KCl + NS infusing c̄ ∅ S/S of infection				Fentanyl, D5/½NS c̄ 20 KCl infusing ∅ S/S of infx. @ radial A-line reddened around insertion site, cont to flush well
GASTRO	ABDOMEN	soft, nondistender				Round, soft non tender
	BOWEL SOUNDS	(+) normal in all 4 quads @ nare NGT to LIS, @ U-tube feeding @ 125 cc/°. @ duodenal drain				@ in all 4 quads, @ nare NGT to LIS, @ U-tube infusing feeding @ 125 cc/hr @ duodenal drain @ side colostomy
GU	URINE	Foley to gravity draining				Foley to gravity
	COLOR/CLARITY	dark yellow urine				Dark yellow urine
CARDIOVASCULAR	CARDIACRHYTHM	ST. HR 109. +2 palpable pulses in all 4 ext, pitting edema BUE + BLE, generalized edema throughout, <3 sec cap refill				ST, HR 123, @ pulses X 4 & cap refill <3 sec, +2 pitting & generalized edema throughout

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU

DATE 9/1/89

PATIENT'S INDICATIONS (For typed or written entries give: Name — Last, First, middle; grade; date; hospital or medical facility)

#[redacted]

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07		09	10	11	12	13		14		16	17	18	19	20	21	
BP Arterial line																		
BP Cuff	154/70	164/84	180/92	155/80	136/66	136/72	147/76	130/66		113/53	116/54	124/56	116/56	122/60	155/77	150/83	139/74	
Temperature	99.4	99.3	101.0	100.9	100.[illegible]	99.3	100.2	100.4		101.6	101.3	101.4	101.6	101.5	101.5	101.3	101.4	
Pulse	101	116	145	112	106	107	117	114		108	109	110	111	114	122	124	116	
Respiratory Rate	16	20	30	21	16	24	24	21		19	19	21	20	21	33	39	29	
SpO2	100%	100%	100%	98%	99%	99%	99%	100%		99%	100%	100%	100%	100%	98%	99%	98%	
FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	

Bruce Hymonet @ 11:00

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
D5.45NS+20	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	480
NS	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	480
IVPB	50		50		200		50		350			50		50				450
Propofol	10.2	10.2	10.2	15.3	15.3	15.3	15.3	15.3		15.3	15.3	15.3	15.3	15.3	15.3	15.3	30.6	137.7
Fentanyl	20	20	20	20	20	20	20	20	160	20	20	20	10	10	10	10	10	110
TF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	1000
KCl			100						100									
NGT MEDS/FLUSH			50						50							40		90
TOTALS																		

OUTPUT

URINE	HOUR	85	95	130	140	100	125	100	65	200	100	100	80	85	75	120	120	100	
	TOTAL	85	180	310	450	550	675	819	884	1084	1184	1284	1364	1449	1524	1644	1764	1864	1669
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS/Duodenal		100	20			60			80	180		60							
STOOL		350				425				775	325			350		5			325
DRAINS	JP1/JP2		10/2			10/5				27	10/2			8/2			470		1850
	JP3/JP4		3/3			5/5				15	3/5			10/0		5			60
	JP5		10			15				25	10			15					46
TOTALS																			58

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03		05
		154/74	134/71	155/75	161/77	170/64	160/75	160/73
	139/78	149/81	163/83	138/78	141/78	153/91	157/81	136/91
			100 6	100 6		100 2	100 6	100 8
	117	113	104	111	112	112	112	110
	17	17	16	24	22	39	42	38
	98%	99%	99%	98%	99%	98%	99%	99%
	40%	40%	40%	40%	40%	40%	40%	40%
	5lmv	5lmv	5lmv	5lmv	5lmv	5lmv	5lmv	5lmv

INTAKE	14	17	18	19	20	21	22	23	8°T
	30	30	30	30	30	30	30	30	720
									480
		200	100						800
	30.6	30.6	30.6	30.6	30.6	30.6	35.7	35.7	392.7
	10	10	10	10	10	10	10	10	190
	125	80	80	80	80	80	80	80	185
									100
									90

OUTPUT									
	100/1769	100/1889	140/2029	100/2149	100/2249	100/2349	110/2459	75/2534	2534
				50				90	465
		2000				100			2150
						10/5			75
						5/23			74
						7			65

ACUITY LEVEL CLASSIFICATION

RESPIRATORY										
	TIME	0330								
	MODE	SIMV								
	F_IO_2	40								
	TV	800								
	RATE	16								
	PEEP	5								
ABG A	pH	7.39								
ABG B	PCO_2	36								
ABG B	pO_2	93								
ABG B	HCO_3	22								
ABG G	SAT	97%								
ABG G	BASE	-3								

LABORATORY										
	TIME	0314								
	CLUCOSE	163								
	Na/K	148/3.0								
	Cl/CO_2	110/23								
	BUN/Cr	17/1.4								
	WBC/PLATELET	14.6/105								
	Hct/Hgb	28/9.2								

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

24 HR TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	3367.7	Urine:	2534
Po	90	drains	2829
TOTAL	3457.7	TOTAL	5363
BALANCE	1905.3		

NURSE'S SIGNATURE | INITIALS

[redacted]

(b)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D[illegible]
For use of this form [illegible] 40-66; the proponent agency is The Office of [illegible]geon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0715	INTILAS [redacted]	INTILAS	R30.	INTIL [redacted]
	PUPLIS	PERRLA			2mm PERRLA. Pt is	
	SENSORIUM	Sedated c̄ Propofol			Sedated on propofol gtt	
		& Receiving Fentanyl			and fentanyl.	
		for pain				
RESPIRATORY	RESPIRATION PATTERN	Tachypneic			#8 trach shiley. vented. SIMV	
	BREATH SOUNDS	Coarse Throughout			110, TV 800, FiO2 40% Peep 5 peak pressures	
	SECRETIONS	Thick Yellow			low 20's. Breath sounds coarse	
		from Trach 0715			bilat. Equal chest expansion.	
		Thin white oral			Sp02 97-98%. RR 17-22/min.	
SKIN	COLOR	Normal for Race			Multiple abd wounds. large midline	
	INTEGRITY	Stage III Decub back of Head			incision c̄ sutures intact. Some redness	
		Mid-line (R) flank wound			noted c̄ drng. (R) flank wound drsd. JP	
IV SITE	LOCATION	(L) Subclavian TLC			X5 c̄ serous drng (R) LE wounds c̄ drsg	
	CONDITION	- Patent, Ø s/s of			dry + intact. (R) chest burn c̄	
		infection			drsg intact.	
		(R) Radial A-line			(R) SC TLC CVC inserted 1Sep03. D5½NS+20	
		- Patent, Ø s/s of			@30cc/hr, fentanyl @ 100mcg/hr (1cc/hr) and	
		infection, sharp waveform			propofol gtt @ 20mcg/kg/hr (35.7cc/hr) via proximal	
GASTRO	ABDOMEN	soft, Ø Distension			port - Distal + medial port clamped c̄ redness/drng	
	BOWEL SOUNDS	Active			hand. (R) radial A-line inserted 1Sep03.	
		NG (R) Nare to ~~(L) LIS~~ 0730			Good wave form square wave. Zeroed +	
		LIS			leveled. Correlates c̄ NIBP	
GU	URINE	Foley to Gravity			Abd soft / non distended. NG to (R) nare c̄	
	COLOR/CLARITY	Dark Yellow			small amount bloody drng. (R) colostomy c̄ small	
					amount pasty yellow BM. (R) duodenal tube to drng	
CARDIOVASCULAR	CARDIACRHYTHM	ST Ø ectopy			c̄ yellow brown drng. (L) tube c̄ gravity + duodenal	
		Ø JVD. +2 Pitting			drsg @ 80cc/hr. Foley to gravity drng clear	
		edema BUE + BLE			dark yellow urine. Sinus tach - Rate 105. No	
					ectopy noted. (R) (B) radial + (B) pedal pulses. (+)	
					Generalized edema noted	

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & T[illegible] [redacted] CSA/AN

DEPARTMENT/SERVICE/CINC

DATE 2Sep03

PATIENT'S INDICATIONS (For types of [illegible] name — Last, First, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 2 SEP 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	06	07		09	10	11	12	13		14		16	17	18	19	20	21	
BP Arterial line	166/75	173/78	166/75	146/72	159/75	158/74	114/57	134/65		126/60	152/73	154/76	141/76	142/73	125/60	134/62	111/58	
BP Cuff	148/87	151/89	151/86	159/91	144/85					140/76	143/78	144/80	149/78	146/76	130/67	103/55	114/60	
Temperature			101.3	101.3	101.4	101.6		98.6				101.1	101.2	101.1	101.5	101.5	101.1	
Pulse	112	115	115	112	115	114	97	101		106	118	116	119	118	113	104	105	
Respiratory Rate	31	30	27	24	16	16	16	16		16	16	16	18	24		16	16	
MAP	104	109	105	91	104	101	74	87		81	99	100	98	95	82	65	74	
SaO2	99	99	99	99	99	99	99	99		98	97	98	97	97	98%	98%	98%	
O2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	

INTAKE																		
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
D5 1/2 c̄ 20 KCl	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
Fentanyl	20	20	20	20	20	20	20	20	150	10	10	10	10	10	10	10	10	80
Propofol	35	35	35	35	35	35	35	35	285.6	35	35	35	35	35	35	30.6	25.5	270.3
TF	80	80	80	80	80	80	80	80	640	80	80	80	80	80	80	80	80	640
IVPB	100		50		100		100		350			50		100				150
KCl			50	50					100									
J Tube					30	10		20	60				40					
Duodenal						10			10									
TOTALS									1835.6									1360

OUTPUT																		
URINE HOUR	100	100	100	115	110	105	70	100	80	70	120	100	55	55	125	85	90	
URINE TOTAL										850	995	1095	1150	1205	1330	1415	1505	1505
URINE SP gr																		
URINE S/A																		
NG OUTPUT												250						250
NG PH																		
NG GUIAC																		
EMESIS / Duodenal				40				150	190				325				450	775
STOOL					130		200		330									
JP DRAINS 1/2				12/10				—	12/10				10/5					10/5
JP DRAINS 3/4				8/12				20	28/12				3/8					3/8
JP DRAINS 5				30				12	42									
TOTALS									1429									1531

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03		05
	147/76	140/68	120/59	115/64	118/61	127/65	121/57	123/62
		138/74		132/64				
		99[4]	98[4]		99[1]	99[1]		98[7]
	119	111	96	90	92	91	85	89
	16	32	16	16	16	16	16	16
	97	92	78			85	78	82
	98%	98%	98%	99%	99%	100%	99%	98%
	40%	40%	40%	40%	40%	40%	40%	40%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV

INTAKE	14	23	24	01	02	03	05	23	8°T
	30	30	30	30	30	30	30	30	240
	10	10	10	10	10	10	10	10	80
	25[5]	25[5]	30[6]	30[6]	30[6]	30[6]	30[6]	35[7]	239[7]
	80	80	80	80	80	80	80	80	640
		100	50						150
									1319

OUTPUT									
	90/165	105/160	75/160	90/165	90/185	90/145	80/125	90/115	2115
						600			600
								15/5	15/5
								30/10	30/10
								30	30

ACUITY LEVEL CLASSIFICATION

RESPIRATORY										
	TIME		0309							
	MODE		SIMV							
	F_IO_2		40%							
	TV		800							
	RATE		16							
	PEEP		5							
ARTERIAL BLOOD GAS	A	pH	7.416							
		PCO_2	31.9							
	B	pO_2	129							
		HCO_3	20							
		SAT	99							
	G	BASE	-4							

LABORATORY										
	TIME		0317							
	CLUCOSE		145							
	Na/K		139/3.1							
	Cl/CO_2		122/23							
	BUN/Cr		18/							
	WBC/PLATELET		14.3/321							
	Hct/Hgb		26.5/9.4							
			34.7/11.4							

DAILY ACTIVITIES DONE										
	TIME									
	MOUTH CARE		1400 9R							
	~~BATGH~~ BATH		1200 9R							
	SKIN CARE /Shave		1930 9R							
	FOLEY CARE		1245 9R							
	TRACH CARE		1330 9R							
	ROM EXERCISES		1200 9R							

TURN	TIME				
	0700 (L)	0900 (R)	1100 (R)	1300 (R)	1600 (L)
SUCTION	0810 x4	0950 x3	1215 x3	1422 x3	1618 x3

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL 4564

OUTPUT

Urine: _____

TOTAL 4480

BALANCE +84cc

NURSE'S SIGNATURE [redacted]

INITIALS [redacted]

(5)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D[illegible]

For use of this form [illegible] 40-66; the proponent agency is The Office of [illegible]geon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0790	INITIAS [redacted]	(	INITIAS	185. INITIAS [redacted]
	PUPLIS	PERRLA				2mm Perl. Pt remains on propofol and ~~[illegible]~~ fentanyl for sedation. Pt does not move extremities.
	SENSORIUM	Opens eyes spontaneously Does not follow commands				#8 shilly, trach. Vented. SIMV 16, TV 800, FiO2 40%, Peep 5. PIP 26-27. SpO2 98-99%. RR 28. Equal chest expansion. Rhonchi noted bilat, clears c̄ suctioning.
	RESPIRATION PATTERN	Regular, Unlabored				
	BREATH SOUNDS	Coarse Throughout				
	SECRETIONS	Thick yellow from Trach Thin white from Mouth				
SKIN	COLOR	Normal for Race				Multiple abd wounds. JP x5. JP#5 does not have suction. Purulent to serous drainage noted. Dsg intact to (R) flank wound, midline abd incision. (B) LE, (R) chest burn wound. (L)
	INTEGRITY	Dressings to (R) shoulder, Mid Abdomen (R) flank BUE, & back of head intact				
IV SITE	LOCATION	(R) Subclavian TLC				(L) SC TLC. CVC inserted 15 Sep 03. Dsg intact No redness/drng. D5 1/2 NS + 40K @ 100cc/hr, propofol (@ 35.7cc/hr (70mcg/kg/min) and fentanyl 100mcg/hr (10cc/hr) via proximal port. Distal & medial port clamped. (R) radial A-line zeroed & leveled. Good wave form, good square wave form. Correlates c̄ NIBP.
	CONDITION	Patent c̄ S/S of infection (R) Radial Aline - Ø S/S of infection, leveled & zeroed, sharp waveform				
GASTRO	ABDOMEN	Soft, Nondistended				And soft. BS noted. Duodenal tube on (R) drng brown/green liquid drng. J tube on (L) c̄ Jevity 80cc + 40cc duodenal drng. (R) colostomy.
	BOWEL SOUNDS	Active				
		NG D/C'd. JP x 5, J tube, Duodenal Drain to Gravity				
GU	URINE	Foley to gravity				Foley to gravity drng clear dark yellow urine.
	COLOR/CLARITY	Dark Yellow c̄ Sediments				
CARDIOVASCULAR	CARDIACRHYTHM	ST c̄ rare multifocal PVCs Ø JVD, Cap Refill < 3 secs +2 pitting edema BUE + BLE, Scrotal Edema				Sinus rhythm to sinus trach. Rate 90's to 100's. Occasional PVC noted. (R) 2+ pitting edema noted (B) hands, feet. Generalized edema. (+) 3 (B) radial and (B) pedal pulses.

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED B[redacted] CPT/AN

DEPARTMENT/SERVICE/CINC

DATE 03Sep03

PATIENT'S IND[redacted]es give: Name—Last, First, middle; grade; date, hospital or medical facility)

#[redacted]

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 3 SEP 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	06	07		09	10	11	12	13		14		16	17	18	19	20	21	
BP Arterial line	136/67	162/80	154/78	155/79	157/78	135/69	107/53	100/50		137/64	158/75	157/71	106/50	108/51	98/50	100/54	101/49	
BP Cuff		145/82	142/75	141/75	143/77	130/69		121/60		129/66	153/64	147/84	124/68	126/60				
Temperature	98.8			99.3				99.6				99.8				100		
Pulse	90	99	100	107	113	97	91	86		97	105	108	94	93	95	97	97	
Respiratory Rate	16	16	16	16	24	16	16	16		16	16	36	26	27	23	19	23	
SpO2	99%	98	99	98	99	99	99	100		100	100	96	98	98	99%	98%	99%	
FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
MAP	93	110	103	106	105	92	71	68		91	104	101	69	70	66	72	67	

INTAKE																		
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
D5.45NS+20KCl	30	30	25	30	D5 1/2 100	NS 100	40 KCl 100	100	515	100	100	100	100	100	100	100	100	800
Propofol	35	35	35	35	35	35	35	35	275	25	25	25	35	35	35	35	35	255
Fentanyl	10	10	10	10	10	10	10	7.5	77.5	7.5	7.5	7.5	10	10	10	10	10	72.5
TF	80	80	80	80	233	233	233	167	1186	167	167	180	120	120	120	120	120	1041
IVPB.	100		50		100		100		350			50		100				150
KCl/Mag			125	125					250									
J Tube					40				40									
Duodenal drain					10				10									
TOTALS									2703.5									2331.5

OUTPUT																		
URINE HOUR / TOTAL	50	80	145	100	160	225	125	110	965	165 / 1130	125 / 1255	100 / 1355	125 / 1480	125 / 1605	110 / 1715	105	100	1480
URINE SP gr																		
URINE S/A																		
NG OUTPUT																		
NG PH																		
NG GUIAC																		
EMESIS / Duodenal Drainage				550			300		850		250							250
STOOL				100									100					100
JPs DRAINS 1/2				10/12					10/12				10/10					10/10
JPs DRAINS 3/4				18/–					18/–				15/10					15/10
JPs DRAINS 5				20					20				25					75
TOTALS									1875									

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS

	22	23	24	01	02	03		05
	113/68	121/62	120/69	122/56	120/59	118/68	106/80	122/50
		100.3				100.0	100.2	
	104	107	107	99	96	102	101	99
	19	16	16	21	20	21	24	32
	98%	98%	98%	99%	99%	98%	98%	98%
	40%	40%	40%	40%	40%	40%	40%	40%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	75	82	91	79	81	81	84	79

INTAKE

	22	23	24	01	02	03	04	05	8°T
	100	100	100	100	100	100	100	100	800
	35.7	35.7	35.7	15.3	20.6	30.6	35.7	35.7	245
	10	10	10	10	10	10	7.5	10	77.5
	120	120	120	120	120	120	120	120	960
			150						
									280

OUTPUT

	100	120	180	140	110	140	120	160	3100
	300							300	610
								20/5	20/5
								25/45	25/45
								10	10

RESPIRATORY THERAPY

	TIME	0400
	MODE	SIMV
	F_IO_2	40%
	TV	800
	RATE	16
	PEEP	5
ABG	pH	7.43
	PCO_2	36
	pO_2	133
	HCO_3	22
	SAT	-2
	BASE	99%

LABORATORY DATA

	TIME	0364
	CLUCOSE	131
	Na/K	151/3.4
	Cl/CO_2	123/23
	BUN/Cr	20/1.0
	WBC/PLATELET	18.1/941
	Hct/Hgb	27.9/9.0

DAILY ACTIVITIES

	TIME					TIME				
TURN						0800 (L)				
	MOUTH CARE									
	BATCH									
	SKIN CARE									
SUCTION	FOLEY CARE					0830 x2				
	TRACH CARE									
	ROM EXERCISES									

24-180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
Po			
TOTAL	7266	TOTAL	5145
BALANCE	+2121		

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form [illegible] AR 40-66; the proponent agency is The Office of [illegible] Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0710	INTILAS [redacted]	INTILAS	1845	INTILAS [redacted]
	PUPLIS	PERRLA			PERRL 3mm	
	SENSORIUM	Opens eyes spontaneously, Does Not Follow ~~Commands~~ 07/2 Commands			Propofol 50 mcg/kg Fentanyl 150 mcg/hr. Pt does not move extremity sides	
RESPIRATORY	RESPIRATION PATTERN	Regular			Vented c #8 Shiley trach	
	BREATH SOUNDS	Coarse in RUL			Coarse throughout, clears c suction	
	SECRETIONS	Trach - Thick Yellow, Oral - Thin, White			Thick white FiO2 40%, P5, TV 800, RR 16, PIP 32-34	
SKIN	COLOR	Normal for Race			WNL	
	INTEGRITY	Drsgs c/d/I on (R) shoulder, M.S.-Abd, Trach (R) flank, etc			Drsgs to and abd, (R) flank (R) axillary & (R) LE CDI	
IV SITE	LOCATION	(L) Subclavian TLC			(R) SC triple lumen ± s/s of infx	
	CONDITION	Ø s/s of infection, all ports patent (R) Radial A line Ø s/s of infection Aline leveled & zeroed - waveform sharp			(R) radial A-line ± s/s of infx All ports to SC patent & Aline patent & zeroed	
GASTRO	ABDOMEN	Soft, Nondistended			Round, soft, non tender	
	BOWEL SOUNDS	Active			Active X4 quads	
		J-Tube, Duodenal Drain, + 5 JP drains intact			(R) duodenal drain brown/green, 4 JP drains intact	
GU	URINE	Foley to gravity			Foley to gravity	
	COLOR/CLARITY	Dark yellow c sediments			dark yellow c sediment	
CARDIOVASCULAR	CARDIACRHYTHM	ST c rare PVCs Cap refill < 3 secs Ø JVD. +2 pitting edema in BUE + BLE, periorbital edema			SR cap refill < 3 sec, +2 pitting edema & generalized throughout	

LEGEND

Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Tit[illegible] [redacted] RN/RN

DEPARTMENT/SERVICE/CINC ICU

DATE 4 Sep 03

PATIENT'S INDICATIONS (For ty[illegible] [redacted] Last, First, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, [illegible]R 40-66; the proponent agency is The Office of [illegible] Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0710	INITIALS [redacted]		INITIALS	1845	INITIALS [redacted]
NEURO	PUPILS		PERRLA				PERRL 3mm	
	SENSORIUM		Opens eyes spontaneously, Does Not Follow ~~Commands~~ 0712 Commands				Propofol 50 mcg/kg Fentanyl 100 mcg/hr. Pt does not move extremities	
RESPIRATORY	RESPIRATION PATTERN		Regular				Vented c̄ #8 Shiley trach	
	BREATH SOUNDS		Coarse in ant				Coarse throughout, clears c̄ suction	
	SECRETIONS		Trach - Thick yellow Oral - Thin, White				Thick white FiO2 40%, PS5, TV 800, RR 16, PIP 32-34	
SKIN	COLOR		Normal for Race				WNL	
	INTEGRITY		Drags c/o Ecchymosis on (R) shoulder, Hill-Abel drain (R) flank, [illegible]				Drags to and [illegible] (R) flank (R) axilla & (R) LE & [illegible]	
IV SITE	LOCATION		(L) Subclavian TLC				(R) SC triple lumen 3 s/s of infx	
	CONDITION		Ø s/s of infection, all ports patent (R) Radial A line Ø s/s of infection Aline leveled & zeroed - waveform sharp				(R) radial A-line 3 s/s of infx All ports to SC patent & Aline patent & zeroed	
GASTRO	ABDOMEN		Soft, Non distended				Round, soft, non tender	
	BOWEL SOUNDS		Active T-Tube, Duodenal Drain, + 5 JP drains intact				Active x4 quads (R) duodenal drain brown/green, 4 JP drains intact	
GU	URINE		Foley to gravity				Foley to gravity	
	COLOR/CLARITY		Dark yellow c̄ sediments				dark yellow c̄ sediment	
CARDIOVASCULAR	CARDIACRHYTHM		ST c̄ rare PVCs Cap refill < 3 secs Ø JVD, +2 pitting edema in BUE & BLE, scrotal edema				SR cap refill < 3 sec, +2 pitting edema & generalized throughout	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title [redacted] /SW

DEPARTMENT/SERVICE/CINC ICU 1

DATE 4 Sep 03

PATIENT'S INDICATIONS (For typ[redacted] Last, First, middle; grade; date; hospital or medical facility)

(b)(6)-2

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 4 Sep 03 | DX | HOSPITAL DAY

VITALS SIGNS	TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
	BP Arterial line	133/60	143/64	145/60	152/70	150/72	137/63	119/53	115/52		105/48	117/60	114/61	102/51	97/50	111/55	136/69	134/65	
	BP Cuff	~~130/57~~		146/57	154/84	147/86	135/77							103/57	110/60	111/63	126/70	129/65	
	Temperature			100		100.4		99.8			99.1				100.6	101.1	100.8	100.3	
	Pulse	100	105	103	104	106	92	90	90		89	93	97	90	91	94	106	104	
	Respiratory Rate	22	20	26	28	20	19	21	21		22	34	16	16	16	24	27	25	
	SpO2	98%	98	98	99	98	98	99	99		99	97	98	98	99	99%	98%	97%	
	FiO2	40%	40	40	40	40	40	40	40		40	40	40	40	40	40%	40%	40%	
	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	Map	82	91	93	98	99	89	74	72		65	79	81	68	65	71	89	85	

INTAKE	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
	D5.45+40KCl	100	100	100	100	100	100	100	~~100~~	~~700~~	~~100~~	~~100~~							
	IVPB	100		50		100		100		350			50		100				500
	Propofol	35	35	35	30	30	30	30	30	260	—	30	30	25	25	25	25	25	188.7
	Fentanyl	10	10	10	10	10	10	10	10	80	10	10	10	8	8	8	8	8	70
	TF	120	120	120	120	120	120	120	120	960	120	120	120	120	120	120	120	120	960
	J Tube					50				50									
	TOTALS									2400.1									1218.7

OUTPUT		HOUR / TOTAL	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
	URINE		90/90	200/290	180/470	120/590	180/770	190/960	140/1100	125/1225	1233	100/1333	200/1533	225/1758	95/1853	85/1938	125/1963	150/2113	140/2253	2253
		SP gr																		
		S/A																		
	NG	OUTPUT																		
		PH																		
		GUIAC																		
	EMESIS / duodenal						40				40	200					220			460
	STOOL							100			100				100					200
	JP DRAINS	1/2					10/9				10/9	9/5					3/3			22/17
		3/4					10/20				10/20	15/18					2/0			27/38
		5					10			50	10									
	TOTALS										1432									2817

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS

	22	23	24	01	02	03		05
	128/66	139/69	104/53	144/71	137/69	149/74	110/68	142/71
	121/64	121/61	103/53	140/71	134/68	148/73	134/69	141/71
	108[2]	108[4]	99[6]	99[7]		106[5]	100[2]	100[3]
	102	94	97	105	106	108	107	107
	20	16	16	27	23	28	30	32
	98%	98%	98%	99%	96%	97%	97%	98%
	40%	40%	40%	40%	40%	40%	40%	40%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	88	90	70	98	90	96	88	93

INTAKE

	22	23	24	01	02	03	04	05	8°T
									700
			150						650
	25[5]	25[5]	25[5]	15[3]	25[5]	25[5]	25[5]	25[3]	625
	8	8	8	8	8	8	8	8	24
	120	120	120	120	120	120	120	120	1080
									500

OUTPUT

	22	23	24	01	02	03	04	05	8°T
	150/2103	90/2193	110/2303	200/2503	140/2643	125/2768	100/2868	200/3068	3368
		90			340			280	1170/710
		100							300
					7/3				29/20
					10/3				37/41
									10

RESPIRATORY

		TIME	0341
		MODE	SIMV
		F_IO_2	40
		TV	800
		RATE	16
		PEEP	5
ARTERIAL BLOOD GAS	A	pH	7.373
	B	PCO_2	40.2
	B	pO_2	90
	B	HCO_3	24
	G	SAT	97
	G	BASE	-2

LABORATORY

	TIME	0347
	CLUCOSE	143
	Na/K	138/4.1
	Cl/CO_2	121/24
	BUN/Cr	22/0.8
	WBC/PLATELET	20.3/208
	Hct/Hgb	26.9/9.1

ACTIVITIES OF DAILY LIVING

	TIME				TIME
	MOUTH CARE			TURN	0815 X4
	BATCH				
	SKIN CARE				
	FOLEY CARE			SUCTION	0815 X4
	TRACH CARE				
	ROM EXERCISES				

24 HR TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	2206.6	Urine:	7368
Po	2930		1607
TOTAL	5136.6	TOTAL	8975
BALANCE	3838.4		

NURSE'S SIGNATURE | INITIALS

[redacted]

(6)(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0613	INTIALS [redacted]	INTILAS	1845	INTIALS [redacted]
NEURO	PUPLIS		4mm PERRL sluggish			PERRL (R) 3mm	
	SENSORIUM		Sedated c̄ propofol @ 50 mcg/kg/min & fentanyl @ 80 mcg/h			Propofol 25 mcg/kg/min, Fentanyl 90 mcg/hr, pt opening & closing eyes spontaneously	
RESPIRATORY	RESPIRATION PATTERN		Trach #8 shiley vented SIMV			Vented, Trach #8 shiley	
	BREATH SOUNDS		16, 800, 5, 40% 29 peak			CTA (R)	
	SECRETIONS		exp wheezes (R) lung + (L) 1 lobes. Thick white secretions			SIMV-16, TV-800, P-5, FiO2-40%	
			RR 30s.				
SKIN	COLOR		midline abd incision open w/ to			WNL	
	INTEGRITY		dry, 4 JP drains to bulb suction, (R) shoulder burn dsg C,D,I (B)LE burn dsg C,D,I			(R) axillary, (B) LE, midline abd dsg CDI, abd incision open w/D	
I.V. SITE	LOCATION		(L) 3-lumen SC c̄ propofol & fentanyl infusing, all port flush well. (R) radial A-line reading + flush well. (R) S/S of infection c̄ A-line. Some redness around (R) SC 3-lumen			(R) SC triple lumen, (R) radial A-line c̄ S/S of infx. A line flush well. Triple lumen infusing Propofol & Fent.	
	CONDITION						
GASTRO	ABDOMEN		soft, nondistended			Round, soft, nontender	
	BOWEL SOUNDS		++ throughout all 4 quads (R) colostomy c̄ pasty brown/yellow feces			(R) bowel sounds x 4 quads (R) colostomy, (R) duodenal to drain	
GU	URINE		Foley to gravity c̄ dark yellow urine			Foley to gravity	
	COLOR/CLARITY					Clear yellow urine	
CARDIOVASCULAR	CARDIACRHYTHM		ST c̄ (R) ectopy noted. HR 112. +2 palpable pulses in all 4 ext. Pitting edema +2-+3 (B) UE + (B) LE, generalized edema throughout			ST c̄ (R) pulses in all extremities. Pitting 2+ edema in extremities. Generalized edema throughout	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

[redacted] 91WMedB3

(b)(6)-2

#[redacted]

(b)(6)-4

(If typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CINC: ICU #1

DATE: 5 Sep 83

☐ HISTORY/PHYSICAL ☒ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE	DX													HOSPITAL DAY				
VITAL SIGNS TIME	06	07	[illegible]	[illegible]	10	11	12	13		14	[illegible]	[illegible]	17	18	19	20	21	
BP Arterial line	146/72	137/68	117/60	115/62	109/66	175/86	165/97	169 83		163/76	177/100	[illegible]	128/67	131/75	144/73	140/72	146/74	
BP Cuff	142/73							153 87		156/94	159/95	164/91	145/72	138/70	146/75	145/76	145/80	
Temperature	100.4	100.5	101.1	99.1	98.8	100.1	101.1	100.5		100.6	100.4	100.3	101.3	101.6	101.3	100.8		
Pulse	109	112	110	78	105	117	107	105		105	110	110	98	100	106	109	110	
Respiratory Rate	27	29	16	40	28	35	26	31		31	36	28	22	22	25	19	20	
SPO2	97%	98%	97%	96%	94%	98%	97%	98		98%	98%	99%	99%	99%	99%	99%	99%	
FIO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
Map	93	90	98	78	85	116	123	110		106	117	123	86	97	98	98	100	
INTAKE TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
Propofol	25.5	25.5	25.5	25.5	0	0	0	8	100	0	0	10.8	12.8	12.8	12.8	12.8	12.8	76.8
Fentanyl	8	9	9	9	9	9	9	9	71	9	9	9	9	9	9	9	9	72
IRPB	100	—	50	—	100	—	100	—	350	—	—	50	—	100				500
Tube Feed	120	120	120	120	120	120	120	120	960	120	120	120	120	120	120	120	120	1920
J Tube	—	—	—	—	60	30	—	—	90	—	—	—	—					
TOTALS																		
OUTPUT URINE HOUR / TOTAL	150/150	130/310	140/450	110/550	100/650	120/770	120/890	160/1050	850	140/1190	100/1310	130/1440	170/1610	100/1710	165/1875	120/1995	120/2115	2115
SP gr																		
S/A																		
NG OUTPUT																		
NG PH																		
NG GUIAC																		
EMESIS / duodenal					600			300	900		100				280			1340
STOOL							125		125									
JP DRAINS 1/2							10/10		20					5/5				30
JP DRAINS 3/4							5/10		15					10/0				30
TOTALS																		

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03		05
	104/68	135/96	157/78	139/82	115/60	136/66	174/69	154/90
	118/73	137/76	156/78	152/80	124/62	119/68	135/76	147/80
	101.4	101.1	101.2	100.3	101.2	100.9	101.9	101.6
	104	110	114	117	105	113	115	121
	16	25	22	22	16	20	21	25
	98%	96%	99%	98%	98%	98%	99%	99%
	40%	40%	40%	40%	40%	40%	40%	40%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	91	96	106	100	88	89	94	102

INTAKE	22	23	24	01	02	03	04	05	8°T
	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	281.2
	9	9	9	9	9	9	9	9	215
			150						650
	120	120	120	120	120	120	120	120	2880
							50		140

OUTPUT	22	23	24	01	02	03	04	05	8°T
	110/2285	100/1380	90/2475	80/2555	115/2670	90/2460	90/2850	100/2955	2955
			260			240			1840
			100					125	450
			5/2						37
			5/5						40

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME								
	MODE	SIMV							
	F_IO_2	40%							
	TV	800							
	RATE	16							
	PEEP	5							
ABG	A: pH								
	A: PCO_2								
	B: pO_2								
	B: HCO_3								
	G: SAT								
	G: BASE								

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

DAILY NURSING ACTIVITIES	TIME								
	MOUTH CARE								
	BATCH								
	SKIN CARE								
	FOLEY CARE								
	TRACH CARE								
	ROM EXERCISES								

TURN / SUCTION	TIME					

24-180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	1146.2	Urine:	2955
Po	3020		2367
TOTAL	4166.2	TOTAL	5322
BALANCE	-1155.8		

NURSE'S SIGNATURE	INITIALS
[redacted]	
(5)(6)=2	

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	[illegible]	[illegible]	10	11	12	13		14	[illegible]	[illegible]	17	18	19	20	21	
BP Arterial line	146/72	137/68	117/60	115/62	109/60	175/86	165/97	169 83		163/76	177/80	[illegible]	128/61	131/75	144/73	140/72	146/76	
BP Cuff	149/73							153 87		156/90	159/95	164/91	145/72	138/70	146/75	145/76	145/80	
Temperature	100.4	100.5	101.1	99.1	98.8	100.1	101.1	100.5		100.6	100.4	100.3	101.3	101.6	101.3	100.8		
Pulse	109	112	110	78	105	117	107	105		105	116	110	98	100	106	109	110	
Respiratory Rate	27	29	16	40	28	35	26	31		31	36	28	22	22	25	19	20	
SPO2	98%	96%	97%	96%	94%	98%	97%	98		98%	98%	99%	99%	99%	99%	99%	99%	
FIO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
Map	93	90	98	78	85	116	123	110		106	117	123	86	97	98	98	100	

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
Propofol	25.5	25.5	25.5	25.5	0	0	0	0	100	0	0	10.8	12.8	12.8	12.8	12.8	12.8	76.8
Fentanyl	8	9	9	9	9	9	9	9	71	9	9	9	9	9	9	9	9	72
IVPB	100	—	50	—	100	—	100	—	350	—	—	50	—	100				500
Tube Feed	120	120	120	120	120	120	120	120	960	120	120	120	120	120	120	120	120	1920
J Tube	—	—	—	—	60	30	—	—	90	—	—	—	—					

TOTALS

OUTPUT

URINE	HOUR	150	130	140	110	100	120	120	160	85	140	140	130	170	100	165	120	120	
	TOTAL	150	310	450	550	650	770	890	1050	1135	1275	1415	1545	1715	1815	1980	2100	2220	2175
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS / duodenal						600			300	900		100				280			1340
STOOL								125		125									
JP DRAINS	1/2							10/10		20					5/5				30
	3/4							5/10		15					16/9				30
TOTALS																			

MED[illegible] RECORD-SUPPLEMENTAL MEDICAL DA[illegible]
For use of this form s[illegible]0-66; the proponent agency is The Office of T[illegible]eon General

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630	INTIL[redacted]	INTILAS	1830	INTILA[redacted]
NEURO	PUPLIS	PERRLA			Perrla, 2mm. Pt opens eyes spontaneously. Not moving extremities @ this time. Pt is sedated on propofol and fentanyl gtt.	
	SENSORIUM	Opens eyes spontaneously, Moves hands, Nonpurposeful movement				
RESPIRATORY	RESPIRATION PATTERN	Regular, Unlabored			#8 trach, shiley, vented. SIMV 16, TV 500 FiO2 100%. Peep 5. SpO2 99-100%. Diminished breath sounds on (R). Coarse breath sounds noted on (L). Unequal chest expansion. MO. aware.	
	BREATH SOUNDS	Coarse in Middle Lobes				
	SECRETIONS					
SKIN	COLOR	Normal for Race			Large midline incision c̄ drsg intact. Drsg intact to (R) chest, (B) JP. JP #3/4 to LIS, #1+2 to bulb sx.	
	INTEGRITY	Dressings to back of Head, (B) shoulder, BLE, (R) flank and mid-abdomen c̄ JP's				
IV SITE	LOCATION	TLC in (L) Subclavian			LSC TLC CVC inserted 05Sep03. Fentanyl @ 90mcg/hr (90cc/hr) and propofol @ 10 mcg/kg/min (5.1cc/hr) via proximal port. Distal and medial port clamped. (R) radial A-line tracing good. Good square wave. No redness/drng noted.	
	CONDITION	All ports patent to flush, Ø s/s of infection (R) radial A-line intact, levelled + zeroed, waveform sharp, Ø s/s of infection				
GASTRO	ABDOMEN	Soft, Nondistended			Abd soft. Hypo BS. J tube on (L) c̄ feeds plus @ 20cc/hr. (R) colostomy stoma pink & moist.	
	BOWEL SOUNDS	Active BS				
		JP x 4, J Tube, Duodenal Drain, + Colostomy Intact				
GU	URINE	Foley to Gravity			Foley to gravity drng clear yellow urine. ~>1cc/kg/hr.	
	COLOR/CLARITY	Dark Yellow c̄ Sediments				
CARDIOVASCULAR	CARDIACRHYTHM	ST c̄ rare PVCs			NSR rate 80's to low 90's. Cap refill < 2 secs +2 pitting edema to (B) hands, feet.	
		Ø JVD, Cap Refill < 3 secs, Edema in BUE, BLE, and scrotum				

LEGEND

Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional
F_IO - Fraction of inspired O_2	PCO_2 - PRESSURE OF ARTRIAL CO_2	SAI - Saturation
F_IO_2 - Bicarbonate	PEEP - Positive end Expiratory Pressure	TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

[redacted] 03

DEPARTMENT/SERVICE/CINC: ICU #1

DATE: 6 Sep 03

(Typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

[redacted]

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☒ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 6 Sep 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial line	154/79	120/60	137/67	172/82	167/81	125/64	101/49	88/43		133/40		119/57	106/55	106/54	101/61	151/61	100/51	
BP Cuff	152/70	115/64	130/71	154/83	125/72	129/75	103/50	101/54		120/72		100/52	102/54	100/56				
Temperature	101 9	101 5	101 9	101 5	101 7	101 4	100 5	102 1		101 8		99.4					100 3	
Pulse	120	109	110	124	120	95	85	83		92		97	91	88	88	88	87	
Respiratory Rate	23	16	16	33	21	16	16	16		18		16	17	16	16	16	16	
SpO2	99%	97	99	99	96	97	98	98		97		91	99	98	96%	96%	96%	
FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%		40%	100%	100%	50%	50%	50%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
Map	104	78	90	113	107	82	65	57		100		95	72	70	77	77	73	

INTAKE																			
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
Propofol	12.8	12.8	12.8	12.8	12.8	12.8	12.8	/		12.8		5.1 →		5.1	5.1	5.1	5.1	
Fentanyl	9	9	9	9	9	9	9	9		9		9 →		9	9	9	9	
IVPR	50	~~80~~ 100	50		100		100					50		100				
J-Tube			60		60								60					
Tube Feed	120	120	120	120	HELD									20	20	20	20	40
											OR	700 - OR						
											Albumin	100 - OR						
TOTALS																		

OUTPUT																			
URINE	HOUR / TOTAL	100 / 1400	100	135	65	130	75	40	90		90	OR	150	160	80	100	100	100	
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	SUIAC																		
EMESIS Bloodered						58					350								
STOOL						300													
JP DRAINS	1 / 2					10 / 8							20 / 5						
	3 / 4					5 / 5							4 / 10						
TOTALS																			

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	[illegible]	05
	121/61	135/65	138/NA	106/57	134/66		121/68	132/70
		100					99	
	90	91	101	98	97		89	100
	16	22	16	17	21		19	16
	96%	97%	98%	98	99	99%	99%	99%
	50%	40%	40%	40	40	40	40	40%
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	76	88	87	74	89		82	91

INTAKE	22	23	24	01	02	03	04	05	8°T
	5.1	10.2	6.4	10.2	10.2	10.2	10.2	10.2	194.2
	9	10	10	10	10	10	10	10.2	205
		100	50						650
									180
	20	20	20	20	20	20	20	20	180
									700
									100
						Total		2750	
OUTPUT	100	110	85	85	100	110	110	80	2315
									408
									300
								30/5	30/5
								60	79
									3137

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME	0451								
		MODE	SIMV								
		F_IO_2	40%								
		TV	800								
		RATE	16								
		PEEP	5								
ABG	A	pH	7.427								
		PCO_2	39.2								
	B	pO_2	80								
		HCO_3	26								
		SAT	96								
	G	BASE	2								

LABORATORY	TIME	0451								
	CLUCOSE	160								
	Na/K	148/4.2								
	Cl/CO_2	112/22								
	BUN/Cr	22/1.4								
	WBC/PLATELET	21.5/790								
	Hct/Hgb	33.1/10.4								

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

24 HRS TOTALS	NURSE'S SIGNATURE	INITIALS
WT Yesterday ____ wt Today ____	[redacted]	
INTAKE / OUTPUT		
IV ____ Urine: ____	(b)(6)-2	
Po ____		
TOTAL 2750 TOTAL 3137		
BALANCE -387		

DATE 6 Sep 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial line	156/77	120/60	137/67	172/82	167/81	125/64	101/49	88/43		133/80		119/57	106/55	102/54	101/61	107/61	100/61	
BP Cuff	158/80	115/64	130/71	154/83	125/72	129/75	103/50	101/54		120/72		109/52	102/54	108/56				
Temperature	101.5	101.5	101.9	101.5	101.7	101.4	100.5	102.1		101.8		99.4					100.3	
Pulse	120	109	110	124	120	95	85	83		92		97	91	88	88	88	87	
Respiratory Rate	23	16	16	33	21	16	16	16		18		16	17	16	16	16	16	
SpO2	99%	97	99	99	96	97	98	98		97		91	99	98	96%	96%	96%	
FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%		40%	100%	100%	50%	50%	50%	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
Map	104	78	90	113	107	82	65	57		100		95	72	70	77	77	73	

INTAKE																		
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
Propofol	12.8	12.8	12.8	12.8	12.8	12.8	12.8	/		12.8		5.1 →		5.1	5.1	5.1	5.1	
Fentanyl	9	9	9	9	9	9	9	9		9		9 →		9	9	9	9	
IVPB	50	80	50		100		100					50		100				
J-Tube			60		60								60					
Tube Feed	120	120	120	120	HELD									20	20	20	20	40
											OR	700 - OR						
											Albumin	100 - OR						
TOTALS																		

OUTPUT																		
URINE HOUR / TOTAL	100/100	100	135	65	130	75	40	90		90	OR	150	160	80	100	100	100	
URINE SP gr																		
URINE S/A																		
NG OUTPUT																		
NG PH																		
NG GUIAC																		
EMESIS Duodenal					58					350								
STOOL					300													
JP DRAINS 1/2					10/8							20/5						
JP DRAINS 3/4					5/5							14/10						
TOTALS																		

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 6 Sep 03 Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 1540

Allergies: None OR Intake: Crystalloid 700 Colloid 100 25% Albumin

Pre-op V/S: OR Output: UOP 150 EBL Minimal

Procedures: Ex Lap, washout Meds/Times: 5mg Versed, 20mg MSO4

Duodenal drain DC'd

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

Pre Op Meds History

Time	1540	1550	1600	1610	1620	1630
SaO2	98	100	99	93	93	97
FiO2	40	40	100	100	100	100
Methods	V	V	A	A	V	V
240						
220						
200						
180						
160	^					
140						
120						
100		^	^		^	^
80	•	•	•	•	•	•
60	^					
40		^	^	^	^	^
20						
RR	16	16	-	-	-	16
T	99					

Time															
Pain (0-10)															
LOS															

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

Safety: SR up X 2, Falls Precautions, Privacy Maintained

(Continue on reverse)

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula
V - Vent
V/S
X = A-line BP
' = Cuff BP
= Pulse

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

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

PREPARED BY (Signature & [redacted] /RN

DEPARTMENT/SERVICE/CLINIC: ICU 1

DATE: 6 Sep 03

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

(b)(6)-2

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

MEDICATIONS

Allergies:

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

NEUROVASCULAR

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

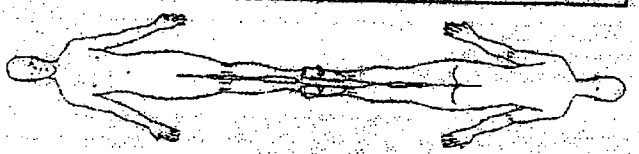
Movement/Sensation: + = present, - = absent Temp:C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

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



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

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

Remained in PCU 1710 6 Sep 03

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INITIALS [redacted]		1815	INITIALS [redacted]
	PUPLIS	3mm PERRL Sluggish			3mm PERRL. Pt opens eyes	
	SENSORIUM	Opens eyes spontaneously			and lifts head off bed. Moves	
		Moves BUE. Unpurposely			BUE c̄ nonpurposeful movements	
		Sedated c̄ propofol @ 20			Pt is sedated on propofol & fentanyl	
		mg/kg/min + fentanyl 100mcg/°			gtt.	
RESPIRATORY	RESPIRATION PATTERN	Trach #8 shiley. Vented SIMV			#8 Shiley trach. Vented. SIMV 12,	
	BREATH SOUNDS	16, 800, 10, 40% FiO2, peak 34			FiO2 40%, peep 5, TV 800, peak pressures	
	SECRETIONS	Diminished BS (R) lung.			20's. Unequal chest expansion.	
		Coarse BS (R) lung. Unequal			Breath sounds diminished to (R) lower	
		chest expansion			lobe, otherwise coarse (B). PR 17-20.	
					SpO2 99-100%	
SKIN	COLOR	midline abd + (R) flank wound			Dressing intact to (R) chest, midline	
	INTEGRITY	dsg C, D, I, JP 1+3 bulb suction			abd. incision, (R) flank wound. JP x4	
		JP 2+4 bulb suction			bulb suction.	
IV SITE	LOCATION	(D) SC 3-lumen c̄ propofol +			(D) SC TLC, CVC inserted 01 Sep 03	
	CONDITION	Fentanyl infusing. All port			Fentanyl @ 70mcg/hr (70cc/hr) and	
		flush easily c̄ Ø S/S of infection			propofol gtt @ 20mg/kg/min (20cc/hr)	
		(R) radial A-line c̄ Ø S/S of			via proximal port. Medial & Distal	
		infection. Reading			port clamped. (R) radial A-line	
		well.			zeroed & leveled. Correlates. Good square	
					wave. No redness/drng noted.	
GASTRO	ABDOMEN	Soft. Hypoactive BS			Abd soft. BS x4. (L) colostomy.	
	BOWEL SOUNDS	throughout. (R) colostomy			(D) J-tube c̄ Jevity	
		c̄ Ø feces. (D) J-tube c̄ Jevity			@ 40cc/hr infusing. Stoma pink/moist	
		@ 20cc/° infusing. Stoma pink/moist				
GU	URINE	Foley to gravity draining			Foley to gravity drng clear yellow	
	COLOR/CLARITY	clear yellow urine. UO > 1cc/°			urine. > 1cc/kg/hr.	
CARDIOVASCULAR	CARDIACRHYTHM	SR rate 180s-90s. +3+4			NSR. Rate 80's-90's. (D) 3 pitting	
		pitting edema (B) UE + (B) LE.			edema to (B) hands + feet. Cap	
		Generalized edema throughout			refill < 3 secs. (P) 2 (B) radial pulses.	
					(P) 2 (B) pedal pulses.	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU

DATE 7 Sep 03

PATIENT'S INDICATIONS (For typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

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

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
BP Arterial line	138/74	136/91	144/103	135/69	133/76	157/93	143/92	141/73	140/71	124/70	139/76	134/77	140/94	145/16	131/75	157/70
BP Cuff		124/60	130/69	121/60	120/71	135/73	140/71	138/74	130/71	117/64	134/73	136/75	143/79			
Temperature	99.1	99.3	98.8	97.8	97.0	95.4	97.1	97.6	98.8	98.6	98.7	98.2	99.2	98.7		
Pulse	95	90	91	81	78	77	74	73	76	83	89	94	93	84	94	91
Respiratory Rate	16	16	24	12	12	22	12	19	21	13	9	8	22	18	12	14
SpO2	98%	99%	99%	99%	100%	100%	100%	100%	100%	97%	99%	99%	98%	100%	100%	100
FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
Propofol	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2	90.6	5.1	5.1	7.7	10.2	10.2	10.2	10.2	10.2	108.9
Fentanyl	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	80	10.0	10.0	10.0	7.0	7.0	7.0	10	10	71
IVPB	100	—	50	—	100	—	100	—	350	—	—	50	—	100				150
TF	20	20	20	20	20	20	20	20	140	20	20	40	40	40	40	40	40	280
J-tube flush/meds	—	—	—	—	50	—	—	—	50	—	—	—	—	—				
TOTALS									710									1720

OUTPUT

		06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
URINE	HOUR	80	140	90	140	110	110	100	110	80	80	90	125	75	135	135			829
	TOTAL	80	220	310	450	560	670	770	880		960	1050	1175	1250					
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	JP443												100						100
	JP1								0				70						70
	JP2								0				20						20
TOTALS									0				5						5

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	04	05
	114/65	122/62	135/60	118/53	119/54	126/55	128/52	108/82
	97%							98%
	80	78	77	84	90	83	86	89
	32	17	15	13	19	12	12	12
	100%	100%	100%	100%	100%	100%	100%	99%
	48%	40%	40%	40%	40	40	40%	40%
	SIMV	SIMV	SIMV	SIMV				

INTAKE	22	23	24	01	02	03	04	05	8°T
	102	102	102	102	128	128	128	128	143
	10	10	10	10	108	10	10	10	80
			150						150
	40	40	40	40	40	50	50	50	350

OUTPUT	22	23	24	01	02	03	04	05	8°T
	140	75	80	90	110	100	100	110	725
					JPH4	10			10
					JPH3	35			35
					JP1	15			15
					JP2	10			10

ACUITY LEVEL CLASSIFICATION

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

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

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

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
Po			
TOTAL	2002	TOTAL	2790

BALANCE -788

NURSES SIGNATURE	INITIALS
[redacted]	
(L)(6)-2	

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0600	INTI[redacted]		INTILAS	1840	INT[redacted]
	PUPLIS	3mm PERRL, Opens				PERRLA 3mm	
	SENSORIUM	eyes spontaneously, moves				Eyes open	
		Bue unpurposefully, Sedated				Moves extremities	
		c̄ propofol @ 25mcg/kg/min				Does not follow commands	
		+ fentanyl @ 100mcg/h				Fentanyl 40mcg/hr	
RESPIRATORY	RESPIRATION PATTERN	Trach 8 Shilley, Vented: SIMV				#8 Shilley	
	BREATH SOUNDS	12, 800, 5, 40%, peak 23				TC 50% FiO2 SaO2 100%	
	SECRETIONS	BS diminished (B) LL +				RLL < LLL diminished	
		coarse (B) LL. Copious				(B) LL. Rhonchi Bronchi	
		yellow tinged sputum. O2				Thick white c̄ yellow	
		sats 100%.				tinged sputum	
SKIN	COLOR	Midline abd incision + (R) Flank				Normal for Race, Warm, dry	
	INTEGRITY	drsg C, D, I. 4 JPs to bulb suction				Mid abd drsg CDI, RUE drsg	
						(R) Flank drsg CDI	CDI
IV SITE	LOCATION	(L) SC 3 lumen c̄ propofol +				(L) SC TLC	
	CONDITION	fentanyl infusing c̄ ∅% of				Ports flushed c̄ 10cc NS	
		infection. (R) radial x-line c̄				each. Drsg CDI	
		∅% of infection. Arm placed					
		on sam splint to keep x-line					
		positioned.					
GASTRO	ABDOMEN	Soft. Bowel sounds +in all				Round, Soft, Nontender	
	BOWEL SOUNDS	4 quads. (R) colostomy stoma				(+) x 4 quads	
		pink + moist. (L) J-tube c̄ gravity				∅ BM	
		c̄ 50cc/h infusing					
GU	URINE	Foley to gravity c̄ clear				Foley to gravity	
	COLOR/CLARITY	yellow urine. UO > 70cc/h				Clear yellow	
CARDIOVASCULAR	CARDIACRHYTHM	SR. Ectopy noted. + 1 pitting				SR S1/S2, Cap Refill < 3sec	
		edema BUE + BLE. Cap refill				+2 pitting edema extremities	
		< 3sec. +2 palpable pulses				Pulses 2+ each extremity	
		in all 4 ext.				Occassional PVCs noted	

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU

DATE 08 Sep 03

PATIENT'S INDICATIONS (For typed or written entries give: Name — Last, First, middle; grade; date; hospital or medical facility)

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

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial line	148/66	155/70	154/66															
BP Cuff		153/70	154/86	160/87	152/84	145/82	151/69	143/84		150/72	155/83	151/75	152/80	150/78	138/69	139/71	131/78	
Temperature		98.7	98.7	98.8	99.4	98.8	98.6	99.1		98.8	98.7	99.1	98.7	99.0		99.4	99.4	
Pulse	90	91	104	101	94	89	94	92		85	88	87	86	89	83	83	91	
Respiratory Rate	12	26	34	49	13	41	14	47		23	36	20	33	37	26	31	33	
SpO2	99%	100%	99%	96%	96%	99%	100%	98%		98%	99%	100%	100%	98%	100	100	98	
FiO2	40%	40%	40%	50%	50%	50%	50%	50%		50%	50%	50%	50%	50%	50	50	40	
Mode	SIMV	SIMV	SIMV	SIMV	TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	

INTAKE																		
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
Propofol	12.8	0	0	0	0	0	0	0	0.8	0	0	0	0	0				
Fentanyl	10	0	0	0	0	0.5	1.0	1.5	0.5	1.0	3.0	3.0	3.0	3.0	4.0	5.0	6.0	30
IVPB	100	—	50	—	100	—	100	—	350	—	—	50	—	100				150
TF	50	50	80	80	80	80	80	80	580	80	80	80	80	80	80	80	80	640
J-tube med/flush	—	—	—	—	50	—	—	—	50	10	—	—	—	—				10
TOTALS									1053									830

OUTPUT																		
URINE	HOUR / TOTAL	80/80	140/220	120/340	100/440	160/600	180/780	140/920	100/1020	102/1020	200/1220	120/1340	140/1480	154/1630	95/1725	90/1815	90/1905	100/2005	2005
	SP gr																	
	S/A																	
NG	OUTPUT																	
	PH																	
	GUIAC																	
EMESIS																		
STOOL					350				350					300				
DRAINS	JP1/JP2			10/2					12			2/10						
	JP3			20					20			10						
	JP4			2					2			2						
TOTALS																		

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	[illegible]	05	
	156/80	144/77	140/74	149/74	156/64	143/76	150/78	163/68	
			99 Z				98 7		
	97	91	91	91	87	93	92		
	38	22	28	34	29	38	33		
	97	98	100	98	100	100	96		
	40	40	40	40	35	35	35		
	TC	TC	TC	TC	TC	TC	TC		

INTAKE	22	23	24	01	02	03	04	05	8°T
	6°	6°	6°	6°	6°	6°	6°		48
			150						150
	80	80	80	80	80	80	80	80	640
									838

OUTPUT									
	110/2115	100/2215	140/2355	120/2475	100/2575	150/2725	120/2845	110/2955	

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES OF DAILY LIVING	TIME			
	MOUTH CARE	7[redacted]		
	BATCH			
	SKIN CARE			
	FOLEY CARE	2300 [redacted]		
	TRACH CARE	2300 [redacted]		
	ROM EXERCISES			

TURN	TIME					
	2100 [redacted]	2330 [redacted]				

SUCTION						
	1890 [redacted]	1915 [redacted]	2015 [redacted]	2140 [redacted]	2320 [redacted]	
	0015 [redacted]	0210 [redacted]	0410 [redacted]			

24 HR TOTALS

NURSE'S SIGNATURE [redacted]

INITIALS

WT Yesterday _____ wt Today _____

INTAKE 1005

IV 830

Po 838

TOTAL 2673

OUTPUT

Urine: _____

TOTAL 7955

BALANCE _____

(b)(6)-2

M .L RECORD-SUPPLEMENTAL MEDIC ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT (b)(6)-2

		TIME: 0700 INITIALS:	TIME: 1830 INITIALS: [redacted]
NEURO	PUPILS	PERRL	PERRLA 3mm Brisk
	SENSORIUM	Doesn't follow commands	Sometimes follows commands
	EXTREMITY MOVEMENT	All 4 extremity	Moves extremities independently
	SEDATION	Tistanyl @ 60 mcg but fully awake	Ø
	PAIN CONTROL	unable to assess	Fentanyl 60 mcg/hr
		no indication of pain @ this time	Restless
RESP	RESPIRATORY PATTERN		RRR
	BREATH SOUNDS		Inspiratory/Expiratory Wheezes
	SECRETIONS		Thick white secretion, moderate
	O2 SOURCE/FLOW/SAO2		TC FiO2 35% SaO2 98%
	VENTILATOR SETTINGS		Ø
CV	CARDIAC RHYTHM		SR/ST, S1/S2
	CAPILLARY REFILL		<3 sec x 4 extremities
	PULSES		+3 x 4 extremities
	EDEMA		extremities +2
			A Line values do not correspond
			≈ NBP
GI	ABDOMEN		Round, Soft, Nontender
	BOWEL SOUNDS		+
	BOWEL MOVEMENT		colostomy RLQ, soft stool
	NGT/OGT		J-tube ULQ infusing TF
	TUBE FEDDINGS		Jevity 80 cc/h (goal)
	DRAINS		JP x 4 to mid abd surgical site
GU	VOIDING		Foley to gravity
	COLOR/CLARITY		clear yellow
SKIN	COLOR		Normal for Race
	INTEGRITY		mid abd surgical site drsg CDI
			3° burn (R) upper Arm/(R) upper chest
			3° to posterior (B) LE, drsg CDI
			2° decub to posterior scalp
ACCESS	#1 TYPE/LOCATION/SIZE		TLC/(L) SC
	DRESSING CONDITION		CDI
	IV FLUID/RATE		Ø, Fentanyl 6cc/° (60 mcg/°)
	#2 TYPE/LOCATION/SIZE		A-Line (R) radial
	DRESSING CONDITION		CDI, Armboard ~~Kerlex~~ wrap
	IV FLUIDS/RATE	(b)(6)-2	Ø

(Continue on reverse)

PREPARE[redacted] ILT/AN

DEPARTMENT/SERVICE/CLINIC (b)(2)-2 ICU #1, [redacted]

DATE 9SEP03

PATIENT [redacted] or written entries give: Name – last, first, middle; grade; unit; hospital or medical facility)

NAME: [redacted] RANK: AGE:

UNIT: (b)(6)-4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV / (EPW)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 17020

USAPPC V2.00

ICU1

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

Date: 9 Sep

Fentanyl 50mcg bolus

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
A-Line																										
NBP	162/73		154/74	153/77	160/85	154/78	132/74	140/66	145/71	134/67	152/75	157/84		149/78	154/80	156/78	156/83	152/74	151/56	159/78	172/81	144/89	144/82	160/84	151/84	
TEMP	98.2		98.8			97.7			97.8		97.8				98.7				98.6				99.0			
HR	92	95	91	89	83	81	77	80	98	88	88	86		83	93	98	92	99	97	91	100	99	95	95	95	
RR	38	31	22	36	35	31	18	21	54	42	42	28		42	30	39	46	35	31	20	33	25	31	30	38	
SaO2	100	100	107	100	100	99	100	100	100	100	99	97		95	94	95	97	99	99	99	100	96	98	97	98	
FiO2	35	35	35	35	35	35	35	35	35	35	35	35%		35	35	35	35	35	35	35	35	35	35	35	35	
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	
MAP	104	103	103	105	113	108	96	94	94	104	104	112		110	106	104	109	105	91	106	113	112	105	110	108	
					Turned to back																					
									Turned to R side	Turned	Turned															

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	Total
IV																										
IV	200	—	50		100		100				50			50						150						200
IV																										
IV	80	80	80											80	80	80	80	80	80	80	80	80	80	80	80	960
Enteral	6	6	6											6	6	6	6	6	6	6	4	4	4	4	4	62
			Turned to R side			Turned to back			Turned to R side																	
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	Total
URINE	120/120	160/280	160/320	110/430	110/540	70/610	70/680	200/880	140/1020	140/1160	130/1290	130/1420	1620	160/160	125/285	160/445	130/575	110/685	150/835	150/985	140/1125	120/1245	150/1395	130/1525	150/1675	1670
NGT																										
STOOL								Colostomy emptied					+ moderate amt of loose stool													
DRAIN																										
JP 1												40	(serosanguinous & cloudy consistency)							15						
JP 2												12	(cloudy)							10						
JP 3												12	(blood & cloudy color)							30						
JP 4																				5						
Total																										

MEDCOM - 17021

M .L RECORD-SUPPLEMENTAL MEDIC ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0700 INITIALS: [redacted]	TIME: 1900 INITIALS: [redacted]
NEURO	PUPILS	PERRLA	PERRLA, Awake, Alert, Moves all
	SENSORIUM	Alert, Does not Follow Commands	extremities, Fent @ 50 mcg/hr
	EXTREMITY MOVEMENT	Moves all extremities	
	SEDATION	None	
	PAIN CONTROL	Fentanyl gtt @ 50mcg/hr	
RESP	RESPIRATORY PATTERN	Tachypneic	- Even, unlabored, shallow, tachypneic,
	BREATH SOUNDS	Coarse in (R) lobes, (L) lobes CTA	- Coarse crackles bilaterally
	SECRETIONS	Moderate Thick, Yellow	- moderate amt, thick yellow sputum
	O2 SOURCE/FLOW/SAO2	35% O2 via Trach Collar	good strong cough, requires frequent
	VENTILATOR SETTINGS	—	suctioning, 35% TC, 98%
CV	CARDIAC RHYTHM	SR, Ø ectopy	- SR, Ø ectopy, S1S2, cap refill
	CAPILLARY REFILL	<3 secs	<3 sec x 4 ext, +2 pulse x
	PULSES	+3 in all extremities	4 ext, resolving edema
	EDEMA	+2 pitting BLE	- ext warm & dry
GI	ABDOMEN	Soft, Nondistended	- soft, ND, BS x 4 quad
	BOWEL SOUNDS	Active	- 4 JP drains to bulb suction
	BOWEL MOVEMENT	Liquid BM via Colostomy	- J tube TF @ 80 c/hr
	NGT/OGT	J Tube	- brown liquid BM via colostomy
	TUBE FEDDINGS	Jevity @ 80cc/hr	- mid abd incision CDI
	DRAINS	JP Drains x 4	
		Ø Emesis	
GU	VOIDING	Foley to Gravity	Foley dark yellow adequate
	COLOR/CLARITY	Golden c̄ Sediments	amt, clear
SKIN	COLOR	Normal for Race	- normal for race
	INTEGRITY	Dressings to back of Head, (L)	- dressing to back of head, (B) LE,
		shoulder, BLE, (R) flank, +	(R) Pecs/shoulder, abdomen
		mid line abdominal	
		dressings CIDI	
ACCESS	#1 TYPE/LOCATION/SIZE	TLC (L) subclavian, All	- (L) sc site, Ø S/S of infxn
	DRESSING CONDITION	ports patent, Ø S/S of	all ports patent
	IV FLUID/RATE	infection	
	#2 TYPE/LOCATION/SIZE	(R) Radial Aline	
	DRESSING CONDITION	Ø S/S of infection, site positional	
	IV FLUIDS/RATE	waveform clear, level + zeroed	

(Continue on reverse)

PREPARED (b)(6)-2 [redacted] CPT/N

DEPARTMENT/SERVICE/CLINIC (b)(2)-2 ICU #1, [redacted]

DATE 10 Sep 03

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

NAME: [redacted] RANK: AGE:

UNIT: (b)(6)-4 GENDER: M

STATUS: US: AD / CIV IRAQI: CIV / (EPW)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 17022

USAPPC V2.00

ICU1

Patients Name: [redacted] (5)(6)-4 Date: 10 Sep 03

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	156/120		141/96	146/90	193/85	190/84	179/89	145/99	140/88	157/95	00:00			164	151	137	158	158	152	157	156	145	154	156	160/93	
NBP	168/23	142/76	152/82	155/46	140/78	163/81	151/90	155/82			156/51	147/83		89	85	78	80	85	83	85	82	89	81	85		
TEMP			98.8				99.2				99.3				99.2				99.6				99.7			
HR	97	92	98	97	81	86	88	86	85	93	85	86		92	92	88	97	97	98	110	89	102	103	97	98	
RR	35	32	33	33	26	28	32	28	29	28	21	20		28	30	28	29	28	32	38	30	21	20	30	29	
SaO2	95	97	99	98	98	99	99	99	97	99	99	100		98	98	100	100	95	95	96	95	95	96	95	96%	
FiO2	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%		35%	35%	35	35	RA	RA	RA	RA	RA	RA	RA	RA	
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		TC	TC	TC	TC								TC	
MAP	109	103	110	111	100	107	114	109	113	131	110	108		121	109	96		112	108	116	106	114	107		120	

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	Tota
IVF																										
IVPB	100		50		100		100				50		400	100				150								250
NGT																										
Fentanyl	5	5	5	5	5	5	5	5	5	5	5	5	60	5	5	5	5	5	5	5	5	5	5	5	5	60
TF	80	80	80	80	80	80	80	80	80	80	80	80	960	80	80	80	80	80	80	80	80	80	80	80	80	960
KCl				50	50								100													
J Tube					50								50													
PO					96 / 128 / 52																					
Total													1570													1610

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	Total
URINE	130	300	80	160	140	115	116	180	140	140	150	90	1761	135	135	80	80	160	200	125	115	90	105	160	200	1505
NGT																										
STOOL		250			200						300		750													
DRAIN JP#2					10						5		15										15			15
JP#3					10						10		20										18			18
JP#4					8						8		16										15			15
JP#1					9						10		19										15			15
Total													2581													1568

TN=2510 Out=4149 — (—1639)

MEDCOM - 17023

M .L RECORD-SUPPLEMENTAL MEDIC ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-4

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0710 INITIALS: [redacted]	TIME: 1800 INITIALS: [redacted]
NEURO	PUPILS	PERRLA	Perrla, 2mm, MSO4 4mg/hr c
	SENSORIUM	Alert, Does not follow commands	adequate pain control, MSO, does not
	EXTREMITY MOVEMENT	Active ROM in all extremeties	interact c gestures, won't follow commands
	SEDATION	None	does not fight, restraints
	PAIN CONTROL	Morphine @ 5mg/hr	
RESP	RESPIRATORY PATTERN	~~Rapid~~ Unlabored, Tachypneic	even, unlabored, coarse crackles
	BREATH SOUNDS	Coarse Throughout	bilaterally, 24% TC humidified
	SECRETIONS	Thick Yellow Sputum - Trach	SpO2 96%, small and thin
	O2 SOURCE/FLOW/SAO2	24% O2 via Trach Collar	white/clear secretions, cuff inflated
	VENTILATOR SETTINGS	None (Humidified)	
CV	CARDIAC RHYTHM	ST c occasional PVCs	S1 S2, NSR Ø ectopy, <3 sec cap
	CAPILLARY REFILL	<3 secs	refill x 4 ext, +2 pulses x4 ext
	PULSES	+3 x 4 extremeties	resolving edema on (B) LE
	EDEMA	+2 pitting BLE	
		Ø JVD	
GI	ABDOMEN	Soft, Nondistended	soft, NT, +BS x 4 quad, colostomy
	BOWEL SOUNDS	Active	draining liquid stool, Jevity @ 80
	BOWEL MOVEMENT	Liquid BM via Colostomy	cc/hr via J-tube, JP drains on bulb
	NGT/OGT	J Tube	suction, ab dressings CDI
	TUBE FEDDINGS	Jevity @ 80cc/hr	
	DRAINS	JPs x 4	
GU	VOIDING	Foley to Gravity	foley, dark yellow c sediment
	COLOR/CLARITY	Golden c Sediments	
SKIN	COLOR	Normal for Race	normal for race, dressings on back of
	INTEGRITY	Dressings to Back of Head (R)	head, (B) LE → tegaderm intact
		shoulder, (R) flank, Mid-Abdomen	(R) chest/shoulder CDI
		and BLE CDI I	
ACCESS	#1 TYPE/LOCATION/SIZE	(R) Subclavian TCC	(R) hand PIV CDI Ø S/S of infxn
	DRESSING CONDITION	CIDI, Ø S/S of infection	
	IV FLUID/RATE	All ports patent to NS flush	
	#2 TYPE/LOCATION/SIZE		
	DRESSING CONDITION		
	IV FLUIDS/RATE	(b)(6)-2	

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] SN/RN

DEPARTMENT/SERVICE/CLINIC (b)(2)-2 ICU #1, [redacted]

DATE 11 Sep 03

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

NAME: RANK: AGE:

UNIT: [redacted] (b)(6)-4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 17024

USAPPC V2 00

ICU1

Patients Name: [redacted] (b)(6)-4 Date: 11 Sep 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05
A-Line																								
NBP	156/83	155/85	146/80	154/86	150/85	159/89	137/76	132/68	130/73	135/73	134/76	130/74	110/74	121/72	132/58	106/72	130/75	119/61	132/73	114/73	121/74	121/66	148/74	15/79
TEMP			99.6				99.1				99		98.7				98.1					98.8		
HR	104	101	96	101	91	89	85	85	84	78	76	78	77	78	80	80	81	81	79	85	85	80	84	91
RR	34	30	22	33	29	33	26	25	27	25	20	18	22	20	24	22	20	24	24	20	20	22	20	25
SaO2	93	97	97	96	98	98	98	98	97	97	97	98	96	96	94	96	100	95	95	96	96	96	95	96
FiO2	RA	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24	24	RA	24	24	24	24	24	24	24	24	24
Source		TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	TC
MAP	107	110	105	122	111	117	95	90	92	94	95	94	89	92	92	84	95	85	93	88	93	85	99	104

TAKE	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	Total
3	100		50		100		100				50		400	100						100					50	450
phine	5	5	5	5	5	5	7	7	7	7	7	7	72	7	7	7	4	4	4	4	4	4	4	4	4	49
Tube					60		305						60									60				120
					125	125	125	125					500													500
	80	80	80	80	80	80	80	80	80	80	80	80	960	80	80	80	80	80	80	80	80	80	80	80	80	960
PO																										
Total													1992													2560

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	Total
URINE	145	200	160	125	100	120	80	36	85	60	60	50		50	60	80	60	60	60	60	70	60	60	180	60	480
NGT																										
STOOL					200																					
DRAIN					700																					
JP #1					[redacted]					10														5		15
#2										12														5		17
#3										30														60		90
#4										10														5		15
Total																										

In = 2360
Out − 617
+ 1743

MEDCOM - 17025

[redacted] (b)(6)-2

M .L RECORD-SUPPLEMENTAL MEDIC ATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

	SHIFT ASSE[redacted]T		
	TIME: 0630 INITIALS [redacted]	TIME: 1840 INITIA[redacted]	
NEURO	PUPILS	2mm PERRL	PERRLA 3mm sluggish
	SENSORIUM	Awake moves extremities	Alert at times, doesn't follow commands. moves extremities ~~on command~~ spontaneously
	EXTREMITY MOVEMENT	x4 Z purposeful movement	
	SEDATION	4mg MSO4/hr	Fentanyl on hold MSO4 5mg/hr
	PAIN CONTROL		
RESP	RESPIRATORY PATTERN	RRR Coarse sounds to (R)	RRR
	BREATH SOUNDS	Some Clear sounds on (L)	CTA (B) p suctioning.
	SECRETIONS	Thick secretions cleared by cough	Thick white
	O2 SOURCE/FLOW/SAO2	TC at 24% - 02 SaO2 94-98%	TC 24% > 95%
	VENTILATOR SETTINGS		—
CV	CARDIAC RHYTHM	S,S2 +2 pulses x4 extremities	SR/ST S1/S2
	CAPILLARY REFILL	<3 cap refill	<3sec x4 ext
	PULSES		+3 x4 ext
	EDEMA		Ø noted
GI	ABDOMEN	+BS x 4 quads Soft non-tender	(+) Flat, Round, nontender
	BOWEL SOUNDS		(+)
	BOWEL MOVEMENT	Ostomy to (R) of midline	ostomy to RLQ
	NGT/OGT	TF @ 80 cc/hr Jevity	TF (Jevity) 80cc/h (goal)
	TUBE FEDDINGS		
	DRAINS		4 mid abd drains
GU	VOIDING	Foley to gravity	Foley to gravity
	COLOR/CLARITY	Clear yellow	Clear yellow
SKIN	COLOR	Normal for race	Normal for Race, Warm, Dry
	INTEGRITY		mid abd / (R) flank / incisions 3° burn to (R) arm (R) lat upper chest. Burn to posterior (B) LE, drsg CDI. Decub posterior [illegible]
ACCESS	#1 TYPE/LOCATION/SIZE	18 ga to (R) wrist MSO4	18G PIV (R) wrist
	DRESSING CONDITION	@ 4cc/hr	MSO4 5cc/h
	IV FLUID/RATE		D5 @ 50cc/h
	#2 TYPE/LOCATION/SIZE		
	DRESSING CONDITION		
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC (b)(2)-2
ICU #1, [redacted]

DATE 11 Sep 03

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

NAME: EPW [redacted]

RANK:

AGE:

UNIT: (b)(6)-4

GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 17026

USAPPC V2.00

ICU1

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

Date: 12 Sept 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05
A-Line																								
NBP	144/79	127/71	115/70	123/69	132/75	137/74	155/82	133/80	140/89	134/75	135/73	137/76	132/78	129/82	146/81	163/73	143/77	134/78	135/82	133/73	134/76	127/69	135/72	140/77
TEMP		99.1		99.3		99.3	99.6	99.4	99.7	99.1	99.2		98.6				99.4			98.8				
HR	89	84	87	87	92	92	89	88	85	79	78	79	79	86	90	85	83	85	88	88	90	88	87	84
RR	32	25	25	27	32	27	29	28	25	22	26	22	25	24	34	28	31	29	34	27	30	26	26	30
SaO2	96	95	98	96	95	99	97	98	97	98	97	97	98	100	100	97	95	95	94	96	93	95	98%	98%
FiO2	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24	24	24	24	24	24	24	24	24	24	24
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC
MAP																								

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF D5W			50						50	50	50	50		50	50	50	50	50	50	50	50	50	50	50	50	
IVPB	50		50		100		100				50			100						150						
NGT																										
TF	80	80	80	80	80	80	80	80	80	80	80	80		80	80	80	80	80	80	80	80	80	80	80	80	
J Tube					50																					
Fentanyl														5	5	5	5	5	5	5	5	5	5	5	5	
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	Total
URINE	60/60	210/210	110/300	60/360	60/420	90/510	100/610	120/730	150/880	140/1020	110/1130	160/1290	1290	130/130	140/270	90/360	100/460	90/550	130/680	110/800	110/910	120/1030	120/1150		250/1400	
NGT																										
STOOL																										
DRAIN																	50									
JP #1														10												
# 2														12												
# 3														28												
# 4														18												
Total																										

MEDCOM - 17027

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0700	INITIAS [redacted]	1830	INITIAS [redacted]		INITIAS
NEURO	PUPLIS	PERRL		PERRL			
	SENSORIUM	pt Alert to stimulation		pt. alert to stimulation			
RESPIRATORY	RESPIRATION PATTERN	RR-27 POx 97%-4L		28			
	BREATH SOUNDS	Clear on (L) side (R)		coarse (B) L			
	SECRETIONS	side diminished in		Trach collar c 4L			
		Lower Lobes					
		Trach collar c 4L O2					
		Secretion (+) c Productive Cough					
SKIN	COLOR	Normal for Race		Normal for Race			
	INTEGRITY	warm dry. GSW to		Skin intact clean to touch.			
		Abdomen Burns to (R) Shoulder (R) forearm		GSW to abd.			
IV SITE	LOCATION	(R) wrist infusing DSW		(R) wrist infusing			
	CONDITION	@ 50cc/hr & Fentanyl (R)		D5W @ 150cc/hr			
		morphine 5cc/hr		Saline lock.			
		Dressing CDI		Morphine 5cc/hr			
				-0- infiltration to			
				site @ present time			
GASTRO	ABDOMEN	GSW Dressing CDI		GSW to abd. dressing.			
	BOWEL SOUNDS	Ileostomy JP drain x4		BS + x4 quiet but			
		BS present x4					
GU	URINE	voiding via Foley to		FC to BS			
	COLOR/CLARITY	gravity dark orange		dark yellow			
		clear		urine.			
CARDIOVASCULAR	CARDIACRHYTHM	HR-87 BP-134/76		HR 96 BP 124/71			
		Pulses strong x4		+ pulse to Q4			
				extremities.			

LEGEND
Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] 9WM6

DEPARTMENT/SERVICE/CINC ICU 1

DATE 13SEP03

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

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

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial line																		
BP Cuff	133/75	134/76	136/75		125/61	129/73	134/75	126/72		129/73	120/69	114/64	122/67	124/71	128/71	123/61	125/68	
Temperature		98.7		97.7			99.9							99.8				
Pulse	81	83	83		89	90	94	97		89	89	89	92	94	95	94	94	
Respiratory Rate	31	27	26		27	27	27	28		28	30	32	31	31	32	31	32	
SaO2	98	97	97		96	97	96%	95%		95%	96%	95%	96%	95%	96%	95%	95%	
FiO2	24%	24%	24%		24%	24%	24%	24%		24%	24%	24%	24%	24%	24%	24%	24%	
Source	TC	TC	To		TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	18	19	20	21	8°T
IVF (D5W)	50	50	50	50	50							15	15	15	15	15	15	
MS04	5cc	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	
TF	80	80	80	80	100	100	100	100	720	100	100	100	100	100	100	100	100	
IVAB			50				100		150			50		100				
~~J-tube meds/flush~~																		
J-tube meds/flush					50cc													
TOTALS																		

OUTPUT

URINE	HOUR	0	100	130	139	119	121	121	90	80	100	80	80	80	100	80	100	110	
	TOTAL	0	100	130	260	470	591				100	180	260	340	440	520	620	730	
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	JP 1													10					
	JP 2													10					
	JP 3													15					
TOTALS	JP 4													20					

POST-OP DAY

VITAL SIGNS	22	23	00	01	02	03	04	05
	100/68	134/73	124/66	115/66	118/66	115/66	122/70	117/68
					100°		99.3	
	94	93	93	92	309 92	92	93	93
	32	23	28	29	30	28	31	30
	95%	97%	99%	99%	99%	98%	95%	94%
	24%	24%	24%	24%	24%	24%	24%	24%
	TC	TC	TC	TC	TC	TC	TC	TC

INTAKE	22	23	00	01	02	03	04	05	8°T
	15	15	15	15	15	15	15	15	410
	/	/	/	/	/	/	/	/	/
	5	5	5	5	5	5	5	5	120
	/	/	/	/	/	/	/	/	/
TF	100	100	100	100	100	100	100	100	2320
IVPB		50	100						600
	/	50cm	/	/	/	/	/	/	/
J-tube Lock					10cc				60

OUTPUT	22	23	00	01	02	03	04	05	8°T
	70/800	140/440	70/110	160/170	70/140	70/310	120/330	90/520	1520
						J-tube #1	5		
						#2	5		
						#3	5		
						#4	5		
							20		

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES DAILY LIVING	TIME			TURN SUCTION	TIME
	MOUTH CARE				
	BATCH				
	SKIN CARE		2340		
	FOLEY CARE		2340		
	TRACH CARE		2340		
	ROM EXERCISES		2340		

24°180 TOTALS

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

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial line																		
BP Cuff	135/75	134/76	136/75		125/61	129/73	134/70	126/72		128/73	120/69	114/64	122/67	124/71	128/71	131/61	135/68	
Temperature		98.7		97.7			99.9							99.8	!			
Pulse	81	83	83		89	90	94	97		89	89	89	92	94	95	94	94	
Respiratory Rate	31	27	26		27	27	27	28		28	30	32	31	31	32	31	32	
SaO2	98	97	97		96	97	96%	95%		95%	96%	95%	96%	95%	96%	95%	95%	
FiO2	24%	24%	24%		24%	28%	24%	24%		24%	24%	24%	24%	24%	24%	24%	24%	
Source	TC	TC	TO		TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF (D5W)	50	50	50	50	50	200						15	15	15	15	15	15	
	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/	
MS04	5cc	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	
	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/	
TF	80	80	80	80	100	100	100	100	720	100	100	100	100	100	100	100	100	
IVPB			50				100		150			50		100				
~~J Heparin/Flush~~																		
J Heparin/Flush					50cc													
TOTALS																		

OUTPUT

URINE	HOUR	0	100	130	139	110	121	121	90	80	100	80	80	80	100	80	100	110
	TOTAL	0	100	130	260	370	391				100	180	260	340	440	520	620	730
	SP gr																	
	S/A																	
NG	OUTPUT																	
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	JP 1													10				
	JP 2													10				
	JP 3													15				
TOTALS	JP 4													20				

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

14Sept03

MI[redacted]L RECORD-SUPPLEMENTAL MEDICAL [redacted]
For use of this form [redacted]R 40-66; the proponent agency is The Office of [redacted]rgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0605	INTIL[redacted]		INTILAS	1820	INTI[redacted]
	PUPLIS					PERL	
	SENSORIUM	Pt unable to communicate c staff.				Respond to stimulation unable to make needs known.	
RESPIRATORY	RESPIRATION PATTERN					42	
	BREATH SOUNDS	Bilateral clear, Right diminished in lower lobes. Trach #8 shiley				course	
	SECRETIONS					Productive cough - Thick white secretions noted.	
SKIN	COLOR	Normal to Race				normal for race	
	INTEGRITY	Decub to back of head.				midline wound Decub to back of head.	
IV SITE	LOCATION	(R) wrist				[redacted] wrist	
	CONDITION	Ø S/S of infection or infiltration Infusing DS@ 15cc/hr MSO4 @ 5cc/hr.				~~Ø~~ S/S of infiltration ~~Ø~~ swelling/redness DSW @ 50cc/hr MSO4 @ 5cc/hr ~~TF @ [redacted]~~ TPC 100cc/hr	
GASTRO	ABDOMEN	BS active x 4 quads				Colostomy.	
	BOWEL SOUNDS	colostomy stoma pink producing pasty stool + gas					
GU	URINE	Pt voids via foley cath.				F/C to BS	
	COLOR/CLARITY	clear/yellow urine				dark yellow	
CARDIOVASCULAR	CARDIACRHYTHM	Sinus Rhythm 90's-90's				HR 97 SpO2 92	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU 1

DATE 14Sept03

PATIENT'S INDICATIONS (For typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DATE 4 Sept. 03 | DX SP (...) to abd | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	05	02	03		04	05	06	11	12	13	20	21	
BP Arterial line																		
BP Cuff	119/66	109/65	117/64	110/63	117/65	115/63	114/69			113/67	106/64	106/63	107/62	104/55	108/59	111/59	113/62	
Temperature	99.5											99.8			100.1			
Pulse	92	93	95	95	97	95	91	92		91	85	87	89	97	100	99	98	
Respiratory Rate	29	34	30	30	30	29	25	29		30	44	47	28	42	32	28	31	
SaO2	99%	94%	95%	95%	95%	97%	96%	96%		96%	96%	95%	97	92	94	93	92	
FiO2	24%	24%	24%	24%	24%	24%	24%	24%		24	24	24	24	24	24	24	24	
O2 Method	TC	TC	TC	TC	TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	

INTAKE

TIME	06	07	08	09	10	05	02	03	8°T	04	05	06	11	12	13	20	21	8°T
IVF (D5W)	15	15	15	150	50	50	50	50		50	50	50	50	50	50	50	50	
TF (Jevity)	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
MSO4 gtt	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	
IVPB	100		50		100		100					50		100				
G-Tube					50													
TOTALS	220	120/340	170/510	155/465	250/715	155/870	235/1130	155/1285	1285	155	155/310	205/515	155/670	255/925	155/1080	155/1235	155/1390	1390

OUTPUT

URINE	HOUR	100	130	130	70	70	95	70	110		110	70	70	70	70	70	160	70	
	TOTAL		230	360	430	500	595	665	775	775		180	250	320	390	460	620	690	690
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	JP 1																		
	JP 2													See					
	JP 3													See					
	JP 4													10cc					
TOTALS														5cc					

POST-OP DAY

VITAL SIGNS	22	23	00	01	02	03	04	05
	I							
	113/61	112/64	121/66	114/69	117/65	118/68	114/66	119/65
	100.3			100.3			99.9	
	99	98	100	100	98	100	100	100
	28	29	30	25	30	30	29	27
	94%	94%	94%	95%	95%	94%	95%	94%
	24%	24%	24%	24%	24%	24%	24%	24%
	TC	TC	TC	TC	TC	TC	TC	TC

INTAKE	22	23	00	01	02	03	04	05	8°T
I	50	50	50	50	50	50	50	50	1095
	100	100	100	100	100	100	100	100	2400
	5	5	5	5	5	5	5	5	125
		100	50						650
	10								10
									4280

OUTPUT	22	23	00	01	02	03	04	05	
	90/180	90/180	120/90	100/100	120/120	100/130	100/140	100/150	2405
							5		
							5		
							5		
							5		20

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATCH									
	SKIN CARE	2100								
	FOLEY CARE	2100			SUCTION	1900				
	TRACH CARE	2144				2100				
	ROM EXERCISES	2100				0316				

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

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

15Sept03

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

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0615	INITIAL [redacted]	INITIALS	1830	INITIAL [redacted]
NEURO	PUPILS		3mm PERRLA			Perrla 3mm ~~bilat~~	
	SENSORIUM		Unable to express			– does not follow	
			needs, confused			commands	
			MSO4 gtt @ 5mg/° for			– responds to painful stimuli	
			pain control			– MSO4 @ 5mg/hr	
RESPIRATORY	RESPIRATORY PATTERN		RRR 30's TC 24% FiO2			even unlabored #8	
	BREATH SOUNDS		humidified air. Clear			shiley cuff deflated	
	SECRETIONS		throughout & coarse			– coarse crackles throughout	
			rhonchi (R) lobe. Copious			– good strong cough	
			white/yellow tinged			– thick yellow sputum	
			sputum. #8 shiley trach				
SKIN	COLOR		mid abd + (R) flank drsg C,D,I			normal for race, (R) chest	
	INTEGRITY		dermabond head, B/S drsg intact			Abdomen, head, (B) ~~to~~ dressings	
			JP 1-4 intact + to bulb suction			CDI	
IV SITE	LOCATION		(R) wrist & CDS/s of infection			(R) wrist ~~CDS~~ S/S of infiltration	
	CONDITION		NSW @ 50cc/° + MSO4				
			gtt @ 5cc/° infusing				
GASTRO	ABDOMEN		soft, nontender. BS(+)		–	soft, ND, BS x 4 quad	
	BOWEL SOUNDS		normal in all 4 quad. (+)		–	J-tube security @ 100 cc/hr	
			J-tube & Jevity @ 100cc/hr		–	(R) colostomy, soft, loose	
			(R) colostomy & loose bm's			brown stool,	
GU	URINE:		Foley to gravity draining		–	foley, ~~to~~ clear, yellow	
	COLOR/CLARITY		dark yellow urine			adequate amt	
CARDIOVASCULAR	CARDIAC RHYTHM		ST & occasional PVC's			ST & occasional PVC's	
			HR 103. Cap refill <3sec			S.S.r, cap refill <3sec	
			in all 4 ext. Generalized			resolving edema	
			edema throughout				

LEGEND

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

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU1

DATE: 15Sept03

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

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

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

DATE 15 Sept 03 | DX 3 P GSW to abd | PAGE 2 OF

VITAL SIGNS	TIME	06	07	08	09	10	11	12	13	—	14	15	16	17	18	19	20	21	—
	HOSPITAL DAY																		
	BP Arterial Line																		
	BP Cuff	124/68	123/69	123/68	112/64	118/62	119/71	111/66	129/73		118/66	115/65	114/67	115/67	110/66	113/65	115/66	115/68	
	Temperature	100.4	100.3	98.4	99.4	99.5	98.4	99.4	100.6		100.4	100.4	100.4	100.4	100.4		100.1	99.9	
	Pulse	103	105	103	101	101	101	94	95		93	94	95	97	98	99	100	100	
	Respiratory Rate	31	37	27	27	21	20	19	40		31	31	31	30	32	30	29	31	
	O2 sats	94%	94%	95%	96%	96%	95%	95%	97%		95%	95%	98%	96%	96%	96	95	95	
	Source	TC	TC	TC	TC	TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	
	FiO2	24%	24%	24%	24%	24%	24%	24%	24%		24%	24%	24%	24%	24%	24	24	24	

INTAKE	TIME	06	07	08	09	10	11	12	13	8° T	14	15	16	17	18	19	20	21	8° T
	D5W	50	50	50	50	50	50	50	50	400	50	50	50	50	50	50	50	50	400
	MSO4	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	40
	IVPB	100		50		100		100		350			50		100				150
	TF	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	800
	Hubmed/Plus					70				70									
	TOTALS																		

OUTPUT		HOUR / TOTAL	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
	URINE		47 / 47	48 / 95	100 / 195	115 / 310	100 / 410	120 / 530	70 / 600	110 / 710	800	90 / 800	70 / 870	50 / 920	125 / 1045	70 / 1115	60 / 1175	70 / 1245	70 / 1315	580
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS	JP1							X+		X+			X+				X+	
		JP2												10					
		JP3												10					
	TOTALS	JP4												5					
														0					

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

POST-OP DAY

VITAL SIGNS

22	23	00	01	02	03	04	05	—
118/69	121/69	111/67	118/74	140/82	124/73	125/75	119/79	
99.8	99.8	99.8				99.1		
100	101	102	105	101	104	102	105	
28	30	30	28	30				
95	97	99	96	97	96	94	96	
TC	TC	TC	TC	TC	TC	TC	TC	
24	24	24	24	24	24	24	24	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

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

INTAKE

22	23	00	01	02	03	04	05	8° T
50	50	50	50	50	50	50	50	400
5	5	5	5	5	5	5	5	40
		150						
100	100	100	100	100	100	100	100	800
10								

LABORATORY DATA

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

OUTPUT

75	60	60	100	100	80	60	80	595
			XT		XT			
					10			
					10			
					5			
					Ø			

ACTIVITIES OF DAILY LIVING

TIME	220
MOUTH CARE	✓
BATH	
SKIN CARE	
FOLEY CARE	✓
TRACH CARE	✓
ROM EXERCISES	✓

TURN — TIME

SUCTION

24° I&O TOTALS

wt Yesterday ______ wt Today ______

INTAKE: ~~IV~~ 4450; ~~PO~~ ______

OUTPUT: Urine: 175; JP 50

TOTAL ______ TOTAL 1225

BALANCE +3225

NURSE'S SIGNATURE | INITIALS

[redacted] (b)(6)-2

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

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OTSG APPROVED (Date) OA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0600	INITIALS [redacted]	INITIALS	2000 INITIALS [redacted]
	PUPILS	3mm PERRLA, able			3mm Perrla [redacted]
	SENSORIUM	to follow simple commands			unable to express
		(need interpretation) unable			needs
		to express needs			
RESPIRATORY	RESPIRATORY PATTERN	Tachypnea RR 30s #8.0 shallow			Resps 20's-30's
	BREATH SOUNDS	trach c FIO2 24% humidified			Trach c humidified air
	SECRETIONS	air. Coarse crackles BLL			Crackles BLL.
		Thick white/yellow secretions			coughs up thick
					white secretions
SKIN	COLOR	midline abd + R flank wound			midline abd wound +
	INTEGRITY	drsg C,D,I. Decub head + blisters			R flank wound
		BLE drsgs intact			Decub head + BLE Drsg CDI
IV SITE	LOCATION	R wrist c 0% of infection			R wrist
	CONDITION	MSO4 gtt @ + ASW @			MSO4 gtt c + NS @ 50cc
		50cc/hr infusing			
GASTRO	ABDOMEN	soft, nontender			soft, nontender
	BOWEL SOUNDS	(+) in all 4 quadrants			+ in all 4 quads
		R J-tube c jevity @			J-Tube c jevity @100
		100cc/hr			
GU	URINE:	foley to gravity draining			foley to gravity
	COLOR/CLARITY	c dark yellow urine			light yellow urine
CARDIOVASCULAR	CARDIAC RHYTHM	ST c 0 ectopy @ this time			ST 0 ectopy
		HR 115. +1-+2 pitting edema			Cap refill < 3sec
		R UE + BLE. Cap refill < 3sec.			
		mall 4 ext. +2 palpable			
		pulses mall 4 ext.			

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

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(Continue on reverse)

PREPAR[redacted]

DEPARTMENT/SERVICE/CLINIC: CV 1

DATE: 16 Sep 03

PATIENT'S ID[redacted] typed or written entries give: Name—last, first, middle; grad[redacted]pital or medical facility)

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 16 Sep | DX | HOSPITAL DAY

VITAL SIGNS

TIME	6	7	8	9	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial Line	130																	
BP Cuff	79	118/84	147/84	134/80	140/82	142/68	126/73	129/76		131/74	148/85	124/85	156/81	140/81	!		140/85	
Temperature	97.7	98.2	99.0	98.9	98.5	98.1	97.4	97.9		97.5	—	97.2	98.0	99.1				
Pulse	109	118	114	107	98	92	94	94		89	104	101	100	103			127	
Respiratory Rate	30	21	29	24	31	29	15	19		22	26	38	22	15			19	
SpO2	96	96%	97%	98%	98%	99%	99%	97%		98%	98%	95%	99%	98%			96%	
Source	TC	TC	TC	TC	TC	TC	TC	TC		TC	RA	RA	RA	RA			RA	
FiO2	24	24	24	24	24	24	24	24		24	—	—	—	—				

INTAKE

TIME	6	7	8	9	10	11	12	13	8° T	14	15	16	17	18	19	20	21	8° T
D5W	50	50	50	50	50	50	50	50	400	50	50	50	50	50	50	50	50	400
MSO4	5	5	7	7	7	7	7	7	52	7	7	7	7	7	7	7	7	56
IVPB	100	—	50	—	100	—	100	—	350	—	—	50	—	100	—	—	—	150
TF	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	700
J-tube flush/Med	—	—	—	—	40	—	—	—	40	—	35	—	—	—	—	50	—	85
TOTALS																		

OUTPUT

		HOUR / TOTAL																	
URINE		120 / 120	140 / 260	140 / 400	110 / 510	80 / 590	120 / 710	125 / 835	115 / 950	940	120 / 1060	90 / 1150	16 / 1166	54 / 1220	110 / 1330	125 / 1455	125 / 1580	100 / 1680	1680
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL		xi					xi			xi				xi		xi			
DRAINS	JP1																		
	JP2																		
	JP3																		
TOTALS	JP4																		

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	04	05
	156/76	131/79	115/67	113/65	114/66	129/77	140/82	151/86
	98.7				99.1			98.6
	121	112	107	108	111	121	112	110
	12	30	26	31	28	22	19	26
	98%	95%	92%	92%	93%	96%	98%	96%
	RA	RA	RA	RA	RA	RA	RA	RA

INTAKE	22	23	24	01	02	03	04	05	8° T
	50	50	50	50	50	50	50	50	400
	7	7	8	8	8	8	8	8	62
	—	—	150	—	—	—	—	—	
	100	100	100	100	100	100	100	100	800
	—	—	—	—	—	—	—	—	

OUTPUT									
	100/1740	200/1440	100/2640	100/2640	100/2640	110/2310	110/2500		
								5	
								4	
								4	
								2	

ACUITY LEVEL CLASSIFICATION

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

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

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

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS

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