# [redacted] RECORD-SUPPLEMENTAL ME[redacted] DATA

For use of [redacted]rm, 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

**SHIFT ASSESSMENT** b(6)-2

| | | TIME: 0600 INITIALS [redacted] | TIME: INITIALS: |
|---|---|---|---|
| NEURO | PUPILS | 3mm PERRLA, ABSENT to | |
| | SENSORIUM | Follows commands + express | |
| | EXTREMITY MOVEMENT | moves, limited RUE (R) | |
| | SEDATION | arm due to ex-fix, MSO4 | |
| | PAIN CONTROL | IVP MSO4 q2 pain control | |
| | | mod + raised for comfort | |
| RESP | RESPIRATORY PATTERN | RRR 18, equal chest rise | |
| | BREATH SOUNDS | CTA + diminished | |
| | SECRETIONS | | |
| | O2 SOURCE/FLOW/SAO2 | | |
| | VENTILATOR SETTINGS | | |
| CV | CARDIAC RHYTHM | SR, S1S2 (-) murmur, cap refill | |
| | CAPILLARY REFILL | <3 sec in all ext. +2 palpable | |
| | PULSES | pulses in all ext. (-) edema | |
| | EDEMA | noted. | |
| GI | ABDOMEN | soft, nontender (+) BS in all | |
| | BOWEL SOUNDS | 4 quadrants, normal, (-) BM | |
| | BOWEL MOVEMENT | (x) 4 this time | |
| | NGT/OGT | | |
| | TUBE FEDDINGS | | |
| | DRAINS | | |
| GU | VOIDING | urinal, OOB to Bathroom | |
| | COLOR/CLARITY | & assistance. | |
| SKIN | COLOR | (-) arm rad splint & ex-fix upper | |
| | INTEGRITY | arm. Drsg c/D,I + arm elevated | |
| | | Drg (R) upper thigh c/D,I | |
| ACCESS | #1 TYPE/LOCATION/SIZE | (R) FA S.L c (-) S/S of infection | |
| | DRESSING CONDITION | Flushes well. | |
| | IV FLUID/RATE | | |
| | #2 TYPE/LOCATION/SIZE | | |
| | DRESSING CONDITION | | |
| | IV FLUIDS/RATE | | |

*(Continue on reverse)*

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC (b)(2)-2
ICU #1 [redacted]

DATE 19 Sept 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: 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

# ICU1

Patients Name: Civ [redacted] b(6)2

Date: 19Sep03

| 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 | 115/67 | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP | 98.6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| HR | 84 | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR | 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SaO2 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | |
| FiO2 | / | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PB | | | 50 | | | | | | | | | | | | | | | | | | | | | | | |
| GT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 18642

# ADMISSION AND CODING INFORMATION

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

| 1. REPORTING MTF | 2. MTF LOCATION (State or Country Code.) |
|---|---|
| A I I D I | I Z |

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| [redacted] | EPW [redacted] b(4)-4 | | M |

b(6)-4

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| [redacted] | 23y | X | 9 | UNK |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER b(6)-4 |
|---|---|---|---|
| | N/A | ~~99~~ 20 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| N/A | U | 0600 | N/A |

b(6)-4

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| | K 7 8 | [redacted] |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION YEAR |
|---|---|---|---|
| I Z | | | ☑ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| O b(2)-2 | ICU 1 | UNK |

| NAME AND LOCATION OF FOREIGN TREATMENT FACILITY | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
|---|---|
| [redacted] | UNK |

| | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
|---|---|
| | UNK |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| ~~01~~ 05 | | 03 ~~09~~ 30 |

| 24. CLINIC SVC · ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| A F A A | | 03 09 08 |

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

FOR LOCAL USE

DX: SHRAPNEL (R) ARM / GSW (L) LEG

b(4)-4

| ADMITTING OFFICER | SIGNATURE OF ADMITTING CLERK |
|---|---|
| [redacted] COL [redacted] | [redacted] SPC, MC |

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER [redacted] | 2. NAME (Last, First, MI) UNK - NAME # [redacted] b(6)-4 | | | | 3. GRADE CIV | ADMISSION REMARKS |
| 4. SEX m | 5. AGE 25y | 6. RACE X | 7. RELIGION MUSLIM | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION NO |
| 11. FMP 99 | 12. SSN [redacted] | | 13. ORGANIZATION b(6)-4 | | | 14. WARD ICW1 |
| 15. FLYING STATUS | 16. OSG | BEN K78 | 18. BRANCH/CORPS | 19. UIC/ZIP | | 20. TYPE CASE WIA |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct From ER | | | 22. HOURS OF ADMISSION 1430 | 23. CLINIC SERVICE Orthopedics | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | 25. TYPE DISPOSITION D/C TO CAMP | 26. DATE OF DISPOSITION 13 OCT 2003 | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION 8 Sep 2003 | | ADMITTING OFFICER |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | 30. DATE OF INITIAL ADMISSION | | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED |

31. [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Dx: ① GSW
② S/P I+D of leg wounds.

Dx:
821.10
959.7
958.8
959.6
959.5
E991.2

Px:
78.15
89.62
38.80 (x4)
83.09
99.04

**35. Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 36 | 36 |

**36. Total Days All Facilites** b(6)-2

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | [redacted] | [redacted] | 36 | 36 |

SIGNATURE OF ATTENDING MEDICAL OFFICER

DR. [redacted]

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

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

25 yo CIV male presents to ED s/p left ext fix of femur & IED of left calf + right thigh. Pt c̄ good pain control o/w ∅ complaint GCS = 15

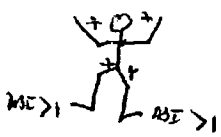
PMH: ∅ PSH: ∅ Meds: ∅ Allg: ∅

PHYSICAL EXAMINATION

GCS = 15 VS HR 130 BP 126/70 RR 18

H: NC
E: Lidoms PERL
N: ∅ Hemotympanum
T: ∅ Gingivitis
Clear

Neck: NT Approm
Lungs: CTA
CVS: Tachycardic
Abd: Soft, NT, ND ⊕BS NBG Part
Pelvis: Stable
Rectal: Guaiac Tone ∅ Blood




Neur: CN II–XII intact
Motor strength appropriate for injuries
Sensory: Light touch intact

Ext fix – left femur
Dressings over left calf wound + ⊕ thigh.

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

Dx: LBFT femur fx
Left LE soft tissue injury
Right thigh soft tissue injury
Right digit injury

b(6)-2 [redacted]

| SIGNATURE O[redacted] | DATE 8 Sep 03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| PATIENT'S IDE[redacted] typed or written entries give Name last, first, [redacted]ddle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

**ABBREVIATED MEDICAL RECORD**
**Standard Form 539**

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

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 8 Sep 03 | 24 yo ♂ arrived via FWA @ 0945 from FSB. |
| 0845 | Ex-Hx on ⓓ Femur c̄ blood soaked Kerlix. |
| | Ace wrap to ⓓ Femur and Splint to ⓓ L Ext. |
| | Foley in place c̄ clear yellow urine. 18g |
| | IV to ⓓ hand c̄ infusing. VSS ST 138 HR. |
| | 99% RA. 124/35 / 16. Pt AOx3. |
| | Drsg's reinforced on LLE and ⓓ Femur. |
| | Dr. [redacted] in for FAST Exam, Pt Rolled ∅ |
| | obvious injury to neck / back. WAMS Sent |
| | and Portable X-Ray in for PA and Lat |
| | of Bilat Femur and ⓓ Tib Fib. Pt Stable |
| | @ this time. Will [redacted] to monitor. |
| 0920 | X-Ray complete. Pt ready for transport. Report |
| | given to ICU3 — [redacted] |
| | b(6)-2 |

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

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

[redacted] b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

8 Sept 03
1430

Ortho Op Note

Pre Op Dx:
(1) Grade III open (L) femur fracture
(2) (L) calf wound
(3) (R) posterior thigh wound

Post Op Dx
(1) Grade III open (L) femur fracture
(2) (L) thigh compartment syndrome
(3) (L) calf wound
(4) (R) posterior thigh wound

Procedure: (1) I+D all wounds
(2) Release (L) thigh compartment syndrome
(3) Adjust [redacted] (1) femoral IM-FIX,
Diagram [redacted] b(6)-2
EBL 100 cc's
Blood 2 units PRBC
Findings - large hematoma in thigh compt.
Skin and SQ thoroughly removed, which
released compartment syndrome. Good alignment

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

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

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

USAPA V2 00

(same as previous page)

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

8 Sept 03
1440

Ortho Op Note

Pre-Op Dx:
(1) Grade III open (L) femur fracture
(2) (L) calf wound
(3) (R) posterior thigh wound

Post Op Dx
(1) Grade III open (L) femur fracture
(2) (L) thigh compartment syndrome
(3) (L) calf wound
(4) (R) posterior thigh wound

Procedure: (1) I+D all wounds
(2) Release (L) thigh compartment syndrome
(3) Adjust (L) femoral ex-fix.

Surgeon [redacted] b(6)-2

GBC 100 cc's

Blood 2 units PRBC

Findings - large hematoma in thigh except. Muscle and SQ sloughed removed, which released compartment syndrome. Good alignment

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

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

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | |
| | b(6)-2 |
| | [redacted] |
| | [illegible] |

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 08Sep03 | Pt arrived from EMT @ 1030 via litter accompanied by |
| 1100 | EMT staff. Pt alert & follows commands. HR 130's - 140's. |
| | Temp 96.0°F. lungs CTA, no respiratory distress. hypoactive BS |
| | X4 Q. Foley to gravity draining clear amber urine. hands & feet |
| | cold to touch cap. refill >3sec. +1 radial pulses. pedal pulses |
| | doppler. Started NR @ 125cc/hr in hand IV. Dressings to legs |
| | wounds reinforced, c large amount [redacted]. Pt [redacted] go to OR later |
| | today. Will continue to monito[redacted]T/AN |
| 1145 | Pt. to OR. b(a)-2 [redacted] |
| 1435 | Pt come back from OR via litter intubated, placed on vent. SIMV 16 |
| | TV 700, $FiO_2$ 50%, PEEP 4 ETT @ 22cm lip. CL @ IJ infusing the 3rd |
| | PRBC's. A-line @ femoral. Temp. 92.2. Pt. cover c blanket & |
| | heatlamp on. HR NSR 80's. skin cold & dry capillary refill >3sec. |
| | +1 radial pulses. doppler pedal pulses. Per report pt. given 3000cc |
| | crystaloids. 1000cc hespan OU 200cc. Given 2U PRBC's for H&H 4-14 |
| | Sedated c 50mcg Fentanyl, 3mg versed & 100mg ketamine. minimum |
| | blood lost. VS HR 101 BP 151/77 $O_2$ sat 100%. Will continue to |
| | monitor. |
| 1500 | 4th U PRBC's started. temp. 92.2 b(a)-2 |
| 1615 | 4th Unit PRBC's finished BP 179/79 HR 85 [redacted] $SO_2$ 100% |
| | temp 94.5. Pt was given a total of 4 units [redacted] D5. |
| 1620 | Pt awake. extubated & placed on nonrebreather [redacted] 15L/min |
| | $O_2$ sat 100%. Tolerated well. |

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

[redacted] b(a)-4

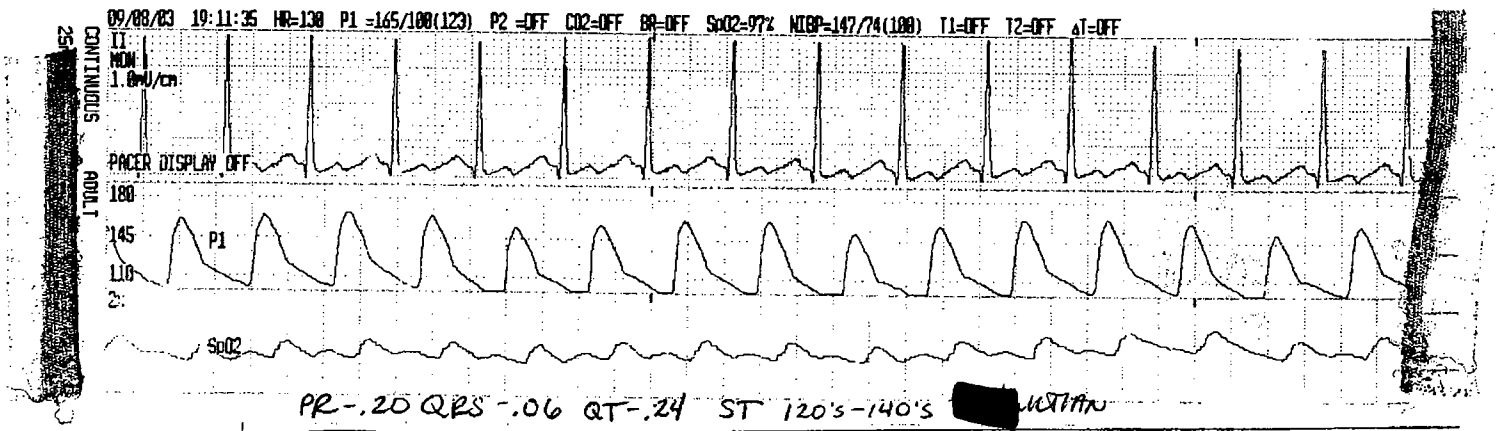
PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

b(6)- 2 AM

## PROGRESS NOTES

| DATE | |
|---|---|
| 08 Sep 03 1730 | Pt's temp [redacted] 7. heat lamp turned off. Will continue to monitor. [redacted] 145/40 |
| 08 Sept 2003 | (1915) Received [redacted] from LT [redacted] and assumed care of pt @ 1815. See OA form 4700 OP 375 for assessment data. Hard time assessing pt R/t language barrier. Pt stated being in a little pain. HR T in 130's to 140. 4mg MSO4 given as ordered to see if that would help HR. HR ↓ to mid 120's-130. Pt was weaned from a NRB 15L to RA ō sats 96% or greater. Pt could move BLE. Had to use doppler for pedal pulses. Cap refill < 3sec. Cool extremities (feet) L > R. UTA full sensation. Opened eyes when touched feet. Hard to tell if drainage (serosanguineous) is coming from a (R) groin of a-line or bandage on (R) thigh. Continue to monitor [redacted] |




(2045) Dr [redacted] came to see pt @ 2000. New orders. Informed about ↑ HR and BP ↓ gradually and Temp gradually ↑. 2 amps bicarb given. [redacted]

(2110) ABG drawn as ordered. $PO_2$ 56. Pt placed on 4L NC. On pulse ox sats 96% up to 100%. Had pt use I.S. x10. Tolerated well. Pt HR down to around 125 BPM. [redacted]

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

b(6) - 2 A11

| ST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 9Sep03 | 1630 - dressing changed on L leg. Wounds red and drainy looking. R leg dressing not changed [redacted] LPN |
| 09Sep03 2000 | USS-Alert X3 cardiac to (R) Jugular; A-line to (R) fem - Respirat line to (L) hand LRE Basal lung allen patent O2S/S infiltrate. dress to legs dry & intact O drainage. Pins intact, Pecola 3cm - HR - NSR - Lungs CTA BIL RSP - eupnea Spo2 99% on 14lm O2 via NC BS(+) x4 quads Pedal pulses +2 doppler usal. Radial +3. cap Reflex <3sec. Able to move U and L Extremities, (L) leg abnl to ankle to toes. Pelvis to gravity pulling out local chn URNE. 100cc/hr. MSO4 4mg q1m for c/o (R) leg pain [redacted] RN/CO |
| 09 10Sep03 [redacted] 2000 | MSO4 4mg IVP q1m for c/o (L) leg pain. [redacted] |
| 09 10Sep03 [redacted] 2100 | USS - Resting quietly T HOB↑. LRE Bs ↓ to O hand is patent. Pelvis to gravity 100cc clear yellow URNE output. O2 @ 14lm via NC. Spo2 98-100%. [redacted] |
| 09 10Sep03 [redacted] 2200 | MSO4 4mg IVP q1m for c/o leg pain. dress clean/dry pins in place O active bleeding soak through noted [redacted] RN/CO |
| 10Sep03 0030 | MSO4 2mg IVP q1m for c/o (L) leg pain. - SGT [redacted] |
| 10Sep03 0200 | Resting quietly c̄ O further c/o (L) leg pain. O2 @ 14lm via NC SPO2 98-100%. T-99°. Will continue to monitor. [redacted] RN/CO |
| 10Sept03 0300 | MSO4 4mg IVP q1m for c/o (L) leg pain. - SGT [redacted] RN/CO |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-3

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

8Sep03 (2225) ABG redrawn. PO2 140. O2 turned down to 1L NC. ABG to be redrawn. Pt bathed and linen/chux s'd from underneath pt. 2mg MSO4 given prior to turning. Pt tolerated well. Interpreter talked c̄ pt and went over pt. care (I.S., pain medicine, operation). Pt worked on Incentive Spirometer again. Did better this time. Pt given H2O. No problems. Temp going down 100.2°F [redacted]

(2300) ABG results. PO2 66. Turned up to 2L NC. [redacted] TAN

(2345) Pt woke up c/o pain in legs. 2mg MSO4 given. [redacted] AN

(0430) Pt been sleeping all night. Arouses easily if needed. Woke up stating having pain in legs. MSO4 given as ordered. Labs drawn and sent to lab. Pt worked c̄ I.S. Got ABG results. Turned O2 from 2L down to 1L. Pt went back to sleep. [redacted] AN

9Sep03 0600 - Received pt from Pt Hys. VSS. Assessment done. A+O×3, bandage to right thigh has small amount of drainage. Ex fix on left femur. IV in L Hand LR@125c/hr. RIJ saline locked, flushes, site c/d/i. R femoral A line, site oozing blood. Pt has +2 edema [redacted] in hands and groin. Pt sats 95-98% 1LNC. Pt refused breakfast. 1200 - Pt ate 50% of lunch. Tolerated well. Pt pain controlled c̄ MSO4 q 1½°. [redacted] LPN

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

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| b(6)-4 # [redacted] | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

10 SEP 03
1526

Ortho Op Note

Pre Op Dx:
(1) Open (L) femur fracture with x-RX
(2) (L) thigh compartment syndrome
(3) (L) calf wound
(4) (R) posterior thigh wound

Post Op Dx: Same

Procedure: I&D of wound, vessel loop closure ≈ 50%, (L) thigh at diff.

Surgeon: [redacted] b(6)-2

Anesthesia: MAC

Findings: Wounds clean. No muscle necrosis of (L) thigh. Irrigated 6 liters. Vessel loop closure ≈ 50%, thigh at diff.

Plan: IV antibiotics. Transfer to IGW. X-RAY in AM. Repeat I&D in 48 hours, continue closure attempts.

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) |
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b(6)-2

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b(6)-4

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| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 12 SEPT 03 1200 | Author Op Note<br>Pre-Op Dx (1) OPF (L) femur fx with compartment syndrome<br>(2) (L) calf wound<br>(3) (R) peroneal palsy GSW<br>Post Op Dx - same<br>Procedure (1) I+D (L) calf wounds<br>(2) DPC (R) thigh wound<br>EBL - MIN<br>Est loss - 1200 cc<br>Specimen - Thigh wound gram stain sent on (L) thigh. (R) thigh wound gram stain & 2-3 cmsy with vessel loop. Calf wound closed to 1cm with vessel loop<br>PLAN:<br>Repeat I+D in 48 hours. Trial of DPC.<br>[redacted]<br>b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

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(b)(6)-2 All

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 12 Sep 03 1330 | - Recieved pt. from recovery s/p I+D of (L) LE. Leg c external fixator minimal drainage to bandages. Kerlix and ace bandage wrap. Lungs CTA. HRRR S1 S2 present. Active BS x 4 quads. Urinating per foley to gravity clear yellow urine ⊘S. PIV site (L) AC infusing LRC 125 cc/hr. Good circulation to LLE AEB. strong pedal pulse, able to wiggle toes. cap refill < 3 secs. Will cont to monitor — [redacted] |
| 12 Sept 03 1400 | I concur c above assessment. Restraint x 2. Skin integrity & circulation intact & assessed throughout shift. — [redacted] |
| 13 Sep 03 0700 | Assumed care of pt. A+O x3 VSS. AM care complete. ⊘ c/o pain or discomfort @ this time ⊘ signs of SOB O2 SAT 95% on RA. Lungs CTA c̄ productive cough. HRRR Active BS x4 quads Tolerating PO poor appetite. Foley to gravity ⊘S clear yellow urine Will be NPO p̄ MN for surgery 14 sep 03 will cont to monitor — [redacted] |
| 13 Sep 1600 | Pt c/o pain to abd felt distention foley cath d/c'd due to occlusion Will cont to monitor VOP — [redacted] |
| | (b)(6) I concur c above assessment — [redacted] |
| 13 SEP 03 2021 | VSS. AO. Speaking some Italian and small amount of English. (+) pulses to BLE. (2) Ex Fix intact c̄ ASS |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
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| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
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PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO. ICU #1

# [redacted] b(6)-4

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

MEDCOM - 18657

to both legs. Pt c/o bladder distention and ↑ by MD. Foley placed
c >500cc voided and left in place. Pt stated feel better after
foley placed and bladder drained. Voiding light yellow urine.
VS @ 125 c/hr and UO ↓ MD. Pt tolerated procedure well. Cont to
monitor. [redacted]

14 Sep 03 Orthopedic Op Note

Pre-Op Dx GSW to ⓒ thigh & calf

Post Op Dx - Same

Procedure: I&D of wounds, DPR of wounds

Surgeon [redacted]

GBC ~ 30'

BP (115) ~ 600 LR UOP 400

Findings - Wounds clean. Thigh wound closed to 2 cm. Calf wound closed with moderate tension

Plan: Repeat I&D, DPR in 48 hours

[redacted]

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES b(2) - 2 |

Ortho Transfer Note - [redacted]

13 Oct 03 0745 — 26 YO ♂ with GSW to (L) femur, (L) calf and (R) thigh. Been at an FST on 8 Sept, had external fixator applied there to (L) femur and sent here. Found to have thigh compartment syndrome, wound opened, F&S. Afterwards had multiple I+Os with eventual wound closure.

Currently with acceptable alignment, but minimal healing of bone.

Plan:

1. PROCOCET 1-2 PO. Q 4-6 HRS PRN #20
2. Crutches, toe touch weight bearing
3. Pin care BID with hydrogen peroxide
4. Return as out patient in 4 weeks for repeat X-RAY.

[redacted]

COL [illegible]

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

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| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES b(6)-2 AM |
|---|---|
| 14 Sep 03 0200 – | Assumed care of pt. A+O x3 NPO for surgery this am remained NPO. External fixator to LLE secured c xerlix and ace bandage. GSW to (R) thigh secured c ace bandage Ø c/o pain or discomfort @ this time IV ABX therapy cont. LR @ 125 c/hr Foley to gravity 1000cc emptied this am light amber colored urine. Will cont to monitor. [redacted] 9 Wm |
| 14 Sep 1030 | – Off floor to OR [redacted] 3 Wm |
| 14 Sep | 1320 – Returns from recovery post I+D to (L) LE external fixator. Also I+D of GSW to (R) thigh. LR @ 125 to (L) A.C. Foley to gravity. Resume previous orders. Will cont to monitor [redacted] 9 Wm |
| 14 SEP 03 2101 | VSS. AO x3 to (R) thigh S'd. CDE intact. wound is clean. (+) pulses to BLE. Child c/o pain and provided 2 Percocet. O2 nasally remains to (R) knee. Encouraged to lead (R) knee @ times. [redacted] Hyppel |
| 15 SEP 03 | (1600) Assumed care of pt @ 0600 c̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Drsg to (R) thigh and LLE Δd this am. Wet → dry drsg applied to wound on (L) thigh. All wound sites s̄ s/sx infection. Pt OOB to chair c̄ assist of staff. Pt tol well. Pt able to move BLE. Cap refill < 3 secs. (+) pedal pulse equal bilat. Skin warm to touch. 18g IV started in (L) forearm. IVF infusing s̄ difficulty. IV in (L) ac dlcd d/t infiltration – catheter intact. Pt tol. reg diet well. Foley draining quantity sufficient clear yellow urine. 2 point restraints in place s̄ s/sx |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

b(6)-2

15SEP03 (cont) complications. Will continue to monitor [redacted]

15Sep03 1940: VSS, Ø c/o pain, A+O X3, external fixator to (L) LE intact c̄ Dsg & ace wrap CDi. 2+ pulse and 2+ edema to (L) LE. Dsg to (R) upper thigh CDi. 2+ pedal pulse and 2+ edema to (R) LE. IV to (L) arm running LR@125cc/h. Foley to gravity draining orange/amber colored urine. Continuing IV antibiotics around the clock. Skin integrity intact to extremities restrained. Encouraged PR. Will continue to monitor. [redacted]

b(6)-2

16SEP03 (1435) Assumed care of pt @ 1400 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. INFs SLD in IV in (L) forearm. Ø S/Sx infiltration/infection. Foley to gravity draining quantity sufficient clear yellow urine. Ex fix in place on (L) thigh. Drsg to ex fix Δd - Ø S/Sx infection. Drsgs to (R) thigh and (L) calf Δd. Sm. amount sero-sang drainage noted on old drsgs. (+) pedal pulses equal bilat. Cap refill <3secs. Pt able to move toes on bilat. feet. Pt OOB to chair c̄ assist of walker and staff. Tol. well. Pt tol. reg. diet.

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
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| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
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| #[redacted] | | |

b(6)-4

PROGRESS NOTES
Medical Record

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b(6)-2 A11

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
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| DATE | NOTES |
|---|---|
| 16SEP03 | (cont) well. 1 point restraint in place ~ sisx complications. Will continue to monitor. ( [redacted] UAW |
| 16SEP03 1925 | VSS. AO. (+) pulses to (R) LE. DSG CDI. c/o mild pain to stomach and provided pain coverage. CMS intact to BLE's. Noting light yellow wine @ FTG ~ pain. [redacted] |
| 17Sep03 0700 | Pt A&O LS CTA (B), S1 S2 present (+) BS x 4 quads (L) LE External Fixator pins CDI. (R) LE Drsg CDI. (+) Pulses in all extremities. FTG [redacted] Draining CYU. Pt c/o small" pain. Will continue to monitor. [redacted] Sec 9/WM6 |
| | (1440) Pt to OR via gurney. ( [redacted] DA. |
| 17Sep03 | Pt [redacted] received from ICU 3 p/o I&D of (R) LE + Readjustment of Ex Fix on (L) LE Drsg CDI, Pt c/o "small" pain in (B) LE. Denies N/V. S1 S2 present Tachycardic. Temp 99.7 LS CTA (B), (+) BS x 4 quads. Will continue to monitor. [redacted] 9/WM |
| 17SEP03 2010 | VSS. AO. DSG's to L & R LE's CDI. Pt [redacted] lay trial from surgery. (+) pulses & CR 2 2 seconds. HCV since tolerating PO fluids. Encouraged to increase $H_2O$ intake. FTG oozing light amber wine ~ difficulty. Abdomen SNTD. Resting comfortably. [redacted] |
| 18Sep03 0800 | PT A&O x3. LS CTA (B) S1 S2 Present (+) BS x 4 quads. (R) LE Thigh Drsg ~ Ace wrap CDI. Extremity ~ edema non pitting. (R) LE Ex fix Drsg CDI. LLE ~ edema non pitting (+) pulses x 4 Extremities Denies pain. [redacted] 9/WM |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

17 Sep 03 Ortho Op Note
1630 Pre-Op Dx: (1) (2) open fracture [illegible]
(3) Post-Op Dx: same
Procedure: (1) reduction x-ray
(2) I&D, [illegible] (1) Thigh
[redacted]
[illegible] BN
[illegible] 1000 cc
[illegible] head displaced [illegible] <10°
apex anterior on lateral, no [illegible]
valgus. Wound closed with
0 [illegible], 00 nylon
Pt [illegible] IV [illegible]

[redacted]

b(6)-2

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
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b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
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b(6)-2 A

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 30 Sep 03 1600 | Ortho Op Note |
| | Pre Op Dx - (L) foot fx |
| | w/ (L) calf wound |
| | Post Op Dx - same |
| | Procedure: I + D, extra removal |
| | calcaneal [redacted] |
| | Surgeon - [redacted] |
| | ASA 2 |
| | Findings: fracture in good position at |
| | alignment. Granulating at pin |
| | sites. Wound clean. |
| | Plan: N/L to CPW hospital when |
| | available. (L) foot x 2wks |
| | [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

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b(6) - 2 All

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18Sep03 | Pt post op day #1. Waiting for MD. To change ~~A~~ Drsg. [redacted] pc 91WML |
| 19Sep03@0245 | Assumed care @1800; VSS; pt A&Ox3, ⊕CMS throughout, ⊕pulses x4, brisk cap Ref x4, NV intact; Ex-fix in place, dsg CDI, non pitting edema still persists; Dsg to (R) thigh CDI; S, Sz, LS CTA(B); ⊕BS x4, ⊖BM this shift, pt voiding QS, c/y urine, ⊖ complaints @ this time; ~~with~~ ~~[illegible]~~ HL to (L) FA patent; cont IV Abx; restraints in place, ⊕circulation, ⊖skin break; cont to monitor [redacted] |
| 19Sep03@1530 | Received pt resting in bed, VSS, AOB x3. this AM. A&Ox3, and able speaking. ⊕ for IV patent ⊕ intact, flushes easily. Ex fix ⊕ thigh intact, dsg bulky intact from thigh to ankle c/d. ⊕ thigh dsg changed c/d/i. ⊕ LET. ⊖BM, SUGS. ⊕ circulation, ⊕ pulse, leg warm & able to wgle. Restraints in place, ⊖ skin breakdown or circulation issues noted. Will cont to monitor pt. [redacted] |
| 20Sep@0115 | Assumed care @1800; All VSS; [illegible] ⊕CMS throughout, brisk cap ref, ⊕pulses x4, NV intact; medicated ± perc for pain x2; Ex-fix in place, dsg's CDI ⊕ LET ± blankets; pt voiding QS, clear dark yellow urine, ⊖BM this shift; IV infiltrated; new one started in (L) wrist; patent; infusing Wabx; restraints in place, ⊕ circulation, ⊖ skin breakdown; cont to monitor [redacted] |

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

| REGISTER NO. | WARD NO. |
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b(6) - 4

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**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1998)
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USAPA V1.00

b(6)-2

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| | | | |

| DATE | NOTES |
|---|---|
| 20 Sept 03 0800 | VSS alert & oriented. Consented regular diet for breakfast. OOB to chair for AM care. Toileted well. Lungs clear. BS(+) x 4 quad. Abd. soft non-distended. Peripheral pulses +2. Will continue plan of care [redacted] |
| 20SEP 03 2121 | VSS. AO. (+) pulses to BLE and CNS intact. DSG d/d to (R) medial thigh. Wound intact @ 2.5 cm in diameter. Minimal serosanguinous drainage. ¢ foul odor or tunneling. Pins & DSG intact to (R) upper thigh as well as CNS. Pins are CDI. Foot to mouth. [redacted] |
| 21 Sept 03 0800 | VSS. Alert & oriented. Lungs clear. BS(+) x 4 quad. Peripheral pulses palpable +2. Abd. soft non-distended. Pin care done to (L) Ilizarov Extension Extend foot. Very gravity sufficient clear amber urine. Will continue plan of care [redacted] |
| 21 SEP 03 2141 | VSS. AO. DSG to R & L legs CDI. DSG to R medial thigh CDI. Placed on BSC and had BM x1 = soft formed brown stool. No complaint. (+) pulses to BLE. BS(+) x4. LSCTAB. Voiding quantity sufficient light yellow urine. [redacted] |
| 22 SEP 03 | [redacted] VSS AAO. Assumed care @ 0700. Assessment completed. Lungs CTA(B), NSR, respiration unlabored. Abd. soft nontender. TPN (+) hand CDI. (-) S/S of inf. Voiding per urinal. BM x 1. OOB to chair. (L) & (R) 26g drains. |

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b(6)-2 A11

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 01OCT03 | (cont.) drainage. Pin care done. Wet → dry drsg on R thigh 2d. SL in R hand flushes well ~~s~~ s/sx infection/infiltration. Pt tol. reg diet well. voiding ~~s~~ difficulty. BBM. 2-point restraints in place ~~s~~ s/sx complications. WH cont. to monitor [redacted] |
| 1 OCT03 1949 | JSS. AO. CMS intact to RLE. Pin care performed and string strips remain intact. WTD placed @ upper and lower pin sites. Tight @ R inner thigh. Both wound sites beefy pink and ∅ s/s of infection. H2N. [redacted] |
| 2 Oct 03 1308 | Assume care of PT @ 0600 hrs. Pin case performed site shows ∅ signs of infection. Ambulatory, c/o pain was treated for it. Drsg ⊕ inner R thigh. Skin integrity intact ~~c~~ x2 restraints. Will continue to monitor. [redacted] |
| 2 Oct 03 1500 | I concur ~~c~~ above assessment note. [redacted] Strips intact to LLE wound. ∅ drainage. Heplock patent. Circulation & skin integrity intact to extremities ~~c~~ 2pt restraint. [redacted] |
| 2 OCT 03 2113 | JSS. AO. Pin care & WTD's 2'd. ⊕ pulses to R&LLE's. H2N. Wounds beefy pink ~~s~~ s/s infection. Splinted well. [redacted] |

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

| REGISTER NO. | WARD NO. |
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b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
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b(6)-2 AM

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

| DATE | NOTES |
|---|---|
| 03OCT03 | (1650) Assumed care of pt @ 0000 ~~p~~ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Ex ~~fixtures~~ fix in place on LLE. ⊕ pedal pulse equal bilat. cap refill <3 secs. Steri strips to incisions on LLE CDI. Dsg to back of Ⓡ thigh CDI. Pt tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place on [redacted] s̄ s/sx complications. Will continue to monitor. [redacted] MAN |
| 03OCT03 1900 | Pt resting in bed, A+O x3, VSS, HL IV Ⓡ Hand intact s̄ s/sx of infex. LS CTA Ⓡ, ⊕ BS x4, dsg posterior Ⓡ thigh CDI, Ex Fix Ⓛ thigh in place, dsg's on pins CDI, denies pain @ this time, pedal pulses equal Ⓑ, moves toes Ⓑ, cap ref <3 sec, steri strips to incisions on LLE CDI, voiding s̄ diff, ∅ s/sx of poor circulation or skin break down on pts of restraint. [redacted] RW |
| 04OCT03 | (1200) Assumed care of pt @ 0000 ~~p~~ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt OOB to BR this am for personal hygiene. Pt ↑ to chair for 2°. Ex fix in place on LLE. Pt able to move LLE. ⊕ pedal pulse equal bilat. Cap refill <3 secs. Pin care done. Steri strips to incisions on LLE CDI. Dsg to Ⓡ thigh Δd. ∅ s/sx infection. SL in Ⓡ hand flushes well s̄ s/sx infection/infiltration. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints |

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**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 04OCT03 (2200) | (cont) in place & sex complications. Will continue to monitor. b(6)-2 [redacted] AW |
| 4OCT03 1915 | Pt A+Ox3, VSS, LS CTA (B), (+) BSX4, voiding well, abd soft + flat non tender, IV HL (R) Hand intact, ø s/sx of infex or infiltration, dsg on posterior (R) thigh CDI, pain controlled c̄ percs, Ex Fix on (L) thigh dsg on pins CDI, pt able to move toes, pedal pulses equal (B), ø s/sx of poor circulation or skin breakdown on pts of restraint. b(6)-2 [redacted] gw [redacted] |
| 5OCT03@1200 | Received pt resting in bed, VSS, LSCTA(B), A+Ox3, FTG draining dk yellow urine, arabic speaking. Colostomy to (L) contact, soft semi-formed stool, ~~HL to 18ga~~ D5½NS 20 meq/L infusing w/o apparent complication. Dress to (R) hip and buttock intact. Midline abd incision OTA. (R) SC central line intact w/o erythema or swelling noted. NPO c̄ this time for OR today. Other unremarkable assessments, restraints per EPW protocol. [redacted] |

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

REGISTER NO.

WARD NO. ICW#1

# [redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

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b(6)-2 AIR

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 6Oct03 | 2130=VSS, C/O pain, 10/10 percocets PO given as ordered, Dsg to (R) thigh (back) Δ'd, small ~~sang drn~~ serous drainage noted, ex fix to (L) LE, pin care done, Dsg's put over pin sites CDI, (L) LE neurovascularly intact, 2+ pedal pulse. Steri strips to wounds on (L) LE CDI. x2 restraints when in bed, ⊖ skin breakdown. POC: Wound Care, Infection Control, pain mgt. Continue to monitor — [redacted] |
| 7Oct03 1245 | VSS. Assumed care @ 0600. A&O. Able to make needs known. HRR. ⊘ resp distress. ⊘ SS. BM x1. Voiding clear yellow urine. Limited ROM due to (L) LE ex. fix. Wound around pin site red. Aggressive pin care completed & dressed. Pt up to BR for shower. Used crutches. Medicated @ 0945 c̄ Percocet 2 tabs p.o. Will continue to monitor — [redacted] |
| 7Oct03 1700 | Medicated c̄ percocet two tabs PO [redacted] c/o pain. Will continue monitoring — [redacted] |
| 8Oct03 0000 | VSS. AO. Pt. performed own VSS [redacted] sites proximal and distal pins pink & s/s infection. Dropped pillow around by self & complaints. Voiding light yellow urine, quantity sufficient. — [redacted] |
| 8Oct03 | Pt AOX3, VSS. Pt has ⊘ c/o pain at this time, pt self-conducted pincare, around the pins skin and flesh is pink/reddish with ~~[illegible]~~ little possible drainage, pt ambulated with some difficulty (barely), dsg CDI, 2x restraints ⊕ circulation |

[redacted] FORM 509 (REV. 5/1999) BACK

USAPA V1.00

(1735) I c rcv MEDCOM - 18669 & next. — [redacted]

b(6)-2 All

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 05OCT03 | 1120 Received pt resting in bed, VSS, A+O x3, speaks arabic. (L) ex fix intact, pin care done, incisions left OTA on (L) thigh + (L) shin. (R) post thigh drsg c/d/i. Amb w/ walker to BR. IV to (L) hand intact + patent, flushes easily. Restraints in place per CPW protocol, & skin breakdown noted c this time. Will cont to monitor [redacted] |
| 5OCT03 | 2100= VSS, ∅ c/o pain @ present time, A+O x3, OOB & uses crutches ⅀ difficulty. IV Hl to (R) arm flushed + patent. Taught pt. how to do pin care to ex fix to (L) LE, had pt. do return demonstration, covered insertion sites c̄ dry dsg's CDI. Δ'd dsg to back of (R) thigh CDI. (L) LE ↑, 2+ pedal pulse (L) foot, neurovascularly intact. POC: Pain Mgt, wound care, infection control. Will continue to monitor for acute Δ's. — [redacted] |
| 6OCT03 | 1100 Received pt ambulating, VSS, Tol PO, A+O x3, amb w/ crutches to BR, (L) LA, am care. Self demonstrate pin care to (L) thigh ex fix. Steri strips to (L) thigh + (R) shin OTA, intact. IV flushes easily (L) hand. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | [redacted] |
|---|---|---|---|
| | LAST | FIRST | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | |

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

E# [redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

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

b(6)-2 A

...HORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 8Oct03 0350 | VSS. AO. D'd DSG's to pin sites & ⊕ inner thigh. Wounds to pin site pink and dry & s/s infection. No c/o pain @ this time. Voiding. light yellow urine quantity sufficient. ⊕ pulse to LLE. Resting comfortably in bed. [redacted] |
| 9 Oct 03 1400 | Assumed care of pt @ 0600. A & O able to make needs known. AAOX. Nailbeds pink & brisk capillary refill. ⊕ Pedal pulses. ⊘ resp issues. GI BM x1. GU voiding clear yellow urine. ROM ↓ to LLE due to external fixator. Ambulates well c crutch asst. Skin warm & dry. LE wounds c steristrips dry & intact. Pt completed own pin care appropriately. ⊕ thigh drsg Δ done. Site healing. Pt medicated c percocet two tabs [redacted] Will continue to monitor. [redacted] MAS RN |
| 9 Oct 03 1405 | Restraint x one ↓ compromise to skin/circulation [redacted] MAS RN |
| 9 Oct 03 1732 | Pt resting in bed. Offers no complaints [redacted] MAS RN |

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

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

REGISTER NO. | WARD NO.

#[redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

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

b(6) - 2 ALL

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

| DATE | NOTES |
|---|---|
| 9 Oct 03 | 2030 = VSS, Ø c/o pain @ present time, A+O, Ex fix to (L) LE intact, pin care done - pt. assisted, Dsg Δ'd to back of (R) thigh. Neurovascularly intact, OOB & crutch walks to toilet. (L) LE ↑, (R) edema noted. Continuing PO Cipro, pain mgt, wound care, infection control. Continue to monitor, x2 restraints, (-) skin breakdown. — [redacted] |
| 10 Oct 03 1014 | Received pt resting in bed, ambu w/ crutches to BR, in hallways. Pt does own pin care, upper pin site wrap w/ gauze, lower pin site left ota. Steri strips in place on (L) thigh + shin, dsg to post (R) thigh c/d/i. (L) LE ↑, pt w/o noted skin breakdown. Tol po, SVS, A+Ox3, mainly arabic speaking, cooperative w/ care and restraints per epic protocol. Ø skin breakdown c sites. Ø other remarkable assessments c this time. Will cont to monitor pt. [redacted] |
| 10/11/03 0330 | VSS. AO. Performed pin care to self and encouraged more aggressive pin care & patient understood. Applied dry DSG to medial (R) thigh site. Healing well ≅ s/s infection. Refused to walk during PM. No c/o pain @ earlier evening. Sorbitol tight ankle wrap, quantity sufficient. — [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-2
A11

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11 Oct 03 0700 | - Assumed care of pt A+O x3. VSS Ø c/o pain or discomfort @ this time. LLE c external fixator intact pin care self c assistance clean technique taught. Ambulates crutches c difficulty. Lungs clear. Encouraged OOB Ø evidence of skin breakdown Will cont to monitor [redacted] |
| | (1540) I concur c above assessment. [redacted] |
| 11 Oct 03 | 1930: VSS, Ø c/o pain @ present time, A+O X3, OOB and crutch walks PRN c difficulty, ex-fix to (L) LE in place, pt. doing pin care independently - gave supplies @ BS & supervising, Dry Dsg's Δ'd over pin insertion sites, Dsg to back of (R) thigh CDI, pt. neurovascularly intact, (L) LE ↑, edema noted, tolerates PO well, voiding adequate UOP via urinal @ BS, Ø other remarkable findings, pain mgt, Continue PO Cipro, X2 restraints, Ø skin breakdown, continue to monitor. [redacted] |
| 12 Oct 03 | - Assumed care of pt. A+O x 3. VSS Ø c/o pain or discomfort @ this time. Ambulates per ward c crutches c difficulty. EX fix to (R) LE intact pin care given self c assistance. Lungs clear HRRR Active BS Ø evidence skin compromise Will cont to monitor [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | [redacted] (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

b(6)-4
# [redacted]

**PROGRESS NOTES**
Medical Record

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

b(6) - 4

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

| DATE | NOTES |
|---|---|
| 12Oct03 | 2030: VSS, A+O x3, medicating c̄ percs for pain mgt, ex fix to (L) LE in place, pin care done, Dsg Δ's to pin care sites & back of (R) thigh. Neurovascularly intact, OOB c̄ crutches PRN, continuing PO Cipro, x2 restraints s̄ skin breakdown noted, ∅ other remarkable findings. Continue to monitor [redacted] |
| 13OCT03 | (1325) Assumed care of pt @ 0000 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt amb c̄ crutches to radiology this am for AP/LAT (L) femur. Amb well. Pin care done by pt. Dsgs applied to pins. wound to back of (R) thigh CDI - left open to air. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ sign complications. Awaiting trans. to Iraqi hospital. Will continue to monitor. [redacted] |
| 13Oct03 | @ 1930 = VSS, A+O x3, ∅/10 pain, pt. doing own pin care & Dsg Δ's - supervised & gave supplies, (L) LE c̄ ex fix in place, neurovascularly intact, (+) edema (L) LE ↑, Dsg to back of (R) thigh Δ'd CDI, continuing PO Cipro, pain mgt, x2 restraints s̄ skin breakdown, will continue to monitor [redacted] |
| 14Oct03 | (1000) Pt stable for tx to Iraqi hosp. - amb c̄ crutches - escorted by MPs. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(2)-2

NSN 7540-01-075-3786

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

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS: CAV [redacted] b(6)-4

CITY: | STATE: | ZIP CODE:

**ARRIVAL**

DATE *(Day, Month, Year)*: 8 Aug 03 | TIME: 0800

TRANSPORTATION TO FACILITY: FLA

SEX: M

AGE: 24

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

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

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

CURRENT MEDICATIONS: Ø

ALLERGIES: PCN

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

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

CHIEF COMPLAINT: GSW

**CATEGORY OF TREATMENT**

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 0800

INITIALS: [redacted] b(6)-4

**VITAL SIGNS**

| TIME | 0800 | 0845 | 0900 | | |
|---|---|---|---|---|---|
| BP | 126/35 | 134/73 | 139/76 | | |
| PULSE | 136 | 128 | 131 | | |
| RESP. | 16 | 16 | 16 | | |
| TEMP | 97 | 99% RA | 98% RA | | |
| WT | | | | | |

**LAB ORDERS**

| | | | |
|---|---|---|---|
| ☒ CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT |
| URINE C&S | UA MSCC/CATH | | ☒ CHEM: Mult Panel |
| BLOOD C&S X | | | ☒ T+S |

**X-RAY ORDERS**

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

**ORDERS**

☐ PULSE OX ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | | | | | |

DISPOSITION: ☐ HOME ☐ FULL DUTY

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

MODIFIED DUTY UNTIL | RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE | TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

[redacted] b(6)-4

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

| CBC | | SMAC | | | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|---|---|---|
| | WBC | | | | | SUP 02 | PH | PO2 | RESULTS | |
| | H/H | | | | | PCO2 | SAT | OTHER | | |
| | PLT | | | | | | | | | |
| PT | | | | | U/A | DIP | | | EKG INTERPRETATION | |
| APTT | | BHCG | ETOH | GLU | | MICRO | | | | |

PROVIDER HISTORY/PHYSICAL

24 yo Iraqi Civ ? S/P Ex-Fixation to (L) [illegible] S/P GSW. last night.

See pt. Chart

b(6)-2

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

[redacted]

PR/[illegible]

DIAGNOSIS

CODES

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

**EMERGENCY CARE AND TREATMENT** *(Doctor)*
Medical Record

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

[redacted]

b(6)-4

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

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

## SECTION I - PATIENT ASSESSMENT

DATE: 10 SEP 03 | PATIENT ACUITY LEVEL: | POST-OP DAY: POS | HOSPITAL DAY:

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 1604 To ICW2 From OR ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☑ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis S/P I&D to leg wounds B/P 139/77 P 118 R 20 T 97.4

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes Foley

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication Demerol, Cantac, Ancef

Other _____

Report From SGT [redacted] b(6)-2 Received By 2LT McLean

**VITAL SIGNS**

| TIME: | 1600 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | |
| BP CUFF | 138/77 | | | | | | | | | | | | | | |
| TEMPERATURE | 97.4 | 98.6 | | | | | | | | | | | | | |
| PULSE | 116 | 112 | | | | | | | | | | | | | |
| RESPIRATORY RATE | 22 | 20 | | | | | | | | | | | | | |
| OXYGEN (L/%) | 2L | 2L | | | | | | | | | | | | | |
| PULSE OXIMETER | 97% | 96% | | | | | | | | | | | | | |
| O2 METHOD | [redacted] | b(6)-2 | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 1700 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | 0 | | | | | | | |
| MED ADMINISTERED (Y/N) | NA | | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | NA | | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | NA | | | | | |
| INSULIN (Y/N) | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 1700 | 2300 |
|---|---|---|
| *Skin breakdown prevention | Am | |
| *Falls prevention protocol | NA | |
| *Restraint protocol | | |
| *Seizure precautions | | |
| *Isolation precautions | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

PATIENT IDENTIFICATION

[redacted]

b(6)-2

DIAGNOSIS: S/P I&D of Leg wounds

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (Specify): _____

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 1700 INITIALS: [redacted] | TIME: 2300 INITIALS: [redacted] | TIME: ____ INITIALS: ____ |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ Communicates via interpreter | ☑ Speaks English | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ foley cath intact draining 5 diff. cl yellow urine | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ Ex fix to (L) LE. Large Dsg & ACE wrap to (R) LE. Sm amt drainage noted. | ☑ | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Wounds to (L) LE + (R) pinky. Dsgs CDI & sm amt drainage to (R) LE | ☑ | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ | ☑ | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☐ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 1700 INITIALS: AVM | TIME: 2300 INITIALS: LD | TIME: ____ INITIALS: ____ |
|---|---|---|
| IV patency ✓ q 8 hr: | IV patency ✓ q 8 hr: | IV patency ✓ q ___ hr: |
| IV site care provided: | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: / OK | IV Site #1: CKA / OK | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: | Comments: LR @ 125 cc/hr | Comments: |

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**DIAGNOSTIC ASSESSMENT**

| SITE: D < E | TIME: 1700 | 2300 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | | | | |
| CAPILLARY REFILL | 1 | 1 | | | | |
| TEMPERATURE | W | W | | | | |
| EDEMA | 1 | 1 | | | | |
| SENSATION | N | N | | | | |
| MOTION | R | R | | | | |
| PASSIVE FLEXION | O | O | | | | |
| PERIPHERAL PULSE | 2 | 2 | | | | |

**LEGEND**

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; O-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY**

| TIME: | 1700 | 2300 | |
|---|---|---|---|
| ID band visible/legible | Avm | W | |
| Orient to environment pm | Avm | W | |
| Side rails (2/4) up | NA | | |
| Bed position low | | | |
| Call light within reach | | | |
| | V | | |
| Review & post lab results | Avm | | |
| Notify MD abnormal labs | Avm | | |
| | | | |
| Incontinent urine/stool | NA | | |
| Linen change pm | Avm | | |
| Turn/reposition q2h | NA | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | V | | |
| | | | |
| | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☐ ASSIST ☑ TOTAL | ☐ SELF ☑ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST ☐ SELF<br>AMBULATE ☐ ASSIST<br>BSC<br>BRP # TIMES/SHIFT<br>CHAIR | BEDREST ☐ SELF<br>AMBULATE ☐ ASSIST<br>BSC<br>BRP # TIMES/SHIFT<br>CHAIR | BEDREST ☐ SELF<br>AMBULATE ☐ ASSIST<br>BSC<br>BRP # TIMES/SHIFT<br>CHAIR |

**TEACHING**

| TIME: 1700 INITIALS: Avm | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: Plan of Care<br>Orient to room | CONTENT: | CONTENT: |
| ☑ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| C[redacted] b(6)-4 | [redacted] | [redacted] Avm | 2 |
| | | [redacted] Illwmle | N |
| | | | |
| | | | |

b(6)-2A11

## SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1700 | D/E | Ex-fix to remove large day + AC Range to 1/4 | CD+I & sm amt |
| | 2200 | L/E, R punker, R side groin | ev fix - med amt of drainage | ~~[illegible]~~ Range to 0/2 dry - reinforced |
| | | | COE | |
| | | | | |
| | | | | |

## SECTION IV - NOTES

1700: Awake and alert. Denies pain @ this time. Transferred to ICW2 from ECU - OR. VSS. Will continue to monitor [redacted] 11Sept03 0045 - CBC - Hct 8 drawn from OR x 1 stick - diff pt c/o pain - percocet given per protocol [redacted] will cont to monitor [redacted] [illegible]

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

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

## SECTION I - PATIENT ASSESSMENT

DATE: 11 Sept 03 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 1 | HOSPITAL DAY: 2

**ADMISSION**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 0400 | 1200 | 2115 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | — | — | — | | | | | | | | | | | | |
| BP CUFF | 155/74 | 150/71 | 128/64 | | | | | | | | | | | | |
| TEMPERATURE | 97.7 | 98.6 | 98.4 | | | | | | | | | | | | |
| PULSE | 117 | 114 | 123 | | | | | | | | | | | | |
| RESPIRATORY RATE | 20 | 18 | 20 | | | | | | | | | | | | |
| OXYGEN (L/%) | 2L | 2L | 2L | | | | | | | | | | | | |
| PULSE OXIMETER | 99 | 100 | 98% | | | | | | | | | | | | |
| $O_2$ METHOD | NC | NC | NC | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 0430 | 1200 | 1430 | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | Am | | | | | | |
| MED ADMINISTERED (Y/N) | Y | | NA | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | | NA | | | | | |

**OTHER**

| TIME: | | 1200 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | NA | | | | | | |
| INSULIN (Y/N) | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 1430 | 2200 | |
|---|---|---|---|
| *Skin breakdown prevention | Am | LD | |
| *Falls prevention protocol | NA | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |
| | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

PATIENT IDENTIFICATION

#[redacted] CIV

blue-4

DIAGNOSIS: 9P I & D of Leg wounds

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (*Specify*): _____

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 1000 INITIALS: [redacted] | TIME: 1430 INITIALS: [redacted] | TIME: 2200 INITIALS: [redacted] |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ✓ | ✓ | ✓ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ✓ | ☐ HR-114 BP 150/ | ✓ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ✓ | ✓ | ✓ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding. | ✓ Round Soft | ✓ Round Large abd. | ✓ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☐ Foley to gravity draining clear yellow urine | ☐ Foley to gravity draining cl yellow | ✓ Foley to gravity draining cl yellow urine |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ext fix (L) thigh c̄ DSG DS to (R) thigh limited ROM | ☐ Ex fix to lower extremity. ↓ ROM to BLE. | ✓ ex-fix (L) thigh drsng CDI (R) thigh DCI drsng CDI [redacted] |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ✓ | ☐ Multiple wounds to (L) LE, DSG c̄ sm. amt. serosanguinous drainage | ✓ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ No c̄o pain now. | ✓ | ✓ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ✓ | ✓ | ✓ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 1000 INITIALS: [redacted] | TIME: 1430 INITIALS: [redacted] | TIME: 2200 INITIALS: [redacted] |
|---|---|---|
| IV patency ✓ q ___ hr: | IV patency ✓ q 8 hr: | IV patency ✓ q 8 hr: DRN |
| IV site care provided: | IV site care provided: | IV site care provided: flushed |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| IV Site #1: (L) AC — OK (LOCATION / CONDITION) | IV Site #1: (L) AC — OK (LOCATION / CONDITION) | IV Site #1: (L) AC — OK (LOCATION / CONDITION) |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: IV Antibiotics | Comments: | Comments: HL'd |

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: TIME: | | | | | | |
|---|---|---|---|---|---|---|
| COLOR | | | | | | |
| CAPILLARY REFILL | | | | | | |
| TEMPERATURE | | | | | | |
| EDEMA | | | | | | |
| SENSATION | | | | | | |
| MOTION | | | | | | |
| PASSIVE FLEXION | | | | | | |
| PERIPHERAL PULSE | | | | | | |

**LEGEND**
Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-planter flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY & COMFORT**

| TIME: | 1430 | 2200 |
|---|---|---|
| ID band visible/legible | [illegible] | [illegible] |
| Orient to environment pm | [illegible] | [redacted] |
| Side rails (2/4) up | | NA |
| Bed position low | | ✓ |
| Call light within reach | | ✓ |
| | | ✓ |
| Review & post lab results | | [redacted] |
| Notify MD abnormal labs | | [redacted] |
| | | |
| Incontinent urine/stool | | NA |
| Linen change pm | [illegible] | [redacted] |
| Turn/reposition q2h | | NA |
| ROM q2h if immobile | | ✓ |
| Antiembolic hose | | ✓ |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: | TYPE: Regular |
| PERCENT CONSUMED: 50% | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: well | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☑ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ~~☐ ASSIST~~ ☐ TOTAL | ☐ SELF ☐ COMPLETE ☑ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | (BEDREST) AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | (BEDREST) AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT |

**TEACHING**

| TIME: INITIALS: | TIME: 1430 INITIALS: AVM | TIME: 2200 INITIALS: UD |
|---|---|---|
| CONTENT: - pain scale - ROM | CONTENT: Plan of Care | CONTENT: plan of care |
| ☐ Patient/Family Verbalizes Understanding | ☑ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| #[redacted] CIV blus-4 | blus-2 | [redacted] | D |
| | [redacted] | [redacted] | 2 |
| | [redacted] | [redacted] | N |

b(6)-2 A11

## SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND IMAGE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1430 | D/L E | Temp log & ACE wrap [illegible] | |
| | | | | |
| | | | | |
| | | | | |

## SECTION IV - NOTES

11 Sept 03 0430 - C/O pain given 17 percocet [illegible] PRN orders. Will cont to monitor [redacted] 91WM6

11 Sept 03 0500 - AP & Lat X-ray done [redacted] 91WM6

1317 - Ext fix intact. D/S to thigh Bilt needed no reinforcement. IV fluids DC'd Pt drinking adequate fluids. Will cont to monitor [redacted]

1430 Awake & alert. No c/o pain @ this time. Will cont to monitor [redacted]

12 Sept 03 0800 - Pt. will be up for transfer to OR [redacted] Will cont to monitor [redacted]

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

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

## SECTION I - PATIENT ASSESSMENT

DATE: 12 Sept 03 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 2 | HOSPITAL DAY: 3

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 0400 | 1200 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | 15/13 | 9 | | | | | | | | | | | | | | |
| TEMPERATURE | 101.5 | U | | | | | | | | | | | | | | |
| PULSE | 79 | r | | | | | | | | | | | | | | |
| RESPIRATORY RATE | 28 | 9 | | | | | | | | | | | | | | |
| OXYGEN (L/%) | 2L | dr | | | | | | | | | | | | | | |
| PULSE OXIMETER | 98 | 9 | | | | | | | | | | | | | | |
| O2 METHOD | NC | 9 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 0800 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | | | | | | | |
| MED ADMINISTERED (Y/N) | | | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | M | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 0800 | | |
|---|---|---|---|
| *Skin breakdown prevention | ✓ | | |
| *Falls prevention protocol | ✓ | | |
| *Restraint protocol | | | |
| *Seizure precautions | ✓ | | |
| *Isolation precautions | | | |
| | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

PATIENT IDENTIFICATION

Civ

#[redacted]

DIAGNOSIS: 9P I & D of leg wounds

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (*Specify*): _____

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.* b(6) - 2

| | TIME: 0800 INITIALS: [redacted] | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☐ | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☐ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☐ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ round + soft non-tender. | ☐ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ Tolerating to gravity drainage yellow clear urine | ☐ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☑ EXT fx to ⊖ lg. Right CDI ⊖ ROM to DLE | ☐ | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☑ | ☐ | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ ⊖ c/o pain or discomfort | ☐ | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☐ | ☐ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 0800 INITIALS: [redacted] | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: |
| IV site care provided: | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: ⊖ Ac / well | IV Site #1: | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: IV antibiotics | Comments: | Comments: |

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**VASCULAR ASSESSMENT**

| SITE: TIME: | | | | | | |
|---|---|---|---|---|---|---|
| COLOR | | | | | | |
| CAPILLARY REFILL | | | | | | |
| TEMPERATURE | | | | | | |
| EDEMA | | | | | | |
| SENSATION | | | | | | |
| MOTION | | | | | | |
| PASSIVE FLEXION | | | | | | |
| PERIPHERAL PULSE | | | | | | |

**LEGEND**

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**ADL's**

| TIME: | | | |
|---|---|---|---|
| ID band visible/legible | | | |
| Orient to environment pm | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change pm | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |
| | | | |
| | | | |
| | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: NPO | TYPE: | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: - pain scale - ROM - pro care - | CONTENT: | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

PATIENT IDENTIFICATION - # [redacted] Civ b(4)-1

| INITIALS | b(4)-4 SIGNATURE | SHIFT |
|---|---|---|
| [redacted] | [redacted] 9/1/2006 | N |
| | [redacted] 9/1/06 | 6x2 |
| | | |
| | | |

## SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | b(6)-2 ATL | |

## SECTION IV - NOTES

12 Sept 03 0500 - pt c/o abd & L leg pain, pt given ii percocet for pain per prn order. pt is NPO for OR this am. pt only took ii sips of water. [redacted] 9/WMC

12 Sept 03 0800 pt will be NPO for transfer to O.R. will cos to morrow. [redacted] 9MG

0-112

# MEDICAL RECORD

## NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS<br>Include medication and treatment when indicated |
|---|---|---|---|
| 9-10-03 | 0640 | | Recieved report from off going shift. Pt resting comfortably in bed. HOB ↑. [A] follows commands; PERRL @ 3mm; GCS 15, (−) paresthesia, (−) paralysis distal to (B) LEs; pain relieved with Morphine; [CV] S1, S2 ST (120s-130s); cool extr (UE>LE) (R>L); palpable (3) UEs (+3); doppler LEs (L>R); temp: [GI] NPO - anticipate surgery this AM; ↑ BS×4; ABD is soft NT, ND; [GU] foley to gravity. see I+O for amount (adequate); clear, yellow urine; [Skin] (B) LE dsg.; (L) C/D/I - Silk; (L) LE ex fix in place; (R) ACL wrap has marked amount of serious leaking; Δ out line dsg; [Lines] (R) IJ; (R) fem. art line; (L) UE PIV infusing LR @ 125/hr; ~~[illegible]~~; infusing Ancyl 1gm as ordered; [Plan] to OR this AM for I+O; H/H is 28/9; hold monitoring [redacted] 1 u/hr [redacted] b(6)-2 |
| | | | Addition to report: [R] CTA, ↓ in bases; sats 95% on 2L NC; PIS use [redacted] on b(6)-2 |

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

# NURSING NOTES

(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 9/10/03 | 1400 | | At [illegible] Dr [illegible] group. OR staff transported patient [illegible] Dr Surgery. [redacted] 1400/[illegible] [redacted] b(6)-2 |

MEDCOM - 18690

*U.S. Government Printing Office: 1995 - 404-763/20065

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE:<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): |

Emergency

4. PROPOSED SURGICAL PROCEDURE:

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

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures, (e.g., warm blanket, touch)<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to sedation; positioning; injury | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress<br>o Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o Keep prep fluids from pooling. |

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

#[redacted]

b(6)-4

DA FORM 5179, JUN 91 Previoius editions are obsolete. USAPA V1.01

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

10. OR NURSING INTER[redacted]NAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] 8 Sep 03 DATE

11. POST[redacted]TIVE EVALUATION:

Dressing clean + dry

b(6)-2

12. PREOPERTIVE EVALU[redacted]ON PREPARED BY

[redacted] LTC, AN

DATE: [redacted] Sep 03 TIME: 1155

13. PREOPERTIVE EVALUATION PREPARED

[redacted] LTC, AN

DATE: 8 Sep. 03 TIME: 14[redacted]

b(6)-2

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>MEDCOM - 18693<br>, roponent agency is the office of The Surgeon General. |
|---|---|

| | |
|---|---|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM<br>VIA Gurney BY Anesth. | 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE<br>VERIFIED BY Cpt [redacted] |
| 3. DATE 8 Sep 03 TIME PATIENT ARRIVED IN SUITE 1200 | 4. PATIENT IN ROOM<br>TIME 1200 NUMBER 1 |

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: Allergies: b(6)-2 AM

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | Spc. [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | Cpt. [redacted]<br>LTC [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)* [redacted]

☒ SUPINE ☐ LITHOTOMY ☐ [redacted]ONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

**8. SKIN PREPARATION**

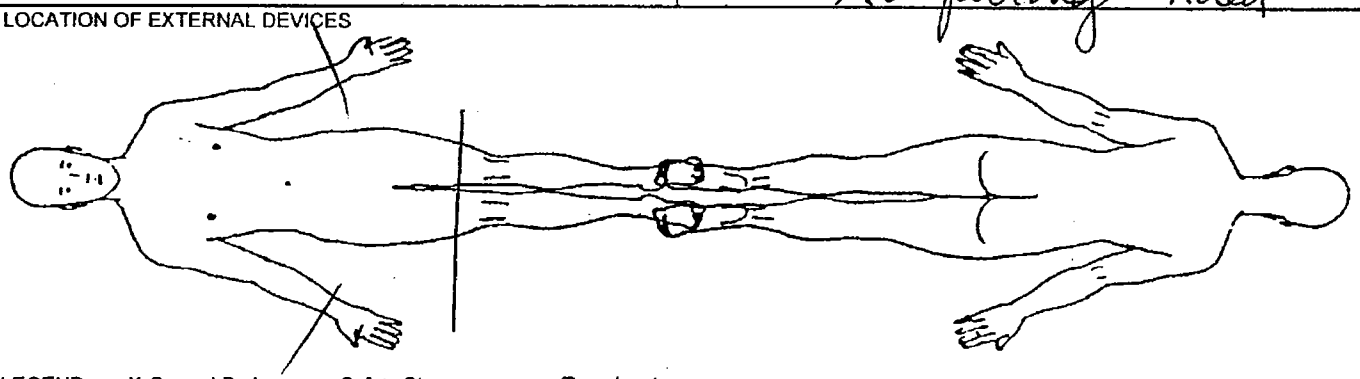
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub/sol.
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS: No pooling noted

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad – Safety Strap === Tourniquet

**10. COUNTS**

C = Correct I = Incorrect

| | | | Initial Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | ✓ | | | Spc [redacted] | LTC [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | ✓ | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

b(6)-4
# [redacted]

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☒ YES ☐ NO

☒ ESU NO: Valleylab Force 4
GROUND PAD: BRAND Polyhesive REM II
LOT NO: 08245

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

cut: coag:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

Medcom: 18693

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☒ [redacted] IF YES, SITE C-arm, legs

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 1" Penrose | 2. | 3. |
| SITE | 1. (Rt) ~~Lt.~~ Post. thigh | | 3. |

18. DRESSING/IMMOBILIZATION (Specify)
kerlix fluffs
kerlix rolls
ACE x 3 - 6"

19. ADDITIONAL INFORMATION
WC
Surgeons: [redacted] b(6)-2 Anesthesia: [redacted] b(6)-2 Anesthesia Type: GETA

Bovie Pad site intact pre-op clear post-op ____ Bovie Settings: Coag/Cut 30/30
Tourniquet Site intact pre-op NA post-op NA
Tourniquet Time: Up NA Down NA

20. OPERATION(S) PERFORMED
b(6)-2 I & D Wounds Bil. legs

21. PATIENT TRANSFERRED TO PACU TIME 1430 METHOD via Gurney

[redacted]

MEDCOM - 18694

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General. |
|---|---|

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA gurney BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT / AN

3. DATE 108p03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM TIME 1410 b(6)-2 NUMBER 5

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Allergies: NKDA
pt not english speaker.

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D<br>b(6)-2 | RELIEF SCRUB | b(6)-2 |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | CPT [redacted] (1500-EOC) |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

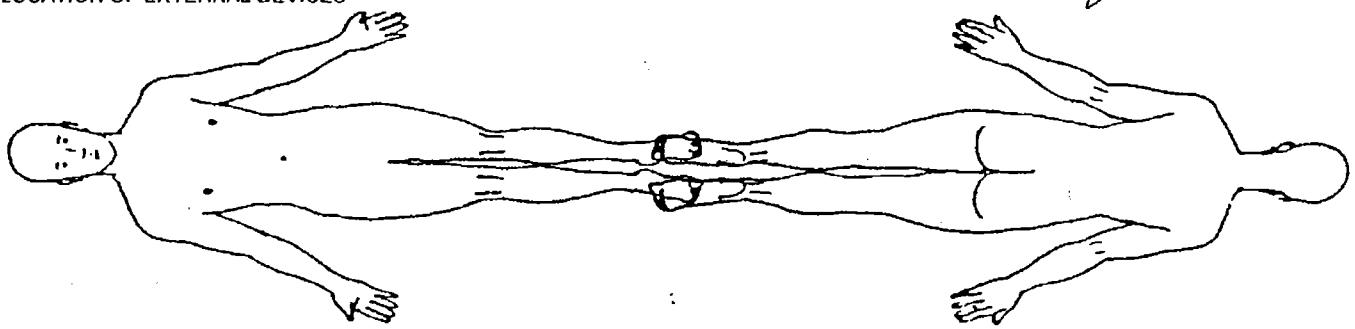
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION *(Specify)* Beta / Beta
SITE: Bilateral legs BY WHOM: CPT [redacted]
SITE: BY WHOM:
COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



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

b(6)-2

C = Correct I = Incorrect

| 10. COUNTS | | Initial Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | C | | C | [redacted] | |
| Needle Sharp | ☒ Yes ☐ No | C | | C | SPC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes ☒ No | | | | | |
| Other | ☐ Yes ☒ No | | | | | |

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

# [redacted] b(6)-4

108p03 [redacted] b(2)-2

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

CUT 30 COA 6 30

☒ ESU NO: Valleylab
GROUND PAD: BRAND Valleylab E7507
LOT NO: 68936 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NACL

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| none | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
- Staples c̄ vessel loop.
- fluffs
- Kerlix
- ace wrap

19. ADDITIONAL INFORMATION
WC b(6)-2
Surgeons: DR. [redacted] Anesthesia: DR. [redacted] Anesthesia Type: General

Bovie Pad site intact pre-op [redacted]; post-op [redacted] Bovie Settings: Coag/Cut
Tourniquet Site intact pre-op ___/___: post-op ___/___
Tourniquet Time: Up ___/___ Down ___/___ N/A [redacted]

-5179 on chart, O2's noted

20. OPERATION(S) PERFORMED
Irrigation (R) thigh wound
I & D Left Femur Fx

21. PATIENT TRANSFERRED TO ICU b(6)-2 TIME see DA7389 METHOD gurney c̄ O2 mask

22. REGISTERED NURSE SIGNATURE [redacted] CPT/A.. [redacted] CPT/AN

MEDCOM - 18696

b(6)-2

For use of this form, see AR 40-66, the prop[redacted]cy is the office of The Surgeon General.

| | |
|---|---|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY Anesthesia (SPAS) | 2. PATIENT ID [redacted] REVIEWED AND PROCEDURE VERIFIED BY [redacted] OPTR |
| 3. DATE 12 Sept 03 TIME PATIENT ARRIVED IN SUITE 1035 | 4. PATIENT [redacted] TIME 1035 NUMBER T.O. # 2 Case Routine |

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: Allergies: NKDA

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] OET b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] AN | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt transferred to OR table, anatomically aligned for surgical procedure c̄ pad under head (B) arms on padded arm boards less 90°

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

COMMENTS:

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

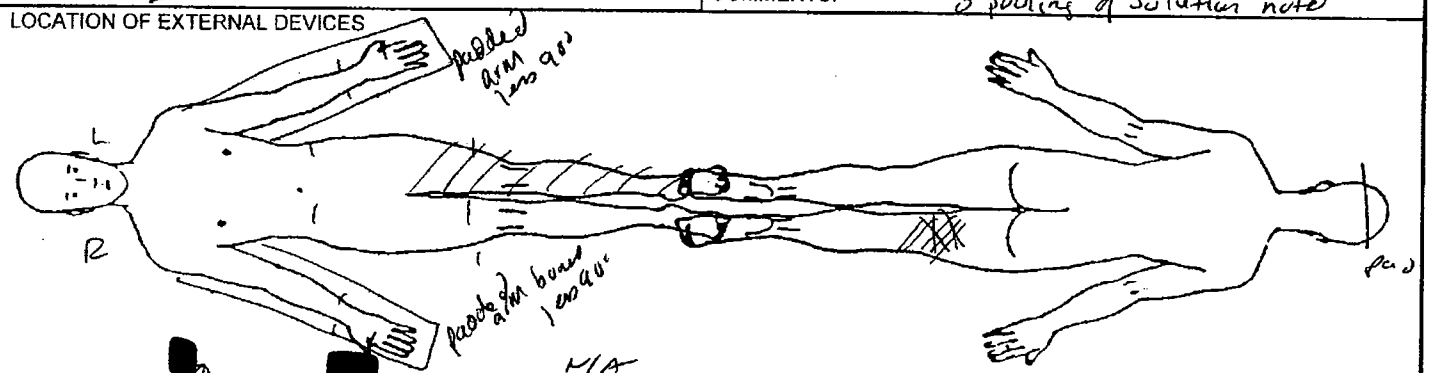
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE (R) leg (Thigh) BY WHOM: Dr. [redacted]
SITE (L) leg (Femur) BY WHOM: CPT [redacted]

COMMENTS: ** See H&P o pooling of solution noted

**9. LOCATION OF EXTERNAL DEVICES**




LEGEND X Ground Pad [redacted] Safety Strap M/A === Tourniquet

**10. COUNTS**

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☒ No | | | | | |
| Needle Sharp | ☐ Yes | ☒ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

#[redacted]
ICW-2 b(6)-4

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☒ YES ☐ NO 30/50

☒ ESU NO: #1 FDE00039 NOT used
GROUND PAD: BRAND Valleylab
LOT NO: 68936

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% NSC

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Kerlix
ACE

19. ADDITIONAL INFORMATION
WC
Surgeons: [redacted] Anesthesia: b(6)-2 [redacted] Anesthesia Type: General

b(6)-2

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

5179 Noted on chart & changes

20. OPERATION(S) PERFORMED

I+D (R) + (L) Legs

21. PATIENT TRANSFERRED TO PACU TIME [illegible] METHOD Litter EDS

22. REGISTERED NURSE SIGNATURE [illegible]

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General. |
|---|---|

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA gurney BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED, PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 14 Sep 03 TIME PATIENT ~~ARRIVED~~ IN SUITE

4. PATIENT IN R[redacted] TIME 1030 b(6)-2 NUMBER 2-2 (2)

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Allergies: Ø
pt not english speaker. AL: PCN

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] b(6)-2 9ID | RELIEF SCRUB | b(6)-2 |
| ASSIGNED CIRCULATOR | CPT [redacted] CGE | RELIEF CIRCULATOR | MAJ [redacted] (10:30-10:45) |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

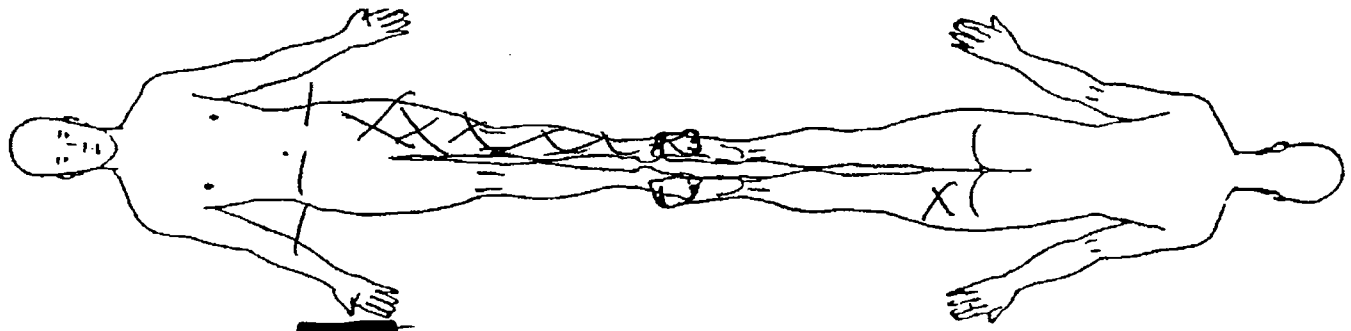
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION *(Specify)* Betadine
SITE: (L) leg BY WHOM: maj [redacted]
SITE: BY WHOM:
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted] Strap === Tourniquet XXX prep.

C = Correct I = Incorrect

10. COUNTS

| | | Initial Other | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | C | | C | SPC [redacted] | CPT [redacted] |
| Needle Sharp. | ☒ Yes ☐ No | C | | C | | |
| Instrument | ☐ Yes ☒ No | | | | | |
| Other | ☐ Yes ☒ No | | | | | |

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

#[redacted] b(6)-4

[redacted] b(2)-2
14 Sep 03

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

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

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

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NACL

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☐ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☐ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

- flupp
- kerlix
- ace wrap

19. ADDITIONAL INFORMATION

WC

Surgeons: [redacted] Anesthesia: MA[redacted] esthesia Type: general

b(4)-2 [redacted]

Bovie Pad site intact pre-op NA; post-op NA Bovie Settings: Coag/Cut 30/30

Tourniquet Site intact pre-op ____ / post-op ____

Tourniquet Time: Up____ Down____

20. OPERATION(S) PERFORMED

I&D (L) leg, DPC wound.

21. PATIENT TRANSFERRED TO ICU 3 TIME 1150 METHOD gurney

22. REGISTERED NURSE SIGN[redacted]

MEDCOM - 18700

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General. |
|---|---|

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA gurney BY anesthesia

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

3. DATE 17 Sep 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN [redacted] TIME 1515 NUMBER P-1 (2)

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☑ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Allergies: NKDA b(6)-2

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D | RELIEF SCRUB | SPC [redacted] (1500) |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | 1LT [redacted] (1500) |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Normal anatomic body alignment maintained

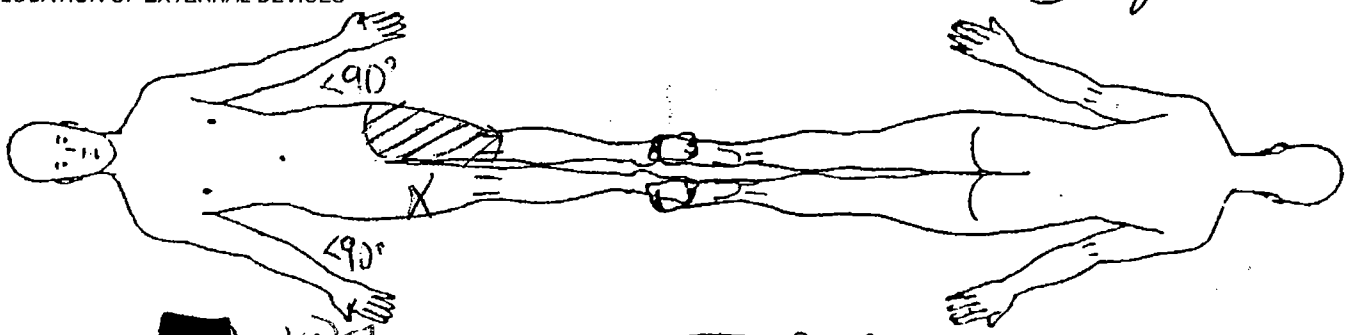
8. SKIN PREPARATION

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

COMMENTS:

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: (L) leg BY WHOM: CPT [redacted]
SITE: BY WHOM:
b(6)-2
COMMENTS: no pooling of prep noted

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad [redacted] b(6)-2 – Safety Strap === Tourniquet ▨ - prep

Initial: SPC [redacted] 1LT

C = Correct I = Incorrect b(6)-2

10. COUNTS

| | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | | | | | |
| Needle Sharp | ☒ Yes ☐ No | | C | C | SPC [redacted] | 1LT [redacted] |
| Instrument | ☐ Yes ☒ No | | | | | |
| Other | ☐ Yes ☒ No | | | | | |

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

# [redacted] b(6)-1

[redacted]

17 Sep 03 b(6)-2

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

☒ ESU NO: VL Force 40 cut 30 coag 30
GROUND PAD: BRAND VL REM POLYHESIVE II
LOT NO: 6X245 exp 2005-06

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

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

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - QS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| N/A | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-Arm IF YES, SITE Left thigh.

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
fluffs
kerlix
ACE

19. ADDITIONAL INFORMATION
WC ☒
Surgeons: Dr. [redacted] Anesthesia: MAJ [redacted] Anesthesia Type: GETA

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

b(6) -2

20. OPERATION(S) PERFORMED
DPC (L) thigh wound

21. PATIENT TRANSFERRED TO PACU TIME See DA7389 METHOD Litter o O2

22. REGISTERED NURSE SIGNATURE [redacted]

MEDCOM - 18702

VIA Litter BY Anesthesia | VERIFIED BY 1LT [redacted] b(6)-2

3. DATE 30 Sep 03 TIME PATIENT ARRIVED IN SUITE 1520 | 4. PATIENT IN ROOM TIME 1528 NUMBER 2

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | 1LT [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)*

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

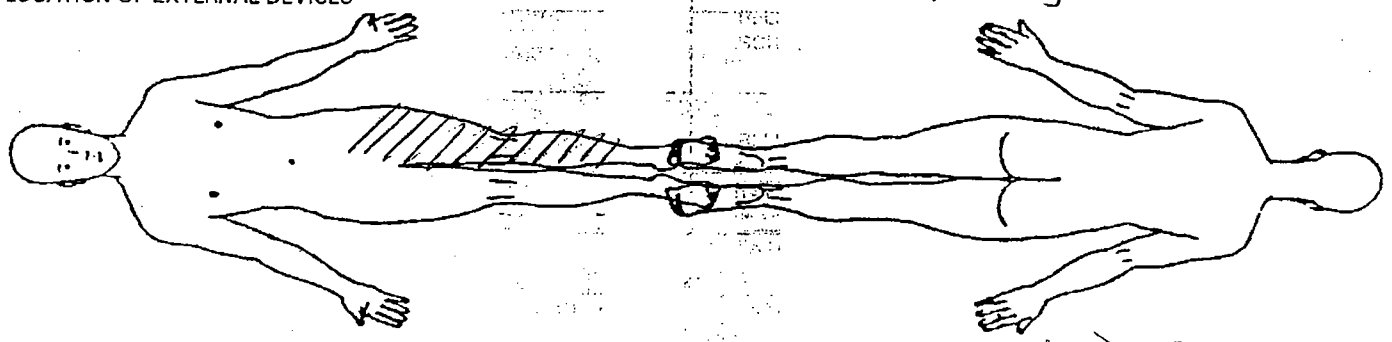
COMMENTS: b(6)-2

**8. SKIN PREPARATION**

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

PREP SOLUTION *(Specify)* [redacted]
SITE: Left leg BY WHOM: 1LT [redacted]
SITE: BY WHOM:
COMMENTS: No pooling or adverse reaction

**9. LOCATION OF EXTERNAL DEVICES**



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

b(6)-2

**10. COUNTS** C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☒ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | | C | C | SGT [redacted] | 1LT [redacted] |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

# [redacted]
b(6)-4

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☐ YES ☒ NO

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

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

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NaCl-Q.S.

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| N/A b(6)-2 [redacted] | | |

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-Arm IF YES, SITE Left leg

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Steri-strips
Fluffs
Kerlix

19. ADDITIONAL INFORMATION

WC: IV
GETA

Surgeon: Dr. [redacted]
Anesthesia: MAS [redacted]
b(6)-2

20. OPERATION(S) PERFORMED

Suture removal
I & D of wounds

21. PATIENT TRANSFERRED TO PACU TIME See DA 7389 METHOD Litter OR

22. REGISTERED NURSE SIGNATURE [redacted] 11/AD

b(6)-2

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY

19 HOUR

PULSE (O) — TEMP. F (•) — TEMP. C

105° 40.6°
104° 40.0°
103° 39.4°
102° 38.9°
101° 38.3°
100° 37.8°
99° 98.6° 37.2° 37.0°
98° 36.7°
97° 36.1°
96° 35.6°
95° 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

#[redacted]

b(6)-4

STANDARD FORM 511 (REV. 7–95) BACK

511-119 NSN 7540-00-634-41.

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR SEP DAY 25 26 27 28 29 30 01 OCT 03

15 2003 HOUR 1900 08 1 0 1 1900 08 1900 8 8 1

PULSE (O) — TEMP. F (°) — TEMP. C

105° 40.6°

180 104° 40.0°

170 103° 39.4°

160 102° 38.9°

150 101° 38.3°

140 100° 37.8°

130 99° 37.2°

98.6° 37.0°

120 98° 36.7°

110 97° 36.1°

100 96° 35.6°

90 95° 35.0°

80

70

60

50

40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted]

b(6)-4

MEDCOM - 18706

**VITAL SIGNS RECORDS**

Medical Record

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

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

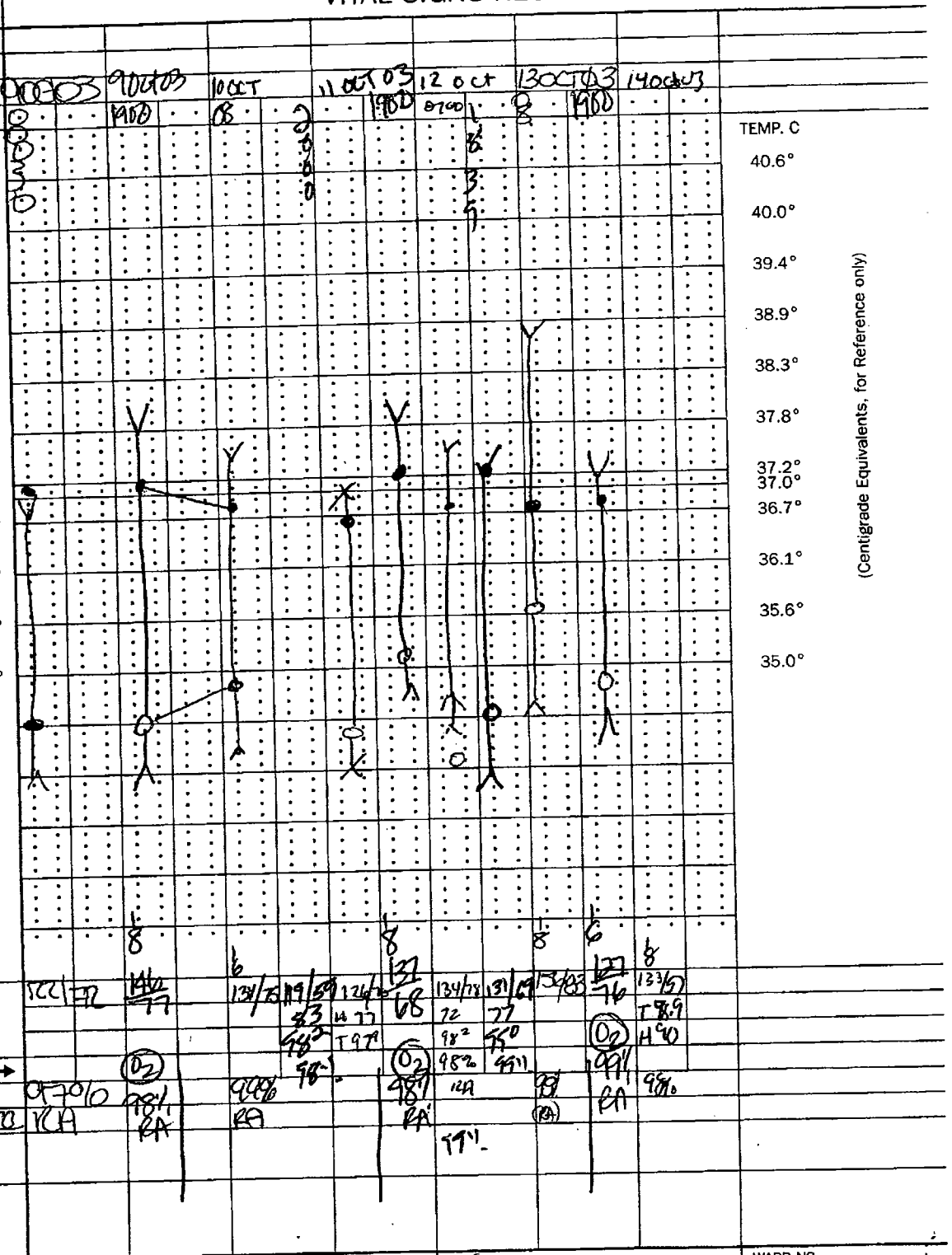
HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY | 19 | HOUR

PULSE (O) | TEMP. F (°)

TEMP. C




RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

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

EPWH

[redacted]

b(6)-4

REGISTER NO.

WARD NO.

**VITAL SIGNS RECORDS**

Medical Record

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

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

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

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

**Misc. Serology**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Coagulation Studies** PT PTT

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

**Blood Bank (MUST SUBMIT SF 518 W REQ**

| UNIT | 1 |
|---|---|
| | |
| | |
| | |
| | |

**REMARKS:**

**REPORTED BY:** [redacted] **DATE:** 8 Sep 03 **LAB ID NO.:**

b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/08/03 01:24 PM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 14.3 sec.
***RESULT NOT RANGE CHECKED***
Ratio = 1.2
Calculated INR = 1.29
Sample Type:citrated wh. blo
Test Date :09/08/03
Test Time :01:23 PM
Card Lot :010301
Operator : ROMERO

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/08/03 01:27 PM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 40.9 sec.
***RESULT NOT RANGE CHECKED***
Sample Type:citrated wh. blood
Test Date :09/08/03
Test Time :01:25 PM
Card Lot :100212
Operator : ROMERO

| Ward/Section: | REQUESTING PHYSICIAN: | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|

---

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____142 mmol/L

K_____6.3 mmol/L

TCO2_____19 mmol/L

iCa_____1.16 mmol/L

Hct_____18 %PCV

Hb*_____6 g/dL

*via Hct

At 37C

pH_____7.192

PCO2_____46.1 mmHg

PO2_____382 mmHg

HCO3_____18 mmol/L

BEecf_____-10 mmol/L

sO2*_____100 %

*calculated

FIO2_____: 100

Sample Type_: ART

08SEP03 13:17

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver:

---

b(6)-2

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Methyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M) 30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| [redacted] | 8Sep03 | |

b(6)-2

| Ward/Section: ICU-3 | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. CIU [redacted] b(6)-4 | DATE 08Sep03 / TIME 2235 | SSN/PSEUDO-SSN: CIU [redacted] b(6)-4 |

i-STAT G3+

Pt: [redacted] b(6)-4

Pt. Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.418

PCO2_____39.4 mmHg

PO2_____68 mmHg

HCO3_____25 mmol/L

BEecf_____1 mmol/L

sO2*_____94 %

*calculated

At Patient Temp

pH_____7.404

PCO2_____40.9 mmHg

PO2_____72 mmHg

Patient Temp: 100.2F

Sample Type_:

08SEP03 22:33

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

| T) | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|
| REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| 98-109 mmol/L | ALT | | 10-47 u/l | $CA^{++}$ | | 8.0-10.3 mg/dl |
| 7.31-7.45 | AMY | | 14-97 u/l | CRE | | 0.6-1.2 mg/dl |
| 35-45 mmHg (art)<br>41-51 mmHg (ven) | AST | | 11-38 u/l | $NA^{+}$ | | 128-145 mmol/l |
| 80-105 mmHg (art)<br>N/A (ven) | TBIL | | 0.2-1.6 mg/dl | $K^{+}$ | | 3.3-4.7 mmol/l |
| 23-27 mmol/L (art)<br>24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | $CL^{-}$ | | 98-108 mmol/l |
| 22-26 mmol/L (art)<br>23-28 mmol/L (ven) | $CA^{++}$ | | 8.0-10.3mg/dl | $tCO_2$ | | 18-33 mmol/l |
| 95-98% | CHOL | | 100-200 mg/dl | (Piccolo) Liver Panel Plus | | |
| (-2) – (+3) mmol/L | CRE | | 0.6-1.2 mg/dl | TEST | RESULT | REF. RANGE |
| 10-20 mmol/L | GLU | | 73-118 mg/dl | ALB | | 3.3-5.5 g/dl |
| 1.12-1.32 mmol/L | TP | | 6.4-8.1 g/dl | ALP | | 26-84 u/l |
| 8-26 mg/dl | (Piccolo) Methyte 8 | | | ALT | | 10-47 u/l |
| 70-105 mg/dl | TEST | RESULT | REF. RANGE | AMY | | 14-97 u/l |
| 0.7-1.5 mg/dl | GLU | | 73-118 mg/dl | AST | | 11-38 u/l |
| 38-51% PCV | BUN | | 7-22 mg/dl | TBIL | | 0.2-1.6 mg/dl |
| 12-17 g/dl | CRE | | 0.6-1.2 mg/dl | GGT | | 5-65 u/l |
| istry | CK | | 39-380 u/l (M)<br>30-190 u/l (F) | TP | | 6.4-8.1 g/dl |
| REF. RANGE | $NA^{+}$ | | 128-145 mmol/l | (Piccolo) Electrolyte | | |
| | $K^{+}$ | | 3.3-4.7 mmol/l | TEST | RESULT | REF. RANGE |
| | $CL^{-}$ | | 98-108 mmol/l | $NA^{+}$ | | 128-145 mmol/l |
| | $tCO_2$ | | 18-33 mmol/l | $K^{+}$ | | 3.3-4.7 mmol/l |
| | | | | $CL^{-}$ | | 98-108 mmol/l |
| | | | | $tCO_2$ | | 18-33 mmol/l |

| | DATE: | LAB ID NO.: |
|---|---|---|

b(6)-2

| Ward/Section: ICU #3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] b(6)-4 | 8 Sep 03 | 1630 | [redacted] b(6)-4 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

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

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Coagulation Studies**

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

**Blood Bank (MUST SUBMIT SF 518 W/ REQ**

| UNIT | |
|---|---|
| | |
| | |
| | |
| | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/08/03 04:53 PM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 17.2 sec.
***RESULT NOT RANGE CHECKED***
Ratio = 1.4
Calculated INR = 1.74
Sample Type:citrated wh. blood
Test Date :09/08/03
Test Time :04:52 PM
Card Lot :010301
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/08/03 04:57 PM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 54.4 sec.
***RESULT NOT RANGE CHECKED***
Sample Type:citrated wh. blood
Test Date :09/08/03
Test Time :04:54 PM
Card Lot [redacted]
Operator [redacted]

**REMARKS:**

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

b(6)-2

| Ward/Section: ICU #3 | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 8Sep03 / TIME 1630 | SSN/PSEUDO SSN: |

**(i-STAT)**

---

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____18 mmol/L

At 37C

pH_____7.165

PCO2_____46.3 mmHg

PO2_____150 mmHg

HCO3_____17 mmol/L

BEecf_____-12 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.195

PCO2_____41.9 mmHg

PO2_____137 mmHg

Patient Temp: 94.5F

FIO2_____: 40

Sample Type_: ART

08SEP03 16:56

Oper: [redacted]

Physician: _____

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| AJ | | |
| A | | |
| A | | |
| A | | |
| A | | |
| T | | |
| B | | |
| C | | |
| C | | |
| C | | |
| G | | |
| T | | |
| G | | |
| B | | |
| C | | |
| C | | |
| N | | |
| K | | |
| C | | |
| tC | | |

======= PICCOLO =======

08/09/03 17:05

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: b(6)-2 3151AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

.....

| | | | |
|---|---|---|---|
| GLU | 122* | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CRE | 1.0 | 0.6-1.2 | MG/DL |
| CK | >5000* | 39-380 | U/L |
| NA+ | 126* | 128-145 | MMOL/L |
| K+ | 5.3* | 3.3-4.7 | MMOL/L |
| CL- | 102 | 98-108 | MMOL/L |
| tCO2 | 16* | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

**(Piccolo) Metabolic Panel**

| TEST | RESULT | * REF. RANGE |
|---|---|---|
| | | 73-118 mg/dl |
| | | 7-22 mg/dl |
| | | 8.0-10.3 mg/dl |
| | | 0.6-1.2 mg/dl |
| | | 128-145 mmol/l |
| | | 3.3-4.7 mmol/l |
| | | 98-108 mmol/l |
| | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| RESULT | REF. RANGE |
|---|---|
| | 3.3-5.5 g/dl |
| | 26-84 u/l |
| | 10-47 u/l |
| | 14-97 u/l |
| | 11-38 u/l |
| | 0.2-1.6 mg/dl |
| | 5-65 u/l |
| | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| RESULT | REF. RANGE |
|---|---|
| | 128-145 mmol/l |
| | 3.3-4.7 mmol/l |
| | 98-108 mmol/l |
| | 18-33 mmol/l |

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

95.5

90%

EMT b(6)-2

b(6)-4

| Ward/Section: [redacted] | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI [redacted] | DATE 05 Apr | TIME 0830 | SSN/PERSONAL SSN [redacted] |

## (Hematology) CBC

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | 17.1 | 4.5 10.5 |
| RBC | 2.05 | 4.0 6.0 |
| HGB | 8.9 | 12.0 18.0 |
| HCT | 27.1 | 36.0 50.0 |
| MCV | 89.0 | 80.0 99.0 |
| MCH | 29.2 | 27.0 31.0 |
| MCHC | 32.8 | 33.0 37.0 |
| PLT | 230. | 150. 450. |
| RDW | 15.2 | 11.5 14.1 |
| LYM# | 2.3 | 1.2 3.5 |

ID: 00724 08-09-03
ID# 0844
Patient Limits

%(F)

| Set Rate | | |
|---|---|---|
| Other | | |

## Urinalysis

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | yellow | N/A |
| App | Clear | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.030 | N/A |
| Bld | mod | Negative |
| pH | 6.0 | N/A |
| Prot | Trace | Negative |
| Urob | 0.2 | 0.2-1.0 |
| Nit | neg | Negative |
| Leuk | neg | Negative |
| HCG | | Negative |

## Misc. Serology

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

## Microbiology

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

## Macroscopic Urinalysis

RBC - 0-2
WBC - 1-3

## CSF

| | |
|---|---|
| Cell Count | |
| Directigen | Negative |

## Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh: O pos

## Coagulation Studies

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

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

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| 4825450 | O pos | comp st |
| 2455844 | O pos | comp st |
| | | |
| | | |

REMARKS: b(6)-2

| REPORTED BY: [redacted] | DATE: 9-8-03 | LAB ID NO.: |
|---|---|---|

| Ward/Section: EM7 | REQUESTING PHYSICAN: | | | | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|---|---|---|
| LAST, FIRST,MI. [redacted] | | DATE 9/08/03 | TIME | | SSN/PEEUDO SSN: |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/dL |
| K | | 3.5-4.9 mmol/L |
| CI | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art<br>41-51 mmHg (ven |
| PO2 | | 80-105 mmHg (art<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art<br>24-29 mmol/L (ve |
| HCO3 | | 22-26 mmol/L (art<br>23-28 mmol/L (ar |
| SO2 | | 95-98% |
| BEecf | | (-2) - (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Tropoin-1 | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |

b(6)-4

```
======= PICCOLO =======
08/09/03          08:44
REFERENCE RANGE:      MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #:  b(6)-2 3141AA4
OPER #: [redacted]  DR #: 000
SERIAL #: [redacted]
.......................
GLU   188*  73-118   MG/DL
BUN     9   7-22     MG/DL
CRE   0.8   0.6-1.2  MG/DL
CK  >5000*  39-380   U/L
NA+   132   128-145  MMOL/L
K+    5.0*  3.3-4.7  MMOL/L
CL-   104   98-108   MMOL/L
tCO2  17*   18-33    MMOL/L

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

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^{+}$ | | 128-145 mmol/dl |
| $K^{+}$ | | 3.3-4.7 mmol/l |
| $CL^{-}$ | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AST | | 14-97 u/l |
| AMY | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^{+}$ | | 128-145 mmol/l |
| $K^{+}$ | | 3.3-4.7 mmol/l |
| $CL^{-}$ | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**REMARKS:**

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

| REQUESTING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | |
|---|---|---|---|
| 124 | DATE 9/9 | TIME 1600 | SSN/PSEUDO SSN: [redacted] b(6)-4 |

| CBC | | | |
|---|---|---|---|
| | REF. RANGE | | |
| | 1.8-10.8 x $10^3$ | | |
| | 1.7-6.1 x $10^9$ | | |
| | 4-18 g/dl (M)<br>2-16 g/dl (F) | | |
| | 2-52% (M)<br>7-47% (F) | | |
| | 0-94 fl (M)<br>1-99 fl (F) | | |
| | 30-500 x $10^3$<br>erified | | |
| | 0.5-51.1% | | |
| **Differential** | | | |
| | | | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | |
| Sed Rate | | | |
| Other | | | |

| Urinalysis | | | |
|---|---|---|---|
| TEST | RESULT | REF. RANGE | |
| Color | | N/A | |
| App | | N/A | |
| Glu | | Negative | |
| Bili | | Negative | |
| Ket | | Negative | |
| SG | | N/A | |
| Bld | | Negative | |
| pH | | N/A | |
| Prot | | Negative | |
| Urob | | 0.2-1.0 | |
| Nit | | Negative | |
| Leuk | | Negative | |
| HCG | | Negative | |
| **CSF** | | | |
| Cell Count | | | |
| Directigen | | Negative | |

| Misc. Serology | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| RPR | | Negative |
| Mono | | Negative |
| **Microbiology** | | |
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |
| **Microscopic Urinalysis** | | |
| | | |
| **Blood Bank** | | |
| MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | | |
| ABO/Rh | | |

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

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

**REMARKS:**

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

| Ward/Section: ICU's | REQUESTING PHYSICIAN: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] b(6)-4 | DATE 9-9-03 TIME 0630 | SSN/PSEUDO SSN: |

99 (Ax) FiO2

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| | | 98-109 mmol/L | ALT | | 10-47 u/l | $CA^{++}$ | | 8.0-10.3 mg/dl |
| | | 7.31-7.45 | AMY | | 14-97 u/l | CRE | | 0.6-1.2 mg/dl |
| | | 35-45 mmHg (art)<br>41-51 mmHg (ven) | AST | | 11-38 u/l | $NA^+$ | | 128-145 mmol/l |
| | | 80-105 mmHg (art)<br>N/A (ven) | TBIL | | 0.2-1.6 mg/dl | $K^+$ | | 3.3-4.7 mmol/l |
| | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | $CL^-$ | | 98-108 mmol/l |
| | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) | $CA^{++}$ | | 8.0-10.3mg/dl | $tCO_2$ | | 18-33 mmol/l |
| | | 95-98% | CHOL | | 100-200 mg/dl | (Piccolo) Liver Panel Plus | | |
| | | (-2) – (+3) mmol/L | CRE | | 0.6-1.2 mg/dl | TEST | RESULT | REF. RANGE |
| | | 10-20 mmol/L | GLU | | 73-118 mg/dl | ALB | | 3.3-5.5 g/dl |
| | | 1.12-1.32 mmol/L | TP | | 6.4-8.1 g/dl | ALP | | 26-84 u/l |
| | | 8-26 mg/dl | (Piccolo) Metlyte 8 | | | ALT | | 10-47 u/l |
| | | 70-105 mg/dl | TEST | RESULT | REF. RANGE | AMY | | 14-97 u/l |
| | | 0.7-1.5 mg/dl | GLU | | 73-118 mg/dl | AST | | 11-38 u/l |
| | | 38-51% PCV | BUN | | 7-22 mg/dl | TBIL | | 0.2-1.6 mg/dl |
| | | 12-17 g/dl | CRE | | 0.6-1.2 mg/dl | GGT | | 5-65 u/l |
| | | mistry | CK | | 39-380 u/l (M)<br>30-190 u/l (F) | TP | | 6.4-8.1 g/dl |
| | | REF. RANGE | $NA^+$ | | 128-145 mmol/l | (Piccolo) Electrolyte | | |
| | | | $K^+$ | | 3.3-4.7 mmol/l | TEST | RESULT | REF. RANGE |
| | | | $CL^-$ | | 98-108 mmol/l | $NA^+$ | | 128-145 mmol/l |
| | | | $tCO_2$ | | 18-33 mmol/l | $K^+$ | | 3.3-4.7 mmol/l |
| | | | | | | $CL^-$ | | 98-108 mmol/l |
| | | | | | | $tCO_2$ | | 18-33 mmol/l |

| | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

```
#
-------------------------
i-STAT G3+
Pt: [redacted] b(6)-4
Pt Name:____________

TCO2________31 mmol/L

At 37C
pH_______7.519
PCO2______37.0 mmHg
PO2________149 mmHg
HCO3________30 mmol/L
BEecf________7 mmol/L
sO2*_______100 %
  *calculated

At Patient Temp
pH_______7.515
PCO2______37.5 mmHg
PO2________150 mmHg

Patient Temp: 99.1F
FIO2________: 24
Sample Type_:

  09SEP03      06:42
Oper: [redacted] b(6)-2
Physician:______________
Ser# [redacted]
Ver: [redacted]
-------------------------
```

b(6)-2

| Ward/Section: ICU-3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] b(6)-4 | DATE 9 Sep 03 / TIME 0410 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | .8-10.8 x $10^3$ |
| | | .7-6.1 x $10^9$ |
| | | 4-18 g/dl (M) 2-16 g/dl (F) |
| | | 2-52% (M) 7-47% (F) |
| | | 0-94 fl (M) 1-99 fl (F) |
| | | 0-500 x $10^3$ erified |
| | | .5-51.1% |
| **Differential** | | |
| | | |
| | | |
| | | |
| | | |
| | | timate adequate |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

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

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

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

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

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

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

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**REMARKS:**

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

b(6)-2

| Ward/Section: 1113 | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| b(6)-4 [redacted] | DATE 09Sep03 / TIME 0410 | SSN/PSEUDO SSN: Civ # [redacted] b(6)-4 |

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____108 mg/dL

BUN_____10 mg/dL

Na_____137 mmol/L

K_____4.0 mmol/L

Cl_____103 mmol/L

TCO2_____29 mmol/L

AnGap_____10 mmol/L

Hct_____28 %PCV

Hb*_____10 g/dL

*via Hct

pH_____7.428

PCO2_____42.3 mmHg

HCO3_____28 mmol/L

BEecf_____4 mmol/L

Sample Type_:

09SEP03 04:26

Oper: [redacted] b(6)-2

Physician:_____

Ser# 42011

Ver: JAN5046A
CLEW 993

| (Piccolo) Chemistry 12 | | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|
| REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| 98-109 mmol/L | ALT | | 10-47 u/l | $CA^{++}$ | | 8.0-10.3 mg/dl |
| 7.31-7.45 | AMY | | 14-97 u/l | CRE | | 0.6-1.2 mg/dl |
| 35-45 mmHg (art) 41-51 mmHg (ven) | AST | | 11-38 u/l | $NA^{+}$ | | 128-145 mmol/l |
| 80-105 mmHg (art) N/A (ven) | TBIL | | 0.2-1.6 mg/dl | $K^{+}$ | | 3.3-4.7 mmol/l |
| 23-27 mmol/L (art) 24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | $CL^{-}$ | | 98-108 mmol/l |
| 22-26 mmol/L (art) 23-28 mmol/L (ven) | | | | | | 18-33 mmol/l |
| 95-98% | | | | | | |
| (-2) – (+3) mmol/L | | | | | | |
| 10-20 mmol/L | | | | | | |
| 1.12-1.32 mmol/L | | | | | | |
| 8-26 mg/dl | | | | | | |
| 70-105 mg/dl | | | | | | |
| 0.7-1.5 mg/dl | | | | | | |
| 38-51% PCV | | | | | | |
| 12-17 g/dl | | | | | | |

| (Piccolo) Liver Panel Plus | | |
|---|---|---|
| T | RESULT | REF. RANGE |
| | | 3.3-5.5 g/dl |
| | | 26-84 u/l |
| | | 10-47 u/l |
| | | 14-97 u/l |
| | | 11-38 u/l |
| | | 0.2-1.6 mg/dl |
| | | 5-65 u/l |
| | | 6.4-8.1 g/dl |

| (Piccolo) Electrolyte | | |
|---|---|---|
| T | RESULT | REF. RANGE |
| | | 128-145 mmol/l |
| | | 3.3-4.7 mmol/l |
| | | 98-108 mmol/l |
| | | 18-33 mmol/l |

| istry | |
|---|---|
| REF. RANGE | |
| | |
| | |
| | |
| | |
| | |

======= PICCOLO =======

09/09/03 04:22

REFERENCE RANGE: MALE

PATIENT #: [redacted] b(6)-2

METLYTE 8

DISC LOT #: 3151AA4

OPER #: [redacted] DR #: 000

SERIAL #: b(6) [redacted]

| | | | |
|---|---|---|---|
| GLU | 112 | 73-118 | MG/DL |
| BUN | 8 | 7-22 | MG/DL |
| CRE | 1.2 | 0.6-1.2 | MG/DL |
| CK | >5000* | 39-380 | U/L |
| NA+ | ~~124*~~ 139 | 128-145 | MMOL/L |
| K+ | 4.7 | 3.3-4.7 | MMOL/L |
| CL- | 101 | 98-108 | MMOL/L |
| tCO2 | 21 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

**REMARKS:**

**REPORTED BY:**

PCO2 ALK 35-45 ACID [redacted]

HCO3 ACID 22-26

BE +-2

pH ACID 7.35-7.45 [redacted]

Ward/Section: PCU #3 | REQUESTING PHYSICIAN: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, [redacted] b(6)-2 | DATE 10 Sep | TIME 0900 | SSN/PSEUDO SSN [redacted] b(6)-4

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| Cl | | 98-109 mmol/L | ALT | | 10-47 u/l | CA++ | | 8.0-10.3 mg/dl |
| pH | | 7.31-7.45 | AMY | | 14-97 u/l | | | |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | AST | | 11-38 u/l | | | |
| PO2 | | 80-105 mmHg (art) | [illegible] | | 0.2-1.6 mg/dl | | | |
| TCO2 | | | | | 7-22 mg/dl | | | |
| HCO3 | | | | | 8.0-10.3mg/dl | | | |
| sO2 | | | | | 100-200 mg/dl | | | |
| BEecf | | | | | 0.6-1.2 mg/dl | | | |
| AnGap | | | | | 73-118 mg/dl | | | |
| Ca | | | | | 6.4-8.1 g/dl | | | |
| BUN | | | | | | | | |
| GLU | | | | | | | | |
| Creat | | | | | 73-118 mg/dl | | | |
| Hct | | | | | 7-22 mg/dl | | | |
| Hgb | | | | | 0.6-1.2 mg/dl | | | |
| | | | | | 39-380 u/l (M) 30-190 u/l (F) | | | |
| | | | | | 128-145 mmol/ | | | |
| | | | | | 3.3-4.7 mmol/l | | | |
| | | | | | 98-108 mmol/l | | | |
| | | | | | 18-33 mmol/l | | | |

(Piccolo) Metabolic Panel

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CA++ | | 8.0-10.3 mg/dl |

(Piccolo) Metlyte 8

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | 73-118 mg/dl |
| | | 7-22 mg/dl |
| | | 0.6-1.2 mg/dl |
| | | 39-380 u/l (M) 30-190 u/l (F) |
| | | 128-145 mmol/ |
| | | 3.3-4.7 mmol/l |
| | | 98-108 mmol/l |
| | | 18-33 mmol/l |

(Piccolo) Metlyte 8

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |

REMARKS:

REPORTED BY: | DATE: | LAB ID NO

======= PICCOLO =======
10/09/03 04:08
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] b(6)-2 DR #: 000
SERIAL #: b(6)-2 [redacted]

| | | | |
|---|---|---|---|
| GLU | 106 | 73-118 | MG/DL |
| BUN | 5* | 7-22 | MG/DL |
| CRE | 1.2 | 0.6-1.2 | MG/DL |
| CK | 2208* | 39-380 | U/L |
| NA+ | 114* | 128-145 | MMOL/L |
| K+ | 3.8 | 3.3-4.7 | MMOL/L |
| CL- | 95* | 98-108 | MMOL/L |
| tCO2 | 23 | 18-33 | MMOL/L |

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

| Ward/Section: ICW2 | REQUESTING PHYSICAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST,MI: C[redacted] b(6)-2 | DATE: 10 SEP | TIME: 1736 | SSN/PEEUDO SSN: [redacted] b(6)-4 |
|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | **Urinalysis** | | | **Misc. Serology** | | |
| | | | *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* |
| | | | Color | | N/A | RPR | | Negative |
| | | | App | | N/A | Mono | | Negative |
| | | | Glu | | Negative | **Microbiology** | | |
| | | | Bili | | Negative | Source | | |
| | | | Ket | | Negative | Gram Stain | | |
| | | | SG | | N/A | Occ Bld | | Negative |
| | | | Bld | | Negative | H. pylori | | Negative |
| | | | pH | | N/A | Micro Parasites | | |
| | | | Prot | | Negative | Malaria | | |
| | | | Urob | | 0.2-1.0 | O & P | | |
| | | | Nit | | Negative | Other | | |
| | | | Leuk | | Negative | **Macroscopic Urinalysis** | | |
| | | | HCG | | Negative | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Hematocrit | | (M) 37-47%(F) | **CSF** | | | **Blood Bank** |
| Set Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED |
| Other | | | Directigen | | Negative | ABO/Rh |

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

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

| Ward/Section: ICW2 b(6)-4 | REQUESTING PHYSICAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST,MI. C[redacted] | | DATE 10 SEP 03 | TIME 1730 | | SSN/PEEUDO SSN: [redacted] b(6)-4 |
|---|---|---|---|---|---|

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/dL |
| K | | 3.5-4.9 mmol/L |
| CI | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (art) |
| SO2 | | 95-98% |
| BEecf | | (-2) - (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Tropoin-1 | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| [illegible] | | 26-84 u/l |

PICCOLO
10/09/03 17:48
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

| | | | |
|---|---|---|---|
| GLU | 92 | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| CK | 2291* | 39-380 | U/L |
| NA+ | 128 | 128-145 | MMOL/L |
| K+ | 3.6 | 3.3-4.7 | MMOL/L |
| CL- | 99 | 98-108 | MMOL/L |
| tCO2 | 26 | 18-33 | MMOL/L |

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

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^{+}$ | | 128-145 mmol/dl |
| $K^{+}$ | | 3.3-4.7 mmol/l |
| $CL^{-}$ | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AST | | 14-97 u/l |
| AMY | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^{+}$ | | 128-145 mmol/l |
| $K^{+}$ | | 3.3-4.7 mmol/l |
| $CL^{-}$ | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

REMARKS: b(6)-2

| REPORTED BY: [redacted] | DATE: 10 Sep 03 | LAB ID NO.: |
|---|---|---|

| Ward/Section: ICW2 | REQUESTING PHYSICAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, [redacted] b(0)-4 | DATE 10SEP | TIME 1736 | SSN/PseudoSSN: [redacted] |
|---|---|---|---|

| Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Color | | N/A | RPR | | Negative |
| App | | N/A | Mono | | Negative |
| Glu | | Negative | **Microbiology** | | |
| Bili | | Negative | Source | | |
| Ket | | Negative | Gram Stain | | |
| SG | | N/A | Occ Bld | | Negative |
| Bld | | Negative | H. pylori | | Negative |
| pH | | N/A | Micro Parasites | | |
| Prot | | Negative | Malaria | | |
| Urob | | 0.2-1.0 | O & P | | |
| Nit | | Negative | Other | | |
| Leuk | | Negative | **Macroscopic Urinalysis** | | |
| HCG | | Negative | | | |

| | | | CSF | | | Blood Bank | |
|---|---|---|---|---|---|---|---|
| Hematocrit | | 37-47%(F) | | | | | |
| Set Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Other | | | Directigen | | Negative | ABO/Rh | |

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

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

| Ward/Section: ICW 2 | REQUESTING PHYSICAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | | |
|---|---|---|---|---|
| LAST, FIRST,MI. # [redacted] b(6)-4 | | DATE 11Sept03 | TIME 0055 | SSN/PEEUDO SSN: |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* |
| WBC | | 4.8-10.8 x10 | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x10 | App | | N/A | Mono | | Negative |
| [illegible] | | 14-18 g/dl(M) 12-16 g/dl(F) | Glu | | Negative | **Microbiology** | | |
| | | 42-52%(M) 37-47%(F) | Bili | | Negative | Source | | |
| | | 80-94 fi(M) 81-99 fi(F) | Ket | | Negative | Gram Stain | | |
| | | 130-500 x 10³ verified | SG | | N/A | Occ Bld | | Negative |
| | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| | | tal Differential | pH | | N/A | Micro Parasites | | |
| | | ono | Prot | | Negative | Malaria | | |
| | | s | Urob | | 0.2-1.0 | O & P | | |
| | | iso | Nit | | Negative | Other | | |
| | | im | Leuk | | Negative | **Macroscopic Urinalysis** | | |
| | | | HCG | | Negative | | | |
| | | 42-52%(M) 37-47%(F) | **CSF** | | | **Blood Bank** | | |
| | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | | |
| | | | Directigen | | Negative | ABO/Rh | | |

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

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

| Ward/Section: 1CW2 | REQUESTING PHYSICAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST,MI. #[redacted] b(6)-2 | DATE 11Sept | TIME | | SSN/PEEUDO SSN: |
|---|---|---|---|---|

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/dL |
| K | | 3.5-4.9 mmol/L |
| CI | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (art) |
| SO2 | | 95-98% |
| BEecf | | (-2) - (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Tropoin-1 | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AS | | |
| TB | | |
| BI | | |
| C | | |
| C | | |
| C | | |
| C | | |
| C | | |
| T | | |

======= PICCOLO =======
11/09/03 01:11
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-2
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

| | | | |
|---|---|---|---|
| GLU | 113 | 73-118 | MG/DL |
| BUN | 8 | 7-22 | MG/DL |
| CRE | 0.9 | 0.6-1.2 | MG/DL |
| CK | 1756* | 39-380 | U/L |
| NA+ | ~~+++~~ 136 | 128-145 | MMOL |
| K+ | 3.4 | 3.3-4.7 | MMOL |
| CL- | 99 | 98-108 | MMOL |
| tCO2 | 27 | 18-33 | MMOL |

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

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CA++ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| A+ | | 128-145 mmol/dl |
| + | | 3.3-4.7 mmol/l |
| - | | 98-108 mmol/l |
| CO2 | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| LB | | 3.3-5.5 g/dl |
| LP | | 26-84 u/l |
| LT | | 10-47 u/l |
| ST | | 14-97 u/l |
| AMY | | 11-38 u/l |
| BIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**REMARKS:**

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

b(6)-4

E # [redacted] ICW-1

| MISC | SPECIMEN/LAB RPT. NO. |
|---|---|
| URGENCY: ☒ ROUTINE, TODAY ☐, ☐ PRE-OP, STAT ☐ | PATIENT STATUS: ☒ BED, ☐ AMB, OUTPATIENT ☐, ☐ NP, ☐ DOM |
| | SPECIMEN SOURCE (Specify) |

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

b(6)-2

REQUESTING PHYSICIAN'S SIGNATURE [redacted] | REPORTED BY | MD | TECH | DATE | LAB ID NO.

REMARKS

CBC

| TEST(S) | SPECIMEN TAKEN DATE | TIME A.M. P.M. | REQUESTED | RESULTS |
|---|---|---|---|---|

ID: [redacted]
WB

15-09-03
07:20

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 14.2 H | x10^3/uL | | 4.5 | 10.5 |
| RBC | 2.98 L | x10^6/uL | | 4.00 | 6.00 |
| Hgb | 8.7 L | g/dL | | 11.0 | 18.0 |
| Hct | 27.3 L | % | | 35.0 | 60.0 |
| MCV | 91.8 | fL | | 80.0 | 99.9 |
| MCH | 29.2 | pg | | 27.0 | 31.0 |
| MCHC | 31.8 L | g/dL | | 33.0 | 37.0 |
| Plt | 556. H | x10^3/uL | | 150. | 450. |
| LYZ | 17.3 * L | % | | 20.5 | 51.1 |
| LYW | 2.5 * | x10^3/uL | | 1.2 | 3.4 |

b(6)-4

E # [redacted] ICW-1

| CHEM 1 | SPECIMEN/LAB. RPT. NO. |
|---|---|
| URGENCY: ☒ ROUTINE, TODAY ☐, ☐ PRE-OP, STAT ☐ | PATIENT STATUS: ☒ BED, ☐ AMB, OUTPATIENT ☐, ☐ NP, ☐ DOM |
| | SPECIMEN SOURCE: ☒ BLOOD, ☐ OTHER (Specify) |

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

b(6)-4

b(6)-2

```
======= PICCOLO ======
15/09/03          07:48
REF: ICE RANGE:          MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #:          3141AA4
OPER #: [redacted]   DR #: 000
SERIAL #: [redacted]
.....................
GLU   81   73-118   MG/DL
BUN   10   7-22     MG/DL
CRE   0.7  0.6-1.2  MG/DL
CK    324  39-380   U/L
NA+   ♦♦♦  128-145  MMOL/L
K+    4.3  3.3-4.7  MMOL/L
CL-   99   98-108   MMOL/L
tCO2  26   18-33    MMOL/L

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

Isnot

Na+ - 134

PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

# MEDICAL RECORD - ANESTH

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

Allergic PCN

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ketamine | (mg) | | | 50 | | 50 | | | | | | |
| Propofol | (mg) | | | | | | | | | | | |
| Versed | (mg) | 1 | | 1 | | | | | | | 3 | |
| Fentanyl | (ucg) | | | | | 50 | | | | | 200 | |
| Lidocaine | (mg) | | | | | | | | | | | |
| Succinylcholine | (mg) | | | | | | | | Nimbex - | 20 | | |
| VOLAT AGENT 150 | % del | X | 2.0 | 2.0 | 2.0 | 1.5 | 1.5 | 1.5 | 2.0 | 2.0 | 2.0 | 0.6 |
| | % e.t. | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | |
| O2 | L/Min | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1 2 3 4 5

**FLUIDS**

| LINE site | | |
|---|---|---|
| 18g (L) wrist | ☐ Warmed | LR2 — LR3 |
| pRBCs | ☐ Warmed | 1★E 2★E 3 ★3E → |
| IJ Central Cath | ☐ Warmed | LR2 — HESP1 — HESP2 LR3 |

**LOSSES**: EST BLOOD LOSS; URINE - X — 150

PHYS STATUS: 1 2 3 4 5 (E)

BODY WEIGHT: 75 (KG) LB

HEMATOCRIT: 28

INITIAL DATA: BP- 128/60; HR- 135

EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? JM; TIME- 1140

TIME: 1145 1200 30 1300 30 1400

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-∅

Lunch Dr [redacted] giving blood

7.19 142 46 63 382 1.16 18 18 -10 6 100%

200 mg Phenylephrine; 200 mg Phenylephrine; 200 mg Phenylephrine; 100 mg SCC

**VENTIL**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | + | 800 | 170 | 220 | 220 | 200 | 150 | 220 | 210 | 240 | 760 |
| f - breaths/min | + | 8 | 32 | 33 | 29 | 31 | 30 | 22 | 26 | 26 | 16 |
| Peak inf pres / PEEP | — | / | / | / | | / | / | — | / | / | / |
| MODE - S(pon), A(ssist), C(on) | S | C | C | S | S | S | S | S | S | S | CV |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff / ET CO2 (torr) | + | 38 | 44 | 40 | 44 | 46 | 46 | 44 | 47 | 46 | 32 |
| BP/oth / FIO2 (Frac or %) | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | .58 | .58 | .57 | .57 | .57 | .57 |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES / ECG | ST | | ST | ST | ST | ST | ST | ST | ST | ST | ST |
| Gas analyzer / TEMP-site (P) | 35° | | 35.° | 35.° | 35.° | 34.7 | 34.6 | 34.4° | 34.2 | 34 | 33.9 |
| N-M Block (T/4) | 0/4 | | | | | | 4/4 | | | | |
| Warming blkt | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position →

**TOTALS**: 100 / 5 — TOTAL EBL: min; 250 / — TOTAL URINE: 200

**FLUIDS SUMMARY**: CRYSTALLOID- 3000; COLLOID- 1000; BLOOD- 2 units

**REMARKS**

Code drugs with numbers, events with letters

(1) PT ID, PREOP Hx DONE. (see PREOP)

(2) RM, O2 - MONITORS

(3) A-line (R) + (L) radial attempts x 5. (R) femoral A-line x 2. Central line x 3. DR. CARMODY I success for CVP left femoral A-line

(4) TOTS 1250

CBC @ 1318 11 > 4/14 < 142

1★ [redacted] pRBCs given to ↑ O2 carrying capacity

2★ [redacted]

3★ [redacted]

(5) [redacted]

RECOVERY AT 1438; PACU (ICU) 3 (Specify); OTHER; CONDITION: intubated; RESP- 16; SpO2- 100; BP- 140/90; HR- 60

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1138 | 1145 | 1400 |
| | Ready | Begin | End |
| PROC | 1250 | 1310 | 1420 |

PROCEDURES and CPT Codes: Ex Fix (L) Fib/Tib/Line placements

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

# [redacted] b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

OLx1 Miller 2, GRADE I view. #8 ETT to 22. cuff ⊕ bbs ⊕ [illegible] BB in place. eyes taped

SURGEONS: [redacted] b(6)-2

AN [redacted]

PROCEDURE LOCATION: 8 Sept 03

DATE: 8 Sept 03

PAGE 1 OF

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| propofol | (mg) | 200 | | | | | | | | | | | | | | | | | |
| Fentanyl | (mcg) | 100 | 50 | 50 | 50 | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | | | |
| VOLAT AGENT | I50 % del | 2.0-1.5-1.0-2.0-1.5-1.0-.8 | | | | | | | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | | | |
| O2 | L/Min | 8-2-2-2-2-8 | | | | | | | | | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR | ☐ Warmed | 200 | 400 | 500 | 500 | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | | | | | | |
| URINE - | | 150 | | | | | | | | | | | | | | | | | |

**PHYS STATUS**: 1/2/3/4/5 E

**BODY WEIGHT**: 75 KG / LB

**HEMATOCRIT**: 28

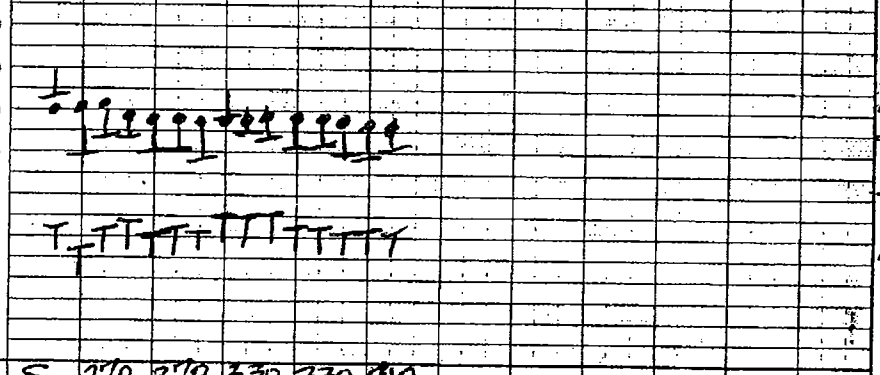
**INITIAL DATA**: BP- 135/73 HR- 118

**EQUIP CHECK**: OK?- Y N

**PATIENT RECHECK**: OK for PROCEDURE? TIME-

**TIME** → 100 X 30 X 1500 X 30

**SYMBOLS**: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø




**VENTIL.**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | 5 | 270 | 370 | 330 | 330 | 410 |
| f - breaths/min | | 11 | 14 | 14 | 17 | 16 |
| Peak inf pres / PEEP | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | + | 52 | 48 | 49 | 50 | 49 |
| BP/oth | FIO2 (Frac or %) | .9 | .9 | .8 | .8 | .8 | .9 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | ST | ST | ST | ST | ST |
| Gas analyzer | TEMP-site | Available | | | | | |
| | N-M Block (T/4) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → OK → Prepped → Closure →

**TOTALS**: 250mg

**TOTAL EBL**: Minimal

**TOTAL URINE**: 150mL

**FLUIDS - SUMMARY**

CRYSTALLOID: 500mL

COLLOID: None

BLOOD: None

**REMARKS** (Code drugs with numbers, events with letters)

Pt transported to OR pr review of pre-op assess

Eyes Taped Arms secured

Pt with regular sport vent — to ICU 3 — LMA in place removed then patent airway

Report given

**RECOVERY AT**: PACU ICU 3 (Specify) OTHER

CONDITION: Stable

RESP. 20 SpO2- 96% BP- 140/80 HR- 118

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1405 | 1410 | 1530 |
| | Ready | Begin | End |
| PROC | 1417 | 1420 | 1518 |

PROCEDURES and CPT Codes: I&D (B) thighs / DPC / (L) thigh

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

# [redacted] b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GA with LMA Proseal #4 - placed on 1st att

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Pre-O2 - IV induction

SURGEONS: [redacted] b(6)-2

ANESTHESIOLOGIST: [redacted], MD

PROCEDURE LOCATION: 2

DATE: 10 SEP 03

PAGE 1 OF 1

# MEDICAL RECORD - ANESTHESIA

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

All: PCN

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (mcg) | 100 | 50 | 50 | 50 | | | | | | | | | | 250 |
| Propofol | (mg) | 150 | | | | | | | | | | | | | |
| Sux | (mg) | 100 | | ~~5~~ | ~~5~~ 5 mg | | | | | | | | | | |
| MgSO4 | (mg) | | | 6 | 5 | | | | | | | | | | 10 |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT 150 | % del | 2.5 | 2.5 | 2.0 | .8 | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**TOTAL EBL** min

**TOTAL URINE**

**FLUIDS - SUMMARY**

CRYSTALLOID- 800

COLLOID- 0

BLOOD- 0

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR 18g (D)R | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES** — EST BLOOD LOSS / URINE -

**REMARKS**

*Code drugs with numbers, events with letters*

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT** 75 (KG) LB

**HEMATOCRIT** 26.7

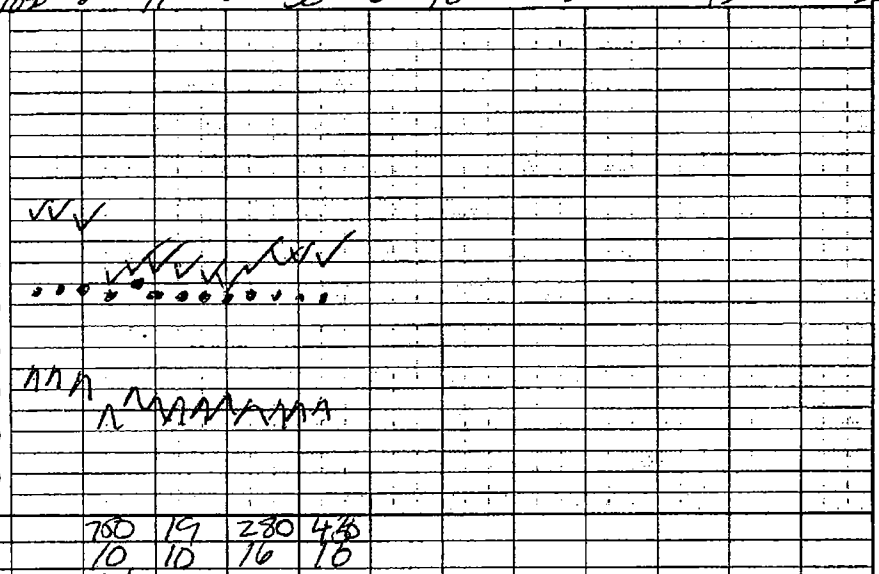
**INITIAL DATA:** BP- 139/69 HR- 98

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? TIME- 1040.

**SYMBOLS:** BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊙

TIME → 1030 • 1100 • 30 • 1200 • 30 • 1300 • 30




**VENTIL**

| | | | | | |
|---|---|---|---|---|---|
| VT - ml | | 700 | 19 | 280 | 450 |
| f - breaths/min | | 10 | 10 | 16 | 16 |
| Peak inf pres / PEEP | | 24 | | | |
| MODE - S(pon), A(ssist), C(on) | S/C | C | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 41 | 34 | 55 | 47 | 42 |
| BP/oth | FIO2 (Frac or %) | 89 | 89 | .89 | .88 | .70 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | ST | ST | SI | SI |
| Gas analyzer | TEMP-site | AVAILABLE | | | | |
| | N-M Block (T/4) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* → O-1

**RECOVERY AT** 1145

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- 19 SpO2- 96

BP- 141/75 HR- 117

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1020 | 1035 | 1200 |
| PROC | Ready | Begin | End |
| | 1045 | 1045 | 1145 |

PROCEDURES and CPT Codes:

I+D incident (R) leg

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

[redacted]

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

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

Pre-ox Sux 100% FIO2, RSI w/ Sux TMILLER 2 Grade II w/ 8.0 ETT, placed 22cm @ lip (+) BBS

SURGEONS: [redacted] (+) ISTOC.

ANESTHETIS[redacted]

PROCEDURE TKA

LOCATION: OR

DATE: 12 SEP 05

PAGE 1 OF 1

MEDCOM - 18728

[redacted] PATIENT'S MEDICAL RECORD USAPA V1.00

# Pt's Δ in status since prior to procee: A. Chart reviewed. GLMA. Pt understan's.

# MEDICAL RECORD — ANESTHESIA

| DRUG | (Units) | |
|---|---|---|
| phenergan | (mg) | 25 |
| MSO4 | (mg) | 5 5 4/2 2 2 |
| propofol | (mg) | 200 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT Iso | % del | 1.5 2.0 2.0 2.0 1.5 X |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 6 — 1 — 1 — 1 — 1 — 1 2 |

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML. "|"=CONSTANT INFUSION

SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS ▶ # 1 2

| TOTALS | |
|---|---|
| 25 | TOTAL TIME min |
| 20 | |
| 200 | TOTAL URINE |
| | 400 |

FLUIDS – SUMMARY
CRYSTALLOID– 600
COLLOID– Ø
BLOOD– Ø

| FLUIDS | | |
|---|---|---|
| LINE site 18g LAC | ☐ Warmed | NS 600cc ——— /#2 |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |
| LOSSES | EST BLOOD LOSS | |
| | URINE – | 200 400 |

PHYS. STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT: 34.9

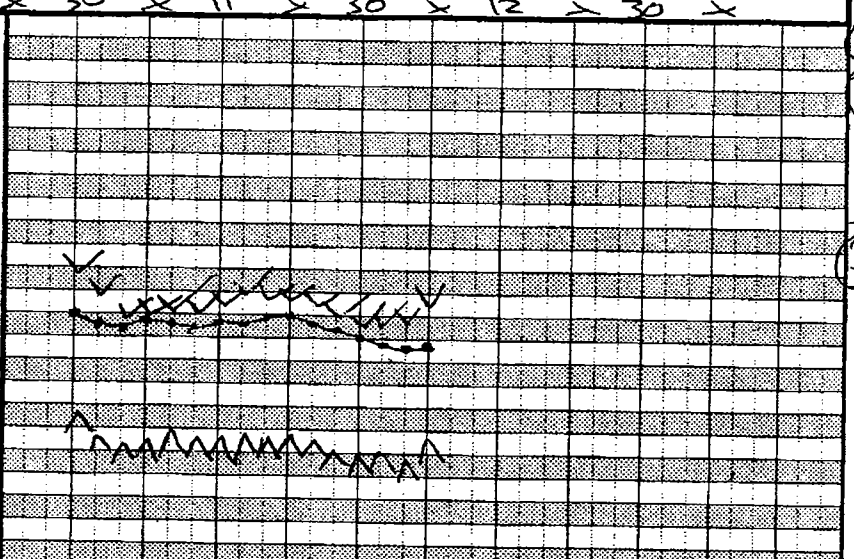
INITIAL DATA: BP – 125/67 HR– 110

TEMP CHECK: OK?– (Y) N

PATIENT RECHECK: OK for PROCEDURE TIME– 1020

TIME → 30 11 30 12 30

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES– X-X; PROC– ⊙ – Ø




| | | | | | | |
|---|---|---|---|---|---|---|
| VT – ml | 300 | 2100 | 380 | 360 | 300 | 340 |
| f – breaths/min | 26 | 24 | 22 | 21 | 18 | 11 |
| Peak inf pres / PEEP | | | | | | |
| MODE– S(pon), A(ssist), C(on) | S | S | S | S | S | S |
| ✓ BP/Auto Cuff / ✓ ETCO2 (torr) | 36 | 42 | 40 | 46 | 40 | 45 |
| BP / oth / FIO2 (Frac or %) | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | .8 |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES / ECG | ST | ST | ST | ST | SR | SR |
| Gas analyzer / TEMP- site AXIL | | | | | | |
| N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → D →

REMARKS – Code drugs with numbers, events with letters

1. To room via little sedation, pre O2.
2. Induction & LMA insertion
3. 1135 MAT chew for lunch break
4. TV > 4mL/kg RR > 8 + c 30 BPM Responsive (LMA removed) complications
5. TOPACA Repair To R.

RECOVERY AT 1152
PACU ICU (Specify) OTHER T – 98.
CONDITION: Stable, resp
RESP– 20 SpO2– 94-97 O2 NC
BP– 127/81 HR– 110

ANESTHESIA / PROCEDURE TIME

| | Start | Room | End |
|---|---|---|---|
| ANES | 1020 | 1030 | 1155 |
| | Ready | Begin | End |
| PROC | 1035 | 1100 | 1145 |

PROCEDURES and CPT Codes
1. I&D Lt thigh & calf wound, DPC
2. DSJG Δ Rt thigh

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GLMA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Eyes taped, #4 LMA & trauma, ⊕ETCO2, BBSB, secured & soft bite block & tape

PATIENT IDENTIFICATION – Typed or written entries: Name, Grade/Rate, Medical facility
EPW # [redacted] b(6)-4
[redacted] yo ♂
Smoker

SURGEON [redacted] b(6)-2
ANESTH [redacted] MAT, CRNA

PROCEDURE LOCATION 2-2
DATE 9/14/03
PAGE 1 OF 1

S/P GSWs BLF. & Sep, has ex Fix lt ... Multiple GA for washouts 5 ... Ø Δ in PA sta ... lar. GA.

# MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (UG) | 250 | 100 | 50 | 100 | | | | | | | | | | | | |
| Inderal | (MG) | 30 | | | | | | | | | | | | | | | |
| Propofol | (MG) | 200 | | | | | | | | | | | | | | | |
| Sux | (MG) | 100 | | | | | | | | | | | | | | | |
| MSO4 | (MG) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| VOLAT AGENT 1.50 | % del | | 1.5 | 1.5 | 1.5 | X | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | 6 | 6 | | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → Induction

FLUIDS — LINE site RA (L) ☐ Warmed; UKT ☐ Warmed; ☐ Warmed; ☐ Warmed

LOSSES — EST BLOOD LOSS; URINE -

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 75 (KG) LB

HEMATOCRIT: 27.3

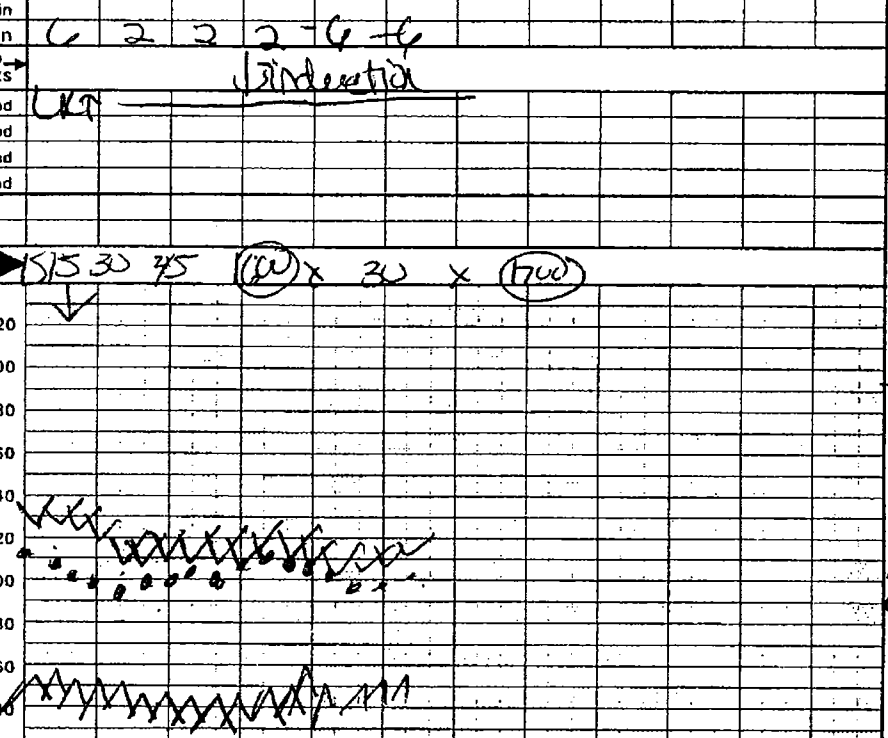
INITIAL DATA: BP- 129/53 ___/___ HR- 104

EQUIP CHECK: OK? (Y) N

PATIENT RECHECK: OK for PROCEDURE (+) TIME- 1430

SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced) ╪; TOURNIQUET T-T; ANES- X-X; PROC- ⊙-Ø

TIME → 1515 30 45 (1600) x 30 x (1700)




| VENTIL | | | | | | | |
|---|---|---|---|---|---|---|---|
| VT - ml | | 550 | 650 | 550 | 770 | 310 | |
| f - breaths/min | | 10 | 10 | 10 | 18 | 18 | |
| Peak inf pres / PEEP | | 21 | 21 | 21 | — | — | |
| MODE - S(pon), A(ssist), C(on) | SV | CV | CV | CV | S | SV | |

| MONITORS/ACCESSORIES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ~~BP~~/Auto Cuff | ~~ET CO2~~ (torr) | | 36 | 45 | 45 | 36 | 36 | |
| BP/oth | FIO2 (Frac or %) | .67 | .67 | .67 | .69 | .69 | .69 | |
| ART line | ~~SpO2~~ (%) | 100 | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES | ~~ECG~~ | ST | ST | ST | ST | ST | ST | |
| ~~Gas~~ analyzer CO2 | ~~TEMP-site~~ | Axi | 35 | 35 | 35 | 35 | X | |
| | ~~N-M Block (T/4)~~ | | 4/4 ST | | | | | |
| Warming blkt | Blanket/drape | | | | | | | |
| Conv warmer | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → cl arms ~90° abducted/padded

TOTALS: 500x16 — TOTAL EBL: MCA; TOTAL URINE: 600

FLUIDS SUMMARY: CRYSTALLOID- UL; COLLOID- —; BLOOD- —

REMARKS (Code drugs with numbers, events with letters): 1430 Pt to 10rm. Chart w/ prep done - to OR IV in place. 1515 Pt to room - monitors on. Induction. 1629 - post-prep - suction opened eyes. Extubated. TO PACU USS

RECOVERY AT: PACU (ICU) ICU ____ (Specify) OTHER stable

CONDITION: RESP- 17 SpO2- 95% BP- 118/88 HR- 115

AMESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1430 | 1505 | 1625 |
| PROC | Ready | Begin | End |
| | 1505 | 1530 | 1620 |

PROCEDURES and CPT Codes: I&D, DPC wounds

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — ETT to Miller, taped 22cm teeth, RSI

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — RSI - Pre-ox - DL x 1 view → ETT easily passed. Post Cont. Atraumatic Technique

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

EPW # [redacted]

25 yo ♂

SURGEONS: [redacted]

ANESTHETISTS: [redacted]

PROCEDURE LOCATION:

DATE 9/17/03

PAGE 1 OF

Smoker

MEDCOM - 18730

DA FORM 7389, FEB 1998 — PATIENT'S MEDICAL RECORD — USAPA V1.00

Tobacco

NKDA

# MEDICAL RECORD — ANESTHESIA

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | |
|---|---|---|
| Fentanyl | (mcg) | 50 – 50 (50) |
| Lidocaine | (mg) | 100 |
| Propofol | (mg) | 200 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT | % del | 1.5 – 1.5 1.2 X |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 10 – 2 2 10 |

SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

**FLUIDS** — LINE site 18G (2) PIV ☐ Warmed LRF —
☐ Warmed
☐ Warmed
☐ Warmed

**LOSSES** — EST BLOOD LOSS
URINE –

| TOTALS | |
|---|---|
| 150 | |
| 100 | |
| 200 | |
| | |
| | |
| TOTAL URINE | Ø |

TOTAL EST. 450

**FLUIDS - SUMMARY**
CRYSTALLOID – 400
COLLOID – Ø
BLOOD – Ø

**REMARKS-**

Code drugs with numbers, events with letters

(1) Pre-op. lungs equal & IA; HRR – m To Lite To DR.
(2) Room, monitors O2 eyelids taped closed
(3) LMA removed no complication
(4) TO PACU. Report to nurse.

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT: 27.3

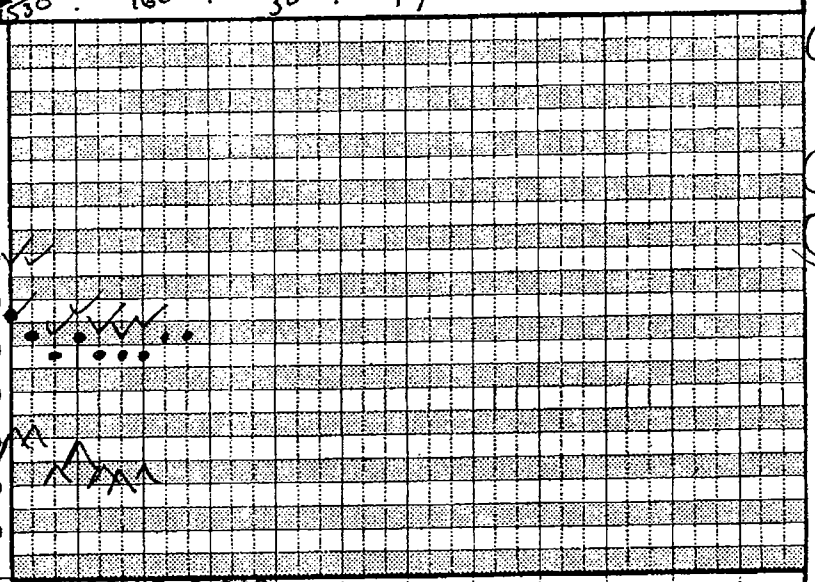
INITIAL DATA: BP – 135/66 HR – 110

EQUIP CHECK: OK? – (Y) N

PATIENT PROBLEM: OK for PROCEDURE? Y TIME – 1500

**SYMBOLS:** BP by cuff ∨ ∧; Heart rate ●; Resp rate; BP (transduced) ⊥ T; TOURNIQUET T – ⁄; ANES – X-X; PROC – ⊙ – Ø

TIME → 1530 . 1600 . 30 . 1700




**VENTILATION**

| | | | | |
|---|---|---|---|---|
| VT – ml | 200 | 250 | 270 | 380 |
| f – breaths/min | 25 | 19 | 21 | 22 |
| Peak inf pres / PEEP | — | — | — | — |
| MODE – S(pon), A(assist), C(on) | S | S | S | S |

**MONITORS / ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | + | 58 | 52 | 50 |
| ✓ BP / oth | ✓ FIO2 (Frac or %) | 0.5 | 0.5 | 0.5 | 0.50 |
| ART line | ✓ SpO2 (%) | 100 | 99 | 99 | 100 |
| Steth- PC/ES | ✓ ECG | SR | → | → | → |
| Gas analyzer | TEMP- site Axillary | | → | → | → |
| | N-M Block (T/4) BS | + | + | + | |
| ✓ Warming blkt | ✓ wool x1 | | → | → | → |
| Conv warmer | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS (1) (2) (3) (4) Position → O–1

RECOVERY AT 1615
PACU / ICU ____ (Specify)
OTHER T-98.3
CONDITION: Stable
RESP – 24 SpO2 – 99
BP – 135/64 HR – 128

**ANESTHESIA / PROCEDURE TIME**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1515 | 1525 | 1620 |
| PROC | Ready 1535 | Begin 1550 | End 1605 |

PROCEDURES and CPT Codes: I & D (2) leg wounds

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GLMA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: LMA #4 seated BBS; sust ETCO2

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

EBW # [redacted] b(6)-4

SURGEONS: [redacted] b(6)-2

ANESTHETIST: [redacted] MAJ USAF

PROCEDURE LOCATION 2 (1)

DATE 30 Sept 03

PAGE 1 OF 1

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 18731

## PRE-ANESTHETIC ASSESS T AND PLAN OF CARE

AGE: 25 Days Mos (Yrs) GENDER: (X) Male ( ) Female ALLERGIES: PCN PS: 1 2 3 4 5 E WT: 75 (Kg/lb) HT: ____ In.

PROPOSED PROCEDURE: EX FIX (L) TIB/FIB
SURGICAL SERVICE: ORTHO
NPO SINCE:

PREOP DX / MECHANISM OF INJURY: GSW

**HABITS:**

Tobacco: Ø
EtOH:
Drugs:

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( ) Ancef 1g q 8°
( ) Zantac 50mg q°
( )
( )
( )
( )

**PREMEDICATIONS:**

None / Yes @ ____ Hrs

**LABORATORY STUDIES:**
9AUG03

| | | | |
|---|---|---|---|
| 132 | 104 | 9 | 188 |
| 5.0 | 17 | 0.8 | |

10
28

8 SEP 03 POST SX.

Other:

**PAST MEDICAL HISTORY / SYSTEMS REVIEW**

*Cardiovascular:*
Hypertension N Y
Angina N Y
MI N Y
CVA N Y
Other N Y

*Pulmonary:*
Asthma N Y
URI N Y
COPD N Y
Other N Y

*Renal System:*
ARF/CRF N Y
Other N Y

*Gastrointestinal:*
Hepatitis N Y
Hiatal Hernia N Y
GERD/PUD N Y

*Endocrine:*
Diabetes N Y
Steroids N Y
Thyroid N Y

*Neurological:*
Seizures N Y
Neuropathy N Y

*Gynecological:*
Pregnancy N Y
Other N Y

*Other Problems:* N (Y) GSW (L) + (R) LEG.

*Familial Hx* N Y

**SURGICAL HISTORY**
• Exp. (L) THIGH 8 SEP 03

**PHYSICAL EXAMINATION**

SpO2 100%
BP: 128/60 HR: 135 RR: ____ T: 96°

Pain (0/10 Scale): SLEEPING/RESTING

Airway Exam:
Dentition: MISSING TEETH UPPER + LOWER
Trachea: MIDLINE
TMJ/C-spine: STABLE
Oropharynx: MP II
• GRADE I VIEW IN PREVIOUS SX < 24 HOUR AGO

Chest:
Lungs: CTA
Heart: S1S2

IV Access: 18g (L) WRIST

Ulnar Filling:

Back:

Other:

**ANESTHETIC PLAN:** ( ) Local/MAC ( ) Regional: ____ (X) General: (Intubation) Mask-LMA Notes:

**INFORMED CONSENT/COUNSELING STATEMENT:** Plans, alternatives, and risks of anesthesia including death have been explained to and discussed with patient and/or legal guardian. The patient/legal guardian seems to understand and agrees to proceed. Questions answered.

( ) Sedated/nonresponsive/minor patient with no family or guardian present.

Signed: [redacted] CPT CRNA Date: 8 SEP 03 Time: 1010

**PATIENT IDENTIFICATION:**

#[redacted]

**POST-ANESTHESIA EVALUATION AND NOTE:**
( ) No apparent anesthetic complications.
( ) Other (see progress notes)
Signed: ____ Date: ____ Time: ____

Nursing Unit: ICU 3

## ANESTHESIA PLAN OF CARE - PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

**Age** 35 **DAYS MOS YRS** **Sex** (X) **MALE** ( ) **FEMALE**

ASA Physical State 1 (2) 3 4 5 E
WT: 75 KG/LB HT: ____ IN.
ALLERGIES: PCN

**PROPOSED PROCEDURE:** I&D Bilat leg wounds
**SURGICAL SERVICE:** Ortho
**NPO SINCE:** MN

**HABITS:**
TOBACCO: ____
ETOH: ____
DRUGS: ____

**CURRENT MEDICATIONS:**
( ) = ordered as premed

() Ancef
() Gentamicin
() Zantac
() MSO4
()
()

**PREMEDICATIONS:**
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

**LABORATORY STUDIES:**
HB/HCT: ____ / ____
U/A: ____
OTHER: ____

9.8 / 28.7 (9.4) 147

114 / 3.8 | 95 / 23 | 5 / 1.2 < 106

**PREOPERATIVE**
**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

| | | | |
|---|---|---|---|
| **Cardiovascular:** | | | |
| Hypertension | N | Y | |
| Angina | N | Y | |
| MI | N | Y | |
| CVA | N | Y | |
| Other | N | Y | |
| **Pulmonary System:** | | | |
| Asthma | N | Y | |
| Bronchitis/URI | N | Y | |
| COPD | N | Y | |
| Other | N | Y | |
| **Renal System:** | | | |
| Acute/Chronic RF | N | Y | |
| **Gastrointestinal:** | | | |
| Hepatitis | N | Y | |
| Hiatal Hernia | N | Y | |
| PUD/GERD | N | Y | |
| **Endocrine System:** | | | |
| Diabetes | N | Y | |
| Steriods | N | Y | |
| Thyroid | N | Y | |
| **Neurological:** | | | |
| Seizures | N | Y | |
| Neuropathy | N | Y | |
| Other | N | Y | |
| **Gynecological :** | | | |
| Pregnancy | N | Y | |
| **Other Significant Hx:** | | | |
| | N | Y | S/P GSW bilat legs |
| | N | Y | |
| **Familial HX** | N | Y | |

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
exp wounds 8 Sept 03

**PHYSICAL EXAMINATION**
BP 73 HR 118 R 20 T ____ A-135/97
Pain Scale 0-10 ____
HEENT - Teeth MP 2 - Intact
missing teeth upper/lower
Trachea IN-3FB oral 2.5 FB
TMJ/Neck ____
Oropharnyx ____
Nares ____
CHEST: CTA ↓ bases
CARDIAC: ST RRR
EXTREMITIES: Fem A-Line
IV Access: (L) IV (R) IV
Ulnar Filling: ____
BACK: Foley
OTHER: ____

NPO Since ____

**ANESTHETIC PLAN:** { } LOCAL { } MAC { } Regional (Specify): ____ (X) General: Mask Intubation
It understands he will go to surg. thru intubation

**INFORMED CONSENT/COUNSELING STATEMENT:** Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal gua[redacted] MKT CKNA b(6)-2
The patient/legal guardian seems to u[redacted] answered.
Signed: ____ Date: 9/10/03 Time: 0900 Hrs

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

Signed: ____ Date: ____ Time: ____ Hrs

**SEDATION KEY:**

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

Patient Identification: (Ward) ____

CIV
[redacted] b(6)-2

## ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 26 DAYS MOS YRS  Sex (✓) MALE ( ) FEMALE

ASA Physical State 1 (2) 3 4 5 E
WT: 78 KG/LB HT: ____ IN.
ALLERGIES: PCN

PROPOSED PROCEDURE: ORTHO.
SURGICAL SERVICE: I+D/wash out (L) leg.
NPO SINCE: PMN

**HABITS:**
TOBACCO: ____
ETOH: ____
DRUGS: ____

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( ) ____
( ) ____
( ) ____
( ) ____
( ) ____
( ) ____

**PREMEDICATIONS:**
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

**LABORATORY STUDIES:**

HB/HCT: ____ / ____
U/A: ____
OTHER: ____

Hb 4.6
9.6 8.9 181
26.7

**PREOPERATIVE**
**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

| | | | |
|---|---|---|---|
| **Cardiovascular:** | | | |
| Hypertension | N | Y | |
| Angina | N | Y | |
| MI | N | Y | |
| CVA | N | Y | |
| Other | N | Y | |
| **Pulmonary System:** | | | |
| Asthma | N | Y | |
| Bronchitis/URI | N | Y | |
| COPD | N | Y | |
| Other | N | Y | |
| **Renal System:** | | | |
| Acute/Chronic RF | N | Y | |
| **Gastrointestinal:** | | | |
| Hepatitis | N | Y | |
| Hiatal Hernia | N | Y | |
| PUD/GERD | N | Y | |
| **Endocrine System:** | | | |
| Diabetes | N | Y | |
| Steriods | N | Y | |
| Thyroid | N | Y | |
| **Neurological:** | | | |
| Seizures | N | Y | |
| Neuropathy | N | Y | |
| Other | N | Y | |
| **Gynecological :** | | | |
| Pregnancy | N | Y | |
| **Other Significant Hx:** | | | |
| | N | Y | |
| | N | Y | |
| **Familial HX** | N | Y | |

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
EXO wounds 8/5/PO3
I+D (L) thigh 10/5/PO3

**PHYSICAL EXAMINATION**
BP ____ HR ____ R ____ T ____
Pain Scale 0-10 ____
HEENT - Teeth many teeth.
Trachea midline.
TMJ/Neck stable.
Oropharnyx mpt.
Nares ____
CHEST: ____
CARDIAC: ____
EXTREMITIES: ____
IV Access: 18G (L) AC
Ulnar Filling: ____
Foley
BACK: ____
OTHER: ____

NPO Since ____

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ (✓) General: Mask Intubation

INFORMED [redacted] UNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discu[redacted]ent/legal guardian.

Th[redacted]lian seems to understand and agrees. Questions answered.
Signed: [redacted] Date: 12 Sep 03 Time: ____ Hrs

POST-A[redacted]STHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

#[redacted] p(u)-4

SEDATION KEY:

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

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 2

DATE REQUESTED 8 Sept

DATE AND HOUR REQUIRED 0830

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)-3

DIAGNOSIS OR OPERATIVE PROCEDURE GSW femur

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 8 Sept b(6)-2

TIME VERIFIED 0830

## SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO. [redacted]

| DONOR | RECIPIENT |
|---|---|
| ABO O | ABO O |
| Rh POS | Rh POS |

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Comp |

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 8 Sep 03

REMARKS:

Exp: 9 Sep 03

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

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

AT *(Hour)* 1335 ON *(Date)* 8 Sep 03

IDENTIFICATION

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

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

2d [redacted] MD

PRE-T[redacted]

TEMP. 37 PULSE 112 BP 95/48

DATE OF TRANSFUSION 8 Sep 03 TIME STARTED 1350

### POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 8 Sep 03 1400

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 37 PULSE 101 BLOOD PRESSURE 91/57

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)*

b(6)-2

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

[x] [redacted]YES *(Specify)* [redacted] MD

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

SEX M [redacted] EMT

CIV [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 - 18735

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 x2

DATE REQUESTED 8 Sept

DATE AND HOUR REQUIRED 0830

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 femur

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] b(6)-2

DATE VERIFIED 8 Sept

TIME VERIFIED 0830

## SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Comp |

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

REMARKS: Exp - 9Sep03 b(6)-2

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

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

AT *(Hour)* 1335 ON *(Date)* 8 Sep 03

IDENTIFICATION

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

[redacted] CPT CRNA b(6)-2

[redacted] MD

P[redacted] 34.4 PULSE 112 BP 92/48

DATE OF TRANSFUSION 08 SEP 03 TIME STARTED 1343

### POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 8 SEP 03 1415

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 34°

PULSE 109

BLOOD PRESSURE 90/60

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 [redacted] clots, etc.)
- [x] NO
- [ ] YES [redacted]

SIGNATURE [redacted] b(6)-2

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

WARD EMT

CIV [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 - 18736

Medical Record Copy

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS: Exp: 9 Sep 03

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 9/8/03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: [redacted]

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P 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.

SIGNA[redacted] b(6)-2 CPT CRNA

DATE VERIFIED: 9/8/03

TIME VERIFIED: 1310

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: b(6)-4 [redacted] 780

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Comp |

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 8 Sep 03

REMARKS:

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND [redacted] b(6)-2

A[redacted]ON *(Date)* 8 Sep 03

I[redacted]TION

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

1st V[redacted]

2nd VE[redacted] b(6)-2

PRE-TRANSFUSION

TEMP. 33.8 PULSE 104 BP 93/58

DATE OF TRANSFUSION: 9/8/03

TIME STARTED: ~~1420~~ error 1415

### POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME DATE COMPLETED: 8 Sep 03 ~~1410~~ error 1450

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)* b(6)-2

SI[redacted]OVE [redacted] CPT CRNA

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 [redacted]

WARD: GK

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



MEDICAL RECORD COPY

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS: Exp: 9 Sep 03

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 9/8/03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAG[redacted]ROCEDURE: S/P 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] b(6)-2 CNA

DATE: 9/8/03

TIME VERIFIED: 1310

## SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh pos

RECIPIENT: ABO O; Rh pos

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Comp |

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 8 Sep 03

REMARKS:

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

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

AT *(Hour)*: 1419 ON *(Date)*: 8 Sep 03

IDENTIFICATI[redacted]

I have examine[redacted] Component co[redacted] label and this form and I find all info[redacted]ing the co[redacted]th the intended recipient matches i[redacted]cipient i[redacted]on named on this Blood Compon[redacted]nd on [redacted]tification tag.

1st VERI[redacted] /AN

[redacted] b(6)-2

TEMP [redacted] PULSE 98 BP 136/89

DATE OF TRANSFUSION: 8 Sep 03 TIME STARTED: 1500

### POST-TRANSFUSION DATA

AMOUNT GIVEN: 1U ML TIME: 1615 DATE: 8 Sep 03 COMPLETED 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 DI[redacted] *(equipment, etc.)*

[x] NO [redacted] [ ] YES [redacted] b(6)-2

SIGNATU[redacted] /RN

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

WARD: OR

[redacted] ✓

[redacted]LOOD COMPONENT TRANSFUSION
[redacted] FORM 518 (REV. 8-86)
[redacted]ices Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

## 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

GIV [redacted] b(6)-2

IAAQ

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER 8 SEPT 03 TIME OF ORDER 1430 HOURS

LIST TIME ORDER NOTED AND SIGN

1. TO ICU-3
2. S/P I+D OF WOUNDS
3. CONDITION STABLE
4. RESUME PROVIOUS ORDERS
5. IVF LR at 125 cc/hr
6. ADVANCE TO REGULAR DIET

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER HOURS

7. TRANSFUSE II units PRBCS over 1 hour each unit, to total of 4 units.
8. CBC, PT, PTT, electrolyte & BUN ABG after last unit.
9. CBC, ABG, electrolyte & in AM
10. Ancef 1 gm IVPB q 8 hrs
11. Gentamycin 500 mg IVPB q day

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER b(6)-2

Added [redacted]

1500 [redacted]

08Sep03 @ 2000

1) 2 amps of bicarb xT IV
2) ABG in 30 min.
3) IS. 10 times Q1° 4) Unless in the give 1 gm bolus xT

V.O. DR [redacted]

Noted [redacted] 08Sep03 2040

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER [redacted] b(6)-2 24V [redacted] HOURS

2330 8Sep03

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS | LIST TYPE ORDER NOTED AND SIGN

8 Sep 03

✓1- Admit to ICU

✓2. NPO

✓3- VS q 1°

✓4- IO q 1°

✓5. Bed Rest

✓6. IVF LR @ 125 cc/hr

✓7 CBC & Chem 7 @ 1500

8 Sep 03 1030 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

✓8 - MSO4 1cc/mg q 1° PRN pain

✓9 - Zantac 50 mg IVPB q 8°

✓10 - Prolixin 1gm q 8°

✓11- CBC & Chem 7 q A.M.

✓12 - Phenergan 25 mg IVPB q 4° PRN nausea

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

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

## 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]

ICW 2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 10 SEPT 03 TIME OF ORDER 1522 HOURS

LIST TIME ORDER NOTED AND SIGN

1. TO ICW WHEN STABLE
2. S/P I+D OF LEG WOUNDS
3. CONDITION STABLE
4. VS - ROUTINE
5. BED REST
6. LOVENOX 30mg SQ BID

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

7. REGULAR DIET
8. IV - LR at 125cc/hr, HEP LOCK WHEN TAKING PO WELL
9. ANCEF + GENTAMICIN NPB Q 8 HRS - GIVEN 1600
10. GENTAMICIN 500mg IVPB Q DAY
11. MSO4 2-8mg IVP Q 1 HR PRN
12. TYLENOL 650mg PO Q 4 HRS PRN
13. PERCOCET, 1-2 PO Q 4-6 HRS PRN

Noted 10 SEP 03 1648 KAN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

14. XP and LRT (L) FEMUR IN x'ks 2½ IN AM
15. CBC, METLYTE Q Q DAY x 3.

b(6)-2 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 10/10/03 TIME OF ORDER 1600 HOURS

1. $O_2$ NL 1-2 lpm prn to keep $SaO_2$ > 93%

THANKS

[redacted] CRNA

b(6)-2

24° chart ✓ [redacted] 11SEP03 0030 11Sept03 0015

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

Ancus 1600
Zantac 1600

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER / TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|
| #[redacted] b(6)-4 | | | | 10 SEP 03 1530 HOURS | |
| | | | | (1) Demerol 25mg IVx one pain shivering | |
| | | | | (2) D/C femoral [redacted] | |
| | | | | & R IJ Line [redacted] b(6)-2 | MD |
| 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 | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

b(6) 2

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER / TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|
| #[redacted] b(6)-4 | | | | 12 SEPT 03 1200 HOURS | [redacted] |
| | | | | (1) RESUME PREVIOUS ~~[illegible]~~ ORDERS | |
| | | | | (2) REGULAR DIET | |
| | | | | (3) N-LR AT 125 CC/HR, HOLD LOCK WHEN TOLERATES P.O. WITH | |
| NURSING UNIT: ICW | ROOM NO. | BED NO. | | (4) NPO AFTER MIDNIGHT 13 SEPT 03 | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER: SURGERY 14 SEPT 03 HOURS | |
| | | | | [redacted] b(6)-2 | |
| 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 MEDCOM - 18744 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

E # [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | 240 [redacted] |

DATE OF ORDER: 13 Sept 03 TIME OF ORDER: 1915 HOURS

LIST TIME ORDER NOTED AND SIGN

1. I.V. [redacted]
2. [redacted]
3. [redacted]

b(6)-2

[redacted] 1914 9/15/03

9/14/03 0500

PATIENT IDENTIFICATION

b(6)-4 [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | [redacted] | [redacted] |

DATE OF ORDER: 14 Sept 03 TIME OF ORDER: 1200 HOURS

b(6)-2

1. Resume previous orders
2. Resume DVA
3. N-2a 25 125 cc/hr [redacted] Lactor now [redacted] wnl CBC, [redacted] 8 [redacted]
4. [redacted]

PATIENT IDENTIFICATION

b(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: 9-17-03 TIME OF ORDER: 0900 HOURS [redacted]

- Bisacodyl suppl 10mg PR now q PRN 96°
- Colace 100mg BID [redacted]

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

17 Sept 03 1030 [redacted]

b(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | 240 [redacted] |

DATE OF ORDER: 17 Sept 03 TIME OF ORDER: 1030 HOURS

1. NPO
2. O/C for OR for washout Lt wounds this evening
3. V.O Dr [redacted]

0230 9/18/03

0038

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

## MEDICAL RECORD - DOCTOR'S C...

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 |
|---|---|---|---|
| 30 Sept 03 1550 | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. (for $SaO_2$ < 95%) | | |
| 3 | Morphine / Meperidine 2 mg IV ~~now~~ PRN and 2 mg q 3-5 min prn pain for a | | |
| | max dose of 8 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.~~ JR | | |
| ~~7~~ | ~~Phenergan ____ mg IV prn N/V x 1.~~ JR | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ TKO cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | | | |
| | [redacted] MAJ/CRNA | | |
| | b(6)-2 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PATIENT IDENTIFICATION

EPW # [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

## MEDICAL RECORD - DOCTOR'S O...

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 |
|---|---|---|---|
| 30 Sep 03 1550 | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. (for $SaO_2$ < 95%) | | |
| 3 | Morphine / Meperidine 2 mg IV ~~now~~ PRN and 2 mg q 3-5 min prn pain for a | | |
| | max dose of 8 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.~~ JR | | |
| ~~7~~ | ~~Phenergan ____ mg IV prn N/V x 1.~~ JR | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ TKO cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] MAT/CRNA | | |
| | b(6)-2 | | |

PATIENT IDENTIFICATION

EPW # [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

## 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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 30 SEP 03 TIME OF ORDER 1605 HOURS | LIST TIME ORDER NOTED AND SIGN

1. RESUME PREVIOUS ORDERS
2. D/C ANCEF
3. D/C GENTAMICIN
3. CIPRO 500mg P.O. BID
4. UP AD LIB, CONTINUE PCA EPW ROUTINE

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted] 30SEP03 1710

NURSING UNIT | ROOM NO. | BED [redacted]

10/1/03 2108 7419 [redacted]

DATE OF ORDER TIME OF ORDER HOURS

5. (1) [illegible] PIN [illegible] BID [illegible]
DRY DRESSINGS DAILY REMOVE LARGE DRESSINGS IN AM
6. IV LR AT 125 cc/hr. D/C IV WHEN TOLERATING P.O. WELL

[redacted]

PATIENT IDENTIFICATION

b(6)-2

DATE OF ORDER TIME OF ORDER HOURS

b(6)-7

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

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 1 | | |

DATE OF ORDER 13 OCT 03 TIME OF ORDER 0745 HOURS

LIST TIME ORDER NOTED & SIGN

1. DISCHARGE TO PRISON CAMP HOSPITAL
2. PERCOCET 1-2 P.O. Q4-6 HRS PRN PAIN
3. CHLOROTHIAZIDE, TOK-TOKEN WARM BRACE
4. ASP + LOT OF FLUID TODAY
5. PIW CAST BID

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER [redacted]

b(6)-2

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER HOURS

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

b(6)-2 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. 09 Yr. 2003 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 08 | 09 | 10 |
|---|---|---|---|---|---|---|
| 8Sep03 | [redacted] | ~~ATO~~ Advance to | 06 | [redacted] | | |
| | [redacted] | Reg diet | 18 | [redacted] | | |
| 8Sep03 | [redacted] | VS q 1° | 06 | [redacted] | | |
| | | | 18 | [redacted] | | |
| 8Sep03 | [redacted] | IO q 1° | 06 | [redacted] | | |
| | | | 18 | [redacted] | | |
| 8Sep03 | [redacted] | Bed rest | 06 | [redacted] | | |
| | | | 18 | [redacted] | | |
| ~~8Sep03~~ | [redacted] | ~~IVF LR @ 125 cc/hr~~ | 06 | | | |
| | | | 18 | | | |
| 8Sep03 | [redacted] | CBC & Chem 7 q AM | 04 | / | [redacted] | |
| 8Sep03 | [redacted] | S/P I&D of | 06 | [redacted] | | |
| | [redacted] | Wounds | 18 | [redacted] | | |
| 8Sep03 | [redacted] | Cond: stable | 06 | [redacted] | | |
| | [redacted] | | 18 | [redacted] | | |
| 8Sep03 | [redacted] | Resume previous | 06 | [redacted] | | |
| | [redacted] | orders | 18 | [redacted] | | |
| 8Sep03 | [redacted] | CBC, ABG, metabolic | 04 | / | | |
| | [redacted] | 8 in AM | | | | |
| 8Sep03 | [redacted] | Incentive Spirometer 10 x q1° | 06 | / | [redacted] | |
| | | | 18 | [redacted] | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW bilat legs S/P I&D of Wounds

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 |

b (6) - 4

| Verify by Initialing: Order Date | Clerk Nurse | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) — SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| | | | | | Mo Sep Yr 2003 | |
| 9/8/03 | [redacted] | Admit to ICU | 9/8/03 NOW | 1000 | 1000 | [redacted] |
| 9/8/03 | [redacted] | CBC & Chem 7 @ 1500 | | | 1630 | [redacted] |
| 9/8/03 | [redacted] | CBC, PT, PTT, metalyte 8, | | | 1630 | [redacted] |
| | [redacted] | and ABG after last unit | | | | |
| 9/8/03 | [redacted] | transfuse 1 1 units PRBC's | | | 3 units given | |
| | [redacted] | over hour each unit, to total | | | in OR with last | |
| | ----- | of 4 units | | | 1500 | |
| 08Sep03 | [redacted] | ABG in 30 min | 08Sep | 2030 | 2100 | [redacted] |
| 08Sep03 | [redacted] | CBC, ABG, metalyte 8 in A.M. | 09Sep | 0400 | 0410 | [redacted] |
| | ----- | | | | | |
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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

b(6)-2 A 11

| 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 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10SEP | [redacted] | VS - Routine | D | / | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | Bed Rest | D | / | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | Regular diet | D | / | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | | |
| | | | N | 10 | 11 | [redacted] | | | | | | | | | | | |
| 13Sep | [redacted] | Q2° Restraint check (Nursing ORDER) | D | — | — | / | [redacted] | | | | | | | | | | |
| | | | E | — | — | / | [redacted] | | | | | | | | | | |
| | | | N | — | — | / | [redacted] | | | | | | | | | | |
| 14Sep03 | [redacted] | Daily dry dressing changes to Right thigh | 10 | — | — | — | [redacted] | | | | | | | | | | |
| | | | / | | | | | | | | | | | | | | |
| | | | / | | | | | | | | | | | | | | |
| 17Sep | [redacted] | NPO on call for OR | 06 | — | — | — | — | — | — | — | [redacted] | DC 17Sep03 | | | | | |
| | | | 18 | — | — | — | — | — | — | — | | | | | | | |
| | | ~~Resume previous Rx~~ | | | | | | | | | | | | | | | |
| 17Sep03 | [redacted] | Regular diet | 06 | / | / | / | / | / | / | / | [redacted] | | | | | | |
| | | | 18 | / | / | / | / | / | / | / | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P I&D of Leg Wounds

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
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| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

bcd-2

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(NON-MEDICATION)*

Mo 09 Yr 2003

| Verify by Initialing: Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 10SEP | [redacted] | To ICW when stable - stable | 10SEP | Done | | [redacted] |
| 10SEP | [redacted] | AP & LAT Ⓓ Femur in x-ray in AM | 11SEP | | 0500 | [redacted] |
| 10SEP | [redacted] | CBC, Metlyte 8 Q 8 hrs X3 ① | 10SEP | 1700 | 1700 | [redacted] |
| | ----- | ② | 11SEP | 0100 | 0055 | [redacted] |
| | ----- | ③ | 11SEP | 0900 | | |
| 12 Sep | [redacted] | Resume previous orders | 12 Sep | — | — | [redacted] |
| 9/12 | [redacted] | NPO p MN 13 Sept for Surgery | 13 Sep | 2400 | | |
| | [redacted] | 14 Sept 03 | | | | |
| 9/13 | [redacted] | To OR in AM | 9/14/03 | | | |
| 9/13 | [redacted] | NPO p MN | 9/14/03 | 0000 | | |
| 9/13 | [redacted] | I&O cath leave in if >500cc | 9/13/03 | 1930 | 1938 | [redacted] |
| 9/14 | [redacted] | Resume Previous order | 9/14/03 | ~~1300~~ | 1300 | [redacted] |
| 9/14 | [redacted] | CBC, Metelyte 8 in Am | 9/15/03 | 0400 | 0412 | [redacted] |
| 9/17 | [redacted] | O/C for OR for Q Leg I/D | 9/17 | — | | [redacted] |
| 17 SEP03 | [redacted] | Resume previous orders | 17 SEP03 | — | | [redacted] |
| 17 | [redacted] | D/C foley in am | 18 SEP03 | 0500 | — | [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 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. 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 Sep 03 | [redacted] | VS ROUTINE | 06 | [redacted] | | | | | | | |
| | | (recopied) | 18 | [redacted] | | | | | | | |
| | | | | | | | | | | | |
| 18 Sep 03 | [redacted] | Restraint checks | 06 | [redacted] | | | | | | | |
| | | Q2° | 18 | [redacted] | | | | | | | |
| | | | | | | | | | | | |
| 14 Sep 03 | [redacted] | DAILY Dsg Δ'S to (R) | 22 | [redacted] | | | | | | | |
| | | thigh | | | | | | | | | |
| | | | | | | | | | | | |
| 17 Sep 03 | [redacted] | Regular diet | 08 | [redacted] | | | | | | | |
| | | | 12 | [redacted] | | | | | | | |
| | | | 18 | [redacted] | | | | | | | |
| | | | | | | | | | | | |
| 30 Sep 03 | [redacted] | Up ad lib - Orthes | 04 | [redacted] | | | | | | | |
| | | per EPW routine | 18 | [redacted] | | | | | | | |
| | | | | | | | | | | | |
| 30 Sep 03 | [redacted] | (L) thigh pin care | 10 | [redacted] | | | | | | | |
| | | C Dry Dsg's BID | 22 | [redacted] | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P IHD of Leg Wounds

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW

# [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
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MEDCOM - 18754

b(2) - 2

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(NON-MEDICATION)*

Mo Oct Yr 2003

| Verity by Initialing | | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | | | | | |
| 13 OCT03 | [redacted] | AP/LAT @ FEMUR | 13 OCT03 | — | 0900 | [redacted] |
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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

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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. SEP Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 05 | 06 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10SEP | [redacted] | VS Routine | D | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | |
| 10SEP | [redacted] | Bed Rest | D | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | |
| 18SEP | [redacted] | Q2° Restraint Checks | D | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | |
| 14SEP | [redacted] | Daily DSG Δ's to (R) Thigh | D | [redacted] | | | | | | | | | | | | |
| | | | E | [redacted] | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | |
| 17SEP | [redacted] | Regular Diet | 6 | [redacted] | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 30 SEP03 | [redacted] | Up ad lib - crutches | 06 | | | | | | | | | | | | | |
| | | per APN routine | 18 | | | | | | | | | | | | | |
| 30 | [redacted] | Ottrigh pin care BID | 6 | | | | | | | | | | | | | |
| | | with dry dressings | 18 | | | | | | | | | | | | | |

DIC 30SEP03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P I&D of Leg Wounds

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

E # [redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

MEDCOM - 18756

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

bled-2
AM

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Sep Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| / | -/- | DC Foley in AM | / | / | / | / |
| 9/30 | [redacted] | NPO | 9/30 | — | — | [redacted] |
| 9/30 | [redacted] | TO OR this pm | 9/30 | — | — | [redacted] |
| 30 SEP03 | [redacted] | Resume previous orders | 30 SEP03 | — | — | [redacted] |
| 30 | [redacted] | May remove large dressings in am | 9/03 | — | — | [redacted] |
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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

b(6)-2
A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 09 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 08 | 09 | 10 |
|---|---|---|---|---|---|---|
| 8Sep03 | [redacted] | Zantac 50mg IVPB | 08 | / | [redacted] | |
| | | q8° | 16 | [redacted] | | |
| | | | 24 | [redacted] | | |
| 8Sep03 | [redacted] | Ancef 1mg q8° IVPB | 08 | / | | |
| | | | 16 | [redacted] | / rewritten | |
| | | | 24 | | | |
| 8Sep03 | [redacted] | IVF LR @ 125cc/ | 06 | [redacted] | | |
| | [redacted] | hr | 18 | [redacted] | | |
| ~~8Sep03~~ | [redacted] | ~~Gentamicin 500mg~~ | | | | |
| | [redacted] | ~~IVPB Q Day~~ | | | | |
| ~~8Sep03~~ | [redacted] | Gentamicin 500mg | 20 | [redacted] | | |
| | [redacted] | IVPB Q Day | | | | |
| 08Sep03 | [redacted] | Ancef 1gram IVPB q8hrs | 08 | / | [redacted] | |
| | | | 16 | / | | |
| | | | 24 | [redacted] | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW bilat. legs ~~[illegible]~~ s/p I&D of Wounds

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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|---|---|---|---|---|---|---|---|---|
| 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 |

TIL EXHAUSTED.

b(6)-2
A11

| 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 |
| 08Sep | [redacted] | 2 amps of bicarb x1 IV | 08Sep03 | 2000 | 2020 | [redacted] |
| 08Sep | [redacted] | UOP <100cc/hr give LR 500cc bolus x1 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 09/08/03 | [redacted] | MSO4 1-4mg q1° prn pain | 8Sep03 1700 4mg | 8Sep03 1905 4mg | 8Sep03 2200 2mg | 8Sep03 2340 2mg | 9Sep03 0220 2mg | 9Sep03 0410 3mg | 9Sep03 0555 3mg | 9Sep 0740 4mg | 9Sep 0915 [illegible] | 9Sep 1030 [illegible] | 9Sep 1135 [illegible] | 9/9 1330 [illegible] | 9/9 1503 [illegible] | 9/9 1553 [illegible] | |
| 09/08/03 | [redacted] | Phenergan 25mg IVPs q8° prn nausea | | | | | | | | | | | | | | | |
| 08Sep03 | [redacted] | MSO4 1-4mg q1° PRN pain | 08Sep 4mg 2000 | 08Sep 2300 4mg | 10Sep 0030 | 10Sep 0300 | 9-10 4mg | 9-10 3mg | 9-10 4mg | | | | | | | | |



USAPA V1.00

b(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 9 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10SEP | [redacted] | Lovenox 30mgs QBID | 10 | / | [redacted] | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | IV LR @ 125cc/hr | D | / | [redacted] | | | | | | | | | | | | |
| | | (HL when taking PO well) | E | [redacted] | | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | Ancef 1 gram IVPB Q8 hours | 8 | / | [redacted] | | | | | | | | | | | | |
| | | | 16 | / | [redacted] | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | Gentamycin 500mg IVPB Q Day | 20 | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | $O_2$ NC 1-2 LPM PRN to keep $S_aO_2$ >93% | D | / | | | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | | |
| 17 SEP 03 | [redacted] | NLR @ 150cc/hr (HL when tol. p.o. well) | 06 | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| | | | 18 | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| 17 | [redacted] | Colace 100mg BID | 10 | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| | | | 22 | / | / | / | / | / | / | / | / | / | / | / | / | / | / |

D/C

D/C

D/C

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P I & D of Leg wounds

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 09 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 17 SEP03 | [redacted] | Biscodyl supp. 10mg PR now | 17 SEP03 | | | [redacted] |
| | | b(w)-2 AM | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10SEP | [redacted] | MSO4 2-8mg IVP | 12Sep 6mg 1730 | 13Sep 6mg 1336 | 13Sep 6mg 2000 | 13Sep 5mg 1120 | 8mg 1610 | | | | | | | | | |
| | | Q 1 hr PRN | [redacted] | | | | | | | | | | | | | |
| 10SEP | [redacted] | Tylenol 650mg PO | | | | | | | | | | | | | | |
| | | Q 4 hrs PRN | | | | | | | | | | | | | | |
| 10SEP | [redacted] | Percocet 1-2 PO | 10Sep 1945 | 11Sep 0046 | 11 Sept 0911 | 11SEP 2110 | 12 Sept | 12Sep 1500 | 12Sep 2650 | 13Sep 0330 | 13Sep 1010 | 13SEP 1501 | 14SEP 0510 | 14Sep 1510 | 14SEP 1900 | 15SEP 0110 |
| | | Q4-6 hrs PRN | TIPO AM | TIPO | TIPO | TIPO AM | TIPO 0500 | TIPO | TIPO | TIPO | TIPO | 2 | TIPO BR | TIPO | 2 | 2 |
| 10SEP03 | [redacted] | Percocet 1-2 po q4-6° pm | 15SEP 0445 | 15SEP 1215 | 15SEP 1615 | 15SEP 2100 | 16SEP03 0100 | 16SEP03 0530 | 16SEP03 0845 | 16SEP 1430 | 16SEP 2000 | 16SEP 0200 | 17SEP 0200 | 17SEP 1020 |
| | | | TIPO KAS | TIPO KAS | TIPO KAS | TIPO RO | TIPO | TIPO | TIPO KAS | TIPO KAS | | | TIPO | TIPO |
| 10SEP03 | [redacted] | Percocet 1-2 PO q4-6° PRN | 17Sep 1740 | 17SEP03 2140 | 17SEP 2039 | 18SEP 0430 | 18Sep 1740 | 18SEP 2009 | 19SEP 200 | 19SEP 0202 | 19SEP 0415 | 19SEP 1525 | 19Sep 1315 | 19Sep 0300 | 19SEP 2000 |
| | | | TIPO 2 | | TIPO 2 | 2 | 2 | TIPO | 1 | 2 | 2 | TIPO | TIPO | TIPO | 2 |
| 17SEP03 | [redacted] | Biscodyl supp. 10mg PR q6° PRN | D/4 | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |

USAPA V1.00

b(6) 2 AM

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 | REGURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 01 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 SEP | [redacted] | Lovenox 30mg SQ BID | 10 | [redacted] | | | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | | | | |
| 10 SEP | [redacted] | Ancef 1 gm IVPB q 8° hours | 8 | | | | | | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | | | | | |
| 10 SEP | [redacted] | Gentamycin 500mg IVPB QD | 10 | [redacted] | | | | | | | | | | | | | | | | |
| 17 SEP | [redacted] | Celace 100mg BID | 10 | [redacted] | | | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | | | | |
| 30 SEP 03 | [redacted] | Cipro 500mg po BID | 10 | | | | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | | | | |
| | | PRN MEDS: | | | | | | | | | | | | | | | | | | |
| 10 SEP | [redacted] | MSO4 2-8mg IVPB Q1° PRN | D/T | | | | | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | | | | | |
| 10 SEP | [redacted] | Tylenol 650mg PO Q4° PRN | D/T | | | | | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | | | | | |
| 10 SEP | [redacted] | Percoset 1-2 po q 4-6° PRN | D/T | | | | | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | | | | | |
| 17 SEP | [redacted] | Biscodyl supp 10mg PRN q 6° | D/T | | | | | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | | | | | |
| 10 Sep | [redacted] | Percocet 1-2 PO Q4-6pm | D/T/I | | | | | | | | | | | | | | | | | |

DIC 30 SEP 03

rewritten see pg #2

ALLERGIES: ☐ YES ☐ NO PRIMARY DIAGNOSIS: [redacted]

S/p I&D of Leg Wounds

☒ YES ☐ NO

PATIENT IDENTIFICATION: E[redacted]

PAGE NO. 1

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

b(6)-2

| 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. 09 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 30 01 02 3 4 5 6 7 8 9 10 11 12 13 |
|---|---|---|---|---|
| 30 SEP 03 | [redacted] | IV LR @ 125cc/hr - d/c | [redacted] | [redacted] |
| | | IV when tol. po well | | |
| 10 SEP | [redacted] | Lovenox 30mg SQ BID | 10 | [redacted] |
| | | | 22 | |
| 17 SEP | [redacted] | Colace 100mg PO BID | 10 | [redacted] |
| | | | 22 | |
| 30 SEP | [redacted] | Cipro 500mg PO BID | 10 | [redacted] |
| | | | 22 | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P I/D OLE

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
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| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

Verify by Initialing

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(MEDICATIONS)*

*Mo.* _____ *Yr.* _____

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
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| | | b(a) 2 AM | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | [redacted] | MSO4 2-8mg IVP Q1° PRN | D/T | | | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | | | |
| 10 | [redacted] | Tylenol 650mg po Q4° PRN | D/T | 6 Oct 1030 | | | | | | | | | | | | | | |
| | | | D/I | " Gm | | | | | | | | | | | | | | |
| 10 | [redacted] | Percocet 1-2 po Q4°-6° prn | D/T | 3 Oct 0530 | 3 Oct 1615 | 3 Oct 2100 | 3 Oct 0335 | 3 Oct 1530 | 4 Oct 1935 | 5 Oct 1205 | 5 Oct 2330 | 6 Oct 2100 | 7 Oct 0945 | 7 Oct 1700 | 9 Oct 1420 | | | |
| | | | D/I | 2 | " | " | " | " | " | " | [redacted] | | | | | | | |
| 10 | [redacted] | Bisacodyl supp 10mg PRN Q6° | D/T | | | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | | | |
| 10 | [redacted] | Percocet 1-2 PO Q4-6° PRN | D/T/I | 9 Oct 2215 | 2115 | 11 Oct 2115 | 12 Oct 2100 | | 13 Oct 0335 | 13 Oct 0340 | 13 Oct 2200 | | | | | | | |
| | | | | [redacted] | | | | | | | | | | | | | | |

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. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 14 | 15 | 16 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 SEP03 | - [redacted] | Lovenox 30mg SQ BID | 10 | | | | | | | | | | | | | | |
| | ----- | b(6)-2 | 22 | | | | | | | | | | | | | | |
| 10 | - [redacted] | Celebrex 100mg PO BID | 10 | | | | | | | | | | | | | | |
| | ----- | b(6)-2 | 22 | | | | | | | | | | | | | | |
| 30 SEP03 | - [redacted] | Lipro 500mg PO BID | 10 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
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ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p I/D LLE / Ex Fix

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 3

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. 10 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10/28/03 | [redacted] | morp 2.8mg IVP q10 pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 10 | [redacted] | Tylenol 650mg po q 4° pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 10 | [redacted] | Percocet 1-2 po q4 ° pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 10 | [redacted] | Bisacodyl supp 10 mg pm q6° | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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*U.S. GPO: 1998-454-110/95218

ASA 2
TOR 10
128
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110

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

DTSG APPROVED (Date) 20mg/ml 204 [redacted] b(6)-2

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

Date: 14 Sep 05
Time In: 1114
Allergies: NKA
Pre-op V/S:
Procedures: Inguinal Hernia

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 600 Colloid
OR Output: UOP 400 EBL n/a
Meds/Times: 0

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds: History

| Time | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | | | | | | | | | | | | |
| FiO2 | | | | | | | | | | | | |
| Methods | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | |
| 120 | ✓ | | | ✓ | | ✓ | | | | | | |
| 100 | | ✓ | ✓ | | | | | | | | | |
| 80 | ∧ | | | | | | | | | | | |
| 60 | | ∧ | ∧ | ∧ | ∧ | ∧ | | | | | | |
| 40 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| RR | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| Time | | | | | | | | | | | | |
| Pain (0-10) | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | |

34

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1152 | NS | 900 | OFA | [redacted] | b(6)-2 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

**Codes**

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

V/S
X = A-line BP
✓ = Cuff BP
= Pulse

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

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

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

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: PACU 3

DATE: 14 Sep 05

PATIENT'S IDENTIFICATION (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)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

## MEDICATIONS

Allergies:

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

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | Bilat | + | + | P | B | W | Pk |
| 15' | " | " | " | " | " | " | " |
| 30' | " | " | " | " | " | " | " |
| 45' | " | " | " | " | " | " | " |
| 60' | " | " | " | " | " | " | " |
| 90' | | | | | | | |
| D/C | | | | | | | |

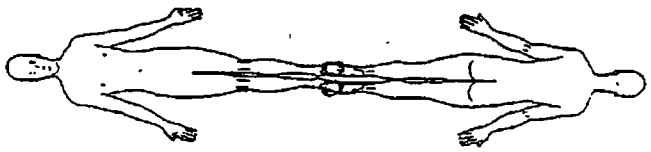
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | Abdomen | R Sigal Dressing | Drap. 0 |
| 30' | " | " | " |
| 60' | " | " | " |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1457 | F/C | Cl. yellow | 100 |
| " | " | " | " |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1457 | S-Rhythm | No | No |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Received from OR c̄ CRNA. Mot. Injury present. Placed on O2 @ 4L/min. O2Sat 98 from 90's. Pupils 2mm sluggish. At 1205 more responsive to verbal commands — [redacted] 1230 pt awake, coughing & deep breathing in respiratory. PAC report given. SN Jackson — [redacted] 1310 Transport to bed 7A

DC-2 All

Discharge Criteria:
Date: 4/20 Time: 1300 PARS: 10
BP: 128/77 HR: 106 RR: 16 Sa02:
Pain Level at D/C (0-10):
Intake: _____ Output: _____
Additional Data: _____
Transferred To: _____
Report Given To: _____
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: _____
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: _____

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 12 Sept 03
Time In: 1155
Allergies: NKA
Pre-op V/S: 134/69 98
Procedures: LSD, washout
Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 800 Colloid
OR Output: UOP EBL
Meds/Times: Fentanyl, NSOX

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

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds: 1 Ids

History

| Time | 1155 | 1200 | 1205 | 1210 | 1235 | 1250 |
|---|---|---|---|---|---|---|
| SaO2 | 95 | 96 | 97 | 97 | 96 | 95 |
| FiO2 | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | | | | | |
| 100 | | | | | | |
| 80 | | | | | | |
| 60 | | | | | | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 22 | 23 | 22 | 20 | 20 | 22 |
| T | 97.2 | | | | | |

| 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 |
|---|---|---|---|---|---|
| 1155 | LR | 200 | DAC | [redacted] | 800 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

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

**Codes**

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

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

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

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

PREPARED BY: [redacted] LPN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 12 SEPT 03

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

Name — last.

# [redacted]

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

EPW 7 ICW #1

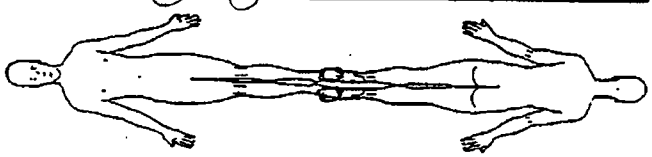
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | (L) leg | WNL | + | P | B | W | PK |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (L) leg | WNL | + | P | B | W | PK |

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

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

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm | (L) leg | ACE C ext fix | min |
| 30' | | | |
| 60' | | | |
| D/C | (L) leg | ACE C ext fix | min |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| 1215 | urine | clr yellow | 500 |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 1155 | ST | ~~Y~~ | ~~Y~~ |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Pt to recovery room from OR s/p I+D washout (L) leg. Pt asleep, easily arousable. IV of LR infusing into (L) AC. S/S of hemorrhage or swelling (L) leg. Long leg ACE C ext fix, minimal drainage noted. (R) leg Kerlix C ACE wrap. NV intact. VSS. ⊖ c/o @ this time. Will continue to monitor & assess. [redacted] (LR)
- Pt to ICW #1, report given to SPC Jackson [redacted] (LR)

b(6)-2

b(6)-2

Discharge Criteria:
Date: Time: PARS: 9
BP: 103/65 T: 97.9 HR: 121 RR: 26 SaO2: 95%
Pain Level at D/C (0-10):
Intake: 50 Output: 500
Additional Data:
Transferred To: ICW #[redacted]
Report Given To: SPC [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: SST [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: [redacted]

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 8Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | | INITIAS | | INITIAS | | INITIAS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPLIS | | | | | | |
| | SENSORIUM | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| RESPIRATORY | RESPIRATION PATTERN | | | | | | |
| | BREATH SOUNDS | | | | | | |
| | SECRETIONS | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SKIN | COLOR | | | | | | |
| | INTEGRITY | | | | | | |
| | | | | | | | |
| IV SITE | LOCATION | | | | | | |
| | CONDITION | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| GASTRO | ABDOMEN | | | | | | |
| | BOWEL SOUNDS | | | | | | |
| | | | | | | | |
| | | | | | | | |
| GU | URINE | | | | | | |
| | COLOR/CLARITY | | | | | | |
| | | | | | | | |
| CARDIOVASCULAR | CARDIACRHYTHM | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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 [redacted] b(6)-2 | DEPARTMENT/SERVICE/CINC | DATE 10Sep03

PATIENT'S INDICATIONS *(Pr[illegible] 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

DATE | DX | HOSPITAL DAY

**VITAL SIGNS**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial line | 128/60 | | | | | | | 156/98 | | | | 147/89 | | 149/62 | | 150/94 | | |
| BP Cuff | 126/61 | 117/64 | 124/66 | 130/70 | 134/68 | 129/68 | 131/71 | 125/70 | | 125/66 | 124/68 | 130/73 | 129/74 | 134/71 | 148/97 | 135/61 | | |
| Temperature | 99.9 | | 99.7 | | 99.8 | | | 102.4 | | | | | | | | | | |
| Pulse | 121 | 125 | 123 | 119 | 115 | 116 | 120 | 121 | | 114 | 116 | 115 | 119 | 115 | 115 | 117 | | |
| Respiratory Rate | 20 | 24 | 20 | 22 | 24 | 24 | 24 | 24 | | 30 | 27 | 28 | 28 | 24 | 28 | 24 | | |
| SpO2 | 98 | 97 | 96 | 97 | 100 | 99 | 99 | 96 | | 100 | 100 | 100 | 99 | 100 | 100 | 100 | | |
| | 1L | 1L/m | 1L/m | 1L/m | 1L/m | 1L/m | 1L/m | 1L | | 1L | 1L | 1L | 1L | 1L | 1L | 1L | | |
| | NC | NC | NC | NC | NC | NC | NC | NC | | NC | NC | NC | NC | NC | NC | NC | | |
| ~~HU Ancef~~ | ~~50~~ | | | | | | | | | | | | | | | | | |
| ~~Zantac~~ | ~~50~~ | | | | | | | | | | | | | | | | | |

**INTAKE**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR 125 | 125 | 125/850 | 125/375 | 125/500 | 125/625 | 125/750 | 125/875 | 125/1000 | | 125 | 125 | 125 | 125 | 125 | 125 | 125 | | |
| Ancef | 50 | | | | | | | 50 | 100 | | | | | | | | | |
| Zantac | 50 | | | | | | | 50 | 100 | | | | | | | | | |
| TOTALS | | | | | | | | | 1200 | | | | | | | | | |

**OUTPUT**

| | | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | 170 | 130/300 | 100/810 | 100/910 | 100/510 | 115/705 | 155/860 | 150/1010 | | 170 | 160/330 | 150/480 | 240/720 | 170/890 | 150/1040 | 230/1270 | | |
| | SP gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | |

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1530 | | Demerol 25m | IV | | | [illegible] |
| 1530 | | 1GM Ancef | IV | | | [illegible] |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) LE | + | + | DP | <3 | cool | PK |
| 15' | BLE | + | + | DP | <3 | warm | PK |
| 30' | BLE | + | + | DP | <3 | w | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | BLE | + | + | DP | <3 | w | PK |

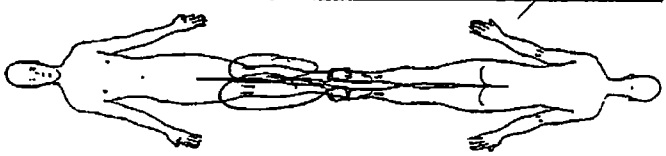
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) LC | Gauze | Ø |
| 30' | BLL | Gauze | Ø |
| 60' | | | |
| D/C | BLL | Gauze | Ø |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1530 | F/C | yellow/clear | 40 |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1530 | Sinus Tach | Ø | Ø |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received from OR. VSS; Given 2 Tsp demerol for shiving. C-LA (R) L ingrown SATs 97 on 1L NC; ↓ pulse to (R) LE; dopplerable pulses; +3 edema throughout UE/LE; Ø BS; O=O; D/C @ tenant; (R) IJ; (Lines) PIV x2 to (L) UE — [redacted] 17k blue - 2 [redacted]

Report given to [redacted] Pt transported c̄ O2 NC 2L. Orders for O2 given to report [redacted] blue - 2 [redacted]

**Discharge Criteria:**
**Date:** 10Sep **Time:** 1609 **PARS:** 10
**BP:** 139/77 **T:** 97.4 **HR:** 115 **RR:** 20 **SaO2:** 98
**Pain Level at D/C (0-10):**
**Intake:** Ø **Output:** Ø
**Additional Data:**
**Transferred To:** ICW 2
**Report Given To:** Lt [redacted]
**Transferred Via:** W/C (Litter) Gurney Ambulance
**Transferred By:** SGT [redacted]
**Cleared IAW Recovery Re[redacted]**
**Charge Nurse Signature** [redacted]

# 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: 10 SEP 03
Time In: 1500
Allergies: NKA
Pre-op V/S: 112/60 110
Procedures: (B) Fronts, Pinch Graft/Finger
Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1500 mL Colloid
OR Output: UOP 150 EBL
Meds/Times:

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

Pre Op Meds

History

| Time | 1500 | 1515 | 1530 | 1550 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 96 | 95 | 95 | 94 | 94 | | | | | | | | | | | |
| FIO2 | NL | NL | NL | NL | NL | | | | | | | | | | | |
| Methods | NL | NL | NL | NL | NL | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| RR | 24 | 24 | 24 | 24 | 24 | | | | | | | | | | | |
| T | 97.4 | | | | 97.4 | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | |
| Pain (0-10) | | | | | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1500 | Ancef | 50 | IV | [illegible] | |
| 1500 | Zantac | 50 | IV | [illegible] | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 1 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | 1 | 1 | 1 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 7 | 10 | 10 |

**Codes**

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

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature & T[redacted] 1700 hrs

DEPARTMENT/SERVICE/CLINIC: PACU/ICU

DATE: 10 SEP 03

PATIENT'S IDENTIFICATIO[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

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

USAPPC V2.00

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

REPORT TITLE
# INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED *(Date)*
QA Appr 8Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 2000 | INTILAS [redacted] | 1800 | INTILA [redacted] | | INTILAS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPLIS | 4mm Perrla | | Perrl 3mm | | | |
| | SENSORIUM | A+O x3 move all ext. | | A+O x 3 - can move | | | |
| | | left leg has ex fix but | | all extrem. x 4 | | | |
| | | can wiggle toes | | | | | |
| RESPIRATORY | RESPIRATION PATTERN | even, unlabored | | even reg | | | |
| | BREATH SOUNDS | CTA-B | | CTA-B/L | | | |
| | SECRETIONS | Sats 98% on 1LNC | | SAT 96-97% 4ln via | | | |
| | | | | NC | | | |
| SKIN | COLOR | NFR | | NFR | | | |
| | INTEGRITY | dressing to Rt UL, ex fix | | dressing to UL Thigh | | | |
| | | on LL, [redacted] | | and leg dry intact - pins in place | | | |
| IV SITE | LOCATION | RW cordis | | (R) Jugular cordis | | | |
| | CONDITION | R Fem A Line | | (R) Fem A-line | | | |
| | | L hand infusing LR | | (L) Peripheral line LR | | | |
| | | @125cc/hr | | @125cc/hr. | | | |
| GASTRO | ABDOMEN | soft nontender | | Soft Round NT | | | |
| | BOWEL SOUNDS | hyperactive BS x4 qds | | BS(+) & x4 quads | | | |
| GU | URINE | Foley, to gravity | | foley to gravity | | | |
| | COLOR/CLARITY | clear yellow | | clear yellow | | | |
| CARDIOVASCULAR | CARDIACRHYTHM | SS2 TSR | | Pedal pulses +2 B/L | | | |
| | | +2 pulses radial, doppler | | & doppler | | | |
| | | for pedal, L3sec cap refill | | Rad pulse +3 cap refill | | | |
| | | hands + groin +2 edema | | L3sec - +2 edema to foot B/L | | | |

**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)*

PREP [redacted] b(6)-2

DEPARTMENT/SERVICE/CINC: PACU

DATE: 8 Sep 03

PATIENT'S IN[redacted] 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

DATE 09Sept03 | DX GSW to bilateral legs, S/P I&D of wounds | HOSPITAL DAY 2

**VITAL SIGNS**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 145/70 | 140/77 | 137/76 | 141/71 | 139/77 | 138/77 | 138/70 | 139/74 | [illegible] | 130/90 | [illegible] | 140/75 | 133/73 | 139/73 | 134/65 | [illegible]/90 | 117/62 | |
| Temperature | 99.6 (A) | | 99.2 (A) | | 99.4 (A) | | 99.1 (A) | 98.8 | | | | | | | | | 99.7 | |
| Pulse | 117 | 111 | 102 | 107 | 106 | 117 | 115 | 115 | [illegible] | 114 | 115 | 117 | 119 | 131 | 128 | 128 | 133 | |
| Respiratory Rate | 24 | 20 | 24 | 22 | 24 | 24 | 22 | 20 | [illegible] | 22 | 22 | 22 | 22 | 24 | 24 | 24 | 25 | |
| FiO2 | 2L | 2L | 2L | 2L | 2L | 1L | 1L | 1L | [illegible] | 1L | 1L | 1L | 1L | 2L | 2L | 1L | 1L | |
| Mode | NC | NC | NC | NC | NC | NC | NC | NC | [illegible] | NC | NC | NC | NC | NC | NC | NC | NC | |
| Sats | 100% | 100% | 100% | 100% | 100% | 99% | 97% | 98% | [illegible] | 98 | 97% | 95% | 98% | 95% | 99% | 96% | 99% | |

**INTAKE**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | [illegible] | 123 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | |
| IVPB | 100 | | | | | | | | | 100 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| P.O. | | | | | 30 | | | 25 | | | | | | 240 | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

**OUTPUT**

| | | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | 175/175 | 200/375 | 250/625 | 250/875 | 250/1125 | 225/1350 | 200/1550 | 275/[illegible] | [illegible] | 180/1850 | 140/1990 | 220/2215 | 240/2455 | 130/2585 | 130/2715 | 110/2825 | 110/2935 | |
| | SP gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

POST-OP DAY 1

ACUITY LEVEL CLASSIFICATION IV

## VITAL SIGNS

| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|
| BP | 110/69 | 130/71 | 114/79 | 118/70 | 107/62 | 115/60 | 122/63 | 116/63 |
| T | | | 99.8 | | | | | |
| HR | 131 | 136 | 131 | 129/87 | 133 | 109 | 126 | 127 |
| RR | 26 | 24 | 24 | 20 | 24 | 24 | 20 | 23 |
| $O_2$ | 1L | 1L | 1L | 1L | 1L | 1L | 1L | 1L |
| Mode | NC | NC | NC | NC | NC | NC | NC | NC |
| Sat | 96% | 97% | 95% | 95 | 99 | 98 | 97 | 97 |

## INTAKE

| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8°T |
|---|---|---|---|---|---|---|---|---|---|
| LR | 125 | 125 | 125 | 125/60 | 125/225 | 125/150 | 125/75 | 125/100 | 411 |
| NPB | 100 | | | | | | 100 | 100 | 200 |
| PO | 50 | 300 | | | | 60 | | | 410 |

## OUTPUT

| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| 1635 | 100/1803 | 115/1918 | 110/1978 | 100/2078 | 100/2178 | 100/2278 | 100/2378 | 130/2508 | 2508 |

## RESPIRATORY DATA

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | | | | | | | | | |
| MODE | | | | | | | | | |
| $F_IO_2$ | 2LNC 27% | | | | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| A pH | 7.51 | | | | | | | | |
| B $PCO_2$ | 37 | | | | | | | | |
| B $pO_2$ | 93 | | | | | | | | |
| B $HCO_3$ | 30 | | | | | | | | |
| G SAT | 98 | | | | | | | | |
| G BASE | 7 | | | | | | | | |

## LABORATORY DATA

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | | | | | | | | | |
| GLUCOSE | | | | | | | | | |
| Na/K | | | | | | | | | |
| Cl/$CO_2$ | | | | | | | | | |
| BUN/Cr | | | | | | | | | |
| WBC/PLATELET | | | | | | | | | |
| Hct/Hgb | | | | | | | | | |

## DAILY ACTIVITIES / NURSING DIFF

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | | | | | | | | | |
| MOUTH CARE | | | | | | | | | |
| BATH | | | | | | | | | |
| SKIN CARE | | | | | | | | | |
| FOLEY CARE | | | | | | | | | |
| TRACH CARE | | | | | | | | | |
| ROM EXERCISES | | | | | | | | | |
| Linen △ | | | | | | | | | |

TURN / SUCTION — TIME

24 HR TOTALS

WT Yesterday _____ wt Today _____

INTAKE: IV _____ Po _____ TOTAL _____

OUTPUT: Urine: _____ TOTAL _____

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS

b(6)-2

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

REPORT TITLE
# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA Appr 8Mar 89

**INITIAL SHIFT ASSESSMENT**

| | TIME | | INITIAS | 1830 | INITIAS [redacted] | b(6)-2 | INITIAS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPLIS | | | PERRL 4mm, brisk, Alert | | | |
| | SENSORIUM | | | Doesn't speak English. | | | |
| | | | | Moves all extremities. | | | |
| | | | | Limited BLE, ⓞthigh Ex-fix. | | | |
| | | | | See note on cms. | | | |
| RESPIRATORY | RESPIRATION PATTERN | | | Regular, unen. CTA all | | | |
| | BREATH SOUNDS | | | lung fields. Weaned from | | | |
| | SECRETIONS | | | NRB 15L to RA. Sats >95%. | | | |
| SKIN | COLOR | | | WNL, Warm, Dry. Bandage | | | |
| | INTEGRITY | | | to ⓞleg, ⓟthigh Drainage | | | |
| | | | | from ⓞthigh, ⓟthigh. | | | |
| IV SITE | LOCATION | | | Cordis to ⓟIJ. Flushes | | | |
| | CONDITION | | | well, CDT. ⓟgroin A-line | | | |
| | | | | Old drainage Dressing Intact. | | | |
| | | | | A-line zeroed. ⓞhand | | | |
| | | | | IV infusing LR@125cc/hr | | | |
| GASTRO | ABDOMEN | | | ABS x4. Soft. ⓞBM | | | |
| | BOWEL SOUNDS | | | Nontender. | | | |
| GU | URINE | | | Foley to DD. Clear | | | |
| | COLOR/CLARITY | | | Light yellow urine. | | | |
| CARDIOVASCULAR | CARDIACRHYTHM | | | ST 120's-140's. S1 S2. Sec tachy | | | |
| | | | | IBP & NIBP not correlating. Thighs | | | |
| | | | | Edema. See note on circulation | | | |
| | | | | Radial pulse ✓. | | | |

**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)*

PREPA[redacted] b(6)-2

DEPARTMENT/SERVICE/CINC: ICU 3

DATE: 09Sep03

PATIENT'S INDICATIONS *(Portyped 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

DATE | DX | HOSPITAL DAY

| VITAL SIGNS | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
| BP Arterial line | | | | | | | | | | | | | | | | | | |
| BP Cuff | | | | | | | | | | | | 128/60 | 124/60 | 120/60 | | | | |
| Temperature | | | | | | | | | | | | 96.0 | 97.0 | | | | 97.2 | |
| Pulse | | | | | | | | | | | | 131 | 138 | 138 | | | 142 | |
| Respiratory Rate | | | | | | | | | | | | 24 | 22 | 20 | | | 16 | |
| $O_2$ sat | | | | | | | | | | | | 100% | 100% | 100% | | | 100% | |
| Source | | | | | | | | | | | | RA | RA | RA | | | SIMV | |
| | | | | | | | | | | | | | | | | | 50% | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| INTAKE | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
| LR | | | | | | | | | | | | 125 | 125 | 125 | | | 125 | 500 |
| PRBC's | | | | | | | | | | | | | | | 1U 1400 | 1U 1400 | 1U 1400 | |
| P.O. | | | | | | | | | | | | | | | | | | |
| IVPB | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

| OUTPUT | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | | | | | | | | | | | AM 500 | 50/550 | 30/580 | | | 200/780 | 780 |
| | SP gr | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | 169/92 | 170/45 | 136/78 | 155/77 | 136/67 | 143/60 | 136/76 | 141/69 |
| | 93.0 | 96.3 | 99.7 | 100.0 (R) | 100.5 (R) | 101.0 (R) | 100.2 (R) | 99.9 (R) |
| | 89 | 135 | 114 | 132 | 133 | 136 | 123 | 122 |
| | 16 | 24 | 23 | 24 | 28 | 30 | 26 | 22 |
| | 100% | 100% | 100% | 97% | 98% | 96% | 100% | 100% |
| | SIMV | NR | NR | RA | RA | RA | NC | NC |
| | 50% | 15L | 15L | / | / | / | 2L | 1L |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8°T |
|---|---|---|---|---|---|---|---|---|---|
| | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1000 |
| | 1U 200 | | | | KH 100 | | | | 1600 |
| | | | | | | 120 | | | 120 |
| | | | | | 100 | | | | 100 |
| | | | | | | | | | |
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| | | | | | | | | | 2020 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 600 | 425/1025 | 200/1225 | 275/1500 | 250/1750 | 250/2000 | 175/2175 | 150/2325 | 2325 |
| | | | | | | | | | |
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ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | | 2100 | 2130 | 2230 | | | | | |
| MODE | | | | | | | | | |
| $F_IO_2$ | | 21 RA | 4L | 1L | | | | | |
| TV | | | | | | | | | |
| RATE | | | | | | | | | |
| PEEP | | | | | | | | | |
| ABG | pH. | 7.50 | 7.46 | 7.418 | | | | | |
| | $PCO_2$ | 35.1 | 39.0 | 39.4 | | | | | |
| | $pO_2$ | 56 | 140 | 68 | | | | | |
| | $HCO_3$ | 28 | 27 | 25 | | | | | |
| | SAT | 91% | 99% | 94% | | | | | |
| | BASE | 5 | 4 | 1 | | | | | |

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

| ACTIVITIES DAILY LIVING | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | | | | | | | | | |
| MOUTH CARE | | | | | | | | | |
| BATH | KH 2200 | | | | | | | | |
| SKIN CARE | KH 2200 | | | | | | | | |
| FOLEY CARE | KH 2200 | | | | | | | | |
| TRACH CARE | | | | | | | | | |
| ROM EXERCISES | | | | | | | | | |
| Linen Δ | KH 2200 | | | | | | | | |

| TURN | TIME | | | | | |
|---|---|---|---|---|---|---|
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24 HRS TOTALS

NURSES SIGNATURE | INITIALS

[redacted]

WT Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | 2700 | Urine: | 2325 |
| Po | 120 | | |
| TOTAL | 2820 | TOTAL | 2325 |
| BALANCE | +495 | | |

b(6)-2

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 17 Sep 03
Time In: 1635
Allergies: PCN
Pre-op V/S: 129/53-104
Procedures: DCD - DPC of leg wounds

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

OR Intake: Crystalloid LR-1000 Colloid
OR Output: UOP 600 EBL: TMA
Meds/Times: fentanyl 50x16 @ 1600

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

Pre Op Meds | History

| Time | 1635 | 1640 | 1650 | 1700 |
|---|---|---|---|---|
| SaO2 | 96 | 98 | 97 | 98 |
| FIO2 | RA | RA | RA | RA |
| Methods | | | | |
| 240 | | | | |
| 220 | | | | |
| 200 | | | | |
| 180 | | | | |
| 160 | | | | |
| 140 | | | | |
| 120 | • V | V | V | V |
| | V | • | • | • |
| 100 | | | | |
| 80 | | | | |
| 60 | ^ | ^ | ^ | ^ |
| 40 | | | | |
| 20 | | | | |
| RR | 18 | 18 | 22 | 22 |
| T | | | | |

| 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 |
|---|---|---|---|---|---|
| 1635 | LR | 200 | [illegible] | RC | 800 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: | Labs:

## Post-Anesthesia Recovery score

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

**Codes**

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

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

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

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

PREPARED BY (Signature & Title): [redacted] LPN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 17 SEPTO3

[redacted] (If all typed or written entries give: first, middle; grade; date; hospital or medical facility) Name – last.

[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 | R leg | FROM | + | + | B | W | Pk |
| 15' | L leg | FROM | + | + | B | W | Pk |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

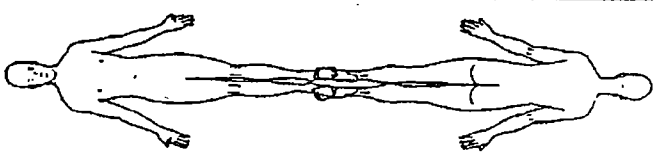
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | R leg | ACE | Ø |
| 30' | L leg | ACE & Ext fix | Ø |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1035 | ST | Ø | Ø |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt to recovery room from OR via litter s/p I&D LPC wound & Ace wrap to (R) leg CD&I. Long leg ACE + ext fix to (L) leg intact. IV of LR infusing into (L) arm s s/s of bleeding or edema. C/O c/o @ 4/10 time. Will continue to monitor. [redacted] LR

b(6)-2

**Discharge Criteria:**
**Date:** **Time:** **PARS:**
**BP:** 124/64 **T:** 98.6 **HR:** 110 **RR:** 22 **SaO2:** 95
**Pain Level at D/C (0-10):**
**Intake:** 50 **Output:** Ø
**Additional Data:**
**Transferred To:** PACU #1
**Report Given To:** [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** ST [redacted] b(6)-2
**Cleared IAW Recovery Room [redacted]**
**Nurse Signature:** [redacted]

WAMC OP 173-E

## 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: 30 Sep 03
Time In: 1615
Allergies: NKDA
Pre-op V/S: 135/66 110
Procedures: I&D (R) Leg

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

OR Intake: Crystalloid 400 LR Colloid
OR Output: UOP ∅ EBL <50
Meds/Times:

150 mg Rent
70
273 HCT

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

Pre Op Meds History

| Time | 1615 | 1630 | 1645 | 1700 | 1715 |
|---|---|---|---|---|---|
| SaO2 | 99 | 99 | 100 | 99 | 98 |
| FiO2 | RA | RA | RA | RA | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 21 | 12 | 19 | 14 | 19 |
| T | 98.3 | | | | |

| 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 |
|---|---|---|---|---|---|
| 1615 | 600 | LR | (R) Hand | [illegible] | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 | 0 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 6 | 10 | 10 |

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

PREPARED BY (Signature & Title): [redacted] SSG/CMT blue-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 30 Sep 03

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

[redacted] blue-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 | | | | | | | |

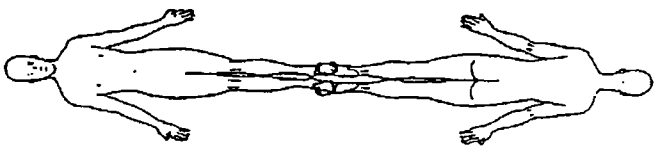
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## 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? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

1615 male EPW admitted to PACU SP IV ⓓ leg. Pt. responsive to physical stimuli. $SO_2$ 99% RA. No S/S respiratory distress. IV ⓓ Hand LA @TKO Patent. DSG to ⓓ leg CDI. —
[redacted] SSG/LPN

b(4)-2 A

**Discharge Criteria:**
**Date:** 30 Sep 03 **Time:** 1647 **PARS:** 10
**BP:** 139/72 **T:** 98.2 **HR:** 101 **RR:** 12 **Sa02:** 98%
**Pain Level at D/C (0-10):**
**Intake:** 2100 **Output:** Ø
**Additional Data:**
**Transferred To:** ICW 1
**Report Given To:** LT [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** SSG [redacted]
**Cleared IAW Recovery Room SOP 173**
**Nurse Signature:**



WAMC OP 173-E

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 25 Y | X | 9 | MUSLIM |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| | | ~~99~~ 20 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | Z | 1430 | b(6)-4 |

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

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION YEAR | NO |
|---|---|---|---|---|
| | | 1 | | X |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| Ø | ICU3 | |

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| Ø 5 | | 0 3 1 0 1 3 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| A F A A | | 0 3 0 9 0 8 |

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

FOR LOCAL USE

DX: ① GSW
② S/P I+D of leg wounds
Trauma Injury
9 569
[redacted] b(6)-2

Dx 821.10, 959.7, 958.8, 959.6, 959.5, E991.2

Px 78.15, 89.62, 38.80 (x4), 83.09, 99.04

ADMITTING OFFICER (Signature, as required) [redacted]

SIGNAT[redacted]

DR. [redacted]

DETAILS OF CRIME (82 ABD) [redacted]

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

b(4)-4

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[ ] Offense against Civilian(s) [check one] If "Other" then describe:

- [ ] Arson (I.P.C. 340)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[X] Offense against Coalition Forces [check one] If "Other" then describe: INVOLVED IN A DRIVE BY SHOOTING AGAINST 82 ABD 5 Soldiers 8 Check Pt

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [X] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

b(2)-2 [redacted]

| Apprehending Unit: 3/325 [redacted] | Location Grid: | | |
|---|---|---|---|
| Date of Incident (D/M/Y): 08/07/03 to / / | Time of Incident: hrs to hrs | Date of Report: (D/M/Y) / / | Time of Report: hrs |

| Detainee # [redacted] | | | Key Connected Person: [ ] Victim [ ] Witness | | |
|---|---|---|---|---|---|
| Last Name: [redacted] b(4)-4 | | | Last Name: | | |
| First Name: [redacted] | Given Name: | | First Name: | Given Name: | |
| Hair Color: BLK | Scars/Tattoos/Deformities: | | Hair Color: | Scars/Tattoos/Deformities: | |
| Eye-Color: BRN | Weight: 160 lb | Height: in | Eye-Color | Weight: lb | Height: in |
| Address: | | | Address: | | |
| Place of Birth: IRAQ | | | Place of Birth: | | |
| Ethn/Tribe/ Sect: | Sex: [X] M [ ] F | Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular | Ethn/Tribe/ Sect: | Sex: [ ] M [ ] F | Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: | | | [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: | | |

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

| [ ] Vehicle Information | Vehicle Number ____ of ____ Vehicle(s) | | Owner: |
|---|---|---|---|
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle: |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

| [ ] Property/Contraband | [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband. Yes/ No | |
|---|---|---|---|
| Type: | | Model: | Color/Caliber: |
| Serial No: | Quantity: | Make: | Receipt Provided to Owner: Yes/ No |
| Other Details: | | Where Found: | Owner: |

Name of Assisting Interpreter: b(4)-4 Email, Phone, or Contact Info:

| Detaining Soldier's Name (Print): CPT [redacted] | Supervising Officer's Name (Print): |
|---|---|
| Last, First MI | Last, First MI |
| Signature: | Signature: |
| Email: [redacted] b(4)-2 | Email: |
| Unit Phone: Date: / / | Unit Phone: Date: / / |

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER [redacted] | | | 2. NAME (Last, First, MI) EPW UNK NAME | | 3. GRADE EPW | ADMISSION REMARKS |
| 4. SEX M | 5. AGE UNK | 6. RACE X | 7. RELIGION MUSLIM | 8. LENGTH OF SVC — | 9. ETS — | 10. PREVIOUS ADMISSION NO |
| 11. FMP 99 | | 12. SSN b(6)-2 [redacted] | | 13. ORGANIZATION — | | 14. WARD ICW1 |
| 15. FLYING STATUS — | 16. RATING/DSG — | 17. DEPT./BEN K78 | 18. BRANCH/CORPS — | 19. UIC/ZIP — | | 20. TYPE CASE WIA ~~ICW1~~ |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER | | | | 22. HOURS OF ADMISSION 0945 | 23. CLINIC SERVICE | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE — | | | 25. TYPE DISPOSITION D/C TO CAMP | | 26. DATE OF DISPOSITION 22 Sep 2003 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — | | | 27b. TELEPHONE NO. — | | 28. DATE OF THIS ADMISSION 12 Sep 2003 | ADMITTING OFFICER |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | | 30. DATE OF INITIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED |

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX(1) S/P EX-LAP/, GSW TO CX.

**35. Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 10 | 10 |

**36. Total Days All Facilites**

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

SIGNATURE OF ATTENDING MEDICAL OFFICER

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



DA FORM 3647, MAY 75 [redacted] EDITION OF 1 AUG 78 IS OBSOLETE [redacted]

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | |
|---|---|---|---|---|---|
| 1. FED STEP NUMBER [redacted] | 2. NAME (Last, First, MI) EPW # [redacted] b(6)-4 | | | 3. GRADE NA | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 27 | 6. RACE Unk | 7. RELIGION Unk | 8. LENGTH NA | 9. WT NA | 10. PREVIOUS ADMISSION NO |
| 11. PMP 99 | 12. SSN [redacted] | | 13. ORGANIZATION NA | | | 14. WARD ICU 1 |
| 15. FLYING STATUS NA | 16. [redacted] b(6)-4 | 17. DEPENDENT NA | 18. BRANCH-CORPS NA | 19. UIC/ZIP | | 20. TYPE CASE NBI |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from Emt | | | | 22. HOURS OF ADMISSION 0410 | 23. CLINIC SERVICE AEAA | |
| 24. NAME RELATIONSHIP OF EMERGENCY ADDRESSEE Unk | | | 25. TYPE DISPOSITION 50 | | 26. DATE OF DISPOSITION 22 SEPT 03 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) Unk | | | 27b. TELEPHONE NO. Unk | | 28. DATE OF THIS ADMISSION 12 SEPT 03 | ADMITTING OFFICER [redacted] |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | | 30. DATE OF INITIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED |

31. SELECTED ADMINISTRATIVE DATA [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

MULTIPLE GSW TO CHEST/ABD/(R) LOWER EXTREMITY.

879.3
875.1
891.1
892.1
925.13
423.90
E991.2

35. Total Days This Facility

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

36. Total Days All Facilities

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

SIGNATURE OF ATTEND[redacted] b(6)-2 PR [redacted]

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER [redacted] b(2)-2

DA FORM 3647, M[redacted] EDITION OF 1 AUG 78 IS OBSOLETE [redacted] USAPPC V1

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

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

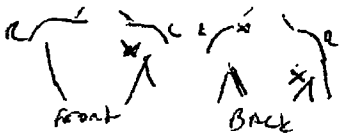
27 40 Iraqi male s/p multiple GSW
to FST where ① CT placed → [redacted] (b)(2)-2
Awake moaning c̄ pain

All Ø PMH Ø PSH Ø Meds Ø

PHYSICAL EXAMINATION

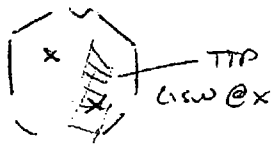
98 123/63 100% SAT

NCAT
neck ⊖ inj
Chest




CBTA equal

Abd



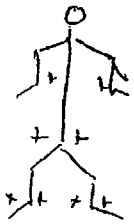

rectal Nl tone Hem ⊖

ext. multip GSW to ⓛ low leg / foot

GU WNL

Neuro - moves legs

VASC



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

A/P GSW multiple to Chest / Abd / ⓛ low extr

① CXR, KUB, ⓛ Low (x exc)
② IV Access
③ to OR for ex lap ? Pot washout.

b(4) - 2

| SIGNATURE [redacted] | DATE 10 Sept 03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| PATIENT [redacted] (Written entries give Name last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

[redacted]

b(4) - 4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

10 Sep 03
0410

OP Note

Exploratory Laparotomy
Repair serosal tear of colon
(transverse) from shrapnel.
Surgeons: [redacted] / [redacted] b(6)-2
GETA.
EBL: minimal
Specimen: Ø
Findings - Only 1 tiny serosal
Tear with shrapnel
sitting in it.
(R) Leg Washout and I+D
(R) calcaneal Fx (open)
Repair Tib. Ant Tendon
Washout + debridement of
shrapnel wounds (R) leg. b(6)-2
- Diversion concurrent c above lap
EBL: minimal.

[redacted]

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | |
|---|---|---|---|---|
| | LAST | FIRST | MI | (SSN or Other) |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

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

REGISTER NO. | WARD NO.

#[redacted]
b(6)-4

PROGRESS NOTES
Medical Record

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

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 11Sep03 | Surgery |
| Cipro | No complaint but sleepy and sedate |
| LR | 99² 109 RR 97% 135/97 |
| Albuterol | Chest CBDA but shallow wounds ↓ C/D |
| Toradol | CXR - ⊖ PTX ⊖ infiltrate |
| | Abd ND Quiet appropriate tenderness |
| | ext - (R) leg splinted to lat at |
| | wounds in Am |
| | A/P Very apathetic Needs Aggressive pulm toilet |
| | with get to chair BID |
| | incentive spirometry QI |
| | Albuterol neb |
| | NC $O_2$ |
| | Toradol x 3 days b(6)-2 |
| | [redacted] |
| 11 Sep03 1345 | Toradol 30mg IVP to assist c pain control. Deep breathing exercises done. Pt very drowsy. Pt Sat 91-92%. $O_2$ 2L NC placed. $O_2$ Sat 95-98%. Interpreter explained to pt. plan for ↑ to chair & deep breathing exercises. Pt nodded understanding [redacted] |

(Continue on reverse side)

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

REGISTER NO. [redacted] b(6)-2

WARD NO.

b(6)-4

[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 15Sep03@0245 | Assumed care @ 1800; VSS, pt A&O speaking arabic, ⊖ c/o pain @ this time; ⊕ CNS x4, NV intact throughout; Cast intact; ⊕ BS x4, BM x1 this shift; pt amb to BR ∃ assistance, ∃ difficulty NAD, ⊖ c/o dizziness or SOB; LS CTA ⊕ ⊖ crepitus; dsgs Δ'd; W→D applied to (L) chest wall; petroleum gauze applied to old chest tube site; ⊖ s/sx infection in either site; Cast to (R) LE intact; PIV patent & infusing LR @ 150 cc/hr ∃ s/sx infection/infiltration; [redacted] pt in no apparent respiratory distress; 2 point restraints in place; ⊕ circulation, ⊖ skin break ↓; cont to monitor — b(6)-2 — [redacted] |
| 15Sep03@1800 | Received pt resting in bed. VSS, A&O x3, speaks arabic. Medicated x1 ii tabs Tylenol for c/o pain. Amb x1, gets up independently. W to D dsg to gunshot wound Δ, c/d/i @ this time. old clog noted to have serosang. drainage. Vaseline gauze dsg to old chest tube site c/d/i. No resp. distress noted this shift. LS CTAB, ∅ crepitus noted to old chest tube site. Cast to ~~RLE~~ RLE c/d/i w/ old marked drainage noted. Restraints in place per OPW protocol w/ ∃/s of skin breakdown or circulation issues. Toes to (L) LE warm w/ good cap refill noted. Will cont to monitor. [redacted] VZAN — |

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

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

REGISTER NO. | WARD NO.

[redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

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

b(6)-2
A11

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

| DATE | NOTES |
|---|---|
| 15 Sep 03 1930 | Pt resting in bed, VSS, A+Ox3, LS CTA (B), (+) BS x4, dsg's on old chest tube site + upper chest CDI, steri strips to abd incision CDI in place, SPO2 - 99%, cast to RLE has old drainage mark, CDI, IV (R) FA intact infusing LR @ 150 cc/hr, c/o pain on (R) LE, proper circulation + skin integrity on pts of restraint. [redacted] 9/WM |
| 16 Sep 03 0800 | VSS. Alert & Oriented. [redacted] clear Bilaterally BS (+) x4 grad. Abd soft non-distended. Consumed Regular diet. OOB to BR for shower this AM Tolerated Well. Dr [redacted] changed dsg to (R) foot. GSW dsg changed as ordered. Chest tube site without redness, swelling or drainage. (R) FA IV c/o pain, ∅ redness or swelling. IV D/Ced. Restarted IV to (L) FA X 1 attempt 18g 1 1/4 in cath. Tolerated well. Steri strips intact to abd midline incision with edges well approximated. Restraints reapplied pt intact under restraints. Peripheral pulses +2. Will continue care as planned. [redacted] 2CTA |
| 16 Sep 03 1915 | Pt resting in bed, A+Ox3, VSS, LS CTA (B), (+) BS x4, ∅ c/o pain @ this time, IV (L) FA patent infusing LR @ 150cc/hr, stitches on old chest tube site intact, ∅ redness or swelling, abd soft flat nontender, steristrips intact, pt ambulates w/ assistance, OOB to BR, proper circulation + skin integrity on pts of restraint. [redacted] 9/W |

STAND[redacted] BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 17 Sept 03 0900 | VSS, Alert & oriented. Ambulating independently to BR and shows backburn of wound. Orthopedic shoe in place on (R) foot. Splint to (R) lower leg removed & dsg change to (R) Leg wounds. Sutures intact edges to (R) calf wound not well approximated. (L) chest gunshot wound dsg changed. old packing with serosanguious drainage. Lungs clear bilaterally BS (+) x4 quad. Abd. soft non distended. Midline abd incision edges well approximated. steri strips in place. Skin intact under restraints. Will continue plan of care. b(6)-2 [redacted] 20 OR |
| 17 Sep. 03 1845 | Pt resting in bed, AtOx3, VSS, LS CTA (B), (+) BS x4, Ø c/o pain @ this time, dsg on (R) leg CDI, pt ambulates ī difficulty, dsg (L) side of chest CDI, abd soft flat nontender, voiding ī difficulty, IV (L) FA intact infusing LR @ 150cc/hr, proper circulation + skin integrity on pts of restraint. [redacted] 9IW [redacted] b(6)-2 |

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

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

Ø [redacted] b(6)-4

PROGRESS NOTES
Medical Record

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

HCW-2 AM

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

| DATE | NOTES |
|---|---|
| 18 Sept 03 0800 | VSS Alert & oriented @ FA IV patent right [illegible] CR @ 180cc/hr. OOB to Bathroom for BM & AM care. Tolerated well. Lungs clear Bilaterally. BS(A) x4 quadrants. Abdomen soft nondistended & nontender. Abd dressing dry & intact & incision & drain clean intact. (R) leg & splint & dry intact. (L) chest GSW old packing removed [redacted] & drainage drainage & cleaned wound & redressed as ordered. Peripheral pulses +2. We continue plans of care. [redacted] |
| 18 Sep 03 1950 | Pt resting in bed, AAOx3, VSS, LS CTA (B), (A) BS x4, IV (L) FA patent, voiding well, ambulates s complications, old chest tube site Ø s/sx of infex, dsg (L) upper chest CDI, denies pain @ this time, proper circulation + skin integrity on pts of restraint. [redacted] |
| 19 Sep 03 0730 | Assumed care A to x3 VSS Ø c/o [redacted] or discomfort @ this time lung clear HRRR Active BS x4 quads Tolerating PO well. Dressing Δ to (L) upper chest wall sutures to (L) flank prior chest. Ø s/s of infection remain afebrile. Cast to (R) LE ortho shoe & ambulation. Will cont to monitor [redacted] |
| 20 Sep 03 0230 | Assumed care @ 1800; All VSS; pt A&OX3, Ø c/o pain, pt amb X1 to BR (A) BM; dsg Δ to upper chest wall - CDI; sutures CDI, well approximated; cast ~~intact~~ to (R) LE intact; Ø Δ's from above assessments; restraints in place [redacted] skin breakdown; cont to monitor [redacted] |

STANDARD FORM [redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20Sep03 | PIV infiltrated; New one started in (R) FA; patent & intact infusing LR @150 cc/hr; cont to monitor [redacted] b(6)-2 |
| 20 Sep03 0730 | - Assumed care of pt. A+O x3 VSS Ø c/o pain or discomfort @ this time Dressing D+O (L) upper chest wall complete. All care done. Cast to (R) LE intact ambulates w/ crutches. orthro shoe c̄ ambulation. Lungs clear HRRR Active BS tolerating PO well Will cont to monitor [redacted] b(6)-2 (1550) I concur c̄ above assessment. [redacted] b(6)-2 |
| 20Sep03@2015 | ASS care@1500; VSS; A&OX3, denies pain or discomfort @ this time; pt amb in hall x10 min c̄ ortho shoe on, c̄ difficulty; cast (R) LE intact; dsg to upper chest wall A+ - CDI; sutures to (L) mid-axillary CDI, well approximated, Ø S/S infection; PIV in (R) wrist patent & infusing LR @ 150 cc/hr; restraint in place; Ø Skin break d; (+) circulation, cont to monitor [redacted] b(6)-2 |
| 21 Sep03 0700 | - Assumed care A+O x3 VSS. Denies having pain or discomfort @ this time. (R) foot dressing Ace wrapped clean dry and intact Ø bleeding noted ambulates c̄ orthopedic shoe c̄ difficulty. Dressing to chest wall assessed Ø drainage noted Lungs CTA HRRR. Active BS. Urinating per urinal QS Will cont to monitor [redacted] b(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | |
|---|---|---|---|---|
| | LAST | FIRST | MI | (SSN or Other) |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

b(6)-4 [redacted]

PROGRESS NOTES
Medical Record

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

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 21 Sep Ø3 (1905) | Rt a/o, VSS, Ø c/o pain. ambulated x 1 c̄ steady gait. lungs CTAB, HRRR, ⊕BS x4 qds. +2 peripheral pulses. ⓛ CT sutures OTA Ø drainage noted. Drsg to chest wall CDI. ⓡ foot drsg c̄ ace bandage CDI. W-D drsg Δs done. IS @ BS, being used every hr while awake c̄ reminder. 2 pt restraints on, circulation intact. Will monitor. [redacted] 9Lcm6 |
| 0400 I/O | Rt voided 1800cc this shift (cyu). Input 1 liter LR & bottled H2O. [redacted] |
| | Δc Summary |
| 9/22/03 | ♂ Iraqi involved in GSW. Had exploratory laparotomy + chest tube insertion. No unusual ymy. Δhx per further of ⓡ foot. Wounds well healed. Continue oral antibiotics. Weight bearing as tolerated [redacted] |
| 22 Sep Ø3 | (1300) Assumed care of pt @ Ø700 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Ø c/o pain @ this time. Wet → dry drsg to GSW to chest Δd - Ø s/sx infection. Drsg to ⓡ foot d/cd by MD. Sutures intact. Pt OOB to shower this am. Amb s̄ difficulty. Awaiting trans. to EPW camp. Will cont to monitor. [redacted] WZAW |
| | (1600) Sutures removed from RLE. Pt tol. well. Will monitor. [redacted] WZAW |

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 22Sep03@2045 | Assumed care @ 1800; All VSS, pt A&O x3 speaking arabic, Ø c/o pain or discomfort @ this time; Ambulated pt ↑ OOB to amb in hall (X) for 15 min ⊼ difficulty; W→D dsg to upper chest wall Δ², Ø s/sx infection; ~~Sutures in tact, Ø drainage, well approximated~~ N/o Δ in assessment; restraints in place, ⊕ circulation, ⊖ skin breakdown; will cont to monitor. b(6)-2 [redacted] |
| 23SEP03 | (1340) Assumed care of pt @ (1800) ⊼ report from night shift. Pt alert, speaking Arabic. VSS. Ø c/o pain @ this time. Amb in hallway ⊼ difficulty. incisions on RLE CDI-open to air. Wet→dry dsg to GSW to chest Δd - Ø s/sx infection. Tol. reg. diet well. Voiding ⊼ difficulty. 2 point restraints in place ⊼ s/sx complications. Will cont. to monitor. [redacted] (1400) Pt stable for d/c to camp-amb-escorted by MPs. Prescriptions given. b(6)-2 [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

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

REGISTER NO.

WARD NO. ICW#1

# [redacted]

b(6)-4

PROGRESS NOTES
Medical Record

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

7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

6SEP03 (1210) Assumed care of pt @ 0600 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pt weaned off O2 this am. O2 sat 97-98% on RA @ this time. Chest tube pulled this am. Drsg applied by MD to site CDI. CXR done p̄ tube pulled. Pt tol. procedure well. Pt OOB in chair @ this time. Foley d/c'd this am. Pt DTV. Pain controlled c̄ QID Toradol. Wet → dry drsg Δd to GSW. Ø s/sx infection. Pt OOB to chair for 3° - tol. well. Pt amb to BR c̄ crutches s̄ difficulty. IV and SL in Ⓡ ac. d/c'd d/t infiltration 18g IV started in Ⓛ forearm. IVF infusing s̄ s/sx infiltration. Steri-strips to abd incision CDI. (1630) Pt voided s̄ difficulty, quantity sufficient clear yellow urine. Cont. Albuterol tx q6° - pt tol. O2 sat 96-98% on RA. Ø resp. distress noted. Pt tol reg diet (≈ 50%) well. 2-point restraints in place s̄ s/sx complications of skin breakd/circulation. Will cont. to monitor. b(4)-2 [redacted]

12Sep03 2000 Pt resting in bed, A+Ox3, VSS, LS CTA Ⓑ, ⊕ BS x4, Ⓢ Ⓢ present, dsg Ⓛ mid axillary CDI, dsg Ⓛ side of chest CDI, steri strips mid line abd CDI, dsg Ⓡ LE CDI, Ø c/o

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

| PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO. |
|---|---|---|
| [redacted] Blad-4 | | |

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| Cont. | pain @ this time. IV (L) AC patent infusing LR @ 150 cc/hr, proper circulation + skin integrity on pts of restraint. [redacted] 91WM6 b(6)-2 [redacted] |
| 13SEP03 | (1435) Assumed care of pt @ Ø600 p report from night shift. Pt alert, speaking Arabic. VSS. Ø c/o pain @ this time. Pt amb to BR and to x-ray ē difficulty this shift. Pt OOB to chair for 2°. Tol. well. Ø s/sx resp. distress. Drsg to old chest tube site CDI. Wet → dry drsg to chest Ad - Ø s/sx infection. Splint/drsg to (R) LE CDI - elevated on blanket. Pt able to move toes. Cap refill <3 secs. 2-point restraints in place ē s/sx complications. Pt tol reg diet well. b(6)-2 Voiding ē difficulty. (+) BM. will cont. to monitor [redacted] |
| 13 Sep. 03 2045 | Pt resting in bed, A+Ox3, VSS, SPO2 - 98%, Dsg on chest CDI, Ø c/o pain @ this time, LS CTA (B), (+) BS x4, splint dsg to (R) LE CDI, elevated ē blanket moves toes, IV (L) FA patent infusing LR @ 150 cc/hr, proper circulation + skin integrity on pts of restraint. [redacted] 91WM6 b(6)-2 [redacted] |
| 14 Sept 03 0700 | Received pt resting in bed, VSS, A+Ox3, speaks Arabic. Ø c/o pain @ this time. Amb x1, OOBTC. Ø resp. distress noted. drsg D'd, clean. Vaseline gauze and drsg to old chest tube site clean, Ø crepitus noted. cast to (R) LE clean. Toes warm to touch, brisk cap refill. Restraints per EPW protocol Ø skin integrity or circulation issues [redacted] |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (F [redacted]

b(6)-2

NSN 7540-00-634-4176 [redacted] [redacted] AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 10SEP03 | (1505) Pt admitted to unit via gurney in stable cond. from ICU#3. VSS. Pt responds to verbal stimulus. Pain controlled c̄ IV MSO4. IVF infusing into IV in ⓛ ac c̄ s̄ s/sx infiltration. Pt weaned off O2. O2 sat 94-95% on RA. ∅ resp. distress noted. Chest tube ad from cont. suction to H2O seal. CXR done 4° p̄ put to H2O seal. Foley draining quantity sufficient clear yellow urine. Wet-dry drsg ad on pt's ⓡ upper chest. Drsg to midline abd intact c̄ mod amount sero-sang drainage noted. Chest tube to ⓡ side of chest intact - drsg ad - put out sm. amount drainage. Splint to ⓡLE CDI. Cap refill <3secs. Skin warm to touch. 2 point restraints in place + ∅ s/sx complication c̄ circulation/skin breakdn. Pt resting quietly @ this time. Will continue to monitor. b(6)-2 [redacted] ID RN |
| 10 Sep03 | 1930: VSS, A+O x3, O2 sats @ 95% RA, HOB ↑30, Chest tube c̄ pleurovac drainage system draining to H2O seal. Output being marked to monitor any further drainage. ∅ s/s of resp distress. Encouraged IS exercises and reinforced ∅: Dsg around chest → |

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

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

[redacted]
b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

b(6)-2 A11

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| | tube insertion site CDI. lung (R) side CTA on ↑&↓ fields, lung (L) side clear in ↑ field but cutty in ↓ field (chest tube). W→D Dsg Δ to (L) upper chest wall wound. Midline abdomen Dsg w/ slight shadowing & intact. (R) LE has cast, elevated on wound blanket to ↓ edema, neurovasc ✓ assessed → (+) sensation, (+) wiggling of toes & difficulty. CRT <3secs. Encouraging clear liquids, (+) BSX4. ∅ N/V @ this time. IV to (L) AC (18G) running LR @ 150cc/. ∅ other remarkable assessment findings. Will continue to monitor. — [redacted] |
| 10Sep03 | 1945= restraints in place, extremities restrained. Skin integrity intact. — [redacted] |
| 11Sep03 0800 | Pt Awake. [redacted] Denies pain at this time. Pt Does not attempt to communicate. KS. Dsg To midline incision CDI & Shadowing. Dsg → (L) upper chest CDI. Dsg → (L) Axial chest Tube insertion ~~sign~~ site CDI. Dsg → ~~R Upper~~ (R) Lower extremity Bullet wound CDI. W chest Tube c water seal. (+) sensation [redacted] in all extremities. R LE Pt wiggle toes, <3 sec cap [redacted]. (+) BS x4 quads. 2 point restraint in [redacted] |
| 11 Sep 03 1830 | To Radiology via gurney for CXR PA/LAT — [redacted] |
| 11 Sep 03 | Medicated c MSO4 2mg IVP for c/o pain during radiology procedure. Sat 93 — 94% [redacted] |

b(2)-2

NSN 7540-01-075-3786

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

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS: Iraq

CITY: | STATE: | ZIP CODE:

**ARRIVAL**

DATE *(Day, Month, Year)*: 10 Sep | TIME: 0200

TRANSPORTATION TO FACILITY: A/E

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| M | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM | YES | NO |
| | | | PRP | | | | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | | DD 2568 IN CHART | | |
| 27 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

CURRENT MEDICATIONS: Ø

ALLERGIES: Ø

| INJURY OR OCCUPATIONAL ILLNESS | | | | EMERGENCY ROOM VISIT | |
|---|---|---|---|---|---|
| ITEM | YES | NO | WHEN *(Date)* | DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| IS THIS AN INJURY? | | | WHERE | TETANUS | |
| INJURY/SAFETY FORMS | | | | DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |
| HOW | | | | | |

CHIEF COMPLAINT: mil GSW

**CATEGORY OF TREATMENT**

☐ EMERGENT
☐ URGENT
☐ NON-URGENT

TIME: 0203

INITIALS:

**VITAL SIGNS**

| TIME | 0203 | | | | |
|---|---|---|---|---|---|
| BP | 123/63 | | | | |
| PULSE | 99 | | | | |
| RESP | 20 | | | | |
| TEMP | | | | | |
| WT | | | | | |

**LAB ORDERS**

| | | | | | |
|---|---|---|---|---|---|
| CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT | | |
| URINE C&S | UA MSCC/CATH | | CHEM: 12 + lytes | | |
| BLOOD C&S X | | | | | |
| T4C x4 | | | | | |

**X-RAY ORDERS**

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

**ORDERS**

☐ PULSE OX 100% b(4)-2 ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 0200 | Td - SQ Dr | [redacted] | DCWG 4m/u | 0200 | 0220 - 1mg. MSOy - [redacted] |
| 0210 | MSOy 4mg IV | | | 0210 | 0220 - 4million units Pen G |
| 0215 | Ancef 2gm IV | | | 0215 | b(4)-2 |

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

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

RETURN TO DUTY

[redacted]ENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☒ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

[redacted]

b(4)-4

**EMERGENCY CARE AND TREATMENT *(Patient)***
Medical Record

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

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

PROVIDER HISTORY/PHYSICAL

27 y/o ♂ s/p GSW a 1° PTA. Pt c̄ CP/Abd pain/ext pain.

Seen by PST reported stable  vs/stable: >12°

Pain/SOB: ng

O: Alert x4 — mild distress. VS.

Heart: RR/no chf/rub  Lungs: clear, NT  Abd: atraumatic  Ext: Pulses intact 2+ bilat

Chest: (P) GSW (L) apex/hypergas. CT in place (L) side

Abd: nm ⌀ M/G/H  Abd: (P) penetrating wound LLQ c̄ ⊕ fecal material here and ⊕ gross here

Ext: multi shrapnel wounds (B) lower ext

(P) 1 dorsalis pedis pulse (B) — (P) tibial (R) calf

Gen: Ill appearing ♂ in no distress c̄ foley clear yellow urine in bag

R/O penetrating chest/Abd wounds → [redacted] b(6)-2

Stable

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

DIAGNOSIS (D)

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP [redacted]

PROVIDER SIGNATURE [redacted] b(6)-2

CODES

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

# [redacted] b(6)-4

**EMERGENCY CARE AND TREATMENT** *(Doctor)*
Medical Record

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

MEDICAL RECORD

# PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: 27

HEIGHT:

WEIGHT: 74 lbs

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

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

4. PROPOSED SURGICAL PROCEDURE:
Exploratory lap/(R) leg I&D

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

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

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

[redacted]

b(6)-4

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

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

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

[redacted] MAJ A 10 Sept 03 DATE

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

12. PREOPERATIVE EVALUATION PREPARED BY
[redacted] MAJ A
DATE: 10 Sept 03 TIME: 0245

13. POSTOPERATIVE EVALUATION PREPARED
[redacted] MAJ A
DATE: 10 Sept 03 TIME: 0433

**MEDICAL RECORD** [redacted] **INTRAOPERA[redacted]OCUMENT**

For use of this form, see AR 40-407, the propo[redacted]gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY Anesthesia

2. PATIENT I[redacted]EWED AND PROCEDURE VERIFIED BY [redacted] b(6)-2

3. DATE 10 Sept 03 TIME PATIENT ARRIVED IN SUITE 0255

4. PATIENT IN ROOM TIME 0255 NUMBER 24

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Pt able to move NKOA

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] b(6)-2 | RELIEF SCRUB | |
| | SPC [redacted] | | |
| ASSIGNED CIRCULATOR | DELAHIZ MAJ [redacted] | RELIEF CIRCULATOR | |
| | CPT ELDER [redacted] | | |

7. POSITION AND POSITIONAL AIDS *(Specify)* A board in OR bed. arms on arm board, <90° stepped All PPP

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO

DONE BY: ☑ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP

COMMENTS: ∅ cuts or nicks noted

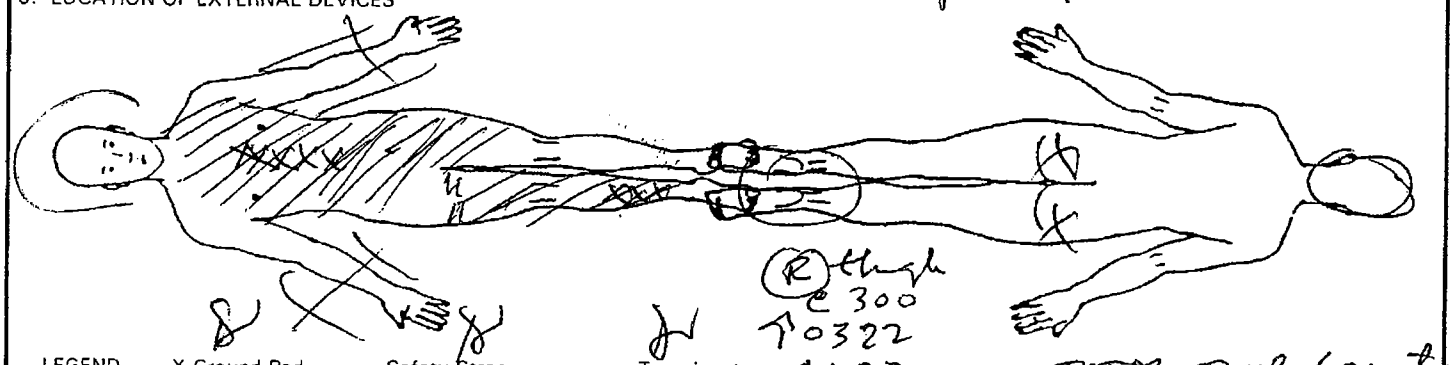
PREP SOLUTION *(Specify)* BETA / BETA

SITE: R leg BY WHOM: [redacted]

SITE: neck to groin BY WHOM: [redacted] b(6)-2

COMMENTS: ∅ pooling of solution

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet TOTAL TIME 60 min

b(6)-2

10. COUNTS

C = Correct I = Incorrect

| | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | INITIAL | C | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes ☐ No | " | C | C | | |
| Instrument | ☒ Yes ☐ No | " | C | C | SPC | |
| Other | ☐ Yes ☒ No | | | | | |

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

[redacted]

b(6)-2

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

☑ ESU NO: Valley Lab 40 102395 RBB Cut 30 Coag 20

GROUND PAD: BRAND Valley Pen

LOT NO: 69671 2005/04

☑ ESU NO: Valley Lab 40 RBB 10235

GROUND PAD: BRAND Valley Pen

LOT NO: 69671 2005/04

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 [redacted]LACES DA [redacted] I IS OBSOLETE [redacted] USAPA V1.00

MEDCOM - 18807

13. PROSTHESIS, IMPLANTS ☐ [redacted]S ☑ NO IF YES NAME: ID NUMBER; MA[redacted]FACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☒ NO ☐ | NAME | NAME |
| FROZEN SECTION (FS) YES ☒ NO ☐ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. Foly 16 Fr | 2. 3/8" Penrose | 3. 3/8 Penrose |
| SITE | 1. Bladder | 2. (R) FOOT | 3. (R) LE |

18. DRESSING/IMMOBILIZATION *(Specify)*
Leg: Fluff, Kerlix, ACE ABD
ABDOMEN: STERI-STRIPS, Benzoin, 4x8, TAPE

19. ADDITIONAL INFORMATION
S: [redacted]
A: [redacted]

b(6)-2 All

Bovie site clean, dry intact pre-post op
Tourniquet site clean, dry intact.

20. OPERATION(S) PERFORMED
Exploratory lap
I&D (R) FOOT / LEG
open fracture
Repair of Tibialis anterior (quadriceps)

21. PATIENT TRANSFERRED TO PACU TIME 0433 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] MAJ A [redacted] USAPA

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | 1 | | | | | | | | | | | |
| POST- DAY | | | | | 11 | | | | | | | | |
| MONTH-YEAR | DAY | 10SEP03 | 11Sep03 | | | | 12SEP03 | 12Sep | | 13SEP03 | 14 Sept | | |
| 19 | HOUR | 9 12 | 2 | | | | 8 12 | 18 | | 8 | 18 | 0730 | |

PULSE (O) / TEMP. F (•) / TEMP. C

105° 40.6°
104° 40.0°
103° 39.4°
102° 38.9°
101° 38.3°
100° 37.8°
99° 37.2°
98.6° 37.0°
98° 36.7°
97° 36.1°
96° 35.6°
95° 35.0°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 2 2 002 | 130/106 | 126/81 | | 6 | 2 2 8 | 8 8 8 | | 8 | 20 | 114/72 8 | |

BLOOD PRESSURE

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 130/74 | 127/70 | 123/64 | 124/70 | 120/70 | 120/70 | 135/77 | 109 | 99.5 | 123/70 | 118/70 | 111/58 |
| | | 118/62 | 110 | 100 | 108/62 | 125/72 | 97 | 99 | 92 | 120/66 | 98.7 | | |

HEIGHT: WEIGHT →

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 98/(RA) | 95/(RA) | 93/(RA) | 94/(RA) | | | 98% | 99% | 99% | 98/(RA) | 98% | 96% |
| | | 98/(RA) | | | | | | | | 97/(RA) | | | |
| | | 95/(RA) | | | | | | | | 97/(RA) | | | |

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

#[redacted]

b(e)-4

**VITAL SIGNS RECORDS**

Medical Record

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

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POST- DAY | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | Sept 15 | | Sept 16 | | 17 Sept | | 17 Sep. | | 18 Sep | | 18 | | 19 sep | |
| 19 | HOUR | 0 | 18 | 0 | 18 | 0 | 11 | 18 | | 0 | 11 | 18 | | 07 | 11 |

PULSE (O) — TEMP. F (•) — TEMP. C

105° — 40.6°
180 — 104° — 40.0°
170 — 103° — 39.4°
160 — 102° — 38.9°
150 — 101° — 38.3°
140 — 100° — 37.8°
130 — 99° — 37.2°
98.6° — 37.0°
120 — 98° — 36.7°
110 — 97° — 36.1°
100 — 96° — 35.6°
90 — 95° — 35.0°
80
70
60
50
40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

| BLOOD PRESSURE | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 115/72 | 120/80 | | 112/65 | | | 110/62 | | | | 100/62 | | 117/64 | 112/60 | |
| | | 89 | | 90 | | | 89 | | | | 82 | | H 81 | | |
| | | | | 96 | | | 92 | | | | 99 | | T 97.3 | | |
| HEIGHT: WEIGHT → | | | | | | | | | | | | | 98% | | |
| O2 SAT | 98% | 99% | 98 | 98% | 97% | 98 | 98% | | 99% | 97 | 98% | | RA | 97% RA | |

Record special data only when so ordered

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

[redacted]

REGISTER NO.

WARD NO.

**STANDARD FORM 511** (REV. 7–95) **BACK**

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 20 Sep | | 21 SEP 03 | | 22 SEP 03 | | 23 Sep 03 | | | | | | | | | | |
| 19 | HOUR | 0730 | 1800 | 0730 | 1900 | 1800 | 1800 | 1800 | | | | | | | | | | |
| PULSE (O) | TEMP. F (•) | | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE: 107/59 | 125/81 | 115/62 | 120/72 | 122/69 | 106/57 | 110/70

77 | 82 | 83 | 68

97.8 | 97.8 | 98.7 | 98.5

HEIGHT: | WEIGHT →

96% | 98% | 98%

Q SOT: RA | 99% RA | RA | 99% (RA) | 98%

999% (RA) | 99.1°

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

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

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

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM 0600 HOURS TO 0600 HOURS | TOTAL HOURS COVERED 24 | DATE 10 SEP 03 |
|---|---|---|---|

**INTAKE**

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 1800 | H2O | 120 | 120cc | 0700 | 1000 | UR | 1000 | 1630 | 1000cc |
| | | | | 1010 | 250 | Cipro | 250 | | 1250cc |
| | | | | 1630 | 1000 | UR | | | |
| 11 Sep 03 | | | | 1800 | LRC | 150cc/ ⇒ | 1800cc | | 1800cc |
| 0500 | H2O | 60cc | 60cc | | | | | | |
| 0515 | jello | 120 | 180 | | | | | | |
| 0515 | tea | 30 | 210 | | | | | | |

| IRRIGATIONS (N/G, Bladder, etc.) | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |

| BLOOD/BLOOD DERIVATIVES | | | | |
|---|---|---|---|---|
| TIME STARTED | PRODUCT (i.e. B1, A1b, P. cells etc.) | TIME COMPL | AMOUNT | ACCUM TOTAL |
| | | | | |

| OTHER INTAKE | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| GRAND TOTAL INTAKE | | | |

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted]

b(6)-4

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 1130 | 1000 | 1000cc | | | | | | | |
| 1730 | 875 | 1875cc | | | | | | | |
| 1800 23 1500 | 1900cc | 1900cc | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0700 0830 | 9cc 13cc | 22cc | | | | | | | |
| 1230 | 5 | 27cc | | | | | | | |
| 1500 | Ø | 27cc | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

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

#[redacted]

blus-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

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

DD FORM 792, JAN 74

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0800 | 1200 | 1200 cc | | | | | | | |
| 1700 | 1625 | 2825 cc | | | | | | | |
| 0230 | 1700 | 4525 cc | | | | | | | |
| 0550 | 1300 | 5825 | | | | | | | |
| 14 Sept 03 | | | | | | | | | |
| 0800 | 800 | 800 | | | | | | | |
| 1400 | 900 | 1700 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0800 | 50 cc | 77 cc | | | | | | | |
| 1700 | 46 | 96 cc | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 1700 | 200 cc | Sputum | 200 |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

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

**INTAKE EQUIVALENTS** *(Serving levels cc)*

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

DD FORM 792, JAN 74



MEDCOM - 18814

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

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM ____ HOURS TO ____ HOURS | TOTAL HOURS COVERED | DATE |
|---|---|---|---|

INTAKE

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 2400 | $H_2O$ | 240 | 240 | 1800 | 1000cc | LR ~~1000 cc~~ | 900 ~~1000cc~~ | 2200 | 900 ~~1000cc~~ |
| | | | | | | ~~200cc~~ D5W c 400mg Cipro | 200cc | 2300 | 1100 |
| | | | | 2300 | 1000cc | LR | 850cc | 0530 | 1950 |
| | | | | | 3cc | Toradol c NS flush | 3 | | 1953 |
| | | | | | 3cc | Toradol c NS flush | 3 | | 1956 |
| | | | | | 1000cc | LR | 1000 | | 2956 |
| | | | | | 200cc | Cipro | 200 | | 3156 |

IRRIGATIONS (N/G, Bladder, etc.)

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BLOOD/BLOOD DERIVATIVES

| TIME STARTED | PRODUCT (i.e. B1, A1b, P. cells etc.) | TIME COMPL | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OTHER INTAKE

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

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

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM ____ HOURS TO ____ HOURS | TOTAL HOURS COVERED | DATE 19 Sep 03 |
|---|---|---|---|

**INTAKE**

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE *(Include Medications)* | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 0600-1030 | Bottle water | 0.5L | 500cc | 0700 | 1000 | LR | | | |
| | | | | 1100 | 1000 | LR | | | 2000 |
| 2000 ~~1300~~ | $H_2O$ | 250 | 750 | 2200 ~~1900~~ | 1000 | LR | 950 | 0445 | 2950 |
| 0300 | | 500 | 1250 | 0500 | 1000 | LR | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| IRRIGATIONS *(N/G, Bladder, etc.)* | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| BLOOD/BLOOD DERIVATIVES | | | | |
|---|---|---|---|---|
| TIME STARTED | PRODUCT *(i.e. Bl, Alb, P. cells etc.)* | TIME COMPL | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |

| OTHER INTAKE | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| | | | |
| | | | |
| **GRAND TOTAL INTAKE** | | | |

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0500 | 950 | 958 | | | | ~~0700~~ ERROR | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

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

**INTAKE EQUIVALENTS** *(Serving levels cc)*

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

DD FORM 792, JAN 74

*ONGOING ASSESSMENT/INTERVENTIONS*

# TRAUMA FLOWSHEET

IV SOLTIONS/SITES

| TIME | SITE/SIZE | IV FLUIDS/BLOOD | AMOUNT INFUSED | | OUTPUT |
|---|---|---|---|---|---|
| | 18G LAC | LR | 2000 cc | | CHEST TUBE: |
| Emesis 1:00 | 18G LAC | NS | 500 cc | | EMESIS: |
| Finish up 01:07 | / | NS | 1000 cc | | NG TUBE: |
| 01:23 | | NS | 1000 cc | | URINE: |
| up exp 01:35 | | NS | 1000 cc | | EBL: |
| | | | | | OTHER: |

TOTAL IN:_____ OUTPUT: _____

*NURSING NOTES*

| TIME | B/P | P | RR | O2 SAT | NURSING ASSESSMENT |
|---|---|---|---|---|---|
| 0105 | 147/81 | 95 | 24 | 100% | |
| 0110 | 136/72 | 83 | 20 | 100% | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Additional Interventions/Assessments _____

| TIME | MEDICATION | GIVEN BY: |
|---|---|---|
| 1215 | 10mg MSO4 5/5 1235 | [redacted] |
| 1218 | 1 gm Ancef | |
| 01:15 | Tetanus Eye Bolted | |
| 0116 | 8mg MSO4 | |
| 1255 | 1gm Ancef | |
| 0120 | 3mg MSO4 + 4mg MSO4 + 1mg (Tenoretic) | |
| | | |

**PLAN:** ☐ **To OR at** _____ ☐ **To ICU/Post-op at** _____ ☐

Belongings with Patient TO include: bled 2 All

**PRIMARY NURSE:** [redacted] **PRIMARY MEDIC:** [redacted]

**ANESTHESIA:** [redacted] **MD/SURGEON** [redacted]

**OTHER:** _____

b(6)-2

| Ward/Section: ER | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(6)-4 # [redacted] | DATE 05Sep03 | TIME 0200 | SSN/PSEUDO SSN: |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x $10^3$ | Color | y | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x $10^9$ | App | clr | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | neg | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | neg | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | neg | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | 1.020 | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | neg | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | 6.5 | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | n | Negative | Malaria | | |
| Bands | | Eos | Urob | n | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | n | Negative | Other | | |
| Atyp | | Imm | Leuk | n | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | A NEG | |

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

REMARKS: b(6)-2

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

b(6)-2

| Ward/Section: ER | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(6)-2# [redacted] | TIME 10 Sep 03 0200 | SSN/PSEUDO SSN: |

**(i-STAT)**

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

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| T&S | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Methyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

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

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.0 sec.
***RESULT NOT RANGE CHECKED***
Ratio = 1.2
Calculated INR = 1.40
Sample Type:citrated wh. blood
Test Date :09/10/03
Test Time :02:54 AM
Card Lot :010301
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/10/03 03:00 AM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 40.5 sec.
***RESULT NOT RANGE CHECKED***
Sample Type:citrated wh. blood
Test Date :09/10/03
Test Time :02:57 AM
Card Lot :[illegible]
Operator : [illegible]

ID: [redacted] 11-06-03
12:07

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 13.1 | * | x10^3/uL | 4.5 | 11.5 |
| RBC | 4.30 | | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.6 | | g/dL | 11.0 | 18.0 |
| Hct | 37.6 | | % | 35.0 | 60.0 |
| MCV | 87.5 | | fL | 80.0 | 99.0 |
| MCH | 29.2 | | pg | 27.0 | 31.0 |
| MCHC | 33.4 | | g/dL | 31.0 | 37.0 |
| Plt | 336. | | x10^3/uL | 150. | 450. |
| L% | 10.1 | * | % | 30.5 | 51.1 |
| L# | 1.3 | * | x10^3/uL | 1.1 | 3.1 |

======= PICCOLO =======
11/09/03 12:05
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(4)-4
METLYTE 8
DISC LOT #: b(4)-23141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

| | | | |
|---|---|---|---|
| GLU | 131* | 73-118 | MG/DL |
| BUN | 6* | 7-22 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| CK | 1416* | 39-380 | U/L |
| NA+ | 125* | 128-145 | MMOL/L |
| K+ | 3.8 | 3.3-4.7 | MMOL/L |
| CL- | 104 | 88-108 | MMOL/L |
| tCO2 | 23 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM ( MEDCOM - 18821

======= PICCOLO =======
10/09/03 02:21
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(4)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(4) [redacted]

| | | | |
|---|---|---|---|
| ALB | 3.5 | 3.3-5.5 | G/DL |
| ALP | 42 | 26-84 | U/L |
| ALT | 26 | 10-47 | U/L |
| AMY | 29 | 14-97 | U/L |
| AST | 31 | 11-38 | U/L |
| TBIL | 0.9 | 0.2-1.6 | MG/DL |
| BUN | 6* | 7-22 | MG/DL |
| CA++ | 7.5* | 8.0-10.3 | MG/DL |
| CHOL | 73* | 100-200 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| GLU | 153* | 73-118 | MG/DL |
| TP | 6.1* | 6.4-8.1 | G/DL |

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

======= PICCOLO =======
10/09/03 02:21
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(4)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(4) [redacted]

| | | | |
|---|---|---|---|
| GLU | 148* | 73-118 | MG/DL |
| BUN | 7 | 7-22 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| CK | 770* | 39-380 | U/L |
| NA+ | 135 | 128-145 | MMOL/L |
| K+ | 4.1 | 3.3-4.7 | MMOL/L |
| CL- | 108 | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

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

Pt: [redacted] b(4)-4
Pt Name:_____

Glu_____149 mg/dL
BUN_____7 mg/dL
Na_____140 mmol/L
K_____3.7 mmol/L
Cl_____108 mmol/L
TCO2_____23 mmol/L
AnGap_____14 mmol/L
Hct_____35 %PCV
Hb*_____12 g/dL
*via Hct
pH_____7.341
PCO2_____40.4 mmHg
HCO3_____22 mmol/L
BEecf_____-4 mmol/L

Sample Type_:

10SEP03 02:29

Oper: [redacted] b(4)-2

Physician:_____

Ser# [redacted]
Ver: [redacted]

---

[redacted] 10-09-03 02:50

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 16.9 H | x10^3/uL | 4.5 | 10.0 |
| RBC | 4.41 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.9 | g/dL | 11.0 | 16.0 |
| Hct | 38.7 | % | 35.0 | 60.0 |
| MCV | 87.7 | fL | 80.0 | 95.0 |
| MCH | 29.3 | pg | 27.0 | 31.0 |
| MCHC | 33.4 | g/dL | 33.0 | 37.0 |
| Plt | 324. | x10^3/uL | 150. | 450. |
| LYM | 9.1 | % | 30.5 | 51.1 |
| LYM | 1.5 | x10^3/uL | 1.0 | 3.4 |

EPW #732
000-00-0732

======= PICCOLO =======
12/09/03 05:28
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(4)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] b(4)-2 DR #: 000
SERIAL #: b(4)-2 [redacted]

| | | | |
|---|---|---|---|
| GLU | 97 | 73-118 | MG/DL |
| BUN | 5* | 7-22 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| CK | 1035* | 39-380 | U/L |
| NA+ | 128 | 128-145 | MMOL/L |
| K+ | 4.0 | 3.3-4.7 | MMOL/L |
| CL- | 104 | 98-108 | MMOL/L |
| tCO2 | 24 | 18-33 | MMOL/L |

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

[redacted] b(4)-4

ICW1

0500

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REMARKS [redacted]

TEST(S)
SPECIMEN TAKEN DATE 9/11/03 TIME 1145 A.M. P.M.
REQUESTED
RESULTS

REPORTED BY MD TECH DATE

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify) Blood

SPECIMEN/LAB RPT. NO.

LAB ID NO.

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

PATIENT'S MED. RECORD

[redacted] b(4)-4

ICW1

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE b(4)-2 [redacted]

REPORTED BY [redacted] MD TECH DATE 11 Sep03

REMARKS [redacted] CBC

TEST(S)
SPECIMEN TAKEN DATE 9/11/03 TIME 1145 A.M. P.M.
REQUESTED
RESULTS

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify) Blood

SPECIMEN/LAB RPT. NO.

LAB ID NO.

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

PATIENT'S MED. RECORD



000-00-0733

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

REMARKS

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

TECH

MO DATE 12Sep03

b(6)-4

[redacted]

ICWI 0500

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

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

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

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

**HEMATOLOGY** 549-107

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

[redacted]

| | | | | |
|---|---|---|---|---|
| | | | Patient Limits | |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | 4.0 | [illegible] |
| [illegible] | [illegible] | [illegible] | 11.0 | 18.0 |
| [illegible] | [illegible] | [illegible] | 35.0 | 60.0 |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |

b(6)-2

======= PICCOLO =======

14/09/03 05:52

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3152AA4

OPER #: [redacted] DR #: 000

SERIAL #: b(6)-2 [redacted]

| | | | |
|---|---|---|---|
| GLU | 100 | 73-118 | MG/DL |
| BUN | 5* | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | 392* | 39-380 | U/L |
| NA+ | 132 | 128-145 | MMOL/L |
| K+ | 3.5 | 3.3-4.7 | MMOL/L |
| CL- | 103 | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY

[redacted]

b(6)-4

PW-CIV

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

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

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE 14 Sep TIME 0530 A.M. P.M.

REQUESTED

CBC

RESULTS

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-45-505

557-107

b(6)-2

REQUESTING PHYSICIAN'S SIGNATURE

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY

[redacted]

REPORTED BY

MD

TECH

DATE 14 Sep

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

ISC

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

LABORATORY FILE

ID: [redacted] 14-09-03

WB 05:54

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.1 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.45 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.8 L | g/dL | 11.0 | 18.0 |
| Hct | 29.8 L | % | 35.0 | 60.0 |
| MCV | 86.5 | fL | 80.0 | 99.9 |
| MCH | 28.5 | pg | 27.0 | 31.0 |
| MCHC | 33.0 | g/dL | 33.0 | 37.0 |
| Plt | 347. | x10^3/uL | 150. | 450. |
| LY% | 27.6 | % | 20.5 | 51.1 |
| LY# | 2.2 | x10^3/uL | 1.2 | 3.4 |

EPW # [redacted] b(6)-4

[redacted]

======= PICCOLO =======

15/09/03 08:05

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #: 3141AA4

OPER #: [redacted] b(6)-4 DR #: 000

SERIAL #: b(6) [redacted]

| | | | |
|---|---|---|---|
| GLU | 89 | 73-118 | MG/DL |
| BUN | 7 | 7-22 | MG/DL |
| CRE | 0.6 | 0.6-1.2 | MG/DL |
| CK | 279 | 39-380 | U/L |
| NA+ | 149* | 128-145 | MMOL/L |
| K+ | 3.9 | 3.3-4.7 | MMOL/L |
| CL- | 111* | 98-108 | MMOL/L |
| tCO2 | 25 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

FIRMR (41 CFR) 201-45.505

b(6)-4

[redacted]

ICW1

0435

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

15Sep03

URGENCY: ROUTINE, TODAY, PRE-OP, STAT

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

SPECIMEN SOURCE: BLOOD, OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

LAB. ID. NO.

PATIENT'S MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE | TIME A.M. P.M.

RESULTS | REQUESTED | (X)

REMARKS: CBC

| | |
|---|---|
| RBC COUNT | |
| HEMOGLOBIN | |
| HEMATOCRIT | |
| MCV | |
| MCH | |
| MCHC | |
| WBC COUNT | |
| WBC DIFF AND BLOOD CELL MORPH: IMMATURE | |
| NEUTRO-BANDS | |
| NEUTROSEGS | |
| LYMPHS | |
| EOSINOPHILS | |
| BASOPHILS | |
| MONOCYTES | |
| PLATELETS | |
| RBC | |
| SED. RATE | |
| PLATELET COUNT | |
| RETICULOCYTE COUNT | |
| CLOTTING TIME | |
| BLEEDING TIME | |
| PTT: CONTROL | |
| PTT: PATIENT | |
| PROTHROMBIN TIME: CONTROL | |
| PROTHROMBIN TIME: PATIENT | |
| PROTHROMBIN TIME: % ACTIVITY | |
| PROTHROMBIN TIME: RATIO | |
| SICKLING TEST | |
| LE PREP | |

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev 7-78)

PRESCRIBED BY GSA/ICMR

FIRMR (41-CFR) 201-45.505

HEMATOLOGY

URGENCY: ROUTINE, TODAY, PRE-OP, STAT

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

SPECIMEN SOURCE: VEIN, CAP, OTHER (Specify)

SPECIMEN/LAB RPT. NO

PATIENT'S MED. RECORD

ID: [redacted] 15-09-03

MB 04:50

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 8.8 | | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.48 | L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.3 | L | g/dL | 11.0 | 18.0 |
| Hct | 30.4 | L | % | 35.0 | 60.0 |
| MCV | 87.5 | | fL | 80.0 | 99.9 |
| MCH | 29.6 | | pg | 27.0 | 31.0 |
| MCHC | 33.9 | | g/dL | 33.0 | 37.0 |
| Plt | 45. | *L | x10^3/uL | 150. | 450. |
| LY% | 39.3 | * | % | 20.5 | 51.1 |
| LY# | 3.4 | *H | x10^3/uL | 1.2 | 3.4 |

000-00-0732

TEST(S)

SPECIMEN TAKEN

DATE 16 Sep 03 TIME 0430 A.M. P.M.

REQUESTED

RESULTS

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
557-107

b(6)-2

REMARKS [redacted]

CBC

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY ICU #1

MD DATE

TECH 16 Sep 03

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

LABORATORY FILE

[redacted]

b(6)-4

PICCOLO

16/09/03 04:38

REFERENCE RANGE: MALE

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

METLYTE 8

DISC LOT #b(6)-2 3151AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

| | | | |
|---|---|---|---|
| GLU | 96 | 73-118 | MG/DL |
| BUN | 7 | 7-22 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| CK | 144 | 39-380 | U/L |
| NA+ | ~~127~~ 151 | 128-145 | MMOL |
| K+ | 3.9 | 3.3-4.7 | MMOL |
| CL- | 103 | 98-108 | MMOL |
| tCO2 | 22 | 18-33 | MMOL |

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

[redacted]

b(6)-4

MD DATE

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

ID: [redacted] 16-09-03
WB 04:40

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 9.8 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.50 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.2 L | g/dL | 11.0 | 18.0 |
| Hct | 30.6 L | % | 35.0 | 60.0 |
| MCV | 87.4 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 33.3 | g/dL | 33.0 | 37.0 |
| Plt | 409. | x10^3/uL | 150. | 450. |
| LY% | 24.0 * | % | 20.5 | 51.1 |
| LY# | 2.3 * | x10^3/uL | 1.2 | 3.4 |

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (ucg) | 50 | | 50 | 50 | | 100 | | | | | | | | | | |
| Propofol | (mg) | 200 | | | | 10/20 | 40/40 | | | | | | | | | | |
| Lidocaine | (mg) | 120 | | | 40 | 100 | | | | | | | | | | | |
| Sux | (mg) | 100 | | | | | | | | | | | | | | | |
| Nimbex | (mg) | | 10 | | | | | | | | | | | | | | |
| Neost./Rob. | (mg) | | | | <5/3> | | | | | | | | | | | | |
| VOLAT AGENT ISO | % del | 2.0 | 2.0 | 2.0 | 1° | 1.5 | 0.4 | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | 8 | 3 | 3 | 3 | 4 | 3 | 4 | 4 | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (4)

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18g (1) UE | ☐ Warmed | #8LR (100LIB) | 1410 | | | | | | | | | | | | | |
| 18g (1) UE | ☐ Warmed | #9LR (900LIB) | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | <800> | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | 100 | | | | | | | | | | |
| URINE - | | | | | | 1000 | | | | | | | | | | |

**PHYS STATUS** 1 (2) 3 4 5 (E)

**BODY WEIGHT:** 70 (KG) LB

**HEMATOCRIT:** 38.7

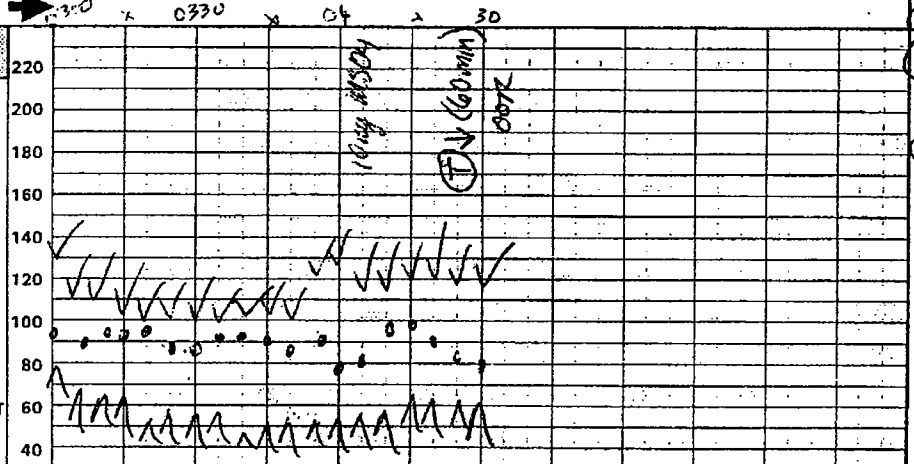
**INITIAL DATA:** BP- 132/77 HR- 92

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME-

**TIME** → 0300 0330 04 30

**SYMBOLS:** BP by cuff V ^ ; Heart rate ● ; Resp rate ; BR (transduced) ; TOURNIQUET T—T ; ANES- X-X ; PROC- ⊙-Ø




**VENTIL**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| VT - ml | 720 | 720 | 800 | 600 | 640 | 250 | |
| f - breaths/min | 10 | 10 | 10 | 4 | 4 | 12 | |
| Peak Inf pres / PEEP | 22 | 22 | 23 | 20 | 19 | / | |
| MODE - S(pon), A(ssist), C(on) | S-C | C | C | C | C | SV | |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 51 | 42 | 33 | 47 | 47 | 50 |
| BP/oth | FIO2 (Frac or %) | .70 | .69 | .68 | .68 | .68 | .68 |
| ART line | SpO2 (%) | 100 | 99 | 99 | 99 | 99 | 99 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | X | 36.4 | 36.2 | X | | |
| | N-M Block (T/4) | 4/4 | 0/4 | 4/4 | | 2/4 | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position →

**TOTALS** 250 — **TOTAL EBL** MIN

**TOTAL URINE** 1000

**FLUIDS - SUMMARY**
CRYSTALLOID- 1000
COLLOID- Ø
BLOOD- Ø

**REMARKS**
Code drugs with numbers, events with letters
(1) PT 10 IN EMT TO COME TO OR
(2) RM, O2, monitors
(3) Ind/intubation
(4) PT c̄ UT>4ml/k & ST → SKIN-ext-SL
(5) PT TO CPT [redacted] RN

**RECOVERY AT** 0745
PACU ICU _____ (Specify)
OTHER _____
CONDITION: stable 945
RESP- 12 SpO2- 100
BP- 140/73 HR- 67

**ANESTHESIA/PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0230 | C255 | |
| PROC | Ready | Begin | End |
| | 0303 | 0324 | 0430 |

PROCEDURES and CPT Codes:
EX LAP / I & D (R) LEG

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments DL x3, grade III view, #7.5 OETT TO 24cm @ L.P. (+) BBS (+) ETCO2. Tape TO secure - OA in as Ab - TOTS

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: Z-1

DATE: 9/10/03

PAGE 1 OF

MEDCOM - 18828

518–124 NSN 7540-00-634-4159

| MEDICAL RECORD | BLOOD OR BLOOD COMPONENT TRANSFUSION |
|---|---|

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 10 Sept 83

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DATE VERIFIED: 10 Sep 83

TIME VERIFIED: 0245

## SECTION II – PRE-TRANSFUSION TESTING

| UNIT NO. | TRANSFUSION NO. / PATIENT NO. | TEST INTERPRETATION: ANTIBODY SCREEN | TEST INTERPRETATION: CROSSMATCH | PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD / SIGNATURE OF PERSON PERFORMING TEST |
|---|---|---|---|---|
| DONOR | RECIPIENT | | | |
| ABO | ABO | | | |
| Rh | Rh | | | |

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS:

## SECTION III – RECORD OF TRANSFUSION

**PRE-TRANSFUSION DATA**

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* — ON *(Date)*

IDENTIFICATION

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

1st VERIFIER *(Signature)*

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION: TEMP. — PULSE — BP

DATE OF TRANSFUSION — TIME STARTED

**POST-TRANSFUSION DATA**

AMOUNT GIVEN ML — TIME/DATE COMPLETED/INTERRUPTED

REACTION: [ ] 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.)*

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

SIGNATURE OF PERSON NOTING ABOVE

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: GMT

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 - 18829

Medical Record Copy

PRINTED ON RECYCLED PAPER

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 10 Sep 03

DATE AND HOUR REQUIRED: 03 Nov

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.

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER: [redacted] b(6)-2

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 10 Sep 03

TIME VERIFIED: 0249

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

DONOR

ABO

Rh

RECIPIENT

ABO

Rh

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS:

## SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

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

IDENTIFICATION

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

1st VERIFIER *(Signature)*

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ML

TIME/DATE COMPLETED/INTERRUPTED

REACTION

- [ ] 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.)*

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

SIGNATURE OF PERSON NOTING ABOVE

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

SEX: M

WARD: EMT

[redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 18830

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)* _____

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 10 Sep 03

DATE AND HOUR REQUIRED: ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE: CSW

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

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER: [redacted] b(6)-2

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 10 Sep 03

TIME VERIFIED: 0745

## SECTION II – PRE-TRANSFUSION TESTING

| UNIT NO. | TRANSFUSION NO. / PATIENT NO. | TEST INTERPRETATION: ANTIBODY SCREEN | TEST INTERPRETATION: CROSSMATCH | PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD / SIGNATURE OF PERSON PERFORMING TEST |
|---|---|---|---|---|
| DONOR | RECIPIENT | | | |
| ABO | ABO | | | |
| Rh | Rh | | | |

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS:

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* — ON *(Date)*

IDENTIFICATION

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

1st VERIFIER *(Signature)*

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. — PULSE — BP

DATE OF TRANSFUSION — TIME STARTED

### POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME/DATE COMPLETED/INTERRUPTED

REACTION [ ] 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.)*

[ ] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE

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

SEX: M

WARD: EMT

[redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 18831

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. |
|---|---|---|---|---|---|
| CXR - portable please @ 1230 | | M | | ICW #1 | |
| | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | [redacted] b(6)-2 | | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR | | | | DATE REQUESTED 10SEP03 |

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

Chest tube to H2O seal

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

RADIOLOGIC REPORT

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

## 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]

b(6)-2 [redacted] 10 Sep 03 0800

NURSING UNIT: ICW #1 | BED NO.

DATE OF ORDER: 10 Sep 03 | TIME OF ORDER: 0830 HOURS | LIST TIME ORDER NOTED AND SIGN

1. CT to H2O seal
2. CXR @ 1230
3. W-D dressing to Bullet wounds BID
4. Incentive Spirometry ~~Q1° while awake~~

b(6)-2 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER: 9-10-03 | TIME OF ORDER: 2130 HOURS

Phenergan 25 mg IVPB q6° prn nausea [redacted]

b(6)-2

10 Sep 03 2130 RD

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 11 Sep 03 | TIME OF ORDER: 0700 HOURS

1. Phenergan sed for prn use R/O pneumothorax

b(6)-2 [redacted]

11 Sep 03 0750 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

DATE OF ORDER: 11 Sep 03 | TIME OF ORDER: 1040 HOURS

1. OOB to chair At least BID
2. O2 2-4 L NC to keep sat > 98%
3. Albuterol Nebulizer 0.5 ml 2.5 cc NS Q6° x 3 days
4. Toradol 30 mg IV x 1 Now then 15 mg IV Q6° ~~x 3 days~~
5. CBC, Chem 8, QAM ~~and Sept~~

[redacted]

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

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72 WHICH MAY BE USED.

[redacted] b(6)-2

11 Sep 03

b(6)-2

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER 0410 HOURS | LIST TIME ORDER NOTED AND SIGN

10 Sep 03

Postop ⇒ TCW [redacted]

VS q4h

Strict I+O

NPO

~~Ancef 2g IV q 8h~~ b(6)-2

Ciprofloxacin 400 mg IV q 12

Dressing changes by order

but reinforce dressing PRN

⇒ LRC 150 cc/hr

If doing well start on clear liquids after no

Incentive Spirometer

Foley to BSD.

D/c Foley at midnite 10 Sep

Morphine 4-6mg [redacted] PRN

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

Tylenol 650mg [redacted] b(6)-2

PR/PO q4h PRN [redacted]

Chest Tube to -20cm $H_2O$ suction

CXR in am Today.

b(6)-2 [redacted]

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER 0500 HOURS

10 Sep 03

① Versed 1-2mg q 5 min for total of 5mg PRN [redacted] for sedation

b(6)-2 [redacted]

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

b(6)-2 Noted [redacted]

NURSING UNIT [redacted] BED NO. 12 Sep 03 0950

| | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| ↓ | 12 Sep 03 | 0945 HOURS | |
| 1 | CXR PA + LAT Now R/O PTX | | |
| | S/P Chest tube Pull | | |
| 2 | D/C Foley Due to Void w/in 8 hrs | | |
| 3 | Ambulate & Assist on crutches. | | |
| | [redacted] | | |

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted]

NURSING UNIT [redacted] BED NO. 13 Sep 03 0840

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | 13 Sep 03 | 0700 HOURS | |
| 1 | ~~Repeat~~ PA LAT CXR Now R/O PTX Radiologist to Read | | b(6)-2 |
| | [redacted] | | |
| | 24/2045 13 Sep 03 [redacted] | | |

PATIENT IDENTIFICATION

16 Sept 03 1200 [redacted] b(6)-2

NURSING UNIT 24/2125 ROOM NO. BED NO. 16 Sep 03 [redacted]

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | 16 Sep 03 | 1145 HOURS | |
| 1 | D/C LABS | | |
| 2 | No drsing required on CT site. | | |
| | [redacted] | | |

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted] 23 Sep 03 1915

038

NURSING UNIT 24/ 23 Sep 03 0800 ROOM NO. BED NO. [redacted]

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | 9/22/03 | 0400 HOURS | b(6)-2 |
| | D/C to GPW camp | | |
| | [redacted] | | |

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

b(6)-2 A11.

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 09 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 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12SEP03 | [redacted] | VS q4° | 06 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| 10 | [redacted] | Strict I/O | 06 | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| 10 | [redacted] | NPO (if doing well start | 06 | | | | | | | | | | | | | | |
| | | on clear liquids p̄ noon) | 18 | | | | | | | | | | | | | | |
| 10 | [redacted] | incentive spirometer | 06 | | | | | | | | | | | | | | |
| | | q 1° while awake | 18 | | | | | | | | | | | | | | |
| 10 | [redacted] | Foley to BSD | 06 | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| 10 | [redacted] | chest tube to ~~20mm~~ | 06 | | | | | | | | | | | | | | |
| | | H2O ~~suction~~ seal | 18 | | | | | | | | | | | | | | |
| 10 | [redacted] | W→D drsg Δ to bullet | 10 | | | | | | | | | | | | | | |
| | | wounds BID | 22 | | | | | | | | | | | | | | |
| | | ~~15~~ | | | | | | | | | | | | | | | |
| 11 | [redacted] | OOB to chair @ least | | | | | | | | | | | | | | | |
| | | BID | | | | | | | | | | | | | | | |
| 9/11 | [redacted] | CBC, Chem 8 PAM | 04 | | | | | | | | | | | | | | |
| 12SEP03 | [redacted] | amb c assist on | 06 | | | | | | | | | | | | | | |
| | | crutches | 18 | | | | | | | | | | | | | | |
| 12 | [redacted] | Reg diet | 06 | | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Ex LAP/ GSW to CX

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 |

b(4)-2 A11

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 09 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 10 SEP03 | [redacted] | Post op → ICW | 10 SEP03 | — | — | [redacted] |
| 10 | [redacted] | D/C foley @ midnite (10SEP03) | 10 SEP03 | 2400 | | |
| 10 | [redacted] | CXR in am today | 10 SEP03 | — | — | [redacted] |
| 10 | [redacted] | CXR @ 1230 | 10 SEP03 | 1230 | — | [redacted] |
| 11 | [redacted] | Please send for PA & LAT | 11 SEP03 | — | — | [redacted] |
| | ----- | CXR R/O pneumothorax | | | | [redacted] |
| 9/11 | [redacted] | CBC, Chem8 now | 9/11 | — | | [redacted] |
| 12 SEP03 | [redacted] | D/C foley - DTV in 8° | 12 SEP03 | — | 0950 | [redacted] |
| 12 | [redacted] | CXR - PA/LAT NOW R/O PTX s/p chest tube pull | 12 SEP03 | — | — | [redacted] |
| 13 SEP03 | [redacted] | PA/LAT NOW R/O PTX - RADIOLOGY TO READ | 13 SEP03 | — | — | [redacted] |
| 22 SEP03 | [redacted] | D/C to EPW camp | | | | [redacted] |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10SEP03 | [redacted] | Dressings as by ortho but reinforce disgpm | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
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USAPA V1.00

b(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 09 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 Sep 03 | [redacted] | Ciprofloxacin 400mg | 10 | [redacted] | | | | | | | | | | | | | |
| | | IV q 12° | 22 | | | | | | | | | | | | | | |
| 10 | [redacted] | UR @ 150cc/hr | 06 | | | | | | | | | | | | | | |
| | [redacted] | | 18 | | | | | | | | | | | | | | |
| 9/11 | [redacted] | O2 2-4L NC PRN | 06 | [redacted] | | | | | | | | | | | | | |
| | [redacted] | Keep Sats > 93% | 18 | [redacted] | | | | | | | | | | | | | |
| | | | 06 | [redacted] | | | | | | | | | | | | | |
| 9/11 | [redacted] | Albuterol Neb | 06 | X | [redacted] | | | | | | | | | | | | |
| | [redacted] | 0.5 in 2.5cc NS | 12 | X | [redacted] | | | | | | | | | | | | |
| | | Q 6° x 3 days | 18 | X | [redacted] | | | | | | | | | | | | |
| | | | 24 | X | [redacted] | | | | | | | | | | | | |
| 9/11 | [redacted] | Toradol 15 mg IV | 06 | | [redacted] | | | | | | | | | | | | |
| | [redacted] | q 6° x 3 days | 12 | 1045 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | [redacted] | | | | | | | | | | | | |
| | | | 24 | | [redacted] | | | | | | | | | | | | |
| 12 Sep 03 | [redacted] | Cipro 500mg po BID | 10 | | | | | | | | | | | | | | [redacted] |
| | | | 22 | | | | | | | | | | | | | | |

DC 12 Sep 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: EX LAP / GSW TO CX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: #[redacted]

b(6)-9

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)-2A11

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. 09 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 9/11 | [redacted] | 30mg Toradol IV x1 now | 9/11 | | 1045 | [redacted] |
| | [redacted] | | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10SEP03 | [redacted] | morphine 4-6mg IV q4° prn | D/T | 10Sep 1400 6mg | | 10Sep 2130 6mg | | 11Sep03 0500 6mg | 11Sep 0930 2mg | 12Sep 1645 4mg | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 10SEP03 | [redacted] | Tylenol 650mg PR/PO q4° prn | D/T | 11Sep 2345 | 12Sep 1640 | 13Sep 1735 | 13Sep 2140 | 14Sep 0230 | 14Sep 2215 | | | | | | | |
| | | | D/I | π | π | π | ½ | π | π | | | | | | | |
| | | | | [redacted] | | | | | | | | | | | | |
| 10 Sep03 | [redacted] | Phenergan 25mg IVPB Q6° prn nausea | D/T/I | 10Sep03 25mg 2130 [redacted] | | | | 11Sep03 0500 25mg [redacted] | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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USAPA V1.00

ACT 38

# 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: 10 SEPT 03
Time In: 0440
Allergies: NKDA
Pre-op V/S:
Procedures: Ex lap IPB/Cy

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1000 Colloid
OR Output: UOP 1000 EBL
Meds/Times: Ancef PRN (ER)

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

Pre Op Meds History

| Time | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | | | | | | | | | | | | | | |
| FiO2 | | | | | | | | | | | | | | |
| Methods | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | |
| RR | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | |

| 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 |
|---|---|---|---|---|---|
| 0400 | NSK | 1C | (5) crm | [redacted] | b(6)-2 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

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

**Codes**

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

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

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

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

PREPARED BY (Signature & Title): [redacted] CPT HAW
DEPARTMENT/SERVICE/CLINIC: FCU #3
DATE: 10 SEP 03

b(6)-2

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

EPW [redacted] b(6)-4

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