## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 0500 | agitated | Versed 2mg | IVP | | | CRNA |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) leg | WTA | WTA | WTA | <2 | W | P |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

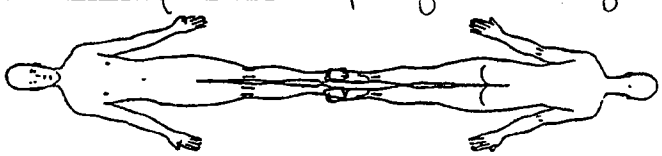
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | ABD/(R) leg | Gauze/soft cast | none |
| 30' | | | |
| 60' | (R) leg | Short leg splint | ∅ |
| D/C | ABD | Abd pad + gauze | blood tinged |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 0600 | urine | clear yellow | 800 |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0443 | NSR | ∅ | ∅ |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

0440 - Pt received from OR via gurney; accompanied by OR staff. Pt combative. Oral airway in place. O2 via NRB 10L provided. VSS. Dressings C,D,I. Soft restraints placed x4. Will continue to monitor — [redacted] CPT

0600 - Pt sleeping. Oral airway d/c'd. O2 sats 99% on 4L n/c. VSS. Report given to SGT Harris — [redacted]

0615 - Report given to ICW #1 [redacted] Pt weaned off O2. SpO2 94-98% - RA. Will continue to monitor. — [redacted] CPT

0630 Pt to ICW #1 [redacted] CPT

b(6)-2

**Discharge Criteria:**
**Date:** 10 Sep 03 **Time:** **PARS:**
**BP:** 130/74 **T:** **HR:** 77 **RR:** 16 **Sa02:** 95% RA
**Pain Level at D/C (0-10):**
**Intake:** 400 **Output:** 800
**Additional Data:** ∅
**Transferred To:** ICW 2
**Report Given To:** ICW [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** CPT [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:** CPT [redacted]

b(6)-2

WAMC OP 173-E

(b)(2)-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

[redacted]

TRAUMA FLOWSHEET | OTSG APPROVED *(Date)*

INITIAL ASSESSMENT | ☐ IMMEDIATE ☐ DELAYED ☐ MINIMAL

Date: 9/10/03 Arrival Time: 0050 Sex: (M) F Age: 22 Wt: 74kg

Allergies: NKDA Tetanus Status: UTD05 Unknown

LMP: Last Meal: 1200 [redacted]

Chief Complaint:

PMH: Medications: Ø

Treatments PTA:

VITAL SIGNS: 0055 BP: 135/73 P: 92 RR: 13 TEMP: SAO2: 98

***CHEST***
TRAUMA YES ☐ NO
PAIN YES ☐ NO
SOB YES ☐ NO
LUNG SOUNDS ☐ DUSKY ☐ MOIST
R L
✓ ✓ CLEAR
☐ ☐ WHEEZES
☐ ☐ DECRESED
☐ ☐ ABSENT

***SKIN***
☐ WARM
☐ DRY
☐ PALE
BOWEL SOUNDS
YES ☐ NO
GULATEST
☐ POS ☐ NEG

***ABDOMEN***
☐ SOFT
☐ DISTENDED
☐ TENDER

***NEURO*** ☐
PERRL ☐ YES ☐ NO R____mm L____mm
GLASGOW SCORE 15

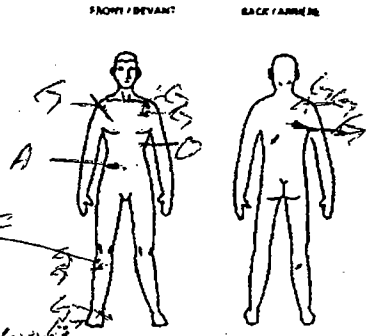
PUPIL SIZES: 2 · 3 • 4 • 5 • 6 • 7 • 8 • 9

| 1. EYE OPENING | | 2. VERBAL REPONSE | | 3. MOTOR REPONSE | |
|---|---|---|---|---|---|
| Spontaneous | 4 | Oriented | 5 | Obedient | 6 |
| To Voices | 3 | Confused | 4 | Prostrated | 5 |
| To Pain | 2 | Inappropriate | 3 | Withdrawal | 4 |
| None | 1 | Incomprehensible | 2 | Flextion | 3 |
| None | 1 | | | Extension | 2 |
| | | | | None | 1 |

***EXTREMITIES***
☐ DISTAL PULSES X3
☐ RT X2 LTX2
☐ MOVES EXTREMITIES X4
☐ NO EDEMA
☐ NO DEFORMITIES

EXCEPTIONS TO ABOVE PARAMETERS:
TREATMENTS:
SPLINTS

02: LPM NC MASK ORAL AIRWAY
ETT # MM ☐ Y ☐ N NASAL AIRWAY
MONITOR EKG ☐ Y ☐ N
NG TUBE #
FOLEY: # DPL ☐ POS ☐ NEG
CHEST TUBE ☐ R ☐ L CM H2O




A= Abrasion
AP=Amputation
AV=Aversion
B=Burn
C=Contusion
D=Deformity
E=Extension
OF=Open Fracture
CF=Closed Fracture
G=GSW
L=Laceration
PW=Puncture Wound
S=Stab Wound
O=Other
O = Chest tube

Additional Interventions/Assessments ~~[illegible]~~ 1 tm [illegible]
Chest tube

PATIENT'S IDENTIFICATION *For typed or written entries give: Name-last; first; middle; [redacted] date; hospital or medical facility)*
Patient/Soldier's Name: [redacted]
b(6)-4
Rank:
SSN: / / DOB: 12/2/1976

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

DA FORM 4700

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 27 y | 2 | 9 | Unk |

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

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| NA | Z | 0410 | NA b(4)-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 |
|---|---|---|---|
| I Z | | | YEAR / ✓ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 b(2)-2 | ICW 1 | Unk |
| NA [redacted] b(2)-2 | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): Unk |
| | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: Unk |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYYYMMDD) |
|---|---|---|
| 5 0 | | 2003 09 22 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYYYMMDD) |
|---|---|---|
| A E A A | | 2003 09 12 |

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

FOR LOCAL USE

MULTIPLE GSW TO CHEST / ABD / (R) LOWER EXTREMITY

T: 9 Dx: 8750 PR: 4675
Inj: 569 86352 9659
8910 8604
82533
E9912

b(4)-2

ADMITTI[redacted] DRI

SIGNATURE OF ADMITTING CLERK: [redacted] b(4)-2

DA FORM [illegible] MAR 2000 EDITION OF MAR 99 IS OBSOLETE

MEDCOM - 18843

USAPA V1.00

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| — | U U K | X | 9 | MUSLIM |

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

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| — | U | 0945 | — 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 |
|---|---|---|---|
| — | — | 1 | YEAR [X] NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 | ICW1 | — |

| NAME AND LOCATION [redacted] b(2)-2 | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
|---|---|
| | — |
| | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
| | — |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 0 5 | | 0 3 0 9 2 2 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| | | 0 3 0 9 1 2 |

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

FOR LOCAL USE

DX: S/P EX-LAP/GSW TO CX

T: 9 Dx: 8750 PR: 4675
86352 4657
8910 3604
88533
E9916
Inj: 569

b(6)-2

ADMITTING OFFICER [redacted]

SIGNATURE OF [redacted] b(6)-2

DR. [redacted]

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER [redacted] | [redacted] | | | | | 3. GRADE — | ADMISSION REMARKS |
| 4. SEX M | 5. AGE — | 6. RACE Z | — | — | b(6)-4 | 10. PREVIOUS ADMISSION NO | |
| 11. FMP 99 | 12. [redacted] | | 13. ORGANIZATION N/A | | | 14. WARD ICW1 | |
| 15. FLYING STATUS — | 16. RATING/DSG b(6)-4 | 17. DEPT./BEN 1178 | 18. BRANCH/CORPS — | 19. UIC/ZIP — | | 20. TYPE CASE NB2 | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | | 22. HOURS OF ADMISSION 1904 | 23. CLINIC SERVICE DERA | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK | | | 25. TYPE DISPOSITION SO | | 26. DATE OF DISPOSITION 030915 | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK | | | 27b. TELEPHONE NO. UNK | | 28. DATE OF THIS ADMISSION 030910 | | ADMITTING OFFICER |
| 29. [redacted] TION OF MEDICAL TREATMENT FACILITY [redacted] | | | | | 30. DATE OF INTIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED | |

31. SELECTED ADMINISTRATIVE DATA [redacted] b(2)-2

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW (R) foot

892.1

E991.2

35. Total Days This Facility

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 5 | 5 |

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 |
|---|---|---|---|---|---|
| | | | | | |

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

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE

MEDCOM - 18845

# ADMISSION AND CODING INFORMATION

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

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

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

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| | N/A | 99 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| N/A | Z | 1904 | N/A b(6)-4 |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| | K 78 | |

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

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 b(2)-2 [redacted] | ICU | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |

| 21. TYPE OF DISPOSITION | 22. MTF [redacted] TO | 23. DATE OF DISPOSITION (YYYYMMDD) |
|---|---|---|
| S O | | 20030915 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYYYMMDD) |
|---|---|---|
| NEUR | | 20030910 |

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

FOR LOCAL USE

DX: (R) 780.4

8920 II T
E9229 I 450

DX

ADMITTING OFFICER (Si[redacted]s required)

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

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. [redacted] | 2. NAME (Last, First, MI) UNK [redacted] b(6)-4 | | | | 3. GRADE NA | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 29 | 6. RACE UNK | 7. RELIGION UNK | 8. NA | 9. ETS NA | 10. PREVIOUS ADMISSION NO |
| 11. FMP 99 | 12. SSN b(6)-4 [redacted] | | 13. ORGANIZATION NA | | | 14. WARD ICW |
| 15. FLYING STATUS NA | 18. DSG | BEN NA | BRANCH/CORPS NA | 19. UIC/ZIP | | 20. TYPE CASE NBI |

| | | | |
|---|---|---|---|
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct From Emt | 22. HOURS OF ADMISSION: 1300 | 23. CLINIC SERVICE: AEAA | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK | 25. TYPE DISPOSITION: 21 | 26. DATE OF DISPOSITION: 11/1/03 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK | 27b. TELEPHONE NO.: UNK | 28. DATE OF THIS ADMISSION: 9/11/03 | ADMITTING OFFICER: b(6)-2 Or [redacted] |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(2)-2 | | 30. DATE OF INTIAL ADMISSION: 9/11/03 | 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: GSW (L) LEG TIB FIB

Dx: 891.0, 041.11, V09.0, 905.4, 733.81, 730.26, E991.2

Px: 79.36, 77.17 (x3), 83.98, 78.07, 77.79, 88.27

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 | 58 | 58 |

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] | b(4) 0 | 0 | 0 | 52 | 52 |

SIGNATURE [redacted] | SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

MEDCOM - 18847

DA FORM 364, MAY 79 | EDITION OF 1 AUG 76 IS OBSOLETE | USAPPC V1.18

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

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

Pt readmitted from EPW hospital
2° known MRSA.
No new c/o.

See

PHYSICAL EXAMINATION

No interim Δ
See prior H&P

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

(A) (2) fibu Fx ī wrist osteomyelitis
(P) Readmit. Delayed ORIF & graft

b(4)-2

| SIGNA[redacted] | DATE 10-3-07 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|

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

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

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

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

29 year old Iraqi EPW - shot (L) Leg one month ago. Was in Iraqi hospital & prison & then moved to EPW camp 2 days ago. Last about 15 days ago

Allergies: 0
IVED: 0
PIYH: 0

T-98.4 P 71 B.P. 107/69 RR-18
alert, awake in NAD
HEENT - Normal
Lungs - clear A&P Heart - RR NO (M)

PHYSICAL EXAMINATION

Abd - soft; B.S. - Normal
Rt leg - Normal
Left
Lt leg - 2" open wound ≈ 4" distal (L) Knee
½ cm wound lateral aspect (L) proximal thigh
Lt foot - sensory - normal
Pulses - 2+ D.P. - unable to Dorsiflex - (L) ankle
comminuted
X-ray - Tib/Fib - Fx - with angulation - ≈ 3" below Knee
CBC - Hgb 14.2 WBC 5.600

PROGRESS (Enter date of discharge and final diagnosis)

A) Old GSW - (L) Lower leg
old Tibula/Fibula fx ≈ 3" below (L) Knee
Fx - comminuted

b(4)-2
[redacted]

| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|

PATIENT'S IDENTIFICATION (For typed or written entries give name, last, first, middle, grade, date, hospital or medical facility) | REGISTER NO. | WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1973

AUTHORIZED FOR LOCAL REPRODUCTION

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

0945
SEP 1 1 2003

29 yrs old

BP 98/68
SPO2 - 96
P - 80
R - 20
Temp - 98
pain level - 10

1) GSW to (L) Leg, just below knee ~~to~~ ~~medial side~~ lateral side of Leg, happened one month ago
2) patient complains of bloody stool for 1 month, when stomach hurts he can't pass his urine

~~Hist~~ - Wounded 1 month ago - Cast about 15 days -
Now pt complains severe increasing pain of wound site

~~Leg~~ ~~Abd~~ Abd + Comp -
~~Lungs~~ -
~~Head~~ -
~~Abd~~ - G. LL Good ~~Tenderness~~
B.S. normal - No wound
(L) Leg - Long Cast
~~Top~~ 1/3 Complete Soft
points open below knee of
foot

A - to C&P. (1) remove Cast
(2) X-ray -

b(6)-2

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAIN [redacted] |
|---|---|---|---|
| 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.)* EPW [redacted] b(6)-4

REGISTER NO. | WARD NO.

b(6)-4 [redacted]

EPW [redacted] b(2)-2

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

[redacted] (b)(2)-2

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | (2) replace cast - |
| | We will handle - the bloody drainage + urinary symptoms b(6)-2 |
| | [redacted] for MD |

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

b(6)-2 A11

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)* |
| 9/11/03 | Pt admitted to ICW #1 from EMT via litter. VS B/P 112/67, P 65, R 12 T 96.5 RA Sat 98%. PERRL. Lungs CTA(B). Resp even/unlabored, HRR. Abd. soft, nontender c̄ (+) BS x 4 quads. Has not voided on this unit (@) this time. LLE c̄ splint & ace wrap. Moves toes. Gestures in discomfort when palpating toes which are dark ashy gray in color. Nail beds dark also. (L) ft cool to touch. (Ø) pedal pulse upon palpation. Skin dry & flaking. Minimal to no blanching noted. Dr [redacted] informed & assessed c̄ concurrance. ~~RLE~~ (L) femoral pulse +2. (R) pedal pulse +2. LLE ↑. NS @ TKO via 18G to (R) FA. (Ø) infiltration (Ø) infection. Will continue monitoring status. NPO b̄ MN tonight for the OR tomorrow. [redacted] MD |
| 11 Sep 03 | 1845 = VSS, (Ø) c̄ pain, A+O x3, on Bedrest, IV (18G) to (R) FA running NS @ TKO. (L) LE has splint c̄ ace wrap CDI. (L) foot cold to touch, but (+) sensation, (+) movement of toes, ~~(+) pulse (pedal)~~ (L) foot elevated, difficult to detect pedal pulse to (L) foot on palpation → detected pulse to (L) foot (pedal) c̄ doppler stethoscope. NPO p̄ |

| 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.

SPW # b(6)-4 [redacted]

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

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 12 Sept 03 | ORTHO<br>pre op DX: (C) prox tib GSW (Grade II open) c̄ osteo<br>postop DX: Same<br>I/D<br>Open reduction<br>application ex fix.<br>HUGATE<br>QCOMP<br>to RR Stabl<br>TT ~ 94 min.<br>[redacted] b(6)-2 |

(Continue on reverse side)

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

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

PROGRESS NOTES
Medical Record

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

PROGRESS NOTES

| DATE | |
|---|---|
| 13Sept03 | ORTHO POD#1. |
| | Q Sig events |
| | AF VSS XRAYS ✓ |
| | (+) toe ext/flex |
| | slight ↓ sensation dorsum of foot |
| | Dressing c/d |
| | |
| | Stable |
| | PT for ROM ankle/knee |
| | repeat I/O in 2-3days. possible ICBG if clean. |
| | may need pre TAL to achieve plantigrade foot @ this point |
| | [redacted] MD |
| | HUGHES |
| 14Sept03 | ORTHO POD#2 b(4)-2 |
| 0700 | Q new events |
| | Tm 99.2 VSS |
| Lovenox | Dist NVI |
| Keflex | ankle staff |
| | wound ✓ drain D/C'd. |
| | |
| | Stable |
| | ✓ ex. Start pin care |
| | to OR tuesday, Repeat washout +/- ICBG. |
| | [redacted] MD |
| | b(4)-2 |

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

[redacted] b(6)-4

| MEDICAL RECORD | PROGRESS NOTES b(6)-2 |
|---|---|
| DATE | MN, will continue to monitor. [redacted] |
| 2Sep0300 | Received pt resting in bed. VSS, LS CTAB, pulses equal & bilat. (+) ce pulse dopplerable and marked for placement, foot warm to touch and cap refill slow. IV @ fa patent & infusing NS TKO. Pt NPO and crack for OR. Sugs of red yellow/orange urine, cl. Will cont to monitor [redacted] b(6)-2 |
| 1733 | Received pt from pacu in stable condition. Ex fix intact, small amt sucrang/sang drainage noted. Wrapped in ace wrap @ this time. IV infusing, pulse intact. Will cont to monitor [redacted] |
| 12Sep@1830 | Assumed care @ 1800; VSS; A&O, speaking only arabic; c/o pain in [redacted] cc given; NV intact (+) CMS, (+) pedal pulse via doppler; affected foot cool to palpation & delayed cap ref; S1, S2, LS CTA (B); (+) BS x4, pt voiding QS, clear, dark yellow urine; (-) BM ~~since admit~~; @ this time; Ex-fix intact wrapped c̄ ace bandage, scant amt of serosanginous drainage ~~noted~~; pt tol CL diet; PIV in (R) FA patent & infusing NS TKO; 2 point restraints in place; (+) circulation & skin integrity; cont to monitor [redacted] b(6) |

(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

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 |
| 13Sep03 0920 | Pt Awake and Alert. $S_1$ $S_2$ present, HRRR LS CTA (B). ⊕BS x4 quads. External Fixator on (L) LE. Gauze & Ace wrap Drsg. Gauze shows Dried Blood. Pt exhibits slight movement of Toes. Foot warm to touch. unable to obtain pulse. Cap refil ≤3 sec. Pt c/o tingling and slight ↓ of sensation in Dorsal of Foot. Will continue to monitor. b(6)-2 [redacted] Spc 91WM6 (1030) Pedal pulse in (L) foot 100 bpm c doppler. I concur c above assessment. [redacted] |
| 13Sep03 1515 | NV-1 (L) Foot Warm and Dry to t[redacted] pulse c doppler c 100bpm. b(6)-2 [redacted] c 91WM |
| 13Sep03 2010 | VSS. AO. ⊕1 pulse to LE and palpable. Sensory by PT and (L) leg stretched to limits. Pt assumed ambulation c PT involvement. Provided pain coverage prior to ROM of LLE. Tolerated dinner well. NS @ TKO. [redacted] |
| 14Sep03 0900 | Pt Awake A&O LS CTA (B), $S_1$ $S_2$ present, HRRR, ⊕BS x4 quads. (L) LE External fixator. pins CDI. Drsg o (L) Knee CDI. (L) Foot and ankle edema +2 Non p[redacted] edema. Pt moves toes and 3sec cap refil. [redacted] pain at this time. Will continue to monitor. [redacted] 91WM6 |

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

b(6)-2

| 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. |
|---|---|---|
| | | |

I# [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

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)* |
|---|---|
| 14Sep03 | 1940: VSS, A+O X3, c/o pain to (L) LE, gave ii Percocet tabs PO for pain as ordered, could not palpate (L) pedal pulse → used doppler and heard (+) $S_1S_2$. (L) LE has external fixator in place, pin care done c̄ 1/2 strength hydrogen peroxide & wrapped pins c̄ W → D Dsg's. Dsg around external fixator CDI. (+) sensation, (+) movement to (L) LE & (L) toes but very minimal ROM to (L) foot (pain). Edema to (L) LE, elevating. HL IV to (R) FA flushed & patent. Continuing Ancef IV. Tolerates PO. Will continue to monitor for any acute Δ's. — b(6)-2 [redacted] 1/1 An |
| 15Sep03 1000 b(6)-2 | Pt Awake A&O Denies pain. LS CTA (B). $S_1S_2$ present, HRRR. (+) BS x 4 quad. ~~ETG Draining clear yellow~~ [redacted] Voids without difficulty clear yellow urine. LLE warm to palpation. Unable to palpate pedal pulse. heard (+) pulse c̄ doppler. (L) LE external Fixator CDI. Drsg CDI on LLE. (+) sensation (+) movement. Non pitting edema to left foot & ankle. Will continue to monitor. — b(6)-2 [redacted] 91WMb |

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

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

# [redacted]

b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 15Sep03 | 1930: VSS, A+O×3, premedicated pt. c̄ 4mg MSO4 IV as ordered prior to pin care & Dsg Δ to (L) LE external fixator and incision wound c̄ sutures. Pin care done c̄ 1/2 strength hydrogen peroxide & W→D Dsg Δ's on pins & incision wound (Some bleeding from site → minimal). Pedal pulse to (L) foot not palpable, but heard $S_1 S_2$ c̄ Doppler. ⊕ sensation, minimal movement to (L) LE. IV HL to (R) FA flushed & patent, Will start IVF's p̄ MN when pt. is NPO for surgery. (L) foot elevated to ↓ 2+ edema to (L) LE. ∅ other remarkable findings. Continuing IV antibiotics. Will continue to monitor. [redacted] |
| 15Sep03 | 2200: IV to (R) FA flushes but pt. c/o pain now to IV site, ∅ blood return c̄ syringe, a little puffiness to site → D/C'd intact and restarted new 18G IV to to (R) FA medial aspect. HL'd & getting antibiotics via IV. [redacted] |
| 16 Sep 03 1100 | Returned from PACU via litter. VS B/P 133/82 P88 R18 T 97.1 RA Sat 98%. NAD. LLE c̄ short leg splint & external fixator intact. Skin warm c̄ brisk capillary refill to nailbeds. LLE ↑ on pillow. Medicated c̄ 4mg MSO4 IVP for post-op pain. Will continue to monitor. 2 pt restraints on. ∅ compromise. [redacted] |

FPI. LEX. Printed on Recycled Paper

[redacted] ANDARD FORM 600 (REV. 6-97) BACK

b(4)-2 A11

MEDCOM - 18858

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 15 Sept 03 | ORTHO POD#3 I/D (c) tibia + ex fix |
| kyzef | Ø new events |
| | AF VSS |
| | Dist neuro exam unch'd. |
| | pin sites ✓ |
| | CX (P), XRAYS ✓ |
| | |
| — | ✓ CX |
| — | NPO p̄ MN / hold lovenox for OR [redacted] |
| | tomorrow. repeat I/D + new [redacted] |
| | bead. b(4)-2 |
| | |
| 16 Sept 03 | ORTHO |
| 1000 | pmp / postop Dx: open (L) tibial Fx (30+ days out) |
| | Repeat I/D + ABX bead placement |
| | GETA |
| | EBL - 100 cc |
| | Ø comp b(4)-2 |
| | to RR stable |
| | Tissue CX sent [redacted] pm |

| 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(4)-4

EPW # [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

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

| DATE | NOTES |
|---|---|
| | 25 Aug 1500 |
| | (2) Lot |
| | (2) Isabel Hickman placed under fluoro - right humerus with |
| | c̄ Dacron aff; fluoro → correct position, EXR results |
| | [redacted] |
| | b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16 Sep 03 1210 | Pt sleeping. NAD. b(6)-2 [redacted] MAG |
| 16 Sep 03 1620 | Medicated c percocet 2 (ii) tabs for c/o LLE pain. Will assess for effect. [redacted] |
| 16 SEP 03 1921 | VSS. AO. ⊕ CVA to LLE and post-op DSG CDI. Pin care performed per orders. Able to move toes and CR ≥ 2 seconds. No c/o pain @ this time. LLE elevated. b(6)-2 [redacted] |
| September 1000 | Received pt resting in bed, VSS, A+O x 3, Ø acute distress noted. ⊕ CNS to DLE: Toes warm, cap refill ⊕, able to wiggle toes. SVGS, med yellow urine, amb w/ crutches and assist x1 to BR, ⊕ BM. PT to see pt to fit crutches. ROM LLE done by PT. IV patent + intact ⊕ for. Medicated w/ percocet per MAR. Ø other remarkable assessment noted, WNL. Will cont to monitor. [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.

b(6)-4

EPW #[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 4 Sep 03 1920 | ORTHO POD #1<br>q C/O's.<br>ex fix intact. Dist NVI<br>AFVSS |
| | - Stable.<br>- Return to OR 3wks for ICR6<br>- continue [redacted] b(6)-2<br>- Δ Dressing tomorrow [redacted] |
| 17 SEP 03 2014 | VSS. AO. Well c/o 5/10 pain and provided Percocet. Ambulated c crutches and assistance to BR and voided c difficulty. Ambulated on ward x1 for 5 min as tolerated. Became tired and experienced some pain. Performed pin care as ordered. DEG and pins to (R) LE CDI and (R) CNS, (+) pedal pulse [redacted] OR ≤2 seconds. b(6)-2 |
| 18 Sep 03 | 0953 - VSS - A+O - assessment completed. ambulated c crutches to BR. Pt had BM + conducted personal hygiene. Pt. ambulated up + down hallway. Tolerated well. Performed pin care. Heplock (R) FA. CDI. (+) Pedal pulses. Skin integrity intact. Pt. voiding via BR. Will cont. to mont. Pt. b(6)-2 [redacted] |
| 18 Sep 03 1010 | I concur c above. Medicated with Percocet two tabs p.o. prior to physical therapy for ROM exercises. [redacted] |

STANDARD FORM 909 (REV. 5/1999) BACK

USAPA V1.00

b(6)-2

b(6)-2 A1l

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

| DATE | NOTES |
|---|---|
| 19Sept03 | 1430 – Performed aggresive pin care as ordered @ 1314. Pt. resting well @ this time. [redacted] |
| 19Sep03 | 1945: VSS, ⊖ temp, A+O×3, ∅ c/o pain until started pin care – pt c/o severe pain when cleaning pin insertion sites – premedicated c̄ 4mg MSO4 IV & 12.5mg Phenergan IV prior to pin care again. Completed aggressive pin care c̄ 1/2 strength $H_2O_2$ solution. Cleaned out "gunky" appearing substances from insertion sites (yellow-green colored). Pt.'s (L) LE c̄ external fixator elevated to ↓ swelling, 1+ palpable pedal pulse to (L) foot – Confirmed c̄ Doppler & heard $S_1S_2$. HL IV to (L) AC flushed + patent. Continuing Vancomycin Q12 IV. ∅ other remarkable assessment findings. Will continue to monitor for acute Δ's. [redacted] ctg |
| 20 Sept | VSS ∅ [illegible] and alert ×3 ∅ c/o pain ∅ tolerated pin-care with pre/post medication, range of motion as tolerated during pin-care produced palpable pedal pulse to (L) foot, restraints in place x2 no ∅ remarkable findings. [redacted] |
| | (1650) I concur c̄ above assessment. SL in (L) AC flushes well & s/sx infiltration/infection. cont. MRSA precautions. monitoring. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | NOTES b(4)-2 A1 |
|---|---|
| 19sep03@0200 | Assumed care @ 1800; VSS; A&O x 3 speaking arabic, (+) CMS, NV intact; cap Ref in (-) LE delayed; (+) pedal pulse via doppler; dsg CDI, pin care performed, pt ↑ to BR; amb in hallway c̄ crutch assistance; tol. okay; c/o pain post amb; medicated c̄ ii percs; HL in (R) FA patent - freely flushes; (+) BM this shift; restraints in place; (+) circ (-) skin breakdown; Cont to monitor [redacted] |
| 19Sept03 | 0921 - VSS A to O speaking arabic. Pt. OOB ambulating to another room c̄ crutches. Tolerated well. Performed AM care. Pt. had BM this AM. Tolerated breakfast well. Lungs CTA (B) Resp even, unlabored sizes, Abd. soft nontender. BS x 4. Pin care conducted as ordered. (+) cap Refill in (L) LE + (+) pedal pulses. HL (R) FA flush well. CDI. Will cont to monitor [redacted] |
| 19Sept03 | 1133 - moved pt. to private room c̄ infection control. D/C'd IV to (R) FA. New IV c̄ heplock started in (L) FA 18G CDI. Will cont. to monitor pt. [redacted] |
| 19 Sept 03 1145 | I concur c̄ shift assessment above. MRSA precautions taken. 2 pt restraint on. Skin integrit[redacted] circulation intact. Will continue monitoring [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. |
|---|---|---|
| | | |

E [redacted] b(4)-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

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

| DATE | NOTES |
|---|---|
| 20 Sept 03 | ORTHO |
| 0715 | ⊘ new c/os. |
| | AF VSS — Labs. WBC 8.6 |
| | exam — HCT-32 |
| | lat/prox pin site still a little — Alb-3.1 |
| | sorey. |
| | small amt drainy mid wound. |
| | |
| | - Stable. — b(6)-2 All |
| | - Vancomycin. |
| | - will need picc or Hickman |
| | ✓ creatinine as baseline, ESR as baseline |
| | [redacted] |
| | b(6)-2 |
| 20 SEP 03 | VSS. AO. PERRLA. HRR, LSC LAB. ⊕ pulses to RLE, ⊕ 1 |
| 2113 | pulse to LLE. Performed pin care and tolerated well. |
| | Ambulated to BR ≡ minimal assistance & use of crutches. |
| | Scrubbed/washed ⊕ foot and debrided dry skin. |
| | Cont to monitor. b(6)-2 [redacted] |
| 21 Sep 03 | Pt A&O LSCTA (B), S, $S_2$ Present HRRR. ⊕ BSX |
| | 4 quads. ⊕ LE. ⊕ Fix E ≡ Drsg c[redacted] Denies |
| | pain will continue to monit[redacted] E ⊕ Pulse, |
| | ⊕ Sensation ⊕ movement [redacted] SpO2 WMB |
| 21 SEP 03 | VSS. AO. ⊕ 1 pulse to LLE. CNS intact. [redacted] SG CDI to pins |
| | and LLE. Ambulated x1 for 15 min ≡ crutches on ward |
| | and to BR. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18Sept03 | ORTHO POD#2 |
| 0930 | Q clo's |
| Keyzal | AFUSS |
| | pin sites OK |
| | wound Dressing d/. |
| | DIST NVI |
| | |
| | Stable |
| | cont Abx [redacted] b(4)-2 |
| | |
| | |
| 19Sept03 | ORTHO POD#3 |
| 0930 | Q new c/os |
| | AFUSS Cx - (+) MRSA |
| | lat/prox pin c drainage |
| | otherwise pin sites OK. |
| | Dist NVI |
| | |
| | Stable b(4)-2 |
| | will need PICC or Hickman for [redacted] |
| | Abx. |
| | Δ to varied. |
| | pt in private Room |
| | aggressive pin care |

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] EPW

b(4)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21Sept03 0832 | ortho POD#5 |
| | Q C/O's |
| | AF VSS |
| | pin sites 1/ypain. |
| | Stall, cont cont Rx [redacted] b(6)-2 |
| | Stod sogtn |
| 22 Sept03 | Assume dch, of Pt. VSS, A+Ox3. Ambulate with help of crutches C/O no pain. Maintains Reg diet. Changed dsg and provided pin care. Will continue to monitor. [redacted] |
| 22Sept03 0830 | ortho POD#6 |
| Vanco | Q C/O's |
| | AF VSS ESR-97 CR. 0.7 20 Sept03 |
| Levaquin | |
| | PICC line for long term VANCO b(6)-2 |
| | pin care [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. |
|---|---|---|
| | | |

PROGRESS NOTES
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 22Sep03 | 2115= VSS, Ø c/o pain @ this time, pin care done to ~~ex~~ fix to (L) LE, ~~2+ pt~~ 1+ pedal pulse palpable (L) foot, edema 2+ to (L) leg/foot. IV to (L) AC infiltrated, D/C'd intact, restarted IV HL to (R) AC 20G flushed + patent, continuing IV Vancomycin. Pain management & palliative care. (L) LE elevated to ↓ edema. Ø other remarkable assessment findings. Continue to monitor. [redacted] |
| Addendum | = Restraints x2, skin integrity intact, assist to use BR (FFNWB (L) LE) prn. [redacted] |
| 23Sept03 | ortho POD#7 |
| | ✓ new c/o's |
| Vana | AF VSS |
| forest | Distally NVI |
| | (+) TA, weak EHL/EDC |
| | pin sites ✓ |
| | b(4)-2 |
| | cont Abx |
| | PICC placed yesterday. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-2
A71

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 23Sept03 1245 | Was informed by radiologist of ~~attempt~~ attempt to insert PICC line yesterday and was unsuccessful. Equipment needed not complete. Will inform Dr [redacted] [redacted] 2LT A |
| 24 SEP 03 0138 | VSS. AO. Completed pin care to RLE. OTA. (+)1 pedal pulse remains palpable. Ambulated x1 COB to BR ≈ difficulty or complaints. HRR, BS(+)x4. LSCTAB. PERRLA. Voiding light yellow urine Q5. [redacted] |
| 24 Sept 0900 | VSS AO COB to BR ≈ crutches. Pin care completed to (L) LE external fix. (L) pedal pulse +1 Voiding clear yellow urine quantity sufficient. (R) FA Saline lock patent & intact flushes without difficulty. Will continue care as planned. [redacted] 2LT A |
| 24 SEP 03 0241 | VSS. AO. Pin care performed and returned demonstration. (+)1 pulse to LLE. Ambulated x1 to BR ≈ difficulty. Cont to monitor. [redacted] |
| 25 Sep 03 0905 | AEO. Ambulated to BR for AM care. Using crutches well. LAD. Aggressive pin care done to RLE. Stitches intact. Middle of length of wound c̄ small amount bloody drainage. Good pedal pulses. Brisk capillary |

| 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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) |
|---|---|
| | (cont.) refil. (R) AC HL patent c̄ Vancomycin 1 gram infusing. 2 pt restraint c̄ compromise to skin & circulation. Checked throughout shift. Will continue to monitor. Denies pain at the time. [redacted] MA |
| 25 Sept 03 0930 | ORTHO POD # 9 |
| | ∅ new events |
| | AFVSS b(6)-2 A11 |
| | pin sites look good. |
| | Sutures out in 2-3 days |
| | Cont Abx / pin care. |
| | Hickman today c̄ Dr. DAVIS [redacted] |
| | D/C Lovenox. [redacted] |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 9/25/03 1420 | To ICW from Recovery in OR. Hickman Catheter c̄ dsg CDI to (L) Subclavian. Pt A&O. Eating lunch. Denies pain @ this time. Will continue to monitor [redacted] b(6)-2 [redacted] |
| 25Sep03 | 1930= VSS. ⊖temp @ this [redacted], A+O x3, Ø c/o pain, [redacted] b(6)-2 catheter intact c̄ Dsg over insertion site CDI - flushed c̄ NS̄ difficulty & good blood return. Pin care done (aggressively) to external fixator of (L) LE. Sutures (L) LE approximated CDI. (L) LE elevated to ↓ edema, pedal pulse palpable 1+ (weak). Restraints x 2 when in bed - skin integrity intact. FFNWB (L) LE as tolerated. 20 G IV to (R) AC Hx'd & patent. Will continue to monitor for acute Δ's. [redacted] b(6)-2 |
| 26Sep03 | 0030= CL dsg bloody, Δ'd CL Dsg using sterile technique c̄ 2x2 & opsite over CDI. Continue to monitor. [redacted] b(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

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

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

[redacted]
b(6)-4

b(6)-2
A11

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

| DATE | NOTES |
|---|---|
| 26Sept03 | Assume care of PT. VSS, A+OX3 Ambulate with help. Distal pulse present. Meds administered. Diet is maintained. Pin care administered 50/50. No skin irritation x2. Will continue to monitor. SPC [redacted] 9/W |
| 2030 | Pt a/o, VSS, ∅ c/o pain @ this time. LCTAB, HRRR, ⊕BS x4 ad. ⊕ subclavian hickman catheter intact c̄ drsg over site CDI, ∅ edema or redness noted. ⊕ blood return, Pin care done to DLE ex-fix, pedal pulses palpable. 20 ga IV to ⊕AC HL d-flushing easily. vancomycin cont. 2pt restraints on. ⊕ circulation. Will monitor [redacted] 9/WM |
| (2300) | Vancomycin administered; flushed c̄ 2cc heparin in saline as ordered. ∅ complaints of pain or discomfort expressed. Will monitor [redacted] 9/WM6-SPC [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 27Sep03 | ORTHO Pop#1 |
| 0514 - | Ø new events. Hickman in place |
| | AF vss |
| | Dist NVE |
| | pin sites ✓ |
| | Stable |
| | Cont current Rx |
| | ✓ Ortho Monday. |
| | [redacted] b(6)-2 |
| 27SEP03 | (1315) Assumed care of pt w/ Ø[illegible] p̄ report from night shift. Pt alert, speaking Arabic. VSS. Ø c/o pain. Amb well c̄ crutches. Ex fix in place on UE. NV vs WNL. Pin care done this am. Sutures to incision on UE d/c'd by m incision CDI. Hickman flushes well s̄ s/sx infection/ infiltration. UE elevated on blankets. Cont. MRSA precautions. 2 point restraints in place s̄ s/sx complicati will continue to monitor. [redacted] LW/AW 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. 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

b(6) - 2 ANL

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

| DATE | NOTES |
|---|---|
| 27 Sep 03 2100 | Pt c/o, VSS: afebrile, ∅ c/o pain, ambulated x2. had BM x1, formed brn stools, Pen care done. (R) SC CL drsg CDI, ⊖ edema or redness noted. ex-fix intact to (L) LE. (L) pedal pulses palpable (weak). (L) foot care done. (+) brisk cap refill. (L) LE elevated. Hickman cath c̄ good blood return, flushing easily. prev. incision site to (L) LE ~~CDI, ∅ drainage c̄ ∅ edema~~ CDI. Restraints on, circulation intact NV ✓'s WNL. will monitor [redacted] 9 Jun [redacted] |
| | received pt resting in bed, OSS, A&O x3. Amb w/ crutches indep. (+) BM, sugs. (L) LE ex-fix intact, pin care done, pins left OTA, ∅ drainage noted. (L) SC CL drsg c/d/i, ∅ redness or swelling noted, flushes easily and line heparinized per MAR after verbal order. dce this am. (+) pedal pulse noted. Restraints on per CPW protocol, ∅ skin breakdown noted or acute issues noted. ∅ other remarkable events this time. Will cont to monitor pt |
| 2100 | [redacted] VSS, afebrile, percocet II given for pain. (L) leg ex-fix intact, pin care done, ∅ drainage noted (R) SC CL drsg CDI, good blood return. ∅ redness or edema noted. pedal pulse (L) leg weak but palp- |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | NOTES |
|---|---|
| 29Sept03 | Discharge Summary. |
| 9AM | 29yo iraqi EPW 30 d s/p GSW to left prox tibia initially treated @ iraqi civilian hosp with attempt at closed reduction + casting. presented here 30 days p injury with draining sinus anterior leg and malreduction. taken to OR on 9/12/03 and 9/16/03 for I/D + ex fix + Antibiotic beads. CX grew Methicillin Resistant Staph (MRSA) placed on Vancomycin 1g IV q12°. PT for ROM knee, ankle. base line creatinine 1.3 baseline ESR - 97. Hickman placed for IV antibiotics x6wks |
| * | D/C Medication: Vancomycin 1gram IV q12° (please weekly creatinine.) Percocet prn pain. Stool softener of choice |
| * | D/C instructions: |
| | (1) Non weight bearing to left leg with crutches |
| | (2) pin care with 1/2 strength hydrogen peroxide 2x/day. |
| | (3) Physical therapy for Range of motion knee, ankle. |
| | (4) Return to Ibn Sina 10/14/03 to see Dr. [redacted] for wound check and possible OR for iliac crest bone grafting. b(6)-2 |
| | (5) Isolate patient if possible (MRSA +) [redacted] |
| | (6) Hickman care: Flush with 2cc hep saline [redacted] LPT |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | |
|---|---|---|
| | 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. |
|---|---|---|
| | | |

[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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| (Con't) → | able. Restraints on ⊕ circulation. Will monitor |
| 0100-28Sep | b(6)-2 [redacted] 91WM6-8C- |
| 28Sept 0200 | Received pt resting in bed, see SF 511 for VS, A+Ox3 speaks arabic. Tol po, sugs, amb to BR w/ crutches, ⊕ con. Pin care done, left cpm to ax. medicated per MAR, MRSA precautions taken. CL flushed easily. Restraints per EPW protocol, ∅ breakdown noted. Will cont to monitor pt [redacted] b(6)-2 |
| 29Sep@ 2045 | Assumed care of pt @1800. VSS. no c/o @ this time. LLE ⊕ CMS, +2 pulse DP. EX-FIX in place, pin care completed as ordered. Hickman cath drsg Δd Esterile technique, no S/Sx of infection noted. MRSA contact precautions in place. 2pt restraint on ~ S/Sx of skin or circulation compromise [redacted] |
| 30Sept 0500 | VSS. OOB to BR for AM care. Peripheral pulses palpable. Pin care done to ⊕ LE after fup. Hickman cath patent and intact. Received orders to DC pt to EPW Hospital: DC Rx sent to Pharmacy. Will continue plan of care. |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | b(6)-2 [redacted] |

| 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

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

| DATE | NOTES |
|---|---|
| 30Sep03 @2230 | assumed care of pt @1800. VSS, c/o pain to LE. medicated c̄ percocet c̄ good relief noted. LE c̄ ex fix, pin care completed. Healing incision line noted. (+) CMS to LE. Hickman cath to (L) chest dsg CDI, flushes WELL. IV Vanc given as ordered. 2pt restraint on-S S/Sx of skin/circulation compromise. Plan: monitor NV VS, pain control. b(6)-2 [redacted] |
| 1Oct03 0800 | VSS alert & oriented. OOB ≡ BR for ADL's. Ate. Consumed regular diet. (L) chest Hickman cath patent & intact. Bypass pulses palpable. (L) LE NV ✓ WNL. Pt awaiting transport to SPW [redacted] b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

21 OCT 03

b(2)-2 Received per medevac from [redacted]. Record reviewed and note made of diagnoses (including MRSA being treated with Vancomycin).

b(2)-2

Discussed c̄ [redacted] @ 1945. Not prepared to manage such patient here at [redacted] (e)ill return patient to [redacted] b(2)-2 [redacted] in exchange for another, while we make preparations to receive such patients in the near future.

[redacted] LTC MD

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] | | |

[redacted]

b(6)-4

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

USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 03OCT03 | Pt arrived via civ ambulance from EPW |
| 1003 | Camp. Ø C/O pn. cap refill <2 secs, moist mucous membranes. Pt hx of MRSA (wound). Pt receiving vancomycin BID via hickman port to (L) chest wall. [redacted] ILTAN |
| 1049 | (absent earlier, will send results to ICW). Pt admitted to ICW. [redacted] EPW |
| | b(6)-2 |
| | A1 |

| 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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES b(6)-2 [redacted] |
| 30CT03 1600 | Pt A&O LS CTA (B), S, S2 Present (+) BS x [redacted] wounds, KSS Ex fix on LLE Drsg CDI. Denies Pain at [redacted] time. Will continue to monitor — [redacted] Sx 91WM |
| (2010) | Pt a&o, VSS, complaint of pain to (D) LE. 1 Percocet given. pin care done. prev. unciaion site OTA. LCTAB, HRRR, (+) BS x4, (+) pedal pulses. MRSA precautions. CL drsg CDI, good blood return, flushes easily. (-) edema or redness @ site. 2 pt restraints on. (+) circulation will monitor — b(6)-2 [redacted] 91WM6. |
| 40CT03 | 0003 - VSS - A&O assumed care of pt @0000 assessment completed. PERRLA, LS CTA (B), Resp. even, unlabored, abd soft non-tender BS x4. Voiding per urinal. BM this AM. Pin care completed to (2) LE. Ext. fix. (+) pedal + radial pulses. (L) SC central line clean, dry, intact (-) s/sx infection. ROM exercise performed. Tol. well. MRSA precautions. Pt. resting well @ this time. Will cont. to monitor. — [redacted] |
| | (1400) I concur c above assessment. — [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. |
|---|---|---|
| # [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

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

| DATE | NOTES |
|---|---|
| 040ct03 1000 | MTTO<br>Pneumo c/o. back here b/c of MRSA status.<br>H&P WNL.<br>AF VSS<br>pin sites ✓<br>mid wound c̄ some granulation. no sign infect<br>~1x1cm granulated.<br><br>- WTD to wound BID c̄ NS<br>- Cont pin care<br>- ✓ XRAYS in ~10d. for ICRG + ORIF flex.<br><br>b(6)-2 All [redacted] |
| 04OCT03 | (1530) I concur c̄ assessment by SPC [redacted] this shift. Wet→dry drsg on Ⓛ leg Δd per MD this am. Hickman flushes well s̄ s/sx infection/infiltration. Abx infusing s̄ difficulty monitoring. [redacted] WD/AD |
| 4 OCT. 03 | Pt A+O x3, VSS, LS CTA (B), (+) BS x4, abd soft flat nontender, pain controlled c̄ percs, Ex Fix on Ⓛ leg in place, dsg on LLF CDI, dsg Ⓛ side upper chest CDI, Hickman intact ø s/sx of poor circulation or skin break ↓ on pts of restraint. [redacted] 9AW |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 50ct03 | 0901- assumed care of pt. @0600. Assessment completed. Ex fix (L) leg in place. Pin care performed: wet → dry dr sq on (L) leg Δ. (-) s/sx inf. min drainage. Hickmans cdI. Two restraints in place (-) skin breakdown (+) circulation. LSCTA(B) Resp even, unlabored, NSR, S1S2 present, abd. soft non tender. Po tolerating fo well. Voiding per urinal. [redacted] to monitor pt. b(6)-2 |
| (1935) | Pt a/o, VSS, LCTAB, HRRR, ex-fix intact to (L) leg, pin care done, w-d drsg Δ (2x2) to open area & wrapped c Kerlix. (+) pedal pulses. Huckman cath (L) SC) cdI, Q3day drsg Δ. (+) blood return, flushing easily. (-) edema or redness @ site. Voiding c/o via urinal. 2 pt restraints on c̄ compromise to circulation/skin. Will monitor c [redacted] 91WMP 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. |
|---|---|

#[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

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

| DATE | NOTES |
|---|---|
| 6OCT03 | RIS - assumed care of pt. @ 0000. VSS - AO - LSCTA (B), Respiration unlabored. HR NSR, abd soft, non-tender. BM this am. voiding cyu per urinal. Ext fix in place (1) LE. Pin care performed. W→D dressing Δ completed. Site (-) S/Sx inf. pt. resting well @ this time - Hickmans (L) SC CDI, (-) redness (-) edema. Will cont to monitor [redacted] |
| 6Oct03 1300 | I concur c the above [redacted] mots/on |
| (1940) | VSS, a/o, ∅ complaints @ this time. pin care done, dressing Δ'd. LCTAB, ⊕BS, HRRR, amb x 1, had BM. Hickman cath (L) SC flushing easily, ⊕ blood return, ⊖ edema or redness @ site. 2 pt restraints on, ∃ compromise to skin or circulation - will monitor - [redacted] 9/UM6. |
| 2010 | C/O pain to ex-fix site, ii Percocet given. - [redacted] |
| (7OCT) 0520 | Ch dressing Δ'd using sterile technique, ∅ edema or redness @ site - [redacted] 9/UM6 |

b(6)-2 A11

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10Oct03 0830 | Rec'd report and assumed care of pt. ⊖ S/S of resp distress, pain or discomfort @ present time. Hickman cath in place ⊖ edema or swelling @ insertion site. Skin strip on (L) shoulder. Ex fix to (L) leg. ⊕ dorsal pulses bilateral CTA, BS⊕. Tolerated regular diet well. Continue to monitor [redacted] b(4)-2 9WMC |
| (1940) | Pt A&O, VSS, LCTAB, HRRR, ⊕BS, Ex fix to (L) leg. Pin care done / drsg Δ'd. + wrapped c̄ kerlix. ⊕ Percocet given for pain. Hickman cath to (R) SC c̄ ∅ edema or redness @ site, flushing easily, ⊕ blood return. ⊕ pulses to extr. ∅ pt restraints on ∃ compromise to skin or circulation. Will monitor [redacted] b(4)-2 9WMC. |
| 8Oct03 | 0929 - VSS-AO ×5 CTA (B), Resp ∅ distress even unlabored, abd soft nontender, BS×4, Ext fix in place to (L) LE. Pin care completed. w→ D drsng Δ. CDI ⊖ S/S inf. Hickman cath to (L) SC CDI c̄ ∅ edema or redness. ⊕ pedal and radial |

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

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

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

**PROGRESS NOTES**
Medical Record

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

E [redacted] b(4)-4

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

| DATE | NOTES |
|---|---|
| cont'd | pulses. Tolerates PO well. ? restraint in place. Will cont. to monitor pt [redacted] |
| 08OCT03 1240 | ORTHO<br>Q c/o's<br>AF VSS<br>Dist NVI<br>pin site ✓<br>b(4) - 2 All<br>ARRAYS<br>OR next and ICBC [redacted] 1440 0450 [illegible] |
| 09OCT03 | Pt. care assumed at 1800 hrs. LS CTA (B) S, $S_2$ Present @ BS x4 quads. Foley Draining to gravity. CY w. Pt pain [redacted] controlled c percocet. Drsg Δ R [redacted] Will continue to monitor. [redacted] SL 9 WMC |
| 09OCT1322 | Received pt resting in bed, VSS, tol PO, amb to BR w/ crutches. X-ray in tapt, and ESR drawn + sent to lab. MRSA precautions taken. CL flushes easily, ∅ resistance @ blood drawback. IV ABx cont. Pin care to (L) LE ex fix done by self. Restraints in place per epw protocol. Will cont to monitor pt + LE skin breakdown. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 18885

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

| DATE | NOTES |
|---|---|
| 9Oct03 2030 | = VSS, ϕ c/o pain @ present time, A+OX3, DOB & crutch walks to BR ⊖ difficulty. CL to (L) SC patent when flushed, (+) blood return. (L) LE c̄ ex fix in place, pin care done - pt. assisted c̄ this, Dsg Δ to wound on (L) shin region, CDI. Neurovascularly intact. Continuing IV antibx, (+) MRSA precautions noted X2 restraints when in bed, skin integrity intact, continue to monitor for any acute Δ's tonight. [redacted] b(6)-2 |
| 10 OCT 03 | ORTHO |
| 0842 | AFLSS |
| | Problems |
| | ESR 25 (down from 97) |
| | XRAYS - good alignment. |
| | Will ICBG + ORIF when ant skin looks good. |
| | about 1 week. |
| | Cont IV ABX. b(6)-2 |
| | [redacted] |
| # [redacted] b(6)-4 | |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 09OCT03 | Received pt resting in bed, VSS, tol PO, amb w/crutches indep. Pin care done by pt, left OTA. MRSA precautions taken, smaller ~~22 placed on~~ wound notes on (L) shin, 2x2 applied. IV ABX cont. Restraints per CPW protocol, Ø breakdown noted. Pt instructed to let nurse disconnect meds. Central line intact w/ dsg c/d/i. Ø other remarkable assessments c this time. Will cont to monitor. [redacted] |
| 10OCT03 2100 | Assumed care of pt @ 1800. VSS. (+) CMS to LE, +2 DP & popliteal pulses. Pt did own pin-care, demonstrated good technique. (L) chest Hickman catheter in place, flushes well, dsg CDI. Plan: b(6)-2 monitor pain control prn. Apt restraints on S/sx of skin/circulation breakdown. [redacted] |
| 2300 | Hickman catheter flushed c̄ vancomycin dose, heparin-locked c̄ 2cc 10,000:1ml Heparin using sterile technique. b(6)-2 [redacted] |
| 11OCT03 | (1100) Assumed care of pt w/ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Ex fix in place on LE. Pt able to move toes. |

| 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. |
|---|---|---|
| | | |

C- [redacted] b(4)-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

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

| DATE | NOTES |
|---|---|
| 11OCT03 (1100) | (cont) Skin warm/dry to touch. ⊕ pedal pulse equal bilat. Pt amb c̄ crutches s̄ difficulty. Pin care done. Drsg to ⓛ shin ∆d. ϕ s/sx infection ∂ incision site. Pt tol. reg diet well. Voiding s̄ difficulty. Hickman to ⓛ side of chest flushes well s̄ s/sx infection/infiltration. 2 point restraints in place s̄ s/sx complications. Will cont. to monitor. [redacted] |
| 11OCT03 @2130 | assumed care of pt @1800. VSS. No C/O. Alert, speaking arabic. LLE c̄ Ex-fix in place, pin care completed. ⊕ CMS to LLE, +2 DP & popliteal pulses. ↑ amb c̄ crutches s̄ difficulty. Hickman catheter to ⓛ chest flushes well, good blood return noted, ϕ s/sx of infection noted. 2pt restraints in s̄ s/sx of skin or circulation compromise. Plan: monitor NV status, pain control, IV abx as ordered. Will monitor. [redacted] |
| 11OCT03 2330 | Hickman catheter line flushed p̄ vancomycin dose, then heparin-locked c̄ 10cc of 10,000u/1mL Heparin diluted in 5cc of NS. Will continue to monitor [redacted] |

b(6)-2 A-U

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12 OCT 03 @ 1132 | Received pt resting in bed, VSS, tol PO, A+O x3, amb indep on crutches. Hickman to (L) chest patent, flushes easily. PT in to see pt for ROM exercises this am. pt performed own pin care and small 2x2 dsg Δ on (L) extremity, (+) BM, am care provided. MRSA precautions taken. Restraints per CPM protocol. Will cont to monitor pt. [redacted] b(6)-2 |
| 12 OCT 03 @ 2115 | Assumed care @ 1800; All VSS, pt A+O x3, (+) CMS throughout, +2 PP, brisk cap Ref, N intact, pt amb c̄ crutch assistance 3 difficulty; pt performs own pin care & dsg Δ to (L) LE, Ex-fix in place; Hickman to (L) chest patent & easily flushes; MRSA precautions taken; Restraints in place, (+) circulation, (-) skin breakdown; will continue to monitor [redacted] b(6)-2 |
| 13 OCT 03 | Pt Awake. VSS 5152 pscnt (+) BS x4 quads. LS CTA (R), Drsg Δ & Pin care to (L) LE completed. Hickmann to (L) chest in place Flushed & Patent. Devices [redacted] will continue to monitor. [redacted] b(6)-2 9/W/MB |
| 13 Oct 03 @ 2045 | Assumed care @ 1800; All VSS, pt A+O x3, (+) CMS to [redacted] LE, +2 PP, brisk cap Ref; pt amb c̄ crutch assistance; pt performed own pin care; Ex-fix in place; Hickman to (L) chest patent & easily flushes; cont c̄ IV abx; MRSA precautions taken; Restraints in place, (+) circ, (-) skin breakdown, cont. monitor [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. |
|---|---|---|
| | | |

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

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

| DATE | NOTES |
|---|---|
| 14 Oct 03 0900 | VSS Alert & Oriented. OOB → BR c crutches for shower. Consumed Reg Diet for Breakfast. Pin sites cleaned Ø crustation or drainage noted. Hickman cath intact & patent. Lungs clear. Peripheral pulses +2. Denies pain or discomfort @ this time. MRSA precautions continued. Will continue care as plan — b(6)-2 [redacted] |
| 14Oct03@1920 | Assumed care @ 1800; All VSS; pt A&O×3, ⊕CMS, +2 PP, brisk cap Ref, NV intact throughout; OOB to amb c crutch assistance; pt performs own pin care, ⊖ s/sx infection; Hickman cath patent, easily flushes; ⊖ c/o pain or discomfort @ this time; Restraints in place, ⊕ circ, ⊖ skin break d, cont to monitor b(6)-2 [redacted] |
| 15OCT03@1200 | Assessment done. V.S.S. Pt. A&O×3. AM care done. Pin care done by pt. Hickman catheter DSNG d'd, Sterile technique used. Vancomycin IVPB complete; Central line flushed & heparinized. [redacted] 2CT, AM |
| 15OCT03@1630 | Pt. OOB to BR, ambulates well c crutches. EPW restraint protocol used no skin breakdown noted. All other assessments WNL. [redacted] 2CT, AM b(6)-2 |
| 15OCT.03 2000 | Pt A+O×3, VSS, LS CTA ⊕, ⊕BS×4, ⊕ subclavian cath intact, dsg CDI, Ø s/sx of infex, flushes well. Ex Fix LLE in place open to air. OOB → BR c crutches, medicated for pain c 11/11 percs, 2 pt restraint in place ∑ s/sx of poor circulation or skin breakdown. [redacted] 9iw b(6) 2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| EPW [redacted] b(6)-4 | | | |

| DATE | NOTES |
|---|---|
| 16OCT03 | ORTHO |
| 0830 | now ~ 5 wks s/p open reduction / ex fix c̄ Abx beat placed |
| | been on iv vanco for MRSA ⊕ cx. |
| | AFebrile |
| | ESR 99 → 25 |
| | hand looks good |
| | XRAYS show maintained good alignment |
| | |
| | OR tomorrow |
| | ORIF + ICBG |
| | cx |
| | probable remove Fixator @ that time. |
| | b(6)-2 |
| | [redacted] |
| | CPT |
| | |
| 17OCT03 | ORTHO |
| 1004 | no Δ |
| | AFVSS |
| | many trauma this AM in the OR. |
| | will put him on for tomorrow. |
| | [redacted] b(6)-2 |

EPW [redacted] b(6)-4

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| | (continued) |
| 17OCT03 0900 | ~~bone exposed. Jelly dsg removed, wound c̄ serosanguinous drainage.~~ Spray [redacted] Spray drainage. Will continue care as planned. [redacted] 2LT A |
| 17OCT03 1130 | NPO status D/C. cancled for OR Today. IVF d/c ~~until~~ pt until PMN Today. O/C for OR Tomorrow. Will inform next shift. [redacted] 2LT A |
| 17OCT03 2000 | Pt A&Ox3, VSS, OOB → BR c̄ crutches, voiding well, Ex Fix LLE pin sites CDI, NPO PMN to OR in AM, pt ate dinner, CL ⊕SC intact, flushes well, peripheral pulses +2, cap ref. < 3sec, 2pt restraint ∵ ⊼/Sx of complications. [redacted] 9W |
| 18OCT03 1430 | Received pt this am, VSS, NPO for surgery, ex fix in place A&Ox3. Returned from surgery @ 1140. pt had bulky dsg w/ shadowed drainage to LLE. LLE ↑, medicated w/ percocet per MAR. Central line dsg Δ'd, LR @100 cc/hr infusing w/o apparent complication. Will cont to monitor pt. Vanc hung. Blood drawn @ 1200 done prior. Antibiotics per CPW protocol, ∅ breakdown noted. [redacted] |
| 18OCT03 2201 | VSS. A&O. ⊕ pulse to LLE ⊕1. CR ≤ 3 [redacted]. Foot is warm to touch. LLE elevated and border marked of shadow. Continued c/o pain to ⊕ hip and LLE all provided 8mg $MgO_4$ and altered relief. Voiding light amber urine quantity sufficient ∵ difficult. c/o ~~est~~ scratchy throat, but tolerable. [redacted] |



MEDCOM - 18892

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16Oct03 1000 | VSS Alert & Oriented. OOB c crutches to BR. Hickman cath patent / intact. Pin sites to (L) LE ext fix without drainage or crustation. Incision healed to LLE c small scabbing to center of incision. (L) LE incision left OTA. Pedal pulses +2. Toes capillary refill <3 sec. Will continue care as planned. b(6)-2 [redacted] 2CTAn |
| 16OCT.03 1830 | Pt A+Ox3, VSS, denies pain @ this time. Ex Fix on (L) LE, area around pins healed, Hickman cath (L) SC intact, flushes well, NPO p MN, Start LR @ 100cc/hr, ~~to AM tom.~~ ~~OR~~ JR to OR in AM, 2 pt restraint in place c s/sx of complications. [redacted] 9IU b(6)-2 [redacted] RN |
| 17Oct03 0900 | VSS Alert & Oriented OOB c crutches to BR NPO and awaiting o/c for OR. (L) SC hickman cath patent & intact infusing LR @ 100cc/hr (L) LE ext fix pin sites without crustata / drainage. Pedal pulses +2. Toes capillary refill <3sec. ~~(L) LE wound with [illegible] red tissue and small amt of tan exudate~~ Eschar |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST b(6)-2 | MI | SPONSOR [redacted] 2CTAn

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. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

19 OCT 2003 POD#1
Vanco

q new c/o's. q hrly / tiny
AF LSS
Wiggles toes. NVI distally. Dressing stained / intact.

- Cont IV VANCO for few more days. then D to Clinda po
- Mon D/C to camp when wounds allow.
- Clinda for another 2wks.
- D/C Hickman catheter prior to Discharge.
- return 2wks for clips out / sutures / cont ✓ / XRAYS.

[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.

CP# [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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10/19/03 | ortho |
| 1/12 | prop Dx: (L) tibia Fx |
| | postop Dx: same |
| | ORIF + ICBG + remove ex fix + I/D |
| | Hugate, Olivero |
| | GETA |
| | EBL 500 cc |
| | to RR stable vs (w) - 2 |
| | ↓ complication. |
| | [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. |
|---|---|
| | |

**PROGRESS NOTES**
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19OCT03 | 1000- assumed care of pt. @ 0600. Pt resting well at this time. VSS- A+O. Drsng to (L) LE intact c̄ drainag (+) pulses to LLE (+) 1. cap refill <2. Elevated LLE c̄ pillow. Hickmans b(6)-2 CDI. Will cont. to monitor pt. [redacted] (1740) I concur c̄ above assessment. [redacted] |
| 19OCT03 2000 | Pt resting in bed, A+Ox3, VSS, LS CTA (B), (+) BSx4, Ex Fix LLE cover c̄ dsg + ACE wraps CDI. c/o pain, medicated c̄ 11 perc as per orders. Tol PO well, CL → (L) SC intact, Ø s/sx of infex, pedal pulses equal (B), cap refill <3 sec. LLE elevated c̄ blanket, 2 pt restrain c̄ s/sx of complications, dsg on (L) upper thigh CDI. b(6)-2 [redacted] I Concur with above assessment [redacted] |
| 20OCT03 0725 | VSS. A&O. Medicated c/o pain to LLE and provided 5mg Percocet and 2 percocet for pain. Tolerated well. DSG intact to LLE. (+) 2 pulses tibial pulse. CMS intact. Tolerating PO well. Boards of stretcher marked on [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | |
|---|---|---|---|---|
| | LAST | FIRST b(6)-2 | M | (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.

PROGRESS NOTES
Medical Record

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

[redacted] b(6)-4

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 20 OCT 03 2000 | Pt A+OX3, VSS, LS CTA (B), (+) BS x4, medicated for pain ≈ 2 percs, dsg LLE Δ'd, staples + sutures intact, dsg had Ø drainage, dsg on (L) hip CDI, ate well, CL → (L) SC patent, flushes well, Ø s/sx of infex, LLE elevated ≈ pillow, 2 pt restraint in place ∃ s/sx of complications. [redacted] |
| 21 OCT 03 0905 | VSS. AO. ∅ c/o pain this AM. Resting comfortably. Tolerated PO this AM well. Small, nonproductive cough, but encouraged to deep breathe and continue coughing. Use of IS. Voiding light yellow, quantity sufficient. (+) pulse & CMS intact to LLE. CR < 3 seconds. DSG CDI to LLE. [redacted] |
| 1545 | Seen by Ortho (+) outlook. [redacted] |
| 21 OCT 03 1930 | Pt A+OX3, VSS, OOB to BR, LLE dsg Δ'd, small amount of drainage from incision, staples + sutures CDI, medicated for pain ≈ percs, abd soft flat nontender, incision on (L) hip open to air, sutures CDI, Ø s/sx of infex, tol PO well, CL (L) SC intact, Ø s/sx of infex, 2 point restraint ∃ s/sx of complications. LS CTA (B), active BS. [redacted] |
| 22 OCT 03 0850 | VSS. AO. PERRLA. LS CTA B. OOB to BR ∃ difficulty. Tolerated PO well this AM. Skin integrity intact ∃ complications. Sutures to (+) OTA and CDI. (+) pulse to LLE and DSG CDI |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

| DATE | NOTES b(6)-2 A11 |
|---|---|
| 27 Oct 03 1741 | Assume care of PT @ 0600. A+O x3, VSS c/o ø pain. Removed sutures and staples, minimal bleeding. Ambulatory in 2pt restraints without irritation while in bed. Will continue to monitor. [redacted] |
| 27 OCT 03 2015 | Pt A+Ox3, VSS, OOB → BR c crutches, incision on LLE healed open to air, steri strips CDI, ø drainage noted, medicated for pain c 2 percs as per orders, ~~during day shift while d/c CL~~ a piece of the CL cath remains on d CL site, dsg over site saturated c blood, d'd CDI, possible d/c tomorrow, IV started @ FA, IV meds given, voiding w/o diff, ø s/sx of complications on points of restraint. [redacted] gw [redacted] |
| 28 Oct 03 0638 | Late entry from 27 Oct 03, 0600 shift. Dr. [redacted] informed that a piece of CL cath remained in PT while DC ing dc cath. Informed to place op site over cath and check for bleeding and Dr. [redacted] will remove rest of cath. At change of shift site CDI, no bloody drainage. No acute distress. Will cont. to monitor. [redacted] |
| 28 Oct 03 1600 | Assume care of PT @ 0600. A+Ox3, VSS Ambulate c crutches Dr. Davis removed rest of CL cath that remained from yesterday. Placed two stitches in PT chest. Area is producing little to no bleeding. IV still intact. Went to OR this afternoon waiting on return. Will cont. to monitor. [redacted] |
| 28 Oct 03 1630 | I concur c above assessment. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-2 All

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 25Oct03 1930 | VSS Alert & Oriented OOB c̄ Crutches to BR. (L) LE incision with staples intact. Incision edges well approximated. Incision without drainage or crustation @ this time. Pedal pulses +2. Capillary refill to toes <3sec. (L) LE T on foldal blankets. Will continue care as planned. [redacted] (L) Subclavian central line patent & intact. [redacted] |
| (1200) | Pt alo, VSS, medicated c̄ Percocet II for c/o pain to (L) leg. (L) LE c̄ staples intact (area cleaned) ∅ drainage noted @ this time. (+) + equal pedal pulses, brisk cap refill. (L) LE elevated. ROM encouraged. amb c̄ crutches NWB LE x1. H20 @ BS. 2 pt restraints on while in bed 3 compromise to skin or circulation. Will monitor [redacted] |
| 26Oct03 1900 | VSS Alert & Oriented OOB c̄ crutches to BR (L) chest Hickman cath patent & intact. (L) LE c̄ staples intact and edges of incision well approximated. Pedal pulses palpable +2. Capillary refill brisk to toes LE T on foldal blankets |

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

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

REGISTER NO. | WARD NO.

**PROGRESS NOTES**
Medical Record

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

[redacted]

b(6)-4

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

| DATE | NOTES |
|---|---|
| 10/27/03 | Dic Note<br>29 y/o ♂ = infected non union of Left tibia. After 6 weeks IV antibiotics patient had open reduction internal fixation with bone grafting. He is to remain non weight bearing for six weeks. Follow up in 6 weeks for repeat X-rays. Continue oral antibiotics x 2 weeks.<br>[redacted]<br>b(6)-2 |

#[redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | NOTES |
|---|---|
| 22OCT03 | b(6)-2 All ↓ |
| 0880 | BS(+)x4. Urinating light yellow urine, QS. [redacted] LLE elevated while in bed. |
| 22OCT03 0740 | Pt A&O LS CTA (B). S1 S2 Present VSS. [redacted] +BS x4 quads. Pt voiding qs c/o difficulty. (L) LE Drsg CDI. Pt Ambulates well c crutches. complains of Pain controlled c [redacted] SpC9/W |
| 23Oct03 1509 | Assume care of Pt @ 0500. VSS, A+Ox3 Ambulatory, C/o pain given two percocets. Elevated LLE while in bed. Skin intact @ restraint site x2. Will continue to monitor. 9/W SPC [illegible] |
| 23OCT03 2300 | Assumed care of Patient @ 1800 hrs. Pt S1 S2 present LS CTA (B). (+) BS x4 quads. Pt voiding c/o difficulty. Tol PO well D/C hr (L) LE Drsg CDI. No Drsg [redacted] Percocet controlled pain [redacted] SpC9/W |
| 24Oct03 1542 | Assumed care of Pt @ 0600. VSS, A+Ox3 C/o pain given two percocets. Drsg d/c to (R) leg. Pin care done as well. ø signs of infection, Stitches intact. In apt restraints, no signs of irritation. Ambulatory to bathroom |

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

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

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

**PROGRESS NOTES**
Medical Record

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

[redacted]

b(6)-4

LAST NAME | MI | NUMBER

| DATE | b(6)-2 AM NOTES |
|---|---|
| (cont.) | Will cont. to monitor. [redacted] |
| ~~24OCT03 2100~~ | [redacted] |
| 24OCT03 2100 | - Assumed care of pt. @ 1800. Assessment completed. PERRLA. LS CTA(B) Resp even un-labored, abd. soft non-tender. voiding per urinal. Pt. ambulated to latrine x two. Tolerates PO + Reg diet well. Pt. conduct self ROM exercises. Hickmas catheter ant. c̄ ⊖ s/sx infection. (L) LE wound cleaned c̄ 1/2 peroxide + NS staples intact c̄ ⊖ s/sx of infection. Incision to (L) hip intact also cleaned c̄ 1/2 peroxide + 1/2 NS. Pt resting well @ this time c̄ Two pt. restraints in place. ⊖ skin breakdown (+) circ. Will cont. to monitor pt. [redacted] |
| | OKTHO STAFF |
| 25OCT03 | Wounds clean dry. Afebrile VSS. Suture/Staple removal 3 days. Then D/C to CAMP. [redacted] |
| 25 Oct 03 1550 | Assume care of PT @ 0600. c/o pain given percocets. VSS. A+Ox3 ⊖ signs of skin irritation at 2x restraint sites. (L) leg is open to air, staples intact. Distal pulse present in 2x legs. Will cont. to monitor. [redacted] |
| | (1735) I concur c̄ above assessment. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 10/28/03 | OpNote |
| | PreOpDx: Wound haematoma (L) leg |
| | PostOpDx: Same |
| | Procedure: Evacuation of haematoma |
| | Surgeon: [redacted] |
| | Esl: 50cc |
| | Fluids: 1000cc |
| | Specimens: cultures obtained |
| | Cx: ¢ |
| | b(6)-2 A11 |
| | [redacted] |

H946

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | NOTES |
|---|---|
| 28OCT03 2000 | Pt A+O×3, LS CTA (B), (+) BS×4, VSS, dsg on old CL site CDI, dsg + ace wraps to LLE CDI, JP drain in place, draining blood, emptied 12cc of blood, pain controlled c̄ 11/11 percs, pt tol PO well, HL (D) FA intact, flushes well, ø s/sx of infex, voiding s̄ diff, 2 point restraint s̄ complications. b(6)-2 [redacted] 9IW |
| 29 Oct 03 1427 | Assume care of PT @ 0600. A+O×3, VSS c/o pain given two percocets. Drainage from (R) leg, 20cc of blood @ 1200. In 2pt restraints without skin irritation. Aid IV to (R) arm. Will cont. to monitor. b(6)-2 [redacted] |
| 29OCT@ @2300 | Pt amb c̄ crutches. (L) ft. elevated + wrapped in ace bandage. Pt c/o pain medicated c̄ 2 percocets. JP drain in place. Draining blood. Will record output at end of shift. ø S/Sx infection. [redacted] RN/AN |
| 30Oct@0545 | JP drain ex 10cc b(6)-2 [redacted] |
| 30 Oct 03 0630 | pt asleep at this time, (R) leg wrapped in ace bandage post-op JP drain in place draining blood. Will monitor |
| 0940 | Pt [redacted] came down to do drsg Δ, wound intact |

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

[redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 6/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

b(6)-2 AU

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

| DATE | NOTES |
|---|---|
| 30 Oct 03 | sutures intact, with no drainage skin @ circulation - s/s of infection, procedure iodine applied. [illegible] extremity covered with 4x4, curlex and ace bandage, drsg on (L) pectoral changed sutures drsg CDI applied with 2x2 and tape. Pt has ∅ c/o pain at this time. Restraints in place x 2. Circulation intact. Meds given as scheduled. JP drainage recorded end of shift on chart start. [redacted] |
| | (1725) I concur c̄ above assessment. [redacted] |
| 30 Oct 03 1900 | VSS Alert & oriented. (R) FA Saline lock patent & intact. Peripheral pulses palpable +2. Drs to (L) LE dry & intact with ACE wrapping. Capillary refill brisk to (L) toes. JP to (L) LE draining small amt of serosanguinous fluid. (L) LE ↑ on folded blankets. Will continue plan of care. [redacted] |
| 31 Oct | Pt awake and oriented x3, pt had [illegible] of pain from (L) extremity, pt given 2 percs, drsg to (L) extremity JP drained 100cc, drsg appears CDI, Pt given meds as ordered. No other remarkable findings. |
| 1 Nov 03 @ 0315 | Assumed care of pt @ 1500. VSS. 90 n/a & leg pain, percocet given c̄ good relief noted. Alert, speaking arabic. LE wrapped in dsg c̄ kerlix & ace wrap. (+) cms to LE, +2 DP pulse, equal (BL). (R) ac pushes easily. 2pt restraint on S/Sx of skin/circulation compromise. Plan: cont MRSA precautions, IV ABX, monitor I/O output, monitor CMS. [redacted] |

STANDARD FORM 509 (REV. 6/1999) BACK

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 14 Apr 03 | Discharge Summary<br>This is an Iraqi EPW treated for his infected tibial non union c̄ IV antibiotics and open reduction internal fixation c̄ iliac crest bone grafting. His wounds are closed and they should continue to be dressed and kept clean + dry. Continue daily levoquin 500mg QD. Non weight bearing left lower extremity for 6 weeks. F/u here for suture removal in one week.<br>[redacted] Alone<br>b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 0NOV03 | (1500) Pt stable for d/c to EPW camp. Escorted - ambulatory c̄ crutches by MPs. [redacted] USA<br>Voluntary-2 |

#05746

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

NSN 7540-01-075-3786

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

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

STREET ADDRESS: EPW camp

CITY: | STATE: | ZIP CODE:

**ARRIVAL**

DATE *(Day, Month, Year)*: 03 Oct 03 | TIME: 1010

TRANSPORTATION TO FACILITY: wheel vehicle

SEX: M

AGE:

| 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: Vancomycin

ALLERGIES: NKDA

**INJURY OR OCCUPATIONAL ILLNESS**

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

**EMERGENCY ROOM VISIT**

DATE LAST VISIT: 29 Sep | 24 HOUR RETURN: ☐ YES ☐ NO

**TETANUS**

DATE LAST SHOT: | COMPLETED INTITIAL SERIES: ☒ YES ☐ NO

CHIEF COMPLAINT: (2) Leg pain 2° injury

**CATEGORY OF TREATMENT**

☐ EMERGENT

☐ URGENT

☒ NON-URGENT

TIME: 1032

INITIALS: b(6)-2 [redacted]

**VITAL SIGNS**

| TIME | 1003 | | | | |
|---|---|---|---|---|---|
| BP | 110/71 | | | | |
| PULSE | 84 | | | | |
| RESP | 16 | | | | |
| TEMP | 97.7(1) | | | | |
| WT | | | | | |

**LAB ORDERS**

| | | | | | |
|---|---|---|---|---|---|
| ☒ | CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT | |
| | URINE C&S | ☒ UA MSCC/CATH | | ☒ CHEM: Lytes, LFTS | |
| | BLOOD C&S X | | | | |

**X-RAY ORDERS**

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

**ORDERS**

☐ PULSE OX ☐ MONITOR ☐ ECG

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

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

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

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATE

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)*

EPW [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 1015 |
|---|---|---|

**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

Pt is a 24yo Iraqi ♂ EPW s/p GSW to (L) Tibia 9/A 12 Aug & Bx initially c̄ casting. Ex fixed 12 Sep due to draining sinus tract. Rx c̄ Abx beads & I/D. Pt Later grew out MRSA & was started on VAnc ~29 Sep. Pt was sent to Iraqi hosp but they were unable to care for him & sent him back to us.

O: WDWN NAD AAO x3 no JVD
HEENT: NL
Lys: (+) LOM
Grm: 8mm. Chest: (+) Hickman Catheter
Abd: BS x4 NT
Ext: (L) Tibia ex fix Mvindad.

P: Admit to Orthopedics.

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

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP

[redacted]

DIAGNOSIS
MRSA (L) Tibia Osteomyelitis

CODES b(4)-2

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

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: EPW [redacted] b(2)-2

CITY | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)*: 11 Sept 03 | TIME: 1106

TRANSPORTATION TO FACILITY: Air Evac

| 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 | | |
| 29 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM: Interpreter | | | | NAME OF INSURANCE COMPANY | | |

CURRENT MEDICATIONS: Flagyl

ALLERGIES: NKDA

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

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

CHIEF COMPLAINT: GSW (C) leg 30 day ago

**CATEGORY OF TREATMENT**

☐ EMERGENT
☐ URGENT
☒ NON-URGENT

TIME: 1106

INITIALS: JLC

**VITAL SIGNS**

| | | | | | |
|---|---|---|---|---|---|
| TIME | 1106 | | | | |
| BP. | 107/65 | | | | |
| PULSE | 71 | | | | |
| RESP. | 18 | | | | |
| TEMP | 98.4 | | | | |
| WT | | | | | |

**LAB ORDERS**

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

**X-RAY ORDERS**

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | HEAD CT |
| ANKLE R/L | X T,b Fib |

**ORDERS**

☒ PULSE OX 99% ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 1200 | Toradol 30mg IV | [redacted] | b(6)-2 | 1203 | Pain better |

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)*

EPW, [redacted] b(6)-1

[redacted]

**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 |
|---|---|---|

BUN - 7 Cret 1.3

**TEST RESULTS**

| CBC | | SMAC | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|---|
| WBC 5,600 | | 138 | 4.1 | SUP 02 | PH | PO2 | RESULTS | |
| H/H 14.2 | | | | | | | | |
| PLT | | 101 | 24 | PCO2 | SAT | OTHER | | |
| PT | | | | U/A DIP | | | EKG INTERPRETATION | |
| APTT | BHCG | ETOH | GLU 90 | MICRO | | | | |

PROVIDER HISTORY/PHYSICAL

S/ 29 Iraqi EPW. with G.S.W (R) Leg - one month ago
Has had cast for 2 week. c/o pain from wound site.

O/ T=98.4 P-71 B.P. 107/65
alert
Lungs - clr
Heart - RR - nc
Abd - soft
(R) leg - cast removed -

Approximately 4" below
(R) Knee - 1" wound
Back side - no exit
~~Lateral~~
Lateral aspect (R) thigh
1cm - newly healed wd

Pulse = 2+
Neuro =

| CONSULT WITH | TIME | ACTION | RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | PROVIDER SIGNATURE AND STAMP |
| (cell) | | | [redacted] MD |

b(6)-2

DIAGNOSIS

1/ G.S.W (R) Leg with Fx
Tib / Fib

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

MEDICAL RECORD | CONSULTATION SHEET

b(2)-2

REQUEST

| TO: | FROM: (Requesting activity) | DATE OF REQUEST |
|---|---|---|
| ORTHO - [redacted] | Dr. [redacted] (b)(6)-2 (b)(2)-2 | 11 SEPT 03 |

REASON FOR REQUEST (Complaints and findings)

GSW 30 days ago to Lt Leg - was in Iraqi hospital. Taken into custody few days ago. Cast was applied (15 days after GSW) and sent to prison.

PROVISIONAL DIAGNOSIS Please recalculate & REPLACE CAST, after X Ray

CAST appears soft ~~on~~ proximally

| DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION | |
|---|---|---|---|
| [redacted] b(6)-4 | | ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY |

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO TELEMEDICINE ☐ YES ☐ NO

ATTEMPTED TO CALL [redacted] - unable to establish contact due to technical issues. b(2)-2

(Continue on reverse side)

| SIGNATURE AND TITLE | DATE |
|---|---|
| | |

| HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | DEPARTMENT/SERVICE OF PATIENT |
|---|---|---|
| | | |

| RELATION TO SPONSOR | SPONSOR'S NAME (Last, first, middle) | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|
| | | |

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

SPW [redacted] b(2)-2

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

## SKIN AND WOUND ASSESSMENT

**MEDICAL RECORD** (Wounds ~ 30 days old) **PROGRESS NOTES**

Admission Date: 9-11-03 Diagnosis: GSW (R) leg Fx Tib-Fib (R) Leg HD: 1 POD: 30 OR tomorrow 9-12-03

### Braden Scale Evaluation (See Braden Evaluation Table for Details)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Sensory Perception** | No impairment | (4) | | **Mobility** | No limitations | 4 | |
| | Slightly limited | 3 | | | Slightly limited | 3 | |
| | Very limited | 2 | | | Very limited | (2) | |
| | Completed | 1 | | | Completely immobile | 1 | |
| **Moisture** | Rarely moist | (4) | | **Nutrition** | Excellent | 4 | |
| | Occasionally moist | 3 | | | Adequate (Eats >50%) | (3) | |
| | Moist | 2 | | | Adequate (Rarely eats) | 2 | |
| | Constantly moist | 1 | | | Very poor | 1 | |
| **Activity** | Walks frequently | 4 | | **Friction and Shear** | No apparent problem | 3 | |
| | Walks occasionally | 3 | | | Potential problems | (2) | |
| | Chairfast | 2 | | | Problems | 1 | |
| | Bedfast | (1) | | | | | |

*Add the total score* **Total Score**_____

| | |
|---|---|
| Above 20 | Low Risk |
| Between 16 and 20 | Medium Risk |
| Between 11 and 15 | High Risk |
| Below 10 | Very High Risk |

Note: A Braden Scale Score of less than or equal to 15 indicates **HIGH RISK** –Requires immediate Ulcer prevention program.

Surgical wound (s): Yes No Location: ~~LLE~~ Size: _____ Drainage: _____
Tubes: _____ Appearance: _____
Dressing change: _____

Pressure Ulcer (s): Yes (No)
Stage I, II, III, IV (Circle the one that applies and describe below)

Location: _____ Size: _____
Wound character: Pint____ Moist ____ Dry ____ Granulation tissue ____ Yellow slough____
Odor ____ Purulent discharge ____ Eschar ____ Exudates ____

Type of dressing change: Wet-to-dry____ Comfeel dressing ____ Carrasyn V-Gel____ Alginate ____

Physician notified/consulted for wound debridement: Yes____ No____
CNS notified/consulted for Stage II and greater: Yes____ No____
Nutrition Referral: Yes ____ No ____
Physical Therapy Referral: Yes____ No ____
Action Taken: ____ Date & Time: ____

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

**Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facilithy)**

b(ce)-4

EPW #[redacted]

**PROGRESS NOTES**

**Medical Record**
**STANDARD FORM 509**

| 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: 29<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): nkda<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:
IT D (L) Tibia, + Cast vs Ex Fix

5. ADDITIONAL INFORMATION: Last PO: MN Medical Hx: see H+P Implants: ø Medications: Flagyl
Jewelry removed: yes/no Family waiting: yes/no
GSW (L) Tibia 30 days ago

| 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. N/A |
| 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
ICW-1

| 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. N/A<br>o Check that safety straps are correctly applied.<br>o Offer pillow for under knees. N/A<br>o Place and take down legs from stirrups with slow bilateral motion. N/A<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 either 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. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS. Or continuation of above interventions. |

10. OR NURSING INTERVEN[redacted]ETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] 12 Sept 03 DATE

11. POS[redacted]ATIVE EVALUATIO[redacted]

Bone Site: CDF
Drsg: CDF
Breathing: S problem

b(6)-2 AN

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CPT/AN

DATE: 12 Sep 03 TIME: 2045

13. PREOPERTIVE EVALUATION PREPARED BY [redacted] LT/AN

DATE: 12 Sept 03 TIME: 1635

*REVERSE OF DA FORM 5179, JUN 91*

USAPA V1.01

| 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 Litter BY Anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 12 Sept 03 TIME PATIENT ARRIVED IN SUITE 1320

4. PATIENT IN ROOM TIME 1320 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

[X] CALM [ ] ANXIOUS [ ] EXCITED [ ] CRYING [ ] ANGRY [ ] WITHDRAWN [ ] OTHER (Specify)

COMMENTS: Allergies:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | Spc. [redacted] | RELIEF SCRUB b(6)-2 | |
| ASSIGNED CIRCULATOR | LTC [redacted] | RELIEF CIRCULATOR | ILT [redacted] (1504) |

7. POSITION AND POSITIONAL AIDS (Specify)

[X] SUPINE [ ] LITHOTOMY [ ] PRONE [ ] KRASKE LATERAL: [ ] LEFT SIDE UP [ ] RIGHT SIDE UP

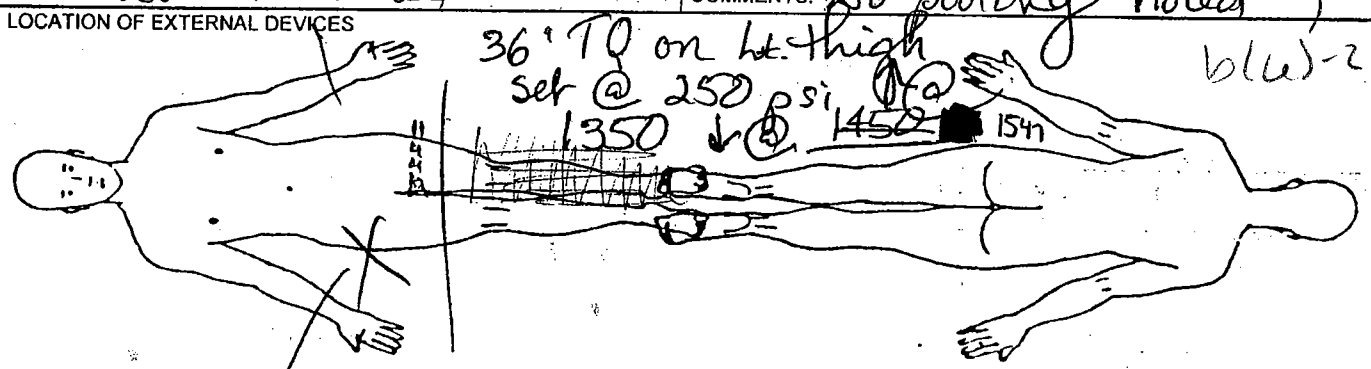
COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL [X] YES [ ] NO
DONE BY: [ ] OR [ ] NURSING UNIT
METHOD: [ ] DEPILATORY [X] RAZOR [ ] CLIP
COMMENTS: No nicks noted

PREP SOLUTION (Specify) Betadine scrub/sol.
SITE: Lt. leg BY WHOM:
SITE: BY WHOM: Aft. [redacted]
COMMENTS: No pooling noted

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad -- Safety Strap === Tourniquet X 94 min total @ 250mmHg

10. COUNTS

C = Correct I = Incorrect

| | | | Initial Other** | First Closing Count | Final Closing Count | SCRU[redacted] b(6)-2 | CIRCULA[redacted] |
|---|---|---|---|---|---|---|---|
| Sponge | [X] Yes | [ ] No | ✓ | C | C | Spc. [redacted] | LTC [redacted] |
| Needle Sharp | [X] Yes | [ ] No | ✓ | C | C | | |
| Instrument | [ ] Yes | [X] No | | | | | |
| Other | [ ] Yes | [X] No | | | | | |

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

[redacted] b(6)-4

ICW-1

12. ELECTROSURGERY DEVICE(S) (ESU) [X] YES [ ] NO

[X] ESU NO: Valleylab Force 2
GROUND PAD: BRAND REM Polyhesive II
LOT NO: 69671

[ ] ESU NO:
GROUND PAD: BRAND
LOT NO:

[ ] BIPOLAR NO:

cut: ~~30~~ 45 coag: ~~30~~ 45

13. PROSTHESIS, IMPLANTS ☒ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER Hoffman II load # 012530

4920-2-020 x2
5018-5-150 x4
5023-6-150 x x7
5029-8-830 x2
Tobramycin beads

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

PHYSICIAN'S SIGN[redacted]

15. X-RAY IN OPER[redacted] IF YES, SITE C-Arm. (Lt) leg
YES ☒ NO ☐

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☒ | NAME Lt [redacted] tibia Aerobic & Gm. Stain | NAME |
| NAME mt | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8" Penrose | 2. | 3. |
| SITE | 1 (L) leg wound | 2. | 3. |

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

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

Bovie Pad site intact pre-op Clear; post-op ✓ Bovie Settings: Coag/Cut 30/30, 45/45
Tourniquet Site intact pre-op ✓: post-op ✓
Tourniquet Time: Up 1300 Down ~~1550~~ cm 1547 Total: 94 min

20. OPERATION(S) PERFORMED
I+D Lt tibia
Placement Ex Fix (L) tibia

21. PATIENT TRANSFERRED TO b(6)-2 [redacted] PACU TIME See DA 7359 METHOD via Gurney b(6)-2

22. REGISTE[redacted] LTC AN [redacted] AN

REVE[redacted]DRM 5179-1, OCT 87 USAPA V1.01

**MEDICAL RECORD** | **INTRAOP[illegible] DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Wheeled litter BY Anesthesia

2. PATIENT IDENTIFIE[redacted]D AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 15SEP03 TIME PATIENT ARRIVED IN SUITE 0755

4. PATIENT IN ROOM TIME 0807 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKA yelling once in room

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR bed, head on foam doughnut, Bilateral Arms extended out to sides < 90° in CAP. Secured to padded arm board c̄ safety straps. LLE prepped into sterile field, folded towel under R heel

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

COMMENTS: Correct Body Alignment maintained.

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

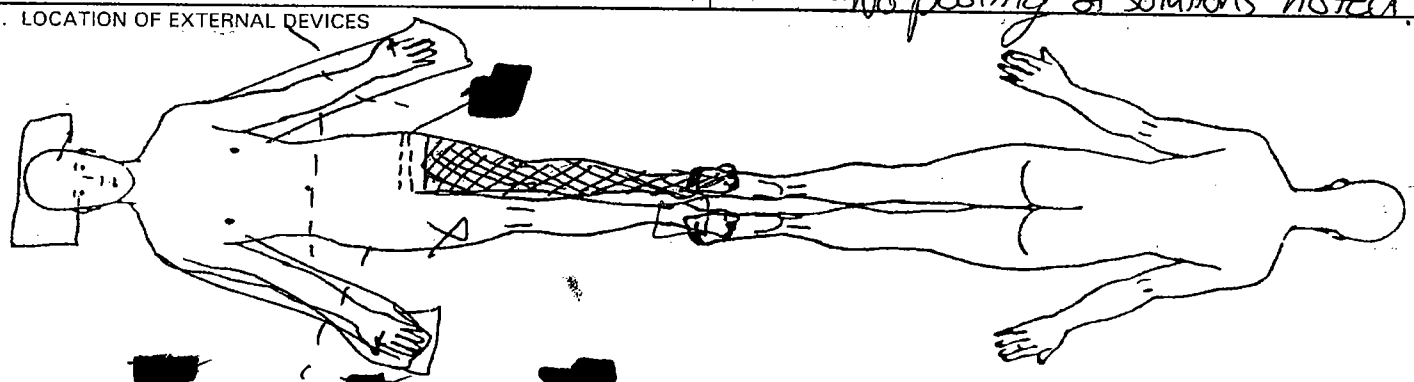
COMMENTS:

PREP SOLUTION (Specify) Betadine SITE: LLE BY WHOM: CPT [redacted] b(6)-2

SITE: BY WHOM:

COMMENTS: No pooling of solutions noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted]ety Strap [redacted] Tourniquet

10. COUNTS

C = Correct I = Incorrect

| | | | Initial Other** | First Closing Count | Final Closing Count | SCRUB b(6)-2 | 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;)

b(6)-4

# [redacted]

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

☒ ESU NO: R8B 10239S

GROUND PAD: BRAND Valleylab Polyhesive II REM

LOT NO: 68245 / 2005-02

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

NO:

Limerick, Ireland.

Full Dose

REF 6191 0 001

LOT CLJ157 Exp 10-2007

Surgical steel lot BA1056 & tobramycin 2.4gm

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Tobramycin 1.2gm | 2.4gm | intra-op | implant via beads | Dr [redacted] | b(6)-2 |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

QS. 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 (L) proximal tibial tissue | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. antibiotic bead packing | 2. | 3. |
| SITE | 1. (L) tibial wound | 2. | 3. |

18. DRESSING/IMMOBILIZATION (Specify)

Kerlex Fluff, Kerlex Roll,

19. ADDITIONAL INFORMATION

WC-IV

Bovie pad site pre-op CDI post-op CDI Bovie 30/30 Blend 1

tourniquet site pre-op CDI post-op CDI

Dr [redacted] Anesthesia - CPT Serafin CRNA GEN/Endo

DA Form 5179-1 previously initiated no Δ's noted.

20. OPERATION(S) PERFORMED

I+D (L) tibia & antibiotic bead placement

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICU3/PACU | 1015 | wheeled litter |

22. [redacted] CPT/AN

RE[redacted], OCT [redacted]

USAPA V1.00

b(6)-2 5×30 15×5

MEDCOM - 18919

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPER. ROOM VIA litter BY anesthesia

2. PATIENT [redacted] AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 25 Sep 03 TIME PATIENT ARRIVED IN SUITE

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

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] QLT 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 c padding under head (B) arms tucked at side c fingers

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

COMMENTS: Sx & checked by NSS staff & MD. Dr. [redacted] (CPT [redacted])

8. SKIN PREPARATION b(6)-2

HAIR REMOVAL ☒ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☒ RAZOR CPT Jones ☐ CLIP

COMMENTS: ☒ nicks or cuts noted

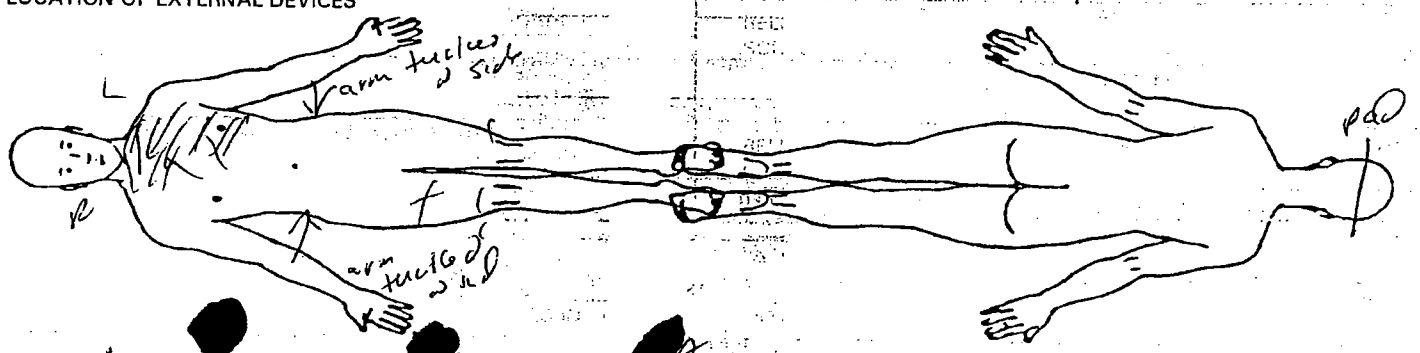
PREP SOLUTION (Specify) Betadine/Betadine

SITE: Chest BY WHOM: CPT [redacted] AN

SITE: Upper (L) Chest BY WHOM:

COMMENTS: ☒ pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES




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

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | C | C | C | b(6)-2 | |
| Needle Sharp | ☐ Yes | ☐ No | C | 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] (EPW)

ICW-1

b(6)-4

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

☒ ESU NO: RSE 105-305 30/30

GROUND PAD: BRAND Valley Lab

LOT NO: 20011 Exp 2005-04

☐ 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

MEDCOM - 18920

25 Sept

13. PROSTHESIS, IMPLANTS ☑ IF YES NAME: ID NUMBER TURER

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Heparin Sodium 1:1000 in 1L NS | 1cc | Intra-op | Flush | MTG | Dr. [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO; TYPE(S): N.S.

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

PHYSICIAN'S SIGNATURE [redacted]

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8
Tape
Opsite
Tape

19. ADDITIONAL INFORMATION

Surgeon [redacted] Anesthesia [redacted]

b(4)-2
All

20. OPERATION(S) PERFORMED

Hickman Catheter Placement

21. PATIENT TRANSFERRED TO PACU [redacted] TIME 1337 METHOD litter x 2

22. REGISTERED NURSE SIGN [redacted]

**MEDICAL RECORD** — **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY Anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 28Oct03 TIME PATIENT ARRIVED IN SUITE /

4. PATIENT IN ROOM TIME 1415 NUMBER 6

5. PREOPERATIVE EMOTIONAL STATUS

[X] CALM [ ] ANXIOUS [ ] EXCITED [ ] CRYING [ ] ANGRY [ ] WITHDRAWN [ ] OTHER (Specify)

COMMENTS: ø concerns voiced

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PF [redacted] b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

[X] SUPINE [ ] LITHOTOMY [ ] PRONE [ ] KRASKE LATERAL: [ ] LEFT SIDE UP [ ] RIGHT SIDE UP

COMMENTS: correct body alignment maintained

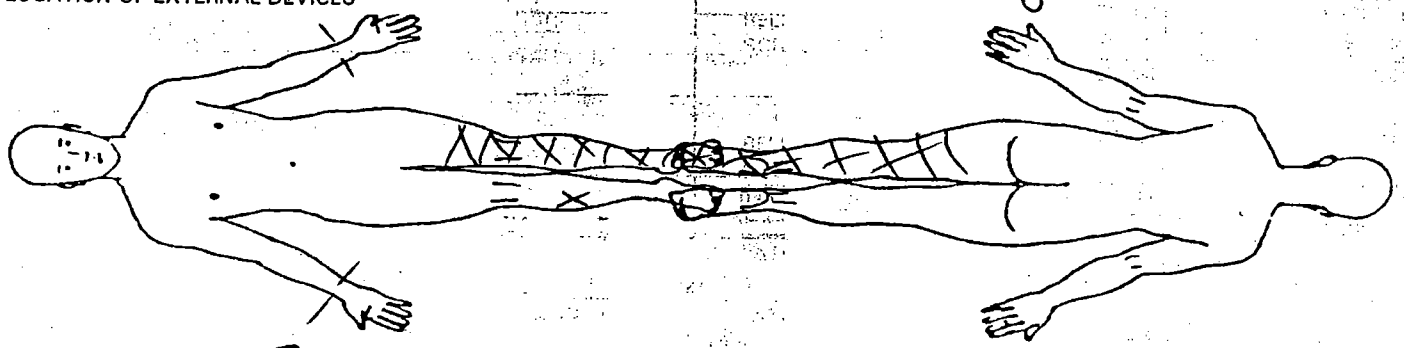
8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Beta Scrub / Beta Paint
SITE: (L) leg (2 in above knee to toes) BY WHOM: [redacted]
SITE: BY WHOM: b(6)-2

COMMENTS: no pooling or skin d's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted] -- Safety Strap [redacted] = = = Tourniquet prep area

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | [X] Yes | [ ] No | | | C | [redacted] b(6)-2 | |
| Needle Sharp | [X] Yes | [ ] No | | | C | [redacted] | [redacted] |
| Instrument | [ ] Yes | [X] No | | | | | |
| Other | [ ] Yes | [X] 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
28Oct03

12. ELECTROSURGERY DEVICE(S) (ESU) [X] YES [ ] NO
50150

[X] ESU NO: Valleylab Force 40
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 69671 2005-04

[ ] 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

MEDCOM - 18922

28 Oct

13. PROSTHESIS, IMPLANTS ☐ YES IF YES NAME: ID NUMBER; MA[illegible]URER

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 SIG[redacted] b(6)-2

15. X-RAY IN OPE[redacted]M IF YES, SITE
YES ☐ [redacted]

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☐ | NAME ① Aerobic Cx ② Leg Wound | NAME ② Gram Stain ② Leg Wound |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 10 mm JP | | |
| SITE | ② leg | | |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Kerlix
Ace wrap

19. ADDITIONAL INFORMATION
Surgeon: [redacted] b(6)-2
Anesthesia: [redacted]

* MRSA pt.

- DA5179 on chart, ∅ Δ's noted

20. OPERATION(S) PERFORMED
I+D ② knee wound, evacuation hematoma

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU (ICU3) | see DA7389 | Litter |

22. REGISTERED NURSE SIGNATURE
St[redacted] CPTAIN b(6)-2

REVERSE OF DA FORM [redacted]-1, OCT 87

MEDCOM - 18923

USAPA V1.00

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY

19 | HOUR

PULSE (O) | TEMP. F (•)

TEMP. C

(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.

**STANDARD FORM 511** (REV. 7–95) **BACK**

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY: 1

POST-DAY

MONTH-YEAR: Sept 2003 | DAY: 11, 12, 13, 14 SEP 03, 15 SEP, 9/16, 17 Sept | HOUR: 1845, 0800, 2, 1, 1845, 1900, 1, 1, 18

PULSE (O) / TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

80, 70, 60, 50, 40

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.

EPW# [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

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

# VITAL SIGNS RECORD

| | |
|---|---|
| HOSPITAL DAY | |
| POST-DAY | 25 |
| MONTH-YEAR / DAY | Sept / 26th / 27 Sept / 28 Sept / 29 Sept |
| 19 / HOUR | 1800 1900 01 8 1 08 1 10 8 12 |
| PULSE (O) | 79 9 9 9 8 8 |
| TEMP. F (•) | 8 8 4 5 8 0 |

| 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° / 98.6° | 37.2° / 37.0° |
| 120 | 98° | 36.7° |
| 110 | 97° | 36.1° |
| 100 | 96° | 35.6° |
| 90 | 95° | 35.0° |
| 80 | | |
| 70 | | |
| 60 | | |
| 50 | | |
| 40 | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 98 | | | | | | | | | | | | | | | | | | | | | | |
| | 57 | 104/62 | 104/62 | | | | 8 | 8 | 8 | 8 | 6 | | | | | | 8 | 6 | | | | | |

BLOOD PRESSURE

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 85 | 74 | 96.8 | | | | 127/77 | | 124/80 | | 120/68 | | | | | | 112/67 | | 116/62 | | | | |
| | 97.0 | 97.4 | 168 | | | | 126/74 | | 115/73 | | 116/70 | | | | | | | | | | | | |
| | 98% | | 99% | | | | | | | | | | | | | | | | | | | | |
| | | O2 | | | | | | | | | | | | | | | | | | | | | |
| | | 96/1 | 100/100 | | | | 97/(RA) | | | | 97% | | | | | | 98 | | 99% | | | | |
| | | RA | 98% | | | | 98% | | 98% | | RA | | | | | | | | RA | | | | |
| | | | (RA) | | | | (RA) | | (RA) | | 98% | | | | | | | | | | | | |
| | | | | | | | | | | | RA | | | | | | | | | | | | |

Record special data only when so ordered

HEIGHT: | WEIGHT →

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.

EPW #[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

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

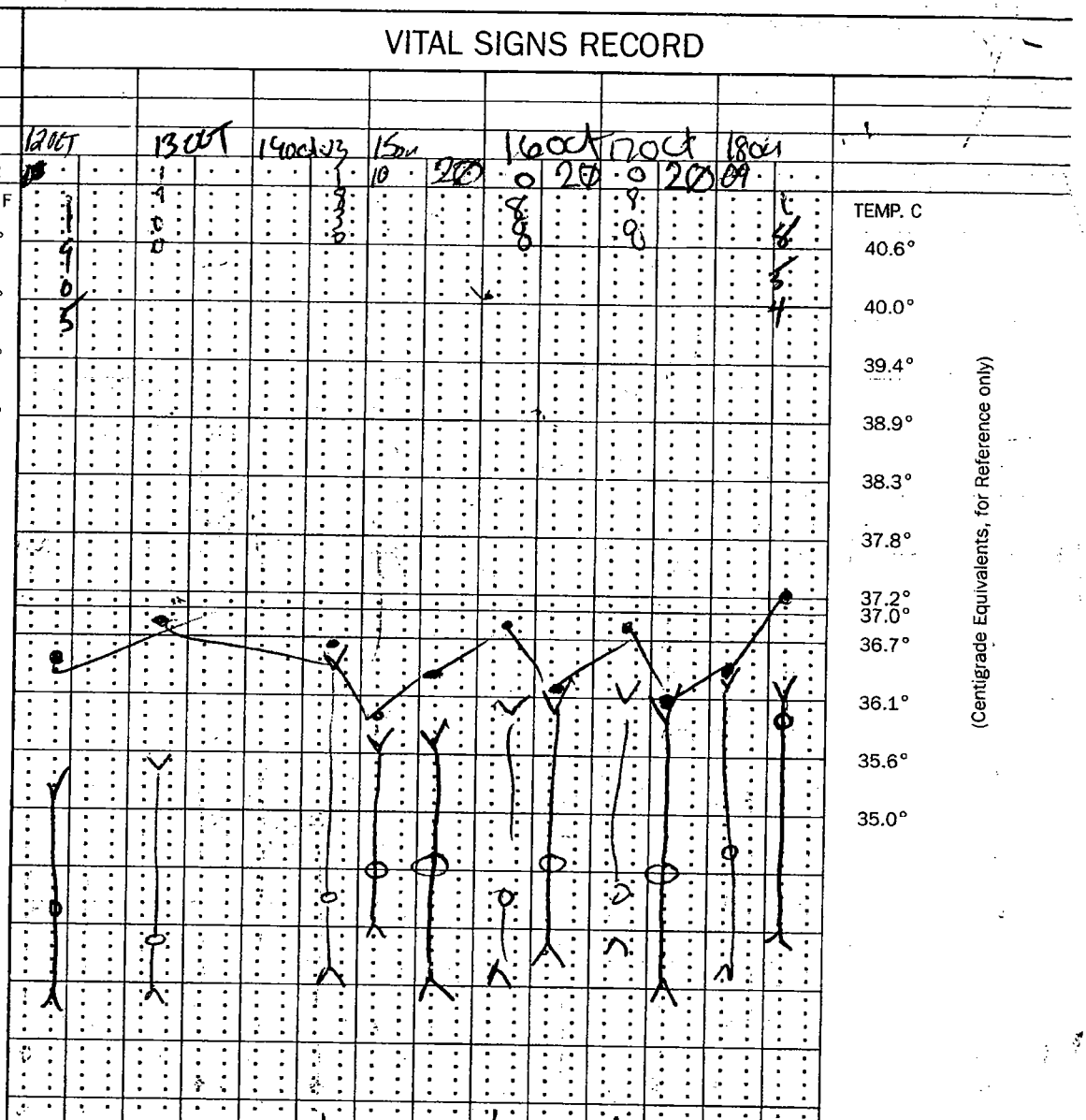
POST- DAY

MONTH-YEAR | DAY | HOUR

19

PULSE (0) | 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)*

REGISTER NO.

WARD NO.

#[redacted] b(6)-4

**STANDARD FORM 511** (REV. 7–95) **BACK**

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

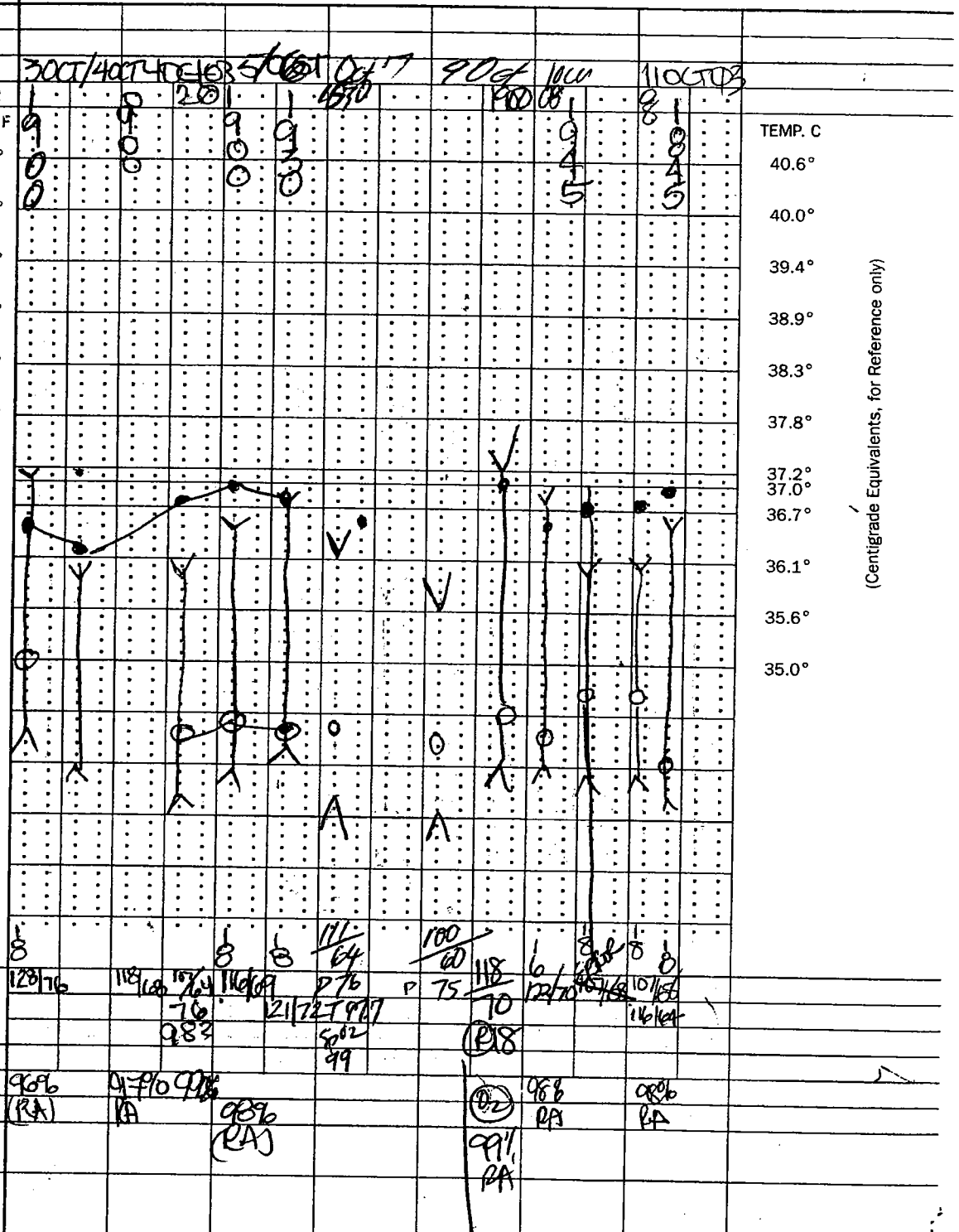
POST- DAY

MONTH-YEAR DAY

19 HOUR

PULSE (O) | TEMP. F (•)

TEMP. C (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

**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

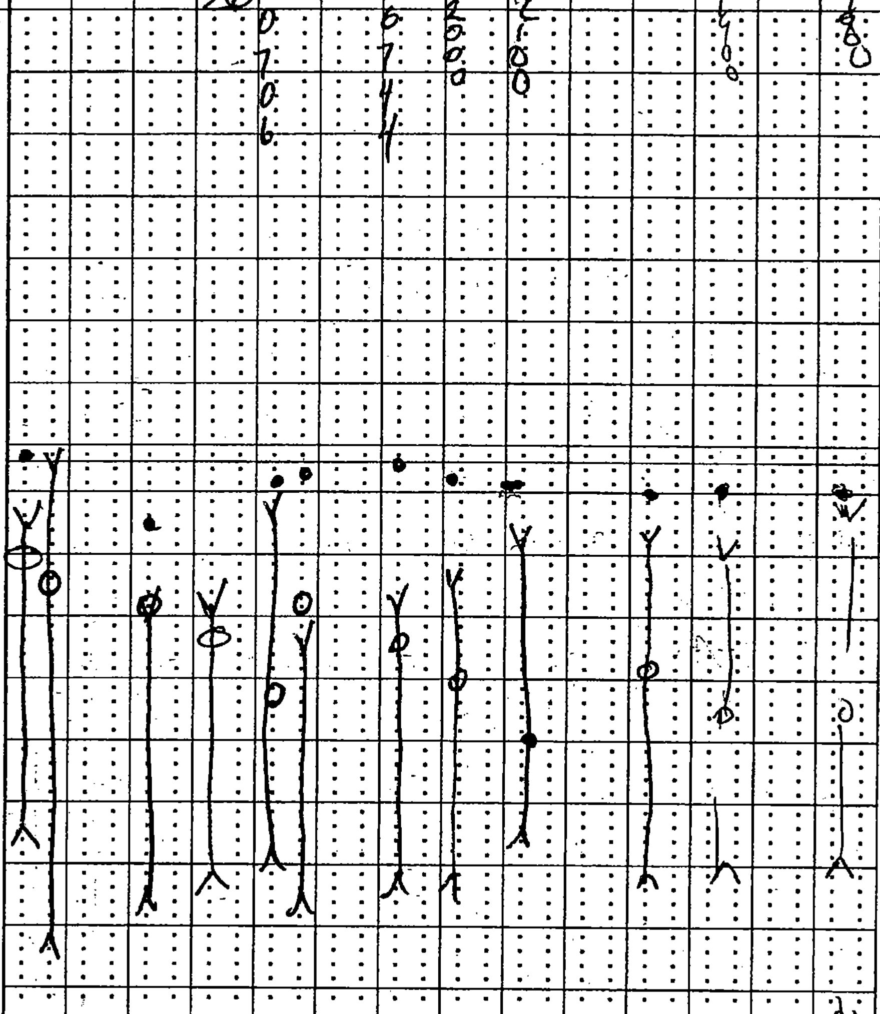
## VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| POST- DAY | | | | | | | | |
| MONTH-YEAR DAY | 19 OCT | 20 OCT | 21 OCT | 22 OCT | 24 OCT | 03 25 OCT | 26 OCT | |
| 19 HOUR | | 20 | | | | | | |

PULSE (O) / TEMP. F (•) / TEMP. C

| PULSE | 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° / 98.6° | 37.2° / 37.0° |
| 120 | 98° | 36.7° |
| 110 | 97° | 36.1° |
| 100 | 96° | 35.6° |
| 90 | 95° | 35.0° |
| 80 | | |
| 70 | | |
| 60 | | |
| 50 | | |
| 40 | | |

(Centigrade Equivalents, for Reference only)



RESPIATION RECORD

Record special data only when so ordered

BLOOD PRESSURE: 115/66 127/76 105/53 113/61 101/58 105/58 111/65 113/58 110/60 116/62

110 107 101/55 96 94 2 9 99 98.3 98

98 111 89 98 90 H92

HEIGHT: WEIGHT → 97.6 48 47 97% 98%

98% 98% 98% RA RA 98% 98 98%

95/55 98.5 163 97%

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

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY 28

19 | HOUR 20

PULSE (0) | TEMP. F (°)

105°
180 | 104°
170 | 103°
160 | 102°
150 | 101°
140 | 100°
130 | 99°
98.6°
120 | 98°
110 | 97°
100 | 96°
90 | 95°
80
70
60
50
40

TEMP. C

40.6°
40.0°
39.4°
38.9°
38.3°
37.8°
37.2°
37.0°
36.7°
36.1°
35.6°
35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD 16

BLOOD PRESSURE 115/58 124/73
98 79
92 87

HEIGHT: WEIGHT → 98% 98%

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.

**STANDARD FORM 511** (REV. 7–95) **BACK**

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Oct 03 | DAY 29 30 30 31

19 | HOUR

PULSE (0) | TEMP. F (°) | TEMP. C (Centigrade Equivalents, for Reference only)

105° — 40.6°
180 — 104° — 40.0°
170 — 103° — 39.4°
160 — 102° — 38.9°
150 — 101° — 38.3°
140 — 100° — 37.8°
130 — 99° — 37.2°
98.6° — 37.0°
120 — 98° — 36.7°
110 — 97° — 36.1°
100 — 96° — 35.6°
90 — 95° — 35.0°
80
70
60
50
40

RESPIRATION RECORD

BLOOD PRESSURE: 110/67 | 119/61 | 102/61 | 105/51

T 98.1 | 97 | 97 | 97

HR 78 | 97 | 97 | 97

HEIGHT: | WEIGHT → 96% | 100%

Rt. 99% | 99% RA

[redacted] | 10cc | 10cc | 10cc

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.

STANDARD FORM 511 (REV. 7-95) BACK

[redacted] b(6)-4

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

| LAST, FIRST, MI. EPW [redacted] | DATE 11 Sept | TIME 1135 | SSN/PSEUDO SSN: [redacted] |
|---|---|---|---|

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| | | | Color | | N/A | RPR | | Negative |
| | | | App | | N/A | Mono | | Negative |
| | | | Glu | | Negative | **Microbiology** | | |
| | | | Bili | | Negative | Source | | |
| | | | Ket | | Negative | Gram Stain | | |
| | | | SG | | N/A | Occ Bld | | Negative |
| | | | Bld | | Negative | H. pylori | | Negative |
| | | | pH | | N/A | Micro Parasites | | |
| Segs | | | Prot | | Negative | Malaria | | |
| Band | | | Urob | | 0.2-1.0 | O & P | | |
| Lymp | | | it | | Negative | Other | | |
| Atyp | | | uk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | G | | Negative | | | |

| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CSF | | | Blood Bank |
|---|---|---|---|---|---|---|
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED |
| Other | | | Directigen | | Negative | ABO/Rh |

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

**REMARKS:**

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

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

| LAST, FIRST, MI. | DATE | TIME | 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 | | |
| | | |
| | | |
| | | |

**(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) Metlyte 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 |
|---|---|---|
| $tCO_2$ | | 18-33 mmol/l |

======= PICCOLO =======
11/09/03 11:46
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(a) [redacted]

| | | | |
|---|---|---|---|
| GLU | 90 | 73-118 | MG/DL |
| BUN | 7 | 7-22 | MG/DL |
| CA++ | 9.3 | 8.0-10.3 | MG/DL |
| CRE | 1.3* | 0.6-1.2 | MG/DL |
| NA+ | 138 | 128-145 | MMOL/L |
| K+ | 4.1 | 3.3-4.7 | MMOL/L |
| CL- | 101 | 98-108 | MMOL/L |
| tCO2 | 24 | 18-33 | MMOL/L |

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

**REMARKS:**

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

Hugate

b(6)-2

| Ward/Section: OR | REQUEST [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI [redacted] | DATE 12 Sep 03 | TIME | SSN/PSEUDO SSN [redacted] |

b(6)-4

b(6)

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x $10^3$ | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x $10^9$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | Rt. tibia X 1400 = Neg | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

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

REMARKS: NO Bacteria Seen

| REPORTED BY: [redacted] | DATE: 12 Sep 03 | LAB ID NO.: |
|---|---|---|

b(6)-2

[redacted] b(6)-4

OR

# HEMATOLOGY

SPECIMEN/LAB RPT. NO.

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT — ASAP

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

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

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE [redacted] Gen b(6)-2

REPORTED BY | MD | DATE | LAB. ID. NO.

TECH

REMARKS

TEST(S) / SPECIMEN TAKEN: DATE 9/12/03 TIME 1600 (A.M./P.M.)

| REQUESTED [X] | RBC COUNT | HEMOGLOBIN | HEMATOCRIT | MCV | MCH | MCHC | WBC COUNT | IMMATURE NEUTRO-BANDS | NEUTROSEGS | LYMPHS | EOSINOPHILS | BASOPHILS | MONOCYTES | PLATELETS | RBC | SED. RATE | PLATELET COUNT | RETICULOCYTE COUNT | CLOTTING TIME | BLEEDING TIME | P T T CONTROL | P T T PATIENT | CONTROL | PATIENT | % ACTIVITY | RATIO | SICKLING TEST | LE PREP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESULTS | | X | X | | | | | | | | | | | | | | X | | | | | | | | | | | |

WBC DIFF AND BLOOD CELL MORPH

549-107

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

======= PICCOLO =======
19/09/03 11:03
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] b(6)-2 DR #: 000
SERIAL #: b(6)- [redacted]

| | | | |
|---|---|---|---|
| ALB | 3.1* | 3.3-5.5 | G/DL |
| ALP | 77 | 26-84 | U/L |
| ALT | 71* | 10-47 | U/L |
| AMY | 47 | 14-97 | U/L |
| AST | 96* | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | MG/DL |
| GGT | 45 | 5-65 | U/L |
| TP | 7.2 | 6.4-8.1 | G/DL |

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

i-STAT EC8+

Pt: [redacted]

Pt Name:____________

Glu__________99 mg/dL
BUN___________9 mg/dL
Na__________136 mmol/L
K___________3.9 mmol/L
Cl___________98 mmol/L
TCO2_________34 mmol/L
AnGap________10 mmol/L
Hct__________34 %PCV
Hb*__________12 g/dL
*via Hct
pH_______7.364
PCO2______57.0 mmHg
HCO3_________33 mmol/L
BEecf________7 mmol/L

Sample Type_:

19SEP03 11:02

Oper: [redacted]

** PRINT CANCELLED **

MEDCOM - 18935

EPW #[redacted] b(6)-4
ICW #1
19 Sep 03

SPECIMEN/LAB RPT. NO

MISC

URGENCY
☐ ROUTINE

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ DOM

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD

REQUESTING PHYSICIAN'S SIGNATURE

[redacted] b(6)-2

REPORTED BY

[redacted] LFTs / ESR

| TEST(S) | SPECIMEN TAKEN DATE | TIME (A.M. / P.M.) | REQUESTED | RESULTS |
|---|---|---|---|---|
| | | 1049 | | |

ID: [redacted]
WB

19-09-03
11:11

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.6 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.60 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.3 L | g/dL | 11.0 | 18.0 |
| Hct | 32.1 L | % | 35.0 | 60.0 |
| MCV | 89.0 | fL | 80.0 | 99.9 |
| MCH | 28.6 | pg | 27.0 | 31.0 |
| MCHC | 32.1 L | g/dL | 33.0 | 37.0 |
| Plt | 288. | x10^3/uL | 150. | 450. |
| LY% | 20.8 | % | 20.5 | 51.1 |
| LY# | 1.8 | x10^3/uL | 1.2 | 3.4 |

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ISSM
FPMR (41 CFR) 101-45.505

| Ward/Section: ICW#1 | REQUESTING PHYSICIAN: Dr. [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) | |
|---|---|---|---|
| LAST, FIRST,MI. EPW # [redacted] b(6)-4 | DATE 20Sept | TIME 0740 | SSN/REFUDO SSN: # [redacted] b(6)-2 |

| (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 |
| Hgb | | 14-18 g/dl(M) 12-16 g/dl(F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52%(M) 37-47%(F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fi(M) 81-99 fi(F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x10³ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Macroscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52%(M) 37-47%(F) | **CSF** | | | **Blood Bank** | | |
| Set Rate | 97 | | 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: ~~Serum Creatinin~~ ICST Sed Rate (ESR)

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

| Ward/Section: ICU1 | REQUESTING PHYSICAN: [redacted] b(4)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST,MI: [redacted] b(4)-4 | DATE: 20 Sept | TIME: 0700 | SSN/PEEUDO SSN: [redacted] b(4)-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 |
|---|---|---|
| | | |

```
======= PICCOLO =======
20/09/03              08:07
REFERENCE RANGE:        MALE
PATIENT #: [redacted] b(4)-4
METLYTE 8
DISC LOT #:          3141AA4
OPER #: [redacted] b(4)-2 DR #: 000
SERIAL #: [redacted]
.....b(4).....
GLU   109   73-118   MG/DL
BUN     8   7-22     MG/DL
CRE   0.7   0.6-1.2  MG/DL
CK     28*  39-380   U/L
NA+   130   128-145  MMOL/L
K+    4.7   3.3-4.7  MMOL/L
CL-    98   98-108   MMOL/L
tCO2   22   18-33    MMOL/L

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 |
| $NA^{+}$ | | 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 |
|---|---|---|
| $A^{+}$ | | 128-145 mmol/l |
| $^{+}$ | | 3.3-4.7 mmol/l |
| $L^{-}$ | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

REMARKS: Serum Creatinin

| REPORTED BY: b(4)-2 [redacted] | DATE: 9-20-03 | LAB ID NO.: |
|---|---|---|

Serum lytes, Renal Panel (include creatinine)

| Ward/Section: ICW | REQUESTING PHYSICIAN: [redacted] b(6)-4 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. [redacted] b(6)-2 | DATE 9/29/03 | 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 (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 |

PICCOLO
09/29/03 11:07 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER # [redacted] DR #: 000
SERIAL #: b(6)-2 [redacted]

| | | | |
|---|---|---|---|
| GLU | 99 | 73-118 | MG/DL |
| BUN | 10 | 7-22 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| CK | 28* | 39-380 | U/L |
| NA+ | 130 | 128-145 | MMOL/L |
| K+ | 4.2 | 3.3-4.7 | MMOL/L |
| CL- | 100 | 98-108 | MMOL/L |
| tCO2 | 21 | 18-33 | MMOL/L |

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 |
| 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 |
|---|---|---|
| LB | | 3.3-5.5 g/dl |
| LP | | 26-84 u/l |
| LT | | 10-47 u/l |
| ST | | 14-97 u/l |
| MY | | 11-38 u/l |
| BIL | | 0.2-1.6 mg/dl |
| GT | | 5-65 u/l |
| P | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| + | | 128-145 mmol/l |
| + | | 3.3-4.7 mmol/l |
| - | | 98-108 mmol/l |
| O2 | | 18-33 mmol/l |

REMARKS:

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

b(u)-2

| Ward/Section: EM | REQUESTING PHYSIC [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(u)-4 [redacted] | DATE 3 oct 03 | TIME | SSN/PEEUDO SSN: |

## (Hematology) CBC

ID: [redacted]
WB 03-10-03 11:36

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 4.4 L | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.29 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 11.4 | g/dL | 11.0 | 18.0 |
| Hct | 37.0 | % | 35.0 | 60.0 |
| MCV | 86.1 | fL | 80.0 | 99.9 |
| MCH | 26.7 L | pg | 27.0 | 31.0 |
| MCHC | 31.0 L | g/dL | 33.0 | 37.0 |
| Plt | 406. | x10^3/uL | 150. | 450. |
| LY% | 36.6 | % | 20.5 | 51.1 |
| LY# | 1.6 | x10^3/uL | 1.2 | 3.4 |

## 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 | | |

## Macroscopic Urinalysis

## CSF

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

REMARKS:

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

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

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

**(i-STAT)**

| TEST | RESULT | REF. RANG |
|---|---|---|
| Na | | 138-146 mmol/ |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (a<br>41-51 mmHg (v |
| PO2 | | 80-105 mmHg (<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (a<br>24-29 mmol/L (v |
| HCO3 | | 22-26 mmol/L (a<br>23-28 mmol/L (a |
| SO2 | | 95-98% |
| BEecf | | (-2) - (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/ |
| 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 | | |
| | | |
| | | |
| | | |

| | | | |
|---|---|---|---|
| tCO2 | | | 18-33 mmol/l |

```
======= PICCOLO =======
10/03/03            12:07 PM
REFERENCE RANGE:          MALE
PATIENT #: [redacted]  b(6)-4
LIVER PANEL PLUS
DISC LOT #:          3154AA7
OPER #: [redacted]   DR #: 000
SERIAL #: b(6)-2 [redacted]
.......................
ALB   3.8   3.3-5.5   G/DL
ALP   84    26-84     U/L
ALT   27    10-47     U/L
AMY   57    14-97     U/L
AST   25    11-38     U/L
TBIL  0.7   0.2-1.6   MG/DL
GGT   22    5-65      U/L
TP    8.3*  6.4-8.1   G/DL

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 |
| $NA^{+}$ | | 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 |
|---|---|---|
| $NA^{+}$ | 138 | 128-145 mmol/l |
| $K^{+}$ | 4.3 | 3.3-4.7 mmol/l |
| $CL^{-}$ | 103 | 98-108 mmol/l |
| tCO2 | 29 | 18-33 mmol/l |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| G | 10-03-03 | |

b(6)-2

| Ward/Section: ICW#1 | REQUESTING PHYSICAN [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST,MI: [redacted] b(6)-2 | DATE: 9OCT | TIME: 1220 | SSN/PEEUDO SSN: [redacted] b(6)-2 |

## (Hematology) CBC

| | | | | |
|---|---|---|---|---|
| WBC | 4.2 L | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.31 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 11.3 | g/dL | 11.0 | 13.0 |
| Hct | 36.6 | % | 35.0 | 40.0 |
| MCV | 84.7 | fL | 80.0 | 99.0 |
| MCH | 26.3 L | pg | 27.0 | 31.0 |
| MCHC | 31.0 L | g/dL | 32.0 | 37.0 |
| Plt | 318. | x10^3/uL | 150. | 450. |
| LYM% | 36.2 | % | 20.5 | 51.1 |
| LYM | 1.5 | x10^3/uL | 1.2 | 3.4 |

| Hematocrit | | 42-52%(M) 37-47%(F) |
|---|---|---|
| Set Rate | 25 | |
| 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 | |

## Macroscopic 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 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS: CSF Please

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

b(6)-2

[redacted] b(6)-4

ICW#1

180203

1200

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

URGENCY

ROUTINE

PATIENT STATUS

BED

AMB

PATIENT

DOM

SPECIMEN SOURCE

CAP

(Specify)

NO.

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—

REQUESTING PHYSICIAN'S SIGNATURE

[redacted] b(6)-2

REPORTED BY

REMARKS

HCT

| TEST(S) | SPECIMEN TAKEN DATE | TIME A.M. P.M. | REQUESTED (X) | RBC COUNT | HEMOGLOBIN | HEMATOCRIT | MCV | MCH | MCHC | WBC COUNT | IMMATURE | NEUTRO-BANDS | NEUTROSEGS | LYMPHS | EOSINOPHILS | BASOPHILS | MONOCYTES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | WBC DIFF AND BLOOD CELL M | | | | | | |
| | | | RESULTS | | | | | | | | | | | | | | |

ID: [redacted] 18-10-03

WB 12:00

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 9.1 | | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.69 | L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.7 | L | g/dL | 11.0 | 18.0 |
| Hct | 31.1 | L | % | 35.0 | 60.0 |
| MCV | 84.4 | | fL | 80.0 | 99.9 |
| MCH | 26.4 | L | pg | 27.0 | 31.0 |
| MCHC | 31.3 | L | g/dL | 33.0 | 37.0 |
| Plt | 209. | | x10^3/uL | 150. | 450. |
| LY% | 19.7 | *L | % | 20.5 | 51.1 |
| LY# | 1.8 | * | x10^3/uL | 1.2 | 3.4 |

LE PREP

549-107

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-76)
PRESCRIBED BY GSA/ICMR
FPMR (41-CFR) 201-45.505

[redacted] b(2)-2

# Microbiology Request Form

Last Name: # [redacted] b(6)-4
First Name:
Patient # or SSN:

Collected by: Dr [redacted] b(6)-2
Date: 18 OCT 03
Time: 1000

Ward: OR
Room: 1
Bed:
Physician: [redacted] b(6)-2

Source: (L) leg
Site:

[redacted]

Received by:
Date:
Time:

Specimen #: 0075

## Laboratory Results

Staphylococcus hominis

Reported
Date:
Time:
Tech:
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18944

# Microbiology Report

[redacted] (b)(2)-2

| | | | | | |
|---|---|---|---|---|---|
| Name: | [redacted] | Specimen: | [redacted] (b)(6)-4 | Status: | Preliminary |
| Patient ID: | [redacted] b(4)-4 | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | / | Ward of Iso: | | Attd. Phys: | |

1 Staphylococcus hominis subsp. hominis Status: Preliminary

## 1 S. hominis-homin

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | <=4/2 | | | | |
| Amp/Sulbactam (c) | <=8/4 | | | | |
| Ampicillin | >8 | BLAC | | | |
| Azithromycin | >4 | R | | | |
| Cefazolin | <=8 | | | | |
| Cefepime | <=8 | | | | |
| Cefotaxime (c) | <=8 | | | | |
| Ceftriaxone (c) | <=8 | | | | |
| Cephalothin | <=8 | | | | |
| Chloramphenicol | <=8 | S | | | |
| Ciprofloxacin | <=1 | S | | | |
| Clindamycin | 2 | I | | | |
| Erythromycin | <=0.5 | S | | | |
| Gatifloxacin | <=2 | S | | | |
| Gentamicin | <=4 | S | | | |
| Imipenem (c) | <=4 | | | | |
| Levofloxacin | <=2 | S | | | |
| Linezolid | <=2 | S | | | |
| Moxifloxacin | <=2 | S | | | |
| Nitrofurantoin | <=32 | | | | |
| Norfloxacin | <=4 | | | | |
| Ofloxacin | <=2 | S | | | |
| Oxacillin | N/R | | | | |
| Penicillin | >8 | BLAC | | | |
| Pip/Tazo (d) | <=4 | | | | |
| Rifampin | <=1 | S | | | |
| Synercid | <=1 | S | | | |
| Tetracycline | <=4 | S | | | |
| Trimeth/Sulfa | <=2/38 | S | | | |
| Vancomycin | <=2 | S | | | |

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

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

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

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

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

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

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

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

[redacted] b(2)-2

# Microbiology Request Form

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

First Name:

Patient # or SSN:

Collected by: DR [redacted]

Date: 28 OCT 03

Time: 1445

Ward: ICW1

Room:

Bed:

Physician: DR [redacted] b(4)-2

Source: Wound

Site: (L) Leg (Knee

[redacted]

Received by: SPC [redacted] b(4)-2

Date: 28 OCT 03

Time: 1600

Specimen #: W096

## Laboratory Results

Gram Stain: No Bacteria Seen

Micrococcus sp.

Reported

Date: 31 OCT 03

Time: 1000

Tech: IO

Reviewer: [redacted] b(4)-2

Number of attached sheets:

MEDCOM - 18946

# Micro... R...t [redacted] (b)(2)-2

| | | | |
|---|---|---|---|
| Name: [redacted] b(6)-4 | Sp...men: [redacted] | | Status: **Final** |
| Patient ID: | Sc... e: | ...site | Collected: |
| Ward/Rm: W1/ | W... of Is... | | Attd. Phys: |

1 Micrococcus and Relate... ...nera... Sta... s: Final

## 1 Micrococcus sp.

| Drug | MIC | ...ter... | MIC | Interps |
|---|---|---|---|---|
| Amox/K Clav (c) | <=4/2 | | | |
| Amp/Sulbactam (c) | <=8/4 | | | |
| Ampicillin | <=0.25 | | | |
| Azithromycin | >4 | | | |
| Cefazolin | <=8 | | | |
| Cefepime | <=8 | | | |
| Cefotaxime (c) | <=8 | | | |
| Ceftriaxone (c) | <=8 | | | |
| Cephalothin | <=8 | | | |
| Chloramphenicol | <=8 | | | |
| Ciprofloxacin | <=1 | | | |
| Clindamycin | <=0.5 | | | |
| Erythromycin | >4 | | | |
| Gatifloxacin | <=2 | | | |
| Gentamicin | <=4 | | | |
| Imipenem (c) | <=4 | | | |
| Levofloxacin | <=2 | | | |
| Linezolid | <=2 | | | |
| Moxifloxacin | <=2 | | | |
| Nitrofurantoin | <=32 | | | |
| Norflo...cin | <=4 | | | |
| Ofloxacin | <=2 | | | |
| Oxacillin | N/R | | | |
| Penicillin | <=0.03 | | | |
| Pip/Tazo (d) | <=4 | | | |
| Rifampin | >2 | | | |
| Synercid | <=1 | | | |
| Tetracycline | <=4 | | | |
| Trimeth/Sulfa | <=2/38 | | | |
| Vancomycin | <=2 | | | |

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

...R = ... Reported
... = ... Tested
...G = ... ...cine-de...

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

R* = Resistant due to extended spectrum beta-lactamases (...)
EBL? = Suspected ESBL. Confirmatory tests needed to differe... ESBL ... other be...
IB = Inducible Beta-lactamase. Appears in place of Sensitiv... th speci... own to p... ...amases; potentially they may become resistant to all beta-lactam drugs.
Monitoring of patients during/after therapy is recomme... : Avoid c... combine...

For blood and CSF Isolates, a beta-lactamase test is recommend... or Ente... cus specie...

(a) Use maximum doses of drug with an aminoglycoside for P. a... ...nosa i... ...ls with ... ...us infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axet... ...) use ... ...S=I, ... ...s to this drug.
(c) For streptococci refer to penicillin interpretations. For amox... ...K cla... ...ococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the ... ...illin int... ...ation. ... ...his drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 200... ...arfloxa... ...or Gram ... ...xifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints a... ...om p... ...s ...non-meningitis infections, use <2=S, 2=I, >2=R.

| | | | |
|---|---|---|---|
| Name: [redacted] b(6)-4 | Sp...men: | | Status: **Final** |
| Patient ID: | | ...site | Collected: b(6)-2 |
| Ward/Rm: W1/ | W... of Is... | | Req. Phys: [redacted] |

[redacted] b(2)-2

① aerobic Cx
② gram stain

# Microbiology Request Form

Last Name: # [redacted] b(6)-4
First Name:
Patient # or SSN: # [redacted]

Ward: ICW 1
Room:
Bed:
Physician: Dr. [redacted] b(6)-2

Collected by: DR. [redacted]
Date: 28 OCT 03 b(6)-2
Time: 1445

Source: wound
Site: (L) Leg (knee)

[redacted]

Received by: SPC [redacted]
Date: 28 OCT 03
Time: 1600

Specimen #:

## Laboratory Results

Gram stain: No bacteria seen

Reported
Date: OCT 28 03
Time: 1900
Tech: SP
Reviewer:

Number of attached sheets:

MEDCOM - 18948

# Microbiology Report

[redacted] (b)(2)-2

Name: [redacted]
Patient ID: [redacted] b(4)-4
Ward/Rm: /

Specimen: [redacted]
Source: Wound/Sterile site
Ward of Iso:

Status: Preliminary
Collected:
Attd. Phys:

1 Staphylococcus hominis subsp. hominis Status: Preliminary

## 1 S. hominis-homin

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | <=4/2 | | | | |
| Amp/Sulbactam (c) | <=8/4 | | | | |
| Ampicillin | >8 | BLAC | | | |
| Azithromycin | >4 | R | | | |
| Cefazolin | <=8 | | | | |
| Cefepime | <=8 | | | | |
| Cefotaxime (c) | <=8 | | | | |
| Ceftriaxone (c) | <=8 | | | | |
| Cephalothin | <=8 | | | | |
| Chloramphenicol | <=8 | S | | | |
| Ciprofloxacin | <=1 | S | | | |
| Clindamycin | 2 | I | | | |
| Erythromycin | <=0.5 | S | | | |
| Gatifloxacin | <=2 | S | | | |
| Gentamicin | <=4 | S | | | |
| Imipenem (c) | <=4 | | | | |
| Levofloxacin | <=2 | S | | | |
| Linezolid | <=2 | S | | | |
| Moxifloxacin | <=2 | S | | | |
| Nitrofurantoin | <=32 | | | | |
| Norfloxacin | <=4 | | | | |
| Ofloxacin | <=2 | S | | | |
| Oxacillin | N/R | | | | |
| Penicillin | >8 | BLAC | | | |
| Pip/Tazo (d) | <=4 | | | | |
| Rifampin | <=1 | S | | | |
| Synercid | <=1 | S | | | |
| Tetracycline | <=4 | S | | | |
| Trimeth/Sulfa | <=2/38 | S | | | |
| Vancomycin | <=2 | S | | | |

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

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

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

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

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

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

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. b(4)-2
For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted]
Patient ID: [redacted] b(4)-4
Ward/Rm: /

Specimen: [redacted]
Source: Wound/Sterile site
Ward of Iso:

Status: Preliminary
Collected:
Req. Phys: [redacted]


Tech:

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

Age 29 DAYS MOS YRS Sex (X) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: ~70 KG/LB HT: ____ IN.
ALLERGIES: Ø

PROPOSED PROCEDURE: I & D L Tibia prox bone
SURGICAL SERVICE: ortho
NPO SINCE: MN

6 wo over 1 month ago

### PREOPERATIVE

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

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

( ) Lovenox 1000
( ) ____
( ) Keflex 06
( ) ____
( ) LR IV
( ) ____
( ) MSO4 1900

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

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

9.12 11.9 / 36.7 292 X

**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**

S/P I & D (L) leg Rx Fix

**PHYSICAL EXAMINATION**

BP 111/64 HR 85 R 16 T 98.6
Pain Scale 0-10 ____ Sp 98%
HEENT - Teeth ____
Trachea ____
TMJ/Neck MPCI
Oropharnyx ~~3 FB in H~~
Nares ____
CHEST: Bs CTA
CARDIAC: RRR x m
EXTREMITIES:
IV Access: (L) A 18g
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since MN

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

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

The patient/legal guardian seems to understand and agrees. Questions answered LTC
Signed: 9.16.03 Date: [redacted] Time: 0730 Hrs

b(6)-2

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

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICW 1 6A

[redacted]

b(6)-4

**SEDATION KEY:**

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



Previous edition is obsolet

S/P GSW to (L) 1/4 Tib-fib

**ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)** Smoker

**Age** 29 **DAYS MOS YRS** **Sex ( ) MALE ( ) FEMALE**

**PROPOSED PROCEDURE:** Debrid D&D
**SURGICAL SERVICE:** ortho
**NPO SINCE:** 1/5/03

ASA Physical State 1 2 3 4 5 E
WT: 70 KG/LB HT: ____ IN.
ALLERGIES: NKDA

**HABITS:**
TOBACCO: +
ETOH: 0
DRUGS: 0

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

( ) N/A
( )
( )
( )
( )
( )

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

**LABORATORY STUDIES:**

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

N/A

**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**

N/A

**PHYSICAL EXAMINATION**
BP 1/2 HR R ___ T ___
Pain Scale 0-10 ____
HEENT - Teeth poor dentition
Trachea midline
TMJ/Neck FROM
Oropharnyx Cl 3, 3/5 Th
Nares patent
CHEST: CTA/post
CARDIAC: S1S2 RR
EXTREMITIES:
IV Access: RB ⓓ/A
Ulnar Filling: ok
BACK: ok
OTHER: ____

NPO Since ____

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

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

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: [redacted] b(6)-2 Date: 1/5/03 Time: 1320 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) ____

[redacted] b(6)-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) | 1330 | 1400 | 1430 | 1500 | 1530 | 1600 | TOTALS |
|---|---|---|---|---|---|---|---|---|
| Propofol | (mg) | 150 | | | | 50 | | 200 |
| Fentanyl | (cc) | 2 3 | | | | | | 5 cc |
| Sux | (mg) | 50 | | | | | | 50 |
| Morphine | (mg) | | | | 5 | 5 | | 10 mg |
| | ( ) | | | | | | | |
| Ancef | (gm) | | | | | | | |
| VOLAT AGENT Forane | % del | 1.5 — 1.5 — 2 — 1.5 | | 1.5 | | 1.5 — 1.5 — | | |
| | % e.t. | | | | | | | |
| AIR | L/Min | | | | | | | |
| N2O | L/Min | | | | | | | |
| O2 | L/Min | 8 — 2 — 2 — 2 — | | 2 | | 2 — 2 — 4 — | 8 | |

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

**FLUIDS**

| LINE site | | | |
|---|---|---|---|
| Rt RFA | ☐ Warmed | 400 | 1000 ml |
| | ☐ Warmed | | |
| | ☐ Warmed | | |
| | ☐ Warmed | | |

**LOSSES**

| | | |
|---|---|---|
| EST BLOOD LOSS | | 500 |
| URINE - | | |

| TOTAL EBL | TOTAL URINE |
|---|---|
| < 500 cc | |

**FLUIDS - SUMMARY**

CRYSTALLOID- 1900

COLLOID-

BLOOD- EBL - 500

**REMARKS**

*Code drugs with numbers, events with letters*

Anesthesia Start
Smooth induction
Eyes taped shut
1453 Tourniquet
for 60 min
1545 TT Total
Time 99 min
@250 mlg

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

**BODY WEIGHT:** ≈ 70 (KG) LB

**HEMATOCRIT:**

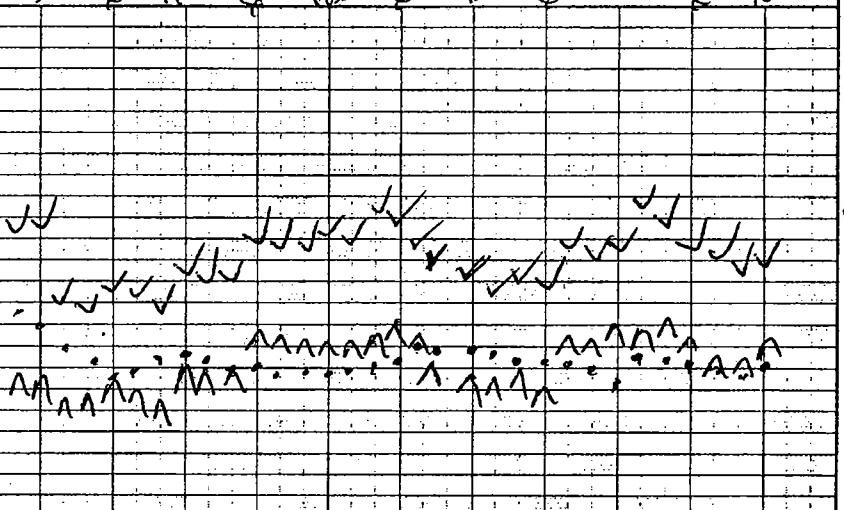
**INITIAL DATA:** BP- 133/62 HR- 94

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

**PATIENT RECHECK** OK for PROCEDURE? ✓ TIME- 1315

**TIME** 1330 1400 1430 1500 1530 1600

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




**VENTIL**

| | 1330 | 1400 | 1430 | 1500 | 1530 | 1600 |
|---|---|---|---|---|---|---|
| VT - ml | 750 | 780 | 810 | 810 | 820 | 810 | 820 | 820 | 800 |
| f - breaths/min | 8 | 8 | 8 | 6 | 6 | 6 | 6 | 6 | 6 |
| Peak inf pres / PEEP | 18 | 18 | 18 | 18 | 18 | 17 | 18 | 19 | 20 |
| MODE - S(pon), A(ssist), C(on) | S/A/C | C | C | C | C | C | C | C | C | A/S | S | S |

**MONITORS/ACCESSORIES**

| | | 1330 | 1400 | 1430 | 1500 | 1530 | 1600 |
|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 38 | 33 | 31 | 29 | 32 | 33 | 37 | 35 | 33 | 47 | 47 | 51 |
| BP/oth | FIO2 (Frac or %) | 1.0 | 1.0 | .76 | .76 | .76 | .76 | 76 | 76 | 72 | 76 | 76 | 76 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site Skin | | | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 |
| | N-M Block (T/4) | | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | | |

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

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

CONDITION: Awake AA

RESP. 21 SpO2- 97%

BP- 142/84 HR- 120

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1325 | 1328 | 1619 |
| | Ready | Begin | End |
| PROC | 1335 | 1349 | 1607 |

PROCEDURES and CPT Codes:

I+D (L) Tibia Fx w/external fixation (OPEN)

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

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* NAC 3 Blade

OLK; I # 8.0 ETT. Secured @ 22 cm lip (+) B-S (+) ETCO2

SURGEONS: [redacted] b(6)-2

ANESTHETISTS: [redacted] CRNA

PROCEDURE LOCATION: OR #2

DATE: 8/12/03

MEDCOM - 18952

PAGE 1 OF 1

# MEDICAL RECORD — ANESTHESIA

| DRUG | (Units) | |
|---|---|---|
| Propofol | (mg) | 150 |
| Fentanyl | (cc) | 2 3 |
| Vecuronium | (mg) | 6 |
| Ketamine | (mg) | 20/20/10 |
| Neostigmine/Robinul | (mg) | 3.0/0.4 |
| | ( ) | |
| VOLAT AGENT: Forane | % del | 3 — 3 — 2.5 — 2 — 1.5 — 1.5 — 1 — |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 8 — 2 — 2 — 2 — 3 — 3 — 3 — 8 — |

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

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

| TOTALS | TOTAL IN |
|---|---|
| 150 | 450 |
| 5cc | |
| 6 | TOTAL URINE |
| 50 | |
| 3.0/0.4 | Ø |

FLUIDS – SUMMARY

CRYSTALLOID– 1,600

COLLOID– Ø

BLOOD– Ø

LINE site 18g RAC ☐ Warmed (300) #1 #2

☐ Warmed

☐ Warmed

☐ Warmed

LOSSES: EST BLOOD LOSS / URINE –

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 70 KG / LB

HEMATOCRIT: 11.9/36.7

INITIAL DATA: BP – / HR–

COMP CHECK: OK?– Y N

PATIENT WRISTBAND: OK for PROCEDURE? TIME–

TIME → 0800 0830 0900 0930 1000

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

220 200 180 160 140 120 100 80 60 40 20

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| VT – ml / MODE | S/A/C-C- | C | C | C | A/S | S | S | S |
| f – breaths/min | 8 | 7 | 7 | 7 | 7 | | | |
| Peak inf pres / PEEP | | 20 | 20 | 20 | 19 | | | |
| MODE– S(pon), A(ssist), C(on) | | 830 | 820 | 850 | 800 | | | |
| BP/Auto Cuff | | 30 | 32 | 29 | 36 | 54 | 56 | 45 |
| BP / oth | .62 | .64 | .85 | .84 | .86 | .86 | .85 | .91 |
| ART line | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | SR/ST | ST | ST | SR | SR | SR | SR | SR |
| Gas analyzer | | 97 | 95 | 95 | 95 | 95 | 95 | 95 |
| Warming blkt | | | | | | | | |
| Conv warmer | | | | | | | | |

Mark with letters & symbols, explain under REMARKS

EVENTS — Position → Supine arms abducted 90° shoulder

REMARKS – Code drugs with numbers, events with letters

Id'd / chart reviewed. To OR #2. Monitor. O2. Smooth IV induction. Eye taped shut. 100% Sx. Extubated = c mens N 100%. To PACU.

RECOVERY AT: PACU ICU_____ (Specify) OTHER_____

CONDITION: Awake

T-96.1 RESP-20 SpO2-98% BP-131/85 HR-112

ANESTHESIA & PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0800 | 0807 | 1015 |
| PROC | Ready | Begin | End |
| | 0815 | 0840 | 1000 |

PROCEDURES and CPT Codes

I+D (L) TIBIA w/ ANTIBIOTIC Bead Placement

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

DLF: (+) VL (+) ETT 7.0 (+) B= bs @ 22 cm lip MAC 3

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

# [redacted] b(6)-4

SURGEONS: [redacted] b(6)-2

ANESTHETISTS: AO afw

PROCEDURE LOCATION: OR #2

DATE: 5 wk 16 Sep 03

MEDICAL RECORD – ANESTHESIA

GSW to leg 30 days AGO → osteomyelitis

29 yo

MRSA

NKDA

# MEDICAL RECORD — ANESTHESIA

| ANESTHETIC AGENTS AND DRUGS | DRUG | (Units) |
|---|---|---|
| CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, + 1"=CONSTANT INFUSION | MSO4 | 10/10 |
| | Versed | 2 |
| | propofol | 200 |
| VOLAT AGENT | 1.5 | % del |
| | | % e.t. |
| | AIR | L/Min |
| | N2O | L/Min |
| | O2 | L/Min |
| SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | 8-2-3-2-6 | |

FLUIDS: LINE site 20 (R) A/C — Warmed / Warmed / Warmed / Warmed

LOSSES: EST BLOOD LOSS; URINE –

TIME → 0 5 X X (3W) X 30 X (14W)

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 70 KG LB

HEMATOCRIT: 32.1

INITIAL DATA: BP – 111/61; HR – 85

COMP CHECK: OK? – Y N

PATIENT RECHECK: OK for PROCEDURE? Y; TIME – 0730

SYMBOLS: BP by cuff; Heart rate; Resp rate; BP (transduced); TOURNIQUET; ANES – X-X; PROC – Ø

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

VT – ml; f – breaths/min; Peak inf pres / PEEP; MODE – S(pon), A(ssist), C(on)

| | | | | | |
|---|---|---|---|---|---|
| | | 160 | 130 | 310 | 230 |
| | | 19 | 17 | 15 | 12 |
| | | S/C | S/C | S/C | S/C |
| BP/Auto Cuff | ET CO2 (torr) | 48 | 44 | 39 | 41 |
| BP / oth | FIO2 (Frac or %) | 64 | 64 | 64 | 64 |
| ART line | SpO2 (%) | 98 | 97 | 97 | 96 |
| Steth- PC/ES | ECG | NS | NS | NS | NS |
| Gas analyzer | TEMP- site | available | | | |
| | N-M Block (T/4) | | | | |
| Warming blkt | Sheets / drapes | | | | |
| Conv warmer | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS: Position — L arm tucked & padded

PROCEDURES and CPT Codes: Hickman Placement

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

TOTALS: 20 mg

TOTAL URINE: min

FLUIDS - SUMMARY: CRYSTALLOID – LR – 1000; COLLOID –; BLOOD –

REMARKS – Code drugs with numbers, events with letters

0730 – Pt – 10d – Pt Ved → Chart

1220 – Dr room – monitors on

Induction

1225 – Start up

Gave eyes LMA OK

Recovered in OK

RECOVERY AT: PACU ICU (Spec) OTHER 35 Ste

CONDITION: RESP – 15 SpO2 – 100; BP – 120/82 HR – 75

ANESTHETIC PROCEDURE: ANES – Start 0730, Room 1220; PROC – Ready 1230, Begin 1235

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — 20 cuff – Eyes taped, Soft tate block

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — Heavy – LMA inserted x 1 patent

SURGEONS: [redacted] b(4)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: 2-2

DATE: 25 Sep

PAGE 1 OF

[redacted] b(4)-4

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 18954

PATIENT RECORD

x/63, 80, 18, T97.0
UKDA
vanco -
colace

10/9/03
4.2/12.3/34
31
7

# MEDICAL RECORD - ANESTHESIA

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

| TOTALS | TOTAL EBL |
|---|---|
| 5 mg / 45 mg | 500 |
| 10 mg | TOTAL URINE ∅ |

**FLUIDS - SUMMARY**
CRYSTALLOID- LR 1700
COLLOID- ∅
BLOOD- ∅

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

| DRUG (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Versed (ml) | 2/3 | | | | 1.0 | | | | | | 5 | |
| Sufenta (ug) | 20/10 | | | | | | | | | | | |
| Lido/propofol (mg) | 30/110 | 60 | | | | | | | | 6 | 4 | |
| Vec (mg) | | | | | | | | | | | | |
| m504 ( ) | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | |
| VOLAT AGENT: Forane % del | | 1 | 1 | 1 | 1.5 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.8 | |
| % e.t. | | | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | |
| O2 L/Min | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR (500) ☐ Warmed | | 500 | | | | | 900 | | 1000 | | 1500 | 1700 |
| ☐ Warmed | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | |
| ☐ Warmed | | | | | 50 | 100 ~ 200 | 300 | | 400 | 500 | | |

**LOSSES**: EST BLOOD LOSS; URINE -

**REMARKS**
Code drugs with numbers, events with letters
0807 - I-Gen monitors applied,
0812 I ⊕ I ⊕ ETCO2 ⊕ Bilat BS.
1625 Reversal 1 3mg Neostigmine .4mg Robinol
1045 Marcaine .5% 10 by Surgeon Dec
1055 Oral suction
Spont resp purposful movement extubated
1100 Transfered to Bed @ PACU spont Resp. Report given

PHYS STATUS: 1 (2) 3 4 5 E
BODY WEIGHT: 70 (KG) LB
HEMATOCRIT: 36.6 (9 oct)
INITIAL DATA: BP- 137/75; HR- 77
EQUIP CHECK: OK?- (Y) N
PATIENT RECHECK
OK for PROCEDURE? TIME- 0740

Tobacco

**TIME** → X 30 X 09 X 30 X 10 X 30 X

SYMBOLS: BP by cuff V ^; Heart rate ●; Resp rate ✓; BR (transduced) ╪; TOURNIQUET T—T; ANES- X-X; PROC- ⊙-∅

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

**VENTIL**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 5 | 800 | 760 | 600 | 640 | 620 | 690 | 740 | 700 | 450 | SK | SK |
| f - breaths/min | 12 | 10 | 8 | 8 | 8 | 8 | 7 | 7 | 6 | 5 | 15 | |
| Peak inf pres / PEEP | | 19 | 19 | 19 | 19 | 19 | 15 | 15 | 15 | 13 | | 31 |
| MODE - S(pon), A(ssist), C(on) | S | C | C | C | C | C | C | C | C | C | | 48 |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff / ET CO2 (torr) | 38 | 32 | 31 | 30 | 31 | 32 | 32 | 32 | 32 | 40 | 50 | 67 |
| BP/oth / FIO2 (Frac or %) | .67 | .66 | .67 | .67 | .67 | .67 | .67 | .67 | .67 | .67 | .67 | .67 |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES / ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer / TEMP-site Alaris | SKIN | | | 35 | | | | 35 | 35 | | 36 | |
| N-M Block (T/4) | | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 1/4 | 2/4 | 4/4 | 5 seconds | |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

RECOVERY AT 1105
(PACU) ICU _____ (Specify)
OTHER
CONDITION: awake cooperative
RESP- 20 SpO2- 100
BP- 135/75 HR- 102

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0700 | 0807 | 110 |
| | Ready | Begin | End |
| PROC | 0815 | 0855 | 1052 |

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → o—1 T(R) high roll

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments 8.5 FTT placed one attempt grade 1 view - 3 mac blade secured 23 cm teeth secured tape eyes taped

PROCEDURES and CPT Codes:
(L) Tibia

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

SURGEONS: [redacted] b(6)-2

ANESTHESIA PROVIDER: [redacted] CRNA

PROCEDURE LOCATION: OR 1
DATE: 10/18/03
PAGE 1 OF 1

MEDCOM - 18955 COPY 2 - ANESTHESIA PROVIDER USAPA V1.00

meds: Vanc Pencillin Chart not in yet BETA ARRAY/m

Hx GSW (b)-4 114/58 98-92-16 2.0 98%

# 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) | | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fent | (cc) | <37 | 2 | | | | | | | | | | | | 5 | mw |
| Versed/propofol | (mg) | 20/150 | | | | | | | | | | | | | | TOTAL URINE |
| | ( ) | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | 4 |
| VOLAT AGENT | Iso % del | x1.5 | — | — | — | 1.6 | | | | | | | | | FLUIDS - SUMMARY | |
| | % e.t. | | | | | | | | | | | | | | CRYSTALLOID- LR 1000 | |
| AIR | L/Min | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | COLLOID- 4 | |
| O2 | L/Min | 6 | 2 | — | 2 | — | 2 | | | | | | | | BLOOD- 0 | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LPIV | ☐ Warmed | 200 | 500 | — | 600 | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | — | — | 100 | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | | |

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT:

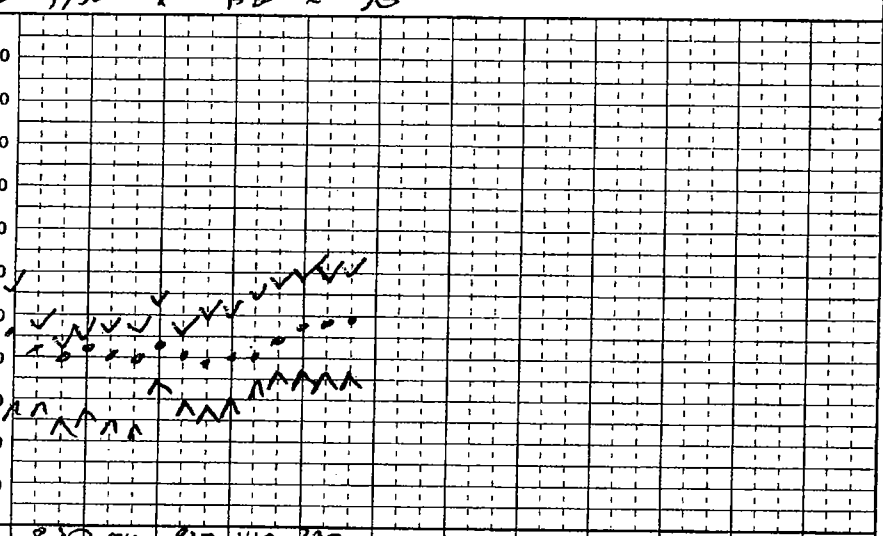
INITIAL DATA: BP- 112/60 HR- 92

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE Yes TIME- 1400

TIME → 1430 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 | 850 | 840 | 810 | 410 | 330 |
| f - breaths/min | 8 | 8 | 7 | 13 | 20 |
| Peak inf pres / PEEP | 14 | 14 | 15 | | |
| MODE - S(pon), A(ssist), C(on) | C | C | C | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | + | 40 | 35 | 34 | 30 |
| BP/oth | FIO2 (Frac or %) | .7 | .7 | .7 | .7 | .7 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | 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 → OK Arms 90°

**REMARKS** — Code drugs with numbers, events with letters

pt up stairs
5 assist to OR. 1000, PH ✓ O2 monitor settle IV induction procedure done

RECOVERY AT 1535

PACU ICU _____ (Specify) OTHER _____

CONDITION: RESP- 16 SpO2- 100% BP- HR- 100

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1400 | 1415 | 1540 |
| | Ready | Begin | End |
| PROC | 1420 | 1435 | 1530 |

PROCEDURES and CPT Codes: I&D; Washout (L) Tib

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

# [redacted] Wd 1 Bed 7A

b(6)-4 ☆ MRSA ☆

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

LMA #5 BS=B G.B.B. eyes taped

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

SURGEONS: [redacted] b(6)-2

ANES [redacted] b(6)-2

PROCEDURE LOCATION: OR1

DATE: 28 OCT 03

PAGE 1 OF

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. |
|---|---|---|---|---|---|
| (L) Knee (L) tibia AP/LAT | M | | | KW#1 | |
| | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY [redacted] b(6)-2 | | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR | | | | DATE REQUESTED 13 SEP 03 in AM |

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

1-day post of HD (R) tibfx

| 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)*

A[redacted] b(6)-4

EPW

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

EPW [redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW | | |

DATE OF ORDER: 11 Sept TIME OF ORDER: 1300 HOURS

LIST TIME ORDER NOTED AND SIGN

1) Admit to ICW.
Dx: GSW L leg (bell)
Fx Tib-Fib L leg (bell)
Condition stable
2) V.S. per routine

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER

3) I.V. Normal Saline at 150 rate HOURS
4) Activity: Bedrest
5) CBC
Type
X-ray Leg
} already done in ER
b(6)-2
6) Diet: Cereal diet
7) NPO: after midnight

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER

8) notify Dr Hugate (Ortho) of room # HOURS
b(6)-2 [redacted]

24 Chart [redacted] LT/AN 12 Sep 03 0300

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER

9/12/03 1615 HOURS

MSO4 2mg IV q 5 min MAX 20mg
Phenergan 25mg IV PRN Nausea
Demerol 12.5mg IV PRN shivers, MAX repeat x1
[redacted] CRNA, CPT
b(6)-2

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



☆ U.S. GOVERNMENT PRINTING OFFICE: 2001—478-200

b(6)-2 All

**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

9/13/03

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

Readut to Floor
S/p I/D/ex fix / (L) tib fx
Stable
vitals / I & O's Routine
NLDA
FFWB LLE

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

PT consult
Rom (L) ankle, (L) knee
AP AT to Reg
LR @ 100 cc/h with tol po
MSO4 1-4 mg IV q 20 min pr
Percocet 5-11 po q 4 hr pr
Tylenol 650 mg po/PR q6 pr

[redacted] 13 Sep

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

phenergan 12.5 mg IV q6 pr
AP/LAT (L) knee, (L) tibia in AM
Lovenox 30 mg SQ bid start AM of 9/13
Routine call orders
Distal NV ✓ q1 x 4, then q4

NURSING UNIT: 2nd | ROOM NO.: 13 Sep 03 | BED NO.: [redacted]

PATIENT IDENTIFICATION

# [redacted] b(6)-4

14 Sept 03
0700 — Keflex 1g IV q8 ✓
— Start pin care c 1/2 strength $H_2O_2$ BID

DATE OF ORDER — TIME OF ORDER — HOURS

[redacted]

038

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

[redacted] 15 Sep 03 AM 0100

[redacted]

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

b(6)-2

MEDCOM - 18959

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

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

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

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

- NPO p̄ MN for OR tomorrow
- LR @ 100cc/° p̄ MN
- hold lovenox after pm dose
- D/C Bedrest. may ambulate FWB LLE c̄ crutches.

[redacted]

NURSING UNIT: [redacted] ICU/AN 24 | ROOM NO.: Chart | BED NO.: V | 15Sep03 1930 [redacted]

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

DATE OF ORDER / TIME OF ORDER [redacted] / HOURS b(4)-2

16Sep03 1000

Readmit to Floor
Resume prop order
ADAT to Regular.
LR @ 100cc/° until to po - then heparin lock
then continue Kaysol 1g IV q 9°
resume Lovenox 30mg SC [redacted]
9/12/03 0130 [redacted]

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

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER / TIME OF ORDER / HOURS b(4)-2

17Sep03 1921 b(4)-2

May remove splint for PT
PT for ambulation, ROM (L) knee, and FFWB LLE
b(4)-2 [redacted]

Hugato

NURSING UNIT: [redacted] | ROOM NO.: | BED NO.: ICU/AN 24 Chart V 18Sep03 1930

PATIENT IDENTIFICATION

DATE OF ORDER / TIME OF ORDER / HOURS

18Sept 03 0941

~~Pm care BID c̄ 1/2 str H2O2 please~~ [redacted]

b(4)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLA MEDCOM - 18960 ICH MAY BE USED.

b(6)-2 AV

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

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

19Sep03 0930 — D/c Keflex
— Vancomycin 1g IV q12°
— Lytes, renal, ~~[illegible]~~ ESR today
— Aggressive pin care please to prevent infection.

NURSING UNIT: ICU | ROOM NO.: 24 Chart | BED NO.:

19Sep03 1945 [redacted] — NO HUDATE

PATIENT IDENTIFICATION

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

20Sep03 0717 — ensure c meals tid
✓ serum creatinine please.
ESR (sed Rate) today please.

Noted [redacted] 20SEP03 0730

NURSING UNIT: 20SEP03 0730 | ROOM NO.: | BED NO.: 24 [redacted] 9/20/03 [redacted]

PATIENT IDENTIFICATION

DATE OF O[redacted] / TIME OF ORDER / HOURS

21Sep03 0832 — Colace T po bid [redacted]

NURSING UNIT | ROOM NO.: 24 | BED: [redacted] 21 Sep 03 0836

0011 9/22/03

PATIENT IDENTIFICATION

DATE OF ORDER / TIME OF ORDER / HOURS

22Sep03 0830 — PICC Line - consult Dr. [redacted] of Radiology for PICC for long-term Abx.
Leave all wounds open [redacted] air please
no pin dressing please [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLA[illegible] ICH MAY BE USED.

b(6)-2

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

noted 25 Sep 03 2002 [redacted] b(6)-4

DATE OF ORDER: 25 Sep 1939 TIME OF ORDER: _____ HOURS

Flush Hickman cath c̄ 2 cc heparinized saline p̄ vaine administration (1st flush c̄ NS, then 2 cc 1:10,000 heparin in saline)

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT: 24 V | ROOM NO.: RP | BED NO.: [redacted]

25 Sep 03 2002 [redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

27 Sep 03 0913

DATE OF ORDER: _____ TIME OF ORDER: _____ HOURS

[redacted] b(6)-2 0930

29 Sep 03 0900

✓ Serum lytes, renal today (include creatinine).

plan probable D/C to EPW [redacted] on 10/5

NURSING UNIT: ICW | ROOM NO.: 30 Sep 03 | BED NO.: [redacted]

PATIENT IDENTIFICATION

noted 30 Sep 03 1000 NA

746

30 Sep 03 9 AM

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

b(6)-2

MAY D/C to EPW hospital when bed available.

D/C summary and scripts on chart.

b(6)-2

NURSING UNIT: noted | ROOM NO.: [redacted] | BED NO.: 2250 30 Sep 03

PATIENT IDENTIFICATION

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

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES MEDCOM - 18962 I MAY BE USED.

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] b(6)-4 | | | | 25 Sep 03 0932 | _____ HOURS | |
| | | | | D/C lovenox | | b(6)-2 |
| | | | | | | [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | | b(6)-2 | | |
| ICU | 24V | 25 Sep 03 | 1930 | [redacted] | | [redacted] 1120 DS 0930 |

| 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. | | | | |

## 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

DATE OF ORDER 10-3-03 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

Re-Admit ICW-1 Dr [redacted] b(6)-2

- Routine Vitals
- Stable
- OOB & ambulate c crutches NWB (R) LE
- BID pin site care, ½ H2O2
- Regular Diet

noted 30 Oct @ 1330 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION [redacted] b(6)-4

DATE OF ORDER TIME OF ORDER _____ HOURS

- Percocet 1-2 po q 4 PRN pain
- Vancomycin 1gm IVPB q12°
- PT for ROM exercises ankle thru
- MRSA contact precautions
- Staple during DC 9-3 Days at Hickman catheter site

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION [redacted] b(6)-4

DATE OF ORDER 3 OCT 03 [redacted] TIME OF ORDER _____ HOURS [redacted] b(6)-2

240/2330

04 OCT 03 0955

- BID WTD NS Dressing D's to (L) leg
- Colace I po bid.
- pin care c ½ ctr. H2O2 [redacted] b(6)-2

Noted [redacted] 240

NURSING UNIT | ROOM NO. | BED NO.

04 OCT 03 1045

240/050103 0558 [redacted] Hugh

PATIENT IDENTIFICATION [redacted] b(6)-4

DATE OF ORDER 08 OCT 03 12 TIME OF ORDER [redacted] HOURS

- AP/LAT (R) tib-fib today. b(6)-2

[redacted]

Noted [redacted] 7AS 08 OCT 03 0945

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2 [redacted]

240/9 OCT 03 0330 [redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72 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: 7A [redacted] b(6)-4

DATE OF ORDER: 9 OCT 03 825 | TIME OF ORDER: HOURS | LIST TIME ORDER NOTED AND SIGN

AP/LAT (L) tib/fib today

ESR today please [redacted] 9 OCT

NURSING UNIT: 24 | ROOM NO.: Chart | BED NO.: 9 OCT 03 1930 [redacted] b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 16 OCT 03 0830 | TIME OF ORDER: HOURS

- NPO p MN
- LR @ 100 cc/ p MN
- plan OR tomorrow.

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

NURSING UNIT: 24 | ROOM NO.: 0100 17 09 03 [redacted]

PATIENT IDENTIFICATION: b(6)-4 [redacted] 17 OCT 03 0830A

DATE OF ORDER | HOURS

Regular diet
NPO p MN for OR tomorrow
no OR today
plan OR tomorrow
LR @ 100 cc p MN
keep well IV now.

[redacted]

NURSING UNIT: 24 | ROOM NO.: 0100 18 OCT 03 | BED NO.: 1 8 2

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

DATE OF ORDER: 18 OCT | TIME OF ORDER: 1600 HOURS

(1) MSO4 2-8° mg q 1-2° PRN [redacted] b(6)-2

b(6)-2

NURSING UNIT | ROOM NO. | BED: 24 [redacted] 18 OCT 03 2230

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-1 [redacted]

b(6)-2 [redacted]

10/19/07

1112

NURSING UNIT [redacted] BED NO.

1/8

1200

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| | HOURS | |
| - Return to ICW 1 / [redacted] | | |
| - resume preop orders / meds | | |
| - Fragmin ~~at~~ 5000U SQ BID start AM | | |
| 9 10/19 | b(6) AM | |
| - elevate LLE | | |
| - PT for ROM knee starting [redacted] 10/21 | | |
| Regular diet. | | |

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |
| LR @ 100cc/° until taf po | | |
| HCT @ NOON please [redacted] | | |
| 1 Xray, PA/LAT (L) knee | | |
| portable VO Dr [redacted] | | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| 19OCT03 | 1110 HOURS | |
| Dic Fragmin | | |
| Heparin 5000U SQ BID | | |
| V.O. Dr. [redacted] | | |

NURSING UNIT | ROOM NO. 2210 | BED NO. 20 OCT @ 0230 [redacted]

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |

NURSING UNIT | ROOM NO. | BED NO.

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

## CLINICAL RECORD - 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 |
|---|---|---|---|
| b(6)-4 [redacted] | 19 Oct 2003 | HOURS | |
| | D/C previous Morphine order. MSO4 1-5mg IV q 30 min pr encourage po. | | |
| | b(6)-2 [redacted] | | |
| NURSING UNIT / ROOM NO. | [redacted] | | |
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
| 24° V 20 Oct @ 0230 | | HOURS | MD [redacted] |
| 24° V 24 Oct @ 0520 | [redacted] | | |
| 24° V 25 Oct @ 0050 | [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 EDITION OF 1 JUL 77, WHICH MAY BE USED.

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 10-27-03 | 0830 HOURS | |
| | | | | - Remove Staple (D) leg | | |
| | | | | Sutures (E) H+P | | |
| | | | | Apply benzoin steri strips | | |
| b(6)-2 [redacted] | | | | - D/C to AMP & crutches | | |
| | | | | - D/C central line | | |
| NURSING U[redacted] | | BED NO. | | | | |
| | | | | [redacted] b(6)-2 | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF O[redacted] | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

## MEDICAL RECORD - DOCTOR'S ORDERS

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

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

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS 10/23/03 1520 | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. prn $SaO_2$ ↓ 93° | | |
| 3 | Morphine / ~~Meperidine~~ ____ ~~mg IV~~ now and 2-4 mg q 3-5 min prn pain for a | | |
| | max dose of 10 mg. | | |
| 4 | Zofran____mg IV prn N/V q 15 min, may repeat x ____. | | |
| 5 | Metoclopramide____mg IV prn N/V x 1. | | |
| 6 | Droperidol____mg IV prn N/V x 1. | | |
| 7 | Phenergan____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ 100 cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] b(6) | | |

PATIENT IDENTIFICATION

# [redacted] b(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: Ø

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, [redacted] | b(2)-2 | | 1 of 1 |

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

b(6)-2 A11

# 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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 10-28-03 | 1000 HOURS | |
| | | | | NPO now | | |
| | | | | [redacted] | | [redacted] MD 10/28/03 1030 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| ICW | | | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | 10-24-03 | 1930 HOURS | |
| | | | | - Resume pre op orders, meds activities. | | |
| | | | | - Regular Diet | | |
| | | | | - Record output of Drains & Foley. | | |
| | | | | [redacted] | | [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 24W | 0400 | 29 OCT 03 [redacted] | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | 10-30-03 | 1620 HOURS | |
| | | | | D/C SQ heparin | | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 24W | 0330 | 1 NOV 03 | | | | |

| 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 72 WHICH MAY BE USED.

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 # [redacted] | | | | 11-1-03 | _____ HOURS | |
| | | | | - D/C to EPW CAMP | | |
| | | | | - Include MEDS for D/C | | |
| | | | | - Give patient dressing supplies | | |
| | | | | 4x4's, Kerlix roll and 4" ace wrap. | | |
| b(6)-2 Noted [redacted] | | | | - F/u 1 week. | | |
| NURSING UNIT | RO[redacted] | BED NO. | | [redacted] | | |
| | | | | b(6)-2 | | |
| 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 | 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 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/11 | [redacted] | VS per routine | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 9/11 | [redacted] | Activity: Bed rest | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 9/11 | [redacted] | General | 06 18 | | | | | | | | | | | | | |
| | | | 18 22 | | | | | | | | | | | | | |
| ~~9/12~~ | [redacted] | ~~Finger Stick q 4h~~ | ~~04~~ | | | | | | | | | | | | | |
| | | | ~~08~~ | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | |
| 12 | [redacted] | I+O's routine | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 12 | [redacted] | FFNWB LLE | 06 | | | | | | | | | | | | | |
| | | (Flat foot) | 18 | | | | | | | | | | | | | |
| 12 | [redacted] | Advance to Reg | 06 | | | | | | | | | | | | | |
| | | (ensure c meals & HD) | 18 | | | | | | | | | | | | | |
| 9/13 | [redacted] | Restart ck q shift | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 9/14 | [redacted] | Start pin care | 08 | | | | | | | | | | | | | |
| | | c ½ strength $H_2O_2$ | 20 | | | | | | | | | | | | | |
| | | pin care BID | | | | | | | | | | | | | | |
| 9/15 | [redacted] | May ambulate | 06 18 | X | X | X | X | | | | | | | | | |
| | | FFNWB LLE c | 18 06 | X | X | X | X | | | | | | | | | |
| | | Crutches | | | | | | | | | | | | | | |
| 9/19 | [redacted] | Aggressive pin care | 06 18 | | | | | | | | | | | | | |
| | | please to prevent | 18 06 | | | | | | | | | | | | | |
| | | infection | | | | | | | | | | | | | | |

D/C 9/15/03 1110

D/C

b(6)-2 A11

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: GSW (L) leg (old) S/PHD Fx T12-T26 (L) leg (old) ~~ex fix (L) tibfx~~

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION:

b(6)-4

EPW #[redacted]

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 18972

bl(w)-2 AVI

Verify by Initialing

# THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo Sept Yr 2003

| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 9/11 | [redacted] | Admit to ICW, Stable | 9/11 | | | [redacted] |
| 9/11 | [redacted] | CBC, MET, X-rays leg | 9/11 | done in ER | | [redacted] |
| 9/11 | [redacted] | NPO p MN | 9/11 | 2400 | | [redacted] |
| 9/11 | [redacted] | Notify Dr. [redacted] (ortho) of Rmt | 9/11 | | | |
| 12 | [redacted] | Readmit to Floor; Stable | 9/12 | — | | [redacted] |
| 12 | [redacted] | PT consult; ROM (L) ankle (L) knee | | | | [redacted] |
| 12 | [redacted] | AP/LAT (L) knee, (L) tibia in AM | 9/13 | — | | [redacted] |
| 9/16 | [redacted] | NPO p MN. For OR tomorrow | 9/15 | | | [redacted] |
| 9/16 | [redacted] | Readmit to floor | 9/16 | | | [redacted] |
| 9/17 | [redacted] | May remove splint for PT | 9/17 | noted | | [redacted] |
| 9/17 | [redacted] | PT for ambulation, ROM (L) knee, ankle & FTWB LLE | 9/17 | noted | | [redacted] |
| 9/19 | [redacted] | Lytes, renal, ESR today | 9/19 | | 1040 | [redacted] |
| 20 Sept 13 | [redacted] | V serum creatinine please | 20 Sept 13 | | | [redacted] |
| 20 | [redacted] | ESR (sedrate) today please | 20 | | DK | [redacted] |

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

USAPA V1.00

b(6)-2 Ant

| 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 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12SEP | [redacted] | Distal N/V Checks | 6 | | [redacted] | | | | | | | | | | | |
| | | & 4° | 10 | [redacted] | | | | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | |
| | | | 02 | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 11SEP | [redacted] | Vital Signs Routine | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 12SEP | [redacted] | FF WWB LLE | 6 | [redacted] | | | | | | | | | | | | |
| | | (Flat foot) | 18 | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 12SEP | [redacted] | Reg Diet | 6 | [redacted] | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 14SEP | [redacted] | Pin Care c̄ 50/50 | 10 | [redacted] | | | | | | | | | | | | |
| | | $H_2O_2$ & $H_2O$ BID | 22 | [redacted] | | | | | | | | | | | | |
| | | "AGGRESSIVE" | | | | | | | | | | | | | | |
| 15SEP | [redacted] | Ambulate FF WWB c̄ | 06 | [redacted] | | | | | | | | | | | | |
| | | crutches LLE | 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 29SEP | [redacted] | HICKMAN CATH DRSG | 10 | / | / | [redacted] | / | [redacted] | / | / | ☐ | / | / | ☐ | | |
| | [redacted] | Δ q3days c̄ | | / | | | | | | | | | | | | |
| | | sterile technique | | / | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☑ NO — NKDA

PRIMARY DIAGNOSIS: SP/GD bx fix, tib fx — GSW Dig old; Tib fib ⊕ leg old

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO — PAGE NO: 1

PATIENT IDENTIFICATION:

EPW

# [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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



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

b(6)-2 A11

| Verity 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 |
| 9/28 | [redacted] | NPO p MN | 9/28 | 2400 | noted | [redacted] |
| 9/28 | [redacted] | To OR tomorrow | 9/29 | | | |
| 9/29 | [redacted] | V Serum lytes, renal today | 9/29 | done | | |
| | [redacted] | (include creatinine) | | | | |
| 9/29 | [redacted] | Plan: Probably D/C to SPW | 10/1 | ↑ | | |
| | ---- | Hosp on 10/1 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

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

USAPA V1.00

b(6)-2 All

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9/22 | [redacted] | Leave all wounds | 06 | [redacted] | | | | | | | | |
| | [redacted] | open to air please | 18 | | | | | | | | | |
| | | No pin dressing please | 00 | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

#[redacted]

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2A11

| Verify 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 |
| 9/22 | [redacted] | PICC Line - Consult Dr | 9/22 | Sent | 0855 | [redacted] |
| | [redacted] | [redacted] of Radiology | | | | |
| | ---- | for PICC for long term Abx | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

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

USAPA V1.00

b(4)-2A11

| 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 29 | 30 | 31 |
|---|---|---|---|---|---|---|
| 0300 | [redacted] | Routine Vitals | 6 | [redacted] | | |
| | | | 18 | | | |
| 3 | [redacted] | OOB & AMB c crutches | 6 | | | |
| | | NWB LLE | 18 | | | |
| | [redacted] | Regular diet | 6 | | | |
| | | encourage po | 18 | | | |
| | [redacted] | MRSA precautions | 6 | | | |
| | | | 18 | | | |
| | [redacted] | P.T. for ROM exercises | 6 | | | |
| | | while have / knee ROM | 18 | | | |
| ✓ | [redacted] | elevate LE | 6 | | | |
| | | | 18 | | | |
| 29 Oct | [redacted] | Record I/O output | 8 | | | |
| | | 8 shift | 18 | | | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW (L) Leg TIB/FIB

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(4)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 18978

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

D(2)-2 A 11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 10 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 01 Nov | [redacted] | DC to EPW camp - Include meds | 01 Nov 03 | — | | [redacted] |
| ↓ | [redacted] | Give pt drsg supplies (4x4s, Kerlex, Ace wrap) | 01 | — | | [redacted] |
| ↓ | [redacted] | F/U 1 week | 01 | — | | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

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

USAPA V1.00

blw-2 tvl

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 03 OCT03 | [redacted] | routine vitals | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 03 | [redacted] | OOB & amb c̄ crutches | 06 18 | | | | | | | | | | | | | |
| | | NWB LE | 18 06 | | | | | | | | | | | | | |
| 03 | [redacted] | BID pin site care 1/2 | 06 18 | | | | | | | | | | | | | |
| | | $H_2O_2$ | 18 06 | | | | | | | | D/C'd | | | | | |
| 03 | [redacted] | Regular diet | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 03 | [redacted] | MRSA precautions | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 03 | [redacted] | PT for ROM exercises | 06 18 | | | | | | | | | | | | | |
| | | while here | 18 06 | | | | | | | | | | | | | |
| 03 | [redacted] | Sterile dressing Δ q 3 days | 10 | / | / | | / | / | / | / | / | / | / | / | / | / |
| | | Hickman cath. site | | | | | | | | | | | | | | |
| 04 OCT03 | [redacted] | BID WTD NS dressing | 10 | | | | | | | | | | | | | |
| | | Δs to @ leg | 22 | | | | | | | | | | | | | |
| 18 | [redacted] | Elevate LLE | 06 | / | / | | | | | | | | | | | |
| | | | 18 | / | / | | | | | | | | | | | |
| 18 | [redacted] | PT to have ROM knee | 06 | / | / | / | / | / | | | | | | | | |
| | | Start tomorrow Am of 10/21 | 18 | / | / | / | / | / | | | | | | | | |
| 19 OCT03 | [redacted] | Encourage po | 06 18 | / | / | / | | | | | | | | | | |
| | | | 18 06 | / | / | / | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW @ LEG TIB FIB

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted]

blw-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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



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

bled 2 All

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 10 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 10/16 | [redacted] | NPO p MN | 10/16 | 2400 | 2400 | [redacted] |
| 10/16 | [redacted] | Plan OR tomorrow | 10/17 | O/C | Dec | |
| 10/17 | [redacted] | NPO p MN for OR Tomorrow | 10/18 | 0001 | 0001 | [redacted] |
| 18 | [redacted] | Return to ICW1 / Hugate | | | | |
| 18 | [redacted] | resume prop orders/meds | | | | |
| 18 | [redacted] | H/T @ 1200 NOON, Please | 18007 | 1200 | 600 | [redacted] |
| 18 | [redacted] | x ray pa ap + lat @ hill, | 18cu | | | [redacted] |
| 27 Oct 03 | [redacted] | Remove staples @ leg/sutures @ hip | 27 | | | |
| 27 | [redacted] | Apply benzoin & steri strips | 27 | | | |
| 27 | [redacted] | PIC to camp c̄ crutches | 27 | | | |
| 27 | [redacted] | PIC central line | 27 | | | |
| 10/28 | [redacted] | NPO | 10/28 | 1000 | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

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

USAPA V1.00

(b(6)-2 A11 (

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10/3/03 | [redacted] | Routine vitals | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | Condition stable | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | OOB + ambulate c | [redacted] | | | | | | | | | | | | | |
| | | crutches NWB @ LE | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | BID pin site care | [redacted] | | | | | | | | | | | | | |
| | | 1/2 $H_2O_2$ | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | Regular diet | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | MRSA precautions | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | PT for ROM exercises | [redacted] | | | | | | | | | | | | | |
| | | while here | | | | | | | | | | | | | | |
| 10/3/03 | [redacted] | Sterile dsg Δ q3 | [redacted] | X | [redacted] | | | | | | | | | | | |
| | | days @ Hickman | [redacted] | [redacted] | / | / | [redacted] | / | / | [redacted] | / | / | [redacted] | / | / | [redacted] |
| | | catheter site | X | | | | | | | | | | | | | |
| 10/4/03 | [redacted] | BID WTD NS Dressing | 10 | / | [redacted] | | | | | | | | | | | |
| | | Δs to Ⓛ leg | 22 | / | [redacted] | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW Ⓛ leg tibfib

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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



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

Volles - 2 All

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 10 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 08 OCT03 | [redacted] | AP/LAT (R) TIB/FIB TODAY | 08 OCT03 | | | [redacted] |
| 9oct | [redacted] | AP/LAT (L) tib fib today | 9oct | | | [redacted] |
| 9oct | [redacted] | ESR today please | 9oct | | | [redacted] |
| 03 OCT03 | [redacted] | condition-stable | 03 OCT03 | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

USAPA V1.00

b(6)-2A 11

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 |
|---|---|---|---|---|
| 12 SEP | [redacted] | Lovenox 30mg SQ BID | 10 | [redacted] |
| | | | 22 | [redacted] D/C 9/25/03 |
| 16 SEP | [redacted] | HL IV when tolerating PO | 6 | [redacted] |
| | | | 18 | [redacted] |
| 19 SEP | [redacted] | Vancomycin 1gm IV q 12° | 10 | [redacted] |
| | | | 22 | [redacted] |
| 21 SEP | [redacted] | Celace PO BID | 10 | [redacted] |
| | | | 22 | [redacted] |
| | | PRN MEDS | | |
| 12 SEP | [redacted] | Ms dy 1-4mg IV q 20min PRN | | |
| 12 SEP | [redacted] | Percocet 1-2 po q 2° prn | | 28 Sep 2110 2 / 29 Sep 2010 11 / 30 Sep 2020 4100 [redacted] |
| 12 SEP | [redacted] | Tylenol 650mg po q 6° prn | | |
| 12 SEP | [redacted] | Phenergan 12.5mg IV q 6° prn | | |

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: GSW ② Leg (old) s/p I&D, orthy, tibia Fx Tib Fib ② Leg (old)

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

E # [redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

b(6)-2 A11

| 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 9 20 21 22 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | 23 |
| 9/11 | [redacted] | NS @ TKO rate | 06 18 18 06 | [redacted] | | | | | | | | | | | | | |
| 12 | [redacted] | LRC 100cc/hr until tol PO | 06 18 | [redacted] | | | | | | | | | | | | | |
| 12 | [redacted] | Lovenox 30mg SQ BID; start PM of 9/13 | 10 22 | [redacted] | | | | | | | | | | | | | |
| 12 | [redacted] | Distal NVV q1° x4 then q4° | 06 18 | [redacted] | | | | | | | | | | | | | |
| 9/14 | [redacted] | Kefzol 1g IV q 8° | 06 14 22 | [redacted] | | | | | | | | | | | | | |
| 9/15 | [redacted] | LR @ 100cc° p mw | 06 18 18 06 | [redacted] | | | | | | | | | | | | | |
| 9/16 | [redacted] | HL when tolerating po | 06 18 18 06 | [redacted] | | | | | | | | | | | | | |
| 9/19 | [redacted] | Vancomycin 1gm IV q 12° | 10 22 | [redacted] | | | | | | | | | | | | | |
| 9/21 | [redacted] | Colace 1 po bid | 10 22 | [redacted] | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: GSW (L) leg (old) S/P I+D OKFix, HBCx Fx Tib-Fib (L) leg (old)

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

PATIENT IDENTIFICATION:

EPW # [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

b(4)-2 All

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | Mo. Sept Yr. 03 |
|---|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials | |
| 9/15 | [redacted] | Hold Lovenox ~~p~~ pm dose | 9/15 | | | | |
| | [redacted] | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | [redacted] | MSO4 1-4mg IV | D/T | 12Sep 1733 | 13Sep 0700 | 13Sep 1400 | 14Sep 0925 | 14Sep 2145 4mg | 15Sep 1900 | 9/16 | 19Sep 4mg 1920 | | | | | |
| | | q20min PRN | D/I | 4mg | 4mg | 4mg | 4mg | [redacted] | [redacted] | 2115 | [redacted] | | | | | |
| 12 | [redacted] | Percocet ½-II | D/T | 12Sep 2050 | 13Sep 1345 | 13Sep 1900 | 13Sep 0800 | 14Sep 0930 | 14Sep 1930 | 9/16 1620 | 9/16 2000 | 9/17 1500 | 9/17 [illegible] | 9/18 1000 | 18Sep 2030 | 2058 2100 |
| | | PO q4° PRN | D/I | II | II | II | II | II | II | II | 2 | 2 | 2 | II | II | II |
| 12 | [redacted] | Tylenol 650mg | D/T | 13Sep 1000 | 17Sep 2230 | | | | | | | | | | | |
| | | PO/PR q6° PRN | D/I | 650mg | 2 | | | | | | | | | | | |
| 12 | [redacted] | phenergan 12.5mg | D/I | 14Sep 2145 | 19Sep 1920 | | | | | | | | | | | |
| | | IV q6° PRN | D/I | 12.5mg | 12.5mg | | | | | | | | | | | |
| 9/12 | [redacted] | Percocet ½-II PO | D/T/I | 23Sep 0330 | | | | | | | | | | | | |
| | | Q4 PRN | | II | | | | | | | | | | | | |

USAPA V1.00

b(4)-2 All

CLINICAL RECORD

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

Mo. ____ Yr. ____

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|
| 25Sep83 | [redacted] | Flush Hickman | 04-18 | X | [redacted] | | | | |
| | ------ | Catheter c̄ 2cc | 18-06 | [redacted] | | | | | |
| | ------ | heparinized saline | | | | | | | |
| | ------ | p̄ Vancomycin | | | | | | | |
| | ------ | administration | | | | | | | |
| | ------ | (1st flush c̄ NS, then | | | | | | | |
| | ------ | 2cc 1:10,000 heparin | | | | | | | |
| | ------ | in saline) | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |
| | ------ | | | | | | | | |

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS: S/P I&D GSW (L) leg (old) ex fix (L) tib fx fx tib-fib (L) leg (old)

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

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

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. 10 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Oct | [redacted] | Vancomycin 1gm | 10 | [redacted] | | | | | | | | | | | | | |
| | | IVPB q12° | 22 | | | | | | | | | | | | | | |
| 40 Oct | [redacted] | Colace + po BID | 10 | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| 40 Oct | [redacted] | LR @ 100cc/hr | 06 | D/C'd 17 Oct 03 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| 17 Oct | [redacted] | LR @ 100cc/hr | 06 | [redacted] D/C | | | | | | | | | | | | | |
| | | p MN | 18 | | | | | | | | | | | | | | |
| 18 | [redacted] | Fragmin 5000u SQ | 10 | | | | | | | | | | | | | | |
| | | BID, start AM ab | 22 | | | D/C 19 Oct 03 | | | | | | | | | | | |
| | | 10/19 | | | | | | | | | | | | | | | |
| 18 | [redacted] | LR @ 100cc/hr until | 06 | [redacted] | | | | | | | | | | | | | |
| | | to PO | 18 | | | | | | | | | | | | | | |
| 19 Oct 03 | [redacted] | Heparin 5000U SQ | 10 | | | | | | | | | | | | | | |
| | | BID | 22 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (L) leg

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

b(6)-4

[redacted]

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

Bled - 2 AM

| 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 |
| 17 Oct | [redacted] | Heplock IV NOW | 17 Oct | NOW | 1100 | [redacted] |
| 18 Oct 03 | [redacted] | D/C previous MS04 order | 18 Oct 03 | — | — | [redacted] |
| 19 | [redacted] | D/C Fragmin | 19 | — | — | [redacted] |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Oct | [redacted] | Percocet II po Q4° prn pain | D/T | 16 Oct 2215 | 17 Oct 2240 | 18 Oct 2000 | 18 Oct 2200 | 19 Oct 1100 | 19 Oct 2215 | 20 Oct 0217 | 20 Oct 1915 | 21 Oct 0515 | 21 Oct 2000 | 22 Oct 1120 | 23 Oct 1105 | 23 Oct 2000 |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| 18 Oct | [redacted] | MS04 2-8mg q 1-2° PRN | D/T | 18 Oct 1601 | 18 Oct 2000 | 18 Oct 2310 | 18 Oct 0037 | D/C 19 Oct 03 | | | | | | | | |
| | | | D/T | 8mg QM | 8 | 8 | 8 | | | | | | | | | |
| | | | | | E | E | E | | | | | | | | | |
| 19 Oct 03 | [redacted] | MS04 1-5mg IV q 30 min prn | D/T | 19 Oct 1830 | 20 Oct 0617 | 20 Oct 2330 | 21 Oct 0515 | | | | | | | | | |
| | | | D/T | 5mg | 5 | 5mg | [redacted] | | | | | | | | | |
| Resume | [redacted] | Percocet II PO Q4° prn pain | D/T | | 24 Oct 1245 | 24 Oct 2415 | 25 Oct 1330 | 25 Oct 2030 | 26 Oct 1100 | 26 Oct 2330 | 27 Oct 2220 | 28 Oct 1640 | 28 Oct 2015 | 29 Oct 0205 | 30 Oct 1015 | 30 Oct 0530 |
| | | | D/T | | II | II po | II | II | 2 | II | II | II | II | II | II | 2 |
| | | | D/T | 30 Oct 1740 | [redacted] | | | | | | | | | | | |
| | | | D/T | II | | | | | | | | | | | | |

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

b(6)-2 All

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30Oct03 | [redacted] | Vancomycin 2gm | 10 | [redacted] | | | | | | | | | | | | | |
| | | IVPB q 12° | 22 | | | | | | | | | | | | | | |
| 04 Oct03 | [redacted] | Cobre T po bid | 10 | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| 16Oct | [redacted] | LR @ 100cc° p MN | 06 18 18 | | | | | | | | | | | | | | [redacted] |
| 30Oct03 | [redacted] | PRN Medication | D | 30Oct 2010 | 40 2020 | 50Oct 2030 | 10/ | 60Oct 2100 | 70Oct 2000 | 2200 | 90Oct 2215 | 100Oct 1900 | | 110Oct 1855 | | | |
| | | Percocet ii PO q 4° | T | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | ii | | ii | | | |
| | | PRN pain | | [redacted] | | | | | | | | | | | | | |
| | | Percocet ii po QA° | D/T | 110Ct 1915 | 120Ct 2055 | 130Ct 1920 | | 150Ct03 1840 | | | | | | | | | |
| | | per pain | D | ii | ii | ii | | ii | | | | | | | | | |
| 16Oct | [redacted] | | | [redacted] | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW (2) leg 4th & 6th

ADDITIONAL PAGES IN USE: ☒ YES ~~☐ NO~~ PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

b(6)-2 All

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 10 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 31 | 1 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30OCT | [redacted] | Vancomycin 1gm | 10 | | | | | | | | | | | | | | |
| | ----- | IVPB Q12° | 22 | [redacted] | | | | | | | | | | | | | |
| 40CT | [redacted] | Cotace 1 po BID | 10 | | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| 18OCT | [redacted] | HLIV | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| 18OCT | [redacted] | Heparin 5000 units | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | SQ BID | 22 | [redacted] | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW (L) Lig TIB/FIB

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

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

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3004 | [redacted] | Percocet 1+po Q4° prn | D/T | 30 Oct | 3004 1900 | 3004 2045 | | | | | | | | | | |
| | | b(w)-2 All | D/I | 1/94 | 1+po | 1+po | | | | | | | | | | |
| 1900 | [redacted] | MSO4 1-5mg IV Q30 min PRN | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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

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

Time In: 1610

Allergies: NKDA OR Intake: Crystalloid 1900 Colloid

Pre-op V/S: 160/80 OR Output: UOP EBL 500

Procedures: I+D (L) thigh Meds/Times: Ancef, MSO4, fentanyl

left mix place.

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

Pre Op Meds History

| Time | 1610 | 1630 | 1700 | 1730 | 1750 | 1815 |
|---|---|---|---|---|---|---|
| SaO2 | 97 | 97 | 98 | 97 | 98 | |
| FiO2 | | | | | | |
| Methods | RA | RA | RA | RA | RA | |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | V | V | V | V | V | |
| 120 | • | | | | | |
| 100 | | • | | • | | |
| 80 | ^ | ^ | ^ | ^ | ^ | |
| 60 | | | | | | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 20 | 20 | 20 | 20 | 20 | |
| T | 98 | | | | | |
| Time | | | | | | |
| Pain (0-10) | | | | | | |
| LOS | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1610 | LR | 600 | (L) hand | OR | 400 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

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

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)

PREPA[redacted] LPN b(6)-2 | DEPARTMENT/SERVICE/CLINIC PACU | DATE 12 SEPT 03

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

[redacted] b(6)-2

ICW #1

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

b(w)-2 A11

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1615 | | MSO4 2mg | IV | | I | [redacted] |
| 1625 | | MSO4 2mg | IV | | I | [redacted] |
| 1635 | | MSO4 2mg | IV | | I | [redacted] |
| 1640 | | MSO4 2mg | IV | | I | [redacted] |
| 1645 | | MSO4 2mg | IV | | I | [redacted] |
| 1700 | | MSO4 2mg | IV | | | [redacted] |
| 1715 | | MSO4 2mg | | | | [redacted] |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | [redacted] |
|---|---|---|---|---|---|---|---|
| Adm | (L) leg | LROM | + | P | B | C | Pk |
| 15' | (L) leg | LROM | + | P | B | C | Pk |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (L) leg | LROM | + | P | B | C | Pk |

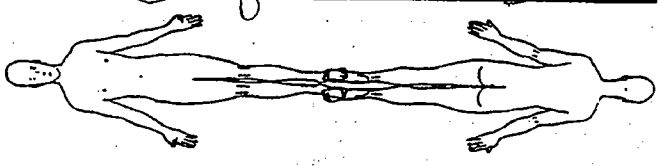
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## 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. | ∅ |
| 30' | | | |
| 60' | | | |
| D/C | (L) leg | ACE C ext fix | ∅ |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1610 | ST | ∅ | ∅ |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt to recovery room from OR s/p I+D (L) tibia, ext fix. Placement of IV of LR infusing into (R) Arm. ∅ s/s of redness or swelling to affected (L) leg. Ace C ext fix. NV intact. VSS. Will continue to monitor & assess. — [redacted] (LR)

1615 - Pt c/o pain. Medicated c 2mg MSO4 - [redacted] LR

1625 - Pt continues to c/o pain. Medicated c 2mg MSO4 [redacted] LR

1635 - Pt continues to c/o pain. Medicated c MSO4 2mg. Leg elevated. Will continue to assess [redacted] LR

1640 - Pt continues to cry c c/o pain. Medicated c 2mg MSO4 [redacted] LR

1645 - Pt continues to c/o pain. MSO4 2mg given. — [redacted] (LR)

1700 - Medicated c 2mg MSO4 [redacted]

1715 - 2mg MSO4 — [redacted] (LR)

Report given to ICU Cross. Pt to ICU #1 — [redacted]

**Discharge Criteria:**
**Date:** 12 Sept **Time:** **PARS:** 9
**BP:** 136/89 **T:** 96.3 **HR:** 88 **RR:** 16 **Sa02:** 98
**Pain Level at D/C (0-10):**
**Intake:** 700 **Output:** ∅
**Additional Data:**
**Transferred To:** ICU #1
**Report Given To:** ICU [redacted]
**Transferred Via:** W/C [redacted] Gurney Ambulance
**Transferred By:** SGT [redacted]
**Cleared IAW Recovery Ro[redacted]**
**[redacted]rse 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: 16 Sept 03
Time In: 1010
Allergies: NKDA
Pre-op V/S: 1TD
Procedures: 1ba c Antibiotic bLAD placement

Anesthesia Type (Circle): ~~General~~ Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1600 Colloid
OR Output: UOP EBL
Meds/Times: Fentanyl, Bupivacaine

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

Pre Op Meds History

| Time | 1010 | 1015 | 1020 | 1025 |
|---|---|---|---|---|
| SaO2 | 98 | 97 | 99 | 99 |
| FiO2 | | | | |
| Methods | RA | RA | RA | RA |
| 240 | | | | |
| 220 | | | | |
| 200 | | | | |
| 180 | | | | |
| 160 | | | | |
| 140 | | | | |
| 120 | V | V | V | V |
| 100 | | | • | • |
| 80 | ^ | ^ | ^ | ^ |
| 60 | | | | |
| 40 | | | | |
| 20 | | | | |
| RR | 22 | 19 | 24 | 19 |
| T | 96 | | | |

| 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 |
|---|---|---|---|---|---|
| 1010 | LR | 800 | Bilat | TC | 200 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

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

b(6)-2

PREPARED BY [redacted] DEPARTMENT/SERVICE/CLINIC PACU DATE 16 SEPT 03

[redacted] (If 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

b(6) - 2 All

## 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 | 1PM | + | | B | W | PK |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

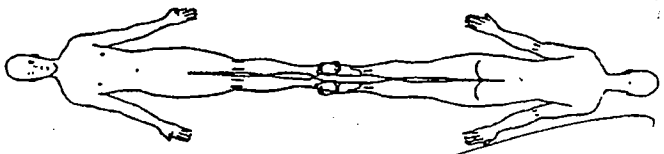
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) leg | splint Ex-fix | ∅ |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1010 | ST | ∅ | ∅ |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

A to recovery room from OR s/p HD (L) fibula c antibiotic bead placement. (L) leg has splint c ex. fix. IV of LR infusing into (R) arm. Pt s/s of recovery. Oriented to pt's VSS. NAD @ this time. Will continue to monitor VSSs. [redacted] RN

**Discharge Criteria:**
**Date:** 16 SEPT **Time:** 1040 **PARS:** 10
**BP:** 134/77 **T:** 96 **HR:** 91 **RR:** 16 **Sa02:** 98
**Pain Level at D/C (0-10):**
**Intake:** 100 **Output:** ∅
**Additional Data:**
**Transferred To:** ICW #1 [redacted]
**Report Given To:** SPC [redacted]
**Transferred Via:** W/C Litter Gurney Am[redacted]
**Transferred By:** [redacted]
**Cleared IAW Recovery Room SOP**
**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: 18Sep03
Time In: 1107
Allergies:
Pre-op V/S: 137/75 HR 77
Procedures: ORIF removal internal fix dolte left lower leg

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

OR Intake: Crystalloid 1700 Colloid
OR Output: UOP Ø EBL 500cc
Meds/Times: 5mg Versed 45mg Sufenta 40mg MSO4

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds History

| Time | 1107 | 1112 | 1117 | 1132 |
|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 |
| FiO2 | | | | |
| Methods | RA | RA | RA | RA |
| 240 | | | | |
| 220 | | | | |
| 200 | | | | |
| 180 | | | | |
| 160 | | | | |
| 140 | | | | |
| 120 | | | | |
| 100 | | | | |
| 80 | | | | |
| 60 | | | | |
| 40 | | | | |
| 20 | | | | |
| RR | 30 | 18 | 18 | 12 |
| T | 97 | | | |

| 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 |
|---|---|---|---|---|---|
| 1130 | LR | 100 | IV | | [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 | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | ✓ | ✓ | ✓ |
| 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] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 18Sep03

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

[redacted] b(6)-4

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

b(6)-2

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1118 | | Demerol 25mg | IV | | | [redacted] |
| 1135 | | " 20mg | IV | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | L leg | limited | + | P | B | C | PK |
| 15' | L leg | limited | + | P | B | C | PK |
| 30' | L leg | limited | + | P | B | C | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | L leg | limited | + | P | B | C | PK |

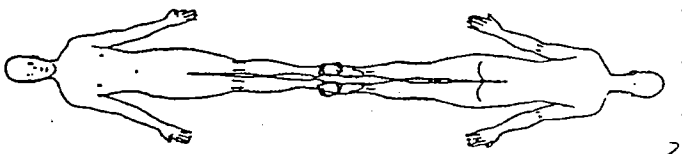
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## 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 wrap | Ø |
| 30' | L leg | ace wrap | Ø |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1107 | NSR | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received from OR s/p ex fix removal, internal fix SpO2 100% RA. c/o pain. 25mg Demerol given for pain. 15mg Demerol given for shivering. 20 mg IV Demerol given. Report given to [redacted]

[redacted]

b(6)-2

Discharge Criteria:
Date: 18 Sep 03 Time: 11 PARS:
BP: 119/66 T: 98.2 HR: 112 RR: 10 Sa02: 100
Pain Level at D/C (0-10):
Intake: 0 Output: 0
Additional Data: none
Transferred To: ICW
Report Given To: [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signatu [redacted]

b(6)-2

18 Sept

## 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: 25 SEP 03
Time In: 1330
Allergies: NKDA
Pre-op V/S: 111/61/83
Procedures: [illegible] Placement

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

OR Intake: Crystalloid 1000 LR Colloid Ø
OR Output: UOP Ø EBL Ø
Meds/Times: 20 mor Phine

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

Pre Op Meds / History

| Time | 1330 | 1340 | 1350 | 1400 | 1410 |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | V | | |
| 120 | V | V | | V | V |
| 100 | | | | | |
| 80 | • | • | • | | |
| 60 | | | | • | • |
| 40 | | | | | |
| 20 | | | | | |
| RR | 15 | 15 | 15 | 15 | 15 |
| T | 96.4 | | | | 97.0 |

| 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 |
|---|---|---|---|---|---|
| 1410 | LR | 100 | RAC | IV | 50 cc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 | Ø | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | Ø | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | Ø | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | Ø | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | Ø | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | Ø | Ø | Ø |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 0 | 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: [redacted] 91WM6

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 25 SEP 03

[redacted] typed or written entries give: Name – last,

[redacted] hospital or medical facility)

b(6)-4

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

## 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 | | | | | | | |

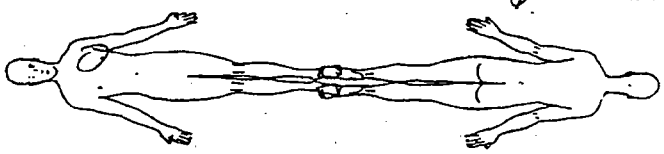
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | Upper Chest | 4x4 | Ø |
| 30' | | | |
| 60' | | | |
| D/C | Upper Chest | 4x4 | Ø |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1410 | NSR | Ø | Ø |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt recovered in PAOR due to MRSA. PARS 10 Ø Blood loss. S/P Hickman Placement — pfc [redacted] PT discharged to ICW 1 by PFC [redacted] & SGT [redacted]

DIW-2 All

**Discharge Criteria:**
**Date:** 8 Sep 03 **Time:** 1410 **PARS:** 10
**BP:** 126/65 **T:** 97 **HR:** 65 **RR:** 10 **Sa02:** 100
**Pain Level at D/C (0-10):**
**Intake:** 50cc LR **Output:** Ø
**Additional Data:** Ø
**Transferred To:** ICW 1
**Report Given To:** MAJor [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** PFC [redacted]
**Cleared IAW Recovery Room** [redacted]
**Signature:** [redacted]

MEDCOM - 19000

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

DTSG APPROVED (Date)

Date: 28 Oct 03
Time In: 1540
Allergies: NKDA
Pre-op V/S: 112/60 SR
Procedures: I+D Wester (L) Tib

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

OR Intake: Crystalloid 1000 Colloid
OR Output: UOP ∅ EBL 50

Meds/Times:

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

Pre Op Meds History

| Time | 1540 | 1545 | 1550 | 1555 | 1610 |
|---|---|---|---|---|---|
| SaO2 | 100 | 99 | 100 | 100 | 99 |
| FiO2 | 21 | 21 | 21 | 21 | 21 |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 15 | 20 | 22 | 20 | 19 |
| T | 98 | | | | |

## Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1540 | LR | 1000 | (L) Arm | MS | 1000 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

## Post-Anesthesia Recovery score

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

| 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)

b(6)-2

PREPARED BY: [redacted] SSG/CRN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 08 Oct 03

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

[redacted] b(6)-4

MRSA +
Van C

☐ 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 |
|---|---|---|---|---|---|---|
| 1540 | Alert | 4mg MSO4 | IVP | | | [illegible] |
| 1600 | Alert | 4mg MSO4 | IVP | | | [illegible] |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

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

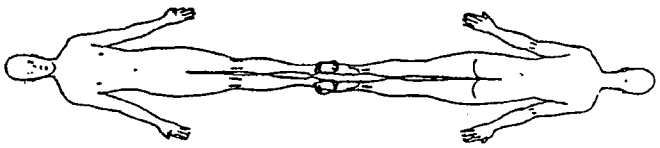
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## 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

male 7 wog. admitted to PACU s/p ZHD washout (L) ft. PSQ 100% VSS no s/s resp. distress. JP drain to (L) leg c̄ small amount sanguinous drainage. All digs CDI Pt A&O and c/o pain 4mg MSO4 given [redacted] SSG/CR

b(6)-2 A11

Discharge Criteria:
Date: 2 Oct 03 Time: 1600 PARS: 10
BP: 173/93 T: HR: 93 RR: 22 Sa02 100%
Pain Level at D/C (0-10):
Intake: 1000 Output:
Additional Data:
Transferred To: ICW
Report Given To: SPC [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: SSG [redacted]
Cleared IAW Recovery Room [redacted]
[redacted]e Signature: [redacted]



WAMC OP 173-F

# ABU GHARAIB MEDICAL TRANSFER REQUEST FORM

DATE OF REQUEST: 02OCT 03

REQUESTOR: LTC [redacted] MP BN Surgeon b(6)-2

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

COMPOUND [redacted] b(2)-2

PRIORITY: ASAP - Today, if possible

LITTER/AMBULATORY (CIRCLE) with crutches

DESCRIPITION OF INJURIES:
Fractures, LLE
MRSA

NUMBER OF MEDICAL PERSONNEL ACCOMPANYING: 2

DATE OF TRANSFER:

TIME OF TRANSFER:

DESTINATION:

POC AT DESTINATION:

ANTICIPATED LENGTH OF TRANSFER:

EQUIPMENT REQUESTS:

NOTE: COORIDINATION IS ALSO REQUIRED THROUGH MOVEMENT CONTROL FOR A TRIP TICKET.

# 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 1 1 0 1 | I 2 |

3. REGISTER NUMBER: [redacted]

NAME (Last, First, Middle Initial): UNK

4. PAY GRADE: 16 17

5. SEX: M

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

7. AGE AT ADMISSION: 27 28 29 — 2 9 y

8. RACE: 30 — 2

9. ETHNIC BACKGROUND: 31 — 9

RELIGION: UNK

10. LENGTH OF SERVICE: 32 33 34

ETS: NA

11. FMP: 35 36 — ~~99~~ 20

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45 [redacted]

ORGANIZATION (Active Duty Only): NA

13. MARITAL STATUS: 46 — 2

HOUR OF ADMISSION: 1300

BRANCH / CORPS: b(4)-4 NA

14. FLYING STATUS: 47 48 49 — N

15. BENEFICIARY CATEGORY: 50 51 52 — K 7 8

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

17. UNIT LOCATION (State or Country Code): 62 63 — I 2

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71

PREV. ADMISSION: YEAR ☑ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 — D b(2)-2

WARD: ICW1

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK

NAME AND LOCATION OF TREATMENT FACILITY: [redacted]

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: UNK

21. TYPE OF DISPOSITION: 73 74 — 2 1

22. MTF TRANSFERRED TO: 75 76 77 78 79 80

23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 — 0 3 1 1 0 1

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

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

26. DATE THIS ADMISSION (Y Y M M D D): 97 98 99 100 101 102 — 0 3 0 9 1 1

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

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

29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116 — 0 3 0 9 1 1

FOR LOCAL USE

Dx: GSW (L) LEG TIB FIB

Dx: 891.0, 041.11, V09.0, 905.4, 733.81, 730.26, E991.2

Proc: 79.36, 77.17 (x3), 83.98, 78.07, 77.79, 88.27

Trauma Inj: 9 569

ADMITTING OFFICER (Signature, as required): [redacted] b(4)-2 or [redacted]

SIGNATURE OF ADMITTING CLERK:

DA FORM [redacted] MAR 80 [redacted]

b(4)-4

# INPATIENT TREATMENT RECORD COVER S[illegible]

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. REGIST[redacted] | | | 2. NAME [redacted] | | | 3. GRADE — | ADMISSION REMARKS |
| 4. SEX M | 5. AGE — | 6. RACE Z | 7. [redacted] | SVC | 9. ETS — | 10. PREVIOUS ADMISSION No | |
| 11. FMP 99 | | 12. SSN [redacted] | | 13. ORGANIZATION N/A | | 14. WARD 7001 | |
| 15. FLYING STATUS — | 16. RATING/ DSG — | 17. DEPT/ BEN K78 | | 18. BRANCH/CORPS — | 19. UIC/ZIP — | 20. TYPE CASE NBI | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | | | 22. HOURS OF ADMISSION 1220 | 23. CLINIC SERVICE DERA | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK | | | | 25. TYPE DISPOSITION SO | | 26. DATE OF DISPOSITION 030918 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK | | | | 27b. TELEPHONE NO. UNK | | 28. DATE OF THIS ADMISSION 030911 | ADMITTING OFFICER |
| 29. NAME AND [redacted] N OF MEDICAL TREAT [redacted] | | | | | | 30. DATE OF INTIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED |

31. SELECTED ADMINISTRA[redacted]

b(2)-2

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW (R) foot & (R) thigh

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 | 4 | 4 |

36. Total Days All Facilites

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| | | b(4)-2 | [redacted] | | |

SIGNATURE OF ATTE[redacted] OFFICER

DA FORM 3647, MAY 79 [redacted] EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | — | Z | 9 | NR |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| — | N/A | 9 9 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| N/A | 46 | 1220 | N/A 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 |
|---|---|---|---|
| — | | 9 | YEAR / ☒ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 72 O b(2)-2 | ICU 1 | |

| NAME OF MEDICAL [redacted] | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
|---|---|
| [redacted] | |

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

| 21. TYPE OF DISPOSITION | [redacted] ERRED TO | 23. DATE OF DISPOSITION (YYYYMMDD) |
|---|---|---|
| S O | | 2 0 0 3 0 9 1 8 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYYYMMDD) |
|---|---|---|
| N E A A | | 2 0 0 3 0 9 1 1 |

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

FOR LOCAL USE

DX: GSW ⓡ foot & ⓡ thigh

T: 1
Inj: 450

Dx: 8920
8900
E9912

ADMITTING OFFICER (Sign[redacted] b(6)-2 [redacted] G CLERK

[redacted]

DA FORM 2985, MAR 2000 EDITION OF MAR 89 IS OBSOLETE USAPA V1.00

MEDCOM - 19006

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | |
|---|---|---|---|---|---|
| 1. [redacted] | 2. NAME (Last, First, MI) [redacted] b(a)-4 (EPW) | | | 3. GRADE EPW | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 35y | 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. RATING DSG | 17. DEPT/BEN K78 | 18. BRANCH/CORPS | 19. UHZ/ZIP | | 20. TYPE CASE WIA |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct From ER | | | 22. HOURS OF ADMISSION | 23. CLINIC SERVICE Orthopedics | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | 25. TYPE DISPOSITION D/C TO CAMP | 26. DATE OF DISPOSITION 8 OCT 2003 | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION 11 Sep 2003 | | ADMITTING OFFICER |
| 29. NAME AND LOCATION OF MEDICAL [redacted] 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) GSW (B) LE

(2) S/P I+D (L) THIGH ex-fix (Open Femur fx (L))

Dx: 894.0, 821.10, 780.6, E991.2

Px: 88.27, 77.17, 78.15, 77.15

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 | 27 | 27 |

36. Total Days All Facilites

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | [redacted] | 0 b(6)-9 | 0 | [redacted] | 27 |

SIGNATURE OF ATTENDING MEDICAL [redacted] UPT

DR. [redacted]

DA FORM [redacted] MEDCOM - 19007 [redacted] USAPPC V1.10

12. Lemieux gun shot wound:

4'

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10 Sep | BRIEF OP NOTE: |
| 1940 | PROCEDURE: (1) I&D (R) tibia |
| | (R) pin left appl (R) femur fx |
| | PRE-OP DIAGNOSIS: (L) femur fx, (R) tibia GSW |
| | POST-OP DIAGNOSIS: |
| | b(4)-2 |
| | SURGEON [redacted] ASSISTANT: |
| | EBL: 100 cc |
| | FLUIDS: 1800 crystalloid Dwi (R) tibia |
| | UOP: 0 pendore |
| | TT: 0 |
| | POST-OP PLAN: To CCH |
| | Work out 2-4P |
| | ? IM nail - locked |
| | [redacted] |
| | b(4)-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.

LOG#: [redacted] b(4)-4

SSAN#: [redacted] & EPW

NAME:

**PROGRESS NOTES**
Medical Record

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

USAPA V1.00

PREVIOUS EDITION IS USABLE

**MEDICAL RECORD**

AUTHORIZED FOR LOCAL REPRODUCTION

## CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 10 Sep 03 1941 | Recieved pt from OR. Pt sleeping with no signs of discomfort Pt responds to verbal stimuli & is able to follow simple commands Pt is being monitored via tele B/P 122/69 T-98 via skin probe R-14 P-75 SpO2 96% RA IV (R) FA LR's 120 cc/hr Lungs - Clear Resp - even & unlabored Bowels - hypoactive x 4 quad External Fixator (L) femur c̄ clamp taped to Rod slight seepage on lateral aspect of (L) leg around distal pin. (R) tibia has bulky dressing, Kerlix c̄ circumvential ~~slight seepage~~ small amt bloody drainage on upper portion of dressing. dorsalis pedis & pulses present both feet. Will continue to monitor pt. Spc [redacted] b(4)-2 |
| 2000 | Pt still resting quietly c̄ no signs of discomfort B/P 121/64 P-74 R-13 Pt responds to verbal stimuli SpO2 96% will continue to monitor pt - Spc [redacted] |
| 2015 | Pt still resting slowly starting to shiver administered IV Demerol 12.5mg hung new LR's 120 cc/hr B/P 106/70 R 33 P-72 SpO2 97% Pt denies any pain will continue to monitor pt - Spc [redacted] b(4)-2 |
| 2030 | Pt resting no sign of discomfort B/P 128/69 R-14 P-78 SpO2 96% pt is ready for transport in 15 min - Will continue to monitor Spc [redacted] b(4)-2 |
| 2040 | Pt is ready for transport B/P 128 P 80 R 14 SpO2 97% |
| Note cont | Gave report to Sgt [redacted] IV LFA 1000 cc received LR's 120 cc/hr |

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME | STATUS | DEPART./SERVICE | 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.)

[redacted] b(4)-2

SSN/ID NO. | RELATIONSHIP TO SPONSOR | REGISTER NO. | WARD NO.

Iraqui POW

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 10 Sep 03 | 35 y/o Iraqi ♂ c̄ GSW to (L) femur & (R) leg. Pt arrived in Traction splint (L) thigh |
| | O: WD/WN NAD VS noted A×O×3 |
| 10/59 | (R) lat leg - GSW - mild capillary hemorrhage |
| 95 | DP 2+ |
| 99% | (L) ant thigh 1cm × 1cm exit wound |
| | DP 2+ |
| | HEENT - WNL lungs CTA (B) CV: RRR S1 (n) |
| | ABD - soft |
| | neck - FAIROM ∅ TTP |
| | A: GSW (L) thigh |
| | GSW (R) leg |
| | P: 1) to FST |
| | 2) 1Gm Ancef IV |
| | 3) Morphine 8mg IVP |

b(6)-2

[redacted]

USAF
PA-C

STANDARD FORM 600 (REV. 6-97) BACK

[redacted] b(6)-4

Iraqi ♂

MEDCOM - 19011

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 10SEP03 1800 | SURGERY<br>35 y/o ♂ c̄ GSW x2, 1st to (L) femur c̄ associated fx, 2nd to (R) low leg s̄ evidence fx.<br>BP 102/59 HR 95<br>Stable. Neurovascular exam stable to (R) LE<br>No other obvious injuries to 2° survey. |
| A: | 35 ♂ c̄ GSW x2 (R) low leg, (L) femur c̄ (L) femur fx. |
| P: | to OR for exfix vs pinning (L) femur and washout (R) tibial/low leg wound. |
| | b(4)-2 [redacted] |
| | Ortho A/N 12/29 CPT, MC: |
| | as above |
| | PE (R) distal thigh (L) c̄ ∅ swelling<br>NV intact<br>knee moderately tender<br>(R) leg 1x 5cm wound lat leg. 2° (L)<br>NV intact |
| | XR - (L) distal femur metaphyseal fx<br>mid comminution<br>(R) no tibial fx |
| | b(4)-4 |

[redacted]

STANDARD FORM 600 (REV. 6-97) BACK

Iraq, CPW

MEDCOM - 19012

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)* |
|---|---|
| 11 Sep 03 2015 | Pt sitting ↑ in bed. Recieved from ICU 3 via letter. S/p I & D (L) femur (ex fix) & I D (R) ankle. VS: 127/64 R: 18 P: 89 O2 sat 98% Temp: 100.3. (L) femur ex fix intact c̄ Kerlix. Pin site c̄ some bloody drainage → reinforced (R) ankle c̄ drsg & ace bandage intact. c/o pain 2mg MSO4 given IVP. NS @ 100cc/hr infusing into (L) FA. ∅ s/sx infiltration or infection. +2 pulses palpable in (B) extr. 2 pt restraints on, circulation intact. Will monitor. [redacted], 91WM6 |
| | b(6)-2 |
| 12 Sep 03 0630 | ORTHO POST-1 |
| | ext fix intact, Dist NI |
| | Dressings c/p |
| | T-100.5 VSS |
| | WBAT R |
| | NWB L |
| | b(6)-2 |
| | plan no further OR @ this point |
| | will ✓ wounds tomorrow and remove [redacted] |

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

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO. ICW 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 - 19013

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)* |
|---|---|
| 11 Sep 2003 1500 | Received Pt from EMT via litter. Pt Awake Alert & Oriented x3. Pt s/p GSW To Left Thigh and (B) Ankle. External Fixator To Left thigh. Drsg Blood soaked. Drsg [redacted] (B) Ankle CDI. Pt NPO c/c To OR for I&D. [redacted] (B), S/S2 Present HRRR. (+) BS x4 quads. (+) Pulses [redacted] All [redacted] will continue to monitor. [redacted] Sgt. Gilling b(6)-2 |
| 11 Sept 2003 | ORTHO<br>pre op Dx: (1) Grade II open (L) dist Fem fx (GSW)<br>(2) (R) leg soft tissue wound (GSW)<br>post op Dx: same<br>- modify ex fix + I/D (L) Fem fx<br>- I/D (R) leg wound.<br>Hugate, Albutson<br>GETA<br>c/c comp<br>to RR Stable b(6)-2 [redacted] CAT [redacted] |

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

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

#[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

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | Lungs clear resp even unlabored Bowels hyperactive x4 quad External Fixator (L) Femur c̄ ~~slight seepage~~ small amt bloody draining on lateral aspect of (L) leg around distal pin. (R) tibia has bulky dressing c̄ circumferential ~~slipage slight~~ small amt bloody drainage upper portion of dressing. Dorsalis pedis pulses present on ~~upper portion~~ both feet. NOW transporting pt to pt hold via litter c̄ 2 straps 2045 — |
| | SIPC [redacted] |
| 11 Sep 03 1245 | ORTHO |
| | 35 male Iraqi GSW (R) post leg (tangential) and (L) Fem s/p I/D (R) leg + I/D ext fix (L) Fem @ FST. |
| | T-101.6 VSS |
| | AAOx3 NAD |
| | (R) LE tangential post/LAT GSW - penrose drain appears DIST NVI |
| | (L) thigh compartments soft ex fix intact (B) LEs palp pulses (B) |
| | XRAYS: (R) Leg - ~~c~~ Fx |
| | (L) Fem. distal 1/3 Fx appears extra-articular |
| | A/P (R) LE soft tissue injury (GSW) leg b/u [redacted] |
| | (L) ~~tibia~~ Fem Fx GSW s/p ex fix. |
| | OR today I/D + reassess reduction. [redacted] |

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

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

[redacted] [redacted]

IRAQI ♀ EPW blus-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 12SEP03 | (1700) Assumed care of pt @ 0600 ~~p~~ report from night shift. Pt alert, speaking Arabic. Pain controlled c̄ MSO4 IV. Pin care done this am. Drsg to ex fix on (L) thigh Δd. Reinforced this pm d/t sero-sang drainage. Pt able to move toes on (L) foot. Cap refill <3 secs. (+) palpable pulse equal bilat. Drains on (L) thigh ~~and (R)~~ [redacted] covered c̄ abd drsg - CDI @ this time. Drsg b(6)-2 to sutures on (R) calf Δd this am. Sutures intact s̄ sisx infection. Pt temp - 101.3 this am relieved c̄ 650mg Tylenol. Temp @ 1700 - 101.8 medicated c̄ Tylenol - will recheck temp in 1°. Pt amb c̄ assist of crutches and PT in room. Tol. well. 2 point restraints in place s̄ sisx complication of skin breakdown/circulation. will cont. to monitor. b(6)-2 [redacted] |
| 12Sep03 | 1945 - VSS, Ø C/O pain, A+O x3, [redacted] @ 100 cc running via IV to (L) Arm. (L) LE has external fixator in place c̄ Dsg's - reinforcing / Δ'ing as needed. (L) LE elevated. 2+ popliteal & 2+ pedal pulse to (L) LE. 2+ edema. Dsg to (R) LE CDI. Will continue to monitor for acute Δ's. Assisting OOB prn. [redacted] b(6)-2 |

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176

**MEDICAL RECORD** — **CHRONOLOGICAL RECORD OF MEDICAL CARE** — AUTHORIZED FOR LOCAL REPRODUCTION

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 17 Sept 03 | OVRNTO POD #1 |
| | uneventful night |
| | Tm 101.3 VSS |
| | Dressing c/d/i |
| | ex fix intact |
| | Dist NVI |
| | Stable. Vrounds / pull drain tomorrow [redacted] |
| 13 Sept 03 | POD #2 |
| 0700 | ∅ new events |
| | Tm 102° VSS |
| | Dist NVI |
| | wounds ✓ b(6)-2 |
| | Penrose D/C ✓ x2 |
| | Stable |
| | Follow wounds. |
| | Mobilize |
| | [redacted] mm |

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

TIENT'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)
rescribed by GSA/ICMR
IRMR (41 CFR) 201-9.202-1

MEDCOM - 19017

b(6) - 2 All

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 13SEP03 | (1500) Assumed care of pt @ 0600 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pt afebrile. Ex. fix in place on Ⓡ thigh. Pt able to move toes. Cap refill <3secs. Pin care done. Drsgs to penrose drain sites Δd - sutures intact c̄ small amount sero-sang drainage noted. IVF infusing into IV in Ⓛ arm s̄ s/sx infiltration/infection. Pt tol reg diet well. voiding s̄ difficulty. 2 point restraints in place s̄ s/sx complications. Will continue to monitor. [redacted] |
| 13 Sep03 1930 | Pt sleeping, easily aroused. VSS, ex-fix intact to Ⓛ thigh. cap refill < 3 sec., pt can move toes. Ⓡ ankle bandaged c̄ ace wrap. IVF infusing into Ⓛ arm, ∅ s/sx infection/infiltration. voiding adequate amt. yellow urine. 2 pt restraints on circulation intact. Will monitor [redacted] |
| 2200 | c/o pain to Ⓑ leg. Vicodin given. used 10X. IS@ 85. Pt does not want to get OOB. Translator explained importance of getting OOB. Pt still hesitant. c/o extreme pain. 3mg MSO4 given for pain c̄ relief. Will monitor [redacted] |
| 2300 | voiding adequate mod. yellow urine [redacted] |
| 0430 | voided about 1600cc dyu this shift [redacted] |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

CORD OF ACUTE MEDICAL CARE

Entries on this record should be restricted to further evaluation and treatment of complaint(s) screened)

| HEALTH CARE LOCATION | TIME PATIENT ARRIVES | TIME ENCOUNTER BEGINS | TIME PATIENT LEAVES |
|---|---|---|---|
| | | | |

-14 S) 35 yo host nation ♂ c̄ GSW (L) thigh & broken
P-112/80 femur.
90

02-98 O) (+) puncture lateral side, exit medial thigh,
(+) crepitus femur, (+) deformity

A) GSW (L) thigh/Broken femur (L)/GSW (R) distal
P) - 10mg Nubain IV 1522
02 96 96 - Dressed wounds
P 78 - traction splint
R 20
P

6 108/64
> 95
2 99

ref 161708

| SIGNATURE OF HEALTH CARE PROVIDER | SIGNATURE OF MEDICAL SUPERVISOR | AUDITOR'S INITIALS AND DATE |
|---|---|---|
| | | |

**SPECIAL INSTRUCTIONS**

orm will be utilized in lieu of SF 600 (Health Record-Chronological Record of Medical Care) at the BAS level and above care is initiated by an ADTMC screener. The record of acute, medical care will accompany the patient to the next level of remain in the BAS depending on disposition reached. This form will be filed in the HREC when evaluation and audit are eted.

E OF DA FORM 5181-R blue-2 [redacted]



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)* |
|---|---|
| 14Sept03 | ORTHO POD#3 |
| 0700 | d/c/o's |
| | TMAX 102 VSS |
| | ekfix intact. |
| | wounds ✓ |
| | Dist NVI |
| | Stable. Still febrile. |
| | ✓ UA. repeat I/P today |
| | b(6)-2 [redacted] MD |
| 15Sept03 | ORTHO |
| | prop Dx/postopDx: open (L) Fem fx 2° GSW. (R) calf GSW |
| | Hygate Repeat I/D above wounds. |
| | GETA |
| | QCarp |
| | to ML [redacted] |
| | b(6)-2 [redacted] |

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

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

[redacted] b(6)-d

**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) |
|---|---|
| 14 Sep 03 1500 | Received pt resting in bed. VSS, A+OX3, LSCTAB HRR, BS+, Ex-fix to (L) thigh intact, drsg Δ, pin care done, serosang. drainage noted. Pt c/o TC chair, amb to chair x2 sp/HY/assist. To CL this shift for I&D. Returned to floor in stable condition. VSS w/ T of 100.9 ¢ Tylenol given w/ dinner. Will cont to monitor [redacted] |
| 14 Sep 03 2000 | Pt resting in bed. VSS, ¢c/o pain expressed lungs CTAB, HRRR, BS x4, ex-fix (L) thigh intact pt able to move toes, cap refill ≤3 sec. (R) leg: ankle drsg. CDI. Drsg to (L) knee CDI. 1 pt restraint on due to elevation of (L) leg + (R) ankle drsg., circulation intact. Will monitor [redacted] 911EMC. |
| 2340 | Drsg to (R) ankle Δ'd. sutures intact, decr amt drainage (serosang). Pin care done to (L) ex-fix. Knee drsg Δ'd. sero-sang drainage noted (decr amt). Pt c/o pain morphine given. Will monitor [redacted] 911EMC |
| 15 (10) 0540 | total output 1600cc (d/u) input approx: 1350cc ¢BM this shift. [redacted] 911EMC |

b(a)-2 A11

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 15Sept03 0830 | on TAP POP #1<br>ØC/O;<br>AF VSS<br>Dist NVI<br>PT<br>cont Abx<br>b(6)-2 [redacted] MD. |
| 5Sept03 0700 | Received pt resting in bed, VSS, A+Ox3, speaking English. Ex fix to (L) femur intact, pin care done. Serous drainage noted on old dress. Dress changed to suture line above (L) knee and to fm (R) shin, c/d/i. X-rays of femur done this morning. Ooo amb to BSC and to chair this shift. SVGS, BM⊕. IV patent and intact (L) fa, HL, Tol PO. ENC 1L0 intake. Amb short distances with crutches and assist. ↑ leg, but pt is non compliant and kicks blankets out. Ø other remarks [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | [redacted] |
|---|---|---|---|---|
| | LAST | FIRST | MI | b(6)-2 |
| 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. 5/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 16sep03@0230 | Assumed care @ 1800; All VSS; pt A&OX3, speaking arabic; ⊕ CMSX4, NV intact throughout; brisk cap Ref; Ex-fix intact; small amt of serous drainage noted on dsgs; dsgs to (R) shin & Above (L) Knee CDI, sutures intact ⊖ S/SX infection, well approximated; pt ↑ COB to chair x20 min; HL intact & patent ⊕LE ↑ while lying in bed; pt refused to walk, c/o dizziness & excessive pain pt placed in chair & then to bed; 2 point restraints in place; ⊕ circul ⊖ skin break ↓; cont to monitor [redacted] |
| 16 Sept 03 0816. | ORMO POP#2<br>Qc/o's<br>AF VSS |
| Lovenox | Wound ✓ b(6)-2 AVI<br>ex fix intact.<br>Knee 0-45° Actin.<br><br>Cont cast Rx.<br>rev XRAY in few week<br>Mob, lize [redacted]<br>D/C lovenox when more mobile [redacted] |
| 16 Sept 03 0700 | VSS. Alert & Oriented. Lungs clear Bilaterally MS ⊕ x4 gnced. Abd soft non distend. Consumed Regular diet for Breakfast. Peripheral pulses +2. Drsg Bed to (R) shin. Pen care done to (L) leg Extra fix. (L) above knee sutures intact. Will continue care as planned. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16 Sep 03 1925 | Rt a/o, VSS, lungs CTAB, HRRR, ⊕BS x4, ∅ c/o pain @ this time. ex fix intact to (L) thigh, drsg to (R) ankle CDI, pin care done, drsg to Knee (L) c ∅ drainage. pt able to move toes, cap refill brisk, peripheral pulses palpable. voiding adequate mod. yellow urine. 2 pt restraints on. circulation intact. will monitor — [redacted] 91W0MC b(6)-2 [redacted] CPT |
| 17 Sep 03 0810 | V.S.S. alert & oriented lungs clear bilaterally. BS(+) x4 quadrants. OOB to chair. Ambulatory = crutches with minimal assist x1 person. Peripheral pulses palpable to (R) thigh c̄ ext. fix in place with noted oozing of blood from pin sites p̄ ambulation. Dr [redacted] informed. ∅ new orders given. (L) thigh above knee incision with sutures intact. (R) ~~calf~~ calf incision with sutures intact. Pt has limbs restraints intact. Will continue plan of care. — [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. |
|---|---|---|
| | | |

[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

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

| DATE | NOTES |
|---|---|
| 17 Sep 03 1900 | Rt a10, VSS, ϕ c/o pain @ this time. ambulated to bathroom. Bmx1, ex fix intact, pin care done. drsg to (L) knee d'd, (R) ankle drsg d'd. pedal pulses palpable brisk cap refill. 2 pt restraints on, circulation intact. will monitor [redacted] 91WM6 [redacted] |
| 17 Sept 03 Lowe | OWOO PODF3 ϕ c/o's. has ambulating some today |
| Sept 30 / D/C'd. | AF VSS |
| 1918 | Dist NVI b (e) - 2 All<br>pins ✓<br>Stable<br>Cont cut Rx. [redacted] |
| 17 Sep (2000) | Dr. [redacted] came by & looked @ pin sites. may leave OTA, also stated that (R) ankle sutures may be left OTA. (L) knee drsg CDI. minimal sero-sang drainage. will monitor [redacted] 91WM6 [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | NOTES |
|---|---|
| 18 Sept03 | on POD #4. |
| 0920 | ∅ new c/o's |
| — | AF VSS ∅ new Labs |
| Lovenox | (R) Leg wound dry. ∅ sign infection. ∅ new XRAYS. |
| | (L) thigh/knee - small serosanguinous @ incision. |
| | pin sites ok. ∅ pain c̄ terminal ROM knee. |
| | DIST NVI. moderate effusion knee. |
| | |
| | |
| | cont PT for ROM knee |
| | cont current Rx. b(2)-2 |
| | [redacted] |
| 18 Sept03 0930 | VSS Alert & Oriented OOB ambulate c̄ crutches HOGATE to BR. Tolerated well. AM care done in BR. Lungs clear. BS(+) X4 quad. Abd soft non distended. Consumed regular diet for breakfast. Pain care to (L) ext fix done. ∅ change @ Aloe. Knee dry. Sutures intact c̄ small amt serosanguinous drainage. Note. Will continue plan of care - |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPO[redacted] |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| | | b(2)-2 | | |

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

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

EPW

[redacted] b(2)-4

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

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 18SEP03 2025 | VSS. AO. ⊕ pulses to BLE. Pin care performed as ordered. Tolerated well. Provided ∃ percocet for pain @ 6/10. LSCDAB. BS⊕x4. S1, S2. Speaking minute English @ times. Training to appear that CDI ∃ evidence of bleeding or d/c. [redacted] b(6)-2 |
| 19Sept03 | arrived POD#4<br>Drew c/o's<br>Tm - 103 yesterday → 100 VSS<br>(C) knee pain - minimal pain c̄ Rom. small S/S drain @ incision. pin sites ok<br><br>- Stable<br>- possible OR tomorrow. Will follow clinically. If ↑ pain, drainage, or cont Febile, will repeat I/O tomorrow. b(6)-2 [redacted] |
| 19SEP03 | (1145) Assumed care of pt ∂ ⊕h⓪ p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pin care done to ex. fix. on ⓛ thigh this am. Dressings applied to pin sites d/t sero-sang drainage. ⊕ sign infection. Pt OOB to chair and amb in hallway c̄ crutches ∃ difficulty. Sutures to ⓛ thigh and ⓡ calf CDI ∃ sign infection. ⊕ pedal pulses equal bilat. cap refill in feet <3 secs. Pt able to move toes. Pt tol. |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

#[redacted] b(6)-4

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 20 Sep 03 | Assumed care of pt. A+O x3 VSS c/o pain upon ambulation c̄ crutches to BR. Minimal bleeding to pin ~~[illegible]~~ site. Kerlix dressing applied pin care complete (R) ankle open to air sutures. Lungs CTA HRRR Active BS Urine per urinal QS. Will cont to monitor - [redacted] (1615) I concur c̄ above assessment. [redacted] |
| (1900) | Rt A10, VSS, Ø c/o pain, ex fix intact (L) thigh. pin care done. mod. amt drainage (bloody) noted. (R) ankle sutures OTA. (L) knee sutures OTA, Ø drainag noted, Ø ex. of infection. HL (L) AC flushing easily. HRR lungs CTAB. voiding mod. yellow urine via urinal. 2 pt restraints on. (+) circulation - will monitor [redacted] |
| 21 Sep 03 0730 | - Assumed care A+O x3 VSS sitting up in bed. External fix. to (L) LE pin care complete. Kerlix around pins minimal bleed from site. Lungs clear HRRR Active BS. Tolerating PO urinating QS Encouraged to ambulate c̄ crutches. Ø complaints at this time. Will cont to monitor [redacted] |
| 21 Sep 2000 | Rt A10, VSS, Ø c/o pain, ex-fix intact (L) thigh-pin care done. mod. serosang drng noted. Sutures to (L) knee + (R) leg OTA. Ø drainage noted. Pt ambulated c̄ crutches x1. voiding adeq. mod. yellow urine. Restraints on, (+) circulation will mon [redacted] |
| 22 Sep 03 0840 | A & O. VSS. Ø Complaints. NAD. Ex-fix to (L) LE intact. Sutures to (L) Knee area. C/D/I. Pin Care done Will ambulate c̄ crutches. Circulation & Skin integrity to restraint ext. [illegible] Will continue to monitor |

STANDARD FORM 509 (REV. 6/1999) BACK USAPA V1.00

MEDCOM - 19028

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19SEP03 (1145) | (cont) reg. diet well. BBM. voiding s difficulty. 3-1 [redacted] point restraints in place s sx complications. Will continue to monitor. b(6)-2 [redacted] WAN |
| 1930 | Pt sitting ↑ uncl'ed, alo, VSS, ϕ c/o pain @ this time. ex. fix untact (L) thigh. pin care done, scant sero-sang drainage noted. (R) ankle + (L) knee sutures OTA. ϕ drainage, ϕ s/sx infection noted. Lovenox cont as ordered. 1 pt restraint on @ this time, (+) circulation. Will monitor b(6)-2 [redacted] [illegible] |
| 20 Sep 03 | 0100 – ↓ concur c above assessment. [redacted] |
| 20 Sept 03 | OR to PODHS<br>Phenol's<br>Temp 100 VSS<br>Knee still warm, but ↓. pin sites OK. Dist NVI<br>no drainage antecubital infusion today.<br><br>I did pin care this am<br>cont to rate clinically. b(6)-2<br>if nonsens (spikes, drains) repeat I/O [redacted] [illegible] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SOCIAL SECURITY 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. KCWH

#[redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21 sept 03 | ON PAO POD#6 |
| | ⊘ new c/o's |
| | AF VSS |
| | pin sites improve |
| | Cont current Rx |
| | [redacted] b(6)-2 |
| 22 Sept 03 0850 | ON PAO POD# 7 |
| | ⊘ new c/o's. |
| | AF VSS |
| | pin sites ✓ |
| | cont Rx |
| | 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. |
|---|---|---|
| | | |

# [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 11

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 22Sep03 0940 | Sutures to (R) Ankle & calf region C.D.T. Pt T c crutches to BR for A.M. care. [redacted] Complaints offered. [redacted] |
| 22Sep03 1040 | Medicated c̄ Percocet ii tabs p.o. for C/O pain. [redacted] |
| 22Sep03 1250 | Sleeping. NAD. [redacted] |
| 22Sep03 1615 | Medicated c̄ Percocet two tabs po for C/O LE pain. Fixator intact. Ø drainage. (+) Pedal pulses. Brisk capillary refill to nailbeds. Will monitor for med effect. [redacted] |
| 22Sep03 | 2030= VSS, A+O X3, Medicated for pain c̄ ii percocet tabs as ordered, pin care done to (L) ex fix, (L) LE elevated, 2+ pedal pulse, 2+ edema, IV HL to (L) FA flushed & patent, restraints x2 in bed, skin integrity intact, assisting c̄ ADLS PRN, continue to monitor [redacted] |
| 23SEP03 | (1040) Assumed care of pt @ 0600 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt amb in hallway c̄ crutches s̄ difficulty. OOB to chair tol. well. Personal hygiene done by pt. Ex. fix in place on |

| 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. |
|---|---|---|
| | | KW#4 |

PROGRESS NOTES
Medical Record

#[redacted]

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 23SEP03 | (cont) @ thigh. ⊕ pedal pulses equal bilat. Cap refill <3 secs. Pin care done this am - ⊖ S/Sx infection @ pin sites. Sutures to RLE CDI - open to air. Tol. reg diet well. Voiding s̄ difficulty. 1 point restraint in place s̄ S/Sx complications. Will continue to monitor. [redacted] |
| 23Sept03 1217 | ORTHO<br>Pharm/o<br>AF c/s<br>plus- ant/lat pin still sorry. o/w n o Δ.<br>cont current Rx. b(6)-2 [redacted] |
| 23 Sep 03 | 1930= VSS, A+O x3, ⅔ percocet tabs given for pain as ordered, pin care done to left-fix c̄ 1/2 strength $H_2O_2$ & sterile $H_2O$, ⓛLE elevated, 2+ ⊕ pedal pulse, 2+ edema, ⊕ sensation, good CRT, sutures ⓛ thigh, ⓡLE - approximated. Crutch walks PRN to BR s̄ difficulty. IV HL to ⓛFA flushed + patent. Continue to monitor for acute Δ's. [redacted] |

b(6)-2

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24SEP03 | (1525) Assumed care of pt @ 0600 ~ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt OOB to chair this am. Amb in hallway s̄ difficulty c̄ crutches. Personal hygiene done by pt. Pin care done. - Ø S/Sx infection. Sutures to (B) LE CDI - open to air. Pt tol. reg diet well. Voiding s̄ difficulty. 1 point restraint in place s̄ S/Sx complications. Will continue to monitor. [redacted] AD |
| 1920 | Pt. a&O, VSS, amb. in hallway x2 s̄ difficulty (crutches) Pin care done. (sutures to (B) ankle & (L) knee OTA. Ø S/Sx infection noted. Ø c/o pain @ this time. 1 pt restraint on (L) leg c̄ ex-fix, (R) leg c̄ ankle sutures). Will monitor — Richardson B Gluma [redacted] |
| 25Sept03 | [redacted] b(6)-2 |
| | over |

| 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. KW#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

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

| DATE | NOTES |
|---|---|
| 25 sept 03 | ORTHO POD # 10 |
| 0928. | OPNW c/o's. |
| | AF WSS |
| | pin sites ✓ |
| | ✓ XRAYS in a few days |
| | D/C lovenox |
| | Sutures out (L) thigh, (R) leg in 2-3 days. |
| | b(6)-2 [redacted] |
| 25sep03 @2030 | Assumed care @1800; AH WSS, pt A&OX3, pain controlled c̄ pers; pin care completed c̄ ~~sth~~ 1/2 sterile H2O, 1/2 peroxide; sutures to (R) ankle OTA, ⊖ S/Sx infection, well approximated; pt OOB to BR & in hall X1 for 10min c̄ crutch assistance restraint in place, ⊕ circulation, ⊖ skin break ↓; ⊖ Δ in assessment cont to monitor b(6)-2 [redacted] |
| 26 Sept03 1031 | assumed care of pt @ 0600. Assessment completed. LS CTA (B) RESP - even, unlabored, Abd - incision c̄ DT, BS x4 voiding per urinal, OOB x 30 mins. Pin care completed. sutures to (R) ankle + (L) thigh intact. IV HL dc'd (L) FA. new IV c̄ HL started in (R) FA c̄ DT. ⊖ S/S inf. well cont to monitor pt. b(6)-2 [redacted] |



STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 26 Sep 03 | P/S: VSS, C/O pain to (L) LE, medicated c̄ ÎÎ percocet tabs PO as ordered, pin care done to external fixator, (L) LE elevated IV Hx to (R) arm flushed & patent. When doing pin care, cleaned out pussy yellow substance from insertion sites, also cleaned off crusted skin. (+) bleeding from insertion sites during cleaning. POC: Pain Management, infection control, palliative care. Will continue to monitor for acute Δ's. — [redacted] b(6)-2 |
| 27 Sept 03 | ORTHO POD #12 |
| 0925 | Ø new c/o's<br>AF. VSS<br>Pin sites soupy.<br>Small drainage mid-thigh pin<br>Knee ROM only 0-30°<br><br>Repeat xray in couple days<br>Start keflex for pin sites.<br>pin care. b(6)-2 [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | SPONSOR'S ID NUMBER (SSN or Other) [redacted]

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY

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

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 27SEP03 1727 | VSS - A+O. assessment completed assumed care of Pt. @ 0100. TOL. breakfast well. OOB to BR. ambulated x 10mins in hallway. Pin care performed pins cleaned. (+) drainage (+) Bleeding from pins. Dr. also performed pin care c̄ (+) drainage + (+) bleeding from pins. 0-30° ROM exercises performed. IV (R) FA CDI. flushes well. Pt. voiding per urinal dark yellow. 2 Restraints in place (+) circulation (-) skin breakdown. will cont. to monitor pt. [redacted] |
| | (16/15) I concur c̄ above assessment. [redacted] DAW |
| 27 SEP 03 2029 | VSS. AO. BS (+) x4 and writing light order wise, quantity sufficient. Pins intact to LLE c̄ some purulent drainage to superior set and minimal to most inferior set. Provided 2 pressure pads with c/o pain. (+) pulse to LLE. [redacted] |
| 28sep03 0700 | Assumed care A+O x3 VSS Ø c/o pain or discomfort at this time. Lungs CTA HRRR Active BS x 4 quads. Voids Qs per urinal @ BS. Encouraged to ambulate c̄ crutches. External exfixator to (L) LE intact. Pin care complete ROM exercises will cont to monitor [redacted] |
| 29SEP03 0505 | VSS. Patient has no significant changes. [redacted] |

STANDARD FORM 509 (REV. 6/1998) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 29Sept03 0923 | POD# 14<br>Q6h's.<br>AFVSS<br>pin sites improved<br>pat. pin care today<br>Sutures out<br><br>b(6)-2<br>✓ XRAYS Fem today.<br>XRAYS- NO Δ in position. [redacted] no. |
| Sept 29 1427 | Assume care of PT @ 0600. VSS, A+Ox3 Ambulate enough to go to bathroom with aid of crutches. Exercised in hallway. Pin care on ex fixator done on L Leg. Placed Kerlix on R leg due to skin irritation from restraint. C/O ∅ pain. Will Continue to monitor. SKC [redacted] |
| 29Sep03 2130 | Assumed care @1800; VSS, pt A&O, ⊕CMS, s/v intact throughout; pt ↑ amb to BR w/ ⊕BM; Ex-fix in place, pin care complete; continue IV abx; SL patent; Restraint in place, ⊕ circulation, ⊖ skin breakdown continue to monitor [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.

PROGRESS NOTES
Medical Record

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

E # [redacted] b(6)-4

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 30Sept03 | Assume care of PT @0600. VSS, A+O x3 Ambulatory with aid of crutches. Did pin care and wrapped tightly in kerlix due to restraint rubbing against the wound. C/O no pain. Will continue to monitor. — SPC [redacted] |
| 30Sep03 2030 | Assumed care @ 1800; A11 VSS, pt A&O, ⊕ CMS, N/V intact throughout; pt ↑ amb to BR c̄ in hall x/ for 10min. pin care complete ⊖ drainage; ⊖ c/o pain @ this time; SL patent, cont c̄ IV abx; restraints in place, ⊖ circ. ⊖ skin brea ↓; cont to monitor [redacted] |
| 1OCT 03 0705 | - Assumed care A+O x3. VSS ⊘ c/o pain or discomfort @ this time. External fixator to (L) LE pin care complete. Minimal drainage from insertion site. Cont IV out. biotic tx. Ambulate c̄ crutches vicinity per uriel and to BR. Will cont to monitor [redacted] |
| | (1740) I concur c̄ above assessment. [redacted] |
| 1OCT03 | 2015= VSS, ⊘ c/o pain @ present time; A+O x3, pin care done to ex fix, some crusty exudate cleaned, ⊕ foaming during cleaning, open to air, told pt. not to cover ex fix c̄ blanket R/T infection control. IV Hr to (R) FA, continuing IV Ancef around the clock, pain control PRN, (L) LE elevated, OOB to go to BR (c̄ crutches) c̄ difficulty. ⊘ other remarkable assessment findings. Continue to monitor. x2 restraints when in bed, ⊖ skin breakdown. — [redacted] |
| 1OCT03 2015 | Addendum = Sutures to (R) ankle & (L) LE open to air CPI. — [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 |
| 1 Oct 03 | @2145: IV to (R) arm leaking, not flushable, D/C'd intact, restarted 18G to back of (R) FA, infusing Ancef 1gm IV ~~difficulty~~ [redacted] |
| 2 Oct 03 | VSS ambulated OOB ambulated c crutches to BR. Pedal pulses +2. Ecchymosis to (L) LE pin sites cleaned of crusting (R) FA saline lock patent & intact. Consumed regular diet for breakfast. Will continue plan of care. [redacted] |
| 2 Oct 03 | 2030: VSS, A+O x3, 0/10 pain, HL IV (R) arm flushed & patent, pin care done to ef fix, (+) foaming @ insertion sites during cleaning, (+) crusty material & exudate (yellowish colored), (L) LE elevated, sutures to (L) LE CDI approximated, sutures to (R) ankle CDI & open to air, POC: Pain Mgt, infection control, x2 restraints when in bed, (-) skin breakdown. OOB to BR PRN ~~difficulty~~. continue IV antibx. Continue to monitor [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)

SPN [redacted]

REGISTER NO. | WARD NO.

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 |
|---|---|
| 30 Oct 03 0700 | - Assumed care of pt. A+O x3. VSS. Encouraged to ambulate c̄ crutches. to BR c̄ difficulty, Ex fix to (L) LE pin care given hard exudate removed minimal bleeding to insertion sites. Kerlix applied to absorb drainage Will cont to monitor — [redacted] |
| 30Oct03 | 1915=VSS, A+O X3, Ø c/o pain @ this time, pt. did pin care on his own when given supplies, (L) LE elevated, IV HL to (R) FA, setting IV ance around the clock. Ø other remarkable findings @ this time. x2 restraints when in bed (-) skin breakdown. Continue to monitor. — [redacted] |
| 4Oct'03 | 0615 VSS A+O x3, Ø c/o pain, pin care completed (-) drainage from pins, wounds healing well (-) edema Ø remarkable findings, restraints x2 intact (+) circulation [redacted] |
| | (1700) I concur c̄ above assessment. [redacted] |
| 4OCT03 2127 | VSS AO. Performed pin care by self c̄ c/o pain or difficulty. (+) pulses to RLE & CR = 2 sec. Up at bed c̄ cane on ward for 15 min c̄ c/o pain or difficulty. Voiding light amber urine, quantity sufficient. — [redacted] |
| 5OCT03 0728 | QHS<br>Ø change - less pain.<br>KF LSS<br>DCT MVI<br>Knee - 0-30° ROM only.<br>Consider manipulation? |

[redacted] b(6)-4