509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE 27 Jul 03 @ 2100	Portable xrays done as ordered. Pt. reported relief from pain; now resting in bed comfortably; BLE ↑ c̄ folded blankets. Anticipating washout in am. — (b)(6)-2
@ 2200	No significant Δ. Report given to incoming Staff (b)(6)-2
27 Jul 03 2240	Report received from off going nurse. Pt resting comfortably in bed. AA+O PERRLA. Cap refill <2 sec x4 extremities and pt is able to wiggle all fingers and toes. Grip strength strong on (L) hand. No significant Δ in dress. Pt is NPO p̄ MN. Will get interpreter to explain this to the pt. Will continue to monitor. — SPC (b)(6)-2
(b)(6)-2 0745	Auscultation complete lungs CTA (B) S1S2, RRR ≅ murmur BS active x4 — (b)(6)-2
28 Jul 03 2100	called to eval pt's pain p̄ receiving tylox @ 1800 and 4mg IV MSO4 — 9/10 pain along (R) lateral aspect of leg - throbbing - mild relief with dorsiflexion. Good cap refill; pt warm, + pulse. Will bolus MSO4 + continue to monitor (b)(6)-2
29 Jul 03 1045	TM 99.3 AF VS N/A Ortho POD #1 after 2nd Hip to OR S/P multi ortho fx, lacs, tendon repairs of (R) LE, (R) UE. Pt c̄ a lot of pain last evening through night. Changed ACE wrap on (R) LE c̄ relief. Required ÷ additional MSO4 bolus. noted to be seeping through ace wrap. ace wrapped dressed, clean, dry. Ex fix in place. Extremities warm c̄ good cap refill. Issue of eating addressed c̄ dietician and c̄ pt through interpreter. Ate good dinner tray - will work to ensure maintains adequate po intake. Dietician consulted & conferred c̄ pt and interpreter. Anticipate return to OR in am (b)(6)-2
post op Pods - employment of ex (R) LE c̄ improved vascular status PVR adequate pulses	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) Iraqi (b)(6)-4

REGISTER NO. (b)(6)-2 NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PROGRESS NOTES

DATE	
29 JUL 03	Nutrition Note:
	Spoke c̄ pt this am c̄ interpreter. Consulted by MD care team re: pt. not eating. Pt stated he had eggs, milk + some potatoes @ breakfast this am. Asked for and given milk (250mL) by nsg. at bedside during my consult. Verbalized to pt. importance of adequate calorie/protein intake to assist c̄ healing. He verbalized understanding. Will continue to follow while in house. CPT (b)(6)-2 (b)(6)-2 RD

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jul 03
DOS	26 Jul 03
POD	

24 HOUR DATA	
24 Hour Balance	+ 1925
24 Hour Intake	4900
24 Hour Output	2975
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position	(b)(6)-2		

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	FCU#1	28 Jul 03

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

Iraqi (b)(6)-4

- ☐ HISTORY PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1419

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		*					*																X	
	RADIAL L		2					2								2								2	
	DORSALIS PEDIS R		*					*																X	
	DORSALIS PEDIS L		*					*																X	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 0					1 3 8								1 3 8								1 3 8	
EDEMA			Ø					–								–								–	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓								✓								✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								✓								✓								✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST							✓								✓								✓	
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓													✓									
	PAIN SCALE (1-10)							* 2	(b)(6)-2															(b)(6)-2	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended							2								2								2	
BOWEL SOUNDS (active all quads)								✓								✓								✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								✓								✓								✓	
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc															*									
DRESSING (Dry & Intact: specify site below)																*									
#1 (R) shoulder																✓									
#2 (R) forearm/hand																✓									
#3 (L) calf/foot																✓									
Hy (R) calf/foot																✓									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18G	(L) Forearm	?26 Jul 03?	patent, ss/sx of infiltration [illegible]
PIV 18G	(L) Forearm	28 JUL 03	patent, no sign infiltration
SOMR PIV - 1500 28 JUL - Ø s/s of infection, infiltr,			
PIV 18G	(L) FA	28 JUL 03	Ø S/S of I I I

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 28/1/03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4					4								4								4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response							5								5								5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6					6								6								6	
GLASCOW COMA SCALE (A+B+C)		15					15								15								15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		+					2+								2+								2+	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L		+					2+								2+								2+	
MOVEMENT (See Motor Function Scale at Top of Page) RUE							4								4								4	
MOVEMENT (See Motor Function Scale at Top of Page) LUE							5								4								4	
MOVEMENT (See Motor Function Scale at Top of Page) RLE							2								4								3	
MOVEMENT (See Motor Function Scale at Top of Page) LLE							3								4								3	
GRIP (S) Strong (W) Weak (-) absent R							5	LS							5								-	
GRIP (S) Strong (W) Weak (-) absent L		S					S								S								-	
RESPIRATIONS REGULAR		✓					✓								✓								✓	
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED		✓					✓								✓								✓	
RESPIRATIONS LABORED																								
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL							5								5								5	
BREATH SOUNDS LUL							5								5								5	
BREATH SOUNDS RLL							5								5								5	
BREATH SOUNDS LLL							5								5								5	
BREATH SOUNDS BOTH BASES							5								5								5	
COUGH NONE		✓					✓								✓								✓	
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt																								
VENTILATOR FIO2															40%									
VENTILATOR RATE (SIMV/CMV)																								
VENTILATOR PEEP / CPAP																								
VENTILATOR PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)		1L					1L	NC							1L								1L NC	
OXYGEN DELIVERY DEVICE FM (l/min)																								
OXYGEN DELIVERY DEVICE NRBM (l/min)																								
ETT # _____ ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS																								

1

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200		88	14	112/58	97%	(b)(6)-2											
0300																	
0400																	
0500																	
0600	99.3	92	21	112/59	100%	(b)(6)-2											
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300	See PACU notes																
1400		100	14	127/53	94%												
1500	100.3 ax	104	20	129/51	95%	(b)(6)-2											
1600	100.8 ax	105	12	123/63	97												
1700	101.6	116	16	124/60	94												
1800	101.8	91	20	126/62	98												
1900	100.6	98	14	122/59	96												
2000		93	19	127/64	96												
2100	99.3	88	18	118/59	100%												
2200																	
2300	99.49	92	19	120/41	99%	(b)(6)-2											
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine	Stool				Total	COMMENTS
0100	100 / 100															
0200	100 / 200															
0300	100 / 300															
0400	100 / 400															
0500	100 / 500		PO													
0600	100 / 600									800 / 800						
0700	100 / 700	150 / 150														
0800	100 / 800															
8 HR	800	150							8 HR 950	800					8 HR 800	
0900	100 / 900															
1000																
1100																
1200	1000 / 1900															
1300	100 / 2000															
1400	100 / 2100															
1500	100 / 2200	100 / 100								425 / 425						
1600	100 / 2300															
8 HR									16 HR. 3450						16 HR 1225	
1700	100 / 100	200 / 200								225 / 225						
1800	100 / 200	200 / 200	200 / 200							600 / 825						
1900	100 / 300	500 / 500	500 / 700													
2000	100 / 400															
2100	50 / 450															
2200	50 / 500									825						
2300	50 / 550	150														
2400	50 / 600															
8 HR									24 HR.						24 HR	
	600	150													750	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
28 Jul 03	0520		(Late note) Pt assessment complete. No significant changes since his last assessment. Will continue to monitor. SPC (b)(6)-2
28 Jul 03	0700		Assumed care of pt. Pt motioning to staff that LLE is painful. Pt given 2 Tylox as ordered. Pt assessment complete, Ancef and Bentanyl IVPB's given as ordered. Pt resting SPC (b)(6)-2
28 July 03	0815		Concur with above assessment. PT NPO waiting surgery. (b)(6)-2
28 July		1500	PT assessment complete. PT denies pain at present. Mult. abrasions head to toe. Able to assess (L) radial pulse but (R) radial area covered c̄ bandage ~~ass~~ as well as both DP pulses. Dressing (R) shoulder, (R) FA + hand, (L) wrist + hand, Bil LE. Able to wiggle all fingers + toes. Good cap refill all fingers + toes. voiding as (b)(6)-2
28 Jul		1800	PT refused dinner tray. Nsg staff states that he has not been eating at all. Interpreter notified + asked to explain to the pt the importance of eating for his wound healing. Interpreter said PT now c/o pain – Given 2 Tylox + then PT ate meatballs, green beans, fruit cocktail, cake, + juicy juice. (b)(6)-2
28 Jul		2100	PT c/o Throbbing pain (R) LE. Given total of 60mg morphine per LP. (b)(6)-2. Ace wrap loosened per Dr. (b)(6)-2 – PT got instant relief. C/D coban dressing to Ace wrap). (b)(6)-2
28 Jul 03		2300	PT Assesment complete See flow sheet, USS, complains of 10/10 pain in (R) Leg Tylox 2 given will continue to monitor (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 JUL 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 SGT 91WM6 LVN	(b)(6)-2
(b)(6)-2 SPC	
(b)(6)-2 CPT	
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	N/A	N/A	N/A
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 SGT 91WM6 LVN	ICU 1	29 JUL 03

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

IRAQI (b)(6)-4

- ☐ HISTORY PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		X					X							X								—		
	RADIAL L		2					2							2								2		
	DORSALIS PEDIS R		X					X							X								—		
	DORSALIS PEDIS L		X					X							X								—		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8					1 3 8							1 3 8								(b)(6)-2		
EDEMA			Ø					Ø							Ø								Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓					✓							✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			✓					✓							✓								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH							✓																	
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST							✓							✓										
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																						✓		
	SUPINE		✓																			(b)(6)-2			
	HOB 30 DEGREES														✓										
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓												✓								✓		
	PAIN SCALE (1-10)							10																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			✓					2							2								2		
BOWEL SOUNDS (active all quads)																									
NG / DOBHOFF PLACEMENT VERIFIED															x4								✓		
RESIDUAL ASSESSED																									
Ph		(b)(6)-2																							
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓							✓										
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1																									
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18 G PIV	(L) FA	28 Jul	IV patent Ø S/S of III

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 29 Jul 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4					4							4										
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		5					5							5								(b)(6)-2		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6					6							6										
GLASGOW COMA SCALE (A+B+C)		15					15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R		2+					2+							2+										
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L		2+					2+							2+										
MOVEMENT (See Motor Function Scale at Top of Page) — RUE		3					3							3								3		
MOVEMENT — LUE		3					3							3								3		
MOVEMENT — RLE		2					2							2								3		
MOVEMENT — LLE		2					2							2								3		
GRIP (S) Strong (W) Weak (-) absent — R		—					W							W								—		
GRIP — L		—					W							W								—		
RESPIRATIONS — REGULAR		✓					✓							✓								✓		
RESPIRATIONS — IRREGULAR			✓																					
RESPIRATIONS — UNLABORED		✓					✓							✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL		5					5							5										
BREATH SOUNDS — LUL		5					5							5										
BREATH SOUNDS — RLL		5					5							5										
BREATH SOUNDS — LLL		5					5							5										
BREATH SOUNDS — BOTH BASES		5					5							5										
COUGH — NONE		✓					✓							✓								✓		
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS	(b)(6)-2																							

MEDCOM - 1427

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	99.3	109	18	109/64	94%	RA											
0300																	
0400																	
0500																	
0600	99.1°	85	14	124/58	93%	RA											
0700	98.0	90	22	123/45	96%	RA											
0800																	
0900																	
1000																	
1100	99°	95	18	120/54	95%	RA											
1200																	
1300																	
1400																	
1500	99.6	104	20	111/58	96%	RA											
1600																	
1700																	
1800																	
1900	99.9	82	20	119/69	94%	RA											
2000																	
2100																	
2200	100.3	103	18	124/58	95%	RA											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine	Poop				Total	COMMENTS
0100	50 / 50															
0200	50 / 100									600 / 600						
0300	50 / 150		100 / 100													
0400	50 / 200															
0500	50 / 250															
0600	50 / 300		240 / 340							700 / 1300						
0700	50 / 350	200 / 500														
0800	50 / 400															
8 HR	400	200							8 HR.	1300					8 HR	
0900	50 / 50															
1000	50 / 100															
1100	50 / 150									550 / 550						
1200	50 / 200															
1300	50 / 250															
1400	50 / 300									650 / 1200						
1500	— / 300	100 / 100														
1600	50 / 350															
8 HR	350	100							16 HR.	1200					16 HR.	
1700	50 / 50															
1800	50 / 100															
1900	50 / 150															
2000	50 / 200															
2100	50 / 250									500 / 500						
2200	50 / 300															
2300	50 / 350	240														
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
29 Jul 03	0330		PT c/o 10/10 pain to (R) LE given 4 mg MSO4, II Tylox pain remained DR ~~gio~~ order from Emt for 4mg more MSO4 given pt pain controlled will continue to monitor pain Level (b)(6)-2 SGT 91WM6 LUN
29 Jul 03	0730		Assumed care of pt. Pt complaining of pain, rating of "10" on pain scale. Morphine and Tylox given as ordered. Pt given bed bath, encouraged to eat breakfast. Assessment complete. Will monitor. SPC (b)(6)-2 WMC
29 Jul 03	1150		Changed pt's wet to dry dressings on (R) shoulder and neck. Drainage moderate on (L) shoulder, neck dressing only small amount of dried drainage. SPC (b)(6)-2
29 Jul 03	1150		PT received 4 mg MSO4 @ 1100 & II Tylox given @ 1120. PT still c/o 10/10 pain. DO for additional 2 mg MSO4 PT receiving @ this time. will continue to monitor SSG (b)(6)-2 LPN
29 Jul 03	1300.		Pt was offered Lunch meal but refused. Pt wanted Drinks of water & was given his juice. Will attempt to provide lunch meal later on shift. SSG (b)(6)-2 LPN
29 Jul 03	1340		Pt was offered Lunch meal again, but refused. (b)(6)-2 LPN
29 Jul 03	1445		Pt assessed @ this time. VSS & pain @ this time (b)(6)-2
29 Jul 03	2300		Pt assessment complete. Pt is informed of NPO status p MN and encouraged to eat before then. Pt is currently eating pound cake and drinking water. Will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26Jul03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	
(b)(6)-2	(b)(6)-2
LVN	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA	NA	—
Call Light Within Reach			—
Side Rails Up			—
Bed in Low Position			—

(b)(6)-2

	Department/Service/Clinic	DATE
91CLVN	ICU#1	30Jul03

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

Iraqi #1 (b)(6)-4

- ☐ HISTORY-PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							X								X									
	RADIAL L							2								2									
	DORSALIS PEDIS R							X								X									
	DORSALIS PEDIS L							X								X									
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8					1 3 8								1 3 8							1 3 8		
EDEMA								–								–							–		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓								✓									
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								✓								✓							✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH							✓																	
	FOLEY CARE																								
	ORAL CARE							✓																	
MOBILITY	BEDREST							✓																	
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT		5 6 4																				5 6 4		
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE							✓																	
	PAIN SCALE (1-10)		*													1/10							5/6		
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2					2								2							2		
BOWEL SOUNDS (active all quads)								✓								✓									
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓								✓							✓		
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact; specify site below)																									
#1																									
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18G	(R) FA	28 Jul	patent & s/s of infiltration
PIV 18G	(L) FA	assessed	patent & s/s of I/I
PIV 18G	(R) FA	28 Jul	patent & s/s of infiltration

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 30 Jul 03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4					4								4							4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			5					5								5							5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6					6								6							6		
GLASGOW COMA SCALE (A+B+C)			15					15								15							15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R							2+								2+							2+		
	L							2+								2+							2+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE							3								3							3		
	LUE							2								2							3		
	RLE							2								2							2		
	LLE							3								3							3		
GRIP (S) Strong (W) Weak (-) absent	R							W								—							—		
	L							W								—							5		
RESPIRATIONS	REGULAR		✓					✓								✓							✓		
	IRREGULAR																								
	UNLABORED		✓					✓								✓							✓		
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL							5								5									
	LUL							5								5									
	RLL							5								5									
	LLL							5								5									
	BOTH BASES							5								5									
COUGH	NONE		✓					✓								✓							✓		
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)		2L					RA																	
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS			(b)(6)-2																						

MEDCOM - 1433

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200		101	28	117/61	91%	RA											
0300																	
0400																	
0500																	
0600	99.0	89	16	118/63	99%	RA											
0700																	
0800																	
0900																	
1000																	
1100																	
1200	97.1	129	23	123/67	97%	RA											
1300																	
1400																	
1500	99.8	101	14	113/56	93%	RA											
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	100.2	112	19	109/46	99%	RA											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	RO						Total	Urine					Total	COMMENTS
0100	50/50															
0200	50/100									500/500						
0300	50/150															
0400	50/200															
0500	50/250									475/975						
0600	50/300															
0700	50/350	150/150														
0800	50/400		NPO													
8 HR	400	150							8 HR. 550	975					8 HR 975	
0900	50/50									575/575						
1000	50/100															
1100	50/150															
1200	50/200		120/120													
1300	50/250															
1400	50/300															
1500	50/350	50														
1600	50/400															
8 HR	400	50	120						16 HR. 570	575					16 HR. 575	
1700	50/50															
1800	50/100		120							550						
1900	50/150															
2000	50/200															
2100	50/250															
2200	50/300															
2300	50/350															
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
30Jul03	0235		Pt assessment complete. I asked him if he was in pain. He nodded. 2 tylox given @ 0145. Pt still complaining of pain @ 0210. Pt given 4mg of MSO4. Pt put on O2 monitor to observe O2 status. Will continue to monitor. SPC (b)(6)-2
30Jul03	0700		Assumed care of pt, assessment complete, bed bath and oral care done, meds given as ordered, pt has c/o complaints of pain. Pt NPO for surgery at 0900. NS running @ 50cc/hr to (L) FA, patent and ∅ sign of infection. SPC (b)(6)-2
	0900		Pt to surgery for washout of wounds and bone and skin grafting to (R) thumb. SPC (b)(6)-2
	1157		Pt received from OR and recovered. SPC (b)(6)-2
30Jul03		1500	Pt Recieved VSS, ∅ complaints of Pain / NAUSEA See flowchart for ASSESSMENT Will continue to monitor (b)(6)-2
30Jul03		2300	Pt report recieved VSS, pt is A+O x3, PERRLA. Pt c/o pain 5-6/10 in the (R) foot esp. 4th phalanx (R). Pt also c/o heartburn. Pt instructed on proper nutrition for healing. Pt assessment complete. Will continue to monitor. SPC (b)(6)-2
		0010	Pt recieved 2 tylox for pain will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jan 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	-205
24 Hour Intake	1730
24 Hour Output	1935
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside			(b)(6)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			—
Call Light Within Reach			—
Side Rails Up			—
Bed in Low Position			—

(b)(6)-2	Department/Service/Clinic	DATE
SICUR	ICU #1	31 Jul

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

Iraqi #4 (b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		*												*								*		
	RADIAL L		2							2					2								2		
	DORSALIS PEDIS R		*												*								*		
	DORSALIS PEDIS L		*												*								*		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8							1 3 8					1 3 8								1 3 8		
EDEMA										-					-								Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)										✓					✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)										✓					✓								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT		SELF							SELF					SELF								SELF		
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES		✓							✓					✓								✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓							✓													✓		
	PAIN SCALE (1-10)														5/10										
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2							2					2								2		
BOWEL SOUNDS (active all quads)										✓					✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.										✓					✓										
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (R) Forearm/hand			✓							✓					✓								✓		
#2 (R) Shoulder			✓							✓					✓								NA		
#3 (R) Calf/foot			✓							✓					✓								✓		
(L) Calf/foot			✓							✓					✓								NA		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 20G	(R) Forearm	31 Jul 03	patent ∅ s/s of infection or infiltration
PIV 20G	(L) Forearm	31 JUL 03 ~~1457~~	∅ s/s of infiltration
PIV 20G	(L) FA	31 Jul 03	patent ∅ s/s of infiltration or infiltration

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 31Jul03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4							4					4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			5							5					5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6							6					6								6		
GLASGOW COMA SCALE (A+B+C)			15							15					15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		2+							2+					2+								2+		
	L		2+							2+					2+								2+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE									3					3								4		
	LUE									3					3								4		
	RLE									2					2								3		
	LLE									3					2								3		
GRIP (S) Strong (W) Weak (-) absent	R									-					✓								NA		
	L																								
RESPIRATIONS	REGULAR		✓							✓					5								5		
	IRREGULAR														✓								✓		
	UNLABOREL		✓							✓					✓								✓		
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL									5					5								5		
	LUL									5					5								5		
	RLL									5					5								5		
	LLL									5					5								5		
	BOTH BASES									5					5								5		
COUGH	NONE		✓							✓					✓								✓		
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS																									

(b) MEDCOM - 1439

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	98.2	90	15	112/54	96%	on RA											
0300																	
0400																	
0500																	
0600	98.0	101	20	103/40	99%	on RA											
0700																	
0800																	
0900																	
1000	98.4	95	16	113/51	98%	RA											
1100																	
1200																	
1300																	
1400	100.2	105	20	116/50	96%	RA											
1410	99.5																p IS use
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.3	101	19	110/47	97%	RA											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	50 / 50															
0200	50 / 100															
0300	50 / 150															
0400	50 / 200															
0500	50 / 250															
0600	50 / 300															
0700	50 / 400															
0800	50 / 500															
8 HR	500								8 HR. 500						8 HR ∅	
0900	50 / 50									675						
1000	50 / 100															
1100	50 / 150															
1200	50 / 200									550 / 685 / 1235						
1300	50 / 250															
1400	50 / 300		240 / 240													
1500	50 / 350	50 / 50														
1600	50 / 400		90 / 330						1230							
8 HR	400	50	330						16 HR. ~~780~~	1235					16 HR. 1235	
1700	50 / 50															
1800	50 / 100															
1900	50 / 150															
2000	50 / 200									700 / 700						
2100	50 / 250															
2200	50 / 300															
2300	50 / 350	50 / 50														
2400	50 / 400								1730							
8 HR	400	50							24 HR. ~~450~~	700					24 HR 1935	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	50 / 50															
0200	50 / 100															
0300	50 / 150															
0400	50 / 200															
0500	50 / 250															
0600	50 / 300															
0700	50 / 400															
0800	50 / 500															
8 HR	500								8 HR. 500						8 HR Ø	
0900	50 / 50									675						
1000	50 / 100															
1100	50 / 150															
1200	50 / 200									550 / 125 / 1250						
1300	50 / 250															
1400	50 / 300		210 / 240													
1500	50 / 350	50 / 50														
1600	50 / 400		90 / 330													
8 HR	400	50	330						16 HR. ~~780~~ 1280	1250					16 HR. 1235	
1700	50 / 50															
1800	50 / 100															
1900	50 / 150															
2000	50 / 200									700 / 700						
2100	50 / 250															
2200	50 / 300															
2300	50 / 350	50 / 50														
2400	50 / 400															
8 HR	400	50							24 HR. ~~450~~ 1730	700					24 HR 1935	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
31Jul03	0030		New IV started tubing A'd. New IV is 20G RN to (R) Forearm 3 s/sx infection or infiltration. IV infusing well. Will continue to monitor. SPC (b)(6)-2 [redacted]
31Jul03	0330		Pt assessment complete. Pt is resting comfortably. No s/sx of distress. Will continue to monitor. SPC (b)(6)-2 [redacted]
31Jul03	0820		Pt Resting @ this time. ϕ s/sx of Distress. Ancef given @ 0800. Will Attempt to wake Pt to Begin Moving more within 30 minutes. SSG (b)(6)-2 LPN
31Jul03	0915		Assessment completed. Pt consumed approx. 40% of morning meal. Voided 675cc of urine. ϕ c/o pain @ this time. SS (b)(6)-2 A.
31Jul03	1130		Pt c/o Heart burn. Received 30cc Maalox PO. DO. SS (b)(6)-2
31JUL03	1500		Pt assessment complete. Pt T-100.2 encouraged IS use & ID. T-99° MD aware. MD to change W-D drsg on (R) Achelles. Short cast to LLE. Pt premedicated c̄ Tylox. (b)(6)-2
31JUL03	1530		MD to Δ drsg (L) hand. Drsg to (R) shoulder, RLQ both changed by RN normal drsg noted. (b)(6)-2
31Jul03	2235		Report received from off going shift. Pt is A+O x3 PERRLA pt assessment complete. Due to bandage and injuries pt is unable to grip c̄ (R) hand. Could not assess pulses in (R) hand and (R) LE due to bandages and cast on (L) LE. Dressings to (R) hand and (R) LE are CDI. Dressing to (R) shoulder has been removed. Pt sat up @ bedside. Will continue to monitor. SPC (b)(6)-2 [redacted]
	0015		Pt c/o heart burn. Will continue to monitor. SPC (b)(6)-2 [redacted]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26Jul03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	N/A		—
Call Light Within Reach			—
Side Rails Up			—
Bed in Low Position			—

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 SIC LVN	ICU#1	1 Aug 03

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

Iraqi (b)(6)-4

- ☐ HISTORY PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1444

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R											J KA			*								*		
	RADIAL L											2			2								2		
	DORSALIS PEDIS R											KA			*								*		
	DORSALIS PEDIS L											KA			*								*		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale												1 3 8			1 3 8								1 3 8		
EDEMA															0								0		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)												✓			✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)												✓			✓										
SWAN GANZ CATHETER (Zeroed & calibrated)												SR													
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH									✓															
	FOLEY CARE																								
	ORAL CARE									✓															
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR									✓	✓														
POSITIONED	RIGHT									S															
	LEFT									E					S E								S E		
	SUPINE									E					S E								S E		
	HOB 30 DEGREES									✓					✓								✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE									✓		✓			✓								✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended											2			2								2		
BOWEL SOUNDS (active all quads)												✓			—								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.												✓			✓										
SKIN INTEGRITY	No Breakdown									✓					✓								✓		
	Surgical Wounds									✓					✓								✓		
	Rashes, Lac's, etc									✓					✓								✓		
DRESSING (Dry & Intact: specify site below)																									
#1 (R) Hand										✓					✓								✓		
#2 (R) LE										✓					✓								✓		
#3 (L) LL (cast)										✓					✓								✓		
* (R) HIP										✓					✓								✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV	(L) Forearm	31 Jul	patent s/s of infiltration/ 1400 1AUG03
SV	(R) FA	"	-0 s/s of Inf/Infiltration 1400 1AUG03
PIV 20G	(L) Forearm	31 Jul 03	patent s/s of infiltration

B6-2

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 1Aug03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open									4					4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response									5					5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response									6					6								6		
GLASGOW COMA SCALE (A+B+C)									15					15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R																								
PUPIL RESPONSE — L																								
MOVEMENT (See Motor Function Scale at Top of Page) — RUE									4					4								5		
MOVEMENT — LUE									~~4~~5					5								5		
MOVEMENT — RLE									4					4								4		
MOVEMENT — LLE									4					4								4		
GRIP (S) Strong (W) Weak (-) absent — R									N/A					/								*		
GRIP — L									3					3								5		
RESPIRATIONS — REGULAR									✓					✓								✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED									✓					✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL											5			5								5		
BREATH SOUNDS — LUL											5			5								5		
BREATH SOUNDS — RLL											5			5								5		
BREATH SOUNDS — LLL											5			5								5		
BREATH SOUNDS — BOTH BASES											5			5								5		
COUGH — NONE																						✓		
COUGH — SPONTANEOUS									✓															
COUGH — PRODUCTIVE														✓										
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear									5					5										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin									3					1										
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE									✓					✓										
COUGH / DEEP BREATH																								
INITIALS									(b)(6)-2															

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
0800																	
0900																	
1000																	
1100	99'	105	16	116/52													
1200																	
1300																	
1400	100.2 99'	100	20	104/53	96%												IS x 10
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	97.4	78	16	112/61	98% on RA												
2300																	IS x 10
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine	Stool				Total	COMMENTS
0100	50/50															
0200	50/100															
0300	50/150															
0400	50/200									625/625						
0500	50/250															
0600	50/300															
0700	50/350															
0800	50/400	50/50														
8 HR	400	50							8 HR. 450	625					8 HR. 625	
0900	50/450															
1000	50/100															
1100	50/150		240/240													
1200	50/200		60/300													
1300	50/250															
1400	50/300									600/600						
1500		50/50													600	
1600	50/350															
8 HR	350	50							16 HR. 400	600					16 HR.	
1700	50/50															
1800	50/100															
1900	50/150															
2000	50/200									400/400						
2100	50/250															
2200	50/300															
2300	50/350	50/50														
2400	50/400															
8 HR	400	50							24 HR. 450						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
1Aug03	0430		Pt is resting comfortably, ∅ s/sx of distress. Will continue to monitor. — SPC (b)(6)-2
1AUG03		1100	Pt resting comfortably ∅ c/o pain. VSS. No Δ's from previous assessments. Dress Δ's done. Serous drainage & yellowish exudate to RLE wound & superficial wounds to neck, back & shoulder. ⊖ odor noted. Wounds cleaned and redressed. Tolerating PO diet. Drank entire Kl cam. Will continue to monitor. — (b)(6)-2 ICT
1AUG03		1400	Pt AOx3, ∅ pain @ this time. Drsg c/o/d. Will Δ drsg to ⓛ foot @ 2000. — (b)(6)-2
1AUG03		1800	Pt drsg Δ'd to ⓡLE. Pt care provided. ⊖ s/s of inf @ this time. MD Δ'd drsg to ⓡ hand. — (b)(6)-2
1Aug03		2300	Pt assessment complete. Incentive Spirometry done, 10 reps 77 ml. All dressings CDI. Unable to assess grip strength ⓑ hand. Pt can ~~with~~ BIL wiggle all BOT fingers and cap refill is <2 sec. Unable to assess pulses in ⓑ LE. ⓑ LE cap refill <2 sec and pt ~~feet~~ BIL can wiggle all toes. Pt ate 3/4 of a package of apricots. Will continue to monitor. — SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26Jul03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+1050
24 Hour Intake	+2100
24 Hour Output	-1050
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			—
Call Light Within Reach	N/A		—
Side Rails Up			—
Bed in Low Position			—

		Department/Service/Clinic	DATE
(b)(6)-2	9ICLV81	ICU#1	2Aug03

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

Iraqi (b)(6)-4

- ☐ HISTORY PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2						~~2~~								*		
	L								2						2								2		
	DORSALIS PEDIS R								2						/								*		
	L								2						/								*		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8						1 3 8								1 3 8		
EDEMA									—						/								Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓						✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓						✓								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH								✓																
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST								✓						✓										
	BSC														✓										
	DANGLE																								
	CHAIR								✓						✓										
POSITIONED	RIGHT																								
	LEFT								Self						Self								Self		
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								✓						✓								✓		
	PAIN SCALE (1-10)														—										
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended								2						2								2		
BOWEL SOUNDS (active all quads)									✓						✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.									✓						✓										
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 RLE									✓						✓								✓		
#2 RUE									✓						✓								*		
#3 (R) side of neck									✓						✓								✓		
DIET									2%				1%										✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20G (L) FA	(L) FA	31 Jan 03	patent and sign infection
20G (L) FA	(L) FA	"	patent ⊖ s/s of inf / infiltration 1-800 ZA

PUPIL SIZE	PUPILS	
1-mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 2Aug03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open								4						4								4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response								5						5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response								6						6								6		
GLASCOW COMA SCALE (A+B+C)								15						15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R								2+						2+								2+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L								2+						2+								2+		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								2						2								4		
MOVEMENT — LUE								3						3								4		
MOVEMENT — RLE								2						2								3		
MOVEMENT — LLE								2						2								3		
GRIP (S) Strong (W) Weak (-) absent — R								W						S								*		
GRIP — L								W						S								S		
RESPIRATIONS — REGULAR								✓						✓								✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED								✓						✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5						5								5			
BREATH SOUNDS — LUL							5						5								5			
BREATH SOUNDS — RLL							5						5								5			
BREATH SOUNDS — LLL							5						5								5			
BREATH SOUNDS — BOTH BASES							5						5								5			
COUGH — NONE							✓						✓								✓			
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE													✓											
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin													5											
VENTILATOR — Vt													1											
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)						RA																		
OXYGEN DELIVERY DEVICE — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH												✓								✓				

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700	98	96	14	122/58	96%												
0800																	
0900																	
1000																	
1100																	
200.																	
1300																	
1400	99.2	98	16	114/56	95												
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300	98.8	114/58	16	114/57	98%												
2400																	

	INTAKE									OUTPUT						
	IV	IVPB		PO					Total	Urine	BM				Total	COMMENTS
0100	50 / 50															
0200	50 / 100															
0300	50 / 150															
0400	50 / 200															
0500	50 / 250															
0600	50 / 300															
0700	50 / 350	50 / 50		360 / 360						450 / 450						
0800	50 / 400										X1 X1	Lukage Bowel 80-44				
8 HR	400	50		360					8 HR. 810	450					8 HR 450	
0900	50 / 50															
1000	50 / 100															
1100	50 / 150			200 / 200												
1200	50 / 200			80 / 280												
1300	50 / 250										X1 X2	Wet Bottom 80-44				
1400	50 / 300															
1500		50 / 50														
1600	50 / 350															
8 HR	350	50		200					16 HR. 1410						16 HR. 450	
1700	50 / 50															
1800	50 / 100			240 / 240						600 / 600						
1900	50 / 150															
2000	50 / 200															
2100	50 / 250															
2200	50 / 300															
2300	50 / 350	50 / 50														
2400	50 / 400															
8 HR	400	50		240					24 HR. 2100	600					24 HR 1050	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
2AUG03	0700		Assumed care of pt, assessment complete. Bandages and dressings changed with small amount of serous drainage. Hygiene done, pt resting. SPC (b)(6)-2 WM6
2AUG03	1400		Pt Assessmet complete. Bacitracin applied to wounds on shoulders and neck. Will complet W→D dsg Δ c̄ MD present later in shift. (b)(6)-2
2AUG03	1645		W→D dsg Δ'd on both URE/LRE. MD present at Δ. Minimal serosanguinous drainage noted. Pt tolerate/assisted c̄ dsg Δ. Required Θ pain medication. Pin care also provided. Θ s/s of infection present. (b)(6)-2
2Aug03	2315		Report received. Pt assessment complete. Unable to assess pulses in (R) UE and (R) LE. Cap refill <2sec and pt can wiggle all toes, and fingers in (R) hand. (R) UE dressing has serosanguinous drainage near (R) thumb. Area marked. Will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jul 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA	/	–
Call Light Within Reach	NA	/	–
Side Rails Up	NA	/	–
Bed in Low Position	NA	/	–

(b)(6)-2	Rank/Grade)	Department/Service/Clinic	DATE
	91CLVN	ICU #1	3 Aug 03

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

Iraqi (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

MEDCOM - 1456

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R									2						✓							*		
	RADIAL L									2						2							2		
	DORSALIS PEDIS R									2						✓							*		
	DORSALIS PEDIS L									2						✓							*		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale										1 3 8						1 3 8							1 3 8		
EDEMA										Ø													Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)										✓						✓									
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)										✓						✓							✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH									✓															
	FOLEY CARE																								
	ORAL CARE									✓						✓									
MOBILITY	BEDREST									✓						✓									
	BSC															✓									
	DANGLE																								
	CHAIR									✓						✓									
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)										✓															
PAIN	PAIN FREE															✓							✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended										2						2									
BOWEL SOUNDS (active all quads)										X4						✓									
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																						✓		
	Surgical Wounds									✓						✓							✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Cast (L) leg										✓						✓							✓		
#2 Dsg (R) leg										✓						✓							✓		
#3 Dsg (R) Hand										✓						✓							✓		
numerous stitches on body										✓						✓							✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
IV(P) D/C'ed	(L) FA	31 July 03	CDI Ø SS infection patient
PIV	(L) FA	3 Aug 03	CDI Ø SS infect. pat
IV	(L) FA	3 AUG 03	D/S/S of Inf/Infiltration

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 3 Aug 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open									4						4							4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response									5						5							5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response									6						6							6		
GLASGOW COMA SCALE (A+B+C)									15						15							15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R															2							3+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L															2							3+		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE									1						2							4		
MOVEMENT — LUE									5						3							4		
MOVEMENT — RLE									1						2							3		
MOVEMENT — LLE									1						2							3		
GRIP (S) Strong (W) Weak (-) absent — R									4						✓							*		
GRIP — L									5						3							3		
RESPIRATIONS — REGULAR									✓						✓							✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED									✓						✓							✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL									5						5									
BREATH SOUNDS — LUL									5						5									
BREATH SOUNDS — RLL									5						5									
BREATH SOUNDS — LLL									5						5									
BREATH SOUNDS — BOTH BASES									5						5									
COUGH — NONE																						✓		
COUGH — SPONTANEOUS									✓						✓									
COUGH — PRODUCTIVE									✓															
COUGH — NONPRODUCTIVE															✓									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear									1						5									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin									2 1						1									
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE															✓									
COUGH / DEEP BREATH																								
INITIALS																								

(b)(6)-2

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
0800	99.6	107	18	121/48	97%	RA											
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500	100.3	104	16	113/59	95	RA											13x10
	99.5																
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	98.7	104	16	94/48	95%	on RA											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine	Stool				Total	COMMENTS
0100	50/50															
0200	50/100															
0300	50/150									450/450						
0400	50/200															
0500	50/200															
0600	50/200															
0700	50/300	50/50														
0800	50/350		200/200							450/900						
8 HR	350	50	200						8 HR. 600 ~~400~~	900					8 HR 900	
0900	50/50		200/200													
1000	50/100															
1100	50/150															
1200	50/200		300/500													
1300	50/250															
1400	50/300															
1500		50/50														
1600										600/600						
8 HR									16 HR.	600					16 HR. 1500	
1700																
1800																
1900																
2000																
2100																
2200	50									450/450						
2300	50	50/50														
2400	50															
8 HR		50							24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
3 Aug 03	0900		Pt presently resting ~~pm~~ Dsgs Δ'ed in (R) LE dsg has bleeding, W→D dsg applied, pin care done. pt sat up. C&DB. Will cont to monitor (b)(6)-2
	0930		Interpreter brought food from family pt ate some and drank a little pop will cont to monitor (b)(6)-2
	1320		pt ate own food for lunch. pt sat in chair for lunch. pt sat up in bed as well. IV Δ'ed in (D) FA will cont to monitor (b)(6)-2
3 AUG 03	1500		Pt ASSESSment complete. IS used. W→D drsg to be Δ'd later with MD supervision (b)(6)-2
	1600		W→D drsg on (D) hand/RLE Δ'd. MD present. ∅ s/s of infection. Pt tolerated well. ↓ NEED of PAIN meds (b)(6)-2
3 Aug 03		2235	Pt assessment complete. Pt ~~assessment complete~~ c/o numbness to #3+4 toes on (L) foot. Elevated (L) LE to relieve possible ~~numbness~~ (b)(6)-2 edema causing numbness. Unable to assess pulses on (B) LE + (R) UE, cap refill on those extremities <2 sec and pt is able to wiggle all toes and fingers. Will continue to monitor SPC (b)(6)-2
3 Aug 03		2245	Pt is now c/o pain to (L) LE. Will medicate c̄ Tylox. Will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jul 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (b)(6)-2 | SICLVN | Department/Service/Clinic: ICU#1 | DATE: 4 Aug 03

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

Iraqi (b)(6)-4

☐ HISTORY-PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R						2														2		*		
	RADIAL L						2														2		2		
	DORSALIS PEDIS R						2														2		*		
	DORSALIS PEDIS L						2														2		*		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale							1 3 8														1 3 8		1 3 8		
EDEMA							Ø														Ø		Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)							✓														✓				
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)							✓														✓		✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH									✓															
	FOLEY CARE																								
	ORAL CARE									✓															
MOBILITY	BEDREST						✓														✓				
	BSC										✓									✓					
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES						✓														✓				
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE						✓														✓		✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended						2														2		2		
BOWEL SOUNDS (active all quads)							x4																		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph -																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds						✓														✓		✓		
	Rashes, Lac's, etc						✓														✓		✓		
DRESSING (Dry & Intact: specify site below)																									
#1 RLE cast																									
#2 RLE Ex fix + dressing																							✓		
#3 RUE Dressing																							✓		
																							✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV	LFA	3Aug03	Ø S/S of inf, CDI patient
PIV	LFA	3Aug03	S/S/S of inf + infiltration

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment –

DATE: 4Aug03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open							4														4		4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response							5														5		5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response							6														6		6		
GLASGOW COMA SCALE (A+B+C)							15														15		15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																						2+		
	L																						2+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE						1														4		4		
	LUE						4														4		4		
	RLE						1														4		3		
	LLE						1														4		3		
GRIP (S) Strong (W) Weak (-) absent	R						5														–		*		
	L						–														5		W		
RESPIRATIONS	REGULAR						✓														✓		✓		
	IRREGULAR																								
	UNLABORED						✓																		
	LABORED																				✓		✓		
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL						5														5				
	LUL						5														5				
	RLL						5														5				
	LLL						5														5				
	BOTH BASES						5														5				
COUGH	NONE																				✓		✓		
	SPONTANEOUS						✓																		
	PRODUCTIVE						✓																		
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear							1																		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin							1																		
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS																									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600	98.8	88	12	117/63	99%												
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1430	98.8	100	12	104/55	97%												
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.6	86	16	106/51	95%	NA											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	50 / 50															
0200	50 / 100															
0300	50 / 100															
0400	50 / 800															
0500	50 / 850															
0600	50 / 300															
0700	50 / 350	50 / 50														
0800	50 / 400									550						
8 HR	400	50							8 HR 450	550					8 HR 550	
0900	50 / 50	~~200~~														
1000	50 / 100	~~200~~	200													
1100	50 / 150															
1200	50 / 200	~~200~~	200 / 400													
1300	50 / 250															
1400	50 / 300															
1500	50 / 350	50 / 50														
1600	50 / 400		250 / 650													
8 HR	400	50	650						16 HR 1550	∅					16 HR. 550	
1700	50 / 50		500 / 500													
1800	50 / 100									525 / 525						
1900	50 / 150															
2000	50 / 200															
2100	50 / 250															
2200	50 / 300		200 / 700													
2300	50 / 350	50 / 50														
2400	50 / 400															
8 HR	400	50	700					1150	24 HR. 2700						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4 Aug 03	0640		Pt quiet assessment completed will cont to monitor (b)(6)-2
	0730		Dsg Δ'ed w/ Dry on (R) LE and (R) ~~x~~ hand. pt refused Breakfast states he is not hungry now and does not want to get washed up right now either will offer again later will cont to monitor (b)(6)-2
	1030		pt was c/o little n/t in (R) LE. pt can wiggle toes but 2nd toe numb. Dr (b)(6)-2 aware. stated that is ~~wh~~ where he was shot and to expect some numbness. Interpeter told pt + pt understood. pt resting now. had liquid BM mod-lg. asked Dr to D/C Colace will cont to monitor (b)(6)-2
	1320		Pt ~~x~~ resting. pt encouraged to ~~lift~~ keep leg elevated. Pt keeps placing leg back on bed. pt ~~has~~ had what the interpeter brought in for lunch. Consisted of chicken, bread and vegetables. Will cont to monitor (b)(6)-2
	1915		PT ate very well - Iraqi food brought in - drank 2 milks + 1 pepsi. PT up to chair - transferred by himself. no c/o pain. (b)(6)-2
	2100		Dressing Δ done - wet to dry over skin graft area site only on (R) hand + open area (R) LE. Telfa non stick over (R) thumb. Bacitracin applied to all superficial cuts + suture areas.
	2125		loose stool - liquid. (b)(6)-2
4 Aug 03		2225	Report received. Pt. is A+O x3 PERRLA. Pt. is able to move all fingers and toes, capr fill <2 sec x4 extremities. Pt was sleeping in bed ~~when~~ when I left. Will continue to monitor. SPC (b)(6)-2

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE	
06AUG03	PT CO 9/10 pain given II Tylox given will continue to monitor
0310	(b)(6)-2 SGT gi wmle LUN
0400	PT VSS = RR 14, HR 70 BP 118/58 will continue to monitor (b)(6)-2
06 Aug 03	~~Rid hospital and assumed care of A. [illegible] abdomen dressing clean - Hand dressing & awaiting~~
@ 1030	~~presence of physician. He had no [illegible] [illegible] Pont. month. (b)(6)-2 LAW.~~

(b)(6)-2

(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) 201-9.202-1

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jul 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+ 1000
24 Hour Intake	2650
24 Hour Output	1650
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 SLCLKN	ICU #1	5 Aug 03

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

Iraqi (b)(6)-4

☐ HISTORY/PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2				2		✓										
	L								2				2		2										
	DORSALIS PEDIS R								2				–		✓										
	L								X				-		✓										
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8				1 3 8		1 3 8										
EDEMA									–						✓										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓				✓		✓										
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓				✓		✓										
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH								✓																
	FOLEY CARE																								
	ORAL CARE								✓						✓										
MOBILITY	BEDREST								✓						✓										
	BSC																								
	DANGLE																								
	CHAIR														✓										
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								✓				✓		✓										
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended								2				2		2										
BOWEL SOUNDS (active all quads)									✓				✓		✓										
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.									✓																
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) LE cast									C,D,I						c/DI										
#2 (L) LE dressing									C,D,I 3 dressings						c/DI										
#3 (R) UE dressing									C,D,I 3 changed						c/DI										
													(R)		✓										

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20g	(L) FA	3AUG03	patent and ∅ sign of infection
20g PIV	(R) FA	3AUG03	∅ s/s of inf/infiltration

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 5Aug03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open								4				4		4									4	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response								5				5		5									5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response								6				6		6									6	
GLASGOW COMA SCALE (A+B+C)								15				15		15									15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R								2+				+		2									2	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L								2+				+		2									2	
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								3				2		3									3	
MOVEMENT — LUE								2				3		2									2	
MOVEMENT — RLE								2				2		2									2	
MOVEMENT — LLE								2				2		2									2	24
GRIP (S) Strong (W) Weak (-) absent — R								W				S-		/									~~2~~	24
GRIP — L								W				S-		S									~~2~~	24
RESPIRATIONS — REGULAR								✓				✓		✓									✓	
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED								✓				✓		✓									✓	
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL								5				5		5									5	
BREATH SOUNDS — LUL								5				5		5									5	
BREATH SOUNDS — RLL								5				5		5									5	
BREATH SOUNDS — LLL								5				5		5									5	
BREATH SOUNDS — BOTH BASES								5						5									5	
COUGH — NONE								✓				✓		✓									✓	
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FIO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE								✓				✓		✓									✓	
COUGH / DEEP BREATH																								
INITIALS							(b)(6)-2																	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700	99°	92	14	115/62	97%												
0800																	
0900																	
1000																	
100																	
1200	98.5	88	14	114/62	96%	RA											Recovery Complete
1300																	
1400	98.5	95	12	119/57	95%	RA											
1500																	
1600																	
1700																	
1800	99.2	101	17	105/50	98%	RA											
1900																	
2000																	
2100																	
2130	98.6	103	16	119/59	94%	RA											
2200																	
2300																	
2400	98.49	92	16	107/57	98%	RA											

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	50/50															
0200	50/100															
0300	50/150															
0400	50/200															
0500	50/250															
0600	50/300															
0700	50/350	100/100														
0800	50/400									550/550						
8 HR	400	100							8 HR. 500	550					8 HR 550	
0900	50/50															
1000																
1100																
1200	900															Salin Lock
1300																
1400			240/240													
1500	50/950		240/480													
1600										600/600						
8 HR	950		480						16 HR.	600					16 HR. 600	
1700																
1800																
1900	240/240															
2000																
2100																
2200																
2300			480/480							500						
2400																
8 HR									24 HR.						24 HR	

100 100 480 450

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
5AUG03	0700		Assumed care of pt. Pt refused breakfast. Bed bath and oral care done. Meds given as ordered. Dressings changed, Dr. (b)(6)-2 observed RUE and decided to do A washout this morning on the thumb, NPO until surgery. No complaints, no pain. SPC (b)(6)-2
5 Aug 03		1300	Pt recovery complete - s/p Washout and Skin Flap Modification - (R) ↓ ↑ Ext; dressings to surgical site c/o/i. PIV Δ to Saline Lock - Patent - c/o/i. No c/o pain. VSS. afebrile. Cont. Monitor — (b)(6)-2 —
5AUG03		1500	Pt assessment complete. Pt consumed several items of food brought from outside / plus ensure. Pt drsgs C/DI. Drsg Δ deferred as per Dr (b)(6)-2 BID W → D to begin in AM — (b)(6)-2
5AUG03		2300	Recieved pt VSS = Ø complaints at this time, see flowsheet for assessment, will contine to monitor (b)(6)-2 SGT AIWMG LUN

MEDICAL RECORD - PATIENT RELEASE / DISCHARGE INSTRUCTIONS

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

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 26/Sun
2. ADMITTING/DIAGNOSIS: multiple extremity wounds
3. PERTINENT LAB, X-RAY, FINDINGS:
(1) (R) Thumb partial amputation c̄ open fx of mc/P, c̄ skin loss
(2) open (R) Achilles Tendon TPW
(3) open (R) Tibia fx
(4) open (R) Knee
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
(5) closed (L) Tibia fx
(6) open (L) 3rd MT fx
(7) (R) foot FHL lac c̄ degloving in Sun
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
(1) S/p EX Fix (R) Tibia
(2) s/p failed ICBG to (R) Thumb for mcps fusion
(3) s/p placement antibiotic cement
6. ACTIVITY: spacer (R) Thumb b̄ retained
7. DIET: skin flap
8. MEDICATIONS: (4) s/p STG to Dorsum (R) hand
☐ Medications have been prescribed for home use. See separate list and special instructions or see below. and Achilles Tendon
(5) s/p (L) knee arthroscopy & PTS
(6) s/p ORIF (L) 3rd MT fx
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
T/c to EPW Camp.
Daily Dressing Changes by medic @ EPW Camp
F/u c̄ 21st CSH on 7 Sept 03 @ 0900 hrs.
10. DISCHARGING PROVIDER: (b)(6)-2 (b)(6)-2 MD
(Signature) *(Printed or Stamped Name)*

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☑ OTHER EPW Camp
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☑ OTHER MP's
3. PATIENT EDUCATION:
Completed and patient prepared for home care. ☑ YES ☐ NO
If no, explain:
Patient ☐ states ☑ demonstrates understanding of home care needs.
Printed educational materials provided:
4. Clinical outcomes met and post-discharge/release referrals made.
☑ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:
Regular Diet
7. MEDICATIONS:
Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
Printed medication literature provided. ☐ YES ☐ NO
Patient states understanding of prescribed medications. ☐ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:
Crutches
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
FWB (L) LE
25% WB (R) LE
NWB (R) Thumb
Crutches for ambulation
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
Levaquin 500mg PO q day x 7 days
11. COMPLETED BY:
(b)(6)-2 (Capt AN) 29 Aug 03 / 10:12
(Signature) *(Date and Time)*

PATIENT IDENTIFICATION
Iraq, (b)(6)-4

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.
(b)(6)-2 MP 29AUG03/1012
(Patient/Responsible Adult's Signature) *(Date and Time)*

MC V1.00

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: 22y/o
HEIGHT:
WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA

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

4. PROPOSED SURGICAL PROCEDURE: ① open ⓡ tibia fx ② open ⓡ thumb MCPJ ≡ fx s pt ml ③ multiple ⓡ & ⓛ hand & foot lacer explosive wounds ≡ ⓛ ex-fix ⓡ tibia

Medical Hx:

5. ADDITIONAL INFORMATION:
NPO since Kabob x 4 hrs ago
ROM/Musculoskeletal limited
Skin Appearance WD

Hardware/ Prosthesis Ø
Significant Other Waiting Ø
Psychological/LOC Alert
Language/Cultural IRAQ

Lab ✓
H&P ✓
UHCG N/A
Consent ✓

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to ✓ Procedure o Body Image o Family Separation ✓ Surgical Outcome o Other	✓ Pt. verbalizes any specific anxiety. ✓ Pt. exhibits relaxed body posture. ✓ Demonstrates age specific coping mechanisms	✓ Allow pt. to verbalize freely. ✓ Explain OR environment and answer questions regarding surgery. ✓ Offer comfort measures, (e.g., warm blanket, touch) ✓ Explain all nursing procedures before they are done. ✓ Remain with pt. whenever possible. ✓ Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to ✓ Sedation o Existing Pulmonary Problems	✓ PT. will be able to breathe without difficulty during immediate intra-operative phase.	✓ Offer to elevate head of litter or offer pillow. ✓ Observe pt. while awaiting surgery for signs of distress ✓ Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to ✓ Immobilization ✓ Prep Solution ✓ Tourniquet ✓ ESU ✓ Positioning o SCD	✓ PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	✓ Utilize pressure preventing devices on OR table and accessories. ✓ Check for proper positioning and support to maintain good body alignment. ✓ Pad pressure points. ✓ Place ESU ground pad on non compromised skin surface area. ✓ Keep prep fluids from pooling. ✓ Select appropriate size ESU pad

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

IRAQ (b)(6)-4

D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to o Positioning o Tourniquet o Preexisting CV Problems	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to o Transfer o Positioning E.2. ✓ Potential discomfort due to o Positioning	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being Sed o Contacts o Glasses F.2. ✓ Potential for decreased communictaion due to Sed o Language o Hearing Aids F.3. Potential injury due to dentures.	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from either side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. o Potential for Loss of Body Heat	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. o Maintain Body Temperature	OTHER NURSING INTERVENTIONS. Or continuation of above interventions. o Increase Room Temp (pts. 65years & older) o Maintain Room Temp between 74-81 degrees for pediatric pts. o Provide Warm Sheets/Fluids o Assist with applying bear hugger, as needed.

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

(b)(6)-2 [redacted] maj 26 July 03 DATE

11. POSTOPERATIVE EVALUATION:

o Patient goals and outcomes were met
o Prep solutions removed
o ESU site:
o Prep site:

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)

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

26 July 03 TIME 1824

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)

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

DATE: 26 July 03 TIME: see DA 2389

REVERSE OF DA FORM 5179, JUN 91

USAPA V1.0

LSEC Approved 28 Sep 98

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.

1. AGE: 22 1/2
HEIGHT:
WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA

3. PREVIOUS SURGERY [ ] NO [✓] YES (type): I+D ant LE ② ⓡ Tibia ex-fix ③ ⓡ thumb PCP

4. PROPOSED SURGICAL PROCEDURE: I+D RLE + ⓡ hand

Medical Hx:

5. ADDITIONAL INFORMATION:
NPO since NNS
ROM/Musculoskeletal see above
Skin Appearance see above

Hardware/ Prosthesis yes
Significant Other Waiting Ø
Psychological/LOC alert
Language/Cultural Eng

Lab ✓
H&P ✓
UHCG N/A
Consent ✓

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to o Procedure o Body Image o Family Separation o Surgical Outcome o Other	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture. o Demonstrates age specific coping mechanisms Through Intergport	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to o Sedation o Existing Pulmonary Problems	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress o Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to o Immobilization o Prep Solution o Tourniquet o ESU o Positioning o SCD	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling. o Select appropriate size ESU pad

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

(b)(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ____ Potential for inadequate tissue perfusion due to o Positioning o Tourniquet o Preexisting CV Problems	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ____Potential impairment of mobility due to o Transfer o Positioning E.2. ____Potential discomfort due to o Positioning	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ____Disminished visual perception due to being _____ o Contacts o Glasses F.2. ____ Potential for decreased communictaion due to _____ o Language o Hearing Aids F.3. Potential injury due to dentures. _____	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. o Potential for Loss of Body Heat	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. o Maintain Body Temperature	OTHER NURSING INTERVENTIONS. Or continuation of above interventions. o Increase Room Temp (pts. 65years & older) o Maintain Room Temp between 74-81 degrees for pediatric pts. o Provide Warm Sheets/Fluids o Assist with applying bear hugger, as needed.

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

(b)(6)-2 CPT, A 7/28/03 DATE

11. POSTOPERATIVE EVALUATION:

o Patient goals and outcomes were met
o Prep solutions removed
o ESU site:
o Prep site: Clean

12. PREOPERTIVE EVALUATION PREPARED BY

(b)(6)-2 CPT, A

DATE: 7/28/03 TIME:

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)-2 CPT, A

DATE: 7/28/03 TIME: 1141

REVERSE OF DA FORM 5179, JUN 91

USAPA V1.0

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.
1. AGE: 22 HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA 3. PREVIOUS SURGERY [ ] NO [X] YES (type): ① (R) tibia ex. fix ② I+D ④ hand ③ I+D ⑤ hand
4. PROPOSED SURGICAL PROCEDURE: I+D (b)(6)-2	Medical Hx:

5. ADDITIONAL INFORMATION:

NPO since 8pm	Hardware/ Prosthesis Yes	Lab
ROM/Musculoskeletal	Significant Other Waiting no	H&P
Skin Appearance	Psychological/LOC AAA	UHCG N/A
	Language/Cultural Eng	Consent

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ___ Potential for anxiety related to o Procedure o Body Image o Family Separation o Surgical Outcome o Other	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture. o Demonstrates age specific coping mechanisms	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION ___ Potential for respiratory dysfunction due to o Sedation o Existing Pulmonary Problems	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress o Assist anesthesia during intubation and extubation
C. INTEGUMENT ___ Potential impairment of skin integuity due to ___ o Immobilization o Prep Solution o Tourniquet o ESU o Positioning o SCD	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling. o Select appropriate size ESU pad

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

(b)(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ____ Potential for inadequate tissue perfusion due to o Positioning o Tourniquet o Preexisting CV Problems	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
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F. NEUROMUSCULAR CONTROL F.1. ____ Disminished visual perception due to being ____ o Contacts o Glasses F.2. ____ Potential for decreased communictaion due to o Language o Hearing Aids F.3. Potential injury due to dentures. ____	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from ____ side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. o Potential for Loss of Body Heat	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. o Maintain Body Temperature	OTHER NURSING INTERVENTIONS. Or continuation of above interventions. o Increase Room Temp (pts. 65years & older) o Maintain Room Temp between 74-81 degrees for pediatric pts. o Provide Warm Sheets/Fluids o Assist with applying bear hugger, as needed.

10 (b)(6)-2 TED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

CPT, A 8/8/03 DATE

11. POSTOPERATIVE EVALUATION:

o Patient goals and outcomes were met
o Prep solutions removed
o ESU site:
o Prep site: Cl

12. PREOPERTIVE EVALUATION PREPARED BY

(b)(6)-2 CPT, A

DATE: 8/8/03 TIME: 1430

13. POSTOPERATIVE EVALUATION PREPARED

(b)(6)-2 CPT, A

DATE: 8/8/03 TIME: 1430

REVERSE OF DA FORM 5179, JUN 91

USAPA V1.0

MEDICAL RECORD | **INTRAOPE[illegible]/E 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 LTC (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2 Maj/An

3. DATE 26 June 03 TIME PATIENT ARRIVED IN SUITE 1955

4. PATIENT IN [illegible] TIME 1955 NUMBER #1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKDA

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Head resting on folded towel. R arm on padded armboard - L arm with padded armstrap - R arm manipulated by surgeon. Both legs prepped and wrapped

8. SKIN PREPARATION

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

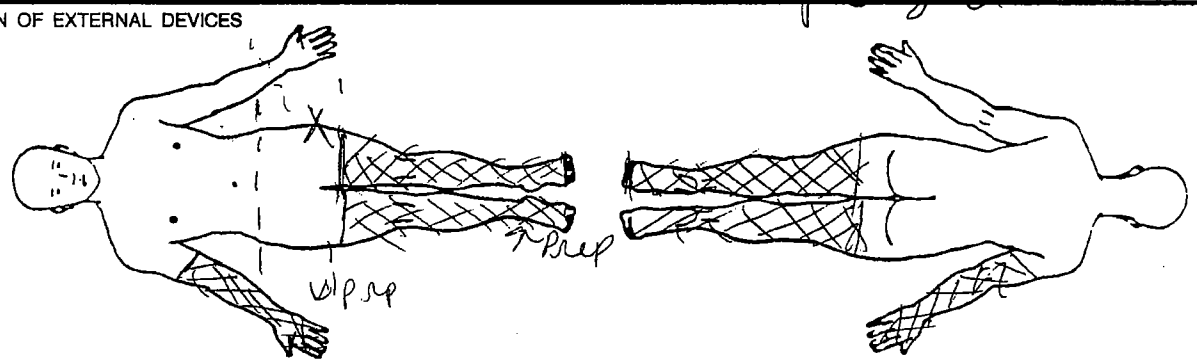
COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE: R Leg L Leg BY WHOM: [redacted]
SITE: R arm BY WHOM: [redacted]

B6-2

COMMENTS: No problem w/ iodine

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap ▬▬ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No	✓	C	C	Spc (b)(6)-2	Maj (b)(6)-2
Needle Sharp	☒ Yes ☐ No	✓				
Instrument	☒ Yes ☐ No					
Other	☐ Yes ☐ No					

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

IRAQ # (b)(6)-4

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

☐ ESU NO: Valleylab Fx 000434
GROUND PAD: BRAND Valleylab E7507
LOT NO: 68986

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 PLACES [illegible] WHICH IS OBSOLETE.

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

EX Fix (b)(6)-2

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% NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE

YES ☒ NO ☐

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform
Curlex
Kerlix
ace wrap

19. ADDITIONAL INFORMATION

Dr (b)(6)-2
Dr

20. OPERATION(S) PERFORMED

① EX Fix @ tibia Px = I+D
② Pins @ thumb = I+D
③ I+D @ lower extremity wounds

21. PATIENT TRANSFERRED TO PACU TIME See DA 3289 METHOD Litter = safety straps

22. REGISTER (b)(6)-2 Major

REVERSE OF DA FORM 5179-1, C

*U.S. GPO: 1996-404-613/40449

MEDICAL RECORD | **INTRAOPE[illegible]IVE 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 [illegible] BY [illegible]

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

3. DATE 7/28/03 TIME PATIENT ARRIVED IN SUITE 0905

4. PATIENT IN ROOM TIME 0905 NUMBER 1/1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
	SPC (b)(6)-2 (Did not scrub)		
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR	
	MAJ (b)(6)-2		

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: none

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

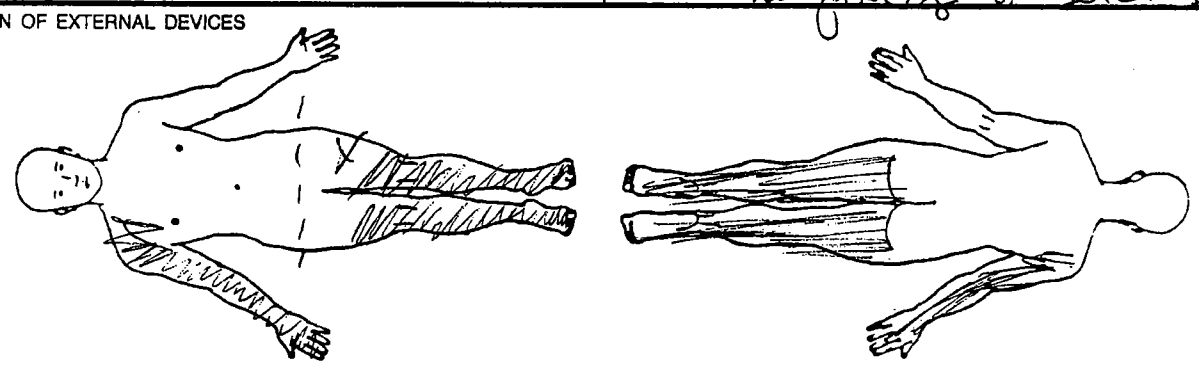
PREP SOLUTION *(Specify)* Betadine

SITE: RLLE BY WHOM: MAJ (b)(6)-2

SITE: RUE BY WHOM: CPT (b)(6)-2

COMMENTS: no pooling of solution

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	SPC (b)(6)-2	CPT (b)(6)-2
Needle Sharp	☒ Yes ☐ No		C	C	SPC	CPT
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

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☒ (b)(6)-2

☐ ESU NO: 050434 3/30

GROUND PAD: BRAND Valleylab

LOT NO: 68934 05-03

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
(R) hand - 3 Ltr. NSS (R) Tibia - NSS x 2L (L) knee - NSS x 2 Lt.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*
(1) RUE - xeroform, 4x4's, kerlix, Ace
(2) (R)+(L)LE - xeroform, 4x4's, kerlix, Ace.

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

19. ADDITIONAL INFORMATION
Dr
Dr
Dr
Dr
(b)(6)-2

20. OPERATION(S) PERFORMED
(1) Adjust (R) Tibial Ex-fix
(2) I+D of Lower Ext. & wound closure
(3) (R) hand thumb tendon repair
(4) I+D (R) hand & shoulder
(5) (R) achilles tendon repair

21. PATIENT TRANSFERRED TO ICU 1 TIME METHOD Gurney

22. REGISTERED NURSE SIGNATURE (b)(6)-2 CPT, AR

REVERSE OF DA FORM 5179-1,

*U.S. GPO: 1996-404-613/40449

MEDICAL RECORD | **INTRAOP[illegible] [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 Gurney BY [illegible]

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

3. DATE 7/30/07 TIME PATIENT ARRIVED IN SUITE 0801

4. PATIENT IN ROOM TIME 0801 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: none

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC	RELIEF SCRUB	
	SPC		
ASSIGNED CIRCULATOR	MA	RELIEF CIRCULATOR	
	CPT		

(b)(6)-2

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: none

8. SKIN PREPARATION

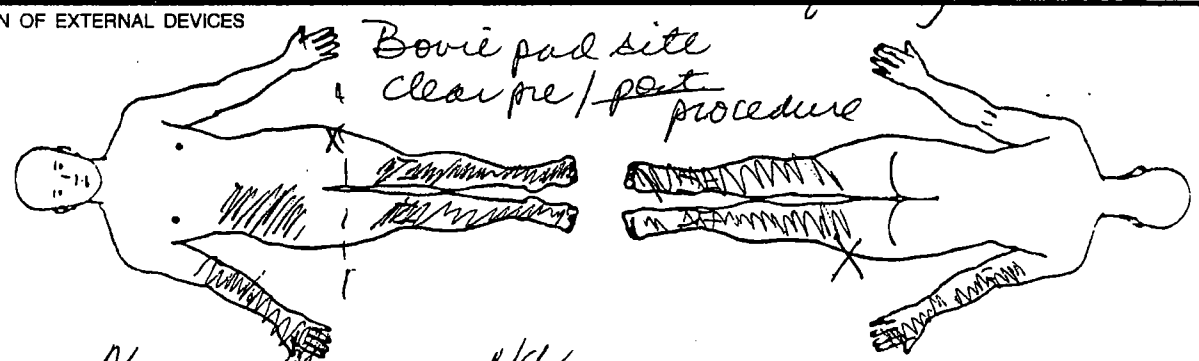
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: no nick or cuts

PREP SOLUTION *(Specify)* Betadine 5%
SITE: B/L lower ext. BY WHOM: MAT (b)(6)-2
SITE: RUE + (R) iliac crest BY WHOM: CPT (b)(6)-2

COMMENTS: no pooling of solution.

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	SPC	MA
Needle Sharp	☒ Yes ☐ No					
Instrument	☐ Yes ☒ No					
Other	☐ Yes ☒ No					

(b)(6)-2

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

Tricapi (b)(6)-4

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

☐ ESU NO: 000434 40/40
GROUND PAD: BRAND Valleylab
LOT NO: 68936 05-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
09NS 3000 x 3

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
benzin, steri strip – graft site
xeroform, telfa, 4x8s, tenda, all Ⓡ hand
wet-dry → helix, splint, all Ⓡ LE
xeroform, 4x8s, helix, all LLE

19. ADDITIONAL INFORMATION
NKDA

20. OPERATION(S) PERFORMED
A: D Ⓡ hand, Ⓛ LE, Graft, Hip to REE, RUE

21. PATIENT TRANSFERRED TO ICU 1 TIME 1200 METHOD letter

22. (b)(6)-2 Major

REV

*U.S. GPO: 1996-404-613/40449

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 Gurney BY Anesthesia

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

3. DATE 8/5/53 TIME PATIENT ARRIVED IN SUITE 1150

4. PATIENT IN ROOM TIME 1150 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: none

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: none

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

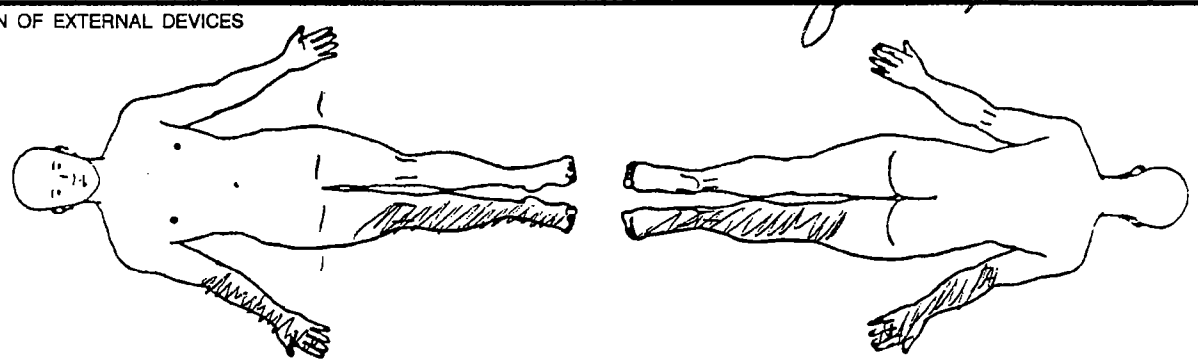
PREP SOLUTION *(Specify)* Betadine

SITE: (2) hand BY WHOM: CPT (b)(6)-2

SITE: RLE BY WHOM: CPT (b)(6)-2

COMMENTS: no grading of solution

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	SPC (b)(6)-2	CPT (b)(6)-2
Needle Sharp	☒ Yes ☐ No		C	C	SPC	CPT
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;)*

Iraqi # (b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ YE ☒ NO IF YES NAME: ID NU R; MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

NSS X 3L

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATU (b)(6)-2

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION (Specify)
① 4x4's, kerlix, - ⓡ hand
② 4x4's, kerlix, splint, ace - RLE

19. ADDITIONAL INFORMATION
Dr (b)(6)-2
Dr md
Dr

20. OPERATION(S) PERFORMED
① I + D ⓡ hand
② I + D ⓡ calf

21. PATIENT TRANSFERRED TO I Cu | TIME 1211 | METHOD Gurney

22. REGISTERED NURSE SIGNATURE (b)(6)-2 CPT

REVERSE OF DA FORM 5179-1, C

*U.S. GPO: 1996-404-613/40449

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 Gurney BY [illegible]

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

3. DATE 8/9/03 TIME PATIENT ARRIVED IN SUITE 1505

4. PATIENT IN ROOM TIME 1505 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: none

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

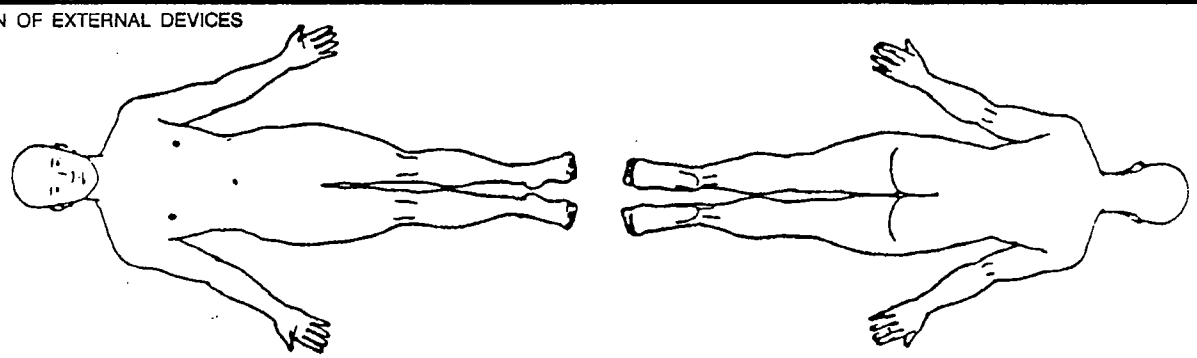
COMMENTS: none

8. SKIN PREPARATION

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

PREP SOLUTION *(Specify)*
SITE: BY WHOM:
SITE: BY WHOM:
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☑ Yes ☐ No		C	C	SGT (b)(6)-2	CPT (b)(6)-2
Needle Sharp	☑ Yes ☐ No		C	C	SGT	CPT
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;)*

Treg: (b)(6)-4

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

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YE IF YES NAME: ID NU...SE... .NUFACTURER

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):
NSS & 3LL,

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

TYPE/SIZE	1. 1" Penrose	2.	3.
SITE	1. (1) foot	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
① Kerlix, 4X4's, Kerlix
② Kerlix, 4X4's, Kerlix

19. ADDITIONAL INFORMATION
Dr
D.
(b)(6)-2

20. OPERATION(S) PERFORMED
① I + D ① foot
② I + D ① thumb

21. PATIENT TRANSFERRED TO Icu TIME 1620 METHOD Carry

22. REGISTERED NURSE SIGNATURE (b)(6)-2 CRT, A

REVERSE OF DA FORM 5179-1, Oct 87

*U.S. GPO: 1996-404-613/40449

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 AND PROCEDURE VERIFIED BY (b)(6)-2

3. DATE 12 Aug 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1445 NUMBER 15

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Alert oriented

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)* Et arms on double armboards. Safety strap over thighs

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

COMMENTS:

8. SKIN PREPARATION

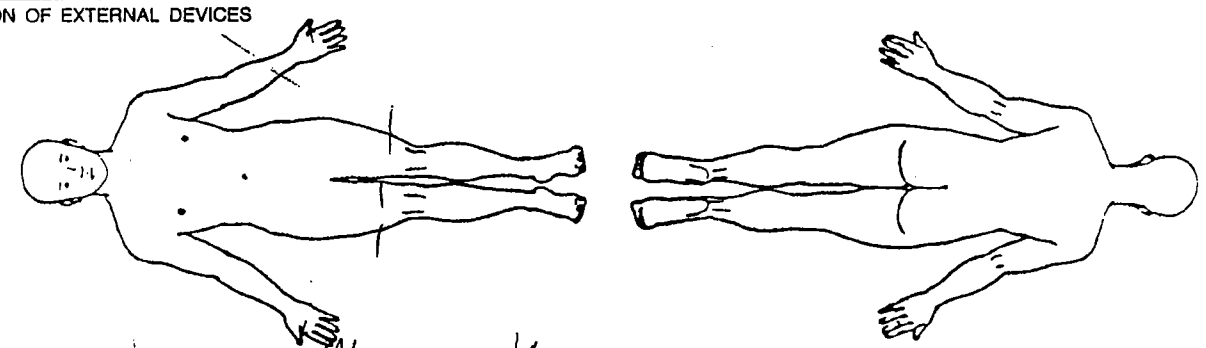
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub/sol BY WHOM: Maj
SITE: (R) arm BY WHOM: (b)(6)-2

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2
Sponge	☐ Yes ☐ No			C		
Needle Sharp	☐ Yes ☐ No			C	Spc	Maj
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;)*

Sgt (b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ YE IF YES NAME ID NUMBER JFACTURER

Surgical Simplex® P
RADIOPAQUE BONE CEMENT
Distributed by:
Stryker®
Howmedica
Osteonics Mahwah, New Jersey
Full Dose
Cat. No. 6191 1 001
Control No. RGI321

14. MEDICATIONS/ORI

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

MEDICATIONS/SOLUTION	DOSAGE	TIME		RED BY	GIVEN BY
Vancomycin 2gm	antibiotic				
methylmethacrylate	beads				

WOUND IRRIGATION ☐ YES ☐ NO, TYPE(S):

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*
Zeroform
4x8s
Kerlix

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

19. ADDITIONAL INFORMATION
NKDA

Surgeons - (b)(6)-2

20. OPERATION(S) PERFORMED
I.D; Placement Antibiotic Beads (R) thumb

21. PATIENT TRANSFERRED TO Pacu TIME 1550 METHOD litter

22. (b)(6)-2 May in

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-613/40449

MEDCOM - 1493

MEDICAL RECORD — **INTRAO[illegible] E 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 [illegible] (b)(6)-2 VERIFIED BY [illegible] ND PROCEDURE MayAD

3. DATE 18 AUG 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT [illegible] TIME NUMBER (b)(6)-2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Alert: oriented

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	May (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)* frogegged. safety strap over thighs. arms on

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

COMMENTS: bil. armboards < 90°.

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO per mey (b)(6)-2

DONE BY: ☑ OR ☐ NURSING

METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP

COMMENTS:

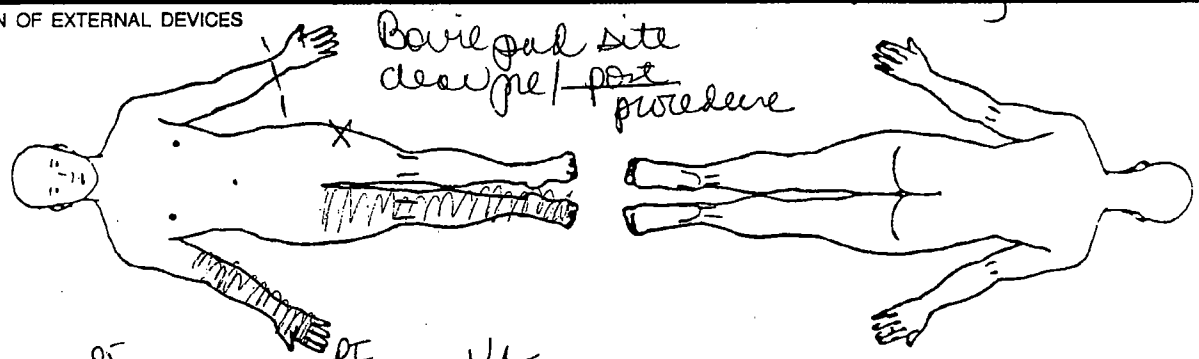
PREP SOLUTION *(Specify)* Betadine scrub/Sol.

SITE: (R) arm, BY WHOM: May (b)(6)-2

SITE: (R) leg BY WHOM: SSG (b)(6)-2

COMMENTS: no padding 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				(b)(6)-2	(b)(6)-2
Needle Sharp	☑ Yes ☐ No			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;)*

Fragi (b)(6)-4

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

☑ ESU NO: VALLEYLAB 00434 (b)(6)-2

GROUND PAD: BRAND Valley 00434

LOT NO: 70011

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ✓ NO IF YES NAME: ID NUMBE.., MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY

PH (b)(6)-2

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*
(R) leg: vaseline gauze, 4x8 kerlix
(R) thigh: xeroform gauze, thigh
(R) hand: vaseline gauze, 4x8, kerlix

19. ADDITIONAL INFORMATION
NKDA

Surgeon (b)(6)-2

20. OPERATION(S) PERFORMED
Skin Grafts for (R) thigh hand → (R) achilles area ÷ (R)

21. PATIENT TRANSFERRED TO SICU #1 TIME 1037 METHOD litter

22. RE (b)(6)-2 May CN

REVERSE OF DA FORM 5179-1,

*U.S. GPO: 1996-404-613/40449

(b)(6)-4

Pag

12 AUG 03

	INTAKE									OUTPUT						
	iV	PO	iVPB						Total	URINE					Total	COMMENTS
0100																
0200																
0300																
0400																
0500																
0600																
0700																
0800																
8 HR									8 HR.						8 HR	
0900																
1000																
1100																
1200																
1300																
1400	60/60															
1500	60/120									325/325						
1600	400/520								OR							
8 HR	520								16 HR. 520	325					16 HR. 325	
1700	60/66	250/250														
1800	60/120	350/600														
1900	60/180															
2000	60/240															
2100	60/300	350/950														
2200	60/360	240/1190														
2300	60/480															
2400	60/480								1670	400/400						
8 HR	480	1190							24 HR. 2190	400					24 HR 725	

13 Aug 03

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine	Stool				Total	COMMENTS
0100	60 / 60															
0200	60 / 120															
0300	60 / 180	100														
0400	60 / 240	100														
0500	60 / 300															
0600	60 / 360															
0700	60 / 420															
0800	60 / 480															
8 HR	480								8 HR.						8 HR	
0900	60									X1	X1					
1000	60 / 120															
1100	60 / 180	100														
1200	60 / 240	100 / 200	240													
1300	60 / 300															
1400	60 / 360										300					
1500	60															
1600	60															
8 HR									16 HR.						16 HR.	
1700	60		100							500						
1800	60									~~400~~						
1900	60	50														
2000	60									-400-						
2100	60															
2200	60															
2300																
2400																
8 HR									24 HR.						24 HR	

Critical value on "K" reported to cwsack

21st COMBAT SU[illegible] HOSPITAL

[illegible]BORATORY RESULTS FORM

[illegible]ect to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
Iragi (b)(6)-4	(b)(6)-4		(b)(6)-4

Physician:	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	EMT		26Jul03@1800	(b)(6)-2	26Jul03@1820

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	137	128-145 mmol/L
	K	3.0	3.3-4.7 mmol/L
	Cl	106	98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	10	7-22 mg/dL
	Glu	91	73-118 mg/dL
X	Creat	1.0	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

ABO/Rh	O	positive
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	6.9	4.8-10.8 x10(3)/uL
	RBC	2.88	4.2-6.1 x10(6)/uL
	Hgb	8.7	12.0-18.0 g/dL
	Hct	26.7	35.0-60.0%
	MCV	92.6	80.0-99.0 fl
	MCH	30.2	27.0-31.0 pg
	MCHC	32.7	33.0-37.0 g/dL
	Plt	152	130-400 x10(3)/uL
	LY%	23.2	15.0-55.0%
	LY#	1.6	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

RBC Morph:

Plt verify:

Spun Crit		35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

Other: I-stat 6 w/diff CBC, ABL & RH

(b)(6)-2 BEARLAB 20 31 May 2003

Standard Form 517

22 Y.O. NKDA 1945

CLINICAL RECORD — ANESTHESIA

ANESTHETIC(S): 2000 · 30 · 2100 · 30 HOUR · 2200

Versed 2
Fent 100 100 50
Pavulon 100 20
Sux 100
MgSO4 22 25 24 22

% Isoflane / L Oxygen: 2 1.5 2 3 2.5 3.5 3.0 2.5 3.5 1
Et CO2 Absorp.: 38 41 40 38 40 36 43 53 49
SpO2: 95 99 99 99 100 100
Depth of Anal-Anes.: 5R 5R 5R 5R 5R 5R 5R 5R 5R

CODE: ● Pulse; ○ Resp.; V B.P.; X Anes.; Ⓞ Oper.; T Tourn.

117/54

74 qRLG

FLUIDS: B Blood; N Saline; G 5% G/W; DX Expand.

Vent: 5 C C 5 5 5 5 5 5 5

Numbers for Remarks: 610 8 21 600 8 21 280 18 300 17 300 21 220 14 240 11 580 11

IV Fluids: LR (500) 500 800 1000 1200 1300
LR (1000)
+20 mEq KCl

Position: Pillows support

Agents and Techniques: GEA RSI ± CCP

INDUCTION
SATIS.
UNSATIS AND WHY

REMARKS

1945 - En Room
500 Mg Mg SO4
PRE-O2
RSI ± CCP

2000 - 2 gm Ancef IVPB

2020 - 80 mg Gent IVPB

2004

2215 - Mouth ⊕ Nos Cont
Open Eyes
Extubated ± SV

2220 - To ICU #1
OS V

119 131/40
99%

2030/2204

ENDOTRACHEAL: SIZE 8.0 BLADE MAC 3 ORO X NASO CUFF Mod PACK

REMARKS: 24 cm @ lip ⊕ BBS = ⊕ E, Cb, KG Gyes Nl Eq, ORL Nl Cont

RECOVERY
Reflex in O.R.
Emesis
Aspir.
Excitement
Hypotension
Others

OPERATION PERFORMED: D&I Bilat LE Ex-Fix

TOTAL FLUIDS: LR 1300
PRBC - 100
WB - NM

NAME(S) OF SURGEON(S): (b)(6)-2

(b)(6)-2 CRNA
Signature of Anesthetist

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

(b)(6)-4

IRAQI

REGISTER NO. | WARD NO. | DATE 26 JUL 03

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.506
OCTOBER 1975

517-111

IRAQI (b)(6)-4

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
D&I RIGHT LE, HWD EX-FIX	22	60 Kg	

PHYSICAL STATUS: 1 (2) 3 4 5 6 7 E

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ABNORMAL AND WHY?	HGB RBC HCT OTHER 137 / 106 / 3.0 < 10 / 91 / 40 69 > 8.7 / 267 < 152	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) Ø + TOBACCO	BP PULSE ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) ? (L) EAR HEARING LOSS - ACCIDENT	(ALLERGIES) NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
Ø	Ø

PREOPERATIVE DIAGNOSIS	PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2 CWA DATE 26 JUL 08

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

Standard Form 517

CLINICAL RECORD — ANESTHESIA

0900 X 30 X 1000 X 30 X 1100 X 30 X 1200

ANESTHETIC(S)	HOUR										
Fentanyl mg	2.5 50						50	50	25 40		
Propofol mg	120										
Succ mg	100										
MS04 mg			4	4	2	2	2	2			
I:E	1.5	1.5	1.5	1.0	1.0	1.5	1.0	1.0	1.0	0	
F_IO_2	1.0	.47	.47	.46	.46	.37	.48	.49			
O_2 SATURATION	100	100	100	100	100	100	100	100	100	98	
E_TCO_2 CO_2 ABSORP.	40	36	33	36	36	36	31	33	36	38	
LEVEL OF ANAL-ANES.											

CODE: ● PULSE; ○ RESP.; V ^ B. P.; X ANES.; ◎ OPER.; T TOURN.

FLUIDS: B BLOOD; N SALINE; G 5% G/W; DX EXPAND.

RR	20	20	21	21	21	21	21	21	21	7	8
BP	SV MV	MV	MV	MV	MV	MV	MV	MV	MV	SV	SV
NUMBERS FOR REMARKS	10 680	10 700	8 700	8 700	8 690	10 710	10 720	10 660	6 750	8 700	10 750
IV FLUIDS LR	H/N 500				1,000		1,000		1,500		
Pressure point check POSITION											

AGENTS AND TECHNICS: GETA

INDUCTION: 375 mg, 100, SATIS 4cs, 20mg, UNSATIS AND WHY

REMARKS:
1. Pt identified, chart reviewed, all pt questions answered
2. Pt to OR, ASA monitors, O_2 applied. Pt induced, intubated w/ diff.
3. Pt tolerated procedure, start well.
4. Pt RR 8, TV 300, pt swollen, then extubated
5. Pt to RR.

Report given to RT (b)(6)-2

V/S, O_2 sat 99%, P-114, 132/68, 24, T-95.3

Pt given 50mg Fentanyl

ENDOTRACHEAL: SIZE 8.0 BLADE MAC 3 ORO ____ NASO ____ CUFF 8 PACK ____

REMARKS: DLX2 MAC 3 (grade 2 view) ETT placed/secured (2) incisors teeth (+) BBS

OPERATION PERFORMED: Washout Iraqi (b)(6)-4

TOTAL FLUIDS: LR - 1,800

NAME(S) OF SURGEON(S): (b)(6)-2

(b)(6)-2 CPT, CRNA

Signature of Anesthetist.

RECOVERY: REFLEX IN O.R. (+); EMESIS ⊖; ASPIR. ⊖; EXCITEMENT ⊖; HYPOTENSION ⊖; OTHERS

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

REGISTER NO. | WARD NO. | DATE: 28 July 03

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

517-111

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
Wash out	22	60	MRI, teeth O/loose, Neck - Flex DL3 diff on 26 July 03

PHYSICAL STATUS: 1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ---------- ABNORMAL AND WHY? Ø	HGB ---------- RBC ---------- HCT ---------- OTHER 8.7/26.7 - min blood loss expected for procedure	Ø

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) (+) tobacco	BP ---------- PULSE ---------- ECG (IF PERTINENT) Ø	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) Ø	(ALLERGIES) NKOA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
Ø	Ø

PREOPERATIVE DIAGNOSIS	PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN	DATE
(b)(6)-2 LPT, CRNA	28 July 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

Standard Form 517

CLINICAL RECORD — ANESTHESIA

ANESTHETIC(S) — HOUR

Fentanyl (μg): 250 50/50/50/50/100 200/50/100 100 50 100 50/50 50 100
propofol (μg): 200
Succ (μg): 100
Vec (mg): 1

Iso (%) (L/min) OXYGEN: 2.0 2.5 1.5 1.0 1.5 1.5 1.5 1.0 .4 X
ET CO_2 ABSORP.: 4 38 55 55 55 45 48 52 51 51 50 47 47 8
Sa O_2 % LEVEL OF ANAL-ANES.: 100 100 100 100 100 100 100 100 100 100 100 100
ECG: ST ST ST ST ST ST ST ST ST ST ST ST

CODE: ● PULSE, ○ RESP., V ^ B. P., X ANES., ⓪ OPER., T TOURN.

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

FLUIDS: B BLOOD, N SALINE, G 5% G/W, DX EXPAND.

TV → 625 230 350 750 380 470 500 580 650 970
RR → 7 11 11 14 8 7 9 9 7 9
PR → 58 — — — — — — — — —

NUMBERS FOR REMARKS

IV FLUIDS LR → 200 → → → 400 → → 700 → → 800

POSITION: Supine

AGENTS AND TECHNICS: EBL → → → 100 → → →

INDUCTION ✓
SATIS ____
UNSATIS AND WHY ____

REMARKS

	Start	End
Anes	0905	1150
Surg	0931	1140

- pt. safely to OR, Ast monitors, pre-ox; smooth IV induction → See below.

Ancef 1 gm IV 09

1016 - Ancef 1 gm IV

- case concluded, smooth emergence / extubation; patent airway; safe to ICU, report given

ENDOTRACHEAL: SIZE 8.0 BLADE Miller ORO ✓ NASO ____ CUFF ✓ PACK ____

REMARKS: Smooth IV induction, easy mask vent. easy DL w/ Miller, grade I view. 8.0 ETT; ⊕ etco2, EBBS, sec. @ 22 cm, teeth.

OPERATION PERFORMED: Washout, LLE, RUE; iliac crest graft to (L) foot and (R) hand.

TOTAL FLUIDS: EXL - 800; UOP - ∅; EBL - 100

NAME(S) OF SURGEON(S): (b)(6)-2

(b)(6)-2 MD (b)(6)-2
Sig[illegible] Anesthetist.

RECOVERY
REFLEX IN O.R. ____
EMESIS ____
ASPIR. ____
EXCITEMENT ____
HYPOTENSION ____
OTHERS ____

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

Iraqi (b)(6)-4

REGISTER NO. ____ WARD NO. ____ DATE 30 July 03

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

517-111

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
Washout, iliac crest bone graft (R) hand, (L) foot	22	60 kg	Airway favorable (2 previous easy intubations)
	PHYSICAL STATUS: 1 (2) 3 4 5 6 7		

URINALYSIS
NORMAL
ABNORMAL AND WHY?

HEMATOLOGY
HGB ..... RBC ..... HCT .....
OTHER
~~H/H: 8.7~~
29 July: H/H: 8.7/26.7

BLOOD CHEMISTRY

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP 104/60 PULSE 62 ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)
(+) tobacco use lungs CTA (B)	Sat 97% RA ø Hx Nl S1, S2, ø murmur heart	ø Hx	NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS
1. Multiple fracture I&Ds, ORIF pinning x 2

PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
1. Morphine
2. Demerol
3. Phenergan
4. Tylenol
5. Ancef 1 gm q8°
6. Gentamycin 80 mg q8°

PREOPERATIVE DIAGNOSIS
multiple fractures

PREMEDICATION
(see opposite)

SIGNATURE OF EVALUATING PHYSICIAN
(b)(6)-2

DATE
29 July 03

POSTANESTHE

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

22 / 60
ASA 2
NKDA

Standard Form 517

CLINICAL RECORD — ANESTHESIA

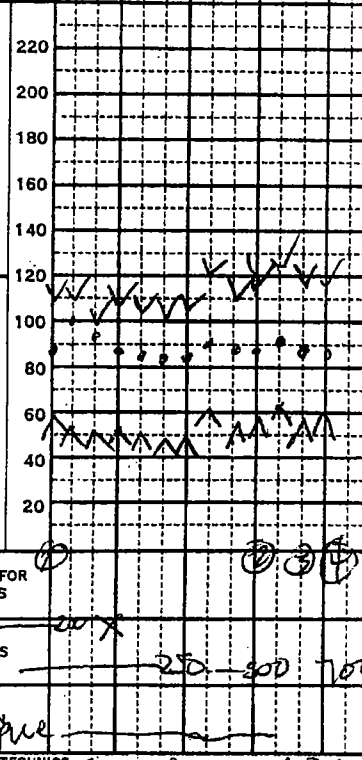
1100 X 30 X 1200 X 30 HOUR 1300

ANESTHETIC(S): Fentanyl 235 235; Propofol 120; SUX 70; N2O4 2 2 2 2 2 2

INDUCTION — SATIS: yes — UNSATIS AND WHY:

150		1.2	1.2	
AIR/O2	8/15	1/1	1/1	
SATS / OXYGEN	100	100	100	
CO_2 ABSORP.		4.8	4.8	
VENT	S	A	S	S
LEVEL OPT		600	850	850
ANAL-ANESTH		10		

CODE: ● PULSE; ○ RESP.; V/Λ B. P.; X ANES.; ⓪ OPER.; T TOURN.



FLUIDS: B BLOOD; N SALINE; G 5% G/W; DX EXPAND.

NUMBERS FOR REMARKS: ① ② ③ ④

IV FLUIDS: NS — 200 X; LR — 250 — 500 700

POSITION: supine

REMARKS: ① pt seen & chart Reviewed. To OR. Moved to table. Monitors on. Induced ② Suctioned ③ Suctioned } Extubated. Mask O2 on Spont Resp. ④ To ICU / USS Spont Resp & c/o PAIN, Repex Given.

124/70 98
97%

AGENTS AND TECHNICS: GETA: PREOX. INDUCED. EXPOSED XT Z MAC 3 GRADE I VIEW. INTUBATED Z 8.0 ETT TO 22cm @ TEETH. BS = ⓡ ETCO2 XH. ETT SECURED, EYES TAPED & ORAL AIRWAY IN.

ENDOTRACHEAL: SIZE 8.0 BLADE MAC 3 ORO X NASO ____ CUFF X PACK ____

REMARKS: GETA

RECOVERY: REFLEX IN O.R. ____ EMESIS ____ ASPIR. ____ EXCITEMENT ____ HYPOTENSION ____ OTHERS ____

OPERATION PERFORMED: ⓡ THUMB WASHOUT; RLE WASHOUT

TOTAL FLUIDS: NS 200; LR 700

NAME(S) OF SURGEON(S): (b)(6)-2

(b)(6)-2 CRT / CRNA

anesthetist.

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

IRAQI #

REGISTER NO. ____ WARD NO. ICU 1 DATE 5 AUG 03

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

517-111

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
RUE WASHOUT	22	60	MPII SIP OF MUSC FROM 3 FBS ~~TEETH~~ TEETH INTACT

PHYSICAL STATUS: 1 (2) 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY? Ø	HGB ..... RBC ..... HCT ..... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) SMOKER	BP ..... PULSE ..... ECG (IF PERTINENT) Ø	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) Ø	(ALLERGIES) NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS
	ANCEF + Gm e 0700 MOTRIN 800mg po 0800 ZANTAC 150 po 1000

PREOPERATIVE DIAGNOSIS	PREMEDICATION
(R) THUMB infection	

(b)(6)-2

ING PHYSICIAN	DATE
- CPT CRNA	5 AUG 03

POSTANES

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
(R) hand wash-out	22	60	NPO since [illegible]
	PHYSICAL STATUS		
	1 (2) 3 4 5 6 7		MPII, FROM, 3EBs, teeth intact

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL	HGB ..... RBC ..... HCT	
ABNORMAL AND WHY?	OTHER	
~~0~~	~~0~~	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)
tobacco	~~0~~	~~0~~	NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
GA Multiple over last several days ~~0~~ complication	Ancef, Clindamycin, Zantac

PREOPERATIVE DIAGNOSIS	PREMEDICATION
	~~0~~

SIGNATURE OF EVALUATING PHYSICIAN	DATE
(b)(6)-2 CPT, CRNA	9Aug03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

I.rng (b)(6)-4

*U.S. Government Printing Office: 1994 — 300-892/10029

MEDICAL RECORD - ANESTH

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION		1500	30	X	1600	X	30	X	1700	X	30	X	1800
DRUG	(Units)												
Fentanyl	(µg)	250											
Propofol	(mg)	150	200	50									
Succ	(mg)	100											
MSO4	(mg)				3	2	2	1	2	2	2	2	
	( )												
	( )												
VOLAT AGENT — Iso	% del	2.0	1.5		1.2		1.0		.8		.6		
	% e.t.												
AIR	L/Min				1		1		1		X		
N2O	L/Min												
O2	L/Min	8	2		2		1		1		2		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS													

TOTALS	TOTAL EBL
250 µg	min
200 mg	
100 mg	TOTAL URINE
20 mg	0

FLUIDS - SUMMARY	
CRYSTALLOID-	1,100
COLLOID-	0
BLOOD-	0

FLUIDS		1500												1,100
LINE site	☐ Warmed													
LR	☐ Warmed		500			900								
	☐ Warmed													
	☐ Warmed													
LOSSES — EST BLOOD LOSS														
LOSSES — URINE -														min 0

REMARKS

Code drugs with numbers, events with lettters

1445 - Pt identified, chart reviewed, all pt questions answered. 1500 - Pt to OR, ASA monitors/O2 applied. Pt induced intubated w/ difficulty 1520 Pt tolerated procedure start well.

Pt sv. IV pt sectioned, extubated

Pt to PR. report given to CRT

VS: 123/67, 103 O2 sat 93%

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 60 KG LB

HEMATOCRIT:

INITIAL DATA:

BP- 106/60

HR- 96

EQUIP CHECK

OK?- Y N

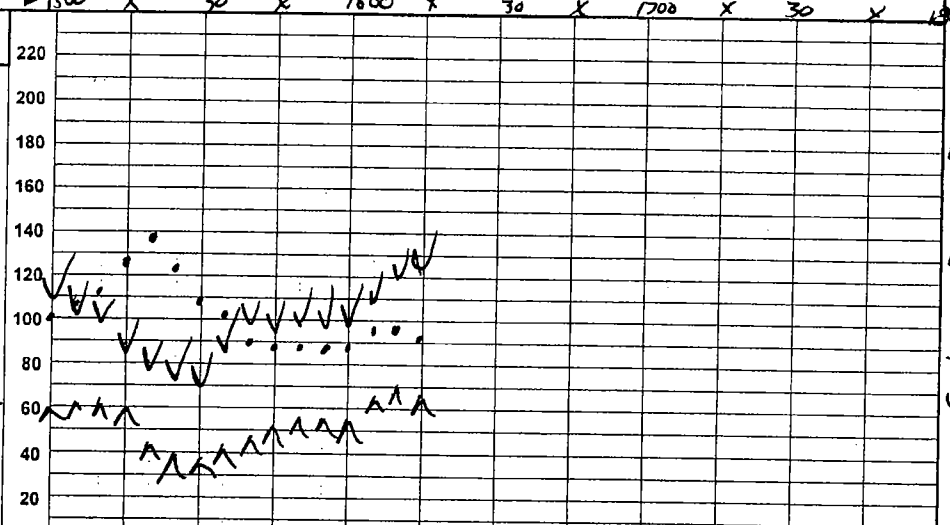
PATIENT

OK for PROCEDURE? yes

TIME- 1445

TIME →

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



VENTIL	1500			1600		
VT - ml	710	720	710	740	760	
f - breaths/min	10	8	8	8	6	27
Peak inf pres / ~~PEEP~~	24	20	20	20	20	12
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	S

MONITORS/ACCESSORIES		1500			1600		
BP/Auto Cuff — ET CO2 (torr)		36	32	31	33	37	45
BP/oth — FIO2 (Frac or %)		1.0	1.0	1.0	.34	.33	1.0
ART line — SpO2 (%)		100	98	99	99	99	99
Steth- PC/ES — ECG		NSR	ST	ST	NSR	NSR	NSR
Gas analyzer — TEMP-site							
N-M Block (T/4)			4/4	ST			
Warming blkt	Warm blanket	✓	✓	✓	✓	✓	
Conv warmer	on pt						

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

RECOVERY AT

PACU (CU) (Specify)

OTHER

CONDITION: stable

RESP- 20 SpO2- 93 RA

BP- 123/67 HR- 104

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1445	1500	1630
	Ready	Begin	End
PROC	1505	1520	1625

PROCEDURES and CPT Codes:

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

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

DL x1 Miller 2, grade 1 view, 8.0 ETT placed, secured 22cm @ lips

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

Iraqi (b)(6)-4

SURGEONS: (b)(6)-2

ASSISTS: (b)(6)-2 CRNA

PROCEDURE

DATE: 9 Aug 03

PAGE 1 OF 1

MEDICAL RECORD - ANESTH

NKDA. ASA II Sh ... for this form, see AR 40-66; the proponent a ... s ... OTSG NPO since 0800.

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION														
DRUG	(Units)													
VERSED	(mg)	2												
FENTANYL	(ug)	150	50	50										
PROPOFOL	(mg)	160		20										
SCH	(mg)	80												
	( )													
	( )													
VOLAT AGENT	Forane % del	4	2.5/1.5	1 X										
	% e.t.													
AIR	L/Min													
N2O	L/Min													
O2	L/Min	4	1	2/4										
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS														
FLUIDS — LINE site 18G	☐ Warmed	LR												
	☐ Warmed													
	☐ Warmed													
	☐ Warmed													
LOSSES	EST BLOOD LOSS													
	URINE -													

TOTALS	TOTAL EBL
	MW
	TOTAL URINE
	Ø

FLUIDS - SUMMARY
CRYSTALLOID- 400
COLLOID-
BLOOD-

REMARKS
Code drugs with numbers, events with lettters

1530 SVR. Sedated Oh purposful Movement Extubated. 1540 TO PACU SV

PHYS STATUS: 1 2/3 4 5 E

BODY WEIGHT: 60 KG LB

HEMATOCRIT: N/A

INITIAL DATA: BP- 117/61 HR- 100.

EQUIP CHECK: OK?- Y N

PATIENT: OK for PROCEDURE? Y TIME- 1442

TIME → 1430 15. 30 45

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

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

VENTIL						
	VT - ml		710			
	f - breaths/min		8	22	16	
	Peak inf pres / PEEP		20			
	MODE - S(pon), A(ssist), C(on)		SV CVCV	SV	SV	
MONITORS/ACCESSORIES	BP/Auto Cuff	ET CO2 (torr)	(+) 34	37	43	
	BP/oth	FIO2 (Frac or %)	1-0.83	0.89	0.92	
	ART line	SpO2 (%)	100-100	100	100	
	Steth- PC/ES	ECG	SR SR	SR	SR	
	Gas analyzer	TEMP-site				
		N-M Block (T/4)				
	Warming blkt					
	Conv warmer					

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

RECOVERY AT: PACU ICU #1 (Specify) OTHER SURA CONDITION: RESP- 24 SpO2- 98 BP- 127/71 HR- 90

ANESTHESIA/PROCEDURE TIMES

	Start	Room	End
ANES	1430	1440	
	Ready	Begin	End
PROC	1446	1456	1530

PROCEDURES and CPT Codes: I&D @ HAND

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA ETT Forane/O2 Nx MIL 2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* Grade I 8.0 ETT @ ETCO2 @ BBS

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility* IRAQ I # (b)(6)-4

SURGEON: (b)(6)-2

AN (b)(6)-2 (b)(6)-2 MAC

PROCEDURE

DATE 8/12/03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 MEDCOM - 1509 PATIENT'S MEDICAL RECORD USAPA V1.00

MEDICAL RECORD - ANESTH

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION																		
DRUG	(Units)																	
Versed	(mg)	2																
Fentanyl	(mcg)	150	100															
Propofol	(mg)	120																
Sux	(mg)	80																
MSO4	(mg)		22	22	22													
	( )																	
VOLAT AGENT	1.50 % del	1.2		1.2		1.0	X											
	% e.t.																	
AIR	L/Min		1		1		1 X											
N2O	L/Min																	
O2	L/Min	1.0	1		1		1	1.0										
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																		
FLUIDS — LINE site (R) wrist	☐ Warmed	—	350	400	500		100											
	☐ Warmed																	
	☐ Warmed																	
	☐ Warmed																	
LOSSES — EST BLOOD LOSS																		
URINE -																		

TOTALS	TOTAL EBL
2/3	
350/0	NLN
	TOTAL URINE
10/0	Ø

FLUIDS - SUMMARY
CRYSTALLOID- LR 100
COLLOID- Ø
BLOOD- Ø

REMARKS
Code drugs with numbers, events with lettters
(1) Pt seen, Chart ✓d. To OR. Moved to table induced.
(2) induced T Cx
(3) Suction extubated VSS. Spont Resp
(4) To ICU VSS. Spont Resp. Ø c/o pain. Report Given

PHYS STATUS: 1 (2) 3 4 5 E
BODY WEIGHT: 67 KG LB
HEMATOCRIT:
INITIAL DATA:
BP- 111/62
HR- 78
EQUIP CHECK OK?- (Y) N
PATIENT OK for PROCEDURE? Y
TIME- 0900

TIME → 0930 1000 30 1100 30 1200

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

VENTIL						
VT - ml	—	800	600	600		
f - breaths/min	14	8	8	8		
Peak inf pres / PEEP	—	19	19	20		
MODE - S(pon), A(ssist), C(on)	S A	C	C	C	S	

MONITORS/ACCESSORIES						
X BP/Auto Cuff	X ET CO2 (torr)	—	32	33	30	48
BP/oth	X FIO2 (Frac or %)	100	.74	.60	.55	1.0
ART line	X SpO2 (%)	100	100	99	100	100
Steth- PC/ES	X ECG	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site AVAILABLE	—	—	—	—	—
	N-M Block (T/4)	0/4		4/4	→	
Warming blkt		(1)	(2)		(3)	(4)
Conv warmer						

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → PRESSURE POINTS CHECKED & PADDED

RECOVERY AT 1035
PACU (ICU) (Specify)
OTHER T= 96.3
CONDITION: STABLE
RESP- 15 SpO2- 99%
BP- 101/65 HR- 74

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0820	0910	1045
	Ready	Begin	End
PROC	0920	0930	1020

PROCEDURES and CPT Codes:
Skin GRAFT X2

ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA
PREOX IN DUCED. EXPOSED x1 2 dose 3, GRADE I view INTUBATED c 8.0 ETT to 22 cm @ teeth. BS = (3) ETCO2 x4 TO BE SECURED & EYES TAPED.

AIRWAY MANAGEMENT: Intubation route, blade, technique/comments
Bite Block IN

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

SURGEONS: (b)(6)-2 (b)(6)-2
ANESTHETISTS: (b)(6)-2 CRNA

PROCEDURE
DATE: 18 Aug 03
PAGE 1 OF 1

-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
B/L Tib - Sib; B/L Seat (L) knee (R) SHOULDER (R) HAND			(b)(6)-4		
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR SGT (b)(6)-2				DATE REQUESTED 26 JUL 03

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

GSW

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

RADIOLOGIC REPORT

✓ (L) TIB/FIB ⊕ for linear non displaced fx posterior (L) TIB/FIB multiple 1-4mm metallic pieces of schrapnel ant & post soft tissue of leg & knee

✓ (R) TIB/FIB ⊕ spiral fx distal shaft / 2-5mm schrapnel in ant & post soft tissue lower leg & post (R) knee

(R) Hand severely shattered 1st MC & 1st prox phalanx c̄ schrapnel in thumb, volar distal forearm soft tissues and in 3rd - 5th digits

✓ (R) foot ⊕ for (R) talus c̄ chip fragments in dorsal soft tissue, metallic schrapnel in heel (plantar soft tissue & anterolat soft tissue)

✓ (L) foot shattered 2nd MT c̄ numerous 2-4 mm schrapnel throughout L foot

R shoulder ⊖ fx

(L) Knee ⊕ A/F level in joint c̄/w open wound / multiple small 1-4mm schrapnel fragments in & around knee joint

(b)(6)-2 MD

Radiology

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
(b)(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTAT IT

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

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(R) Tib/Fib AP/lateral (L) foot AP/lateral (R) hand series				ICU 1	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTING DOCTOR (b)(6)-2				DATE REQUESTED 7/27/03

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

S/p Ex-Fix Tibia
+ spinning (L) foot
+ (R) thumb

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

RADIOLOGIC REPORT

(R) TIB/FIB S/P ex/fix placement
TIB spiral fx in anatomic alignment

S/P K-wire placement through comminuted/K
2nd (L) MT - major fracture
fragments are aligned
Subtraphed - again noted

(R) hand S/P surgical resection distal aspect 1st
MC K wire passes through & 1st ray
Post Plateau fx is aligned

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
Iraqi (b)(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 1512

RADIOLOGIC CONSULTATION

STANDARD FORM 519-B (8-83)

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
(R) Tibia AP/lateral					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUES (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED 28 July 03

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

S/p Adjust ex Fix

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
28 July 03		

RADIOLOGIC REPORT

— S/p placement of ex/fix on rpt TIBIA
Spiral fx. alignment's near anatomic

— Schwapirel again noted.

(b)(6)-2

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

Iraqi (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I & D Leg wounds & (R) arm/hand wounds
Pinning (R) Thumb / Ex-Fix (R) Tibia / washout (L) knee

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____ *(Description of operation or procedure in layman's language)*
washout wounds
Pinning (R) Thumb washout (L) knee
Ex-Fix (R) Tibia

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None *(If "none", so state)*

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2
(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)	(Signature of Patient)	26 JUL 03 2040 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)	(Signature of Sponsor/Legal Guardian)	(Date and Time)

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

Fragi

(b)(6)-4

REGISTER NO.	WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
522-110

*U.S. Government Printing Office: 1991 — 312-071/40193

NSN 7540-00-634-4165

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I&D (R) hand, (L) & (R) legs adjust ex-fix, repair Tendons

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____

(Description of operation or procedure in layman's language)

I&D (R) hand, (L) & (R) legs

Adjust ex-fix, repair Tendons

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None

(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2 MD

(Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(b)(6)-2

(Signature of operating team) *(Signature of Patient)* 7/28/03 *(Date and Time)*

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) *(Signature of Sponsor/Legal Guardian)* *(Date and Time)*

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)*	REGISTER NO.	WARD NO.
Fraga (b)(6)-4		

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

STANDARD FORM 522 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)

USAPPC V2.00

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE ~~I&D (R) LE, (R) LE~~ (R) ICRU, skin flap

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____ (Description of operation or procedure in layman's language)

washout (R) LE, (R) LE
Bone graft to Right thumb - Effect
Skin flap (R) thumb

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: none (If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2 (Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(b)(6)-2 (Signature of operating team) (b)(6)-2 30JUL03 8:30 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Sponsor/Legal Guardian) (Date and Time)

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

IRAQI (b)(6)-4

REGISTER NO.	WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
522-11

MEDCOM - 1516

*U.S. Government Printing Office: 1991 — 312-071/40193

NSN 7540-00-634-4165

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I&D (R) hand, (L) foot, (R) calf.

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____
(Description of operation or procedure in layman's language)

Wash out (R) hand, (L) foot, (R) calf

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None
(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2
(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(b)(6)-2 CPT (AN)
(Signature of operating team)

(b)(6)-2
(Signature of Patient)

8/9/07
(Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) *(Signature of Sponsor/Legal Guardian)* *(Date and Time)*

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

(b)(6)-4

REGISTER NO.	WARD NO.

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

STANDARD FORM 522 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)

USAPPC V2.00

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDUR

A. IDENTIFICATION

1. OPERATION OR PROCEDURE F&D (R) Thumb, cement/antibiotic spacer

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____
(Description of operation or procedure in layman's language)

cashout (R) Thumb, cement/antibiotic spacer

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: none
(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2 MD
(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above and hereby request such procedure(s) be performed.

(b)(6)-2 (b)(6)-2 8/12/03
(Signatures of operating team) (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Sponsor/Legal Guardian) (Date and Time)

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

Fraq (b)(6)-4

REGISTER NO.	WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
522-11

MEDCOM - 1518

*U.S. Government Printing Office: 1991 — 312-071/4019

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE Partial thickness vs Full thickness skin graft to (R) hand + (R) Calf

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____
(Description of operation or procedure in layman's language)

Partial thickness vs Full thickness skin graft to (R) hand + (R) Calf

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None
(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2

(Signature of Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(b)(6)-2 (Signature of Witness, excluding members of operating team)

(b)(6)-2 (Signature of Patient)

8/18/03 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Sponsor/Legal Guardian) (Date and Time)

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

Fragi (b)(6)-4

REGISTER NO.	WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 2[illegible] 6.505
522-110

MEDCOM - 1519

*U.S. Government Printing Office: 1991 — 312-071/40193

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

IRAQI (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 26 JULY 2003 TIME OF ORDER 2215 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU1, Dr (b)(6)-2, DYNO
2. DX: (R) tibia fx s/p ex fix (open tibia fx)
   GSW (R) UE, (B) LE
   open (L) knee, open (L) foot 2nd MT fx
   open (R) thumb prox. phalanx + MC s/p (b)(6)-2
3. cond: stable
4. vitals: q 1°

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

5. Diet: clears to ~~regular diet as~~ tolerated
6. IVF: ~~at~~ 100 cc/° until adequate po then ↓ 50 cc/
7. meds:
   ancef 1g IVPB q 8°
   gentamicin 80mg IVPB q 8°
   Tylox 1-2 po q4-6° prn pain
   MSO4 2mg-4mg q 1° prn breakthrough pain.

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

8. Act: Bedrest c̄ BRP
9. Alt: NPO
10. Nonweight bearing (B) LE

(b)(6)-2

(b)(6)-2

chart ✓ 27JUL03 0100 (b)(6)-2 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

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

★ U.S. GOVERNMENT PRINTING OFFICE: 1994-383-710

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

IRAQI (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 26JUL03 TIME OF ORDER 2225 HOURS

LIST TIME ORDER NOTED AND SIGN

1) MSO4 1-5 mg Q5min IV TOTAL 20mg NOW

2) WEAN O2 TO KEEP SpO2 ≥ 95%

(b)(6)-2

(b)(6)-2

CANA

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27 JULY 03 TIME OF ORDER: 0800 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) HPO p̄ MN

(b)(6)-2

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27 JUL 03 TIME OF ORDER: 1000 HOURS

(1) in/out catheter now please since 0 cc in no void - leave in if residual >100 cc. thanx mucho void

(2) (if no void 6° p̄ last void, may see Hodel) this date

(b)(6)-2

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27 JUL 03 TIME OF ORDER: 2145 HOURS

(1) Δ vitals to q shift

(b)(6)-2

(b)(6)-2

27 July 03 2345 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

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

ICE: 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)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 28 July 2003 TIME OF ORDER: 1130 HOURS

LIST TIME ORDER NOTED AND SIGN

1. admit ICU 1, ortho, Dr (b)(6)-2
2. Dx: multiple ortho injuries (B) LE, (B) UE s/p ex fix, IMD, tendon repair
3. cond: good
4. vitals: q 1° x one shift then q 4° if stable
5. all: NKDA
6. act: ~~BRP~~ Bedrest; Non weight bearing (B) LE

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

7. Diet: clears → ~~as tolerated~~ ~~NPO~~
8. IVF: NS @ 100cc/° until adequate po then ↓ to 50cc/°
9. meds:
   - ancef 1g IVPB q 8°
   - gentamicin 80mg IVPB q 8°
   - Tylox ii po q 4-6° prn pain relief
   - MSO4 2mg - 4mg IV q 1° prn breakthrough pain.

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

10. Radiograph order see request per Dr (b)(6)-2
11. ~~keep chest tube~~
12. Please keep wounds on (L) arm and (R) neck clean/moist 4x4 (open undressed wounds) without dressing (b)(6)-2 Phillips (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 28 Jul 03 TIME OF ORDER: 1210 HOURS

MSO4 1-3 mg IV q 8 minutes PRN not to exceed 20 mg. Thank you (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

1300 28 Jul 03

(Chart 28 JUL 2030) (b)(6)-2 (b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 28 JUL 03 TIME OF ORDER: 1700 HOURS

LIST TIME ORDER NOTED AND SIGN

IW#1

Tylenol 650 mg po Q4 hrs prn

V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 28 JUL 03 TIME OF ORDER: 2100 HOURS

① MSO4 2mg bolus IVP now for severe pain and may repeat in 1/2 hour if still severe pain.

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

NURSING UNIT | ROOM NO. | BED NO.

28 JUL 03 2320 (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 29 JUL 03 TIME OF ORDER: 0400 HOURS

MSO4 - 2-4 mg IV q1° prn breakthrough

Noted (b)(6)-2 29 JUL 0304

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

29 JUL 0825 (b)(6)-2

PATIENT IDENTIFICATION (b)(6)-2

DATE OF ORDER: 29 JUL 03 TIME OF ORDER: 1044 HOURS

① continue to encourage pointance through days

② NPO ∓ MN in anticipation of OR in the am.

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

ROOM NO. | BED NO.

29 JUL 03 2340 (b)(6)-2

4256 REPLACES EDITIO[illegible] BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2

ICU #1

DATE OF ORDER: 29 Jul 03 TIME OF ORDER: 1150 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) MSO4 2mg IVP now for breakthrough pain

(b)(6)-2

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 29 Jul 03 TIME OF ORDER: 1730 HOURS

Noted 1730

(b)(6)-2

(1) demerol 25mg IV & 12.5mg phenergan slow IVP now; may repeat 25mg demerol in 1/2 hr if need more relief

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

29 Jul 03 2340

(b)(6)-2 UTAN

PATIENT IDENTIFICATION

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

(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 30 July 2003 TIME OF ORDER 1145 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU, Dr (b)(6)-2 ortho
2. Dx: multiple ortho procedures bone graft (R) ACLB (L) hand, (R) foot Ex Fix on (R) LE
3. Cond: good
4. Vitals: routine
5. All: NKDA
6. Act: OOB to chair c̄ asst at least bid;

PATIENT IDENTIFICATION (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

a) non weight bearing (B) LE
b) Encourage deep breathing tid or incentive spirometry qid
7. Diet: Regular as tolerated
8. meds:
   a) ancef 1 g IVPB q 8°
   b) ~~gentamicin 80 mg~~ (b)(6)-2 q8°
   c) Tylox ii po q4 to° pm pain relief

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

d) mottin 800mg po tid scheduled —
e) MSO4 2mg - 4mg IVP q 1° pm breakthrough pain
f) colace 100mg po bid
9. IVF NS @ 100 cc/° until adequate po intake then ↓ to 50cc/o
10. Encourage po intake - supplement c̄ Ensure / soft diet pm —

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

11. Dressing changes:
   a) leave alone (R) hand and (L) leg
   b) clean / dress / thin bacitracin on neck, arm wound (L) (superficial wounds)
   c) dressing changes to (R) leg - wet to dry bid & replace splint / ACE wrap (to start in 24° - Dr (b)(6)-2 to asst 1st time)

√30 Jul 03 2240 (b)(6)-2 (b)(6)-2 (b)(6)-2 LTC (b)(6)-2

DA FORM 1 APR 79 4256 REP (b)(6)-2 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 30 Jul 03 TIME OF ORDER: 2300 HOURS

Maalox 30cc p.o. x1 now (b)(6)-2

V.O. (b)(6)-2 UTAN

(b)(6)-2

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 31 July 03 TIME OF ORDER: 1730 HOUR (b)(6)-2

① Maalox 30cc po q 6° prn, Heartburn. (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 31 JULY 2003 TIME OF ORDER: 2030 HOURS

① ensure ÷ can bid to increase protein intake

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

Noted 31 JUL 2030 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

✓ 31 Jul 03 2155 (b)(6)-2 UTAN

PATIENT IDENTIFICATION

(b)(6)-2

TIME OF ORDER: 0340 HOURS

1 Aug 03

① Zantac 150 ÷ p.o. BID

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

✓ 1 Aug 03 (b)(6)-2 UTAN 2205

FAMILY PRACTICE

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION (b)(6)-2

DATE OF ORDER: 1 AUG 03 TIME OF ORDER: 2200 HOURS

LIST TIME ORDER NOTED AND SIGN

Benadryl 50mg PO q6° pro itching UO (b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT: 1 AUG 03 ROOM NO. (b)(6)-2

NTAN 2205

PATIENT IDENTIFICATION

DATE OF ORDER: 4 Aug 03 TIME OF ORDER: 1137 HOURS

① D/C Cefa (b)(6)-2 MD

(b)(6)-2 Chief, Department of Medicine Corps

(b)(6)-2

NURSING UNIT: 5 AUG 03 0115 ROOM NO. BED NO. (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 5 Aug 03 TIME OF ORDER: 1210 HOURS

(b)(6)-2

(b)(6)-2

(b)(6)-2

1) admit to ICU, Prevost, ortho

2) Dx: multi ortho trauma, s/p wash out, moderately severe hypovolemia

3) card: good

4) GU: NFDA

5) act: Non weight bearing (B) LE; OOB tid into chair - can ambulate briefly c̄ (L) LE

NURSING UNIT: 5 AUG 03 ROOM NO. BED NO. (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 5 Aug 03 TIME OF ORDER: 1315 HOURS

Encourage deep breathing; IS

6) Urine: routine

7) Diet: clears to regular as tolerated supplement c̄ ensure ¼ can bid

8) meds: ancef 1g IVPB q 8°

Tylox 1-2 po q 4-6° pm

Morphine 50mg ¼ po tid pm pain relief

~~If NS or LR @ 50cc/°~~ HLIV @ (contd)

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is 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)-2

(b)(6)-2

NURSING UNIT | NO. | BED NO.

5 AUG 03 2100

DATE OF ORDER: 5 aug 03 | TIME OF ORDER: 1210 HOURS | LIST TIME ORDER NOTED AND SIGN

10) (R) hard dressing changes ~~by surgeon~~

11) (R) leg dressing changes wet to dry bid - replace splint / ACE wrap

12) continue cleansing remaining lacs/abrasions - thin layer bacitracin TID

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6 aug 03 | TIME OF ORDER: 0930 HOURS

1) Zantac 150mg po bid please

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

6 AUG 03 2300

DATE OF ORDER: 6 aug 03 | TIME OF ORDER: 1130 HOURS

1) (R) hard dressing changes bid - clean gently. xeroform over donor site. Dry dressing in webspace & over incisions. Kerlix - no more wet to dry. thanx (most welcome!)

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

7 AUG 03 2225

DATE OF ORDER: 7 aug 03 | TIME OF ORDER: 1037 HOURS

1) clindamycin 150mg po qid

2) DC IV and IV Abx

3) D/C (R) hard dressing changes - Dr will do hard dressings

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES ... WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

Noted 8 Aug 03 (b)(6)-2 0832

DATE OF ORDER: 8 Aug 03 TIME OF ORDER: 0830 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Just do dressing Δ's on (R) LE until surgeon determines (L) LE -
2. Routine bathing/ cleaning OK for superficial lacs/ abrasions on torso - can d/c backtracer

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 9 Aug 03 TIME OF ORDER: HOUR

- IV Ancef 98° Tgam
- NPO → Diam IVD (R) Thum @ 1500 hrs

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER: 8/9/03 0110 HOUR

D/C CLINDOMYCIN.

N.O. sim

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM N | ED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

Chart [redacted]

(b)(6)-2

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: (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 8/4/03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

To ICU Dr (b)(6)-2

Dx: S/p (R) Thumb I&D
(L) foot I&D

Regular Diet

NPO

vitals q8°

NWB (R) LE

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: meds: | TIME OF ORDER: _____ HOURS | (b)(6)-2

Tylox 1-2 Tab PO q 6°

Ancef 1 gram IV q8°

CPO bath

Resume dressing changes

(R) calf RID wet to dry

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: | TIME OF ORDER: _____ HOURS

(R) hand dressings to be changed by Dr (b)(6)-2 RID

(b)(6)-2

✓ chart 10 Aug 03 1500

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

(b)(6)-4

Noted 10 AUG 03

(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 8/10/03 TIME OF ORDER: _____ HOURS

Δ pain meds to q4-6 hrs prn, pain

(b)(6)-2

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION

(b)(6)-2 Noted AUG 03 [redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 10 Aug 03 TIME OF ORDER: 1000 HOURS

(1) Patient may have food & water in from outside

(b)(6)-2 MD

LTC. MC

(b)(6)-2

FAMILY PRACTICE

PATIENT IDENTIFICATION

Noted 10 AUG 03 1830 [redacted]

(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
	✓ 10 AUG 03	2210

DATE OF ORDER: 10 Aug 03 TIME OF ORDER: 1700 HOURS

(1) Benadryl 50mg po q 6° prn itching

(b)(6)-2

(b)(6)-2 LTC DDS MC

(b)(6)-2 ...ITAN

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: _____ TIME OF ORDER: _____ HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-2

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
8/12/03	HOURS	
TO ICU I Dr (b)(6)-2		
s/o IAD (R) Thumb		
vitals q 8°		
NPDA		
NWR (R) LE WRAT (R) LE		Noted
LTC (b)(6)-2		(b)(6)-2
Ancef 1 gm IV q 8°		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
Gentamycin 80mg IV q 8°	HOURS	
X 72 hours		
Tylox 1-2 PRN q 4° for pain		
OOB to chair TID		
SGT (b)(6)-2 to see for		
ambulation assistance		
& Quad strengthening		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER (b)(6)-2	TIME OF ORDER	
12/03	1600 HOURS	
Anesthesia post Op Recovery		
Morphine 2-4 mg IV PRN pain		
May repeat q 5 minutes for		
total dose of 20 mg in 2 hrs.		
CPT/AN 2120		(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED

8° C/C (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
12 Aug 03	2314 HOURS	
Benadryl 50mg PO x 1		noted
(b)(6)-2		(b)(6)-2
		2320
		(b)(6)-2
CPT/AN 0720		

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

ES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 13 Aug 03 | TIME OF ORDER: 1730 HOURS | LIST TIME ORDER NOTED A SIGN

(1) Phenergan 25 mg po q 6 o prn nausea

Noted ET 91 WMC 1730 13 AUG 03

(b)(6)-2

NURSING UNIT: V | ROOM NO.: 13 AUG 03 2320 | BED NO.: (b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 14 AUG 03 | TIME OF ORDER: 1000 HOURS

cont wet to dry dressing A's to (R) LE Bid (+ (L)) U.O. Dr

(b)(6)-2

NURSING UNIT: V | ROOM NO.: 14 AUG 03 2325 | BED NO.: (b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 15 AUG 03 | TIME OF ORDER: 1400 HOURS

(1) HLIV - pt c good UOP | po intake

(b)(6)-2

NURSING UNIT: V | ROOM NO.: 15 AUG 03 2206 | BED NO.: (b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 16 AUG 03 | TIME OF ORDER: 1115 HOURS

(1) continue Ensure 1-2 cans qd for supplementation

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

16 Aug 03

FORM 4256 ... REPLACES EDITION OF 1 ... MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
17 aug 03	0925 HOURS	
① NPO p MN	(b)(6)-2	Noted 1 [illegible] 2100
② surgery in am		(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

V 17 AUG 03 2240 (b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER	TIME OF ORDER
18 AUG-03	0100 HOURS
AMBIEN 10mg po	
(one time order only)	
0100	(b)(6)-2

NURSING UNIT | ROOM NO.

Shift Chart ✓ 8/18/03 1150 (b)(6)-2 [illegible]

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: (b)(6)-4

DATE OF ORDER: 18 aug 03 TIME OF ORDER: 1015 HOURS

LIST TIME ORDER NOTED AND SIGN

1. admit to ICU, (b)(6)-2
2. (b)(6)-2 9p skin graft
3. level: good
4. vitals: monitor
5. Allergies: ∅ NKA
6. Act: bedrest / NON wt bearing @ LE
7. Diet: clears → reg as tolerated

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-2

DATE OF ORDER | TIME OF ORDER

8. NF NS or LR @ 100cc/hr until HOURS adequate po then TKO
9. meds: Vancomycin 1g IVPB q 8° x 5 days (b)(6)-2 @ 0950
   Tylox 1-2 po q 4-6° pm pain relief
   motrin 800mg po q 8° pm pain relief 1100
   MSO4 1-4mg IVP q 1° pm severe / breakthrough pain
10. Do not Δ dressing on (R) hand or (R) LEG – can change dressing as previously done on (L) LE → wash + dry foot – pt can try c (b)(6)-2 channel
11. continue Ensure 1-2 cans po for supplementation
12. Phenergan 25mg po q 6° pm Nausea

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 18 aug 03 TIME OF ORDER: 1112 HOURS

1. Benadryl 25mg IVP now for drug rxn – localized
2. Demerol 50mg IV with Phenergan 12.5mg slow IVP x 1 dose for breakthrough pain

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

(b)(6)-2

18 Aug 1615

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 18 AUG 03 TIME OF ORDER: 1430 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) HLN ...

(2) (b) reg - keep foot clean / dry - pt can assist c̄ hygiene 1430

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

✓ 18 AUG 03 2210 (b)(6)-2 UTAN ✓ 19 AUG 03 2230 (b)(6)-2 UTAN

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 20 Aug 03 TIME OF ORDER: 1340 HOURS

(1) Transfer to Reg / Dr (b)(6)-2

(2) Dx: S/p splen gore ft

(3) Care: good

(4) MKDA

(5) Vitals - Q shift

(6) Diet - regular - Mary

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

consume outside food brought by family.

(7) HL-IV.

(8) Meds: Ancef 1 gm IVPB q 6° 5 days total

- Tylenol 1-2 po q 4-6° prn pain

- Motrin 800 po TID prn pain

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

- Percocet 1-4 q IV q 2° prn breakthrough

(9) Diet - Ensure / can per meal

(10) Phenergan 25 q IV q 6° q 4-6°

(11) Benadryl 25 mg PO prn itching

NURSING UNIT | ROOM NO. | BED NO.

24b ✓ (b)(6)-2 TUS/AN 27 AUG 03 2235 (b)(6)-2

DA FORM 1 APR 79 42 REPLACES EDITION OF 1 JUL 77, WHICH MAY

FAMILY PRACTICE

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(EPW)

DATE OF ORDER 8/29/03 | TIME OF ORDER _____ HOURS | LIST TIME ORDER NOTED AND SIGN

- WBAT (L) LE
- Toe touch weight bearing (R) LE
- OOB to Chair TID
- Crutches for ambulation
- Sat (b)(6)-2 to see for ambulation assistance

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

(EPW)

DATE OF ORDER | TIME OF ORDER _____ HOURS

- D/C IV
- Levoquin 500mg po QD.
- Dressing d/ds by MD
- Δ vitals to q8hr

noted MATA

(b)(6)-2

NURSING [redacted] (b)(6)-2 [redacted] BED NO. 23 NEES 0100

PATIENT IDENTIFICATION

(b)(6)-4

(EPW)

DATE OF ORDER 8/28/03 | TIME OF ORDER _____ HOURS

- D/C to ASW Camp 8/29/03
- Place discharge on 7 Sept 03
- Q4 Q8 hrs
- Rx Levaquin
- WBAT (L) LE
- 25% WB (R) LE

(b)(6)-2

NURSING UNIT | ROOM NO.

PATIENT IDENTIFICATION

(b)(6)-4

(EPW)

DATE OF ORDER | TIME OF ORDER

Non weight bearing (R) Thumb _____ HOURS

(b)(6)-2

MD

NURSING UNIT | ROOM NO. | BED NO. | (b)(6)-2

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) Mo. Jul. 03

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

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
26 Jul	(b)(6)-2	DX: (R) Tibia fx s/p ex fix (open-tibia fx); GSW (R) UE, BLE, open (L) knee, open (L) foot 2nd MTTR, open (R) thumb prox. phalanx & MC s/p Kwire. Condition: stable	D E N	
26 Jul		VS q1°	D E N	
26 Jul		Diet: Clears to reg. as tolerated	07 12 17	
26 Jul		Act: Bedrest c BRP	D E N	
26 Jul		Non-wt bearing BLE	D E N	
27 Jul		Vitals to Q shift	D E N	

(b)(6)-2

27 Jul

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: (R) TIB FX S/P open TIB FX, GSW RUE, BLE,

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION: (b)(6)-4

Iraqi

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

USAPA

MEDCOM - 1539

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo Jul Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
26 Jul	(b)(6)-2	Admit to ICU-1 / (b)(6)-2	26 Jul	MDW	2215	(b)(6)-2
27 Jul		NPO P MN	7/28/03	0001		

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION / TIME/DATE COMPLETED
7/23/03	(b)(6)-2	I & O CATH IF NO VOID. LEAVE IN IF RESIDUAL >< 100 >400 cc	

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/ Jul. 03

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 26	27	28
26 Jul	(b)(6)-2	Ancef 1g IVPB q8°	07 15 23	(b)(6)-2		
26 Jul	(b)(6)-2	Gentamycin 80mg IVPB q8°	07 15 23			
26 Jul	(b)(6)-2	IVF: 100cc/° until adequate PO then ↓ 50cc/hr (LR)	D E N			

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION (b)(6)-4

Iraqi

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 - 1541

USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo _____ Yr _____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED										
26 Jul	(b)(6)-2	Tylox T-II PO q4-6° PRN pain	(b)(6)-2										
26 Jul	(b)(6)-2	MSO4 2mg-4mg q4° PRN breakthrough pain											

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 28	29	30
	(b)(6)-2			(b)(6)-2		
28 July 03		Vitals: q 1° on shift then	D			
		q 4° if stable	E			
			N			
28 July		Act: Bed rest; Non-weight	D			
		bearing (R) LE	E			
			N			
28 July		Diet: Clears → Reg as	D			
		tolerated	E			
		(Encourage PO intake through Day)	N			
29 Jul						
28 July		IVF: NS @ 100cc/D	D			
		until adequate PO then	E			
		↓ to 50 cc/h	N			
28 July		Ancef 1g IVPB q 8	07			
			15			
			23			
28 July		Gentamicin 80mg	07			
		IVPB q 8°	15			
			23			
28 July		Please keep wounds on	D			
		(L) arm and (R) knee nick.	E			
		clean/mont 4x4 ~~[illegible]~~	N			
		~~[illegible]~~				
28 July 03		Wet to dry dsg qD	10	(b)(6)-2		
		on (open tibia wound)				
		Wounds)				

PATIENT IDENTIFICATION

DIAGNOSIS: multi ortho injuries (R) LE s/p Ex fix I&D tendon sep

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE
28 July	(b)(6)-2	Tylox II po q 4-6° prn pain relief (N.O. Give either tylox or tylenol - do not exceed 4 g/24 hr)	28 Jul 1800 (b)(6)-2 / 29 Jul 0245 / 29 Jul 0215 / 29 Jul 1120 / 29 July / 30 Jul 0145
28 July	(b)(6)-2	MSO4 2mg-4mg IV q 1° prn breakthrough pain	28 Jul 1700 4mg / 28 Jul 2000 4mg / 28 Jul 2330 4mg / 29 Jul 0320 4mg / 1745 (b)(6)-2 / (b)(6)-2
28 July	(b)(6)-2	Tylenol 650 mg po q 4 hrs prn	28 Jul 1710 (b)(6)
29 Jul	(b)(6)-2	MSO4 2-4mg IV q 1° Prn breakthrough	29 Jul 0400 (b)(6) / 29 Jul 0800 4mg / 29 Jul 1020 / 29 Jul 1100 4mg IV / 29 Jul 1630 4mg IV / 29 July 1710 4mg IVP / 30 Jul 0145 (b)(6)-2 / (b)(6)-2 / (b)(6)-2 / (b)(6)-2 / (b)(6)-2

CODES: Initials only = Medication administered
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

Page 4 of 4 pages

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

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

ORDER DATE	TRANSCRIBER/ REVIEWER DETAILS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
28 July 03	(b)(6)-2	Admit to ICU #1, Other, (b)(6)-2	28 July 03	(b)(6)-2
28 July		Radiography order see request pers	28 July 03	
		Dr (b)(6)-2		
28 July		MSO4 2mg IVP now for severe pain	28 Jul 21	
		may Repeat in 1/2 hr if still severe pain	28 Jul 2130	
29 Jul		NPO p MN in Anticipation of OR in the AM	30 Jul 03 0001	
29 Jul		MSO4 2mg IVP Now For Breakthrough Pain	29 Jul 03 1150	
29 Jul		Demerol 25mg & 12.5mg Phenergan slow IVP now;	29 Jul 03 1930	
		may repeat 25mg demerol in 1/2 hr if need more relief		

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P Ex fix, I&D, tendon repair Ox Multiple injuries (B) LE, (B) U

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MC V1.00

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	DATE ADMINISTERED 30	31	1	2	3	4	5	6	7
30/01/03	(b)(6)-2	VITALS: Routine	D	(b)(6)-2								
		(Q4° x 24 - Post op)	E									
			N									
		ACTIVITY: OOB TO CHAIR	D									
30/01/03		C ASST. AT LEAST BID;	E									
		NON WEIGHT BEARING	N									
		(R) LE (Can ASSIST bright C (L) LE) 8/5/03 @										
		ENCOURAGE DEEP BREATHING	D									
30/01/03		TID OR INCENTIVE SPIRO-	E									
		METRY QID	N									
		DIET: CLEARS TO REGULAR	D									
30/01/03		AS TOLERATED	E									
			N									
		ENCOURAGE PO INTAKE-	D									
30/01/03		Supplement C ENSURE/	E									
		SOFT DIET PRN	N									
		DRESSING CHANGES:	11									
30/01/03		A) LEAVE ALONE (R) HAND &	23									
		(L) LEG	08									
			20									
		b) CLEAN/DRESS/THIN										
		BACITRACIN ON NECK ARM										
		Wound (L) Superficial Wounds										
		c) DRSG A's TO (R) Leg - & (R)										
		Wet to dry BID & REPLACE										
		Splint/ACE WRAP										
		IVF NS @ 100cc hr until	D									
30/01/03		ADEQUATE PO INTAKE THEN	E									
		↓ TO 50cc/hr.	N									

DIAGNOSIS: MULTIPLE ORTHO PROCEDURES: GRAFT (R) ICIBK (L) HAND, EX FIX (R) LE

ALLERGIES: NKDA

PATIENT IDENTIFICATION

(b)(6)-4

Circle administration times (in pencil) for recurring medications: 12 13 14 20 21 22 04 05 06

DATE	REVIEWER INITIALS	ROUTE, FREQUENCY, REASON	TIME/DATE/REASON/INITIALS/EFFECTIVENESS: COMPLIANCE WITH ADMINISTRATION
30JUL03	(b)(6)-2	TYLOX II PO q 4-6° PRN PAIN RELIEF	1225 30JUL03 (b)(6)-2; 0010 31JUL; 30JUL 1500; 1AUG 1830; 2AUG 0600; 3AUG 2345
30JUL03	(b)(6)-2	MSO4 2mg-4mg IVP q 1° PRN BREAKTHROUGH PAIN	
31JUL03	(b)(6)-2	MAALOX 30cc PO Q6° PRN FOR HEARTBURN	30JUL03 1150 (b)(6)-2; 31JUL 2345; 3AUG 1500
1AUG03	(b)(6)-2	BENADRYL 50mg PO q 6° PRN ITCHING	1AUG 2200 50mg (b)(6)-2

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*

*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

Page 4 of 4 pages

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 30	31	1	2	3	4	5	6
30 Jul 03	(b)(6)-2	ANCEF 1g IVPB Q8°	07	(b)(6)-2							
			15								
			23								
30 Jul 03		Motrin 800mg PO tid	08								
		SCHEDULED C FOOD or Milk	16								
			24								
30 Jul 03		Colace 100mg PO BID	10								D/C 4 Aug 03 1195
			22								
31 JUL 03		Ensure I can bid to	10								
		increase protein intake	22								
1 AUG 03		ZANTAC 150mg I PO	10								
		BID	22								

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
30 July 03	(b)(6)-2	Admit to ICU, Dr (b)(6)-2 ORTHO. Cond. GOOD	30 July	30 July 1145
30 July 03		DRESSING A's to Start in 24° - Dr (b)(6)-2	31 July	(b)(6)-2
		TO ASSIST 1ST TIME		

PATIENT IDENTIFICATION
(b)(6)-4

DIAGNOSIS: MULTIPLE ORTHO PROCEDURES: BURN GRAFT (R) ICIBG (L) HAND, (R) FOOT EX FIX (L) LE

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 8 Yr. 03

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 5 6 7 8 9 10 11 12 13
8/4/03	(b)(6)-2	Act: Nonweight bearing (R) LE; OOB tid - chair	D E N	(b)(6)-2
8/4/03		Can assist briefly c̄ (L) LE. Encourage deep breathing; IS	D E N	Dc 9 Aug 03
8/4/03		V. Sals: Routine (q Shift)	D E N	
8/4/03		Diet: Clears to Reg as Tol c̄ Ensure - ī can Bid.	07 12 17	
8/4/03		Arcf 1 Gm IVBB q8°	07 15 23	DC 7 Aug
8/4/03		(R) Hand dressing Δ's BID	08 20	14 @ 8/5/03
8/4/03		(R) Leg dressing Δ's Ret to Ary Bid	09 21	
8A4603		(Replace Splint/ACE Wrap)		D/C 8A4603 0832 LS
8/4/03		Cont. Cleaning Remaining LACS/ Abrasions - Thin layer Bcr. BID	09 21	
8/4/03		HLIV (Flush q Shift)	D E N	D/C 7 Aug 03
8 Aug 03		Zantac 150mg PO Bid	07 20	

ALLERGIES: ☐ YES ☑ NO

NKDA

PRIMARY DIAGNOSIS: Multi-Ortho Trauma. S/p washout, Skin Flap Modification

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 1550

USAPA V1.00

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo Aug Yr 03

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
8/5	(b)(6)-2	Admit to FCU, Prevost, ortho	8/5/03	[illegible]	1210	(b)(6)-2
		Condition Good				
(b)(6)-2		~~Restart IV~~ (b)(6)-2				
Aug 9 Aug03		NPO → Plan I+D Thumb @1500	9 Aug03	1500		

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED				
8/4/03	(b)(6)-2	Tylox 1-11 PO q4-6° PRN Pain Relief.	5AUG	5AUG	5AUG	5AUG	
8/4/03		Motrin 800mg 1 PO TID PRN	(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. Aug Yr. 03

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 12	13	14	15	16	17	18	19	20	21	22	23	24	25
12AUG	(b)(6)-2	Vitals q 8°	D	(b)(6)-2													
			E														
			N														
12AUG		NWB @ LE WBAT	D														
		@ LE	E														
			N														
12AUG		LR @ 60cc/hr	D														
			E														
			N														
12AUG		Ancef 1 gram IV	03														
		q 8°	11														
			19														
12AUG		Gentamycin 80mg	04														
		IV q 8° x 7 hours	12														
			20														
12AUG		OOB to chair TID	D														
			E														
			N														
14AUG03		cont wet to dry	10														
		dressing d/s to (R)	22														
		LE Bid															
15AUG03		HL Flush	D														
			E														
			N														
16Aug03		Continue ensure	10														
	------	1-2 cans qd for supplement	22														

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS:

s/p I&D @ thumb

PATIENT IDENTIFICATION:

(b)(6)-2

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIME

D 8 9 10 11 12 13 14

E 16 17 18 19 20 21

N 00 01 02 03 04 05

MEDCOM - 1552

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo AUG Yr 03

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
12AUG	(b)(6)-2	To ICU 1 Dr (b)(6)-2	12AUG	/	/	(b)(6)-2
12AUG		SGT (b)(6)-2 to SEE for ambulation			13AUG (b)(6)-2	
		ASSISTANCE & quad strengthening				
12AUG		Benadryl 50mg PO X1	12AUG	2315	Done	
15AUG		HLIV c̄ good uop/po intake	15AUG	/	/	
17AUG		NPO p̄ MN	18AUG	MN	Done	
17AUG		Surgery IN AM	18AUG	AM		
18AUG		Ambien 10mg po (one time order only)	18AUG	0100	Done	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED					
12AUG	(b)(6)-2	Tylox 1-2 tabs	Orig 15mg	12AUG 1645	12Aug 2230	16Aug 1910	17Aug 2010	
		po q 4-6° prn	AMT	2	2	3	3	
		pain	INT I/E	2	BMT	(b)(6)-2		
12AUG		Phenergan 25mg PO	-1730 -1830					
		q6° PRN Nausea						

CLINICAL RECORD

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

Mo 08 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 18	19	20	21	22	23	24	25	26
8/18/03	(b)(6)-2	VITALS: Routine	D	(b)(6)-2								
			E									
			N									
8/18/03		ACT: BEDREST	D									
		NON WT BEARING	E									
		(B) LE (R) LE WBAT (L) LE	N									
8/18/03		DIET: CLEARS => REG	D									
		AS TOLERATED	E									
			N									
8/18/03		IVF: NS or LR @	D	30	(b)(6)-2							
		100cc/hr Until Adequate	E									
		PO THEN TKO	N									
8/18/03		ANCEF Q 8° X 5 DAYS	02	/	/	/	/	/	/	/	/	
		(1gm)	10	/	/	/	/	/	/	/	/	
			18	/	/	/	/	/	/	/	/	
8/18/03		DO NOT Δ DRSG'S	D									
		on (R) HAND on (R)	E									
		LEG	N									
8/18/03		WET TO DRY DRSG	10	(b)(6)-2								
		Δ TO (L) LE BID	22									
8/18/03		ENSURE 1-2 CANS	10									
		PO FOR SUPPLEMENTATION	22									
18 AUG		HL IV	02									
	------	no. FLUSH ashift	18									
	------		18									

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS:
MULTI ORTHO S/P SKIN GRAFTS

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

PATIENT IDENTIFICATION:
(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 1554

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 08 Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
18 AUG03	(b)(6)-2	Admit to ICU #1 (b)(6)-2 ORTHO	8/18		1015	(b)(6)-2
18 AUG03		Condition: Good	8/18		1015	
18 AUG03		BENADRYL 25mg IVP NOW FOR	8/18	NOW	1112	
		DRUG REACTION LOCALIZED				
18 AUG		DEMEROL 50mg IV & PHENERGAN				
		12.5mg SLOW IVP x 1 dose for				
		BREAKTHROUGH PAIN				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
8/18	(b)(6)-2	TYLOX 1-II PO Q	8/18 1100	8/18 1100												
		4-6° PRN PAIN RELIEF	(b)(6)-2	(b)(6)-2												
8/18		Motrin 800mg PO														
		Q8° PRN Pain Relief														
8/18		MSO4 4mg IVP	8/18													
		Q1° PRN SEVERE	0955													
		BREAKTHROUGH	tm IV													
		PAIN	(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.

No. 8 Yr. 03

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29
20 AUG	-----	Vitals - Q shift	D	/						
	-----		E	/		D/C 24 Aug				
	-----		N							
21 AUG	-----	Diet - Regular	B	/						
	-----	may have food from	L	/						
	-----	family - ≥ 1 can ensure per meal	D	/						
24 Aug	(b)(6)-2	WBAT (L) LE; Toe touch	D	/						
	-----	wt bearing (R) LE	E	/						
	-----		N	/						
24 Aug	-----	OOB to chair TID	D	/						
	-----		E	/						
	-----		N	/						
	-----	Crutches for ambulation	D	/						
	-----	(Sgt Hansinto see for amb	E	/						
	-----	assistance)	N	/						
24 Aug	(b)(6)-2	Dsg Δ's By MD	D	/						
24 Aug		Vitals q day	D	/						

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS:

S/P Skin grafts

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

(EPW)

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 25 26 27 28 29 30 31 32 33 34 35 36 37

MEDCOM - 1556

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 8 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23 AUG	(b)(6)-2	Transfer to ICU-2 DR (b)(6)-2	/	NOTED	/	/
/		cond stable - good				
28		D/C to EPW Camp 8/29/03	8/29	ASAP		
28		FU @ 21st CSH on 7 Sept 03 @ 0900				
		RX Levoquin				
		WBAT CBLE		D/C notes/ orders.		
		25% WB to LE				
		Non wt bearing to therapy				

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

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 8 Yr 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29
20 AUG	(b)(6)-2	IV - Heplock - flush	D	/	\					
	-----	Qshift	E	/		)	D/C 24 Aug 03			
	-----		N	(b)(6)-2						
24 Aug	(b)(6)-2	Levaquin 500mg po qd	10	/	(b)(6)-2					

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
S/P skin graft

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

PATIENT IDENTIFICATION:

(b)(6)-4

(EPW)

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 [illegible] [illegible] [illegible] 04 05 06 07

MEDCOM - 1558

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 8 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED															
20 AUG	(b)(6)-2	Tylox T-II po Q4-6	28 AUG 2003 (b)(6)-2	28 AUG 2115														
-----		prn pain																
20 AUG		Motrin 800mg po																
-----		TID prn																
20 AUG		MSO4 1-4mg IV Q2°																
-----		prn																
20 AUG		Phenergan 25mg IV																
-----		Q6°																
20 AUG		Benadryl 25mg IV																
-----		Q4-6° prn itching																

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*

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

Mo. 08 Yr. 03

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 18	19	20	21	22	23	24	25	26
18 Aug	(b)(6)-2	① leg - Keep fat	n	(b)(6)-2								
	------	clean/dry - pt can	B									
	------	assist c hygiene	n									

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: MULTI ORTHO S/P skin GRAFT

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 1560

USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo _____ Yr _____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
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	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
8/18	(b)(6)-2	PHENERGAN 25mg														
- - - - -	- - - - -	PO Q6° PRN														
- - - - -	- - - - -	NAUSEA														
- - - - -	- - - - -															
- - - - -	- - - - -															
- - - - -	- - - - -															
- - - - -	- - - - -															
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- - - - -	- - - - -															
- - - - -	- - - - -															

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 8 Yr. 03

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 5	6	7	8	9	10	11	12	13	14	15	16	17	18
8/6/03	(b)(6)-2	(R) Hand Crossing Δ's Bid.	08	/	(b)(6)-2												
	-----	Clean gently - Xeroform over		/													
	-----	donor site. Dry Dressing	20	/	(b)(6)-2												
	-----	in web space + over															
	-----	incisions - Keflex - NO															
	-----	MORE wet-to-Dry THANK.															
7Aug03	(b)(6)-2	Clindomycin 150mg	06	/	/												
	-----	PO QID	12	/	/												
	-----		18	/	/												
	-----		24	/	/												
9Aug03	(b)(6)-2	Ancef 1gm q8 IV	03	/	/	/	/										
	-----		11	/	/	/	/										
	-----	19 ←	PM	/	/	/	/										
9Aug03	-----	Regular Diet	B														
10Aug03	(b)(6)-2	10AUG03 per Ca (b)(6)-2	L														
	-----	Pt may have food brough in from outside	D														
9Aug03	(b)(6)-2	Vitals q 8°	D														
	-----		E														
	-----		N														
9Aug03	(b)(6)-2	NWB (R) LE	D														
	-----		E														
	-----		N														
9Aug03	(b)(6)-2	LR @ 60cc/hr	D														
	-----		E														
	-----		N														
9Aug03	(b)(6)-2	Resume DRSG Δ to	09														
	-----	(R) LE BID wet to dry	21														

(b)(6)-2 DC 7Aug03

(b)(6)-2 DC per 9Aug03

(b)(6)-2

ADDITIONAL PAGES IN USE ☐ YES ☐ NO

PAGE NO.

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: Mult. Blunt Trauma

PATIENT IDENTIFICATION:

(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 04 05 06

MEDCOM - 1562

BE USED UNTIL

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
7 Aug	(b)(6)-2	DC IV and IV ABX	7Aug03	now	(b)(6)-2	(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
8 Aug	(b)(6)-2	Tylox 1-11 po q 6° prn pain	2220 8 Aug 04/15 10 Aug 0800 IT
10 Aug		Tylox 1-11 po q 4-6 prn	1235 10 Aug IT LS 2150 10 Aug IT
10 Aug		Benadryl 50mg PO Q 6° pro itching	10 Aug 1830 (b)(6)-2 11 Aug 0340 80

DC 10 Aug 0930 LS

☆U.S. GPO:1998-432-786/95214

CAL RECORD - MEDICATION ADMINIST. .ION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRAT. DATE ADMINISTERED 9	10	11	12	13	14	15	16	17	18	19	20	22
9Aug03	(b)(6)-2	BHAND DRSG Δ by	09	✓	Q	(b)(6)-2			No.	DR						
		DR (b)(6)-2 BID	21	(b)(6)-2								(b)(6)-2				
16Aug03		OOB to chair TID	10	✓	✓	✓	✓	✓	✓	✓	✓					
			14	✓	✓	✓	✓	✓	✓	✓	✓					
			18	✓	✓	✓	✓	✓	✓	✓	✓					

(b)(6)-4

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: washout (b) reg (b)(6)-2
(l) thumb macr Ex (l) lac

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES: Ø

AIRWAYS: _____ Time DC'D _____
ETT Nasal Oral Trach

OXYGEN:
Mask Nasal Prongs Face Tent Blow-By
Liter/min. _____ %

ASA ___ History Ø X Tobacco ohs
Cardiac Rhythm _____
IV#1 _____ Patent Infiltrated
Site _____ Rate ____ Gauge ____
IV#2 _____ Patent Infiltrated
Site _____ Rate ____ Gauge ____

Time	VITAL SIGNS B/P	P	R	O2SA	Temp	PAR SCORE Act	Resp	Circ	LOC	Skin	PARS	OTHER COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAC
PRE-OP	117/54	74											Blanche Warm Pulse Moves Y N
2225	131/70	126	28	98	93%	1	2	2	1	0	6	6l Face mask	Blanche Warm Pulse Moves Y N
2230	121/77	114	23	94	99%							2l NC	Blanche Warm Pulse Moves Y N
2235	111/29	108	23	99								2l	Blanche Warm Pulse Moves Y N
2240	139/29	112	22	95%	95%	2	2	2	1	2	9	1L	Blanche Warm Pulse Moves Y N
2300	121/57	69	12	99									Blanche Warm Pulse Moves Y N
2315	122/63	75	12	95									Blanche Warm Pulse Moves Y N
Refer to ICU Flowsheet for further info.													Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

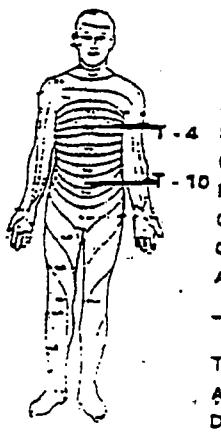
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU/ICU

DATE: 26 JUL 03

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

(b)(6)-2

22 y.o.

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

L ex fix
(R) shoulder

2 ma versed
250 fentanyl
20 ansoy
during case

2 gms Ancef
2000
Cent 2020

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	1300 R.L		OR	EBL	100
			OR	Urine	Ø
TOTAL			TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

1015 - PT arrived to PACU 1025 - turning in bed crying - mult lacerations covering most of body
Face - 3 lacerations on chin - 2 2L NC sats 98-99
(L) arm - open wound on shoulder, IV (R) FA
- s/s of infection or infiltration - LR + 20 KCl @ 100cc
mult. laceration (L) ~~arm~~ hand - major wound middle finger
(R) arm: shoulder ~~dre~~ dressing CDI, 2 lacerations near elbow, wrist/arm - dressings CDI
abd: abrasions - old - healing well
(L) leg: mult small lacerations on thigh, ace wrap to entire lower 1/2 of (L) leg - CDI - able to wiggle toes - good cap refill
(R) leg: mult. small healing laceration on thigh, ex fix on lower 1/2 extremity - dressing CDI, good cap refill - able to wiggle toes
Refer to critical care Flow sheet for more details

MEDICATION GIVEN BY: (b)(6)-2

MEDICATION RECEIVED IN PACU/ICU (b)(6)-2

DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
8 MSO4	5 mg	IV	1025		
MSO4	5 mg	IV	1030		
MSO4	5 mg	IV	1040		
MSO4	5 mg	IV	1055		
Fylox	2	PO	2315		

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____
Report given to_____ MEDCOM - 1566 ore_____ Safety Straps_____
Time out_____ Patient released by Anesthesia

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: (R) Tibia Ex-fix, I+D LE; (R) Hand tendon repair, I+D (R) Hand & Shoulder

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

(Gen) Spinal MAC Axillary Local Bier Epidural Other

ALLERGIES: NKDA

AIRWAYS: _____ Time DC'D _____

ETT Nasal Oral Trach

OXYGEN:

Mask (Nasal) Face Blow-By Prongs Tent

Liter/min. 6 %

ASA ___ History _____

Cardiac Rhythm _____

IV#1 (L) FA Patent cc/hr Infiltrated

Site _____ Rate 100 Gauge 18g

IV#2 _____ Patent LR Infiltrated

Site _____ Rate _____ Gauge _____

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper: Lower: Pulse DP PT RAD
PRE-OP	112/59	92	21	100%	99.3 o								Blanche Warm Pulse Moves Y N
1135	132/68	118	25	100%	94.3 AX	2	2	2	1	1	8	Received from OR	Blanche Warm Pulse Moves Y N
1140	143/94	107	32	100%	94.5 AX	2	2	2	1	1	8	6 L NC	Blanche Warm Pulse Moves Y N
1145	135/79	121	24	99%	95.4 AX	2	2	2	2	1	9		Blanche Warm Pulse Moves Y N
1200	136/75	115	22	98%	97.2 AX	2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1215	143/63	98	23	97%	97.8 AX	2	2	2	2	2	10	3 L NC Sat 97%	Blanche Warm Pulse Moves Y N
1230	141/60	95	21	97%	98.6 o	2	2	2	2	2	10	Pt recovered, kept on ICU #1	Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2—Maintain head lift and open eyes
1—Unable to maintain head lift and open eyes
0—Unable to lift head and open eyes

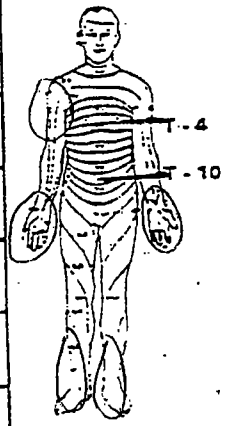
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

Respirations
2—Spontaneous respiration; needs no support
1—Limited effort; needs artificial airway or jaw support
0—Needs ventilator; no spontaneous respiration

Circulation
2—BP 20% preanesthetic level
1—BP ~~20~~ - 50% preanesthetic level
0—BP 50% or more preanesthetic level

Level of Consciousness
2—Awake and alert; seldom dozes
1—Awakens when gently stimulated
0—Awakens only when vigorously stimulated

Skin
2—Normal skin color & temperature greater than 96°
1—Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0—Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze	(R) Hand gauze has small amount of bloody drainage	
Opsite		
Bandaid	(L) Hand C,D, & I+D dressing	
Steri-strips	Both lower extremities have Ace wraps, (R) LE has ex-fixator	
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title): (b)(6)-2 9/WM6

DEPARTMENT/SERVICE/CLINIC: ICU #1

DATE: 28 JUL 03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	1800 LR		OR	EBL	Minimal
	LR	200	OR	Urine	none
TOTAL		2000	TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

Received pt from OR via liter @ 1135. Pt complaining of pain and positioning of RLE. Pain medication administered as ordered. O2 @ 6L NC, changed to 3L (See front). Pt had x-ray of RLE. Pt IV site in LFA infiltrated, anesthesia replaced a new line in (L) FA, which infiltrated as well. Anesthesia placed another line which has remained patent, LR at 100 cc/hr. Pt has ace bandages wrapped around both lower extremities, C,D,+I. RLE has external fixator. L+R Hands have gauze and ace wraps, a small amount of drainage on (R) Hand gauze. (R) Shoulder also has ace wrap, C,D+I. Pt recovered to ward (RC1 #1).

SPC (b)(6)-2 RN/MC

Pt is VSS. Pain Controlled. NO Δ's [illegible] assessment [illegible]

above. (b)(6)-2 ICT, [illegible]

MEDICATION GIVEN BY: (b)(6)-2

MEDICATION RECEIV (b)(6)-2

	DRUG	DOS	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
	Fentanyl	25 ~~mg~~ ug	IV	1140		⊘
ICT	Fentanyl	25 ug	IV	1143		⊘
ICT	MSO4	5 mg	IV	1200		⊘
ICT	MSO4	5 mg	IV	1210		⊘
ICT	MSO4	5 mg	IV	1220		⊘
	MSO4	5 mg	IV	1238		⊕

DISPOSITION SUMMARY: Nursing Care Problems No.'s _____ Resolved; No.'s _____ Continue.

Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.

Dressing status: CD&I

Report given to N/A PAR Score 10 Safety Straps N/A

Time out N/A Nurses Signature (b)(6)-2

MEDCOM - 1568

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: LE washout, bone graft (R) Hand washout, LE wash out

PHYSICIAN: (b)(6)-2

ANESTHESIA: (Gen) Spinal MAC Axillary Local Bier Epidural Other

ALLERGIES: NKDA

AIRWAYS: _____ Time DC'D _____

ETT Nasal Oral Trach

OXYGEN: RA

Mask Nasal Face Blow-By Prongs Tent

Liter/min. _____ %

ASA ___ History _____

Cardiac Rhythm _____

IV#1 (L) FA Patent Infiltrated Site _____ Rate 50 cc/hr Gauge 18g

IV#2 _____ Patent Infiltrated Site _____ Rate _____ Gauge _____

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												
PRE-OP	118/63	89	16	99%	99°								
1157	123/69	129	23	97%	97°	2	2	2	1	2	9	RA Received from OR	
1202	113/54	116	19	93%	97°	2	2	2	1	2	9	All extremities X4	
1207	118/62	135	29	94%	97°	2	2	2	2	2	10		
1222	115/55	131	39	95%		2	2	2	2	2	10		
1237	103/51	133	29	100%		2	2	2	2	2	10		
1252	119/60	108	13	99%	98°	2	2	2	2	2	10	Recovered \ stay PCU #1	
	/												
	/												
	/												
	/												
	/												
	/												

Extr: L R Upper Lower Pulse DP PT RAD

Blanche Warm Pulse ___ Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

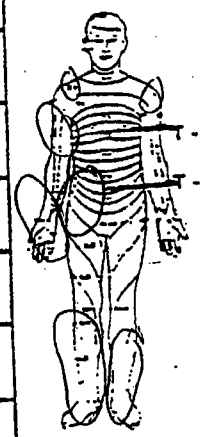
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze	C,D,I	LE
Opsite	C,D,+I	(L) Shoulder
Bandaid	(R) Sh C,D,I	(R) shoulder
Steri-strips	C,D,+I	(R) upper arm
Collodian	C,D,+I	(R) forearm and hand
Peri-pad	C,D,+I	(R) LE
Coban	C,D,+I	(R) Abdomen
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Sig): (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ECU #1

DATE: 30 JUL 03

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

Iraqi (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

MEDCOM - 1569

FH HDA OP 132-11a (Rev) Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	800 cc LR	800	OR	EBL 100 cc	100cc
			OR	Urine no urine	0
TOTAL		800	TOTAL		100cc

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

Received pt @ 1157 from OR via liter. Pt bandages and dressings all intact (see front). Pt complaining from pain from (R) Abdomen graft. Pt given Tylox as ordered. Pt sats 97% on RA. Pt able to move all fingers and toes. IV NS infusing @ 50cc/hr to (L) FA 18g, patent and (-) sign of infection or infiltration. Pt recovered, to stay on ward.

SPC (b)(6)-2

1200. Pt A&OX3. VSS. Moves all extremities. Cap refill < 3 secs. Drsg CD&I. External fixation & splint to RLE CD&I (b)(6)-2 LTJ

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
SRC (b)(6)-2	Tylox	2 tabs	PO	1225		

DISPOSITION SUMMARY: Nursing Care Problems No.'s _____ Resolved; No.'s _____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status: CD&I PAR Score 10 Safety Straps X
Report given to N/A released by Anesthesia (b)(6)-2
Time out 1152. Nurse's Signature (b)(6)-2

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: Nerhart / Closure

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

(Gen) Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES: NKDA
AIRWAYS: _____ Time DC'D _____
ETT Nasal Oral Trach
OXYGEN:
Mask Nasal Prongs Face Tent Blow-By
Liter/min. RA _____ %

ASA II History Smoke
Cardiac Rhythm SR
IV#1 ✓ Patent Infiltrated
Site (L) ARM Rate TKO Gauge 18
IV#2 _____ Patent Infiltrated
Site _____ Rate _____ Gauge _____

Time	VITAL SIGNS B/P	P	R	O2SA	Temp	PAR SCORE Act	Resp	Circ	LOC	Skin	PARS	OTHER COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAC; Blanche Warm; Pulse Moves Y N
PRE-OP	/												Blanche Warm; Pulse Moves Y N
1210	104/78	95	15	96%	97.5	2	2	2	1	2	9	R.L -	Blanche Warm; Pulse Moves Y N
1215	102/76	91	15	95%		2	2	2	1	2	9		Blanche Warm; Pulse Moves Y N
1220	124/88	104	16	96%	98.5	2	2	2	1	2	9		Blanche Warm; Pulse Moves Y N
1225	126/85	95	15	95%		2	2	2	1	2	9		Blanche Warm; Pulse Moves Y N
1240	114/62	88	13	96%	98.5	2	2	2	1	2	9	Tx - Lain Clear	Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N
	/												Blanche Warm; Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

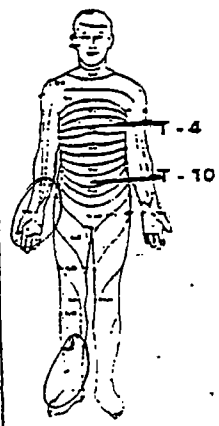
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze	C/D/I	(R) IV ↓ EXT.
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title): (b)(6)-2 LPN

DEPARTMENT/SERVICE/CLINIC: IOU #1

DATE: 5 Aug 03

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

(b)(6)-4

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

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	900	OR	EBL	/
			OR	Urine	/
TOTAL			TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

Rec'd from OR via gurney - see icu pt. flowsheet for further assessment. (b)(6)-2 [redacted] UM

MEDICATION GIVEN BY:	MEDICATION RECEIVED IN PACU/ICU					
	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status: N/A ~ icu #1 Recovery.
Report given to_____ PAR Score_____ Safety Straps_____
Time out_____. Nu[illegible] Si[illegible] [illegible]nesthesia_____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: T/P WASHOUT

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

(Gen) Spinal MAC Axillary Local Bier Epidural Other

ALLERGIES: NKDA

AIRWAYS: Time DC'D

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. %

ASA History

Cardiac Rhythm

IV#1 Patent Infiltrated

Site L ARM. Rate Gauge

IV#2 Patent Infiltrated

Site Rate Gauge

Time	VITAL SIGNS B/P	P	R	O2SA	Temp	PAR SCORE Act	Resp	Circ	LOC	Skin	PARS	OTHER COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower: Pulse DP PT RAC
PRE-OP	115/60	100											Blanche Warm Pulse Moves Y N
1545	127/76	89	17	98%	97°(a)	1	2	2	1	2	8	Rcd -> OR.	Blanche Warm Pulse Moves Y N
1550	119/68	89	19	98%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
1555	131/69	94	16	98%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1610	123/71	84	15	99%		2	2	2	1	2	9	4mg MSO4 - @	Blanche Warm Pulse Moves Y N
1625	124/66	86	13	96%	98.3°(a)	2	2	2	2	2	10	4mg MSO4 - @	Blanche Warm Pulse Moves Y N
1640	135/61	84	16	99%	-	2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

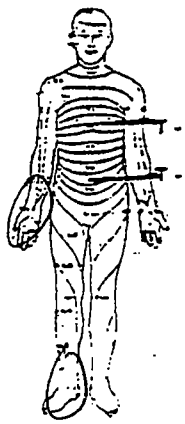
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze	C/D/I	(R) 1/4 EXT.
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title): (b)(6)-2 LPN.

DEPARTMENT/SERVICE/CLINIC: ICU #1

DATE: 12 Aug 83

PATIENT'S (b)(6)-4 (If typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	400	OR	EBL	—
			OR	Urine	—
TOTAL			TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
(b)(6)-2	MSO4	4mg	IV	1608		
	MSO4	4mg	IV	1631		

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status: N/A Recovered to Unit. PAR Score_____ Safety Straps_____
Report given to_____ Anesthesia_____
Time out_____. Nurse Sig

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: Debrode wound

PHYSICIAN: (b)(6)-2

ANESTHESIA BY:

Gen Spinal MAC Axillary

Local Bier Epidural Other

ALLERGIES:

AIRWAYS: Time DC'D

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. %

ASA History

Cardiac Rhythm

IV#1 1100 Patent Infiltrated

Site (L) AC Rate Gauge

IV#2 Patent Infiltrated

Site Rate Gauge

	VITAL SIGNS					PAR SCORE						OTHER	
Time	B/P	P	R	O_2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
1622 POS OP ~~PRE-OP~~	123/67	110	20	94	98.5								Extr: L R Upper: Lower: Pulse DP PT RAC
1627 ~~PRE-OP~~	115/63	105	24	94									Blanche Warm Pulse Moves Y N
1632	122/64	106	20	92									Blanche Warm Pulse Moves Y N
1637	122/63	109	20	93									Blanche Warm Pulse Moves Y N
1642	122/62	110	24	92									Blanche Warm Pulse Moves Y N
1647	115/66	117	20	95									Blanche Warm Pulse Moves Y N
1702	122/64	110	20	94									Blanche Warm Pulse Moves Y N
1707	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

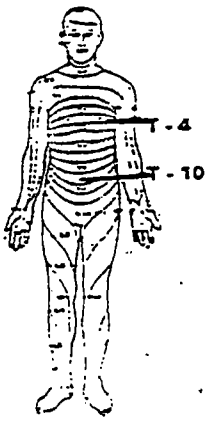
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE 12 Aug 03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR			OR	EBL	
			OR	Urine	
TOTAL			TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

1620 Assumed care of pt from OR. 20g to (L) FA, NS @ KVO
sleeping arouser to physical stimuli. (b)(6)-2
1645 Pt awakens to verbal stimuli.
1700 Pt transferred to ICU care. Will follow via progress
note. (b)(6)-2

MEDICATION GIVEN BY:	MEDICATION RECEIVED IN PACU/ICU					
	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____
Report given to_____ PAR Score_____ Safety Straps_____
Time out_____. Nurse's Sig. Anesthesia_____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: Skin graft x 2

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

(Gen) Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES: NKDA

AIRWAYS: — Time DC'D —

ETT Nasal Oral Trach

OXYGEN: RA

Mask Nasal Prongs Face Tent Blow-By

Liter/min. NA %

ASA 2 History

Cardiac Rhythm NSR

IV#1 (L) Hand (Patent) Infiltrated

Site (L) Hand Rate 100 cc/hr Gauge 18 g

IV#2 Patent Infiltrated

Site Rate Gauge

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAD
PRE-OP	141/62	78											Blanche (Warm) Pulse normal Moves (Y) N
1045	101/65	100	19	98%	94.3 AX	1	2	2	0	1	6	Received pt from OR	Blanche (Warm) Pulse normal Moves (Y) N
1050	111/62	75	19	95%	94.5 AX	2	2	2	1	1	8		Blanche (Warm) Pulse normal Moves (Y) N
1055	119/79	77	13	100%	94.3 AX	2	2	2	1	1	8		Blanche (Warm) Pulse normal Moves (Y) N
1100	133/71	70	12	99%	94.7 AX	2	2	2	2	1	9		Blanche Warm Pulse Moves Y N
1115	115/70	71	12	99%	94.9 O	2	2	2	2	1	9		Blanche Warm Pulse Moves Y N
1130	122/71	65	11	97%	95.3 O	2	2	2	2	1	9	Pt recovered	Blanche Warm Pulse Moves Y N
1140	—				96.0	2	2	2	2	2	10	to ward	Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

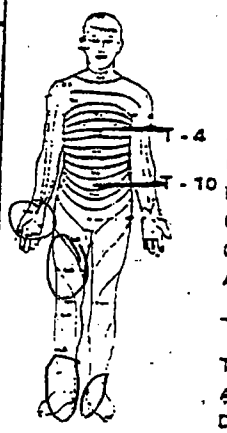
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze	C, D & I	(R) Hand
Opsite	C, D & I	(R) LE
Bandaid	C, D & I	(R) thigh
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature): (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 1

DATE: 18AUG03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

2 Versed
250 fentanyl
10 mg morphine

- 4 morphine
2 Tylox
1112 25 mg Benadryl

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	700cc LR	700cc	OR	EBL Minimal	Minimal
			OR	Urine Ø	Ø
TOTAL		700cc	TOTAL		Minimal

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

@ 1045 Received pt from OR via liter. Pt had skin graft x2 with bandage over donor site (R) thigh, clean, dry, and intact. Bandages on (R) Hand, (R) LE, and (L) LE all clean, dry, and intact. All pulses strong, brisk cap refill. Pt complaining of pain, given 4 mg MSO4 @ 1055, pt had localized systemic reaction (b)(6)-2 from IV site in (L) Hand extending up to the elbow. Pt was itching (R) Arm and complaining of pain, arm had multiple patches of raised and irregularly shaped patches. Pt given Benadryl as ordered. The raised patches dissolved within minutes. Pt had Ø SOB vital signs stable. SPC (b)(6)-2 RN/WHCC

MEDICATION GIVEN BY:

LT (b)(6)-2
SPC (b)(6)-2
LT

MEDICATION RECEIVED IN PACU/ICU

DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
Morphine	4 mg	IV	1055		
Tylox	2 tabs	PO	1100		
Benadryl	25 mg	IV	1112		

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____
Report given to_____ PAR Score_____ Safety Straps_____
Time out_____. Nurse S_____ Patient released by Anesthesia_____

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1

MTF LOCATION (State or Country Code.)

3. REGISTER NUMBER: 00 (b)(6)-4

NAME (Last, First, Middle Initial): (b)(6)-4 (b)(6)-4 (detainee)

4. PAY GRADE

5. SEX: M

6. DATE OF BIRTH (Y Y Y Y M M D D)

7. AGE AT ADMISSION

8. RACE

9. ETHNIC BACKGROUND

RELIGION

10. LENGTH OF SERVICE

ETS

11. FMP: 98

12. SOCIAL SECURITY NUMBER: 000 00 (b)(6)-4

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS

HOUR OF ADMISSION: 1822

BRANCH / CORPS: ~~Army~~

14. FLYING STATUS

15. BENEFICIARY CATEGORY: K78

16. ZIP CODE OF RESIDENCE

17. UNIT LOCATION (State or Country Code)

18. MOS

19. TRAUMA

PREV. ADMISSION: YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 0

WARD: ICU1

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
B CO, 21st Combat Support Hospital, Mosul, Iraq

21. TYPE OF DISPOSITION: 01

22. MTF TRANSFERRED TO

23. DATE OF DISPOSITION (Y Y Y Y M M D D): 20030829

24. CLINIC SVC - ADMITTING: BIAA

25. MTF TRANSFERRED FROM

26. DATE THIS ADMISSION (Y Y Y Y M M D D): 20030726

27. LOCATION OF OCCURRENCE (Battle Casualty Only)

28. MTF OF INITIAL ADMISSION: (b)(3)-1

29. DATE INITIAL ADMISSION (Y Y Y Y M M D D): 20030726

FOR LOCAL USE

(b)(6)-2 (b)(6)-4

7854 8062 7817 7804 8204 7854 8302 8664 8605 8821 8822

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

LTC, MC

V1.00

DA FORM 2985, MAR 2000 MEDCOM - 1579

INPATIENT TREATMENT RECORD COVER SHEET (For Plate Imprinting)

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

Iraqi CIV # (b)(6)-4 (EPW)

(b)(6)-4

(b)(6)-4

(b)(3)-1

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

(b)(6)-4

184

ADMITTING OFFICER

Brizuela

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: D/C

26. DATE OF DISPOSITION: 24 Aug 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

- GSW to (R) abdomen 879.2 ICD9FY02
- Exploratory lap 54.11 ICD9FY02
- Repair of liver laceration 50.61 ICD9FY02

☐ CHECK IF CONTINUED ON REVERSE

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

36. TOTAL DAYS ALL FACILITIES

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED	f. TOTAL SICK DAYS
				(b)(6)-2	

(b)(6)-2

OFFICER

(b)(6)-2

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

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

18yo Iraqi EPW stating that was hit by an RPG. He was taken to FST where he underwent Exp lap for hemoperitoneum, liver laceration repair (RL lobe). EBL 200 cc. He was transported via AEROMEDEVAC to 21st CSH for further evaluation. Pt had a Tmax of 101 ~~[illegible]~~ prior to departure.

PHYSICAL EXAMINATION

GEN: AOX3, NAD
HEENT: unremarkable
HEART: RRR ⊘m/r/g
LUNGS: CTA B/L ⊘w/r
BACK: Dressing located ⊕ flank
ABD: BS⊕ | ND | surgically tender
EXT: ⊘ edema, ⊘ cyanosis

Area of suppuration ⊘ redness ⊘ calor.

Midline incision c̄ staples in place, some suppuration noted at the umbilical area

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

A: ① S/p Ex lap
② Liver lac repair

P: - admit to ICU 2
- See Orders.

(b)(6)-2	MD	DATE 2 AUG 08	IDENTIFICATION NO.	ORGANIZATION
MAJ (b)(6)-2 PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*			REGISTER NO.	WARD NO.

Iraqi Civ (b)(6)-4 (EPW)

(b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
17 Aug 03 0215	BRIEF OP NOTE:
	PROCEDURE: Exploratory lap, cauterization and drainage of ® lobe liver laceration, Irrigation / debridement ® flank wound
	PRE-OP DIAGNOSIS: hemoperitoneum
	POST-OP DIAGNOSIS: Liver laceration, GSW ® flank
	SURGEON: (b)(6)-2 ASSISTANT: (b)(6)-2
	EBL: 200 cc
	FLUIDS: 3800 cc Crystalloid, 7 u PRBC
	UOP: 1300 cc
	TT: Ø ⊕ NGT
	POST-OP PLAN: JP Drain in RUQ
	(b)(6)-2 M

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)*

LOG#: 1RAQ1 National
SSAN#: (b)(6)-4
NAME:

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

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
17 Aug 03	Received pt from OR, s/p exp lap c̄ lower lim
0220HRS	repair. Pt sleepy, arousable to verbal commands,
VS BB 130/70	follows simple commands. ABG to tube mod deep
R-28 POx 98%	breaths, pt gauds abdomen. 18 f NG to Rt
P-130 T 98.0	nare clamped @ this time, placement verified
	via auscultation. O_2 3L via NC. Lungs CTA, resp
	even. Pt on tilt in Stryker frame @ this time, Ø
	edema noted. Large medium fx & drsg to ABD
	c/o/I @ this time. JP drain to RLQ c̄ small
	amount bloody drainage & Sub suction. (b)(6)-2
	hypoactive @ this time. fx & drsg to Rt lower
	back c/o/I. Foley cath draining clear yellow
	urine by gravity. 1 f g IV to Rt wrist c̄ NS
	@ 100 ml/hr to KVO. Pt to OR AC infusing CR @ 100 cc/hr
	will continue current care. Spec (b)(6)-2 RLC
0230HRS	Pt resting quietly, VS BP-130/65, HR-100 R-26
	SPO2 95% on 3L O_2 via NC. Spec (b)(6)-2 RLC
0235HRS	Toradol 30mg IV administered @ this time
	as per MD order, Ø adverse reactions noted. Spec (b)(6)-2 RLC
0240HRS	Ancef 1 gram administered IV @ this time as
	per MD orders, Ø adverse reactions noted.
	Spec (b)(6)-2 RLC

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORD 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.

IRAQI National

(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)
0245HRS	VS BP-134/72 P-103 R-24 SPO2 98% on 3L O2 via NC, Blood drawn for lab as per MD order @ this time, awaiting results. Pt resting quietly @ this time, resp even/unlabored. Will continue c̄ current care — Spec [(b)(6)-2] RN —
0250HRS	Received lab results, WNL, labs attached to SPR100 @ this time. — Spec [(b)(6)-2] RN —
0300HRS	Pt resting quietly w/ bed VS BP-120/68 P-97 R-20 SPO2 98% remain on 3L O2 via NC. Pt is comfort @ this time. Remains on tele in NSR, ∅ ectopy noted. Will continue current care — Spec [(b)(6)-2] RN —
0315HRS	Pt moaning @ this time, asked pt if in pain, pt nodded yes and grunted aloud. VS BP-128/64 P-92 R-24 SPO2 98% on 3L O2 via NC. MSO4 2mg IV administered @ this time. Pt tolerated well. Will continue c̄ current care — Spec [(b)(6)-2] RN
0325HRS	Zofran 50mg administered IV @ this time — Spec [(b)(6)-2] RN
0330HRS	VS BP-120/62 HR 85 R-21 SPO2 100% O2 3L via NC. Asked pt if pain has improved to ASA, pt nodded yes. pt resting quietly. Mod amount bloody drainage noted to JP Bulb, small amount bloody drainage present to the ASA drain @ mid drain, ∅ active bleeding noted. Will continue current care — Spec [(b)(6)-2] RN
Late Entry	0230HRS 1400cc clear yellow urine drained from foley — Spec [(b)(6)-2] RN —

STANDARD FORM 600 (REV. 6-97) BACK

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
17 Aug 03 0310HRS	30cc bloody drainage drained from JP bulb @ this time. Spc [redacted]
0400HRS	Pt resting quietly. VS BP 117/63 P-93 R-19 SPO2 98% Pt on RA @ this time. Will continue to assist care. Spc [redacted]
0420HRS	VS BP-120/58 P-94 R-22 SPO2 96% on RA. NC for Rt neck clamped @ this time, pt denies nausea. O2 DC'd. Lungs CTA. Abd soft tender, hypoactive x 4 quads. Mid abd dsg c̄ small amount bloody drainage @ mid dsg. JP drain c̄ small amount bloody drainage @ this time. IV for Lt Arm DC'd, Rt arm infusing @ 100cc/hr for Rt ~~Arm~~ arm IV. Foley remains draining clear yellow urine in sufficient amounts. Dsg for Rt lower back c̄ small amount bloody drainage present. Report given to Spc [redacted] RN. Spc verbally stated understanding. Pt & Sc frequently for patient hold. Pt medicated c̄ 3mg MSO4 IV @ this time for pain prior to movement. Monitors DC'd @ this time. Pt transferred to Patient Hold. Spc [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.

1/1AQI National

[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

NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
17 Aug 03		0430	Iraqi Civilian admitted into Pt hold via litters
VS-> 0440			Pt is seated, recovering from GS wound to the back
BP- 130/64			with 1000cc LR bag @ 100cc/hr. 800cc of yellow urine
PR-99			drained from Drain bag — Spc [redacted] 9lw
RR-18		0530	SpO2 level is @ 89%, O2 given via Nasal Cannula Spc
SpO2-91% on RA			SpO2 level went up to 96% — Spc [redacted]
		0711	Bag #5 500cc LR hung to infuse 100cc/hr — Spc [redacted]
VS=> 0809		0740	800cc yellow Urine drained from bag — Spc [redacted]
BP 119/71		0815	Pt alert and responsive, Pt is answering questions Spc [redacted]
PR-74	0930	VS-	BP 110/61 P72 R16 SpO2 97% RA T 97.4 orally
RR-18			300cc clear yellow urine emptied from foley bag
SpO2-100%			20cc bloody drainage from JP drain. Pt arouses
			to voice, answers questions appropriately & able
			to follow commands. Moaning intermittently
			but declines med for pain when offered. [redacted]
VS	1130		BP 109/59 P90 R16 SpO2 96% — [redacted]
		1240	2mg MS IV - pt c/o pain to abd, moaning Tina Rulle
VS		1430	BP 111/57 P87 R16 SpO2 96% - 1 gram Ancef
			mixed in 10cc NS given IV over 10 min. [redacted] PN
		1550	Pt c/o pain to abd - & pain to IV site - IV restarted
			in LAC c̄ 18g Jelco. 3mg MS given for pain
			[redacted] PT, Ar
		1600	Bag #6 500cc LR hung to infuse — [redacted] R

(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.

Iraqi Civilian

[redacted]

NURSING NOTES

Medical Record

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

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
— VS —		1630	BP 118/60 P81 R. 16 SpO2 96% RA - T 98.7
			600cc clear yellow urine emptied from foley
			Pt resting quietly - NAD — (b)(6)-2 RN
— VS —		1830	BP 111/63 P88 R16 SpO2 96% (b)(6)-2
		2130	Pt moaned & c/o ~~DRSG~~ PAIN @ MIDLINE
VS @ 2130 —			2mg MSO4 IVP — (b)(6)-2 LPN —
BP 115/63		2230	Pt EASILY AROUSED TO VOICE. NG TUBE D/C'D
P 85			PER SURGEON. CURRENTLY RESTING SUPINE
R 16			NAD. — (b)(6)-2 LPN
SpO2 96% ON RA			
Temp 98.8°F ORAL		2230	* NOTE → Pt UP TO CHAIR AS TOLERATED /
			ZANTAC PO IN THE A.M. — (b)(6)-2 LPN
— 18 AUG 03 —		0230	Tg ANCEF IVPB. 2mg MSO4 IVP & 10cc NS FLUSH
			500cc DRK. YEL. URINE DRAINED VIA FOLEY.
— VS @ 0530			20cc BLOODY DRAINAGE VIA JP EMPTIED — (b)(6)-2 LPN
BP 126/73		0530	BAG #7 500cc LR @ 150cc/hr. IV SITE ØEEE — (b)(6)-2 LPN
P 90		0800	2mg MSO4 IVP & 10cc NS FLUSH — (b)(6)-2 LPN
R 16		0800	DRSG CDI, Ø FOUL ODOR NTD — (b)(6)-2 LPN
SpO2 96% ON RA			
Temp 99.6°F ORAL		1400	2mg MSO4 IVP & 10cc NS flush — (b)(6)-2

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
17 Aug 03 1030 IA	Surgeon's Note
	No Problems overnight
	AF, VSS
	UO - adequate
	Abd - Soft, hypoactive BS
	JP Drainage ~ 20 cc
	P/ Evacuate to CSH today
	OOB → Chair
	Continue NG
	(b)(6)-2 M

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.

Iraqi DPW #1

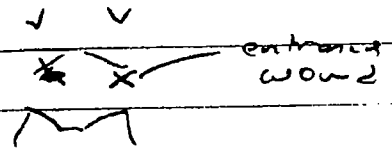
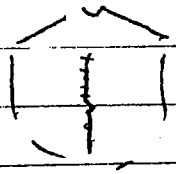
(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
18 AUG 03	History and physical
	18 yo male EPW says he was WL by
	RPG. to FST where ex Lap performed
	for Hemoperitoneum. findings @ Rt Lobe
	Liver Lac. Hemostasis Achieved EBL 200.
	JP left in Abd. Now Tx for care.
	NKDA Psm as Above meds
	PMH Ø TOB Ø
	exam
	NCAT Back  entrance wound
	neck NT @ deformity
	Chest CBTA
	ext @ CCR Abd  NABS TTP ND
	Lt wrist
	LABS Hg 14.9 / 244 / 47.6 — 136 / 104 / 7 / 100 / 3.7 / 23 / 0.6 — TP 6.6 Alb 3.4 — LFT WNL
	A/P Liver Lac stable post op.
	Admit ICU x 24hrs
	IVF
	Clears.

(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. TCVR

EPW

(b)(6)-4

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

USAPA V2.00

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

18 AUG 03 History and physical

18 yo male EPW says he was WL by RPG. to FST where ex lap performed for Hemoperitoneum. findings @ left lobe liver lac. Hemostasis achieved EBL 200.

JP left in Abd. Now Tx for care.

NKDA Psm as above meds

PMH Ø TOB Ø

exam

NCAT Back ✓ ✓ entrance wound

neck NT ⊖deformity

Chest CBTA

ext ⊖CCE Abd NABS

TTP ND

L/L wnl

LABS WBC 14.9 / 47.6 244 136 / 3.7 104 / 23 7 / 0.6 100 TP 6.6 Alb 3.4 LFT wnl

A/D LUW. Lab stable post op.

Admit ICU x24hrs

IVF

Checks.

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	
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. ICU

EPW

(b)(6)-4

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

USAPA V2.00

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
19 Aug 03 -	SIP X/Leg Dry well legs Dight. Will DC JP today [redacted]
20 AUG 03	PROGRESS NOTE PT STABLE S/P 36-INP & LIVER INJ VS Temp 101 LUNGS: CTA CARDIAC ABD: SOFT, MILD TTP RUQ EXT: STABLE PLAN Clear liquids DIET Ambulate PC [redacted]
21 Aug	C/O Nausea in flight. Pt Given phenergan @ 2100 hours [redacted] Flt medic

STANDARD FORM 600 (REV. 6-97) BACK

USAPA V2.00

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
19 Aug 03 -	SIP X/Leg Dry well healed Dist. Will DC JP today
	(b)(6)-2
20 AUG 03	PROGRESS NOTE PT STABLE S/P JP-LAP T LIVER LOC VS Temp (0) LUNGS: CTA CVS: RRR ABD: SOFT, MILD TTP B.S.S EXT: STABLE PLAN Close liquid diet Ambulate DC (b)(6)-2

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

MEDICAL RECORD	PROGRESS NOTES
DATE	
21 Aug 03	2200 Admitted to ICU2 via litter c̄ x2 restraints to UE, NAD, moved s̄ difficulty from litter to bed, breathing regular, unlabored Alert, movement x4 extremities, responds to commands, speaks small amount of English [redacted] MPC BS
21 Aug 03	2230 VS BP 97/70, P=79, B/P 143/72 (98) R=14 bpm T=99.3 UO 475cc yellow c̄ [redacted] sediment
21 Aug 03	2250 2mg MSO4 administered by RN on duty, physicians check lower midline abd incision, a wet to dry dressing placed over abd [redacted]
21 Aug 03	2300 Assessment complete, Alert, responds to commands PERRLA, skin warm dry no Breakdown pulses present normal x4 extremities, midline incision clean, intact, bandage (gauze c̄ tape) CDI abd flat, ridged, tender, client c/o pain to abd when palpated, (2) FA heparin CDI no sx of infiltration, Ø c/o numbness to LE's, Bandage to back intact, dry, urinated c̄ difficulty s̄ pain, will continue to monitor per physicians instruction [redacted]
21 Aug 03 2300	Restraints to bed MPC BS [redacted]

(Continue on reverse side)

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

Inagi # [redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
22Aug03	(0245) inserted IV heplock to (R) AC, client tolerated D/C (L) FA heplock, catheter intact (0250) provided pain meds (0215) V/S 116bpm T=96.8 B/P 120/62 (83) P=75 PSO2 97% client resting c̄ HOB elevated drinking fluids s̄ difficulty, breathing regular unlabored — [redacted]
22Aug03	0615 - Nursing Notes: Assumed pt care. Pt AOX3, speaks English well, ∅ c/o pain. SB 55, VSS, BP 117/65, RR 18, Pulse OX 98% on room air, T 96.8 Pt denies being a prisoner, pt also states he "will not drink water or eat food." IV HL in (R) AC patent & flushes easily. Pt has midline abdominal incision c̄ staples c̄ dressing to lower portion of suture line. Exit wound (R) lateral back 1cm deep & 1cm diameter c̄ small amt of exudate repacked wet to dry. Abdominal incision approximately 25 cm in length. (B) lungs CTA. [redacted] LPN
Gen Surg Note	
22AUG03 0855	HD#2 POD#5 s/p Ex lap / Liver laceration repair VSS. Afebrile. Pain control c̄ po meds. Wounds 1 Bell & front c/D. Minimal secretion noted on front ABD incision. Drains clear. Tolerating po clear diet. Will continue with post op care. Needs to ambulate [redacted] MD
	MAJ, MC, USA

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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

22Aug03 0840: Nursing Notes: Pt urinated 150cc ~~A~~ clear yellow urine per urinal. (b)(6)-2 (AN)

22Aug03 0900-Nursing Notes: Abd dressing changed, abd open section of incision 7.75 cm long & 5cm wide, wound pink c̄ minimal bleeding, ∅ odor, ∅ exudate. Will continue to monitor (b)(6)-2 (AN)

22Aug03 0930: Nursing Notes: Pt sitting up in chair @ bedside. Pt ambulated c̄ minimal difficulty. Pt medicated previously @ 0835 c̄ Tylox II po per prn physician pain order. Will continue to monitor. (b)(6)-2 (AN)

22Aug03 1400- B/P 121/66, P-72, T-97.9, R-20, mean-88, Denies C/O pain, ∅ SOB, Staples to midline ABD CDI, Dressing to mid lower ABD. CDI, Dressing to (R) U BACK CDI, IV to (R) AC c̄ redness swelling or warmth. will continue to monitor pt. urine clear & yellow 300 cc (b)(6)-2 (CP)

22Aug03 2200 V/S 97% R=18bpm P=93 B/P 126/66 (89) T=98.8 Morphin administered, pt alert obeys commands NIP C BS temp warm dry, resting c̄ HOB elevated 30° midline incision CDI, wet to dry lower midline

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.
Iraqi CIV (b)(6)-4 (EPW) (b)(6)-4		

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DATE	NOTES
22Aug03 2200	(continued) incision CDI, tender dbd c/o pain denies pain medication @ this time, bandage to (R) lower back intact, Ointment to (L) heel where breakdown is apparent. Gauze & tape over blister on lateral (R) heel. pulses present x 4 LS CTA, breaths deep, regular, unlabored, Ø SOB NAD, moves ext x4 pupils reacting to light, Flushed (R) AC heplock Heplock CDI, patent & sx of infiltration & c/o pain c site. [redacted] 9/wu2 [redacted] 9/wu
23Aug03 0015	Sat c side of bed & difficulty [redacted]
23Aug03 0000	urinated in urinal & difficulty c/o pain to dbd VTA pain scale. Administered pain medication per physicians instructions, pt resting comfortable following medication administration [redacted] 1wu2
23Aug03 0215	V/S R=16bpm P=78 b/p= 115/65, T=98.6, pox 97% Ø SOB Ø c/o pain, will continue to monitor [redacted]
0840	T 98°F BP 123/73, HR 94, RR 16, SpO2 97% on RA; NAD; VSS; dressings Δ'd; CDI; MD looked at wounds; lung sounds clear, bowel sounds active x4 quad; pt sitting up in chair eating breakfast [redacted]

STANDARD FORM 509 (REV. 5-99) BACK

MEDICAL RECORD	PROGRESS NOTES

DATE

23AUG03 HD#3 POD#6 (DOS 17AUG03)

1025 S/P EXLAP / Liver Lac Repair

Currently remains afebrile, tolerating diet, pain control c̄ po meds. Continue c̄ wound care vertical abdominal incision → staples in place ⊘ signs of erythema. Small area at the umbilical was noted c̄ secretions and it was open and currently undergoing wet to dry dressing changes. (R) back wound entrance (about 2-3cm in circumference with no sign of infection Continues c̄ BID dressing changes.

Plan: - staples to be removed by tomorrow AM
- pending transfer to EPW camp where he will continue to have Dressing changes BID and F/U @ (b)(3)-1 in a week after his transfer.
- Will continue on po Meds for his pain control.

(b)(6)-2 MD

(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.

Iraqi # (b)(6)-4 EPW (b)(6)-4 (b)(6)-4

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

MEDICAL RECORD | **PROGRESS NOTES**

DATE	
12 AUG 03	HD#4 POD#7 (DOS 12 AUG 03)
DOS	S/P Ex Lap / Given CAC repair.

Pt is doing well today. Remains afebrile, ambulating, voiding without difficulties. Back wound c̄ no signs of infection. Abdominal wound continues to heal well. Rest of the incision with no signs of infection. Staples removed and steristrips applied.

Plan: ① will continue c̄ po meds for his pain
② start on Colace 100 mg po QD
③ pending transfer to EPW camp. Once D/C he will have Dressing changes BID and F/U in 3 days. to assure no infection present.

(b)(6)-2 (b)(6)-2 MD
(b)(6)-2 (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
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
23 Aug 03 1425	V/S: T-98.6 P-83 R-16 B/P 120/68 SpO2 98% RA. Assessment completed. A+O x3. Breath sounds CTA Apex to Base (B) Peripheral pulses strong, Bowels sounds active x4. Midline abdominal incision c staples CDI, dressings to abdomen and Back, intact. IV site CDI, Ø S/S of infections. 2/10 pain. Resting comfortably. Note: 800 mg po given. [redacted] LBJ
23 Aug 03 1930	T-98.7 P-88 R-16 B/P 131/71 SpO2-98%
23 Aug 03 2230	Took over care VSS T 98° P 86 R 12 BP 122/69 sat's 99% A/O x3, PERRL Chest CTA Heart RRR Abd soft (+) tenderness Staples mid Abd. C-D-I MAE Hrs Ø c/o discomfort at this time. IV site to (R) FA patent. Will cont to monitor per the orders [redacted]
0300 Aug 24, 03	Resting with eyes closed. NAD. Will cont to monitor per orders. [redacted]
0315 Aug 24, 03 0915	T. 98.0 P 76 R 12 BP 120/60 sat's 99% RA BP 121/52, HR 91, RR 14, SpO2 97% on RA, T 97.2, VSS; NAD; lung sounds clear, BS active x4 quad. [redacted] WMC DC

MEDICAL RECORD	PROGRESS NOTES
DATE	
24Aug03 1108	IV DC'd; catheter was intact; will cont to monitor [b)(6)-2]
24Aug03 1830	D/C'd to MP's vitals within normal limits medications & discharge instructed sent to MP's [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.

Iraqi # [b)(6)-4]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 21 AUG 03
2. ADMITTING/DIAGNOSIS: Ex lap / Liver LAC
3. PERTINENT LAB, X-RAY, FINDINGS:

4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
- GSW to (R) back
- s/p Ex lap
- s/p (R) lobe Liver LAC repair.

5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
- GSW to (R) back
- s/p Ex lap
- s/p (R) lobe Liver LAC

6. ACTIVITY: Ad lib
7. DIET: regular
8. MEDICATIONS:
☒ Medications have been prescribed for home use. See separate list and special instructions or see below.
Motrin 800mg po TID PRN
Tylox 1-2 tab po Q3-4° PRN
Colace 100mg po QD PRN constipation

9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
1) Need BID Dressing changes for his (R) back wound and abdominal wound
2) F/u in ~~a week~~ 3 days at Spec Clinic @ 1030 AM

10. DISCHARGING PROVIDER: (b)(6)-2 (b)(6)-2 MD MAJ, MC, USA
(Printed or Stamped Name)

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☐ OTHER
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☑ OTHER
3. PATIENT EDUCATION:
Completed and patient prepared for home care. ☐ YES ☐ NO
If no, explain:
Patient ☐ states ☐ demonstrates understanding of home care needs.
Printed educational materials provided:

4. Clinical outcomes met and post-discharge/release referrals made.
☑ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:

7. MEDICATIONS:
Explained by: ☑ NURSE ☐ PHYSICIAN ☐ PHARMACIST
Printed medication literature provided. ☐ YES ☑ NO
Patient states understanding of prescribed medications. ☑ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:

9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:

10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:

PATIENT IDENTIFICATION
Iraqi # (b)(6)-4
(b)(6)-4

(b)(6)-2 24 AUG 03
(Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

INTRA... DOCUMENT

MEDICAL RECORD

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 ATLS

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY Spc (b)(6)-2

3. DATE 17 Aug 03 TIME PATIENT ARRIVED IN SUITE 0105

4. PATIENT IN ROOM TIME 0105 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Spc (b)(6)-2	RELIEF CIRCULATOR	
	Spc (b)(6)-2		

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: x1 Roll under Bilat Shoulders

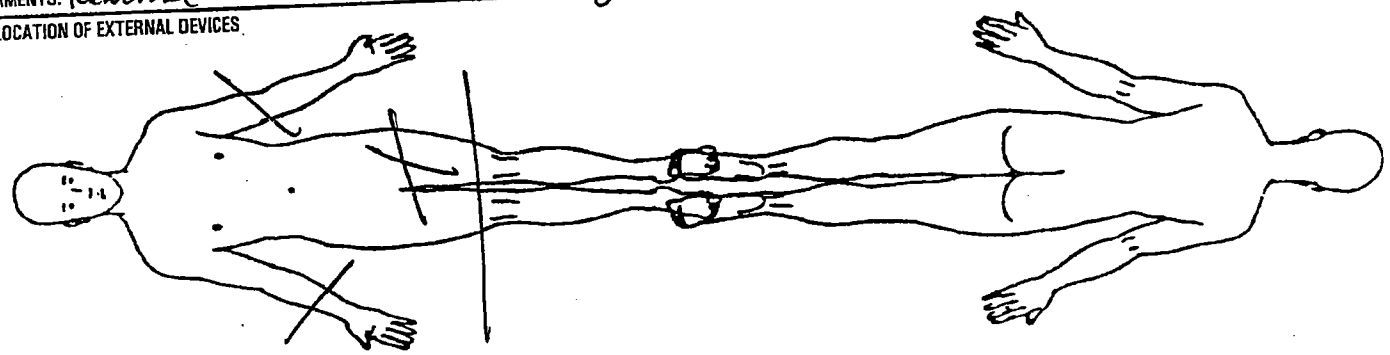
8. SKIN PREPARATION

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

COMMENTS: Removal Midline ASA + Lt thigh

PREP SOLUTION (Specify) Betn/Betn BY WHOM: Spc (b)(6)-2
SITE: Mid ASA BY WHOM:
SITE:
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap --- Tourniquet

10. COUNTS

C – Correct I – Incorrect

			Other**	First Closing Count 0102	Final Closing Count 0200	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2
Sponge	[X] Yes	[ ] No	5+5	10	10	Spc	Spc
Needle Sharp	[X] Yes	[ ] No	16+3rd	19+1	20		
Instrument BLADE	[X] Yes	[ ] No	2+1	3	3		
Other Bovie Tip	[X] Yes	[ ] No	1	1	1		

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

LOG# (b)(6)-4

SSAN#

NAME:

IRAQI CIVILIAN

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

[ ] ESU NO: Cut 30 / Coag 30
GROUND PAD: BRAND
LOT NO:

[ ] ESU NO: Cut 60 / Coag 60
GROUND PAD: BRAND
LOT NO:

[ ] BIPOLAR NO: Cut 80 / Coag 80

USAPA V1.01

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

1 -

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):

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE MAJ (b)(6)-2 MO

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1. Foley 16F	2. NG 18F	3. Jackson Pratt
SITE	1.	2. Rt Nare	3. RLQ

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform & 4x4
Mia Abd.
Large Bulky

19. ADDITIONAL INFORMATION

Assisted By Dr (b)(6)-2
Foley cath placed by Dr (b)(6)-2 clear yellow urine present. NG placed to Rt nare per anesthesia.

IN 0105
CUT 0123
CLOSE 0152
OUT 0219HRS

LOG # 1RAOL National
SSAN# (b)(6)-4
NAME:

20. OPERATION(S) PERFORMED

Exploratory Lap
Repair Liver Lac
JP placement

21. PATIENT TRANSFERRED TO ICU TIME 0219hrs. METHOD Litter

22. REGISTERED NURSE S (b)(6)-2 SPC

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

13. PROSTHESIS, IMPLANTS ☒ NO IF YES NAME: ID NUMB IRER

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):

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE MAJ (b)(6)-2 MO

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1. Foley 16F	2. NG 18F	3. Jackson Pratt
SITE	1.	2. Rt Nare	3. RLQ

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform 4x4
Mia Abd.
Large Bulky

19. ADDITIONAL INFORMATION

Assisted by Dr (b)(6)-2
Foley cath placed by Dr (b)(6)-2 clear yellow urine present. NG placed to rt nare per anesthesia.

IN 0105
CUT 0123
CLOSE 0152
OUT 0219 HRS

LOG # IRAQI National
SSAN# (b)(6)-4
NAME:

20. OPERATION(S) PERFORMED

Exploratory Lap
Repair Liver Lac
JP placement

21. PATIENT TRANSFERRED TO ICU TIME 0219 hrs. METHOD Litter

22. REGISTERED NURSE SI (b)(6)-2 SPC

REVERSE OF DA FORM 51 (b)(6)-2, OCT 07

USAPA V1.01

MEDICAL RE[illegible] -SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT

		Time: 1700 Initals:	Time: Initals:
NEURO	Pupils		
	Sensorium		
	LOC / GCS		
CARDIAC	Cardiac Rhythm		
	PRI: / QRS:		
	Pulse Strength		
	Cap Refil / JVD		
	Edema		
	Chest Pain		
RESP	Respiratory Pattern		
	Breath Sounds		
	Secretions		
	Cough		
SKIN	Color		
	Integrity		
	Backside		
IV	Access Devices		
	Location		
	Condition		
GI	Abdomen		
	Bowel Sounds		
	Stoma/Ostomy		
GU	Device		
	Color / Clarity		

See Sheet 1600

(b)(6)-2

[illegible] NOT [illegible]

DEPARTMENT/SERVICE/CLINIC: ICU3, (b)(3)-1

DATE: 18 Aug 03

(Continue on reverse)

[illegible] entries give: Name – last, first, middle; grade; date; hospital or medical facility)

(b)(6)-4

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

DA FORM 4700, MAY 78

USAPPC V2.00

ICU1

Patients Name: (b)(6)-4

Date: 18 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
A-Line															129		135	131	133	141	129	138	135	130	131	
NBP											142/65	139/71		133/61	169		173	165	164	174	163	169	163	162	162	
TEMP											99.9				100.5		100.9		100.5				100.3			
HR											106	96		88	97	98	102	95	101	106	100	107	107	104	107	
RR											23	23		22	24	23	20	15	18	26	24	24	21	18	20	
SaO2											97	97		96	95	98	96	97	95	94	95	96	93	95	94	
FiO2											RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Source																										
MAP																										

...TAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Tota
IVF											150	150		150	150	150	150	150	150	150	150	150	150	150	150	
IVPB											50									50						
NGT																										
PO												50														
Subtotal											200	200														
Total											200	400		550	700	850	1000	1150	1300	1500	1650	1800	1950	2100	2250	2250

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
U											800	800		30				250					250		100	
N																										
STOOL																										
DRAIN LP												25			Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	30	Ø	Ø	
Subtotal												825		855				1105					1385		1485	1485
Total												825														

MEDCOM - 1606

ICU1

Patients Name: EPW # (b)(6)-2

Date: 19 AUG 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	126/		120/73	129/65		135/72	140/72		138/64	132/60																
NBP	71																									
TEMP	100					100.5			100.5																	
HR	93		93	97		105	117	123	127	102																
RR	23		19	25		19	24	24	27	19																
SaO2	98		98	99		96	97	96	98	97																
FiO2	RA		RA	RA		RA		RA	RA																	
Source																										
MAP																										

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF LR	150	150	150	150	150	150	150	150	150	150	150	150														
IVPB			50								50															
NGT																										
PO													1900													
Total	150	300	450	600	750	900	1050	1200	1350	1500	1650	1800														

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
[illegible]			300	300	200	200	200		300	150	150	350														
NGT																										
STOOL																										
DRAIN JP	Ø									30	DC															
Total	Ø		300	600	800	1000	1200		1500	1680	1830	2180														

MEDCOM - 1607

Drawn 17 Aug 03 0248hrs

EC8+

Pt Name:_____

Glu_____129 mg/dL

BUN_____10 mg/dL

Na_____142 mmol/L

K_____3.8 mmol/L

Cl_____111 mmol/L

TCO2_____21 mmol/L

AnGap_____15 mmol/L

Hct_____41 %PCV

Hb*_____14 g/dL

*via Hct

pH_____7.262

PCO2_____44.0 mmHg

HCO3_____20 mmol/L

BEecf_____-7 mmol/L

Sample Type_:

17AUG03 02:44

Oper: 1111

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

Oper# 43006

Ver: JAMS046A
CLEW A93

MEDICAL RECORD — ANESTHESIA

DRUG	DOSE
Thiopental	125 mg
Anectine	120 mg
Nuromax	8 mg
MSO4	10 mg
Neostigmine	4 mg
Robinul	0.8 mg
VOLAT AGENT: Sevo	% del 2 — 2 — 2 K
	% e.t.
AIR	L/Min
N2O	L/Min
O2	L/Min 5 — 5

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

FLUIDS: LINE site — RT (#) — LT (#2) — ☐ Warmed

LOSSES: EST BLOOD LOSS — URINE –

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 70 KG LB

HEMATOCRIT:

INITIAL DATA: BP 151/90 — HR– 114

EQUIP CHECK: OK? – Y N

PATIENT RECHECK: OK for PROCEDURE? — TIME– 0100

TIME → 0100 / 30 / 0200

SYMBOLS: BP by cuff; Heart rate; Resp rate; BP (transduced); TOURNIQUET T — ; 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) — C C C S S

BP/Auto Cuff	ET CO2 (torr)	4	4	4	4
BP / oth	FIO2 (Fraction %)	.3	.3	.3	.3
ART line	SpO2 (%)	100	100	100	100
Steth- PC/ES	ECG	ST	ST	ST	SR
Gas analyzer	TEMP- site				
	N-M Block (T/4)	0/4	0/4	0/4	0/4
Warming blkt					
Conv warmer					

FST

EVENTS — Position

PROCEDURES and CPT Codes: Liver laceration Repair + Drain Ex Lap

PATIENT IDENTIFICATION – Typed or written entries: Name, Grade/Rate, Medical Facility: (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: RSI c CP, DL #1 c 3 mac, grade I, 8.0 OETT, atraumatic intubation BBS⊙ ⊕ ETCO2 squared 22cm @ incision 0128 FST

SURGEONS: (b)(6)-2 (b)(6)-2

ANESTHETIST: (b)(6)-2

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

TOTALS	TOTAL FLUID
775 mg, 120 mg, 8 mg, 10 mg, 4 mg, 0.8 mg	2000
	TOTAL URINE 1300

FLUIDS – SUMMARY: CRYSTALLOID– 3800; COLLOID–; BLOOD– 350

REMARKS – Code drugs with numbers, events with letters

2772274

OCW Reversed. ST, TOF, SV, oropharynx suctioned. Extubated.

RECOVERY AT 0218: PACU / CU (Specify) / OTHER

CONDITION: Alert, SV

BP– 141 SpO2– 97% HR– 105 / 70

PROCEDURE TIMES

	Start	Room	End
ANES	0100	0105	0220
	Ready	Begin	End
PROC	0110	0120	0152

PROCEDURE 0128 FST

LOCATION OR

DATE 17 AUG 03

PAGE 1 OF

MEDCOM - 1609

Doctor's Orders—Post-OP 126th OP 4256

Nurse Complete	Dr.'s Select	DATE: TIME:
☐	☑	1. Admit to: ☐ OR ☑ PACU ☐ ICW ☐ Patient Holding
☐	☑	2. Diagnosis: s/p Exploratory lap, liver laceration
☐	☑	3. Condition: ☐ Critical ☐ Guarded ☒ Stable ☐ VSI ☐ SI
☐	☑	4. Allergies: See SF 558 Ø
☐	☑	5. Vitals: ☒ Unit SOP ☐ Notify Dr. for SBP < 80 or > 160 DBP < 40 or > 100, HR < 60 or > 130, RR < 6 or > 30, or Temp > 38.5
☐	☑	6. Activities: ☒ Bed Rest, ☐ BRP, ☐ OOB ASAP w/ assist, ☐ Sit up and dangle when stable ☐ Other:
		7. NRSG:
☐	☑	a. Propaq monitor w/ Pulse-ox
☐	☑	b. O_2 to maintain SAT's above 94%
☐	☐	c. Maintain Vent settings at MODE=____ Vt=____ RR=____ PEEP= FIO_2=
☐	☑	d. ☒ Reinforce or ☐ Change dressing for bleed-through X1 then notify Dr.
☐	☑	e. I's & O's
☐	☑	c. Suction NT ETT PRN
☐	☐	d. ~~CT to ☐ H_2O seal or ☐ Suction at~~
☐	☑	8. Diet: ☒ NPO ☐ Clear fluids as tolerated ☐ Other:
☐	☑	9. IV: ☐ NS or ☒ LR TRA 100cc/hr ~~☐ DEXTRAN or~~ ☐ Hespan X 500 cc bolus titrated then ____ cc/hr ~~☐ Albumin 100cc X~~ ____ TRA ____ cc/hr ~~☒ When tolerating PO~~ fluids, complete current fluid then SL.
☐	☐	10. ~~BLOOD~~: ☐ T&S or ☐ T&C ____ units ☐ Transfuse ____ units ☐ PRBCs or ☐ Whole Blood
		11. Medications:
☐	☐	a. Tobramycin 300mg IV Q12hrs X | e ☐ Ceftriaxone 750 mg IV
☐	☐	b. Clindamycin 600mg IV | f ☐ PEN G 2 million Units IV
☐	☑	c. Cefazolin 1 gram IV q 12h x 4 doses 1st dose @ 0245hrs CE
☐	☑	d. Phenergan 12-25mg Titrate ☒ IV ☐ IM Q4hrs PRN nausea/vomiting
☐	☐	g. Droperidol 1mg ☐ IV ☐ IM X 1 PRN Nausea/Vomiting
☐	☑	h. MSO_4 1-3mg Titrate ☒ IV ☐ IM Q10min PRN Pain
☐	☑	i. Robinul 0.1mg IV X 1
☐	☑	j. Zantac 50 mg ☒ IV or ☐ IM or ☐ 6.25mg/hr infusion q 12h 1st dose @ 0325 CE
☐	☐	k. Tetanus Immune Globulin
☐	☑	l. Toradol ☒ IV 30mg or ☐ IM 60 mg Done @ 0235hrs CE
☐	☐	~~m. Maintain sedation~~/paralysis w/ Rocuronium and MSO_4 PER SOP
☐	☑	12. LABS: a. iSTAT ☐ Glucose ☐ ABG ☐ BMP ☒ CMP Done @ 0248hrs CE
		13. Additional:
		NG → Clamp, ✓ Residual q 4h & PRN ~~CLWS or Gravity drainage~~ Foley → urimeter JP — Bulb suction
[redacted] (b)(6)-2		Signature: (b)(6)-2

LOG# 11 HY OS 0230hrs. PT NAME: (b)(6)-4 PT SSAN# 10JAN03

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

Iraqi Civ # (b)(6)-4 (EPW)

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 21 AUG 03 TIME OF ORDER: 2230 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU 2
2. Diagnosis: s/p Exp lap liver lac repair
3. condition stable
4. Service: Gen Surgery Dr. [redacted] B6-2
5. Vitals: Q 4°
6. Allergies: NKDA

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: ↓↓ TIME OF ORDER: ↓↓ HOURS

7. Diet: clears and advanced as tolerated
8. Tylox 1-2 tab po PRN pain Q3-4hrs
9. Motrin 800 mg po tid
10. phenergan 25mg po Q 6° PRN N/V
11. Dressing change on wound on his back BID.
12. Morphine 2mg IV now x 1

21 Aug 03 given (b)(6)-2 BSP

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: ↓↓ TIME OF ORDER: ↓↓ HOURS

13. Hepheel IV site DC old one and place new one done
14. Abdominal wound wet to dry changes BID

(b)(6)-2 MD

MAJ, MC, USA

NURSING UNIT | ROOM NO. | BED NO.

Chart ✓ MB 21 Aug 03 @ 2345

PATIENT IDENTIFICATION

DATE OF ORDER: 24 AUG 03 TIME OF ORDER: 1000 HOURS

1. D/C staples.
2. Colace 100mg QD
3. Continue dressing changes for back [redacted] and abdominal wounds. BID

B6-2 (b)(6)-2

(b)(6)-2 MD

MAJ, MC, USA

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
Iraqi # (b)(6)-4	24aug03	1000hrs HOURS	
	VO Dr (b)(6)-2 / (b)(6)-2 MASN		
	A vs to a shelter		
	(b)(6)-2 MD		
	MAT, MC, MSP		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
Iraqi # (b)(6)-4	24AUG03	1035 HOURS	
	① D/C to EPW camp -		
	(b)(6)-2 MD		
	MAT, MC, MSP		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
Iraqi # (b)(6)-4		HOURS	
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
Iraqi # (b)(6)-4		HOURS	
NURSING UNIT / ROOM NO. / BED NO.			

DA FORM 1 APR 79 4256 REPLACES ED ... Y BE USED.

MEDCOM - 1612

(GREEN) EPW

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.

Aug 8 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24
21Aug	[redacted]	Vitals: Q4°	D	/	[redacted]		
	-----		E	/	[redacted]		24aug03
	-----		N	[redacted]			
21Aug	[redacted]	Diet: clears &	D	/	[redacted]		
	-----	advanced as tolerated	E	/	[redacted]		
	-----		N	[redacted]			
21Aug	[redacted]	Dressing A on wound	08	/	[redacted]		
	-----	on his back BID	20	/	[redacted]		
	-----			/	/		
21AUG	[redacted]	Abdominal wound	08	/	[redacted]		
24aug	-----	wet to dry A BID	20	/	[redacted]		
	[redacted]	Vitals q shift	D	/	/	/	[redacted]
	-----		E	/	/	/	/
	-----		N	/	/	/	

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS:
GSW to (R) abd / Ex lap

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

PATIENT IDENTIFICATION:

Iraqi # [redacted] 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

DA FORM 4677, OCT 73 — EDITION OF 1 DEC 77 MAY BE USED.

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 08 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
21	(b)(6)-2	Admit to ICU2/Gen Surgery Dr (b)(6)-2	21Aug ~~2200~~	2200	2200	(b)(6)-2
21		Condition stable	21Aug	2200	2200	

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

EPW

(MAR)

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.

No. 8 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24
21 Aug	(b)(6)-2	Motrin 800mg PO	08	/	(b)(6)-2		
	-----	X TID	14	/	(b)(6)-2		
	-----		22	/	(b)(6)-2		
21 Aug	(b)(6)-2	IV Hedlock	D	/	(b)(6)-2		
	-----		E	/	(b)(6)-2		
	-----		N	(b)(6)-2			
24 Aug	(b)(6)-2 -----	Colace 100mg PO QD	08	/	/	/	

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

GSW to (R) abd / Ex lap

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

Iraqi # (b)(6)-4 EPW

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

DA FORM 1615

MEDCOM - 1615

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 08 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
21	(b)(6)-2	Morphine 2mg IV now x 1	21AUG	NOW	2250	(b)(6)-2
21		Heplock IV site D/C old one &	22Aug	0245	0245	
		place new one				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
21AUG	(b)(6)-2	Tylox ÷ - ii tabs	22AUG 2100	22AUG 2000	23AUG 2000	23AUG 0000										
		q 3-4 hrs PO PRN PAIN	0250	0835	0000	ii										
21AUG	(b)(6)-2	Phenergan 25 mg														
		PO Q6° PRN N/V														