21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI	UNIT	RANK	SSN
(b)(6)-4 EPW	ICU #1	NA	(b)(6)-4

Physician:	Ward:			Date and Time:	Re	Date and Time:
(b)(6)-2			STAT		(b)(6)-2	1Sep03 0740
			Routine			

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat	0.9	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:		
	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		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		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

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	RANK	SSN
(b)(6)-4 (b)(6)-4	~~[illegible]~~	[illegible]	(b)(6)-4

Physician:	Ward:	STAT / Routine	Date and Time:	Re	Date and Time:
(b)(6)-2	ICU #1	–	10 SEP 03 0540	(b)(6)-2	10 Sep 0549

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		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		7-22 mmol/L
	Glu		73-118 mg/dL
	Creat		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
X	Creat	0.9	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		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		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

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:			Reported by:	Date and Time:
(b)(6)-2	ICU 1	STAT / X Routine	Date and Time: 9SEP03/1920	(b)(6)-2	9Sep 1940

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

X Urinalysis

	Color	yellow	Straw/Yellow
	Clarity	Clear	Clear
	Glucose	Neg	Negative
	Bilirubin	small	Negative
	Ketone	Neg	Negative
	SG	1.020	1.010-1.025
	Blood	Small	Negative
	pH	5.5	5.0-8.0
	Protein	30	Negative-Trace
	Urobili	Pos	Negative
	Nitrite	Neg	Negative
	Leuko	Neg	Negative

Urine Microscopic

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

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		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		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

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:			Reported by:	Date and Time:
(b)(6)-2	OMT	X STAT	Date and Time:		
		Routine	25 Aug 03 1920hrs		

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color	Amber	Straw/Yellow
	Clarity	clear	Clear
	Glucose	Neg	Negative
	Bilirubin	Neg	Negative
	Ketone	trace	Negative
	SG	1.030	1.010-1.025
	Blood	large	Negative
	pH	6.0	5.0-8.0
	Protein	trace	Negative-Trace
	Urobili	Neg	Negative
	Nitrite	Neg	Negative
	Leuko	Neg	Negative

Urine Microscopic

	WBC	0-5	Epi
	RBC	3-10	Mucus light
	Bacteria	light	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	18	7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK	1305	30-170 U/L
	CL	104	98-108 mmol/L
	TCO2	21	18-33 mmol/L
	Creat	0.9	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	231	73-118 mg/dL
	K	4.0	3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na	127	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

X	ABO/Rh	O pos	
	T&C		
X	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	13.1	4.8-10.8 x10(3)/uL
	RBC	3.47	4.2-6.1 x10(6)/uL
	Hgb	9.8	12.0-18.0 g/dL
	Hct	29.3	35.0-60.0%
	MCV	84.4	80.0-99.0 fl
	MCH	28.2	27.0-31.0 pg
	MCHC	33.4	33.0-37.0 g/dL
	Plt	222	130-400 x10(3)/uL
	LY%	9.2	15.0-55.0%
	LY#	1.2	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: CBC, Istat 6 2Cr, Met 3, ABO, UA, T&S

MEDCOM - 1820

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI	UNIT	RANK	SSN
(b)(6)-4	ICU #1		

Physician:	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU #1	X	1300 / 14Sept03	(b)(6)-2	14Sep03

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color	dk Y	Straw/Yellow
	Clarity	slt Cldy	Clear
	Glucose	Neg	Negative
	Bilirubin	Neg	Negative
	Ketone	Neg	Negative
	SG	1.013	1.010-1.025
	Blood	mod trace	Negative
	pH	7.0	5.0-8.0
	Protein	30	Negative-Trace
	Urobili	2	Negative
	Nitrite	Neg	Negative
	Leuko	Neg	Negative
	Urine Microscopic		
	WBC	0-3	Epi 0 CC
	RBC	0-5	Mucus trace
	Bacteria	light	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		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		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: CIA

MEDCOM - 1821

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:			Date and Time:	Reported by:	Date and Time:
Dr (b)(6)-2	ICU#1	X	STAT	15SEP03 0100	(b)(6)-2	15Sep03 0224
			Routine			

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
X	K	2.8	3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		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:		
Other:	* ESR	

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		
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	11.3	4.8-10.8 x10(3)/uL
	RBC	3.39	4.2-6.1 x10(6)/uL
	Hgb	9.7	12.0-18.0 g/dL
	Hct	28.9	35.0-60.0%
	MCV	86.2	80.0-99.0 fl
	MCH	28.9	27.0-31.0 pg
	MCHC	33.5	33.0-37.0 g/dL
	Plt	510	130-400 x10(3)/uL
	LY%	15.8	15.0-55.0%
	LY#	1.8	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

K	Sed Rate	128	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

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:	STAT / Routine	Specimen Date and Time:		Date and Time:
Dr (b)(6)-2	ICU#1		16 SEP 03 0500	(b)(6)-2	16 SEP 03

Chemistry (i-STAT) — 6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
X	K	3.6	3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
X	Creat	0.9	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

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:		Spermatozoa
Crystals:		Amorph Sed
Other:		
Other:		

Chemistry (Piccolo Analyzer) — Chem 12 MetLyte8 BMP Liver

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

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

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

HCG

Urine		Negative
Serum		Negative

Hematology — CBC Malaria H/H

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

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Se
Thick		No Plasmodium Se

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
(b)(6)-4	N/A	N/A	N/A	(b)(6)-4

Physician:	Ward:		Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU 1	STAT / X Routine	17Sep03	(b)(6)-2	17Sep03

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
X	K	3.2	3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
X	Creat	0.8	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

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:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

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

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

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

HCG

Urine		Negative
Serum		Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.2	4.8-10.8 x10(3)/uL
	RBC	3.22	4.2-6.1 x10(6)/uL
	Hgb	9.7	12.0-18.0 g/dL
	Hct	27.8	35.0-60.0%
	MCV	86.4	80.0-99.0 fl
	MCH	30.2	27.0-31.0 pg
	MCHC	35.0	33.0-37.0 g/dL
	Plt	487	130-400 x10(3)/uL
	LY%	14.4	15.0-55.0%
	LY#	1.5	0.7-4.3 x10(3)/uL

Differential

Segs	87	Mono	9
Bands		Eos	
Lymph	3	Baso	
Atyp Ly		Immature cells	Blast 1

RBC Morph: Hypochromic N/N

Plt verify: slightly increased

Spun Crit		35-60%

Malaria Smear

Thin		No Plasmodium See
Thick		No Plasmodium See

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:		Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU 1	STAT / Routine	18 Jan 03 1645	(b)(6)-2	18 Jan 03

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		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		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

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:		Spermatozoa
	Crystals:		Amorph Sed
	Other:		
	Other:		

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

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

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL

Microbiology

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

HCG

	Urine		Negative
	Serum		Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.8	4.8-10.8 x10(3)/uL
	RBC	3.49	4.2-6.1 x10(6)/uL
	Hgb	10.0	12.0-18.0 g/dL
	Hct	29.9	35.0-60.0%
	MCV	85.6	80.0-99.0 fl
	MCH	28.7	27.0-31.0 pg
	MCHC	33.5	33.0-37.0 g/dL
	Plt	462	130-400 x10(3)/uL
	LY%	11.2	15.0-55.0%
	LY#	1.2	0.7-4.3 x10(3)/uL

X **Differential**

Segs	86	Mono	9
Bands		Eos	
Lymph	4	Baso	1
Atyp Ly		Immature cells	
RBC Morph:	N/N		
Plt verify:	s/h increased		
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
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

(b)(6)-4

(EPW)

ICU-2

CHEM I

URGENCY
- [x] ROUTINE
- [ ] TODAY
- [ ] PRE-OP
- [ ] STAT

PATIENT STATUS
- [x] BED
- [ ] AMB
- [ ] OUTPATIENT
- [ ] NP
- [ ] DOM

SPECIMEN SOURCE
- [x] BLOOD
- [ ] OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 03 Sep 0545

LAB. ID. NO.

REMARKS

K potassium

548-107

TEST(S)	
SPECIMEN TAKEN	
DATE	23 Sep 03
TIME	0525 (A.M.) P.M.
RESULTS	REQUESTED (X)
GLUCOSE	
UREA N.	
CREATININE	
URIC ACID	
SODIUM	
POTASSIUM	3.0
CHLORIDE	
CO_2	
PHOSPHATE	
CALCIUM	
TOTAL PROTEIN	
ALBUMIN	
GLOBULIN	
ALKALINE PHOSPHATASE	
ACID PHOSPHATASE	
SGOT	
LDH	
CPK	
BILIRUBIN (TOTAL)	
BILIRUBIN (DIRECT)	
CHOLESTEROL	
TRIGLYCERIDES	
AMYLASE	
LIPASE	
PROFILE (Specify)	

CHEMISTRY I
STANDARD FORM 544 (Rev. 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

MEDCOM - 1826

(b)(6)-4

(EPW)

ICU-2

CHEM I

SPECIMEN/LAB. RPT. NO.

URGENCY
- [x] ROUTINE
- [ ] TODAY
- [ ] PRE-OP
- [ ] STAT

PATIENT STATUS
- [x] BED
- [ ] AMB
- OUTPATIENT [ ]
- [ ] NP
- [ ] DOM

SPECIMEN SOURCE
- [x] BLOOD
- [ ] OTHER (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 03Sep 0545

LAB. ID. NO.

REMARKS

K potassium

TEST(S)																																			
SPECIMEN TAKEN	DATE 23Sep03	TIME 0525	A.M.	P.M.	(X)	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)					
	RESULTS											3.0																							

546-107

CHEMISTRY I
STANDARD FORM 546 (Rev. 6-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

MEDCOM - 1827

DATE 22Sep03 | TIME 0900 | LAB #

Physicia(b)(6)-2

Clinic/Ward/UCA ICU2

☐ Clean Catch ☐ Catheterized

☑ Routine ☐ Today ☐ STAT

Urine Chemistry

Glucose 250
Bilirubin Neg
Ketone Neg
S.G 1.020
Blood Large
pH 7.0
Protein 300
Urobilinogen 0.2
Nitrite Neg
Leuk Est. Neg

Patient ID

(b)(6)-4

MALE

Color Amber
Appearance Cloudy
Clinitest
Acetest
Ictotest
SSA

Microscopic
Casts None /LPF
Type NA
WBC 0-5 /HPF
RBC 20+ /HPF
Crystals None
Epi Cells None /HPF
Type NA
Yeast None
Trichomonas None
Bacteria None
Mucous None
Other

Clinical Data:

Reported By: (b)(6)-2

Date: 22Sep03

Note: Micro exam only when abn. chem. found or upon special request.

Normal Values
Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF PATHOLOGY
FH MDA FORM 8 1 Feb 85

CHART COPY

DATE 23Sept04 | TIME 1215 | LAB #

Physic(b)(6)-2

Clinic/Ward/UCA ICU

☑ Clean Catch ☐ Catheterized

☐ Routine ☑ Today ☐ STAT

Urine Chemistry

Glucose 100
Bilirubin neg
Ketone neg
S.G 1.015
Blood Large
pH 7.0
Protein 30+
Urobilinogen 0.2
Nitrite Neg
Leuk Esterase Neg

Patient ID

(b)(6)-4

Male

UA

Color Yellow
Appearance Cloudy
Clinitest
Acetest
Ictotest
SSA

Microscopic
Casts None /LPF
Type NA
WBC 0-5 /HPF
RBC 10-15 /HPF
Crystals None
Epi Cells RARE /HPF
Type Squamous
Yeast None
Trichomonas None
Bacteria Light
Mucous None
Other

Clinical Data: UTI

Reported By: (b)(6)-2

Date: 23Sept04

Note: Micro exam only when abn. chem. found or upon special request.

Normal Values
Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/d
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF PATHOLOGY
FH MDA FORM 8 1 Feb 85

MEDCOM - 1828

DATE 24SEPT03 | TIME 0523 | LAB #

Physician (b)(6)-2

Clinic/Ward/UCA ICU

☒ Clean Catch ☐ Catheterized

☒ Routine ☐ Today ☐ STAT

Urine Chemistry

U/A Glu Neg
bil Neg
Ket Neg
SG 1.015
Bld Mod
pH 7.0
Pro 30
Uro Neg
Nit Neg
Leuk Neg

Patient ID

(b)(6)-4

(Eow) (mo3)

ICU

Color Yellow
Appearance Clear
Clinitest
Acetest
Ictotest
SSA

Microscopic
Casts /LPF
Type
WBC /HPF
RBC 0-5 /HPF
Crystals
Epi Cells /HPF
Type
Yeast
Trichomonas
Bacteria Mod
Mucous
Other

Clinical Data:

Reported By: (b)(6)-2

Date: 24Sep03

Note: Micro exam only when abn. chem. found or upon special request.

Normal Values
Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/d
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF PATHOLOGY
FH MDA FORM 8 1 Feb 85

CHART COPY

(b)(6)-4

ICU 1
20 Sep 03
1430

(b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 20 Sep 03

LAB. ID NO.

REMARKS

URINALYSIS

URGENCY: ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☐ ROUTINE ☐ OTHER (Specify)

SPECIMEN/LAB RPT NO

PATIENTS MED. RECORD

TEST(S)	RESULTS
SPECIMEN TAKEN DATE	20 Sep 03
TIME	1430 A.M. P.M.
REQUESTED (X)	
ROUTINE	
COLOR	red/orange
SPECIFIC GRAVITY	cloudy clarity
UROBILINOGEN	2
OCCULT BLOOD	large
BILE	neg
KETONES	neg
GLUCOSE	>2000
PROTEIN	100
pH	8.0
MICROSCOPIC	
WBC	0-1
RBC	TNTC
EPITH CELLS	rare
CASTS: WBC	
CASTS: RBC	
CASTS: HYALINE	
CASTS: GRANULAR	
BACTERIA	Trace
CRYSTALS	
MUCUS	
NITRITE	
BENCE-JONES PROTEIN	
HEMOSIDERIN	
HCG	
SG	1.019
Nitrite	neg
Leuko	neg

URINALYSIS

Standard Form 550 (Rev. 4-77) General Services Administration and Interagency Committee on Medical Records FPMR (41 CFR) 201-45.505

B50-107

(b)(6)-4

34 yo male

temp 100.9°Axx

ICU 1

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 13 Sep 03

LAB ID NO.

REMARKS

MISC

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

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

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

TEST(S)	RESULTS
SPECIMEN TAKEN DATE	13 Sep 03
TIME	1040 A.M. P.M.
REQUESTED	
	marbar Smear

Thin smear → NO plasmodium species observed

(b)(6)-2

Thick smears pending

plan 48 hrs 14 Sept → sample invalid - please resubmit

(b)(6)-2

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR FPMR (41 CFR) 201-45.505

557-107

(b)(6)-4

PATIENTS MED. RECORD

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

DATE 21 Sep 03 15:15 HR

MD (b)(6)-2

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

REPORTED BY

REQUESTING PHYSICIAN'S SIGNATURE

(b)(6)-2

REMARKS

TEST(S)	RESULTS
SPECIMEN TAKEN DATE	20 Sep
TIME	1410 A.M. P.M.
REQUESTED	
	Glucose 305
	Bun 15
	K 3.1
	Cl 93
	Mg 130
	Hct 35%
	Hb 12
	Platelet 1.1

CR

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR FPMR (41 CFR) 201-45.505

557-107

TEST(S)
SPECIMEN TAKEN
DATE 4/11/02 TIME 2200 A.M. P.M.
REQUESTED
MALARIAL SMEAR
RESULTS

REMARKS
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
R (b)(6)-2
MD (b)(6)-2 DATE 12 Sept

Malarial Smear
Thin no plasmodium seen
Thick - No plasmodium spp. seen (b)(6)-2

(b)(6)-4

ICU #1

MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

TEST(S)
SPECIMEN TAKEN
DATE 12Sept03 TIME 1240 A.M. P.M.
REQUESTED
RESULTS

REMARKS
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REP (b)(6)-2
MD (b)(6)-2 DATE 12 Sept

Malaria Smear
Thin Smear - No plasmodium seen
No plasmodium seen - thick (b)(6)-2

(b)(6)-4

ICU #1

MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

(b)(6)-4

34 yo male?
ICU #1

Ahmed - Lab # 197

ICU #1

MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD (b)(6)-2 DATE 12Sept03
REMARKS

TEST(S)
SPECIMEN TAKEN
DATE 2 Sept 03 TIME 0100 A.M. P.M.
REQUESTED
Malarial Smear
RESULTS

thin smear - No plasmodium sp. seen
Thick - no plasmodium spp. seen (b)(6)-2

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

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

546-107

TESTS	SPECIMEN TAKEN DATE	TIME A.M./P.M.	REQUESTED (X)	RESULTS
GLUCOSE				141
UREA N.				12
CREATININE				0.6
URIC ACID				
SODIUM				130
POTASSIUM				3.6
CHLORIDE				110
CO_2				20
PHOSPHATE				
CALCIUM				
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				1735
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				
LIPASE				
PROFILE (Specify)				

Clean 7. CK

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE (b)(6)-2 TECH

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

PATIENT'S MED. RECORD

SPECIMEN/LAB. RPT. NO.

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

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

LAB. ID. NO.

CHEM I

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

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

SPECIMEN SOURCE: BLOOD ☒ OTHER (Specify) ☐

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

SPECIMEN/LAB. RPT. NO.

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

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

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

LAB. ID. NO.

HEMATOLOGY

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

PATIENTS MED. RECORD

HEMATOLOGY 549-107

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

TESTS	SPECIMEN TAKEN DATE	TIME A.M./P.M.	REQUESTED (X)	RESULTS
RBC COUNT				
HEMOGLOBIN				
HEMATOCRIT				
MCV				
MCH				
MCHC				
WBC COUNT				
WBC DIFF AND BLOOD CELL MORPH: IMMATURE				
NEUTRO-BANDS				
NEUTROSEGS				
LYMPHS				
EOSINOPHILS				
BASOPHILS				
MONOCYTES				
PLATELETS				
RBC				
SED. RATE				
PLATELET COUNT				
RETICULOCYTE COUNT				
CLOTTING TIME				
BLEEDING TIME				
PT: CONTROL				
PT: PATIENT				
PTT: CONTROL				
PTT: PATIENT				
PTT: % ACTIVITY				
PTT: RATIO				
SICKLING TEST				
LE PREP				

REMARKS: CBC

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY

MD DATE TECH

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

PATIENTS MED. RECORD

(EPW)

(b)(6)-4 (b)(6)-4

PATIENTS MED. RECORD

SPECIMEN/LAB. RPT. NO.

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

SPECIMEN SOURCE: BLOOD ☐ OTHER (Specify) ☐

LAB. ID. NO.

CHEM I

URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

(b)(6)-4

Enter in above space

REQUESTING PHYSICIANS SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REMARKS

CHEMISTRY I 546-107

STANDARD 546 (Rev. 8-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

TESTS	SPECIMEN TAKEN DATE	TIME A.M./P.M.	REQUESTED (X)	RESULTS
GLUCOSE				170*
UREA N.				
CREATININE				
URIC ACID				
SODIUM				136
POTASSIUM				4.3
CHLORIDE				
CO_2				25
PHOSPHATE				
CALCIUM				6.15
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				6
LDH				18
CPK				1353*
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				100
AMYLASE				3
LIPASE				34
PROFILE (Specify)				
				7.370 pH
				40.3 PCO2
				312 PO2

(Clean 7. CK (Pleasant))

MEDCOM - 1831

TEST(S)

SPECIMEN TAKEN

DATE 26 Aug | TIME 1400 A.M. P.M.

RESULTS	REQUESTED	(X)
157	GLUCOSE	
12	UREA N.	
1.3	CREATININE	
	URIC ACID	
135	SODIUM	
4.3	POTASSIUM	
104	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
29%	Hct	
10	Hg	

REMARKS I stat 6, Glucose, Ck (CK)

Male

(b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MD DATE 26 Aug 03

ECH

(b)(6)-4

ICU #2

CHEM I

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

(b)(6)-2

134J

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

546-107

PATIENT'S MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE 26 Aug | TIME 1600 A.M. P.M.

RESULTS	REQUESTED	(X)
171	GLUCOSE	
10	UREA N.	
0.9	CREATININE	
	URIC ACID	
135	SODIUM	
3.9	POTASSIUM	
104	CHLORIDE	
23	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
912	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS CK

(b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MD DATE 26 Aug

(b)(6)-4

ICU 2

CHEM I

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

135HP

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records, FIRMR (41 CFR) 201-45.505

546-107

LABORATORY FILE

(b)(6)-4

(EPW)

ICU-2

CHEM I

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

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 (b)(6)-2 MD DATE 26 Aug 03 (b)(6)-2 LAB. ID. NO.

REMARKS CK, I stat-6, Glucose, Cr

TEST(S) | SPECIMEN TAKEN | DATE 26 Aug | TIME 2220 A.M. P.M.

RESULTS	REQUESTED	(X)
83*	GLUCOSE	
10	UREA N.	
0.9	CREATININE	
135*	URIC ACID	
24*	SODIUM	
4.0	POTASSIUM	
100	CHLORIDE	
21	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

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

546-107

MEDCOM - 1832

DATE 26AUG03 TIME 0310 LAB #

Physician (b)(6)-2

Clinic/Ward/UCA ICU-2

☐ Clean Catch ☑ Catheterized

☑ Routine ☐ Today ☐ STAT

Urine Chemistry

U/A & MICRO

glu - Neg
bili - Neg
Ket Neg
SG 1.018
Bld pos
pH 5.5
prot Neg
uro Neg
Nit Neg
Leuk Neg

Patient ID (b)(6)-4

(CD3)

Color yellow
Appearance clear
Clinitest
Acetest
Ictotest
SSA

Microscopic
Casts /LPF
Type
WBC 0-5 /HPF
RBC 5-10 /HPF
Crystals
Epi Cells Few /HPF
Type
Yeast
Trichomonas
Bacteria Light
Mucous Med
Other

Clinical Data:

Reported By: (b)(6)-2

Date: 26 Aug 03

Note: Micro exam when abn. chem. or upon special re

Normal Values
Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/dl
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

DATE 26Aug03 TIME 10 LAB #

Physician (b)(6)-2

Clinic/Ward/UCA ICU 2

☐ Clean Catch ☒ Catheterized

☐ Routine ☐ Today ☒ STAT

Urine Chemistry

Glucose Neg
Bilirubin Neg
Ketone Neg
S.G. 1.030
Blood - Mod
pH 5.0
Protein Trace
Urobilinogen Occ
Nitrite Neg
Leukocyte Neg

Patient ID (b)(6)-4

(Male)

EPN

ICU #2

Color yellow
Appearance clear
Clinitest
Acetest
Ictotest
SSA

Microscopic
Casts none /LPF
Type NA
WBC 0-5 /HPF
RBC 0-5 /HPF
Crystals none
Epi Cells none /HPF
Type NA
Yeast none
Trichomonas none
Bacteria Light
Mucous none
Other

Clinical Data: Pts Hx

Reported By: (b)(6)-2

Date: 26 Aug 03

Note: Micro exam when abn. chem. or upon special re

Normal Values
Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/dl
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

(b)(6)-4

ICU-2

(b)(6)-4

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

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

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

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

PATIENTS MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE 0127 03

TECH (b)(6)-2

LAB. ID. NO.

REMARKS CBC

TEST(S)	SPECIMEN TAKEN	A.M. P.M.	(X) REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	CONTROL	PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP	Ly #
	DATE 26AUG	TIME	RESULTS	3.46	9.6	30.0	86.7	27.7	32.0	13.4				3.9				75															3.6

WBC DIFF AND BLOOD CELL MORPH

549-107

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by DOD 6010.13-M FIRMR (41-CFR) 201-45.505

MEDCOM - 1833

DATE 27Aug03 | TIME 0600 | LAB #

Physician (b)(6)-2

Clinic/Ward/UCA ICU

☐ Clean Catch ☒ Catheterized

☐ Routine
☐ Today
☐ STAT

Urine Chemistry

Glu - NEG
Bili - NEG
Ket - MOD
S.G - 1.010
Blood - TRACE
pH - 6.0
Pro - NEG
Uro - NEG

Patient ID

(b)(6)-4

EPW

Male

Color Yellow
Appearance clear
Clinitest
Acetest
Ictotest
SSA

Microscopic

Casts /LPF
Type
WBC 0-2 /HPF
RBC 0-2 /HPF
Crystals
Epi Cells /HPF
Type
Yeast
Trichomonas
Bacteria
Mucous
Other

Nitrite - NEG
L-esterase - NEG

Clinical Data:

Reported By: (b)(6)-2

Date: 27Aug03

Note: Micro exam only when abn. chem. found or upon special request.

Normal Values

Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/dl
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

TEST(S)		
SPECIMEN TAKEN		
DATE 27Aug	TIME 0600	A.M. P.M.
RESULTS	REQUESTED	(X)
130	GLUCOSE	
12	UREA N.	
0.9	CREATININE	
	URIC ACID	
133	SODIUM	
3.9	POTASSIUM	
102	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
685	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
22%	Hct	
7	Hb	

CHEMISTRY I
STANDARD FORM 546 (Rev 6-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

546-107

REMARKS: Istat 6/Cr/Glucose/CK

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

EPW

Male

Major critical value on Hg notified (b)(6)-2

REPORTED BY (b)(6)-2

TECH

MD

DATE 27Aug03

CHEM I

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF PATHOLOGY
FH MDA FORM 8 1 Feb 85

CHART COPY

TEST(S)
SPECIMEN TAKEN
DATE 8 28 03 TIME 0700 A.M. P.M.
REQUESTED

RESULTS
WBC - 10.8
RBC - 2.56
Hgb - 7.7
Hct - 22.5
mcv - 87.9
mcH - 29.9
mcHc - 34.0
PLt - 241
Ly % - 17.4
Ly # - 1.9

REMARKS CBC

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY MD DATE 28 Aug 03
(b)(6)-4 (EPW) MALE ICU-2
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify) Blood
SPECIMEN/LAB RPT. NO.
LAB ID NO.
MISCELLANEOUS
STANDARD FORM 557 (Rev 3-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45-505 557-107
PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE 8 28 03 TIME 0700 A.M. P.M.

RESULTS	REQUESTED	(X)
140	GLUCOSE	
11	UREA N.	
0.6	CREATININE	
	URIC ACID	
133	SODIUM	
4.0	POTASSIUM	
98	CHLORIDE	
24	CO_2	
	PHOSPHATE	
7.4	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
621	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS Chem-7

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY MD DATE 28 Aug 03
(b)(6)-4 (EPW) MALE ICU-2
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify)
SPECIMEN/LAB RPT. NO.
LAB. ID. NO.
CHEMISTRY I
STANDARD FORM 546 (Rev 8-77) PRESCRIBED BY GSA ICMR FIRMR (41 CFR) 201-45-505 546-107
PATIENT'S MED. RECORD

(b)(6)-4
CHEM I
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify)
SPECIMEN/LAB. RPT. NO.
LAB. ID. NO.
PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE ICU-2
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MD (b)(6)-2 DATE 30/Aug 03
REMARKS ~~SMA 7, LFTs~~ Istat 6, Cr. Istat 12

TEST(S) SPECIMEN TAKEN DATE 30 Aug TIME A.M. P.M.

RESULTS	REQUESTED	(X)
187	GLUCOSE	
15	UREA N.	
0.9*	CREATININE	
	URIC ACID	
129	SODIUM	
3.2	POTASSIUM	
95	CHLORIDE	
	CO_2	
	PHOSPHATE	
7.6*	CALCIUM #	
5.3*	TOTAL PROTEIN	
1.4*	ALBUMIN	
	GLOBULIN	
97*	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
1.0	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
90*	CHOLESTEROL	
	TRIGLYCERIDES	
25	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
27	ALT	
65*	AST	

546-107
CHEMISTRY I
STANDARD FORM 546 (Rev 8-77) PRESCRIBED BY GSA ICMR FIRMR (41 CFR) 201-45-505

TEST(S)

SPECIMEN TAKEN

DATE 31 Aug 03 TIME 0437 A.M. P.M.

RESULTS	REQUESTED	(X)
2.30	RBC COUNT	
6.8	HEMOGLOBIN	
20.2	HEMATOCRIT	
87.7	MCV	
29.8	MCH	
34.0	MCHC	
18.2	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
318	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
5.7	[illegible]	
1.0	[illegible]	

REMARKS: CBC

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE 31 Aug 03

LAB. ID. NO.

HEMATOLOGY URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

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

SPECIMEN/LAB RPT. NO.

(b)(6)-4

HEMATOLOGY 549-107

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

PATIENT'S MED. RECORD

FCU #2

TEST(S)

SPECIMEN TAKEN

DATE 31 Aug TIME 0930 A.M. P.M.

RESULTS	REQUESTED	(X)
3.26	RBC COUNT	
9.6	HEMOGLOBIN	
25.5	HEMATOCRIT	
87.6	MCV	
29.5	MCH	
33.7	MCHC	
21.5	WBC COUNT	
3	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
23	NEUTRO-BANDS	
65	NEUTROSEGS	
7	LYMPHS	
0	EOSINOPHILS	
0	BASOPHILS	
2	MONOCYTES	
3-to Adequate	PLATELETS Giant platelets	
Aniso & poikilocytosis		
	SED. RATE	
406.	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
5.0	[illegible]	
1.1	[illegible]	

REMARKS

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE 31 Aug 03

LAB. ID. NO.

HEMATOLOGY URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

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

SPECIMEN/LAB RPT. NO.

(b)(6)-4

HEMATOLOGY 549-107

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

PATIENT'S MED. RECORD

FCU #2

Male

Differential pending

SPECIMEN/LAB RPT NO.

HEMATOLOGY

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

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

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

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE 31 Aug 03 0940 HP

LAB. ID. NO.

REMARKS: CBC

TEST(S) SPECIMEN TAKEN DATE 31 Aug TIME 0930 A.M. P.M.

RESULTS	REQUESTED	(X)
3.26	RBC COUNT	
9.6	HEMOGLOBIN	
25.5	HEMATOCRIT	
87.6	MCV	
29.5	MCH	
33.7	MCHC	
21.5	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
406	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
5.0	[illegible]	
1.1	[illegible]	

HEMATOLOGY 549-107

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

TEST(S)

SPECIMEN TAKEN

DATE 31 Aug | TIME 0930 | A.M. / P.M.

RESULTS	REQUESTED	(X)
162	GLUCOSE	
16	UREA N.	
1.1	CREATININE	
	URIC ACID	
133	SODIUM	
3.1	POTASSIUM	
99	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

TECH MD DATE 31 Aug 03

LAB. ID. NO.

CHEM I

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

CHEMISTRY I

STANDARD FORM 548 (Rev 8-77)

PRESCRIBED BY GSA ICMR

FIRMR (41 CFR) 201-45.505

546-107

Make

Stat to CR

(b)(6)-4

FCU #2

TEST(S)

SPECIMEN TAKEN

DATE 1 Sep 03 | TIME 0570 | A.M. / P.M.

RESULTS	REQUESTED	(X)
2.81	RBC COUNT	
18.8	HEMOGLOBIN	
24.8	HEMATOCRIT	
88.3	MCV	
28.8	MCH	
32.7	MCHC	
335 18.8	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
335	PLATELETS	
	RBC	
Lyt 4.1	SED. RATE	
Lyt 0.8	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
	LE PREP	

CBC

REMARKS

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-2

(b)(6)-2

(b)(6)-4

0500 1 Sep 03

DATE 1 Sep 03

LAB. ID. NO.

HEMATOLOGY

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

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

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

HEMATOLOGY

STANDARD FORM 549 (Rev 7-78)

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549-107

TEST(S)

SPECIMEN TAKEN

DATE 9/2/03 TIME 0600 A.M. P.M.

RESULTS	REQUESTED	(X)
2.57	RBC COUNT	
7.4	HEMOGLOBIN	
22.6	HEMATOCRIT	
87.7	MCV	
28.7	MCH	
32.7	MCHC	
10.0	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
251	PLATELETS	
	RBC	
	SED. RATE	
251	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PT CONTROL	
	PT PATIENT	
	PT % ACTIVITY	
	PT RATIO	
	SICKLING TEST	
8.2		
0.8		

REMARKS (b)(6)-2

CBC

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-2

(b)(6)-2

(b)(6)-2

MD DATE 9/2/03

(b)(6)-4

HEMATOLOGY

URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

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

SPECIMEN SOURCE: VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

HEMATOLOGY 549-107

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

TEST(S)

SPECIMEN TAKEN

DATE 9/2/03 TIME 0600 A.M. P.M.

RESULTS	REQUESTED	(X)
197	GLUCOSE	
18	UREA N.	
0.8	CREATININE	
	URIC ACID	
141	SODIUM	
3.8	POTASSIUM	
111	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	X
	ISTAT-6	
	Creat	X

REMARKS (b)(6)-2

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

MD DATE 9/2/03

(b)(6)-4

CHEM I

URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

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

SPECIMEN SOURCE: BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

CHEMISTRY I 546-107

STANDARD FORM 546 (Rev. 8-77) PRESCRIBED BY GSA ICMR FIRMR (41 CFR) 201-45.505

(b)(6)-4

ICU 1
3 Sep 03, 0500

(b)(6)-2

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

(b)(6)-2

(b)(6)-2

(b)(6)-2

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

PATIENT'S MED. RECORD

REMARKS

Creatinine

TEST(S)		
SPECIMEN TAKEN		
DATE 3 Sep 03	TIME 0500 A.M. / P.M.	
RESULTS	REQUESTED	(X)
	GLUCOSE	
	UREA N.	
0.9	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

CHEMISTRY I
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546-107

(b)(6)-4

FCU #1
3 Sept 03 0250

(b)(6)-2

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

(b)(6)-2

(b)(6)-2

HEMATOLOGY
URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

REMARKS

CBC Diff

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME A.M. / P.M.	
RESULTS	REQUESTED	(X)
3.28	RBC COUNT	
10.1	HEMOGLOBIN	
25.9	HEMATOCRIT	
88.1	MCV	
30.7	MCH	
34.9	MCHC	
9.3	WBC COUNT	
3	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
29	NEUTRO-BANDS	
58	NEUTROSEGS	
3	LYMPHS	
0	EOSINOPHILS	
0	BASOPHILS	
7	MONOCYTES	
10-15	PLATELET (Giant)	
Poikilocytosis	RBC	
	SED. RATE	
253	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PT CONTROL	
	PT PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
7.0	Lyt %	
0.6	Lyt #	

HEMATOLOGY
STANDARD FORM 549 (Rev 7-78)
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549-107

TEST(S)

SPECIMEN TAKEN

DATE 4 Sep 03 TIME 0530 A.M. P.M.

RESULTS	REQUESTED	(X)
3.28	RBC COUNT	
9.6	HEMOGLOBIN	
28.8	HEMATOCRIT	
87.8	MCV	
29.2	MCH	
33.3	MCHC	
8.3	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
343	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PT CONTROL	
	PT PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
12.4	Hgb	
1.0	Hct	

REMARKS CBC

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 4 Sep 0559

LAB. ID. NO.

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE: BLOOD / VEIN / CAP / OTHER (Specify)

SPECIMEN/LAB RPT. NO.

HEMATOLOGY 549-107

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

PATIENT'S MED. RECORD

(b)(6)-4

1 Cu 1 4 Sep 03

(b)(6)-2

34 40 03

TEST(S)

SPECIMEN TAKEN

DATE 4 Sep 03 TIME 0530 A.M. P.M.

RESULTS	REQUESTED	(X)
165	GLUCOSE	
16	UREA N.	
0.8	CREATININE	
	URIC ACID	
146	SODIUM	
3.8	POTASSIUM	
115	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS Istat 6 Creat (Chem 7)

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 4 Sep 03 0545

LAB. ID. NO.

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE: BLOOD / OTHER (Specify)

SPECIMEN/LAB RPT. NO.

CHEMISTRY I 546-107

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FIRMR (41 CFR) 201-45.505

PATIENT'S MED. RECORD

(b)(6)-4

1 Cu 1 4 Sep 03

34 40 03

(b)(6)-4

1 Cu #1

CHEM I

URGENCY: ROUTINE / TODAY ☒ / PRE-OP / STAT ☒

PATIENT STATUS: ☒ BED / AMB / OUTPATIENT / NP / DOM

SPECIMEN SOURCE: ☒ BLOOD / OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REPORTED BY (b)(6)-2 MD TECH

DATE 5 Sept 03 0635 HR

LAB. ID. NO.

REMARKS Creatanin

TEST(S) SPECIMEN TAKEN DATE 5 Sept 03 TIME 0615 A.M. P.M.

RESULTS	REQUESTED	(X)
	GLUCOSE	
	UREA N.	
0.8	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

546-107

CHEMISTRY I
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

(b)(6)-4

ICU I
9 SEP 03
0430

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REMARKS (b)(6)-2

REPORTED BY

TECH 9 Sep 0439

MD DATE

(b)(6)-2

(b)(6)-2

CHEM I

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP STAT ☐

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

SPECIMEN SOURCE: ☐ NP ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE 9 Sep 03	TIME A.M. P.M.	
RESULTS	REQUESTED	(X)
	GLUCOSE	
	UREA N.	
1.2	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

Creatinine

CHEMISTRY I
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505
546-107

(b)(6)-4

ICU I
9 Sep 03
0430

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REMARKS (b)(6)-2

REPORTED BY

TECH 9 Sep

MD DATE

(b)(6)-2

(b)(6)-2

HEMATOLOGY

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

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

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

SPECIMEN/LAB RPT. NO.

LAB. ID. NO.

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME A.M. P.M.	
RESULTS	REQUESTED	(X)
3.23	RBC COUNT	
9.7	HEMOGLOBIN	
28.2	HEMATOCRIT	
87.4	MCV	
29.9	MCH	
34.2	MCHC	
9.4	WBC COUNT	
(PO) 24	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
58 (DD)	NEUTRO-BANDS	
3	NEUTROSEGS	
	LYMPHS	
4	EOSINOPHILS	
11	BASOPHILS	
	MONOCYTES	
20-30 clumps	PLATELETS	
N/Hypochromic	RBC	
	SED. RATE	
670	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PT: CONTROL	
	PT: PATIENT	
	PT: % ACTIVITY	
	PT: RATIO	
	SICKLING TEST	
8.9	Hep/Ro	
0.8	Lyt	

CBC, Diff
DAF
Hgb/Hct

HEMATOLOGY
STANDARD FORM 549 (Rev 7-70)
PRESCRIBED BY GSA/ICMR
FIRMR (41-CFR) 201-45.505
549-107

34 / 72 kg

MEDICAL RECORD - ANESTH

f this form, see AR 40-66; the proponent agenc. OTSG

ASA 1
NKDA

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

DRUG	(Units)												
VERSED	(MG)	1.0											
FENTANYL	(MCG)	100		50			100						
PROPOFOL	(MCG)	100											
SUX	(MG)	100											
VEC	(MG)			5 3		2			2		2		1
MSO4	(MG)			2 2 2		2 2							
VOLAT AGENT	% del	/	1.5	1.2 1.2		1.2	1.5	.7	.7	.8	.8	.8	.8
	% e.t.												
AIR	L/Min												
N2O	L/Min												
O2	L/Min	10	2	2	2	2	2	1	1	1	1	1	1

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

FLUIDS

LINE site: 18 (R) WRIST — 1000 — 750 — 1000 — 1500 — 2000 — 2500 →
- [x] Warmed
- [ ] Warmed
- [ ] Warmed
- [ ] Warmed

LOSSES

EST BLOOD LOSS: 50
URINE - Foley: 100 — 150/500 >1 unit

TOTALS	TOTAL EBL
	TOTAL URINE

FLUIDS - SUMMARY

CRYSTALLOID- LR
COLLOID-
BLOOD-

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 77 KG LB

HEMATOCRIT: 29

INITIAL DATA:

BP- 127/74

HR- 110

EQUIP CHECK

OK?- Y N

PATIENT

OK for PROCEDURE? Y

TIME- 1900

TIME 2030 × 2100 × 2130 × 2200 × 2230 × 2300

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

VENTIL

VT - ml	/	600	570	610	600	610	500	560	570	560	510	530
f - breaths/min	14	8	9	10	10	9	6	6	6	6	6	6
Peak inf pres / PEEP	/	28	28	25	26	26	27	27	27	27	26	26
MODE - S(pon), A(ssist), C(on)	S A C	C	C	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff / ET CO2 (torr)	/	36	36	36	33	30	35	37	36	36	36	38
BP/oth / FIO2 (Frac or %)	.83	.83	.83	.84	.84	.84	.85	.85	.85	.85	.85	.85
ART line / SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES / ECG	ST	ST	ST	ST	ST	ST	SR	SR	SR	SR	SR	SR
Gas analyzer / TEMP-site	AXILL											
N-M Block (T/4)	0/4	0/4	0/4	0/4	0/4	0/4	0/4	4/4	4/4			
Warming blkt												
Conv warmer												

Mark with letters & symbols, explain under REMARKS

EVENTS (1) (2) (3) Position

(3) AK Foley in place Bear Bag
(2) Flat Decubitus

REMARKS

Code drugs with numbers, events with letters

(1) Pt seen & interviewed
per INTERPRETER
Chart Reviewed
Procedure explained
(2) To OR. ON TABLE Monitors
induced
Anesth 7:30 2040
Start Prep 2045

mannitol 25 gm
IV 2045

(3) (R) Foley & Line
sterile technique →
aseptic, left finger →
good wave/flow.

mannitol 12.5 gm IV
2208

2220 ABG:
7.37 / 40 / 312 / 24 / -2
H/H 6/18
CK 1353 Glu 17
K 4.3

RECOVERY AT

PACU ICU _____ (Specify)
OTHER _____
CONDITION:
RESP- SpO2-
BP- HR-

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1930	2015	0100
	Ready	Begin	End
PROC	2055	2105	2405

PROCEDURES and CPT Codes: 1ED LUE & LLE
EX-FIX (R) FEMUR & REVISE LUE AMPUTATION

ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA:
PREOX, INDUCED, EXPOSED X 1 2 MAC 3 GRADE II VIEW
INTUBATED = 8.0 ETT TO 27 CM @ TEETH, BS = (R)
FOR XII TUBE SECURED CUFF INFLATED
DTR BLOCK IN

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

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

(b)(6)-4

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

PROCEDURE

DATE: 25 AUG 05

MEDCOM - 1842

ASA: 1

ALL: NKDA

OPERATION	AGE	WT	SPECIAL INFO
LUE Amp Revision	34	77	ATF @ 1200
1 & D LUE THIGH WOUND			TEETH INTACT
			FROM
			> 3 FB's
			MP II

U/A

Heme

Chem

Resp

WNL

Circ

CNS

OTHER

HR 135

125/86

RR 22

BHX

Ø

Meds

VALTORIN prn

√ lytes / CK 98

MEDICAL RECORD - ANESTH

f this form, see AR 40-66; the proponent agenc OTSG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION																	
DRUG	(Units)	7315	30	45	2400	15 2100	30	45	0100								
Vec	(mg)		1														
Fentanyl	(u)			50													
~~Neostig/glyco~~	(mg)					5/1			x								
	( )																
	( )																
	( )																
VOLAT AGENT Iso	% del	.8	.6	.6	.6	.4	x										
	% e.t.																
AIR	L/Min																
N2O	L/Min																
O2	L/Min	1	1	1	1	8	8										
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																	

TOTALS	TOTAL EBL
	2 units
	TOTAL URINE
	750

FLUIDS - SUMMARY
CRYSTALLOID- 5000
COLLOID- —
BLOOD- 2 units

FLUIDS																	
LINE site	☐ Warmed	2700															
#18 PIV (R) hand	~~☐ Warmed~~	25 → 3000															
PRBC	☑ Warmed	1 1															
	☐ Warmed																
LOSSES — EST BLOOD LOSS		1 unit															
URINE		150/450 → 300/750															

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

BODY WEIGHT: 77 (KG) LB

HEMATOCRIT: 29

INITIAL DATA:

BP- 127/74

HR- 110

EQUIP CHECK

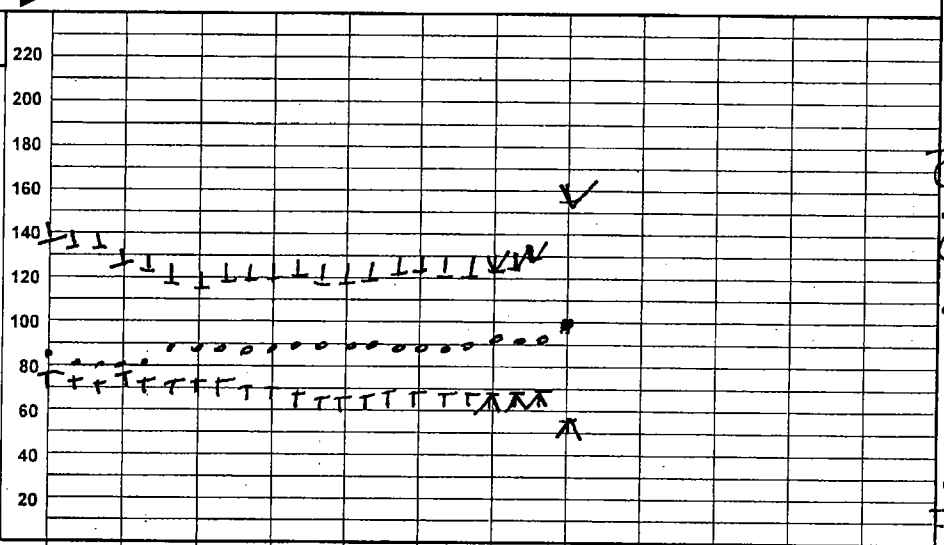
OK?- (Y) N

PATIENT

OK for PROCEDURE? Y

TIME- 1900

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



VENTIL								
VT - ml		510	510	510	510	510	510	800
f - breaths/min		6	5	5	5	5	5	11
Peak Inf pres / PEEP		27	27	27	27	27	27	–
MODE - S(pon), A(ssist), C(on)		C	C	C	C	C	C	S
MONITORS/ACCESSORIES								
BP/Auto Cuff	ET CO2 (torr)	38	40	41	41	41	41	41
BP/oth	FIO2 (Frac or %)	.85	.85 →					
ART line	SpO2 (%)	100	100	100	100	100	99	99
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	ST
Gas analyzer	TEMP-site							
	N-M Block (T/4)		1/4				4/4 sust. Tet.	
Warming blkt								
Conv warmer								

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

REMARKS
Code drugs with numbers, events with letters

- Case concluded → pt. turned supine
- (R) fem. art. line pulled out during movement → pressure held for 15 min.
- (R) neck prep/drape sterile fashion →
- (R) IJ v. cannulated c̄ 18 ga angiocath → cont. venous by manometry → mod. seld. technique, 8.5 FR introducer passed. ∅ comp. CXR (P).
- Smooth emergence, extubation → patent airway.

RECOVERY AT
PACU (ICU) 2 (Specify)
OTHER
CONDITION: Good
RESP- 16 SpO2- 94
BP- 148/91 HR- 115

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1930	2015	0100
	Ready	Begin	End
PROC	2050	2105	2405

PROCEDURES and CPT Codes:
Ex-fix (L) femur, revision (L) UE amputation

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
ETT) DL c̄ MAC 3 (Scop.1) 8.0 ETT.

(b)(6)-4

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

ANESTHETISTS:

PROCEDURE

DATE:

MEDCOM - 1844

MEDICAL RECORD - ANESTHESIA

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

344.0 NKDA

ANESTHETIC AGENTS AND DRUGS

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

DRUG (Units)												TOTALS
Versed (mg)	2.0											2.0
Fent (mcg)	100	100	50									250
Propofol (mg)	80											
Vec/Sux/Vec (mg)	1/100	1/7										
MSO4 (mg)			3	3	4		4	3 3				20
( )												
VOLAT AGENT Iso % del	2.5	1.5	1.5	1.5	1.5	1.0	X					
AIR L/Min												
N2O L/Min												
O2 L/Min	8	1	1	1	1	1	1	1	8			

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

TOTAL EBL: 100

TOTAL URINE: 850

FLUIDS

LINE site	Warmed	
	☐ Warmed	
LR - 1000	☐ Warmed	X — 700 — 800 — 900
(600)	☐ Warmed	
D5 ½NS c̄ 20KCl	☐ Warmed	100

FLUIDS - SUMMARY

CRYSTALLOID- 900

COLLOID- 0

BLOOD- 0

LOSSES

EST BLOOD LOSS

URINE -

PHYS STATUS: 1 2 (3) 4 5 E

BODY WEIGHT: KG LB

HEMATOCRIT: 22/7

INITIAL DATA: BP- 138/84 HR- 122

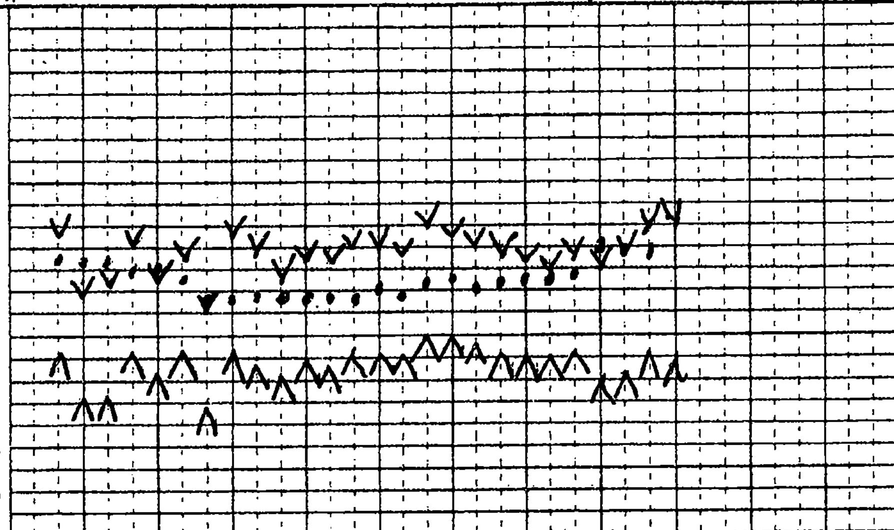
EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? Y TIME- 1100

TIME ▶ 1100 · 30 · 1200 · 30 · 1300 · 30 · 1400

SYMBOLS: BP by cuff V Λ; 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		600	620	600	620	620	320	450	400	670	
f - breaths/min		10	10	10	10	10	11	15	19	17	
Peak inf pres / PEEP		29	28	29	28	28					
MODE - S(pon), A(ssist), C(on)	S	C	C	C	C	C	S	S	S	S	S

MONITORS/ACCESSORIES

✓ BP/Auto Cuff	✓ ET CO2 (torr)	+	40	36	36	34	33	44	40	39	35	
BP/oth	✓ FIO2 (Frac or %)	1.0										
ART line	✓ SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES	✓ ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	
Gas analyzer	TEMP-site											
	N-M Block (T/4)											
	Foley	650				200/850						
Warming blkt												
Conv warmer												

Mark with letters & symbols, explain under REMARKS — EVENTS Position ➜ ⌐ OR RLD

REMARKS

Code drugs with numbers, events with letters

1110 - In Room, STD Monitors, PreO2

1220 - 1gm Ancef IVSP

1313 MorSO4

1320 Mouth SX, Hemo Left, (+) OGTS O/W, Extubated SV

1325 - To Recov PZ SV

RECOVERY AT 1335

PACU ICU 2 (Specify)

OTHER

CONDITION: RESP. 23 SpO2- 95 BP 127/76 HR- 124

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1100	1110	1335
	Ready	Begin	End
PROC	1120	1145	1315

PROCEDURES and CPT Codes:

Ex-Fix Adjust, (L) Arm Stump D&I

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

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

Oral, MAC 3, GR I, 8.0 ETT, 24 cm @ lip, ⊕BBS, ⊕ETCO2 x6

~~ETT Tube, Oral Airway~~

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

(b)(6)-4

SURGEONS:

(b)(6)-2

MEDCOM - 1845

PROCEDURE LOCATION:

DATE:

(b)(6)-4

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION

PHYSICAL STATUS

1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ABNORMAL AND WHY?	HGB 7 RBC HCT 22 OTHER	133 / 102 / 12 3.9 / BO / .9 CPK - 685

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

SEE H&P 25 AUG 03

NO SIG A's

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

PREOPERATIVE DIAGNOSIS	PREMEDICATION	
160/97 109 18 96% NC O2	SIGNATURE OF EVALUATING PHYSICIAN	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG (Units)								TOTALS
MSO4 (mg)		5	5	5	5	5	5	30 mg
Fentanyl (ug)	(250)							250 ug
Propofol (mg)	(180)				20			200
Succ (mg)	(100)							100
( )								
Esmolol (mg)				30				
VOLAT AGENT % del								
Iso % e.t.	2.0	2.0	2.0	2.0	2.0	1.0 2.0		
AIR L/Min	/	/	/	1	1	1 x		
N2O L/Min								
O2 L/Min	6	2	2	1	1	1 2		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS	①②	③				④⑤	⑥	

TOTAL EBL: min

TOTAL URINE: 150

FLUIDS SUMMARY

CRYSTALLOID- LR - 1,000

COLLOID- 0

BLOOD- 0

FLUIDS

LINE site		
LR	☐ Warmed	#1 ——— 500 — 900 1,000
	☐ Warmed	
	☐ Warmed	
	☐ Warmed	

LOSSES

EST BLOOD LOSS
URINE - 150

REMARKS

Code drugs with numbers, events with letters

① Pt interviewed, chart reviewed.
② Pt to OR, ASA monitors, O2 applied. Pt induced, intubated c̄ difficulty
③ 0915 Pt tolerated procedure start well.
④ +SV, TV 480, pt suct then extubated.
⑤ Pt to ICU 1.5. Report given to CPT (b)(6)-2

PHYS STATUS: ①2345 E

BODY WEIGHT: 77 KG / LB

HEMATOCRIT: 22.5

INITIAL DATA: BP- 133/187 HR- 140

EQUIP CHECK OK?- Ⓨ N

PATIENT RECHECK OK for PROCEDURE? Yes TIME- 0830

TIME ➡ 0845 0900 X 30 X 1000 X 30 X 1100 X 30

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

VENTIL

VT - ml	700	720	420	440	430	460	470
f - breaths/min	10	10	15	17	10	10	19
Peak insp pres / PEEP	28	29	3	3	3	3	3
MODE - S(pon), A(ssist), C(on)	C	C	S	S	S	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	41	37	39	39	46	47	1.0
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0	.47	.53	.53	1.0
ART line	SpO2 (%)	100	100	100	100	100	100	100
Steth- PC/ES	ECG	ST	ST	ST	ST	ST	ST	ST
Gas analyzer	TEMP-site	—	—	—	—			
	N-M Block (T/4)			4/4 c̄	ST			
Pressure points	checked, padded	✓	✓	✓	✓	✓	✓	✓
Warming blkt		/	/	/	/	/	/	/
Conv warmer								

Mark with letters & symbols, explain under REMARKS EVENTS ➡ Position

RECOVERY AT 1035

PACU (ICU) 2 (Specify)

OTHER

CONDITION: Stable

RESP- 26 SpO2- 98

BP- 153/80 HR- 147

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0830	0840	1030
	Ready	Begin	End
PROC	0855	0915	1015

PROCEDURES and CPT Codes:

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GETA

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

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
Eyes taped DLx1 (MAC 4) grade II view, ETT 8.0 advanced to 23cm @ teeth, ⊕ BBS ETT secured.

(b)(6)-4

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

PROCEDURE LOCATION:

DATE:

MEDCOM - 1847

2

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
Washout (R) Arm stump, (R) thigh	34	77	NPO since MN 28 Aug 03
	PHYSICAL STATUS: (1) 2 3 4 5 6 7		MPI teeth loose, 3FB mouthopen, Neck-Flex

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER 108 / 7.7 / 22.5 241 4.0 / 11 / 34.6 140	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) ⊖	BP ..... PULSE ..... ECG (IF PERTINENT) 133/87 145 16 97%	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) ⊖	(ALLERGIES) NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
Previous washouts x2 c̄ Amputation (L) forearm	(b)(6)-2

PREOPERATIVE DIAGNOSIS	PREMEDICATION
	(b)(6)-2

SIGNATURE OF EVALUATING PHYSICIAN	DATE
(b)(6)-2 CRNA	29 Aug 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)														
VERSED	(mg)	1.5/1													
FENTANYL	(mcg)	(250)		100/50											
PROPOFOL	(mg)	140													
SCH	(mg)	80													
	( )														
	( )														
VOLAT AGENT Forane	% del	2/1/2	X												
	% e.t.														
AIR	L/Min														
N2O	L/Min														
O2	L/Min	6-2	4-7												

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

FLUIDS

LINE site															
(L)	☐ Warmed	(R) 100 -													
	☐ Warmed														
	☐ Warmed														
	☐ Warmed														

LOSSES: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 77 (KG) LB

HEMATOCRIT: 24

INITIAL DATA: BP- 132/89; HR- 116

EQUIP CHECK: OK? (Y) N

PATIENT RECHECK: OK for PROCEDURE? ✓; TIME 1255

TIME → 13 30

SYMBOLS: BP by cuff V; Heart rate Λ; Resp rate ●; BP (transducced) +; TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊙

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

VENTIL

VT - ml	830	860	
f - breaths/min	10	10	14
Peak inf pres / PEEP	34	34	
MODE - S(pon), A(ssist), C(on)	SV CV	CV SV	

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	34	33	32
BP/oth	FIO2 (Frac or %)	.87	.87	0.89
ART line	SpO2 (%)	100	100	100
Steth- PC/ES	ECG	ST	ST	ST
Gas analyzer	TEMP-site Skin	103	103	103
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

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

TOTALS: TOTAL EBL: MIN; TOTAL URINE: 300

FLUIDS - SUMMARY: CRYSTALLOID- 700; COLLOID-; BLOOD-

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

1335 I10 Cath 300cc

1340 SV/12 Sedated (+) Purposeful Movement Extubated

RECOVERY AT: PACU (CLH) 7 (Specify); OTHER; CONDITION: V NC 4L/M; RESP 30; SpO2 95; BP 124/86; HR 124

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1230	1250	1340
	Ready	Begin	End
PROC	1300	1312	1333

PROCEDURES and CPT Codes: LAD (L) Arm (L) Leg

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

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA Forane/O2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* DL x I (+) Cricoid Mil 2 Grade I 8.0 ETT (+) Stylet (+) BBS (+) ETCO2

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

PROCEDURE LOCATION: OR1

DATE: 7/1/07

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
(b)(6)-4 I&D (L) ant leg.	34	77 Kg	

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

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER 18.8 / 8.1 / 24.8 / 335 1 Sep	129 / 95 / 15 / 187 3.2 / 0.9 30 Aug

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) WNL -	BP ..... PULSE ..... ECG (IF PERTINENT) WNL. 132/83 - 116 R 36 SaO2 93% T 98	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) WNL -	(ALLERGIES) NKDA (+) 11 kcal E NGT NPO since 31 Aug 03

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
Geta for I&D's Q Cx.	Erythromycin 250mg IV Q6 Demerol 25 Phenergan 12.5 IV PRN. Zantac 50mg IV q 8 Ancef 1GM Q6 (12N)

PREOPERATIVE DIAGNOSIS	PREMEDICATION

(b)(6)-2 CIAN (b)(6)-2 DATE 9/1/03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

(b)(6)-4

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)															TOTALS	TOTAL EBL
Fentanyl	(ug)	250														250	min
Prop	(mg)	140														140	
Succ	(mg)	100														100	TOTAL URINE
MSO4	(mg)		10	5	3	2										20	0
	( )																
	( )																
VOLAT AGENT	% del																
Iso	% e.t.	1.5	1.4	1.0	1.0 X												
AIR	L/Min																
N2O	L/Min																
O2	L/Min	6	1	1	1	1	6										

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS (1)(2)

FLUIDS

LINE site															
	☐ Warmed														
LR	☐ Warmed	#1					800								
	☐ Warmed														
	☐ Warmed														

LOSSES

EST BLOOD LOSS															
URINE -															

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 77 KG LB

HEMATOCRIT: 10.1/25.9

INITIAL DATA:

BP- 129/72

HR- 119

EQUIP CHECK

OK? Y N

PATIENT RECHECK

OK for PROCEDURE? Yes

TIME- 0835

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

TIME 0845 0900 X 31 X 1000

220 200 180 160 140 120 100 80 60 40 20

VENTIL.

VT - ml		760	710	520	560	550
f - breaths/min		10	10	16	12	10
Peak Inf pres / PEEP		30	31	3		
MODE - S(pon), A(ssist), C(on)		S C	C	S	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	49	42	46	47	44	
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0	1.0	1.0	
ART line	SpO2 (%)	98	97	98	99	98	
Steth- PC/ES	ECG	ST	ST	ST	ST	ST	
Gas analyzer	TEMP-site	—	—	—	—	—	
	N-M Block (T/4)		4/4	ST			
Warming blkt							
Conv warmer							

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

FLUIDS - SUMMARY

CRYSTALLOID- 800

COLLOID- ~~800~~ 0

BLOOD- 0

REMARKS

Code drugs with numbers, events with letters

(1) Pt identified, chart reviewed.
(2) Pt to OR, ASA monitors/IV applied. Pt induced/intubated w/ difficulty.
(3) Pt tolerated procedure well.
(4) Pt SV @ rate 12, TV 480s, positioned, then extubated
(5) Pt to ICU #1 report given to ICU (b)(6)-2 VS stable as indicated.

RECOVERY AT 0955

PACU ICU 2 (Specify)

OTHER

CONDITION: Stable

RESP/O SpO2- 90

BP- 126/79 HR- 117

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0830	0845	0950
	Ready	Begin	End
PROC	0850	0915	1000

PROCEDURES and CPT Codes:

Stump revision (L) Arm

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

DL x1 (Miller 3) grade II view ETT 8.0 placed to 23cm @ teeth (+) BBS, and secured

SURGEONS:

PROCEDURE LOCATION:

DATE:

(6)-2

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	34	77	MPI, teeth intact, Neck-Flex, mouth opening 3F.

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

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL	HGB ..... RBC ..... HCT	25Sept03
ABNORMAL AND WHY?	OTHER 9.3 / 10.1 / 25.9 / 253 3Sept03	144 / 111 / 18 / 3.8 / 1.8 / 197

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) ~~0~~	BP ..... PULSE ..... ECG (IF PERTINENT) 100.4, 102, 26 123/72 94%	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) ~~0~~	(ALLERGIES) NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
None c̄ 3 prior GA's during hospitalization since 25 Aug 03	—

PREOPERATIVE DIAGNOSIS	PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN	DATE
(b)(6)-2 CPT CRNA	3Sept03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)	
VERSED	(mg)	2.5
FENTANYL	(cc)	2-2 1 1 1 2
PROPOFOL	( )	200
NEO/SUX	(mg)	1/100
	( )	
	( )	
VOLAT AGENT FOR	% del	1.5 - 1.5 1.0 - X
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	6 - 1 - 1 - 1 - 1 - 6

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

FLUIDS

LINE site		
	☐ Warmed	
	☐ Warmed	
By (R) F.A.	☐ Warmed	→ → →
	☐ Warmed	

LOSSES: EST BLOOD LOSS; URINE

PHYS STATUS: (1) 2 3 4 5 E

BODY WEIGHT: APPROX 80 (KG) LB

HEMATOCRIT:

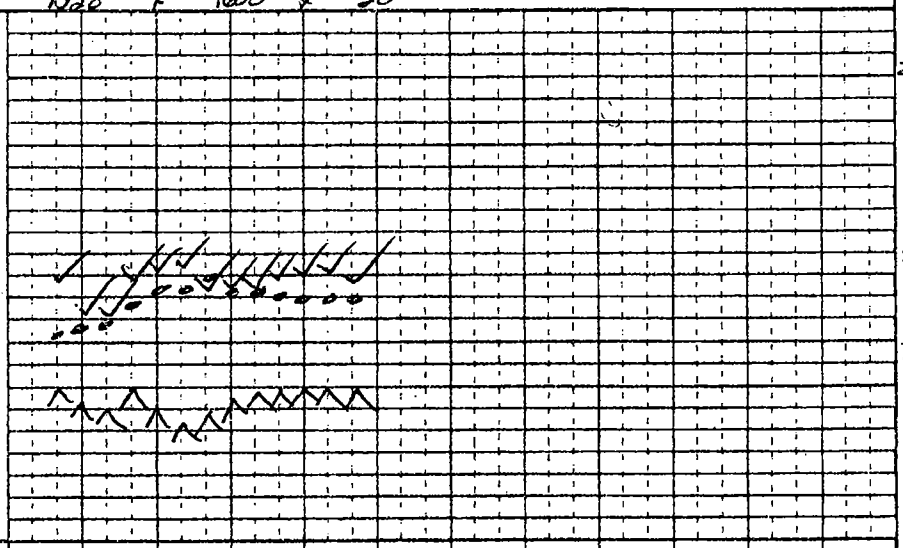
INITIAL DATA: BP- 119 / 70; HR- 92; SpO2 99

EQUIP CHECK: OK? (Y) N

PATIENT RECHECK: OK for PROCEDURE (C); TIME- 1515

TIME → 1520 X 1600 X 30

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



VENTIL

VT - ml						
f - breaths/min	22	15	18	12	10	14
Peak Inf pres / PEEP						
MODE - S(pon), A(assist), C(on)	S	AV	AV	AV	AV	SV

MONITORS/ACCESSORIES

X BP/Auto Cuff	X ET CO2 (torr)	45	50	43	45	42	
X BP/oth	X FIO2 (Frac or %)	.99	.99	.99	.99	.99	
X ART line	X SpO2 (%)	100	98	98	97	98	
Steth- PC/ES	X ECG	SR	SR	SR	SR	SR	
X Gas analyzer	TEMP-site						
	N-M Block (T/4)		4/4				
Warming blkt							
Conv warmer							

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (2)

TOTALS	TOTAL EBL
	MIN
	TOTAL URINE
	NO
	FOLEY

FLUIDS - SUMMARY

CRYSTALLOID- 500cc

COLLOID- Ø

BLOOD- Ø

REMARKS

Code drugs with numbers, events with letters

(1) CHART REVIEW

(2) PT TOOK F. MONITORS & STRAPS

SMOOTH I&I @ 1534

Ø REVERSAL 2U GOOD UT RESPONSIVE EXTUBATED & PROBLEM FREE TO ICU STABLE REPORT.

RECOVERY AT: (PACU) ICU ____ (Specify)

OTHER ____

CONDITION: RESP. 18 SpO2 95 BP 137/84 HR 102

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1515	1525	1635
	Ready	Begin	End
PROC	1530	1534	1630

PROCEDURES and CPT Codes: (L) F.A. WASH OUT (L) THIGH

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA, SCGA

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

DLX I E 2MIL; ATRAUMATIC BEBS (E) ETCO2

(b)(6)-4

SURGEONS:

PROCEDURE LOCATION: 21CSH

DATE: / /

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 6 7		

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

ANES

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

SEE PREVIOUS WORK UP. REPEAT SURGERY PT

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)														
Fentanyl	(µg)	250													
MSO4	(mg)	20		2	2212	1									
Propofol	(mg)	180													
Succ	(mg)	80													
	( )														
	( )														
	( )														
VOLAT AGENT	% del														
Iso	% e.t.	1.5	1.5	1.0	1.0										
AIR	L/Min														
N2O	L/Min														
O2	L/Min	6	1	1	1.2	2									

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

FLUIDS

LINE site		
6 ga 16	☐ Warmed	H1 — 300
(R) 22 16	☐ Warmed	H2 — 700
	☐ Warmed	
	☐ Warmed	

LOSSES: EST BLOOD LOSS; URINE: self voided 1030 in PCU

PHYS STATUS: (1) 2 3 4 5 E

BODY WEIGHT: 75 KG LB

HEMATOCRIT:

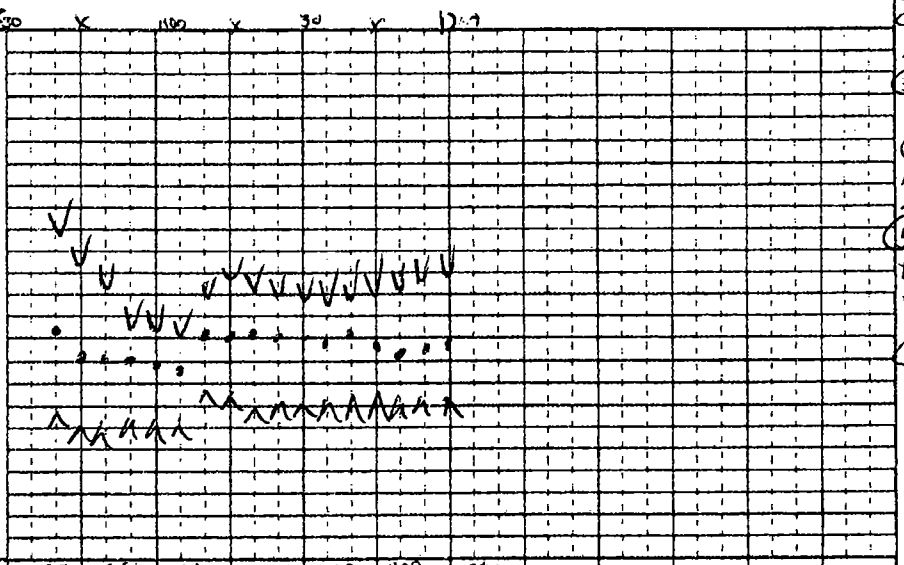
INITIAL DATA: BP- 145/72; HR- 106

EQUIP CHECK: OK? (Y) N

PATIENT RECHECK: OK for PROCEDURE? yes; TIME- 1015

TIME (1030, x, 1100, x, 30, x, 1200)

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



VENTIL

VT - ml	680	640	640	320	390	500	500
f - breaths/min	10	10	10	10	7	7	7
Peak inf pres / PEEP	26	26	26	—	—	—	—
MODE - S(pon), A(assist), C(on)	S C	C	C S	S	S	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	39	36	31 38	46	46	44	44
BP/oth	FIO2 (Frac or %)	1.0	.87	.87	.87	.87	.86	.86
ART line	SpO2 (%)	99	98	98	97	97	97	97
Steth- PC/ES	ECG	ST	ST	ST	ST	ST	ST	ST
Gas analyzer	TEMP-site	—	—	—	—	—	—	—
	N-M Block (T/4)	—	—	—	—	—	—	—
Pressure points	checked & padded	✓	✓	✓	✓	✓	✓	✓
Warming blkt	Warm blanket applied		✓				✓	
Conv warmer								

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

TOTALS: 250µg, 20m, 100m, 80mg; **TOTAL EBL**: min; **TOTAL URINE**: self void prior to surgery

FLUIDS - SUMMARY: CRYSTALLOID- LR- 1,000; COLLOID- 0; BLOOD- 0

REMARKS

Code drugs with numbers, events with letters.

(1) Pt identified chart reviewed all pt questions answered.

(2) Pt to OR, ASA monitors applied. Pt induced intubated easy diff.

(3) Pt tolerated procedure & start well.

(4) Gentamycin 300mg IV infused @ VCC 45 minutes

(5) PEEP 9, TV 510, pt suctioned, then extubated

(6) Pt to RR Reports, vs to ILT (b)(6)-2

RECOVERY AT 1200

PACU (ICU) 1 (Specify)

OTHER

CONDITION: stable

RESP. 10 SpO2- 97

BP- 137/76 HR- 103

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1030	1040	1200
PROC	Ready	Begin	End
	1045	1055	1150

PROCEDURES and CPT Codes: Washout (R) Eye, Stump revision

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: M. RSI & CP. DL x 1 (Miller 4) grade 1 view, ETT 8.0 placed @ 6BS, ETT secured @ 22cm @ the teeth

SURGEONS:

PROCEDURE LOCATION: OR

DATE: 0 / 1 / 12

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 6 7		

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

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

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)										
FENTANYL	(ug)	250	50/50/50/50/50								
PROPOFOL	(mg)	140									
SCH	(mg)	60									
	( )										
	( )										
	( )										
VOLAT AGENT: Forane	% del / % e.t.	A1/1.5	X								
AIR	L/Min										
N2O	L/Min										
O2	L/Min	6	2	2	2	2					

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

FLUIDS

LINE site											
(L)	☐ Warmed	LR 500									
	☐ Warmed										
	☐ Warmed										
	☐ Warmed										

LOSSES: EST BLOOD LOSS; URINE

TOTALS	TOTAL EBL
500.	(b)(6)-2
	TOTAL URINE: Spont Void

FLUIDS - SUMMARY

CRYSTALLOID: 500

COLLOID:

BLOOD:

REMARKS

Code drugs with numbers, events with letters

955 Ancef / TGA 1 USP.

1038 SV/RR

(+) Purposeful Movement Extubated

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

BODY WEIGHT: 71 KG LB

HEMATOCRIT: N/A

INITIAL DATA: BP 111/59; HR 110.

EQUIP CHECK: OK? Y N

PATIENT CHECK: OK for PROCEDURE? Y; TIME 945.

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

TIME: 945 10 20 11

VENTIL

VT - ml	700			
f - breaths/min	10	10	10	
Peak inf pres / PEEP	24			
MODE - S(pon), A(sist), C(on)	SVC	SV	SV	

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	(+) 35	40	40	
BP/oth	FIO2 (Frac or %)	1.0	0.8	1.0	95
ART line	SpO2 (%)	99	99	100	99
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*: OS

RECOVERY AT: 1045

PACU ICU #1 Specify

OTHER: SV NC 3L/M

CONDITION:

RESP. 10 SpO2 98%

BP 123/78 HR. 103

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	930	944	1045
PROC	Ready	Begin	End
	955	1008	1039

PROCEDURES and CPT Codes: J&D (L) ARM.

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

(b)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*: GETA ETT

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*: DLX MIL Cuffed ETT Oral ETT

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

PROCEDURE LOCATION: OR #1

DATE: 6/1/02

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
I&D	34	77 kg	NPO since MN.

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

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL	HGB ..... RBC ..... HCT	
ABNORMAL AND WHY?	OTHER	
	No Recent H/H	No Recent

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES) NKDA
	111/59-110 101(A) -16 R 94%		

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
GETA ē Cx Numerous ē this admission	Ancef 10AM Bactrim PO ~10AM Epidural Cont 11AM
PREOPERATIVE DIAGNOSIS	PREMEDICATION Tylox II @ 0600

(b)(6)-2

Cat 9/11/03

POSTANESTH

RECORD ALL PERTINENT COMPLICATIONS

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)	1800 15	30	45	1900 15	30	45	2000 15					
Thiopental	(mg)	250		50									
Succ	(mg)	80											
Fentanyl	(μ)	<250>	100	50	100								
	( )												
	( )												
	( )												
VOLAT AGENT	Iso % del		1.5	1.5	1.5	1.2 X							
	% e.t.												
AIR	L/Min												
N2O	L/Min												
O2	L/Min	8	1	1	1	6	8						

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

FLUIDS

LINE site		1800	1900	2000
☒ (R) IJ 8.5 F ☐ Warmed		LR →	→ 300 →	500
☐ Warmed				
☐ Warmed				

LOSSES

	1800	1900	2000
EST BLOOD LOSS			30
URINE -			ϕ

PHYS STATUS 1 2 (3) 4 5 E

BODY WEIGHT: 65 (G) LB

HEMATOCRIT: 26

INITIAL DATA:

BP- 100 / 66

HR- 95

EQUIP CHECK

OK?- (Y) N

PATIENT RECHECK

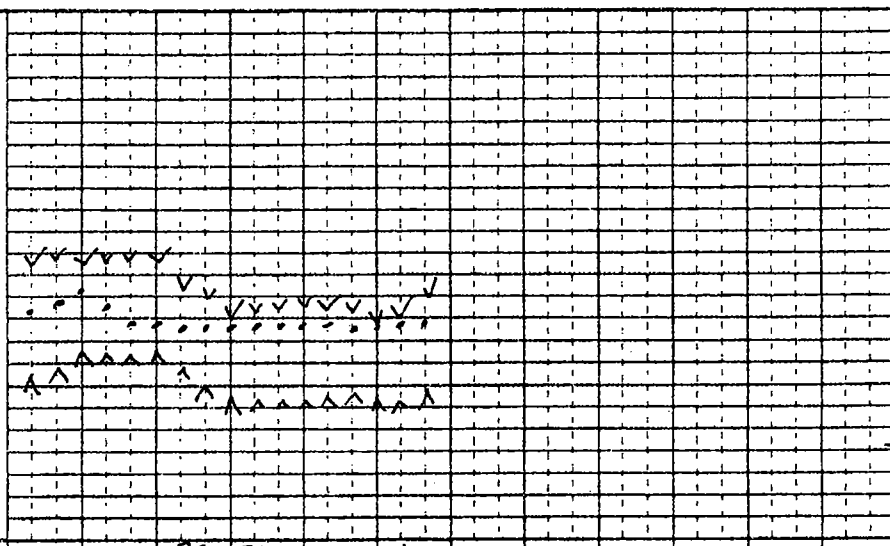
OK for PROCEDURE? J

TIME- 1802

TIME →

SYMBOLS:

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



VENTIL.

	1800	1900	2000			
VT - ml	SV	550	290	330	460	450
f - breaths/min	↓	10	10	12	9	11
Peak inf pres / PEEP	↓	27	–	–	–	–
MODE - S(pon), A(assist), C(on)		C	S	S	S	S

MONITORS/ACCESSORIES

		1800	1900	2000			
BP/Auto Cuff	ET CO2 (torr)	4	40	45	47	47	47
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0	1.0	1.0	1.0
ART line	SpO2 (%)	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site	Avail →	→	→	→		1968
	N-M Block (T/4)			4/4			
Warming blkt							
Conv warmer							

Mark with letters & symbols, explain under REMARKS — EVENTS *Position* → Supine (hip bump) → →

TOTALS	TOTAL EBL
	30
	TOTAL URINE
	ϕ

FLUIDS - SUMMARY

CRYSTALLOID- 500

COLLOID- ϕ

BLOOD- ϕ

REMARKS

Code drugs with numbers, events with letters

Pt. safely to OR; pre OK; see below for airway →
F induction, (R) neck pos / bolus → (A)
IJ cannulated c̄ 18 ga anesthetic →
Cont. venous by manometry →
8.5 Fr introducer placed by mod. Seldinger →
ϕ comp.

1900 – Absorbent exhausted → flow increased to comp. lung.

Case concluded →
Smooth emergence →
Ext. criteria met →
Smooth extubation →
Patent airway →
to ICU → Report.

RECOVERY AT 1938

PACU (ICU) ____ (Specify)

OTHER ____

CONDITION: Good

RESP. 11 SpO2. 97

BP- 124/84 HR- 100 102

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1802	1802	1943
	Ready	Begin	End
PROC	1822	1850	1922

PROCEDURES and CPT Codes:

I & D, LLE and LUE / central line placement

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

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

(b)(6)-4

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

Pre-ox; Smooth IV induction; easy mask vent; easy DL c̄ MIL 2; Grade I view; 8.0 ETT; (+) thoracic EBS; 22 cm teeth

SURGEONS:

PROCEDURE LOCATION: OR

DATE:

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
- I & D LUE, LLE - Central line placement	74	65 kg	NPO since noon (clears) Airway favorable - several unremarkable intubations recently.
	PHYSICAL STATUS		
	1 2 (3) 4 5 6 7		

URINALYSIS
NORMAL .....
ABNORMAL AND WHY?

HEMATOLOGY
HGB ..... RBC ..... HCT .....
OTHER

9.9 / 8.4 / 26.0 < 567

BLOOD CHEMISTRY

0.8

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) ROS ⊖ ✗ for Tob. Hx. Lungs:	BP 111/72 PULSE ~~72~~ 107 ECG (IF PERTINENT) 93% (RA) ~~Lu~~ CV:	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) ROS ⊖	(ALLERGIES) NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS
multiple washouts / stump revisions.
∅ complications (all GETA)

PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
1. Levaquin 500mg q 24°
2. Haldol prn
3. Prn MSO4
4. Tylenol prn

PREOPERATIVE DIAGNOSIS
- amputation, LUE
- large area avulsion, LLE

PREMEDICATION
Fentanyl

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

DATE
13 Sep 07

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

(b)(6)-4

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

MEDICAL RECORD - ANESTHESIA

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

1415

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION																							
DRUG	(Units)		30		45		1500		15		30		45		1600		15						
Fentanyl	(M)	<250>		50		50		50															
Propofol	(mg)	150																					
Succ	(mg)		60																				
	( )																						
	( )																						
	( )																						
VOLAT AGENT	ISO % del			1.5		1.5		1.5		1.6 K													
	% e.t.																						
AIR	L/Min																						
N2O	L/Min																						
O2	L/Min	8		1		1		1		1	8												

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

FLUIDS																							
LINE site	☐ Warmed																						
(R) IJ 8.5 Fr	☐ Warmed	LR →				150 →			→	200													
	☐ Warmed																						
	☐ Warmed																						
LOSSES: EST BLOOD LOSS																							
URINE -		(300)								400													

PHYS STATUS	TIME →																						
1 2 (3) 4 5 E	SYMBOLS:	220																					
BODY WEIGHT: 65 (KG) LB	BP by cuff V	200																					
HEMATOCRIT: 28.9	Heart rate ●	180																					
INITIAL DATA:	Resp rate	160																					
BP- 130 / 82	BR (transduced)	140	✓	✓																			
HR- 109		120			✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓	✓✓✓✓✓												
EQUIP CHECK		100					●●●●●	●●●●●	●●●●●	●●●●●	●●●●●												
OK? - (Y) N	TOURNIQUET	80	^^^^^	^^^^^	^^^^^	^^^^^	^^^^^	^^^^^	^^^^^	^^^^^	^^^^^												
PATIENT RECHECK	T — ✓	60																					
OK for PROCEDURE? Y	ANES- X-X	40																					
TIME- 1405	PROC- ⊙-∅	20																					

VENTIL																							
VT - ml			5V	270	410	400	490																
f - breaths/min				15	12	16	9																
Peak Inf pres / PEEP				–	–	–	–																
MODE - S(pon), A(sist), C(on)				S	S	S	S																
MONITORS/ACCESSORIES																							
BP/Auto Cuff	ET CO2 (torr)			45	43	43	45																
BP/oth	FIO2 (Frac or %)		1.0	1.0	1.0	1.0	1.0																
ART line	SpO2 (%)		99	98	98	98	~~100~~ 99																
Steth- PC/ES	ECG		5T	5T	5T	5T	5T																
Gas analyzer	TEMP-site		Avail	→	→	→	→																
	N-M Block (T/4)		4/4																				
Warming blkt																							
Conv warmer																							

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

TOTALS	TOTAL EBL
	min.
	TOTAL URINE
	400

FLUIDS SUMMARY

CRYSTALLOID- 200

COLLOID- ∅

BLOOD- ∅

REMARKS

Code drugs with numbers, events with letters

- Pt. safely to OR
ASA monitors; pre-ox; see below for airway induction

- case concluded; smooth emergence smooth extubation patent airway safely to ICU → report given.

RECOVERY AT

PACU (ICU) ___ (Specify)

OTHER ___

CONDITION: Good

RESP- 16 SpO2-

BP- 130/92 HR- 125

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1422	1422	1540
	Ready	Begin	End
PROC	1422	1444	1525

PROCEDURES and CPT Codes:

I & D, LLE / LUE

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

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

(b)(6)-4

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

pre-ox; smooth IV induction; easy mask vent, easy DL ⊕ Mill 2; 8.0 ETT; ⊕ etco2 / EBBS; sec. @ 22 cm, tech.

PROCEDURE LOCATION: OR

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
I&D, LLE / LUE.	74	65 kg	Favorable airway — known easy intubation.
	PHYSICAL STATUS: 1 2 (3) 4 5 6 7		

URINALYSIS
NORMAL .....
ABNORMAL AND WHY?

HEMATOLOGY
HGB ..... RBC ..... HCT .....
OTHER
11.3 / 9.7 / 28.9 / 510

BLOOD CHEMISTRY
2.8

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)
Lungs: Good (B) air excursion. Clear (B).	130/82 108 R18 T 101.3 CV: nl S1, S2, ∅ r/m/g heard	See previous 7389s	NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS
- multiple I&Ds / Revisions of LUE amputation
- ∅ difficulties

PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
1. Unasyn 3 gm IV q6°
2. Haldol prn
3. Ambien prn
4. Levaquin 750 q24°
5. Gent 150 q24°
6. ~~Unasyn~~
6. ~~Ativan~~ prn
7. Tylenol prn

PREOPERATIVE DIAGNOSIS
- open (L) thigh / s/p LUE amp.

PREMEDICATION

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

DATE 15 Sep 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

(b)(6)-4

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

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)															
Fentanyl	(ug)	250														
Propofol	(mg)	180														
Sux	(mg)	100														
MSO4	( )	5	5													
	( )															
	( )															
VOLAT AGENT	% del															
T_{50}	% e.t.	1.5	1.5													
AIR	L/Min															
N2O	L/Min															
O2	L/Min	8	2	2												

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

FLUIDS

LINE site																
	☐ Warmed															
NS c 20mEq KCl	☐ Warmed															
	☐ Warmed															
	☐ Warmed															

LOSSES

EST BLOOD LOSS																
URINE																

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 75 KG LB

HEMATOCRIT: 29/10

INITIAL DATA: BP- 120 / 76 HR- 109

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? yes TIME- 1045

TIME 1115 30 X 1200 X 30 X 1300 X 30 X 1400

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

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

VENTIL

VT - ml	710	730	710/400	
f - breaths/min	10	10	10/13	
Peak Inf pres / PEEP	23	24	/	
MODE - S(pon), A(ssist), C(on)	S C	C	C/S	

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	46	41	39
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0
ART line	SpO2 (%)	99	99	99
Steth- PC/ES	ECG	ST	ST	NSL
Gas analyzer	TEMP-site	—	—	—
	N-M Block (T/4)	—	—	—
Pressure points checked - padded		✓	✓	✓
Warming blkt	Warm sheets applied			
Conv warmer				

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

TOTALS: TOTAL EBL (b)(6)-2; TOTAL URINE 100

FLUIDS - SUMMARY: CRYSTALLOID- 60-NS c 20mEq KCl; COLLOID- 0; BLOOD- 0

REMARKS

Code drugs with numbers, events with letters

① Pt interviewed, chart reviewed.
② Pt to OR, monitors, O2 applied. Pt induced intubated c̄ difficult
③ Pt tolerated procedure start well.
④ 2cup, 33cc IV, infused over 30 minutes.
⑤ Pt sue to 12 TV 410, pt suctioned then extubated, oral airway in place.
⑥ Pt transported to ICU, report given to ICU (b)(6)-2

RECOVERY AT 1305

PACU ICU #1 (Specify)

OTHER

CONDITION: stable

RESP- 18 SpO2- 96%

BP- 119/72 HR- 109

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1045	1115	1210
	Ready	Begin	End
PROC	1120	1135	1205

PROCEDURES and CPT Codes:

Stump closure to ① Arm

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 (modified) c̄ CP DLX1 (grade 1 view) 8.0 ETT placed to 22cm @ teeth @ BBS, ETT secured

SURGEONS:

PROCEDURE LOCATION:

DATE:

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
Washout	34	75	NPO since 0300 19 Sept 03

PHYSICAL STATUS: 1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER ~~10~~ / 10.8 / 10.8 / 29.9 / 462	13.4 / 91 / 3.6 / 2.4 / 29 / 6.9 / 201

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

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN: (b)(6)-2 CPT, CRNA — DATE: 19 Sept 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I & D (L) Thigh wound possible ex-fix (L) femur
I & D (R) forearm amputation & revision · amputation

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 (R) arm & (L) thigh
Ex-Fix (L) hip/femur

which is to be performed by or under the direction of Dr. (b)(6)-2 (b)(6)-2 / (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 SSG.
(Signature of Members of operating team)

(b)(6)-4
(b)(6)-4 (Signature of Patient)

1900 8/25/03
(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)

(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

522-113 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 (L) arm / (L) leg wounds
Adjust ex-fix / Revise amputation (L) arm

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 (L) arm / (L) leg wounds
Adjust ex-fix / Revise amputation (L) arm

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 CPM — *(Signature of Witness, excluding members of operating team)*

(b)(6)-4 — *(Signature of Patient)*

8/27/03 — *(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)*

(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) 201-9.202-1

☆ U.S. GOVERNMENT PRINTING OFFICE: 1995-390-857

522-113 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 (L) arm + (L) thigh
revise amputation (L) arm

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 (L) arm + (L) thigh
revise amputation (L) arm

which is to be performed by or under the direction of Dr. (b)(6)-2, (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 SPC gilwm U
(Signature of Witness, excluding members of operating team)

(b)(6)-4
(Signature of Patient)

29 Aug 03 0855
(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) 201-9.202-1

★ U.S. GOVERNMENT PRINTING OFFICE: 1995-390-867

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I+D left ARM STUMP, change Dressing

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)

cleaning WOUNDS

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)

Intrepreter Present

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

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

(b)(6)-4 X
(Signature of Patient)

9/3/03
(Date and Time)

(b)(6)-2

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)*

(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

MEDCOM - 1868

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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I+D (D) hip, (D) Elbow, possible closure (D) Elbow

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

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.

X (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
(Signature of Witness, excluding members of operating team)

X (b)(6)-4
(Signature of Patient)

9/5/93 @ 1515
(Date and Time)

(b)(6)-2

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)*

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

MEDCOM - 1869

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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I+D (L) BE Amputation, Dressing Change

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

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 (Signature of Witness, excluding members of operating team)

X (b)(6)-4 (Signature of Patient)

10 Sep 03 - 2000 (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)

(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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

IVD, closure of left Amp site

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)

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 LCT
(Signature of Witness, excluding members of operating team)

(b)(6)-4
(Signature of Patient)

9/18/03 @ 1100
(Date and Time)

(b)(6)-2

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)*

(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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I&D Left Forearm c̄ shortening of Bone wound Pack c̄ Chip

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)

Blast injury

which is to be performed by or under the direction of Dr. _____

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

ing 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

CPT

mbers of operating team)

(b)(6)-4

(Signature of Patient)

(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)

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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I & D (L) arm & (L) thigh

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)

without (L) arm & (L) thigh

which is to be performed by or under the direction of Dr. _____

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 apt/sa

(Signature of Witness, excluding members of operating team)

(b)(6)-4

(Signature of Patient) (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.

(b)(6)-2

(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)

(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

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Washout LUE/LLG

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)

which is to be performed by or under the direction of Dr. _____

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: _____
(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

_____
(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)-4

_____ (Signature of Witness, excluding members of operating team) _____ (Signature of Patient) _____ (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.

(b)(6)-2

_____ (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)*

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

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 450 ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* [redacted] (b)(6)-2 CRN

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2 MD

DIAGNOSIS OR OPERATIVE PROCEDURE GSW CUE, LLE

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

DATE [redacted]ED 25 Aug 03

TIME VERIFIED 2230

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 4713296

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	Comp

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

[redacted]RSON [redacted]G TEST (b)(6)-2

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT [redacted]QUEST (b)(6)-2 DATE 25 Aug 03

REMARKS: Due to the critical condition of the below named patient, the requesting physician named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

[redacted] *(Ho[redacted]* 2248 ON *(Date)* 25 Aug 03

IDENTIFICATION

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

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

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

PRE-TRANSFUSION

TEMP. 95° PULSE 83 BP 129/71

DATE OF TRANSFUSION 25 Aug 03

TIME STARTED 2255

POST-TRANSFUSION DATA

AMOUNT GIVEN ALL ML

TIME/DATE COMPLETED/INTERRUPTED 2305 / 25 Aug 03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
95°	85	135/80

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

[ ] OTHER *(Specify)*

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MD

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

NAME/RANK

FMP/ SS#

DOB

(b)(6)-4

SEX M

WARD OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED (If applicable): 450 ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: LED LUE } LLE

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

SIGNATURE OF VERIFIER: (b)(6)-2 [redacted] CM CMT

DATE VERIFIED: 25 AUG 03

TIME VERIFIED: 0230

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: W0013 03 011107

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh Pos

RECIPIENT: ABO O; Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	Comp

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

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

DATE: 25 Aug 03

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Due to the critical condition of the below named patient the requesting physician named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2 [redacted]

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

AT (Hour) 0230 / 25 Aug

IDENTIFICATION

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

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

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

PRE-TRANSFUSION

TEMP. 94.9 PULSE 85 BP 174/78

DATE OF TRANSFUSION: 25 Aug. 03

TIME STARTED: 2312

POST-TRANSFUSION DATA

AMOUNT GIVEN: All ML

TIME COMPLETED: 2325 DATE COMPLETED: 25 Aug. 03

INTERRUPTED

REACTION: [x] NONE [ ] SUSPECTED

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

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

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [x] NO
- [ ] YES (Specify) ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 [redacted] MD

SEX: M

WARD: OR

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

Name/Rank FMP/SSN (b)(6)-4 [redacted]

DOB

Unit

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

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

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 30 AUG 03

DATE AND HOUR REQUIRED: ASAP

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: NA
HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Tibia fx, explosion – O BEA

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

SIGNATURE OF VERIFIER: (b)(6)-2 105

DATE VERIFIED: 30 AUG 03

TIME VERIFIED: 2105

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: EXP Sep 8 2003 55T20133 Scott L2 898253

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	Compatible

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE: 30 Aug 03

REMARKS: due to the critical condition of the below named pt, the requesting MD named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the admin. of this transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2 SPC

AT *(Hour)* 0445 0445 ON *(Date)* 31 Aug 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2 CPT/AN

2nd VERIFIER *(Signature)*: (b)(6)-2 (b)(6)-2

PRE-TRANSFUSION TEMP. 99.6 PULSE 107 BP 126/75

DATE OF TRANSFUSION: 31 Aug 03

TIME STARTED: 0455

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1U ML

TIME DATE COMPLETED: 0800 31 Aug

INTERRUPTED

REACTION: [X] NONE [ ] SUSPECTED

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

DESCRIPTION
- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER T: 99.5 BP 129/78 HR 105

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

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 CPT AN

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

(b)(6)-4

SEX: (b)(6)-2

WARD: ICU-2

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

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

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 AUG 03

DATE AND HOUR REQUIRED: ASAP

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: NA

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P explosive injury, ① tibia fx ② Burn

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

SIGNATURE OF VERIFIER: (b)(6)-2

DATE: 30 AUG 03

TIME VERIFIED: 2105

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO: O
Rh: POS

RECIPIENT
ABO: O
Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	compatible

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS: Pt The critical cond. of this pt (below named) the requesting MD (alone) requests the immediate release of this blood product for transfusion w/o complete testing and is accepting full resp. for the admin. of this transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2 SPC

AT (Hour) 1015 ON (Date) 31 Aug 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2 RN

2nd VERIFIER *(Signature)*: (b)(6)-2

PRE-TRANSFUSION
TEMP. 100.3 PULSE 116 BP 135/69

DATE OF TRANSFUSION: 31 AUG 03

TIME STARTED: 0025

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED INTERRUPTED: 0025 31 AUG 03 0125

REACTION
- [x] NONE
- [ ] SUSPECTED

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

DESCRIPTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER NA

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 RN

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

(b)(6)-4

SEX: Male

WARD: ICU-2

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

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 14 Sept 03

DATE AND HOUR REQUIRED 14 Sept 03/1110

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* None

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: —

HEMOLYTIC DISEASE OF NEWBORN? —

REQUESTING PHYSICIAN *(Print)* Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE s/p Blue Amp/GLE femur F

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

SIGNATURE OF VERIFIER (b)(6)-2 CPT/AN

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Not performed	compatible

PREVIOUS RECORD CHECK: [ ] RECORD [x] NO RECORD (b)(6)-2

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DONOR	RECIPIENT
ABO O	ABO O
Rh positive	Rh positive

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 14 Sept 03

REMARKS: Due to the critical condition of the below normal patient, the requesting physician named above requests the immediate release of this blood product without complete testing and is accepting the OD full responsibility for the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* ON *(Date)*

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2 CPT AN

2nd VERIFIER *(Signature)* (b)(6)-2 CPT AN

PRE-TRANSFUSION

TEMP. 100.3 PULSE 106 BP 112/65

DATE OF TRANSFUSION 14SEP03

TIME STARTED 1410

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/~~INTERRUPTED~~ 1800 14SEP03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 100.2 PULSE 104 BLOOD PRESSURE 116/72

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 CPT AN

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

(b)(6)-4

SEX M

WARD ICU II

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 1879

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

(b)(6)-2

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 14 Sept 03

DATE AND HOUR REQUIRED: 14Sept03/1110

REQUESTING PHYSICIAN *(Print)*: Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P QUE Amp/LCE femur F

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

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

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: None

SIGNATURE OF VERIFIER: (b)(6)-2 CPT/AN

DATE VERIFIED: 14 Sept 03

TIME VERIFIED: 1230

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: –

HEMOLYTIC DISEASE OF NEWBORN? –

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Not performed	Compatible

PREVIOUS RECORD CHECK: [X] RECORD [X] NO RECORD (b)(6)-2

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

DONOR	RECIPIENT
(b)(6)-2	(b)(6)-2
ABO: O	ABO: O
Rh: Positive	Rh: Positive

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 14 Sept 03

REMARKS: Due to the critical condition of the below named patient the requesting physician named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the administration of this transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* | ON *(Date)*

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2 (b)(6)-2 CPT CA

2nd VERIFIER *(Signature)*: (b)(6)-2 SPC

PRE-TRANSFUSION: TEMP. 99.5 | PULSE 99 | BP 123/76

DATE OF TRANSFUSION: 14SEP03 | TIME STARTED: 1815

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME/DATE COMPLETED/INTERRUPTED: 14SEP03/2045

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE: 101.9 | PULSE: 115 | BLOOD PRESSURE: 111/69

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 (b)(6)-2 CPT AN

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

(b)(6)-4

SEX: M

WARD: ICU #4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 1880

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

REQUESTING PHYSICIAN *(Print)*
DR (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE
S/P LUE AMPUTATION
LLE EXT FIXATION

DATE REQUESTED
9/2/03

DATE AND HOUR REQUIRED
9/2/03 ASAP

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

VOLUME REQUESTED *(If applicable)*
____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER
CLOT IN BLOOD BANK

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: ____
HEMOLYTIC DISEASE OF NEWBORN? ____

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.
(b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NOT performed	comp

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

SIGNATURE OF PERSON PERFORMING TEST
(b)(6)-2

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 2 Sep 03

REMARKS: Due to the critical condition of the below named patient the requesting physician named above requests the immediate release of this product w/o complete testing and accepting full responsibility for the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1727 ON *(Date)* 2 Sep 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*
(b)(6)-2

2d VERIFIER *(Signature)*
(b)(6)-2
LCT, A

PRE-TRANSFUSION
TEMP. 101 (A) PULSE 110 BP 103/60

DATE OF TRANSFUSION
9/2/03

TIME STARTED
1230

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME DATE COMPLETED	INTERRUPTED
250 ML	1500 2 SEP 03	N/A

REACTION
- [X] NONE
- [ ] SUSPECTED

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

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

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

SIGNATURE OF PERSON NOTING ABOVE
(b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*
(b)(6)-4

SEX
M

WARD
ICU # 1

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

MEDCOM - 1881

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* ____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 9/2/03

DATE AND HOUR REQUIRED: 9/2/03

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: DR (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P LUE AMPUTATION LLE EX FIX

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

SIGNATURE OF VERIFIER: CLOT IN BLOOD BANK

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NOT performed	comp

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

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 25ep03

REMARKS: Due to the critical condition of the below named patient, the requesting physician named above requests the immed. release of this product for transfusion w/o complete testing and is accepting full responsibility for the administration of this transfu

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1503 ON *(Date)* 25ep03

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2

2nd VERIFIER *(Signature)* (b)(6)-2

PRE-TRANSFUSION (b)(6)-2

TEMP. ~~100~~ 99° PULSE ~~98~~ 100 BP 116/60

DATE OF TRANSFUSION: 25ep03

TIME STARTED: ~~1700~~ 1510

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME DATE COMPLETED: 1830 25ep03

INTERRUPTED: @1630

REACTION: [X] NONE [ ] SUSPECTED start@1700

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2

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

(b)(6)-4

SEX: M

WARD: ICU#1

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

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.
KUB ABD	34	M		ICU 1	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 3 Sep 03

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

s/p Explosion. Distended Abd ≈ Ileus

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

RADIOLOGIC REPORT

Persistent gaseous distension of large bowel not significantly changed from 2 days ago.

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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.
KUB ABD	34	M		ICU 1	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 3 Sep 03

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

s/p Explosion. Distended Abd ≈ Ileus

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

RADIOLOGIC REPORT

Persistent gaseous distension of large bowel not significantly changed from 2 days ago.

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 1884

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

(2) FEMUR PORTABLE

AGE | SEX | SSN *(Sponsor)*

WARD/CLINIC: ICU #1

REGISTER NO.

FILM NO.

PREGNANT: ☐ YES ☐ NO

REQUESTED BY *(Print)*: For DR (b)(6)-2

TELEPHONE/PAGE NO.: (b)(3)-1

SIGNATURE OF REQUESTOR: (b)(6)-2 LCT, AN

DATE REQUESTED: 9/3/03

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

(2) Femur FX
S/P EXTERNAL FIXATOR
S/P WASH-OUT

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

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

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

RADIOLOGIC REPORT

- L femur ex fix in place
  fx alignment is anatomic
- scattered small schrapnel fragments in world measuring 1-4 mm

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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.
CHEST X-RAY AP / LAT				ICU #1	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	(b)(6)-2				(b)(3)-1
	(b)(6)-2			QUESTOR ILT	DATE REQUESTED 9/9/03

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

LUE BE AMPUTATION
(2) OPEN FEMUR FX E EXTERNAL FIXATOR

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

RADIOLOGIC REPORT

Motion artifact but
clear lungs / nl heart
(-) pneumonia

(b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*
(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 1886

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.
Central Line Placement (CXR)					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED 15 Sep

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

S/p Central Line Placement.

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

RADIOLOGIC REPORT

— (R) IJ tip in SVC

NG tip at EG junction

— lungs clear

Heart / OCHK

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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.
Abd - Placement NG					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATU (b)(6)-2				DATE REQUESTED 13 Sep

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

S/p Washout - NGT Placement Check.

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

RADIOLOGIC REPORT

- NG Tip projects over duodenal bulb
- T large & small bowel gas c/w ileus
- 8mm schwpnl RLQ again noted

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 1888

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.
Portable CXR				ICU #1	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED 13 Sep 03

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

3 Pt/B Drain of S/P RUE (BTE) amputation + LLE open fx. Continues to have fever. Pmy evidence atelectasis or infiltrate

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

RADIOLOGIC REPORT

Motion artifact but
clear lungs, nl heart
⊖ CHF

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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.
Flate plate abd for placement NG Tube					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* Dr. (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 15 Sep 03

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

NG tube placement verification

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

RADIOLOGIC REPORT

NG tip probably in duodenum
n - left of midline

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 1890

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.
US - Liver/ Gallbladder					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

Explosion injury, (R) BE Amputee / Femur Fx
Febrile condition c̄ significant tylenol administration.

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

RADIOLOGIC REPORT

RUQ Sonogram

Liver is WNL
Normal caliber intra + extrahepatic ducts
GB nl, ⊖ stones, ⊖ wall thickening, ⊖ pericholecystic fluid
Nl (R) kidney
pancreas non-vis 2° bowel gas

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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.
Portable CXR PA/LAT					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

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

RADIOLOGIC REPORT

IJ in SVC

Lungs clear
Heart nl, ⊖ CHF
NG tip in region of EG junction

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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 26 Aug 03 TIME OF ORDER 0015 HOURS — LIST TIME ORDER NOTED AND SIGN

1. admit icu 2, OTHO, Prevost
2. DX: (L) femur fx; (L) hand (forearm amputation s/p ex fix; guillotine amputation; possible soft tissue injury (stomach burn) Nonadenopathy
3. cond: guarded
4. vitals q 1° (routine for icu)
5. NKDA
6. act: bedrest

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

7. diet: clear to regular as tolerated
8. IVF: NS @ 150 cc/°
9. cancef 1g IVPB tid
   gentamicin 80mg IVPB q 8°
10. CBC, chem 7, in am
11. CK q 8°
12. Tylox I/II po q 4-6° prn pain relief
13. MSO4 2-4mg IVP q 1° prn pain relief

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

14. leave dressings for physicians to change. anticipate return to OR 28 Aug
15. Please ask pharmacy to make up 2 bottles of Dakins solution (irrigation bottles) & have @ bedside
16. I/O to be recorded

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

17. mannitol 25g IVP q 4° prn UOP < 150 cc/°
18. CBC X1 now

done 0700

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION: (b)(6)-4

(EPW)

DATE OF ORDER: 26 AUG 03 TIME OF ORDER: 0520 HOURS

LIST TIME ORDER NOTED AND SIGN

10 Dr (b)(6)-2 IX / (b)(6)-2

(1) 500 cc Bolus of NS X1 now

done 0530 (2) Do not draw CBC & Ap Color

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

(EPW)

DATE OF ORDER: 8/26/03 TIME OF ORDER: HOURS

- Tetanus IG 250 units Im
- ~~Tetanus toxoid~~ 0.5 mg Im

dT (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

(EPW)

DATE OF ORDER: 8/26/03 TIME OF ORDER: HOURS

Pen G IV 4 million units

96°

NPO

(b)(6)-2

noted

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

(EPW)

DATE OF ORDER: 8/26/03 TIME OF ORDER: 0916 HOURS

(1) Change fluids to LR @ 200 cc/hr

(2) Bolus 1 L LR now

(3) With q8° labs, please include & I-stat Ca + glucose

(4) If uop < 100 cc/hr for 4 hrs, mannitol 25 gm IV.

(5) UA & micro. exam q8°

B6-2 noted

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

(b)(6)-4

EPW
Male

DATE OF ORDER: 27 Aug. 03 TIME OF ORDER: 0805 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Albuterol nebs (std. adult dose) q 8°.

(b)(6)-2 MD

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 27 Aug. 03 TIME OF ORDER: 0824 HOURS

(1) T&C x 2 units. - done 0900hrs

(b)(6)-2 MD

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 8/27/03 TIME OF ORDER: 1800hrs HOURS

Do not P/C File

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 28 Aug 03 TIME OF ORDER: 1000hrs HOURS

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

Vital signs q 8°

(b)(6)-2

LTC. MC

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
8/28/03	HOURS	

(b)(6)-2

- Transfer to ICU II D
- s/p DAD (L) UE & (L) LE
- Television (L) UE amputation
- Dressing (L) LE ex-fix
- Regular Diet NKDA
- CORto Chair BID
- strict NWB (R) LE

VITAL 98°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

- BID Dressing Changes to (R) thigh a 2 5%
- Dakin's Solution
- MSO4 1-4 mg IV q 1° pm pain
- Tylox 1-2 Tabs PO q 6° pm pain
- Amiff 1 gram IV q 6°
- Gentamycin 300mg IV q day

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	

- Penicillin G IV 6 million units QID
- LTC 80cc/hr
- P/C Foley in AM 8/28/03
- CBC / Chem 7 in AM

(b)(6)-2

MD

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER		
27 AUG 03	1334	HOURS

1) MSO4 1-5 mg IV Q 5 MIN PRN MAX 15 mg

(b)(6)-2

CNA

NURSING UNIT | ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

(b)(6)-4

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

(1) Give 650mg Tylenol po Q 4-6° prn

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

(b)(6)-2 Aug 03

ML 2200

(b)(6)-2

(b)(6)-2

FAMILY PRACTICE

NURSING UNIT | ROOM NO. | BED NO.

24° chart V (b)(6)-2 CPT 30 Aug 03 0001

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 29 Aug 03 | TIME OF ORDER 2234 HOURS

(1) D/c daily chemistry, CK.

(2) Continue daily CBC

(b)(6)-2 mo

(b)(6)-2

Noted (b)(6)-2 30 Aug 03 1300

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 8/30/03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

✓ - NPO

✓ - KWB

✓ - CBC, SMA-7, LFTs

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 8/30/03 | TIME OF ORDER: _____ HOURS

✓ Dulcolax Supp ~~i~~ PR

NOW & QD as PRN

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 8/30/03 | TIME OF ORDER: _____ HOURS

Transfuse 2 units

PRBC now

each unit over 4 hours

~~i~~ 20 mg IV lasix

~~i~~ each unit

(b)(6)-2

NURSING | ROOM NO. | BED NO.

30 AUG 03 2320 2110

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 30 AUG 03 | HOURS

(1) leave (D) LE below knee wounds open to air

(2) leave (R) foot wounds open to air

NURSING | ROOM NO. | BED NO. 252

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: 31 Aug 03 | TIME OF ORDER: 100930hrs HOURS | LIST TIME ORDER NOTED AND SIGN

(b)(6)-2

- Repeat CBC, Istat 6, Crat p transfusion
- D/C Foley
- D/C Penicillin G
- D/C Gentamicin

Noted (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 MD

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 8/31/03 | TIME OF ORDER: (b)(6)-2 HOURS

31 Aug 03 1600 (b)(6)-2

0.25% Dakins solution to Thigh BID c̄ Dressing Changes.

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 31 Aug. 03 | 1455 HOURS

Noted 31 Aug 03 (b)(6)-2

1. Change IVF to ~~NS~~ D5NS c̄ 20 KCl 100 cc/hr
2. KCl 40meq IV over 2 hrs x 2
3. Portable CXR

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 MD

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: ~~31 Aug. 03~~ 31 Aug. 03 | TIME OF ORDER: 1612 HOURS

1. After KCl complete, D/C central line.
2. D/C Hebs

Noted 31 Aug 03 2055

(b)(6)-2 MD

NURSING UNIT | ROOM NO. | BED NO.

80 c/c (b)(6)-2 (b)(6)-2

MEDCOM - 1899

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: 31AUG03 TIME OF ORDER: 2100 HOURS

LIST TIME ORDER NOTED AND SIGN

1) D/C Tylox
2) Demerol 25mg & 12.5mg Phenergan IV q4-6hrs prn PAIN.
VO Dr (b)(6)-2 / CPT (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 31 Aug 03 TIME OF ORDER: 2200 HOURS

1) Demerol 25mg & 12.5mg Phenergan WP NOW.
VO Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

31 Aug 03

FAMILY PRACTICE

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 31 Aug 03 TIME OF ORDER: HOURS

1) CXR & KUB c̄ AM
VO Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

31 Aug 03

FAMILY PRACTICE

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFI

DATE OF ORDER: Sep 02 TIME OF ORDER: 2400 HOURS

(b)(6)-4

1) Zantac 50mg IVPB q8 (b)(6)-2 (b)(6)-2 (b)(6)-2

1 Sep 03 1020

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: 1 Sept 03 TIME OF ORDER: 0750 HOURS

LIST TIME ORDER NOTED AND SIGN

1 Erythromycin 250 mg IV piggyback Q 6°

(b)(6)-2

(b)(6)-2

7Sept03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 1Sept TIME OF ORDER: 1015 HOURS

1 Place NGT

2 NGT to LIS

VO. (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

1030 1Sept03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 9/1/03 TIME OF ORDER: 1040 HOURS

Tylenol 650 P PR

960 pm temp 101°F

O2 by nasal pin sats 82%

(b)(6)-2

1X 20 1Sept03

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

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PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 01 Sep 03 TIME OF ORDER: 1330 HOURS

LIST TIME ORDER NOTED AND SIGN

1. admit ICU-1, (b)(6)-2 OKO
2. Dx: (L) LE amp; (L) LE ex fix sp beast injury and PID
3. cont's pain
4. NKDA
5. NPO
6. act: OOB to chair tid
7. Ufaes: routine ~~foley~~
8. IVF: DSNS c̄ 20 meq KCl @ 100 cc/h
9. meds:
   - ancef 1 g IVPB q 8°
   - erythromycin 250 mg IVPB q 6°
   - Demerol 25 mg c̄ 12.5 mg phenergan IV q 4-6° prn pain
   - Tylenol 650 mg - 1000 mg PR (suppository) q 4-6° prn T > 101°F
10. N/C O2 3L prn sats < 92%
11. NGT to LCWS
12. Radiology: (L) shoulder PA ~~+ lat~~ views
13. wet to dry dressings (L) LE bid please (no balcens)
14. CBC, Chem 7 in am
15. Zantac 50 mg IV q 8° (b)(6)-2 tid

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

1500 1 Sep 03

ICU #1

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.

PATIENT IDENTIFICATION: (b)(6)-4

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

DATE OF ORDER: 25 Sept 03 | TIME OF ORDER: 10:50 HOURS | LIST TIME ORDER NOTED AND SIGN

1. TC 2 units PRBC's. Transfuse over 4° Each.
2. CBC c̄ Diff in AM
3. KUB ABD in AM.
4. Lasix 20mg IV after Each unit of PRBC's
5. Gentamicin 300mg IV q DAY x 3 DAYS

PATIENT IDENTIFICATION: (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER: HOURS

6. Creatinine q DAILY

(b)(6)-2 MD

MAJOR.

(b)(6)-2 35803 0010

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 Sept 03 | TIME OF ORDER: 2240 HOURS

7. Repeat dose of Demerol 25mg and Phenergan 12.5mg IVP Now.

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

VT, 3/Sep/03 0949

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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PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 03 Sep 03 TIME OF ORDER: 0946 HOURS

LIST TIME ORDER NOTED AND SIGN

ADMIT to ICU-1 (b)(6)-2

(2) Below Elbow Amp, (2) LE

Ex fix

S/P Blast injury, + IED

Cond: FAIR

NKDA

NPO

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER _____ HOURS

OOB to chair BID - tid

VITALS - routine

D5NS ℄ 20 mEq KCl TKO 100 cc/h

meds -

Ancef 1 gm IVPB q 8°

Erythromycin 250 mg IVPB q 6°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER _____ HOURS

Gentamicin 300 mg q IV q DAY X 20 DAYS. (b)(6)-2

Demerol 25 mg q 12.5 phenergan

IV q 4-6 PRN Pain

Tylenol 650-1000 mg PR (Supp)

q 4-6 PRN T > 101°F

NURSING UNIT | ROOM NO. | BED NO.

N/C @ 3L PRN SAT < 92%

NGT to LWS

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER _____ HOURS

XRAY - (2) Femur Portable

wet to dry Dressing (2) leg c̄

packing of wound BID please

Zantac 50 mg IV q 8°

CBC, chem 7 in AM (4 Sept 03)

wet wash cloth if patient

wants fluids.

NURSING UNIT | ROOM NO. | BED NO. (b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

MAJ

ORTHO

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

MEDCOM - 1904

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: 4Sept03 TIME OF ORDER: 0945 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Continue Gentamicin 300 mg IV q DAY.

(2) DAILY Creatinine (b)(6)-2

(b)(6)-2 noted 4Sept03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 4Sept03 TIME OF ORDER: 1200 HOURS

(1) D/C NGT

VO Dr (b)(6)-2

(b)(6)-2 CPT/AN

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 4Sept03 TIME OF ORDER: 1215 HOURS

(1) Demerol 25mg + 12.5mg Phenergan IV x1 now

VO Dr (b)(6)-2

(b)(6)-2 CPT/AN

(b)(6)-2

(b)(6)-2

noted

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-2 ORDER 4Sept03 TIME OF ORDER: HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH M RE 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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 5 Sep 03 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

1 Post-op. Dx @ ARm / Hip
2 ADMIT to ICUI - Dr (b)(6)-2
3 D_5 NS c̄ 20 mEq KCl/L to Run at 100 q°.
4 Gentamicin 300g IV q̄ 24° x 4 DAYS
5 Ancef 1 gm IVPB q̄ 8°
6 Demerol 25 g c̄ 12.5 phenergan IV q 4-6° PRN Pain

Noted 5 Sep (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

Tylenol 650-1000 mg PR (supp) q̄ 4-6° PRN Temp > 101.F°
O_2 3L via NC PRN SAT < 92%.
Wet to Dry Dressing BID.
Need to PACK area by Pins
ZANTAC 50 mg IV q̄ 8°
NPO-

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

OK for ice chips 1/2 cup q̄ 1° (or small sips H_2O)
IF tolerated may advance clear liq DIET.
OOB to chair BID TID
CBC on Am 7 Sep 03 (Sunday)
Dressing A of (L) Elbow (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

Dis Pull Drain tomorrow (b)(6)-2 5 Sep 03 (b)(6)-2

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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PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

6Sep03

clear liquids Advance slowly as tolerated.

(b)(6)-2

Noted 1 JTM 9/6/03 135

charted 6Sep03 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

7 Sep 03 0005

Ambien 5mg QHS prn U.O. (b)(6)-2 7 Sept03

7Sep 0005 prn

7Sep03

1. ↑ Ambien 10 mg Sig 1 p.o. q HS PRN
2. Δ Tylenol to P.O. same Dosage

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

3. Tylox 1-II p.o. q 4-6° PRN Pain
4. Creatinine today.
5. NPO PO Meanwight (b)(6)-2

NOTED 1 JTM 9/7/03 235 (b)(6)-2

24 hr urine check (b)(6)-2 8 Sep 03 0700

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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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 | TIME OF ORDER | HOURS

8 Sep 03

(1) BE Amp / (2) Open fem fr.
FTD c̄ shortening of bone, wound
VS q̄ routine
Reg DIET Advance as tolerate
Ds ½NS c̄ 20 mEq KCL/L OR
current solution TKA 100 ml/
Heplock when PO good

PATIENT IDENTIFICATION

(b)(6)-2

Detected
9/8/03
1235

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

Ambien 10mg po q HS PRN insomn
(2) Gentamicin 300 mg IV q DAY
(3) CBC c̄ diff on 9 Sep 03
(4) Daily Creatinine
(5) Ancef 1 gm IV q 8°
(6) MSO4
(7) Tylenol 650-1000 mg PO

PATIENT IDEN

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOU

Temp > 100.5
(8) Demerol 25mg IV q 4-6
c̄ 12.5 mg phenergan
(9) Tylox I-II po q 4-6 PRN
(10) Zantac 50mg IV q 8°
(11) OOB BID TID

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | H

(12) Dressing change to Elbow
Hep BID. May ~~used~~
¼" to ½" packing as n

24° chart check

(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

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TI ORDE NOTED SIGN

(1) chest xray today - CAP lat in Radiology
(2) urin for UA;
(3) ~~Hold Gentam~~ ↓ Gentam to 200g IVq DA
(4) ~~Salem~~ nutritional assessment Aga to assess for enteral feeding

(b)(6)-2

NSC 9/9/03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

10 Sep 03
(1) NPO Post midnight
(2) D5 1/2 NS - 20 mEq KCl / L TRA
100 cc/h.
(3) BACTRIM DS I PO BID
(4)

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

Left Chest Chest

11 Sep 03
1. SIP I+O to @ BE Stup, Drain
2. (b)(6)-2
3. VS q Routine
4. Reg DIET -
5. Ensure. T CAN TID
6. MAY Eat Food from Home

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

7. Daily Creatinine
8. CBC in AM. (12Sep 03)
9. Up in chair BID - TID
10. Ancef 1 gm IVq 8
11. Gentamicin 200g IVq DAY
12. BACTRIM DS I PO q BID
13. ~~MSO4~~ Demerol 25g IVq 4-6 PI - phenerg

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

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

Chart 11 Sep 03

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: (b)(6)-2 BED NO.

DATE OF ORDER: 11 Sep 03 TIME OF ORDER: _____ HOURS

LIST TIME ORDER NOTED AND SIGN

14. Tylox 1-2 po q 4-6° PRN Pain
15. Zantac 50 mg IV q 8° if PO tolerated
A to 150 mg po TID.
16. Dressing change to BE Amp + Hip BID.
17. Next planned washout - 13 Sep 03.
18. Current fluid @ 75cc/° (b)(6)-2
drain 11 Sep 03 1500 (b)(6)-2

noted 11 Sep (b)(6)-2 1200

PATIENT IDENT

DATE OF ORDER: 11 Sep 03 TIME OF ORDER: 1500 HOURS

1. Malaria smears q 8° x 3 if temp goes >100

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

NURSING UNIT | ROOM NO. | BED NO.

FAMILY PRACTICE

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: _____ HOURS

1. D/C BACTRIM DS
2. D/C Ancef
3. Levaquin 500 mg IV q 24°

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

NURSING UNIT | ROOM NO. | BED NO.

24°V - Pharm Wed 12 Sep 03 @ 0700

PATIENT IDENTIFICATION

DATE OF ORDER: 12 Sep 03 TIME OF ORDER: 1100 HOURS

1. Tylenol 1000 mg PO q 6° PRN Temp
2. ~~Hold Tylox~~ discont
3. D/C Tylox
4. Haldol 5 mg IV q 4° for psychosis (PRN)

(b)(6)-2 (b)(6)-2 (b)(6)-2 12 Sep 1115

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: 12 Sep 03 TIME OF ORDER: 1103 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Send LFTs

(2) D/c demerol and phenergan

(3) ~~Suspend: MSO4 2-10 mg IV q 20 prn pain and~~

MSO4 2-10 mg IV q 20 prn pain / dressing

(4) D/c tylox

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 12Sept03 TIME OF ORDER: 1430 HOURS

(1) NPO p MN

(b)(6)-2

MD

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 13 Sep 03 TIME OF ORDER: 1400 HOURS

(1) Portable CXR

(2) U/A

(3) ESR c̄ next bloodwork

Q 20

(b)(6)-2

MD

Lieutenant Colonel, Medical Corps
Chief, Department of Medicine

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 13 Sep 03 TIME OF ORDER: 1400 HOURS

(1) D/C Melanin smears

(b)(6)-2

MD

FAMILY PRACTICE

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: 13 Sep 03 TIME OF ORDER: 1946 HOURS

(b)(6)-2

1. ~~Tylenol 650 mg po q4° prn fever~~
2. phenergan 12.5 mg IV q4° prn N/V.
3. CXR - placement of central line post-placement
4. Flat plate Abd - placement NG tube

Note (b)(6)-2 13 Sep 03 1940

LIST TIME ORDER NOTED AND SIGN: (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

√ 13 SEP 03 | 2020 | (b)(6)-2 | (b)(6)-2 | (b)(6)-2 | MD | UTAN

PATIENT IDENTIFICATION

DATE OF ORDER: 13 Sep 03 TIME OF ORDER: 2316 HOURS

1. Ambien 5 mg p.o. now & HS prn insomnia. May repeat x 1, if sleep/wake - may give NG tube (crushed)

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Chart √ 14 SEP 0330 (b)(6)-2 (b)(6)-2 (b)(6)-2 MC

PATIENT IDENTIFICATION

DATE OF ORDER: ~~14~~ Sep 03 TIME OF ORDER: 1110 HOURS

1. T&C 2 units PRBC's. Transfuse one 4°. Give both units.
2. ~~K phos~~ KCL 100 mEq in 250 cc NS over 10 hours ~~x 3 over 2°~~
3. Repeat K+ level after KCL infusion.
4. Check H/H 4° after last transfusion

Note (b)(6)-2 1140 14 Sep

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

5. Foley to DN
6. Ensure TID q 6°
7. Cancel US of AB donor

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

√ 14 SEP 03 | 2215 | (b)(6)-2 | UTAN

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: 13 Sep 03 — TIME OF ORDER: _____ HOURS — LIST TIME ORDER NOTED AND SIGN

1. LBE... AMP, (L) open Fem Fx.
2. s/p central line placement, NG, and WASH out.
3. VS q shift
4. OOB BID - TID
5. D5 ½ NS + 20 mEq KCL/L TRA 100 cc Heplock.

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER _____ HOURS

6. CBC c diff, SMA-7, LFT's in AM.
7. Creatinine in AM.
8. Levaquin 500mg IVq 24°
9. Gentamycin 150mg IVq 24°
10. Haldol 5 mg IV q 6° PRN Psychosis.
11. AP (L) hip XRAY in AM
12. Ultrasound Liver - gallbladder in AM.

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-2 13 Sep 03 2020

DATE OF ORDER — TIME OF ORDER _____ HOURS

13. Ensure - ~~1 can~~ Mix 50/50 c H2O - 60 cc VIA NG over 20 minutes. IF tolerates this; may use Ensure full strength 60cc over Twenty minutes. IF tolerated; N/V - ICAN
14. Ensure q shift VIA NG

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER _____ HOURS

14. Routine central line care
15. Mean changes BP.
16. ~~NC Blend. Motrin~~ = Disregard
17. MSO4 2-10mg IVq 1-2° Pain Pain

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

✓ 13 SEP 03 | 2020 | (b)(6)-2 | UTAN

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 9/14/03 TIME OF ORDER 1145 HOURS

LIST TIME ORDER NOTED AND SIGN

Advance DIET as Tolerated

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

(b)(6)-2 9/14/03

(b)(6)-2 Noted LT, AN 9/14/03

NURSING UNIT	ROOM NO.	BED NO.
ICU #1	1155	

PATIENT IDENTIFICATION

DATE OF ORDER 9/14/03 TIME OF ORDER HOURS

Noted 14SEP03 1655 (b)(6)-2

① Unasyn 3.0 gm IV q 6° (b)(6)-2 (b)(6)-2

14SEP03/1955

① Tylenol 1 gm PO x1 VO (b)(6)-2 (b)(6)-2 Noted 14SEP03 1955 (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
	14SEP03	2215

(b)(6)-2 LTAN

PATIENT IDENTIFICATION

DATE OF ORDER 15 Sep 03 TIME OF ORDER 1620 HOURS

⇨ IVF to D5 NS ē 20 KCl

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

also

⇨ KCl bolus to 100 meq KCl in 250 cc D5W.

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

1120 17 Sep 03

NURSING UNIT	ROOM NO.	BED NO.
8°C/C		

(b)(6)-2

PATIENT IDENTIF (b)(6)-2

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

DATE OF ORDER: 15 Sep TIME OF ORDER: 1600 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ADMIT to ICU-1
2. S/P I+D Hip + (2) Ischiectomy
3. (b)(6)-2
4. OOB BID - TID
5. NG for feeding tube
6. ADVANCE DIET As tolerated
7. Ensure ī can q 6° over 20 - 30 min.

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

8. D5 1/2 NS ē 20 mEq KCL/L TRA 140 cc/°
9. KCL 100 mEq in 250 cc NS. Run in over 10°. (Order by V.O.)
10. Foley to DD
11. Unasyn 3.0 gm IV q 6°
12. Gentamicin 150 mg IV q 24°
13. Ambien 5-10 g PO q HS for insomnia (b)(6)-2

15 Sep 03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

14. MSO4 - 2-10 mg q 1-2° PRN. Pain
15. Flat plate Abdomen for placement NG tube.
16. Tylenol ~~to~~ 650 mg PR/PO q 6° PRN Temp > 100.4 (Axilla)
17. Routine IJ Care.
18. Levoquin 500 mg IV q 24°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

19. ZANTAC 150 mg PO TID.
20. Aveeno Δ BID.
21. ~~HH~~ CBC ē diff on 17 Sep 03
22. K, Creatine q AM x 2 days.
23. IS q 1° WA.
24. May restrain if needed.
25. Remove Sutures

NURSING UNIT: 8° c/c | ROOM NO.: 17 Sep 03 | BED NO.: 1130

(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

ICU 1

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 16 Sep 03 — TIME OF ORDER: ____ HOURS

(1) ~~NPO - 0300 AM~~

Discharged (b)(6)-2

(b)(6)-2

(b)(6)-2

LIST TIME ORDER NOTED AND SIGN: Notified 2135 1530

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 9/17/03 — TIME OF ORDER: 1110 HOURS

Ditropan 5 mg po Q8°

p/n Bladder Spasm

(b)(6)-2

(b)(6)-2

1120 17 Sep 03

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 17 Sep 03 — TIME OF ORDER: 1145 HOURS

(1) D/C Unasyn

(2) 20 mg 3.5 gm

IVPBG 6 gm

(b)(6)-2

(b)(6)-2 Note

1148 Sept 03

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

TIME OF ORDER: ____ HOURS

MEDCOM - 1916

77, WHICH MAY 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: 18 Sep 03 TIME OF ORDER: 0900 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) D5 to Ensure plus 1-2 cans q 6°
(2) NPO p 3:00 Am (6° Before surgery)
(3) D5NS Era 125 cc After 3:00 Am
(4) Creat / K+ in Am 18 Sep 03

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 18 Sep 03 TIME OF ORDER: 1030 HOURS

(1) Restoril 15mg PO q HS x PRN.
If in 1° Not asleep or ~~x Hrs~~
may Repeat 15mg po x 1.

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 18 Sep 03 TIME OF ORDER: 1400 HOURS

D Restoril to 30mg PO QHS
U.O. Qh

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 18 Sep 03 TIME OF ORDER: 1625 HOURS

CBC c diff
Portable CXR - AP & Lat

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

18 SEP 03 0320

(b)(6)-2

WHICH N

DA FORM 4256

MEDCOM - 1917

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 19Sept03 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

Admit to ICU-1

(b)(6)-2

OOB QID — 5 or 6 times (b)(6)-2

Turn on side q 2°.

NG for feeding tube

Routine IT care

Advance oral DIET As tolerated

Noted (b)(6)-2 1250 19Sept

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

Ensure (+) T-II Cons q 6°.

D5NS c 20 mEq KCL / L TPA 100 c/°.

Heplock when p.o good.

~~Foley to~~

Gentamicin 150 mg IV q 24°

MSO4 2-10 mg IV q 1-2° PRN Pain

Tylox T-II p.o. q 6° PRN Pain

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

Zosyn 3.375 gm IVPB q 6°.

Ditropan 5 mg po q 8° PRN bladder spasm

Levaquin 500 mg IV q 24°

ZANTAC 150 mg p.o. TID

change Dressing BID.

K+ Check, On 21 Sep 03

may Restrain as needed.

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

(b)(6)-2

Restoril 30 mg PO q HS.

PRN Insomnia

19Sep03 1250 (b)(6)-2

DA FORM 4256 MEDCOM - 1918 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 7 Sep 03 TIME OF ORDER 2130 HOURS

LIST TIME ORDER NOTED AND SIGN (b)(6)-2

(1) Benadryl 50 mg po qHS (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

✓ 19 Sep 03 2240 (b)(6)-2 UCTAN

PATIENT IDENTIFICATION

DATE OF ORDER 20 Sep 03 TIME OF ORDER 1300 HOURS

(1) D/C foley.
(2) ~~D/C~~ ✓ VA After foley removal
(3) START new IV site
(4) D/C IV.
(5) D/C Gentamicin.
(6) If Temp > 101.° obtain Blood cultures x2 sites x2.

(b)(6)-2 noted 1/20/03 1340

NURSING UNIT | ROOM | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER (b)(6)-2

(7) TRANSFER to ICU-2 @ 1800 hrs
(8) Please process ORDER'S (b)(6)-2

noted independently

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

22 Sep 03 1057 HOURS

(1) Stat glycerine 5 mg po qHS
Lunch today
tomorrow Breakfast
supper tomorrow
(2) FBS QAM
(3) U/A QAM

(b)(6)-2 noted SPC

NURSING UNIT | ROOM NO. | BED NO.

23 Sept 03 2355 (b)(6)-2

(b)(6)-2 Lieutenant Colonel, MC
Chief, Department (b)(6)-2

DA FORM 4256

MEDCOM - 1919

04
12
20

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 22 Sep 03 TIME OF ORDER ____ HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Post-void residual.
(2) Packing c̄ iodoform, DAMP to DRY Dressings.
(3) ~~K+ KCL 40 mEq KCL in 50 cc NS TKO over~~
(3) KCL 40 mEq KCL in 50cc NS to Run in over 2°.

Noted (b)(6)-2 SPC

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER ____ TIME OF ORDER ____ HOURS

(4) K+ in AM. (b)(6)-2
(5) (P) Arm Restraint as needed PRN (b)(6)-2
(6) ↓ Foley plug to T every 6°.
(7) Portable (D) ~~Pan~~ Hip XRAY. (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 22 Sep 03 TIME OF ORDER 1213 HOURS

(1) Ativan 2 mg IV now & then T-2 mg IV Q8°
(2) Post void residual urine

Noted (b)(6)-2 911

(b)(6)-2

Lieutenant Colonel, Medical Corps
Chief, Department of Medicine

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
	23 Sep 03	2358

(b)(6)-2 911

DATE OF ORDER 23 Sep 03 TIME OF ORDER 1500 HOURS

(1) KCL 16 meq p.o. TID (3 times a day), preferably c̄ food
(2) D/C HS Benadryl

Noted (b)(6)-2

(b)(6)-2

Chief, Department of Medicine

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 Sep 03 TIME OF ORDER 1623 HOURS

(1) Place Dr in + out cath & assess bladder volume

(2) ↑ KCl & 20 meq p.o. TID & food or drink

LIST TIME ORDER NOTED AND SIGN

(b)(6)-2

(b)(6)-2

(b)(6)-2

Lieutenant Colonel, Medical Corps
Chief, Department of Medicine

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 25 Sep 03 TIME OF ORDER 0500 HOURS

(1) Transfer to EPW Camp

(2) D/C IV

(3) D/C NG-T

(4) FU Surgery 1300 Spec Clinic Dr.

(b)(6)-2

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

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.

PAGE 9 = 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25
9/22	(b)(6)-2	Ativan 2mg IV now	04	(b)(6)-2			Refused medication
		& then 1-2 mg IV q8°	12				
			20				
			06				
9/22	(b)(6)-2	Zosyn 3.375gm	12				DC 1258 9/23
		WPB q6°	18				
			24				DC'd 2558 9/23 0905
			08				
9/22	(b)(6)-2	Levaquin 500mg IV					
		q 24°					
9/19	(b)(6)-2	Zantac 150mg PO TID	06				
			14				
			22				
							0801.03 (b)(6)-2
9/19		Benadryl 50mg PO qHS	22				
9-23-03	(b)(6)-2	KCl 20meq P.O. TID	B				
		c food	L				
			D				
22 Sep	(b)(6)-2	Ativan 1-2mg IV q8°	06				DC'd 2558 9/23
			14				(b)(6)-2 0905
			22				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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

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
9/22	(b)(6)-2	Glipizide 5mg PO c̄ lunch today	9/22	1400	1350	(b)(6)-2
9/22		Glipizide 5mg PO c̄ breakfast	9/23	0730		
9/22		Glipizide 5mg PO c̄ supper	9/23	1730	1830	(b)(6)-2
9/22		40mEq KCl in 50cc NS to run over 2°	9/22	ASAP	1345	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
19 Sept	(b)(6)-2	MSO4 2-10mg IV	
		q 1-2° PRN pain	
19 Sept		Tylox 1-2 PO q4°	22 Sep 1400 (b)(6)-2
		prn pain	
19 Sept		Ditropan 5mg PO	22 Sep 1400 (b)(6)-2
		q8° prn bladder spasm	
19 Sep F		Restoril 30mg PO	
		qHS prn insomnia	

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 Fr. 03

TERMIN BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 25	26	27
26AUG	(b)(6)-2	Vitals - Q1° (routine	D	/	(b)(6)-2	
	-----	for ICU)	E	/		D/C'd SEO
	-----		N	(b)(6)-2		neurolog
26AUG	(b)(6)-2	Activity - BR	D	/		
	-----		E	/		
	-----		N	(b)(6)-2		
26AUG	(b)(6)-2	Diet - clears → PEG	B	/		
	-----	as tol	L	/		
	-----		D	/		
26AUG	(b)(6)-2	CK Q8°, I stat-6,	06	/		
	-----	Glucose, Cr, UA & MICRO	14	/		
	-----		22	/		
26AUG	(b)(6)-2	Leave drsgs for MD	D	/		
	-----	to Δ	E	/		
	-----		N	/		
26AUG	(b)(6)-2	Intake/Output -	D	/		
	-----	If < 150cc/d for 4hrs	E	/		
	-----	(give mannitol prn)	N	(b)(6)-2		
26aug	(b)(6)-2	If pt needs foley cath	D	/		
	-----	replaced or Δ'd, col	E	/		
	-----	Bozanski must do it	N	/		
26AUG02	(b)(6)-2	Δ VS to q 2 hrs	D	/		
	-----		E	/		
	-----		N	/		

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: poss. Rhabdo
S/P I&D LUE/LLE, LUE BEA

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

PATIENT IDENTIFICATION: EX-FIX (L) FEMUR & limited internal fixation

(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

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
26 AUG	(b)(6)-2	Admit ICU-2, Ortho — Dr Prevost	/	NOTED	/	/
		cond. guarded				
26 AUG	(b)(6)-2	(b)(6)-2 ~~CBC~~, Chem 7 in AM	26AUG	0600	0520	(b)(6)-2
26 AUG		CK @8	26AUG	0600		
26 AUG		Please ask pharmacy to make up 2 bottles		(b)(6)-2 1400		
		of Dayhin's Solution — have 1 @ BS	26AUG	ASAP ~~1200~~ m		
26 aug	(b)(6)-2	NPO	26aug	0800	done	(b)(6)-2

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.

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25
9/22	(b)(6)-2	FBS QAM	05				
9/22		U/A QAM	05				
9/22		Change Dressings BID	10				
		Packing Chloroform Damp Dry	22				
9/22		(B) Arm Restraint as	D				
		needed PRN	E				
9			N				
9/22	(b)(6)-2	Ensure plus 1 can	02				
		96°	08				
			14				
			20				
9/19	(b)(6)-2	OOB to chair 5 or	08				
		6 times per day	11				
			14				
			18				
			21				
9/19		~~Benadryl 50mg PO q 4 hrs~~	~~20~~				

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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

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
9/22	(b)(6)-2	Post Void Residual	9/22	ASAP		(b)(6)-2
9/22		Kt in AM	9/23	0500	0500	
9/22		Portable (D) hip X-ray	9/22	ASAP	1400	
9/25		Transfer to EPW Camp	9/25	TODAY		
9/25		DC IV	9/25	Done	Done	
9/25		D/C NGT	9/25	ASAP	0900	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
9/60		If Temp >101°	
		Obtain Blood	
		Cultures x2 sites x2	

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.

26 8 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 25	26	27	28
26AUG	(b)(6)-2	IVF - NS@150cc/°	D	/	(b)(6)-2		
			E	/		D/C 26aug03	
			N	(b)(6)-2			
26AUG		Ancef 1gm IVPB TID	06	/	(b)(6)-2		
			14	/			
			22	/			
26AUG		Gentamicin 80mg IVPB	07	/			
		Q8°	15	/			
			23	/			
26aug03		Pen G IV 4million	03	/			
		units q6°	09	/			
			15	/			
			21	/			
26aug		LR @ 200 cc/hr	D	/			
			E	/		D/C 27aug03 0800	
			N	/			
27aug		D5 1/2NS c 20KCL	D	/			
	-----	110cc/hr	E	/			
	-----		N	/			
27Aug	-----	Albuterol Neb	06	/			
	-----	(std. adult dose) Q8°	14	/	/		
	-----		22	/	/		

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: S/P MVA D LUE/LLE, LUE BEA
EX-FIX - LLE (femur) c internal fix

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

PATIENT IDENTIFICATION: Poss Rhabdo

(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

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
26 Aug	(b)(6)-2	dt 0.5 mg IM	26 Aug	0830	0832 dt	(b)(6)-2
26 Aug		Tetanus IG 250 Units IM	26 Aug	0830	0830 Quad	
26 Aug		Bolus IL LR now	26 Aug	0930	0930	
		CBC : afternoon labs	27 Aug	1400		
27 Aug		T & C x2 units	27 Aug	0840	0840	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
26 AUG	(b)(6)-2	Tylox I-II po Q4-6°	26 Aug 1420	27 Aug 0057												
		prn pain	NS +1	2200 (b)(6)-2												
26 AUG		USOG 2-4 mg IVP Q1°	26 Aug 0400	26 Aug 0730	26 Aug 1205	26 Aug 1630	26 Aug 2100	27 Aug 0300								
		prn pain	3 mg	3 mg	4 mg IVP	4 mg	4 mg	(b)(6)- (b)(6)-2								
26 AUG		Mannitol 25g IVP	26 Aug 25g													
		Q4° prn UOP < 100 cc/hr ~~150 cc/hr~~	100 cc/hr (b)(6)-													

D/C 27 Aug @ 0300

CLINICAL RECORD

Medication 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.

26 08 Fr 05

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30	31	1	2	3
27 Aug	(b)(6)-2	Ancef 1GM IV Q 6°	06	✓	(b)(6)-2						
			12	✓							
			18								
			24								
27 Aug	(b)(6)-2	Gentamycin 300mg									
		IV Q D	16					D/C 31 Aug 03 1030			
27 Aug	(b)(6)-2	Penicillin G IV	03								
		6 million units Q 4D	09					D/C 31 Aug 1030			
			15								
			21								
27 Aug	(b)(6)-2	LR @ 80 cc/hr	D					NCD 31 AUG 1600			
			E								
			N								
27 Aug	(b)(6)-2	Albuterol neb (std adult	08								
		dose Q 8°	16					D/C	(b)(6)-2		
			24								

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Revision Q LE Revision Q LE Amputation
5/P I+D (L) LE, L (L) LE Ex fixation

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

0 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23

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
27Aug	(b)(6)-2	MSO4 1-5mg IV Q 5min max 15mg	27Aug			(b)(6)-2
30Aug		Dulcolax Supp ÷ PR NOW	30Aug	2130	2130	
31Aug		Transfuse 1 unit prbcs ō 4 hrs	31AUG	1/8AP	0045	
31Aug		Transfuse 1 unit prbcs ō 4 hrs	31AUG	1/8AP	0455	
31Aug		Lasix 20mg IV ō 1st unit prbc's	31AUG	1st unit	0420	
31Aug		lasix 20mg IV ō 2nd unit prbc's	31aug		0830	
31aug		Start 6, Great CBC ō transfusion	31aug		0930	
31Aug		25mg Demerol /c 1265 Phenergan WP [illegible]	31Aug		[illegible]	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED												
27Aug 30Aug	(b)(6)-2	MSO4 1-4mg IV Q 1°	27Aug 1737	28Aug 0820	28Aug 1237	29Aug 0530	29Aug 4mg	29Aug 4mg	30Aug	30Aug	31Aug 0420	31Aug 0930			
		for pain	4mg	2mg	3mg	3mg	2145	2340	0200	0					
27Aug 30Aug		Tylox 1-2 tabs po	27Aug 2145	27Aug 2215	28Aug 1237	28Aug	29Aug 0430	29 Aug 1230	29Aug 2050	30Aug	30Aug	31Aug 0800	31Aug		
		Q6° for pain	1/1			1230									
27 Aug		MSO4 1-3mg IVP Q5min	28Aug 3mg	28Aug 1745											
		max 15mg	1mg	2mg											
29 Aug		650mg Tylenol q	29 Aug	29 Aug	30 Aug	31 Aug									
		4-6° prn as needed	1300	2145	0334	0123									
30Aug		Dulcolax Supp ÷ PR	31Aug 2100	31Aug 1030											
		QD pain													

(b)(6)-2

Post operative single action

Dr. [illegible] JAUG

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.

26 DEC 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 27 28 29 30 31 01 02 03 04 05 06
27 Aug	(b)(6)-2	Regular Diet	B	(b)(6)-2
			L	Δ 30 Aug 03
			D	
8/27		OOB to Chair TID	D	
			E	
			N	
8/27		Strict NWB (L) LE	D	
			E	
			N	
8/27		BD dressing changed	10	
		to (L) thigh, 25% Dakin's	29	
		Solution		
27 Aug 03		~~vitals q 2 hrs~~	D	
28 Aug 03		vital signs q 8°	E	
			N	
30 Aug		CBC qd	05	
30 Aug		NPO	B	
			L	
			D	
30 Aug		Drive (L) LE below	D	
		knee + (R) foot wounds	E	
		open to air	N	
31 Aug		4 IVF ~ 0.5NS ε 20 KCl 100 cc/hr	D	
	-----		E	
	-----		N	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Revision (L) UE amputation
S/P I+D (L) UE + (L) LE, Revision (L) LE ex fix

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

No 08 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
8/27	(b)(6)-2	Transfer to ICU II Dr (b)(6)-2	8/27	Pt Ready OK	1345	(b)(6)-2
8/27		D/C Foley in AM 8/29/03	8/28	DO NOT D/		
8/27		CBC Chem 7 in AM	8/28		0700	
8/28		NPO ∅ MN	8/29	0001	∅ MN	
30 Aug		KUB	8/30	ASAP	1900	
30 Aug		CBC SMA-7, LFTs	8/30	ASAP	1900	
31 Aug		D/C Foley catheter	31 Aug	—	—	
31 AUG 03		KCL 40 meq iV over 2 hours x 2	31 AUG	#1 1600	—	
		∅	31 AUG	#2 1825	—	
31 AUG 03		Pat CXR	31 AUG	1600	—	
31 AUG 03		After - KCL Complete - d/c central line	31 AUG 03	2100		
31 Aug		CXR & KUB in AM	1 Sep 03	0600	0600	

(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED														
3 AUG 2560	(b)(6)-2	Demerol 25 mg IC	2100 31 AUG 03	2250	0650	(b)(6)-2											
		Phenergan 12.5 mg	25 mg 12	12.5	1200 1 Sept												
		IV q 4-6 hrs	(b)(6)-2														

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5
1Sept03	(b)(6)-2	Zantac 50mg IVq 8°	02					
			10	(b)(6)-2				
			18					
1Sept03	(b)(6)-2	Erythromycin 250mg	05					
		IV piggyback Q6°	11	(b)(6)-2				
			17					
			23					
1Sept03	(b)(6)-2	NGT to LIS	D	(b)(6)-2				
			E					
			N					

Discontinued 1 Sep 03 (b)(6)-2

ALLERGIES: ☐ YES ☐ NO	PRIMARY DIAGNOSIS:	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 - 1934

DA FORM 4677, 1 OCT 78

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													
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REWRITTEN

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 9 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5
1 Sep	(b)(6)-2	OOB to Chair TID	10	(b)(6)-2				
			14					
1 Sep		STRICT NWB LLE	20					
			D					
			E					
1 Sep		① Thigh Dsg Δ BID	N					
		ⓒ 25% DAKINS Soln	10					
1 Sep		VS q 8°	22					
			D					
			E					
1 Sep		CBC q AM	N					
1 Sep		Diet - NPO	05					
			B					
			L					
1 Sep		① BK & R Footwounds	D					
		OPEN TO AIR	D					
			E					
1 Sep		IVF D5NSE 20 KCL	N					
		ⓒ 100 cc/hr	D					
			E					
1 Sep		Ancef 1 Gm IVPB q	N					
	------	6°	06					
	------		12					
	------		18					
	------		24					

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: REVISION LLE AMPUTATION
LLE EXT FIXATOR, S/P I & D
LLE & LUE

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

DA FORM 4677, 1 OCT 7

MEDCOM - 1936

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr _____

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
1 Sept	(b)(6)-2	Place NGT	1 Sept	NOW	1030 ~~1100~~ (b)(6)	(b)(6)-2

Do-Written 1 Sept 13

INITIAL PROPER COLUMN FOLLOWING COMPLETION

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	TIME/DATE COMPLETED													
1 Sep	(b)(6)-2	Demerol 25 mg / Phenergan 12.5 mg IVP q 4-6 hrs	0650 now 1 Sept 25/12.5													
1 Sep		Dulcolax Supp + PR QD PRN														
1 Sep		Tylenol 650 mg PO q 4-6° prn														
1 Sep		MSO4 1-4 mg IVP Q1° prn pain	0720 (b)(6)-2 1 Sept 2mg	0711 (b)(6)-2 1 Sept 2mg	0855 (b)(6)-2 1 Sept 2mg	9/2 1030 (b)(6)-2										
1 Sept		Tylenol Supp PR q 6° PRN Temp > 101.°F	1100 (b)(6)-2 1 Sept TPR													
1 Sept		O2 Rev NC 3L PRN Stat														

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. Apr. 23

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5	6
Sep	(b)(6)-2	NPO	D	(b)(6)-2					
			E						
			N						
Sep		Act: OOB to chair tid	10						
			14						
			20						
Sep		vitals - routine for ICU no. Q8 if WNL	06						
			14						
			22						
Sep		IVF: D5NS @ 20 mEq KCl @ 100 cc/hr	D						
			E						
			N						
Sep		ancef 1g IVPB q8°	02						
			10						
			18						
Sep		Erythromycin 250 mg IVPB q6°	06						
			12						
			18						
			24						
Sep		N/C O_2 3 l prn sats ≥ 92%	D						
			E						
			N						
Sep		NGT to LIWS	D						
	------		E						
	------		N						
	------	See next page							

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: (1) LE amp; (1) LE ex fix sp blast injury ~ IID

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION:

(b)(6)-4

(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

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
1 Sep	(b)(6)-2	cond & fair	1 Sep	03		(b)(6)-2
1 Sep		Radiology: (2) shoulder series	1 Sep			
1 Sep		CBC, chem 7 in am	2 Sep	0500		
2 Sep		T&C 2 units PRBCS Transfuse	9/2	UNIT#1 ASAP	1230	
		OVER 4° EACH UNIT #2	9/2	2 hrs PST #1	1510	
2 Sep 03		LASIX 20mg IV p̄ EACH unit of PRBCs	9/2	P#1	1500	
			9/2	P#2	1830	
2 Sep 03		CBC c̄ Diff in AM	9/3	0500	0800	
2 Sep 03		KUB AXD in A.M.	9/3	0600	0615	
2 Sept 03		Repeat Dose of Demerol 25mg c̄ Phenergan 12.5mg IVP Now	9/2	2300	done	
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
1 Sep	(b)(6)-2	Demerol 25mg	2 Sep 2100	3 Sep 0330												
- - - - -	- - - - -	c̄ 12.5mg phenergan	25/12.5	25/12.5	(b)(6)-2											
- - - - -	- - - - -	IV q 4-6 prn pain														
1 Sep	(b)(6)-2	Tylenol 650-1000mg	1400 1100	0145 2 Sep	9/2 1050	9/3 0530										
- - - - -	- - - - -	PR (suppository)	12 0 (b)(6)-2	1050 (b)(6)-2	(b)(6)-2	(b)(6)-2										
- - - - -	- - - - -	q 4-6° prn T>101°F														
- - - - -	- - - - -															
- - - - -	- - - - -															
- - - - -	- - - - -															
- - - - -	- - - - -															

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5	6								
1 Sep	(b)(6)-2	Wet to dry dressings	10	(b)(6)-2		✓											
		(L) LE bid please	22			✓											
		(no Pakins)															
1 Sep		Zantac 50 mg	08														
		IV q 8	16														
			24														
2 Sep 03		GENTAMICIN 300mg	11					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		IV Q DAY X 3 DAYS	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2 Sep 03		CREATINE Q DAY	05														

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: (L) UE amp, (L) LE ex fix
Slp blast injury @ I/D

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO
PAGE NO: 2

PATIENT IDENTIFICATION:

(b)(6)-4

(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

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													
- - - - -	- - - - -															
- - - - -	- - - - -															
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- - - - -	- - - - -															

USAPA V1.00

CLINICAL RECORD

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

Mo. 09 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 3	4	5	6	7	8	9	10
3Sept	(b)(6)-2	Diet: NPO	B	(b)(6)-2							
			L								
			D								
3Sept		OOB to chair BID	D								
		- tid	E								
			N								
3Sept		Vitals routine	D								
			E								
			N								
3Sept		D5NS c 20meq KCl	D								
		100cc/°	E								
			N								
3Sept		Ancef 1gm IVPB	02								
		q8°	10								
			18								
3Sept		Erythromycin 250mg	06								
		IVPB q 6°	12								
			18								
			24								
3Sept		Gentamicin 300mg	11								
		q day x 2 days									
3Sept		NGT to L/S	D								
			E								
			N								
3Sept		Wet to dry dressing	10								
		(D) leg c̄ packing of	22								
		wound BID please									

> New order 4 Sept 03

D/C'd 3 Sept 03 1200

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: S/P Blast injury & I+D (D) Below Elbow Amp (D) LE Ex fix

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

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
3 Sept	(b)(6)-2	Admit to ICU				(b)(6)-2
3 Sept		Cond.: fair				
3 Sept		X-Ray - (L) femur, Portable	3Sept	post-op	1145	
3 Sept		CBC, Chem7 in AM	4Sept	AM	0530	
4 Sept		Demerol 25mg / Phenergan 12.5mg IV x 1 now	4Sept	now	1215	
4 Sept		D/C NGT	4Sept	now	1200	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED											
3 Sept	(b)(6)-2	Demerol 25mg & 12.5mg phenergan IV q 4-6 PRN	9/3 1315 E	3SEP 1150 (b)(6)-2	0140 4SEP (b)(6)	0910 4SEP (b)(6)-2 E	See single (b)(6)-	2000 2000 (b)(6)-	0045 5SEP (b)(6)- E	5SEP 1020 (b)(6)- E				
		Pain												
3 Sept		Tylenol 650-1000mg PR (supp) q 4-6 PRN	9/3 1225 (b)(6)-2 E	3SEP 1600 (b)(6)-2	4Sept 1345 (b)(6)	5SEP 1350 (b)(6)								
		T > 101° F												
3 Sept		D/C O2 3L PRN SAT < 92%												
-----	-----													
-----	-----													
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USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 09 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 3	4	5	6	7
3Sept	(b)(6)-2	Zantac 50mg IV q8°	08	(b)(6)-2				
			16					
			24					
3Sept	(b)(6)-2	Wet washcloth if	D					
		patient wants fluids	E					
			N					
3Sept	(b)(6)-2	O_2 to keep Sats ≥92	D					
		(3L/NC)	E					
			N					
4Sept	(b)(6)-2	Continue Gentamicin	11					
		300mg IV q day						
4Sept	(b)(6)-2	Daily Creatinin	08					

New Start 15 Sep 03

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P Blast injury & I&D (L) Below Elebow amp (L) LE Exfix

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

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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	- - - - -					
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	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED													
- - - - -	- - - - -															
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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: I&D LUE
DSG D to LUE
PHYSICIAN: DR (b)(6)-2
ANESTHESIA BY:
(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 2 History MULT BOTH injuries
Cardiac Rhythm ST ⊘ ectopy
IV#1 _____ (Patent) Infiltrated
Site RTJ Rate 125 Gauge _____
IV#2 _____ Patent Infiltrated
Site _____ Rate _____ Gauge _____

VITAL SIGNS						PAR SCORE						OTHER	
Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Exc: L R Upper: Lower: Pulse DP PT RAD
PRE-OP	/												Blanche Warm Pulse Moves Y N
1205	126/80	110	23	95%	97.6	2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1210	126/80	110	19	98%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1215	135/87	110	21	96%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1220	136/84	108	14	96%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1245	129/84	111	22	95%		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
	/												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

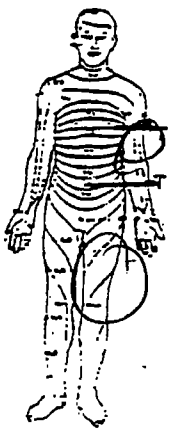
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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)	CD&I	LUE AMPUTATION
Opsite	CD&I	(L) THIGH
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 LTC AN

DEPARTMENT/SERVICE/CLINIC: ICU # 1

DATE: 9/19/03

PATIENT 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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev)
1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	D5NS	800	OR	EBL	Min
		100	OR	Urine	100
TOTAL	D5NS + 20KCl	900	TOTAL		100

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

1205 Transfer from OR via litter. Transfer to bed Connected Propaq. VSS
See flowsheet for Assessment. (b)(6)-2 (CT), RN
1245 Pt Alert. VSS. (b)(6)-2 (CT), RN

MEDICATION GIVEN BY:	MEDICATION RECEIVED IN PACU/ICU					
	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
ZOSYN OR	ZOSYN		IVP	1130		
LT (b)(6)-2	MSO4	2mg	IVP	1245		+

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:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

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 (-)(E)

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: DCI (b)(6)-2

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 Patent Infiltrated
Site Rate Gauge

IV#2 Patent Infiltrated
Site Rate Gauge

VITAL SIGNS						PAR SCORE						OTHER	
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 RAC
PRE-OP	/												Blanche Warm Pulse Moves Y N
1545	136/94	125	18	96%	99 ax	2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1550	146/84	130	14	96%									Blanche Warm Pulse Moves Y N
1555	130/72	131	18	92									Blanche Warm Pulse Moves Y N
~~1600~~	~~[illegible]~~												Blanche Warm Pulse Moves Y N
1600	137/81	129	18	98%									Blanche Warm Pulse Moves Y N
1605	/	See		Tell		notes							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

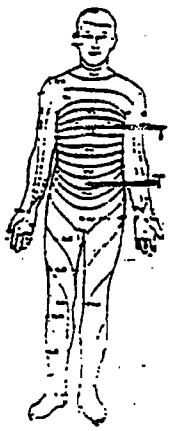
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

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		
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

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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev)
1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE		TIME	TYPE	AMT
OR	LR	200	OR	EBL	m.n ~~400~~ (b)(6)-2
			OR	Urine	400
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

1545 - PT to ICU1 from OR. NGT (b)(6)-2 ~~st~~ placed + sutured to nares. PT attempting to pull NGT - tied (R) hand to bed. IV D/C in OR. Still has (R) IJ currently infusing LR. Ex fix (L) femur intact - dressing CDI. (L) UE Dressing CDI. Foley intact. cardiac monitor ε ST - / TWI. Sats 96% on RA. (b)(6)-2 MSG RN

Refer to ICU flow sheet for further details.

(b)(6)-2 MSG RN

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	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:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

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: I&D LUE/LLE
IV placement

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: Dr (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 _____ Rate ____ Gauge ____
IV#2 _____ Patent Infiltrated
Site _____ Rate ____ Gauge ____

VITAL SIGNS						PAR SCORE						OTHER	
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	/												
1945	124/86	109	11	97	96.8								Blanche Warm Pulse Moves Y N
1950	125/87	119	22	96									Blanche Warm Pulse Moves Y N
1955	135/87	120	19	97									Blanche Warm Pulse Moves Y N
2000	138/77	128	19	95		2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
2015	135/65	133	20	98%									Blanche Warm Pulse Moves Y N
2045	143/77	145	18	95									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

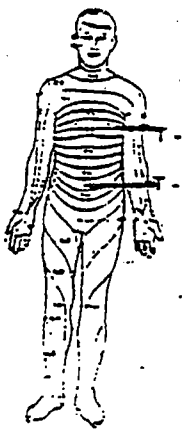
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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.	RUE/LLE
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: (b)(6)-2 OT (A)

DEPARTMENT/SERVICE/CLINIC: ICU 1

DATE: 135EP03

(b)(6)-2 (b)(6)-2 (b)(6)-4

(Typed or written entries give: Name-last, first, middle; grade; date; hospital or n[illegible] facility)

☐ 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	500 LR	500	OR	EBL 30	30
			OR	Urine Ø	
TOTAL		500	TOTAL		30

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

1915 - Pt arrived from OR via gurney. Pt has COI dress on LUE/LLE IV in place infusing LR @ 100cc/hr. Pt alert and disoriented at this time. Pt dislodged NG tube. HS - RRR, LS - CTA bilaterally, BS x4 quads. Moves all extremeties c good neuro vs (b)(6)-2

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	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: C/D/I PAR Score 10 Safety Straps _____
Report given to CPT (b)(6)-2 Patient released by Anesthesia Dr (b)(6)-2
Time out 1945 Nurse 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: I&D of (L) ARM

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. 32 %

ASA ___ History _____

Cardiac Rhythm _____

IV#1 _____ Patent Infiltrated

Site (L) Hand Rate 100 cc/hr Gauge _____

IV#2 _____ Patent Infiltrated

Site _____ Rate _____ Gauge _____

VITAL SIGNS						PAR SCORE						OTHER	
Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Exc: L R Upper Lower Pulse DP PT RAC
PRE-OP	111 59	110	16	94%									Blanche Warm Pulse Moves Y N
1050	123/78	102	9	98%	98.6 AX	1	2	2	1	2	8	Received from OR	Blanche Warm Pulse Moves Y N
1055	122/76	100	9	99%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
1100	123/78	99	9	97%	98 AX	2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1115	124/76	108	4	98%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1130	149/85	110	8	97%		2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1145	145/90	116	19	99%	99 AX	2	2	2	2	2	10	Recovered	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

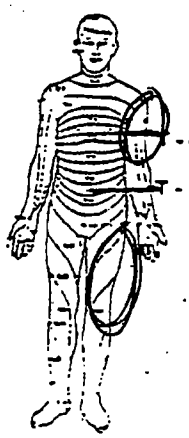
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

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	LUE, LLE
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): (b)(6)-2 91WM6

DEPARTMENT/SERVICE/CLINIC: ICU #1

DATE: 11 SEP 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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

500 fentanyl Ancef 1g

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	300 LR		OR	EBL Minimal	
			OR	Urine Spontaneous void	
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

Received pt from OR via litter @1050. Pt put on 3 L O^2 NC w/ sat of 98%, LUE bandage is C,D, and ✗, LLE DRSG A is C,D+✗. VSS, LR infusing to ⓔ Hand @ 100cc/hr, IV line is patent and ✗ sign of infiltration or infection. Pt recovered to SPC (b)(6)-2 /WMG
Tan #1.

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:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

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: (A) BE AMP / (B) Open Femur Fx I&D E Shortening of Femur

PHYSICIAN: Dr (b)(6)-2

ANESTHESIA BY CRNA (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. 4L/min %

ASA 1 History Multiple Orthopedic Surgery

Cardiac Rhythm NSR

IV#1 (Patent) Infiltrated

Site RFA Rate Gauge 18g

IV#2 (Patent) Infiltrated

Site RFA Rate Gauge 16g

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS
PRE-OP	/											
PRE-OP	/											
1200	134/85	94	10	95%	94.5	2	2	2	2	1	9	
1205	131/89	97	12	95%		2	2	2	2	1	9	
1210	126/87	95	9	97%		2	2	2	2	1	9	↓ O2 2L/min
1215	122/81	94	10	100%	94.8	2	2	2	2	1	9	
1230	141/93	94	19	100%	95 AX	2	2	2	2	2	9	
1245	130/85	99	12	98%	96	2	2	2	2	2	10	
1300	132/84	101	13	95%	95.5 AX	2	2	2	2	2	10	
	/											
	/											
	/											
	/											
	/											

OTHER — Neuro-Vascular

Extr:	L	R	Upper:	Lower:
Pulse			DP	PT	RAC
Blanche / Warm			Pulse / Moves	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
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

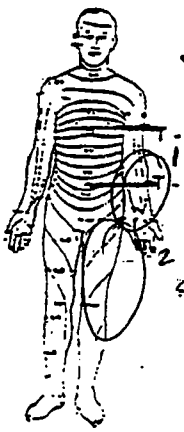
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

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	CD&I	LUE
Opsite	CD&I	RLE
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(b)(6)-2 Title: ILT AN

DEPARTMENT/SERVICE/CLINIC: ICU # 1

(Continue on reverse)

DATE: 9/8/03

(b)(6)-2 IDENTIFICATION (For typed or written entries give: Name—last, first, middle; 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	LR	1000	OR	EBL	Min
	DSNS c 20KCl	100	OR	Urine	0
TOTAL		1100	TOTAL		Min

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

1200 TRANSfer from OR via Litter. Connected to Propofol & O2 4L/NC free. Critical Care Flowsheet & PACU Flowsheet for assessment (b)(6)-2 (b)(6)-2 1Ctyn

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
(b)(6)-2	Demerol	~~12.5~~ 25 mg	IV	1230	7	
(b)(6)-2	Phenergan	12.5 mg	IV	1230	7	

DISPOSITION SUMMARY: Nursing Care Problems No.'s 6 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 Strap N/A
Report given to N/A Patient released by Anesthesia CRNA (b)(6)-2
Time out 1300 Nurse's Signature (b)(6)-2 (b)(6)-2 1Ctyn

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 LUE/LLE

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 ST

IV#1 _____ Patent Infiltrated
Site _____ Rate _____ Gauge _____

IV#2 _____ Patent Infiltrated
Site _____ Rate _____ Gauge _____

VITAL SIGNS						PAR SCORE						OTHER	
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	/												Blanche Warm Pulse Moves Y N
1645	137/84	104	17	93	98.8								Blanche Warm Pulse Moves Y N
1660	136/78	99	18	92									Blanche Warm Pulse Moves Y N
1655	143/86	94	17	93								2L O2	Blanche Warm Pulse Moves Y N
1710	138/89	91	12	100									Blanche Warm Pulse Moves Y N
1725	137/81	93	19	94									Blanche Warm Pulse Moves Y N
1740	136/92	95	15	95									Blanche Warm Pulse Moves Y N
1810	135/84	92	20	97									Blanche Warm Pulse Moves Y N
1840	141/92	97	18	94	98.6								Blanche Warm Pulse Moves Y N
2000	143/84	92	24	100	99.6	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

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

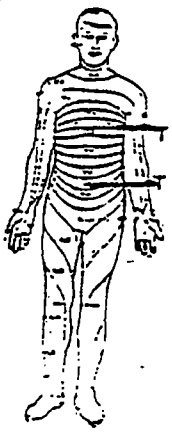
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

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

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

(Continue on reverse)

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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev)
1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	8mg Fentanyl		OR	EBL Minimal	
OR	300 LR		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

1645 - Pt arrived from OR. New C/O/E dress on LUE/LLE. Pt denies pain. Lungs CTA bilaterally, HR cont T ST. Bowel sounds hyperactive. Pt A/O @ this time (b)(6)-2 RTAW

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
(b)(6)-2	Fentanyl	50mcg	IV	1655	9/10	—
(b)(6)-2	Demerol	25mg	IV	1835	9/10	—

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:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse's Signature:_____

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: P Stump revision LVE washout LLE

PHYSICIAN: Dr. (b)(6)-2

ANESTHESIA BY: CRNA (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. 5 %

ASA 1 History

Cardiac Rhythm ST & ectopy

IV#1 Patent Infiltrated

Site LEJ Rate 100 Gauge 16 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	/												Blanche Warm Pulse Moves Y N
1000	119/78	112	16	91%	100°C	2	2	2	1	2	9	Placed on O2 6L/min	Blanche Warm Pulse Moves Y N
1005	119/76	111	11	94%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
1010	122/77	109	11	95%		2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1015	118/77	111	12	94%		2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1030	122/74	111	15	91%		2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1045	120/72	109	11	93%		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

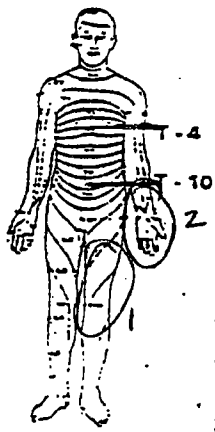
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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 1	SS	(R) THIGH
Opsite	CD&I	LVE
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap 2		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

(b)(6)-2 (Name & Title) 1LT, AN

DEPARTMENT/SERVICE/CLINIC: ICU #1

DATE: 9/3/03

(b)(6)-2 IDENTIFICATION (For typed or written entries give: Name—last, first, 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	LR	800	OR	EBL	Min
1000	D5NS + 20KCl	100	OR	Urine	0
TOTAL		900	TOTAL		0

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

1000 Transfer from OR. Moved to bed by 4 STAFF members. Connected to PropAQ & O2 @ 6L/min. See Critical Care Flowsheet for Assessment (b)(6)-2 ITM.

1100 Pt recovered w/o complications. VSS. — (b)(6)-2 (b)(6)-2 (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: LLE-SS LUE CDI PAR Score 10 Safety Straps N/A

Report given to N/A Patient released by Anesthesia (b)(6)-2

Time out 1100 Nurse Signature (b)(6)-2 (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: [illegible]

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

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 2R Patent Infiltrated

Site Rate Gauge

IV#2 Patent Infiltrated

Site Rate Gauge

VITAL SIGNS						PAR SCORE						OTHER	
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	132/85	116											Blanche Pulse Warm Moves Y N
1345	134/86	124	20	94%	101 ax	1	2	2	0	2	7	O2 4l	Blanche Pulse Warm Moves Y N
1410	143/94	124	18	98%	101 ax	1	2	2	0	2	7		Blanche Pulse Warm Moves Y N
1415	138/93	120	18	100%	101 ax	1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
1430	142/86	118	21	97%	100 ax	2	2	2	1	2	9	O2 3l	Blanche Pulse Warm Moves Y N
1445	130/87	124	22	99%	100 ax	2	2	2	1	2	9	O2 3l	Blanche Pulse Warm Moves Y N
1500	135/86	121	28	98%	101 ax	2	2	2	2	2	10	O2 3l	Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm 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

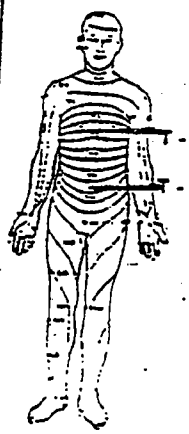
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

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

PREPARED BY (Signature & Title) (b)(6)-2 MSG

DEPARTMENT/SERVICE/CLINIC ICU 1

DATE 1 Sep/03

(Continue on reverse)

(Signature of author of 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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	700	OR	EBL	min
			OR	Urine	300
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

1430 Pt back from OR 1405. Pt groggy but will open eyes + lift head on command. O2 - 3 l nc but ↑ to 4 l 1407. O2 ↓ to 3 l nc 1430 - sats 97%. IV D5 NS ē 20 KCl @ 100 cc/hr (R) FA ē s/s infection/infiltration. (2) Rt amputated below the elbow dressing (Kerlex) CDI. (2) ex fix in place (2) femur - dressing currently CDI - small area of open ~~area~~ wound upper thigh - covered ē 4x4 due to oozing. (2) DP pulse palpable + pt able to move toes. NG to LIS - minimal bile colored drainage. ABD distended - ø BS. Mult abrasions abd + lower extremities. (b)(6)-2

MAT RN

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	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:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

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 & I&D LLE

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES: NKA

AIRWAYS: _____ Time DC'D _____

ETT Nasal Oral Trach

OXYGEN:

Mask (Nasal) Face Blow-By
Prongs Tent

Liter/min. 3L/min %

ASA ___ History _____

Cardiac Rhythm ST

IV#1 RIJ (Patent) Infiltrated

Site LR Rate 80 Gauge _____

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	/												Ext: L R Upper: Lower: Pulse DP PT RAD
PRE-OP	/												Blanche Warm Pulse Moves Y N
1025	153/52	146	34	98	99.3	1	2	2	1	2	8	RA;	Blanche Warm Pulse Moves Y N
1030	164/87	144	17	97%		1	2	2	1	2	8	6L O2 NC	Blanche Warm Pulse Moves Y N
1035	155/85	140	22	97%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
1045	160/92	131	16	99%		2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1100	157/87	130	18	99%		2	2	2	2	2	10	5L O2 NC	Blanche Warm Pulse Moves Y N
1115	168/93	148	20	98%	102.7	2	2	2	2	2	10	O2 off, incentive spirometry	Blanche Warm Pulse Moves Y N
1130	149/87	142	14	99%		2	2	2	2	2	10	5L O2 NC	Blanche Warm Pulse Moves Y N
1200	137/76	137	8	99%		2	2	2	2	2	10	5L O2 NC	Blanche Warm Pulse Moves Y N
1230	138/79	134	18	98%	103.7	2	2	2	2	2	10		Blanche Warm Pulse Moves Y N
1300	135/62	132	20	96%		2	2	2	2	2	10	2L O2 NC	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

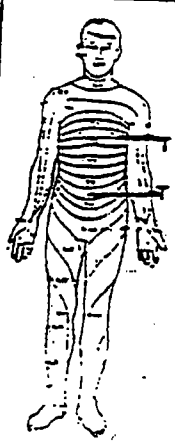
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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 Kerlix	~~LLE~~ CDI	LLE
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap	CDI	LVE
Ex Fix		LLE

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

PREPARED BY (Name & Title): (b)(6)-2 Gilmle SPC

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 29 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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	1L	OR	EBL	
			OR	Urine	150cc
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
OR	MSO4	30mg	IV			
OR	Fentanyl	50mcg	IV			
OR	Esmolol		IV			

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:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse's Signature:_____

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

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (Gen) Spinal MAC Axillary Local Bier Epidural Other

ALLERGIES: unknown

AIRWAYS: _____ Time DC'D _____

ETT Nasal Oral Trach

OXYGEN:

Mask (Nasal) Prongs Face Tent Blow-By

Liter/min. 3L _____ %

ASA ___ History Unknown

Cardiac Rhythm NSR

IV#1 LR (Patent) Infiltrated

Site RIJ Rate 80 Gauge ____

IV#2 _____ Patent Infiltrated

Site _____ Rate ____ Gauge ____

VITAL SIGNS						PAR SCORE						OTHER	
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	/												Blanche Warm; Pulse ____; Moves Y N
1315	144/80	140	20	97%	98.2	0	2	2	0	2	6	3L O2	Blanche Warm; Pulse ✓; Moves (Y) N
1350	133/86	140	15	98%	99.4	0	2	2	0	2	6	3L O2	Blanche Warm; Pulse ✓; Moves (Y) N
1355	130/83	139	20	99%	99.6	0	2	2	0	2	6	3L O2	Blanche Warm; Pulse ____; Moves (Y) N
1400	132/88	141	22	99%	100.4	0	2	2	0	2	6	3L O2	Blanche Warm; Pulse ____; Moves Y N
1405	139/85	140	19	99%	-	0	2	2	0	2	6	3L O2	Blanche Warm; Pulse ____; Moves Y N
1410	138/84	139	19	99%	100.6	0	2	2	0	2	6	3L O2	Blanche Warm; Pulse ____; Moves Y N
1425	147/88	141	17	98%	101.9	0	2	2	0	2	6	1L O2	Blanche Warm; Pulse ____; Moves Y N
1430	133/87	145	16	97%	101.9	2	2	2	2	2	10	1L O2	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

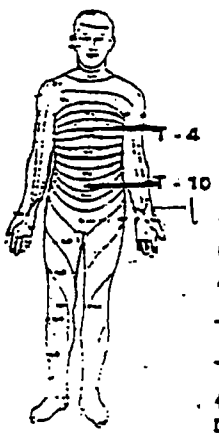
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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	Acewrap CDI	(R) UE Amp
Opsite	CDI	(B) LE pinsite
Bandaid	OTA	ABD
Steri-strips	OTA, scabbed	(L) leg
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

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 27 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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	900 ~~Error~~ (b)(6)- Crystalloid	900	OR	EBL 100 (b)(6)-2	100
1445	LR	80	OR	Urine 850	850
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

1345 - transferred from OR via litter, sleeping, O2 sat 99%, Ø S/S of SOB observed, O2 3L NC, Abrasions to ABD OTA white in color, Amputation site to (R) UE Are wrapped CDI, Scabs to (L) leg OTA pink in color, Dressing to (R) LE CDI & pins in place, Foley draining clear yellow urine, Edema 1+ to (R) UE, lungs clear, bowel sounds slow x4 quads will continue to monitor pt (b)(6)-2 (RN)

1445 transferred from recovery to ICU, Alert c/o pain level 6 via interpreter, pain med given (see below) for pain & temp, will continue to monitor O2 sat 97% on 1L of O2 NC (b)(6)-2

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
(b)(6)-2 RN	Tylox	II	PO	1445	6	

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:_____. PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

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: I&D LUE/LLE
LUE REA, LLE-EX FIX
PHYSICIAN: (b)(6)-2
ANESTHESIA BY:
(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
Cardiac Rhythm NSR
IV#1 PIV Patent Infiltrated
Site (R) Hand Rate Gauge 18
IV#2 CL Patent Infiltrated
Site JV Rate Gauge

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	127/94	110	20	95									Extr (L) R Pulse (DP) PT; Upper (Lower) RAC
PRE-OP	/												Blanche Warm Pulse Moves Y N
0045 ~~0055~~	141/96	119	21	97	92.8	1	2	2	1	0	6	RA	Blanche Warm Pulse Moves (Y) N
0050 ~~0050~~	158/96	116	19	95		2	2	1	1	0	6		Blanche Warm Pulse Moves (Y) N
0055	148/91	114	19	95		2	2	2	1	0	7		Blanche Warm Pulse Moves (Y) N
0100	155/98	118	25	95		2	2	1	1	0	6		Blanche Warm Pulse Moves (Y) N
0105	148/93	113	20	95	93.4	2	2	2	1	0	7		Blanche Warm Pulse Moves (Y) N
0110	136/94	116	23	96		2	2	2	1	0	7		Blanche Warm Pulse Moves (Y) N
0115	148/97	115	24	95	94.1	2	2	2	1	0	7		Blanche Warm Pulse Moves (Y) N
0130 ~~0145~~	131/83	112	18	91	94.5	2	2	2	1	0	7		Blanche Warm Pulse Moves (Y) N
0145	131/82	115	19	95	95.4	2	2	2	1	1	8		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

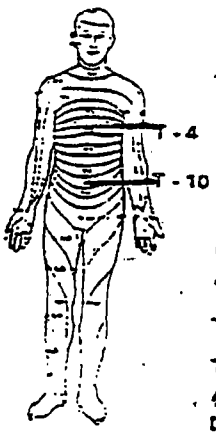
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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	CDI	(R) ANKLE
~~Opsite~~ Gauze Bandaid	Intact, bloodied	(L) LE
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap	CDI	(L) LE

TUBES AND DRAINS: Hemovac (Foley) NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title): (b)(6)-2 INR

DEPARTMENT/SERVICE/CLINIC: ICU-2

DATE: 26 AUG 03

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

(b)(6)-4

(EPW)

☐ 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	RBC	900	OR	EBL 500-1000 cc	
OR	LR 3000	~~3000~~	OR	Urine	750cc
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

0045 Pt admitted to PACU-ICU-2 @ 0045 via litter semi-conscious responds to commands, received fluids via jugular central line (R) & (R) hand 18G PIV LR & NS @ 150cc hour RA; breaths regular unlabored. (L) LE gauze wrapped c̄ blood staining to thigh. (R) LE ace bandaging CDI. (R) ankle gauze wrap intact c̄ staining. Extremities x3 cold pulses x3 normal present. WP @ BS — (b)(6)-2 Nurse

0055 X-rays taken of pt's chest & (L) LE — (b)(6)-2 Nurse

0110 Pain medication administered — (b)(6)-2 Nurse

0200 Pt moved to ICU status — (b)(6)-2 Nurse

0135 D/C (R) hand PIV d/t infiltration & per physicians instruction — (b)(6)-2 Nurse

MEDICATION GIVEN BY (b)(6)-2

MEDICATION RECEIVED IN PACU/ICU

DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
Mannitol	50	IV	0110		

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: Intact blood soaked PAR Score 8 Safety Straps N/A
Report given to N/A Patient released by Anesthesia _____
Time out 0200 Nurse's Signature: (b)(6)-2

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 4 A 1	7 8: D L	9 10 11 12 13 14 15: (b)(6)-4	(b)(6)-4 (b)(6)-4	16 17	18: M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34	N/A	35 36: 9 9	37 38 39 40 41 42 43 44 45: (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1900	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52: K 7 6	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63: F 2	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: D	ICU2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: B Co, 2nd Cbt		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y Y Y M M D D)
73 74: 9 1 D/C to Cage	75 76 77 78 79 80	81 82 83 84 85 86 87 88: 2 0 0 3 0 9 2 5

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
89 90 91 92: A E A A	93 94 95 96 97 98	99 100 101 102 103 104 105 106: 2 0 0 3 0 8 2 5

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)
107 108	109 110 111 112 113 114: A 1 4 A 1	115 116 117 118 119 120 121 122: 2 0 0 3 0 8 2 5

FOR LOCAL USE

Dx: 8870, 82032, 8910, E9919

Procedure: 7713, 843, 8874, 8605, 8961, 8962, 7715, 9904 (8), 7815, 8744, 8827, 7855, 8819, 8779, 8628

Inj Trauma 549 9

ADMITTIN (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

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.

21(-)

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

(b)(6)-4

(b)(6)-4

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

DOB 19840101

ADMITTING OFFICER

(b)(6)-2

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: D/C

26. DATE OF DISPOSITION: 17 Sep 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

S/P Re-exploration — 54.0 ICD9FY02

Abd closure — V55.9 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

(b)(6)-2

36. TOTAL DAYS ALL FACILITIES

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

(b)(6)-2

SIGNATURE OF ATTENDING MEDICAL OFFICER: PAMELA TRAVIS

SIGNATURE OF RAD OR MEDICAL RECORDS OFFICER

(b)(6)-2

DA FORM 1 MAY 79 3647-1

EDITION OF 1 AUG 76 IS OBSOLETE.

(b)(6)-2

PATIEN. DEPOSIT RECORD

For use of this form, see AR 40-2; the proponent agency is the Office of The Surgeon General.

I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may and should deposit same in the patient trust fund.

I do ☐ *do not* ☒ *wish to make a deposit at this time.*

(b)(6)-2

X (b)(6)-2 1LT

s signature (or witness's, if patient is unable to sign)

FUNDS & LES RECEIVED IN FULL *(Patient's or witness's signature and date)*

PATIENT'S IDENTIFICATION *(For plate imprint, typewriter or hand)*

FUNDS

DATE	DEPOSITS		WITHDRAWALS		BALANCE		SIGNATURE

VALUABLES

NUMBER	DESCRIPTION OF VALUABLES	DEPOSITS		WITHDRAWALS	
		DATE	SIGNATURE *(Custodian)*	DATE	SIGNATURE *(Patient or intermediate individual)*
1	Silver Ring	12 Sep 03	(b)(6)-2		

DA FORM 1 DEC 77 3696 REPLACES EDITION OF 1 AUG 76, WHICH MAY BE USED. ★U.S.GPO:1991-0-301-988

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

Pt. 19 yo Iraqi GSW (L) flank. Pt. complains of SA pain. Pt. also c̄ back pain. Pt. brought to ER by medics.

PMHx	PSHx	Allergies
ø	ø	NKDA

PHYSICAL EXAMINATION

BP 111/81 111 22

Sep SF 558

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

Ali pt. c̄ GSW (L) flank.
(+) FAST exam. ø exit wound.
Shrapnel near spine on AXR X-ray
(1) Pt. to OR for exploration

(b)(6)-2	DATE 11 Sep 03	IDENTIFICATION NO.	ORGANIZATION
	(give Name last, first, ...al or medical facility)	REGISTER NO.	WARD NO.

MAJ MC

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

NSG Note

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

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/10/03	Prehospital - 20 ish y/o ♂ Iraqi c̄ GSW to (L) Flank. -
2337	Arrived Litter c̄ Pressure dsg / NRB @ 15 Lpm. —
2338	Arrival - Monitors Placed. v.ss O2 via NRB @ 15 Lpm.
	#16 ga PIV Placed ī difficulty (L) AC. NS ↑ @ Bolus.
	LABS Sent. 18 ga Foley Inserted ī difficulty c̄ ~30 cc
	Frank Blood Return.
2340	Airway Patent. GCS - 15. Lungs CTAB. ABD diffuse Point
	Tenderness c̄ guarding. FAST exam Reveals (+) Retroperitoneal
	Hematoma.
2342	(B) Lower Extremities Unassessable. Pt unable to Move Legs.
	(-) motor (+) Sensory.
2343	Pt Rolled c̄ Log Roll for Posterior exam. Posterior Unassessable.
	Rectal Flaccid & Tone. (+) Priapism.
2350	XR @ Bedside for PCXR / Pelvis. v.ss. Surgery Consulted.
2352	Pt Placed on Backboard c̄ Soft Restraints. Given Meds for
	Sedation. v.ss.
0002	Pt to X-ray c̄ monitors / Attendant x II. —
0020	Repeat CBC - X-match for II Units -
0025	Pt Given IVP Dye for IVP Procedure. Remains on Monitor. v.ss.
	IVF's ↑ Bolus. O2 via NRB @ 15 Lpm.
0055	Anesthesia @ Bedside. Report Given to CPT (b)(6)-2 Pt Transported
	to OR ī difficulty. v.ss.

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

OVER →

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

REGISTER NO.	WARD NO.

(b)(6)-4

(b)(6)-4

Iraqi Civ ♂ Trauma

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

MEDCOM - 1972

Vitals

2335 111/81 - 111 - 24 - 98.9(a) - 100%

2345 133/92 - 93 - 20 - 99%

0005 129/67 - 92 - 20 - 99%

0020 132/72 - 89 - 20 100%

0040 128/78 - 96 - 22 - 100%

0055 134/76 - 92 - 20 - 100%

Meds

2345 MSO4 5 g IVP

2352 MSO4 5 g IVP

0002 MSO4 5 g IVP

0012 MSO4 5 g IVP

0025 Versed 2.5 g IVP

0040 Versed 2.5 g IVP

0055 Unasyn 3 gm IVPB

(b)(6)-2

~~IVF's~~ I&O

IVF's 2400 cc

UA 450 cc

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

11 Sept 03 — Brief Op note

0415 — 1) Pre-op Dx - GSW (L) Flank

2) Post-op Dx - GSW (L) Flank, large Retroperitoneal Hematoma, Duodenal Injury X 2, Gallbladder Injury, ~~Liver Laceration~~, IVC injury at origin of (R) renal vein, (L) renal laceration, Through & Through liver injury, Lumbar Spine FX

3) Procedure - Ex Lap, Removal of Bullet Fragments from liver & lumbar spine, Repair of Duodenal Injury X 2, Repair of IVC, Cholecystectomy, Bogota Bag

4) Surgeon - (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

5) Anesthesia - GETA

6) Findings - Bullet fragment on dome of liver, Bullet fragment in lumbar spine & duodenal injuries (distal 3rd portion of duodenum), Hole in GB, IVC tear, (L) renal laceration X 3, WL ureters, WL aorta, large retroperitoneal hematoma

7) EBL - 850 cc

(over) GV

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		(b)(6)-2
	LAST	FIRST	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAIN	

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

(b)(6)-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

DATE	NOTES
	Brief note Cont'd
	8) Fluids - 4000 cc crys, 1000 cc hetastarch, 44 PRBC
	9) UOP - 600 cc
	10) Complication - ∅
	(b)(6)-2
	MJ MC
DATE	
MEDICAL RECORD	

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

Problem List
DRAFT

509-113 NSN 7540-00-634-4122

MEDICAL RECORD — PROGRESS NOTES

DATE

11 Sep 93 — GSW to Abdomen (L) flank → Ex Lap
— Gross Hematuria → Normal IVP ~~RGU~~ RUG
— (L) Kidney Laceration 2° Shock wave
— Spinal Cord transection by bullet/GS @ ___ level ∴ resulting paraplegia
— Retroperitoneal Hematoma
— Duodenal injury x 2
— Gallbladder injury → cholecystectomy
— IVC GS injury @ origin (R) renal vein
— Lumbar Spine Fracture Transverse process
— Liver Laceration — TAT
— Blood transfusions x4 - 11 Sep 93
— A line
— ~~Paraplegia~~ Mechanical Ventilation

2003 11 Sep — OMFS/

Pt noted to have lid lac on right eye by nursing staff. examined.

Dx: 1½ cm superficial lac OD just inferior to brow

Op: Repair eyelid lac — Phillips / asst Dunn — local anesthesia

(1.5cc) 2% lido c̄ epi 1:100,000 (1.5cc) 0.5% bupi c̄ epi 1:200,000 — 5.0 FAC for deep

5.0 prolene interrupted to close epithelium. Bacitracin.

To remove in 5-7 days (Continue on reverse side)

(b)(6)-2 (b)(6)-2 GC DDSMS

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. (b)(6)-2

WARD NO.

PROGRESS NOTES
Medical Record

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

MEDCOM - 1976

Respiratory

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
17Sep03	pt rcvd from OR @ 0455 c̄ 8.0 ET Tube placed on vent c̄ settings VT 700ml RR 12 FiO2 80% peep 5 I:E 1:2 pt no ABG Drawn Upon Arrival and vent sent up Ph 7.326 PCO2 57.0 PO 298 HCO3 19 SO2 100% B/E ↓ FiO2 80%
0530	↓ 70% Result of ABG PO2 298 Sats 100% HR 74 BP 120/92 RR 12 BS — (b)(6)-2 SGT 9/1/20
1100	Pt FiO2 Δ↓ to 60% — SGT (b)(6)-2 9/1/20
1130	Pt FiO2 Δ↓ to 50% — SGT 9/1/20
1600	Pt FiO2 Δ↓ to 40% — SGT 9/1/20
2000	pt FiO2 Δ↓ to 35% — SGT 9/1/20
0800	Order written keep sats ↑95 FiO2 40% FiO2 Δ from 35% - 40% — SGT (b)(6)-2 1/20
1200	pt Resting c̄ 8.0 24@lip on vent — SGT (b)(6)-2 9/1/20
1600	pt intubated c̄ 8.0 24@lip BS CTA — SGT (b)(6)-2 9/1/20
2200	pt intubated c̄ 8.0 24@lip BS CTA, HME on Circit pt's vent settings verified — SGT (b)(6)-2 9/1/2
2340	pt intubated c̄ 8.0 24@24 lip BS CTA — SGT (b)(6)- 9/1/20
0400	pt intubated c̄ 8.0 24@lip added board inline suctioned c̄ minimum secretions — SGT (b)(6)-2 9/1/20
0800	wean ↓ Rate Moved to 10 — SGT (b)(6)-2 9/1/20

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)

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

DATE	NOTES
9/14 1003	Rate ↓ & pt stable 128/68 129 21 100% — (b)(6)-2 9/14/20
9/14 1032	Vent Failure pt hooked up to BVM and Ventilated pt hooked Back up — SG1 (b)(6)-2
1617	pt MD ordered Suction Q2 c pulmtail — (b)(6)-2
1700	Suctioned inline c Ballard used 2.0 cc NS pt HR 131 124/60 FiO2 100% pt Hyperoxygenated c 100% FiO2 3min prior to suction No adverse Rx — SG1 (b)(6)-2 9/14
1900	pt suctioned Trace Bloody Secretions pt Moves a lot easily agitated — (b)(6)-2
2100	pt suctioned before Suction HR 1R BP 122/60 used 2.5 NS Thick Bloody Secretions No adverse Rx post tx 114/12/60 — SG1 (b)(6)-2
1010	↓ RR 10 attempt to wean — SG1 (b)(6)-2
1515	Suctioned No adverse Rx — SG1 (b)(6)-2 RT
1530	Small amount thick yellow Secretions no NS used — SG1 (b)(6)-2
1600	attempted to wean pt desat ↓ 85% pt BVM ~~MOS~~ 20 Sats ↑ 100% pt placed back on RR of 12 VT 700 FiO2 40% Suctioned pt had few thick secretions — SG1 (b)(6)-2 9/14/20

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE	
12/8/03	Surg ICU note
0910	~~p~~ sig Δs overnight
	Neuro - Sedated on versed, paralyzed c̄ Necuronium
	CV - BP = 104-129/59-80 HR = 81-106 RRR
	Pulm - pale (B), equal breath sounds Intubated - vent SIMV RR=12 TV=700 PEEP=5 FIO2=40%
	ABG - 7.462/34.1/126/BE=2 Sat = 99-100%
	GI - abd c̄ bowel sounds, ~~p~~ BS NGT in place - 25cc over past 8 hrs Abd - soft
	I/O = 4168/2595
	ID - On Unasyn WBC = 11.3
	H/H = 10.5/29.8 PH = 126
	6 136/4.3 105/23 18/0.9 128 7.6
	A/P: Pt. POD1 ex lap/duodenal repair/ IVC repair ~~dbp~~ stable
	(1) Cont vent/sedation/paralytics
	(2) Plan to take pt. to OR for washout/ abd closure tomorrow

(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.

(b)(6)-2

Medical Record

MAJ MC

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

MEDCOM - 1979

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE	
13 Sept 03	Brief Op Note
1445	1) Pre-op Dx - GSW (R) Flank / S/P DVC & duodenal repair / (L) renal l.c / open Abdom
	2) Post-op Dx - SAA
	3) Procedure - Re-exploration / washout / G-tube / J-tube / Placement of drain RUQ / Closure of abd / Incidental Appendect
	4) Surgeon - (b)(6)-2 / (b)(6)-2 / (b)(6)-2
	5) Anesthesia - GETA
	6) Findings - DVC & duodenal repair intact
	7) EBL - minimal
	8) Fluids - 1200 cc cryst
	9) UOP - 100 cc
	10) Complication - Ø
	11) Condition - stable to SICU
	12) See Urology note for cysto findings
	(b)(6)-2
9/13/03	Urology
	Cysto under anesthesia.
	Nml Bladder + Urethra, cap. & drain 450cc
	Rose' efflux Left U.O, clear Right U.
	17 fr. Scope. Foley Placed
	(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) | WARD NO.

CO, MC PROGRESS NOTES

Medical Record

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

MEDCOM - 1980

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE	
14Sep03	Surg ICU note
0915	Sig events - ∅ overnight
	Neuro - sedated on fentanyl & versed
	CV - BP = 112-122/61-71 HR = 115-132
	Tachy
	Pulm - vent SIMV R=12 TV=700 PEEP=5
	FiO2 = 40%
	(+) rales (B)
	ABG = 7.37/45.2/120/100%
	GI - Abd - soft, dressings in place
	∅ BS
	G-tube - ∅ J-tube - ∅ JP (∅) = 355 cc serosanguinous
	I/O = 1206/885 over past 8 hours
	H/H = 7.8/22.5 Plt = 164
	FD - urinary diuresis 4 WBC = 7.4 T = 100.6 Tc = 101
	F/E/K - 139/105/18/124 / 3.5/28/1.0
	Ap: Pt. POD 3/1 Ex lap/Abd wound/
	Repair of IVC & duodenum/J-tube/G-tube
	stable on vent
	(1) wean off vent in attempt to extubate
	(2) L-sitX
	(3) continue current management

(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.

(b)(6)-2

Medical Record

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

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE 15 Sept 03 0400	Surg ICU note
	Sig Events - attempted to wean off vent yesterday - failed
	Neuro - sedated on versed & fentanyl
	CV - BP = 100-134/52-59 HR = 102-128 tachy
	Resp - Vent A = 12 TV = 700 PEEP = 5
	FiO2 = 40%
	ABG last night - 7.407/49.5/222/100%
	This AM ABG = 7.327/60.7/97/96%
	Holter (B)
	GI - Soft, NG, ileus
	Incision CLOSED c staples
	G-tube = 575 cc J-tube = 345
	JP = 300 cc
	I/O - 4654/4590 Post Surg - 1132/2250
	135/98/4.1/24 (2) 135/98/4.1/24/1.0 (112 Cr = 7.8
	H/H = 7.6/22.2 Plt = 207
	ID - Tmax = 102.5 Tc = 101° WBC = 6.8
	A. on unasyn
	Ass: Pt. POD 4/2 Ex lap/ Repair of IVC & duodenum
	Abd wound/ G-tube/ J-tube stable on vent.

(Continue on reverse side)

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.

(b)(6)-2

NO.

ES

Medical Record

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

MEDCOM - 1982

PROGRESS NOTES

DATE

15 Sep 03
1000

ICU Note Cont'd

(1) Attempt to wean offvent
(2) Plan to start small feeds through J-tube
(3) Leave JP in place
(4) G-tube - continue to gravity drain

(b)(6)-2

MAJ MC

509-113 NSN 7540-00-634-4122

MEDICAL RECORD | PROGRESS NOTES

DATE

16 Sept 03 Surg ICU Note

0915 Sig events - failed wean off vent yest

Neuro - Sedated on versed & fentanyl

CV - BP = 102-120/49-58 HR = 113-144

Tachy

Pulm - vent SIMV R=12 TV=700 PEEP=5

PFIO2 - 40%

ABG - 7.42/53/141/99% BE=10

CXR - ~~[illegible]~~ few atelectasis, o/w clear

GI - soft, no, few BS

Incision C/D/I c staples

JP=40 G-tube=1575 J-tube - Vivonex at 20cc/h

I/O = 2764/2010 urine clear

H/H = 7.8/22.4 Plt = 272

ID - WBC = 8.8 T max = 103.2 101.7

Vancomycin day 6

128/97/9 4.5 26 0.9 125 Ca = 7.9

Ab: Pt. was SB Ertapenem/dronabinol & IVC regimen

Array/J-tube/G-tube stable on vent

1. Attempt to wean again today
2. Cont ABx
3. Cont Tube feeds
4. ↓ IVF & switch to NS

(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)

(b)(6)-4

REGISTER NO.

PROGRESS NOTES

Medical Record

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

MEDCOM - 1984

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE 17 Sept 01 0920	Surgery Trauma note Pt. brought to ER after gunshot wound to the left flank. IVP negative. Patient taken to OR for exploratory laparotomy on 11 Sept 01 - patient found to have through & through injury to the liver - bullet fragment removed from dome of (R) lobe of the liver. Pt. also found to have bullet fragment in lumbar spine between the IVC & aorta. IVC was located near junction of (R) renal vein - repaired with prolene suture. Pt. was found to have injury to the 2nd portion of the duodenum (distal) x 2. Small lacerations repaired in 2 layers. The right kidney was normal. The left kidney had 3 lacerations. Bilateral ureters were normal. A Bogota bag was placed due to edema of the bowel. Pt. taken for re-exploration 2 days later - 15 Sept 01. Wound performed.

(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.

(b)(6)-2

(b)(6)-4

Medical Record

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

MEDCOM - 1985

PROGRESS NOTES

DATE	
17 Sept 03 0925	Surg Note Cont'd Repairs were intact. JP drain placed near the duodenum. G-tube & J-tube placed. Abd was closed. Cystoscope was done due to blood in the urine - no significant pathology found. Urine cleared during the hospitalization. Pt. has been intubated throughout. Vent settings SIMV R=12 TV=700 PEEP=5 FIO2=40%. Pt. started on Vivonex tube feeds - 20 cc/hr through the J-tube. G-tube to gravity. Foley catheter in place. Pt. has been stable. (b)(6)-2 On arrival originally to ER, pt. had no sensation or movement of the lower extremities. Injuries Spinal fracture (lumbar) - leg wall Left Renal laceration DVC laceration - repaired Duodenal Injury X 2 - repaired Thorax & Thoracic liver injury Incidental Appendectomy (b)(6)-2

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Ship): (b)(3)-1 "N"

LOG NUMBER

ARRIVAL — DATE: DAY 10 MONTH Sep YR. 03 TIME 23:37

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data): Unk?

HISTORY OBTAINED FROM: ☒ PATIENT ☐ OTHER (Specify)

ALLERGIES: Unk?

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): GSW

SEX: M AGE: 20 1st

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: OA

VITAL SIGNS			
TIME	2337	0045	
BP	111/81	129/79	
PULSE	111	94	
RESP.	22	21	
TEMP.	98.9 (R)		
WT. (Child)	100% NRB		

CATEGORY (See reverse)
- EMERGENT
- ✓ URGENT
- NON-URGENT

ORDERS	INITS.	TIME
MSO4 - 2mg IV		
Versed 5mg IV	Fitrate	
Unasyn 3g IV		

ASSESSMENT/DIAGNOSIS
1. GSW (L) flank
2. spinal cord injury

DISPOSITION (Check all that apply)
- HOME
- FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY / TODAY
- 72 HOURS / ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE: CR

CONDITION UPON RELEASE
- IMPROVED
- ✓ UNCHANGED
- DETERIORATED

TIME OF RELEASE: 0010.

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

20 ish yo Iraqi or civilian s/p GSW (L) flank. Brought by medics 502nd. Stable en route. c/c back/abd pain

P/4
S/4
LPC 219

C - WDWN diaphoresis.
A - intact, speaking
B - B=BS
C - CR=25
D - GCS 15. ∅ moving lower exts.

HEENT - small 2cm lac (R) supraorbital area c/w nl.
CV - Reg & m lungs - CTA (B)
abd - diffuse tp c̄ vel/inc grading ∅ mass
neuro - flaccid paralysis (B) LE
rectal - ∅ gross blood - ∅ tone
areflexia (+) priapism
∅ sensation
back - GSW (L) flank

CXR (-)
pelvis (-)
FAST (-) retrope hemat

144
10
UA 32
gross hemat

EDC - Stable initial VS. Foley placed c̄ gross hematuria. FAST c̄ Retroperitoneal hematoma SOD (Eastman) notified. Ortho notified

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

(b)(6)-4

(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP: (b)(6)-2 MC

INSTRUCTIONS (Include medications ordered, any limitations and follow-up plans): Spinal prec. maintained throughout. No indication for rads since penetrating trauma. To OR for ex lap c̄ SOD. One shot IVP -

(b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	11 Sep 03
DOS	11 Sep 03
POD	DOS

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 (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	11 Sep 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
- ☐ 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~~				*			*							2		
	L					2			2				2			2							2		
	DORSALIS PEDIS R					2			2				2			2							2		
	L					2			2				2			2							2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale						1			1				1			1							1		
						4			4				4			4							4		
						8			8				8			8							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)						Pw			✓				✓			✓							✓		
HYGIENE	BED BATH						Not					✓													
	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						X			*				*			*							*		
BOWEL SOUNDS (active all quads)						X			*				*			*							*		
NG / DOBHOFF PLACEMENT VERIFIED						✓			✓				✓			✓							✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT						✓			✓				✓			✓							✓		
VOIDING CLEAR, YELLOW URINE q.s.						X			*				*			OAK							✓		
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds					✓			✓				✓			✓							✓		
	Rashes, Lac's, etc																						✓		
DRESSING (Dry & Intact: specify site below)																									
#1 Midline - open Bogatabag						✓			✓				✓			✓							✓		
#2 (L) Flank GSW																							✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
16 G	L AC	11 Sep 03	OPSITE, Silk tape, patent
18 G	R AC Heplock	11 Sep 03	OPSITE, SILK TAPE, patent
A-line	R Radial	11 Sep 03	Sutured OPSITE, SILK tape

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:

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						X			1				1			1							1 X		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response						X			1				1			1							1 X		
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						X			1				1			1							1 X		
GLASCOW COMA SCALE (A+B+C)						X			3				3			3							3 X		
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					X			0				0			0							X		
	LUE					X			0				0			0							X		
	RLE					X			0				0			0							X		
	LLE					X			0				0			0							X		
GRIP (S) Strong (W) Weak (-) absent	R								–				–			–							–		
	L								–				–			–							–		
RESPIRATIONS	REGULAR								✓				✓			✓							VENT		
	IRREGULAR																								
	UNLABORED																								
	LABORED																								
	SHALLOW								✓				✓			✓									
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL					5			5				5			5							5		
	LUL					5			5-4				5			5							5		
	RLL					5			5				5			5							5		
	LLL					5			5				5			5							5		
	BOTH BASES					5			5				5			5							5		
COUGH	NONE								X				X			✓									
	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					700			700				700			700							700		
	FiO2					100%			70%				50%			40%							35		
	RATE (SIMV/CMV)					12			15				12			12							12		
	PEEP / CPAP					5			5				5			5							5		
	PRESS. SUPPORT					–			–				–			–							–		
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT 23 cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS						(b)(6)-2			(b)(6)-2				(b)(6)-2			(b)(6)-2							(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	94°	76	13	130/80	100	131/90											
0600		77	13/12		100	127/81											
0700	93.2 ax	72	16/12		100	118/77											
0800	94 ax	80	22/12	124/70	100	116/67											
0900	94.6 ax	78	12/12		100	116/63											
1000	94.8 (A)	80	8/12		100	107/66											
1100	95.3° (A)	82	12/12		100	112/65											
1200	95.9° (A)	84	12/12	109/64	100	118/71											
1300	96.9° (A)	99	12/12		100%	115/68											
1400	96° (A)	110	12/12	[illegible]/62	100%	113/62											
1500	97° (A)	114	12/12		100%	111/60											
1530																	10mg Epi
1600	97 (A)	97	12/12	121/64	100%	108/61											
1700	98° (A)	106	12/12	[illegible]	100%	118/61											
1800	98° (A)	110	12/12		100%	116/59											
1900	97° (A)	108	12/12		100%	115/52											
2000	97.6 (A)	111	12/12		100%	124/68											
2100	97.5	120	12/12		100%	114/60											
2200	98.6	106	12/12	115/73	100%	118/68											
2300	98°	104	12	117/67	100%	123/69											
2400	98.7	103	12		99	132/74											

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING ES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
11Sep03	0500		Pt to ICU 1 from OR. placed on cardiac & pulse oximetry monitor. Vent. set up and operational. settings and assessment per flowchart. Pt currently sedated on versed and Vecuronium gtts (see medsheet) Abd c̄ opsite over lap sponges. Open incision c̄ bogota bag in place per surgeon. ~~bowels~~ (b)(6)-2
	0530		Currently paralyzed ~~5 train of twitch~~ train of four. Repositioned instrument and obtained train of 1 to (L) temple. (b)(6)-2
11Sept03	0855		received pt from prev shift @0600. pt rested see flow sheet. abd dsg ~~dry~~ (b)(6)-2 draining bloody discharge reinforced ~~sat~~ 4-5x. urine drainy (b)(6)-2 dk pink. BS ~~hypo~~ (b)(6)-2 (b)(6)-2 ~~Dsg~~ my hypo will cont to monitor (b)(6)-2
11Sept03	100		FiO_2 @ 60%. RT brought it & will cont to follow (b)(6)-2
11Sept03	1300		pt has 1/4 TOF. (b)(6)-2
	1340		@1322 adm. 1mg vec for stillness pt now calm TOF 1/4 ~~4mg~~ (b)(6)-2 no apparent distress. NG draining foly to gravity. draining med pk urine dsg to abd reinforced dsg to back reinforced @ 1330 will cont to monitor (b)(6)-2
11SEP03	1600		Pt BP ↓ to 60-70 / 30-70 pt given LR bolus 400cc + 10mg ephedrine IVP BP up to 115/60 (b)(6)-2
	1630		Dr (b)(6)-2 to suture lac over (L) eye (b)(6)-2
	1800		Drsg on back D'd due to saturated ~~status~~ (b)(6)-2
	2200		Assumed care of pt. Sedated. Tagged role for dsg reinforcement and change of diaphoretic. (b)(6)-2
	2230		Assessment per flowsheet. midline incision (cont)

	INTAKE									OUTPUT						
	LR	PB	Vec	Versed	Fentanyl				Total	Urine	NG				Total	COMMENTS
0100																
0200																
0300																
0400																
0500	150		1	4												
0600	150 / 300		1	4												
0700	150 / 450	50	2	4						475						
0800	150 / 600	~~100~~	4	4						150 / 625	~~[illegible]~~ / 50					
8 HR	600	50	8	16					8 HR. 674	625	~~[illegible]~~ / 50				8 HR. 675 (b)(6)-2	
0900	150 / 150	100 / 100	4 / 4	4 / 4						75						
1000	150 / 300		4 / 8	4 / 8						50 / 125						
1100	150 / 450		4 / 12	4 / 12						100 / 225						
1200	150 / 600	100 / 200	4 / 16	4 / 16						300 / 525						
1300	150 / 750	~~100~~	4 / 20	4 / 20						50 / 575						
1400	150 / 900	50 / 250	4 / 24	4 / 24						100 / 625	50 / 50					
1500	150 / 1050		6 / 30	4 / 28						100 / 725						
1600	400 / 1450		6 / 36	4 / 32						100 / 825						
8 HR	1650	250	36	32					16 HR. ~~1968~~ 2642	825	50				16 HR. 1550	
1700	100 / 100	100 / 100	6 / 6	4 / 4	1					150 / 150						
1800	150 / 300		6 / 12	4 / 8	1					100 / 250	50 / 50					
1900	150 / 450		6 / 18	4 / 12	1					150 / 400						
2000	150 / 600		6 / 24	4 / 16	1					100 / 500						
2100	150 / 750		6 / 30	4 / 20	1					150 / 650						
2200	150 / 1000	50 / 150	6 / 36	4 / 20	1					75 / 875						
2300	150 / 1150	150	6 / 42	4 / 24	1 / 7					100 / 975						
2400	150 / 1300	150	6 / 48	4 / 28	1 / 8					70 / 1045						
8 HR									24 HR. 4168	1045					24 HR 2595	

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE	
11Sep03	(Cont) 2230 continue to drain mild amt serosanguinous fluid under right side of drsg. Cardiac monit and pulse oximetry on and working. (B) Ac iv sites patent & s/s of infiltration. Foley patent draining amber urine. A-line & extremities edema. ABP corresponding to NBP. (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)*

(b)(6)-4

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	11 Sep 03
DOS	11 Sep 03
POD	1

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 (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU 1	12 Sep 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
- ☒ 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				2			2								2		
	RADIAL L				2			2				2			2								2		
	DORSALIS PEDIS R				2			1				1			1								2		
	DORSALIS PEDIS L				2			1				1			1								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			1 3 8								1 3 8		
EDEMA					–			1+				1+			1+								1		
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)								Sedated Restrained				SSP													
PAIN	PAIN FREE																						X		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended					X				*			NO Δ			BS								X		
BOWEL SOUNDS (active all quads)					X				*			NO Δ			θ								X		
NG / DOBHOFF PLACEMENT VERIFIED					✓																				
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT					✓				✓			--			✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.									✓ Amber			--			Dark								X		
SKIN INTEGRITY	No Breakdown								✓																
	Surgical Wounds				✓				✓			--			✓								✓		
	Rashes, Lac's, etc				✓				✓			--			✓								✓		
DRESSING (Dry & Intact: specify site below)												--													
#1 ANT Midline					✓				Surgery Dressing			--			✓								✓		
#2 GSW ⓪ FLANK					✓							--			✓								✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18 g	RAC	11 Sep	OPSITE, silk tape 1100
16 g	L AC	11 Sep	OPSITE, silk tape 1110
A-1 Pne	R Radial	11 Sep	sutures opsite silk tape
18 ga	⓪ AC	11 SEP	θ s/s inf / patent 1400
16 ga	⓪ AC	11 SEP	θ s/s inf / patent 1400
A line	⓪ radial	11 SEP	θ s/s inf / patent 1400

(b)(6)-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:

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					1			1				1				1							X		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response					1			1 T				1 T				1							X		
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					1			1				1				1							X		
GLASGOW COMA SCALE (A+B+C)					3T			3T				3T				3							X		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R							2x				--				2x									
	L							2x				--				2x									
MOVEMENT (See Motor Function Scale at Top of Page)	RUE				X			0				0				/							X		
	LUE				X			0				0				/							X		
	RLE				X			0				0				/							X		
	LLE				X			0				0				/							X		
GRIP (S) Strong (W) Weak (-) absent	R				X			0				0				/							X		
	L				X			0				0				/							X		
RESPIRATIONS	REGULAR				Vent			V				V				V							V		
	IRREGULAR							E				E				E							E		
	UNLABORED							U				U				U							U		
	LABORED							T				T				T							T		
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL				5			5				5				5							5		
	LUL				5			5				5				5							5		
	RLL				5			5				5				5							5		
	LLL				5			5				5				5							5		
	BOTH BASES				5			5				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				700			700				700				700							700		
	FIO2				35			35				40				40							40		
	RATE (SIMV/CMV)				12			12				12				12							12		
	PEEP / CPAP				5			5				5				5							5		
	PRESS. SUPPORT				—			/				0				0							—		
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT # 8	NRBM (l/min)																								
	ETT 24 cm gums	Bite Block										--				✓							✓		
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS				(b)(6)-2			(b)(6)-2			(b)(6)-2												(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	98.2	106	12	118/74	99	135/75											
0200		88	12	104/55	100	120/59											
0300	97.2	80	12	127/70	100	146/72											
0400		81	12	127/75	100	147/73											
0500	98.2	99	12	129/80	100	146/88											
0600	96.4 (A)	93	12	124/75	100	135/72											
0700	96.6 (A)	89	12	123/72	100	138/69	89										
0800	96.5 (A)	86	12	112/62	100	130/61	79										
0900	97.6 (A)	86 ~~89~~	12	104/59	100	120/59	76										
1000	97.3 (A)	93	12	103/60	100	107/53	73										
1100	97.1 (A)	97	12	110/59	100	126/61	78										
1200	97.3 (A)	99	12	113/60	100%	135/84	83										
1300	97.7 (A)	99	12	114/62	100%	136/63 ~~130/57~~	81										
1400	98.1 (A)	100	12	115/60	100%	138/61	81										
1500	98.8 (A)	101	12	115/62	100%	145/62	81										
1600	98.8 (A)	104	12	116/64	100%	141/58	79										
1700	99.1 (A)	101	12	119/61	100%	134/53	88										
1800	98.9 (A)	97	12	119/58 (b)(6)-2	100%	131/56	84										
1900	99.2 (A)	94	12	111/58	100%	135/56	79										
2000	99.9 (A)	101	12	128/70	100%	137/58	97 ~~+72~~										
2100	99.7 (A)	94	12	113/54	100%	131/56	73										
		~~92~~	~~12~~ (b)(6)-2	~~115/59~~	~~100%~~	~~138/60~~	~~83~~										
2200	98.7 (A)	92	12	113/59	100%	138/60	83										
2300	98.9	90	12	110/57	100	125/61											
2400	98.6	86	12		100	130/60											

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
12 Sep 03	0130		Assessment ≅ change.
	0145		SBP ↓ to 80. 10mg Ephedrine, LR Boluses Start. Discussed c̄ Dr. (b)(6)-2 (b)(6)-2
	0100		SBP to 102, will continue to monitor (b)(6)-2
	0200		SBP 116 - will continue to monitor (b)(6)-2
	0300		(R) Lateral drsg changed. urine output ↓ but still QS. (b)(6)-2
12 Sep 03		0700	Pt supine & flat. VSS. NAD noted. Versed gtt @ 4mg/hr Vecuronium @ 6mg/hr & Fentanyl @ 1cc/hr IV. See flowsheet for assessment. ~~Abd~~ Abdomen c̄ ⊖ B/S slightly tense. Midline drsg c̄ op site saturated. Will cont to monitor (b)(6)-2 LVT, AN
12 Sep 03	←	0800	F_iO_2 ↓ ↑ 40% per CNO orders. (b)(6)-2 LVT, AN
12 Sep 03	←	1100	No Δ's from previous assessment. VSS. Will continue to monitor (b)(6)-2 LVT, AN
12 Sep 03		1430	Pt assessment complete. Pt cont on same IVF/meds as previous shift to apply Lacrilube to eyes (b)(6)-2
		2100	Drsg on back D'd - 250cc sanguinous fluid drained from front opsite. (b)(6)-2 LVT, AN
		2700	Assumed care of pt. Remains sedated. Continues c̄ serosanguinous fluids from around midline incision. Invasive lines x 3 patent, sites ≅ S/S of infiltration. Assessment per flowsheet. Continues c̄ sedation and paralyzed, pt appears c̄ mild generalized edema since admission. NGT c̄ dark green aspirate. abd ≅ BS drsg remain intact c̄ drainage as noted previous. urine c̄ blood tinge, QS. (b)(6)-2

	INTAKE									OUTPUT						
	LR	Versed	Vecuronium	Fentanyl	IVPB	Boles			Total	URINE	Stool	NG	Bloody Drainage		Total	COMMENTS
0100	150 / 150	4 / 4	6 / 6	1 / 1	100 / 100					70 / 70						
0200	50 / 200	4 / 8	6 / 12	1 / 2	← / 100	400 / 400				50 / 120						
0300	150 / 350	4 / 12	6 / 18	1 / 3	/ 100	400				40 / 160						
0400	150 / 500	4 / 16	6 / 24	1 / 4	/ 100	400				50 / 210						
0500	150 / 650	4 / 20	6 / 30	1 / 5	/ 100	400				80 / 290						
0600	150 / 800	4 / 24	6 / 36	1 / 6	50 / 150	400				80 / 370						
0700	150 / 950	4 / 28	6 / 42	1 / 7	0 / 150					45 / 415		25 / 25				
0800	150 / 1100	4 / 32	6 / 48	5 / 12	50 / 200					75 / 490						
8 HR	1100	32	48	12	200	400			8 HR. 1792	490		25			8 HR 515	⊕ 1277
0900	150 / 150	4 / 4	6 / 6	5 / 5						55 / ~~545~~ 55						
1000	150 / 300	4 / 8	6 / 12	5 / 10						50 / 105						
1100	150 / 450	4 / 12	6 / 18	5 / 15						60 / 165						
1200	150 / 600	4 / 16	6 / 24	5 / 20	100 / 100					60 / 225						
1300	150 / 750	4 / 20	6 / 30	5 / 25						↓						
1400	150 / 900	4 / 24	6 / 36	5 / 30						75 / 300		25				
1500	150 / 1050	4 / 28	6 / 42	5 / 35	100 / 200					100 / 400						
1600	150 / 1200	4 / 32	6 / 48	5 / 40						50 / 450						
8 HR	1200	32	48	40	200				16 HR. 3312	450		25			16 HR. 990	⊕ 2327
1700	150 / 150	4 / 4	6 / 6	5 / 5						30 / 480						
1800	150 / 300	4 / 8	6 / 12	5 / 10	100 / 100					50 / 530						
1900	150 / 450	4 / 12	6 / 18	5 / 15						75 / 605			250 / 250			
2000	150 / 600	4 / 16	6 / 24	5 / 20						75 / 680						
2100	150 / 750	4 / 20	6 / 30	5 / 20						50 / 730						
2200	100 / 900	4 / 24	6 / 36	5 / 25	50 / 150								20			
2300	100 / 1050	4 / 28	6 / 42	5 / 30	~~50~~ / 150					75 / 805						
2400	150 / 1200	4 / 32	6 / 48	5 / 35	100 / 250				1565	50 / 855			270		1125	+ 440
8 HR									24 HR. 4877						24 HR 2175	⊕ 2762

CRITICAL CARE FLOW SHEET

(b)(6)-2

LOS DATA	
DOA	11 Sep 03
DOS	11 Sep 03
POD	2

24 HOUR DATA	
24 Hour Balance	+ 2367
24 Hour Intake	5062
24 Hour Output	2695
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 (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU 1	13SEP03

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

(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						2						2	-	
	RADIAL L						2				2						2						2		
	DORSALIS PEDIS R						2				2						2						2		
	DORSALIS PEDIS L						2				2						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						1 3 8		
EDEMA							Generalized				--						*						1+		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)							✓				✓						S1S2						✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)							SR-ST				SR-ST						SR						ST		
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						Scheduled PRN Prn				--						Scheduled Prn Prn						Scheduled Prn Prn		
	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.							Dark Amber				--						Pink						Pink		
SKIN INTEGRITY	No Breakdown						✓				✓														
	Surgical Wounds						✓				✓						✓						✓		
	Rashes, Lac's, etc						✓										✓								
DRESSING (Dry & Intact: specify site below)																									
#1 Ant Abd Midline							Saturated Saturated				--						✓						✓		
#2 GSW (L) Flank											--						✓						✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18g	(R) AC	11 Sep	Opsite silk tape / 0600 x / 1000
16g	(L) AC	11 Sep	Opsite silk tape / 0600 x / 1000
A-line	(R) RADIAL	11 Sep	Suture Opsite tape / 0600 x / 1000

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger	DATE: 13 Sep 03	No Change from Previous Assessment --

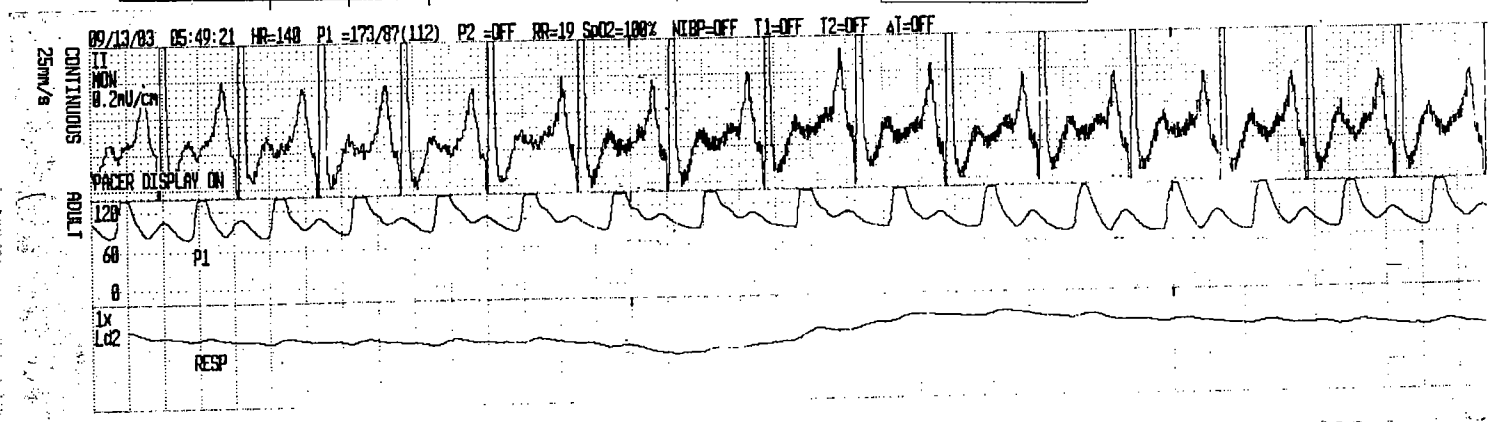
TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open						1				1						Sedated						Sedated		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response						1 / T				1 / T						Sedated + Paralyzed						Sedated		
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						1				1														
GLASCOW COMA SCALE (A+B+C)						3T				3T														
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R						2+				2+						2+						2+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L						2+				2+						2+						2+		
MOVEMENT (See Motor Function Scale at Top of Page) RUE						0				0						0	Paralyzed					0		
MOVEMENT (See Motor Function Scale at Top of Page) LUE						0				0						0						0		
MOVEMENT (See Motor Function Scale at Top of Page) RLE						0				0						0						0		
MOVEMENT (See Motor Function Scale at Top of Page) LLE						0				0						0						0		
GRIP (S) Strong (W) Weak (-) absent R						0				0						0						0		
GRIP (S) Strong (W) Weak (-) absent L						0				0						0						0		
RESPIRATIONS REGULAR																								
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED						Vent				Vent												Vent		
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 RLL						5				5						5						5		
BREATH SOUNDS LUL						1				1						1						1		
BREATH SOUNDS LLL						1				1						1						1		
BREATH SOUNDS BOTH BASES						1				1						1						1		
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						700				700						700						700		
VENTILATOR FiO2						40%				40%						40%						40%		
VENTILATOR RATE (SIMV/CMV)						12				12						12						12		
VENTILATOR PEEP / CPAP						5				5						5						5		
VENTILATOR PRESS. SUPPORT						0				0														
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
OXYGEN DELIVERY DEVICE NRBM (l/min)																								
ETT # 8 — ETT 23 cm gums										✓						✓						✓		
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED										✓												Oral ✓		
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS						(b)(6)-2				(b)(6)-2						(b)(6)-2						(b)(6)-2		

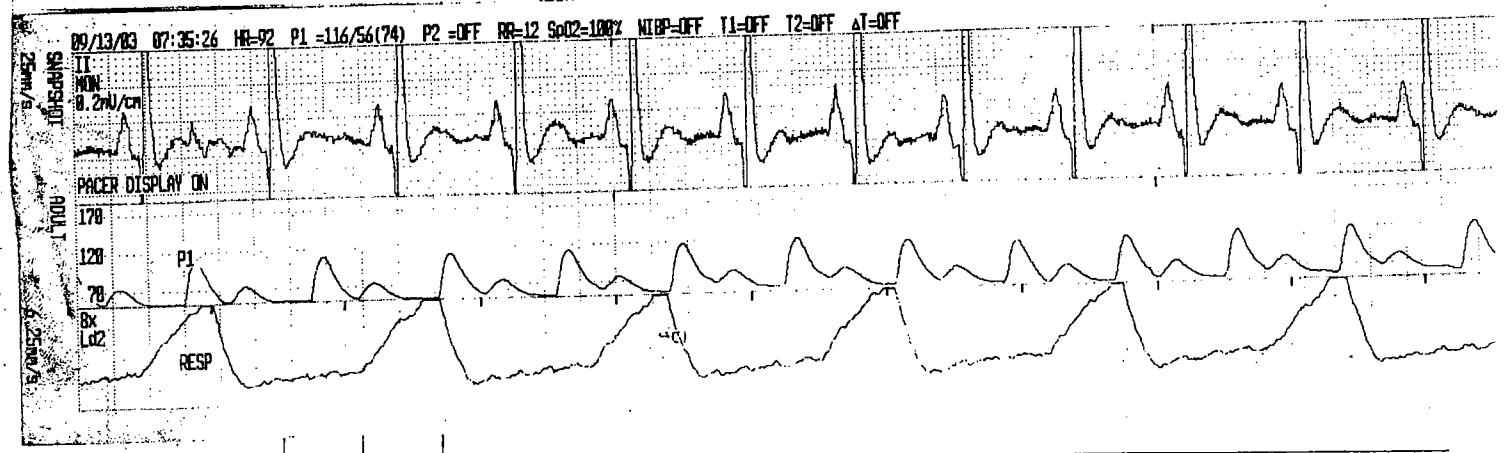
VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	98.3	91	12	113/53	100	131/59											
0200	98.4	82	12	118/50	100	127/57											
0300	98.5	86	12	123/57	100	135/61											
0400	98.3	95	12	~~130~~/63 134/66	100	150/63											
0500	98.5	87	12	116/63	100	137/59											
0600	97.9 (A)	97	12	123/62	100%	144/64	84										
0700	97.4	94	12	110/53	100%	114/51	70										
0800	98.4	97	12	118/57	100%	120/59	78										
0900	98.9 (A)	98	12	126/64 (b)(6)-2	100%	139/63	83										
1000	99.1 (A)	104	12	126/66	100%	142/62	83										
1100	99.4 (A)	101	13	116/54	100	133/55	77										
1200	99.0 (A)	~~100~~ 144	12	140/80	~~103~~ 100%	185/86	104										→ PT Receiving BED BATH
1300																	
1400	To OR																
1500																	
1600																	
		Recovery															
1700	96.6	86	12	130/73	100%	150/72	95										
1800	97.5	92	12	122/63	100%	142/67	85										
1900	97.8	94	12	121/66	100%	141/69	88										
2000	98.3	97	12	123/66	100%	143/69	90										
2100	98.6	107	15	123/64	100%	145/66	88										
2200		115	25/12	118/62	100%												
2230	99.3 ax	112	24/12	121/61	100%	142/66	86										
2300	99.4 ax	126	24/12	124/64	100%	143/65	91										
2400	99.5 ax	109	12/12	110/62	100	145/56	85										

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
138/03	0105		Assessment ō change. VSS. will monitor. (b)(6)-2
	0300		Pt dx c̄ continued leakage of serosanguinous fluid from midline wound. pads changed disposable chux change, skin care given. (b)(6)-2
	0530		Ø Δ in status. (b)(6)-2
9/13/03	0630		Pt c̄ Transient Episodes of Tachy Cardia 130-140's & c̄ Hypertension 160-170/90's. Pt given 100mcg boluses of Fentanyl which brought HR & BP back to 120's/50's HR 90's. Pt c̄ ~~Cardiac~~ sclerotic & generalized edema. Continues to have large amount of serous sanguinous drainage from Bogota bag & GSW site. Drsb's reinforced. See flowsheet for further assessment. (b)(6)-2 LCT. A





	INTAKE									OUTPUT						
	LR	VERSED	VECURONIUM	FENTANYL	IVPB	BOLUS			Total	URINE	STOOL	NG	~~TRACHEOSTOMY~~ BBL DRAINAGE	JP	Total	COMMENTS
0100	150 / 150	4 / 4	6 / 6	5 / 5						75 / 75						
0200	150 / 300	4 / 8	6 / 12	5 / 10						50 / 125						
0300	150 / 450	4 / 12	6 / 18	5 / 15						50 / 175						
0400	150 / 600	4 / 16	6 / 24	1 / 16						100 / 275						
0500	150 / 750	4 / 20	6 / 30	1 / 17						50 / 325						
0600	150 / 900	4 / 24	6 / 36	1 / 17	100 / 100					75 / 400		300 / 300				
0700	150 / 1050	6 / 30	6 / 42	1 / 18	50 / 150					50 / 450						
0800	150 / 1200	6 / 36	6 / 48	1 / 19						50 / 500						
8 HR	1200	36	48	19	150				8 HR. 1453	500		300			8 HR 800	+ 653
0900	150 / 150	6 / 6	6 / 6	1 / 1						75 / 75						
1000	150 / 300	6 / 12	6 / 12	1 / 2						100 / 175						
1100	150 / 450	6 / 18	6 / 18	1 / 3						75 / 250						
1200	150 / 600	6 / 24	6 / 24	1 / 4						75 / 325						
1300	150 / 750	6 / 30	6 / 30	1 / 5	100 / 100					100 / 425		175 / 175				
1400																
1500 OR	1400 / 2150								OR	75 / 500			100	~~100~~	135 / 135	
1600	125 / 2275	6 / 36	6 / 6	1 / 1					2353	300 / 800				55		
8 HR	2275	36	36	6					~~16 HR.~~ 3806	800		175	100	55	16 HR. ~~1130~~	1930
1700	125 / 125	6 / 6	OFF	1 / 1												
1800	~~250~~ 125 / 250	~~6~~ 6 / 12	OFF	1 / 2	100 / 100					125 / 125				40 / 40		
1900	125 / 375	6 / 18		1 / 3												
2000	125 / 500	6 / 24		1 / 4						150 / 275				40 / 80		
2100	125 / 625	6 / 30		1 / 5												
2200	125 / 750	6 / 36		1 / 6						150 / 425				30 / 110		
2300	125 / 875	6 / 42		~~8~~ 1 / 7						100 / 525						
2400	125 / 1000	6 / 48		1 / 8	100 / 200					100 / 625				30 / 140		
8 HR							1258		24 HR 5062						24 HR 2695	+ 2367

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE	
9/13/03 1000	NO Δ's from previous assessment. [redacted] ICT, [illegible]
9/13/03 1300	Picked up by OR staff & transported to OR via Gurney NAD noted. VSS [redacted], ICT, [illegible]
1700	Pt returned from OR, went to recovery. NGT taken out in OR. J tube G tube placed to gravity drain, JP to RUQ sanguinous drainage. Urine pink-tinged per foley cath. Vec turned off @ 1630, Versed infusing @ 6mg/hr, Fentanyl @ 50mcg/hr, D5 1/2 NS c̄ 20kcl @ 125cc/hr @ all infusing to ⓓAC. ⓑAC HL. Dressing on ⓒ flank removed and site packed c̄ wet saline 4x4 gauze. Covered c̄ abd pad and tape [redacted] UTA
2200	Pt dressing on ⓒ flank changed @ 2100. Serosanguinous drng on drsg. G tube and J tube c̄ drng. [redacted] UTAN
2300	Dr. [redacted] notified of ST. Will repeat CBC if HR stays 130's. MSO4 given ~~2230~~ 2300. Cuff BP reading SBP ~20 mm lower than Aline. Pt moving hands but not following commands or opening eyes. [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)

[redacted]

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

MEDCOM - 2007

CRITICAL CARE FLOW SHEET

(b)(6)-2

LOS DATA	
DOA	11 Sep 03
DOS	11 Sep / 13 Sep
POD	3/1

24 HOUR DATA	
24 Hour Balance	+64
24 Hour Intake	4654
24 Hour Output	4590
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 (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 MAJ/MC	ICU	14 Sep 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
- ☒ 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				2				2				2					
	RADIAL L		2					2				2				2				2				-	
	DORSALIS PEDIS R		2					2				2				2				2					
	DORSALIS PEDIS L		2					2				2				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				1 3 8				1 3 8					
EDEMA			Gen					Gen				Gen				Gen				Gen					
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓					✓				✓				✓				✓					
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			ST					✓ ST				✓ ST				ST				✓					
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							15°				15°													
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		Sent to ICU																						
	PAIN SCALE (1-10)							UTA				UTA													
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2					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.			Pink					Rosy				Pink				X									
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓					✓				✓				✓				✓					
	Rashes, Lac's, etc		✓					✓				✓				✓				✓					
DRESSING (Dry & Intact: specify site below)																									
#1 ant. abd midline			✓					✓				✓				✓				✓					
#2 6sw (D) Flank			✓					✓				✓				✓				✓					
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18g	(R) AC	11 Sep 03	Ø s/s of infection or infiltration
16g	(L) AC	11 Sep 03	Ø s/s of infection or infiltration
Dcd A line	(R) Radial	11 Sep 03	sutured / opsite - Ø s/s infection/infiltration
18g	(L) Bicep	14 Sep 03	patent. gauze, silk tape

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:

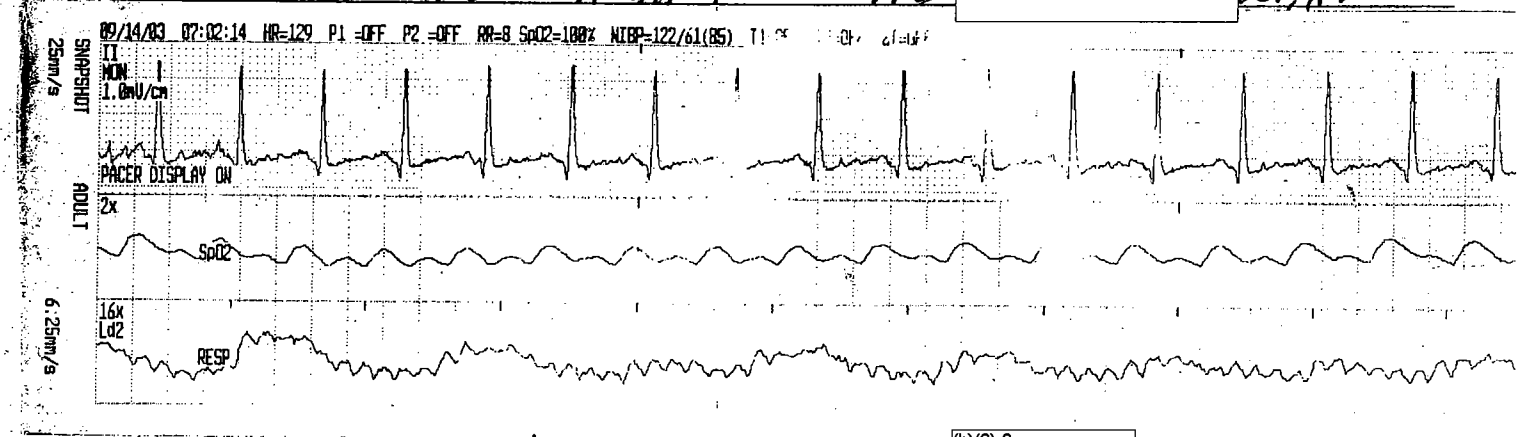
TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			2					1				1				1				3					
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			ET					1 T				1 T				ET				ET					
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								4				4				4				4					
GLASCOW COMA SCALE (A+B+C)								6T				6T				6T				6T					
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		4					4				4				5				5					
	LUE		4					4				4				5				5					
	RLE		4					0				0				–				–					
	LLE		4					0				0				–				–					
GRIP (S) Strong (W) Weak (-) absent	R		5					5				5				5				5					
	L		5					5				5				5				5					
RESPIRATIONS	REGULAR		✓																						
	IRREGULAR		X					X				X													
	UNLABORED		Vent					Vent				Vent				Vent				Vent					
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		4					3				3				3				3					
	LUL		4					3				3				3				3					
	RLL		4					3				3				3				3					
	LLL		4					3				3				3				3					
	BOTH BASES		1					3				3				3				3					
COUGH	NONE		✓					✓				✓				✓									
	SPONTANEOUS																			✓					
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear			Ø													white/ clear				X					
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt		700					700				700				700				700					
	FIO2		40					40				40				40				40					
	RATE (SIMV/CMV)		12					12				6				12				12					
	PEEP / CPAP		5					5				5				5				5					
	PRESS. SUPPORT							Ø				0													
OXYGEN DELIVERY DEVICE ETT # 8	NC (l/min)																								
	FM (l/min)																								
	NRBM (l/min)																								
	ETT 23 cm gums							✓				✓				✓				✓					
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED			✓				✓		✓			✓				✓		✓		✓					
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS			(b)(6)-2				(b)(6)-2					(b)(6)-2				(b)(6)-2				(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	99.4 ax	115	14/12	127/62	100%	148/58	82										
0200	100.0 ax	119	12		100	142/63	87										
	100 ax																
0300		125	20/12	120/62	100%	126/87	100										
0400	100.6 ax	125	12	120/63	100%	128/77	94										
0500	100.3 ax	121	16/12	124/66	100%	138/68 ~~124/92~~	90 ~~108~~										
0600	100.3	132	12	127/71	100%												
0700	100.1 (A)	128	12	122/61	100												
0800	100.1 (A)	133	10	121/61	100												
0900	100.4 (A)	131	15	125/65	100												
1000	100.4 (A)	136	21	125/58	100												
1100	100.0 (A)	131	22	123/62	100												
1200	100.8 (A)	139	22	116/62	95												
1300	101 (A)	137	22	113/63	100												
1400		127	22	115/55	100												
1500	100.2	130	22	124/60	100												
1600	101.1	121	21	124/62	100												
1700		122	21	122/59	100												
	100.5																
1800		115	22	128/66	100												
	100.5																
1900		112	22	134/64	100												
2000		110	20	122/63	100												
	99.8																
2100		109	21	122/60	100												
	100.1																
2200																	
2300	100.1	103	20	117/52	100%												
2400																	

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
14Sep03	02		Dressing ▷ to (1) flank. Mod. amt but not soaked to chux. HR ↑ 130's - CBC sent. T = 100.7 ax - notified LTC (b)(6)-2 who will notify surgeon - in OR. Instructed to give Tylenol 650 mg PR now. Assessement done - Generalized edema. PT moving upper extremities c̄ strong grip at times but not following commands. (b)(6)-2
14Sep03	0530		Unable to flush or draw blood off A line - cath D/C - ϕ s/s of infection @ site. cath. intact. (b)(6)-2
14Sep03	0700		See flowsheet for assessment. Pt c̄ episodes of agitation Flexing Arms towards Chest c̄ ↑ HR 130's-140's. Pt does not follow Commands. G & J Tubes to drainage bags c̄ drainage. JP patent & intact c̄ Serous Sanguinous drainage. Generalized edema to include sclera. Will Continue to monitor. (b)(6)-2 LCT, RN
14Sep03	0919		↓ Vent rate to 10. NAD noted. VSS - (b)(6)-2 LCT, RN
14Sep03	0935		Lasix 20mg IV given (b)(6)-2 LCT, RN
14Sep03	0945		Fentanyl gtt turned off (b)(6)-2 LCT, RN



14Sep03	1003		↓ rate to 8 (b)(6)-2 LCT, RN
14Sep03	1102		↓ rate to 6 (b)(6)-2 LCT, RN
14Sep03		1220	Pt desaturated 80's. placed Vent rate back to 12 BPM. Vcvsed ↑ 2mg/hr. SAT ↑ 100%. will Cont. to monitor. (b)(6)-2 LCT, RN

	INTAKE									OUTPUT					
	PIV	Versed	Fentanyl	IVPB					Total	Urine	G tube AG	JP	J tube		Total	COMMENTS
0100	125 / 125	6 / 6	1 / 1							75 / 75						
0200	125 / 250	6 / 12	1 / 2							100 / 175		30 / 30				
0300	125 / 375	6 / 18	1 / 3							125 / 300		30 / 60				
0400	125 / 500	6 / 24	1 / 4							100 / 400		30 / 90				
0500	125 / 625	6 / 30	1 / 5							100 / 500						
0600	125 / 750	6 / 36	1 / 6	150						50 / 550		30 / 120				
0700	125 / 875	6 / 42	1 / 7							100 / 650						
0800	125 / 1000	6 / 48	1 / 8							75 / 725		40 / 160				
8 HR	1000	48	8	150					8 HR. 1206	725		160			8 HR 885	+321
0900	125 / 125	6 / 6	1 / 1							100 / 100						
1000	125 / 250	3 / 9	.5 / 1.5							800 / 900		35 / 35				LASIX 20mg IV given @ 09:55
1100	125 / 375	1 / 10	0 / 1.5							600 / 1500						
1200	125 / 500	1 / 11								125 / 1625						
1300	125 / 625	1 / 12		100 / 100						125 / 1850						
1400	125 / 750	2 / 14								100 / 1950		40 / 75				
1500	125 / 875	2 / 16								150 / 2100						
1600	125 / 1000	2 / 18		50 / 150					1169	125 / 2250					2325	
8 HR	1000	18	1.5	150					16 HR. 2375	2250		75			16 HR. 3210	
1700	125 / 125	2 / 2								125 / 125						
1800	125 / 250	2 / 4								75 / 200						
1900	125 / 375	2 / 6		100 / 100						100 / 300		25 / 25				
2000	125 / 500	2 / 8								150 / 450						
2100	125 / 625	2 / 10								70 / 520		~~+72~~	170			
2200	125 / 750	2 / 12								100 / 620		25 / 50	25 / 195			
2300	125 / 875	4 / 19	6 / 6	50 / 150						300 / 920						4654 / 4590 / 64
2400	125 / 1000	2 / 21	2 / 8	100 / 250					2279	150 / 1070		15 / 65	50 / 245		1380	
8 HR	1000	21	8	250					24 HR. 4654	1070		65	245		24 HR 4590	+64

509-113 NSN 7540-00-634-4122

MEDICAL RECORD	PROGRESS NOTES
DATE 1400 14 Apr 03	Assumed care of pt. Dsg change and linen change posterior GSW c̄ well / dry dsg, scant bleeding noted c̄ removal of dsg. ~~[illegible]~~ (b)(6)-2
1500	Assessment per flowsheet. Lungs c̄ mild rhonchi throughout, ~~sputum suctioned~~ ETT suctioned for scant white → clear secretions. Pt agitated with procedure restraints maintained to protect tubes and drains. Abd midline dsg dry & intact. remains c̄ absent bowel sounds. Continues c̄ blood tinged urine, QS.
1530	Pt appears more agitated c̄ increased contraction of upper extremities, MSO4 given per order (b)(6)-2
1630	Pt c̄ continued fever. GS aware, orders written. (b)(6)-2
1730	Temp 100.5. will continue to assess (b)(6)-2
1915	Pt c̄ bloody secretions on suctioning ETT. noted bloody sputum coming up ETT. HO notified will monitor. (b)(6)-2
1930	Pt c̄ ↑ agitation MSO4 2mg given, will monitor (b)(6)-2
2010	Pt fighting against restraints. MSO4 2mg given, will monitor

(Continue on reverse side)

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.

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)(6)-2

LOS DATA	
DOA	11SEP03
DOS	11SEP/13SEP
POD	4/2

24 HOUR DATA	
24 Hour Balance	-4246
24 Hour Intake	2764
24 Hour Output	7010
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			X
Side Rails Up			X
Bed in Low Position			X

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 UTAN	ICU#1	15SEP03

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

(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								2									
	RADIAL L	2						2								2								–	
	DORSALIS PEDIS R	2						2								2									
	DORSALIS PEDIS L	2						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		X														X									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		S1S2						✓								✓									
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST						ST								ST									
SWAN GANZ CATHETER (Zeroed & calibrated)		Ø																							
ARTERIAL LINE (zeroed & calibrated)		Ø																							
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	Sedated					Sedated								Sedated										
	PAIN SCALE (1-10)	Extubated																							
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended	X														X									
BOWEL SOUNDS (active all quads)		Ø						Ø	Ø							✓									
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 Midline silk tape 4x4s		✓						✓								✓									
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18G	(R) AC	11SEP03	Ø S/S infection/infiltration
PIV 18G	(L) bicep	14SEP03	patent Ø S/Sx infection/infiltration 0200
PIV 18G	(R) wrist	15SEP03	Ø S/Sx infection/infiltration/0200