CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	23 OCT 03
POD	1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	6804.5
24 Hour Output	6772
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 , SPC, USAMC	ICU	24 OCT 03

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

Potus (b)(6)-4

24 yo

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

DA FORM 4700

MEDCOM - 2542

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
IBG PIV	(R) hand	23Oct	Patent & s/sx of infection or infiltration 0600/100 D/C'd 23Oct03
TLC	(R) arm	23OCT	D/C'd 23OCT03
A-line	(L) radial	23OCT	Patent & s/sx of infection or infiltration 0600/100
Cordis	(L) groin	23OCT 1800	Patent & s/sx of infection or infiltration 0600/100
CT #1			PATENT & INTACT 0600/1000 1400-1700
CT #2			
CT #3			
CT #4			

(b)(6)-2

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		No Change from Previous Assessment –

DATE: 24 OCT. 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		4				4				4				4					4			4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		T				1 T				1 T				T					T			T		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6				6				6				6					6			6		
GLASGOW COMA SCALE (A-B-C)		10T				11T				11T				10T					10T			10T		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		5+				5+				5+				5+					5+			4+		
L		N/A				N/A				N/A				N/A					N/A			N/A		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		3				4				4				4					4			3		
LUE		3				4				4				4					4			4		
RLE		0				0				0				Ø					Ø			Ø		
LLE		0				0				0				Ø					Ø			Ø		
GRIP (S) Strong (W) Weak (-) absent R		W				W				S				S					S			W		
L		W				W				S				S					S			W		
RESPIRATIONS REGULAR		V				V				V				V					V			V		
IRREGULAR		e				e				e				e					e			e		
UNLABORED		E				n				n				E					E			n		
LABORED		N				T				T				N					N			T		
SHALLOW		T												T					T					
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		5				5				5				5					5			5		
LUL		5				5				5				5					5			5		
RLL		5				5				5				3					5			5		
LLL		5				5				5				3					5			5		
BOTH BASES						1				1				3					5			5		
COUGH NONE		✓				✓				✓				✓					✓			✓		
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																			X					
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																			X					
VENTILATOR Vt		800				800				800				800					800			800		
FiO2		40				400				400				40					40			40		
RATE / SIMV/~~CMV~~ N/C		10				10				10				10					10			10		
PEEP / CPAP		5				5				5				5					5			5		
PRESS. SUPPORT		—				—				—				Ø					Ø			Ø		
OXYGEN DELIVERY DEVICE NC (l/min)																								
FM (l/min)																								
ETT = 8.5 NRBM (l/min)																								
ETT 22 cm gums		✓				✓				✓				✓					✓					
ETT CARE / POSITION CHANGE																						(b)(6)		
ETT / NT SUCTIONED		(b)(6)																	✓					
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		83	10/10	109/62	100	104/59	81										
0200	99.2	75	10/10	157/69	100	161/74	94										
0300		80	24/10	107/55	100	112/55	68										
0400		80	10/10	121/54	100	113/61	73										
0500																	
0600	98°(A)	76	17/10		100%	116/60	75										
0700	98°(A)	79	10/10		100%	114/61	76										
0800	99(A)	78	10/10		100%	106/56	69										
0900	99(A)	74	10/10		100%	110/58	73										
1000		74	10/10		100%	131/65	80										
1100	98°(A)	76	10/10		99%	131/62	80										
1200		81	10/10		95%	105/55	68										
1300	99(A)	78	10/10		97%	115/55	70										
1400		81	10/10		100%	119/59	71										
1500	98.7(A)	74	10/10		100%	117/55	69										
1600	98.5(A)	73	10/10		99%	117/56	70										
1700		74	10/10		98%	122/56	73										
1800	98.4(A)	73	10/10		100%	123/55	71										
1900	98(A)	75	10/10		99	126/55	70										
2000	98(A)	73	10/10		100	141/52	69										
2100	98(A)	75	10/10		100	145/53	72										
2200		73	10/10		99	152/56	76										
2300	98	76	10/10		100	144/72	76										
2400		80	10/10		100	169/58	74										

	INTAKE								OUTPUT							
	LR	Dopa	Vaso	PRBC	IVPB	A line flush / Bolus		Total	Urine	NGT	CT x4 (Aloe Wash) CT #1	CT #2	CT #3	CT #4	Total	COMMENTS
0100	150 / 150	15 / 15	30 / 37.5		3 / 3				250 / 250			30 / 30	30 / 30	45 / 75		
0200	150 / 300	22.5 / 37.5	50 / 87.5		3 / 6				115 / 365							
0300	150 / 450	22.5 / 60	50 / 137.5	100 / 100	3 / 9				235 / 600		10 / 10			50 / 125		
0400	150 / 600	22.5 / 82.5	50 / 187.5		3 / 12				195 / 795		5 / 15	30 / 60	45 / 75	40 / 165		
0500	150 / 750	22.5 / 105	50 / 237.5	1000 / 1100	3 / 15				175 / 970							
0600	150 / 900	22.5 / 127.5	50 / 287.5	50 / 1150	3 / 18				250 / 1225							
0700	150 / 1050	15 / 142.5	50 / 337.5		3 / 21				250 / 1475							
0800	150 / 1200	15 / 157.5	50 / 387.5		3 / 24			2919	165 / 1640		18 / 33	90 / 90	55 / 130	120 / 285		1521
8 HR	1200	157.5	387.5	1150	24			8 HR. ~~1769~~	1640		33	90	130	285	8 HR 1398	+ ~~371~~
0900	150 / 150	15 / 15	50 / 50		3 / 3			66.2	165 / 165							66.2
1000	150 / 300	15 / 30	60 / 110	100 / 100	3 / 6	1000 / 1000			234 / 399							
1100	150 / 450	15 / 45	60 / 170		3 / 9				300 / 699							
1200	150 / 600	15 / 60	60 / 230		3 / 12				260 / 959							
1300	150 / 750	15 / 75	45 / 275		3 / 15				180 / 1139	187 / 187						
1400	150 / 900	15 / 90	30 / 305	100 / 200	3 / 18				130 / 1269	50 / 50						
1500	150 / 1050	15 / 105	30 / 335	100 / 300	3 / 21				200 / 1469							
1600	150 / 1200	15 / 120	30 / 365		3 / 24				170 / 1640					(2607)		
8 HR	1200	120	365	300	24	1000 (3009)		16 HR. 5928	1640	50	187	45 / 120	165 / 400		16 HR 4005	+ 1923
1700	150 / 150	15 / 15	30 / 30		3 / 3			66.2	130 / ~~1770~~ 130							
1800	150 / 300	15 / 30	30 / 60		3 / 6				120 / 250							
1900	150 / 450	15 / 45	30 / 90		3 / 9				120 / 370							
2000	150 / 600	15 / 60	30 / 120		3 / 12				110 / 480							
2100	150 / 750	15 / 75	30 / 150	100 / 100	3 / 15				90 / 570							NGT emptied
2200	150 / 900	15 / 90	30 / 180	100 / 200	3 / 18											
2300	150 / 1050	15 / 105	30 / 102		3 / 21				300 / 870							
2400	150 / 1200	15 / 120	15 / 117		3 / 24				175 / 1045							
8 HR	1200	120	117	200	24		11.85	24 HR. 7613	1045			70 / 155	165 / 470		24 HR	6076

NSN 7540-00-634-4121

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
24 Oct 03	0100		Resting supine. Ø apparent distress. Cont to monitor. [redacted] (b)(6)-2 CpTAN
24 Oct 03	0300		Agitated ↓ assessment. B/P ↓ temp c̄ pump failure. Vasopressin restarted ↓ 5 min + B/P is WNL. Cont. to monitor. [redacted] (b)(6)-2 CpTAN
24 Oct 03	0500		Resting quietly. Ø Sign of distress. Cont to monitor. [redacted] (b)(6)-2 CpTAN
24 OCT 03	0630		NAD VSS. LR @ 150 cc/hr. Dopamine @ 5 mcg/Kg/min, & Vasopress 0.7 UN/MN. CT's 1-4 patent c̄ serosanguinous drainage + NGT TO LIWS. See flowsheet for assessment. [redacted] (b)(6)-2 ICT, AN
24 Oct 03	0850		Informed Dr [redacted] (b)(6)-2 of SBP ↓ to High 90's. ↑ Vasopressin to 8 u/min & began bolus of 1 Liter LR Will Continue to monitor. [redacted] (b)(6)-2 ICT, AN
24 Oct 03	1100		VSS. NAD. (L) Femoral DVSG Δ'd. Dvsg Applied to (L) ↓ back Wound. DRAINING Serosanguinos fluid. Pt follows COMMAND No movement of LE's. REORIENTED to PLACE & Condition [redacted] (b)(6)-2 ICT, AN
24 Oct 03		1500	(R) hand/arm cold up to elbow, (+) pitting edema on ~~plantar~~ dorsal aspect of hand (+) capillary refill. (R) hand 18G IV d/c'd d/t s/sx infiltration. No bleeding noted upon removal of IV. Pressure held to site for 1-2 minutes and small dsg applied. (B) radial pulses are weak difficult to find. Unable to palpate pedal pulses but cap refill on (B) toes < 3 sec, feet are cool. Chest abd and chest tube dsgs Δ'd by Dr. [redacted] (b)(6)-2 - dry and intact. All CT → suction c̄ bubbling in fluid chamber. Pt able to follow commands appropriately c̄ interpreter; Ø movement of lower extremities noted. Pt appears to be hypersensitive to touch, flinches to light touch @ ~ the level of the umbilicus. A few, distant bowel sounds were noted in LLQ and RLQ only. Small amt rhonchi noted during expiration in RLL and LLL of lungs. [redacted] (b)(6)-2 MAT AN

NSN 7540-00-634-4176

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
24 Oct 03 1930	(B) radial pulses weak, difficult to palpate. Unable to palpate (B) pedal pulses; (B) pedal pulses dopplerable, cap refill to (B) toes < 3 sec. Pt's head elevated ~ 20° and pt logrolled to (R) side. c/o abd pain per interpreter → 3mg MSO4 given, BP stable. Pt is cooperative and appropriate. Denies ability to move legs, denies touch sensation from pubis and below, remains hypersensitive to touch above level of umbilicus. Ø bowel sounds heard on auscultation. [redacted] MJ AN
24 Oct 03 2015	ETT suctioned for minimal amt of bloody drainage. (+) cough reflex. [redacted] MJ AN
4 Oct 03 2200	Recvd supine. VSS B/P in 120's. ↑ to 150's ∓ questioning. Vent settings unchanged. CT Dressings CDI, Opens eyes. Answers questions. Writes in both English + Arabic on clip board. Denies pain at this time. Pulses palpable c̄ Doppler. Unable to move legs. Continue to monitor. [redacted] AN
4 Oct 03 2230	B/P remains ↑. Vasopressin to 0.7. Continue to monitor [redacted] AN
Oct 03 2330	Vasopressin to 0.4 units per hour. Continue to monitor. VSS [redacted] Cpt AN
Oct 03 0030	B/P remains 140's. Vasopressin at 4 units. Continue to monitor. Vasopressin ↓ to 2 units [redacted] Cpt AN

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

ENT'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.

Potus # [redacted]

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

Chest tube Output c 10CT03

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: CONTINUED POST-ANESTHESIA CARE UNIT FLOW SHEET

OTSG APPROVED 17 Jan 80

Time	VITAL SIGNS B/P (CT#1)	P (CT#2)	R (CT#3)	O2Sat (CT#4)	T	PAR SCORE Act	Resp	Circ	LOC	Skin	PARS	OTHER Other	Neuro-Vascular	COMMENTS
PRE-OP	/												Extr: L R Upper Lower Pulse: DP PT RAD	
0400	Ø/Ø	30/20	30/30	75/75									Blanche Pulse Warm Moves Y N	
0500	10/10	80/80	80/70	50/125									Blanche Pulse Warm Moves Y N	
0500	5/15	35/60	45/75	40/165									Blanche Pulse Warm Moves Y N	
0600	18/33	30/90	50/130	120/285									Blanche Pulse Warm Moves Y N	
0300	12/45	30/120	30/160	115/400									Blanche Pulse Warm Moves Y N	
	/												Blanche Pulse Warm Moves Y N	
1500	Ø/45	5/125	5/165	Ø/400									Blanche Pulse Warm Moves Y N	
1600	/												Blanche Pulse Warm Moves Y N	
1700	/												Blanche Pulse Warm Moves Y N	
1800	10/55	10/135	Ø/165	15/415									Blanche Pulse Warm Moves Y N	
1900	5/60	20/155	0/165	30/445									Blanche Pulse Warm Moves Y N	
2000	/												Blanche Pulse Warm Moves Y N	
2100	10/70	0/155	0/165	25/470									Blanche Pulse Warm Moves Y N	
2200	/												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	
	/												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	
	/												Blanche Pulse Warm Moves Y N	
	/												Blanche Pulse Warm Moves Y N	

PREPARED BY (Signature and Title) (b)(6)-2, SPC, Stuart

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 24 OCT03

(Continue on reverse)

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

Potus (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

MEDCOM - 2549

DP 132-11b (Revised)

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct
DOS	23 Oct
POD	2

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	7613
24 Hour Output	6026
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

(b)(6)-2

ORDERED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 Capt AN	ICU	25 Oct 03

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

Potus (b)(6)-4

☐ HISTORY PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

MEDCOM - 2550

		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					2	
	RADIAL L		2				2					2			2				2					2	
	DORSALIS PEDIS R		2				2					2			2				2					2	
	DORSALIS PEDIS L		2				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					1 3 8	
EDEMA			Gen				Gen					Gen			GEN				GEN					—	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓				✓					✓			S1S2 ✓				S1S2 ✓					✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			SR				✓					✓			✓				✓					✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)															✓									✓	
HYGIENE	BED BATH									✓															
	FOLEY CARE		✓							✓															
	ORAL CARE									✓															
MOBILITY	BEDREST						✓					✓			✓				✓					✓	
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT		✓																	✓					
	LEFT																								
	SUPINE						✓					✓			✓									✓	
	HOB 30 DEGREES																		✓		✓			✓	
FALLS PROTOCOL INITIATED																					✓				
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓				✓					✓			✓				✓					✓	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2				2					2			2				2			1102		2	
BOWEL SOUNDS (active all quads)			Ø				Ø					Ø			abs.				abs						
NG / DOBHOFF PLACEMENT VERIFIED			✓				✓									✓									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓				✓					✓			✓				✓					✓	
VOIDING CLEAR, YELLOW URINE q.s.							✓					✓			✓				✓					✓	
SKIN INTEGRITY	No Breakdown									✓															
ML Abd, ~~back~~	Surgical Wounds		✓				✓					✓			✓				✓					✓	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 ML Abd			✓				✓					✓			✓				✓					✓	
#2 CT dressings			✓				✓					✓			✓				✓					✓	
#3 D Thigh															✓				✓					✓	
#4 back																				✓					

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A Line	(L) Radial	23 Oct	Patent / 0600 / 1100 / 1400 / 2300
Cordis	(L) femoral	23 Oct	Patent & S/Sx of infection / inflammation / 0600
CT # 1			
CT # 2	D/C'd @ 1430		patent + intact 0600 / 1100 / 1400 / 1800 / 2300
CT # 3			

	INTAKE									OUTPUT							
	NS/D5W3C1800	Dopamine	Vasopressin	NTG	Alive Fluid Balance				Total	Urine	NGT	CT #1	CT #2	CT #3	CT #4	Total	COMMENTS
0100	150 / 150	15 / 15	115 / 66.2		3 / 3					100 / 100							
0200	150 / 300	9.8 / 24	[redacted]		3 / 6					75 / 175							
0300	150 / 450	9.8 / 33	0	100 / 100	3 / 9					56 / 231							
0400	150 / 600	9 / 42			3 / 12					50 / 281							
0500	150 / 750	9 / 51			3 / 15					55 / 336	40	20 / 20	15	20	30		
0600	150 / 900	9 / 60		100 / 200	3 / 18					100 / 436							
0700	150 / 1050	9 / 69			3 / 21					110 / 546							
0800	150 / 1200	7 / 77			3 / 24					110 / 656							
8 HR	1200	77		200	24				8 HR. 1501	656	40		20	15	20	30	8 HR 781	⊕ 720
0900	150 / 150	7 / 7		100 / 100	3 / 3					105 / 105							
1000	150 / 300	7 / 14			3 / 6					1							
1100	150 / 450	7 / 21			3 / 9					215 / 320							
1200	150 / 600	7 / 28			3 / 12					105 / 425							
1300	150 / 750	7 / 35			3 / 15					80 / 505			81 / 81	10 / 10	90 / 90	135 / 135	
1400	150 / 900	7 / 42		100 / 200	3 / 18						110 / 110						CT #2 D/c'd @1430
1500	125 / 1025	7 / 49		100 / 300	3 / 21					200 / 705	100 / 210						
1600	125 / 1150	7 / 56			3 / 24					180 / 885							
8 HR	1150	56		300	24				16 HR. 1530	885	210		81	10	90	135	16 HR. 1411	⊕ 119
1700	125 / 125	3 / 3			3 / 3					250 / 250							
1800	125 / 250	0			3 / 6					110 / 360			28	[redacted]	20	65	D/c'd dopami @1730
1900	125 / 375				3 / 9					160 / 520							
2000	125 / 500				3 / 12					50 / 570							
2100	125 / 625				3 / 15					75 / 645	235 / 235		61 / 89		40 / 60	50 / 115	
2200	125 / 750			100 / 100	3 / 18					222 / 867			—		10	—	
2300	125 / 875				3 / 21					115 / 982							
2400	125 / 1000				3 / 24					155 / 1137							
8 HR	1000	3		100	24				24 HR.	1137	235						24 HR

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTE (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
25 Oct 03	0100		Vasopression to Off. Dopamine ↓ to 3ucg/Kg/min. VSS. SBP 130's-140's Continue to monitor. [redacted] pt AN
25 Oct 03	0200		SB/P remains >130. Dopamine at 3ucg. MSO4 given for pain, at 0130. Currently resting c̄ distress. Pulses palpable at 2 p ↓ in Dopamine. Dressings CDI. Moves upper extremeties c̄ diff. Cont to monitor. [redacted] Cpt AN
25 Oct 03	0435		Blood drawn. Ø apparent distress. VSS. Cont to monitor. [redacted] Cpt AN
25 OCT 03	0630		NAD. VSS. LR @ 150cc hr. Dopamine. 3 Mcg/Kg/min. Vasopression off. Follows Commands. [redacted] ILT, AN
25 OCT 03	0700		↓ Dopamine to 2.3 mcg/Kg/min per Dr [redacted] SBP↑150's [redacted] LT, AN
25 OCT 03	0745		Informed Dr [redacted] of Colleration between Invasive & NIBP. ~~IRB~~ SIBP ≥30 over SNIBP. Ordered to track NIBP. [redacted], ILT, AN
25 OCT 03	0935		Medicated c̄ MSO4 3mg IV & Versed 1mg IV for c/o pain and agitation. Bite block Δ'd. Drsg to back Δ'd. c̄ SS drainage (SATURATED) No skin breakdown noted. VSS. Tolerating ↓ vent RR to 8 [redacted], ILT, AN
		1400	Assumed care. NAD. Responds via headshake/writing on clip board. denies pain/discomfort. Dr [redacted] in to see pt. D/c'd ct #2, covered c̄ 4X4-CDI. Δ'd drsg to (L) thigh, D/c'd penrose, covered c̄ 4X4-CDI. Δ'd vent settings to SIMV.8. Pt somewhat uncomfortable c̄ Δ, but explained that it was to encourage him to take own breaths. Pt then calmed down. [redacted] ILT/AN
		1500	Administered 3mg MSO4 IV, 1mg Versed IV for pain/agitation [redacted] ILT/AN
		1645	Pt agitated, pointing towards mouth. Suctioned mouth and repositioned bite block & tube. Pt somewhat frustrated. Administered 3mg MSO4 & 1mg Versed IV. S_pO_2 100% Resp. 15. Will continue to monitor. [redacted] ILT/AN

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: 25 OCT 03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4				4					4			4				4					4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			E T T				1 T					1 T			1 T				1 T					1	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6				6					6			6				6					6	
GLASGOW COMA SCALE (A+B+C)			15T				11T					11T			11T				15					11	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		4+				3+					3+			3+									3+	
	L		N/A				N/A					N/A			N/A									N/A	
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4				4					4			4				4					4	
	LUE		4				4					4			4				4					4	
	RLE		Ø				Ø					Ø			Ø				Ø					Ø	
	LLE		Ø				Ø					Ø			Ø				Ø					Ø	
GRIP (S) Strong (W) Weak (-) absent	R		W				W					W			W				W					W	
	L		W				W					W			W				W					W	
RESPIRATIONS	REGULAR		V				V					V			V				V					V	
	IRREGULAR																								
	UNLABORED		E				E					E			E				E					E	
	LABORED		N				N					N			N				N					N	
	SHALLOW		T				T					T			T				T					T	
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		5				3					5			5				5					5	
	LUL		5				3					5			5				5					5	
	RLL		5				3					5			5				5					5	
	LLL		5				3					5			5				5					5	
	BOTH BASES						✓					5			5				5					✓	
COUGH	NONE		✓				✓					✓			✓				✓					✓	
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt		800				800					800			800				800					800	
	FIO2		40				40					40			40				40					40	
~~AC~~	RATE (SIMV/CMV)		10				10					8			8				8					8	
ΔTO SIMV @1430	PEEP / CPAP		5				5					5			5				5					5	
	PRESS. SUPPORT		Ø				Ø					Ø			Ø				Ø					Ø	
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT # 8.5	NRBM (l/min)																								
	ETT 22 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		(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		81	10/10		100	155/48	65										
0200	99°	90	10/10		100	142/44	64										
0300		85	10/10		100	145/46	64										
0400		81	10/10		100	124/46	62										
0500	98.2	86	10/10		100	110/44	59										
0600	98.2 (A)	82	10/10		100	127/46	64										
0700		77	10/10		100%	148/50	66										
0800	97.8 (A)	86	9/8	99/41	100%	152/48	68										
0900	98.6 (A)	112	22/8	107/48	100%	162/58	85										
1000		84	8/8	103/39	100%	149/49	68										
1100	97.0 (A)	83	9/8	108/42	100%	142/52	70										
1200		83	10/8	110/45	100%	156/56	78										
1300	97.8 (A)	85	8/8	113/45	100%	163/50	70										
1400		100	10/8	111/49	100%		70										
1500	97.8 (A)	100	10/8	117/51	100%	177/56	75										
1600		96	9/8	109/45	100%	169/55	76										
1700	97.9 (A)	97	10/8	110/48	100	160/51	71										
1800		86	13/8	104/43	100	167/52	65										
1900	97.9 (A)	97	15/8	117/48	100	170/55	74										
2000		88	11/8	110/43	100	164/51	75										
2100	98.2 (A)	87	9/8	117/46	100	160/56	71										
2200	99.8 (A)	98	13/8	119/55	100	/	78										
2300	/	93	13/8	112/51	100	149/60	72										
2400	99.3	99	12/8	115/50	100	151/60	73										

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
25 Oct 03 1825	Pt requested "shorts" by writing on clipboard. Turned pt on (R) side. Placed shorts on, and Δ'd drsg to back. (saturated c̄ SS). Pt stated he was "comfortable" x̄ for "tube". Will continue to monitor [redacted] 00/AN
late entry 1730	D/C'd dopamine. [redacted] 00/AN
1905	Pt agitated, turning head from side to side. SaO_2 100%, RR 32. Bagged pt for short times Lung sounds rhonchus. Sxn - deep X3. Thick yellowish, blood tinged secretions noted. Also, oral Sxn'd X 3 repositioned tube & block. ↑ HOB to 30° and put pt flat on back. Pt now appears to be resting comfortably p̄ lng versed IV. Also, applied ace bandages to BLE from knee & feet. Propped feet in flexed position c̄ blanket & egg crate pads. PROM done to BLE from hip down. VSS. afebrile. Will continue to monitor [redacted] 00/AN
25 Oct 03 2200	Assumed care of pt. [redacted] SPC, 91WM
25 Oct 03 2300	Assessment complete, Ø c/o pain, CT to 20cm suction 6 x3, Vent SIMV FiO_2 40% Vt 800 Peep 5 Rate 8, NG to LIS DSNS c̄ 20KCL @125 to (L) cordis CDI, patent s̄ sx of infiltration, bandage intact to (L) thigh. conducted oral suctioning, pt tolerated well, moniters on, NAD, full assessment on DA form 4700. Egg crate padding below feet midline staple OTA CDI, CT bandages intact, foley tube attached to

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

Potos # [redacted]

PROGRESS NOTES
Medical Record

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

MEDCOM - 2556

USAPA V1.00

DATE	NOTES
25OCT03 2300 (contin)	(R) thigh, B/P cuff to (R) LE, ACE bandaging to BLE, pulses present normal x 4, interpreter available — [redacted]
26OCT03 0215	checked NGT placement — [redacted]
26OCT03 0350	Assessment complete pt Supine c̄ HOB elevated, conducted PROM exercise to BLE, pt tolerated well, (L) arm guarding lower abd pt c/o ∅ pain c̄ this time, NGT to LIS, CT's to continuous 20cm suction ∅ BS LS CTA, (R) lateral upper torso bandage CDI, CT bandages intact, CTA mL incision intact ∅ seepage, pt opens eyes spontaneously, responds to commands generalized non-pitting edema to BLE's, (R) hand more than (L) hand, ACE wrapping to BLE, cap refill <3sec x 4 ext. ↑ Temp 99.8, attempted cold damp cloth to skin, pt declined, indicates he's cold, will continue to monitor — [redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	23 OCT 03
POD	3

24 HOUR DATA	
24 Hour Balance	-893
24 Hour Intake	3972
24 Hour Output	4867
Weight on Admission	
Weight Yesterday	
Weight Today	

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

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach	N		N
Side Rails Up		A	A
Bed in Low Position			

(b)(6)-2

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	26 OCT 03

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

Potus (b)(6)-4

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

DA FORM 4700
1 MAY 78

MEDCOM - 2558

		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				2		
	RADIAL L			2				2				2			2				2				2		
	DORSALIS PEDIS R			2				2				2			2				2				2		
	DORSALIS PEDIS L			2				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				1 3 8		
EDEMA				(GEN)				Gen				Gen			GEN				GEN				—		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓				✓				✓			S1S2 ✓				S1S2 ✓				✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				✓				✓				✓			✓				✓				✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)				✓				✓							✓				✓				✓		
HYGIENE	BED BATH												✓												
	FOLEY CARE												✓												
	ORAL CARE												✓												
MOBILITY	BEDREST			✓				✓				✓			✓								✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT															✓			✓				✓		
	SUPINE							✓				✓			✓										
	HOB 30 DEGREES			✓				✓				✓			✓		✓		✓				✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE			PF								✓			✓				✓				PF		
	PAIN SCALE (1-10)							NA																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended			2				2				2			2				2				2		
BOWEL SOUNDS (active all quads)				Ø				Ø				Ø			abs				abs				Ø		
NG / DOBHOFF PLACEMENT VERIFIED 06/12/2015				✓				✓							✓				✓						
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓				✓				✓			✓				✓				✓		
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓				✓			✓				✓				✓		
SKIN INTEGRITY	No Breakdown														✓				✓						
Midline OTA incision	Surgical Wounds			✓				✓				✓			✓				✓				✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Midline OTA incision				✓				✓				✓			✓				✓				✓		
#2 CT drsg's				✓				✓				✓			✓				✓				✓		
#3 (L) thigh				✓				✓				✓			✓				✓				✓		
#4 back															✓				✓				✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A-line	(L) radial	23 OCT	Patent/0300/0700/1100/1400/1800/2200
Cordis	(L) femoral	23 OCT	Patent ⅁ SX of infiltration/0300/0700/1100/
CT #1	(L)	23 OCT	patent/intact/0300
CT #3	(R)	23 OCT	patent/intact/0300/0700/1100/1400/
CT #4	(R)	23 OCT	patent/intact/0300 1800
Sibley	GROIN	23 OCT	patent intact/0300 2200

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: 26 OCT 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4				4				4			4				4				4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			1				T				1 T			1 T				1 T				1		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6				6				6			6				6				6		
GLASCOW COMA SCALE (A+B+C)			11				11T				11T			11T				11T				11		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R														3+				3+						
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L			N/A											abs. Ø				abs. Ø						
MOVEMENT (See Motor Function Scale at Top of Page) — RUE			3				4				4			4				4				4		
MOVEMENT — LUE			4				4				4			4				4				4		
MOVEMENT — RLE			Ø				Ø				Ø			Ø				Ø				Ø		
MOVEMENT — LLE			Ø				Ø				Ø			Ø				Ø				Ø		
GRIP (S) Strong (W) Weak (-) absent — R			W				W				W			W				W				W		
GRIP — L			W				W				W			W				W	✓			W		
RESPIRATIONS — REGULAR			✓				V				V			V				T						
RESPIRATIONS — IRREGULAR																			✓			✓		
RESPIRATIONS — UNLABORED			✓				E				E			E				E				✓		
RESPIRATIONS — LABORED							D				D			N				E				Ø		
RESPIRATIONS — SHALLOW							T				T			T				C			[redacted]			
RESPIRATIONS — RETRACTIONS																		E						
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL			5				3				3			3				3	5			5		
BREATH SOUNDS — LUL			5				3				3			3				3	5			5		
BREATH SOUNDS — RLL			5				3				3			5				5	5			5		
BREATH SOUNDS — LLL			5				3				3			5				5	5			5		
BREATH SOUNDS — BOTH BASES			✓				✓				✓			✓				✓	✓			✓		
COUGH — NONE			✓				✓				✓			✓				✓						
COUGH — SPONTANEOUS																			✓			✓		
COUGH — PRODUCTIVE																			✓			✓		
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear			1				5												5			5		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin			3				3												3			3		
VENTILATOR — Vt			800				800				800			800					E					
VENTILATOR — FIO2			40%				40				40			40			40%		X					
VENTILATOR — RATE (SIMV) CMV)			8				8				6			6			via		T					
VENTILATOR — PEEP / CPAP			5				5				5			5			Epice		U					
VENTILATOR — PRESS. SUPPORT			Ø				Ø				Ø			Ø					B					
OXYGEN DELIVERY DEVICE — NC (l/min)																			A			RA		
OXYGEN DELIVERY DEVICE — FM (l/min)																			T					
OXYGEN DELIVERY DEVICE — NRBM (l/min)																			E					
ETT # 85 — ETT 22 cm gums														✓			✓		D					
ETT CARE / POSITION CHANGE			✓												✓				1					
ETT / NT SUCTIONED			✓				✓								✓				9					
INCENTIVE SPIROMETRY DONE																			1					
COUGH / DEEP BREATH																			5					
INITIALS		(b)(6)-2				(b)(6)-2				(b)(6)-2				(b)(6)-2										

b6 2

not correlating

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		105	15/8	106/54	100	136/62	76										
0200	99.4	96	15/8	106/49	100	157/63	70										
0300	99.6	86	11/8	103/48	100	157/63	68										
0400	99.8	89	11/8	114/48	100	149/54	72										
0500	99.2	85	2/8	114/51	100		73										
0600	99.6(A)	107	14/8	106/48	100%	159/57	79										
0700		99	10/8	91/37	100%	106/58	69										
0800	99.1(A)	92	11/8	104/50	100%	154/55	75										
0900		88	13/8	111/52	100%	119/57	71										
1000	99.4(A)	115	16/6	127/60	100%	157/70	98										
1100	99.4(A)	111	19/6	141/53	100%	N/A	DRAWING BLOOD										
1200		100	17/6	126/54	100%	130/70	88										
1300	98.0(A)	107	15/6	122/66	100%	142/78	99										
1400	98.9(A)	89	19/6	132/68	100	133/73	91										
1500		81	19/6	127/68	100	139/76	91										
1600		112	16/6	130/75	100	151/65	96										turned to LS
1700	99.0(A)	95	14/6	129/57	100	129/77	81										
1800		85	21	126/60	100	117/79	86									1740	-T piece NAD
1900	99.7(A)	75	18	117/54	100	133/80	~~100~~ M 78										T-piece, ABG
1915																	extubated Sch
2000		97	20	117/57	100	136/89	78										2L/NC
2100		101	22	120/48	100	123/91	74										
2200																	
2242	100.8	86	22	109/47	96	109/90	70										RA
2300	100.9	99	24	112/74	94	110/88	71										2LNC
2400	100.8	107	25	127/53	99	105/83	81										2LNC

	INTAKE									OUTPUT						
	DSNS	IVPB	Aline flush	Polus					Total	Urine	NGT	CT #1	CT #2	CT #3	CT #4	Total	COMMENTS
0100	125 / 125		3 / 3							130 / 130	200 / 175						
0200	125 / 250		3 / 6							80 / 210	175 / 175						
0300	125 / 375	100 / 100	3 / 9							70 / 280							
0400	125 / 500		3 / 12							100 / 380							
0500	125 / 625		3 / 15							90 / 470		5 / 5	20 / 20	15 / 15			
0600	125 / 750		3 / 18							110 / 580							
0700	125 / 875		3 / 21							105 / 685							
0800	125 / 1000	50 / 150	3 / 24	750 / 750						115 / 800							
8 HR	1000	150	24	750					8 HR. 1924	800	175	5	20	15	8 HR 1017	⊕ 909
0900	125 / 125		3 / 3							150 / 150						
1000	125 / 250	100 / 100	3 / 6							140 / 290						
1100	125 / 375		3 / 9							105 / 395						
1200	125 / 500		3 / 12							120 / 515						
1300	125 / 625		3 / 15							125 / 640	275 / 275	30 / 30	70 / 70	130 / 130		
1400	125 / 650	100 / 200	3 / 18							340 / 980						
1500	125 / 775	100 / 300	3 / 21							260 / 1240						
1600	125 / 900		3 / 24							190 / 1430						
8 HR	900	300	24						16 HR. 1224	1430	275	30	70	130	16 HR. 1935	⊖ 711
1700	125 / 125		3 / 3							240 / 240						
1800	125 / 250		3 / 6							200 / 440	175 / 175	45 / 45	25 / 25	65 / 65		
1900	125 / 375		3 / 9							250 / 690						
2000	75 / 450		3 / 12							190 / 880		15 / 60	0 / 25	10 / 75		
2100	75 / 525		3 / 15							250 / 1130						
2200	75 / 600	50 / 50	3 / 18							200 / 1330						
2300	75 / 675		3 / 21							115 / 1445		5 / 65	0 / 25	5 / 80		
2400	75 / 750		3 / 24							180 / 1625		30 / 85	20 / 45	80 / 160		
8 HR	750	50	24						24 HR. 824	1625		85	45	160	24 HR 1915	⊖ 1091

824

D/c'd

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
10/26/03	0645		Pt agitated. ATTEMPTED to pull out ETT. Crying motioning c̄ hand to pull ETT out. VSS. NAD MEDICATED c̄ MSO4 4mg & Versed 2mg IV. D5NS c̄ 20KCal @ 125cc hr. See flowsheet for assessment. [redacted] CT,
10/26/03	0740		@ 0704 SBP↓ 90 NSR. Initiated LR bolus & instilled 750cc. SBP back to > 100. A-line continues to not match NIBP. Will inform Dr [redacted] CT,
10/26/03		1300	Tolerating vent RR of 6. ABG shows retention of CO_2 d/T ↓ RR PH 7.40 PCO_2 49.7. Dr [redacted] AWARE. No Δ's to Vent Settings. Periodically medicated c̄ Versed & MSO4 for pain & agitation control. [redacted] CT,
		1400	Assumed care. See flowsheet for details. Pt c/o "pain" mainline to abdomen. Administered 3mg MSO4 for pain [redacted]
		1600	Turned pt to (L) side to Δ drsg on back. Small amt. SS drainage noted. Chux underneath saturated c̄ serous fluid. Noted CT drsg leaking from (L) anterior chest. Δ'd drsg. Now CDI. While turning. CT #1, #3 & #4 put out significant amt SS. fluid. Pt tolerated moderately well. Sxn'd x3 c̄ minimal results. Will continue to monitor [redacted]
		1640	Pt c/o discomfort around ETT. Administered MSO4 2mg IVP [redacted]
		1740	Vent removed, T-piece in place. Pt tolerating well initially on 40% O_2, SaO_2 - 100%, RR - 16-20. [redacted]
		1915	Extubated, pt able to cough, secretions suctioned. 40% FM placed. SaO_2 remained 100%. Pt fully awake & able to breathe's distress. NET pulled at that time. Orders to ween O_2 to keep SaO_2 96% ↓ to 2L NC @ 1945, SaO_2 = 100%. VSS. Assisted pt c̄ oral care. Pt had many questions re: Surgery & explained that he was trying to get "revenge b/c an american soldier ruined his eye". Cont'd. [redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
26OCT03 2000	Pt denies pain/discomfort. Will continue to monitor. ABG drawn @ 1955 — [redacted]
26OCT03 2200	Assumed care of pt, pt resting on (L) side c̄ HOB ↑ NAD, DSWS ~~Assumed care~~ c̄ 20KCL to (L) femoral cordis, resp regular deep unlabored, monitors on, CT's to continuous suction x3, denies pain @ this time — [redacted]
26OCT03 2250	Assessment complete, pt currently on RA, consult DAFORM 4700 for full assessment. Physician ordered CT x3 to water seal @ this time, will continue to monitor [redacted]
26OCT03 2320	turned pt to (R) side, tolerated c̄ difficulty (2330) A'd CT #1 drsg, pt c/o pain could not provide number RN on duty administered 3mg MSO4 ~~2338~~ (2338) pt resting c̄ complaint — [redacted]
26OCT03 2355	moistened pt's lips c̄ lemon swab — [redacted]
27OCT03 0000	pt presents c̄ productive cough c̄ thick brown sputum — [redacted]
27OCT03 0345	following Assessment, pt presents c̄ productive cough c̄ thick yellow blood tinged sputum & diminished LS to (L) side of chest, PSO2 98% c̄ 32LPM — [redacted]
27OCT03 0440	↓ O2 to 22LPM — [redacted]
27OCT03 0500	(P)CXR done — [redacted]

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

POTUS # [redacted]

PROGRESS NOTES
Medical Record

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

DATE	NOTES
27OCT03	0515 turns pt on his back, allowed to rinse mouth c H_2O, pt spit H_2O out — (b)(6)-2 [redacted]
27OCT03	0540 RN on duty D/c (L) radial A-line — [redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	23 OCT 03
POD	4

24 HOUR DATA	
24 Hour Balance	+13
24 Hour Intake	3653
24 Hour Output	3640
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	27 OCT 03

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

Potus (b)(6)-4

(b)(6)-4

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

DA FORM 4700

MEDCOM - 2566

		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					2	
	RADIAL L			2				2				2			2				2					2	
	DORSALIS PEDIS R			2				2				2			2				2					1	
	DORSALIS PEDIS L			2				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					1 3 8	
EDEMA				GEN				GEN				GEN			Dep				GEN					GEN	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓				✓ S1S2				✓ S1S2			S1S2 ✓				S1S2 ✓					✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				✓				✓				✓			✓				NSR ✓					✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)				✓				Dd																	
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST			✓				✓				✓			✓				✓					✓	
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT			✓																		✓		✓	
	LEFT														✓										
	SUPINE							✓				✓			✓		✓		✓			✓			
	HOB 30 DEGREES			✓				✓				✓			✓		✓		✓			✓		✓	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE			✓				✓				✓			✓				✓					*	
	PAIN SCALE (1-10)																							✓	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended				2				2				2			2				2					2	
BOWEL SOUNDS (active all quads)				Ø				Hypo X2				Hypo			Hypo				hypo					X4	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓				✓				✓			✓				✓					✓	
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓				✓			✓				✓					✓	
SKIN INTEGRITY	No Breakdown																								
ML OTA, inc	Surgical Wounds			✓				✓				✓			✓				✓					✓	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Midline incision OTA				✓				✓				✓			✓				✓					✓	
#2 CT drsg's				✓				✓				✓			✓				✓					✓	
#3 (L) thigh				✓				✓				✓			✓				✓					✓	
#4 back															✓				✓					✓	

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A-line	23 (L) radial	23 OCT03	Patent / 0445 D/c 0540
Cordis	(L) femoral	23 OCT03	CDI, patent / 0445 / 0700 / 1100 / 1400 / 1800 / 2300
CT 1	(L)	23 OCT03	patent / intact / 0445 /
CT 3	(R)	23 OCT03	patent / intact / 0445 / 1700 / 1100 / 1400 / 1800
CT 4	(R)	23 OCT03	patent / intact / 0445 / 2300
foley	GROIN	23 OCT03	patent / intact / 0445

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES	
1 mm	=	Equal	0 = No Movement	Present	✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	Not Applicable /Absent	(blank)
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)		
			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: 27 OCT 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			4				4				4			4				4					4	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response			5				5				5			5				5					5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response			6				6				4			6				4					6	
GLASGOW COMA SCALE (A+B+C)			15				15				15			15				15					15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R														3+										
PUPIL RESPONSE L																								
MOVEMENT (See Motor Function Scale at Top of Page) RUE			4				4				4			4				4					4	
LUE			4				4				4			4				4					4	
RLE			Ø				Ø				Ø			Ø				Ø					Ø	
LLE			Ø				Ø				Ø			Ø				Ø					Ø	
GRIP (S) Strong (W) Weak (-) absent R			W				W				W			W				W					W	
GRIP L			W				W				W			W				W					W	
RESPIRATIONS REGULAR			✓				✓				✓			✓				✓					✓	
IRREGULAR																							✓	
UNLABORED			✓				✓				✓			✓				✓					✓	
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL			5				5/1				5/1			5				5					5	
LUL			1				5/1				5/1			5				5					1	
RLL			5				5/1				5/1			1				1					5	
LLL			1				5/1				5/1			1				1					5	
BOTH BASES			✓				5/1 ✓				5/1 ✓			1				1					✓	
COUGH NONE																		✓					✓	
SPONTANEOUS			✓								✓			✓										
PRODUCTIVE			✓											✓										
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear			2/3								4/5			4/5										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin			3								3			3										
VENTILATOR Vt																								
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)			2L				3L				3L			3L				3L					2L	
FM (l/min)																								
ETT = _____ NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE							✓				✓		✓	✓	✓			✓						
COUGH / DEEP BREATH			✓				✓				✓		✓	✓	✓			✓						
INITIALS			(b)(6)-2																					

VITAL SIGNS

TIME	T	P	R	B P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	100.5	103	25	111/51	97	84/66	74										
0200																	
0300	99.9	91	23	120/54	100	99/74	77				[b)(6)]						
0400	/	88	24	122/54	98	103/81	78										
0500	100°	98	21	122/54	98	117/75	78										
0600		85	23	120/48	96												
0700	100.1	81	29	116/75	94%												
0800		94	28	115/59	100%												
0900	99.1(a)	91	31	132/68	98												
1000		82	27	122/57	100												
1100		89	26	120/55	99												
1200	99.2(a)	94	26	132/60	100%												
1300		78	30	106/56	100		76										3L/NC
1400		84	28	119/55	100		79										
1500	98.7(a)	83	23	108/58	100		76										
1600		80	22	106/58	100		76										
1700		86	22	115/64	100		82										
1800		88	20	111/60	100		78										
1900	99.1(a)	79	18	114/60	100		80										
2000		77	18	111/58	100		78										
2100		85	20	120/59	100		82										↓2L/NC
2200																	
2300	99.6	83	20	104/55	100		74										2LNC
2400	/	92	20	110/57	100		79										2LNC

	INTAKE									OUTPUT						
	DSNS120KCL	IVPB	A-line	PO					Total	URINE		CT1	CT3	CT4	Total	COMMENTS
0100	75 / 75		3 / 3							120 / 120						
0200	75 / 150		3 / 6													
0300	75 / 225	100 / 100	3 / 9							880 / 400						
0400	75 / 300		3 / 12							130 / 530						
0500	75 / 375		3 / 15							115 / 645						
0600	75 / 450		3 / 18							115 / 760				100 / 100		
0700	75 / 525	100 / 200	OFF							135 / 895						
0800	75 / 600									150 / 1045						
8 HR	600	200	18						8 HR. 818	1045				100	8 HR 1145	⊖ 327
0900	75 / 75									140 / 140						
1000	75 / 150	100 / 100		120 / 120						145 / 285						
1100	75 / 225									150 / 435						
1200	75 / 300									140 / 575						
1300	75 / 375			240 / 360						60 / 635		10 / 10	15 / 15	33 / 33		
1400	75 / 450	100 / 200		240 / 600						140 / 775						
1500	75 / 525	100 / 300								140 / 915						
1600	75 / 700									40 / 955						
8 HR	700	300		600					16 HR. 1600	955		10	15	33	16 HR. 1013	⊕ 587
1700	75 / 75			360 / 360						100 / 100						
1800	75 / 150			50 / 410						95 / 195		110 / 110	65 / 65	127 / 127		
1900	75 / 225									130 / 325						
2000	75 / 300									110 / 435						
2100	75 / 375									100 / 535		5 / 15	5 / 70	95 / 222		
2200	75 / 450	100 / 100								170 / 705						
2300	75 / 525									170 / 875						
2400	75 / 600			125 / 535						120 / 995		0 / 115	0 / 70	80 / 302		
8 HR	600	100		535					24 HR. 1235	955		115	70	302	24 HR. ~~487~~ 1482	⊖ 257

66.2

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
10/27/03	0700		Resting quietly in NAD. ⊖ complaint of pain & N/V. VSS D5NS c̄ 20 KCl @ 75cc. A-line Dc'd by night Shift D/T inability to blood draw & not correlating c̄ NIBP. Pt speaks English well. Asked when he may be able to eat or drink H_2O. Explained d/T, surgery may have to wait 1-2 days more. — (b)(6)-2 [redacted] ILT, Am.
10/27/03		1300	Tolerated approx. 360 cc CL diet ⊖ N/V. VSS NAD. Denies pain — (b)(6)-2 [redacted] ILT, Am
		1400	Assumed care. Pt resting comfortably in bed. Denies pain - c/o minimal discomfort around abd area. VSS, afebrile - VOP QS. See flowsheet for details. Will continue to monitor — (b)(6)-2 [redacted] W/Am
		1630	PROM to BLE. Replaced ace bandages from Thigh-? feet. Propped heels off bed and propped feet in flexed position. Pt tolerated well. Sitting up @ 45° eating clear liquid diet - tolerating well. VSS. (b)(6)-2 [redacted] W/Am
		2120	Pt c/o "all over pain" Administered Mscy 3mg IVP. (b)(6)-2 [redacted] Am
27OCT03		2200	Assumed care of pt. pt resting on ⊕ side NAD breaths irregular unlabored, NC @ 2L — (b)(6)-2 [redacted]
		2315	Pt resting s̄ distress VS WNL c̄ Low Grade fever pt O_2 @ 2L NC 100%, Administered SQ Heparin pt tolerated well CT bandages CDI, ML Incision s̄ sx of infection, closed, CDI, ⊕ femoral cordis CDI running D5NS @ 75 cc/hr, faint pulse to ⊕ LE hypo active BS, ACE bandaging to BLE, Generalized non-pitting edema, MP @ BS & interpreter available if needed, full assessment DA form 4700, will continue c̄ current POC — (b)(6)-2 [redacted]
28OCT03	0720		Provided pt c̄ PO potassium, pt tolerated 90% of dosage, refused ~~ref~~ remainder — (b)(6)-2 [redacted]
	0730		decreased pt O_2 to 1L NC sat 99-100% —

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	23 OCT 03
POD	5

24 HOUR DATA	
24 Hour Balance	-980
24 Hour Intake	2775
24 Hour Output	3755
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		N/A	
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 Smith,	ICU	28 OCT 03

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

Potus (b)(6)-4

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

DA FORM 4700

MEDCOM - 2572

			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				2		
		L			2				2					2		2				2				2		
	DORSALIS PEDIS	R			2				2					2		2				2				2		
		L			2				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				1 3 8		
EDEMA					GEN				GEN					—		0				0				Not		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓				✓					✓		S/S2				S/S2				R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)					✓				✓					✓		NSR				NSR				NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																										
ARTERIAL LINE (zeroed & calibrated)																										
HYGIENE	BED BATH													Partial												
	FOLEY CARE																							✓		
	ORAL CARE																									
MOBILITY	BEDREST				✓				✓					✓		✓				✓				✓		
	BSC																									
	DANGLE																									
	CHAIR																									
POSITIONED	RIGHT				✓											✓										
	LEFT									✓										✓				✓		
	SUPINE								✓					✓												✓
	HOB 30 DEGREES				✓				✓					✓		✓				✓				✓		
FALLS PROTOCOL INITIATED				N/A																						
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)				—																						
PAIN	PAIN FREE				✓				✓					✓		*				PF						✓
	PAIN SCALE (1-10)																									
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																										
ABDOMEN	(2) Soft & Flat (1) Distended				2				2					2		2				2						2
BOWEL SOUNDS (active all quads)					x4				x4					hypo x4		x4				x4						✓
NG / DOBHOFF PLACEMENT VERIFIED																										
RESIDUAL ASSESSED																										
Ph																										
FOLEY CATHETER PATENT					✓				✓					✓		✓				✓						✓
VOIDING CLEAR, YELLOW URINE q.s.					✓				✓					✓												✓
SKIN INTEGRITY	No Breakdown																									
ML	Surgical Wounds				✓				✓					✓		✓				✓						✓
	Rashes, Lac's, etc																									
DRESSING (Dry & Intact: specify site below)																										
#1 ML OTA					✓				✓					✓		✓				✓						✓
#2 CT drsg					✓				✓					✓		✓				✓						✓
#3 (L) thigh					✓				✓					✓		✓				✓						✓
#4 back																										

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Cordis	(L) femoral	23 OCT 03	CDT/c 0300
CT 1	(L)	23 OCT 03	patent, intact /c 0300
CT 3	(R)	23 OCT 03	
CT 4	(R)	23 OCT 03	
Foley	groin	23 OCT 03	patent c 0300

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker: Trace of Contraction	Not Applicable /Absent (blank)
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	
4 mm	L > R	Left Larger	3 = Active: against gravity, but not against resistance 4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
5 mm	R > L	Right Larger	5 = Full Strength against Examiners Resistance	No Change from Previous Assessment –

DATE: 28 OCT 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open			4				4					4		4				4				4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response			5				5					5		5				5				5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response			6				6					6		6				6				6		
GLASGOW COMA SCALE (A+B+C)			15				15					15		15				15				15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																							
	L																							
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4				4					4		4				4				4		
	LUE		4				4					4		4				4				4		
	RLE		0				0					0		0				0				0		
	LLE		0				0					0		0				0				0		
GRIP (S) Strong (W) Weak (-) absent	R		W				S					S		S				S				S		
	L		W				S					S		S				S				S		
RESPIRATIONS	REGULAR		✓				✓					✓		✓				✓						
	IRREGULAR																							
	UNLABORED		✓				✓					✓		✓				✓				✓		
	LABORED																							
	SHALLOW																							
	RETRACTIONS																							
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		5				5					5		5				5				5		
	LUL		1				1					1		5				5				5		
	RLL		5				5					5		1				1				1		
	LLL		1				1					1		1				1				1		
	BOTH BASES		✓				✓					✓		1				1				1		
COUGH	NONE		✓				✓					✓										✓		
	SPONTANEOUS											✓		✓				✓				✓		
	PRODUCTIVE											✓						✓				✓		
	NONPRODUCTIVE													✓										
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear (6) Bloody																		6				2		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR	Vt																							
	FiO2																							
	RATE (SIMV/CMV)																							
	PEEP CPAP																							
	PRESS. SUPPORT																							
OXYGEN DELIVERY DEVICE	NC (l/min)		RA				RA					RA		RA				RA				RA		
	FM (l/min)																							
ETT = _____	NRBM (l/min)																							
	ETT _____ cm gums																							
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS																								

(b)(6)-2

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	99.5	88	18	118/65	99	/	88										2LNC
0200	/	79	18	105/56	100	/	75										1LNC
0300	99.4	95	20	110/56	97	/	77										RA
0400	/	82	18	113/60	94	/	80										RA
0500	/	86	22	115/61	99	/	82										RA
0600	/	73	20	111/55	97	/	75										RA
0700	99.5	77	18	115/59	98%		80										RA
0800		90	18	118/62	100%		84										RA
0900		78	18	114/55	99%		77										RA
1000		75	16	113/57	96%		78										RA
1100		74	16	109/58	96%		78										RA
1200	99.3	74	16	117/59	95%		80										
1300		74	17	117/58	95%		80										
1400		78	20	118/59	96%		82										RA
1500	99.4	@81	20	129/66	97%		91										RA
1600		72	20	115/63	95%		82										RA
1700		71	18	114/63	95%		82										RA
1800		84	20	129/70	97%		93										RA
1900		78	20	115/60	96%		81										RA
2000	99.1	80	18	118/64	97%		85										K
2100		83	20	114/59	98%		80										RA
2200		85	18	124/60	99%		84										
2300	98.2	79	16	118/74	99%												
2400		84	18	122/66	99%		86										

	INTAKE									OUTPUT					
	D5NS c 20KCl	PO	IVPB						Total	Urine	CT 1	CT 3	CT 4	Total	COMMENTS
0100	75 / 75	100 / 100								155 / 155	–	–	–		
0200	75 / 150									115 / 270					
0300	75 / 225		100 / 100							140 / 410					
0400	75 / 300									200 / 610	5 / 5	Ø / Ø	150 / 150		
0500	75 / 375	200 / 200								110 / 720					
0600	75 / 450		100 / 200							165 / 885					
0700	75 / 525									100 / 985	5 / 10		25 / 175		
0800	75 / 600	50 / 250								80 / 1065					
8 HR	600	250	200						8 HR. 1050	1065	10		175	8 HR 1250	-200
0900	75 / 75									170 / 170	25 / 25		10 / 10		
1000	75 / 150		100 / 100							170 / 340			5 / 15		
1100	75 / 225									80 / 400					
1200	75 / 300									250 / 650	15 / 40		15 / 30		
1300	75 / 375									100 / 750	45 / 85	5 / 5	15 / 45		
1400	75 / 450		100 / 200							175 / 945					
1500	75 / 525									200 / 1145					
1600	75 / 625		100 / 300							100 / 1245					
8 HR	625		300						16 HR. 1975	1245	85	5	45	16 HR. 2630	
1700	75 / 75									150 / 150					
1800	75 / 150	120 / 120								110 / 260	5 / 5	15 / 15	185 / 185		
1900	75 / 225									100 / 360					
2000	75 / 300									90 / 450					
2100	75 / 375		100 / 100							100 / 550	5 / 10	0 / 15	25 / 210		
2200	75 / 450		100 / 200							50 / 600					
2300	75 / 525									200 / 800					
2400	75 / 600								800	100 / 900				1125	
8 HR									24 HR. 2775		10	15	210	24 HR 3755	

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
28Oct03	0205		↓ O_2 to RA [redacted]
28Oct03	0530		(P) CXR conducted [redacted]
	0600		received pt this AM; NAD; pt resting c̄ eyes closed will cont to monitor [redacted]
	0830		pt. states he is in pain; MSO4 3mg IVP given; assessment complete; NAD; VSS; will cont to monitor [redacted]
	1300		partial bed bath done; pt was moved into supine position from being on his (L) side dressing to back CDI; NAD, VSS [redacted]
	1530		Dressing to cordis changed. Pt rolled to (R) side at his request. After roll, pt bed dropped @ HOB and pt c/o pain to chest. Medicated c̄ 5mg MSO4 which helped relieve pain. Instructed importance of continuing to deep breathe. Pt questioned about Ramadan practices. Pt reports he is not following fasting practice [redacted]
		1830	Pt consumed 15% of regular diet s̄ any problems. Brushed teeth and washed face cleaned lid of (L) eye [redacted]
		2030	Pt reports he has more pain in back when he remains on (L) side than when he remains on right side. He is not having any difficulty breathing but is only able to raise 2 balls on Incentive Spirometer. Tires very easily. Pt Questioned about use of his legs again. Asked if it was forever that he won't be able to use them. [redacted]
28Oct03		2200	(P) resting, Ø S/S of resp. distress, denied c/o pain. will continue to monitor pt [redacted]

CRITICAL CARE FLOW SHEET

(b)(3)-1 [redacted]

LOS DATA	
DOA	23 Oct 03
DOS	29 OCT 03
POD	

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

NURSE'S SIGNATURE	Initials
(b)(6)-2 [redacted]	

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

PREPARED BY (Signature and Title)		Department/Service/Clinic	DATE
(b)(6)-2 [redacted]	CPN	ICU	29 Oct 03

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

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

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

DA FORM 4700

MEDCOM - 2578

		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				1								1								1		
			3				3								3								3		
			8				8								8								8		
EDEMA			Ven				BLE								FEM								Ven		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R				✓								S1S2 ✓								R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR				NSR								✓								NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH								✓																
	FOLEY CARE		/						✓																
	ORAL CARE																						✓		
MOBILITY	BEDREST						✓	✓	✓						✓								✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT		/		✓		✓							✓				✓							
	LEFT							✓		✓	✓														
	SUPINE								✓			✓	✓		✓			✓							
	HOB 30 DEGREES						✓	✓	✓	✓		✓		✓	✓			✓					✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE														✓								✓		
	PAIN SCALE (1-10)						8/10																		
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2												2								2		
			/																						
BOWEL SOUNDS (active all quads)							✓								✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			/				✓								✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.			/				✓								✓								✓		
SKIN INTEGRITY	No Breakdown														✓										
Chest to Abd midline	Surgical Wounds		/				✓								✓								✓		
	Rashes, Lac's, etc														✓										
DRESSING (Dry & Intact: specify site below)																									
#1 ABD c staples OTA			/				✓								✓										
#2 chest tubes CDI #1, 3, 4			/				✓								✓								✓		
#3 ABD dressing CDI			/				✓								✓								✓		
(D) thigh															✓										

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
central line	(L) Fem	23 Oct 03	CDI
Foley			
NG	(L) FA	29 Oct 03	CDI

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: 29 OCT 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		4				4								4								4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		5				5								5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6				6								6								6		
GLASGOW COMA SCALE (A+B+C)		15				15								15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		2+				2+								3+								2		
L		2+				2+								N/A								2		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		4				4								4								4		
LUE		4				4								4								4		
RLE		Ø				Ø								Ø								0		
LLE		Ø				Ø								Ø								0		
GRIP (S) Strong (W) Weak (-) absent R		S				S								S								S		
L		S				S								S								S		
RESPIRATIONS REGULAR		✓				✓								✓								✓		
IRREGULAR																								
UNLABORED		✓				✓								✓								✓		
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		5				5								5								5		
LUL		5				5								5								5		
RLL		1				1								1								1		
LLL		1				1								1								1		
BOTH BASES		1				1								1								1		
COUGH NONE																								
SPONTANEOUS		//				✓								✓								✓		
PRODUCTIVE						✓								✓								✓		
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear		2				2								5								2		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin														3										
VENTILATOR Vt																								
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
FM (l/min)																								
ETT = _____ NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE		✓				✓								✓										
COUGH / DEEP BREATH		✓				✓								✓								✓		
INITIALS		(b)(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	87	16	119/59	97%		81										
0200		89	16	114/58	97%		80										
0300	98.5	86	18	121/61	98%		84										
0400		86	18	119/56	98%		82										
0500	98.7	85	18	117/62	97%		83										
0600		77	16	117/64	98%	—	85	—	—	—	—	—	—	—	—	—	(b)(6)-2
0700	99.4	80	21	107/55	96%	—	76	—	—	—	—	—	—	—	—	—	
0800		80	17	119/64	98%	—	85	—	—	—	—	—	—	—	—	—	
0900	99.2	91	24	114/61	96%	—	81	—	—	—	—	—	—	—	—	—	
1000																	
1100																	
1200	99.2	89	20	113/61	96%	—	81	—	—	—	—	—	—	—	—	—	
1300		83	16	100/53	96%	—	71	—	—	—	—	—	—	—	—	—	
1400	98.0	76	18	104/56	97%		74										
1500																	
1600																	
1700																	
1800	99.4	96	22	124/64	98%		87										
1900																	
2000																	
2100																	
2200	99.6	95	20	109/57	95%		78										
2300																	
2400																	

	INTAKE									OUTPUT					
	D5NS20Kcl	PO	FVPB						Total	Urine	CT#1 Labeled	CT#3	CT#4	Total	COMMENTS
0100	75 / 75									160 / 160					CT#2 DC
0200	75 / 150	200								200 / 360					
0300	75 / 225		100 / 100							130 / 490					
0400	75 / 300									800 / 1290					
0500	75 / 375									200 / 1490					
0600	75 / 450		100 / 200							110 / 1600	25 / 25	0 / 0	90 / 90		
0700	75 / 525	60 / 60								200 / 1800					
0800	75 / 600									240 / 1440					
8 HR	600	60	200						8 HR. 860	1440	25		90	8 HR 1555	⊖695
0900	75 / 75	60 / 60	100 / 100							200 / 200					
1000	75 / 120	60 / 120								160 / 360					
1100	X Ray									140 / 500					
1200	75 / 195	120 / 240								120 / 620					
1300	75 / 270									80 / 700	180 / 180	Ø / Ø	70 / 70		
1400	75 / 345		100 / 200												
1500	75 / 420		100 / 300							200 / 900					
1600	75 / 495									200 / 1100					
8 HR	495	240	300						16 HR. 1035	1100	180	Ø	70	16 HR. 1350	⊖315
1700	75 / 75									250 / 250	10 / 10	25 / 25	40 / 40		
1800	75 / 150									250 / 500					
1900	75 / 225														
2000	75 / 300									250 / 750	35 / 35	Ø / 25	45 / 235		
2100	75 / 375									85 / 835	↓	↓	↓		
2200	75		100							200	Ø	Ø	Ø		
2300	75									200	Ø	Ø	Ø		
2400	75									60	Ø	Ø	Ø		
8 HR									24 HR.					24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD | NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
29 OCT 03	0300		-C/O pain to back 7/10, pain meds given (see MAR) will continue to monitor pt [redacted] (b)(6)-2
29 OCT 03	0630		Pt A&OX3, cooperative, requesting to be moved on to (L) side, severe pain when log-rolling pt. Lungs sounds clear (B) UL, significantly diminished in Lower Lobes, pulse ox 98% on Room air. Three chest tubes; labeled (#1) Chest tube located (L) lung, (#3) labeled chest tube located anterior (R) lung, (#4) labeled Chest tube posteriorly located (R) lung; all chest tubes to water seal c̄ drainage from #1 & #4 ~~ches~~ labelled chest tubes. (L) femoral central line patent & infusing maintenance NF s̄ difficulty. Urine catheter patent & draining into closed drainage system. (B) Ace bandages applied from calf to mid-foot in replaced of anti-embolis stockings. (L) eye socket sunken & no eyeball clearly seen. (L) ~~anterior~~ ERROR dressing CDI located in posterior chest. (L) upper chest near arm-pit dressing to wound CDI. (R) lateral chest dressing CDI. Pt taking po fluids s̄ difficulty. Ø acute distress noted. Will continue to monitor. [redacted] (b)(6)-2 LPN
29 OCT 03	10:30		Pt carried to X-ray for lumbar xray series accompanied by staff. Upon returned to ICU pt medicated c̄ Tylenol #3, 2 tabs per pin pain order ~~as~~ ORDER due to severe sternum pain. Will continue to monitor. [redacted] (b)(6)-2 LPN
		1400	Assumed care. Pt resting comfortably in bed. A&OX3, Denies pain. Δ'd dsg to L thigh. Noted mod. amt dried blood, some pus-like discharge. Flused c̄ sterile saline & expectorated wound. Covered c̄ sterile 4x4. [redacted] (b)(6)-2 LPN

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

DATE	NOTES
20Oct03 1515	Pt c/o (R) hand, middle finger pain. Noted swelling around 2nd joint. Dr Eastman aware. Small scab noted. Cleaned c̄ soap & H2O, then covered c̄ bacitracin & bandaged. Will cont. to monitor — (b)(6)-2
1700	Pt denied dinner, but encouraged to eat something. Pt stated that he would eat fruit & threatened all of 1 orange. Will continue to monitor — (b)(6)-2
1830	Turned pt to (R) side, A'd drsg on mid-lower back. Noted small amt dried blood. Site c̄ some pus-like drainage & sm. amt bright red blood. — (b)(6)-2
1830	A'd drsg to (R) flank - sm. amt dried blood noted, left OTA — (b)(6)-2
2100	While pt on (R) side, CT-# 1 put out ~ 195 cc SS fluid. Will notify Dr (b)(6)-2 — (b)(6)-2
2200	resting comfortably will continue to monitor — (b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

POTUS # (b)(6)-4

MEDCOM - 2584

PROGRESS NOTES
Medical Record

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

DATE	NOTES
	(b)(6)-2
30 Oct 03	~~Bread~~ Surgery Note
0930	Pt tolerating diet, no real 9's
	Uss Agents
	L-CTA Sat good
	CT = 250 each side
	Ø airleak
	CXR-NOD
	CW-RRR
	old - NABS, soft nontender Ø mass
	Incision-healing
	B/O = (-)1000
	Ø/p S/p GSW to liver/kidney
	T_2 Paraplegia
	(1) Continue CT
	(2) Supportive care
	(b)(6)-2

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

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOService	~~23 Oct 03~~ 30 Oct 03
POD	7

24 HOUR DATA	
24 Hour Balance	-115
24 Hour Intake	3140
24 Hour Output	3255
Weight on Admission	~~-175~~
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		N/A	
Call Light Within Reach		N/A	
Side Rails Up		N/A	
Bed in Low Position		N/A	

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
	ICU	30 ~~Oct~~ Oct 03

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

Potus # (b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200		100	16	108/56	96%		73										
0300																	
0400																	
0500																	
0600	100.4	110	17	109/54	98%		74										RA
0700																	
0800																	
0900																	
1000	100.2	99	20	105/52	91%		72										RA
1100																	
1200																	
1300																	
1400	100.3	102	36	111/55	97		75										RA O_2
1500																	
1600																	
1700																	
1800	99.6	102	32	121/61	98		82										RA O_2
1900																	
2000																	
2100																	
2200	99.2	84	24	109/54	96%		75										
2300																	
2400																	

	INTAKE									OUTPUT						
	DSNS-20KCL	PO	IVPB						Total	foley	CT #1	CT #3	CT #4		Total	COMMENTS
0100	75 / 75									100 / 100						
0200	75 / 150									100 / 200						
0300	75 / 225		100 / 100							100 / 300						
0400	75 / 300									160 / 460						
0500	75 / 375															
0600	75 / 75	60 / 60	100 / 200							140 / 140	50 / 50	Ø / Ø	50 / 50			
0700	75 / 150	260 / 320								140 / 280						
0800	75 / 225									100 / 380						
8 HR	600 / ~~225~~	320	200						8 HR 1120 ~~745~~ ~~645~~	540 / ~~380~~	50		50		8 HR 40 / 980	+180 ~~+265~~ ~~+165~~
0900	75 / 75		100 / 100							130 / 130						
1000	75 / 150	60 / 60								120 / 250						
1100	75 / 225									100 / 350						
1200	75 / 300	120 / 180								130 / 480						
1300	75 / 375									150 / 620	20 / 20	Ø / Ø	155 / 155			
1400	75 / 450	60 / 240	100 / 100							180 / 700	0 / 20	0 / 0	0 / 155			
1500	75 / 525		100 / 200							105 / 805						
1600																
8 HR	525	240	200					965	16 HR 1710 ~~1510~~	805	20		155	980	16 HR. 1460	+7 ~~+50~~ +250
1700	75 / 75									360 / 360	Ø	Ø	Ø			
1800	75 / 150									125 / 485	10 / 10	Ø / Ø	20 / 20			
1900	75 / 225	240 / 240								130 / 615						
2000	75 / 225	90 / 330								170 / 785						
2100	75 / 300		100 / 100							170 / 955	20 / 30	Ø / Ø	20 / 40			
2200	75 / 375		100 / 200							200 / 1155	Ø	Ø	Ø			
2300	75 / 450									160 / 1215	Ø	Ø	Ø			
2400	75 / 525								3140	50 / 1265					3255	
8 HR	525	330	200					←	24 HR. 1055	1265 ~~210~~	50	0	40	←	24 HR ~~280~~ 1335	-115

+ 1210

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
30 Oct 03	0200		resting comfortably, will continue to monitor pt. (b)(6)-2 PN
30 Oct 03	0615		Pt cooperative. Pt T max 100.4 and pt c/o chills. Lungs c̄ (B) diminished lower lobes, (D) u lobe c̄ crackles, pt c/o severe substernal chest pain during use of I.S. & ~~Cough~~ cough deep, breathe. 3 Chest tubes labelled #1, #3, #4 all intact & at waterseal 20cm. (L) femoral central line intact & infusing Maintenance IV fluid s̄ difficulty. Will continue to monitor. (b)(6)-2 SGT/LPN
30 Oct 03	1040hrs		(R) femoral introducer removed, manual pressure x 5 min, dsd applied. Tolerated s̄ difficulty. (b)(6)-2
30 Oct 03		1430	Pt alert and appears oriented x 3, cooperative. RR 36, unlabored, shallow. Lung CTA in all lobes, ↓↓ in bases. CT x 3 to waterseal. ACE bandages to lower legs, small - mod pedal edema, non-pitting. Cap refill brisk in all extremities. Pt denies sensation from just below umbilicus to feet. Unable to move legs. c/o mild back pain, denies need for pain med. (b)(6)-2 MJ AN
30 Oct 03		1500	Pt able to lift 2 balls of IS x 6, C+DB → weak cough c̄ loose secretions → swallowed, unable to expel. Pt instructed on rationale for IS and C+DB, states understanding, interpreter @ bedside. (b)(6)-2 MJ AN
		1700	IS and C+DB done → small amt thick, yellow blood-tinged sputum; Lifted 2 balls x 9. (b)(6)-2 MJ AN
		1800	No Δs in pedal edema noted since previous assessment. Mod. edema also noted to dorsal aspect of (R) hand, site of IV infiltration 4-5 days ago. (R) radial pulse 2+, brisk cap refill to (R) fingernail beds. Pt denies (R) hand pain. (b)(6)-2 MJ AN
			SEE NEXT PAGE - ATTACHED [redacted] b6-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
30 Oct 03 1910	Pt remains tachyneic c̄ RR 32-36, resp. appear unlabored and shallow. Pt denies SOB, SpO_2 97-98% on RA. Dr. [redacted] (b)(6)-2 informed of RR, PCXR taken. Pt c/o back pain, ii̅ TC#3 given @ 1825. Will cont. to monitor. [redacted] (b)(6)-2
30 Oct 03 2100	Pt continued to c/o 8/10 back pain @ 1950, received order for MSO_4 2-8mg IVP q1° prn pain. 3mg MSO_4 IVP given @ 2000 c̄ good relief, pain currently 2/10. (L) PIV tubing Δ'd down to hub, IV site s̄ s/sx infection or infiltration; no pain @ IV site noted. IS done, pt able to lift 2 balls to top x10. C+DB done p̄ IS → weak, non-productive, loose cough. RR remains 32-36, unlabored. Pt refused dinner x̄ ate a pear, states he prefers fruits. Drinks fluids/water s̄ difficulty. [redacted] (b)(6)-2 MJ AN
30 Oct 03	2250 - c/o pain to back 5/10, pain medication given (see MAR) will continue to monitor pt [redacted] (b)(6)-2
30 Oct 03	2330 - denies c/o pain will cont. to monitor pt [redacted] (b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11 203(b)(10)

MEDCOM - 2590

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	23 Oct 03
POD	8

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	N/A	N/A	
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(8)-2	ICU	31 Oct 03

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

Pot us # (b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		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			0												GEN								0		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R							✓					S1S2 ✓								R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR							✓					✓								NSR		
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		✓												✓									A	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2							2					2								2		
BOWEL SOUNDS (active all quads)			✓							Hyp					hyper								✓		
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 Incision ABD OTA c staples			—							✓					✓								—		
#2 Chest tube site CDI			—							✓					✓								—		
#3 Rt L BACK CDI			—							✓					✓								✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20g	(L) FA	29Oct05	CDI 1040 / 1400

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	Not Applicable /Absent (blank)
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	
			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 mm	R > L	Right Larger	5 = Full Strength against Examiners Resistance	No Change from Previous Assessment —

DATE: 31 Oct 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4							4					4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		5							5					5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6							6					6								6		
GLASGOW COMA SCALE (A+B+C)		15							15					15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		2+							2+					2+								2+		
L		~~NA~~ +							~~NA~~ +					N/A								NA		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		4							4					4								4		
LUE		4							4					4								4		
RLE		Ø							Ø					Ø								Ø		
LLE		Ø							Ø					Ø								Ø		
GRIP (S) Strong (W) Weak (-) absent R		S							S					S								S		
L		/							S					S								S		
RESPIRATIONS REGULAR														✓								✓		
IRREGULAR																								
UNLABORED		/							/					✓										
LABORED																						✓		
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		5							5/1					5/1								5		
LUL		5							5/1					5/1								5		
RLL		1							5/1					1								1		
LLL		1							5/1					1								1		
BOTH BASES		1							5/1					1								1		
COUGH NONE																								
SPONTANEOUS		/							/					✓								✓		
PRODUCTIVE		/							/					✓								✓		
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear		2							5													2		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin		1							3													1		
VENTILATOR Vt																								
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
FM (l/min)																								
ETT =_____ NRBM (l/min)																								
ETT _____cm gums																								
ETT CARE, POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE		/													✓							/		
COUGH / DEEP BREATH		/													✓							/		
INITIALS		(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	98.2	88	24	109/51	97%		68										
0300																	
0400																	
0500																	
0600																	
0700	100(a)	117	26	107/55	98												
0800																	
0900																	
1000																	
1100																	
1200																	
1300	99°	91	24	114/56	98%												
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100	99°	105	22	116/60	97%												
2200																	
2300																	
2400																	

	INTAKE									OUTPUT						
	D5NS c̄ 20KCL	IVPB	PO						Total	Urine	CT #1	CT #3	CT #4		Total	COMMENTS
0100	75 / 75									100 / 100	0	0	0			
0200	75 / 150									100 / 200	0	0	0			
0300	75 / 225	100								100 / 300	0	0	0			
0400	75 / 300									50 / 350	0	0	0			
0500	75 / 375									100 / 450	0	0	0			
0600	75 / 450															
0700	75 / 525	100 / 100														
0800	~~275~~ 600 / ~~325~~ 600		300 / 300							350 / 800						
8 HR	~~725~~	100	300						8 HR ~~7000~~ 020	800					8 HR 800	+200
0900	75 / 75		120 / 120							85 / 85						
1000	75 / 150	100 / 100	100 / 220							100 / 185						
1100	75 / 225	~~200~~ / ~~150~~	80 / ~~300~~							145 / 330						
1200	75 / 300									80 / 410						
1300	75 / 375		100 / 400							105 / 515	100 / 100	250 / 250				
1400	75 / 450	100 / 200								70 / 585						
1500	75 / 525	100 / 300									D/Cd					
1600	75 / 600									310 / 895			165 / 165			
8 HR	600	300	400						16 HR. 1300	895	1400		165		16 HR 1410	-110
1700	75 / 75		60 / 60								310 CT					
1800	75 / 150															
1900	75 / 225															
2000	75 / 300															
2100	75 / 375	100 / 100	60 / 120							900 / 900			40 / 40			
2200	75	100	100							160			0			
2300	75									120						
2400	75									50			0			
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
31Oct03	0200		-resting comfortably will cont. to monitor pt [redacted] (b)(6)-2
31OCT03	0800		Turned to (R) side. NAD Temp 106.3. Consumed 25% of Reg diet. [redacted] (b)(6)-2
31OCT03		1200	Consumed approx. 40% of Regular diet for lunch. Informed DR [redacted] (b)(6)-2 of Pt C/o abd pain. No New orders given. [redacted] (b)(6)-2
		1400	Assumed care. DR [redacted] (b)(6)-2 @ BS. Pulled CT's #1 & #3, 8 covered c̄ petroleum gauze, 4X4. DRsgs. CDI. Xray completed. Pt c/o moderate pain, but was pre-medicated c̄ T#3, MSO4. Will continue to monitor [redacted] (b)(6)-2
31OCT03	1830		Received report, assumed care. Pt turned to (L) side, states he is not currently in pain. Independent NAD.
31Oct03		2315	-C/O pain 7/10 to back, pain medication given (see MAR) will cont. to monitor pt [redacted] (b)(6)-2
31Oct03		2345	-resting comfortably will continue to monitor pt [redacted] (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	23 Oct 03
POD	9

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		N/A	
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)		Department/Service/Clinic	DATE
(b)(6)-2	CP	ICU	01 Nov 03

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

Potus (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					–		X								–		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R					R					–		R								R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR					NSR					–		SR								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH												✓												
	FOLEY CARE		✓					✓															✓		
	ORAL CARE																								
MOBILITY	BEDREST		✓					✓					–		✓								✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT															66-R									
	LEFT												✓		✓	✓							✓		
	SUPINE							✓								✓		✓							
	HOB 30 DEGREES		✓					✓					✓		✓										
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓					*					*		Ø								✓		
	PAIN SCALE (1-10)																+								
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)			✓					x4					x4		✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓					✓					–		✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓					–		✓								✓		
SKIN INTEGRITY	No Breakdown																								
Sternum → Abd midline	Surgical Wounds		✓					✓					–		✓								✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Incision OTAC staples			✓					✓					–		✓								✓		
#2 CT site - #4 COI			✓					✓					–		✓								✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18g	L FA	29 Oct 03	COI

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		No Change from Previous Assessment – /

DATE: 01 NOV 03

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

b2

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	98.4	86	16	118/46	99%												
0600																	
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300	99.3	88	16	102/49	94%		68										RA
1400																	
1430	99°@	83	20	108/50	95		72										RA
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.8	96	21	116/59	96%		79										RA
2300																	
2400																	

	INTAKE									OUTPUT						
	PO	D5NS 20KCL	IVPB						Total	Urine	CT#4	BM			Total	COMMENTS
0100		75								50	Ø					
0200		75								100	45					
0300		75								100	Ø 45					
0400		75								100	Ø 45					
0500		75								180 500	Ø 45					
0600		75	100 100													
0700	200 200	75									45					
0800		75								500 1000	15 60					
8 HR	200	600	100						8 HR. 800	1000	60				8 HR 1600	-700
0900		75 75														
1000		75 150	100 100									X1				
1100		75 225														
1200	100 100	75 300														
1300	100 200	75 375														
1400	60 260	75 450	100 200							1100 1100	10 10					
1500			100 300													
1600		150 600								600 1700						
8 HR	260	600	300					1160	16 HR. 2060	1700	10			1710	16 HR. 3310	-1250
1700		75 75														
1800	180 180	75 150														
1900		75 225														
2000	60 240	75 300														
2100		75 375	100 100								30 30					
2200		75 450	100 200							1200 1200						
2300	100 340	75 525								200 1400						
2400		75 600								150 1550						
8 HR	340	600	200				Total 8 1140		24 HR. 3200	1550	30			Total 8 hr 1580	24 HR	~~-440~~

MEDCOM - 2601 66-2 CT#4 100 ... -440 Total 24 -1690

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
01NOV03	0200		resting comfortably @ this time will cont. to monitor pt [redacted] (b)(6)-2 LPN
	0715		pt. c/o gen. pain; ⅱ T3 given; pt. requesting to shave his beard off; will cont to monitor [redacted] (b)(6)-2
	1000		pt's beard shaved off; had a small BM of bile consistency; checked for rectum for impacted stool; there was stool → pt was disimpacted; NAD; pt. repositioned onto (L) side; will cont. to monitor [redacted] (b)(6)-2
	1215		pt c/o pain gen. ⅱ T3 given; stated he was not hungry + wanted food later; will cont. to monitor [redacted] (b)(6)-2
1NOV03		1430	(L) pedal edema ↓ from 2 days ago, non-pitting, cap refill brisk. (R) CT(#4) → WS c̄ fluid fluctuation. (L) FA IV c̄ D5NS + 20 KCl @ 75cc/h, Ø s/sx infection or infiltration. ACE bandages to (B) LE. Pt appears alert, oriented and appropriate. [redacted] (b)(6)-2 MJ AN
1NOV03		1500	Pt states he felt pressure in (B) feet when rolled onto back and feet propped against footboard. [redacted] (b)(6)-2 MJ AN
1NOV03		2110	ⅱ TC#3 given @ 1710 for c/o (R) chest pain around (R) CT site. (R) CT c̄ 30cc serosang drainage this shift. Pt denies sensation below umbilicus on (R) side and ~ 2-3 inches below umbilicus on (L) side. Foot splints applied to prevent foot drop, remove splints for 1hr. q 4hrs. to prevent pressure ulcers. Pt states relief of pain c̄ TC#3s. Ate ~½ dinner. [redacted] (b)(6)-2 MJ AN
01NOV03		2200	Pt comfortable & cooperative, Ø sign/symptoms of acute distress noted. CT#4 in (R) anterior chest wall intact & draining into 20cm water seal. (B) LE c̄ calf-high splints. Will continued to monitor. [redacted] (b)(6)-2 LPN
01NOV03		2255	Medicated pt c̄ Tylenol c̄ Codiene ⅱ po per prn pain order. [redacted] (b)(6)-2 LPN

MEDCOM - 2602

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	02 NOV 03
POD	10

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

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 ABN	ICU	02 NOV 03

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

POTUS# (b)(6)-4

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

DA FORM 4700

MEDCOM - 2603

		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								ecm							ecm										
HEART SOUNDS (Clear, Regular. No Rubs. No Murmurs)								✓							S1S2								R		
HEART RHYTHM (Normal Sinus Rhythm. no ectopy)								NSR							NSR								NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)															0										
ARTERIAL LINE (zeroed & calibrated)															0										
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							✓							PF								✓		
	PAIN SCALE (1-10)							✓																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended								2							2								2		
BOWEL SOUNDS (active all quads)								X4							X4								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT								✓							✓								✓		
VOIDING CLEAR YELLOW URINE q.s.								✓															✓		
SKIN INTEGRITY	No Breakdown																								
Sternum to Abd. Midline	Surgical Wounds							✓							✓								✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Incision OTA c Staples								✓							✓								✓		
#2 CT Site - #4 CDI								✓							✓								✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE. DSG.)
20g	(L) FA	29 OCT 03	CDI

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: 02 NOV 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								4						4								4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response								5						5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response								6						6								6		
GLASGOW COMA SCALE (A+B+C)								15						15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R							2+						2+								2		
	L							•						–										
MOVEMENT (See Motor Function Scale at Top of Page)	RUE							4						4								4		
	LUE							4						4								4		
	RLE							0						0								0		
	LLE							0						0								0		
GRIP (S) Strong (W) Weak (-) absent	R							5						5								5		
	L							5						5								5		
RESPIRATIONS	REGULAR							✓						✓								✓		
	IRREGULAR																							
	UNLABORED							✓						✓								✓		
	LABORED																							
	SHALLOW																							
	RETRACTIONS																							
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL							5						5								5		
	LUL							5						5								5		
	RLL							5						5/1								1		
	LLL							5						5/1								1		
	BOTH BASES							1						1										
COUGH	NONE							✓						✓ 66-2								✓		
	SPONTANEOUS													✓										
	PRODUCTIVE													✓										
	NONPRODUCTIVE																							
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear (6) Bloody														6										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR	Vt							RA																
	FiO2																							
	RATE (SIMV/CMV)																							
	PEEP / CPAP																							
	PRESS. SUPPORT																							
OXYGEN DELIVERY DEVICE	NC (l/min)													RA										
	FM (l/min)																							
ETT = _____	NRBM (l/min)																							
	ETT _____ cm gums																							
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE								✓				✓												
COUGH / DEEP BREATH								✓				✓		✓								✓		
INITIALS							(b)(6)-2				(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																	
0600																	
0700																	
0800																	
	99.6	110	18	112/57	95%												
0900																	
1000																	
1100																	
200																	
1300																	
1400																	
1500	99.3	94	20	103/55	95%	RA											
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	98.9	87	16	106/59	99%	RA		76									
2300																	
2400																	

	INTAKE									OUTPUT					
	PO	Maintenance IVF	IVPB						Total	Urine	CT#4		BM	Total	COMMENTS
0100		75 75								150 150					
0200		75 150								150 300					
0300		75 225	100 100							180 480					
0400		75 300								240 720					
0500		75 375								120 840					
0600		75 450	100 200							180 1020	110 110				
0700	400 400	75 525													
0800		75 600								500 1520	10 120				
8 HR	400	600	200						8 HR. 1200	1520	120			8 HR 1640	-440
0900		75													
1000	100 100	75	100 100												
1100		75									10 10				
1200	300 400	75													
1300		75													
1400		75 450	100 200							1200 1200	30 40				
1500		75 525	100 300												
1600	120	75 600							1020					1240	
8 HR	120	600	300						16 HR.	1200	40			16 HR.	
1700		75 75													
1800	100 100	75 150													
1900		75 225													
2000		75 300													
2100	100 200	75 375								1000 1200	15 15				
2200		75 450	100							50	80				
2300		75								80					
2400	100	75								80					
8 HR									24 HR.					24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
02 NOV 03	0545		Pt resting quietly c̄ any c/o discomfort or pain. CT, foley cath, & IV cath [redacted] all intact & patent. Will continue to monitor [redacted]
	0955		NAD; pt c/o pain medicated c̄ T3 & repositioned; ate ½ apple, box of raisens + 3 hard boiled eggs without difficulty assessment complete; pt now resting c̄ eyes closed [redacted]
	1130		bed bath given to pt; hair washed; dressing to wound on (R) side of back Δ'd; dx to (L) thigh Δ'd; (L) inguinal area dressing taken off → pt has a blister formed from the tape; blister left open to air; pt has slight breakdown to (L) heel from splints; splints remain off until heel can dry; NAD; VSS; [redacted]
	1300		pt had 1 bite of hot dog + ¼ hamburger bun states he is not very hungry will cont to monito [redacted]
		1415	Pt rolled to (R) side, at his request. Cough produced bloody sputum. Pt c/o mild pain in back but requires no pain medicine. Splints not on legs presently. Will replace splints @ 1500. Observe padding stage 1 pressure ulcer (R) ~~outer~~ outer heel [redacted] UTAN
		1700	Pt medicated c̄ 3mg MSO4 and tylenol #3 ½ tabs for pain in back. Rolled to (R) side @ pts request [redacted]
		2030	Pt rolled to (L) side, foot boxes placed on feet (B) @ 1830. Pt (+) flates when rolled. BM. Chest tube drainage seroms marked @ 2030 for output. Foot of bed elevated @ pt request [redacted]
		2100	Provost Marshall called about status of paralysis
	0001		c/o pain, pain med given (see MAR) will cont to monitor pt [redacted]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	
POD	

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

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

Safety Checks	D	E	N
BVM at bedside			
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 LPN	ICU	03 NOV 03

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

Potus # (b)(6)-4

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

DA FORM 4700

MEDCOM - 2609

			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																
	DORSALIS PEDIS	R		2				2		2																
		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				0				Ø		0																
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				R				R		R																
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				NSR				NSR		NSR																
SWAN GANZ CATHETER (Zeroed & calibrated)																										
ARTERIAL LINE (zeroed & calibrated)																										
HYGIENE	BED BATH																									
	FOLEY CARE			✓																						
	ORAL CARE																									
MOBILITY	BEDREST			✓				✓		✓																
	BSC																									
	DANGLE																									
	CHAIR																									
POSITIONED	RIGHT																									
	LEFT																									
	SUPINE							✓		✓																
	HOB 30 DEGREES			✓				✓		✓																
FALLS PROTOCOL INITIATED																										
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																										
PAIN	PAIN FREE			✓				✓		*																
	PAIN SCALE (1-10)																									
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																										
ABDOMEN	(2) Soft & Flat (1) Distended			2				2		2																
BOWEL SOUNDS (active all quads)				✓				x9		x4																
NG / DOBHOFF PLACEMENT VERIFIED																										
RESIDUAL ASSESSED																										
Ph																										
FOLEY CATHETER PATENT				✓				✓		✓																
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓		✓																
SKIN INTEGRITY	No Breakdown																									
	Surgical Wounds			✓				✓		✓																
	Rashes, Lac's, etc																									
DRESSING (Dry & Intact: specify site below)																										
#1 Incision c̄ staples ABD OTA				✓				✓		staples removed																
#2 ~~Old~~ chest tube site #4 CDF				✓				✓		DC																
#3																										

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20G	CFA	29Oct03	CDF

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		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 (3) To Voice (2) To Pain (1) Does Not Open		4				4		4																
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		5				5		5																
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6				6		4																
GLASGOW COMA SCALE (A+B+C)		15				15		15																
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		2+				2+		2+																
L		~~2~~				~~2+~~																		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		4				4		4																
LUE		4				4		4																
RLE		1				0		0																
LLE		1				0		0																
GRIP (S) Strong (W) Weak (-) absent R		5				5		5																
L		5				5		5																
RESPIRATIONS REGULAR						✓		✓																
IRREGULAR																								
UNLABORED		✓				✓		✓																
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		5				5		5																
LUL		5				5		5																
RLL		1				1		1																
LLL		1				1		1																
BOTH BASES						1		1																
COUGH NONE		✓				✓		✓																
SPONTANEOUS								✓																
PRODUCTIVE								✓																
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear								2/3																
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin								3																
VENTILATOR Vt						RA		RA																
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
FM (l/min)																								
ETT = _____ NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH		✓				✓		✓																
INITIALS		(b)(6)-2				(b)(6)-2		(b)(6)-2																

VITAL SIGNS

TIME	T	P	RR	B P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600	99°	94	16	112/59	91%												
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT					
	PO	D5 ns ē 20 cc	IVPB						Total	Urine	Chest tube			Total	COMMENTS
0100		75								100	Ø				
0200		75								50	Ø				
0300		75								100 / 250	Ø				
0400		75								75 / 325	Ø				
0500		75								25 / 350	Ø				
0600	50 / 50	75	50 / 50							200 / 550	35 / 35				
0700	300 / 350	75													
0800	50 / 400	75								120 / 670	DCd				
8 HR	400	600	50						8 HR. 1050	670	35			8 HR 705	+355
0900		75 / 75	600 / 100												
1000		75 / 150													
1100															
1200	300 / 300														
1300															
1400										1500 / 1500					
1500															
1600															
8 HR									16 HR.					16 HR.	
1700															
1800															
1900															
2000															
2100															
2200															
2300															
2400															
8 HR									24 HR.					24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
03Nov03	0200		-sleeping @ this time. Ø c/o pain, Ø s/s of resp. distress. will continue to monitor pt [(b)(6)-2] CB
	0600		received pt this AM; NAD; VSS; pt resting c̄ eyes closed; will cont. to monitor [(b)(6)-2]
	0800		Dr. [(b)(6)-2] DC'd chest tube #4 without difficulty follow up CXR done; awaiting results. staples removed, without difficulty from mid-line incision left OTA; lung sounds good; spO2 94% on RA. pt. now resting c̄ eyes closed; will cont to monitor [(b)(6)-2]
	1315		1 stitch (suture) removed from (L) thigh wound. Clean, dry, sterile dressing applied. [(b)(6)-2]
	1445		Pt clothed pt on, [(b)(6)-1] signed out to MP Discharge instructions given to MP about medications, drsg s&s, braces, paralysis. Extra supplies given to pt and MP. 2 Tylenol #3 given prior to D/C. [(b)(6)-2]

MEDICAL RECORD - PATIENT RELEASE / DISCHARGE INSTRUCTIONS

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

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

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 23 Oct 03
2. ADMITTING/DIAGNOSIS: GSW to Abd, L2 Paraplegia
3. PERTINENT LAB, X-RAY, FINDINGS:
   Xray finding - fracture of L2 posterior column c̄ evidence of fragments in spinal canal
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
   Ex lap c̄ sternotomy extension for repair of GSW to (R) lobe of liver near dome, (R) Nephrectomy, debridement control of hemorrhage to (R) psoas/spinal area @ L2
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
   GSW to Abd - Injury to Liver (R) lobe
   (R) Nephrectomy
   L2 Paraplegia
   GSW (L) thigh
6. ACTIVITY: as tolerated
7. DIET: Regular
8. MEDICATIONS:
   ☐ Medications have been prescribed for home use. See separate list and special instructions or see below.
   Dulcolax 10mg po QD
   Colace 100mg po TID
   T3 1-2 po q 4-6° prn
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
   Leave CT bandages in place for 48hrs (11/5)
   Change Bandage (L) thigh PRN
   Foley to gravity
10. DISPOSITIONING PROVIDER
    (b)(6)-2 [redacted] LTC MC USA
    (Signature) (b)(6)-2 [redacted] *(Printed or Stamped Name)*

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

POTUS

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☐ OTHER
   ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☐ OTHER
3. PATIENT EDUCATION:
   Completed and patient prepared for home care. ☐ YES ☐ NO
   If no, explain:
   Patient ☐ states ☐ demonstrates understanding of home care needs.
   Printed educational materials provided:
4. Clinical outcomes met and post-discharge/release referrals made.
   ☐ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
   ☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:
7. MEDICATIONS:
   Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
   Printed medication literature provided. ☐ YES ☐ NO
   Patient states understanding of prescribed medications. ☐ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:
   Keep braces on legs but take off occassionally to air out.
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
   ICU (b)(3)-1 [redacted]
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
    (b)(6)-2 [redacted] UTAN 3 NOV 03
    (Signature and Title) *(Date and Time)*

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

[redacted]

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Gurney BY (b)(6)-2

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

3. DATE 15/23/02 TIME PATIENT ARRIVED IN SUITE 0758

4. PATIENT IN ROOM TIME 0700 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Intubated

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: nn

8. SKIN PREPARATION

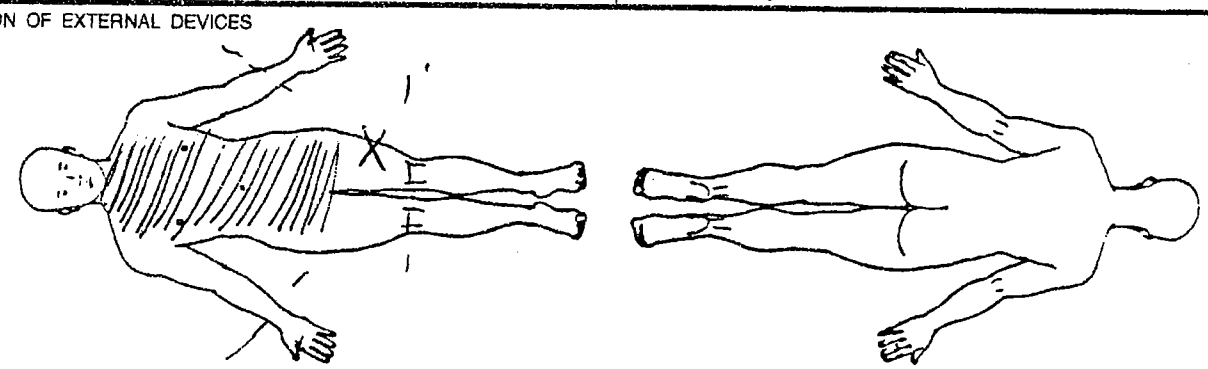
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: none

PREP SOLUTION *(Specify)* Betadine
SITE Chest & abd. BY WHOM: CPT (b)(6)-2
SITE: BY WHOM:

COMMENTS: none

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

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

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

POTUS # (b)(6)-4

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

☒ ESU NO: DC0434 50/50
GROUND PAD: BRAND Valley/cs
LOT NO: 69671 05/04

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Gelfoam	1 sheet	FOP	Top	—	Dr. [redacted]
Thrombin	20cc	TOP	Top	CPT [redacted]	Dr.
Surgical	4X8	FOP	TOP	—	Dr.

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

NSS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNA[redacted]

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*

abd's, 4x4's, tape

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 36 CT	2. 36 CT	3. 36 CT
SITE	1. ⓓ chest	2. ⓓ chest	3. ⓓ chest

19. ADDITIONAL INFORMATION

Dr. [redacted]
Dr.
Dr.

20. OPERATION(S) PERFORMED

Exp. lap & Sternotomy, ⓓ Nephrectomy, liver OLL repair

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	1115	Gurney

22. REGISTERED NURSE SIGNATURE [redacted] CPT [redacted]

REVERSE OF DA FORM 5179-1, O[redacted]

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

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO_2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
23 Oct 03	1130	A/C	700	12	100	5	25	10	100	79	142/52	1:2.1	(b)(6)-2
23 Oct 03	1300	A/C	700	10	100	5	24	12	100	80	127/57	1:2.2	
23 Oct 03	1500	A/C	700	10	100	5	25	13	100	85	99/54	1:2.2	
23 Oct 03	1700	A/C	800	10	40	5	30	17	99	100	112/63	1:2.2	
	1900	A/C	800	10	40	5	26	12	100	100	145/72	1:2.2	
	2100	A/C	800	10	40	5	35	15	100	99	109/70	12:2	
	2300	A/C	800	10	40	5	27	17	100	99	98/51	12:21	
24 Oct 03	0100	A/C	800	10	40	5	28	18	100	98	132/77	12:21	
24 Oct 03	0300	A/C	800	10	40	5	32	17	100	98	126/80	12:1	
0	0500	A/C	800	10	40	5	27	14	100	88	157/81	12:1	
24 Oct 03	0900	A/C	800	10	40	5	23	10	100	98	160/57	1:2.2	
24 Oct 03	1100	A/C	800	10	40	5	25	11	100	72	133/59	1:2.2	(b)(6)-2
24 Oct 03	1300	A/C	800	10	40	5	24	10	97	75	114/55	1:2.2	
24 Oct 03	1500	A/C	800	10	40	5	23	10	99	69	115/54	1:2.2	
	1700	A/C	800	10	40	5	24	10	99	76	119/65	12:2	
	1900	A/C	800	10	40	5	27	12	98	76	123/8	12:2	
	2100	A/C	800	10	40	5	24	10	99	69	143/72	12:2	
	2300	A/C	800	10	40	5	35	12	98	75	63/56	12:2	
	2330	A/C	800	10	40	5	32	14	98	117	166/67	12:2	
25 Oct 03	0100	A/C	800	10	40	5	27	10	100	81	167/45	12:2	(b)(6)-2
25 Oct 03	0500	A/C	800	10	40	5	27	11	100	98	161/42	12:2	
25 Oct 03	0700	A/C	800	10	40	5	25	10	100	89	162/53	1:2.3	
25 Oct 03	0900	A/C	800	8	40	5	26	11	98	90	148/50	1:3.2	
25 Oct 03	1300	A/C	800	8	40	5	26	11	100	77	157/56	1:3.2	
25 Oct 03	1500	SIMV	800	8	40	5	29	11	100	86	174/51	1:1.6	
25 Oct 03	1700	SIMV	800	8	40	5	21	11	100	94	169/51	1:1.6	
	1900	SIMV	800	8	41	5	28	13	100	112	164/63	1:1.6	
	2100	SIMV	800	8	40	5	27	12	100	98	159/60	1:1.6	
	2300	SIMV	800	8	40	5	26	10	100	96	164/60	1:1.6	(b)(6)-2
	0100	SIMV	800	8	40	5	17	13	100	81	164/62	1:2	

VERT ADC

POTUS (b)(6)-4

Date	Time	Vt	Rate	PEEP	PIP	MAP	SPO2	HR	BP	I;E	RT int
25 Oct 03	0800	800	8	5	27	10	100	92	153/62	1:2	(b)(6)-2
	0855	800	8	5	33	11	100	90	160/61	1:2.0	
26 Oct 03	0700	800	8	5	18	6	100	93	144/58	1:2	
26 Oct 03	0900	800	8	5	21	11	100	93	153/55	1:2	
26 Oct 03	1300	800	6	5	19	7	100	106	134/77	1:2.3	
26 Oct 03	1500	800	6	5	16	10	100	93	136/75	1:2.3	
26 Oct 03	1700	800	6	5	17	7	100	100	134/78	1:2.3	

(b)(6)-4

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)*

Potus (b)(6)-4

SPECIMEN/LAB RPT. NO.

MISC

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

PATIENT STATUS: ☑ OR ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY (b)(6)-2 MD TECH | DATE 0853 23 Oct 03 | LAB ID NO.

REMARKS: ABG

TEST(S) | SPECIMEN TAKEN: DATE 23 Aug 03 TIME 0845 A.M. P.M. | REQUESTED | RESULTS

Na 137
K 5.2
TCO_2 22
iCa 0.98
pH 7.328
PCO_2 40.5
PO_2 390
HCO_3 21
BEcf 5
SO_2 106

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

Potus (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)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY MD TECH | DATE 23 Oct 0949 | LAB. ID. NO.

REMARKS: H+H

TEST(S) | SPECIMEN TAKEN: DATE 23 Oct TIME 0942 A.M. P.M. | REQUESTED (X) | RESULTS

RBC COUNT | HEMOGLOBIN 5.4 | HEMATOCRIT 13.1 | MCV | MCH | MCHC | WBC COUNT | IMMATURE | NEUTRO-BANDS | NEUTROSEGS | LYMPHS | EOSINOPHILS | BASOPHILS | MONOCYTES | PLATELETS | RBC | WBC DIFF AND BLOOD CELL MORPH | SED. RATE | PLATELET COUNT | RETICULOCYTE COUNT | CLOTTING TIME | SLEEDING TIME | CONTROL | PATIENT | CONTROL | PATIENT | % ACTIVITY | RATIO | SICKLING TEST | LE PREP

n entr. Grade.)

549-107 HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45-505

HOSPITAL OR MI ... AINED AT

SPONSOR'S NAM

PATIENT'S IDEN ... ARD NO.

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

FPI-LEX Printed on Recycled Paper

POTUS (b)(6)-4

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

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 CPT, CLNTS

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

DATE 0855 23 Oct

LAB. ID. NO.

REMARKS

549-107

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ILMR FIRMR 141-CFR) 201-45.5/5

| TEST(S) | | |

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)*

Potus (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)

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 23Oct03 | LAB. ID. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN	TIME	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
	DATE 23Oct	1042 A.M.			8.9	25.2																										

WBC DIFF AND BLOOD CELL MORPH

HEMATOLOGY 549-107 STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45.505

Potus (b)(6)-4

SPECIMEN/LAB RPT. NO

MISC

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

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

SPECIMEN SOURCE (Specify)

ICU

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 23Oct03 | LAB ID NO.

REMARKS

FiO_2 - 100% T- 92 SaO_2 100%

TEST(S)	SPECIMEN TAKEN	TIME	REQUESTED	RESULTS
	DATE 23 Oct 03	1545 A.M. P.M.	ABG	Na - 143 K - 4.6 TCO2 - 17 ica - 1.06 HCO3 - 16 BEect - -12 SO2 - 100 PH - 7.240 @ pH xand PCO2 - 35.2 PO2 - 370

MISCELLANEOUS 557-107 STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505

HOSPITAL OR MEDI... ...ED AT

SPONSOR'S NAME

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

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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

STANDARD FORM 600 (REV. 6-97) BACK

FPI. LEX. Printed on Recycled Paper

Potus (b)(6)-4

SPECIMEN/LAB RPT. NO

MISC

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

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

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

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

DATE 1053 23Oct

LAB ID NO.

REMARKS

557-107

MISCELLANEOUS

STANDARD FORM 557 (Rev. 5-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	23 Oct	1643	ABG	Na 144
				K 4.0
				TCO_2 19
				iCa 1.02
				pH 7.186
				PCO_2 45.4
				PO_2 356
				HCO_3 17
				BE -11
				SO_2 100

Potus (b)(6)-4

ICU

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 TECH

DATE 23Oct03

LAB. ID. NO.

REMARKS CBC

549-107

HEMATOLOGY

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

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	23 Oct03	1545	RBC COUNT	3.25
			HEMOGLOBIN	10.7
			HEMATOCRIT	30.2
			MCV	92.9
			MCH	33.0
			MCHC	35.5
			WBC COUNT	202
			WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
			NEUTRO-BANDS	
			NEUTROSEGS	
			LYMPHS	
			EOSINOPHILS	
			BASOPHILS	
			MONOCYTES	
			PLATELETS	
			RBC	
			SED. RATE	
			PLATELET COUNT	116
			RETICULOCYTE COUNT	
			CLOTTING TIME	
			BLEEDING TIME	
			PTT CONTROL	
			PTT PATIENT	
			CONTROL	
			PATIENT	
			% ACTIVITY	
			RATIO	
			SICKLING TEST	
			[illegible]	9.2
			[illegible]	1.9

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

TEST(S)

SPECIMEN TAKEN

DATE 23 Oct 03 TIME 1640 A.M. P.M.

REQUESTED

ABG

RESULTS

Na	142
K	4.7
TCO_2	19
iCa	1.05
pH	7.266
PCO_2	36.7
PO_2	274
HCO_3	17
BE ecf	-10
SO_2	100%

REMARKS (b)(6)-2

T-92.6 (A)

FiO_2 0.6

VT-800cc

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD

TECH

DATE 23 Oct 03 1651

Potus

(b)(6)-4

ICU

MISC

URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☒

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

MISCELLANEOUS 557-107

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

PATIENT'S MED. RECORD

TEST(S)

SPECIMEN TA'

DATE 23 Oct 03 TIME 1755 A.M. P.M.

REQUESTED

ABG

RESULTS

Na - 145

K - 4.5

TCO_2 - 19

iCA - 1.09

HCO_3 - 17

BE ecf - (-10)

SO_2 - 100%

ph - 7.276

PCO_2 - 36.1

PO_2 - 237

REMARKS (b)(6)-2

FiO_2 40%

T-93.8 (A)

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD

DATE 23 Oct 03

Potus

(b)(6)-4

MISC

URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☐

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

MISCELLANEOUS 557-107

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

PATIENT'S MED. RECORD

Potus # (b)(6)-4

ICU

SPECIMEN/LAB RPT. NO

MISC

URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☒

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

RELATIO

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

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

REPORTED BY MD (b)(6)-2

DATE

LAB ID NO.

S ID NUMBER

her)

DEPART.

REMARKS

ABG

FiO_2 - 40% T-96.8

PATIENT

NO.

TEST(S)

SPECIMEN TAKEN

TIME 2100 A.M. P.M.

REQUESTED

RESULTS

- 144
- 4.8
- 22
- 1.10
- 7.300
- 40.8
- 232
- 13-20
- Ecf - (-6)
- O2 - 100%

MISCELLANEOUS 557-107

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

03(b)(10)

MEDCOM - 2624

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
POTUS# (b)(6)-4	EPW			

Physician:	Ward:	X STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	EMT		23oct e 0740hr	(b)(6)-2	23oct e 0815

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

X	TEST	RESULT	REF. RANGE
	Na	134	128-145 mmol/L
	K	4.3	3.3-4.7 mmol/L
	Cl	100	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	16	7-22 mg/dL
	Glu	318	73-118 mg/dL
	Creat	1.9	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	yellow-cloudy	Straw/Yellow
Clarity	Cloudy	Clear
Glucose	Neg	Negative
Bilirubin	Neg	Negative
Ketone	Neg	Negative
SG	1030	1.010-1.025
Blood	Large	Negative
pH	6.0	5.0-8.0
Protein	30+	Negative-Trace
Urobili	0.2	Negative
Nitrite	Neg	Negative
Leuko	Neg	Negative

Urine Microscopic

WBC	0-5	Epi	RARE squamous
RBC	TNTC	Mucus	Moderate
Bacteria	Moderate	Yeast	Neg
Casts:	none	Spermatozoa	Neg
Crystals:	none	Amorph Sed	Neg
Other:			

Chemistry (Piccolo Analyzer) — Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	3.5	3.3-5.5 g/dL
	ALP	65	26-84 U/L
	ALT	126	10-47 U/L
	AMY	58	14-97 U/L
	AST	108	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	13	7-22 mg/dL
	Ca	8.5	8.0-10.3 mg/dL
	Chol	131	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	6.7	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	18.2	4.8-10.8 x10(3)/uL
	RBC	4.56	4.2-6.1 x10(6)/uL
	Hgb	13.8	12.0-18.0 g/dL
	Hct	40.1	35.0-60.0%
	MCV	88.1	80.0-99.0 fl
	MCH	30.3	27.0-31.0 pg
	MCHC	34.4	33.0-37.0 g/dL
	Plt	414	130-400 x10(3)/uL
	LY%	10.7	15.0-55.0%
	LY#	1.9	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 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	A	positive
T&C		
T&S		

Other: I Stat 6/Cr / CBC, T...

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	Routine	10/23 1140	(b)(6)-2	1235 23Oct

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	143	128-145 mmol/L
	K	4.8	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.396	7.35-7.45
	PCO2	30.7	35-45 mmHg
	PO2	315	80-90 mmHg
	TCO2	21	18-33 mmol/L
	HCO3	20	22-28 mmol/L
	sO2	100	95-99%
	BEecf	-6	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.00	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

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB	1.9	3.3-5.5 g/dL
	ALP	29	26-84 U/L
	ALT	159	10-47 U/L
	AMY	45	14-97 U/L
	AST	160	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	12	7-22 mg/dL
	Ca	6.3	8.0-10.3 mg/dL
	Chol	57	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.2	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	271	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	2.8	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	15.7	4.8-10.8 x10(3)/uL
	RBC	2.77	4.2-6.1 x10(6)/uL
	Hgb	9.3	12.0-18.0 g/dL
	Hct	26.0	35.0-60.0%
	MCV	93.7	80.0-99.0 fl
	MCH	33.6	27.0-31.0 pg
	MCHC	35.8	33.0-37.0 g/dL
	Plt	127	130-400 x10(3)/uL
	LY%	11.8	15.0-55.0%
	LY#	1.9	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%

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:		

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	A	POS
T&S		

HCG

Urine		Negative
Serum		Negative

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT	22.9	10-13 seconds
APTT	47.2	22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

Other: ABG FIO2 100% T 33°C. CBC. Chem 12, PT/PTT

FORM BEARLAB 20 31 May 2003 MEDCOM - 2626

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:	X STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
Dr. (b)(6)-2			24oct 0455 HR	(b)(6)-2	24oct03e 0520

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

X	TEST	RESULT	REF. RANGE
	Na	140	128-145 mmol/L
	K	4.7	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.404	7.35-7.45
	PCO2	39.0	35-45 mmHg
	PO2	227	80-90 mmHg
	TCO2	25	18-33 mmol/L
	HCO3	24	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	0	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.10	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	2.5 ↓	3.3-5.5 g/dL
	ALP	40	26-84 U/L
	ALT	243 ↑	10-47 U/L
	AMY	81	14-97 U/L
	AST	242 ↑	11-38 U/L
	Tbil	3.3 ↑	0.2-1.6 mg/dL
	BUN	15	7-22 mg/dL
	Ca	8.0	8.0-10.3 mg/dL
	Chol	44 ↓	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.3 ↑	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	149 ↑	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.1 ↓	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	16.9	4.8-10.8 x10(3)/uL
	RBC	4.27	4.2-6.1 x10(6)/uL
	Hgb	13.3	12.0-18.0 g/dL
	Hct	38.6	35.0-60.0%
	MCV	90.6	80.0-99.0 fl
	MCH	31.2	27.0-31.0 pg
	MCHC	34.5	33.0-37.0 g/dL
	Plt	102	130-400 x10(3)/uL
	LY%	8.4	15.0-55.0%
	LY#	1.4	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 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		

ABG, CBC, Chem 12, PT, PTT

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
POTUS (b)(6)-4		24 40		

Physician:	Ward:	STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	X	25 Oct 03	(b)(6)-2	25 Oct 0532 H

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

X	TEST	RESULT	REF. RANGE
	Na	138	128-145 mmol/L
	K	3.6	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.521	7.35-7.45
	PCO2	35.2	35-45 mmHg
	PO2	245	80-90 mmHg
	TCO2	30	18-33 mmol/L
	HCO3	29	22-28 mmol/L
	sO2	100 %	95-99%
	BEecf	6	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.08	0.11-1.23 mmol/L
	BUN		7-22 mmol/L
	Glu		73-118 mmol/L
	Creat		0.6-1.2 mmol/L
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer): (Chem 12) | MetLyte8 | BMP | Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.8	3.3-5.5 g/dL
	ALP	42	26-84 U/L
	ALT	151	10-47 U/L
	AMY	46	14-97 U/L
	AST	122	11-38 U/L
	Tbil	1.0	0.2-1.6 mg/dL
	BUN	19	7-22 mg/dL
	Ca	7.5	8.0-10.3 mg/dL
	Chol	64	100-200 mg/dL
	CK	100	30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.3	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	103	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	3.8	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology: (CBC) | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC	12.3	4.8-10.8 x10(3)/uL
	RBC	3.01	4.2-6.1 x10(6)/uL
	Hgb	9.5	12.0-18.0 g/dL
	Hct	27.0	35.0-60.0%
	MCV	89.5	80.0-99.0 fl
	MCH	31.6	27.0-31.0 pg
	MCHC	35.4	33.0-37.0 g/dL
	Plt	96	130-400 x10(3)/uL
	LY%	10.9	15.0-55.0%
	LY#	1.3	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%

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:		

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

Malaria Smear

Thin		No Plasmodium See
Thick		No Plasmodium See

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT	13.4	10-13 seconds
APTT	33.4	22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

POTUS [redacted]

992
O_2 40%

SPECIMEN/LAB RPT. NO

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☒

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

SPECIMEN SOURCE (Specify)
ARTERIAL

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE [redacted]

REPORTED BY [redacted] MD

DATE 0633 29 Oct

LAB ID NO.

557-107

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

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
	10/25/03	0630	[redacted]	Na 138
				K 3.6
				TCO2 29
				iCa 1.68
				Hct 24
				Hb 8
				pH 7.491
				PCO2 37.6
				PO2 201
				HCO3 28
				BEecf 5
				SO2 100

POTUS # [redacted]

SPECIMEN/LAB RPT. NO

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☒

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE [redacted]

REPORTED BY (b)(6)-2 MD

DATE 1609 28 Oct 03

LAB ID NO.

REMARKS [redacted] FiO2-40% T-97.8

557-107

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

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
	25 OCT 03	1553		Na 137
				K 3.3
				TCO2 31
				iCa 1.09
				pH 7.459
				PCO2 41.1
				PO2 195
				HCO3 29
				BEecf 5
				100

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)*

Critical value for Hg reported to SGT [redacted] 66-2

POTUS # (b)(6)-4

FCU

SPECIMEN/LAB RPT. NO

MISC

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

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD ECH | DATE 26oct03 | LAB ID NO.

REMARKS

ABG T-99° FiO2-40% 1905 HR

TEST(S) | SPECIMEN TAKEN DATE 26Oct03 TIME 1859 A.M. P.M. | REQUESTED | RESULTS

Na 142
K 3.7
TCO2 34
ica 1.10
Hct 22%
Hb 7 C.V.
HCO3 33
BEef 10
SO2 100%
PH 7.500
PCO2 41.9
PO2 204
FIO2 48%
patient Temp 99.0

557-107

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

POTUS (b)(6)-4

ICU

Critical value on Hg reported to LT (b)(6)-2

SPECIMEN/LAB RPT. NO

MISC

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

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD ECH | DATE 26oct03 | LAB ID NO.

REMARKS

ABG 2000 HR T-99.7 FiO2-24/NC 28%

TEST(S) | SPECIMEN TAKEN DATE 26Oct03 TIME 2000 A.M. P.M. | REQUESTED | RESULTS

Extubation

Na 141
K 3.6
TCO2 33
ica 1.10
Hct 20%
Hb 7 C.V.
HCO3 32
BEef 9
SO2 100%
PH 7.425
PCO2 41.5
PO2 192
Patient Temp 99.7
FIO2 25

557-107

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

HOSPITAL OR MI... ...AINED AT

SPONSOR'S NAM...

PATIENT'S IDEN... ...ARD NO.

Date of Birth; Rank/Grade.)

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

STANDARD FORM 600 (REV. 6-97) BACK

FPI. LEX. Printed on Recycled Paper

POTUS # (b)(6)-4

TEMP ~~99.4~~ 100.4

O_2 40%

ICU

MISC

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

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

SPECIMEN SOURCE (Specify): ARTERIAL

SPECIMEN/LAB RPT.

PATIENT'S MED. RECORD

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

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

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

DATE: 26 Oct 03

LAB ID NO.

REMARKS

557-107

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

TEST(S) | SPECIMEN TAKEN: DATE 10/26/03 TIME 1100 A.M. P.M. | REQUESTED: ABG | RESULTS: Na-138 K-3.6 iCa-1.09 TCO2-33 HCO3-31 BEecf-7 SO2-100 @ pt temp PH-7.409 PCO2-49.7 PO2-186

Potus (b)(6)-4

ICU

26 OCT 03

MISC

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

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

SPECIMEN SOURCE (Specify): Blood

SPECIMEN/LAB RPT. NO

PATIENT'S MED. RECORD

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

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

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

DATE: 26 OCT 03

LAB ID NO.

REMARKS

SaO_2-100% BO_2-40% T-99°

557-107

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

TEST(S) | SPECIMEN TAKEN: DATE 26 OCT 03 TIME 1720 A.M. P.M. | REQUESTED: ABG | RESULTS: Na-140 K-3.6 TCO2-33 HCO3-32 BEecf-8 SO2-100% @ pt temp PH-7.455 PCO2-45.6 PO_2-174

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

ABG, CBC, Chem 12, PT/PTT

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:	X STAT / Routine	Specimen Date and Time:	Reported by:	Date and Tim
(b)(6)-2	ICU		26OCT03 0425	(b)(6)-2	26 [illegible]

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

X	TEST	RESULT	REF. RANGE
	Na	138	128-145 mmol/L
	K	3.5	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.503	7.35-7.45
	PCO2	40.9	35-45 mmHg
	PO2	253	80-90 mmHg
	TCO2	33	18-33 mmol/L
	HCO3	32	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	9	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.07	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

Chemistry (Piccolo Analyzer) — Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.8 *	3.3-5.5 g/dL
	ALP	47	26-84 U/L
	ALT	135 *	10-47 U/L
	AMY	45	14-97 U/L
	AST	157 *	11-38 U/L
	Tbil	0.9	0.2-1.6 mg/dL
	BUN	14	7-22 mg/dL
	Ca	7.9 *	8.0-10.3 mg/dL
	Chol	75 *	100-200 mg/dL
	CK	✓	30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.4 *	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	122 *	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.3 *	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology — CBC Malaria H/H

X	TEST	RESULT	REF. RANG
	WBC	8.8	4.8-10.8 x10(3
	RBC	2.76	4.2-6.1 x10(6)
	Hgb	8.7	12.0-18.0 g/
	Hct	24.8	35.0-60.0%
	MCV	90.0	80.0-99.0 fl
	MCH	31.4	27.0-31.0 p
	MCHC	34.9	33.0-37.0 g/
	Plt	96	130-400 x10(3)
	LY%	6.6	15.0-55.0%
	LY#	0.6	0.7-4.3 x10(3)/

Differential

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

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:		

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

Malaria Smear

Thin		No Plasmodium S
Thick		No Plasmodium S

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT	12.3	10-13 seconds
APTT	31.0	22.1-33.7 seconc
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

critical value reported to [redacted] LT, [illegible]

21st COMBAT SUPPORT HOSPITAL

ORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
Potus [redacted]				

Physician:	Ward:	STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
[redacted]	ICU	STAT	27OCT03 0545	[redacted]	27Oct03

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

X	TEST	RESULT	REF. RANGE
	Na	142	128-145 mmol/L
	K	3.1	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.450	7.35-7.45
	PCO2	44.9	35-45 mmHg
	PO2	201	80-90 mmHg
	TCO2	32	18-33 mmol/L
	HCO3	31	22-28 mmol/L
	sO2	100	95-99%
	BEecf	7	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.09	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	1.8 *	3.3-5.5 g/dL
	ALP	52	26-84 U/L
	ALT	108 *	10-47 U/L
	AMY	119 *	14-97 U/L
	AST	179 *	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	7.7 *	8.0-10.3 mg/dL
	Chol	88 *	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.2	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	189 *	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.6 *	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	6.7	4.8-10.8 x10(3)/uL
	RBC	2.56	4.2-6.1 x10(6)/uL
	Hgb	8.4	12.0-18.0 g/dL
	Hct	23.4	35.0-60.0%
	MCV	91.2	80.0-99.0 fl
	MCH	32.9	27.0-31.0 pg
	MCHC	36.0	33.0-37.0 g/dL
	Plt	134	130-400 x10(3)/uL
	LY%	13.1	15.0-55.0%
	LY#	0.9	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 See
	Thick		No Plasmodium See

Sed Rate

	Sed Rate		1hr = 0-20 mm

Coagulation

	PT	13.3 *	10-13 seconds
	APTT	20.9 *	22.1-33.7 seconds
	FDP		Negative
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

ABG ABG MEDCOM - 2633 [illegible] 7.89

critical value Hgb reported (b)(6)-2

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:		Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	X STAT / Routine	28 OCT 03 0420	(b)(6)-2	28 Oct 03

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

X	TEST	RESULT	REF. RANGE
	Na	139	128-145 mmol/L
	K	4.5	3.3-4.7 mmol/L
	Cl	27	98-108 mmol/L
	pH	~~7.07~~ 7.456	7.35-7.45
	PCO2	37.2	35-45 mmHg
	PO2	127	80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3	26	22-28 mmol/L
	sO2	98%	95-99%
	BEecf	2	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.04	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:		

Chemistry (Piccolo Analyzer) — Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.7	3.3-5.5 g/dL
	ALP	54	26-84 U/L
	ALT	112	10-47 U/L
	AMY	127	14-97 U/L
	AST	152	11-38 U/L
	Tbil	0.9	0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	7.5	8.0-10.3 mg/dL
	Chol	120	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.4	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	281	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.5	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	5.9	4.8-10.8 x10(3)/uL
	RBC	2.65	4.2-6.1 x10(6)/uL
	Hgb	8.3	12.0-18.0 g/dL
	Hct	24.2	35.0-60.0%
	MCV	91.5	80.0-99.0 fl
	MCH	31.2	27.0-31.0 pg
	MCHC	34.1	33.0-37.0 g/dL
	Plt	174	130-400 x10(3)/uL
	LY%	20.0	15.0-55.0%
	LY#	1.2	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 Seen
	Thick		No Plasmodium Seen

Sed Rate

	Sed Rate		1hr = 0-20 mm

Coagulation

	PT	12.3	10-13 seconds
	APTT	27.0	22.1-33.7 seconds
	FDP		Negative
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

Other: ABG, CBC, Chem 12 or PT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES

Potus # (b)(6)-4

MISC

SPECIMEN/LAB RPT. NO

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

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

SPECIMEN SOURCE (Specify): Blood

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 28 Oct 03 0458 | LAB ID NO.

REMARKS: CBC, Chem 12, PT PTT

TEST(S) | SPECIMEN TAKEN: DATE 29 Oct 03 TIME 0415 A.M. P.M. | REQUESTED | RESULTS

ALB 1.8 *
ALP 75
ALT ~~104~~ 107 *
AMY 114 *
AST 136 *
TBIL 1.1 PT-11.8
BUN 10 APTT-25.9
CA 7.8 *
CHOL 127
CRE 1.1
GLU 141 *
TP -5.1 *
WBC-6.5
RBC-2.99
Hgb-9.0
Hct-27.1
MCU-90.8
MCH-30.0
MCHC-33.1 Ly%-18.4
PLT-250 Ly#-1.2

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

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.	WARD NO.

Potus # (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1(

USAPA V1.0

0845 HH 11.9/54.4
ABG PCO2 40.5 PO2 390
HCO3 22 BE -5
Na 137 K 5.2
ICA 0.94 ph 7.328

1942	5.4	19.1	144	3.1	1.08	7.196	4	393	17	-11	
43	8.9	25.2	144	4.0	1.02	7.186		396	17	-11	

UNASYN @ 0900

NS @ 100 ml

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)													
Vasopressin (U)	U/min							0.3	0.3	0.3	0.5	0.2	0.2
Vasopressin U							2	Fentanyl µg 50/50					
EPI <1	mg/min						3	3					
EPI mg						0.5/10	0.3						
Dopamine µg/kg/min					15	20	20	20	10	5	5	5	3
NED 0.1-40 µg				120									
VOLAT AGENT	Forane % e.t.	1.0	0.4	0.5					0.2	0.3	0.4	0.4	0.4
		VECURONIUM mg							5			5	
UNASYN	LINDOCAINE 1%												
Versed	mg/min												
O2	L/Min	2	2	2	2	2	2	2	2	2	2	2	2

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

FLUIDS

LINE site	☐ Warmed											
CRYSTALLOID	☐ Warmed					1000	500/650		800		500	
	☐ Warmed											
Fentanyl µg	☐ Warmed	150										

LOSSES

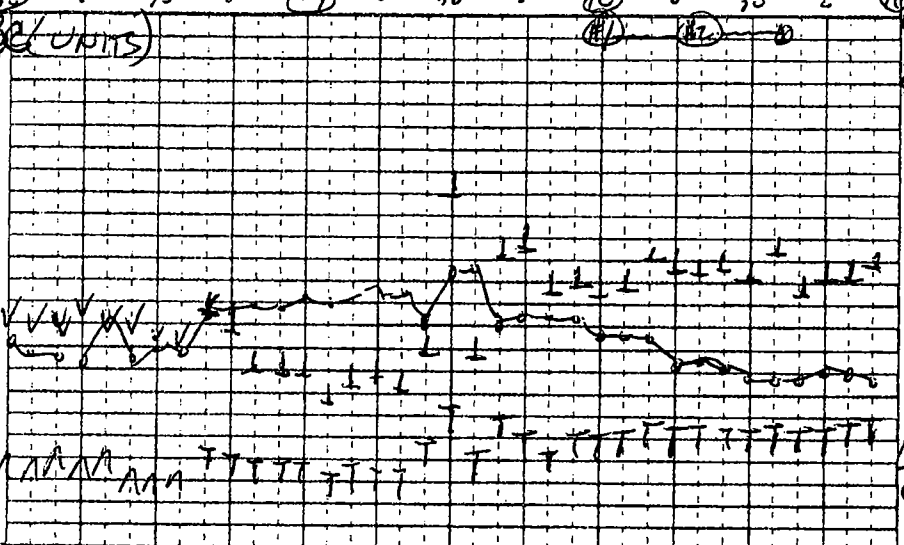
EST BLOOD LOSS								400				
URINE								50	100	150	300	200

TOTALS	TOTAL EBL
	1000
	TOTAL URINE
	900

FLUIDS SUMMARY
CRYSTALLOID- 8500
COLLOID- 700 (25% Albumin)
BLOOD- 2U PRBCs

PHYS STATUS: 1 2 3 4 5 (E)
BODY WEIGHT: 70 (G) LB
HEMATOCRIT:
INITIAL DATA: BP- 97/45 HR- 95
EQUIP CHECK: OK? (Y) N
PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME (0800 – 1100)
SYMBOLS: BP by cuff (V); Heart rate (∧); Resp rate (●); BR (transducad) (+); TOURNIQUET (T—T); ANES- X-X; PROC- ⊙-⊘
(PRBC UNITS)



VENTIL												
VT - ml	670	690	730	660	680	670	700	690	680	690	710	690
f - breaths/min	10	8	7	7	7	8	7	7	7	7	6	6
Peak Inf pres / PEEP	20	19	19	18	18	19	19	19	19	19	21	21
MODE - S(pon), A(sist), C(on)	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV

MONITORS/ACCESSORIES												
BP/Auto Cuff / ET CO2 (torr)	42	36	35	30	31	32	30	30	30	29	29	30
BP/oth / FIO2 (Frac or %)	.94	.94	.93	.94	.94	.94	.93	.93	.93	.93	.94	.94
ART line (L RAD) / SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES / ECG	SR	SR	ST	ST	ST	ST	ST	ST	SR	SR	SR	SR
Gas analyzer / TEMP-site F/H (Skin)							33	33	33	33	33	33
N-M Block (T/4)												
Warming blkt / Level 2					41°C							
Conv warmer												

Mark with letters & symbols, explain under REMARKS — EVENTS / Position: ARMS <90° / Head Padded / EYES TAPED FROM ENT

REMARKS — Code drugs with numbers, events with letters

70 m 25 µg
0830 NG tube placed
(A) Radial A-line placed
915 5 mg Ep
916 Biscuits
917 Cv
921 3 mg Ep
Albumin 25% (100 cc)
1000 18 g IV placed
(B) hand

RECOVERY AT
PACU (CU) ____ (Specify)
OTHER ____
CONDITION:
RESP- SpO2-
BP- HR-

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0808	0800	1132
	Ready	Begin	End
PROC	0805	0815	1105

PROCEDURES and CPT Codes:
EXP. LAPAROTOMY / THORACOTOMY

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
INTUBATED IN EMT; DLX 1, ATRAUMATIC

SURGEONS:

PROCEDURE LOCATION:
DATE:

Cont'd. from page 1

MEDICAL RECORD - ANESTHESIA

Not used at this time; 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)
VASOPRESSIN CI	0.2
DOPAMINE µg/kg/min	3
( )	
Bicarb 8.4% 1/hour	2
( )	
( )	
VOLAT AGENT ~~Halothane~~	% del
	% e.t.
~~AIR~~	L/Min
~~N2O~~	L/Min
O2	L/Min 2

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

FLUIDS

LINE site	
	☐ Warmed
	☐ Warmed
	☐ Warmed
	☐ Warmed

LOSSES: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP- / ; HR-

EQUIP CHECK: OK? - Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME (24 hr) 0 30

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	690
f - breaths/min	9
Peak inf pres / PEEP	20
MODE - S(pon), A(ssist), C(on)	CV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	35
BP/oth	FIO2 (Frac or %)	.54
ART line	SpO2 (%)	100
Steth- PC/ES	ECG	JR
Gas analyzer	TEMP-site FH	33
	N-M Block (T/4)	
Warming blkt		
Conv warmer		

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

TOTALS | **TOTAL EBL** | **TOTAL URINE**

FLUIDS SUMMARY: CRYSTALLOID- ; COLLOID- ; BLOOD-

REMARKS

Code drugs with numbers, fluids with letters

Intubated
ICU TO ICU
VA over neg
VS 172/66
92
100%.
Report given
Lab up to date
1/21 Vasopressin
D/C'd

Placed on
vent
RR 12
VT 700,
Peep 5
100% O_2

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

CONDITION: RESP- SpO2- BP- HR-

ANESTHESIA / PROCEDURE TIMES

ANES	Start	Room	End
PROC	**Ready**	**Begin**	**End**

PROCEDURES and CPT Codes:

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

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

See page #7

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

POTUS (b)(6)-4

SURGEONS:

PROCEDURE LOCATION:

DATE:

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] 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: 23 Oct 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P GSW Kidney/Liver

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: confirm

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO A; Rh POS

RECIPIENT: ABO A; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: N/P

CROSSMATCH: ~~N/P~~ Comp

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

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

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP (b)(6)-2

AT *(Hour)* 2022 HR ON *(Date)* 23 oct 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 MAJ AN

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

PRE (b)(6)-2

TEMP. 96.3 (AX) PULSE 91 BP 142/50

DATE OF TRANSFUSION: 23 Oct 03

TIME STARTED: 2030

POST-TRANSFUSION DATA

AMOUNT GIVEN: 417 ML

TIME/DATE COMPLETED/INTERRUPTED: 23 Oct 03 2055

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 96.8 (AX) PULSE: 98 BLOOD PRESSURE: 109/77

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)* N/A

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

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

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

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

SEX: M WARD: ICU

NAME/RANK:
SS #:
DOB:
UNIT:

Potus (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 2638

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

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

DATE REQUESTED: 23 Oct 03

DATE AND HOUR REQUIRED: ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P GSW Kidney/Liver

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

DATE VERIFIED: on file

TIME VERIFIED

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 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/P

CROSSMATCH: Comp

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

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

DONOR
ABO: A
Rh: POS

RECIPIENT
ABO: A
Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

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

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)*: 1945 HR ON *(Date)*: 23 Oct 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 [redacted] MAJ AN

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

PRE-TRANSFUSION
TEMP. 96° (AX) PULSE 92 BP 104/65

DATE OF TRANSFUSION: 23 Oct 03

TIME STARTED: 1950

POST-TRANSFUSION DATA

AMOUNT GIVEN: 4121 ML

TIME/DATE COMPLETED/INTERRUPTED: 2015

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE: 96.3 (A) PULSE: 91 BLOOD PRESSURE: 134/73

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)* N/A

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

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

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

SEX: M

WARD: ICU

NAME/RANK: Potus

SS #:

DOB:

UNIT:

(b)(6)-4 [redacted]

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 - 2639

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

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

DIAGNOSIS OR OPERATIVE PROCEDURE: Post Operative

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)*

SIGNATURE OF VERIFIER: Previous Clot

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 23 Oct 03

TIME VERIFIED: 1155

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Not Performed	OK

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

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

DONOR	RECIPIENT
ABO A	ABO A
Rh Pos	Rh Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE

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

SECTION III – RECORD OF TRANSFUSION

(b)(6)-2

AT (Hour) 1330 ON (Date) 28 Oct 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 PC 91WMLC

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. 33° C PULSE 88 BP 123/59

DATE OF TRANSFUSION: 23 Oct 03 TIME STARTED: 1336

POST-TRANSFUSION DATA

AMOUNT GIVEN: 401 ML

TIME/DATE COMPLETED/INTERRUPTED: 1455 23 Oct 03

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE: 91.3 (A) PULSE: 81 BLOOD PRESSURE: 100/64

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)* N/A

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

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

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

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

SEX: M WARD: ICU

Name/Rank: Potus (b)(6)-4

SSN #:

DOB:

Unit:

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 - 2640

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: 23 Oct 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Ex Lap

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 previous clot

DATE: 23 Oct 03

TIME VERIFIED: 0740

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO A; Rh POS

RECIPIENT: ABO A; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Not performed	OK

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 23 Oct 03

REMARKS: Due to the critical condition of the below named patient the requesting physician named above is requesting immediate release of this blood product w/out complete testing and is accepting full respo of the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1225 ON *(Date)* 23 Oct 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 MAT

2nd VERIFIER *(Signature)*: (b)(6)-2 SGT/LPN

PRE-TRANSFUSION

TEMP. 33°C PULSE 78 BP 141/61

DATE OF TRANSFUSION: 23 OCT 2003

TIME STARTED: 12:30

POST-TRANSFUSION DATA

AMOUNT GIVEN: 473 ML

TIME DATE COMPLETED: 1336 23 Oct 03

INTERRUPTED

REACTION: [✓] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

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

[✓] NO [ ] YES *(Specify)* _____

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

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

POTUS (b)(6)-4

SEX: M

WARD: ICU

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

MEDICAL RECORD COPY

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

Potus # (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 230CT03 TIME OF ORDER 1120 HOURS

LIST TIME ORDER NOTED AND SIGN

(b)(6)-2

1. Admit to ICU
2. Dx, S/p GSW to (R) Kidney/liver
3. Condition critical
4. Vital, I/O's q1°
5. Bedrest
6. Log Roll
7. CT to suction @ 20cm

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

8. Diet NPO
9. IV LR @ 150cc/hr
10. Unasyn 3gms IVPB q6° 03-09-15-21
11. Zantac 50mg IV q8° 06-14-22
12. Morphine 2-8mg IV q1° prn
13. Vasopressin 0.2 units/min
14. Foley to gravity

Noted 230CT03 1335 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

15. ABG, CBC Chem-12 NOW PT/PTT
16. CXR Portable ASAP
17. Titrate Vasopressin to maintain SBP > 100
18. Versed 1-2mg IV q1° prn

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 230CT03 TIME 1120

19. Dopamine 3mcg/kg/min, titrate to effect
20. Vent orders: TV 700, rate 12/m, 100% O_2, 5 PEEP

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

240 charted 2200 240CT03 (b)(6)-2 RN

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

MEDCOM - 2642

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: Potus (b)(6)-4

DATE OF ORDER: 10/23/03 TIME OF ORDER: 1240 HOURS

LIST TIME ORDER NOTED AND SIGN

1) ↓ Rate on Vent to 10
2) Transfuse 2 units PRBC each over 1 hr.

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO. (b)(6)-2

Transfusion 23 Oct 03 1333

PATIENT IDENTIFICATION

DATE OF ORDER: 10/23/03 TIME OF ORDER: 1515 HOURS

23 Oct 03 1530

1) Warm FIO_2 to keep Sat > 92
2) ABG now
3) CBC now
4) NG to LIS

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23 Oct 03 TIME OF ORDER: 1543 HOURS

23 Oct 03 1550

1) Bolus 1 Liter LR

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23 Oct 03 TIME OF ORDER: 1559 HOURS

23 Oct 03 1600

1) Bolus 2nd Liter of LR

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 4256

MEDCOM - 2643

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

Potus (b)(6)-4

23 Oct 03 1610 (b)(6)-2

DATE OF ORDER 10/23/03 TIME OF ORDER 1600 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Hold 2nd L LR
2. Na Bicarb 2 Amps - done
3. ABG @ 1630
4. D Vent TV 800 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

23 Oct 03 1700 (b)(6)-2

DATE OF ORDER 10/23/03 1700 HOURS

1. LR 1 liter Solum
2. ABG @ 1800
3. ↓ FIO2 to 40

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

23 Oct 03 1815 (b)(6)-2 done 1825 (b)(6)-2

DATE OF ORDER 10/23/03 TIME OF ORDER 1836 HOURS

1. Transfuse 2 units PRBC
2. 2 Amps Na Bicarb SVP
3. Calcium Chloride 1 Amp - done

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER 10/23/03 TIME OF ORDER 2300 HOURS

1. ABG CBC Chem-12 in AM
2. Cxr Portable QAM

(b)(6)-2

(b)(6)-2

(b)(6)-2

2300 03 2315

NURSING UNIT | ROOM NO. | BED NO.

24' Chart ✓ 2200 24 Oct 03 (b)(6)-2 Cpt AN

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

Potus (b)(6)-4

DATE OF ORDER 10/29/03 TIME OF ORDER 0508 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Bolus 1 liter LR now

Done 0510 (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

Potus (b)(6)-4

DATE OF ORDER 10/24/03 TIME OF ORDER 0900 HOURS

noted 24 Oct 03 (b)(6)-2

(1) Bolus 1l LR now

(2) Dopamine @ 5mg/kg/min

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

Potus (b)(6)-4

24 Oct 03 1600 (b)(6)-2

DATE OF ORDER 10/24/03 TIME OF ORDER 1530 HOURS

(1) Daily ABG CBC Chem-12, PT/PTT Each AM

(2) Daily Portable CXR R/O effusion

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

24° chart ✓ 24 Oct 03 2200 (b)(6)-2 OPT AN

PATIENT IDENTIFICATION

Potus (b)(6)-4

noted 10/25/03 0820 (b)(6)-2

ORDER 10/25/03 OF ORDER 0800 HOURS

(1) 6 Rate to 8 on Vent Done 0800

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 25 Oct 03 | TIME OF ORDER: 1415 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) May sit HOB up to 45 degrees
(2) Δ Vent to SIMV RR (b)(6)-2 [redacted] 8 (Eyes LA)
(3) ABG @ 1600
(4) May turn side [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

DATE OF ORDER: 25 Oct 03 | TIME OF ORDER: 1420 HOURS

(1) Wean dopamine to off
Keep [redacted] 66-2 >100

(b)(6)-2 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

DATE OF ORDER: 25 Oct 03 | TIME OF ORDER: 1430 HOURS

VO DR (b)(6)-2 [redacted] (b)(6)-2 [redacted]
(1) Δ fluids to DSNS + 20K @ 125

(b)(6)-2 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: POTUS # 310

DATE OF ORDER: 26 Oct 03 | TIME OF ORDER: 0910 HOURS

(1) ↓ IMV to 6
(2) ABG @ 1100

(b)(6)-2 [redacted]

NURSING UNIT: 24° chart | ROOM NO. | BED NO.: 28 Oct 03 2226 (b)(6)-2 [redacted]

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
POTUS # (b)(6)-4	10/26/03	1715 HOURS	
	ABG NOW		
	(b)(6)-2		
NURSING UNIT: ICU / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
POTUS # (b)(6)-4	10/26/03	1901 HOURS	
	(b)(6)-2		
	① ABG NOW.		
	(b)(6)-2		
NURSING UNIT: ICU / ROOM NO. (b)(6)-2 / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
POTUS # (b)(6)-4	10/26/03	1920 HOURS	
	② ABG @ 2000		
	③ Wean FIO2, keep Sat > 90%		
	④ D/c Versed		
	⑤ IV to 75cc/hr		
	⑥ D/c NET		
	(b)(6)-2		
NURSING UNIT: ICU / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
POTUS # (b)(6)-2	10/26/03	2280 HOURS	
	CT to [illegible]		
	(b)(6)-2		(b)(6)-2
NURSING UNIT: ICU / ROOM NO.: 24 chart ✓ / BED NO. (b)(6)-2	CPT [illegible] 29 OCT 03 @ 2215		

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: POTUS # (b)(6)-4

DATE OF ORDER: 10/27/03 TIME OF ORDER: 0900 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Clear liquids
(2) Heparin 5000 units SQ q 12°
(3) Incentive Spirometry q 2° while awake
(4) ~~Ad~~ DPE

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-2

DATE OF ORDER: TIME OF ORDER: 10/27/03 HOURS

(1) Potassium liquid 20 meq q 8° x 3

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/28/03 TIME OF ORDER: 1110 HOURS

(1) Reg diet

(b)(6)-2

noted (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/29/03 TIME OF ORDER: 0930 HOURS

(1) Peripheral IV - Leptoch
(2) Tylenol #3 1-2 po q 4-6° prn
(3) Dulcolax 10 mg po QD 1st dose ASAP
(4) Colace 100 mg po TID
(5) D/C Daily Lab work

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: POTUS # (b)(6)-4

DATE OF ORDER: 29 Oct 03 — TIME OF ORDER: 1430 HOURS — LIST TIME ORDER NOTED AND SIGN

(1) Vitals q 4°

(b)(6)-2

NURSING UNIT: ICU — ROOM NO. — BED NO. (b)(6)-2

1500 29 Oct 03

PATIENT IDENTIFICATION: POTUS # (b)(6)-4

DATE OF ORDER: 29 Oct 03 — TIME OF ORDER: 2200 HOURS

(1) DR (b)(6)-2

(1) D/C Heparin

(b)(6)-2

Noted (b)(6)-2 10/29/03 @ 2200

NURSING UNIT: ICU — ROOM NO. — BED NO. — Chart V'ed (b)(6)-2 29/oct03 @ 2200

PATIENT IDENTIFICATION: POTUS # (b)(6)-4

DATE OF ORDER: 30 Oct 03 — TIME OF ORDER: 2000 HOURS

(1) Morphine 2-8mg IVP q 1° nrn pain

(b)(6)-2

30 Oct 03 2000 (b)(6)-2

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

PATIENT IDENTIFICATION: POTUS # (b)(6)-4

DATE OF ORDER: 10/31/03 — TIME OF ORDER: 1400 HOURS

(1) Portable CXR - ASAP S/P CT Removal

(1) Dulcolax 10mg Supp ¼ PR now

(b)(6)-2

NURSING UNIT: ICU — ROOM NO. — BED NO. — 24° Chart (b)(6)-2 2000 03 0020 (b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MA

MEDCOM - 2649

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

DATE OF ORDER: 31 Oct 03 — TIME OF ORDER: 1410 HOURS — LIST TIME ORDER NOTED AND SIGN

VO DR [redacted] (b)(6)-2 / [redacted] (b)(6)-2 — 1 Vitals Q8°

[redacted] (b)(6)-2 — 784

NURSING UNIT: ICU — ROOM NO.: 24 Chart — BED NO.: 2 Nov 03 @ 0020 [redacted] (b)(6)-2 — CP

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

DATE OF ORDER: 3 Nov 03 — TIME OF ORDER: 0850 HOURS

1. D/c Urasyn
2. Heplock IV
3. D/c Zantac
4. D/c S/O's

[redacted] (b)(6)-2 — done

NURSING UNIT — ROOM NO. — BED NO.

PATIENT IDENTIF... — DATE OF ... — TIME OF ORDER

FOR: DCCS

022100 NOV 03

MSG [redacted] (b)(6)-2 — 581 - [redacted] (b)(3)-1

Called to let the DCCS know that the paperwork for the patient that got hit in the back and is paralysed will be ready tomorrow. He should also be EVAC out of here tomorrow. (they are working on a C-130).

NURSING: ICU

PATIENT

NURSING: ICU

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

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

MEDCOM - 2650

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)
For use of this form, see AR [illegible]
the proponent agency is the Office of The Surgeon General

10 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29	30	31	1	2	3	4
23oct	(b)(6)-	IV LR @ 150u/hr	D	(b)(6)-2												
		D5NS + 20K @ 75	E													
		125	N	(b)(6)-2												
23oct	(b)(6)-2	Unasyn 3gms IVPB	03													
		q6°	09													
			15	(b)(6)-2												
			21													
23oct	(b)(6)-2	Zantac 50mg IVPB	06													
			14													
			22													
23oct	(b)(6)-2	Vasopressin titrate	D	(b)(6)-2												
		to maintain SBP>100	E													
			N	(b)(6)-2												
23oct	(b)(6)-2	Dopamine 3mcg/kg/min	D	(b)(6)-2												
		titrate to effect	E	(b)(6)-2												
		wt [illegible]	N													
24oct03	(b)(6)-2	Dopamine @ 5mcg/kg/min	D	✓	(b)(6)-2											
		Ween to off, keep	E	✓												
		SBP>100	N	✓	(b)(6)-2											
10/27/03	(b)(6)-2	HEPARIN 5000 units	10	✓	✓	✓	(b)(6)-2									
		SQ Q 12°	22	✓	✓	✓	✓	(b)(6)-2								
10/29/03	(b)(6)-2	DULCOLAX 10mg PO	10	✓	✓	✓	✓	✓	✓	(b)(6)-2						
		QD		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
10/29/03	(b)(6)-2	COLACE 100mg PO	06	✓	✓	✓	✓	✓	✓	(b)(6)-2						
		TID	14	✓	✓	✓	✓	✓	✓	(b)(6)-2						
			24	✓	✓	✓	✓	✓	✓							

D/c'd

D/c'd 10/24/03

D/c'd

D/c'd 29 oct 03 @ 2300 (b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p GSW to (R) kidney/liver

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

Potus (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	04	01	02	03	04	05	06	07

ADDITION OF [illegible] USED.

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

No _____ Pr _____

Order Date	Clerk/Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23 Oct	(b)(6)-2	Transfuse ⅔ U PRBC @ over 1° #2	23 Oct	1230	(b)(6)-4	#2
		#1	23 Oct	1335		#1
23 Oct	(b)(6)-2	Bolus ⅓ Liter LR	23 Oct	STAT	1545	(b)(6)-2
23 Oct		Bolus 2nd liter LR	23 Oct	STAT	1600 HOLD	
23 Oct		Na Bicarb 2 Amps - done	23 Oct	done	1600	
23 Oct		LR 1 liter bolus	23 Oct	now	1700	
23 Oct		Transfuse 2 units PRBCs #1	23 Oct		1950	
		#2	23 Oct		2030	
23 Oct	(b)(6)-2	2 Amps bicarb (NA) IVP	23 Oct	now	1825	
23 Oct		Calcium Chloride, 1 Amp - done	23 Oct		1800	
24 Oct		Bolus ⅓ Liter of LR	24 Oct	0850	0850	
27 Oct		POTASSIUM Liquid 20 meq Q8° x 3	27 Oct		0900	(b)(6)-2
			27 Oct		1700	
			28 Oct		0100	
31 Oct	(b)(6)-2	Dulcolax supp 10 mg PR	31 Oct	1500	1540	

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
23 Oct	(b)(6)-H	Morphine 2-8 mg IV	23 Oct 1515	10/23 1720	10/24 0700	10/24 0920	10/24 1025	10/24 1100	10/24 1240	10/24 1715	10/24 1915	10/24 2110	10/25 0130	10/25 0800	10/25 0925	10/25 1205
		q 1° prn	4 mg	4 mg	2 mg IV	2 mg IV	2 mg IV	2 mg IV	2 mg	2 mg	3 mg	3 mg	4 mg	3 mg	3 mg	4 mg
			(b)(6)-2													
23 Oct		Versed 1-2 mg IV q 1°	10/23 1525	10/23 1620	10/23 1720	10/25 0935	10/25 1340	10/25 1500	10/25 1645	10/25 1915	10/26 0635	10/26 1035	10/26 1207	D/C @		
		prn	2 mg	2 mg	2 mg	1 mg	1 mg	1 mg	1 mg	1 mg	2 mg	1 mg	1 mg			
			(b)(6)-2													
23 Oct	Recovered (b)(6)-2	Morphine 2-8 mg IV	3 mg 10/25	3 mg 10/25	10/26 0645	10/26 0930	10/26 1440	10/26 1640	10/26 2335	27 Oct 1025	27 Oct 3 mg	28 Oct	28 Oct 1515	29 Oct 0315	29 Oct	
		Q 1° PRN	1500	1645	4 mg	1 mg	3 mg	1 mg	3 mg	3 mg	2100	3 mg	5 mg	2 mg	0750	
			(b)(6)-2						(b)(6)-2							
29 Oct	(b)(6)-2	TYLENOL #3 1-2	29 Oct 2 tabs PO	29 Oct 1525	30 Oct 0140	10/30 1825	10/30 2250	10/31 0735	10/31 1305	31 Oct 1105	1 Nov ⅔	1 Nov ⅔	1 Nov 1710	1 Nov ⅔	2 Nov ⅔	2 Nov ⅔
		PO Q 4-6° prn	1130	⅔	⅔	⅔	⅔	⅔ PO	⅔ PO	⅔ PO	0750	1215	⅔	2255	0755	1650
			(b)(6)-2				(b)(6)-2		(b)(6)-2							

See back of Procedures sheet for more orders! ny

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 10 of 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23 24 25 26 27 28 29 30 31 01 02 03
23 oct / 29 oct 03 / 3 Nov 03	(b)(6)-2	Vitals I+O q4°	D	(b)(6)-2
		Q8°	E	
			N	
23 oct	(b)(6)-2	Bedrest - Log roll	D	
25 oct 03		May turn side to side,	E	
		↑ HOB to 45°	N	
23 oct	(b)(6)-2	CT to 20cm suction -	D	
26 oct 03	(b)(6)-2	Water seal	E	
			N	
23 oct	(b)(6)-2	Diet NPO	D	(b)(6)-2
			E	Dcd 10/27/03
			N	
23 oct	(b)(6)-2	Vent settings Mode SIMV	D	(b)(6)-2
		FiO2 0.4 Vt 800	E	D/c'd 26 oct 03 1915
		Peep 5 Rate 6	N	(b)(6)-2 (b)(6)-2
23 oct	(b)(6)-2	Foley to gravity	D	(b)(6)-2
			E	
			N	
23 oct	(b)(6)-2	Wean FiO2 to keep	D	(b)(6)-2
		sats >92% 96%	E	(b)(6)-2
			N	
23 oct	(b)(6)-2	NG to LIS	D	
			E	(b)(6)-2 D/c'd 1915 26 oct 03 (b)(6)-2
			N	
23 oct	(b)(6)-2	to effect on CXR Portable QAM	05	(b)(6)-2
24 oct		Daily ABG, CBC, Chem-12,	05	(b)(6)-2 Dcd 10/29/03
		PT/PTT	X	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (R) Kidney/liver

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

Potus (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	31	32	33	34	35	36	37

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
23 Oct	(b)(6)-2	Admit icu - Dr (b)(6)-2	23oct	1140	done	(b)(6)-2
23 Oct	(b)(6)-2	Condition - critical	23oct	1140		
23 Oct	(b)(6)-2	CXR portable ASAP	23oct	1230		
23 Oct	(b)(6)-2	ABG, CBC, Chem 12 PT/PTT now	23oct	1200	done	
23 Oct	(b)(6)-2	ABG, CBC now	23 Oct	now	1545	
23 Oct	(b)(6)-2	Δ vent TV 800	23 Oct		1600	
23 Oct	(b)(6)-2	ABG @ 1630	23 Oct	1630	1640	
23 Oct	(b)(6)-2	↓ FiO_2 to .40	23 Oct		1650	
23 Oct	(b)(6)-2	ABG @ 1800	23 Oct	1800	1755	
23 Oct	(b)(6)-2	ABG	23 oct		2100	(b)(6)-2
23 Oct	(b)(6)-2	ABG, CBC, Chem12 in AM	24 Oct	AM	0445	
25 Oct	(b)(6)-2	ABG @ 1600	25 Oct	1600	1550	
26 OCT	(b)(6)-2	↓ KATE TO 6	26 OCT 03	now	0910	(b)(6)-2
26 OCT	(b)(6)-2	ABG @ 1100	26 OCT	1100	1100	
26 OCT	(b)(6)-2	ABG @ 1715	26 oct	1715	1715	(b)(6)-2
26 OCT	(b)(6)-2	ABG now	26 OCT	1900		
26 OCT	(b)(6)-2	ABG @ 2000	26 oct	2000	2000	

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.

No. 10 Pg. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	MR	DATE COMPLETED 25	26	27	28	29	30	31	1	2	3	4
25Oct03	(b)(6)-2	N/O: Ace bandages to	D	✓	(b)(6)-2									
		BLE	E	(b)(6)-2										
			N											
25Oct03	(b)(6)-2	N/O: PROM to BLE	D	✓	(b)(6)-2									
			E	(b)(6)-2										
			N											
25Oct03	(b)(6)-2	N/O: Maintain flexion of	D	✓	(b)(6)-2									
		feet to prevent foot	E	(b)(6)-2										
		drop	N	(b)(6)-2										
27Oct03	(b)(6)-2	CLEAR LIQUIDS Did	D	✓	✓	(b)(6)-2								
28Oct03		Reg. Diet	E	✓	✓									
			N	✓	✓	(b)(6)-2								
27Oct03	(b)(6)-2	INCENTIVE SPIROMETER	D	✓	✓									
		Q2° While awake	E	✓	✓									
			N	✓	✓	(b)(6)-2								
29Oct03	(b)(6)-2	PIV: HEPLOCK, flush	D	✓	✓	✓	✓	(b)(6)-2						
		Q Shift @ 3-5cc NS	E	✓	✓	✓	✓	(b)(6)-2						
			N	✓	✓	✓	✓							
1NOV03	(b)(6)-2	N/O: Foot splints to	02	✓	✓	✓	✓	✓	✓	✓	(b)(6)-2			
		prevent foot drop. Remove	06	✓	✓	✓	✓	✓	✓	✓				
		Q4° for 1hr	10	✓	✓	✓	✓	✓	✓	✓				
			14	✓	✓	✓	✓	✓	✓	✓				
			18	✓	✓	✓	✓	✓	✓	✓				
			22	✓	✓	✓	✓	✓	✓	✓				

Dc'd 11/1/03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to (R) Kidney/liver

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

Potus # (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	11	02	03	14	15	16	17

MEDCOM - 2655

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

No 10 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
31 Oct	(b)(6)-2	PCXR ASAP "S/P CT removal"	31 Oct	1500	1500	(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED						
30 Oct	(b)(6)-2	Morphine 2-8mg q1°	30 Oct 2000	31 Oct 2003	31 Oct 0945	31 Oct 1305	31 Oct 3mg	31 Oct 2mg	31 Oct 3.2mg
		prn pain	3mg	0835	3mg TV	2mg TV	1V	2315	1645
2NOV03	(b)(6)-2	Tylenol # 3 1-2 po q 4-6° PRN	DISNW	3NOV	3NOV				
			NS 0001	0310	1420				

(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: Ex lap/ Ileectomy

PHYSICIAN:

ANESTHESIA BY:

Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES:

AIRWAYS: Time DC'D

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. %

ASA History

Cardiac Rhythm

IV#1 Patent Infiltrated
Site Rate Gauge

IV#2 Patent Infiltrated
Site Rate Gauge

VITAL SIGNS						PARS SCORE						OTHER	
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 RAC
PRE-OP	95/48	95	vent/intub		33								Blanche Warm; Pulse; Moves Y N
1140	91/46	71	"	"	33	0	0						Blanche Warm; Pulse; Moves Y N
1144	108/43	63	"	"									Blanche Warm; Pulse; Moves Y N
1150	112/46	81	"	"	33								Blanche Warm; Pulse; Moves Y N
1200	97/40	80	"	"									Blanche Warm; Pulse; Moves Y N
1215	156/54	88	"	"									Blanche Warm; Pulse; Moves Y N
1230	157/55	83	"	"	33								Blanche Warm; Pulse; Moves Y N
	see	ICU	flowsheet										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

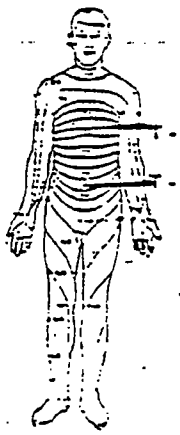
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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		
Pen-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 MAJ

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 23 OCT 03

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

POTUS (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

- Unasyn 0900

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	Crystal	8500	OR	EBL	1000
	25%	100	OR	Urine	200
	2U PRBC	600		NGT	100
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

1140 hrs. Pt received from OR via litter, accompanied by anesthesia, surgeons. Unresponsive, (R) pupil 6mm(+) brisk (L) enucleation. Orally intubated. #8.5 22cm clip. A/C Rate 12 / FiO2 100% / Vt 700 / +5. Bilat breath sounds. CT x 4 to placed to suction. #4 c̄ immediate return of ≈ 250cc sanguinous liquid, Then ↓ rate. IV gtts titrated for BP. BP/HR labile, relatively stable profoundly hypothermic. Extremities flaccid (-) Babinski hindbrain tonsils 1300-> see ICU flowsheet for further details (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: _____ PAR Score _____ Safety Strain _____
Report given to _____. Patient released by Anesthesia _____
Time out _____. Nurses Signature _____

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 (b)(3)-1	I2	(b)(6)-4	Potus# (b)(6)-4 (Detainee)		M

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

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		9 8	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		0810	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
N		

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
			YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 (b)(3)-1 Combat Support Hospital

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
05		20031103

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
ABAA	(b)(3)-1	20031023

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
	(b)(3)-1	

FOR LOCAL USE

DX: 86414
86612
8901
80630
80605
9222
3441
9584
82110
59912

DX: 9261
8622
543
5551
8622 X4
3409
9670

Trauma 9

Injury 569

ADMITTING OFFICER (b)(6)-2 (b)(6)-2 SIGNATURE OF ADMITTING CLERK

MEDCOM - 2659