All b(6)-2 unless otherwise noted

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1 JULY 03 TIME OF ORDER: 2330 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ADMIT TO ICU-3
2. S/P GSW (R) THIGH, (L) [illegible]
3. CONTINUE PCA
4. VS - MONITOR
5. BLOOD WORK
6. RESUME DIET, NPO after MIDNIGHT

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

7. IV - LR at 125 cc/hr
8. BRCODE + GIVEN IVPB Q 8 HRS
9. MSO4, 2-6 mg IVP Q 2 hrs PRN
10. TYLENOL 650 mg P.O. or PR Q 4 hrs PRN
11. PERCOCET 1-2 TABS P.O. Q 4-6 hrs PRN
12. TO OR IN AM [redacted]

NURSING UNIT | ROOM NO. | BED NO.

Chart ✓ 2Jul03 0530

PATIENT IDENTIFICATION

b(6)-4

[redacted]

DATE OF ORDER: 2 JUL 03 TIME OF ORDER: 1830 HOURS [redacted]

1. Surgery on 3 JUL. NPO p MN tonight
Regular diet tonight.
P.O. DR [redacted] LT/AN

[redacted]

NURSING UNIT: ICU3 | ROOM NO. | BED NO.: 24th chart check 0100 03 July 03 [redacted] LT/AN

PATIENT IDENTIFICATION

DATE OF ORDER: 3 JULY 03 TIME OF ORDER: 1500 HOURS

13. RESUME PRIOR DIET
14. REGULAR DIET
15. N - LR at 125 cc/hr NO LOCK WITH FLUSH P.O. [illegible]
16. MSO4, 2-6 mg IVP Q 2 hrs PRN
17. TRANSFER TO WARD WHEN [redacted]

Noted 3 July 03

NURSING UNIT | ROOM NO. | BED NO.

24th ✓ [redacted] LT/AN 6 Jul 03 [redacted]

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

EPW # [redacted]

b(6)-4

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

DATE OF ORDER 6 JUL 03 — TIME OF ORDER _____ HOURS — LIST TIME ORDER NOTED AND SIGN

1. ADMIT TO ICU 3
2. CLOSE WOUND PIST - ADVANCE AS TOLERATED
3. BED - REST ELEVATE RLE & PILLOW UNDER KNEE
4. LR @ 50 cc/hr
5. FOLEY TO GRAVITY

b(6)-2 [redacted]

PATIENT IDENTIFICATION

EPW # [redacted]

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

DATE OF ORDER — TIME OF ORDER _____ HOURS

6. VS PER ROUTINE
7. FENTANYL 100 mg/hr TITRATED FOR PAIN CONTROL
8. PHENERGAN 25 mg IVPB q6 prn NAUSEA
9. ANCEF 1 gm q 8° IVPB
10. ~~[illegible]~~ TAGAMET 300 mg IVPB q6°
11. CALL FOR INCREASING PAIN

PATIENT IDENTIFICATION

EPW # [redacted]

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

DATE OF ORDER — TIME OF ORDER _____ HOURS

IN STUMP - CONCERNS FOR HEMATOMA
12. CBC IN AM

[redacted]

PATIENT IDENTIFICATION

b(6)-4

EPW # [redacted]

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

DATE OF ORDER 6/[illegible] — TIME OF ORDER [illegible] HOURS

b(6)-7

URSIN 2-[illegible] UP pm

Dont [redacted]

b(6)-2

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, [redacted] BE USED.

b(a)-2 All unless otherwise noted

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

ATIENT IDENTIFICATION

b(a)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

7 Jul 03

1- NPO @ MIDNIGHT

2- START IV LR @ 100 cc/hr @ MIDNIGHT - Hep-lock until K/00 Patient [redacted]

[redacted]

24° ✓ done [redacted] LPN/0100 8 Jul 03

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

8 Jul 03

1- ADMIT TO ICU

2- CLOSE LUMBAR DISC - ADVANCED AS TOLERATED

3. BED - REST

4- LR @ 50 cc/hr

5- VS PER ROUTINE

6- FENTANYL 100 mcg/hr PATRATS FOR PAIN CONTROL

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

7- VANCOMYCIN 500 mg IVPB q 12 Q [redacted] 1021 9

8- ZANTAC 50 mg IVPB q 8 U

9- CALL FOR INCREASING PAIN 8 Jul 03 AN

10- CRYO AIM

11- PHENERGAN 25 mg IVPB q 6 PRN NAUSEA

12- POTASSIUM TO GRAVITY

13- IS 10 min q 0

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

14- HEPARIN 5000 U SC q 12°

[redacted]

NURSING UNIT

24° ✓ [redacted] 10 Jul 03 0757

REP [redacted] EDITION OF 1 JUL 77, WHICH MAY BE USED.

DA FORM 1 APR 79 4256

b(6)-2 A/F
unless otherwise noted

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

EPW b(6)-4 [redacted]

DATE OF ORDER 8 JUL 03 TIME OF ORDER 1900 HOURS

LIST TIME ORDER NOTED AND SIGN

MSO4 2-10mg IVPQ2h
Hydromorphone PCA 9mg
Procet 1-2 PO Q3h
D/C foley

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 9 MAR 03 TIME OF O[redacted]

1- CBC this AM
2- Lantaus 800 mg po q AM
3- Colace 100 mg po bid
4- UA
5- ~~AC~~ Furosemide: Times of F
6- Tramadol 30 mg q6° IVPO
7 MOM 2 tsp q4° until BM

Ntd by SPC [redacted] 09 JUL @0800

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER ~~TIME OF ORDER~~ [redacted]

9 MAR 03
1- IV Bolus LR 1 Liter [redacted]
2 CBC + CHEM 7 in AM [redacted]

noted
NS
[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° ✓ Chart ✓ [redacted] 10 Jul 03 0800

PATIENT IDENTIFICATION

TIME OF ORDER

10 MAR 03 HOURS

1- Transfer to ICW 8- ACT per PT
2- VS per routine CONT
3- Z/O q shift
4- Percocet 1-2 po q4° prn pain
5- Colace 100 mg po bid
6- Tramadol 30 mg IVPO q6°
[redacted]

Ntd
10 JULY 1710
SPC [redacted]

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2 All unless otherwise noted

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

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

NURSING UNIT: ICU-3 | ROOM NO. | BED NO.

DATE OF ORDER: 10 Jul 03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1- Vancomycin 500 mg po bid — Ntd by [redacted]
10 Levaquin 500 mg po qd — SPC [redacted] 1710 [redacted]

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 Jul 03 | TIME OF ORDER: 1615 HOURS

1- DC Vanco — Ntd by
2- DC Heparin — SPC [redacted]
3- DC Zantac [redacted] 1710
4- DC Tylenol [redacted]

[redacted]

24 / Admin Resuscitation Medication 0200 12 July [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11 Jul 03 | TIME OF ORDER: 1415 HOURS

1- Admit to ICU 3
2- IVP LR @ 125 cc/hr
3- Regular diet
4- Percocet 1-2 po q4-6 prn pain
5- Vancomycin 500 mg IVPB q 12° — Ntd by [redacted]
6- Levaquin 500 mg po qd
7- Flagyl 250 mg IVPB tid — [redacted] 11 July 03

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER: _____ HOURS

8- CBC q 12 hrs
9- up c̄ assistance
10- Heparin 5000 u q 12° SC
11- NPO p̄ midnight

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 V [redacted]

b(6)-2 All unless otherwise noted

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 # [redacted] | | | | Toradol 30mg IV q 6° . MSO4 1-4mg IVP q hr PRN breakthrough pain. VO: Dr [redacted] | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 24 [redacted] | | | | [redacted] | | |

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 # [redacted] | | | | 12 Jul 03 | HOURS | [redacted] |
| | | | | CONTINUE PREVIOUS ORDERS | | [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 # [redacted] | | | | 13 July 03 | HOURS | [redacted] |
| | | | | 1) Resume previous orders | | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 13 Jul 03 | 0930 HOURS | Transcribed 13 July 03 |
| | | | | 1- Fentanyl 100 ug IV q [illegible] | | [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 24 [redacted] | | | | | 13 July 03 1830 | |



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

b(6)-2 All unless otherwise noted

# CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted] ICU 3, b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 14 JUL 03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1- RESUME PREVIOUS ORDERS
2- NPO @ MIDNIGHT
3- TO OR IN AM
[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 15 JUL 03 | TIME OF ORDER: _____ HOURS

1- Foley to Gravity
2- TRANSFUSE 2 U PRBC
3- CBC @ TRANSFUSION
4- REGULAR DIET
5- RESUME PREVIOUS ORDERS
6- NPO @ MIDNIGHT ~ TO OR IN AM
[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 15 JUL 03 | TIME OF ORDER: _____ HOURS

NPO after MN
[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 15 JUL 03 | TIME OF ORDER: 2235 HOURS

Pt transfer
[redacted]

NPO after MN
[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 [redacted]

b(6)-2 all unless otherwise noted

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| #[redacted] b(6)-4 | | | | 14 July 03 | 0635 HOURS | |
| | | | ① | MOM 2 tsp QH° until BM occur. | | Transcribed 14 July 03 0635 [redacted] |
| | | | | V.O. Dr. [redacted] / Sgt [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| ICU3 | | 2 | | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| #[redacted] b(6)-4 | | | 14 Jul 03 | 1000 HOURS | noted [redacted] 1008 14 July 03 |
| | | | V.O. Crutches for ambulation bid + prn. | | |
| | | | From Dr. [redacted] | | LTC/AN |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| ICU3 | | 2 | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

ICW 2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 16 July 03 TIME OF ORDER _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1) To ICU then EPW ward. ICW 2
2) Dy. S/P R BKA Washout
3) Cardiac Stabs
4) Vital Qer RR rule then Q80 when transfer to ICW

16 July 03 1245 [redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

18

08/16/24

DATE OF ORDER TIME OF ORDER _____ HOURS

5) Ambulate OOB tolerate
6) Diet regular when alert and awake
7) IV LR at 100cc/hr replace when fluid pulse
8) MSDS
- Cefazolin 300mg IV QD
- Ancef 1gm IV Q80

b(6)-2 [redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

- MSO4 1-2mg IV q1-2hr
or
- Percocet 1-2 po q4hr
- Elavil 25mg po TID

9) - NPO after MN for wound tomorrow.

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

10) Call MD if 101.5, SBP 180 <90
NaCl 30/hr.

b(6)-2 [redacted]

24 chart done 17 July 0930 [redacted]

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

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

PATIENT IDENTIFICATION

EPW

[redacted]

b(6)-4

NURSING UNIT: ICW2 | ROOM NO | BED NO. 15

DATE OF ORDER | TIME OF ORDER | HOURS

1) To ICU 2 thru ICW 2 w/ meets recovery crit
2) DX S/P (R) BKA w/ wound
3) Vitals per RR rule the Q8°
4) Ambulate OOB to chair w/ aide & trauma

PATIENT IDENTIFICATION

EPW

[redacted]

NURSING UNIT: ICW2 | ROOM NO. | BED NO. 15

DATE OF ORDER | TIME OF ORDER | HOURS

5) Diet NPO w/ ice chips after midnight
Awake thru regime
6) NPO after MN
7) IVL at 100 cc/hr heparin lock when tolerating po w/ [redacted]
8) Labs LBC, Electrolytes in AM

PATIENT IDENTIFICATION

EPW

[redacted]

b(6)-4

NURSING UNIT: ICW2 | ROOM NO | BED NO. 15

DATE OF ORDER | TIME OF ORDER | HOURS

b(6)-2

9) MEDS
Gentamicin 300 mg IVQ8 [redacted]
Pentazocine 2 mg IM Q 8° [redacted]
MSO4 1-2 mg IV Q1-2° or Percocet 1-2 PO Q4 prn

PATIENT IDENTIFICATION

EPW

[redacted]

NURSING UNIT: ICW2 | ROOM NO | BED NO. 15

DATE OF ORDER | TIME OF ORDER | HOURS

Zofran 4 mg IV Q6° prn
10) Cardiac MS 72 mg, SB 72 180 cc
NO VOID 8° postop.
11) Elavil 25 po HS

b(6)-2 [redacted]

DA FORM 4256 24° chart check [redacted] WHICH ... USED 21 JAN 18 Sep 0200

MEDCOM - 12850

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

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST OF NOTES

1) Torr the Tem2 (Bpwcwd)
2) DX b/p BLKA Clm
3) v.tmd pm rr rnl tc Q 8°
4) Actvl OOB to the
5) Diet regl vbrall clear

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

6) 2V rat 125cc/L hep lock when tolg po
7) MESS
Gentamicin 350mg IV Q 8°
Fortaz 2gm IV Q 8°
MSO4 7-10 IV Q3-4°p
or
Percocet 7-10 PO Q4°p

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

Elavil 25mg po TID
8) Neurd Spasmolytic Q 8°
9) Cultrl ms T>101.5, BP<110 <90, stat 8°.

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

NPO after MN

b(6)-2

noted

[redacted]

19 July 03 2100

24V dme [redacted] 20 July 03 0120

## CLINICAL RECORD - DOCTOR'S ORDERS

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER / TIME OF ORDER / HOURS | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|
| [redacted] | | | - S/P DIG Δ (R) BKA<br>- Resume prior orders<br>- rpt CRT<br>b(6)-2 [redacted]<br>[redacted]<br>noted [redacted]<br>24 V/done [redacted] | |
| NURSING UNIT: ICW2 | ROOM NO. | BED NO.: 12 | | |
| PATIENT IDENTIFICATION<br>b(6)-4<br>[redacted] | | | DATE OF ORDER / HOURS<br>[redacted]<br>721.03 VO. Dr. [redacted] / LT [redacted]<br>(1) Δ Equil to 75mg QD [redacted] | |
| NURSING UNIT: ICW2 | ROOM NO. | BED NO.: 12 | 24 Draw ~~[illegible]~~ [redacted] | |
| PATIENT IDENTIFICATION<br>[redacted]<br>b(6)-4 | | | DATE OF ORDER / HOURS<br>22 Jul 03 [illegible] HOURS<br>VO<br>R mom 1 dose x 1 now<br>Dr. [redacted]<br>b(6)-2 | noted [illegible] |
| NURSING UNIT: ICW2 | ROOM NO. | BED NO.: 12 | 24 V/dr [redacted] | |
| PATIENT IDENTIFICATION<br>[redacted] | | | DATE OF ORDER / TIME OF ORDER / HOURS<br>23 Jul 03<br>1) NPO after MN<br>b(6)-4<br>[redacted] | noted [redacted] |
| NURSING UNIT: ICW 2 | ROOM NO. | BED NO.: 12 | | |

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

E.P.W. [redacted] b(6)-4

NURSING UNIT: ICW2 | ROOM NO.: | BED NO.: 12

DATE OF ORDER: 24 Aug 03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1) To RR the ICW2
2) Dx s/p Drug D
3) V.S. per RN and then Q 8°
4) Allergy ODS to ch
5) Diet Regular w/h Alert and

PATIENT IDENTIFICATION

E.P.W. [redacted] b(6)-4

NURSING UNIT: ICW2 | ROOM NO.: | BED NO.: 12

DATE OF ORDER | TIME OF ORDER | HOURS

6) IV heparin lock w/h tubing po well b(6)-7 [redacted]
7) MEDS
Percocet ii po Q 4° prn
Elavil 25mg po Q 6
Levoflox 500 po Q D

PATIENT IDENTIFICATION

E.P.W. [redacted] b(6)-4

NURSING UNIT: ICW2 | ROOM NO.: | BED NO.: 12

DATE OF ORDER | TIME OF ORDER | _____ HOURS

8) Control MAP > 60 w/ 5 SBP > 180 < 80, HR < 60 or > 80, prn Hydralazine
b(6)-2 [redacted]

PATIENT IDENTIFICATION

E.P.W. b(6)-4 [redacted]

NURSING UNIT: ICW2 | ROOM NO.: | BED NO.: 12

DATE OF ORDER: 24 Aug 03 | TIME OF ORDER: 1900 | HOURS

Elavil 25mg [redacted]
b(6)-2 [redacted]
[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

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

PATIENT IDENTIFICATION

#[redacted]

b(6)-4

NURSING UNIT: 1CW2 | ROOM NO. | BED NO.: 12

DATE OF ORDER | TIME OF ORDER

V.O. per Dr [redacted] to LT Walker to remove gother suture of lower suture line on (L) leg: done noted

b(6)-2

[redacted] LT/AN [redacted] 1320

24° √ done [redacted] LT/AN

PATIENT IDENTIFICATION

EPW

[redacted]

NURSING UNIT: ~~1CW2~~ | ROOM NO. | BED NO.: 12

DATE OF ORDER | TIME OF ORDER

31 July 03 0840

① Maalox 30cc PO q 4-6 hrs prn

② DC staples to stump & knee. No steri strips

V.O. Dr [redacted] LT/AN

b(6)-2

Noted

~~24° √ done~~ [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

2 Aug 03

TAS wet to dry 2x2

[redacted] b(6)-2

noted 2 Aug 03 0700 [redacted] b(6)-2

NURSING UNIT: 1CW2 | ROOM NO. | BED NO.: 12

PATIENT IDENTIFICATION

EPW

#[redacted]

b(6)-4

DATE OF ORDER | TIME OF ORDER

2 Aug 03 1000

VO from Dr [redacted] to LT [redacted]

① tylenol 650mg q 4-6° PRN for pain

b(6)-7

[redacted] LT/AN

NURSING UNIT: 1CW2 | ROOM NO. | BED NO.: 12

24° √ done [redacted] LT/AN

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION b(6)-4 EPW [redacted]

DATE OF ORDER 5Aug03 TIME OF ORDER 2030 HOURS

LIST TIME ORDER NOTED AND SIGN

1) NPO PMN [redacted]

2) O/R to OR in AM

per PC [redacted] b(6)-2

NURSING UNIT ICW2 | ROOM NO. 24 VS | BED NO. 12

5 Aug03 [redacted]

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

DATE OF ORDER 6Aug03 TIME OF ORDER HOURS

1) TO RR the ICW 2

2) Dx S/P Adrenal Phy/Cur (R) BGV

3) Ulw pain rel Hm q8°

4) Tylenol Add'l

5) Diet Advance as tol

6) IV Ld at 125cc/L begin

NURSING UNIT ICW2 | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

Ulw tolerated HOURS

7) NSD'

Mjo4 2-4mg IVq10m

or

Percocet 2 po q4°

Elavil 75mg po TID

8) Enter MD T>100.5 SBP>180 <80

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER [redacted] b(6)-2

9) Valium 5mg po TID

[redacted]

b(6)-2

6Aug03 1220

NURSING UNIT | ROOM NO. | BED NO. [redacted]

10) Elavil 75mg P.O. BID

11) Valium 5mg P.O. TID PRN [redacted]

DA FORM 1 APR 79 4256 REPLACES MEDCOM - 12855 WHICH MAY BE USED. [redacted]

# 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 |
|---|---|---|---|---|---|---|
| EPW # [redacted] b(6)-4 | | | | 6 Aug 03 | HOURS | |
| [redacted] b(6)-2 | | | | D/C in AM | | |
| | | | | [redacted] b(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 24 Vs 0800 6 Aug 03 | | | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | DATE OF | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

038

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

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

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 July 03 | [redacted] | VS Routine | 5 | [redacted] | | | | | | |
| | | | 17 | | | | | | | |
| | | | | | | | | | | |
| 1 July 03 | [redacted] | Regular diet | 5 | | | | | | | |
| | | | 17 | | | | | | | |
| 1 Jul 03 | [redacted] | Condition: Fair | 05 | | | | | | | |
| | | | 17 | | | | | | | |

DC 2 Jul 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (R) Tibia & (L) Hand

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [redacted] b(6)-4

[redacted]

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo July Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 1July [redacted] | - | Admit to ICU 3 | | | 0100 | [redacted] |
| 1July [redacted] | | Dx S/P GSW (R) Tibia, (L) Hand | | | | [redacted] |
| 1July [redacted] | - | Condition - Fair | | | | [redacted] |
| 1July [redacted] | | NPO past midnight | 1Jul | 2400 | Done | [redacted] |
| 1July [redacted] | | TO OR in A.M. | 2Jul | O/c | | |
| 2JUL [redacted] | - | | | | | |
| 3July [redacted] | - | Transfer to Ward when bed available | 3July | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
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b(4)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 7 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 6 | 7 | 8 | 9 | 10 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 Jul 03 | [redacted] | Clear liquid diet - | 06 | [redacted] | | | | | | | | | | | | |
| | | advance as tolerated | 14 | [redacted] | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | Bedrest Elevate ~~RHE~~ RLE | 05 | [redacted] | | | | | | | | | | | | |
| | | c̄ pillow under knee | 17 | [redacted] | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | Foley to gravity | 05 | [redacted] | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | D/C 9 Jul KP | | | | | | | | |
| | | | X | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | VS per routine | 05 | [redacted] | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | CBC in AM | 04 | [redacted] | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | |
| 6 Jul | [redacted] | Call for increasing | 05 | [redacted] | | | | | | | | | | | | |
| | | pain in stump - | 17 | [redacted] | | | | | | | | | | | | |
| | | concern for hematoma | X | | | | | | | | | | | | | |
| 7 Jul | [redacted] | Encourage active ROM (abductor to RLE) | 05 | [redacted] | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | |
| 8 Jul 03 | [redacted] | IS 10 times Q hr | 05 | [redacted] | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | |
| 10 Jul 03 | [redacted] | I+O's Q shift | 05 | [redacted] | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (R) Tibia & (L) Hand S/P (R) BKA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [redacted]

b(4)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo ____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 6Jul03 | [redacted] | Admit to ICU | | | | |
| 7Jul | [redacted] | NPO p MN | 7Jul | 2400 | Done | [redacted] |
| 8Jul03 | [redacted] | CBC in AM | 9Jul03 | 0400 | 0400 | [redacted] |
| 8Jul03 | [redacted] | D/C Foley | 8July03 | | | [redacted] |
| 09Jul | [redacted] | CXR this AM | 09Jul | NOW | 0730 | [redacted] |
| 09Jul | [redacted] | UA | 09Jul | NOW | | |
| 9Jul | [redacted] | CBC + Chem 7 in AM | 10Jul | 0400 | | |
| 09Jul | [redacted] | IV Bolus 1 Liter LR | 09Jul | NOW | 1200 | [redacted] |
| 10Jul | [redacted] | TRANSFER to ICW | 10Jul | ASAP | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 03Jul | [redacted] | Call for increasing | | | | | | | | | | | | | | |
| ----- | ----- | pain p the | | | | | | | | | | | | | | |
| ----- | ----- | sleep | | | | | | | | | | | | | | |
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USAPA V1.00

b(4)-2 A11

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 July 03 | [redacted] | Admit to ICU 3 | 05 | [redacted] | | | | | | | | | | | | | |
| 11 July 03 | [redacted] | Regular diet | 07 | [redacted] | | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 19 | [redacted] | | | | | | | | | | | | | |
| 11 July 03 | [redacted] | CBC q AM | 04 | [redacted] | | | | | | | | | | | | | |
| 11 July 03 | [redacted] | Up C̄ Assistance | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |
| 11 July 03 | [redacted] | NPO p̄ midnight | 24 | [redacted] | | | | | | | | | | | | | |
| 14 Jul 03 | [redacted] | Crutches bid + prn | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (R) BKA S/P Washout

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW

#[redacted]

b(4)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo _____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 14Jul | [redacted] | Resume previous orders | 14July | noted | | [redacted] |
| 14Jul | [redacted] | To OR in AM - NPO p̄ MN | 14July | 2400 | | |
| | ----- | Transfuse 2u PRBC | 15Jul | | | [redacted] |
| | ----- | NPO p̄ Midnight | 15Jul | | | |
| | ----- | CBC after Transfussion | 15Jul | | | [redacted] |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
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USAPA V1.00

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the proponent agency is the Office of The Surgeon General. MD. 7 YR. 2003

RIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 July 17 | [redacted] | Vital Signs routine | 05 | [redacted] | | | | | | | | | | | |
| | [redacted] | call MD T>101.5, SBP>180<90 | 13 | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | |
| 4 July 17 | [redacted] | Act: OOB to chair | 05 | | | | | | | | | | | | |
| | [redacted] | | 13 | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | |
| 4 July 17 | [redacted] | Diet: Regular | 07 | | | | | | | | | | | | |
| | [redacted] | (when alert/awake) | 12 | | | | | | | | | | | | |
| | [redacted] | | 17 | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) BKA Washout

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

#[redacted] b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIME

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo July Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 16 July | [redacted] | transfer to ICW II : Cond stable | 16 | — | done — | [redacted] |
| 16 July | [redacted] | NPO p mn for washout (17 July) | 17 | 0000 | — | [redacted] |
| 17 | [redacted] | Call MD if no void 8 post op | 17 | 2300 | [illegible] | [redacted] |
| 17 | [redacted] | to ICW2 then ICW2 when meets | | | 1545 | [redacted] |
| | ----- | recovery criteria | 17 | | 1605 | [redacted] |
| 17 | [redacted] | NPO p midnight | 18 | 0001 | | [redacted] |
| 17 | [redacted] | CBC, electrolytes in AM | 18 | 04 | 0400 | [redacted] |
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| Order/ Expir Date | | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 July | [redacted] | Call MD for | | | | | | | | | | | | | | |
| ----- | ----- | T > 106.5, SBP > 180 | | | | | | | | | | | | | | |
| ----- | ----- | < 90, UOP < 30/hr | | | | | | | | | | | | | | |
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b(4)-2 A11

the proponent agency is the Office of The Surgeon General. MO. 7 YR. 2003

| RIFY BY INITIALING | | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | August → DATE COMPLETED | | | | | | | | | | | |
| | | | | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 18 July | [redacted] | Vitals Q 8° | 06 | [redacted] | | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | |
| 18 July | [redacted] | Act: OOB → chair | 06 | [redacted] | | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | |
| 18 July | [redacted] | Diet: Regular | 07 | [redacted] | | | | | | | | | | | |
| | | | 11 | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | |
| 2 Aug 03 | [redacted] | 2x2 W→D. PSG Δ to ®knee TID | 08 | / | / | [redacted] | | | | | | | | | |
| | | | 14 | / | / | | | | | | | | | | |
| | | | 20 | / | / | | | | | | | | | | |

D/C'd pt. C cast

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) BKA closure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

EPW #[redacted]

b(6)-4

1CW2

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIME

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| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

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| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 7 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 5 | [redacted] | NPO p MN | 6 | 24 | 24 | [redacted] |
| 5 | [redacted] | O/C to OR | 6 | O/C | — | [redacted] |
| 6 | [redacted] | D/C to EPW camp in am | 7 | ASAP | 1638 | [redacted] |
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| Order/ Expir Date | | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED |
|---|---|---|---|
| 18 July | [redacted] | Contact MD T>101.5, | |
| ----- | ----- | SBP >180, <90 | |
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b(6)-2

the proponent agency is the Office of The Surgeon General.

MO. 7 YR. 2003

FY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7-18 | [redacted] | Vitals Q8° | 5 | [redacted] | | | | | | | | | | | | |
| 24 | [redacted] | | 13 | | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | | |
| 7-18 | [redacted] | Act. OOB → chair | 5 | [redacted] | | | | | | | | | | | | |
| 24 | [redacted] | | 13 | | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | | |
| 7-18 | [redacted] | Diet Reg when | 7 | [redacted] | | | | | | | | | | | | |
| 24 | [redacted] | alert & awake | 11 | | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | | |
| 7-18 | [redacted] | Record JP output | 5 | [redacted] | | | | | | | | | | | | |
| | | Q8° | 13 | | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | | |
| 7-18 | [redacted] | Contact MD T 101.5, | 5 | [redacted] | | | | | | | | | | | | |
| | | SBP 180, C 90. | 13 | | | | | | | | | | | | | |
| | | | 21 | | | | | | | | | | | | | |

JP DCD

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P BKA close

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIME

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

D(e)-2

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(NON-MEDICATION)*

Mo 7 Yr 2003

| Verify by Initialing: Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 7-18 | [redacted] | TO ICW #2 | 7-18 | 1100 | 1100 | [redacted] |
| 7-19 | [redacted] | NPO ⊽ MN | 7-19 | 2400 | 2400 | [redacted] |
| 19 | [redacted] | Resume Previous Orders | ~~20~~ | | Done | [redacted] |
| 2-3 | ---- | NPO ⊽ MN | 24 | 2400 | 2400 | [redacted] |
| 31 | [redacted] | DC stitches to strip & knee. Ø skin strips | 31 | Today | | [redacted] |
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| Order/ Expir Date | | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
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b(6)-2 All

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 7 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 15July03 | [redacted] | Ancef 1 Gram IVPB Q8 | 6 | / | [redacted] | | | | | |
| | | | 14 | / | [redacted] | | | | | |
| | | | 22 | [redacted] | | | | | | |
| | | | | | | | | | | |
| 15July03 | [redacted] | IVLR @ 125cc/hr | 05 | [redacted] | | | | | | |
| | | | 17 | [redacted] | | | | HL | | |
| 3July03 | [redacted] | Heplock IV when tol. | 05 | / | / | / | [redacted] | | | |
| | | P.O. | 17 | / | / | [redacted] | | | | |

DC 7/15

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (R) Tibia, (L) Hand

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [redacted] b(6)-4

[redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | Mo. JUL Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
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| | | b (e) - 2 All | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1Jul03 | [redacted] | MSO4 2-6 mg IVP | D T | 2Jul 0412 | 2Jul 1100 | 2Jul 1500 | 2Jul 1735 | 2Jul 2230 | 03Jul 0030 | 03Jul 0230 | 3Jul 1801 | 3Jul 2041 | 4Jul 1800 | 5 Jul 1000 | 5 Jul 1400 | 5Jul 1800 | 5Jul 1845 |
| | | Q2hrs Prn | D I E | 4mg IVP | 4mg IVP | [redacted] | 4mg | 4mg | 3mg | 3mg | 3mg | 2mg | 2mg | 2mg | 2mg | 3mg | 3mg |
| | | | | | (+) | | | | | | | | | | | (+) | (+) |
| 1Jul03 | [redacted] | Tylenol 650 mg PO | | | | | | | | | | | | | | | |
| | | or PR Q4hrs prn | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 1Jul03 | [redacted] | Percocet 1-2 tabs | | 2Jul 1930 | 3Jul 1807 | 3Jul 2300 | 4Jul 1032 | 4Jul 1630 | 4Jul 2030 | 5Jul 1230 | | | | | | | |
| | | PO Q4-6hrs Prn | | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 03Jul | [redacted] | MSO4 2-6mg IVP | D T | 05Jul 2125 | 05Jul 0231 | 06Jul 0682 | 06Jul 1130 | 6Jul 1660 | | | | | | | | | |
| | | Q2H PRN | D I E | 3mg | 6mg | 6mg | 6mg | 6mg IVP | | | | | | | | | |
| | | | | | | (+) | (+) | | | | | | | | | | |
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USAPA V1.00

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

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 7 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 6 | 7 | 8 | 9 | 10 | 11 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 Jul 03 | [redacted] | LR @ 50 cc/hr | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | | | | D/C 7 Jul 03 | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | Fentanyl 100 mcg/hr | 06 | [redacted] | | | | | | | | | | | | | |
| | | titrate for pain control | 14 | | | | D/C'D | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | Ancef 1 gm q8° | 06 | | | | | | | | | | | | | | |
| | | IVPB | 14 | | | | DC'd 7/08/03 | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| 6 Jul 03 | [redacted] | Tagamet 300 mg | 06 | | | | | | | | | | | | | | |
| | | IVPB q6° | 12 | | | | DC'd 7/08/03 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | | |
| 8 Jul 03 | [redacted] | LR @ 50 cc/hr | 05 | | | [redacted] | | | | | | | | | | | |
| | | | 17 | | | | Orders Δ'd | | | | | | | | | | |
| 8 Jul 03 | [redacted] | Vancomycin 500 mg | 10 | | | [redacted] | | | | | | | | | | | |
| | | IVPB Q12° | 22 | | | | D/C'd | | | | | | | | | | |
| 8 Jul 03 | [redacted] | Zantac 50 mg IVPB | 06 | | | [redacted] | | | | | | | | | | | |
| | | Q8° | 14 | | | | D/C'd | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| 8 Jul 03 | [redacted] | Heparin 5000 u SC | 10 | | | [redacted] | | | | | | | | | | | |
| | | Q12° | 22 | | | | D/C'd | | | | | | | | | | |
| 9 Jul 03 | [redacted] | LevaQuin 500 mg QAM | 10 | | | [redacted] | | | | | | | | | | | |
| | | PO | | | | | Times Δ'd | | | | | | | | | | |
| 9 Jul 03 | [redacted] | Colace 100 mg PO | 10 | | | [redacted] | | | | | | | | | | | |
| | | BID | 22 | | | | D/C | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW ® Tibia & (L) Hand S/P ® BKA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW# [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo._____ Yr._____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 7Jul | [redacted] | Start IV LR @ 100cc/hr @ | Done | [redacted] | | |
| | ----- | midnight - Heplock until then. | | | | |
| 9Jul | [redacted] | IV bolus LR 1L | 9July | done | 1145 | [redacted] |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3Jul | [redacted] | Phenergan 25mg | 09Jul 0730 25mg | 9Jul 1900 25mg | | | | | | | | | | | | |
| ----- | ----- | IVPB q6° prn | [redacted] | | | | | | | | | | | | | |
| ----- | ----- | nausea | | | | | | | | | | | | | | |
| ----- | ----- | b(6)-2 | | | | | | | | | | | | | | |
| 6Jul | [redacted] | Versed 2.5mg IVP | 6Jul 2226 1mg | 7Jul 0400 4mg | 7Jul 0650 2mg | 7Jul 0920 1.5mg | 7Jul 1255 1.5mg | 7Jul 1800 2.5mg | 7Jul 2100 2.5mg | 8Jul 0030 2.5mg | 8Jul 0600 [redacted] | 8Jul 1140 [redacted] | 8Jul 1430 1mg | 8Jul 1700 1mg | 8Jul 2220 2.5 | 11Jul 0905 5mg |
| ----- | ----- | Prn | [redacted] | | | | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | 2mg | [redacted] | [redacted] | 5mg |
| ----- | ----- | b(6)-2 | | | | | | | | | | | | | | |
| 9Jul | [redacted] | MS042-10mg IVP Q2 PRN | 8Jul 1930 2 IV | 8Jul 2110 | 8Jul 2220 | 8Jul 2400 | 8Jul 0300 6mg | 9Jul 0615 | 9Jul 1330 2mg | 9Jul 1530 3mg | 9Jul 0130 4mg | 10Jul 0400 4mg | 10Jul 1410 2mg | 11Jul 0833 5mg | 11Jul 0906 5mg | 11Jul 1105 5mg |
| ----- | ----- | | [redacted] | | | | | [redacted] | | | | | | | | |
| 8Jul/4 | [redacted] | Percocet 1 PO Q3h PRN | 8Jul 1930 1 PO | 9Jul 0800 | 9Jul 1100 | 9Jul 1400 | 9Jul 1700 | 10Jul 0930 | 10Jul 0650 | 10Jul 1100 | 10Jul 1400 | | | | | |
| ----- | [redacted] | | [redacted] | 2tabs | 2tab | 2tabs | 2tabs | 1 PO | 2tab | 2tab | 2tab | | | | | |
| ----- | ----- | b(6)-2 | | | | | | | | | | | | | | |
| 8Jul/4 | [redacted] | Tylenol 650mg PO q4 PRN | [redacted] | 8Jul 1900 | 9Jul | | | | | | | | | | | |

USAPA V1.00

b(6)-2A1

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 09 | 10 | 11 | 12 | 13 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 Jul 03 | [redacted] | Toradol 30 mg IVP | 06 | [redacted] | | | | | | | | | | | | | |
| | | 96° | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | | |
| 09 Jul | [redacted] | Titrate Fentanyl | 05 | | | | | | | | | | | | | | |
| | | to OFF | 17 | | | | | | | | | | | | | | |

D/C 1d

D/C 1d

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | | Mo._____ Yr._____ |
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| **Order Date** | **Clerk/ Nurse** | **SINGLE ORDER, PRE-OPERATIVES** | **Date to be Given** | **Time to be Given** | **Time Given** | **Initials** | |
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| | - - - - - | b/(w)-2 ATI | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7-1-03 | [redacted] | MOM 2 tsp 94° | 07 Jul 1100 | 07 Jul 1500 | 9 Jul 1900 | 9 Jul 2300 | 9 Jul 0500 | 9 Jul 1000 | [redacted] | | | | | | | |
| - - - - - | - - - - - | until BM | 10cc | 10cc | 10cc | 10cc | 10cc | 10cc | [redacted] | | | | | | | |
| - - - - - | - - - - - | Percocet 1-2 tabs | 10 mgs 6/650 | | | | | | | | | | | | | |
| - - - - - | - - - - - | Q4° PRN Pain | [redacted] | | | | | | | | | | | | | |
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USAPA V1.00

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 July 03 | [redacted] | IVF LR @ 125cc/hr | 05 | [redacted] | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | |
| 11 July 03 | [redacted] | Vancomycin 500mg IVPB | 08 | X | | | | | | | | | | |
| | | q 12° | 20 | | | | | | | | | | | |
| 11 July 03 | [redacted] | Levaquin 500mg po QD | 15 | | | | | | | | | | | |
| 11 July 03 | [redacted] | Flagyl 250mg IVPB tid | 06 | X | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 11 July 03 | [redacted] | Heparin 5000u q12° SC | 10 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| 11 July 03 | [redacted] | Toradol 30mg IV q6° | 16 | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | |
| | | | 04 | / | | | | | | | | | | |
| | | | 10 | / | | | | | | | | | | |
| 11 July 03 | [redacted] | Fentanyl drip 100mg/hr | 03 | / | | | | | | | | | | |
| | | & titrated | 17 | [redacted] | | | | | | | | | | |
| 14 July 03 | [redacted] | MOM 2 tsp Q4° until | 04 | / | / | / | [redacted] | | | | | | | |
| | | BM occur | 08 | / | / | / | | | | | | | | |
| | | | 12 | / | / | / | | | | | | | | |
| | | | 16 | / | / | / | | | | | | | | |
| | | | 20 | / | / | / | | | | | | | | |
| | | | 24 | / | / | / | | | | | | | | |

b(6)-2

DC'd 15 Jul 03 2240

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: I+D (R) BKA S/P Washout

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — MEDCOM - 12875 — IED UNTIL EXHAUSTED.

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. JU |
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USAPA V1.00

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time |
|---|---|---|---|---|---|
| 13July 0935 | [redacted] | Fentanyl 100mg IVP Now | 13July Now | 0935 | 0935 |
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| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 July 08 | [redacted] | Percocet 1-2 po q 4° | D | 11July | 12July | 12July | 12July | 13July | 13 July | 13 July | 15July | 15July | 15July | 16July | 16July | | |
| | | | T | 1525 | 1445 | 1307 | 2040 | 0925 | 1149 | | 0900 | 1300 | 1700 | 1134 | 2005 | | |
| ----- | ----- | PRN For Pain | D | [illegible] | | [illegible] | [illegible] | [illegible] | [illegible] | 1955 | 2 tab | 2 tab | 2 tab | 2 tab | 2 tab | | |
| | | | I | [redacted] | | | | | | | | | | | | | |
| ----- | ----- | MSO4 1-4mg IVP qhr | D | 11July | 12July | 12July | 12July | 12July | 12July | 12JUL | 13July | 13July | 13July | 13July | 13July | 13July | 14July |
| | | | T | 1600 | 0245 | 1340 | 1535 | 1442 | 2035 | | 0240 | 0736 | 0909 | 1000 | 1220 | 1434 | 1647 | 0504 |
| ----- | ----- | PRN breakthrough | D | 3mg | 3mg | 4mg | 4mg | 2mg | 4mg | 4mg | 4mg | 4mg | 4mg | 2mg | 4mg | 4mg | 4mg | 2mg |
| | | | I | KMO | [redacted] | | | | | | | | | | | | |
| ----- | ----- | Pain | | | | | | | | | | | | | | | |
| rewritten 14July | [redacted] | MSO4 1-4mg IVP qhr | D | 14July | 14July | 14Jul | 15Jul | 15Jul | 16Jul | 16July | 16July | | | | | | |
| | | | T | 0824 | 0950 | 1355 | 0850 | 0500 | 0612 | 1119 | | | | | | | |
| ----- | ----- | pm breakthrough pain | D | 4mg | 4mg | 2mg | 4mg | 4mg | 2mg | 4mg | | | | | | | |
| | | | I | [redacted] | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | |

USAPA V1.00

CLINICAL RECORD

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

Mo. 7 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 July | [redacted] | Gentamycin 300mg | 18 | [redacted] | | | | | | | | | | | | | |
| 17 Jul | [redacted] | IV QD | | | | | | | | | | | | | | | |
| 16 July | [redacted] | Ancef 1gm IV | 08 | [redacted] | | | | | | | | | | | | | |
| | | Q8 | 16 | [redacted] | | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| 16 July | [redacted] | IV LR @ 100 cc/h | 05 | [redacted] | | | | | | | | | | | | | |
| 17 | [redacted] | HL when tol PO | 13 | [redacted] | | | | | | | | | | | | | |
| | | | 21 | [redacted] | | | | | | | | | | | | | |
| 16 July | [redacted] | Elavil 25 mg PO | 8 | [redacted] | | | | | | | | | | | | | |
| 17 | [redacted] | TID | 16 | [redacted] | | | | | | | | | | | | | |
| | | | 2 | [redacted] | | | | | | | | | | | | | |
| 17 | [redacted] | Fortaz 2 gm IVPB | 08 | 1K | | | | | | | | | | | | | |
| | | 9 80 | 16 | [redacted] | | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| | | b(6)-2 ATL | | | | | | | | | | | | | | | |

Dc'd 17 July 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ⓡ BKA Washout

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Nurse | be Given | be Given | | |
|---|---|---|---|---|
| | | | | |

b(6)-2 All

| Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 July | [redacted] | MSO4 7-4 mg | 7/16 1220 | 7/16 2000 | 16 July 2400 | 17 July 0115 | 17 July 0401 = | 17 JUL 0930 | 17 July 1400 | | 17 July 2030 | | | |
| | | IV Q1-2 hr PRN | 2mg IV | 4mg | 2mg IV ok | 2mg IV ok | 4mg IV | [redacted] | 4mg | 1135 IV | | [redacted] | | |
| 16/17 July | [redacted] | Percocet 1-11 | 7/16 11 | 7/16 11 | 16 July 2400 | 17 July 0350 | 18 July 0340 | 17 July 11 | | 20 July 1550 | | | | |
| | | PO Q4 PRN | 1500 | 2000 | 11 po | 11 po | 11 po | 1620 | 11 | | | | | |
| 17 | [redacted] | 20 fran 4mg IV q6° prn nausea | | | | | | | | | | | | |

USAPA V1.

b(6)-2 A11

CLINICAL RECORD | THERAPEUTIC DOCUMENTATION (MEDICATIONS) | Mo. 8 Yr. 05

For use of this form, see ... the proponent agency is the Office of ... on General.

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

VERIFY BY INITIALING

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 19 20 21 22 23 24 |
|---|---|---|---|---|
| 7·18 | [redacted] | LR @ 125cc/hr | 5 | [redacted] |
| | | HL when tol PO | 13 | |
| | | | 21 | |
| 7·18 | [redacted] | Gentamycin 350mg IV QD | 18 | [redacted] |
| 7·18 | [redacted] | Fortaz 2gm IV Q8° | 08 | [redacted] |
| | | | 16 | |
| | | | 24 | |
| 7·18 | [redacted] | Elavil 25mg PO TID | 08 | [redacted] |
| | | | 16 | |
| | | | 24 | |
| 7·21 | [redacted] | Elavil 75mg PO QD | 08 | [redacted] D'd Sooner |
| 24 | [redacted] | elavil 25mg PO TID | 06 | [redacted] |
| | | | 14 | |
| | | | 22 | |
| 24 | [redacted] | levofloxin 500mg PO QD | 20 | [redacted] |
| 24 | [redacted] | elavil 75mg PO BID | 08 | [redacted] |
| | | | 20 | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P BKA close

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

#[redacted]

b(6)-4

b(6)-2 All

b(6)-2

b(6)-2

| Date | Nurse | | be Given | be Given | | |
|---|---|---|---|---|---|---|
| 22Jul | [redacted] | MOM PO x 1 dose ~~PO~~ now | now | 22Jul | 22Jul | [redacted] |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7-18 | [redacted] | MSO4 I - IV IV<br>Q 2-4° PRN<br>or<br>Percocet II PO Q4°<br>PRN pain. | 7-21<br>0800<br>4mg<br>IV<br>ABS<br>18July<br>2100<br>II PO | 19July<br>0508<br>II | [redacted] | 20July<br>2050<br>II PO<br>[redacted] | 20July<br>0251<br>II PO | 21July<br>0608<br>II PO | 21July<br>1915<br>II PO | 22July<br>0030<br>II PO | 22July<br>0720<br>II PO<br>[redacted] | 22July<br>1605<br>BAS<br>II<br>+ | | | | |
| 22Jul<br>22Jul<br>27 | [redacted] | Percocet II PO Q4°<br>PRN pain | 22Jul<br>0131<br>II PO<br>[redacted] | 22Jul<br>0505<br>II PO | 22Jul<br>2000<br>II PO | | | | | | | | | | | |

USAPA V1.00

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 7 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | ..... | | | | | |
| | ..... | | | | | |
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| | ..... | | | | | |
| | ..... | | | | | |
| | ..... | b(6)-2 AM | | | | |
| | ..... | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 July | [redacted] | MSO4 T-TV IVP | | | | | | | | | | | [redacted] | | | |
| ..... | ..... | Q2-4° PRN | | | | | | | | | | | | | | |
| 18 July | [redacted] | Percocet TT PO Q4° | 23 Jul 1330 T PO | 23 Jul Q148 T PO | 24 Jul 0900 T PO | 24 Jul 1150 T PO | 24 Jul T PO BOS 1950 | 25 Jul 08:18 T PO | 25 Jul 0853 T PO | 26 Jul 0735 T PO | 26 Jul 1630 T PO BOS | 27 Jul 0148 T PO | 27 Jul 0730 T PO | 28 Jul 1900 T PO BOS | [redacted] | [redacted] |
| ..... | ..... | PRN pain | [redacted] | | | | | [redacted] | | | | | | | | |
| ..... | ..... | | | | | | | | | | | | | | | |
| 18 July | [redacted] | Percocet TT PO Q4° | 30 Jul 1600 T | 30 Jul 2000 T | 30 Jul 0130 T | 30 Jul 1400 T PO BOS (+) | 30 Jul 23:47 T PO | 31 Jul 0730 T PO | 31 Jul 1200 T PO | 31 Jul 1755 T | 1 Aug 0730 T PO | 1 Aug 1200 T PO | 2 Aug 1130 T PO | 3 Aug 2127 T PO | 5 Aug 0705 T PO | 5 Aug 0840 T PO |
| ..... | ..... | PRN pain | [redacted] | | | | | [redacted] | | | | | | | | |
| ..... | ..... | | | | | | | | | | | | | | | |
| 31 | [redacted] | Maalox 30cc PO q4-6hr prn | 31 Jul 0845 30cc [redacted] | | | | | | | | | | | | | |
| ..... | ..... | | | | | | | | | | | | | | | |
| 3 Aug | [redacted] | Tylenol 650mg q4-6 | 3 Aug 1050 TT PO (+) | 3 Aug TT PO 1430 (+) | 3 Aug 0015 TT PO | 2 Aug 0755 TT PO | 4 Aug 0930 TT PO | 4 Aug 1500 TT PO BOS | 4 Aug 0854 TT PO | 4 Aug 0954 TT PO | 5 Aug 1400 TT PO | 5 Aug 0530 | 6 Aug 1900 | 6 Aug 1900 | 7 Aug 1330 | |
| ..... | ..... | PRN pain | | | [redacted] | | | | [redacted] | | | [redacted] | | | | |
| 6 Aug | [redacted] | Valium 5mg po TID PRN | | | | | | | | | | | [redacted] | | | |

USAPA V1.00

D(u)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 06 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 July | [redacted] | evofloxin 500mg PO QD | 20 | [redacted] | | | | | | | [redacted] | | | | | | |
| 24 July | [redacted] | Elavil 75 mg PO BID | 08 20 | [redacted] | | | | | | | | | | | | | |
| 6Aug03 | [redacted] | IV: LR@ 125cc/hr (HL) when tolerating po | 06 14 22 | | | | | | | | | | | | | | |
| 6Aug03 | [redacted] | Valium 5mg po TID | 06 14 22 | D/C'd 6Aug03 1215 | | | | | | | | | | | | | |

DC 8/7/03

| ALLERGIES: | ☐ YES | ☒ NO | PRIMARY DIAGNOSIS: S/p BKA close | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO. |
|---|---|---|---|---|

PATIENT IDENTIFICATION: EPW [redacted] D(u)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) OA Appr 8 Mar 89

INITIAL [redacted] ASSESSMENT

| | TIME | 0130 | INITIALS [redacted] | b(6)-2 | INITIALS | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | Perrla | | | | | |
| | SENSORIUM | Pt A&O x 3 | | | | | |
| | | Moves all extremities | | | | | |
| | | & RLE has ↓ ROM | | | | | |
| | | r/t ex fix. | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | RAR | | | | | |
| | BREATH SOUNDS | Clear bilat | | | | | |
| | SECRETIONS | Ø cough | | | | | |
| | | Ø SOB | | | | | |
| | | SaO2 | | | | | |
| SKIN | COLOR | Normal to Race | | | | | |
| | INTEGRITY | Intact x Ⓓ Hand & | | | | | |
| | | Ⓓ LE (ex fix) | | | | | |
| I.V. SITE | LOCATION | Ⓓ AC 20g | | | | | |
| | CONDITION | Flushes c̄ no | | | | | |
| | | difficulty. | | | | | |
| | | LR @ 125 cc/hr | | | | | |
| GASTRO | ABDOMEN | BS active x 4 quads | | | | | |
| | BOWEL SOUNDS | Ø distention or | | | | | |
| | | tenderness upon | | | | | |
| | | palpation | | | | | |
| GU | URINE: | Foley cath (16fr) placed | | | | | |
| | COLOR/CLARITY | @ 0200 c/t distention | | | | | |
| | | 1100 cc out clear/yellow | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | Sinus Brady 54-57 | | | | | |
| | | S1,S2 present Ø ectopy | | | | | |
| | | Edema to RLE 3+ | | | | | |
| | | Pulses present | | | | | |
| | | x 4 extremities | | | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

b(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted]

[redacted] middle; grade; date; (Hospital or medical facility) [redacted] e—last, first,

EPW [redacted]

b(6)-4

DEPARTMENT/SERVICE/CLINIC ICU 3

DATE 2 JUL 03 ~~2 Aug 03~~

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

| DATE | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VITAL SIGNS — TIME | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | | | | | | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | | | | | | |
| Pulse | | | | | | | | | | | | | | | | | | |
| Respiratory Rate | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| pain | | | | | | | | | | | | | | | | | | |
| intervention | | | | | | | | | | | | | | | | | | |
| INTAKE — TIME | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 8° T | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 8° T |
| LR | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |
| OUTPUT — URINE — HOUR / TOTAL | | | | | | | | | | | | | | | | | | |
| URINE — sp gr | | | | | | | | | | | | | | | | | | |
| URINE — S/A | | | | | | | | | | | | | | | | | | |
| NG — OUTPUT | | | | | | | | | | | | | | | | | | |
| NG — pH | | | | | | | | | | | | | | | | | | |
| NG — GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

Admission



POST-OP DAY

| VITAL SIGNS | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 106/66 | | | | |
| | | | | | 129 | | | | |
| | | | | | 54 | | | | |
| | | | | | 18 | | | | |
| | | | | | 100 | | | | |
| | | | | | RA | | | | |

| INTAKE | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 125 | 125 | 125 | 125 | |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 1100/1100 | | 350/1450 | |

Foley Cath Removed

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | |
| | $F_IO_2$ | | | | | | | | |
| | TV | | | | | | | | |
| | RATE | | | | | | | | |
| | PEEP | | | | | | | | |
| ABG | A: pH | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | |
| | B: $pO_2$ | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | |
| | B: SAT | | | | | | | | |
| | G: BASE | | | | | | | | |

| LABORATORY DATA | TIME | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | |
| | Na/K | | | | | | | | |
| | Cl/$CO_2$ | | | | | | | | |
| | BUN/Cr | | | | | | | | |
| | WBC/PLATELET | | | | | | | | |
| | Hct/Hgb | | | | | | | | |

| DAILY LIVING ACTIVITIES | TIME | | | | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | TURN | | | | |
| | BATH | | | | | | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | |
| | TRACH CARE | | | | | | | | |
| | ROM EXERCISES | | | | | | | | |

24 I&O TOTALS

wt Yesterday _____ wt Today _____

| | INTAKE | | OUTPUT |
|---|---|---|---|
| IV | 500 | Urine: | 1450 |
| po | | | |
| TOTAL | | TOTAL | 1450 |

BALANCE _____

| NURSE'S SIGNATURE | INITIALS |
|---|---|
| SPC [redacted] WMB [redacted] | |
| b/6)-2 | |

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date) OA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0600 | INITIALS [redacted] | INITIALS | 1830 | INITIALS [redacted] |
|---|---|---|---|---|---|---|
| NEURO | PUPILS | PERRLA | | | PERRLA 3mm brisk | |
| | SENSORIUM | Awakes easily. Follows non-verbal commands. ∅ deficits ∑ unable to flex (R) pinky finger. | | | Able to move extremities ∑ ext fixator on RLE. Follows simple commands able to communicate pain | |
| RESPIRATORY | RESPIRATORY PATTERN | Equal + unlabored | | | symmetrical rise & fall of chest, BS clear (B) | |
| | BREATH SOUNDS | Clear bilateral. on RA w/ sats > 99%. | | | ∅ secretions | |
| | SECRETIONS | ∅ secretions. | | | RR 18, SaO2 97% on RA | |
| SKIN | COLOR | Normal for race. Mucous membrane pink. | | | Normal for race | |
| | INTEGRITY | intact ∑ 1" x 3" blood-like blister (hard) on (R) foot w/ quarter-size skin bruise | | | intact | |
| I.V. SITE | LOCATION | (R) forearm (20G) | | | 20G (R) FA, ∅ S/S infection | |
| | CONDITION | LR @ 125cc/hr infusing into (R) forearm ∑ problems ∅ S/S of infection. Dressing + site Δ'd this am. | | | LR @ 125cc dial a flow | |
| GASTRO | ABDOMEN | flat, non-distended. | | | flat, soft, nontender | |
| | BOWEL SOUNDS | (+) BS x 4 quads. NPO for OR today. | | | BS (+) x 4 quads NPO for surgery this pm | |
| GU | URINE: COLOR/CLARITY | clear yellow ∑ sediments adequate hourly output | | | Foley to gravity clear yellow urine | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1S2 ∅ dysrhythmia. V.S.S Cap refill to (R) leg < 3 sec. but pedal pulse faint but palpable. | | | SR, S1/S2 ∅ edema pulses 2+ (B) UE/LE cap refill < 3sec (B) UE/LE | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 2 July 03

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

EPW [redacted] b(6)-4

[redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 02JUL03 | DX | HOSPITAL DAY

| VITAL SIGNS | TIME | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 123/79 | 109/71 | | 109/74 | | 115/65 | 117/66 | 114/58 | | | 102/64 | | 101/59 | | 114/60 | | 106/68 | |
| | Temperature | 97.1 | 97 | | 97.7 | | 98 | | 98.2 | | | 99.2 | | 99.2 | | 98.8 | | | |
| | Pulse | 66 | 64 | | 62 | | 68 | 66 | 74 | | | 78 | | 74 | | 60 | | 78 | |
| | Respiratory Rate | 17 | 18 | | 18 | | 16 | 20 | 18 | | | 18 | | 20 | | 18 | | 18 | |
| | SaO2 | 99 | 99 | | 97% | | 97% | 98% | 97% | | | 96 | | 97% | | 97 | | 98 | |
| | O2 Meth | RA | RA | | RA | | RA | RA | RA | | | RA | | RA | | RA | | RA | |
| | | | | | | | | ↓ | | | | | | | | | | | |
| | | | | | | | | pain med given | | | | | | | | | | | |
| | pain intervention | | | | | | | | | | | | | | | | | | |

| INTAKE | TIME | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 8° T | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | LR | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1000 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1000 |
| | PO | NPO | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | IVPB | | 50 | | | | | | | 50 | | 50 | | | | | | | 50 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | 1050 | | | | | | | | | 1050 |

| OUTPUT | | HOUR / TOTAL | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | URINE | | | 275/275 | | 125/400 | | 125/525 | | 250/775 | | | 150/925 | | 100/1025 | | 150/1175 | | 200/1375 | 1375 |
| | | sp gr | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | |
| | DRAINS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | | | | | | | | | |

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

| VITAL SIGNS | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | / |
|---|---|---|---|---|---|---|---|---|---|
| | | 110/70 | | | | | | | |
| | | 68 | | | | | | | |
| | | 16 | | | | | | | |
| | | 97 | | | | | | | |
| | | RA | | | | | | | |

| INTAKE | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 125 | 125 | 125 | 125 | 125 | 125 | | | |
| | | 50 | | | | | | | 50 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | / | 150/1525 | / | 250/110 | / | / | / | / | |

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ABG | pH | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | |
| | $pO_2$ | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | |
| | SAT | | | | | | | | | |
| | BASE | | | | | | | | | |

| LABORATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | Cl/$CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | 1100 | | | TURN | TIME | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | KP | | | | | | | |
| | BATH | | | | | | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | KP | | | SUCTION | | | | |
| | TRACH CARE | | | | | | | | |
| | ROM EXERCISES | | | | | | | | |
| | | | | | | | | | |

24 I&O TOTALS

wt Yesterday _____ wt Today _____

| | INTAKE | | OUTPUT |
|---|---|---|---|
| IV | _____ | Urine: | _____ |
| po | _____ | | _____ |
| | _____ | | _____ |
| TOTAL | _____ | TOTAL | _____ |

BALANCE _____

| NURSE'S SIGNATURE | INITIALS |
|---|---|
| [redacted] HC/AN | [redacted] |
| [redacted] LT/AW | |
| b(6)-2 All | |

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

PAGE

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0630 | INITIALS [redacted] | b(6)-2 | INITIALS | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | PERRL | | | | 3mm PERRL | |
| | SENSORIUM | Pt alert to touch + Voice Stimuli. Follows simple commands | | | | A+O x3 follows simple commands | |
| RESPIRATORY | RESPIRATORY PATTERN | Reg R+R | | | | | |
| | BREATH SOUNDS | CTA bilat | | | | RR + Rhythm CTA Bilat | |
| | SECRETIONS | Ø Ntd secretions Ø Ntd diff breathing equal rise + fall | | | | symetrical rise + fall of chest. | |
| SKIN | COLOR | Pale | | | | | |
| | INTEGRITY | | | | | Pale. Redness to (R) Lt. cheek. | |
| IV | LOCATION | (L) AC PIC LR @ 125 | | | | | |
| | CONDITION | Fent @ 15cc | | | | (L) AC PIC c̄ LR @ 125 cc/hr fent @ 15cc/hr + V. to (L) FA (P) + flush. | |
| GI | ABDOMEN | Soft, Non tender, Non distended | | | | | |
| | BOWEL SOUNDS | | | | | Soft non tender non distended (+) BS x 4 quad | |
| GU | URINE: COLOR/CLARITY | Clr Yellow to urinal @ bedside in adequate Ammounts. | | | | Pt voiding spontaneously via urinal, clear yellow | |
| CARDIAC | CARDIAC RHYTHM | Ø Ntd ectopy. Radial Pulses @ +2 + (L) Pedal @ +2 + brisk cap refill to all | | | | S1 S2 (P) Rad Pulses (P) Pedal pulses, <3sec cap refill. | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of; $HCO_3$ - Bicarbona

b(6)-2

[redacted] 9/WM6

(Signature & Title)

...CATION (For typed or written entries give: ...dle; grade; date; hospital or medical facility)

STATE FARM INSURANCE

Vanc ~~2000~~

Heparin ~~2200~~ DC'd

~~Toradol 2200~~ 0400

Mom 2000, 2400

NPO p̄ Mid

CBC 2 AM

# [redacted]

b(6)-4

MEDCOM - 12889

## ICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 6 July 03
Time In: 1942
Allergies: NKDA
Pre-op V/S:
Procedures: R BKA

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

OR Intake: Crystalloid ____ Colloid ____
OR Output: UOP 250 EBL 150
Meds/Times:

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds

History

| Time | 1945 | 1950 | 1955 | 2000 | 2025 | 2040 |
|---|---|---|---|---|---|---|
| SaO2 | 99 | 97 | 98 | 98 | 100 | 99 |
| FiO2 | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | ^ | ^ | ^ | ^ | ^ | ^ |
| 100 | • | • | • | • | | |
| 80 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 60 | | | | | • | • |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 20 | 16 | 14 | 21 | 10 | 21 |
| T | | 98.8 | | 99 | | |
| Time | | | | | | |
| Pain (0-10) | | | | | | |
| LOS | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | 2 | 2 | 2 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 12 | 12 | 12 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY: SP[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 6 Jul 03

PATIENT [redacted] (Typed or written entries give: Name — last, first, middle, grade; date; hospital or medical facility)

EPW [redacted] b(6)-4

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

b(6)-2

## MEDICATIONS

ergies:

| me | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 2015 | | Fentanyl 150mcg IVP | | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| ime | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| m | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

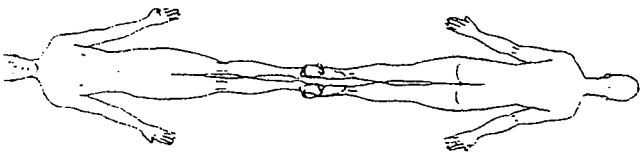
ovement/Sensation: + = present, - = absent Temp: C = Cool, = Warm Pulses: P = Palpable, D = Doppler, A = Absent
olor: C = Cyanotic,
pillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| nd. Height | | | | | | | |
| chia | | | | | | | |
| ripad# | | | | | | | |
| nd. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| m/1950 | Rt Leg | Drsg c̄ Ace wrap | Ø |
| | | | |
| | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |

## NURSING NOTES

2020

pt transfered to ICU 3 from OR s/p Rt BKA. pt AoO x3. VSS, SAO2 98% on room air. LR @ 50 cc/hr to IV in Rt upper arm. Moves all extremities. Fentanyl 150mcg IVP given for c/o pain. Will continue to monitor [redacted]

b(6)-2

**Discharge Criteria:**
**Date:** **Time:** **PARS:**
**BP:** **T:** **HR:** **RR:** **Sa02:**
**Pain Level at D/C (0-10):**
**Intake:** _____ **Output:** _____
**Additional Data:** _____
**Transferred To:** _____
**Report Given To:** _____
**Transferred Via:** W/C Litter Gurney Ambula
**Transferred By:** _____

## ICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: _____ Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: _____

Allergies: _____ OR Intake: Crystalloid 600 Colloid _____

Pre-op V/S: _____ OR Output: UOP 0 EBL MIN

Procedures: debridement (R) leg Meds/Times: 20mg MSO4 25mg Phenergan

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds 5x3 15 History

| Time | 1400 | 1415 | 1430 | 1445 | 1500 | 1515 | 1530 |
|---|---|---|---|---|---|---|---|
| SaO2 | 98 | 96 | 96 | 98 | 99 | 99 | 98 |
| FiO2 | | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | | | | | | | |
| 120 | V | V | V | V | V | V | V |
| 100 | • | • | • | • | • | • | • |
| 80 | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| HR - | 103 | 104 | 103 | 103 | 104 | 107 | 100 |
| RR - | 21 | 14 | 17 | 20 | 17 | 14 | 14 |
| T - | 100.8 | 100.1 | 100.4 | 100.6 | 100.1 | 100.2 | 100.9 |
| Time | | | | | | | |
| Pain (0-10) | | | | | | | |
| LOS | | | | | | | |

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | | | |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | | | |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | | | |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | | | |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | | | |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | | | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
- = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC | DATE

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

b(6)-4

[redacted]

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

.CAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 15 Jul
Time In: 0825
Allergies:
Pre-op V/S:
Procedures:

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 400 Colloid
OR Output: UOP EBL 200 cc
Meds/Times: 250 Fent 20 MSO4 4 zofran

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds

History

| Time | 0825 | 0830 | 0835 | 0840 | 0855 | 0910 | 0940 |
|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 98 | 100 | 99 |
| FiO2 | | | | | | | |
| Methods | NC | NC | NC | NC | RA | RA | RA |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | | | | | | | |
| 120 | | | ^ | ^ | ^ | | |
| | ^ | ^ | | | | ^ | |
| 100 | | | | | | | |
| 80 | • | ^ | • | | ^ | • | • |
| | | • | ^ | ^ | | ^ | |
| 60 | ^ | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| RR | 12 | 18 | 16 | | | | |
| T | 96.3 | | | | | | |
| Time | | | | | | | |
| Pain (0-10) | | | | | | | |
| LOS | | | | | | | |

Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | | |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | | |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | | |

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title) b(6)-2 [redacted] 9MW6

DEPARTMENT/SERVICE/CLINIC

DATE

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

Name — last,

# [redacted]

b(6)-4

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

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 16 July 03
Time In: 0450
Allergies: NKA
Pre-op V/S:
Procedures: I&D (R) BKA

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid Ø
OR Output: UOP N/A EBL 100
Meds/Times:

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 0357 | 1012 | 1021 | 1035 | 1257 |
|---|---|---|---|---|---|
| SaO2 | 100% | 100 | 100 | 100 | 97 |
| FiO2 | | | | | |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| HR | 80 | 63 | 70 | 74 | 63 |
| B/P | 117/N/A | 117/N/A | 114/N/A | 117/N/A | 118/N/A |
| RR | 6 | 16 | 8 | 9 | 5 |
| T | 98.9 | 97.9 | 97.9 | 97.6 | 98.1 |
| Time | | | | | |
| Pain (0-10) | Ø | Ø | Ø | | |
| LOS | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | | 2 | |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | | 2 | |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | | 2 | |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | | 2 | |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | | 2 | |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | | | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
= Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: IC43

DATE: 16 July 03

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

EPW # [redacted] b(6)-4

July 16, 2003

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

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED *(Date)*

Date: 17 July 03
Time In: 1410
Allergies: NKDA
Pre-op V/S: 108/52 75
Procedures: (R) BKA Stump Wash out

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 600 Colloid ø
OR Output: UOP ø EBL 16
Meds/Times: ø

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds

History

| Time | 1410 | 1500 | 1515 | 1530 | 1545 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 96 | 98 | 97 | 98 | 98 | 97 | | | | | | | | | | |
| FiO2 | RA | RA | RA | RA | RA | RA | | | | | | | | | | |
| Methods | | | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| RR | | | 14 | 16 | 14 | 16 | | | | | | | | | | |
| T | 99 | | | | | 99 | | | | | | | | | | |

| Time | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

*(Continue on reverse)*

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PRE[redacted] D(le)-2 LPN

DEPARTMENT/SERVICE/CLINIC: ICU # 2

DATE: 17 July 03

[redacted] entries give: Name – last, first, middle; grade; date; hospital or medical facility)

# [redacted]

D(le)-4

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

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | RLE | + | + | Amput | B | W | PK |
| 15' | RLE | + | + | Amput | B | W | PK |
| 30' | RLE | + | + | Amput | B | W | PK |
| 45' | RLE | + | + | Amput | B | W | PK |
| 60' | RLE | + | + | Amput | B | W | PK |
| 90' | / | / | / | / | / | / | / |
| D/C | RLE | + | + | Amput | B | W | PK |

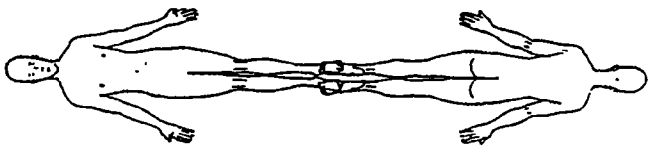
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | RLE | ACE | Ø |
| 30' | " | " | " |
| 60' | " | " | " |
| D/C | " | " | " |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt alert, verbal, follows commands on arrival from OR. Pt Sats 92% on RA - Pt able to cough & deep breath. Drsg to RLE C/D/I.
15:30 - Pt alert, verbal, USS. Pt Sat 98% on RA. Pt able to cough & deep breath. Drsg to RLE C/D/I. [redacted] LPN
[redacted] b(6)-2

**Discharge Criteria:**
**Date:** 17 Jul 02 **Time:** **PARS:** 10
**BP:** 108/70 **T:** 99 **HR:** 95 **RR:** 16 **Sa02:** 99
**Pain Level at D/C (0-10):**
**Intake:** Ø **Output:** Ø
**Additional Data:** Ø
**Transferred To:** JCW #2
**Report Given To:** Cpt. [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** SPC [redacted]
**Cleared IAW Recovery Room SOP B-3** b(6)-2
**Charge Nurse Signature:**

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 18 Jul 03
Time In: 0900
Allergies: NKA
Pre-op V/S: 104/60 118
Procedures: closure flap

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 700 Colloid
OR Output: UOP EBL 100
Meds/Times:

**Drains**: Hemovac, NG, JP, T-tube, Foley, TLS

**Airway**: Nasal, Oral, ETT, Trach, Other

Pre Op Meds History

| Time | 0800 | 0825 | 0850 | 0925 | 0950 | 0975 | 0900 | 1200 | 1205 | 1210 |
|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| FiO2 | 8L | 8L | 8L | 8L | 8L | 8L | 8L | Ø | Ø | Ø |
| Methods | M | M | M | M | M | M | M | RA | RA | RA |
| 240 | | | | | | | | | | |
| 220 | | | | | | | | | | |
| 200 | | | | | | | | | | |
| 180 | | | | | | | | | | |
| 160 | | | | | | | | | | |
| 140 | | | | | | | | | | |
| 120 | | | | | | | | | | |
| 100 | | | | | | | | | | |
| 80 | | | | | | | | | | |
| 60 | | | | | | | | | | |
| 40 | | | | | | | | | | |
| 20 | | | | | | | | | | |
| RR | 12 | 12 | 16 | 20 | 12 | 14 | 14 | 16 | 16 | 14 |
| T | 96.5 | | 97.2 | | | 98 | | 98.7 | 98.7 | |
| Time | Ø | Ø | Ø | | | | | | | |
| Pain (0-10) | | | | | | | | | | |
| LOS | | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 1 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 6 | 9 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

b(6)-2

PREPARED BY (Signature): SGT [redacted] 91WM6 | DEPARTMENT/SERVICE/CLINIC: ICU 2 | DATE: 18 Jul 03

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

EPW # [redacted] b(6)-4
244.0 ♂
ICU 2

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

b/(6)-2 A11

## MEDICATIONS

Allergies: NKDA

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site (R) leg (L) arms | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | + | + | P | S | 97° | P |
| 15' | | + | + | P | S | | P |
| 30' | | + | + | P | B | 98° | PK |
| 45' | | + | + | P | B | | PK |
| 60' | | + | + | P | B | 98° | PK |
| 90' | | | | | | | |
| D/C | | + | + | P | B | 97° | PK |

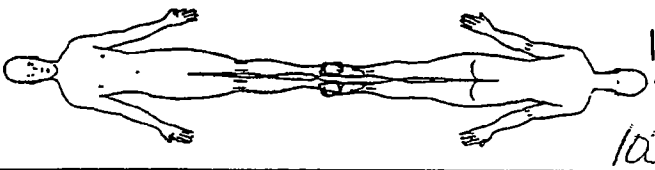
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 0900 | (R) BKA | surgical | Ø |
| 30' 0930 | (R) BKA | " " | Ø |
| 60' 1002 | (R) BKA | " " | Ø |
| D/C 1030 | (R) BKA | " " | Ø |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | SINUS Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0900 | tachy | no | NO |
| 1030 | NSR | N/A | NO |
| | | | |
| | | | |

## NURSING NOTES

24y.o. SPW ♂ transported via litter from OR to ICU 2 s/p I&D (R) BKA - closure stump. Received report from Anesthesiologist PT VS 99/71 P127 R12 SaO2 100% 8L via venturi mask. LS - CTA. Shallow - opens eyes to painful stimuli color pale, nasal trumpet, J-tube in place (R) nare PARS scale 6. IV 20 (R) FH (L) nare flush running TKO patent. Drg - bulky ace wrap CDI JP to suction approx 3cc bloody drg. ABD (-) DTN (-) Rigidity UT will cont to monitor SGT [redacted]

0935 - eyes open VSS SaO2 100% 8L (+) gag reflex - PT indicating to take out J-tube - removed after PT followed deep breathing & cough request & demonstrated NVI color pink tolerated well (Ø) emesis or aspiration noted. Will cont to monitor [redacted] nasal trumpet (L) nare remains [redacted] IWM6

1030 TRANSPORT VIA litter to ICU 2. VSS NAD SaO2 100 drg CDI. A+OX3 pain 2 on 1 SGT [redacted] JP drain

**Discharge Criteria:**
**Date:** 18 Jul 03 **Time:** 1030 **PARS:** 10
**BP:** 110/76 **T:** 98.2 **HR:** 88 **RR:** 16 **SaO2:** 100 RA
**Pain Level at D/C (0-10):** Ø
**Intake:** 150 cc **Output:** Ø
**Additional Data:** None
**Transferred To:** ICU 2
**Report Given To:**
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** SGT [redacted]
**Cleared IAW Recovery Room SOP** [redacted]
**Charge Nurse Signature:**

WAMC OP 173-E

18 Jul 03 1043 Concur c above assessment - Ready for transfer
MAJ/AN [redacted] b/(6)-2

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: _____ Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 1520

Allergies: NKDA OR Intake: Crystalloid 400 Colloid _____

Pre-op V/S: 9/58 107 OR Output: UOP _____ EBL Ø

Procedures: Exam under Anesthesia, JP Removed - 1513 – 1613 Meds/Times: _____

25 Rnt
20 Morph

**Drains**: Hemovac, NG, JP, T-tube, Foley, TLS

**Airway**: Nasal, Oral, ETT, Trach, Other

Pre Op Meds _____ History _____

| Time | 1510 | 1515 | 1520 | 1525 | 1530 | 1535 | 1540 | 1545 | 1550 | 1555 | 1600 | 1605 | 1610 | 1615 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 98 | 99 | 99 | 99 | 99 | 99 | 99 | | |
| FIO2 | 10L | — | — | RA | | — | — | — | — | — | RA | RA | RA | RA | | |
| Methods | FM | — | — | RA | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | |
| 100 | | | ✓ | ✓ | | | | | | | | | | | | |
| | ✓ | ✓ | • | • | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| 80 | | | | | • | • | • | • | • | • | • | • | • | • | | |
| 60 | | | ∧ | ∧ | | | ∧ | ∧ | ∧ | ∧ | ∧ | ∧ | ∧ | ∧ | | |
| | ∧ | ∧ | | | ∧ | | | | | | | | | | | |
| 40 | | | | | | ∧ | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| RR | 16 | 20 | 14 | 22 | 13 | 28 | 21 | 18 | 20 | 17 | 17 | 19 | 20 | 18 | | |
| T | 99 | | | | | | 98.8 | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | |
| Pain (0-10) | 0 | | | | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: _____ Labs: _____

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 1 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | ✓ | ✓ | ✓ |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: ICU2 PACU

DATE: 20 JUL 03

[redacted] IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility) Name – last,

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

4 [redacted]
b(6)-4

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 15[41] | 5 | Percocet | PO | 5 | PO | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | MOE | Intact | 98 | <3 | 99 | NFP |
| 15' | | | | 99 | <3 | | NFP |
| 30' | | | | 106 | <3 | | NFP |
| 45' | | | | 99 | <3 | | NFP |
| 60' | | DABF | Intact | 98 | <3 | 98 | NFP |
| 90' | | | | | | | |
| D/C | | | | | | | |

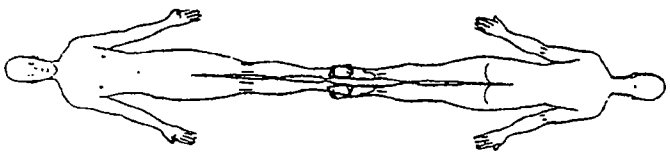
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) leg | Ace comp gauze | ϕ |
| 30' | | | ϕ |
| 60' | | | ϕ |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 15[15] | SR | 5 ectopy | Continuous |
| 16[15] | SR | 5 ectopy | Continuous |

## NURSING NOTES

received w/ chart pain goes mod. gave percocet @ 15[40] hrs esp. tol and tolerated [redacted] MN

b(6)-2

**Discharge Criteria:** 1615
**Date:** **Time:** 8:FM1 **PARS:** 10
**BP:** 104/67 **T:** 99° **HR:** 93 **RR:** 19 **SaO2:** 99
**Pain Level at D/C (0-10):**
**Intake:** 600 ml **Output:** ϕ
**Additional Data:** 16[15]
**Transferred To:** ICW2 stable
**Report Given To:**
**Transferred Via:** WHC Gurney Ambulance
**Transferre** [redacted] 9/10/06

b(6)-2

978

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 24 Jul 03
Time In: 1540
Allergies: NKDA
Pre-op V/S: 93/57 101
Procedures: Drg Δ

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 300 Colloid
OR Output: UOP Ø EBL min -
Meds/Times:

10 morph
Halothane

**Drains**: Hemovac, ~~SND~~, JP, T-tube, Foley, NGT

**Airway**: ~~Nasal~~, Oral, ETT, Trach, Other

Pre Op Meds History

| Time | 1530 | 1545 | 1550 | 1555 | 1600 | 1605 | 1610 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | | | | | | | | | | | | | | | | |
| FiO2 | | | | | | | | | | | | | | | | |
| Methods | | | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| RR | 16 | 14 | 16 | 18 | 22 | 20 | 21 | | | | | | | | | |
| T | 97.8 | | | | | | | | | | | | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1640 | LR | 250 | FA | CR | — |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

**Codes**
AIRWAY: A = Ambu, BB = Blow-by, M = Mask, FT = Face Tent, RA = RoomAir, NC = Nasal Cannula
V/S: X = A-line BP, ^ = Cuff BP, = Pulse
TEMP: S = Skin, O = Oral, A = Axillary, T = Tympanic, R = Rectal
LOS: C = Cervical, T = Thoracic, L = Lumbar, S = Sacral

b(6)-2

PREPARED BY: [redacted] 91WM6
DEPARTMENT/SERVICE/CLINIC: ICU 2
DATE: 24 Jul 03

PATIENT'S ID [redacted] (If typed or written entries give: first, middle; grade; date; hospital or medical facility) Name — last,

#
[redacted]
b(6)-4

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

b/a) - 2 A11

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | NONE | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) BKA | + | + | P | B | W | PK |
| 15' | (R) BKA | (n/p) | + | P | B | W | PK |
| 30' | (R) BKA | + (ex/flex) | + | P | B | W | PK |
| 45' | (R) BKA | " | + | P | B | W | PK |
| 60' | (R) BKA | " | + | P | B | W | PK |
| 90' | | | | | | | |
| D/C | (R) BKA | " | + | P | B | W | PK |

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

## C-SECTIONS

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

N/A

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) BKA | bulky/ace | Ø |
| 30' | (R) BKA | bulky/ace | |
| 60' | (R) BKA | bulky/ace | |
| D/C | (R) BKA | bulky/ace | |

## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | NONE | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | unremarkable | |
| | | | |
| | | | |

## NURSING NOTES

EPW ♂ transferred via litter from OR s/p Dig Δ + washout of (R) BKA. pt resting c̄ eyes closed j-tube & nasal trumpet present. VS 94/57 T P 120 R 16 SaO2 100% 10L Face Mask Color good capr refill brisk. easily roused Ø c̄o pain. Dry (R) BKA bulky c̄ ace. CDI. LS CTA will cont to monitor. SBT [redacted]
1550 pt eyes open [redacted] gestures to take nasal + oral airway out. airway removed tolerated well VSS NAD will cont to monitor. SBT [redacted]
1555 O2 removed pt A+O X3 SaO2 99% RA. SBT [redacted]
1640 - VS 98/56 T 97.8 HR 81 R 22 SaO2 99% RA pt A+O X3 NAD Resp unlabored. received 250cc LR. Dry (R) BKA CDI color pk. Ø c/o pain. to be transported via litter to ICW 2 SBT [redacted]

**Discharge Criteria:**
**Date:** 24 Jul 03 **Time:** 1640 **PARS:** 10
**BP:** 98/56 **T:** 97.8 **HR:** 81 **RR:** 22 **Sa02:** 99 RA
**Pain Level at D/C (0-10):** Ø
**Intake:** _____ **Output:** Ø
**Additional Data:** None
**Transferred To:** ICU 2 [redacted]
**Report Given To:** LT [redacted]
**Transferred Via:** W/C [redacted] Ambulance
**Transferred By:** SGT [redacted] LPN
**Cleared IAW Recover** [redacted]
**Charge Nurse Signa** [redacted] /AH

WAMC OP 173-E

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 6 Aug 03 Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 0749

Allergies: None OR Intake: Crystalloid 600 Colloid

Pre-op V/S: 113/74, 118 OR Output: UOP 0 EBL 60

Procedures: Skin Closure, Flap Advancement, Casting Meds/Times: Halothane, Morphine 30mg, Versed 4 mg

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | Natural |

Pre Op Meds History

| Time | 0749 | 0855 | 0900 | 1005 | 1020 | 1040 | 1036 | 1110 |
|---|---|---|---|---|---|---|---|---|
| SaO2 | 98 | 100 | 100 | 100 | 99 | 100 | 100 | 97 |
| FiO2 | RA | RA | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | | | |
| 240 | | | | | | | | |
| 220 | | | | | | | | |
| 200 | | | | | | | | |
| 180 | | | | | | | | |
| 160 | | | | | | | | |
| 140 | | | | | | | | |
| 120 | | | | ^ | ^ | | ^ | |
| | ^ | ^ | ^ | | | | | |
| 100 | ● | ● | ● | ● | ● | ^ ● | ● | |
| 80 | | ^ | ^ | ^ | ^ | | ^ | |
| 60 | ^ | | | | | ^ | | |
| 40 | | | | | | | | |
| 20 | | | | | | | | |
| RR | 10 | 9 | 14 | 10 | 11 | 14 | | |
| T | 95 | | | | 98 | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 0749 | LR | 400 | (L)FA | [redacted] | 400cc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY: [redacted] /AN

b(6)

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 6 Aug 03

PATIENT'S IDENTIFICATION (Typed or written; place first, middle; grade; date; hospital or medical facility)

Name — last,

# [redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P (Doppler) | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) BKA | + | / | + | / | W | PK |
| 15' | (R) BKA | + | / | + | / | W | PK |
| 30' | (R) BKA | + | / | + | / | W | PK |
| 45' | (R) BKA | + | / | + | / | W | PK |
| 60' | (R) BKA | + | / | + | / | W | PK |
| 90' | | | | | | | |
| D/C | (R) BKA | + | / | + | / | W | PK |

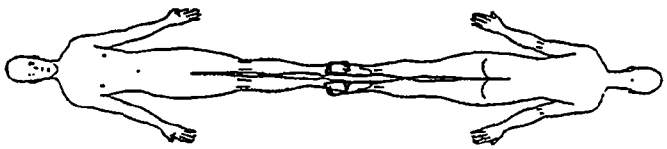
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) BKA | Cast | None |
| 30' | (R) BKA | Cast | None |
| 60' | (R) BKA | Cast | None |
| D/C | (R) BKA | Cast | None |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

0955 - Pt arrived from OR via litter. Pt in stable condition. Sats 100% on RA. [redacted] Cast on (R) stump intact, Ø Drainage [redacted]

b(6)-2

**Discharge Criteria:**
**Date:** 6 Aug 03 **Time:** 1110 **PARS:** 10
**BP:** 122/75 **T:** 96° **HR:** 100 **RR:** 14 **Sa02:** 97
**Pain Level at D/C (0-10):** None
**Intake:** 280 **Output:** Ø
**Additional Data:**
**Transferred To:** ICW 2 [redacted]
**Report Given To:** LT [redacted]
**Transferred Via:** W/C (Litter) Gurney Ambulance
**Transferred By:** Cpt [redacted]
**Cleared IAW Recovery Room** [redacted]
**Charge Nurse Signature** [redacted]

b(6)-2

| 1. LAST NAME, FIRST NAME / NOM ET PRÉNOM | RANK / GRADE | MALE / HOMME |
|---|---|---|
| K-10160 | | FEMALE / FEMME |
| SSN / NUMÉRO MATRICULE | SPECIALTY CODE / GPM | RELIGION / RELIGION |

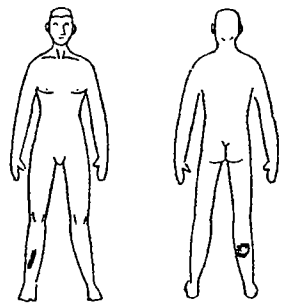
2. UNIT / UNITÉ

| FORCE / ÉLÉMENT | | | | NATIONALITY / NATIONALITÉ |
|---|---|---|---|---|
| A/T | AF/A | N/M | MC/M | |

| | BC / BC | | NSI / IINC | | DISEASE / MALADIE | | PSYCH / PSYCH |
|---|---|---|---|---|---|---|---|

3. INJURY / BLESSURE

FRONT / DEVANT BACK / ARRIÈRE



| | |
|---|---|
| | AIRWAY / TRACHÉE |
| | HEAD / TÊTE |
| | WOUND / BLESSURE |
| | NECK/BACK INJURY / BLESSURE AU COU/AU DOS |
| | BURN / BRÛLURE |
| | AMPUTATION / AMPUTATION |
| | STRESS / TENSION |
| X | OTHER (Specify) / AUTRE (Spécifier) |

GSW Ⓡ leg

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

| | | | |
|---|---|---|---|
| ✓ | ALERT / ALERTE | | PAIN RESPONSE / RÉPONSE À LA DOULEUR |
| | VERBAL RESPONSE / RÉPONSE VERBALE | | UNRESPONSIVE / SANS RÉPONSE |

| 5. PULSE / POULS | TIME / HEURE | 6. TOURNIQUET / GARROT | | TIME / HEURE |
|---|---|---|---|---|
| | | NO / NON | YES / OUI | |

| 7. MORPHINE / MORPHINE | | DOSE / DOSE | TIME / HEURE | 8. IV / IV | TIME / HEURE |
|---|---|---|---|---|---|
| NO / NON | X YES / OUI | 2C | | | |

9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

- IV initiated
- 1g Ancef 2135
- Morphine 2205

| 10. DISPOSITION / DISPOSITION | | | TIME / HEURE |
|---|---|---|---|
| | | RETURNED TO DUTY / RETOUR À L'UNITÉ | |
| | | EVACUATED / EVACUÉ | |
| | | DECEASED / DÉCÉDÉ | |

| 11. PROVIDER / UNIT / OFFICIER MÉDICALE / UNITÉ | DATE/DATE (YYMMDD) |
|---|---|
| | |

DD Form 1380, DEC 91 *This form replaces previous editions of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.*

**U.S. FIELD MEDICAL CARD**
**FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS**

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (Y Y Y Y M M D D) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 027 | 2 | 2 | |

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

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | 2 | 2330 | b(6)-4 |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| | K78 | |

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

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| Ø | ICU #3 | unk |

| ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
|---|---|
| unk | unk |

b(2)-2 N[redacted]

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (Y Y M M D D) |
|---|---|---|
| 50 | | 030713 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (Y Y M M D D) |
|---|---|---|
| AEAA | | 030702 |

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

FOR LOCAL USE

DX: GSW to (R) tibia ext fx, GSW to (L) hand

b(6)-2

ADMITTING OFFICER (Signature, as re[redacted]

DR-[redacted]

SIGNATURE OF ADMITTING CLERK [redacted]

DA FORM 2985, MAR 89 USAPPCV1.0

# ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: A 1 1 B 1
2. MTF LOCATION (State or Country Code.): T Z
3. REGISTER NUMBER: [redacted]
NAME (Last, First, Middle Initial): EAW # [redacted] b(6)-4
4. PAY GRADE: EAW
5. SEX: M
6. DATE OF BIRTH (YYYYMMDD):
7. AGE AT ADMISSION: 027
8. RACE: Z
9. ETHNIC BACKGROUND: Z
RELIGION: unk
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99
12. SOCIAL SECURITY NUMBER:
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS: Z
HOUR OF ADMISSION: 2330
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: K78
16. ZIP CODE OF RESIDENCE:
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA: X
PREV. ADMISSION: YEAR: NO: 9
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 0 b(2)-2
WARD: ICU3
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: unk
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): unk
[redacted]
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: unk
21. TYPE OF DISPOSITION: 50
22. [redacted]
23. DATE OF DISPOSITION (YYMMDD): 030806
24. CLINIC SVC - ADMITTING: AEAA
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (YYMMDD): 030713
27. LOCATION OF OCCURRENCE (Battle Casualty Only):
28. MTF OF INITIAL ADMISSION:
29. DATE INITIAL ADMISSION (YYMMDD):

FOR LOCAL USE

DX: Cosw to (R) tibia ex fix, Cosw to (L) hand

Dx: 8812
8822
8823

Dx: 7906 (x2)
8102

ADMITTING OFFICER (Signature, as required): [redacted]

SIGNATURE OF ADMITTING CLERK

DR [redacted]

b(6)-2

DA FORM 2985, MAR 89

USAPPCV1.0

# INPATIENT TREATMENT RECORD COVER SH

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

| | | | | | |
|---|---|---|---|---|---|
| 1. REGISTER NUMBER 0013740 | 2. NAME (Last, First, MI) EPW [redacted] | | | 3. GRADE N/A | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 28y | 6. RACE Z | 7. RELIGION unk b(6)-9 | 8. N/A | 9. ETS N/A | 10. PREVIOUS ADMISSION No |
| 11. FMP 99 | 12. SSN [redacted] | | 13. ORGANIZATION N/A | | 14. WARD ICU1 |
| 15. FLYING STATUS N/A | 16. DSG | 17. BEN K79 K7 | 18. BRANCH/CORPS N/A | 19. UIC/ZIP | 20. TYPE CASE NB |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from E.R. | | | 22. HOURS OF ADMISSION 1950 | 23. CLINIC SERVICE AEAA | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE — | | | 25. TYPE DISPOSITION 50 | 26. DATE OF DISPOSITION 3 Jul 03 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — | | | 27b. TELEPHONE NO. — | 28. DATE OF THIS ADMISSION 2 Jul 03 | ADMITTING OFFICER b(6)-2 Dr [redacted] |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | 30. DATE OF INTIAL ADMISSION | 32. UNITS COMP[redacted] TRANSFERRED |

31. [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(L) clavicle fx

**35. Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 2 | 2 |

**36. Total Days All Facilites**

| a. ABSENT SICK DAYS | [redacted] | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | | Ø | Ø | 2 | 2 |

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

EDITION OF 1 A[redacted]

USAPPC V1.10

b(6)-2

2 July 03 S: Tried to crush the gaff @ BIAP person 4 day ago. arrived here @ Abu Ghraib yesterday Multiple bruises (R) face (R) ribs & (L) shoulder area with obvious clavicle deformity. Had an Xray at BIAP ? 58/st arrived with only a sling on the (L) arm

O: ecchymosis & abrasions (R) periorbital. ecchymosis & deformity (L) shoulder. Jaundice ecchymosis (R) anterior ribs.

PEARL VISUAL intact EYEWITNESS ATTACK SCENE (R)

A: (R) periorbital contusion/Abrasion.

(L) Clavicle fx clinically

(R) Rib fx clinically

(R) Subchorionic Hemorrhage

P: (1) Figure 8 sling placed

(2) Wounds cleansed

(3) Send for evaluation orthopaedic fx.

[redacted]

MAJ MC
BN Surgeon

[redacted]

b(4) 2 AM

NS ASSESSMENT

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | 2020 02 JUL 03: Pt recieved. VSS: 130/75; 16; SpO2 99 on RA. Has NS @ KVO to (L) PA, ⊖ s/s of infiltrat/ extravasation. Pt is restricted per CSM protocol. (RESD) |
| | CTA S/Lat [LU] $S_1$ $S_2$; HR NSR - Cardiac 72; 2.3sec Cap R.F. |
| | [GI/GU] NL/NO; ⊕ U/O ⊖ D/S/M; U/O without difficulty. |
| | [NM] Clear to dry; ⊕ eye has ⊕ edema / blurry change |
| | [PAIN] perc. Q6 PRN; with VS; patient treated |
| | c/o low back pain. |
| | [redacted] b(4)-2 |
| | McNeil |
| | |
| | Meds: Percocet at 2100. ÷ for pain; instructed patient |
| | on use of artificial tears; patient demonstrated proper technique |
| | for medication. |
| | Intake & outputs |
| | 2100 |
| | U/O - 300 |
| | IV - KVO to (L) PA |

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

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

EPW [redacted] b(4)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 0830 July 3, 2003 | Pt. tolerated breakfast well. O+OX3. Pt resting well @ this time. Ø c/o pain. fig. 8 splint still in place. will cont. to monitor [redacted] b(6)-2 |
| 3 Jul 03 0800 | N/C Sunny Pt wal in ER for Ø claim for. Admitted 2° Complete urine - will f/c ÷ 8 of 8 slip + fracture [redacted] b(6)-2 |

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

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

REGISTER NO. | WARD NO.

EPW ICU #1

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

558-103 (See Instructions on Back of this Sheet) b(6)-2 NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT
(Medical Record)

TREA[redacted]

LOG NUMBER

| ARRIVAL DATE DAY | MONTH | YR. | TIME |
|---|---|---|---|
| 02 | 07 | 03 | 1545 |

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☑ OTHER (Specify)

CURRENT MEDS. (Tetanus immunization and other data): Ø

HISTORY OBTAINED FROM: ☑ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): Clavicle injury

SEX: M AGE: 28

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: 16:00

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1546 | | |
| BP | 124/85 | | |
| PULSE | 92 | | |
| RESP. | 14 | | |
| TEMP. | 98.8 | | |
| WT. (Child) | | | |

CATEGORY (See reverse)
- EMERGENT
- URGENT
- ☑ NON-URGENT

| ORDERS | INITS. | TIME |
|---|---|---|
| X-ray clavicle | [redacted] | |
| Splint | | |
| CBC, PTT, lytes | | |
| NSS IV, Zofran IV | | 1645 |

ASSESSMENT/DIAGNOSIS: (L) clavicle fx

DISPOSITION (Check all that apply)
- HOME
- FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY / TODAY
- 72 HOURS / ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE: ICU-1

CONDITION UPON RELEASE
- IMPROVED
- UNCHANGED
- ☑ DETERIORATED

TIME OF RELEASE: 1930

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S: 28 y.o. Cpw brought in s/p alteration at prison c̄ multiple ~~abr~~ abrasions, suspected clavicle fx, (+) conjunctival hemorrhage. Via interpreter, pt reports pain (L) ~~clavicle~~ clavicle

O: VSS afebrile HEENT (+) ~~for~~ conjunctival hemorrhage, c̄ orbital emphysema, (+) mild distress c̄ multiple abrasions, (+) mild distress 2° pain for clavicle fx (pt. pointing to clavicle) chest (+) edema, ecchymosis over (L) clavicle c̄ marked TTP CTA (B) RRR

X-RAY: (+) (L) clavicle fx ∅ pneumothorax

A/P: SMA, ND, (+) mild emphysema Tachycardia

Focus: (+) multiple contusions / abrasions

A: i) (L) clavicle fx
ii) multiple contusions

P: i) Percocet 1-2 tabs, q° 6 PRN
ii) continue figure 8 splint
iii) will admit 2° for pain control / observation

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB; service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

SIGNATURE OF PROVIDER AND ID STAMP: [redacted] POWERS MD

INSTRUCTIONS [redacted]ENT (Include medications ordered, any limitations and follow-up plans) b(6)-2

# [redacted] b(6)-4

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | |
| POST- DAY | | 02JUL03 | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | | | | | | | | | | | | | |
| 19 | HOUR | 2000 | 2030 | 2100 | 2200 | 0400 | | | | | | | | | | |
| PULSE (0) | TEMP. F (°) | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | ✓ | | | | | | | | | | | 37.8° |
| 130 | 99° | ✓ | | ✓ | | ✓ | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | ✓ | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | ^ | ^ | | | | | | | | | | | |
| 70 | | ^ | ^ | | | ^ | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | RR | 16 | 16 | 16 | 16 | 16 | | | | | | | | | | |
| BLOOD PRESSURE | | | | | | | | | | | | | | | | |
| | | RA | RA | RA | RA | RA | | | | | | | | | | |
| | SAO2 | 100 | 100 | 100 | 98 | 98 | | | | | | | | | | |
| HEIGHT: | WEIGHT → | | | | | | | | | | | | | | | |
| IV F | | 125 | | KVO | KVO | | | | | | | | | | | |
| OUTPUT | | | | 300 | 600 | 400 | | | | | | | | | | |
| Percocet | | | | 2 | | | | | | | | | | | | |
| TEMP | | | | | | 95.9 | | | | | | | | | | |

Record special data only when so ordered

(Centigrade Equivalents, for Reference only)

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

Ehw [redacted]

b(6)-4

REGISTER NO.

WARD NO. ICU

**VITAL SIGNS RECORDS**

Medical Record

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

Ward/Section: EMT | QUESTIONING PHYSICIAN: | C ST. RESULT FORM (Pursuant to the Privacy Act of 1974)

LAST, FIRST, MI: EPW [redacted] | DATE: 25 Jul | TIME: 1435 | SSN/PSEUDO SSN:

b(6)-4

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) - (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

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

**(Piccolo) Chemistry 12**

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

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | 97 | 73-118 mg/dl |
| BUN | 8 | 7-22 mg/dl |
| CRE | 0.5 | 0.6-1.2 mg/dl |
| CK | 3065 | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | 136 | 128-145 mmol/l |
| $K^+$ | 4.1 | 3.3-4.7 mmol/l |
| $CL^-$ | 108 | 98-108 mmol/l |
| $tCO_2$ | 22 | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

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

**(Piccolo) Electrolyte**

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

**REMARKS:**

**REPORTED BY:** [redacted] | **DATE:** 25 Jul | **LAB ID NO.:**

b(6)-2

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER 19:30 HOURS | LIST TIME ORDER NOTED AND SIGN

7/8 Admit to ICU-1
Diagnosis (L) clavicle fx
Ambulation Good
Vitals q shift
Allergies: NKDA
Activity: Bedrest c̄ bathroom privs.
Nursing (1) Continue figure 8 splint

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER 19:30 HOURS

7/8 Diet: Regular
IV: KVO
meds: i) 2 tabs Percocet ~~2~~ q 6 PRN pain
ii) 2 mg morphine q 2 for breakthrough pain
LABS: NONE
Additional: Please transfer when available bed

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER HOURS

in ICU at [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER 0900 HOURS

3 Aug 03
(1) DC'd EPW cast c̄ Fasciae of 8 slip DVE
Noted
0900

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| 7/2/03 | [redacted] | VITALS Q ATLST | 05 | / [redacted] | | |
| | | | 17 | [redacted] | | |
| 7/2/03 | [redacted] | ACT: BRE BRP | 05 | / [redacted] | | |
| | | | 17 | [redacted] | | |
| 7/2/03 | [redacted] | NSG: CONTINUE PIG & SRW7 | 05 | / [redacted] | | |
| | | | 17 | [redacted] | | |
| 7/2/03 | [redacted] | DIET: REG | 05 | / [redacted] | | |
| | | | 17 | [redacted] | | |
| | [redacted] | b(6)-2 | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
(L) CLAVICLE FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: ____

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo ____ Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 7/2 | [redacted] | ADMIT TO ICU 1 | 7/2/03 | now | 2230 | [redacted] |
| 7/2 | [redacted] | COND : GOOD | 7/2/03 | now | 23:0 | [redacted] |
| 7/31 | [redacted] | D/C EPW comp C figure of 8 | 31 July 31 | | | |
| | | sling (L) UE | | | | |
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| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/1 | [redacted] | transfer to ICU upon bed availability | | | | | | | | | | | | | | |
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USAPA V1.00

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 2 | 3 | | | | | | | | | | | |
| 8/2/03 | [redacted] | IV: KVO | 5 | [redacted] | | | | | | | | | | | | |
| | [redacted] | b(6)-2 | 10 | | | | | | | | | | | | | |
| | [redacted] | | | | | | | | | | | | | | | |
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ALLERGIES: ☐ YES ☐ NO
NKSA

PRIMARY DIAGNOSIS:
(L) CLAVICLE AC

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo._____ Yr._____ |
|---|---|---|---|---|---|---|
| **Order Date** | **Clerk/ Nurse** | **SINGLE ORDER, PRE-OPERATIVES** | **Date to be Given** | **Time to be Given** | **Time Given** | **Initials** |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
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| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |

| **Order/ Expir Date** | **Clerk/ Nurse** | **PRN MEDICATION, DOSE, FREQUENCY** | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* **TIME/DATE DISPENSED** | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/2/03 | - - - [redacted] | Percocet 2 TABS Q6° PRN PAIN | [illegible] | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| 7/2/03 | - - - [redacted] | MSO4 2mg Q°2 for Bilat thigh pain | | | | | | | | | | | | | | |
| - - - - - | - - - [redacted] | bilat - 2 | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |

USAPA V1.00

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA Appr 8 Mar 89

**INITIAL SHIFT ASSESSMENT**

| | | | | | |
|---|---|---|---|---|---|
| NEURO | TIME | 0545 | [redacted] | b(6)-2 INITIALS | INITIALS |
| | PUPILS | perrla | | | |
| | SENSORIUM | a+ox3 pt follows commands well | | | |
| RESPIRATORY | RESPIRATORY PATTERN | leg, even, unlabored | | | |
| | BREATH SOUNDS | CTA | | | |
| | SECRETIONS | Ø | | | |
| SKIN | COLOR | normal for race | | | |
| | INTEGRITY | | | | |
| IV SITE | LOCATION | RFA | | | |
| | CONDITION | clean dry intact | | | |
| GASTRO | ABDOMEN | Ø soft, nontender | | | |
| | BOWEL SOUNDS | BS x4 | | | |
| GU | URINE: COLOR/CLARITY | cloudy yellow pt. urinating on own | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | NSR no dysrhythmia | | | |

**LEGEND**
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

*(Continue on reverse)*

| PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC | DATE |
|---|---|---|
| [redacted] QMA | ICU 2nd | |

[redacted] typed or written entries give: Name—last, first, [redacted] hospital or medical facility)

b(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHAR
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Spe*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

| | DX | | | | | | | | | | | | | HOSPITAL DAY | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
| P Arterial Line | | | | | | | | | | | | | | | | | |
| P Cuff | 124/68 | | | | | | 122/72 | | | | | | | | | | |
| emperature | | | | | | | 98.6 | | | | | | | | | | |
| ulse | | | | | | | 72 | | | | | | | | | | |
| espiratory Rate | | | | | | | 16 | | | | | | | | | | |
| Pain | | | | | | | | | | | | | | | | | |
| Intervention | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
| PO | | | | | | | | | | 300 | | | | | | | |

| TOTALS | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | | | | | | 550 | | 5865 | | | | | | | | |
| | sp gr | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | |
| MESIS | | | | | | | | | | | | | | | | | |
| TOOL | | | | | | | | | | | | | | | | | |

PA.

| 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY DATA | | TIME | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | MODE | | | | | | | |
| | | $F_iO_2$ | | | | | | | |
| | | TV | | | | | | | |
| | | RATE | | | | | | | |
| | | PEEP | | | | | | | |
| | A | pH | | | | | | | |
| | | $PCO_2$ | | | | | | | |
| | | $pO_2$ | | | | | | | |
| | B | $HCO_3$ | | | | | | | |
| | | SAT | | | | | | | |
| | G | BASE | | | | | | | |

| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8°T |
|---|---|---|---|---|---|---|---|

| LABORATORY DATA | TIME | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | |
| | Na/K | | | | | | | |
| | $Cl/CO_2$ | | | | | | | |
| | BUN/Cr | | | | | | | |
| | WBC/PLATELET | | | | | | | |
| | Hct/Hgb | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | |
|---|---|---|---|---|---|
| | MOUTH CARE | | | | |
| | BATH | | | | |
| | SKIN CARE | | | | |
| | FOLEY CARE | | | | |
| | TRACH CARE | | | | |
| | ROM EXERCISES | | | | |

| TURN | TIME | | | |
|---|---|---|---|---|
| SUCTION | | | | |

| 24° I&O TOTALS | NURSE'S SIGNATURE |
|---|---|
| wt Yesterday ______ wt Today ______ | |
| INTAKE / OUTPUT | |
| IV ______ Urine: ______ | |

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 28 y | Z | 9 | unk. |

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

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| N/A | U | 1950 | N/A b(6)-4 |

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

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

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 | ICU1 | — |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| [redacted] | | — |
| | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
| | | — |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 50 b(2)-2 | | 030703 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| AEAA | | 030702 |

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

FOR LOCAL USE

Dx: (L) clavicle fx

Dx: 81000
92481
92221
92222
92300
92303
92310
92311
E9174

[redacted] b(6)-2

SIGNATURE OF ADMITTING CLERK

[redacted] PFC, 91G10

DA FORM [redacted]

# INPATIENT TREATMENT RECORD COVER

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

| | | | | | |
|---|---|---|---|---|---|
| 1. REGISTER NUMBER [redacted] | 2. NAME (Last, First, MI) EPW [redacted] b(4)-4 | | | 3. GRADE N/A | ADMISSION REMARKS |
| 4. SEX m | 5. AGE 21y | 6. Z | 7. RELIGION N/A | 8. LENGTH OF SVC N/A | 9. ETS N/A | 10. PREVIOUS ADMISSION No |
| 11. FMP 200 ~~229~~ 49 | 12. SSN [redacted] | | 13. ORGANIZATION N/A | | | 14. WARD ICU3 |
| 15. FLYING STATUS N/A | 16. RATING/ DSG | 17. DEPT BEN 1678 ~~K79~~ | 18. BRANCH/CORPS N/A | 19. UIC/ZIP | | 20. TYPE CASE NB1 |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from E.R. | | | | 22. HOURS OF ADMISSION 1811 | 23. CLINIC SERVICE AEAA | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE — | | | | 25. TYPE DISPOSITION 50 | 26. DATE OF DISPOSITION 3 Jul 03 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — | | | | 27b. TELEPHONE NO. — | 28. DATE OF THIS ADMISSION 2 Jul 03 | ADMITTING OFFICER b(6)-2 Dr. [redacted] |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | | 30. DATE OF INITIAL ADMISSION | 32. UNIT COMPONENT TRANSFUSED |

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Re-eval for cast

**35. Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 2 | 2 |

**36. Total Days All Facilities**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø [redacted] | | Ø | Ø | 2 | 2 |

SIGNATURE [redacted] SIGNATURE OF PAD OR MEDICAL [redacted]

DA FORM [redacted] ITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

b(4)-2

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 3Jul03 @0600 | Received pt who is resting quietly. Assessment complete. See unit abbreviated assessment form. Pt awaiting return to camp. Plan: Cont. to monitor for discomfort. Pt denies pain @ present time. — [redacted] TC/AN — |
| 1041 | Pt. resting in bed c̄ eyes closed. Ø distress noted. Ø complaint(s) voiced @present time. Wi[redacted] to monitor pt. for s/sx of distress. — [redacted] |
| 1041 | EPW transferred back to EPW Camp. Escorted via (MP) Spc. [redacted] — [redacted] |
| | b(4)-2 AN |

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

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

EPW [redacted]

b(4)-4

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

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY EM1 |
|---|---|---|---|
| | | RECORDS MAINTAINED AT | |

| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
|---|---|---|---|---|
| STREET ADDRESS EPW | | | DATE *(Day, Month, Year)* 2 JULY 03 | TIME 1811 |
| CITY | STATE | ZIP CODE | TRANSPORTATION TO FACILITY | |

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| M | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM | YES | NO |
| | | | PRP | | | | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | | DD 2568 IN CHART | | |
| 21 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

| CURRENT MEDICATIONS | INJURY OR OCCUPATIONAL ILLNESS | | | | EMERGENCY ROOM VISIT | |
|---|---|---|---|---|---|---|
| Ø | ITEM | YES | NO | WHEN *(Date)* | DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| | IS THIS AN INJURY? | | | WHERE | TETANUS | |
| ALLERGIES NKDA | INJURY/SAFETY FORMS | | | | DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |
| | HOW | | | | | |

CHIEF COMPLAINT (R) Leg GSW

| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ EMERGENT | TIME 1811 | TIME 1815 | | | | | |
| | | BP 110/78 | | | | | |
| ☐ URGENT | b(6)-2 IN [redacted] | PULSE 93 | | | | | |
| | | RESP 16 | | | | | |
| ☒ NON-URGENT | | TEMP 99.3 | | | | | |
| | | WT 57KG | | | | | |

| LAB ORDERS | | | | | | X-RAY ORDERS | | | |
|---|---|---|---|---|---|---|---|---|---|
| | CBC/DIFF | | AB[redacted] PT/PTT | | BHCG/URINE/BLOOD/QUANT | | | CXR PA & LAT/PORTABLE | | C-SPINE |
| | URINE C&S | | UA MSCC/CATH | | CHEM: | | | ACUTE ABDOMEN | | LS SPINE |
| | BLOOD C&S X | | | | | | | SINUS | | HEAD CT |
| | | | | | | | | ANKLE R/L | | |
| | | | | | | | | | | |

ORDERS

☒ PULSE OX 98% ☐ MONITOR ☐ ECG

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

| DISPOSITION | DISPOSITION QUARTERS /OFF DUTY | PATIENT/DISCHARGE INSTRUCTIONS |
|---|---|---|
| ☐ HOME ☐ FULL DUTY | ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS. | |
| MODIFIED DUTY UNTIL | RETURN TO DUTY | |

| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED ▶ | TO | WHEN |
|---|---|---|---|---|
| ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED | TIME OF RELEASE | I have received and understand these instructions. | | |
| | | PATIENT'S SIGNATURE | | |

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

EPW [redacted] b(6)-4

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

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

| CBC | | SMAC | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|---|
| | WBC | | | SUP O2 | PH | PO2 | RESULTS | |
| | H/H | | | PCO2 | SAT | OTHER | (R) leg - (+) Healing Fx (+) bone signed | |
| | PLT | | | | | | | |
| PT | | | | U/A | DIP | | EKG INTERPRETATION | |
| APTT | BHCG | ETOH | GLU | | MICRO | | | |

PROVIDER HISTORY/PHYSICAL

21 y/o ♀ cast on (R) leg x 48 days because of GSW.
PN - 0/10

Ep W Pt sent here only for reevaluation of Bone Healing by X-ray + removal of 48 day old CAST. Pt ♀ no other complaint or problems.

G: WD, WN, NAD, AAOx3
Ext: good flow, ankle/foot (+) open wound, healing well.

Discussed ♀ Attorney

(A/P) Long leg cast ♀ window for wound care / RTD

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

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP

[redacted] > Yes

DIAGNOSIS

(R) Tibia Fracture.

CODES: b(6)-2

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

[redacted] b(6)-4

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

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

## PATIENT AS[illegible]MENT

TIME: 2015 SIGNATUR[redacted]

### SKIN AND MUCOUS M[redacted]

Skin : Loose / Tight / Diaphoretic / Shiny / Dry

Skin : Temperature Warm

Color: Pale / Cyanotic / Jaundiced Normal to Race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils: Perrla

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse ( 0 - 4): 3 Radials ++ Pedals ++

Capillary Refill: < Seconds 3 Homan's Sign ⊖

Jugular Venous Distension ⊖ Edema ⊖

Heart Sounds S1 S2 ∅ ectopy

Rhythm RRR PRI: — QRS: —

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | | |
| Solution | | | | |

Chest Pain ∅

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns:

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: — Suction cm: —

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings:

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character

Drains:

### GENITOURINARY

Urine Color: yellow Character: clear

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

b(a)-2

## PATIENT ASSESSMENT

TIME: 0600 SIGNATURE [redacted]

### SKIN AND MUCOUS MEMBRANES

Skin : Loose / Tight / Diaphoretic / Shiny / Dry intact

Skin : Temperature warm to touch

Color: Pale / Cyanotic / Jaundiced normal for race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils: Reactive

Extremity Movement: Full / Limited / None X (R) leg w/ cast

### CARDIOVASCULAR

Pulse ( 0 - 4): Radials ++ Pedals ++ X (R) leg cds

Capillary Refill: <3 Seconds (R) toes Homan's Sign ∅

Jugular Venous Distension ∅ Edema ∅

Heart Sounds S1 S2 on monitor

Rhythm Reg. PRI: NL QRS: NL

| Vascular Catheter | N/A Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | | |
| Solution | | | | |

Chest Pain ∅

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical unlabored

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: even & regular

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor None

Chest Drainage System Gravity: N/A Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: N/A Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: N/A

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color N/A Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

### GENITOURINARY

Urine Color: Has not voided c time of assessment. Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

Speaks English. Cast to (R) leg intact. Denies any discomfort. Wishes to sleep.

OTHER:

EPW [redacted] b(6)

2 July 03

PTS NAME:

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | | | | | | | | | | | | | | | | 112/56 | | | | | | | |
| TEMP | | | | | | | | | | | | | | | | 98.6 | | | | | | | |
| HR | | | | | | | | | | | | | | | | 61 | | | | | | | |
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MEDCOM - 12929

EPW [redacted] b(2)-4

3 July 03

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|
| HR | ~~05~~ | ~~06~~ | | | | 10 | | | | |
| RR | | 18 | | | | 18 | | | | |
| SA02 | | 99% | | | | | | | | |
| B/P | | 65/55 | | | | 112/70 | | | | |
| Temp. | | 98(A) | | | | 97.7 | | | | |
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| INPUT | | | | | | | | | | |
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| URINE | | | | | | 650 | | | | |
| NGT | | | | | | | | | | |
| STOOL | | | | | | | | | | |
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| TOTAL | | | | | | | | | | |
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| BALANCE | | | | | | | | | | |

MEDCOM - 12930

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 2 July 03 | 1940 HOURS | |
| Admit ICU #7 - E-Pod | | |
| Dx: (R) Tibia Fracture - OLD | | |
| Condition: stable | | |
| Vitals per routine | | |
| Act: NKDA | | |
| Meds: Cipro Floxin 500 mg p.o. Q.D given 2000 | | |
| Diet: Regular | | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |
| Nothing - NPO selected | | |
| Plan: RTD to FPW cast in Am | | |
| - D/C patient @ 0700 03 July 03. | | |
| - Send pt back with his cipro floxin | | |
| b(6)-2 [redacted] | | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

| DATE OF ORDER | TIME [redacted] | |
|---|---|---|
| | HOURS | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

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

b(6)-4 [redacted]

| 1. LAST NAME, FIRST NAME, MIDDLE INITIAL / NOM ET PRÉNOM | RANK / GRADE | MALE / HOMME / FEMALE / FEMME |
|---|---|---|
| [redacted] | | |
| SOCIAL SECURITY NO / MATRICULE | SPECIALTY CODE / GPM | RELIGION / RELIGION |

2. UNIT / UNITÉ

FORCE / ÉLÉMENT: A/T | AF/A | N/M | MC/M

NATIONALITY / NATIONALITÉ

BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT — BACK / ARRIÈRE

- AIRWAY / TRACHÉE
- HEAD / TÊTE
- WOUND / BLESSURE
- NECK/BACK INJURY / BLESSURE AU COU/AU DOS
- BURN / BRÛLURE
- AMPUTATION / AMPUTATION
- STRESS / TENSION
- X OTHER (Specify) / AUTRE (Spécifier)

GSW cast more the 1 mon.

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

- ALERT / ALERTE
- VERBAL RESPONSE / RÉPONSE VERBALE
- PAIN RESPONSE / RÉPONSE À LA DOULEUR
- UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS — TIME / HEURE

6. TOURNIQUET / GARROT — NO / NON — YES / OUI — TIME / HEURE

7. MORPHINE / MORPHINE — NO / NON — YES / OUI — DOSE / DOSE — TIME / HEURE

8. IV / IV — TIME / HEURE

9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

10. DISPOSITION / DISPOSITION
- RETURNED TO DUTY / RETOUR À L'UNITÉ
- EVACUATED / EVACUÉ
- DECEASED / DÉCÉDÉ

TIME / HEURE

11. PROVIDER / UNIT / OFFICIER MÉDICALE / UNITÉ — DATE/DATE (YYMMDD)

DD Form 1380, DEC 91 — This form replaces previous editions of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.

U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

---

DECEASED — M171[illegible]01

**Mass Casualty Incident Tag**
©Eastern PA EMS Council - 1997

(A) (P)

| | |
|---|---|
| TIME | 1546 |
| AGE | SEX |
| LUNGS | |
| PULSE | 82 |
| RESP. | |
| B.P. | 129/73 |
| A V P U | |

Patient Name (if known) A 7316

Notes/Treatment Removal fm cast x 4 days
X-ray to check healing of bone
Small amount of Callus - Healing slowly.

# ADMISSION AND CODING INFORMATION

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

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

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| 19820101 | 21y | Z | 9 | N/A |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| | unk | 90 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| Unk | U | 1811 | N/A b(6)-4 |

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

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

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 | ICU3 | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 50 | | 030703 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| AEAA | | 030702 |

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

FOR LOCAL USE

Dx: Re-eval for cast

V54.89
Dx: 823.80

V54.16

V53.7

ADMITTING OFFICER (Sign [redacted] b(6)-2

MAJ Hilliard

SIGNATURE OF ADMITTING CLERK [redacted] PFC 91B10

DA FORM 2085, MAR 80

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. REGISTRATION [redacted] | 2. NAME (Last, First, MI) EPW [redacted] b(6)-4 | | | | 3. GRADE N/A | ADMISSION REMARKS |
| 4. SEX M | 5. AGE 30y | 6. RACE Z | 7. RELIGION unk | 8. SVC N/A | 9. ETS N/A | 10. PREVIOUS ADMISSION No |
| 11. FMP 99 | 12. SSN [redacted] | | 13. ORGANIZATION N/A | | | 14. WARD ICU2 |
| 15. FLYING STATUS N/A | 16. RATING/DSG | 17. DEPT./BEN K7QB | 18. BRANCH/CORPS N/A | 19. UIC/ZIP | | 20. TYPE CASE N/A |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER | | | | 22. HOURS OF ADMISSION 0915 | 23. CLINIC SERVICE ABAA | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE — | | | 25. TYPE DISPOSITION 50 | | 26. DATE OF DISPOSITION 6 Jul 03 | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — | | | 27b. TELEPHONE NO. — | | 28. DATE OF THIS ADMISSION 3 Jul 03 | ADMITTING OFFICER b(6)-2 Dr. [redacted] |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | | 30. DATE OF INITIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED |

31. SE[redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW Chest S/P

875.0

E991.2

**35. Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 4 | 4 |

**36. Total Days All Facilites**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø b(6)-2 | Ø | 4 | 4 |

SIGNATURE OF ATTENDING MEDICAL OFFICER [redacted] Dr. [redacted]

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER For [redacted]

DA FORM 3647, MAY 79



USAPPC V1.10

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

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

30 yo iraqi male standing in field when fire fight between iraqi CIV and US soldier broke out. Wt in chest by errant fire

| NKDA | PMH | PSH | Meds |
|---|---|---|---|
| | Ø | Ø | Ø |

PHYSICAL EXAMINATION

VS 84 131/61 96

NCAT
Neck clr clinically
chest (R) Post lat mid chest penetrating wnd with surrounding crepts

Abd
Rigid @ Guarding
TTP -- rebound ? (R) UQ
Gsw wound
Rectal melena Heme ⊖
Ext ⊖ ccc 2+PD.

CXR - Hemo pneumo thorax Fragments

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

A/P GSW to chest lat below the nipple line with Abd tenderness.
WF
to OR for ex LAP R/o intraperitoneal injury.

[redacted] b(4)-2

| [redacted] | DATE 350103 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| PATI[redacted] *itten entries give Name last, first, [redacted] initiate, grade; date; hospital or medical facility)* | | REGISTER NO. | WARD NO. |

#[redacted]

b(4)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 1017 4JUL03 | pt ↑ out of bed X4 hours attempted cough and deep breaths pt noncompliant in regard to coughing sacrificed x3 thick amounts of yellow to brown - expiratory wheezes noted. need for cough deep breath and use of IS will attempt q1° if pt accepts will suction again in 4 hours. MSO4 4mg 1st dose @ 0900 hrs improvement noted on pt temp & from TMAX of 100.5°F on to present temp of 98.2°F on @ present pt resting in bed FM @ 4L sats 94-96% range - attempted NC but sats of pt in 80's sats ↑ adequate and general appearance is good cap refill is FM @ present |
| | b(6)-2 [redacted] |
| 1607 4JUL403 | pt ↑ OOB to chair aggressive pulmonary hygiene care given c̄ IS and cough deep breathing FM 4L sats between 95-97% while ↑ requires 4L while in bed resting able to maintain sats c̄ 2L but unable to use NC on the |
| | b(6)-2 [redacted] |
| 1700 | Assumed care of day shift report given. Alert, Verbal. RRR @ 2mm. Nasal airway (2) patent. O2 @ 2L/Min via face Mask. Skin color appropriate for race. (D) AC LR @ 100cc/hr ≈ 5/5 g infection or infiltration (R) AC HL ≈ 5/5 g infection or infiltration. Flushes well. Lung sounds rhonchi noted bil. (-) BS noted in all 4 quads. ABD DSG Moderate light drainage noted |

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

[redacted]

b(6)-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-45.505
509-111

b(6)-2
A11

## PROGRESS NOTES

| DATE | |
|---|---|
| | On DSG. ABD soft nondistended. Chest tube DSG @ small amt dried bloody drainage noted on DSG. Chest tube to 20cm $H_2O$ suction. IS used approx @10 X's. Pedal pulses present bil. Radial pulses present bil. Foley clear amber urine noted to bedside foley bag. Will Monitor Sig [redacted] |
| 1815 | C/o pain in ABD. MSO4 5mg given IV for pain Will Monitor — Sig [redacted] |
| 1925 | T 100.5 A Tylenol 650mg po given Will Monitor — Sig [redacted] |
| 2025 | T 100.5 A Will cont to monitor. IS used approx 15 X's Will Monitor — Sig [redacted] |
| 2125 | MSO4 1mg given for Midline pain. Will Monitor [redacted] |
| 2135 | Suction pt slept coughed up sputum. Small amt blood tinged sputum noted. Will Monitor IS used approx @5 X's. — Sig [redacted] |
| 2000 | Late entry pt pulled out nasal airway [redacted] |
| 2100 | RT (SS [redacted]) A'd Face mask to NC. O2 @ 5 L/min per NC. SPO2 @ 96%. Will Monitor. Sig [redacted] |
| 0042 | C/o pain on Midline. Give MSO4 1mg IV [redacted] Will Monitor — Sig [redacted] |
| 0112 | SPO2 ↓ 88%. NC taken off. Reapplied Face mask SPO2 ↑ 95%. Will Monitor. Pt resting in bed. No c/o pain @ present time — Sig [redacted] |
| 0500 | Resting in bed @ present time — Sig [redacted] |



[redacted]

b(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

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

1800
5 Jul 03 episode of detox due to poor pain management and assessment of PMSO2 given and assessed using 1-10 pain scale chronic and prior to assess need for pain management med. - 1-10 in English. 1-10 in Arabic language and pain method @ 1500 assessed of ? HR equal or greater or unknown pt expressed 10 out of 10 signed out and reassessed by Charge Nurse in conference reassessment before getting out pt said of pain @ present bedside did not give - @ 1800 re assessed pain to chest & pain expressed no pain medication given. [redacted]

1800
5 Jul 03 attempted to suction as ordered pt battled [redacted] to allow to suction. b(6)-2 [redacted]

5 July 03 1700 Assumed care of pt @ Dayshift report given. Alert, Verbal. PERRL @ 2mm. O2 @ 4L/m face mask. Skin Warm & dry to touch. Color: Appropriate for race. (L) AC IV 5 5/8 of infection or infiltration noted. LR @ 100cc/h via (L) IV. (R) AC HL 5 5/8 of infection or infiltration noted (R) AC Flushes well. Lung sounds rhonchi noted bil. even rise & fall bil chest. Midline ABD incision c staples open to air. No active bleeding noted or drainage noted. ABD: BS noted in all 4 quads. Pedal pulses present

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

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

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

**PROGRESS NOTES**
Medical Record

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

b(4)-2A11

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

| DATE | NOTES |
|---|---|
| 5 July 03 (Cont) 1700 | bil. Radial pulses present bil. (R) inner hand area old blister area noted healing. Bottom of feet (R) several scab areas noted. (L) Bottom of foot 1 scab area noted. (R) lateral chest area DSD CDI. IS used Serum X5. Will Monitor — Sgt [redacted] |
| 5 Jun 03 2012 | ~~Attempt~~ NT suction tried on pt. pt. not cooperate NT Suction Not Done. Pt was able to cough some secretions up S. Pt placed back on 4 L PM SpO2 93% — SGT [redacted] LT |
| 2030 | ↓ O2 2 L per face mask SpO2 @ 96% Will Monitor — Sgt [redacted] |
| 2113 | SpO2 @ 96% Will Monitor. Pt resting in bed @ present time — Sgt [redacted] |
| 2400 | Pt pat suction. Pt don't want suctioned. Pt coughing up sputum @ X5. Will cont to monitor — Sgt [redacted] |
| 0200 | Pt void [redacted] 500cc dark amber urine. Will Monitor — Sgt [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

# [redacted] b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| 384 | | | |

| DATE | NOTES b(6)-2 Art |
|---|---|
| 6 July 03 1700 | Assumed care of pt. from day shift. Report given by SSG [redacted]. Alert, verbal. PERRL @ 2 mm. Lung sounds rhonchi noted bil. (R) lateral chest area DSG CDI. BS (+) in all 4 quads. ABD incision c staples CDI & open to air. No drainage or active bleeding noted. No S/S of infection noted. Pedal pulses present bil. Radial pulses present bil. (R) foot (bottom of foot) scab area noted. No active bleeding or drainage noted. Open to air. Will monitor pt. — SSG [redacted] |
| 1100 | LR @ 100cc/hr via (R) AC IV. No S/S of infection or infiltration noted. Will monitor — SSG [redacted] |
| 1910 | Pt has coughed up sputum several times — SSG [redacted] |
| 2000 | Pt has coughed c sputum several times — SSG [redacted] |
| 0000 | Pt has produced c sputum several times — SSG [redacted] |
| 7 JUL 03. 0022 | pt alert oriented 3 mm PERRLA — CV SR, RR — abnormal breathing clear breating dec c productive cough brown sputum — pt complaining c abdominal GI: taking small amount of food b/c hypoactive bowel sounds — GI voids in urinal c pain on problem (R) IV infiltrated DLC started (L) anterior forearm 18G. Pain when infusing 100cc/hr LR. — [redacted] |
| 1700 | Assumed care of pt. from day shift. Report given by SSG [redacted] — SSG [redacted] |
| 1755 7 July 03 | Alert, verbal, oriented x3. PERRL @ 2 mm. Lung sounds clear bil. BS present in all 4 quads. ABD incision c staples CDI. No drainage or active bleeding noted. (R) lat. chest BS CDI. Pedal pulse present bil. Radial pulses present bil. LR @ 100cc/hr via (L) FA IV |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

# [redacted] b(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 0900 6 Jun 03 | Neuro: alert and oriented MOE sensation throughout — CV: SR w/ ectopy bilateral BV ALG x 2. — RR: Rhonchus in upper lobes diminished w/ bronchodilator improvement on respiratory depth — symmetrically rhythmic bilateral even regular good productive cough w/ brown to yellow sputum GI: tolerated clear liquids advance to regular for breakfast hypoactive BS x4 quadrants — GU: voiding spontaneously w/ urine dark yellow / clear — Skin: Midline staples on abd — Dry over old CT site clean dry and intact. — Cleaned general a.m. care given — feet unable to remove fragment from feet [redacted] 91WM |
| 0900 6 Jun 03 | pt ↑ ambulated w/ assist sats 92 on RA 92-94% — cough deep breathing w/ productive cough [redacted] WMM |
| 1200 6 Jun 03 | pt ↑ ambulating tolerated well continued deep breathing and pt has productive cough. Coughing up yellow to brown secretions — [redacted] 91WM |
| 1400 6 Jun 03 | able to wean off O2 to room air — enough BS g/ and pain ↓ 2 sets. pt resting comfortably w/ bed @ present — [redacted] WMM |
| 1800 6 Jun 03 | g/ FS ambulation scheduled 6x a day and productive cough day still Rhonchus but sat ↑ 90s to 95 range [redacted] WMM |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|
| | LAST | FIRST | [redacted] b(6)-2 A1 |

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

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

[redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 1755 (cont) | (L) FA (inner) IV 3 5/5 of infection or infiltration noted. |
| 7 July 83 | Will Monitor. — Sig [redacted] |
| 1830 | Pt Voided 300cc clear yellow urine — Sig [redacted] |
| 2150 | Cp pain in ABD pain. Give ii Percocet po. Will Monitor — Sig [redacted] |
| 2300 | Resting in bed @ present time. Will Monitor [redacted] |
| | DLW-2 |

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

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

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

**PROGRESS NOTES**
Medical Record

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

AUTHORIZED FOR LOCA

:DICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|---|---|
| | Brief op note |
| | Indication - Acute Abdomen with GSW to chest below nipples |
| | Procedure - exploratory Laparotomy |
| | Surgeon [redacted] |
| | Anesth: GETA |
| | Fluid: 300 LR 500 Hespan |
| | UO |
| | EBL mn |
| | Findings Negative ex LAP. No liver ? Diaphragm |
| | Comp None |
| | to ICU - good condition |
| | [redacted] b(6)-2 |

| ›NSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S II (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| /SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

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

REGISTER NO.

WARD NC

#[redacted] b(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 50

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY |
|---|---|---|---|
| | | RECORDS MAINTAINED AT [redacted] b(2)-2 | |

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

STREET ADDRESS

CITY | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)*: 3 July 03 | TIME: 0615

TRANSPORTATION TO FACILITY: medevac

SEX: M

AGE: 30

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

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

THIRD PARTY INSURANCE

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

CURRENT MEDICATIONS: ϕ

ALLERGIES: NKDA

INJURY OR OCCUPATIONAL ILLNESS

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

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: GSW

psurgeries
0 med hx

CATEGORY OF TREATMENT

☒ EMERGENT — TIME: 0623

☐ URGENT

☐ NON-URGENT

INITIALS: b(a) [redacted]

VITAL SIGNS

| | | | | |
|---|---|---|---|---|
| TIME | 0623 | 0698 | 0715 | 0740 |
| BP | 137/76 | 131/66 | 137/70 | 131/61 |
| PULSE | 104 | 85 SR | 85 SR | 85 SR |
| RESP | 25 | 18 | 18 | 14 |
| TEMP | 99.5 | | | |
| WT | | 100% NRB | 100% NRB | 100% NRB |

LAB ORDERS

| | | | |
|---|---|---|---|
| ☒ [redacted]/~~DIFF~~ | ABG [redacted]/PTT | BHCG/URINE/BLOOD/QUANT | |
| URINE C&S | UA MSCC/~~CATH~~ | CHEM: Met 8/Chem 17 | |
| BLOOD C&S X | | | |

X-RAY ORDERS

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

ORDERS

☒ PULSE OX 100% ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 0630 | 10 mg morphine | [redacted] | [redacted] | 0630 | |
| 0680 | chest x-ray | | | 0680 | |
| 0710 | 5 mg MSO4 | | | | |
| 0710 | 50 mg Pentothal | | | | |

DISPOSITION: ☐ HOME ☐ FULL DUTY

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

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS
0724 100mg - Pentothal
0730 100mg - Pentothal
0740 50mg Pentothal

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

EPW

[redacted]

b (a)-4

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

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

NSN 7540-01-075-3786

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

**TEST RESULTS**

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

PROVIDER HISTORY/PHYSICAL

0635 - Foley 16 FR to gravity. Output 300cc yellow urine. [redacted]
In field - two large bore IV's infusing NS c̄ difficulty. 1gr Ancef given IV
10mg MSO4 IM. chest valve in place. Pt on arrival AVO. c/o pain to upper rt chest
midaxillary. NSR per monitor. Lungs CTA (B). Good color. [redacted]
0725 - Chest tube placed under conscious sedation - Tolerated well. VSS during
+ p procedure. 142/49, 88 SR, 14, 100%. NRB

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

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP

DIAGNOSIS

CODES

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

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

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

MEDICAL RECORD

# PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE:

HEIGHT:

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodine, Tape, Medication)
☐ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD
REACTION:

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

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition_____
Tobacco____ppd X___yrs. Body Piercing_____ Diabetes (Y) (N) ROM_____ ASA/Motrin w/72 hrs (Y) (N)
ETOH_____ Implants_____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>_____Potential for anxiety related to:<br>_____1) Surgical Procedure & Operating Room Environment<br>_____2) Separation Anxiety (Child)<br>_____3) Surgical Outcomes | o Pt. verbalizes any specific anxiety.<br>o Pt. Exhibits relaxed body posture.<br>Emergency | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures. (e.g.. warm blanket. touch).<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>_____Potential for respiratory dysfunction due to:<br>_____1) Positioning<br>_____2) Effects of Anesthesia<br>_____3) Medical/Smoking History | o Pt. will be able to breathe without difficulty during immediate intraoperative phase . | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress.<br>o Assist anesthesia during intubation and extubation. |
| C. INTEGUMENT<br>_____Potential impairment of skin integrity due to:<br>_____1) Intraoperative Immobility<br>_____2) ESU Pad Placement<br>_____3) Positional Aids<br>_____4) Prosthesis<br>_____5) Pooling of Prep Solutions | o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas). | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o Keep prep fluids from pooling. |

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

Bpw [redacted]

VERIFICATIONS AT HOLDING AREA:
! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since_____ ! Jewelry Removed
! UHCG/LMP ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact Precautions (Y) (N)
! Family/Friend:_____

| 6. PATIENT PROBLEMS AND NEEDS | PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>_____Potential for inadequate tissue perfusion due to:<br>_____1) Intraoperative Mobility<br>_____2) Positioning<br>_____3) Existing Disease<br>_____4) Safety Devices<br>_____5) Hypothermia | o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse. | o Check for support stockings or ace wraps. If none, check with doctors.<br>o Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>o Check that rings and all body piercing has been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1._____Potential impairment of mobility due to:<br>_____1) Pain<br>_____2) Intraoperative Hazards<br>_____3) Prosthesis<br>_____4) Positioning<br>_____5) Transfer pt. to/from OR table<br>E.2._____Potential discomfort due to:<br>_____1) Length of Surgery<br>_____2) Positioning<br>_____3) Arthritis | o Pt. will be transferred to OR table without difficulty.<br>o Pt. will not experience unnecessary physical discomfort.<br>Emergency | o Have sufficient people available for transfer.<br>o Insure proper body alignment.<br>o Allow patient to lie in position of comfort while waiting for surgery.<br>o Offer support (i.e., pillows, bath towels, etc.) for positioning. |
| F. SPECIAL SENSES<br>F.1._____Diminished visual perception due to being:<br>_____1) Pre-Medicated<br>_____2) W/O Glasses<br>F.2._____Potential for decreased communication due to:<br>_____1) Diminished Hearing<br>_____2) Language Barrier<br>F.3._____Potential injury due to dentures:<br>_____1) Upper _____4) Caps<br>_____2) Lower _____5) Crowns<br>_____3) Bridges | o Pt. will be made aware of surroundings prior to anesthesia induction.<br>o Pt. will be transferred safely to OR table.<br>o Pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | o Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>o Inform pt. in which direction to move and assist if necessary.<br>o Speak clearly and slowly.<br>o Address pt. from _____ side.<br>o Validate pt.'s understanding of verbal communication.<br>o Verify removal of dentures. |
| G OTHER PATIENT PROBLEMS NEEDS.<br>Or continuation of above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS<br>Or continuation of above interventions |

10. OR NU[redacted]OMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTION S NOTED.

[redacted]APC/RN 29 July 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)

LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☐ Sleepy ☐ Intubated BREATHING EASY: (Y) (N)

LEVEL OF ACTIVITY: ☐ Moves All Extremities ☐ Moves Upper Extremities

☐ Transferred to litter with roller due to spinal

12. PREOPERA[redacted]PREPARED BY (Signature and Ti[redacted]

DATE: 29 July 03 TIME: 0800

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)

DATE: TIME:

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT** b(6)-2

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: Litter b(6)-2 BY [redacted] Staff

2. PATIENT VERIFIED BY [redacted] PROCEDURE

3. DATE: 3 July 03 TIME PATIENT ARRIVED IN SUITE: EMT → OR

4. PATIENT IN ROOM TIME: 0803 NUMBER: 1-1/1

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: NKDA

**6. NURSING PERSONNEL**

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

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

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

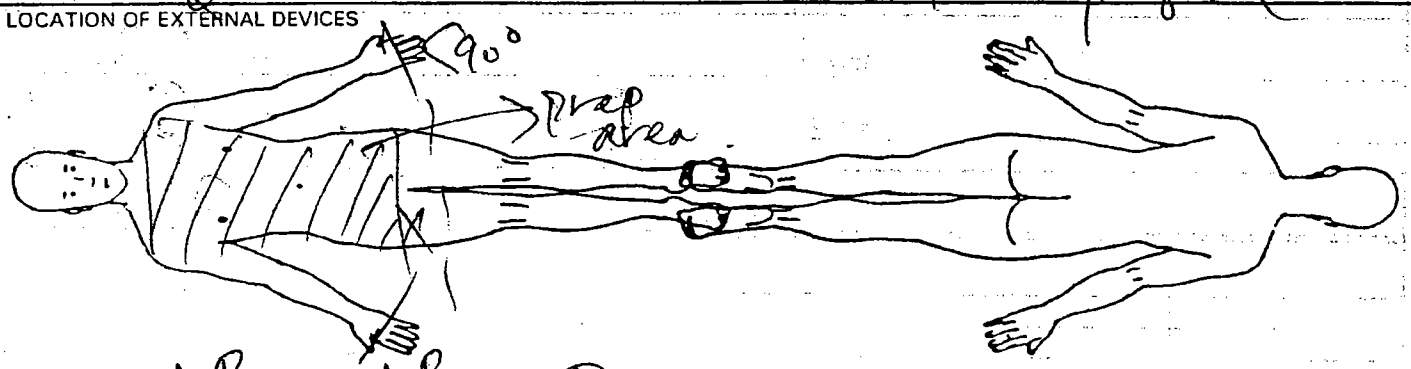
COMMENTS: Bil arms to Padded Arm board <90°. Body alignment maintained.

**8. SKIN PREPARATION**

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

PREP SOLUTION *(Specify)* Betadine/Sol
SITE: Abd → BY WHOM: CPT [redacted]
SITE: Chest → BY WHOM:
COMMENTS: Ø portions of Sol b(6)-2

**9. LOCATION OF EXTERNAL DEVICES**




LEGEND X Ground Pad (GP) -- Safety Strap (SP) = = Tourniquet

**10. COUNTS** — C = Correct I = Incorrect (b(6)-2)

| | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☑ Yes ☐ No | C | C | C | PFC [redacted] | CPT [redacted] |
| Needle Sharp | ☑ Yes ☐ No | | | | | |
| Instrument | ☑ Yes ☐ No | | | | | |
| Other | ☐ Yes ☐ No | | | | | |

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

# EPW [redacted] b(6)-4

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

☑ ESU NO: Valley Lab
GROUND PAD: BRAND Polyhesive
LOT NO: 65706

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO: Long 30 Cut 30

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

14. MEDICATIONS/ORDERS

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

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

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% Nacl

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

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*

4X8

Tape

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted] b(4)-2

Anes: CPT. [redacted] (CRNA)

20. OPERATION(S) PERFORMED

Ex Lap : Dressing chest tube.

21. PATIENT TRANSFERRED TO ICU TIME 1:00 Ans Recov METHOD Litter CR

22. R[redacted] CPT/AN

REVERSE OF DA FORM 5179-1, OCT USAPA V1.01

b(4)-2

Dx 30 y/o GSW to Chest

70 kg estimated wt.

1700 (Neuro) Alert/oriented — Said his name
misoy 20 mg this shift
– Tordol order but not available
– Added – Percocet PO

(CV) – SR – ST ≤ ectopy / JVD bi, PC LR @ 100cc/h TMax 100.5

R IVAC, R IL, L IV AC, CT, F/C 16 Fr, 20cm H2O

Date 4 JUL 03 Bed # 8

Patient's Name: [redacted]

(LABS)

(Piccolo) Metlyte 8

Glucose 113 mg/dl

BUN 8

Cre 6.6

CK 254 u/l

Na 131 mmol/l

K 4.2 mmol/l

Cl 99 mmol/l

tCO2 24 mmol/l

Hematology

WBC 9.1 (x10³)

RBC 4.51 (x10⁹)

Hgb 12.4

Hct 39.7 %

MCV 88

PH 187 (x10³)

Lymph 11.4 %

| Time | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (CT) ↑C x 7' | | | | | | | | | | | | | | | | | | | | | | | | |
| (RR) BP | 130/71 | 129/77 | 122/81 | 122/91 | 113/71 | 124/80 | 134/94 | 128/73 | 130/76 | 131/73 | 119/72 | 122/75 | 118/68 | 132/76 | 127/69 | 127/70 | 128/70 | 124/71 | 135/71 | 130/71 | 127/75 | 125/74 | 122/75 | 122/66 |
| (GI) TEMP. | | 100.8 Fax | | 100.3 | | 98.2 ax | | | | | 99.3 | | 99.3 | 100.4 | 100.3 | 100.4 | 100.4 | 100.4 | 100.3 | 100.3 | 100.4 | 100.3 | 99.6 | 99.4 |
| (GU) HR | 88 | 99 | 119 | 123 | 110 | 99 | 93 | 89 | 88 | 128 | 110 | 103 | 96 | 105 | 96 | 115 | 103 | 101 | 91 | 93 | 104 | 99 | 96 | 87 |
| RR | 18 | 22 | 35 | 36 | 24 | 19 | 19 | 20 | 22 | 44 | 25 | 25 | 18 | 20 | 26 | 24 | 25 | 38 | 23 | 19 | 20 | 26 | 21 | 25 |
| SAO2 | 98 | 94 | 92 | | 96 | 94 | 97 | 96 | 96 | 93 | 95 | 96 | 96 | 94 | 95 | 96 | 96 | 97 | 95 | 95 | 95 | 94 | 92 | 94 |
| FIO2 | 4L | 4L | 10L | 10L | 12L | 8L 4L | 2L | 2L | 2L | 4L | 4L | 4L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L |
| Source | FM | FM | NRM | NRM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | NC | NC | NC | FM | FM | FM | FM |
| ↑ Chart (R) | | | (R) | (↑C) | (↑C) | (↑C) | Bed | Bed | Bed | (↑C) | (↑C) | (↑C) | Bed | Bed | | | | | | | | | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | NPO | | | | | | | | | | | | NPO | NPO | NPO | NPO | NPO | NPO | NPO | NPO | NPO | NPO | NPO | NPO |
| IV (LR) | 150 | 150 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| misoy 05 3mg | | | | | 4mg | | 2mg (pt asleep) | | | 6mg | | 5mg | | | | | | | | | | | | |
| TURN Q 2 | | | (↑C) | (↑C) | (↑C) | (↑C) | B | | | (↑C) | | (↑C) | Bed | | | | | | | | | | | |
| Total misoy 5mg | | | | | 7 | | 9 | | | 15 | | 20 | 20 | 5mg | | | | | | | | | | |
| TOTAL | 150 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 | 1,100 | 1,200 | 1,300 | 1,420 | | | | | | | | | | | 2520 |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | 100 | 100 | 100 | 50 | 62 | 62 | 50 | 60 | 60 | 60 | 50 | 50 | 50 | 50 | 50 | 55 | 50 | 150 | 50 | 50 | | 185 | 55 | 75 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 100 | 200 | 300 | 350 | 412 | 474 | 524 | 584 | 644 | 704 | 754 | 804 | 854 | | | | | | | | | | | 1554 |
| BALANCE | | | | | | +276 | | | | | | | | | | | | | | | | | | |
| CT / 1° | Ø | 7 | 7 | 7 | 7 | 7 | 10 | — | — | 10 | — | — | 10 | Ø | 2 | Ø | Ø | Ø | Ø | Ø | Ø | Ø | Ø | 2 |
| TOTAL IN BOTTLE | 655 | Average 50 → | | | | 690 | 700 | → | | 710 | → | | 720 | | | | | | | | | | | |
| TOTAL Shift CR | → 655 | | | | | | | | | | | | | | | | | | | | | | | |
| Initials | [redacted] | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 12950

Tmax 101.1 °F

Patient's Name: [redacted]

| Time | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | 123/106 | 121/71 | 127/69 | 128/70 | 133/71 | 134/74 | 142/84 | 135/81 | 150/88 | 119/58 | 119/73 | 91/65 | 126/67 | 103/61 | 100/54 | 110/61 | 105/62 | 123/66 | 106/55 | 112/61 | 106/68 | 114/60 | 110/65 | 110/61 |
| TEMP | 98.7 | | | | 99.5 | 99.5 | | | | | 101.4 °F | | | | 98.8 | | 99.9 | 97.3 | 99.9 | 99.7 | | 98.7 | | |
| HR | 86 | 82 | 76 | 80 | 92 | 98 | 110 | 112 | 100 | 98 | 98 | 93 | 104 | 75 | 89 | 73 | 80 | 85 | 79 | 75 | 82 | 88 | 75 | 104 |
| RR | 14 | 15 | 18 | 29 | 24 | 31 | 28 | 26 | 24 | 22 | 18 | 10 | 16 | 23 | 21 | 14 | 24 | 23 | 15 | 15 | 12 | 20 | 14 | 23 |
| SAO2 | 93 | 96 | 95 | 93 | 93 | 93 | 94 | 96 | 85 | 98 | 92 | 95 | 92 | 94 | 92 | 96 | 95 | 96 | 95 | 98 | 94 | 96 | 100 | 93 |
| FIO2 | FM2 | FM2 | 2L | 2L | 10 | 10L | 10L | 10L 6 | | 15L | 10 | 6 | 4L | 4L | 4L | 4L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L |
| Method | FM | FM | FM | FM | FM | FM | FM | FM | NAM | NRM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM | FM |
| INPUT | PO | | | | | | | | | 120 | | | 120 | | | | | | | | | | | |
| PO | NPO | NPO | | | | | | | Clear | Achieve 60 tolerated | | | | 60 | | 100 | | 240 | | 240 | | | | |
| IV LR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ~~NGT~~ MSOJ | | | | 3+3 | | | 7 | 13% | | | | | | | | | | | | | | | | |
| TURN Q 2 | Bed | Bed | Bed | Bed | (↑C) | (↑C) | (↑C) | Bed | BED | BED | BED | BED | BED | | | | | | | | | | | |
| TOTAL | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 | 1100 | 1320 | 1420 | | | | | | | | | | | |
| | | | | | | | | | | | | | 1660 | | | | | | | | | | | 340 |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | 60 | 60 | 60 | 60 | 60 | 60 (Gel) | 60 | 60 | 60 | 60 | 60 | 60 | 120 | | | | | | | | 900 | | | |
| ~~NGT~~ CT | — | — | — | — | — | Hzl | 30 | | | | | | OIL (MC) | | | | | | | | | | | |
| STOOL | Ø | Ø | | | | | | | | | | | 1636 g | | | | | | | | | | | |
| CT Total | | | | | | | (790) | | | | | | | | | | | | | | | | | |
| TOTAL | 60 | 120 | 180 | 240 | 300 | 360 | 450 | 510 | 570 | 630 | 690 | 750 | 870 | | | | | | | | | | | |
| BALANCE | | +80 | | | | | | | | | | +570 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| Initials | | | | | | | | | | | | | | | | | | | | | | | | |

OCTS 3 am

MEDCOM - 12951

Patient's Name: [redacted]

| Time | 05 | 06 | 07 | 08 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | 124/63 | 112/61 | 108/59 | 110/60 | 111/65 | 117/65 | 117/62 | 119/61 | 118/59 | 112/30 | 91/47 | 103/54 | 118/66 | 118/65 | 108/60 | 102/64 | 119/63 | 110/62 | 109/61 | 120/66 | 107/71 | 112/60 | 108/62 | 123/61 |
| TEMP | 98.7 A | | | | 98.3 Rt | | | | 97.2 | 97.4 | 98.4 | | | 99.2 A | 97.4 | | | | 98.4 | | | 97.5 | | |
| HR | 86 | 77 | 79 | 80 | 94 | 94 | 85 | 89 | 83 | 86 | 80 | 81 | 94 | 94 | 78 | 81 | 80 | 83 | 78 | 77 | 88 | 103 | 79 | 65 |
| RR | 22 | 14 | 28 | 26 | 27 | 23 | 15 | 18 | 34 | 21 | 20 | 24 | 24 | 29 | 14 | 24 | 15 | 15 | 20 | 18 | 16 | 21 | 22 | 22 |
| SAO2 | 97 | 97 | 93 | 92 | 92 | 95 | 93 | 92 | 93 | 92 | 94 | 93 | 98 94 | 91 | 92 | 94 | 94 | 96 | 96 | 98 | 94 | 93 | 90 | 99 |
| FIO2 | 2L | 2L | RA | RA | RA | 2L | RA | RA | RA | RA | RA | RA | 35 RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| method | FM | FM | — | — | — | FM | — | | | | | | | | | | | | | | | | | |
| TA (Ambulating) | | | | | ↑A | | | ↑A | | | | | ↑A | | | | | | | | | | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | 120 | — | 120 | — | 500 | 60 | | | | 240 | | | 240 | | | | | | 60 | | | | |
| IV LR | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 80 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| ~~NGT~~ Percocet | | 11 | | | | | 17 | | | | | | | 1 Percocet | | | | | | 11 Percocet | | | | |
| TURN Q 2 | Self | | | | | | | | | | | | | | | | | | | | | | | |
| Pain assess 1-10 scale | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | | | | | | | | | | | |
| Sub total | | | | | | 840 | | | | | 340 | | | | | | | | | | | | | |
| TOTAL | 100 | 200 | 300 | 400 | 500 | 1,340 | 1,540 | 1,600 | 1,700 | 1,800 | 2,140 | 2,240 | | | | | | | | | | | | 364 |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | 375 | ∅ | ∅ | | | | | | | | | | | | |
| NGT — | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | ∅ | | | | | | | | | | | | |
| BS | + | + | + | + | + | + | + | + | + | + | + | + | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | 375 | | | | | | | | | | | | | | |
| BALANCE | +200 | | | +500 | +1,340 | | | | | +1,425 | +1,765 | +1,865 | | | | | | | | | | | | 2090 |
| Initials | | | | | | | | | | | | | | | | | | | | | | | | |

Gim Cane given
WALKER ED
OMNI CHAIRS BY PMA

Gim cane given

Worked in dishwashing
Cleaned up (R) area
Good work habits

MEDCOM - 12952

Need D/C IV or extend

Date 7/4/03 Bed # 8

Patient's Name 384

US 94' Δ @ 0800 hrs +

| Time | 05 | 06 | 07 | 08 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | 126/63 | 120/63 | 119/63 | 118/63 | | | | 100/57 | | | | 116/60 | | 109/70 | | | | 100/61 | | | | 138/81 | | |
| TEMP | 97.5°F | | | | | | | 99.1°F | | | | 99.5°F | | 99.1 | | | | 99.4 | | | | 99.4 | | |
| HR | 73 | 68 | 73 | 77 | | | | 83 | | | | 92 | | 91 | | | | 78 | | | | 77 | | |
| RR | 17 | 12 | 18 | 22 | | | | 19 | | | | 22 | | 20 | | | | 24 | | | | 18 | | |
| SAO2 | 96 | 98 | 96 | 95 | | | | 96% | | | | 96 | | 96 | | | | 95 | | | | 95 | | |
| FIO2 | RA | RA | RA | RA | | | | RA | | | | | | RA | | | | RA | | | | RA | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | 30 | | 500 | | | | 500 | | | | | | | | | | | | | | | | |
| IV | 100 | 100 | 100 | — | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN Q 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub Totals | 100 | 130 | 100 | 500 | 100 | 100 | 100 | 600 | 100 | 100 | 100 | 100 | 100 | | | | | | | | | | | |
| TOTAL | 100 | 230 | 330 | 830 | 930 | 1,030 | 1,130 | 1,730 | 1,830 | 1,930 | 1,930 | 2,030 | 2,130 | | | | | | | | | | | 3230 |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | — | — | — | 300 | — | 350 | — | 350 | | | | 300 | | | 300 | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | — | — | — | — | — | — | — | — | — | — | — | | | | | | | | | | | | | |
| TOTAL | | | | 300 | | 650 | | 1,000 | | | | 1,300 | | | | | | | | | | | | 1600 |
| BALANCE | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | | | | | | | | | |

Giving on Tuesday

MEDCOM - 12953

8 [illegible] 5 [illegible]

Patient's Name: #[redacted]

| Time | 05 | 06 | 07 | 08 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | |
| BP | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMP | | | | | | | | | | | | | | | | | | | | | | | | |
| HR | | | | | | | | | | | | | | | | | | | | | | | | |
| RR | | | | | | | | | | | | | | | | | | | | | | | | |
| SAO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| FIO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | | | | | | |
| IV | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN Q 2 | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | 500 | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE | | | | | | | | | | | | | | | | | | | | | | | | |
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| Initials | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 12954

| Ward/Section: | R... NG PHYSICIAN: | ...ATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| | 3 JUL 03 | 0635 | [redacted] b(6)-4 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | 23.0 | 4.8-10.8 x $10^3$ |
| RBC | 4.58 | 4.7-6.1 x $10^9$ |
| Hgb | 12.9 | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Hct | 40.4 | 42-52% (M)<br>37-47% (F) |
| MCV | 88.2 | 80-94 fl (M)<br>81-99 fl (F) |
| Plt | 206 | 130-500 x $10^3$ verified |
| Lymph % | — | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | 59 | Mono | 4 |
| Bands | 26 | Eos | |
| Lymph | 9 | Baso | |
| Atyp | 2 | Imm | |
| RBC Morph | Hypochromic lt<br>Anisocytosis lt<br>Platelet-adequate<br>Vacuoles lt Dohle bodies lt | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | |
| Sed Rate | | | |
| Other | | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | Yellow | N/A |
| App | Clear | N/A |
| Glu | Neg | Negative |
| Bili | Neg | Negative |
| Ket | Neg | Negative |
| SG | 1.030 | N/A |
| Bld | Trace Hemolyzed | Negative |
| pH | 5.0 | N/A |
| Prot | 30 Small | Negative |
| Urob | 0.2 | 0.2-1.0 |
| Nit | Neg | Negative |
| Leuk | NA | Negative |
| HCG | | Negative |

**CSF**

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

**Misc Serology**

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

**Microbiology**

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

**Microscopic Urinalysis**

WBC-20-30 Mucous Large
RBC-20-30 Bacti-Trace
SSA-Small
gran & Hyaline Casts -1-3

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

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

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | 12.1 | 9.8-13.6 secs |
| APTT | 20.4 | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

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

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

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| [redacted] | 3 Jul 03 | |

b(6)-1

b(6)-2

Ward/Section: EMT

[redacted]

[redacted]

b(6)-4

DATE: 30 Jul 03 | TIME: 0626

# [redacted]ISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

SSN: [redacted] b(6)-4

## (i-STAT)

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| Bleed | | (-2) (+3) mmol/L |
| Anion gap | | 10-20 mmol/L |
| iCa | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

## Misc. Chemistry

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

## (Piccolo) Chemistry 12

| TEST | RESULT | REF RANGE |
|---|---|---|
| ALB | 4.0 | 3.5-5.5 g/dl |
| ALP | 67 | 26-84 u/l |
| ALT | 23 | 10-47 u/l |
| AMY | 34 | 14-97 u/l |
| AST | 28 | 11-38 u/l |
| TBIL | 0.7 | 0.2-1.6 mg/dl |
| BUN | 11 | 7-22 mg/dl |
| $CA^{++}$ | 8.4 | 8.0-10.3mg/dl |
| CHOL | 84 | 100-200 mg/dl |
| CRE | 0.9 | 0.6-1.2 mg/dl |
| GLU | 159 | 73-118 mg/dl |
| TP | 7.1 | 6.4-8.1 g/dl |

## (Piccolo) Metlyte 8

| TEST | RESULT | REF RANGE |
|---|---|---|
| GLU | 155 | 73-118 mg/dl |
| BUN | 11 | 7-22 mg/dl |
| CRE | 0.6 | 0.6-1.2 mg/dl |
| CK | 361 | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | 141 | 128-145 mmol/l |
| $K^+$ | 4.0 | 3.3-4.7 mmol/l |
| CL | 109 | 98-108 mmol/l |
| $tCO_2$ | 23 | 18-33 mmol/l |

## (Piccolo) Metabolic Panel

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

## (Piccolo) Liver Panel Plus

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

## (Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: [redacted] b(6)-2

DATE: 3 Jul 03

LAB ID NO.:

| Ward/Section: ICU 2 | REQ... Dr: [redacted] b(6)-2 | ...RATORY RESULT FORM (Subject to the Privacy Act of ...) |
|---|---|---|
| LAST ... # [redacted] b(6)-2 | DATE 4 Jul 03 | TIME 0430 | SSN/PSEUDO SSN |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | 9.1 | 4.8-10.8 x $10^3$ | Color | | N/A | RPR | | Negative |
| RBC | 4.51 | 4.7-6.1 x $10^9$ | App | | N/A | Mono | | Negative |
| Hgb | 12.4 | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | 39.7 | 42-52% (M) 37-47% (F) | Bili | | Negative | Source | | |
| MCV | 88.0 | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | 187 | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | 11.4 | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

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

**REMARKS:**

**REPORTED BY:** [redacted] b(6)-2 | **DATE:** 4 Jul 03 | **LAB ID NO:**

ICU 2 b(6)-4
# [redacted] Dr. [redacted] 4/8/2003 0430

## (i-STAT)

| TEST | RESULT | REF RANGE |
|---|---|---|
| Na | | 135-146 mmol/L |
| K | | 3.8-4.9 mmol/L |
| Cl | | 95-100 mmol/L |
| pH | | 7.31-7.45 |
| pCO2 | | 35-48 mmHg (art) 41-51 mmHg (ven) |
| pO2 | | 80-105 mmHg (art) 35-47 mmHg (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | -2.0 to +3.0 mmol/L |
| AnGap | | 10-20 mmol/L |
| iCa | | 1.12-1.32 mmol/L |
| BUN | | 5-26 mg/dl |
| Glucose | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12.7-17 g/dl |

## Misc. Chemistry

| TEST | RESULT | REF RANGE |
|---|---|---|
| Cocaine | | Negative |
| Drug of Abuse | | Negative |
| | | Negative |
| | | Negative |
| | | Negative |

## (Piccolo) Chemistry 12

| TEST | RESULT | REF RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/L |
| ALT | | 10-47 u/L |
| AMY | | 14-95 u/L |
| AST | | 11-38 u/L |
| TBIL | | 0.2-1.2 mg/dl |
| BUN | | 7-22 mg/dl |
| CA | | 8.0-10.4 mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

## (Piccolo) Metlyte 8

| TEST | RESULT | REF RANGE |
|---|---|---|
| GLU | 113 | 73-118 mg/dl |
| BUN | 8 | 7-22 mg/dl |
| CRE | 0.6 | 0.6-1.2 mg/dl |
| CK | 2541 | 39-380 u/L (M) 30-190 u/L (F) |
| NA | 131 | 128-145 mmol/L |
| K | 4.2 | 3.3-4.7 mmol/L |
| CL | 99 | 98-108 mmol/L |
| $CO_2$ | 24 | 18-33 mmol/L |

## (Piccolo) Metabolic

| TEST | RESULT | REF |
|---|---|---|
| GLU | | 73-1 |
| BUN | | 7-22 |
| CA | | 8.0-1 |
| CRE | | 0.6-1 |
| NA | | 128- |
| K | | 3.3-1 |
| CL | | 98-1 |
| $CO_2$ | | 18-3 |

## (Piccolo) Liver Pane

| TEST | RESULT | REF |
|---|---|---|
| ALB | | 3.5- |
| ALP | | 26-84 |
| ALT | | 10-47 |
| AMY | | 14-9 |
| AST | | 11-38 |
| TBIL | | 0.2- |
| GGT | | 8-65 |
| TP | | 6.4- |

## (Piccolo) Electroly

| TEST | RESULT | REF |
|---|---|---|
| NA | | 128- |
| K | | 3.3-4 |
| CL | | 98-10 |
| $CO_2$ | | 18-3 |

REMARKS:

REPORTED BY: b(6)-2 [redacted]

DATE: 4/8/03

LAB ID NO.:

# MEDICAL RECORD — ANESTHESIA

| DRUG | Units | |
|---|---|---|
| Propofol | ( ) | 150 |
| Lidocaine | ( ) | 100 |
| Succinylcholine | ( ) | 100 |
| Fentanyl | ( ) | 100 50 50 50 |
| Vecuronium | ( ) | 5 3 |
| | ( ) | |
| VOLAT AGENT 150 | % del / % e.t. | X/1.5/1.5/.8/.4/DA |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 8/1/1/1/1/1/5 |

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION

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

| FLUIDS | | |
|---|---|---|
| LINE site | ☐ Warmed | HESPAN 500 |
| 18g (L) AC | ☐ Warmed | LR – 500 – #3 |
| 18g (R) AC | ☐ Warmed | N2 – LR4 – |
| | ☐ Warmed | |

| LOSSES | |
|---|---|
| EST BLOOD LOSS | |
| URINE – | 400 108 |

| TOTALS | |
|---|---|
| TOTAL FLUID | 1100 |
| TOTAL URINE | 500 |
| FLUIDS – SUMMARY | |
| CRYSTALLOID | 2300 |
| COLLOID – | 500 |
| BLOOD – | Ø |

PHYS STATUS: 1 2 3 4 5 / E

BODY WEIGHT: 70 KG LB

HEMATOCRIT:

INITIAL DATA: BP – 151/94 HR – 96

COMP CHECK: OK? – Y N

PATIENT RECHECK: OK for PROCEDURE? TIME –

TIME → 0800 0830 0900

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

220 200 180 160 140 120 100 80 60 40 20

| | | | | | |
|---|---|---|---|---|---|
| VT – ml | 700 | 720 | 720 | 740 | 400 |
| f – breaths/min | 8 | 10 | 10 | 4 | 10 |
| Peak inf pres / PEEP | 22 | 22 | 22 | 23 | 5 |
| MODE – S(pon), A(ssist), C(on) | S-C | C | C | C | S |
| BP/Auto Cuff / ET CO2 (torr) | 49 | 41 | 36 | 47 | 32 |
| BP / oth / FIO2 (Frac or %) | .80 | .78 | .78 | .78 | .80 |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth – PC/ES / ECG | SR | SR | SR | SR | SR |
| Gas analyzer / TEMP – site | Axa | | | | |
| N-M Block (T/4) | 4/4 | 0/4 | 4/4 | 3/4 | 1/4 |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

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

REMARKS – Code drugs with numbers, events with letters

0748 PT ID, PREOP FORM 2400 COMPLETE.
0803 RM, O2, mon.
0810 RSI/C
0846 5 mg Neostigmine .8 mg Robinul TOF

RECOVERY AT 0914
PACU (ICU) (Specify)
OTHER
CONDITION: Stable
RESP – 10 SpO2 – 96
BP – 146/87 HR – 79

ANESTHESIA & PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0748 | 0803 | 0930 |
| PROC | Ready | Begin | End |
| | 0813 | 0827 | 0900 |

PROCEDURES and CPT Codes: EX LAP

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: DL x 2, success c 4.0 MAC. grade II view #8 ETT to 22 @ teeth, BBS @ ETCO2 b(6)-2

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

#[redacted]

SURGE[redacted]

ANES[redacted] CRNA

PROCEDURE LOCATION

DATE 3 JUL 03

PAGE / OF

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 12959

*U.S. GPO: 2002-729-180/40*

## ;THESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

30 DAYS MOS YRS

Sex (X) MALE ( ) FEMALE

OSED PROCEDURE: GX LAP GSW MID (R) AMILLARY

ICAL SERVICE: GEN

INCE: UNKNOWN

ASA Physical State (1) 2 3 4 5 (E)

WT: 70 KG/LB HT: ____ IN.

ALLERGIES: NKDA

S:

ACCO: Ø

ETOH:

RUGS:

ENT MEDICATIONS:

dered as premed

Ø

EDICATIONS:

/es (@ ____ Hrs) /CC

.. ____ mg IV IM PO

.. ____ mg IV IM PO

.. ____ mg IV IM PO

RATORY STUDIES:

:T: ____/____

R: ____

141 / 109 / 11 / 155
4.0 / 23 / .6

### PREOPERATIVE

**PAST MEDICAL HISTORY/SYSTEMS REVIEW**

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

Ø

### ASSESSMENT

**PAST SURGICAL/ANESTHETIC**

Ø

**PHYSICAL EXAMINATION**

BP 116/T HR 84 R ___ T ___

Pain Scale 0-10 ____

HEENT - Teeth intact

Trachea MIDLINE

TMJ/Neck FROM

Oropharnyx MPT

Nares ____

CHEST: CTA

CARDIAC: S1 S2

EXTREMITIES:

IV Access: 2 Lg BORE (L) x (R) AC

Ulnar Filling: ____

BACK: ____

OTHER: CHEST TUBE / FOLEY

NPO Since ____

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

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

ıtient/le[redacted]s to understand and agrees. Questions answered. b(a)-2

1: [redacted] CRNA Date: 3 JUL 03 Time: 0750 Hrs

ANESTH[redacted]N AND NOTE (NON ASU)

) APPARENT ANESTHETIC COMPLICATIONS { } OTHER

1: ____ Date: ____ Time: ____ Hrs

t Identification: (Ward) ____

#[redacted]

b(a)-4

SEDATION KEY:

1. MINIMAL (Anxiolysis) Patient responds normally to verbal commands
2. MODERATE (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is no necessary.
3. DEEP SEDATION/ANALGESIA. Patient responds purposefully following repeated or painful stimulation. Airway assistance may

am (P) ICU2

*U.S. GPO: 1992-316-809/60172

-165-7294

# RADIOLOGIC CONSULTATION REQUEST/REPORT

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

| ATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| CXRay (bedside) | 31 | M | [redacted] | ICU 2 | |
| | FILM NO. | | | | PREGNANT ☐ YES ☐ N |
| | RE[redacted] b(6)-2 | | | | TELEPHONE/PAGE |
| | SIGNATURE OF REQUESTOR | | | | DATE REQUESTED |

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

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

GIC REPORT

| 'S IDENTIFICATION *(For typed or written entries give: ast, first, middle, Medical Facility)* | LOCATION OF MEDICAL RECORDS |
|---|---|
| # [redacted] b(6)-4<br>ICU 2 Bed 8 | |

MEDCOM - 12961

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(4)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Jul 03 TIME OF ORDER: 0915 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Admit to ICU
S/p GSW to chest
cond stable
Vitals Q1° c I/O
All NKDA
Act Bedrest
Nurse CT to 20cm H2O suction

b(4)-2 [redacted] 3 Jul 03 0915

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

Foley to gravity
DNCL NPO
IVF LR @ 150 cc/hr
meds
MSO4 1-10 mg Q1° PRN Pain
Ancef 1gm IV Q8° x 3 doses

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

CBC, Medlyte 8 in Am.
CXR now - and [redacted]

b(4)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Jul 03 TIME OF ORDER: 1630 HOURS

Tylenol 650 mg PO Q4° PRN Pain
DC NGT
Incentive spirometry [redacted]

b(4)-2 [redacted]

b(4)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| TIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 4 Jul 03 | 0700 HOURS | |
| | | | | (1) OOS | | |
| | | | | (2) Agressive Pulm toilet. Nebs prn. Q4 PC | | |
| | | | | (3) LCWF 10 100 cc/hr | | necessary. |
| | | | | [redacted] | | |
| IRSING UNIT | ROOM NO | BED | | | | |
| TIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-2 [redacted] | | | | 4 Jul 03 | 1315 HOURS | b(6)-2 |
| | | | | (1) Toradol 15 mg IV Q6° x 2 days | | |
| | | | | [redacted] | | |
| IRSING UNIT | ROOM NO. | BED | | | | |
| TIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | | | 4 Jul 03 | 1700 HOURS | |
| | | | | (1) Percocet 1-2 tab po Q 4° PRN Pain | | |
| | | | | [redacted] | | |
| IRSING UNIT | ROOM NO. | BED NO. | | | | |
| TIENT IDENTIFICATION | | | | APPROVAL OF ORDERS | DATE ORDERS NOTED | |
| [redacted] | | | | 5 Jul 03 | 0600 HOURS | |
| | | | | (1) CXR now | | |
| | | | | [redacted] | | |
| 38 | | | | | | |
| IRSING UNIT | ROOM NO. | BED NO. | | | | |

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

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

NT IDENTIFICATION

b(6)-2 [redacted]

DATE OF ORDER: 5JUL03 | TIME OF ORDER: 1030 HOURS | LIST TIME ORDER NOTED AND SIGN

1. CT to water seal
2. CXR @ 1600

[redacted]

NG UNIT | ROOM NO. | BED NO.

NT IDENTIFICATION

b(6)-2 [redacted]

DATE OF ORDER: 5JUL03 | TIME OF ORDER: 1370 HOURS

1. CXR NOW (Done)
2. Δ CT dressing QD
3. NT Suction QYC x 48 hrs
4. Percoset Tab PO Q4 x 24
- Round the clock [redacted]

NG UNIT | ROOM NO. | BED NO.

NT IDENTIFICATION

b(6)-2 [redacted]

DATE OF ORDER | TIME OF ORDER: 5JUL03 HOURS

1. Clear Liquids diet advancing to [redacted]
2. DIC [redacted]

[redacted]

NG UNIT | ROOM NO. | BED NO.

b(6)-2

24CC @ 2128 Orders noted 5 July 03 [redacted]

NT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER: 0800 HOURS

1. NT suction q 4° x 48° hold if pt has production cough V.O. Dr [redacted] 9JUL03
2. pt OOB & ambulate may take pt off monitor during ambulation if sats ≥ 90% and S/SB of respiratory distress [redacted] V.O. Dr [redacted] 9JUL03

b(6)-2

[redacted] @ 1945

[redacted] Orders noted 6 July 03 [redacted]

NG UNIT | ROOM NO. | BED NO.

[redacted]

b(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form see AR 40-66 the proponent agency is [illegible]

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

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | DATE TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| [redacted] | 1. US q 4° vic. O[redacted] given [redacted] | 0800 7 July 03 HOURS | |
| [redacted] | 24°CC @ 0001 Orders noted [redacted] July 03 | | |
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | HOURS | |
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | HOURS | |
| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | HOURS | |

b(6)-7

b(6)-2

b(6)-2

b(6)-4

b(6)-4

SING UNIT | ROOM NO | BED NO

b(6)-2

b(6)-2 A711

| 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. | July Mo. Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | | | | | | | | | | | |
| 3 JUL 03 | [redacted] | Act: BR | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | | | |
| 3 JUL 03 | [redacted] | Chest tube to 20cm | 05 | [redacted] | | | | | | | | | | | | | |
| [redacted] | | | 17 | | | | | | | | | | | | | | |
| 3 JUL 03 | [redacted] | Diet NPO | 06 | [redacted] | | | | | | | | | | | | | |
| [redacted] | | | 12 | | | | | | | | | | | | | | |
| | [redacted] | | 18 | | | | | | | | | | | | | | |
| 3 JUL 03 | [redacted] | Incentive Spirometer | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | | | |
| 4 JUL 03 | [redacted] | OOB | 05 | | | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | | | |
| 4 JUL 03 | [redacted] | Aggressive pulmonary | 05 | | | | | | | | | | | | | | |
| | | toilet | 17 | | | | | | | | | | | | | | |
| [redacted] | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 5 JUL | [redacted] | NT suction q 4° X48° | 04 | X | X | X | | | | | | | | | | | |
| | | | 08 | X | X | X | | | | | | | | | | | |
| | | | 12 | X | X | [redacted] | | | | | | | | | | | |
| | | | 16 | X | X | [redacted] | | | | | | | | | | | |
| | | | 20 | X | [redacted] | | | | | | | | | | | | |
| | | | 24 | X | [redacted] | | | | | | | | | | | | |
| 5 JUL 03 | [redacted] | CT dressing QD | | [redacted] | | | | | | | | | | | | | |
| 5 JUL 03 | [redacted] | Clear Liquids diet | 06 | / | / | [redacted] | | | | | | | | | | | |
| | | advance as tolerated | 12 | / | / | [redacted] | | | | | | | | | | | |
| | | | 18 | / | / | [redacted] | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: S/P GSW Chest

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

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Mary

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(NON-MEDICATION)*

Mo 7 Yr 2003

| Verify by Initialing: Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 3/7 | [redacted] | Admit to ICU S/p GSW to chest | 3/7/03 | Done | | [redacted] |
| | ----- | condition stable | 3/7/03 | | | [redacted] |
| 3/7 | [redacted] | CBC Medlyte 8-Am Once | 4/7/03 | 4/7 | 4/7/03 | [redacted] |
| 3/7 | [redacted] | CXR Now ~~and in Am~~ | 3/7/03 | NOW | 1252 | XRAY [redacted] |
| 3/7 | [redacted] | CXR IN AM | 4/7/03 | 4/7/03 | 4/7/03 | XRAY [redacted] |
| 3/7 | [redacted] | D/C NGT | 3/7/03 | 3/7/03 | 1630 | [redacted] |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | b(6)-2 All | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

No Good

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/11/03 | [redacted] | N250/ pharyngeal suction if needed q 4° | T 1000 | | | | | | | | | | | | |
| ----- | ----- | | 1 7/7 | | | | | | | | | | | | |
| ----- | ----- | | M Stuart | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 JUL 03 | [redacted] | NT suction q 4° x 48' | 04 | [redacted] | | X | | | | | | | | | | | X |
| | | hold if pt. has productive | 08 | [redacted] | | X | | | | | | | | | | | X |
| | | cough | 12 | [redacted] | | X | | | | | | | | | | | X |
| | | | 16 | [redacted] | | X | | | | | | | | | | | X |
| | | | 20 | [redacted] | | | | | | | | | | | | | X |
| | | | 24 | [redacted] | | X | | | | | | | | | | | X |
| 6 JUL 03 | [redacted] | pt OOB to ambulate | 04 | [redacted] | | | | | | | | | | | | | |
| | | may take pt off | 08 | [redacted] | | | | | | | | | | | | | |
| | | monitor during | 12 | [redacted] | | | | | | | | | | | | | |
| | | ambulation if sats | 16 | [redacted] | | | | | | | | | | | | | |
| | | ↑ 90% and S/S of | 20 | [redacted] | | | | | | | | | | | | | |
| | | respiratory distress | 24 | [redacted] | | | | | | | | | | | | | |
| 7 JUL 03 | [redacted] | VSQ 4° | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 1 | [redacted] | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
S/P GSW Chest

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO
PAGE NO: 2

PATIENT IDENTIFICATION:
[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2 AM

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3/7/03 | [redacted] | Ancef 1 gm IVQ 8° | 06 | [redacted] | X | | | | | | | | | | | | |
| | | X3 doses | 14 | [redacted] | X | | | | | | | | | | | | |
| | | | 22 | [redacted] | X | | | | | | | | | | | | |
| 3/7/03 | [redacted] | IVF LR @ 150cc/hr | 0 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |
| 4/7/03 | [redacted] | IVF LR @ 100cc/° | 05 | X | [redacted] | | | | | | | | | | | | |
| | | | 17 | X | [redacted] | | | | | | | | | | | | |
| 4/7/03 | [redacted] | Fiorsdol 15 mg IV Q 6° | 6 | X | [redacted] | | | | | | | | | | | | |
| | | X 2 days | 12 | X | X | | | | | | | | | | | | |
| | | | 18 | X | [redacted] | | | | | | | | | | | | |
| | | | 24 | X | [redacted] | | | | | | | | | | | | |
| 5/7/03 | [redacted] | Percocet II tabs P.O. | 6 | X | X | X | [redacted] | | X | | | | | | | | X |
| | | Q 6° x24 round the | 12 | X | X | [redacted] | | | X | | | | | | | | X |
| | | clock | 18 | X | X | [redacted] | | | X | | | | | | | | X |
| | | | 24 | X | X | [redacted] | | X | X | | | | | | | | X |

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: (R) SIP GSW to Chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | | | | | | | | | | | | | Mo. JULY Yr. 03 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | | | | | | | | Date to be Given | Time to be Given | | | | | Time Given | | Initials |
| | ----- | | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | | |
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| | ----- | | | | | | | | | | | | | | | | | |
| | ----- | b(6)-2 All | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 JUL 03 | [redacted] | MSO4 1-10mg IVP | T/I | 1400 | 1600 | 1745 | 1950 | 2025 | 2150 | 2245 | 0630 | 0230 | 0330 | 0700 | 0900 | 1115 | | Return'd 4 JUL 03 [redacted] |
| ----- | ----- | q 1° p.r.n pain | M/E | 3mg | 3mg | 3mg 3μu | 3mg 3μu | 4mg 3μu | 3mg 3μu | 3mg 3μu | [redacted] | 4mg 3μu | 3mg 3μu | 4mg | 4mg | 2mg | | |
| 3 JUL 03 | [redacted] | Tylenol 650mg PO. for pain q4° | T/I | 1630 JTP | 4gm 650mg po 1930 | | | | | | | | | | | | | |
| ----- | ----- | | M/E | 650 | [redacted] | | | | | | | | | | | | | |
| 3 JUL 03 | [redacted] | MSO4 1-10mg IVP | T/I | 1405 JTP | 1600 JTP | 1615 5mg IV | 1825 7mg IV | 2042 2mg IV | 2080 3mg IV | 1100 5/2 | 1230 5/2 | 1330 5/2 | | | | | | |
| ----- | ----- | q 1° p.r.n pain | M/E | 6mg | 5mg | [redacted] | | | | 3mg | 4 | 2 | | | | | | |
| 4 JUL 03 | [redacted] | Percocet 1-11 tbs po | T/I | 1600 JTP | 1900 JTP | | | | | | | | | | | | | |
| ----- | ----- | q 4° for pain | M/E | [redacted] | [redacted] | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | | |
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USAPA V1.00

**MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET b(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | | INITIALS [redacted] | 1730 | INITIALS [redacted] | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | Continued Language | | PERL @ 2mm Brisk | | | |
| | SENSORIUM | intact | | INTACT. MAE x 4. | | | |
| | 1-10 mg morph | MOE | | c/o PAIN. Alert awake. | | | |
| | MSO4 | Eyes PERRLA — 2mm | | | | | |
| | 3mg IV Z 14-Hour | E pin point | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | swallow guarded | | Shallow breathing | | | |
| | BREATH SOUNDS | diminished | | clear but b/a bases (B) | | | |
| | SECRETIONS | Ø | | Ø | | | |
| | CT 20cm H2O | 390 marked drainage | | (B) CT TO 20cm H2O | | | |
| | @ 1700hrs | 560 | | suction with bloody | | | |
| | Total out | 170cc | | drainage. | | | |
| SKIN | COLOR | NSR | | Normal for race. | | | |
| | INTEGRITY | feet calloused | | Intact. Dressings to | | | |
| | | CT — ABD MIDLINE | | (R) CT & MIDLINE ABD area. | | | |
| IV SITE | LOCATION | AC bilateral | | AC (B) | | | |
| | CONDITION | R 18 L 14 | | (R) 18g (L) 14g | | | |
| | | patent & s/s of | | patent ø signs or | | | |
| | | phlebitis | | symptoms of infil- | | | |
| | | | | tration | | | |
| GASTRO | ABDOMEN | firm | | flat tender to touch | | | |
| | BOWEL SOUNDS | Ø bowel sounds | | Absent BS x 4 | | | |
| | | present | | quadrants | | | |
| GU | URINE: | FR 18 F | | Foley catheter to | | | |
| | COLOR/CLARITY | Yellow Clear | | gravity drain with | | | |
| | | | | clear yellow urine. | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | SR | | SR Ø ectopy S1S2 | | | |
| | | | | PPP x 4. Afebrile. | | | |
| | | | | Will continue to | | | |
| | | | | monitor for any | | | |
| | | | | changes [redacted] | | | |

**LEGEND**

Cr - Creatinine
$F_IO_2$ - Fraction of inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARER [redacted] e & Title) [redacted] 7/6/86

DEPARTMENT/SERVICE/CLINIC: ICU 2 West

DATE: 3 JUL 83

[redacted] ENTIFICATION (For typed or written entries give: Name—last, first, grade; date; hospital or medical facility)

b(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

(D) GSW 3/7/03 – exp lap to mid – Chest
30 y/o ♂ (EPW)? [redacted] 70 kg estimated body [redacted]
Admitted on 18 q1° VS Act. BR CT 20cm H2O

*a.m. labs
CBC – medlyte 8
Procedure CXR

140

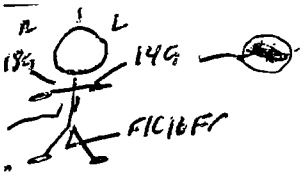


DATE | DX: exp lap to mid GSW | 14 ST | HOSPITAL DAY

| VITAL SIGNS | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | | | | | 92/85 | 148/87 | 134/97 | 134/96 | / | 142/76 | 140/81 | 135/77 | 132/75 | 143/85 | 128/73 | 135/80 | 140/74 | |
| Temperature | | | | | 95.3 | | | 98.1 | ok | 98.5 | ok | 100.5 | 100.2 | 100 | | | | |
| Pulse | | | | | 90 | 76 | 76 | 86 | | 88 | 100 | 99 | 99 | 94 | 91 | 94 | 88 | |
| Respiratory Rate | | | | | 22 | 13 | 18 | 17 | | 18 | 35 | 28 | 25 | 20 | 19 | 31 | 23 | |
| FIO2 | | | | | 100% | 100% | 6L | 4L | | 4L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | |
| SATS | | | | | 99 | 97 | 98 | 98 | | 97 | 96 | 96 | 96 | 96 | 96 | 97 | 97 | |
| method | | | | | NRM | NRM | NC | NC | | NC | NC | NC | NC | NC | NC | NC | NC | |
| Position | P | | | | B | B | L | L | | B | B | R | R | B | | | | |
| pain intervention | | | | | | | | | | | | | | | | | | |

| INTAKE | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 8T | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 8°T |
| IV LR | | | | | 150 | 150 | 150 | 150 | | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | |
| IVBP | | | | | | | | | | | | | | | | | | |
| Ancef x 3 doses | | | | | (1) – 50 | | | | | | (50) | | | | | | | |
| MSO4 1-10 mg IV q1 | | | | | | | | | | MSO4 0.3 cc | | MSO4 0.3 cc | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Diet NPO | | | | | NPO | NPO | NPO | NPO | | NPO | NPO | NPO | NPO | NPO | NPO | NPO | — | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Sub totals | | | | | 150 | 200 | 150 | 150 | (150) | 150 | 200 | 150 | 150 | 150 | 150 | 150 | 150 | |
| TOTALS | | | | | 150 | 350 | 500 | 650 | 800 | 800 | 1050 | 1200 | 1350 | 1500 | 1650 | 1800 | 1950 | |

| OUTPUT | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE – HOUR / TOTAL | | | | | 46 | 36 | 36 | 35 | | 75 | 75 | 200 | 100 | 75 | 150 | 200 | 150 | |
| URINE – sp gr | | | | | | | | | | | | | | | | | | |
| URINE – S/A | | | | | | | | | | | | | | | | | | |
| NG – OUTPUT | | | | | | | | | | | | | | | | | | |
| NG – pH | | | | | | | | | | | | | | | | | | |
| NG – GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS – CT II (total in bottle) | mark on admit | | | 390 | 20 | 20 | 20 | 10 | | 15 | 15 | 4 | 20 | 30 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | 590 | |
| | | | | | 386 | 386 | 386 | 360 | (80) | 75 | 75 | 200 | 120 | 195 | | | | |
| TOTALS | | | | | 20 | 772 | 1658 | 1518 | 1598 | 1593 | 1668 | 1868 | 1988 | 2093 | | | | |




[redacted] [redacted]



POST-OP DAY

| VITAL SIGNS | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|
| | 137/72 | 138/75 | 134/84 | 143/88 | 138/78 | 138/82 | 133/80 | 135/81 |
| | | | | 100.1 | | | 99.8 | |
| | 82 | 82 | 95 | 90 | 92 | 91 | 94 | 87 |
| | 19 | 19 | 19 | 22 | 30 | 21 | 23 | 23 |
| | 2L | 2L | 2L | 4L | 8L | 8L | 6L | 6L |
| | 98 | 95 | 95 | 95 | 88 | 97 | 96 | 97 |
| | NC | NC | NC | NC | NRB | NRB | RBT | RBT |

| INTAKE | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| I.V. | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | |
| PO | | 180 | | | | | | | |
| | 250 | 250 | 250 | 150 | 150 | 150 | 150 | 150 | |
| | 2100 | 2350 | 2500 | 2650 | 2800 | 2950 | 3100 | 3250 | |

| OUTPUT | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|
| Urine | 150/~~250~~ | 100 | 100 | 100 | 150 | 175 | 300 | 150/450 |
| | 10 | 5 | 5 | 10 | 10 | 20 | 0 | 5 |
| | 600 | 605 | 610 | 620 | 630 | 650 | 650 | 655 | 655 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | |
| | $F_IO_2$ | | | | | | | | |
| | TV | | | | | | | | |
| | RATE | | | | | | | | |
| | PEEP | | | | | | | | |
| ABG | pH | | | | | | | | |
| | $PCO_2$ | | | | | | | | |
| | $pO_2$ | | | | | | | | |
| | $HCO_3$ | | | | | | | | |
| | SAT | | | | | | | | |
| | BASE | | | | | | | | |

| LABORATORY | a.m. 12/10 TIME | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | |
| | Na/K | | | | | | | | |
| | Cl/$CO_2$ | | | | | | | | |
| | BUN/Cr | | | | | | | | |
| | WBC/PLATELET | | | | | | | | |
| | Hct/Hgb | | | | | | | | |

| ACTIVITIES DAILY LIVING | TIME | | | |
|---|---|---|---|---|
| | MOUTH CARE | | | |
| | BATH | | | |
| | SKIN CARE | | | |
| | FOLEY CARE | | | |
| | TRACH CARE | | | |
| | ROM EXERCISES | | | |

| TURN | TIME | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| SUCTION | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | | Urine: | |
| po | | | |
| | | | |
| TOTAL | | TOTAL | |

BALANCE _____

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

## NEUROLOGICAL ASSESSMENT

| | | HOURS | 0900 | 1000 | 1100 | 1200 | 1400 | 1600 |
|---|---|---|---|---|---|---|---|---|
| COMA SCALE | EYES OPEN | SPONTANEOUSLY 4 | | | | | | |
| | | TO SPEECH 3 | 3 | 3 | 3 | 3 | | |
| | | TO PAIN 2 | | | | | | |
| | | NO EYE OPENING 1 | | | | | | |
| | BEST VERBAL RESPONSE | ORIENTED 5 | | | | | | |
| | | CONFUSED 4 | 4 | 4 | 4 | 4 | | |
| | | VERBALIZES 3 | | | | | | |
| | | VOCALIZES 2 | | | | | | |
| | | NO VOCALIZATION 1 | | | | | | |
| | BEST MOTOR RESPONSE | OBEYS COMMANDS 6 | 6 | 6 | 6 | 6 | | |
| | | LOCALIZES PAIN 5 | | | | | | |
| | | FLEXION WITHDRAWAL 4 | | | | | | |
| | | ABNORMAL FLEXION 3 | | | | | | |
| | | EXTENSION TO PAIN 2 | | | | | | |
| | | NO MOTOR RESPONSE 1 | | | | | | |
| LIMB MOVEMENT | ARMS | NORMAL POWER | | | | | | |
| | | MILD WEAKNESS | ✓ | ✓ | ✓ | ✓ | | |
| | | SEVERE WEAKNESS | RL | RL | RL | RL | | |
| | | ABNORMAL FLEXION | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | |
| | | NO RESPONSE | | | | | | |
| | LEGS | NORMAL POWER | | | | | | |
| | | MILD WEAKNESS | ✓ | ✓ | ✓ | ✓ | | |
| | | SEVERE WEAKNESS | RL | RL | RL | RL | | |
| | | ABNORMAL FLEXION | | | | | | |
| | | ABNORMAL EXTENSION | | | | | | |
| | | NO RESPONSE | | | | | | |
| PUPILS | RIGHT | SIZE | 2 | 2 | 2 | 2 | | |
| | | REACTION | + | + | + | + | | |
| | LEFT | SIZE | 2 | 2 | 2 | 2 | | |
| | | REACTION | + | + | + | + | | |
| PUPIL SCALE | | | 2 | 3 | 4 | 5 | 6 | 7 mm |
| ICP | | | | | | | | |
| CEREBRAL PERFUSION PRESSURE | | | | | | | | |

**LEGEND**

- C Closed by swelling
- T Trach/Endo
- S Slurring
- D Dysphasia
- R Receptive
- E Expressive
- R Right
- L Left

Record separately if there is a difference between the two sides.

- + + Brisk
- + Slow
- - No Response
- + Intact
- - Abnormal

## VASCULAR ASSESSMENT

| HOURS | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | R L | | | | | | | | | | | | | | | | | | | | | | | |
| | R L | | | | | | | | | | | | | | | | | | | | | | | |
| | R L | | | | | | | | | | | | | | | | | | | | | | | |
| | R L | | | | | | | | | | | | | | | | | | | | | | | |
| | R L | | | | | | | | | | | | | | | | | | | | | | | |

**LEGEND**

- + + Normal
- + Weak
- - Absent
- D Doppler
- R Right
- L Left

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet — GSW

ASA IE

OTSG APPROVED (Date)

Date: 3Jul03
Time In: 0915
Allergies: None known
Pre-op V/S: 151/94 96
Procedures: exp lap-tomid s Axilla (R)

30y/o
70 kg

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 2300 Colloid Hespan 500
OR Output: UOP 500 EBL 2100
Meds/Times: fent 250mcg MSO4 EMT-15mg

R 18G (L) AC
IV Pitocin / AC 18 14

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley 16 Fr. | Other |
| TLS | |

Pre Op Meds History

| Time | 0918 | 0920 | 0925 | 0930 | 0935 | 0940 | 0945 | 0950 | 0955 | 1000 | 1005 | 1010 | 1015 | 1020 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 98 | 97 | 96 | 98 | 98 | 96 | 99 | 96 | 98 | 99 | 99 | 99 | 99 | 96 | | |
| FiO2 NEM | | | | | | | | | | | | | | | | |
| Methods | | | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| RR | | | | | | | | | | | | | | | | |
| T | 95 | | | | | | | | | | | | | | | |

| Time | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | No fully awake | awake | | | | | | | | |
| LOS | | | | | | | | | | |

## Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | LR | 1500 cc | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

## Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 1 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 2 | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 8 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
• = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

[redacted] 91WM6

(For typed or written entries give: grade; date; hospital or medical facility)

Name — last,

DEPARTMENT/SERVICE/CLINIC: ICU 2

DATE: 3Jul03

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | Heel | MOE | intact | +4 | <3 | | NFR |
| 15' | | MOE | | ↑↓ | <3 | | NFR |
| 30' | H | MIE | | smc | <3 | | NFR |
| 45' | | MIE | | smc | <3 | | NFR |
| 60' | Toes | MOE | | m | <3 | | NFR |
| 90' | | | | | | | |
| D/C | | | | | | | |

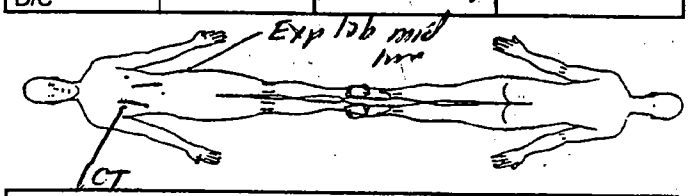
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

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

## DRESSINGS X2 mid abd.

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | Reinforced | Tape/ins | change NVSS |
| 30' | Marked on | Dressing | |
| 60' | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0916 | SR | SR Sockings | Continuous |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

**Discharge Criteria:**
**Date:** **Time:** **PARS:**
**BP:** **T:** **HR:** **RR:** **Sa02:**
**Pain Level at D/C (0-10):**
**Intake:**_____ **Output:**_____
**Additional Data:**_____
**Transferred To:**_____
**Report Given To:**_____
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:**_____
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**_____

01

1. LAST NAME, FIRST NAME / NOM ET PRÉNOM | RANK / GRADE | [X] MALE / HOMME | [ ] FEMALE / FEMME

SSN / NUMÉRO MATRICULE | SPECIALTY CODE / GPM | RELIGION / RELIGION

2. UNIT / UNITÉ

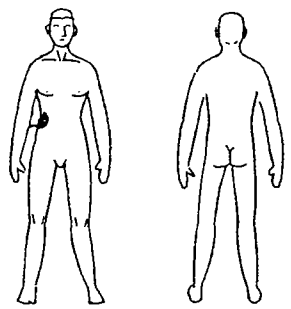
FORCE / ÉLÉMENT | NATIONALITY / NATIONALITÉ: Iraqi civilian

A/T | AF/A | N/M | MC/M

BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT | BACK / ARRIÈRE



- [ ] AIRWAY / TRACHÉE
- [ ] HEAD / TÊTE
- [X] WOUND / BLESSURE
- [ ] NECK/BACK INJURY / BLESSURE AU COU/AU DOS
- [ ] BURN / BRÛLURE
- [ ] AMPUTATION / AMPUTATION
- [ ] STRESS / TENSION
- [ ] OTHER (Specify) / AUTRE (Spécifier)

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

- [X] ALERT / ALERTE
- [ ] VERBAL RESPONSE / RÉPONSE VERBALE
- [ ] PAIN RESPONSE / RÉPONSE À LA DOULEUR
- [ ] UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS: 96 | TIME / HEURE: 0500

6. TOURNIQUET / GARROT: [X] NO / NON [ ] YES / OUI | TIME / HEURE:

7. MORPHINE / MORPHINE: [ ] NO / NON [X] YES / OUI | DOSE / DOSE: 10mg | TIME / HEURE: 0508

8. IV / IV: B/lat | TIME / HEURE: 0500

9. TREATMENT OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

[illegible] Bilateral IV/[illegible]
$O_2$
Ancef 1g, 10 Morphine
Asthma chest wave

10. DISPOSITION / DISPOSITION | [ ] RETURNED TO DUTY / RETOUR À L'UNITÉ | TIME / HEURE

[redacted]

11. P[redacted] VAS/MC | DATE/DATE (YYMMDD)

DD Fo[redacted] DEC 9[redacted] Form 1380 and DD Form 1380 (TEST), which are obsolete.

U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

b(6) - 2

**12. REASSESSMENT / RÉASSESSMENT**

| DATE / DATE (YYMMDD) | TIME OF ARRIVAL / HEURE D'ARRIVÉE |
|---|---|
| | |

| | | | | |
|---|---|---|---|---|
| TIME / HEURE | 0505 | 0514 | | |
| BP / PS | 124/78 | 142/94 | | |
| PULSE / POULS | | 90 | | |
| RESP / RESP | | | | |

DATE / TIME
DATE / HEURE

**13. CLINICAL COMMENTS / DIAGNOSIS**
**INFORMATION MÉDICALE / DIAGNOSTIQUES**

GSW; No exit wound
Deformed bullet found on right

**14. ORDERS / ANTIBIOTICS** *(Specify)* **/ TETANUS / IV FLUIDS**
**DIRECTIVES MÉDICALES / ANTIBIOTIQUES** *(Spécifier)* **/ TÉTANOS / IV FLUIDE**

b/w-2

[redacted] MAJ MC — DATE/DATE (YYMMDD) 03 1 4 03

**16. DISP[redacted]**
**DISPO[redacted]**

[redacted]TO DUTY / RETOUR À L'UNITÉ
[redacted] / EVACUÉ
DECEASED / DÉCÉDÉ

TIME / HEURE 0520

**17. RELIGIOUS SERVICES / SERVICES RELIGIEUX**

| | | | |
|---|---|---|---|
| | BAPTISM / BAPTISÉ | | PRAYER / PRIÈRE |
| | ANOINTING / ONCTION | | COMMUNION / COMMUNION |
| | CONFESSION / CONFESSION | | OTHER / AUTRE |

CHAPLAIN / CHAPELAIN

DD Form 1380, DEC 91 (Back)

# ADMISSION AND CODING INFORMATION

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

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

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| [redacted] | EPW [redacted] b(6)-4 | | m |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| | 3 0 4 | Z | 9 | unk |

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

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| N/A | u | 0915 | N/A |

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

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

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 | ICU2 | — |
| | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE — |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 5 0 | | 0 3 0 7 0 6 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| A B A A | | 0 3 0 7 0 3 |

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

**FOR LOCAL USE**

Dx: S/P GSW chest

Dx 875.0 E991.2 Proc: 54.11

860.5 54.11 E991.2

Inj Trauma 450 1

b(6)-2 [redacted]

| ADMITTING OFFICER | SIGNATURE OF ADMITTING CLERK |
|---|---|
| Dr. [redacted] | b(6)-2 |

DA FORM 2085, MAR 80 — EDITION OF MAY 79 IS OBSOLETE — DFC,91G10

# INPATIENT TREATMENT RECORD COVER SHEET

F[illegible] of this form, see AR 40-400; the proponent agen[illegible] TSG

b(6)-4

| 1. REGISTER NUMBER | 2. NAME (Last, First, MI) | 3. GRADE | ADMISSION REMARKS |
|---|---|---|---|
| [redacted] | EPW # [redacted] | EPW | |

| 4. SEX | 5. AGE | 6. RACE | 7. RELIGION | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION |
|---|---|---|---|---|---|---|
| M | 47 | Iraqi | — | — | — | NO |

| 11. FMP | 12. SSN | 13. ORGANIZATION | 14. WARD |
|---|---|---|---|
| 99 | [redacted] b(6)-4 | — | ICU 3 |

| 15. FLYING STATUS | 16. DSG | BEN | 18. BRANCH/CORPS | 19. UIC/ZIP | 20. TYPE CASE |
|---|---|---|---|---|---|
| — | — | K78 | — | — | WIA |

| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION | 22. HOURS OF ADMISSION | 23. CLINIC SERVICE |
|---|---|---|
| Direct from ER | 0929 | ABMA |

| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | 25. TYPE DISPOSITION | 26. DATE OF DISPOSITION |
|---|---|---|
| UNK | 03 | 17 OCT 03 |

| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION | ADMITTING OFFICER |
|---|---|---|---|
| UNK | UNK | 3 July 03 | DR. b(6)-2 [redacted] |

| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | 30. DATE OF INITIAL ADMISSION | 32. [illegible] OF WHOLE BLOOD/ COMPONENT TRANSFUSED |
|---|---|---|
| [redacted] b(2)-2 | | |

[illegible] SELECTED ADMINISTRATIVE DATA [illegible]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: STSG

| Proc. | Dx: |
|---|---|
| 86.22 | 946.3 |
| 93.57 | 946.2 |
| 38.93 | 948.10 |
| 86.69 | 453.8 |
| 86.09 | 0389 |
| 86.63 | 998.89 |
| 39.98 | E825.1 |
| 86.28 | E924.8 |
| 86.59 | E958.8 |
| 84.02 | |

35. **Total Days This Facility**

| ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 3.5 mths | 3.5 mths |

**Total Days All Facilites**

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

[illegible]TURE OF ATTENDING MEDICAL [redacted] [illegible] MEDICAL RECORDS OFFICER

[redacted] b(6)-2

[illegible] 3047, MA [redacted] [illegible] EDITION [illegible] SOLETE

b(6)-2

USAPPC V1.10

# INPATIENT TREATMENT RECORD COVER SHEET

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER [redacted] | | | 2. NAME (Last, First, MI) [redacted] | | | 3. GRADE NA |
| 4. SEX M | 5. AGE UNK | 6. RACE UNK | UNK | NA | NA | 10. PREVIOUS ADMISSION NO |
| 11. FMP 99 | 12. SSN [redacted] | | 13. ORGANIZATION NA b(6)-4 | | | 14. WARD ICW 1 |
| 15. FLYING STATUS NA | 16. TRAINING OSG | 17. DEPT./BEN NA | 18. BRANCH/CORPS NA | 19. UIC/ZIP | | 20. TYPE CASE NBI |

ADMISSION REMARKS

| | | |
|---|---|---|
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct From Emt | 22. HOURS OF ADMISSION: 1000 | 23. CLINIC SERVICE: ABAA |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK | 25. TYPE DISPOSITION: 24 | 26. DATE OF DISPOSITION: 10/16/03 |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK | 27b. TELEPHONE NO.: UNK | 28. DATE OF THIS ADMISSION: 9/6/03 |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(2)-2 | | 30. DATE OF INTIAL ADMISSION: 9/6/03 |

ADMITTING OFFICER: b(6)-2 Dr [redacted]

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

SKIN GRAFT HEELS
CLOSURE BUTTOCK WOUND

35. Total Days This Facility

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 22 | 22 |

36. Total Days All Facilites

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 2 | 2 |

SIGNATURE OF ATT[redacted]

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER [redacted]

DA FORM 304 [redacted] EDITION OF 1 AUG 76 IS OBSOLETE [redacted] USAPPC V1.10

b(6)-2

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

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

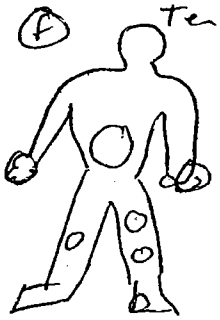
47 yo male States he was picked up by American soldiers 0200 25/01/03 he states he was stripped down and placed in Humvee. The Hot metal in the Humvee caused his burns. Also He develope (L) leg swelling at home 12 days Ago → to some theatre Asset (medical) treated & transfered here.

NKDA PMH Asthma med Proventil PSH ∅ ROS none

PHYSICAL EXAMINATION

NCAT AOX3
Neck cl
Chest CBTA
Cor RRR 2+ PP in Allext
Abd NABS ND sept NT
GU WNL

ext (L) leg swollen cold tender to palpation




N 10% BSA Deep second Degree burn.

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

A/P (1) DVT c̄ phlegmasia → Lovenox 90 mg SQ BID

(2) Burn → dressing Δ, IVF,

b(6)-2

| [redacted] | DATE 25/01/03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| PAT[redacted] d or written entries give Name last, first, grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |

[redacted] b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

32/8

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | 47 y/o ♂ presents c NOTES SOB + wheezing. |
| 02JUL03 | states thru interpreter he is in pain due |
| 0400 | to burns on body. Prior to arrival @ our |
| BP 115/76 | facility pt received 6 puffs of Ventolin. |
| P 128 | Pt placed on O2 Sat ↑ 98%. ↓ wheezing. |
| R 48 | Course breath sounds. Pulse 140. Alert + oriented X3, |
| T 98.6 | Burns/wounds as follows - |
| O Sat: 92 | — Right leg mid thigh approx 9X3.5 area, |
| | Knee abrasion + 2X4 area to lower leg. Heel |
| | skin 99% off + was removed. Area was circular |
| | hard black skin approx 3x3. Right hand palm black |
| VKDA | — Left leg mid thigh approx 5X6 area, 2X2 area |
| | to knee. Heel skin 99% off - removed. Area was |
| Asthma | 3x3 circular hard skin/black. (L) hand with |
| Ventolin | peeling skin. |
| TIME 0515 | — Buttocks burned area - not treated. |
| T: 98.4 | Request evaluation of wounds + pain |
| P: 105 | management [redacted] |
| SaPO2: 99 | @ 548 10mg Morphine Admin IM [redacted] 91W of SOT |
| B/P: 118/73 | @ 0620 4mg MSO4 IV |
| Resp: 20 | b(6)-2 |

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

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

REGISTER NO. | WARD NO.

**PROGRESS NOTES**
Medical Record

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

HVD [redacted]

[redacted] b(6)-2

b(6)-4

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| [redacted] | | | |

| DATE | NOTES |
|---|---|
| 13 JUL 2000 | Patient up to bedside commode c̄ minimal assistance. Sat on BSC for approximately 1 hour. Had semiformed dark brown stool. - Patient assisted back to bed. [redacted] /RO |
| 2200 | T 100.4. Patient sleeping. [redacted] /AN |
| 14 JUL 0000 | Patient sleeping VSS [redacted] /AN |
| 0100 | Patient awake complaining of pain. MSO4 4mg given. [redacted] /AN |
| 0200 | T 101.5. Tylenol 650mg PO given. will monitor. [redacted] /AN |
| 0400 | T 98.8. VSS. [redacted] /AN |
| 0500 | Report given to nurse. [redacted] /AN |
| 0580 | Received report & assumed care of Pt. T-99.2, VSS, will monitor. [redacted] 9/WMA |
| 0800-0930 | dressing Δ started @ 0800, Pt medicated c̄ Ketamine, Fentanyl, & Versed. Pt tolerated well. Old dressings removed & burns cleaned c̄ hibiclense & rinsed thoroughly c̄ bulky dressings applied. Finished change @ 0930, will continue to monitor. [redacted] 9/WMG |
| 1200 | Pt lying in bed sleep & appears to be resting comfortably @ this time. VSS, will continue to monitor. [redacted] 9/WMG |
| 1400 | Pt remains asleep. VSS T. 101.9 Received Tylenol @ 1230 for Temp. Will cont to monitor for Δs. [redacted] SFC |
| 1500 | Patient OOB to chair. Remains in stable condition. Cont to complain of pain when moving. Difficulty standing. Bil edema to & extremities. wraps c̄ dressings intact. Will cont c̄ care. [redacted] SFC |
| 1700 | Report given to Nightshift. [redacted] 9/WMG |

b(6)-2 A1

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

| DATE | NOTES |
|---|---|
| 15 JUL | Brief op Note |
| | indication full thickness Burns |
| | Surgery Burn wound debridement |
| | and STSG |
| | Surgeon [redacted] b(6)-2 |
| | Anest GETA |
| | Fluids - EBL 450 2UPRBC |
| | Procedure - Debridement of all wounds |
| | STSG Donors - Abd, (R) thigh, (R) calf |
| | Applications - Abd (B) thigh |
| | Vacto Abd |
| | No comp. |
| | [redacted] |
| 16 JUL | Surgery |
| Lovenox | No events POD # 1 STSG b(6)-2 |
| Feeding | VSS Tm 100.6 HR 110's 40 ~80 c/h |
| Albumal | Chest CBDA |
| | Abd - ND Sept Drain sucked Down. |
| | NABS. |
| | 8.7 / 29 < 329 |
| | A/P Doing well Graft ✓ STSG @ Day #3. |
| | Stopped Abx for Pneumonia [redacted] |
| | 1 |
| | b(6)-2 |

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

| DATE | NOTES b(2)-2 |
|---|---|
| 16 OCT 03 | DISCHARGE NOTE [redacted] |
| | LTC [redacted] MD |
| | DOA 3 JUL 03 b(6)-2 |
| | DOD 17 OCT 03 |
| | HOSPITAL COURSE: Patient transfered from southern medical facility with multiple burns in conjunction with swelling of (L) leg suggestive of a Deep venous thrombosis. Initially patient treated with Silvadene based wound care and anticoagulation. Eventually he was taken to the operating room multiple times to complete skin grafting of his arms, abd, thighs and legs. Finally, he required excision of two large eschars of his bilateral heels. These were healed after appropriate granulation development with full thickness grafts for his buttock. Unfortunately, his course was complicated by a right buttock hematoma and need of drainage and open wound care. This was subsequently closed leaving a moderate wound contracture with dressing changes now. His (R) hand required amputation of his finger. |
| | (Cont) |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

Final diagnosis

1. DVT (R) calf
2. multiple scald burns to arms, abd, thighs, face and legs
3. buttock hematoma
4. Amputation (R) hand - finger (thumb)

Plan Continue dressing changes
Percocet 1-2 PO q 4° PRN pain
Fluids as needed.

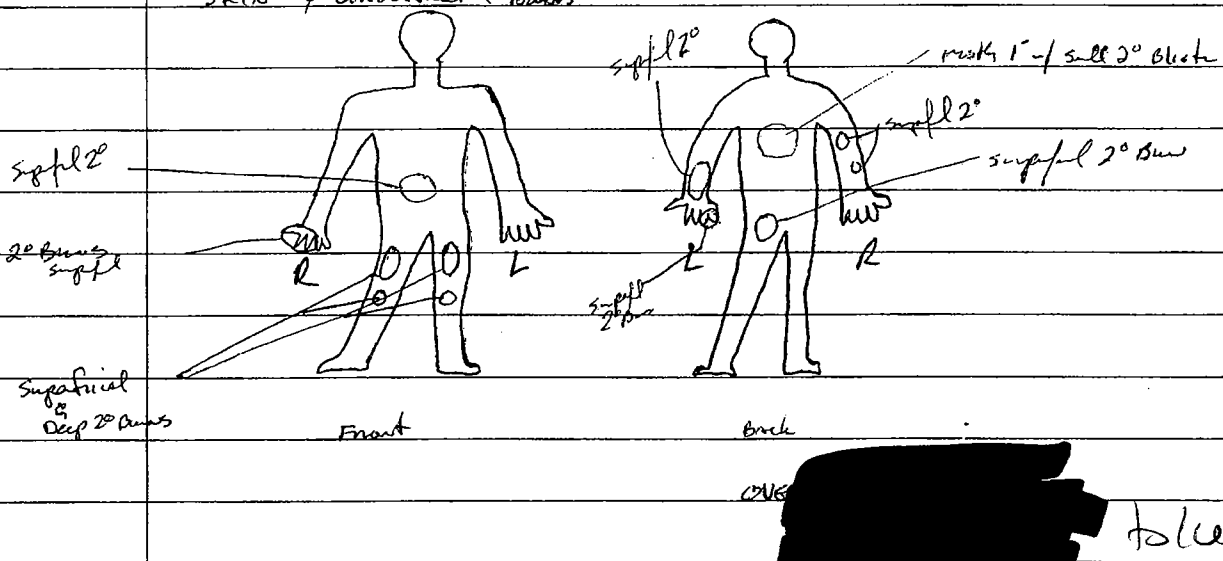
[redacted] b(6)-2
[redacted] RITCM

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| Ø2 July Ø3 0600 | S) 47y/o HVD brought to Aid Station by 115th MP. PT speaks English. He states he was captured at 0030 this AM and placed in a vehicle that got very Hot on the drive over here causing his burns. He states he was not exposed to Flames. He states he has no difficulty Breathing. He states he had no burns on his body before he was placed in the truck. Ø Hx of poor wound healing |
| PMHx Asthma ØDM ØMI ØHTN | O) AS A in Mild/moderate distress |
| PSHx Ø | Vitals, see nursing - Mild Tachycardia noted |
| NKDA | HEENT: Ø Burns Ø Singed Hair Ø carbon deposits in oropharynx / nares / pharynx |
| MEDS Albuterol MDI | Lungs CTA(B) c/o Rales, rare wheezing Not clear |
| | Heart RRR Ø murmurs |
| FHHx (+) TOB 3ppd (+) ETOH last drink 2 weeks | Abd - NABS Ø painful signs |
| | Ext - warm Ø CCE pulses x4 (B) x4 Ext. |
| | Skin - Ø unconfirmed Burns |




CONT [redacted] b(6)-2

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

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

HVD # [redacted] b(6)-2

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 02 July 03 | (A/P) pt's has primarily superficial 2° Burns w/ 2 small areas of Deep 2° Burns on (B) Thighs (Ant), Total BSA Burned is ~10%. Patient might require skin grafts to thighs but will observe for a few days. See - orders. Need to report to CID [redacted] CPT MC |
| 02 July 03 0800 | CID notified & will be here at 1800 for dressing D. DW - 2 AM [redacted] |
| 02 July 03 0830 | Pt admitted Pt Hold. 2 18ga (R) AC & (L) FA Sodium Chloride 9%. Tylenol 650mg & Acephx given. Blood Test drawn. Foley draining dark yellow urine. Dressing D done @ 0600 to both arms, Thigh, knee & Bottom of feet & abdominal area. [redacted] |
| 1010 | MSO4 2mg given for pain [redacted] |
| 10 58 | BP-125/77 P-79 SpO2-93 R-24 T-98.4 [redacted] |
| 13:00 | pt. given 600mg Tylenol po [redacted] |
| 15:00 | BP-125/77 P-77 SpO2-95 R-20 T-98.6 [redacted] |
| 14:44 | BP 109/69 P-84 SpO2-93 R-24 T-99.6. pt. given 650mg Tylenol po [redacted] |
| 23 04 | BP-113/74 P-98 SpO2-94 R-24 T-101 [redacted] |
| 3 JUL 03 3 04 | BP-116/69 P-98 SpO2-94 R-20 T-101 [redacted] |
| 3 08 | Pt. given 650mg Tylenol po [redacted] |
| 0545 | Pt given 2mg MSO4 before dressing changes [redacted] Pain except finger @ this time [redacted] |
| 4 00 | Dressing change. hands, feet, both legs, both arms, abdomen, lower back buttox. |
| 7 00 | BP 135/77 P-104 SpO2 89 R-28 T-100.8 pt. giv. 650 mg Tylenol po [redacted] |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 3 JUL 03 | pt. given unicef 3g IV — [redacted] |
| 0801 | 20mg Acilphex PO given — [redacted] SPC Gromb |
| | b(6)-2 |
| | Transfer Note |
| 03 July 03 0830 | S) patient states that he is cold & is shaking states pain & swelling in (L) leg, |
| | O) vitals this AM 135/77 P=104 SaO2=89% RR=28 Tc=100.8 Tmax 101 |
| | Gen patient w/ rigors chills AA&Ox3 mild distress, breathing comfortably & speaking in full sentences |
| | HEENT: ØJVD |
| | Lungs mostly clear to ausc bilat w/ (B) lower field rales/expiratory wheeze good BS (B) |
| | Heart mild Tachy Regular rhythm Ø murmur |
| | Abd mild LUQ TTP over lower ribs 2° to being hit in this area, NABS Ø peritoneal signs |
| | Ø splenomegaly Ø hepatic pain on palpation |
| | GU - Foley w/ good UOP ~50 cc/hr |
| | Ext LLE is edematous & has pain in medial posterior aspect of thigh (+) Homans |
| | Skin see detailed [redacted] drawing of Burns. Blisters were present on L/O standing deep 2° Burns to (B) Thighs improve but will probably require grafting |
| | Labs 130/4.0 \| 104/13 \| 1.0 < 94 4/14 17/50 WBC = 13.2 |
| | A/P 1) ~10% BSA Burns mostly superficial 2° Burns but 2 deep 2° Burns which will most likely require grafting & second come although wounds continue to improve |
| | 2) Sepsis/Bacteremia: pt did not receive Unasyn as ordered due to Nursing overlooking order. unable to get Blood Culture, Unasyn 3.0g given this AM will require close monitoring in ICU setting |

OVER

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

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

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 03 July cont | 3) probable DVT. w/ Positive Homans & unilateral Edema. will need Doppler US & anticoagulation |
| | 4) Transfer to 28th CASH [redacted] b(6) |
| | 5) CID investigation ongoing! |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

AUTHORIZED FOR LOCAL REPRODUCT

:AL RECORD | PROGRESS NOTES

:E

10 Jul 0500 Received report from previous nurse, pt resting comfortably. VSS will continue to monitor [redacted] WT/AN

10 Jul 0600 Pt to OR accompanied by anesthesi[redacted] WT/AN

0830 Pt back from OR. VSS Sats low 90's [redacted] on NRB Sats ↑ 97%, will wean O2 as tolerated. [redacted] WT/AN

1400 Pt in RA 97%, 2U PRBC transfused, will draw post transfusion CBC. Pt ambulated 13 ft 1° x 10 (3 balls), Central line dressing changed, foley care done, Bowel train applied, TF restarted @ 50 cc/hr [redacted] /AN

1400 TF stopped, pt c/o abdominal fullness, Reflex ingesting for BM. BS active X 4 quad, Pt drank glass [redacted] through straw, VSS will continue to monitor [redacted] /AN

1600 20 mg lasix IVP given [redacted] WT/AN

b(6)-2 AN

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

SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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. 3W3

PROGRESS NOTES
Medical Record

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

[redacted]

b(6)-4

b(6)-4

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| [redacted] | | | |

| DATE | NOTES |
|---|---|
| 12JUL 2330 | Changed Abd drsg. Reapplied Silvadene and Burn dressing. Did foley care. — [redacted] LCT/AN |
| 13JUL 0100 | Patient sleeping in bed. VSS. Will continue to monitor. — [redacted] LCT/AN |
| 0300 | Patient restless. States pain to abd. Give MSO4. Will monitor. — [redacted] LCT/AN |
| 0500. | Patient resting in bed c̄ HOB↑. Alert. Lungs CTA x̄ inspiratory wheezes that clear c̄ neb tx. S̄T, generalized edema to BLE. BS↓, NGT clamped @ 0000 13JUL, Ø BM this shift. Foley to gravity draining light yellow, clear urine. S̄ sediment. Drsg to burns CDI. BLE c̄ elastic wrap. VSS. Report given to nurse. — [redacted] LCT/AN |
| 0500 | Received report from previous shift. Pt awake c̄ Ø S/S of pain/discomfort. LR infusing @ 50cc/h. TF on hold due to scheduled surgery today. NPO since Ø200 x̄ meds c̄ sips of $H_2O$. Will cont. care. — [redacted] LCT/AN |
| 0600 | Flushed (R) IJ central line c̄ 3cc heparin. Explained POC for the day. Pt acknowledges understanding. Will cont care — [redacted] LCT/AN |
| 0730 | Pt requesting to go to bathroom. Moved pt to BSC c̄ assistance. Pt appears to have more strength than previously. Pt able to move (R) leg and stand up straight c̄ support. Pt had one watery diarrheal episode. Cleaned pt and prepared pt for OR. Placed pt on stretcher c̄ anesthesia. Accompanied pt to OR for drsg Δ [redacted] LCT/AN |

b(6)-2

:AL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 12 July 03 0100 | Pt took dressing off completely (L) arm. Verbalize wanting to clean it himself but unable to do it. Cleared wound redressed c̄ Silvadene. pt c/o pain, refuse to do the other arm. Pt is not scheduled for dressing change until AM under conscious sedation. Made NPO p̄ MD. Pt c̄ intermittent disorientation at night. — [redacted] AW D(e)-2 AM |
| 0400 | Slept from 0200 to 0400 non-interrupted. Hiccups resolving, no hiccups noted throughout the night. Morsine converted to p.o. last dose @ 2000. VSS, foley f/s amber colored urine — [redacted] S/M |
| 12 Jul 03 1000 | Received report from previous nurse @ 0500 pt. sleeping comfortably. Bilateral insp. wheeze, 15 cc/3 cc NS albuterol neb given → OTA bilaterally. Conscious sedation for dressing change: 100 mg Ketamine, 250 mg fentanyl, 8 mg versed, 50 mcg/hr fentanyl patch intact, tolerated well. Ace wrap to (L) leg. IV restarted @ 50 cc/hr, BS active x 4 quads, tolerating sips of water, 96% on RA, Bacitracin to meatus, no c/o at this time. will continue to monitor — [redacted] LT/AN. |
| 1100 | addendum to previous entry: 0.2 mg Narcanal given prior to conscious sedation — [redacted] LT/AN |
| 12 JUL 1700 | Reported received. Patient in bed c̄ HOB ↑ — [redacted] /AN |
| 1830 | Assessment completed. — [redacted] LT/AN |
| 2000 | Patient resting in bed. — [redacted] LT/AN |

| SHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST [redacted] | FIRST | MI | |
| SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |
| 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 3 |

EPW [redacted]

D(e)-4

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCT

:AL RECORD | PROGRESS NOTES

| 'E | NOTES |
|---|---|
| 13 JUL 83 0910 | Received pt from OR via stretcher. Pt on O2 4L via FM. O2 sats 100%. Transferred pt to bed. Pt appears to be disoriented. Oriented pt. Will cont. care. [redacted] LT/AN |
| 1030 | Pt c/o pain in stomach and (R) arm wounds. Gave MSO4 III mg IVP. Pt appears to be more calm. Resting quietly. Started TF @ 75cc/hr and gave pt sips of water. Will cont. care. [redacted] |
| 1200 | Pt resting quietly. Pt requesting to talk to family. Attempted to get home phone number c̄ ∅ success. ∅ needs expressed @ this time. A'd central line drsg using sterile technique. Will cont. care. [redacted] T/AN |
| 1400 | Pt completed IS 10x throughout the day. Pt resting quietly. Will cont care. [redacted] T/AN |
| 1600 | Pt temp 101.3. Dr. [redacted] notified. Gave tylenol 650 mg po. Will cont to assess temp. [redacted] |
| 1700 | Gave report to night shift. [redacted] |
| 1700 | Received report from nurse. [redacted] |
| 1730 | Assessment completed. [redacted] |
| 1900 | T 100.3, will monitor. Resting in bed. [redacted] LT/AN |

SHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) b(4)-2 AN

SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

1 [redacted]

b(4)-4

PROGRESS NOTES
Medical Record

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

All b(a)-2 unless noted differently

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 15July (1730) | MSO4 5mg IVP given by MAS Neumier for c/o surgical discomfort. Resting c̄ slev distress c̄ care. [redacted] 9/LWNG |
| 15July 03 (2200) | PO med + IVPB vancomycin given per Rx. TL IJ remains patent. Site c̄ adverse s/sx. Retain PO intakes [redacted] 9/LWNG |
| 16July 03 (2400) | Resting c̄ auto episode noted. [redacted] 9/LWNG |
| 16July 03 (0400) | Initial Assessment unchanged. Blood Specimen from distal port (R) TL IJ. Sent to lab for CBC + Met 8. No adverse effects noted from procedure [redacted] 9/LWNG |
| 16July (0515) | Dobhoff tube feeding feed turned off in prep for pt conscious sedation procedure for drug A. Pt care report given to CPT [redacted]. Pt awake c/o "gas". HOB ↑ + pt turned to position A. VSS [redacted] 9/LWNG |
| 16JUL03 | NN: PHYSICAL ASSESSMENT COMPLETED SEE FLOWSHEET. WANDS: |
| 0630 | BILAT UPPER EXT DRESSINGS CDI c̄ KERLEX AND ACE WRAP ON (L) ARM → |

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

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

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

REGISTER NO | WARD NO

[redacted]

b(a)-4

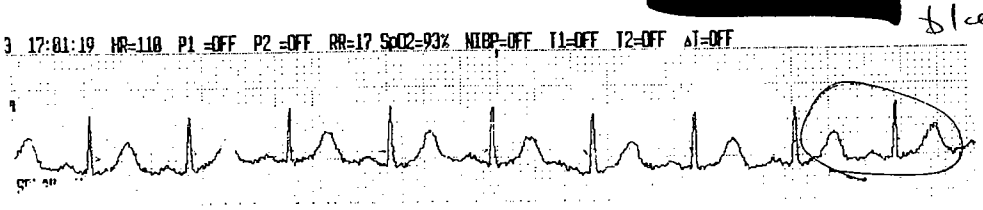
PROGRESS NOTES
Medical Record

STANDARD FORM 505
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.4

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

| DATE | NOTES |
|---|---|
| 18 July 03 @ 0620 | pt assessment complete WNL see DA Form 4700 op 375 for details VSS report recieved from SSG Wright pt resting comfortably in bed @ this time. IV LR @ 50 cc/hr infusing via Alaris Pump to triple-lumen (R) IJ. dobhoff on hold for OR procedure Dressing CDI pt shows no signs of acute distress @ present will continue to monitor per doctors orders — [redacted] RFC 9/WMC |
| @1440 | pt resting quietly @ this time VSS Jevity @ 128cc/hr LR @ 50 pt taken to or for dressing & grafting with results no problems @ present will continue to monitor [redacted] |
| @1515 | pt VSS & temp of 101.5 tylenol given per doctors orders will recheck temp in 30° — b(6)-2 [redacted] RFC |
| ~~@1615~~ | 15 July (1700) Pt Care Report Recieved from PT [redacted] Pt resting Supine in Bed c̄ HOB lowered. Pt c̄ NO Acute distress voiced/noted. Pt Requesting staff assistance to concept "Brother", Abdomen firm, obese c̄ (+) hypoactive BS in (4) Quads. Postop graft site of ventral Abdomen covered c̄ sterile dressing (occlusive) to 125 mm-Hg Suction via PDA Suction machine. Serosang drainage noted. BLE pedal pulses dopplerable c̄ (+) edema digits warm, mobile c̄ brisk cap Refill. Bilat Anterior thigh donor sites c̄ Staples intact to secure mesh dressing. Sites edematous but pink. Ace wrap intact to LLE. — [redacted] JMC b(6)-2 |

RATE 110
PR .16
QRS .04



MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 17 July 03 2030 | Dressing to the hands changed. Medicated c̄ MSO4 10mg c̄ Versed 5mg IV. Pt remained awake, continue to c/o pain even after dressing chng. Moaned pain once rested from dressing change. —— [redacted] Meij / Ar |
| 2200 | Pt observed to be asleep @ this time. b(6)-2 |
| 2400 | Pt awoken c/o pain on the graft & donor site, request to turn off nane. Explained suction & rationale for using did not understand but agreed. Gave MSO4 5mg for pain. UO continue to be adequate & burning clears from the early output. No other significant issues —— [redacted] Meij/Ar |
| 0215 | Pt had a small amt. of mucoury stool dressing to the buttocks changed c̄ silvadene, site c̄ adequate vascularization |
| 0300 | Medicated c̄ MSO4 5mg IVP for c/o buttocks wound and leg pain —— [redacted] /Ar |
| | b(6)-2 |
| 0700 | NN PT RESTING QUIETLY IN BED USS NSR A-FEBRILE. UOP > 60ML/HR. TF OFF FOR DRESSING Δ. — [redacted] |
| 1030 | NN DRESSING Δ: PT TOLERATED DRESSING Δ WELL C̄ SEDATION PROVIDED BY NURSING STAFF. ABD GRAFT SITE WOUND-VAC D/C'd APPLIED 4X4 MOISTENED C̄ SILVAMYCON SOLUTION AND MONT STRIPS APPLIED. PULSES INTACT X4 EXT. USS. WILL CONT TO MON [redacted] |

SPONSOR'S NAME: LAST | FIRST

HOSPITAL OR MEDICAL FACILITY

REGISTER NO.

[redacted] b(6)-4

ICU-3

[redacted] b(2)-2

AUTHORIZED FOR LOCAL REPRODUCT

:AL RECORD | PROGRESS NOTES

'E | NOTES

135J103 Surgery
No events over night
VSS Afeb (Base HR 105-110) UO >200 cc/h
~~Brain~~
Neuro - AxO today
Chest O3TA
Abd Benign
wounds - All burns will require more Debride
not ~~will Plan Deb~~
A/P Doing well. systemically Better i
good drugs, and improved mental
status will plan Debridement & Graft
Next OR tomorrow or Tues.

[redacted]

D(e)-2

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

SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

[redacted]

D(e)-4

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18 July 03 1800 | Received report from ongoing shift. Wound vac off abd dressing replaced c̄ Montgomery strap. TLC, ⓡ SC intact, LR @ 50cc/hr. Clobbiff @ 128 cc/hr ↑ from last shift. Abd distended but pt denies abdominal cramps. BS(+). Foley intact draining clear yellow urine, scrotum c̄ edema. Beginning T101.1. Monitor ↑ temp this shift. Otherwise VSS. Pt in bed sleeping but easily aroused — [redacted] Neg/Pm |
| 2330 | Dressing changed to OE, pt given MSO4 10mg, Versed 5mg, c̄ Fentanyl 100 mcg before + during dressing change. Pt continue to scream during dressing change + stop when procedure is over. May recommend changing dressing once a day to include hands or to administer conscious sedation if dressing is incorrected. b(6)-2 — [redacted] Neg/AN |
| 0300 | Pt awoken from sleep p̄ dressing change earlier. Had ↑ brownish blood tinged stool (? from wound vs bowel) moderate amt. TF turned off @ 0200. Pt continue to c/o pain to graft sites — [redacted] Neg/AN |
| 19JUL03 0700 | NN: PT HAD BM VIA BEDPAN. BM WAS MED SOFT, BROWN. VSS FEBRILE 101.8 TYLENOL GIVEN PRN, IS UTILIZED. WILL CONT TO MONITOR — b(6)-2 [redacted] CPO/N |
| 0730 | NN: PHYSICAL ASSESSMENT COMPLETE. NEURO: A/O X 3 PLEAS/COOP FOLLOWS COMMANDS MAEX4 GENERALIZED WEAKNESS NOTED. |

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

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

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

REGISTER NO. | WARD NO

[redacted] b(6)-4

[redacted]

b(2)-2

PROGRESS NOTES
Medical Record

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

| DATE | NOTES |
|---|---|
| 0730 | NN CONT'D: PUL: LUNG SOUND CLEAR BILAT APEX, DIMINISHED (R) BASE CRACKLES (R) BASE. UBES IS WELL. CV: $S_1 S_2$ NOTED SR/ST 90-110's E NO ECTOPY NOTED. PULSES +3 +3 +2 +2. GI: BS (+) X4 QUAD SOFT TENDER TO TOUCH. DOBHOFF TF NASAL OFF FOR CONSCIOUS SEDATION / DRESSING D. LAST BM 19JUL03 ~~IN~~ AM. GU: FOLEY TO GRAVITY DRAINING CLEAR YELLOW URINE > 60 mL/HR. (R) TLC INFUSING LR @ 50 mL/HR. NO S/S OF INFILTRATION OR INFECTION. WOUNDS: BILAT ~~N~~ DRESSING CDI. ADD GRAFT SITE DRESSING MOIST AND INTACT, ADD DONOR SITE DRY AND INTACT. BILAT THIGH DRESSING CLEAN MOIST AND INTACT. BILAT LE DRESSING CDI. BACK DRESSING INTACT. PT RESTING QUIETLY IN BED PAIN CONTROLLED C MSO4, WILL CONT TONIGHT [redacted] |
| 19JUL03 | Surgery POD#4 STSG DWS2 |
| 0830 | ~~Tm to~~ No events |
| VS | Tm 101.3 / 98.6 HR 90's-110 BP 110's/60's |
| Fentanyl | 40 90-200 c/hr. SAT 99% RA. |
| Levaquin | Chest CBOT |
| Albumin | Abd Reagan |
| | Wounds Ready for graft |
| | 8.1 / 30.5 / 959 — 132 / 101 / 119 / 14 — 4.2 / 25 |
| | A/P Doing well will pla Additional STSG to knees (R) calf & (L) Arm. to morrow. |
| | NPO Tonight |
| | T&S |

STANDARD FORM 509 (REV. 5/12)

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18Jul03 | Surgery POD #3 STSG |
| IVF | No events |
| Ketamine | Tm 100.9/100.2 HR 90's. UO 90-150 cc/h |
| Fentanyl | Chest CBM |
| versed | Abd Benign |
| Lovenox | wound, - excellent take of Abd wound. 85-90% |
| Albuterol | inconclusive take on (R) Hip wounds but Nevus |
| | Graft stuck but not as pink |
| | 7.5 / 29.6 \ 886 133 / 4.2 \ 102 / 26 \ 13 / 141 |
| | A/P Doing well will cover grafts for 2 |
| | Additional Days. and Assess Anal take |
| | will plan further grafting on Sunday |
| | [redacted] |
| | b(6)-2 |

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

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

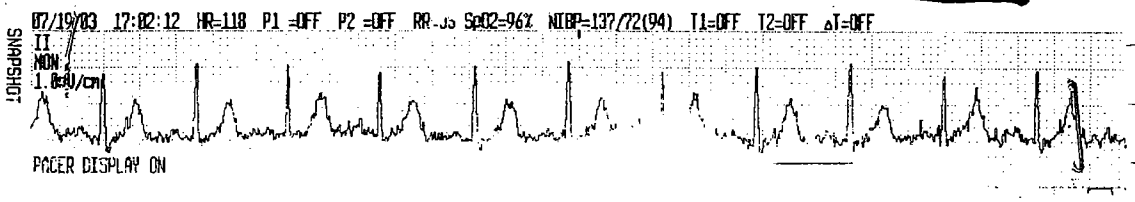
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

AUTHORIZED FOR LOCAL REPRODUCTION

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

19 JUL 03 NN1645 NN: PT C/O BEING COLD AND BEGAN SHIVERING. COVERED PT C̄ BLANKET AND CHECKED TEMP VIA AUXILLA. TEMP WAS 102.0°F. ADMINISTERED TYLENOL 650mg PO PRN PER MD ORDER AND HAD PT UTILIZE IS. PT HAD UNEVENTFUL DAY OTHERWISE. D/D ABD SKIN GRAFT DRESSING AND APPLIED SILVADENE CREAM PER MD. WILL CONT TO MONITOR b(6)-2 [redacted] CAM

19 July (1700) Pt CARE REPORT RECEIVED FROM CPT [redacted].




19 July (1700) NEURO: Awake, Alert, ORIENTED person, place, time, event At present. Requires OCCASSIONAL REORIENTATION, Place, time + Event. Cooperative/pleasant. PERRLA 2mm (+). MAE c̄ purpose. Active c̄ turning/Repositioning. Pulmonary: 4L N/C on c̄ SATS 90's. D/C 4L TO RA. SATS MAINTAINED AT 90s. NO S/Sx dyspnea. BS [redacted] c̄ ↓↓ BASES. & occ. Rhonchi. MDI ~~+~~ puff Albuterol NEBS given by CPT [redacted]. Pt USES incentive spirometer c̄ correct demo./Some prodding.

19 July (2000) SKIN: Skin CARE done per RX. b(6) [redacted] 9 Jul 03

| 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 |
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| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex, Date of Birth, Rank/Grade) | REGISTER NO. | WARD NO |
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[redacted] b(6)-4
ICU-3
[redacted]
b(2)-2

PROGRESS NOTES
Medical Record

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

| DATE | NOTES |
|---|---|
| 19 July (2000) Cont. | Skin warm & (R) Arm + hand c̄ less Reaction to discomfort than (L) arm + hand. NO Sedation/ analgesia for Bilat UE. 5mg IVP Morphine given by IT for BLE dressing & wound care. Pt Quiet s̄ distress p̄ care. Peri care c̄ Scrotum erythemic c̄ yellowish matter unable to wash off. Foley care done s̄ event. [redacted] 9/WMS |
| 19 July 03 | (2200) PIV 18g to (R) anterior forearm placed s̄ incident by SPC Jenkins 9/WMS. (R) IJ TL D/C'd s̄ incident. CATH Removed c̄ tip intact. — [redacted] 9/WMS |
| 19 July 03 | (2330) Jevity (F) Dobhoff feed turned off. in prep for OR/NPO status in [redacted] Dobhoff Flushed easily + clamped. [redacted] 9/WMS |
| 20 July 03 | (0315) Tylenol 650mg po given for Axtemp 101.7. Pt resting quietly p̄ care. [redacted] 9/WMS |
| 20 July 03 | (0330) Blood Specimen to lab from (L) FA lateral AC venipuncture for CBC/met 8. [redacted] 9/WMS |
| 20 July 03 | (0510) Pt care Report given to SPC [redacted] Pt awake, alert c̄ episode of continual asking "What am I doing" Crying head turned to Surroundings. Pt Consolable. [redacted] 9/W |
| 0510 | Received report + assumed care of Pt. — [redacted] 9/W |
| 0640 | Pt lying in bed sleeping + appears to be resting comfortably @ this time. Assessment complete, VSS. Will Monitor. — [redacted] 9/WM |
| | b(6)-2 A1 |

STANDARD FORM 509 (REV. 5/1999) BAL
USAPA

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
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| DATE | NOTES |
|---|---|
| 07AUG03 0911 | Sitting up by BS in chair. Ø complications noted @ present time. Will continue to monitor. By [redacted] |
| 1222 | Pt. back to bed @ present time. Ø complaints noted. Will continue to monitor. By [redacted] |
| 1417 | Resting in bed c̄ eyes opened. Ø distress noted. Will continue to monitor. By [redacted] |
| 1625 | Up to chair after IBM/nebulizer. MD @ BS. Ø distress noted. Will continue to monitor. By [redacted] |
| 07aug03 1900 | pt report recieved @ 1800 by Sgt [redacted] NO problems noted @ present will continue to monitor [redacted] PFC [illegible] |
| @ 1930 | pt VSS pt up to commode to void pt back to bed began to cry for unexplained reasons pt calmed and in bed @ present pt assessment complete see flow sheet NO signs of acute distress noted @ present will continue to monitor [redacted] PFC [illegible] |
| @ 2145 | pt VSS remain stable NO Δs in condition pt resting calmly in bed @ present will continue to monitor [redacted] PFC [illegible] |
| @ 0200 | pt VSS pt dressing heel CDI NO problems noted U/A results pending will continue to monitor [redacted] PFC [illegible] |
| @ 0525 | pt VSS NO problems noted @ present will continue to monitor [redacted] PFC [illegible] |
| 8Aug 0600 | Received report + assumed care of Pt. VSS, will continue to monitor. [redacted] 9/WMG |
| 0700 | Pt ate almost all of breakfast. Ø ntd distress @ this time. VSS, will monitor. [redacted] 9/WMG |
| 1015 | Pt ↑ to BSC to void. Appears to be in pain attempting to urinate. [redacted] 9/WMG |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| | b(6)-2 |
| 06 Aug 03 1400 | Resting quietly in bed. Ø distress noted. Will continue to monitor. — [redacted] |
| 1600 | Resting in bed c̄ eyes opened. Ø distress noted at present time. Will continue to monitor. — [redacted] |
| 1702 | F/C D/C'ed per MDS order. — [redacted] |
| 1800. | Report received from ~~CPT~~ [redacted] Sgt. [redacted]. Pt resting in bed quietly. — [redacted] |
| 2200. | Pt 1st void 275cc. Dressings Δ'd to (B) heels. Wounds c̄ beefy red lining, yellow thick tissue inside wounds. S/Vacture reapplied and wounds redressed — [redacted] |
| 0200. | Pt sleeping in bed. Will cont. to monitor — [redacted] |
| 0618 | Recieved Report from LT [redacted]. Pt. resting in bed c̄ eyes opened. |
| 07 Aug 03 | Ø distress noted. Ø complaints voiced. Will continue to monitor. — [redacted] |
| 0644 | Percocet Tab II po for dsg Δ pre-med. Will monitor. — [redacted] |
| 0730 | Dsg Δ started. 4mg MS04 given for pain. Will monitor throughout procedure. 0836 Dsg Δ completed. Pt. up to BS-toilet. Will monitor any S/Sx of distress — [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
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| | 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.

EPW [redacted]

b(a)-4

**PROGRESS NOTES**
Medical Record

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 08 Aug 03 1050 | Pt back into bed from BSC c̄ Ø Ntd distress. Voided 450cc clr yellow urine. Pt lying back in bed & appears to be resting comfortably @ this time. Will monitor. [redacted] 9/WM6 |
| 1300 | Pt lying in bed & appears to be resting comfortably @ this time. VSS, will continue to monitor. [redacted] 9/WM6 |
| 1400-1500 | Dressing Δ's performed. Old dressings removed & sites cleaned & rinsed thoroughly. Silvidine applied c̄ bulky dressings. Pt tolerated well. Will continue to monitor. [redacted] 9/WM6 |
| 1510 | Pt to chair after dressing Δ complete. [redacted] 9/WM6 |
| 1630 | Pt back to bed @ this time, Ø Ntd complaints. Will continue to monitor. [redacted] 9/WM6 |
| 08 Aug 03 | (1800) Pt care report recieved from SP [redacted] Pt awake, oriented person, place, event. Cooperative & pleasant c̄ Acute Episode noted/reported. [redacted] |
| 08 Aug 03 | (1900) Fed pt 25-30% Req diet c̄ Ø Resistance. Refused Ensure Supplement. Rest in Bed Care. [redacted] 9/WM6 |
| 08 Aug 03 | (2300) Remains awake, calm c̄ acute episode [redacted] 9/WM6 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME LAST | FIRST b(6)-2 A11 | MI | SPONSOR'S ID NUMBER (SSN or Other) |
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| 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. FCU-3

[redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

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| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 09 Aug 03 | (0045) MSO4 [illegible] IVP via PIV 20g to (R) FA by LT [redacted] Pt c̄ ↑ agitation / C/O discomfort c̄ application of silvadene to B/L Heels. Ambien 10mg po @ 0100 for insomnia given per Rx. Pt resting c̄ care. [redacted] 9 LWMb |
| 09 Aug 03 | (0440) Pt awake, alert, scratching wound on (R) Buttock. (R) Hand (Thumb) bleeding (drsg off.) Pt ↑ agitation, noted disorientation combative. Noted (R) PIV infiltrated. PIV D/C. Site firm, erythemic c̄ exudate. Pulses palp. Cap Refill <3 sec. (R) Hand wound redressed c̄ assist. (2) staff 2° pt combative, shouting. PIV not restarted will arrange for day shift nursing to clarify need for continued PIV access. per Charge Nurse Maj. [redacted]. Pt quiet p̄ care but appears disoriented. Dozing @ intervals. [redacted] 9 LWMb |
| 09 Aug 03 | (0545) Pt care report given to [redacted] Pt asleep c̄ acute episode @ present. [redacted] 9 LWMb |
| 09 Aug 03 0600 | Received report from [redacted]. Pt. condition remains stable. B/P 112/65 RR 18 HR 91 Temp 97?. IV out @ present time. Will inform MO [redacted] when rounds are made. Bandage on hands d'ed @ 0530 due to around drainage. Pt. C/o itch. a while. MO to be notified. Will monitor [redacted] |

STANDARD FORM 509 (REV. 5/199[redacted]
USA[redacted]

b(6)-2 A11

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 10 Aug 03 @ 0025 | pt VSS pt transferred to bed #1 ~ problem pt is calm/cooperative @ present resting quietly in bed pt shows no S/S of acute distress @ present will continue to monitor throughout night - [redacted] PFC [redacted] |
| 10 Aug 03 0624 | Receive report from PFC [redacted] Pt. condition remain stable. Pt. resting in bed c̄ eyes opened. C/o being cold. Extra blanket placed over pt. No further complaints. Will continue [redacted] monitor. [redacted] |
| 10 Aug 03 0800 | Surgery<br>No complaints pt Po well<br>VSS Afeb.<br>exa Areas of open wound<br>(R) knee, (L) knee, (R) thum, (L) palm (R) Heels<br>will discuss c̄ ortho concerning coverage of these Areas<br>[redacted] |
| 0943 | Percocet tab ii p.o. given @ 0730 for drug A. Dose A complete. Pt. up to chair @ present time [redacted] continue to monitor. [redacted] |
| 1221 | Pt. continue to sit up in chair ~ distress noted. ∅ complaints voiced. Will continue to monitor. |
| 1406 | Resting in bed c̄ eyes closed. ∅ distress [redacted] Will continue to monitor. |
| 1702 | ∅ distress noted. Will monitor. — [redacted] |

b(6)-2

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

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 09 Aug 03 1020 | Drsg Δ started @ 0800 c̄ MD @ BS. Percocet Tab ii po for pain and Benadryl 25mg po given for itching. Pt. tolerated procedure w̄ complaints. 0945. Drsg Δ completed c̄ Eucrin cream applied to donor sites. Pt. up to ⊖ chair @ present time. Consumed 70% of breakfast. Morning medication issued as Dr. Will continue to monitor. [redacted] |
| 1023 | Pt. c/o Sleepiness. Sleepiness caused via medication. Pt placed back in bed due to drowsiness. [redacted] |
| 1145 | Resting quietly in bed c̄ eyes closed. Ø Resp. distress noted @ present time. RR 20. Will continue to monitor. Pt. c̄ S/S of distress. [redacted] |
| 1420 | Resting in bed w̄ distress. Will continue to monitor for S/S of distress. [redacted] |
| 1630 | Resting in bed c̄ eyes closed. Ø distress noted. Will continue to monitor. [redacted] |
| 09 Aug 03 @1910 | pt report recieved from Cpt [redacted] b(6)-2 pt VSS Assessment complete and WNL pt resting quietly @ present No signs of acute distress noted @ present will continue to monitor throughout Night → [redacted] b(6)-2 PFC 9/WMC |

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

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USAPA V1.00

# [redacted]

b(6)-4

MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 22AUG03 | Surgery<br>Feels well<br>temp 101 HS Afternoon<br>wound bed look good (L) c some pos<br>purple elicit.<br><br>A/P Day well Apply silvadene to (L) Heel<br>Send UA<br>[redacted]<br>b(6)-2 |
| 23 AUG03 | Surgery<br>Feels well No complaint<br>Tm 101 98.9 HS Am VSS<br>Heels ready for Full thickness SG<br>A/P to OR in Am Ortho to take digital (R)<br>thumb phalanx off. will give Cipro for Febrile<br>UTI (UA ⊕).<br>[redacted]<br>b(6)-2 |

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

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USAPA V1.0

#[redacted]
b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 23AU603 | (1020) Assumed care of pt @ 0700 p̄ report from night shift. Pt alert, speaking some English. ∅ c/o pain. VSS. Drsgs to legs, arms, hands, chest and back CDI. Ace wraps to feet CDI. Pt able to move all extremities. Skin warm to touch. Pt eating small amount of reg. diet. Pt started on po Cipro. Labs drawn and sent to lab this am. Restraint on @ wrist. Pt resting quietly on @ side @ this time. Will continue to monitor. [redacted] |
| 24Aug03 1112 | Received pt resting in bed, VSS, NPO. Alert and oriented, speaks small amt English. ∅ c/o pain. Drsgs to legs, arms, hands, chest and back intact, dry. hands warm to touch, feet warm to touch. Restraint in place. LSCTAB, after medicating w/ ÷ puff albuterol. HRR, BS(+)x4, abd SNT. ∅ BM so far this shift. Am bread held due to pt going to OR today. Will cont to monitor [redacted] |
| 24AUG03 1940 | VSS. AO. Flush colored appearance. (+) pulses. DSG's CDI to bases. ∅ c/o pain @ this time. Heels elevated and rotated per routine to prevent decubitus breakdown. NPO p̄ MN for gastly & computer. LSCTAB. ∅ c/o pain or N/V/D. Resting comfortably. [redacted] |
| 25Aug03 1100 | Received pt in stable condition. VSS, AOx3, NPO for OR. No c/o pain, and x1 this am. Denies c/o. IV patent + intact, no N/V. [redacted] |

STANDARD FORM [illegible] (REV. 9/1999) BACP

USAPA V1.01

MEDCOM - 13012

b(6)-2 A11

PROGRESS NOTES

| DATE | |
|---|---|
| 27aug cont's (1920) | intact. Cpt. [redacted] spoke c̄ MD about getting a central line put in. MD gave verbal orders to D/C IV, percocet for pain. (L) Knee drain site cleaned & iodine applied, wrapped c̄ Kerlix: O2 on by NC: 2L O2 sat now 98%. resp. even & unlabored. drsg to buttocks: ø bleeding noted thru drsg. Will cont to mon — [redacted] 9lum6 |
| 27aug @2200 | *Lovenox given per MD orders. Pt resting ø distress noted. VSS. O2 2L NC on. Will cont to mon — [redacted] 9lum6 @2300 - I concur c̄ above assessments — [redacted] |
| 28aug03 @0015 | Pt emesis x2, (about 100cc total) clear fluid. Will cont to monitor — [redacted] 9lum6 |
| 28aug @0515 | Total urine output this shift was 620cc of amber urine. ø c/o pain unless touched. does not want any pain meds. Will cont to mon — [redacted] 9lum6 |
| 28aug 1010 | VSS Alert & oriented. Anesthesia ~~[illegible]~~ flushed IV to (R) FH x1 attempt LR c̄ 18 cath on empty. ATM care done. Drsg changed to STSG sites with opening as ordered. Sp to Bilateral heels intact and to continuous suction. Urine clear yellow urine. Tolerating regular diet. MOB to will continue to monitor. Restraints removed and reapplied will check extremities periodically |

STANDARD FO[redacted]

b(6)-2

MEDCOM - 13013

A11

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 27AUG03 1200 | (Continued) Heels elevated to clear off bed to prevent pressure. Will obtain PRBC from bank and administer as ordered. Dr. N. 2LTB |
| 27AUG03 ~~1250~~ 1330 | Started Blood transfusion @ 1250. VSS @ this time. Re checked VS @ ~~1300~~ 1305 VS remain stable. Per translator Pt denied chills pain or urticaria. Transfusion continue. Vit K 10mg given SQ as ordered & will continue to monitor closely. b(4) [redacted] 2LT |
| 27AUG03 1800 | Transfusion complete |
| 27Aug @1900 | Pt a10x3, VS: 104/72 R:20 O2 sat 94% P:90 $\bar{p}$ taking report from day shift. HRRR, lungs CTA(B), productive cough. (+)BS x4 qds. abd: soft non-tender, drain site on abd. open to air. +2 & equal pulses. HCT 30.4 $\bar{p}$ PRBC transfusion. PT/PTT not done per MD verbal order. MD instructed to give the 2200 dose of Lovenox today. Will cont to mon b(4) [redacted] 9 Mic SPC |
| 27Aug@ 1920 | Pt stated that he was having difficulty breathing. O2 2L NC put on. O2 sat @ 97% $\bar{p}$ O2. R:22 & even. lungs CTA(B), IV site to (L) bicep area infiltrated, IV D/C'd. catheter (cont) |

(Continue on reverse side)

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

REGISTER NO. | WARD NO.

H [redacted]

b(4)-4

PROGRESS NOTES
Medical Record

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PROGRESS NOTES

| DATE | |
|---|---|
| 29aug @0550 | Pt had soft, brown BM. Pt O2 sat @ 89% ⊼ taking some deep breaths & ↳ ↑ to 97% resp even & unlabored. Pt voided 800cc cyu this shift. IVF LR @ 100 to (R) Arm infusing ⊼ s/sx infection/infiltration. Will cont to mon — b(6)-2 [redacted] 9lum6 |
| 0550- | Eucerin cream applied to healed graft sites. Silvadene c̄ Kerlix applied to open sites. ⊘ bleeding noted to buttocks. New drsgs applied to extr. (thighs) & knee). BUN is low: 4) Will cont to monitor — b(6)-2 [redacted] 9lum6 |
| 29AUG03 | (1115) Assumed care of pt @ 0600 ⊼ report from night shift. Pt alert, speaking English. VSS. Lungs CTA (B). ⊕ bs x4 quads. O2 sat 98% on RA. Pt medicated c̄ ↑ Percs this am for pain c̄ good relief. Pt medicated c̄ 25mg Phenergan IV for nausea this am c̄ good relief. Drsgs to (R) and (L) knees and shins Δd this am. Silvadene applied to sites. moisturizing cream applied to healing graft sites and covered c̄ gauze. Pt medicated c̄ 6mg MSO4 prior to drsg Δs and tol procedure well. Drsg to (R) thumb Δd. Sutures to thumb CDI. ⊘ s/sx infection. IVFs infusing into IV in (R) wrist ⊼ s/sx infection/infiltration. VP to cont. wall suction @ 125 intact to bilat. heels. Drsgs to heels intact. Pt able to move toes. Cap. refill <3 secs. ⊕ pedal pulses equal bilat. Pt tol sm. amount of reg diet. 2-point restraints in |

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

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| 28Aug @ 1945 | Pt a/o x3, VSS, HBRR, lungs CTAB, ⊕BS x4 qds. drsg to buttocks c̄ ∅ active bleeding noted. drsg to hands CDI, drsgs to heels c̄ JP to wall suction @ 125. Sites to (R) knee cleaned, silvadene & kerlix applied. HOB 130°. O² sat @ 97% RA. ∅ c/o pain unless touched. Healing burn sites open to air. circulation assessed +2 pulses, brisk cap refill. 2 pt restraints on. Will check circulation frequently. LR @ 100 infusing to (R) arm s̄ sl sx infection/infiltration. Will cont to monitor — [redacted] RN/WM6 |
| 28Aug03 1955 | I concur c̄ above assessment. b(6)-2 [redacted] |
| 28Aug03 @ 2110 | Drsg to buttock c̄ ∅ bleeding noted. IVF infusing circulation assessed. Will cont to monitor — b(6)-2 [redacted] RN/WM6 |
| @ 0001 | c/o slight pain to (R) extr. ⅋ Percocet given. Will monitor for relief. b(6)-2 [redacted] RN/WM6 |
| @ 0230 | : Orders rewritten on new green & white sht. Will let day shift know to clarify orders with MD in AM. Pt resting @ this time c̄ ∅ distress noted — [redacted] RN/WM6 b(6)-2 |

(Continue on reverse side)

| PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. | WARD NO. ICW 1 |
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#[redacted] (PW)

b(6)-4

PROGRESS NOTES
Medical Record

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USAPPC V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 17Sep03 0650 | CDI. Drsg to (B) LE CDI. Skin graft areas on (B) LE warm Dry. No s/s of infection noted. Will continue to monitor. [redacted] 91WM4 |
| | (1700) I concur c above assessment. [redacted] |
| 17Sep.03 1945 | Pt resting in bed, A+OX3, VSS, LS CTA (B), (+) BS x4, pt ambulated, Ø c/o pain, heat compress applied to LLE, abd soft flat nontender dsg's on heels (B) CDI, dsg's on buttocks Δ'd ~~had~~ where blood tinged, wounds appear Ø s/sx of infex, dsg on (L) Knee CDI, proper circulation + skin integrity on pts of restraint. [redacted] 9IW |
| 18Sep03 | Pt Awake A&O LS CTA (B) (+) BS [redacted] ads. $S_1$ $S_2$ present. Drsg to (B) LE CDI. Drsg to (R) hand ~~DIP~~ CDI. VSS Denies pain at this time. [redacted] 9IWM6 |
| 18 Sep.03 1840 | Pt resting in bed, A+OX3, VSS, LS [redacted] (B), (+) BS x4, dsg's to (L) Knee, heels (B) CDI, ambulates c steady gait, voiding s complications, abd soft flat nontender, Ø c/o pain @ this time, proper circulation + skin integrity on pts of restraint. [redacted] 9IW |
| 18Sep03 1930 | Received resting in bed, VSS, A+OX3, [redacted] Dressings changed: (L) knee w/ alginate & gauze. Ø open areas, Ø pus. bilateral butt cheeks w/ gauze, healing area no abnormalities. Bilat heels w/ petrolatum gauze & heels wrap. c/d/i @ this time. SIGS. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

blue-2 All

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16SEP03 | (1135) Assumed care of pt @ 0600 w/ report from night shift. Pt alert, speaking some English. VSS. Pain controlled c Percs/TID motrin. Drsgs to heels, ⓡ knee, and bilat buttocks d/d this am. Vaseline gauze applied to heels w/ Bacitracin applied. Silvadene cream applied to ⓡ knee. Pt applying moisturin to healing graft sites. Pt tol. reg diet well. Voiding w/ difficulty. Will continue to monitor. [redacted] (AW) |
| | (1305) Pt amb to BR w/ difficulty. Amb in hallway @ this time - gait steady. ∅ assistance needed. Will cont. to monitor. [redacted] (AW) |
| 16 Sep 03 1830 | Pt resting in bed, VSS, A+O x3, LS CTA (B), (+) BS x4, $S_1$ $S_2$ present, ∅ c/o pain, dsg's to (D) knee, heels x2 CDI, dsg's buttocks CDI, pt ambulates w/ assistance, voiding w/ complication. [redacted] 91WM6 |
| 1835 | Proper circulation + skin integrity d/c pts of restraints. [redacted] 9W |
| | b(6)-2 [redacted] |
| 17Sep03 0650 | Pt Awake A&O Denies pain at this time LS CTA (B) $S_1$ $S_2$ present (+) BS x4 quads. Drsg to (R) finger |

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

b(6)-4

PROGRESS NOTES
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Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
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| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| | b/w-2 AM |
| 21 Sept 03 0800 | Alert & Oriented VSS Lungs clear. BS (+) x4 quad. Abd soft non-distended. Up to BR. Drsg bld to bilateral heels and (L) knee. Moist cream applied to STSG. No pain or discomfort noted [redacted] |
| 21 SEP 03 2108 | VSS. Ambulated x1 for 45 min. c̄ difficulty. No DSE's to back and buttocks CDI. Some serosanguinous drainage to (R) buttock but intact. Applied cream to bruised areas dry self. Head is shaved [redacted]. |
| 22 Sep 03 | 1800 - Assumed care of patient @ 0800. Assessment completed. PERRLA, Lungs CTA (B), Resp. even - unlabored, NSR, Abd soft nontender, ambulating to latrine, w→D Drsng Δ to (L) knee + drsng Δ to (L) + (R) Buttock wounds. Drsng to (B) heels. Petrogauze applied. (-) s/s of infection. Pt. did not want to perform personal hygiene. Pt. stated he will do it this pm. Pt. currently downstairs talking to CID. [redacted] |
| 22 Sep 03 @ 1915 | Assumed care @ 1800; VSS, pt A&Ox3, (+) CMS, NV intact; (-) c/o pain or discomfort @ this time; pt OOB to amb in hall x1 for 30 min; dsgs to heels CDI, minimal drainage noted; dsg to buttocks bilat CDI; eucerin cream applied to healing graft sites; restraints in place, (+) circulation, (-) skin breakdown; cont to monitor. [redacted] |

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|---|---|
| DATE | NOTES b(6)-2 A11 |

| DATE | NOTES |
|---|---|
| cont 19Sep03 1551 | applies. (-) pt pressure to heels bil/ankle: (+) BM. ODTC: amb to BR. Ø other remarkable assessments noted. Ø c/o pain (0), this time. Will cont to monitor. [redacted] |
| 20sep03 0300 | Assumed care @ 1800h, All VSS, A&Ox3 speaking both English & arabic; (+) CMS, NV intact; dsg to (L) knee Δ'd ō silvadene, Eucerin cream applied to healing sites, all other dsgs CDI; pt ↑ amb in hall x1 ō difficulty; (+) Δ's in place, (+) circulation, (-) skin breakdown cont to mon [redacted] |
| 20sep03 0080 | VSS. Abt & Ambulated OUB to BR to shower. Dressings to Buttocks & (L) Knee Bilateral heels remained on shower & Lump (Skin. Peripheral pulses palpable ☒ BS (+) x4 quadrants. Will continue [redacted] care 247 A2 |
| 20SEP03 0125 | VSS. AO. OOB to ambulate on own x1 for 30 min. Ambulated well. WTD DSG Δ'd to (R) knee and DSG Δ'd to (L) & (R) buttock wounds. Serous drainage - moderate amount to (R) buttock. Ø foul odor or overt bleeding. Pt. self medicated ō lotion to burn areas; (+) pulses to extremities. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
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C# [redacted] b(6)-4

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES b(6)-2 A11 |
|---|---|
| 24SEP03 2221 | VSS. AO. Skin intact to all extremities. Pt applied Eucerin/lotion to skin. PSG placed in ⊕ bed. All other systems intact & WNL. Heel DSG's CDI. |
| 25 Sept 03 [illegible] | Received pt resting in bed, VSS, A+Ox3, speaks english fairly well. Pt is able to apply eucerin cream to healed graft areas independently. Dress D/C to bilat heels w/ vaseline gauze and ⊕ heel w/ w-D. Ø c/o pain this pt this shift. Restraints in place per CPW protocol, Ø skin breakdown or circulation issues noted Ø other remarkable assessments @ this time. Will cont to monitor pt. [redacted] |
| 25 SEP03 2211 | VSS. AO. Ambulated [redacted] for 45° on ward. Applied cream to wounds by self. Heel DSG's intact. ⊕ pulses. OTA provides pinks & moist. ⊕ pulses to BLE. Left ⊕ knee wound OTA. [redacted] |
| 26 September 03 [illegible] | Received pt resting in this AM, VSS, OOB and amb. A+Ox3, speaks English well. Self applies eucerin cream to healed graft sites. Bilateral heel dsgs changed w/ vaseline gauze, bilateral buttock dsg. D/C'd given drainage noted and foul odor noted to buttock wounds. Amb on in hallways. Ø c/o pain this shift. Ø other remarkable assessments @ this time. Restraints on per CPW protocol, Ø skin breakdown or circulation issues noted. Will cont to monitor pt. [redacted] |

[redacted]

b(6)-1

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 Sep 03 0730 | – Assumed care of pt. AFO x3. VSS c/o pain to thumb and (2) knee. scheduled motrin 800mg administered c relief. Dressing to bilat [redacted] heels vasaline dressing to keep graft moist. (R) knee kerlix wrapped. Lungs clear HRRR Active BS. Bulky dressing to bilat buttock. Ø s/s of infection. Will cont to monitor b(6)-2 [redacted] |
| 23 Sep 03 @ 1915 | Assumed care @ 1900; VSS, pt A&O x3 speaking english & arabic, Ø c/o pain or discomfort @ this time; ambx2 for 20 min each time; bilat heel dsg Δd - CDI; Eucerin cream; Silvaden cream applied accordingly; Ø Δ in assessment; restraints in place, Ø skin break ↓; (+) circulation, will cont to monitor; b(6)-2 [redacted] |
| 24 Sep 03 0700 | – Assumed care of pt. awake alert and oriented x3. VSS Ø c/o pain or discomfort @ this time. Lungs CTA HRRR Active BS x4 quads. Urinating Ø S per urinal and ambulates to the BR c difficulty. Dressing Δ to bilat heels able to apply pressure. Ø active bleeding noted. small amounts of drainage. Dressing to bilat buttocks. Δ CDI. Sylvadene cream and moisturizing cream applied to graft sites. Will cont to monitor b(6)-2 [redacted] |
| | (1135) I concur c above assessment. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
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REGISTER NO.

WARD NO. ICW #1

#[redacted]

b(6)-1

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| DATE | NOTES |
|---|---|
| 27sep03 0300 | Assumed care @ 1800; AIIUSS, pt A&OX3 speaking arabic & English; ⊕ CMS, NV intact throughout; dsg to heels Δ^d & petroleum gauze wrapped & Kerlix - CDI, ⊖ active bleeding; dsg to buttocks, bilat Δ^d & w → D & Daken Sol, scant amt of drng on old dsg; amb in hall for 20 min, ⊖ BM this shift, voiding QS & difficulty; restraints in place; ⊕ circulation ⊖ skin breakdown; cont to monitor [redacted] b(6)-2 |
| | (0310) (L) knee OTA, Silvadene cream applied, Eucerin - self application PRN [redacted] |
| 27 Sept 03 0900 | USS A&O. Peripheral pulses palpable +2. Drsg to Buttocks changed using Dakin's Sol as Ordered. (B) Heel drsg Δd. Pt reminded of 1400hr Appt & CIA. OOB → BR for AM Care. Denies pain / discomfort @ this time. Pt applied Eucerin cream to all healed skin sites except back which was applied by Staff. Will continue plan of care [redacted] 2CTA |
| 27 Sept 03 1400 | Pt left ≡ CIA dressed appropriately for weather. Ø pain / distress noted on transfer b(6)-2 [redacted] 2CTA |
| 27sep03 @ 2245 | Assumed care @ 1800; AIIUSS, pt A&OX3, NV intact, pain controlled & perc. pt ↑ amb |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
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# [redacted]
b(6)-4

b(6)-2 A-1

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

| DATE | NOTES |
|---|---|
| | (Cont) in hall x for 10 min c difficulty; dsg to (B) buttocks Δd w/ D c Daken's solution, ⊖ s/sx infection; (B) heel dsgs Δd c petroleum gauze, ⊖ s/sx infection; silvadene cream applied to (D) knee OTA, healing well, self-application of Eucerin cream; restraints in place, ⊕ i/c. ⊖ skin breakdown; cont to monitor. b(6)-2 [redacted] |
| ~~28 Sep~~ | |
| 28 Sept03 0700 | VSS. A&O OOB to BR for AM care. Dsg to Buttocks changed as ordered. Small amt of bleeding from (R) Buttocks wound upon removing old dsg. Pt applied Eucerin cream to healed graft sites, sealed assist c supports sites on back. No cares are needed at this time b(6)-2 [redacted] TA |
| 28 Sept03 1340 | Per Dr [redacted] removed staples from heels. Grafts assume remain intact. Vaseline gauze dsg applied to clean heels with Betadine NS. Pt tolerated well |
| 28 Sep.03 1830 | Pt A+O x3, VSS, LS CTA (B), ⊕ BS x4, abd soft flat non tender, voiding w/o difficulties, dsg's to heels + buttocks CDI, ∅ c/o pain @ this time, OOB to BR and ambulated c complications good circulation, ∅ skin breakdown on pts of restraint. [redacted] aw b(6)-2 [redacted] |
| 29 SEP 03 (1400) | Assumed care of pt @ 1600 to report from night shift. Pt alert, speaking English. VSS. Pain controlled c TID |

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| DATE | NOTES |
|---|---|
| 30SEP03 (1505) | (cont) 1 point restraint in place ~ s/sx complications. Will continue to monitor. b(6)-2 [redacted] |
| (2000) | Pt c/o, VSS, LCTAB, HRRR, ⊕BS x4 c/o, drsg. to ⓑ heels CDI Eurceren cream applied to healed graft sites. drsg to c/ buttocks CDI. ambulated in hallway ~ difficulty voiding cyu via urinal. c/o some pain to ⓡ hand but denies needing any pain meds. 1 pt restraint in place ⊕ circulation. Will monitor b(6)-2 [redacted] |
| (2330) | 2 percocet tabs given for pain ~ relief noted. Will monitor b(6)-2 [redacted] GIWM6 SPC |
| 01OCT03 | (1715) Assumed care of pt @ 0600. Pt alert, speaking Aebic. VSS. Pain controlled ~ Percs. Drsg to heels and buttocks Δd this am. Pt tol reg diet well. Voiding ~ diff. 1 point restraint in place ~ s/sx complications. Will cont. to monitor. b(6)-2 [redacted] |
| 1OCT 03 1830 | Pt A+OX3, VSS, LS CTA ⓑ, ⊕ BS x4, denies pain, dsg's to heels + buttocks CDI, voiding well, ∅ s/sx of poor circulation or skin breakdown on pts of restraint. b(6)-2 [redacted] GIW |
| 1Oct03 | 2100 - pt. ambulates in hal[redacted] difficulty, + 2 restraints on in bed; continue to monitor. b(6)-2 [redacted] |
| 2OCT03 1430 | Received pt resting in bed, VSS, A+OX3, c/o [illegible] pain, and speaks English well. Pt self applied Eucerin cream to healed sites. Bilateral heel drsgs Δ'd w/ vaseline gauze + rolled buttock drsgs Δ w/ Dakin's W→D. ↓ green, foul odored |

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| DATE | NOTES |
| 29SEP03 (1400) | (cont) motrin. Drsgs to heels Δd. Skin graft sites intact. Bacitracin applied to heels, covered c̄ vaseline gauze and Kerlex. Wet → dry drsgs on buttocks Δd as ordered. Pt applying moisturin cream to healed skin graft sites. Pt amb s̄ difficulty. Tol. reg diet well. Voiding s̄ difficulty. 1 point restraint in place s̄ s/sx complications. Will cont. to monitor b.(4)-2 [redacted] DAW |
| 29Sep03 1830 | Pt AtOx3, VSS, CGB to ambulate, LS CTA (B), (+) BS x4 peripheral pulses equal bilat, abd soft flat non tender, applied Eucerin cream to graft sites, dsg's heels (B) CDI, dsg's on buttocks CDI, pt ambulates w/o complications, voiding well, Ø s/sx of poor circulation or skin integrity on pts of restraint. b(4)-2 [redacted] 9/w |
| 29Sep03 2100 | — I concur c̄ above assessment. — [redacted] |
| 30SEP03 (1500) | Assumed care of pt w/ report from night shift. Pt alert, speaking English. VSS. Pain controlled c̄ Percs Motrin. Drsgs to heels Δd. Bacitracin applied to heels and covered c̄ vaseline gauze and Kerlex. Drsgs to buttocks Δd, wet → dry. Pt tol. well. Pt amb in hallway s̄ difficulty. Pt tol. reg diet well. Voiding s̄ difficulty. |

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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
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| DATE | NOTES |
|---|---|
| 3Oct03@2115 | Assumed care @ 1800; All VSS, pt A&Ox3, ↑ amb in hall x2 for 45 min each, DI well; pain controlled c̄ percs x1; dsgs to (B) heels CDI, Ø drainage; dsgs to (B) buttocks Δd c̄ Baker's solution; ↓ in green drainage on old bandage; Restraint in place (+) circulation, Ø [redacted] skin breakdown; Ø significant Δ in assessment; cont to monitor [redacted] |
| 4Oct03 0900 | VSS. Alert & Oriented. Denies pain or discomfort @ this time. Drsg to heels dry & intact. Drsg to Buttocks Dry & intact. Pt resting in bed c̄ eye closed. Will change Drsg later this shift. No acute care needed @ this time [redacted] LT A |
| | Assumed care @ 1800; All VSS, pt A&O, ↑ amb in hall X1 for 60 min, [redacted] perc for pain; dsgs to (B) heels Δd c̄ petrolatum gauze - CDI; dsg to (B) buttocks Δd c̄ Baker's solution; Ø Δs; Restraint in place; (+) circ. Ø skin breakdown, cont to monitor [redacted] |
| 05Oct03 0900 | VSS alert & Oriented. Pt spoke c̄ Dr [redacted] about going ~~home~~ to EPW Camp. Pt denies pain or discomfort @ this time. Drsg to heels & buttocks Bed as order. Graft to heels intact without drainage. ~~edges~~ edges are well approximated. Buttock wound with granulation tissue present. Ø c/o pain or discomfort @ this time. Will continue care as planned. [redacted] 2474 |
| | b(1)-2 All |

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|---|---|
| DATE | NOTES |

30 Oct 03 [illegible] drainage. OOB & amb in hallways @ SBA, tol PO SV qs. Pt has restraints as per CPM protocol & ∅ skin breakdown is noted. ∅ other medical [illegible] at this time, will cont to monitor pt.

[redacted]

20 Oct 03 @ 2100 Assumed care @ 1800; All LSS, pt A&Ox3 speaking both english & arabic; pt ↑ to amb in hall X1 for 30 min; (B) heel dsgs CDI; (B) buttock dsgs Δ'd, very minimal drainage on old dsg - CDI; pain controlled c̄ percs; Restraints in place, (+) circulation, (+) skin break ↓; cont to monitor [redacted]

30 Oct 03 @ 1100 Received pt resting in bed, LSS, tol PO, A&Ox3. Speaks arabic and good english. OOB + amb in halls. Pt self applies lucerum cream to healed graft site [redacted] sites, dsgs to bilat feet Δ'd w/ petroleum gauze, minimal serous drainage noted, no staples noted or loose edges. Dsgs to bilateral buttock Δ'd, serosang/sang. drainage noted and green slimy foul odored drainage noted on old dsgs, Betadine solution used. Restraints per CPM protocol, ∅ breakdown noted. Pt c̄ complains to have small decub on ankle. Restraints per CPM protocol [redacted]

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | |
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b(6)-2 A11

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| DATE | NOTES |
|---|---|
| 5OCT.03 1900 | Pt awake, A+O x3, VSS, OOB to ambulate, denies pain, dsg's on heels CDI, dsg's on buttocks CDI LS CTA (B), (+) BS x4, abd soft flat non tender, voiding ~ difficulty, continues to apply cream to graft sites, ∅ s/sx of poor circulation or skin breakdown on pt of restraint. b(u)-2 [redacted] 9/W |
| 06OCT03 | (1545) Assumed care of pt @ 0000 ~ report from night shift. Pt alert, speaking English. VSS. ∅ c/o pain. Pt amb in hallway @ this time. Drsgs to heels Δd – ∅ s/sx infection @ graft sites. Drsgs to buttocks Δd ~ Dakins soln – wet → dry. Pt applying moisturin cream to healed graft sites. Pt tol. reg diet well. Voiding ~ difficulty. 1 point restraint in place while in bed. Will continue to monitor. b(u)-2 [redacted] 9/W |
| 6OCT.03 1930 | Pt A+O x3, VSS, OOB to ambulate, dsg's on heels Δ'd, applied vaseline gauze and covered ~ kerlix, ambulates ~ diff, voiding well, applied moisturin cream to healing graft sites, NPO ~ MN to OR in AM, pain controlled ~ percs, 1 pt restraint ~ good circulation + ∅ skin breakdown. [redacted] 9/W |

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

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| DATE | NOTES |
|---|---|
| 06OCT03 | (1600) Assumed care of pt w/ 0600 ~~p~~ report from night shift. Pt alert, speaking Arabic. VSS. 0/10 pain. Pt NPO this am for surgery today. 20g IV started in (L) forearm. IVF infusing ~~s~~ s/sx infiltration. CBC, Chem 7 sent to lab. Pt amb ~~s~~ difficulty. Pt to OR this pm w/ BIS for surgery via gurney in stable condition. b(6)-2 [redacted] (4)(A) |
| | (1750) Pt tx back to ward ~~p~~ surgery in stable cond. medicated ~~c~~ MSO4 6mg IVP for pain. Pt resting on (R) side. Drsgs to buttocks intact ~~c~~ small amount sero-sang drainage noted. monitoring. b(6)-2 [redacted] (4)(A) |
| 07OCT03 1900 | Pt asleep, easily aroused, VSS, LS CTA (B), (+) BS x4, medicated for pain ~~c~~ 11/10 percs, tol PO well, HL IV, voiding well c/y urine, dsg to heels Δ'd, wounds healing properly, dsg on buttocks have small amount of sero-sang drainage, 1 pt restraint in place, ∅ s/sx of poor circulation or skin ~~integri~~ breakdown [redacted] (4)(A) b(6)-2 [redacted] |
| 08OCT03 | (1535) Assumed care of pt w/ 0600 ~~p~~ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled ~~c~~ Percs. Drsgs to (R) buttock and (B) heels Δd. Sutures to buttocks CDI ~~c~~ small amount sero-sang drainage noted. SL in (L) forearm flushes well ~~s~~ s/sx infiltration/infection. Tol reg diet well. Voiding ~~s~~ difficulty. 1 point restraint in place ~~s~~ s/sx ~~inf~~ [redacted] |

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|---|---|
| DATE | NOTES |
| 7 OCT 03 | Brief op note |
| | Procedure close buttock wound |
| | Surg Dr [redacted] |
| | Fluids 8[redacted]0 cc |
| | EBL min |
| | Cmpl / gpr q 8° |
| | Cyclert Ø |
| | [redacted] |
| | b (u) - 2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
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|---|---|
| 08OCT03 (1535) | (cont) complications. Will continue to monitor. [redacted] |
| 8OCT03 | 1900= VSS, c/o pain @ this time, A+OX3, speaks English well to communicate, Dsg to Buttocks CDI, monitoring for drainage, Dsg's to (B) heel CDI, pt. gets OOB & ambulates s assistance, X1 restraint when in bed, ⊖ skin breakdown, scattered wounds to (B) LE's, Fentanyl patch on (L) upper arm intact, IV HL to (L) FA flushed and patent, continuing IV ancef. POC: Wound management, pain control. Will continue to monitor. [redacted] |
| 8 OCT03 | 2100= IV restarted to (L) FA, IV that was in (L) FA infiltrated - D/C'd intact, continue IV Ancef. [redacted] |
| 9OCT03 0900 | VSS alert & oriented c/o pain to (R) Buttock wound rated 10/10. Percocet 2 tabs given PO @ 0730. @0845 still c/o pain 10/10 MSO4 6mg IVP given and effective. Lungs clear bilateral. Abd soft non distended BS (+) x4 quad. Repositioned on side with [redacted] pillows to ↓ pressure to buttocks. (L) FA IV saline lock |

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

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| DATE | NOTES |
|---|---|
| | (continued) |
| 07OCT03 | Patients intact. Resting with eyes closed |
| 0700 | Will continue care as planned [redacted] |
| 07OCT03 | VSS. AO. LSCTAB. Used nebulizer albuterol X2 before |
| 1940 | ambulating. DSG's to buttock CDI. Ambulated X1 |
| | on ward for 15 min, used BR, and then c/o |
| | light headedness and placed back in bed. Stable. |
| | Rested comfortably. [redacted] |
| | |
| 10OCT03 | PROGRESS |
| | PT SMALL AGB b(6)-2A11 |
| | WOUND (R) SKIN ADHESIVE SEPARATION ⊘ PURULENT DC |
| | (L) WOUND HEALING |
| | RP: WOUNDS HEALING |
| | PLAN: CONT CURRENT MANAGEMENT [redacted] |
| | |
| 10OCT03 | (1900) Assumed care of pt @ [redacted] p report from night shift. |
| | Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. |
| | Drsgs to heels Δd this am. skin graft sites |
| | healing well. Drsg to ⓡ buttock Δd. Sutures to ⓡ |
| | buttock intact c̄ small amount of seperation. Sutures |
| | to ⓛ buttock CDI, left open to air per MD order. |
| | SL in ⓛ forearm flushes well s̄ sigs infection/infiltration |
| | Tol. reg diet well. Voiding s̄ difficulty. 1 point |
| | restraint in place s̄ sigs complications. Will cont. |
| | to monitor. [redacted] |

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

| DATE | NOTES |
|---|---|
| 11Oct03 2100 | (B) Buttock Dsg's x'd, scant serosanguinous drainage noted, sutures intact — [redacted] |
| 12Oct03@2045 | VSS, ϕ c/o pain, A+O x3, OOB & ambulates ŝ difficulty, Dsg's to (B) Buttocks CDI, heel wounds open to air & ϕ drainage - healing well, IV 20G to (L) FA patent, x1 restraint ŝ skin breakdown, ϕ other remarkable findings, continue to monitor. — [redacted] |
| 13Oct03@0956 | Received pt resting in bed, VSS, tol PO, appetite poor. Pt c/o upset stomach and diarrhea. ϕ BM thus far this shift. Enc PO intake of fluids for replacement of nightshift diarrhea output and to ↑ BP (see VS sheet). Dsgs to buttocks D. Pt self applied lucerin to healed graft sites. Wounds OTA. Amb unsup. Restraints per EPW protocol. ϕ breakdown noted. Will cont to monitor. [redacted] |
| 13Oct03@1930 | VSS, ϕ c/o pain, ϕ diarrheal episodes, (B) buttock dsg's CDI, applies lucerin cream to leg wounds himself, OOB & ambulates ŝ difficulty, Hx IV to (L) FA patent, X2 restraints when in bed ŝ skin breakdown noted, ϕ other remarkable findings. Will continue to monitor. — [redacted] |
| | b(6)-2 A11 |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10/11/03 0040 | VSS. AO. Resting in bed comfortably. Refused to walk early on shift. DSG's to (R) & (L) buttocks intact & dry. Non-productive cough c̄ continued use of albuterol inhaler x1. 25CC AB. Mild c/o pain 5/10 to buttocks and provided coverage. b(a)-2 [redacted] |
| 11 OCT 03 0700 | – Assumed care of pt. A to x3. c/o pain medicated c̄ percocet II tabs for relief. Wounds to bilat buttock dressings changed CDI minimal bleeding. Encouraged Q20 position change to sides to prevent putting pressure of wound. Will cont to monitor b(a)-2 [redacted] /WMC |
| | (1710) I concur c̄ above assessment. [redacted] |
| 11 OCT 03 | 2000: VSS, ¢ c/o pain, ambulating in hall ∑ difficulty, x1 BM tonight in BR, Dsg's to Buttocks CDI – reinforce/Δ PRN. Pt. turns Q1-2 to keep pressure off gluteal areas. IV ⊞ to (L) FA flushed + patent. Heel wounds healing well – open to air in initial assessment but dressing c̄ curley prior to walking in hall CDI. ¢ other remarkable findings. Continue to monitor. x 2 restraints ⊖ skin breakdown. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NO. (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | b(a)-2 |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

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

#[redacted] b(a)-4

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 12Oct03 | Progress Note |
| | Patient continues to heal adequately. |
| | (R) buttock c̄ small wound separation. |
| | (L) WNL |
| | Plan: Cont local wound care |
| | [redacted] |
| | b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

| DATE | NOTES |
|---|---|
| 14 Oct 03 0700 | - Assumed care of pt A+O x 3. USS. c/o pain to wounds bilat buttocks. Medicated ⊂ tylenol #3 II tabs for pain relief. DSG change ∅ active bleeding noted. Wounds healing ∅ s/s of infection. Afebrile - Lungs clear non productive cough. Inhaler albuterol @ bedside PRN use SOB - ∅ complaints @ this time. Will [redacted] to monitor [redacted] b(4)-2 |
| 14 OCT 03 2132 | USS, AO. ∅ c/o pain @ this time. DSG's to DSG's on buttocks ⊂ difficulty. 2 cm area of debrisment to (R) buttock ⊂ ∅ s/s of infection or active bleeding. (+) pulses and CSCAB. Burns to body intact ⊂ s/s infection. Eucerin cream applied to areas by patient and assistance to bilateral heels. Tolerated well. BS (+) x4. Ambulated on ward x1 for 1½ hours ⊂ difficulty. [redacted] b(4)-2 |
| 15 Oct 03 0700 | - Assumed care of pt. A+O x 3. USS. Dressing ω this morning bilateral buttocks. sutures removed. Minimal bleeding / serous drainage to dressing ∅ active bleeding noted. Encouraged 02° position change from side to side to keep pressure of gluteous. Lungs CTA. H.C.R.R. Active BS. Ambulates to BR. Will cont to monitor [redacted] b(4)-2 (1300) I concur ⊂ above assessment. [redacted] |
| 15 OCT 03 2100 | USS. AO. (+) pulses. Had grafts intact to BLE. DSG's d/d to (R) & (L) Buttock - (R) buttock pink ⊂ 2 cm debrided region, (L) buttock ⊂ 1 cm x 2 debrided region. ∅ purulent drainage or overt bleeding, ∅ s/s infection. Pt. applied [redacted] cream by self. Resting in bed comfortably [redacted] b(4)-2 |

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| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16 OCT 03 @ 0700 | Assumed care of pt. A&O x 3. V.S.S. Pt. has no c/o pain. Pt. applies cream to effected areas; cream @ bedside. All other assessments WNL. DSNG to buttocks Δ'd last night. DSNG is CDI. EPW restraint protocol used. No skin breakdown noted around restraints. [redacted] 2LT, AN |
| 16 OCT @ 1000 | Pt. OOB ambulating in hallway. Pt. refused to do AM care. [redacted] 2LT, AN |
| 16 OCT 03 2340 | VSS. AO x 3 CLEAR. HRR. ⊕ pulses in all extremities. BS ⊕ x 4. DSG Δ'd performed to bilateral buttocks. ∅ s/s infection. Ambulates well on ward w difficulty for 30 min. Applied moisture cream to wounds and back back. Exit to monitor. [redacted] |
| 17 OCT 03 0700 | - Assumed care of pt. AO x3 VSS ∅ c/o pain or discomfort @ this time. OK for discharge to EPW camp. Buttocks dsg's changed ∅ s/s of infection. |

b(6)-2

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

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

REGISTER NO.

WARD NO. ICW #1

#[redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 23 July 03 | Cont: Silvadene applied. Afebile, VSS, O2 off sat >95%, nasal trumpet removed. Medicated c̄ Percocet II mg P.O. prior to dressing change. Pt went to sleep afterwards. UO still not quantified closely monitored b(6)-2 [redacted] /AW |
| 0300 | UO averaging 20cc/hr for 2 hours. Notified Dr Clifton. Pt received total of 200cc + increased IVF to 200cc/hr @ 2130. Ordered 20 mg Lasix IVP + was given at this time. [redacted] Maj/AW |
| 0400 | Incidental Nursing Note: b(6)-2 [redacted] Attempted to draw blood three times but unsuccessful. Pt has generalized edema in both arms, veins fine structure, IV site also unsuccessful. Baseline CBC 8.7/12.0/38.5/29.0. Need central or other means if q day blood draw is warranted. Post Lasix administration: Baseline UO averaging 20cc/hr. Post Lasix administration urine output from 0300-0400 up to 600cc of straw colored urine. Pt c/o thirst, drank two cups of water. Continue to monitor UO + edema. b(6)-2 [redacted] Maj/AW |
| 1030 23 July | Dressing changed Silvadene to burn areas, medicated c̄ 6 mg MSO4 { 2 mg Versed tolerated well. Sat pt up on side of bed for dressing change on buttocks { linen change |

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

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

#[redacted]

b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

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

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 1030 | continuing: Pt tolerated well. Pt ate 40% of breakfast & milk (240cc). Dr [redacted] b(6)-2 aware of 3° burn & K of 5.2. will continue to monitor & encourage po intake |
| 4 July 03 | Surgery |
| Lovenox | No events overnight |
| Levaquin | VSS AFeb UO brisk following lasix |
| Percocet | wound - clear |
| | Chest CTA |
| | CXR Low Volume but clear. |
| | LABS |
| | 110 / 101 / 9 / 9.4 / 5.2 / 25 / 1.0 — 9.0 / 44 / 327 |
| | Doing well cont Dressing D's Plan excision/grafting Sunday. b(6)-2 |
| | [redacted] b(6)-2 |
| 1900 | Nursing Note: |
| 1930 | Received report @ 1730. pt stable, in bed. Pain well managed c̄ Percocet ii p.o. IVF LR @ 200cc/hr. Urine output average 30-40 cc/hr. MD made aware, otherwise VSS. Pt A & O X3. Up to BSC, had ṡ soft BM. Bed bath done afterwards. Medicated c̄ Percocet ii p.o. prior to |
| 2030 | dressing change. — [redacted] Maj/AN |
| | b(6)-2 |

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