119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

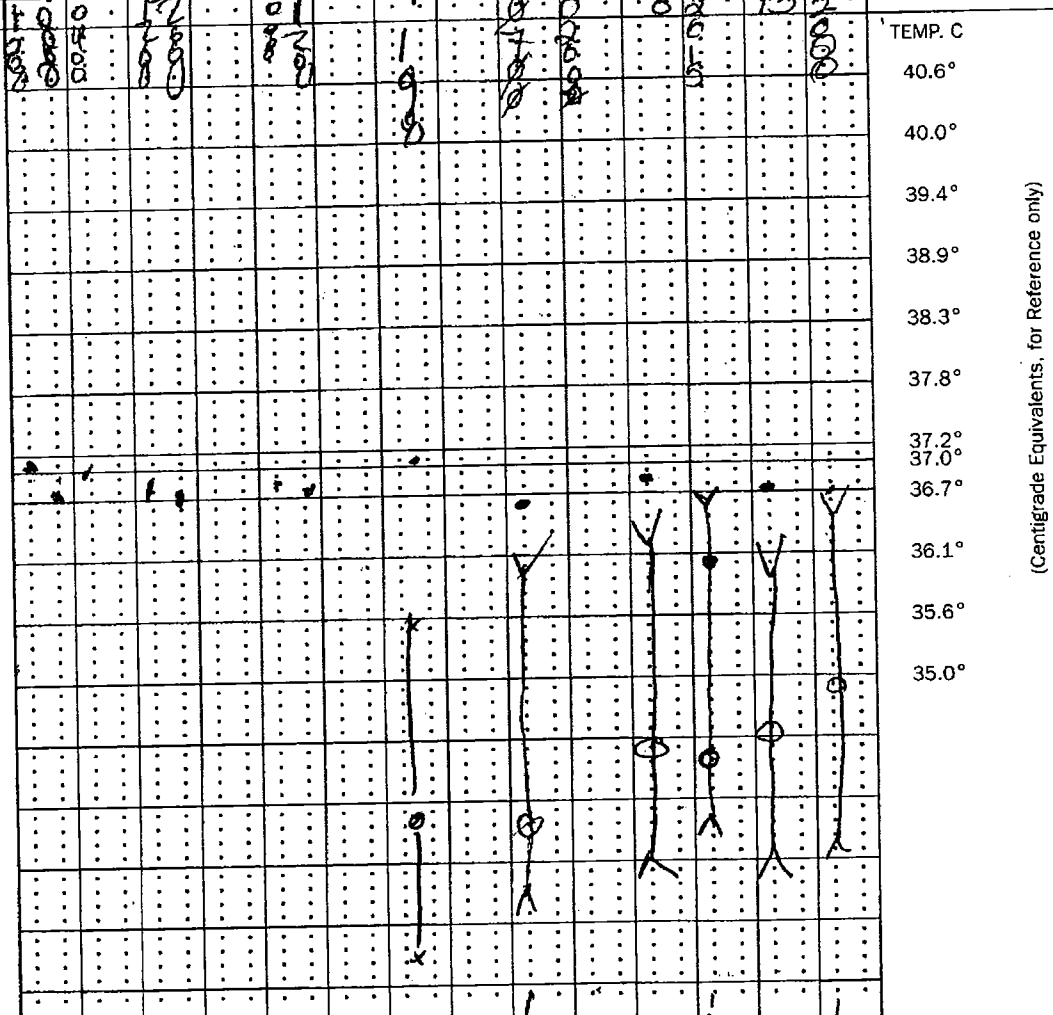
HOSPITAL DAY

POST- DAY

MONTH-YEAR Dec DAY 4 5 6 9 10 DEC 11 12

19 HOUR

PULSE (O) | TEMP. F (°) | TEMP. C



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

99/45	107/54	116/53	112/62	118/67	106/61	114/64
67		75	78	77	81	
98.7	97.9	97.5	98.3	96.8	98.1	
99%	99% RA	98% RA	99%	99% RA	99%	99%

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

REGISTER NO.

WARD NO.

[redacted]

(5)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY									
POST- DAY									
MONTH-YEAR	DAY	28	29	30	31	1	2	3	
19	HOUR								
PULSE (O)	TEMP. F (°)								TEMP. C
	105°								40.6°
180	104°								40.0°
170	103°								39.4°
160	102°								38.9°
150	101°								38.3°
140	100°								37.8°
130	99°								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									

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO. 1LW2

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

EPW # [redacted]

(b)(6)-4

Pt # 1198
ICU2 Bed 5
8 Shiley
Alb Q4 / CPT Q2-4
[redacted] Q2-4

28TH COMBAT SUPPORT HOSPITAL VENTILATOR FLOW SHEET

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMA[redacted]
22Nov03	1350	SIMV	12	750	50%	+5	24	10	137	100%	115/57							Sx'd [redacted]
	1529	Simv	12	750	50%	5	24	0	114	100	98/62							[redacted]
	1745	Simv	12	750	50%	5	24	0	112	100	100/6							[redacted] TX (6)(6)-2
	1941	Simv	12	750	50%	5	18	0	116	100	103/58							[redacted]
	2143	Simv	12	750	50%	5	24	0	104	100	103/57							[redacted] TX
23 NOV	0030	SIMV	12	750	50	5	22	0	105	100	103/61							[redacted]
	0200	SIMV	12	750	50	5	22	10	124	100	97/58							[redacted] TX, Suctioned
	0403	SIMV	12	750	↓45	5	21	0	117	100	112/57							[redacted]
	0530	SIMV	12	750	↓40	5	24	0	111	100	109/62	7.46	37.9	216	3	27	100	[redacted] TX, CPT, Suctioned
	0800	Simv	12	750	40	5	18	12	105	100	104/57							[redacted]
	1000	Simv	12	750	40	5	22	20	138	100	101/54							[redacted]
	1200	Simv	12	750	40	5	24	18	145	100	107/51							[redacted]
	1400	Simv	12	750	40	5	25	15	122	100	114/59							[redacted]
	1533	Simv	12	750	40	5	24	0	123	100	108/55							[redacted] for [redacted]
	1630	—	T-collar		35%			FiO2	81									[redacted]
24 NOV	0500	—	T-collar		28%			50.19	99	100	124/68							[redacted]

MEDCOM - 22843

APIDPOINT COAG ANALYZER V4.54
ERIAL #005485 11/01/03 12:15

atient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 16.4 sec.
Ratio = 1.3
Calculated INR = 1.61
Sample Type:citrated wh. blood
Test Date :11/01/03
Test Time :12:13
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/02/03 04:34

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.6 sec.
Ratio = 1.3
Calculated INR = 1.49
Sample Type:citrated wh. blood
Test Date :11/02/03
Test Time :04:32
Card Lot :080201
Operator [redacted]

PIDPOINT COAG ANAL ZER V4.54
RIAL #005485 11/01/03 12:18

tient ID [redacted] (b)(6)-4
Test Name :APTT
est Result:= 37.5 sec.
Sample Type:citrated wh. blood
Test Date :11/01/03
Test Time :12:16
Card Lot :030201
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/02/03 04:51

Patient ID [redacted]
Test Name :APTT
Test Result:= 35.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated plasma
Test Date :11/02/03
Test Time :04:49
Card Lot :030201
Operator [redacted]

(b)(6)-2

(b)(6)-4

[redacted] 01-11-03
12:11

			Patient Limits	
WBC	17.2 H	x10^3/uL	4.5	10.5
RBC	4.20	x10^6/uL	4.00	6.00
Hgb	12.0	g/dL	11.0	18.0
Hct	37.6	%	35.0	60.0
MCV	89.5	fL	80.0	99.9
MCH	28.6	pg	27.0	31.0
MCHC	32.0 L	g/dL	33.0	37.0
Plt	235. *	x10^3/uL	150.	450.
LY%	7.7 *L	%	20.5	51.1
LY#	1.3 *	x10^3/uL	1.2	3.4

[redacted] 01-11-03
12:[illegible]

			Patient Limits	
WBC	7.4	x10^3/uL	4.5	10.5
RBC	3.93 L	x10^6/uL	4.00	6.00
Hgb	11.5	g/dL	11.0	18.0
Hct	34.0 L	%	35.0	60.0
MCV	88.5	fL	80.0	99.9
MCH	29.1	pg	27.0	31.0
MCHC	32.9 L	g/dL	33.0	37.0
Plt	135. L	x10^3/uL	150.	450.
LY%	11.0 *L	%	20.5	51.1
LY#	1.0 *L	x10^3/uL	1.2	3.4

[redacted] 02-11-03
04:24

			Patient Limits	
WBC	12.9 H	x10^3/uL	4.5	10.5
RBC	3.74 L	x10^6/uL	4.00	6.00
Hgb	10.9 L	g/dL	11.0	18.0
Hct	33.4 L	%	35.0	60.0
MCV	89.3	fL	80.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	32.5 L	g/dL	33.0	37.0
Plt	151.	x10^3/uL	150.	450.
LY%	12.3 *L	%	20.5	51.1
LY#	1.6 *	x10^3/uL	1.2	3.4

1 of 2

(b)(6)-2

Ward/Section: ICU2	REQU[redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI, [redacted] (b)(6)-4	DATE 23/Nov. TIME 0830	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

======= PICCOLO =======
23/11/03 18:46
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 (b)(6)-4
DISC LOT #: 3152AA4
OPER #: 702 DR #: 000
SERIAL #: 0000100494

GLU	119*	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	139	39-380	U/L
NA+	♦♦♦	128-145	MMOl/L
K+	4.1	3.3-4.7	MMOl/L
CL-	95*	98-108	MMOl/L
tCO2	19	18-33	MMOl/L

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

Na - 134

(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
CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
LB		3.3-5.5 g/dl
LP		26-84 u/l
LT		10-47 u/l
MY		14-97 u/l
ST		11-38 u/l
BIL		0.2-1.6 mg/dl
GT		5-65 u/l
?		6.4-8.1 g/dl

(Piccolo) Electrolyte

EST	RESULT	REF. RANGE
$^{+}$		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
$_2$		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICW2

REQU[redacted]AN: [redacted] (b)(6)-2

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. #[redacted] (b)(6)-4

DATE 23 Nov 03 | TIME 1438 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF.

======= PICCOLO =======
23/11/03 14:32
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 (b)(6)-4
DISC LOT #: 3152AA4
OPER #: 702 DR #: 000
SERIAL #: 0000100494

GLU	114	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	1.1	0.6-1.2	MG/DL
CK	158	39-380	U/L
~~NA+~~	~~***~~	~~128-145~~	~~MMOL/L~~
K+	4.0	3.3-4.7	MMOL/L
CL-	96*	98-108	MMOL/L
~~tCO2~~	~~19~~	~~18-33~~	~~MMOL/L~~

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

Na-133
tCO2-36

(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		6.4-8.3 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:	DATE:	LAB ID NO.:

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. #[redacted] (5)(6)-7	DATE 1 NOV 03 TIME -	SSN/PSEUDO SSN:

ABG
408
16 APM

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.325	7.31-7.45
PCO2	44.7	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	107	80-105 mmHg (art) N/A (ven)
TCO2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	23	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	98%	95-98%
BEecf	-3	(-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-1		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
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:	DATE:	LAB ID NO.:

Ward/Section:	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^6
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color	amber	N/A
App	clear	N/A
Glu	neg	Negative
Bili	neg	Negative
Ket	neg	Negative
SG	1.025	N/A
Bld	neg	Negative
pH	5.0	N/A
Prot	neg	Negative
Urob	norm	0.2-1.0
Nit	neg	Negative
Leuk	neg	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Coagulation Studies

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

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

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS: (b)(6)-2

REPORTED BY: [redacted]	DATE: 2 Mar 03	LAB ID NO.:

(5)(6)-2

Ward/Section: ICU2	REQUESTING [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. *please be more specific [redacted]	DATE 2NOV03 TIME 0420	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl

(5)(6)-4

======= PICCOLO =======
02/11/03 04:41
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3151AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

GLU	132*	73-118	MG/DL
BUN	10	7-22	MG/DL
~~CRE~~	~~ICT~~	0.6-1.2	MG/DL
CK	2149*	39-380	U/L
NA+	126*	128-145	MMOL
K+	3.6	3.3-4.7	MMOL
CL-	106	98-108	MMOL
tCO2	18	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 2+

Cre 0.9

(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^-		98-105 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY: [redacted] (5)(6)-2	DATE: 2NOV03	LAB ID NO.:

LAST, FIRST [redacted] (b)(6)-4	DATE 3 NOV 03	TIME 2000	SSN/PSEUDO SSN: 1198

(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH		7.35-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-33 u/l	NA^{+}		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA^{++}		8.0-10.3 mg/dl	tCO_2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf		(-2) – (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-33 u/l
Hct		33-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-55 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K^{+}		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
			tCO_2		18-33 mmol/l	K^{+}		3.3-4.7 mmol/l
						CL^{-}		98-108 mmol/l
						tCO_2		18-33 mmol/l

REMARKS:
APPL, 102 °F. ABG.

REPORTED BY:	DATE: 3 NOV 03	LAB ID NO.:

[redacted] (b)(6)-2

MEDCOM - 22850

i-STAT EG6+

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

Pt Name:_____

Na_____138 mmol/L

K_____3.2 mmol/L

TCO2_____25 mmol/L

Hct_____22 %PCV

Hb*_____7 g/dL

*via Hct

At 37C

pH_____7.460

PCO2_____34.1 mmHg

PO2_____229 mmHg

HCO3_____24 mmol/L

BEecf_____0 mmol/L

sO2*_____100 %

*calculated

At Patient Temp

pH_____7.431

PCO2_____37.0 mmHg

PO2_____238 mmHg

Patient Temp: 102.0F

Sample Type_: ART

03NOV03 20:16

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

Physician:_____

Ser# 42015

Ver: JAMS046A
CLEW A93

[redacted]

---

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____136 mmol/L

K_____3.5 mmol/L

TCO2_____26 mmol/L

Hct_____21 %PCV

Hb*_____7 g/dL

*via Hct

At 37C

pH_____7.414

PCO2_____38.5 mmHg

PO2_____223 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

sO2*_____100 %

*calculated

At Patient Temp

pH_____7.403

PCO2_____39.9 mmHg

PO2_____226 mmHg

Patient Temp: 100.0F

Sample Type_:

04NOV03 03:33

Oper: [redacted]

Physician:_____

Ser# 42011

Ver: JAMS046A
CLEW A93

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/04/03 03:37

Patient ID: [redacted]
Test Name :PT
Test Result:= 13.5 sec.
Ratio = 1.1
Calculated INR = 1.18
Sample Type:citrated wh. blood
Test Date :11/04/03
Test Time :03:36
Card Lot :060206
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/04/03 03:40

Patient ID: 1198
Test Name :APTT
Test Result:= 38.0 sec.
Sample Type:citrated wh. blood
Test Date :11/04/03
Test Time :03:38
Card Lot :100208
Operator [redacted]

(b)(6)-2

ID: 001198			04-11-03 03:34	
			Patient Limits	
WBC	8.8	x10^3/uL	4.5	10.5
RBC	2.56 L	x10^6/uL	4.00	6.00
Hgb	8.5 L	g/dL	11.0	18.0
Hct	26.1 L	%	35.0	60.0
MCV	88.2	fL	80.0	99.9
MCH	28.6	pg	27.0	31.0
MCHC	32.5 L	g/dL	33.0	37.0
Plt	141. L	x10^3/uL	150.	450.
LYM%	24.9	%	20.5	51.1
LYM	2.2	x10^3/uL	1.2	3.4

LAST, FIRST, MI: [redacted] (b)(6)-4 | DATE: UNKNOWN | TIME: 03xx | SSN/PSEUDO SSN: 1198

(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB					73-118 mg/dl
K		3.5-4.9 mmol/L	ALP					7-22 mg/dl
Cl		98-109 mmol/L	ALT					8.0-10.3 mg/dl
pH		7.31-7.45	AMY					0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST					128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL					3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-28 mmol/L (ven)	BUN					98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA					18-33 mmol/l
sO2		95-98%	CHOL					
BEecf		(-2) - (+3) mmol/L	CRE					
AnGap		10-20 mmol/L	GLU					
Ca		1.12-1.32 mmol/L	TP					
BUN		8-26 mg/dl	(Picc					
GLU		70-105 mg/dl	TEST	RE				
Creat		0.7-1.5 mg/dl	GLU					
Hct		38-51% PCV	BUN					
Hgb		12-17 g/dl	CRE					
Misc. Chemistry			CK					
TEST	RESULT	REF. RANGE	NA					
Troponin-I			K					
Drug of Abuse			CL					
			tCO2					

Liver Panel Plus

RESULT	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-87 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-55 u/l
	6.4-8.1 g/dl

(Piccolo) Electrolyte

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

======= PICCOLO =======
04/11/03 03:39
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 (b)(6)-4
DISC LOT #: 3151AA4
OPER #: 269 DR #: 000
SERIAL #: 0000100494

GLU	109	73-118	MG/DL
BUN	7	7-22	MG/DL
CRE	1.5*	0.6-1.2	MG/DL
CK	2291*	39-380	U/L
NA+	126*	128-145	MMOL/L
K+	4.0	3.3-4.7	MMOL/L
CL-	105	98-108	MMOL/L
tCO2	19	18-33	MMOL/L

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

REMARKS:
(CBC- pt/pt) ABG (istat) - Chem 7 or (metlyte 8) ABG. 100% O2

REPORTED BY:	DATE:	LAB ID NO.:

LWC [redacted] (b)(6)-2 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI:	DATE: 2 NOV 03	TIME: 0310	SSN/PSEUDO SSN: [redacted] (b)(6)-7

(Hematology) CBC			Urinalysis			Miscellaneous		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10³	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 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: CBC - pt/pth

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)-2

Ward/Section: TCU 2 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] | DATE: 9 NOV 03 | TIME: | SSN/PSEUDO-SSN: [redacted]

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Neg			
Plt		130-500 x 10³ verified	SG		N/A			Negative
Lymph %		20.5-51.1%	Bld		Neg			Negative
(Hematology) Manual Differential			pH		N/A			
Segs		Mono	Prot		Neg			
Bands		Eos	Urob.		0.2			
Lymph		Baso	Nit		Neg			
Atyp		Imm	Leuk		Neg			
RBC Morph			HCG		Neg			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF					
Sed Rate			Cell Count					
Other			Directigen					
Coagulation Studies			(MUST SUBMIT					
TEST	RESULT	REF. RANGE	UNIT					
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						

(b)(6)-4

======= PICCOLO =======
09/11/03 02:36 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

GLU	134*	73-118	MG/DL
BUN	11	7-22	MG/DL
CA++	9.0	8.0-10.3	MG/DL
CRE	0.7	0.6-1.2	MG/DL
NA+	138	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

REMARKS: CBC PT PTT CHEM 7

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

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/09/03 05:43

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.0 sec.
Ratio = 1.1
Calculated INR = 1.25
Sample Type: citrated wh. blood
Test Date : 11/09/03
Test Time :05:41
Card Lot :080201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/10/03 04:30

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.6 sec.
Ratio = 1.3
Calculated INR = 1.49
Sample Type:citrated wh. blood
Test Date :11/10/03
Test Time :04:29
Card Lot :080201
~~Operator~~ [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/09/03 05:45

Patient ID: [redacted] (b)(6)-4
Test Name :APTT
Test Result:= 17.9 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/09/03
Test Time :05:43
Card Lot :100212
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/10/03 04:32

Patient ID: [redacted]
Test Name :APTT
Test Result:= 26.8 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/10/03
Test Time :04:30
Card Lot :100212
Operator [redacted]

(b)(6)-4

[redacted]
WB
09-11-03
05:40

			Patient Limits	
WBC	13.0 H	x10^3/uL	4.5	10.5
RBC	3.58 L	x10^6/uL	4.00	6.00
Hgb	10.1 L	g/dL	11.0	18.0
Hct	31.8 L	%	35.0	60.0
MCV	88.8	fL	80.0	99.9
MCH	28.1	pg	27.0	31.0
MCHC	31.6 L	g/dL	33.0	37.0
Plt	708. H	x10^3/uL	150.	450.
LY%	17.6 *L	%	20.5	51.1
LY#	2.3 *	x10^3/uL	1.2	3.4

[redacted]
WB
10-11-03
04:24

			Patient Limits	
WBC	24.6 H	x10^3/uL	4.5	10.5
RBC	3.52 L	x10^6/uL	4.00	6.00
Hgb	9.8 L	g/dL	11.0	18.0
Hct	31.8 L	%	35.0	60.0
MCV	90.4	fL	80.0	99.9
MCH	28.0	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	964. H	x10^3/uL	150.	450.
LY%	9.7 *L	%	20.5	51.1
LY#	2.4 *	x10^3/uL	1.2	3.4

LAST, FIRST [redacted]	DATE 1/10/03	TIME 0945	SSN/DEBIT/D SSN

(b)(6)-4

[illegible]	(Piccolo) Chemistry [illegible]	(Piccolo) Metabolic Panel [illegible]

TEST	RESULT	REF. RANGE
Na		135-145 mmol/L
K		3.5-4.5 mmol/L
Cl		95-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N.A. (ven)
TCO2		24-31 mmol/L (art) 24-27 mmol/L (ven)
HCO3		22-26 mmol/L (art) 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		33-51% PCV
Hgb		12-17 g/dl

[illegible]	Misc. Chemistry [illegible]
TEST	RESULT	REF. RANGE
Theophylline		
Drug of Abuse		

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		25-85 U/L
ALT		10-47 U/L
AMY		14-97 U/L
AST		11-33 U/L
TBIL		0.2-1.5 mg/dl
BUN		7-22 mg/dl
CAT		8.2-10.5 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) Metabolic Panel [illegible]		
TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		[illegible]

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-330 U/L (M) 39-190 U/L (F)
NA+		135-145 mmol/L
K+		3.3-4.7 mmol/L
CL-		98-108 mmol/L
CO_2		18-33 mmol/L

0:/11/03 10:08 AM
REFERENCE RANGE: M/LF
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: [illegible]
OPER #. 777 DI. #: 000
SERIAL # 0000190684

GLU	133*	73-118	MG/DL
BUN	16	7-22	MG/DL
CA++	[illegible]	8.0 10.3	MG/DL
CRE	0.3	0.6 1.2	MG/DL
NA+	131	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	105	98 108	MMOL/L
tCO2	22	18 33	MMOL/L

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

REMARKS:

(b)(6)-2

REPORTED BY: [redacted]	DATE: 10 Jan 03	LAB ID NO.:

(b)(6)-2

Ward/Section: ICU 2	REQUESTING PHYSICIAN: Dr [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. 1198	DATE 11/10/03	TIME 1630	SSN/PSEUDO SSN:

(Hematology) CBC

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

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color	Dark Amber	N/A
App	Cloudy	N/A
Glu	neg	Negative
Bili	Large	Negative
Ket	neg	Negative
SG	1.020	N/A
Bld	Large	Negative
pH	8.0	N/A
Prot	2+	Negative
Urob	1.0	0.2-1.0
Nit	neg	Negative
Leuk	neg	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Coagulation Studies

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

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

Ictotest - pos
SSa - 3+ 20-25 WBC
TNTC - RBC

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS: (b)(6)-2

REPORTED BY: [redacted]	DATE: 10 Nov 03	LAB ID NO.:

LAST, FIRST, M[redacted] #[redacted] | DATE 10NOV | TIME 04 | SSN/PSEUDO SSN:

(I-STAT)

TEST	RESULT	REF. RANGE
Na	137	135-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (a... 41-51 mmHg (ve...
PO2		80-105 mmHg (art... N/A (ven)
TCO2		23-27 mmol/L (art... 24-29 mmol/L (ve...
HCO3		22-26 mmol/L (art... 23-28 mmol/L (ve...
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		33-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

REPORTED BY:

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		

(b)(6)-4

======= PICCOLO =======

10/11/03 04:36

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: 3151AA4

OPER #: 013 DR #: 000

SERIAL #: 0000100494

.....

GLU	125*	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	644*	39-380	U/L
~~NA+~~	~~+++~~	128-145	MMOl/L
K+	4.0	3.3-4.7	MMOl/L
CL-	102	98-108	MMOl/L
tCO2	20	18-33	MMOl/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 1+

(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		0.2-1.5 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

Ward/Section: ICU2 | REQUESTING PHYSICIAN: [redacted] (5)(6)-2

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI.: [redacted] (5)(6)-7 | DATE: 17Nov03 | TIME: 1530 | SSN/PSEUDO SSN: # [redacted]

(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) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
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: Temp 107.3 ABG FiO2 40%

REPORTED BY:	DATE:	LAB ID NO.:

---

i-STAT EG6+

pt: [redacted]

pt Name:_____

Na_____139 mmol/L

K_____3.7 mmol/L

TCO2_____25 mmol/L

Hct_____24 %PCV

Hb*_____8 g/dL

*via Hct

At 37C

pH_____7.428

PCO2_____36.3 mmHg

PO2_____86 mmHg

HCO3_____24 mmol/L

BEecf_____0 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

pH_____7.356

PCO2_____44.9 mmHg

PO2_____117 mmHg

Patient Temp: 107.3F

FIO2_____: 40

Sample Type_:

11NOV03 15:54

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i-STAT CREA

pt: [redacted]

pt Name:_____

Crea_____0.9 mg/dL

Sample Type_:

11NOV03 15:56

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/11/03 04:27

(b)(6)-4

Patient ID [redacted]
Test Name :PT
Test Result:= 15.8 sec.
Ratio = 1.3
Calculated INR = 1.52
Sample Type:citrated wh. blood
Test Date :11/11/03
Test Time :04:26
Card Lot .080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/11/03 04:30

Patient ID: [redacted] (b)(6)-7
Test Name :APTT
Test Result:= 28.6 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/11/03
Test Time :04:28
Card Lot :100208
Operator [redacted] (b)(6)-2

** PRINT CANCELLED **

(b)(6)-7

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i-STAT EC8+

Pt: [redacted]

Pt Name:_____

Glu_____101 mg/dL

BUN_____24 mg/dL

Na_____140 mmol/L

K_____3.7 mmol/L

Cl_____110 mmol/L

TCO2_____24 mmol/L

AnGap_____11 mmol/L

Hct_____23 %PCV

Hb*_____8 g/dL

*via Hct

pH_____7.408

PCO2_____36.6 mmHg

HCO3_____23 mmol/L

BEecf_____-2 mmol/L

Sample Type_:

---

i-STAT EG6+

Pt [redacted]

Pt Name:_____

Na_____140 mmol/L

K_____3.7 mmol/L

TCO2_____24 mmol/L

Hct_____30 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.507

PCO2_____29.8 mmHg

PO2_____105 mmHg

HCO3_____24 mmol/L

BEecf_____1 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.461

PCO2_____33.9 mmHg

PO2_____125 mmHg

Patient Temp: 103.9F

FIO2_____: 50

Sample Type_:

11NOV03 04:22

Oper: [redacted]

Physician:_____

Ser# 42011

Ver: JAMS046A
CLEW A93

[redacted] 11-11-03
04:24

				Patient Limits	
WBC	21.6	H	x10^3/uL	4.5	10.5
RBC	3.13	L	x10^6/uL	4.00	6.00
Hgb	8.8	L	g/dL	11.0	18.0
Hct	28.2	L	%	35.0	60.0
MCV	90.0		fL	80.0	99.9
MCH	28.0		pg	27.0	31.0
MCHC	31.1	L	g/dL	33.0	37.0
Plt	925.	H	x10^3/uL	150.	450.
LY%	15.8	*L	%	20.5	51.1
LY#	3.4	*H	x10^3/uL	1.2	3.4

[redacted] 11-11-03
15:53

				Patient Limits	
WBC	16.7	H	x10^3/uL	4.5	10.5
RBC	2.70	L	x10^6/uL	4.00	6.00
Hgb	7.6	L	g/dL	11.0	18.0
Hct	24.4	L	%	35.0	60.0
MCV	90.6		fL	80.0	99.9
MCH	28.3		pg	27.0	31.0
MCHC	31.2	L	g/dL	33.0	37.0
Plt	741.	H	x10^3/uL	150.	450.
LY%	20.9	*	%	20.5	51.1
LY#	3.5	*H	x10^3/uL	1.2	3.4

(b)(6)-2

Ward/Section: ICU2

REQUEST[redacted]

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: #[redacted]

DATE: 11 Nov 03

TIME: 1202

SSN/PSEUDO SSN: [redacted]

(i-STAT)

TEST	RESULT	REF. RANGE
Na	142	138-146 mmol/L
K	4.3	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.318	7.31-7.45
PCO2	40.4	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	238	80-105 mmHg (art) N/A (ven)
TCO2	22	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	21	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	100	95-98%
BEecf	-5	(-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	36	38-51% PCV
Hgb	12	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

(b)(6)-4

======= PICCOLO =======

01/11/03 12:10

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: 3151AA4

OPER #: 777 DR #: 000

SERIAL #: 0000100494

GLU	173*	73-118	MG/DL
BUN	12	7-22	MG/DL
CRE	1.1	0.6-1.2	MG/DL
CK	1131*	39-380	U/L
NA+	127*	128-145	MMOL
K+	4.7	3.3-4.7	MMOL
CL-	105	98-108	MMOL
tCO2	18	18-33	MMOL

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 1+

(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		10-4[illegible] 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: NAC-8

ABG Temp 95.5 FiO2 100%

REPORTED BY: [redacted]

DATE: 1 Nov 03

LAB ID NO.:

(b)(6)-2

LAST, FIRST, MI: [redacted]	DATE: 11 NOV 03	TIME: 0420	SSN/PSEUDO: [redacted]

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		25-84 u/l			
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-33 u/l			
PO2		80-105 mmHg (art) NA (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA++		8.2-10.3 mg/dl			
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Methyne 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-363 u/l (M) 39-190 u/l (F)			
TEST	RESULT	REF. RANGE	NA+		128-145 mmol/l			
Troponin-I			K+		3.3-4.7 mmol/l			
Drug of Abuse			CL-		98-108 mmol/l			
			tCO2		18-33 mmol/l			

(b)(6)-4

======= PICCOLO =======
11/11/03 04:27
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

GLU	124*	73-118	MG/DL
BUN	23*	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	~~***~~	128-145	MMOL
K+	4.2	3.3-4.7	MMOL
CL-	107	98-108	MMOL
tCO2	21	18-33	MMOL

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

REMARKS: ABG FiO2 50%
T 103.9°

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)-2

Ward/Section: ICU/HD	REQUESTING PHYSICIAN: Dr. [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
#6 [redacted] (b)(6)-4	12 NOV	0355	

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10^6	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 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: ABG → FIO2 = 40% T = 103.4

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section:

REQUESTING PHYSICIAN:

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI.

DATE

TIME

SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

======= PICCOLO =======
12/11/03 04:05
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC (5)161-4
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

GLU	129*	73-118	MG/DL
BUN	16	7-22	MG/DL
CA++	8.8	8.0-10.3	MG/DL
~~CRE~~	~~ICT~~	0.6-1.2	MG/DL
~~NA+~~	~~+++~~	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 2+

crea 0.8

(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:

DATE:

LAB ID NO.:

(b)(6)-4

-STAT EG6+

:[redacted]

t Name:_____

a_____135 mmol/L

_____4.2 mmol/L

CO2_____28 mmol/L

ct_____32 %PCV

Hb*_____11 g/dL

*via Hct

At 37C

pH_____7.538

PCO2_____31.3 mmHg

PO2_____207 mmHg

HCO3_____27 mmol/L

BEecf_____4 mmol/L

sO2*_____100 %

*calculated

At Patient Temp

pH_____7.497

PCO2_____35.1 mmHg

PO2_____221 mmHg

Patient Temp: 103.4F

FIO2_____: 40

Sample Type_:

12NOV03 04:03

Oper: 0

Physician:_____

Ser# 42011

Ver: JAMS046A
CLEW A93

RAPIDPOINT COAG V4.54
SERIAL #005485 11/13/03 05:57

Patient ID[redacted]
Test Name :PT
Test Result:= 15.4 sec.
Ratio = 1.3
~~Calculated INR = 1.46~~
Sample Type:citrated wh. blood
Test Date :11/13/03
Test Time :05:56
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/13/03 06:00

Patient ID[redacted] (b)(6)-4
Test Name :APTT
Test Result:= 29.5 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/13/03
Test Time :05:58
Card Lot :100212
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 04:06

Patient ID:[redacted] (b)(6)-4
Test Name :PT
Test Result:= 17.3 sec.
Ratio = 1.4
Calculated INR = 1.76
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :04:04
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 04:08
(b)(6)-4

Patient ID:[redacted]
Test Name :APTT
Test Result:= 24.8 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :04:06
Card Lot :100212
Operator [redacted]

(b)(6)-2

I-STAT EG7+

Pt:[redacted]

Pt Name:_____

Na_____129 mmol/L

K_____3.7 mmol/L

TCO2_____27 mmol/L

iCa_____1.10 mmol/L

Hct_____28 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.460

PCO2_____35.8 mmHg

PO2_____64 mmHg

HCO3_____26 mmol/L

BEecf_____2 mmol/L

sO2*_____93 %

*calculated

Sample Type_:

13NOV03 05:55

Oper:[redacted]

Physician:_____

Ser# 42015

Ver: JAMS046A
CLEW A93

ID:[redacted] 12-11-03
02:38

				Patient Limits	
WBC	21.1	H	x10^3/uL	4.5	10.5
RBC	3.41	L	x10^6/uL	4.00	6.00
Hgb	9.9	L	g/dL	11.0	18.0
Hct	31.0	L	%	35.0	60.0
MCV	90.9		fL	80.0	99.9
MCH	29.0		pg	27.0	31.0
MCHC	31.9	L	g/dL	33.0	37.0
Plt	708.	H	x10^3/uL	150.	450.
LY%	11.4	*L	%	20.5	51.1
LY#	2.4	*	x10^3/uL	1.2	3.4

[redacted] 12-11-03
05:54

				Patient Limits	
WBC	12.6	H	x10^3/uL	4.5	10.5
RBC	3.41	L	x10^6/uL	4.00	6.00
Hgb	9.6	L	g/dL	11.0	18.0
Hct	30.2	L	%	35.0	60.0
MCV	88.7		fL	80.0	99.9
MCH	28.1		pg	27.0	31.0
MCHC	31.7	L	g/dL	33.0	37.0
Plt	672.	H	x10^3/uL	150.	450.
LY%	22.5	*	%	20.5	51.1
LY#	2.8	*	x10^3/uL	1.2	3.4

Ward/Section: ICU2

REQUESTING PHYSICIAN: (b)(6)-4

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted]

DATE 13NOV

TIME

SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

======= PICCOLO =======
13/11/03 06:15
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 (b)(6)-4
DISC LOT #: 3152AA1
OPER #: 013 DR #: 000
SERIAL #: 0000100697

GLU	132*	73-118	MG/DL
~~BUN~~	~~***~~	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	441*	39-380	U/L
~~NA+~~	~~***~~	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	100	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

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

Bun 14

K		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS: CBC, CHEM 7, ABG, PT PTT

REPORTED BY: [redacted]

DATE: 13NOV03

LAB ID NO.:

(b)(6)-2

Ward/Section: 1W2	REQUESTING PHYSICIAN: (b)(6)-4	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted]	DATE 14Nov	TIME	SSN/PSEUDO SSN: [redacted]

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^6
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

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

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 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: Coag results may be inaccurate due to short sample

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1CO2	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
[redacted]	14Nov		[redacted]

(i-STAT)

TEST	RESULT	REF. RANGE
Na	129	138-146 mmol/L
K	3.8	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.453	7.31-7.45
PCO2	38.5	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	84	80-105 mmHg (art) N/A (ven)
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	97	95-98%
BEecf	3	(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca	1.16	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	28	38-51% PCV
Hgb	10	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/
CK		39-380 u/l (30-190 u/l (
NA+		128-145 mr
K+		3.3-4.7 mm
CL-		98-108 mm
tCO2		18-33 mmc

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl

(5)(6)-4

======= PICCOLO =======
14/11/03 04:44
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

GLU	129*	73-118	MG/DL
BUN	6*	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
NA+	115*	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	98	98-108	MMOL/L
tCO2	26	18-33	MMOL/L

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

REMARKS: CBC PTPTT CHEM 7

REPORTED BY:	DATE:	LAB ID NO.:

(5)(6)-2

Ward/Section: ICU 2	REQUESTING [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted]	DATE 13 Nov	TIME 1400	SSN/PSEUD[redacted]

(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) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

(5)(6)-4

======= PICCOLO =======
15/11/03 13:57
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 777 DR #: 000
SERIAL #: 0000100494

ALB	2.1*	3.3-5.5	G/DL
ALP	150*	26-84	U/L
ALT	151*	10-47	U/L
AMY	79	14-97	U/L
AST	96*	11-38	U/L
TBIL	2.2*	0.2-1.6	MG/DL
GGT	421*	5-65	U/L
TP	6.5	6.4-8.1	G/DL

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/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: LFT

REPORTED BY:	DATE:	LAB ID NO.:
60		

(b)(6)-4

ID# [redacted] 14-11-03
WB 04:45

			Patient Limits	
WBC	10.5	x10^3/uL	4.5	10.5
RBC	3.50 L	x10^6/uL	4.00	6.00
Hgb	9.9 L	g/dL	11.0	18.0
Hct	31.5 L	%	35.0	60.0
MCV	90.2	fL	80.0	99.9
MCH	28.3	pg	27.0	31.0
MCHC	31.4 L	g/dL	33.0	37.0
Plt	581. H	x10^3/uL	150.	450.
LY%	21.0 *	%	20.5	51.1
LY#	2.2 *	x10^3/uL	1.2	3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/15/03 05:00

Patient ID [redacted]
Test Name :PT
Test Result:= 13.9 sec.
Ratio = 1.1
Calculated INR = 1.24
Sample Type:citrated wh. blood
Test Date :11/15/03
Test Time :04:5[illegible]
Card Lot :0802[illegible]
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/15/03 05:03

Patient ID: [redacted]
Test Name :APTT
Test Result:= 27.7 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/15/03
Test Time :05:00
Card Lot :100208
Operator [redacted]

(b)(6)-7

2-(b)(5)

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/14/03 04:47

Patient ID [redacted]
Test Name :PT
Test Result:= 18.6 sec.
Ratio = 1.5
~~Calculated INR = 1.08~~
Sample Type:citrated wh. blood
Test Date :11/14/03
Test Time :04:45
Card Lot :080201
Operator [redacted]

RAPIDPOINT

i-STAT EG6+

Pt: [redacted]
Pt Name:_____

Na_____129 mmol/L
K_____3.6 mmol/L
TCO2_____33 mmol/L
Hct_____29 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.576
PCO2_____33[illegible] mmHg
PO2_____145 mmHg
HCO3_____32 mmol/L
BEecf_____10 mmol/L
sO2*_____100 %
*calculated

Sample Type_:

15NOV03 05:40

Oper: 13

Physician:_____

Ser# 42015

Ver: JAMS046A
CLEW A93

[illegible] 15-11-03
WB 04:52

			Patient Limits	
WBC	10.4	x10^3/uL	[illegible]	10.5
RBC	3.80 L	x10^6/uL	4.00	6.00
Hgb	10.5 L	g/dL	11.0	18.0
Hct	[illegible] L	%	35.0	60.0
MCV	89.5	fL	80.0	99.9
MCH	28.6	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
Plt	[illegible] H	x10^3/uL	150.	450.
LY%	[illegible]	%	20.5	51.1
LY#	2.3 *	x10^3/uL	1.2	3.4

Ward/Section: TCU2

REQUESTING PHYSICIAN:

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI.

DATE 18MM TIME 0485

SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na	130	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 (ar 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	11	8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl

======= PICCOLO =======
15/11/03 05:0= AM
REFERENCE RANGE: MALE
PATIENT # [redacted]
BASIC METABOLIC (5)(6)-4
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

GLU	136*	73-118	MG/DL
~~BUN~~	~~***~~	7-22	MG/DL
CA++	8.7	8.0-10.3	MG/DL
CRE	0.6	0.6-1.2	MG/DL
~~NA+~~	~~116*~~	128-145	MMOl/L
K+	4.0	3.3-4.7	MMOl/L
CL-	97*	98-108	MMOl/L
tCO2	26	18-33	MMOl/L

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

(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:

(5)(6)-2

Ward/Section: ICU2	REQUEST[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (5)(6)-4	DATE: 16/10/05 TIME: 0925	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3	Color	yellow	N/A	RPR		Negative
RBC		4.7-6.1 x 10^9	App	Hazy	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	Neg	Negative	**Microbiology**		
Hct		42-52% (M) 37-47% (F)	Bili	Neg	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	Neg	Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG	1.025	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	3+	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	6.0	N/A	Micro Parasites		
Segs		Mono	Prot	Neg	Negative	Malaria		
Bands		Eos	Urob	0.2	0.2-1.0	O & P		
Lymph		Baso	Nit	Neg	Negative	Other		
Atyp		Imm	Leuk	mod	Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative	0-3 RBC 0-1 WBC 0-1 EPI CELL		
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]	DATE:	LAB ID NO.:

(5)(6)-4

Ward/Section: ICU2	REQUESTING PHYSICIAN: (5)(6)-2 Dr. [redacted]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 17NOV	TIME	SSN/PSEUDO SSN: [redacted]

(i-STAT)

TEST	RESULT	REF. RANGE
Na	132	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) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

(5)(6)-4

======= PICCOLO =======
17/11/03 04:29 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

GLU	140*	73-118	MG/DL
BUN	9	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	101	39-380	U/L
~~NA+~~	~~[illegible]~~	128-145	MMOl/L
K+	4.1	3.3-4.7	MMOl/L
CL-	99	98-108	MMOl/L
tCO2	19	18-33	MMOl/L

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
LU		7[illegible]-18 mg/dl
JN		7-22 mg/dl
A++		8.0-10.3 mg/dl
RE		0.6-1.2 mg/dl
A+		128-145 mmol/l
[illegible]		3.3-4.7 mmol/l
L-		98-108 mmol/l
CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
A+		128-145 mmol/l
[illegible]		3.3-4.7 mmol/l
L-		98-108 mmol/l
CO_2		18-33 mmol/l

REMARKS: CBC, CHEM 7

REPORTED BY:	DATE:	LAB ID NO.:

To 290

i-STAT EG7+

Pt: [redacted]

Pt Name:_____

Na_____133 mmol/L

K_____3.3 mmol/L

TCO2_____29 mmol/L

iCa_____1.19 mmol/L

Hct_____22 %PCV

Hb*_____7 g/dL

*via Hct

Pt 37C

pH_____7.520

PCO2_____34.0 mmHg

PO2_____155 mmHg

HCO3_____28 mmol/L

SEecf_____5 mmol/L

SO2*_____100 %

*calculated

Sample Type_:

24NOV03 04:54

Oper: [redacted]

Physician:_____

Ser# 42015

Ver: JAMS046A
CLEW A93

(b)(6)-4

[redacted]

28-11-03
15:11

			Patient Limits	
WBC	15.6 H	x10^3/uL	4.5	10.5
RBC	3.66 L	x10^6/uL	4.00	6.00
Hgb	10.4 L	g/dL	11.0	18.0
Hct	32.5 L	%	35.0	60.0
MCV	88.9	fL	80.0	99.9
MCH	28.4	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
Plt	430.	x10^3/uL	150.	450.
LYZ	11.5 * L	%	20.5	51.1
LY#	1.8 *	x10^3/uL	1.2	3.4

[redacted]

i-STAT EG7+

Pt: [redacted]

Pt Name:_____

Na_____135 mmol/L

K_____2.7 mmol/L

TCO2_____31 mmol/L

iCa_____1.08 mmol/L

Hct_____22 %PCV

Hb*_____7 g/dL

*via Hct

Pt 37C

pH_____7.465

PCO2_____41.8 mmHg

PO2_____91 mmHg

HCO3_____30 mmol/L

SEecf_____6 mmol/L

SO2*_____97 %

*calculated

Sample Type_: Bun 7 Cl 102

25NOV03 04:34

Oper: [redacted]

Physician:_____

Ser# 42011

Ver: JAMS046A
CLEW A93

ID: [redacted]
WB

24-11-03
03:33

			Patient Limits	
WBC	5.1	x10^3/uL	4.5	10.5
RBC	2.71 L	x10^6/uL	4.00	6.00
Hgb	7.7 L	g/dL	11.0	18.0
Hct	23.6 L	%	35.0	60.0
MCV	86.8	fL	80.0	99.9
MCH	28.3	pg	27.0	31.0
MCHC	32.6 L	g/dL	33.0	37.0
Plt	234.	x10^3/uL	150.	450.
LYZ	21.5 *	%	20.5	51.1
LY#	1.1 * L	x10^3/uL	1.2	3.4

ID: [redacted]
WB

25-11-03
04:40

			Patient Limits	
WBC	6.2	x10^3/uL	4.5	10.5
RBC	2.89 L	x10^6/uL	4.00	6.00
Hgb	8.0 L	g/dL	11.0	18.0
Hct	25.4 L	%	35.0	60.0
MCV	87.8	fL	80.0	99.9
MCH	27.7	pg	27.0	31.0
MCHC	31.6 L	g/dL	33.0	37.0
Plt	256.	x10^3/uL	150.	450.
LYZ	31.8	%	20.5	51.1
LY#	2.0	x10^3/uL	1.2	3.4

(b)(6)-2

Ward/Section: 1CU2 | REQUESTING PHYSICIAN: [redacted]

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] (b)(6)-7 | DATE: 18NOV03 | TIME: 0400 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na	136	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) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

======= PICCOLO =======
18/11/03 05:1? AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-7
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

GLU	135*	73-118	MG/DL
BUN	12	7-22	MG/DL
CA++	9.0	8.0-10.3	MG/DL
CRE	0.8	0.6-1.2	MG/DL
NA+	[redacted]	128-145	MMOL/L
K+	4.4	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	23	18-33	MMOL/L

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

Na!

(5)(6)-2

ard/Section: ICU2	REQUESTING PHYSICIAN: Dr [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

AST, FIRST, MI. [redacted]	DATE 20 Nov	TIME 0700	SSN/PSEUDO SSN:

[redacted] (STAT)

TEST	RESULT	REF. RANGE
a		138-146 mmol/L
		3.5-4.9 mmol/L
l		98-109 mmol/L
H		7.31-7.45
CO2		35-45 mmHg (art) 41-51 mmHg (ven)
O2		80-105 mmHg (art) N/A (ven)
CO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
CO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
O2		95-98%
Eecf		(-2) – (+3) mmol/L
nGap		10-20 mmol/L
a		1.12-1.32 mmol/L
UN		8-26 mg/dl
LU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		

(5)(6)-4

======= PICCOLO =======
20/11/03 07:23
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 678 DR #: 000
SERIAL #: 0000100494

ALB	2.4*	3.3-5.5	G/DL
ALP	226*	26-84	U/L
ALT	90*	10-47	U/L
AMY	81	14-97	U/L
AST	77*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
GGT	490*	5-65	U/L
TP	6.8	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(5)(6)-2

Ward/Section: IWHD | REQUESTING PHYSICIAN: [redacted]

CHEMISTRY RESULT FORM

(Pursuant to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] | DATE 24NOV | TIME 0320 | SN/PSEUDO SSN:

(STAT)

TEST	RESULT	REF. RANGE
Na	131	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) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl

(5)(6)-4

======= PICCOLO =======

24/11/03 03:34

REFERENCE RANGE: MALE

PATIENT # [redacted]

METLYTE 8

DISC LOT #: 3152AA4

OPER #: 013 DR #: 000

SERIAL #: 0000100494

GLU	134*	73-118	MG/DL
BUN	9	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	126	39-380	U/L
NA+	***	128-145	MMOL/L
K+	3.7	3.3-4.7	MMOL/L
CL-	98	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^{+}		128-145 mmol/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
CO_2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1CU2	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, M[redacted]	DATE DS NOV 03 TIME 0400	SSN/PSEUDO SSN:

(TOTAL) ABG			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA++		8.0-10.3 mg/dl
pH		7.31-7.45				CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)				NA+		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (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) – (+3) mmol/L						
AnGap		10-20 mmol/L						
Ca		1.12-1.32 mmol/L						
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl						
Hct		38-51% PCV						
Hgb		12-17 g/dl						

Misc. Chemistry		
TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

REPORTED BY:

DA

(5)161-4

======= PICCOLO =======
25/11/03 03:34 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

ALB	2.0*	3.3-5.5	G/DL
ALP	61	26-84	U/L
ALT	44	10-47	U/L
AMY	34	14-97	U/L
AST	61*	11-38	U/L
TBIL	0.6	0.2-1.6	MG/DL
BUN	7	7-22	MG/DL
CA++	7.8*	8.0-10.3	MG/DL
CHOL	131	100-200	MG/DL
CRE	1.1	0.6-1.2	MG/DL
GLU	122*	73-118	MG/DL
TP	5.7*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

======= PICCOLO =======
25/11/03 04:34
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

GLU	132*	73-118	MG/DL
BUN	+++	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	157	39-380	U/L
NA+	+++	128-145	MMOL/L
K+	3.5	3.3-4.7	MMOL/L
CL-	+++	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

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

Ward/Section:	REQUESTING PHYSICIAN: (5)(4-4	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: EPW [redacted]	DATE: 26 DEC 03	TIME: 1140	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10^6	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	#2 CSF Cell Count #3 CSF Gram Stain / Lt5		
Span Hematocrit		42-52% (M) 37-47% (F)	WBC - 2 total cells/ml RBC - 2 total cells/ml		CSF	Blood Bank		
Sed Rate			Cell Count	#1 Protein / N/A		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen	Neg	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: 6	DATE: 26 DEC 03	LAB ID NO.:

* Please do not write in result Blocks
Put all comments in the Remarks section.

[redacted] HOSPITAL (b)(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: [redacted] (b)(6)-4
First Name:
Patient #.or SSN:
Collected by: Dr [redacted] (b)(6)-2
Date: 11 NOV 03
Time: 1245

Ward: ICU
Room:
Bed:
Physician: [redacted]
Source: wound
Site: (R) shoulder

[redacted]

Received by: [redacted]
Date: 11 NOV 03
Time: 1330

Specimen #: 4)121

Laboratory Results

Acinetobacter baumannii / haemolyticus

Reported
Date: 13 NOV 03
Time: 1000
Tech: IO
Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 22880

(5)(2)-2

[redacted] HOSPITAL Laboratory

Name:
Patient ID [redacted]
Ward/Rm: U2/ (5)(6)-4

Specimen: W121
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Acinetobacter baumannii/haemolyticus

Status: Final

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	<=4	S			
Trimeth/Sulfa	>2/38	R			

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

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

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

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

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

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

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

Name:
Patient ID: [redacted] (5)(6)-7
Ward/Rm: U2/

Specimen: W121
Source: Wound/Sterile site
Ward of Iso:

Status: Final (5)(6)-7
Collected:
Req. Phys: [redacted]

Tech: IO MO

Printed 11/13/2003 10:34:05 AM

(b)(6)-2

[redacted] HOSPITAL

[redacted] Hospital

Baghdad, Iraq

Microbiology Request Form

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

First Name:

Patient # or SSN:

Collected by: [redacted]

Date: 26 DEC 03

Time: 1130

Ward: ICW-1

Room: 9

Bed: B

Physician: [redacted]

Site: LP

[redacted]

Received by [redacted]

Date: 26 Dec 03

Time: 12 30

Specimen #: F025

(b)(6)-2

Gram Stain: Pick one

Same Day/With Result

GPC

Specimen type: Pick one

Wound

Body Fluid/CSF

Urine

Urine foley

Blood

Throat

Sputum

Stool

GC/Chlamydia

Other:

Laboratory Results

No Growth

Reported

Date: 31 Dec 03

Time: 1000

Tech: IU

Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 22882

[redacted] HOSPITAL (b)(2)-2
Baghdad, Iraq

Microbiology Request Form

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

Collected by [redacted]
Date: 26 DEC 03
Time: 1130

Received by [redacted]
Date: 26 DEC 03
Time: 1230

Ward: ICW-1
Room: 9
Bed: B
Physician [redacted]
Site: LP
(b)(6)-2
Specimen #: F025

Gram Stain: Pick one

Same Day/ With Result

Specimen type: Pick one

Wound
Body Fluid/CSF
Urine
Urine foley
Blood
Throat
Sputum
Stool
GC/Chlamydia
Other:

Laboratory Results

GRAM POSTIVE COCCI

Reported
Date: 26 DEC 03
Time: 1350
Tech: IO
Reviewer:

MD notified @ 1400 26 DEC 03

Number of attached sheets:

MEDCOM - 22883

[redacted] HOSPITAL (b)(2)-2
[redacted] Hospital
Baghdad, Iraq

Sputum

Microbiology Request Form

Last Name:	1198	Ward:	ICU2
First Name:		Room:	
Patient # or SSN:		Bed:	5
		Physicia[redacted]	
Collected by:	[redacted]		
Date:	11Nov03 [redacted] (b)(6)-2	Source:	Sputum
Time:	0225	Site:	ET Tube

[redacted]

Received by:	rgc	Specimen #:	R049
Date:	11Nov03		
Time:	0257		

Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported Date:	13 NOV 03
Time:	1000
Tech:	IU
Reviewer:	[redacted]
Number of attached sheets:	

53
32
1

275
70
345
195
540

MEDCOM - 22884

(5)(2)-2

[redacted] Laboratory

Name:
Patient ID: [redacted]
Ward/Rm: U2/

Specimen: R049
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

(5)(6)-2

1 Acinetobacter baumannii/haemolyticus Status: Final

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	>8	R			
Trimeth/Sulfa	>2/38	R			

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

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

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

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

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

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 9-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug

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

Name:
Patient ID: [redacted]
Ward/Rm: U2/

Specimen: R049
Source: Sputum
Ward of Iso:

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

Printed 11/13/2003 10:33:59 AM

Tech: IO

(5)(6)-2

[redacted] HOSPITAL
[redacted]ospital
Baghdad, Iraq
(b)(2)-2

Microbiology Request Form

Last Name:	Ward: ICW 1
First Name:	Room: 5
Patient # or SSN: # [redacted] (b)(6)-4	Bed: A
	Physician: [redacted]
Collected by: [redacted]	
Date: 11-21-03	Source: Sorum
Time: 1250	Site: (L) AC.

[redacted]

Received by: [redacted] (b)(6)-2	Specimen #: B165
Date: 21-Nov-03	
Time: 1300	

Laboratory Results

No Growth

Reported
Date: 26 Nov 03
Time: 1200
Tech: IO
Reviewer: [redacted]

Number of attached sheets:

(b)(2)-2

[redacted] HOSPITAL

[redacted] Hospital

Baghdad, Iraq

Microbiology Request Form

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

First Name:

Patient # or SSN:

Collected by:

Date: 11/16/03

Time: 0900

Ward: ICU 2

Room:

Bed:

Physician: Dr [redacted]

Source: A-Line

Site: /

[redacted]

Received by: [redacted] (b)(6)-2

Date: 16 NOV 03

Time: 1000

Specimen #: B155

Laboratory Results

No Growth

Reported

Date: 21 NOV 03

Time: 1000

Tech: IO

Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 22887

[redacted] HOSPITAL
[redacted] Hospital
Baghdad, Iraq (b)(2)-2

UA C+S

Microbiology Request Form

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

Collected by: [redacted] (b)(6)-2
Date: 1 NOV 03
Time: 1921

Received by: [redacted]
Date: 1 NOV 03
Time: 1934

Ward: ICU 2
Room:
Bed:
Physician: [redacted]

Source: Foley sterile technique
Site:

Specimen #: 4078

Laboratory Results

No Growth

Reported
Date: 2 NOV 03
Time: 1000
Tech: IU
Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 22888

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]

NURSING UNIT | ROOM NO. | BED NO.

(5)(6)-4

DATE OF ORDER: 25 NOV 1000 — TIME OF ORDER: _____ HOURS

Calorie count [redacted]

LIST TIME ORDER NOTED AND SIGN: 25 NOV 03 0930

24° ✓ CPT [redacted] 603 28 NOV

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 26/11/03 — TIME OF ORDER: 0800 HOURS

(1) D/C Sent / revised if becomes tychypnic may use another type of anhagitation med. V/O [redacted]

(5)(6)-2

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11/28/03 — TIME OF ORDER: 0807 HOURS

(1). Tx to ICW · Dx: S/P (R) Frontal Crani for IED
(2). stable
(3) Humidified Air to tracheostomy
(4). MEDS: Vancomycin 1gm IVPB q12° x 5 days
Primaxin 1gm IVPB q6° x 5 days
Tobramycin 100mg IVPB q 8° x 5 days
Zantac 150mg po BID

(5)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER: 1128 NOV 1009 — TIME OF ORDER: _____ HOURS

(5). Reg Diet
(6) OOB to Chair TID
(7). Dressing Δ's. TID wet dry.
(8). Poley to gravity.

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° ✓ Done [redacted] RLT/AN

DA FORM 1 APR 79 4256 [redacted] USED.

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			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
EPW# [redacted] (5)(6)-4		[redacted]	12/2/03	1100 HOURS	
			V.O. Dr [redacted] /LT [redacted]		
			(1) D[redacted]		
			[redacted]		
NURSING UNIT	ROOM NO.	BED NO.			
24° ✓ done [redacted]				[redacted]/AN	

ATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
Noted 0440 3 Dec 03 [redacted]			12/3/03	0834 HOURS	
			(1) OOB → chair TID		
			(2) PT w/ ↑ (L) arm / (L) leg movements		
			[redacted]		
NURSING UNIT	ROOM NO.	BED NO.			
		(5)(6)-2	24° ✓ done [redacted]		[redacted]/AN

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(5)(6)-4 [redacted]		[redacted]	12/4/03	0955 HOURS	
			V.O. Dr [redacted] /LT [redacted]		
			(1) Dulcolax Supp. PR x1 now		
			(2) Tylenol 325mg tab ÷ [redacted] PO PRN pain		
			[redacted]		
NURSING UNIT	ROOM NO.	BED NO.			
24° chart ✓ [redacted]			OUT/AN 9 Dec 03 0045		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
Noted 0855 [redacted] Dec 03			8 Dec 03	0855 HOURS	
			VO Dr [redacted]		
			Dakins 0.25% for Dressing changes (R) shoulder		
NURSING UNIT	ROOM NO.	BED NO.			
9 Dec 03	0030 [redacted]		[redacted]/AN 24° chart ✓		

(5)(6)-2

A 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

EPW #[redacted]
(b)(6)-7

NURSING UNIT: 1W2 | ROOM NO. | BED NO.

DATE OF ORDER: 9 DEC 03 | TIME OF ORDER: 1845 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) D/C Elixir Tylenol #3
(2) Tylenol #3 tabs 1-2 po Q4-6° prn
V.O. DR [redacted]

1845 9 DE [redacted]
(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

Noted 21Dec03@0525

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW1 24°	21Dec03@0525	[redacted]

DATE OF ORDER: 20 DEC 03 — TIME OF ORDER: 1055 HOURS — LIST TIME ORDER NOTED AND SIGN

(1) M.O.M. 30 [redacted]
V.O. DR [redacted] LT, AN

[redacted]

24° 23DEC @0200 [redacted] LT, AN

TIME OF ORDER _____ HOURS

25Dec03@2230 [redacted]
VO-D [redacted]
Tylenol [redacted] tabs x1 now

[redacted]

Noted 25Dec [redacted]

NURSING UNIT | ROOM NO. | BED NO.

(5)(6)-4

(5)(6)-2

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 26 DEC 03 — TIME OF ORDER: 0947 HOURS

1. CT brain without Contrast.
2. △ T3 to Percocet 1-2 po 5-4° pm.
3. PT to issue a cane for stability.

noted 0950

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 26 DEC 03 — TIME OF ORDER: 113[redacted] HOURS

1. CSF for protein / Glucose — Tube 1
   Cell Count — Tube 2
   Gram Stain / Cx — Tube 3
2. Bed rest x 6 hrs.

noted 1200

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
24°	26 Dec	2358 [redacted]

(5)(6)-2

(5)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW-1		

DATE OF ORDER 12/27/03 TIME OF ORDER 1730 HOURS

Ambien 5-10mg PO PRN

6HS

[redacted]

24°V 28DE[redacted] 1LT, AN

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION

4°V 29 DEC 03 @ 0220 [illegible] 1LT, AN

[redacted]

(5)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
No new orders [illegible]	30DEC03	2345

DATE OF ORDER 12/29/03 TIME OF ORDER 1650 HOURS

(1) Colace 100mg BID PO

(2) Biscadyl Suppository PRN for Constipa[redacted]

24[redacted] @ 0400 [redacted] LT, AN

2-(5)(6)

PATIENT IDENTIFICATION

[redacted]

(5)(6)-2 [redacted]

NURSING UNIT	ROOM NO.	BED NO.
24°V [redacted]	31DEC03	2335

DATE OF ORDER 31DEC03 TIME OF ORDER 1604 HOURS

(1) Neurontin 300mg po TID

[redacted]

PATIENT IDENTIFICATION

Ø New Orders 2Jan04 [redacted]

[redacted]

DATE 2Jan04 TIME OF ORDER _____ HOURS

(1) Milk of Magnesia 30 mgL po BID prn Constipation.

(2) Mg Citrate 1/2-1 bottle po BID prn severe Constipation.

NURSING UNIT	ROOM NO.	BED NO.
24°V 03Jan04 @ 0330	[redacted]	

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

(5)(6)-2 [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
[redacted] noted 7Jan04 @ 0010 [redacted]	7JAN04	1945 HOURS	
	1. Dilantin 1000 mg po x 1, then 100 mg po TID.		
	[redacted]		
NURSING UNIT / ROOM NO. / BED NO.			
(5)(6)-2	24° ✓ 08JAN04 @ [redacted]		,AN

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] noted [redacted] 20JAN04 0140	1/19/04	0140 HOURS	
	10 D/c to Prinsa Th Am.		
	[redacted]		
NURSING UNIT / ROOM NO. / BED NO.			
(5)(6)-4			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]		HOURS	
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted]		HOURS	
NURSING UNIT / ROOM NO. / BED NO.			

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

Rewritten

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4	5	6	7	8	9	10	11	12	13
1 Nov 03	[redacted]	HS Q1° c neuro checks	06	[redacted]												
		and ICP monitor, call	18													
		HO if >20														
1 Nov 03	[redacted]	HOB 30°	06	[redacted]												
			18													
1 Nov 03	[redacted]	Foley to gravity	06	[redacted]												
			18													
1 Nov 03	[redacted]	HO'S Q1°	06	[redacted]												
			18													
1 Nov 03	[redacted]	NPO	07	[redacted]												
			11	[redacted]												
			17	[redacted]												
1 Nov 03	[redacted]	Ventilation A/C RR 16, TV 750,	06	[redacted]												
		FIO2 40%	18	[redacted]												
1 Nov 03	[redacted]	CBC, PT/PTT, Chem 7, ABG	05	[redacted]												
		now + ig And Keep INR<1.2														
1 Nov 03	[redacted]	[illegible] gard	05	[redacted]												
1 Nov 03	[redacted]	Ventricular catheter	06	[redacted]												
		in subdural space drain @	18	[redacted]												
		5cm above EAC														
1 Nov 03	[redacted]	Keep MAP <110 >70,	06	[redacted]												
		SBP <160	18	[redacted]												
1 Nov 03	[redacted]	Titrate RR to keep	06	[redacted]												
		$PaCO_2$ 30-35	18	[redacted]												
~~2 Nov~~	[redacted]	~~Keep INR <1.2~~	~~05~~													
			~~18~~													
4 Nov	[redacted]	S level of Subdural	06	[redacted]												
		drain to 12cm	18	[redacted]												

DC 8 Nov 03

DC 8 Nov 03

DC 8 Nov 03

DC 8 Nov 03

Rewritten

Rewritten

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: [redacted] / Traumatic IC Aneurysm (5)(6)-2

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] (5)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Nov Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
1Nov	[redacted]	Admit to ICU	1Nov	—	1230	[redacted]
1Nov	[redacted]	Condition - USI	1Nov	—	1230	[redacted]
1Nov	[redacted]	CBC, PT/PTT, Chem 7, ABG now	1Nov	—	1245	[redacted]
1Nov	[redacted]	Repeat CXR now	1Nov	—	1300	[redacted]
1Nov	[redacted]	Δ vent mode to SIMV	1Nov		done	[redacted]
1Nov	[redacted]	CBC c̄ diff, UA C+S, Bld Cx x2	1Nov03		done	[redacted]
4 nov	[redacted]	advance ET tube 3cm	4 nov		1300	[redacted]
4 nov	[redacted]	Repeat CXR, ET advancement	4 nov		1400	[redacted]
7 nov	[redacted]	Check ABG	7 nov	1700	1700	[redacted]
7 nov	[redacted]	CT of Head	7 nov	1700	1700	[redacted]
8 nov	[redacted]	DC A line	8 nov	1800	1800	[redacted]
9 nov	[redacted]	VABG	9 nov	0900	0900	[redacted]
9 nov	[redacted]	place Dopphoff	9 nov	1500	1500	[redacted]
9 nov	[redacted]	X-Ray for Dopphoff confirmation	9 nov	1600	1600	[redacted]
10Nov	[redacted]	re-intubate	10Nov		done	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED														
10Nov	[redacted]	Icepacks prn for elevated temp 101.5	2310	11Nov													
			[redacted]														

(5)(6)-2

(5)(6)-2

USAPA V1.00

GREEN Sheet

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. NOV Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 7	8	9	10	11	12	13	14	15	16	17	18	19	20
7 Nov	[redacted]	Clamp Subdural	0	[redacted]													
		drain call if DCP	16														
		725															
8 Nov	[redacted]	Clears as tol	[redacted]														
		advance	12	/													
			17	/													
8 Nov	[redacted]	Moist Saline dsg	08	/													
		Q 8° to (R) Back	/														
		(R) Calf and	24	/													
		(L) Shoulder															
9 Nov	[redacted]	OOB → Chair	06	/													
			18	/	/												
9 NOV	[redacted]	NG to LIWS	06	/	/												
			18	/	/												
11 Nov	[redacted]	NPO	06	/	/	/	/										
			18	/	/	/	/										
12 Nov	[redacted]	Begin @ 12h NS	10														
		soaked dressing Δ	22														
		to all wounds															
~~13 Nov~~	[redacted]	~~PFIO2 to 40%~~															
			/														
15 NOV	[redacted]	Check labs Q3d	04														
		CBC, Chem 7, next	/														
		draw 17 NOV 03	/														
15 NOV	[redacted]	Residual per NGT	06														
		NOT DOPHOFF	18														

D/C'd

D/C'd 10 Nov 03

Δ d/c 18 Nov 03

D/C

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW/aneurysm

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

#[redacted]

(5)(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

(5)(6)-2

(5)(6)-2

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

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
11Nov	[redacted]	NCD consult to start feeds	11Nov			
13Nov	[redacted]	↑ FIO2 to 40%.	13Nov	NOW	1845 NOW	[redacted]
13Nov	[redacted]	Pt consult for ROM + strength	13NOV	IN AM		
	-----	exercises				
15Nov	[redacted]	LFT sent 1400 STAT	15/11	ASAP	14/11	[redacted]
16Nov	[redacted]	PT Consult	17/11	ASAP		
16Nov	[redacted]	O2 Collar Trach	16/11	NOW	NOW	[redacted]

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													
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USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 11	12	13	14	15	16	17	18	19	20	21	22	23	24
11NW	[redacted]	Trach Care	06	[redacted]													
			18														
11NW	[redacted]	Begin Jevity feeding	06	[redacted]													
		per dophoff 10cc/hr	18														
11NW	[redacted]	✓ Residuals in NGT															
		6° if >30cc then															
		hold 1° restart															
		if > 1/2 volume															
		in 3° then hold.															
1NW	[redacted]	HOB 30°	06	✓	✓	✓	✓	[redacted]									
			18	✓	✓	✓	✓										
1NW	[redacted]	Foley to gravity	06	✓	✓	✓	✓										
			18	✓	✓	✓	✓										
1NW	[redacted]	I&O q1°	06	✓	✓	✓	✓										
			18	✓	✓	✓	✓										
1NW	[redacted]	Keep MAP <110	06	✓	✓	✓	✓										
		>70 SBP <160	18	✓	✓	✓	✓										
18-Nov-03	[redacted]	Clear liquid diet	06	✓	✓	✓	✓										
			18	✓	✓	✓	✓										
19NW	[redacted]	↑ TF to 75cc/hr	06	✓	✓	✓	✓										
			18	✓	✓	✓	✓										
20NW	[redacted]	Advance diet as tolerated	06														
			18														
20NW	[redacted]	Δ VS to Q4°	06														
			18														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW Head

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ____

PATIENT IDENTIFICATION: [redacted]

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Date	Nurse		be Given	be Given		
11Nov	[redacted]	Leave Drgs in Place till			[redacted]	
	-----	6am				
12Nov	[redacted]	↑ TF to 20 cc/hr, if ∅ prob c	12Nov	1000	[redacted]	
	-----	residuals over next 8hr ↑ to 40cc/hr				
13Nov	[redacted]	LFT in A.M.				

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													
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USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 11 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25	26	27	28	29	30	31
		HOB - 30°	06	[redacted]									
			18										
			/										
		DRSNG Δ BID	10	[redacted]									
		WET TO DRY	22										
			/										
		TURN PT Q2 hr	24	/ [redacted]									
		from side to side -	02	/ [redacted]									
		keep pt off	04	/ [redacted]									
		sacral area	06	/ [redacted]									
			08	[redacted]									
			10	[redacted]									
			12	/ [redacted]									
			14	m [redacted]									
			16	m [redacted]									
			18	[redacted]									
			20	[redacted]									
			[redacted]										
			/										
23 Nov 03	[redacted] (5)(6)-2	Clear liquid diet + jello	06	/ / [redacted]									
			12	/ /									
			18	/ [redacted]									
23 Nov 03	[redacted]	Sedation for feeds	06	/ [redacted]									
			12	/ [redacted]									
			18	/ [redacted]									

R'd 24 Nov 03

26 Nov 03 1200

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO — unknown

PRIMARY DIAGNOSIS: S/P Ventriculostomy Failure R/O Sepsis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] EPW

(5)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

— NONMEDS —

MEDCOM - 22901

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. 11 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 21	22
11/21	[redacted]	Advance Diet c̄	06	[redacted]	
		clears x 24°	18		
			06		
11/21	[redacted]	Drsg As BID wet→	90		
		dry shoulder, calf	20		
		& back			
11/21	[redacted]	HOB 30°	06	[redacted]	
			18		
			06		
11/21	[redacted]	ROM exercises qid	08		
		for LUE/LE	12		
			17		
			21		
11/21	[redacted]	Tracheostomy Care	06		
		q shift	18		
		Suction q 2°	06		
			02		
			04		
11/21	[redacted]	Humidified air	06		
			08		
			10		
			12		
			14		
			16		
			18		
			20		
			22		
			24		
11/21	[redacted]	Dobhoff feeds jevity	06	[redacted]	
		75cc°	18		
			06		
11/21	[redacted]	Foley to gravity	06		
			18		
			06		

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Penetrating Brain Injury, Traumatic Intracranial Aneurysm

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION: Traumatic Soft Tissue Injury (R) Scapula Shoulder, (R) Calf

#[redacted]

(5)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Nov Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
11/21	[redacted]	To ICU Dr [redacted]				
11/21	[redacted]	D/C Central line for peripheral				
	[redacted]	I.V.				
11/21	[redacted]	KUB	done	2300		[redacted]
		(b)(6)-2				

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 11 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24	25	26	27	28	29	30	1	2	3
11/21	[redacted]	Chem 7, CBC		Jr ICU	/	/		/		/		/	/		/	
	[redacted]	Monday, Wednesday	04													
		Friday	/													
			/													
21 Nov 03	[redacted]	NS 92°	06 08 10 12	[redacted]												
		(b)(6)-2														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Traumatic Intracranial Aneurysm, Traumatic Soft Tissue Injury (R) Scapula Shoulder, (R) Calf.

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION: S/P Penetrating Brain Injury.

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

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. 11 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24	25	26	27	28	29	30	31
22/11	[redacted]	COND: VSI	06	[redacted]									
			18										
22/11			/										
22/11	[redacted]	NPO x̄ tube feeds @	06	[redacted]									
		75 cc HR	18										
			/										
22/11	[redacted]	Foley to gravity	06	[redacted]									
			1[redacted]										
			/										
22/11	[redacted]	I/O - VS Q1hr	06	[redacted]									
			18										
			/										
22/11	[redacted]	Chest PT/suction	06	/ [redacted]									
		Q2-4°	10										
			14										
			18										
			22										
			02										
			/										
22/11	[redacted]	CBC, Chem 7, ABG	04	/ [redacted]									
		in AM x 3	Init										
			/										
		CXR/KUB 11/23	04	/									
			/										
		Vent: SIMV R12, TV 750,	06	[redacted]									
		FIO2 50%, P5	18										
			/										

Rewritten

Dc'd 24 Nov 03

Dc'd 25 Nov 03

Dc'd 26 Nov

Dc'd 25 Nov 03

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO — UNKNOWN

PRIMARY DIAGNOSIS: s/p Ventriculostomy Failure R/O Sepsis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] EPW (5)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

NONMEDS

MEDCOM - 22905

Date	Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
		Admit ICU2	22/11	ASAP	1426	[redacted]
		KUB/CXR upon ICU2 Arrival	22/11	ASAP	1445	[redacted]
		DX: Ventriculostomy Failure, R/O Sepsis	22/11	ASAP	1420	[redacted]
		PULL DOPHOFF (due to Δ in position	22/11	ASAP	1600	[redacted]
		during transfer	—		—	—
14/22	[redacted]	CXR 11/23				[redacted]
23 Nov 03	[redacted]	✓ Glucose now	23 Nov 03	1430	1430	[redacted]
23 Nov	[redacted]	✓ Glucose in 4°	23 Nov 03	1830	1846	[redacted]
23 Nov	[redacted]	✓ Glucose in AM (24 Nov 03)	24 Nov 03	0500		[redacted]

(5)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED												
22 Nov	[redacted]	Tylenol I-II	22 Nov T PR 1415	23 Nov T PR 650mg	23 Nov T 1200 650mg	23 Nov T 1500	24 Nov T 650mg								
		PR q 4-6 prn			[redacted]										
		fever > 101.5	T: 101.6	Temp 101.8	T-102	1730	[redacted]								

Rewritten 24 Nov 03

USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29
23 Nov	[redacted]	try on track collar if	06	/	[redacted]					
		it fails put back	18	[redacted]						
		on vent.								
24 Nov	[redacted]	diet: advance as tol.	07	/	/	[redacted]				
			12	[redacted]						
			18	[redacted]						
25 Nov	[redacted]	Calorie Count	07	/	/	/	[redacted]			
			12	/	/	[redacted]				
			18	/	/	[redacted]				

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Ventricular Dysfunction Failure / R/O sepsis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

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

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

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. Nov 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	8	9	10	11	12	13	14
1 Nov 03	[redacted]	Dilantin 100mg IVPB Q8°	06	[redacted]													
			14														
			22														
1 Nov 03	[redacted]	Pantac 50mg IVPB Q8°	08														
			16														
			24														
1 Nov 03	[redacted]	[illegible]	[illegible]														
			[illegible]														
			24														
1 Nov 03	[redacted]	Versed gtt titrate to sedation	[illegible]														
			[illegible]														
1 Nov 03	[redacted]	Fentanyl gtt, titrate to sedation	[illegible]														
~~1 Nov 03~~	[redacted]		[illegible]														
1 Nov 03	[redacted]	IV D5NS c 20KCL @ 125cc/hr	06														
			18														
1 Nov 03	[redacted]	Zosyn 3.375gm Q6 IVPB	06														
			12														
			18														
			24														
1 Nov 03	[redacted]	Propofol gtt titrate to effect	06														
			18														
8 Nov 03	[redacted]	Bacitracin do open areas @ R shoulder	06														
			18														
10 Nov	[redacted]	Cipro 500mg IVPB Q8°	08														
			16														
			24														

DC @ 7 Nov 03

DC @ 7 Nov 03

DC 10 Nov

Rewritten 2-19(5)

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW/SAH/Traumatic Aneurysm

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION: [redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

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
7 new	[redacted]	d Sedation when Dc	7 new	1750	1780	[redacted]
	----	Evaluate				
8 new	[redacted]	Begin IV, Dc Cordis	8 new	1200	1200	[redacted]
8 new	[redacted]	500 cc NS Bolus x1 new	8 new	1645	1645	[redacted]
8 new	[redacted]	Thorazine 10mg IM IM	8 new	1600	1600	[redacted]
	----	for 2 doses 1st dose now	9 new	0400		
9 new	[redacted]	D/C thorazine	9 new	0500	0500	[redacted]
9 new	[redacted]	1L NS Bolus x1 now	9 new	1630	1638	[redacted]
11 new	[redacted]	DC peripheral IV's use (L)			DON	[redacted]
	----	Subcl. line P CXR				
11 new	[redacted]	CXR for (L) SCL placement				[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
11 new	[redacted]	Tylenol Supp. Q4° for T>101.5	11 new 2030 1027 650mg	12 new 0910 650mg	2 Nov 1510 650mg	3 Nov 06 650mg	3 Nov 0945 650mg	3 Nov 1630 650mg	2030 JW	0100 JT	0445	4 Nov 1000	2000 1800	5 Nov 1600	9 new 1100	9 new 1027 2000	
	----		650mg	650mg	[redacted]	1026 650mg	1027	1027	65	[redacted]		1027	18	[redacted]	1028		
	----		10 Nov 650mg	11	11/20 10/03	11 Nov 0900	11 Nov 2000	5 100		1117		6 new 0020	7 new	14 new 100 650mg	14 new 1600		
4 new	[redacted]	Celebrex Vial	[redacted]		[redacted]												
	----	unit dose q4°					(b)(6)-2										
	----	prn when pg															
12 Nov	[redacted]	Tylenol supp @ 4°	11 Nov 1200 1000 103.9	12 Nov 2100 1630	13 Nov 0730 Tylenol sup.	1400 [redacted]	2115 13 Nov 650mg										
	----	for Temp > 101.5	[redacted]			[redacted]											

(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. NOV Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 15	16	17	18	19	20	21	22	23
1NOV	[redacted]	Dilantin 100mg IVPB q8°	06	[redacted]								
			14									
			22									
1NOV	[redacted]	Zantac 50mg IVPB	08									
		q 8°	16									
			24									
1NOV	[redacted]	IV D5NS c̄ 20KCL	[redacted]									
		@125 cc/hr	1									
8NOV	[redacted]	Bacitracin to open	06									
		area c̄ R shoulder	18									
			/									
12NOV	[redacted]	Vancomycin 1gm IVPB	10	[redacted]								
		Q12hrs	22									
			/									
12NOV	[redacted]	Tobramycin 100mg	08	[redacted]								
		IV Q8°	16									
			24									
			/									
12NOV	[redacted]	Primaxin 1gm IVPB	06	[redacted]								
		Q6hr	12									
			18									
			24									
12NOV	[redacted]	Fentanyl gtt - titrate	06	50								
		to effect	18									
12NOV	[redacted]	Versed gtt - titrate	06	10								
		to effect	18									

D/C 15NOV03 0800 CP [redacted]

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO
UNKNOWN

PRIMARY DIAGNOSIS:
GSW/Traumatic Aneurysm

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

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
15NOV [redacted]		MS04 2-4 mg	15NOV 1000	15NOV 1600	[redacted] 1800	17NOV 0105										
- - - - -	- - - - -	IVP PRN DYSNG Δ	4mg	4mg	2mg	8mg										
- - - - -	- - - - -	(5)161-2														
- - - - -	- - - - -															
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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. ____ Yr. ____

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 10	11	12	13	14	15	16
10Nov	[redacted]	Cipro 400mg IVPB	10	[redacted]						
		BID	22							
10Nov	[redacted]	Fentanyl gtt -	06	[redacted]						
		titrate to effect	18							
10Nov	[redacted]	Versed gtt	06	[redacted]						
		titrate to effect	18							
12 Nov	[redacted]	Vancomycin 1gm IVPB	10							
		@ 12°	22							
12Nov	[redacted]	Tobramycin 100mg IV q8°	08							
			16							
			24							
12Nov	[redacted]	Primaxin ~~70gm~~ 1gm IVPB q6°	06							
			12							
			18							
			24							
	[redacted]	wean off versed /	06							
		fentanyl	18							

(5)(6)-2

(5)(6)-2

Rewritten CPT [redacted] 15 NOV 03 0800

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW/SDH/Tramatic Aneurysm

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted] EPW

(5)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN NON (MEDICATIONS)				Mo._____ Yr. _____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
11NOV	[redacted]	Resume preop order				[redacted]
11NOV	[redacted]	Transfuse 2u PRBC			DUNEE	[redacted]
		(5)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													

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. 11 Yr. 03

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	DATE DISPENSED 22
11/20	[redacted]	Tobramycin 100mg	06	/	[redacted]
		q 8° IV	14		[redacted]
			22		[redacted]
11/21	[redacted]	Primaxin 1gm	06	/	[redacted]
		q 6° IV	12		[redacted]
			18		[redacted]
			24		[redacted]
11/21	[redacted]	Dilantin 100mg	06		[redacted]
		IVPB q 8°	14		[redacted]
			22		[redacted]
11/21	[redacted]	Zantac 50mg IVPB	06		[redacted]
		q 8°	14		[redacted]
			22		[redacted]
21	[redacted]	Vancomycin 1gm ~~IVPB~~	08	/	
		IVPB Q12°	20		[redacted]
21	[redacted]	Nebulizer Albuterol	02	/	[redacted]
		0.5/3cc NS Q4° (R.T.)	06		[redacted]
			10		
			14		
			18	/	
			22		[redacted]

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Penetrating Brain Injury
Traumatic Intracranial Aneurysm
Traumatic Soft Tissue Injury
(R) Scapula Shoulder, (R) Colon

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION

#[redacted]

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Init
11/21	[redacted]	D/C I.V. Fluids	11/21			
		(5)(6)-2				

Mo. Nov Yr.

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
21	[redacted]	Tylenol + - H PR Q4° prn temp	D/T													
			D/1													

*U.S. GPO: 1998-454-110/95216

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. Nov Yr. 05

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 22	23	24	25	26	27	28
11/22	[redacted]	Versed drip titrate/	06	[redacted]						
	------	Fentanyl drip	18	[redacted]						
	------	titrate sedation								
11/22	[redacted]	Nebs- Albuterol	02	[redacted]						
	------	0.3/3cc NS q 4hr	06	[redacted]						
	------		10	[redacted]						
	------		14	[redacted]						
	------		18	[redacted]						
	------		22	[redacted]						
11/22	[redacted]	D5 0.9NS @ 20KCL	06	[redacted]						
	------	@ 125cc/hr	18	[redacted]						

11/12	[redacted]	Δ IV Fluid to NSC	06	[redacted]						
	------	20K at 125cc/hr	18							
23/Nov	[redacted]	D5NS @ 20KCL @ 125	06	[redacted]						
	------	cc/hr.	18	[redacted]						

DC 20/11/03

(5)(b)-2

(5)(b)-7

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Ventriculostomy Failure/ R/O Sepsis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW # [redacted] (5)(b)-7

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

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
	-----	D/C Fent Versed. If he becomes	24/11	0800	0800	[redacted]
	-----	~~agitated~~ (tychypnic) will use another				(5)(4)-2
	-----	med to ↓ tychypnea/agitation				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													
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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. 11 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 22	23	24	25	26	27	28	29	30	31
11/22	[redacted]	Zantac 50mg	06	/	[redacted]								
		IVPB Q 8°	14	/									
			22										
			/										
11/22	[redacted]	DILANTIN 100mg	06	/	[redacted]								
		IVPB Q8°	14										
			22										
			/										
11/22	[redacted]	Tobramycin 100mg	06	[redacted]									
		IVPB Q8°	14										
			22										
			/										
11/22	[redacted]	Vancomycin 1gm	08	/	[redacted]								
		IVPB Q12hr	20										
			/										
11/22	[redacted]	Primaxin 1gm	06	/	[redacted]								
		IVPB Q6hr	12										
			18										
			24										
			/										
11/22	[redacted]	Nebs - Albuterol 02	24	/									
		0.3/3cc NS Q4hr 06	04	/									
		10	08	/	[redacted]								
		14	12	/	[redacted]								
		18	16		[redacted]								
		22	20		[redacted]								
			/										

DCd

rewritten

[redacted] 23 NOV 03

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Ventriculostomy Failure / R/O Sepsis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED													
22Nov04	[redacted]	Tylenol 650mg Al prn	24Nov 1320													
		temp 7101.5	[redacted]													
		(b)(6)-2														

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. 12 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
28 NOV	[redacted]	Zantac 150mg PO BID	08	[redacted]						
	--		20							
29 DEC	[redacted]	Colace 100mg PO BID	10							
	--		22							
31	[redacted]	Neurontin 300mg po TID	6							
	-----		14							
	-----		22							

(b)(6)-2

[redacted]

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) FRONTAL CRANI. from IED

ADDITIONAL PAGES: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. 12 Yr. 83

Verify by Initialing: Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
25	[redacted]	Tylenol #3 2tabs x 1 now	25 Dec			[redacted]

(b)(6)-2

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
04 DEC	[redacted]	Tylenol 325mg tabs 1-2 po q 4-6° prn pain	D/T	28 Dec 1500												
			D/I	[redacted]												
09 DEC	[redacted]	Tylenol #3 1-2 tabs po q 4-6° prn	D/T	25 Dec 1950	26 Dec 0815											
			D/I	2	HDO											
26	[redacted]	Percocet 1-H po 0.4° prn	D/T	26 Dec 1200	26 Dec 1800	26 Dec 2200	27 Dec 0730	27 Dec 1330	27 Dec 1703	28 Dec 0800	28 Dec 2045	29 Dec 0700	29 Dec 1610	30 Dec 0030	30 Dec 0815	30 Dec 2220
			D/I	HDO	HDO	2	2	2	2	2	2	2	2	HDO		π
12/27	[redacted]	Ambien 5-10mg PO prn qHS	D/T	28 Dec 2050												
			D/I	1												
12/29	[redacted]	BISACODYL SUPPOSITORY PRN FOR CONSTIPATION	D/T	30	31 Dec	Jan										
			D/I	[redacted]												
26	[redacted]	Percocet T-π po q 4° prn	D/T	[redacted]												
			D/I	[redacted]												

D/CD

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. 12 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED
11-28	[redacted]	Zantac 150mg PO BID	08	[redacted]
	-----		20	

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

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: ST P (R) frontal cerani from JED

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
20Dec03	[redacted]	M.O.M 30cc POX1	20Dec03	—	—	[redacted]

(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
12-4	[redacted]	Tylenol 325mg tabs	D/T	16DEC 1200	19DEC 2200	20DEC 0900	20DEC 1400	20DEC 2000	21 DEC 0700	21 DEC 1700	21DEC 2315	24DEC 1550	24DEC 1930			
		1/1 - 11/11 POQ4-6 PRN Pain	D/I	1050	[redacted]											
9Dec	[redacted]	Tylenol #3 1-2 tabs	D/T	[redacted]	11DEC	12 DEC 0900	12DEC 1415	12DEC 1930	13DEC 0745	13DEC 2000	14DEC 2625	14DEC 1500	15DEC 0900	16DEC 1045	16DEC 2310	17 DEC
		PO Q°4-6 PRN	D/I	0925 11 DEC	[redacted]											
		Tylenol #3 1-2 tabs	D/T	17 DEC 2000	18 DEC 0810	18DEC 1415	19DEC 0840	19DEC 1440	21 DEC 1100	21DEC 2045	22DEC 0755	22DEC 1410	22DEC 2000	23DEC 0005	23DEC 1000	23DEC 1950
		PoQ 4-6° PRN	D/I	[redacted]												
9DEC	[redacted]	Tylenol #3 1-2 tabs po Q4-6° prn	D/T	24DEC 0745	25DEC 0900											
			D/I	1180	[redacted]											

*U.S. GPO: 1998-454-110/95216

CONTROLLED SUBSTANCE INVENTORY									To be used with DA Form 3949-1
DATE /	ITEM								
YEAR 03									
MONTH NOV									
Day	Hour	Patient's Name: First and Last	Ordered By: 1st Initial, Last Name	Administered By: Legal Signature	Amount Admin.	Amount Wasted	Witness: Legal Signature	Receipts	Balance
		Balance Brought Forward							
1 NOV	1250	Pharmacy	[illegible]	[illegible]	[illegible]			50	50
1 NOV	2245	# 1198	Armonda	[redacted]	20	30	[redacted]		Ø
					(5)(61-2				

WAMC Form 40-3c, 1 June 01 (MCXC-DN)

[redacted] (5)(61-7

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. 11 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 28	29	30	1	2	3	4	5	6	7	8	9	10
11-28	[redacted]	Humidified air to	D	[redacted]												
		tracheostomy	N													
11-28	[redacted]	~~Reg Diet~~ error	B	[redacted]												
		~~Mechanical Soft~~ error	L													
		Regular Diet	D													
11-28	[redacted]	OOB 7 chair TID	06	[redacted]												
			14													
			22													
11-28	[redacted]	Dressing Δ's TID	08	[redacted]												
		wet to dry c̄ .025	16													
		Dakins solution	2[illegible]													
		upper BACK														
11-28	[redacted]	Foley to gravity	D	[redacted]												
			N													
30 Nov 03	[redacted]	4 point restraints per	D	[redacted]												
		protocol	E													
			N													
1 Dec 03	[redacted]	Calorie count	07													
			11													
			17													
3 Dec	[redacted]	Braden Scale 7d	01-21 21-04													
3 Dec	[redacted]	~~PTup~~ PTw ↑ (L) arm	D													
		(L) leg movements	N													

Dosal 30 Nov 03

Removed 2 Dec 03

error

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) frontal Crani from IED.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW # [redacted] (5)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

1
29
33
62

Verity 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
11.28	[redacted]	TX to ICW#2	11.28	1000	—	—
11.28	[redacted]	Cond: Stable	—	—	—	—
1 DEC	[redacted]	Transfer to Camp 2 DEC	2 DEC			
2 DEC	[redacted]	D/C Foley ~~DTV 1700~~	12/2	—	1100	[redacted]
2 DEC	[redacted]	DTV 1700	12/2	1700	[redacted]	

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

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
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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. 01 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 19	20											
28NOV	[redacted]	Regular diet	6	[redacted]												
			14													
			22	[redacted]												
28NOV	[redacted]	OOB → CHAIR TID	6	[redacted]												
			14													
			22	[redacted]												
28NOV	[redacted]	Drsg Δ TID, WTD ĩ	8	[redacted]												
		Dakins Soln to	16													
		upper back	22	[redacted]												
28NOV	[redacted]	2pt restraints per	6	[redacted]												
		protocol	14													
			22	[redacted]												
28NOV	[redacted]	Braden Scale Q7D	D	/	/	/	/	☐	/	/	/	/	/	/	☐	/
4JAN	[redacted]	N.I.D: Falls Risk	10	[redacted]					☐							☐
		assessment Q7D: pen	/													

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P FRONTAL CRANY (LED)

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo 01 Yr ~~2003~~ 07
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
19 JAN	[redacted]	D/C to prison in AM	20			
	----	(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED													
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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. 01 Yr. 04 ~~2003~~

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 6	7	8	9	10	11	12	13	14	15	16	17	18
28Nov	[redacted]	Regular Diet	06	[redacted]												
			14													
			22													
28Nov	[redacted]	OOB → Chair TID	06													
			14													
			22													
28Nov	[redacted]	Dsg Δs TID WTD c̄ .025%	06													
	[redacted]	Dakin's Soln Upper Back	16													
		10Jan03	24													
28Nov	[redacted]	4 point restraints per	06													
		protocol	14													
			22													
28Nov	[redacted]	Braden Scale Q7 days	06-14													
4Jan04	[redacted]	N10: Falls Risk assessment	10													
		Q7D & PRN														

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P frontal Crani. from IED

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

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. 12 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 24	25	26	27	28	29	30	31	1	2	3	4	5
28 Nov	[redacted]	Regular diet	06 18	[redacted]												
			18 06													
28	[redacted]	OB → chair TID	06 18													
			18 06													
28	[redacted]	SQ Δs TID WTD c̄ .025	08													
		Dakin's soln upper back	11													
			24													
28	[redacted]	4-point restraints per	06 18													
		protocol	18 06													
28	[redacted]	Braden scale q7days	06 18													
			18 06													
4 PRN	[redacted]	NO: Fall risk assessment	10												[redacted]	
		q7D & PRN														

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO	PRIMARY DIAGNOSIS: S/P (R) FRONTAL CRANI. FROM IED	ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO:

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 12 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
03 Dec	[redacted]	PTW/↑ @ arm/@ leg movement				
26	[redacted]	CT brain's contrast today	26DEC	0945	0945	[redacted]
26	[redacted]	P.T. → issue care	26DEC	1000	1000	[redacted]
26	[redacted]	CSF for ① pro/glucose ② Cell ct ③ gram stain & cx	26DEC	1200	—	[redacted]
26	[redacted]	BRx 6 hours 1130-1730	26DEC	—	—	[redacted]

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

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
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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. 12 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED
11-28	[redacted]	Regular Diet	06	[redacted]
			18	
11-28	[redacted]	OOB → Chair TID	06	
			14	
			22	
11-28	[redacted]	DSG Δ's TID WTD	08	
		~~OO~~ C̄ .025 Dakins	14	
	[redacted]	solution upper back	24	
11-30	[redacted]	4 point restraints per	06	
		protocol	18	
3Dec	[redacted]	Braden Scale 7 day ~~PT~~	06	
			18	X X X X X X
3Dec	[redacted]	PT WT (L) arm (L) Leg	06	[redacted]
		mvmt	18	

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) Frontal Crani from IED

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION: Re-written

[redacted] (5)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

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. 1 Yr. 04

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 2	3	4	5	6	7	8	9	10	11	12	13	14	15
28 Nov	[redacted]	Zantac 150mg	08	[redacted]													
		PO BID	20														
29 Dec	[redacted]	colace 100mg	10														
	-----	PO BID	2														
31 Dec	[redacted]	Neurontin 300mg															
	-----	PO TID	06														
	-----		14														
	-----		22														
7 Jan 04	[redacted]	Dilantin 100mg PO	06														
	-----	TID	14														
	-----		22														

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

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) Frontal craniotomy for TBI

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

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

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
7 Jan 2010	[redacted]	Dilantin 1000mg po x1	7 Jan	Now	2010	[redacted]

(5)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
4 Dec	[redacted]	Tylenol 325mg tabs 1-2 PO q4-6° prn pain	D/T	5Jan 2350	6Jan 2355	7Jan 1750	11Jan 1410	14Jan 0630									
			D/I	[redacted]													
26 Dec	[redacted]	Percocet 1-4 PO Q4° PRN	D/T	2JAN 1100	2Jan 1950	3Jan 0000	3Jan 2250	4Jan 1420	4Jan 2115	5JAN 0700	5Jan 2045	6JAN 0740	6Jan 1645	7JAN 1330	8JAN 2015	8JAN 0005	re-written
			D/I	[redacted]													
12/27	[redacted]	Amblen 5-10mg PO prn qHS	D/T	4Jan 0120	5Jan 0100												
			D/I	10mg [redacted]													
12/29	[redacted]	Bisacodyl suppository PRN for constipation	D/T	7JAN 2245													
			D/I	+ MA													
2Jan	[redacted]	milk of magnesia 30ml PO BID PRN constipation	D/T	2Jan 1025	5Jan 1750	7Jan 1930											
			D/I	3000 cp													
2Jan	[redacted]	mg citrate 1/2-1 bottle PO BID PRN severe constipation	D/T	2Jan 1000													
			D/I	1000 cp													
26 Dec	[redacted]	Percocet 1-4 PO Q4°	D/T	9Jan 0140	9Jan 1500	9JAN 2310	10JAN [redacted]	10Jan 2030	11JAN 0010	11Jan 1810	12JAN 0020	12JAN 1430	14JAN [redacted]	14JAN [redacted]	14Jan [redacted]	15JAN 1130	15JAN 1630
			D/I	[redacted]													

(5)(6)-2

(5)(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. 11 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 28	29	30	1	2	3	5	6	6	7	8	9	10	11
11·28	[redacted]	Vancomycin 1gm	10	[redacted]													
	-----	IVPB Q12° X 5days	22														

11·28	[redacted]	Primaxin 1gm	06	[redacted]													
	-----	IVPB Q6° X 5days	12														
	-----		18														
	-----		24														

11·28	[redacted]	Tobramycin 100mg	08	[redacted]													
	-----	IVPB Q8° X 5days	16														
	-----		24														

11·28	[redacted]	Zantac 150mg PO BID	06	[redacted]													
	-----		18														

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

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: s/p (Rt) frontal craniotomy IED

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

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

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
12-4	[redacted]	Dulcolax Supp. PR x 1 now	12-4	0930	0930	[redacted]

(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
11-30	[redacted]	Tylenol #3 15-30cc P.O. - Q 4-6° PRN pain	11-30 1247	3Dec 1047	12-3 1024	5Dec 2134	09Dec 1020									
			30Dec	BM	1959	〃	(2) PO									
			[redacted]													
12-4	[redacted]	Tylenol 325mg tabs 1-〃 P.O. Q 4-6° PRN pain	12/4 1010	12/4 1530	3Dec 1048	8Dec 1610	16Dec 1744									
			〃	〃	〃 PO	〃	〃									
			[redacted]													
9Dec	[redacted]	Tylenol #3 1-2 tabs po Q4-6° PRN	D/T	9Dec 2100	10Dec 0525											
			D/	〃	〃											
			[redacted]													

D/C'd 9Dec

(b)(6)-2

*U.S. GPO: 1998-454-110/95216

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 01 Yr. 04

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
31 Dec	[redacted]	Neurontin 300mg	06	[redacted]				
	-----	PO TID	14					
	-----		22					
7 Jan 04	[redacted]	Dilantin 100mg PO	06					
	-----	TID	14					
	-----		22					
28 Nov 03	[redacted]	Zantac 150 mg PO	08					
	-----	BID	22					
29 Nov	[redacted]	Colace 100mg PO	08					
	-----	BID	7					

	-----	(5)(6)-2						

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (R) frontal Cranio from IED

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: (5)(6)-4 [redacted]

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

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
19 Jan	[redacted]	D/C to Prison in AM	19 Jan	—		[redacted]

(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
4 Dec	[redacted]	Tylenol 325mg tabs 1-2 PO Q4-6° PRN Pain	D/T	16 Jan 0030	17 JAN 2233												
			D/I	ii ~~iii~~	ii												
26 Dec	[redacted]	Percocet i-ii PO Q4° PRN	D/T	16 JAN 1100	16 JAN 1515	17 JAN 1445	17 JAN 1045	18 JAN 1240	18 JAN 1700	19 JAN 2155	20 JAN 0235						
			D/I	ii	ii po	ii	ii	[redacted]	ii po	ii	ii						
27 Dec	[redacted]	Ambien 5-10mg PO PRN QHS	D/T														
			D/I														
29 Dec	[redacted]	Bisacodyl Suppository PRN for constipation	D/T/I														
2 Jan	[redacted]	Milk of Magnesia 30 ml PO BID PRN constipation	D/T														
			D/I														
2 Jan	[redacted]	mg Citrate 1/2-1 bottle PO BID PRN Severe Constipation	D/T														
			D/I														

*U.S. GPO: 1998-454-110/95216

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TRAUMA FLOWSHEET
The proponent is Dept of Surgery

OTSG APPROVED *(Date)*
QI Appr 11 Jun 97

EMS REPORT

TIME: _____ ETA: _____ UNIT: _____
MED COM: [Y] [N] _____

ARRIVAL STATUS

TIME _____ ☐ IV x _____ ☐ O_2 _____ 1/min ☐ C-Spine Immob
Meds: ☐ UKN ☐ None ☐ Yes: _____
Allergies: ☐ UKN ☐ None ☐ Yes: _____
Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake _____ hrs
LMP: _____ ☐ _____

PRIMARY SURVEY

AIRWAY
☐ Natural Patient [Y] [N]
☐ ETT _____ ☐ _____
☒ Secretions ⊕ emesis

BRETHING
☒ Labored ☐ Unlabored ☐ Absent
TRACHEA: ☒ Midline ☐ Deviated [L] [R]
CHEST SYMMETRY: [L] > = < [R]

CIRCULATION
PULSE: ☒ Present ☐ Absent
BLEEDING: [Y] [N]
HEART TONES: ☒ Clear ☐ Muffled
SKIN: ☐ Warn ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic ☐ _____
☐ Dry ☐ Moist ☐ Diaphoretic

SECONDARY SURVEY

DISABILITY
GCS: E 1
V 2
M 4
7
SPHINCTER TONE:
☐ WNL paralysed
☒ None

HEAD
PUPILS: ☐ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]
TM: ☐ Clear ☐ Blood [L] [R]

NECK
C-Spine Tenderness: ⊕ stepoff / wounds [Y] [N]
Pain @ _____
JVD: [Y] [N]

HEART
RHYTHM: ☒ Regular ☐ _____
PULSES: ☐ Central ☒ Peripheral

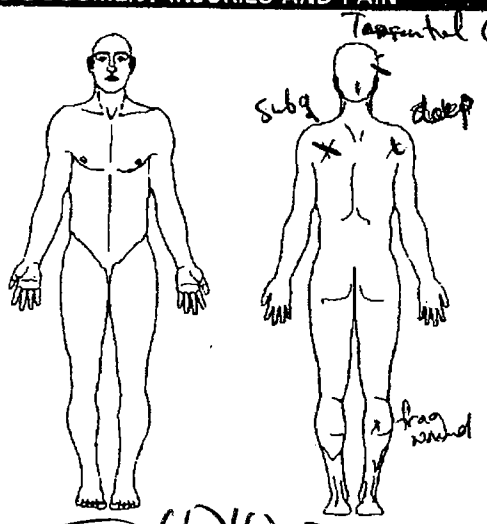
LUNGS
BREATH SOUNDS: ☒ Bilat ☒ Equal ☒ Clear coarse
Decreased [L] [R] Absent [L] [R]
Wheezes [L] [R] Crackles [L] [R]

ABDOMEN
☒ Soft ☐ Rigid ☐ Non-Tender
☐ Tender: —+—

PELVIS
☒ Stable ☐ Unstable ☐ _____
Blood at meatus/vagina: [Y] [N]
Heme+/- Prostate: ☐ WNL ☐ Abnl

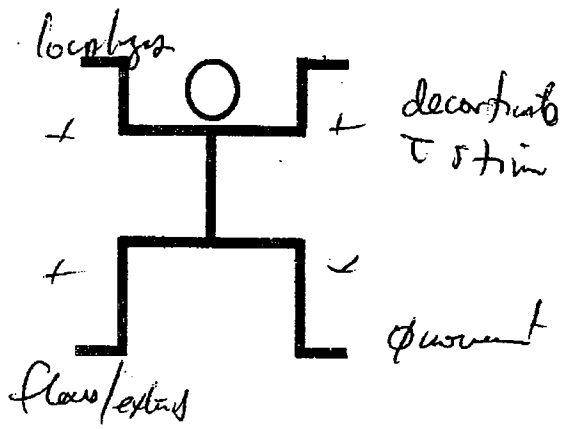
USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



(b)(6)-2

VASCULAR ASSESSMENT



+ + Strong	+ Palpable	D Dopler

RN LT [redacted]

PHYSICIAN [redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC EMT

DATE 01 Nov 05

PATIENT'S IDENTIFICA[redacted]e: Name--last, first, middle; grade; date; h[redacted]

(b)(6)-4

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

DA FORM 1 MAY 78 4700 REQUIR[redacted] BY DD FORM 2005. [redacted]ETE.

MEDCOM - 22939

EAMC OP 503, 1 Dec 98

(b)(6)-2

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
0749	ET Intubation	8.5	☒ Oral ☐ Nasal Teeth	[redacted]	☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR
0800	Gastric Tube	18 F	☒ Oral ☐ Nasal	[redacted]	☐ Air ☐ Contents ☒ Verified Suction: (Y) N
0806	Urinary		☐ Meatus ☐ Supra-Public	[redacted]	☐ Return ____ cc ☐ Heme Dip: + - ☒ Secured
	DPL		☐ Opened ☐ Closed		☐ Grossly: + - Cell count Sent@ ____
	Chest Tube #1		L R		☐ Air ☐ Blood ☐ Pleuravac ____ cm ☐ Autotransfuser
	Chest Tube #2		L R		☐ Air ☐ Blood ☐ Pleuravac ____ cm ☐ Autotransfuser
	12 Lead	Rhythm:		Comments	

ABG SITE	TIME	%O_2	pH	BE	pCO_2	PO_2	O_2 Sat	HCO_3
1)								
2)								

LABS

TIME	LABS
	☐ D-stick ____ ☐ SHct ____
	☐ D-stick ____ ☐ SHct ____
0745	☒ CBC ☒ Chem ☒ PT/PTT
	☐ ETOH ☒ T&S ☒ T&C x 4 units
	☐ Tox Screen
	☐ UA ☐ HCG
	☐ OTHER
	☐ OTHER

X-RAYS

TIME	LABS
0753	☒ Chest Initial
	☐ Chest Post ET
	☐ Chest Post CT
	☐ C-Spine
	☐ Pelvis
0753	☒ (L) tib/fib
	☐
	☐

TIME	PROCEDURE	ACCOMPANED BY	RETURN
0807	CT Scan: ☐ Contrast		
	☒ Head ☐ Abd ☐ Pelvis		
	☐ C-Spine ☐ T/L Spine ☐ Chest		
	☐		
	A-Gram Site:		

IV ACCESS & FLUIDS

TIME	#	GA	IAW SOP		SITE	IVF TYPE	AMT UP	AMT IN
0744	1	18	Y	N	(L) AC	NS	1L	
0753	2	Center line	Y	N	fem	NS	1L	
			Y	N				
			Y	N				

MEDICATIONS

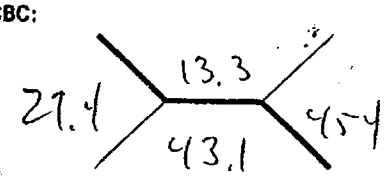
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
atomidate	0747	20	IV						
lidocaine	0746	100	IV						
fentnal	0746	50	IV	0800	100	IV			
VEC	0748	1	IV	0815	[illegible]	IV			
SUCS	0748	100	IV						

BLOOD PRODUCTS

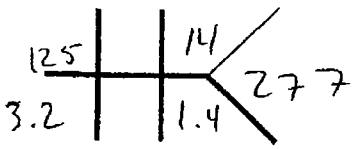
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	WT

LAB RESULTS

CBC:



Chem:



CK 717

INTAKE & OUTPUT

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL

TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon				
Anesth				
X-Ray				
RT				
Ortho				
Neuro				
Chaplain				

VALUABLES & CLOTHING

V	STATUS	C
	None Found	
	Given to Patient	
	Given to Family	
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696	
	Other: See Nursing Notes	

DISPOSITION

☐ Home ☐ ____

Admitted to ____

Report Called to ____

Time Transferred ____

Accompanied By ____

tcher ☐ Wheelchair

MEDCOM - 22940

VITAL SIGNS

Rectal Temp: 94.4 - ear

GCS: 7

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
0840	102/57	132		35	96%	RA					
0846	108/56	123		29	100%	BVM					
0750	116/82	117		21	100%	intubated					
0755	147/85	102		31	100%	intubated					
	/										
	/										
	/										
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GLASGOW COMA SCALE

EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

Staff note

GCS 7 ⓒ emesis prior to arrival. ⓒ secretions. Intubated c̄ 8.5 ET ⓑ, Pox 100% w/ bag episodes. Heal ⓒ GSW perforating c̄ transmural scalp wound. F/U CT ⓒ subdural c̄ mass effect → OR. CXR ET in place after cleaning. Hemodynamically stable at time of response. [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

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

INITIAL SHIFT ASSESSMENT

	TIME		INITIALS		INITIALS		INITIALS
NEURO	PUPILS						
	SENSORIUM						
RESPIRATORY	RESPIRATORY PATTERN						
	BREATH SOUNDS						
	SECRETIONS						
SKIN	COLOR						
	INTEGRITY						
IV SITE	LOCATION						
	CONDITION						
GASTRO	ABDOMEN						
	BOWEL SOUNDS						
GU	URINE:						
	COLOR/CLARITY						
CARDIOVASCULAR	CARDIAC RHYTHM						

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 2

DATE 1 Nov 03

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

EPW # [redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 1 Nov 03 | DX GSW → head | HOSPITAL DAY 1

VITAL SIGNS

TIME	1230	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
BP Arterial Line	155/80	170/90	120/50	128/57	133/67	117/72	124/67	124/66	119/63	126/67	125/65	130/68	132/69	132/68	131/68	138/74	139/72	152/74
BP Cuff																		
Temperature	96.6	98.0	101.9	102.5	102.3	102.4	103.2	102.7		102.2	101.8	101.2	100.9	100.4		100.4		100.2
Pulse	86	131	116	110	104	101	102	98	96	98	91	91	88	86	86	85	83	94
Respiratory Rate	12	26	16	18/18	18/18	18/18	18/18	18	18	18	18	18	18	18	18	18	18	18
MAP	106	112	72	78	87	90	83	81	80	83	81	83	85	84	84	87	98	99
FiO_2	100%	40%	40%	40%	40%	40%	40%	40	40	40	40	40	40	40	40	40	40	40
SaO_2	100%	95%	100%	100%	100%	100%	100%	100	100	100	100	100	100	100	100	100	100	100
ICP	4	15	10	8	7	8	11	7	7	6	7	7	6	6	6	5	6	5

INTAKE

TIME									8° T									8° T
Main	20	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
IVPB	-	-					50				100		150					
Versed	3	-	-	-	-	-	-	D/C										
Fentanyl	20	-	-	-	-	10	10	10	10	10	10	10	10	10	10	10	10	10
propofol		24	24	14.4	14.4	14.4	14.4	14.4	12	12	12	96	96	96	96	96	96	96
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL	500/500		200/700		400/1100		300/1400		150/1550		90/1640		95/1735	65/1800		110/1910		180/2090
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Ventric				Ø			15								45		50	45
	J.P. drain				70			20			20					20			
TOTALS																			

POST-OP DAY DOS

VITAL SIGNS	
V	96
I	124/67
T	
A	101
L	18/30
S	83
	40
	100
	7

INTAKE	
I	125
N	
T	10
A	12
K	
E	

8° T

OUTPUT	
O	60/2150
U	
T	
P	
U	65
T	20

ACUITY LEVEL CLASSIFICATION

RESPIRATORY							
	TIME	2145	2330	0130	0300	0600	
	MODE	Simv	Simv	SIMV	SIMV	simv	
	F_IO_2	40	40	40	40	40	
	TV	750	750	750	750	750	
	RATE	18	18	18	18	18	
	PEEP	5	5	5	5	5	
ARTERIAL BLOOD GAS	pH	7.485	7.48	7.449	7.429	7.43	
	PCO_2	31.7	32.7	30.6	31.3	30.4	
	pO_2	136	148	168	176	127	
	HCO_3	21	21	19	21	20	
	SAT	99	99	99	100	99	
	BASE	-4	-4	-5	-4	-4	

LABORATORY							
	TIME	2145	2330	0130	0300	0600	
	GLUCOSE						
	Na/K	141/3.5	141/3.5	141/3.5	143/3.4		
	Cl/CO_2						
	BUN/Cr						
	WBC/PLATELET						
	Hct/Hgb	31/11	31/11	31/11	30/10		

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

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	4081	Urine:	2520
po			
TOTAL		TOTAL	

BALANCE _____

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

NEUROLOGICAL ASSESSMENT

		HOURS	19	20	21	22	23	24	01	02	03	04	05	06
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4												
		TO SPEECH 3												
		TO PAIN 2								Z				
		NO EYE OPENING 1	1	1	1	1	1	1	1	1	1	1	1	
	BEST VERBAL RESPONSE	ORIENTED 5												
		CONFUSED 4												
		VERBALIZES 3												
		VOCALIZES 2												
		NO VOCALIZATION 1	1	1	1	1	1	1	1	1		1	1	
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6												
		LOCALIZES PAIN 5					5	5	5	5	5	5	5	
		FLEXION WITHDRAWAL 4												
		ABNORMAL FLEXION 3												
		EXTENSION TO PAIN 2												
		NO MOTOR RESPONSE 1	1	1	1	1								
LIMB MOVEMENT	ARMS	NORMAL POWER												
		MILD WEAKNESS					R	R	R	R	R	R	R	
		SEVERE WEAKNESS							L	L	L	L	L	
		ABNORMAL FLEXION												
		ABNORMAL EXTENSION												
		NO RESPONSE	B	B	B	B	L	L		L	L			
	LEGS	NORMAL POWER												
		MILD WEAKNESS					R	R	R	R	R	R	R	
		SEVERE WEAKNESS										L	L	
		ABNORMAL FLEXION												
		ABNORMAL EXTENSION												
		NO RESPONSE	B	B	B	B	L	L	L	L	L			
PUPILS	RIGHT	SIZE	1	1	1	1	1	1	2	1	1	2	2	
		REACTION	–	–	–	–	+	+	+	–	–	+	+	
	LEFT	SIZE	1	1	1	1	1	1	2	1	1	2	2	
		REACTION	–	–	–	–	+	+	+	–	–	+	+	
PUPIL SCALE			2				3			4		5	6	7 mm
ICP			7	7	6	7	7	6	6	6	5	5	5	
CEREBRAL PERFUSION PRESSURE			74	73	77	74	78	79	78	78	82	89	89	

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		19	20	21	22	23	24	01	02	03	04	05	06
	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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	1300	INITIALS [redacted]	INITIALS	1900	INITIALS [redacted]
NEURO	PUPILS		PERRL @ 2 mm. Pt			Nonreactive Pupils	
	SENSORIUM		on Fent 40 mcg/hr @ 15cc/hr			pinpointed @ 2mm.	
			& Propofol @ 40 mcg/kg/min via Gomco			sedated c̄ propofol @ 40mcg/kg/min	
			D5 NS c̄ 20 KCL @ 125cc/hr IV			Fentc̄ 200cc/hr. D5NS c̄ 20KCL 125cc/hr	
			(L) 18G IV FA 5%/50%	Ett tape @ 21 @ lip secured c̄ tape			
RESPIRATORY	RESPIRATORY PATTERN		Intubation or intubat.	Pt moaned to painful		on vent c̄ settings of	
	BREATH SOUNDS		= rise & fall of chest.	stimuli.		SIMV = 12; TV = 750; PEEP = 5;	
	SECRETIONS		pil. Wheezing noted			FIO2 = 40%. Equal rise &	
			bil. Pt on vent SIMV			fall of chest. wheezing/bronchi to (L)	
			R 18, P 5, TV 750 40%			side of chest. (R) side clear.	
			FIO2. No Resp distress noted				
SKIN	COLOR		WNL for race. Pt has	DSG (R) shoulder area CDI		Dsg to head D&I,	
	INTEGRITY		DSG to head c̄ SP drain	(R) scapular scant amt		Dsg to (R) calf c̄ minimal drainage	
			intact. DSG CDI. ICP drain	intact light bloody drainage		Dsg to (R) posterior thigh is D&I	
IV SITE	LOCATION		DSG to (R) buttock/thigh post.	Noted on DSG. WNL		Dsg to (R) buttock, & (R) shoulder D&I	
	CONDITION		CDI. (R) post. Calf. DSG	Cont to monitor			
			scant amt. light bloody drainage	A line WNL (L) radial		IV to (R) arm; IV to (L)	
			noted. IV (L) FG FA 5%			forearm; (R) fem central	
			no infection or inflammation			line; & all c̄ Ø signs of	
			noted or tent. DSG (R) post.			infection; (L) ulnar	
GASTRO	ABDOMEN		FA 5%/50% infection or	NGT to LIS, NGT secured		A-line intact.	
	BOWEL SOUNDS		inflammation noted. Flow @ lip c̄ tape.			Hyperactive BS x 4	
			bil. Central line D&I			soft, and distended;	
			5%/50% infection or inflammation noted				
GU	URINE:		DSG CDI. Abd soft nondistended			Foley to gravity, clear	
	COLOR/CLARITY		DSG hyperactive. Foley			& yellow.	
			to gravity c̄ clear amber				
CARDIOVASCULAR	CARDIAC RHYTHM		Wline noted. ST HR			S1 & S2 present,	
			90's. (+) radial & pedal			NSR Heart Rate in the	
			pulses bil. Cap refill			top 80's. Cap refill 2 sec	
			< 3 sec @ fingers &			x4 extremities, pedal pulses	
			toenail beds bil.			x4.	

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 | DATE: 2NW

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

EPW

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 2 Nov 03 DX GSW Head HOSPITAL DAY

VITAL SIGNS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
BP Arterial Line	145/71	169/73	116/58	127/60	141/64	121/57	143/72	124/58	131/64	125/58	140/67	122/51	109/60	99/61	117/70	109/60	101/60
BP Cuff																	
Temperature	-	100.8	102	100.7	101	100.7	100.5 A	100.4 A	99.3 A	98.9 A	99.9 A	101.2 A	99.6 A	99.2		99.6	99.8
Pulse	88	123	102	88	98	91	92	85	83	84	103	105	91	85	93	86	85
Respiratory Rate	18/18	19/18	19/18	15/18	23/16	18/18	18	18	14	14	12	12	12	12	12	12	12
MAP	91	97	73	49	52	74	91	98	83	76	89	75	63	62	75	74	73
FiO_2	40%	40%	40%	40%	40%	40%	40%	40	40	40	40	40	40	40	40	40	40
SaO_2	100%	100%	100%	100%	100%	100%	100	100	100	100	100	100	100	100	100	100	100
ICP	5	11	4	7	8	8	Ø	Ø	12	12	11	11	12	12	8	10	10

INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
TIME									8° T								8° T
Main	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
IV PB	150	50	50	-	-	50				100		-	50				100
Fentanyl	10	10	15	10	10	15	15	15	15	15	15	20	20	20	20	20	20
propofol	12	12	12	96	96	144	192	192	192	192	192	192	192	192	192	192	192
TOTALS																	

OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
URINE	HOUR / TOTAL	60/60	80/140	100/240	60/270	60/330	60/390	110/500	100/600	140/740	50/790	200/990	160/1150	100/1250	110/1360	100/1460	160/1620	170/1790
	sp gr																	
	S/A																	
NG	OUTPUT						100	50	Ø	Ø	Ø	Ø	Ø					
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	Subdural	40	60	50	15	40	45	50	20	20	10	50	35	10	5	30	10	15
	J Pdrain							20	Ø	Ø	Ø	Ø	10		50			
TOTALS																		

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06		
	114/62	129/62	107/62	119/59	133/68	128/61	114/51		
	99[1]	100[3]	100[2]	100[2]	100[2]	101[3]	101[2]		
	91	102	86	98	100	105	100		
	12	12	12	12	12	12	12		
	80	81	74	74	86	79	74		
	40	40	40	40	40	40	40		
	100	100	100	100	100	100	100		
	11	12	12	12	13	13	10		
INTAKE									8° T
	125	125	125	125	125	125	120		
	50	100							
	20	20	20	20	20	20	20		
	19[2]	19[2]	19[2]	19[2]	19[2]	19[2]	19[2]		
OUTPUT	70/1660	70/1730	75/1805	70/1875	200/2075	100/2175	100/2278		
							50		
									11
									2278
									555
	20	20	Ø	10	10	5	20		2433
						30			
							555		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	1440								
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH	7.481								
A	PCO_2	25.5								
B	pO_2	170								
B	HCO_3	19								
G	SAT	100								
G	BASE									

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

wt Yesterday _____ wt Today _____

INTAKE: IV _____ po _____ TOTAL _____

OUTPUT: Urine: _____ TOTAL _____

BALANCE 14°Ø

NURSE'S SIGNATURE: [redacted]

INITIALS: (5)(6)-2

NEUROLOGICAL ASSESSMENT

		HOURS	08				12			18	19	20	21	22	23	24	01	02	03	04	05	06				
COMAS SCALE	EYES OPEN	SPONTANEOUSLY 4																								
		TO SPEECH 3																								
		TO PAIN 2																								
		NO EYE OPENING 1	1				✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
	BEST VERBAL RESPONSE	ORIENTED 5																								
		CONFUSED 4																								
		VERBALIZES 3																								
		VOCALIZES 2																								
		NO VOCALIZATION 1	T				T			T	T	T	✓	✓	✓	✓	✓	✓	✓	✓	✓					
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6																								
		LOCALIZES PAIN 5																								
		FLEXION WITHDRAWAL 4	1				1																			
		ABNORMAL FLEXION 3																								
		EXTENSION TO PAIN 2								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
		NO MOTOR RESPONSE 1																								
LIMB MOVEMENT	ARMS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS	✓				✓			R/L	R/L	R/L	✓	✓	✓	✓	✓	✓	✓	✓	✓					
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE																								
	LEGS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS	✓				✓			R/L	R/L	R/L														
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE																								
PUPILS	RIGHT	SIZE	2				2			2	2	2	2	2	2	2	2	2	2	2	2					
		REACTION	+				+			–	–	–	–	–	–	–	–	–	–	–	✓					
	LEFT	SIZE	2				2			2	2	2	2	2	2	2	2	2	2	2	2					
		REACTION	+				+			–	–	–	–	–	✓	–	–	–	–	–	✓					
PUPIL SCALE			2			3			4			5			6			7 mm								
ICP			11				8			11	12	13														
CEREBRAL PERFUSION PRESSURE			80				66																			

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
INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630 INITIALS [redacted]	1800 INITIALS [redacted]	INITIALS
NEURO	PUPILS	2 mm sluggish OH, jaundiced	2mm sluggish	
	SENSORIUM	Sedated - Propofol - 40mcg/kg/min	Sedation	
		Fentanyl - 20 mg/hr	Propofol 40mcg/kg/min	
		Ventricular ostomy	Fent. 200 mcg/hr	
RESPIRATORY	RESPIRATORY PATTERN	Equal rise + fall of chest	SIMV 15 ↑ @ 1900 16	
	BREATH SOUNDS	#8.5 ETT, 21cm @ lip	760 TV PEEP 5 FIO2 40%	
	SECRETIONS	VENT SIMV 14, PEEP 5, TV 760	Ø secretion	
		FIO2 40%, Coarse (B) BS	Even Regular vent support	
		(R) Lung insp + EXP wheezes	Wheezes on (L)	
		thick yellow secretions from ETT		
SKIN	COLOR	Normal for Race	Normal for Race	
	INTEGRITY	Bu		
		STAGE II ulcers on (B) feet, medial		
IV SITE	LOCATION	(R) Femoral - Propofol @ 19 ml/hr, CDI	(R) fem. cardiac prop.	
	CONDITION	(L) Forearm 18g - saline lock	(R)	
		(L) Forearm 18g - Fentanyl + D5 NST	(L) Forearm 18G	
		20k, C/DI	20 KCL	
GASTRO	ABDOMEN	NO, Soft, ↓ BS x 4	Soft - nondistended	
	BOWEL SOUNDS	NO BS	Ø BS	
GU	URINE	Foley to gravity	F/C 16Fr	
	COLOR/CLARITY	Clear Amber urine > 50 ml/hr	clear	
CARDIOVASCULAR	CARDIAC RHYTHM	NSR 3 Ectopy Rate 80-100	NSR	
		S1 S2 present	S1 2	
		Pulse Bue BLE +2		
		Ø edema		

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 (Si[redacted]e)
SG [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC
ICM-2

DATE
3-NOV-03

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

[redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDCOM - 22950

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
BP Arterial Line	109/55	127/56	110/56	119/57	105/50	127/58	110/63	113/59		113/61	123/66	126/65	131/80	154/64	100/58	110/59	102/57	
BP Cuff																		
Temperature	101.4	101.8	101.9	102.1	101.8	102.5	102.2	101.1		100.9	100.9	101	102.1	102	101.8	101.9	101.6	
Pulse	92	112	96	104	92	119	101	98		94	117	115	109	118	95	92	87	
Respiratory Rate	14	14	16	16	15	16	16	15		15	15	15	15	15	16	16	16	SIMV
SaO_2	100%	100	100	98%	100%	100%	99%	100		100	100	100	100	100	100	100	100	TH
MAP >70<115	70	77	70	75	64	75	76	73		73	84	82	80	91	71	75	70	
FIO2	40%	40%	40%	40	40	40	40	40		40	40	40	40	40	40	40	40	
ICP	9	10	12	12	12	9	9	9		16	15	15	15	14	14	14	14	

INTAKE																		
TIME									8° T									8° T
MANT	125	125	125	125	125/100	125	125	125		125	125	125	125	125	125	125	125	
IVB 13	100	200			0/100	100					200		100				100	
FENTANYL	20	20	20	20	20/100	20	20	20		20	20	20	20	20	20	20	20	Lead 11
Propofol	19.2	19.2	19.2	19.2	19.2/100	19.2	19.2	19.2		19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	
Sub Totals						215	163							164.2	164.2	164.2	264.2	
TOTALS					1021	1336	1499	1664		1819	2284	2449	2704			3196.6	3460.8	

OUTPUT																		
URINE HOUR / TOTAL	90/90	90/180	80/260	55/315	80/395	70/465	60/495	80/575		70/645	80/745	80/825	70/895	75	50	75	100/1195	
URINE sp gr																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS Subtotal	40	30	35	35	30	30	35	30		35	40	30	15	25	25	20	15	
DRAINS Total in mg															350			450-450
DRAINS JP Drain		20	8															
TOTALS					587	687	782	890		1095	1225	1335	1410				1805	

POS 1655 8

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06
	101/56	110/65	110/67	116/64	102/62	102/65	121/59	96/59
	100	100	100	100			119	100
	87	86	88	89	90	80	111	89
	18	17	17	17	17	17	21	17
	100	100	100	100	97	100	98	97
	70	71	72	80	75	76	93	72
	40	40	40	40	40	40	40	40
	10	11	13	12	13	16	24	22

NEUROLOGICAL ASSESSMENT

			HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
COMMAS	EYES OPEN	SPONTANEOUSLY	4																								
		TO SPEECH	3																								
		TO PAIN	2																								
		NO EYE OPENING	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
	BEST VERBAL RESPONSE	ORIENTED	5																								
		CONFUSED	4																								
		VERBALIZES	3																								
		VOCALIZES	2																								
		NO VOCALIZATION	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
CALLE	BEST MOTOR RESPONSE	OBEYS COMMANDS	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																									
		ABNORMAL FLEXION																									
		ABNORMAL EXTENSION																									
		NO RESPONSE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
	LEGS	NORMAL POWER																									
		MILD WEAKNESS																									
		SEVERE WEAKNESS																									
		ABNORMAL FLEXION																									
		ABNORMAL EXTENSION																									
		NO RESPONSE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
PUPILS	RIGHT	SIZE		2	2	2	2	2	2	2	2	2	2	2	2												
		REACTION		+	+	+	+	+	+	+	+	+	+	+	+												
	LEFT	SIZE		2	2	2	2	2	2	2	2	2	2	2	2												
		REACTION		+	+	+	+	+	+	+	+	+	+	+	+												
PUPIL SCALE				2				3			4			5			6			7 mm							
ICP				9	10	12	12	12	9	9	9	16	15	15	15												
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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0714	INITIAL [redacted]	1830	INITIAL [redacted]		INITIALS
NEURO	PUPILS	2mm reactive		2mm Reactive			
	SENSORIUM	pt sedated on Fen & propofol @ cough: @ gag reflex. Responds to Verbal Stimuli		pt. sedated c̄ propofol 30mcg/kl/min, Fent c̄ 100mcg/hr.			
RESPIRATORY	RESPIRATORY PATTERN	Vent SIMV 17 BPM		Vent: SIMV 12; Peep 5			
	BREATH SOUNDS	FiO2 Peep. 7 40 TV		FiO2 40%, TV 950,			
	SECRETIONS	wheezes in (L) UL Rhonchi in (R) lung fields ETT 8.5 @ 30cm @ lips		lungs clear. ETT 8.5; 25cm @ l.p.			
SKIN	COLOR	[illegible] (b)(6) Scalp		warmer to (L) + (R) shoulder			
	INTEGRITY	(R) leg wounds Rash (R) calf		(R) calf, (R) thigh, stapler to (R) side of head.			
IV SITE	LOCATION	(R) arm -		(L) + (R) forearm IV			
	CONDITION	(R) Radial (R) art (L) Radial A-line		(R) arm IV line c̄ signs of infection. (R) Femoral line c̄ signs of infection. (L) radial A-line c̄ Ø signs of infection.			
GASTRO	ABDOMEN	Ø BS. abdomen		Ø BS x4			
	BOWEL SOUNDS	Ø BS. soft		ABD soft nondistended			
GU	URINE: COLOR/CLARITY	dk dark colored		Foley to gravity Clear + Yellow			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR Ø ectopy S1 S2 pulses present B/L hands swollen		NSR Ø ectopy S1, S2 present. edema to hands x2.			

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] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU-2

DATE:

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	BP Arterial Line	100/57	106/60	115/61	114/62	126/65	129/62	118/58	109/56	107/55	118/60	129/47	109/56	115/58	115/57	101/55	113/57	116/57
	BP Cuff																	
	Temperature		100.9	100.9		102.3		101.4		101.3	1	102.5	101.6	100.2	100.4	99.8	99.2	99.6
	Pulse	89	88	90	89	90	101	107	86	88	83	101	92	89	92	85	85	79
	Respiratory Rate	18	18	18	18	-	18	17	17	17	17	14	14	12	12	12	12	12
	Spez	100%	100%	100%	100%	96%	99%	97%	100%	100%	100%	100%	100%	100%	100	100	100	100
	FiO_2	40%	40%	40%	40%	40%	50%	50%	50%	50%	50%	40%	40%	40	40	40	40	40
	MAP	71	75	77	77	78	81	76	77	71	75	70	72	76	73	70	74	74
	ICP	10	12	15	14	17	15	19	18	17	20	16	14	19	16	14	14	19

INTAKE	TIME									8° T									8° T
	D5 NS c 20K	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	IVPB	50	100	50	50		50		100		100		50				50		
	Fen	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
	propofol	14.4	14.4	9.4	9.4	28.8	14.4	38.4	24	24	24	24	24	14	14	14	14	14	
	TOTALS																		

12°

15

+2364.4

OUTPUT																			
URINE	HOUR / TOTAL	130/130	110/240	80/320	100/420	180/600	100/700	100/800	100/900	120/1020	100/1120	160/1280	190/1470	90/1560	150/1910	200/1900	160/2060	200/2260	
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH						350												
	GUIAC NGT																		
EMESIS																			
STOOL																			
DRAINS	Subdural	25	25	40	-	25	20	25	15	35		20	20	15	10	14	10	15	
TOTALS																			

-1470

100

400

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06		
	129/61	135/63	121/59	113/60	114/59	115/60	116/60		
	1006	1005	1002	1002	1004	1002	996		
	81	81	88	80	91	83	82		
	12	14	14	14	14	14	14		
	100	100	99	100	100	100	100		
	40	40	40	40	40	40	40		
	78	81	77	77	79	77	80		
	14	18	19	17	11	11	11		
INTAKE									8° T
	125	125	125	125	125	125	125		
	50	50							
	10	10	10	10	10	10	10		
	168	168	168	168	142	142	142		
OUTPUT	200/2460	200/2660	200/2860	200/3060	200/3260	200/3460	200/3460		
					200			600	
	20	15	15	10	10	10	5	310	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	08		16	18					
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH	7.440		7.575	7.492					
	PCO_2	20.6		22.9	28					
	pO_2	149	53%	188	146					
B	HCO_3	21	21	21	21					
	SAT	99%	89%	100%	99%					
G	BASE	-3		-1	-2					

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

ACTIVITIES OF DAILY LIVING				
	TIME	12		
	MOUTH CARE			
	BATH	P		
	SKIN CARE			
	FOLEY CARE	✓		
	TRACH CARE			
	ROM EXERCISES	✓		

TURN	TIME				
SUCTION					

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

3460 (4378) 2?
310

NEUROLOGICAL ASSESSMENT

			HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
COMA SCALE	EYES OPEN	SPONTANEOUSLY	4																								
		TO SPEECH	3																								
		TO PAIN	2																								
		NO EYE OPENING	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	BEST VERBAL RESPONSE	ORIENTED	5																								
		CONFUSED	4																								
		VERBALIZES	3																								
		VOCALIZES	2																								
		NO VOCALIZATION	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	BEST MOTOR RESPONSE	OBEYS COMMANDS	6																								
		LOCALIZES PAIN	5																								
		FLEXION WITHDRAWAL	4	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		ABNORMAL FLEXION	3																								
		EXTENSION TO PAIN	2																								
		NO MOTOR RESPONSE	1																								
LIMB MOVEMENT	ARMS	NORMAL POWER																									
		MILD WEAKNESS																									
		SEVERE WEAKNESS																									
		ABNORMAL FLEXION																									
		ABNORMAL EXTENSION																									
		NO RESPONSE																									
	LEGS	NORMAL POWER																									
		MILD WEAKNESS																									
		SEVERE WEAKNESS																									
		ABNORMAL FLEXION																									
		ABNORMAL EXTENSION																									
		NO RESPONSE																									
PUPILS	RIGHT	SIZE		2	2	2		2		2		2		2	2	2	2	2	2	2	2	2	2	2	2	2	2
		REACTION		+	+	+		+		+		+		+	+	+	+	+	+	+	+	+	+	+	+	+	+
	LEFT	SIZE		2	2	2		2		2		2		2	2	2	2	2	2	2	2	2	2	2	2	2	2
		REACTION		+	+	+		+		+		+		+	+	+	+	+	+	+	+	+	+	+	+	+	+
PUPIL SCALE				2		3		4		5		6		7 mm													
ICP				12																							
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
INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600 INITIA[redacted]	1845 INITI[redacted]	INITIALS
NEURO	PUPILS	2mm Reactive to light.	2mm Reactive to	
	SENSORIUM	PT sedated c̄ propofol	light. Pt. sedated	
		40mcg/K/min, fent @	c̄ propofol 50mcg/kg/	
		100mcg/hr.	min, Fent @ 100mcg/hr	
RESPIRATORY	RESPIRATORY PATTERN	Vent: SIMV 14, 750	Vent: SIMV 14, TV=750	
	BREATH SOUNDS	P 5, 40%. Lung sounds	Peep=5; FIO2 @ 40%	
	SECRETIONS	are clear, Bilaterally. Spo2	Breath sounds clear	
		100%, ETT 8.5 25cm @	ETT 8.5, 25cm @ lip.	
		Lip. clear colored	drooling from mouth.	
		secretions from mouth.		
SKIN	COLOR	Color is Norm for race.	wounds to (L) shoulder	
	INTEGRITY	wounds to (L) + (R) shoulder.	(R) shoulder, (R) calf	
		(R) calf, (L) high. staples to (L)	head, (R) thigh. staples to head	
IV SITE	LOCATION	(R) fem line c̄ (-) s/s of	(R) fem line, (L) radial	
	CONDITION	infection. (L) radial A-	A-line, IV (L) and (R)	
		line c̄ (-) s/s of infection.	forearms, all c̄ sign	
		(L) + (R) forearm 20G	of infection.	
		infusing well c̄ (-) s/s of		
		infection.		
GASTRO	ABDOMEN	(-) BS x4. Abdomen is	NO BS x4 quad.	
	BOWEL SOUNDS	soft non-distended.	soft + non distended	
GU	URINE:	foley to gravity	foley to gravity	
	COLOR/CLARITY	drawing clear colored	c̄ clear + yellow	
		urine. 200cc/hr.	urine	
CARDIOVASCULAR	CARDIAC RHYTHM	NSR Ø ectopy	NSR Ø ectopy	
		S1 S2 +1 Edema to	S1 S2 present,	
		hands Bilaterally.	edema to hands	

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]

DEPARTMENT/SERVICE/CLINIC ICU

DATE 11/5/03

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

[redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDCOM - 22958

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	200	2100	2200	2300
BP Arterial Line	126/66	124/62	128/67	116/61	121/63	136/65	136/73	134/70	132/68	137/71	141/73	136/70	148/79	135/73	133/71	135/74	160/79
BP Cuff	/																
Temperature	99.8	99.8	98.8	98.9	/	100.7	100.3	100.8	101.0	100.3	101.0	/	100.4	100.3	100.3	99.2	99
Pulse	79	78	93	80	83	89	92	87	85	91	94	97	103	89	84	80	122
Respiratory Rate	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
SpO_2	100	100	100	100	100	100	100	100	100	106	99	99	100	100	100	100	100
FiO_2	40	40	40	40	40	40	40	35%	35%	35	35%	35	35	35	35	35	35
MAP	81	83	87	78	80	83	89	81	89	94	90	89	99	92	91	94	104
ICP	14	15	23	14	19	23	15	15	17	19	20	20	16	16	13	18	20

INTAKE

TIME									8° T									8° T
D5½ N5 Clok	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB	50	100	/	/	/	/	/	/	/	/	/	/	50			50		50
Fer	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
propofol	19²	19²	19²	19²	19²	19²	24°	24°	24°	24	24	24°	24	24	24	24	24	
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL	200/200	200/400	200/800	200/900	200/1100	200/1800	200/2100	200/2300	200/2500	200/2700	200/2900	200/3100	200/3300	200/2500	200/2700	200/2900	200/3100
	sp gr																	
	S/A																	
NG	OUTPUT	Ø	Ø	100	50	~~15~~	50/200	50/250	~~[illegible]~~/250	0/250	0/250	50/300	0/300					
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	SUBdural	10	15	10	5	10	/	10	15	15	15	15	15	15	15	10	5	5
TOTALS																		

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06		
	144/75	141/74	132/69	140/71	125/62	139/65	140/67		
	99.5	99.9	100.3	100.2	100.0	100.6	99.6		
	90	91	89	92	83	84	84		
	14	14	14	14	14	14	14		
	100	100	100	100	100	100	100		
	35	35	35	35	35	35	35		
	96	94	90	92	82	85	88		
	20	20	25	16	14	14	14		
INTAKE									8° T
	125	125	125	125	125	125	125		
	50						50		
	10	10	10	10	10	10	10		
	24	24	24	24	24	24	24		
OUTPUT	200/3360	200/3520	180/3680	200/3880	140/3020	200/3220	200/3520		
	5	5	5	5	10	10	5		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	0600								
	MODE	5MV								
	F_IO_2	40								
	TV	750								
	RATE	14								
	PEEP	5								
ABG	pH	7.5								
	PCO_2	31.5								
	pO_2	252								
	HCO_3	28								
	SAT	5								
	BASE									

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

wt Yesterday _____ wt Today _____

INTAKE

IV _____

po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[redacted]

(b)(6)-2

NEUROLOGICAL ASSESSMENT

		HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4																								
		TO SPEECH 3																								
		TO PAIN 2																								
		NO EYE OPENING 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	BEST VERBAL RESPONSE	ORIENTED 5																								
		CONFUSED 4																								
		VERBALIZES 3																								
		VOCALIZES 2																								
		NO VOCALIZATION 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6																								
		LOCALIZES PAIN 5																								
		FLEXION WITHDRAWAL 4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		ABNORMAL FLEXION 3																								
		EXTENSION TO PAIN 2																								
		NO MOTOR RESPONSE 1																								
LIMB MOVEMENT	ARMS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE																								
	LEGS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE																								
PUPILS	RIGHT	SIZE	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		REACTION	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	LEFT	SIZE	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		REACTION	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PUPIL SCALE			2		3		4		5		6		7 mm													
ICP			12	14	12	14	19	21	15	15	17	19	20													
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		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
	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
INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630 INITIALS [redacted]	0830 INITIALS [redacted]	INITIALS
NEURO	PUPILS	2mm fixed sluggish	2mm sluggish	
	SENSORIUM	sedated 25 ml/hr propofol	sedated & propofol	
		250 mcg Fentanyl/hr	624 cc/hr. Fen to 150 mcg/hr	
RESPIRATORY	RESPIRATORY PATTERN	Vent #8.5 ETT, 25 cm @ lip	Vent: TV 750; SIMV 16	
	BREATH SOUNDS	SIMV-15, PEEP 5, FiO_2 40%	FIO_2=40%. Coarse	
	SECRETIONS	TV 750, Lungs - Coarse	lung sounds Bilat.	
		sounds throughout L>R	Drooling from mouth.	
		(+) clear secretions from ETT		
		(+) clear/bloody secretions from mouth		
SKIN	COLOR	normal for race	wounds to (L) shoulder,	
	INTEGRITY	staples (R) temporal Area	(R) shoulder, (R) calf,	
		fix (B) shoulder (R) buttock & calf	posterior (R) thight.	
IV SITE	LOCATION	(L) forearm - 18g, site C/D/I	(L)+(R) forearm, (R)	
	CONDITION	(L) forearm - 18g site C/D/I	fem line.	
		(R) femoral - site C/D/I		
GASTRO	ABDOMEN	↓ BS x 4 quadrants	NO BS x 4 quad.	
	BOWEL SOUNDS	NO, soft,	OG tube to LIS	
		OG Tube to LIS	(+) Brownish drainage	
		NO BM		
GU	URINE:	Foley Clear Yellow urine	Foley to gravity	
	COLOR/CLARITY		(+) yellow urine.	
CARDIOVASCULAR	CARDIAC RHYTHM	NSR (+) ectopy, Rate 80's/110's	NSR (+) ectopy,	
		S_1 S_2 present, +2 pulses throughout	S_1, S_2 present	
		(R) radial A-line	edema to hands	
			Bilat.	
		(+) +1 edema (B) VE		

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)

PRE[redacted] Title)

DEPARTMENT/SERVICE/CLINIC: IEU-2

DATE: 6-NOV-03

PATIENT[redacted]TION (For typed or written entries give: Name—last, first, middle; g[redacted] date; hospital or medical facility)

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

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

DATE | DX | HOSPITAL DAY

	TIME	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
VITAL SIGNS	BP Arterial Line	151/76	126/65	130/62	127/62	137/66	152/74	123/60	123/66		122/61	132/62	140/59	133/59	118/54	131/62	131/62	132/60	
	BP Cuff		141/64																
	Temperature	100²	100³	100⁰	100²	100²	100	100¹	100⁶		100³	100⁰	101²	101³	101	101	100⁸	100⁴	
	Pulse	120	80	84	87	88	90	86	86		89	103	94	89	90	92	91	85	
	Respiratory Rate	14	16	18	18	15	19	15	15		16	17	15	15	16	16	16	18	
	SPOC	100	95	99	100	99	100	99	99		100	100	100	99	99	99	110	100	
	MAP	75	84	84	86	83	90	77	83		79	82	80	79	73	82	83	83	
	F_iO_2	35	35	35	35	35	35	35	40		40	40	40	40	40	40	40	40	
	ICP	18	12	21	21	23	19	21	28		22	20	24	20	21	16	21	21	
	TURR		L		B		R		L			B		R		L		B	
INTAKE	TIME									8° T									8° T
	DSNS ≈ 20 kcl	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
	Propofol	24	24	25	25	25	25	25	25		24	24	24	24	24	24	24	24	
	Fentanyl		20	25	25	25	25	25	25		15	15	15	15	15	15	15	15	
	IVPB		100				100		50		100	50	100					50	
			270	175	175	175	275	175	225		265	215	265	159	154	154	154	204	
	TOTALS	149	419	594	769	944	1219	1394	1619		984	1199	1464	1618	1772	1926	2080	2284	2284
OUTPUT	URINE HOUR / TOTAL	200/200	200/400	200/600	180/780	180/960	140/1100	140/1240	180/1420		100/1520	200/1720	220/1940	140/2080	160/2240	110/2350	180/2530	180/2710	2710
	URINE sp gr																		
	URINE S/A																		
	NG OUTPUT	—	50	—	—	50/100	—	—	—		120	130	~~100~~	100				100	
	NG pH																		
	NG GUIAC																		
	EMESIS																		
	STOOL																		
	DRAINS Subdural	15	Ø	Ø	Ø	Ø	3	1	—		1	1	Ø	Ø	1	1	Ø	1	
			250	200	180	230	143	141	180		221	301	220	241	~~242~~	~~243~~	~~244~~	104	
	TOTALS	215	465	665	845	1075	1118	1259	1439		1660	2161	2381	2622	~~2864~~	~~3109~~	~~3350~~	2726	2726

2623 2624 2625

1000 60 RYL 240 mg/hr

POST-OP DAY

VITAL SIGNS	23	00	01	02	03	04	05	06
	114/62	134/62	138/69	128/54	131/54	144/62	155/62	143/65
	101.4	102.4	100.8	100.0	100.2	100.2	100.2	101.4
	94	97	94	85	85	80	104	102
	18	18	18	19	14	20	20	20
	100	100	99	100	100	100	100	100
	84	84	81	77	78	84	91	97
	40	40	40	40	40	40	40	40
	24	21	18	15	21	16	20	25

INTAKE	23	00	01	02	03	04	05	06	8° T
	125	125	125	125	125	125	125	125	
	24	24	24	24	24	24	24	24	
	15	15	15	15	15	15	15	15	
		50	50					50	
	154	204	204	154	154	154	154	204	204
	154	358	562	716	870	1024	1178	1382	1586

OUTPUT	23	00	01	02	03	04	05	06
	200/200	200/200	200/200	200/200	170/170	150/150	200/200	140/140 (340)
				100				100
	1	1	1	1	1	1	2	1
	1	1	1	100	1	1		
	1	2	3	104	105	106	106	106

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	07	11	13	17	21
	MODE	SIMV	SIMV	SIMV	SIMV	SIMV
	F_IO_2	35	35	40	40	40
	TV	750	750	750	750	750
	RATE	15	15	15	15	15
	PEEP	5	5	5	5	5
ARTERIAL BLOOD GAS	pH	7.495			7.45	
	PCO_2	33.7			35.8	
	pO_2	281			182	
	HCO_3	26			25	
	SAT	100			100	
	BASE	3			0	

LABORATORY	TIME								
	GLUCOSE	145							
	Na/K	136/3.7							
	Cl/CO_2	102/16							
	BUN/Cr	5/0.6							
	WBC/PLATELET	6.8/211							
	Hct/Hgb	27.4/8.7							

ACTIVITIES DAILY LIVING	TIME	07	13
	MOUTH CARE	✓	–
	BATH	✓	
	SKIN CARE		
	FOLEY CARE	✓	–
	TRACH CARE		
	ROM EXERCISES		

TURN / SUCTION	TIME					

24° I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE	OUTPUT
IV		Urine: 1341
po		208
	1382	
TOTAL	1382	TOTAL 1498
BALANCE		(116)

NURSE'S SIGNATURE | INITIALS

[redacted]

(b)(6)-2

NEUROLOGICAL ASSESSMENT

		HOURS	07	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4																								
		TO SPEECH 3																								
		TO PAIN 2																								
		NO EYE OPENING 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	BEST VERBAL RESPONSE	ORIENTED 5																								
		CONFUSED 4																								
		VERBALIZES 3																								
		VOCALIZES 2																								
		NO VOCALIZATION 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
	BEST MOTOR RESPONSE	OBEYS COMMANDS 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																								
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	LEGS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS																								
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PUPILS	RIGHT	SIZE	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		REACTION	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	LEFT	SIZE	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		REACTION	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PUPIL SCALE			2			3			4			5			6			7 mm								
ICP			18	12	21	21	23	19	21	21	28	20														
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		07	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
	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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0640	INITIALS [redacted]	1820	INITIALS [redacted]		INITIALS
NEURO	PUPILS	3mm Round Reactive		3mm Perrla			
	SENSORIUM	opens eyes to pain -		opens eyes			
		flex movement to (R) side		spontaneously. ~~Pooly~~			
		weak to (L) (R) cough		drooling to mouth.			
		(R) gag reflex					
RESPIRATORY	RESPIRATORY PATTERN	SIMV 20, FiO2 40%		Equal rise and			
	BREATH SOUNDS	750 TV 200 PS		fall of chest.			
	SECRETIONS	Vin Based - Rhonchi.		coarse breath			
		Node (O) thick yellow		sounds bilat./			
		Nasal Secretions		Rhonchi			
SKIN	COLOR	Scalp (R) Sebaceous -		Stapler to head & sutures			
	INTEGRITY	Sutures (R) (L) scapula		wound to (L) (R) shoulder			
		wounds		(L) calf (R) thigh			
IV SITE	LOCATION	(R) forearm (L) forearm		L+R Forearm			
	CONDITION	(R) fem (L) radial		~~Ø~~ sign of infection			
GASTRO	ABDOMEN	OG tube 300 cc out		Soft & nondistended			
	BOWEL SOUNDS	- hypoactive BS		Hypoactive			
		Rounded: soft		BS x4			
GU	URINE:	dark yellow green		Amber			
	COLOR/CLARITY	Sufficient					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR (Sinus tach)		Sinus tach			
		∅ occ PVC		Freq PVC			

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)

[redacted] (Signature & Title) (b)(6)

DEPARTMENT/SERVICE/CLINIC ICU-2

DATE 7 Feb

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
BP Arterial Line	130/55	135/58	146/68	147/64	140/60	146/63	154/79	174/69	152/78	154/71	151/82	144/81	146/63	122/59	143/63	138/61	138/66	
BP Cuff																		
Temperature	101.2	100.1	101	101		101.4		99.2			99.7			99.3	99.2	99.4		
Pulse	95	99	92	99	100	99	106	123	111	101	115	115	116	115	106	112	115	
Respiratory Rate	20	20	20	20	20	20	20	26	24	20	26	29	28	28	30	31	35	
Spo2	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100	100	100	100	98	
F.O2	40%	40%	40%	40%	40%	40%	40%	40%	NRB	NRB	4L	4L	4L	4L	2L	2L	2L	
MAP	79	88	90	88	91	89	92	113	90	95	104	100	93	84	89	93	84	
ICP	19	12	10	20	24	20	17	20	10	17	15	13	15	13	18	15	16	

INTAKE																		
TIME									8° T									8° T
Maint	125	125	125	125	125	125	125	126	125	125	75	125	125	125	125	125	125	
IVPB	50	50	50			50						100				50	50	
propofol	24	34	24	24	144	120	48	48	—	—	—	—						
Lendoxyl	150	150	150	150	125	100	80	6	1	—	—	—						
TOTALS																		

OUTPUT																			
URINE	HOUR / TOTAL	200/200	210/410	180/590	160/750	140/890	210/1100	200/1300	150/1450	100/1550	60/1610	60/1670	70/1740	60/1800	70/1870	70/1940	70/2010	110/2120	2120
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Swedelina	1	3	—	1	1	—	—	15	10	—	5	—						
TOTALS																			

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06		
	141/68	142/68	136/68	151/68	153/68	148/69	150/66		
	98					99			
	109	111	113	109	115	100	105		
	20	32	32	29	26	32	24		
	98	99	99	99	100	100	100		
	2L	2L	2L	4L	4L	4L	4L		
	94	100	96	96	98	97	96		
	19	13	14	9	9	16	13		
INTAKE	125	125	125	125	125	125	125		8° T
	80					50			
OUTPUT	50/3170	100/2270	70/2340	60/2400	140/2540	40/2580	90/2670		

+3217

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA											
	TIME	04	1130	1530							
	MODE		SIM								
	F_iO_2		40%								
	TV		750								
	RATE		20								
	PEEP		5								
ABG	pH	7.5	7.48	7.445							
	PCO_2	33	34	33.5							
	pO_2	243	145	126							
	HCO_3	27	26	23							
	SAT	100%	99%	99%							
	BASE	4	2	-1							

LABORATORY DATA											
	TIME	04									
	GLUCOSE	127									
	Na/K	135/4.3									
	Cl/CO_2	10/20									
	BUN/Cr	6/.8									
	WBC/PLATELET	76/296									
	Hct/Hgb	8/27									
	INR	.99									

ACTIVITIES OF DAILY LIVING											
	TIME	1200	1600								
	MOUTH CARE	✓									
	BATH	✓	✓								
	SKIN CARE										
	FOLEY CARE	✓									
	TRACH CARE										
	ROM EXERCISES										

TURN	TIME				
SUCTION					

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

NEUROLOGICAL ASSESSMENT

		HOURS	07	18	19	20	21	22	23	24	01	02	03	04	05	06
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4														
		TO SPEECH 3														
		TO PAIN 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		NO EYE OPENING 1														
	BEST VERBAL RESPONSE	ORIENTED 5														
		CONFUSED 4														
		VERBALIZES 3														
		VOCALIZES 2														
		NO VOCALIZATION 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6														
		LOCALIZES PAIN 5														
		FLEXION WITHDRAWAL 4	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		ABNORMAL FLEXION 3														
		EXTENSION TO PAIN 2														
		NO MOTOR RESPONSE 1														
LIMB MOVEMENT	ARMS	NORMAL POWER														
		MILD WEAKNESS	R	R	R	R	R	R	R	R	R	R	R	R	R	R
		SEVERE WEAKNESS	L	L	L	L	L	L	L	L	L	L	L	L	L	L
		ABNORMAL FLEXION														
		ABNORMAL EXTENSION														
		NO RESPONSE														
	LEGS	NORMAL POWER														
		MILD WEAKNESS	R	R	R	R	R	R	R	R	R	R	R	R	R	R
		SEVERE WEAKNESS	L	L	L	L	L	L	L	L	L	L	L	L	L	L
		ABNORMAL FLEXION														
		ABNORMAL EXTENSION														
		NO RESPONSE														
PUPILS	RIGHT	SIZE	3	3	3	3	3	3	3	3	3	3	3	3	3	4
		REACTION	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	LEFT	SIZE	3	3	3	3	3	3	3	3	3	3	3	3	3	4
		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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	8 NOV 03 TIME	1820	INTILA[redacted]	2000	INTILA[redacted]		INTILAS
	PUPLIS	4 mm Reactive		4mm reactive			
	SENSORIUM	opens eyes incomprehensible		MAE R>L			
		sounds - per interpretation		ø follow commands			
		obeys simple commands		⊕ diaphoresis			
		⊕ gag ⊕ diaphoresis		⊕ cough reflex			
RESPIRATORY	RESPIRATION PATTERN	Rhonchi, mate		RR 30's, ⊕ hiccups			
	BREATH SOUNDS	throughout long		Sats 100% RA			
	SECRETIONS	fields - oral		LS Rhonchi (B)			
		Secretions QL O_2		will not cough when			
		99-100%		asked			
SKIN	COLOR	- multiple wounds		W+D, Staples to (R) scalp			
	INTEGRITY	to (B) Scapula (R)		Dsg intact to (R) back,			
		thigh (R) calf (R) scalp		(L) shoulder (R) calf n BID			
IV SITE	LOCATION	(R) fem Cordes		(R) wr 20G PIV			
	CONDITION			ø S/Sx infection			
				noted			
				D5NS c̄ 20K @			
				125cc/hr			
GASTRO	ABDOMEN	hypoactive		⊕ BS x 4 ø BM			
	BOWEL SOUNDS	Bowel Sounds		abd soft non-			
		⊕ BM		distended			
GU	URINE	dk yellow		Foley intact -			
	COLOR/CLARITY	urine output ↓		cl yellow sufficient			
				amts			
CARDIOVASCULAR	CARDIACRHYTHM	Sinus tachy -		ST 120's ø ectopy			
		⊕ 2 pulses		S1S2 ø murmur 1+			
				pulses 1+ edema			
				generalized			

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(b)(6)-2

PR[redacted]

(Continue on reverse)

PATI[redacted]INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CINC: ICU-2

DATE: 8 NOV 03

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

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700
1 MAY78
Proponent Dept of Nurs

MEDCOM - 22970

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
BP Arterial line	117/66	126/70	126/71	125/76	127/69	116/67	118/74	122/75	128/75	140/70							
BP Cuff											146/68	159/61		159/61	151/67	165/66	152/62
Temperature	100.1			99.7		99.8		100.1			100.9T	100.8					
Pulse	111	113	87	85	106	106	111	106	101	107	114	110	110	126	134	134	128
Respiratory Rate	24	29	21	21	22	24	27	21	24	26	20	18	36	38	32	26	27
MAP	99	105	110	108	108	105	107	106	114	88	98	97		94	95	104	97
F.O2	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	1L	1L	1L	1	1
Source	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	1	1	1
O2 Sat	100%	100%	100%	100%	101%	100%	100%	100%	99%	99%	100%	100%	100	100	98	97	97
ICP	13	7	—	—	—	—	—	—	—	—	—	—					

INTAKE

TIME	07	08	09	10	11	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
Maint	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB	50	50	50	50		50		100	50	50	50		50			50		
propofol	-																	
fentanyl	-																	
Boluses						500												
oral																		
										1500								
TOTALS																		

OUTPUT

		TIME	07	08	09	10	11	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE		HOUR	90	80	90	50	60	80	100	100	100	100	90	100	150	150	140	90	140	
		TOTAL	90	170	260		320	450	550	650	750	850	940	1020	1170	1320	1460	1550	1690	
		SP gr												1020						
		S/A																		
NG		OUTPUT											120							
		PH																		
		GUIAC																		
EMESIS																				
STOOL				X	X															
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS									
	20	01	02	03	04	05	06	07	
	159/64	169/66	158/75	171/69	163/66	177/71	163/69		
	125	125	120	120	119	128	119		
	22	24	29	26	28	30	29		
	99	102	100	104	103	107	106		
	/	/	/						
	/	/	/						
	98	99	100	95	100	96	96%		

INTAKE	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	200								

OUTPUT									
	120/1670	110/1780	120/1900	100/2000	120/2120	100/2220	200/2420		

ACUITY LEVEL CLASSIFICATION

RESPIBATORY DATA										
	TIME	05								
	MODE									
	F_1O_2	4L								
	TV									
	RATE									
	PEEP									
A	pH	7.5								
	PCO_2	33.4								
B	pO_2	245								
	HCO_3	27								
G	SAT	100%								
	BASE	4								

LABORATORY DATA										
	TIME	0500								
	CLUCOSE	132								
	Na/K	134/3.9								
	Cl/CO_2	102/22								
	BUN/Cr	12/.6								
	WBC/PLATELET	11.3/522								
	Hct/Hgb	9.1/28.8								

ACTIVITIES DF DAILY LIVING										
	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME				
SUCTION					

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV 3217

Po –

TOTAL _____

OUTPUT

Urine 2670

TOTAL _____

BALANCE (+) 547cc

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	07
EYES OPEN	SPONTANEOUSLY	4	1
	TO SPEECH	3	
	TO PAIN	2	
	NO EYE OPENING	1	
BEST VERAL RESPONSE	ORIENTED	5	1
	CONFUSED	4	
	VERBALIZES	3	
	VOCALIZES	2	
	NO VOCALIZATION	1	
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	1
	LOCALIZESPAIN	5	
	FLEXION WITHDRAWAL	4	
	ABNORMAL FLEXION	3	
	EXTENSION TO PAIN	2	
	NO RESPONSE	1	
LIMB MOVEMENT — ARMS	NORMAL POWER		R
	MILD WEAKNESS		
	SEVERE WEAKNESS		
	ABNORMAL FLEXION		L
	ABNORMAL EXTENSION		
	NO RESPONSE		
LEGS	NORMAL POWER		R
	MILD WEAKNESS		
	SEVEREWEAKNESS		
	ABNORMAL FLEXION		
	ABNORMAL EXTENSION		2
	NO RESPONSE		
PUPILS — RIGHT	SIZE		4
	REACTION		+
LEFT	SIZE		4
	REACTION		+
PUPIL SCALE			2 3 4 5 6 7 mm
ICP			14
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 tow sides

+ + Brisk
+ Slow
– No Response

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS	
	R L
	R L
	R L
	R L
	R L

+ + Normal
+ Weak
– Absent
D Doppler
R Right
L Left

[redacted] [redacted]

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 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0700	INT[redacted]	1800	INTIL[redacted]	INTILAS
	PUPLIS	4mm Reactive		4mm reactive		
	SENSORIUM	Drowsy to Right		Open eyes spontaneously		
		Opens eyes - gurkled				
		speech [illegible] (R) > L				
		(+) diaphoresis				
RESPIRATORY	RESPIRATION PATTERN	Rhonchi throughout		Rhonchi / Course		
	BREATH SOUNDS	oral secretions		breath sounds		
	SECRETIONS	thick + yellow		thick + yellow		
		Weak cough				
SKIN	COLOR	(R) shoulder (R) calf		wounds to (L) + (R) shoulder		
	INTEGRITY	open rose drains		(R) calf, (R) posterior thigh		
		(L) open wound packed				
IV SITE	LOCATION	(L) wrist -		(L) + (R) wrist		
	CONDITION			Ø signs of		
				infection		
GASTRO	ABDOMEN	(+) BS all soft		+ BS x 4 quad		
	BOWEL SOUNDS	non distended		soft + non distended		
				NGT to L+S, Dobhoff		
				not in use, presently		
GU	URINE	(+) K yellow urine		Foley to gravity		
	COLOR/CLARITY	Foley Care		amber urine		
CARDIOVASCULAR	CARDIACRHYTHM	Sinus tachy		Sinus tach		
		(+) 2 pulses throughout		pulses palpable		
		edema		edema		

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(b)(6)-2

[redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CINC: [illegible]

DATE: [illegible]

PATIENT'S INDICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

#[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

MEDCOM - 22974

DATE | ox

HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	BP Arterial line																	
	BP Cuff	153/72	142/71	152/71	142/68	131/73	143/73	159/62	164/68	131/67	153/61	140/59	156/69	165/60	151/62	162/74	138/72	164/71
	Temperature	100.9	101.3		101.7	102.8	102		101.7			101.4			102	101	101	101.8
	Pulse	119	115	99	123	131	128	131	130	121	128	122	128	129	132	136	137	139
	Respiratory Rate	27	22	21	32	-	30	24	36	20	23	29	27	28	32	27	32	32
	MAP	98	96	97	92	97	95	96	99	100%	97	87	102	92	95	109	109	109
	O_2 Sat	97%	97%	97%	98%	98%	100%	100%	100%	100%	99%	99%	98%	99	96	96	97	97
	O_2 Source	RA	RA	RA	2L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	Maint	125	125	125	125	125	125	125	125	125	125	125	125	125	125	126	125	125	
	IVPB	50	50	50			50			100	100			50				50	
	OPAL																		
	Blue										1000								
	TOTALS													175	125	125	125	175	

+2800

120

OUTPUT																			
	HOUR / TOTAL	90/90	70/160	70/230	100/330	100/430	50/480	80/560	80/640	80/720	60/780	60/840	60/900	2800 / 2975 / 1060	3100 / 1200	3225 / 1310	3350 / 1370	3525	3525 / 1370
	URINE																		
	SP gr																		
	S/A																		
	OUTPUT																		
	NG PH									500	200								300
	GUIAC										700								700
	EMESIS																		
	STOOL				X1														
	DRAINS																		
	TOTALS																		

[redacted] [redacted]

POST OP DAY 19 01 02 03 04 05 06

VITAL SIGNS	16	17	18	19	20	21	22	23	
	164/71	175/75	176/74	157/74	144/66	143/67	154/66		
	102	101.9	101.3	101	101.3	101.4	101.7		
	136	143	132	137	130	132	130		
	32	31	30	32	30	30	30		
	109	113	111	106	94	93	99		
	96	95	96	97	97	97	99		
	42	42	42	62	62	62	62		

INTAKE	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	50	50					50		
	175	175	125	125	125	125	175		
	175	350	475	600	725	850	1025		1025

OUTPUT	16	17	18	19	20	21	22	23	
	120/120	60/180	80/260			200/460	60/520		1840
							800		1600

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	1830								
	MODE									
	F_1O_2									
	TV									
	RATE									
	PEEP									
ABG	pH	7.524								
	PCO_2	[illegible]								
	pO_2	[illegible]								
	HCO_3	[illegible]								
	SAT	[illegible]								
	BASE	[illegible]								

LABORATORY DATA										
	TIME									
	CLUCOSE	18[illegible]								
	Na/K	138/4.3								
	Cl/CO_2	103/22								
	BUN/Cr	11/.7								
	WBC/PLATELET	13/708								
	Hct/Hgb	10.1/31.8								

ACTIVITIES OF DAILY LIVING										
	TIME	08								
	MOUTH CARE									
	BATH	✓								
	SKIN CARE									
	FOLEY CARE	✓								
	TRACH CARE									
	ROM EXERCISES	✓								

TURN	TIME									
	08									
	✓									
SUCTION	✓									

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE IV 4300 Po _____ TOTAL _____

OUTPUT Urine: 2420 TOTAL _____

BALANCE (+) 1880

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

350
520
[illegible]

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	08	12	16
EYES OPEN	SPONTANEOUSLY	4	1	1	1
	TO SPEECH	3			
	TO PAIN	2			
	NO EYE OPENING	1			
BEST VERAL RESPONSE	ORIENTED	5			
	CONFUSED	4	1	1	1
	VERBALIZES	3			
	VOCALIZES	2			
	NO VOCALIZATION	1			
BEST MOTOR RESPONSE	OBEYS COMMANDS	6			
	LOCALIZESPAIN	5	1	1	1
	FLEXION WITHDRAWAL	4			
	ABNORMAL FLEXION	3			
	EXTENSION TO PAIN	2			
	NO RESPONSE	1			

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

LIMB MOVEMENT					
ARMS	NORMAL POWER	R	R	R	R
	MILD WEAKNESS				
	SEVERE WEAKNESS	L	L	L	L
	ABNORMAL FLEXION				
	ABNORMAL EXTENSION				
	NO RESPONSE				
LEGS	NORMAL POWER	R	R	R	R
	MILD WEAKNESS				
	SEVEREWEAKNESS	L	L	L	L
	ABNORMAL FLEXION				
	ABNORMAL EXTENSION				
	NO RESPONSE				

R Right
L Left

Record Separately if there is a Difference between the tow sides

PUPILS					
RIGHT	SIZE	4			
	REACTION	+			
LEFT	SIZE	4			
	REACTION	+			

+ + Brisk
+ Slow
– No Response

PUPIL SCALE: 2, 3, 4, 5, 6, 7 mm

ICP

CEREBRAL PERFUSION PRESSURE

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS	
	R L
	R L
	R L
	R L
	R L

+ + 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

INTENSIVE CARE NURSING FLOW SHEET (5)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0615	INTILAS [redacted]	1845	INTILAS		INTILAS
NEURO	PUPLIS	4mm Brisk reactive		3mm Brisk Perrla			
	SENSORIUM	to light. opens eyes		Pt on versed 3ml/hr +			
		spontaneously. PT response		Fentanyl 10ml/hr.			
		to painful stimuli.					
RESPIRATORY	RESPIRATION PATTERN	Breath. / cause		Vented SIMV 14 course			
	BREATH SOUNDS	throughout. PT cant		throughout c̄ diminished			
	SECRETIONS	to drool. Some thick		bases, P-5-TV750, 50%			
		secretion upon suction					
SKIN	COLOR	wound to (L) + (R) shoulder		Normal for Race			
	INTEGRITY	(R) calf + Patterns thick.		wound to (L) + L shoulder,			
		(-) S/S of infection		(R) calf + incision to (R)		side of head ØS+S of Infx	
IV SITE	LOCATION	(L) + (R) cant IV		(L) + R Forearm 20G (R) 18G (L)			
	CONDITION	infusing well c̄ (-) S/S		~~[illegible]~~ Patent ØS+S			
		of infection.		of Infx			
GASTRO	ABDOMEN	BS x4 hypo Active		Soft NT/ND			
	BOWEL SOUNDS	(-) abdominal distension.		⊕BS x4 Quad Hypo			
		NG to LIS. Dohoff not		NG to suction + Dophoff			
		in use.		Clamped off.			
GU	URINE	foley to gravity drain		Foley to gravity c̄			
	COLOR/CLARITY	amber colored urine.		amber urine.			
CARDIOVASCULAR	CARDIACRHYTHM	SINUS TACH 120's-130's		ST 130's Ø ectopy			
		palpable pulses present		⊕S's 2 HS Ø murmur			
		Bilaterally. Pedal +		⊕peripheral pulses x4+2			
		Brachial. +3 sec cap ref.		Ø edema			

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE

PATIENT'S INDICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700
1 MAY78
Proponent Dept of Nurs

MEDCOM - 22978

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	04	05	06	07	15	08	09	10	11	20	21	22	23
	BP Arterial line																	
	BP Cuff	127/62	156/62	151/60	140/60	147/61	143/61	151/50	162/66	185/65	175/68	161/59	140/62		135/52	123/55	115/55	111/53
	Temperature	101.7		102.1	102.4	102.0	101.5		103.0	/	103.2	102.0	102.3					104.5
	Pulse	128	127	131	132	133	130	129	134	140	141	142	144		127	129	132	140
	Respiratory Rate	32.	40	37	38	39	38	35	40	42	40	52	39		14	14	16	30
	MAP	109	96	94	91	97	97	98	102	111	105	105	98		88	85	80	74
	O_2 SAT	98	97	95	94	96	96	96	95	96	96	96	97		98	97	98	96
	O_2 Deliv.	4L	4L	6L	6L	6L	6L	6L	6L	8L	8L	8L	8L					
	Rate	/	/	/	/	/	/	/	/	/	/	/	/	/	14	14	14	14
	Peep	/	/	/	/	/	/	/	/	/	/	/	/	/	5	5	5	5
	TV	/	/	/	/	/	/	/	/	/	/	/	/	/	750	750	750	750
	FIO2	/	/	/	/	/	/	/	/	/	/	/	/	/	61%	50%	50	50
	Vent	/	/	/	/	/	/	/	/	/	/	/	/	/	SIMV	SIMV	SIMV	SIMV

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	MAW	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	IVPB	100	100				50		50								100		
	Boluses																		
	Versed	/	/	/	/	/	/	/	/	/	/	/	/	/	3	3	3	3	
	Fentanyl	/	/	/	/	/	/	/	/	/	/	/	/	/	10	10	10	10	
	TOTALS																		

OUTPUT		HOUR / TOTAL	100/100	60/160	100/260	100/360	100/460	80/540	80/620	70/690	50/740	60/800	50/850	50/900	40/940	40/980	40/1020	40/1060	40/1100
	URINE	SP gr																	
		S/A																	
	NG	OUTPUT	300	100	100	100	30	0	100	200	0	0	150	0	0	200 50	0	250 50	300 50
		PH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY

VITAL SIGNS									
	24	01	02	03	04	05	06	23	
	114/54	115/55	115/65	114/61	116/58	109/58	112/59		
			103.9				103.3		
	131	138	136	127	128	126	135		
	30	33	17	16	17	28	24		
	79	75	80	81	76	73	84		
	99	99	98	97	99	99	100		
	12	12	12	12	12	12	12		
	5	5	5	5	5	5	5		
	750	750	750	750	750	750	750		
	50	50	50	50	40	40	40		
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		

INTAKE									
	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	150						100		
	3	4	4	4	4	4	4		
	10	10	10	10	10	10	10		

OUTPUT									
	60/1260	80/1340	30/1370	30/1400	80/1480	120/1600	80/1640		
	400/100	0	0	0	0	0	0		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA										
	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING										
	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME									
SUCTION										

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
Po			
TOTAL		TOTAL	
		BALANCE	

NURSE'S SIGNATURE	INITIA

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	06	8	10	12	2	4	6
EYES OPEN	SPONTANEOUSLY	4	1	1	1	1	1	1	1
	TO SPEECH	3							
	TO PAIN	2							
	NO EYE OPENING	1							
BEST VERAL RESPONSE	ORIENTED	5							
	CONFUSED	4	1	1	1	1	1	1	1	1
	VERBALIZES	3							
	VOCALIZES	2							
	NO VOCALIZATION	1							
BEST MOTOR RESPONSE	OBEYS COMMANDS	6							
	LOCALIZESPAIN	5	1	1	1	1	1	1	1
	FLEXION WITHDRAWAL	4							
	ABNORMAL FLEXION	3							
	EXTENSION TO PAIN	2							
	NO RESPONSE	1							
LIMB MOVEMENT — ARMS	NORMAL POWER		R	R	R	R	R	R	R
	MILD WEAKNESS								
	SEVERE WEAKNESS		L	L	L	L	L	L	L
	ABNORMAL FLEXION								
	ABNORMAL EXTENSION								
	NO RESPONSE								
LIMB MOVEMENT — LEGS	NORMAL POWER		R	R	R	R	R	R	R
	MILD WEAKNESS								
	SEVEREWEAKNESS		L	L	L	L	L	L	L
	ABNORMAL FLEXION								
	ABNORMAL EXTENSION								
	NO RESPONSE								
PUPILS — RIGHT	SIZE		4	4	4	4	4	4	4
	REACTION		+	+	+	+	+	+	+
PUPILS — LEFT	SIZE		4	4	4	4	4	4	4
	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 tow sides

+ + Brisk
+ Slow
– No Response

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS		
	R L	
	R L	
	R L	
	R L	
	R L	

+ + 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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	~~0630~~ TIME	0630	INTILAS [redacted]	1840	INTIL [redacted]	INTILAS
	PUPLIS	Pupils 2-3mm & sluggish		Pupils 3mm &		
	SENSORIUM	Pt. responds to painful		sluggish. Pt. responds		
		stimuli sedated c̄ fent		to painful stimuli.		
		@ 150mcg/hr & versed @		sedated c̄ versed at 4mg/hr		
		4mg/hr		Fent at 200mcg/hr		
RESPIRATORY	RESPIRATION PATTERN	#7.5 ETT 23cm exit		Size #8 trach & vent:		
	BREATH SOUNDS	SIMV 12, TV 750, Peep 5		settings at SIMV 12,		
	SECRETIONS	FIO_2 40%. c̄ O_2 sats 97-99%.		TV 750; FIO_2 = 40%.		
		Lungs CTA c̄ diminished		Lungs CTA diminished		
		bases bilaterally.		at bases.		
		Thick tan secretions noted via ETT				
SKIN	COLOR	Skin normal for race		staples to (R) side of head		
	INTEGRITY	c̄ staples noted on (R)		& sutures wounds to		
		side of head.		(L) & (R) shoulder (R) calf.		
IV SITE	LOCATION	18ga in (L) forearm, 20ga		18ga (L) and (R)		
	CONDITION	in (R) forearm. (R)		forearm. (R) radial		
		radial A-line. Lines		A-line. Triple lumen		
		patent c̄ edema &		cath. (L) subclavin.		
		erythema		Ø signs of infection.		
GASTRO	ABDOMEN	Abdomen round &		Abd. round and		
	BOWEL SOUNDS	soft c̄ ⊕ bowel sounds		nondistended. Hypoactive		
		x4 quads. NGT to LIS &		BS x4. NGT to LIS.		
		dobhoff in (L) nare				
GU	URINE	foley to gravity		Foley to gravity		
	COLOR/CLARITY	draining dark amber		c̄ amber urine.		
		urine				
CARDIOVASCULAR	CARDIACRHYTHM	Sinus tachycardia		Sinus tach, HR in the		
		c̄ HR in 120's. Tmax		120's. Ø edema		
		currently 103.3. ⊕		noted.		
		palpable pulses in all ext				

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(b)(6)-2

PREPARED BY (Signature & Ti[redacted] CPT/AN

(Continue on reverse)

DEPARTMENT/SERVICE/CINC 1002

DATE 11 Nov 03

PATIENT'S INDICATIONS [redacted] es give: Name ··· Last, First, middle; grade; date; hospital or medical facility)

[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700
1 MAY78
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

MEDCOM - 22982

DATE 11 NOV 03 | DX GSW / SAH / Traumatic Aneurysm | HOSPITAL DAY

VITAL SIGNS	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
BP Arterial line	119/60	120/60	117/58	123/61	115/62			102/72		109/56	107/61	107/60	121/60	114/60	104/55	102/61	122/61	
BP Cuff	116/61	136/48	128/53	118/57	109/48			119/56	119/56	109/59	110/61	106/57	104/59	109/57	106/58	111/61	113/60	
Temperature				103.9				101.3					102.2	102	102		101.5	
Pulse	133	142	136	131	127			115	115	117	117	118	121	136	118	111	106	
Respiratory Rate	36	32	34	33	40			12	17	12	12	12	17	17	12	12	12	
Source	vent	vent	vent	vent	vent			vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	
FiO_2	40%	40%	40%	40%	40%			40%	40%	40%	40%	40%	40%	40%	40%	40	40	
MAP	82	80	87	84	72			76	76	79	78	77	80	70	70	74	79	
Sats	97%	98%	99%	99%	99%			98%	98%	98%	95%	98%	100%	100	98	99	99	

INTAKE	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
Nacl	125	125	125	125	125			125		125	125	125	125	125	125	125	125	
IVPB		100		100	100			100			100		50				50	
Heparin	4	4	4	4	4			4		4	4	4	4	5	5	5	5	
Fent	15	15	15	20	20			20		20	20	20	20	20	20	20	20	
Precidual																		
OR						1000												
TOTALS																		

OUTPUT		07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22
URINE	HOUR / TOTAL	70/70	80/150	75/225	65/300	70/370			140/740		65/825	60/885	60/945	140/1085		150/1235	120/1375	70/1445
	SP gr				OR			150										
	S/A																	
NG	OUTPUT						OR	OR										
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

1, 370 150. 520 348

POST-OP DAY

VITAL SIGNS	23	24	08	02	03	04	05	06	
	120/60	122/61	113/61	121/65	131/61	122/66	120/66	128/78	
	118/61	119/62	117/55	119/66	117/58				
	103	102.4	102.1	102.4	102.6	102.4	102.1	102.5	
	126	131	127	131	138	130	131	137	
	12	20	20	20	20	20	20	20	
	vent	Vent	Vent	Vent	vent	Vent	Vent	Vent	
	40	40	40	40	40	40	35	35	
	80	84	90	86	84				
	100	98	100	100	100		99	98	

INTAKE	23	24	08	02	03	04	05	06	8°T
	125	125	125	125	125		125	125	
	200	150						50	
	5	5	5	5	5		5	5	
	20	20	20	20	20		20	20	
			Ø		Ø		Ø		

OUTPUT		200/2645	140/2785	110/2895	80/3075	90/3065	120/3185	100/3285	
								1000	1000

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	1530								
	MODE	SIMV								
	F_1O_2	40%								
	TV	750								
	RATE	12								
	PEEP	5								
A	pH	7.42								
	PCO_2	36.3								
B	pO_2	86								
	HCO_3	24								
G	SAT	97%								
	BASE	0								

LABORATORY DATA										
	TIME	1530								
	GLUCOSE	101								
	Na/K	139/3.7								
	Cl/CO_2	110/24								
	BUN/Cr	24/.9								
	WBC/PLATELET	16.5/741								
	Hct/Hgb	24.4/7.6								

ACTIVITIES OF DAILY LIVING										
	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME				

SUCTION

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

Po _____ _____

TOTAL _____ TOTAL _____

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	
(5)61-2	

NEUROLOGICAL ASSESSMENT

COMA SCALE		HOURS	14	20	21	22	23	24	01	02	03	04	05	06
EYES OPEN	SPONTANEOUSLY	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	TO SPEECH	3												
	TO PAIN	2												
	NO EYE OPENING	1												
BEST VERAL RESPONSE	ORIENTED	5												
	CONFUSED	4												
	VERBALIZES	3												
	VOCALIZES	2												
	NO VOCALIZATION	1	T	T	T	T	T	T	T	T	T	T	T	T
BEST MOTOR RESPONSE	OBEYS COMMANDS	6												
	LOCALIZESPAIN	5												
	FLEXION WITHDRAWAL	4												
	ABNORMAL FLEXION	3												
	EXTENSION TO PAIN	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	NO RESPONSE	1												
LIMB MOVEMENT — ARMS	NORMAL POWER													
	MILD WEAKNESS													
	SEVERE WEAKNESS		R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L
	ABNORMAL FLEXION													
	ABNORMAL EXTENSION													
	NO RESPONSE													
LIMB MOVEMENT — LEGS	NORMAL POWER													
	MILD WEAKNESS													
	SEVEREWEAKNESS													
	ABNORMAL FLEXION													
	ABNORMAL EXTENSION													
	NO RESPONSE													
			L	L	L	L	L	L	L	L	L	L	L	L
PUPILS — RIGHT	SIZE		2	2	2	2	2	2	2	2	2	2	2	2
	REACTION		+	+	+	+	+	+	+	+	+	+	+	+
PUPILS — LEFT	SIZE		2	2	2	2	2	2	2	2	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 tow sides

+ + Brisk
+ Slow
– No Response

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS	
	R L
	R L
	R L
	R L
	R L

+ + 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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0630	INITIAS [redacted]	1845	INTI [redacted]		INTILAS
	PUPLIS	4mm Reactive PERRLA		4mm Perrla			
	SENSORIUM	Alert nonverbal		Alert responds to			
		tracks c̄ eyes		painful stimuli			
		follows simple instructions					
RESPIRATORY	RESPIRATION PATTERN	#8 shiley trach tube		#8 Shiley Trach c̄			
	BREATH SOUNDS	35% Fio2 humidified		24% FIO2 Humidified			
	SECRETIONS	(B) equal rise & fall of chest		Equal rise & fall, lungs			
		(B) coarse breath sounds		CTA Bilat course throughout			
SKIN	COLOR	(B) shoulder wk, (D) calf wk		(B)+(D) scapula wounds			
	INTEGRITY	color normal for race		(B) shoulder wound, (D) calf wound			
				skin normal for race			
IV SITE	LOCATION	(A) triple lumen subclavian		(A) subclavian 3 lumen			
	CONDITION	patent site clean		Patent c/p/I ∅s+s			
				of Infx.			
GASTRO	ABDOMEN	↓BS x4, round, soft		Soft NT/ND			
	BOWEL SOUNDS	NGT LCS, distinct e sounds		∅BS x4/Quad, Dapharff c̄			
		Jevity		Jevity @ 50cc/hr, NGT			
				to LCS.			
GU	URINE	Foley to gravity drainage		Foley to gravity c̄			
	COLOR/CLARITY	clear yellow urine		clear yellow urine			
CARDIOVASCULAR	CARDIACRHYTHM	ST Rate 100-114's		ST Rate 120∅'s ∅ectopy			
		S1 S2 present		∅S's 2 HS ∅murmur ∅peripheral			
				pulses x4+2, ∅edema			
		∅ edema					

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

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

PATIENT'S INDICATIONS (For typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS																			
TIME	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
BP Arterial line																		
BP Cuff	176/73	134/74	129/69	126/70	138/69	111/64	115/66	141/87		146/87	131/76	140/79	131/69	134/69	135/74	132/73	139/60	
Temperature	98°	98¹	99°	99⁵	99¹	98°	98°	97⁹		97⁹	97⁹	97⁸	97⁸	98°	98°	96¹	96²	
Pulse	118	123	120	121	124	127	126	125		124	119	121	123	123	119	121	121	
Respiratory Rate	29	30	25	26	25	26	30	30		28	30	24	30	36	33	37	35	
SPO_2	100	100	100	100	100	100	100	100		100	99	99	100	100	100	100	100	
FiO_2	35	35	35	35	35	35	35	35		35	35	35	35	24%	24%	24%	24%	
MAP														97	98	96	102	
	R		L	Chart	B	Chart	R			L		B						
Residual		5		5		10		10			5		10					

INTAKE																		
TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
D5NS c KCL	125/125	125/250	125/375	125/500	125/625	125/625	125/750	125/875		125/1000	125/1125	125/1250	125/1375	125/1500	125/1625	125/1750	125/1875	
IVPB		150				100					150		100				50	
Dobbhoff	50/50	50/100	50/150	50/200	50/250	50/300	50/350	50/400		50/450	50/500	50/550	50/600	50/650	50/700	50/750	50/800	
TOTALS	175	500	675	850	1025	1300	1475	1650		1825	2000	2175	2450	[illegible]	2325			

OUTPUT																		
URINE HOUR / TOTAL	120/120	160/280	170/450	160/610	150/760	140/900	170/1070	170/1240		140/1380	160/1540	70/1620	120/1740	180/1940	130/2070	170/2240	110/2350	
URINE SP gr																		
URINE S/A																		
NG OUTPUT	50/50	100/150	120/270	100/370	100/470	50/530	100/630	50/640		100/780	75/855	125/980	50/1030	50/1080	50/1130	50/1180	50/1230	
NG PH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS	170	430	720	980	1330	1520	1790	2010		2250	2485	2680	2850					

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06	
	143/80	140/81	136/78	134/75	146/86	138/78	151/77	141/71	
	97.2	98.4	97.4			97.1			
	123	115	122	123	124	110	124	126	
	34	32	34	32	37	18	37	32	
	100	100	100	100	100	100	100	100	
	24%	24%	24%	24%	24%	24%	24%	24%	
	106	104	100	100	109	101	101	100	

INTAKE	23	24	01	02	03	04	05	06	8°T
	125/2000	125/2125	125/2250	125/2375	125/2500	125/1625	125/1750	125/1875	
	50/850	50/900	50/950	50/1000	50/1050	50/1100	50/1150	50/1200	

OUTPUT									
	80/2430	100/2530	80/2610	120/2730	80/2810	100/2910	100/3010	100/3110	
	100/1330	100/1430	50/1480	50/1530	50/1580	100/1630	100/1730	100/1830	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_1O_2									
	TV									
	RATE									
	PEEP									
A	pH									
A	PCO_2									
B	pO_2									
B	HCO_3									
G	SAT									
G	BASE									

LABORATORY DATA	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	
(b)161-2	

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)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630	INTILA[redacted]	1830	INT[redacted]		INTILAS
NEURO	PUPLIS SENSORIUM	3mm slugish Equal response to painful stimuli. Versed @ 5mg/hr fent @ 200 mg/hr.		3mm slugish UD. Responds to painful stimuli. Versed @ 5mg/hr + Fent @ 200 mcg/hr			
RESPIRATORY	RESPIRATION PATTERN BREATH SOUNDS SECRETIONS	Cause Throughout. Bilateral rise + fall of chest. Vent set. SIMV 10, PS, TV 750 FiO_2 30% PT SpO_2 97%. Blood tinged secretions from ETT.		Vented SIMV 10 PS TV 750 30% #8 Shiley Trach Course throughout equal rise + fall ⊕ secretions from Trach			
SKIN	COLOR INTEGRITY	Normal for race. Wound (R) + L shoulder + (R) calf CDI.		WNL, Wound (R) + (L) shoulder + (R) calf, DRSG C/D/I skin assessment on Notes.			
IV SITE	LOCATION CONDITION	(R) Wrist A line patent CDI. (L) subclavian 3 lumen patent. Both (-) S/S of infection.		(R) wrist A line / (L) subclavian 3 lumen Both patent C/D/I ⊕ S+S of Infx			
GASTRO	ABDOMEN BOWEL SOUNDS	Soft Non-distend metal. BS x4. Tenuity feed. @ 40cc/hr. NGT to LIS.		Soft NT/ND ⊕ BS x4 Quad Jevity @ 40cc/hr NGT to LIS.			
GU	URINE COLOR/CLARITY	Foley to Gravity draining amber color urine.		Foley to gravity c̄ clear amber urine			
CARDIOVASCULAR	CARDIACRHYTHM	Sinus Tach. 120's-130's ⊕ Ectopy Peripheral pulse x4. +3 sec cap ref.		ST 100's ⊕ ectopy ⊕ S's² ⊕ murmer ⊕ peripheral pulses x4+2 ⊕ edema Cap refill < 3sec			

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

PREPARED BY (Signature & T[redacted] (b)(6)-2

(Continue on reverse)

PATIENT'S INDICATI[redacted] (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CINC ICU2

DATE 13/Nov/03

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

☐ HISTORY/PHYSICAL
☑ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700
1 MAY78
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

MEDCOM - 22989

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
BP Arterial line	101/66	110/83	84/72	102/68	102/70	104/75	127/60	128/68	130/60	111/61	124/68	124/61	105/85	99/79	100/87	92/85	96/85	
BP Cuff																		
Temperature	103.0			100.9	101.0	101.0	101.2	101.2	101.4	100.9	101.2	101.8	100.4		102.4	102.3		
Pulse	128	128	120	117	123	128	128	131	135	112	115	110	109	126	128	125	120	
Respiratory Rate	19	19	12	21	14	24	26	21	19	20	18	19	16	17	21	23	25	
Sarne	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
MAP	75	75	79	79	94	81	80	89	87	95	95	85	91	85	92	90	92	
FiO^2	90	30	30	30	30	30	30	30	30	30	30	30	30	40	40	40	40	
SpO^2	97	97	94	98	97	98	98	97	98	96	98	98	97	97	97	99	100	
P	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
TV	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	

INTAKE																			
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
MAINT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB		100		250	100		100		100	100		100						
versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
fent	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
residual	10	10	10	10	10	10	15	20	15	10	15	15	0	5	0	0	0	
Jevity	40	40	40	40	40	40	40	20	40	40	40	40	40	40	40	40	40	
TOTALS																		

OUTPUT																				
URINE	HOUR / TOTAL	75/75	100/175	100/275	75/350	100/470	100/570	100/670	150/820	100/920	150/1120	100/1220	150/1370	220/1590	190/1780	200/1980	200/2180	170/	23-0
	SP gr																			
	S/A																			
NG	OUTPUT	0	—	—	—	—	50	—	50	100	100	50	50	50	50	100	50			
	PH																			
	GUIAC																			
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	94/82	88/84	114/83	124/90	130/65	132/67	128/65		
	102°	103		97		101.1	101.5		
	127	105	105	117	119	121	124		
	27	13	13	16	15	14	13		
	V	V	V	V	V	V	V		
	90	86	96	103	87	91	89		
	40	40	40	40	40	40	40		
	100	99	99	99	100	100	98		
	5	5	5	5	5	5	5		
	750	750	750	750	750	750	750		

INTAKE	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	150								
	5	5	5	5	5	5	5		
	20	20	20	20	20	20	20		
	5	5	0	0	0	0			
	40	40	40	40	40	40	40		

OUTPUT	16	17	18	19	20	21	22	23	3465
2350	75 / 2525	140 / 2665	140 / 2805	200 / 3005	180 / 3185	140 / 3325	140 / 3465		
	150	50	50	0	100	50			

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

DAILY LIVING ACTIVITIES	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN / SUCTION	TIME									

24°180 TOTALS

NURSE'S SIGNATURE	INITIALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
Po			
TOTAL		TOTAL	

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 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INTILA[redacted]	1880	INTILAS[redacted]	INTILAS
	PUPLIS	3 mm sluggish, Response		4mm - brisk;	
	SENSORIUM	to painful stimuli.		sedated c̄ strip of versed	
		Sedation versed @ 5 mg/hr		+ 100 mcg of fent.	
		+ fent @ 200 mcg/hr		opens eyes spontaneously	
RESPIRATORY	RESPIRATION PATTERN	coarsed in upper Airway		Equal rise + fall of chest	
	BREATH SOUNDS	c̄ vent 750, SIMV 10, PS		(L) lung clear (R) lung c̄	
	SECRETIONS	40%. SPO2 100%. #8		coarse breath sounds.	
		Shiley trach. Bilateral		vent: SIMV = 10; P = 5;	
		rise + fall of chest.		TV = 750; FIO2 = 40%	
SKIN	COLOR	WNL for race. wound		wounds to (L)+(R) shoulder	drainage to (R) shoulder drg.
	INTEGRITY	to (L)+(R) shoulder + (R) calf		wound c̄ drg to (R) calf, is	D+I.
		Drsg CDI.		~~D+I~~	
IV SITE	LOCATION	(L) subclavian triple		(L) subclavian triple lumen c̄ ∅ signs	
	CONDITION	lumen wrist c̄ ∅		of infection.	
		S/S of infection, Patient.			
GASTRO	ABDOMEN	soft ⊖ abdominal		soft + nondistended	c̄ hypoactive B.S.
	BOWEL SOUNDS	distension rotal. BS x4		Jevity presently at	60 cc/hr.
		Jevity @ 40 cc/hr NGT		~~NGT to~~ NGT to LIS.	
		to LIS.			
GU	URINE	Foley to gravity drain		Foley to gravity c̄ clear and yellow	
	COLOR/CLARITY	yellow colored urine.		urine.	
CARDIOVASCULAR	CARDIACRHYTHM	ST 120's-130's c̄		Sinus tach ∅ ectomy, HR presently	
		∅ Ecopy. Peripheral		in the 120's. Pulses x4 extremities, palpable.	
		pulses x4. ⊖ Edema cap		cap refill < 3 secs x4.	
		ref + 3 seconds.			

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

PREPARED BY (Signa[redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICC2

DATE 14/Nov

PATIENT'S IN[redacted]ONS (For typed or written en[redacted] give: Name — Last, First, middle; grade; date; hospital or medical facility)

#[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☒ ~~FLOW CHART~~
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700 1 MAY78
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

MEDCOM - 22992

DATE | DX

HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	BP Arterial line																	
	BP Cuff	118/68	121/65	125/65	109/66	112/68	117/72	130/60	124/64	134/70	136/67	127/62	125/65	134/67	123/69	118/69	130/70	149/70
	Temperature	101.4	101.9	101.8	101.9	101.9	101.9	101.7	101.9	102.3	102.0	102.3	102.4	101.2	100.3	100.2	100.3	100.3
	Pulse	127	129	128	138	136	140	133	137	129	127	115	111	118	123	127	115	117
	Respiratory Rate	14	12	10	15	19	18	16	14	18	20	19	14	20	20	20	18	18
	source	V	V	V	V	V	V	V	V	V	V	V	V	vent	vent	vent	V	V
	map	83	87	89	87	84	83	89	93	91	87	83	91	91	91	79	91	95
	FiO^2	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
	SpO^2	99	100	98	97	97	97	98	98	99	99	95	100	100	98	99	100	100
	P	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	TV	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	maint	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	IVPB		100	50	100	~~100~~		100			100		100				100	150	
	versed	5	5	5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	5	5	5	5	5	5	5	
	fat	20	20	20	10	10	10	10	10	10	10	10	10	10	7.5	7.5	7.5	7.5	
	residual	10	15	20	15	20	15	/	/	/	/	10	10				5		
	Jevity	40	40	40	50	50	50	/	/	/	/	50	50	60	60	60	60	60	
	TOTALS																		

OUTPUT		HOUR / TOTAL	130/150	100/200	100/250	125/375	50/475	100/575	75/650	50/700	75/775	100/850	50/800	60/910	200/1110	1290	200/1490	80/1570	180/1750
	URINE	SP gr																	
		S/A																	
	NG	OUTPUT	50	—	100	/	50	50	100	/	100	/							
		PH																	450
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY 14 01 02 03 04 05 06

VITAL SIGNS	16	17	18	19	20	21	22	23	
	142/65	150/66	152/67	152/70	149/70	169/64	152/70		
	99	99.2	99.5	99	98.9	96.3	97.6		
	105	106	109	121	108	103	121		
	15	18	18	24	19	19	24		
	V	V	V	V	V	V	V		
	94	95	96	96	98	96	109		
	40	40	40	40	40	40	40		
	100	100	100	100	99	100	100		
	5	5	5	5	5	5	5		
	750	750	750	750	750	750	750		

INTAKE	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	100								
	4	4	4	4	3	2	off		
	7.5	7.5	7.5	7.5	4	3	off		
	5		5		5		5		
	60	60	60	60	70	70	70		
	60	60	60	60	60				

OUTPUT									
	100/1850	100/1950	160/2110	60/2170	150/2850	80/2930	80/3010		3010
	150	150	150	100	100	100			750

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME									
	MODE									
	F_1O_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA										
	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING										
	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN SUCTION										
	TIME									

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

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

NEUROLOGICAL ASSESSMENT

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

COMA SCALE

EYES OPEN	SPONTANEOUSLY	4
	TO SPEECH	3
	TO PAIN	2
	NO EYE OPENING	1
BEST VERAL RESPONSE	ORIENTED	5
	CONFUSED	4
	VERBALIZES	3
	VOCALIZES	2
	NO VOCALIZATION	1
BEST MOTOR RESPONSE	OBEYS COMMANDS	6
	LOCALIZESPAIN	5
	FLEXION WITHDRAWAL	4
	"ABNORMAL" FLEXION	3
	EXTENSION TO PAIN	2
	NO RESPONSE	1

LIMB MOVEMENT

ARMS	NORMAL POWER
	MILD WEAKNESS
	SEVERE WEAKNESS
	ABNORMAL FLEXION
	ABNORMAL EXTENSION
	NO RESPONSE
LEGS	NORMAL POWER
	MILD WEAKNESS
	SEVEREWEAKNESS
	ABNORMAL FLEXION
	ABNORMAL EXTENSION
	NO RESPONSE

PUPILS

RIGHT	SIZE	
	REACTION	
LEFT	SIZE	
	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 tow sides

+ + Brisk
+ Slow
– No Response

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS

R
L

+ + 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

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0800	INITIALS [redacted]	1800	INITIALS [redacted]		INITIALS
NEURO	PUPILS		4-5mm Reactive		4-5mm Reactive			
	SENSORIUM		Tent Versed off since last pm		Opens eyes spontaneously, verbal + follows commands			
			Easily awakened + answering sent.					
			follows Verbal commands - shakes head "no"					
RESPIRATORY	RESPIRATORY PATTERN		SIMV R10/TV50/40/5/100				Trach/size 8, SIMV 10, TV=750, PS5, FIO2=40%	
	BREATH SOUNDS		Clear Bilat c̄ dim @ Base				Clear BS diminished at bases, shallow breaths. NO secretions at this time.	
	SECRETIONS		Breaths 10-20 BPM Above vent					
			Quick - shallow Breaths.					
			Yellow secretions from trach + heme stained					
			cultures of trach sputum - Acidobacter					
SKIN	COLOR		Brown. moist - sweats q1-2hr c̄				Normal. (R) + (L) shoulder dry, appears DIS w Dec to	
	INTEGRITY		wetting of sheets c̄ diaphoresis.				(R) calf appears DIS.	
			(R) shldr & (R) calf - dsrngs D PRO. W/D					
IV SITE	LOCATION		(L) subcl TL - all ports working +				Central line triple lumen cath. to (L) Subclavian patent. but unable to draw blood for catheter	
	CONDITION		flushing well. Placed ? L4 NOVOS					
			No other access					
GASTRO	ABDOMEN		Soft, Nontender to best judgement. Pt				Soft and non tender, Hyperactive BS. NGT to L-IS - patent via gravity @ 35cc/h.	
	BOWEL SOUNDS		unable to speak but groaning. BS					
			hyperactive. 0 BM @ this time or					
			last night. NGT - LWS / Irrigate - Sensy 70cc - goal is 80cc					
GU	URINE:		Foley to gravity and 60-100cc c/hr				Foley to gravity c̄ amber urine.	
	COLOR/CLARITY		Foley care done / Pt bathed this am					
			shit smells.					
CARDIOVASCULAR	CARDIAC RHYTHM		Sinus tach - RRR - HR 108-120's.				pt. presently in sinus tach. HR in the 120's, 0 ectopy.	
			S1S2 2+ pulses throughout					
			CRBSecs. Toenails badly				pulses x 4 palpable x 2, 5x, present x Nail bed noted	

4 / 0	10.9 / 34.0	6.4			
? / 4.0	91 / 26	? / 0.6	136		

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 15 MAY 03

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 15NOV03 DX HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	/	15	16	17	18	19	20	21	22
	BP Arterial Line																	
	BP Cuff	122/66	151/41		125/70	127/63	122/60	123/61	110/60		119/73	111/56	115/57	115/54	120/68	128/69	133/69	128/68
	Temperature	97.9	98.4	11		99.1			99.4				99.4		98			98.2
	Pulse	108	131	133	128	13	130	131	123		119	123	121	125	122	121	129	116
	Respiratory Rate	25	40	54	44	24	33	30	21		21	25	21	26	24	23	29	25
	SpO2	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100
	FiO2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40
	source	V	V	V	V	V	V	V	V		V	V	V	V	V	V	V	V
	map	89	89		91	86	82	84	81		87	78	82	79	80	93	95	

INTAKE	TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°
	MIVF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
	IVPB	—	150	—	150		100		100			150		100			150	150	
	Dophoff	70	70	85	75	75	75	75	Held		Held	35	35	35	35	35	40	40	
	Residual		3																
	Sub total	195	345	200	550	200	300	200	225		125	210	160	260	160	160	165	715	
		195	540	740	1290	1490	1590	1790	2015										
	TOTALS				1290				2015	2015	140	2400	2560	2820	2980	3140	3305	4020	

OUTPUT		HOUR / TOTAL	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°
	URINE		200	80	100 / 380	100 / 480	180 / 660	190 / 850	140 / 1020	100 / 1120	1120	50 / 1170	80 / 1250	60 / 1310	200 / 1510	100 / 1610	100 / 1710	60 / 1770	70 / 1840	
		sp gr																		
		S/A																		
	NG	Residual																		
		pH																1 cc	1 cc	
		NGT		50		100 / 150			150 / 300		150	200 / 500	100 / 600	50 / 650	100 / 750		25 / 775			
	EMESIS												100		300					
	STOOL								X1	X1										
	DRAINS																			
	TOTALS									1290 (745)										

1790
225
2015

1120
150
1270

2015
1270
745

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06	
	127/90	136/67	131/70	120/63	130/64	134/80	117/59	122/68	
			978			973		972	
	114	118	119	121	120	119	106	105	
	24	26	30	17	20	21	22	20	
	100	100	100	100	100	100	100	100	
	40	40	40	40	40	40	40	40	
	V	V	V	V	V	V	V	V	
	91		93	84	91	93	81		
INTAKE	125	125	125	125	125	125	125	125	8° T
	50	100						50	
	45	45	45	45	50	50	50	50	
	220	270	190	170	175	175	175	225	
	220/100	270/490	190/660	170/830	175/1005	175/1180	175/1355	1480	1480
OUTPUT	100/100	100/200	100/300	100/400	60/460	60/520	140/660	30	
				Ø					
	150/150				125/[illegible]			75/350	350

ACUITY LEVEL CLASSIFICATION

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

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

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

24° I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[redacted]	
INTAKE	OUTPUT	(b)(6)-2	
IV	Urine:		
po			
TOTAL	TOTAL		

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) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0615	INITIALS [redacted]	(b)(6)-2	INITIALS	1930	INITIALS [redacted]
NEURO	PUPILS	PERRL @ 3mm.				Perrla @ 3m	
	SENSORIUM	Pt has eyes open can move (R) Arm & leg. (L) Arm can move some but weaker				Pt in bed c̄ eyes open moves arms + legs.	
RESPIRATORY	RESPIRATORY PATTERN	= rise & fall of chest Trach #8				Equal Rise + Fall	
	BREATH SOUNDS	bil. Pt vent SIMV initial: WM				Lungs CTA Bilat	
	SECRETIONS	FIO, TV 750, 35% FIO2 PS SPO2 @ 100%. Wheezes noted to bil lung sounds.				#8 Shiley Trach c̄ Trach Collar c̄ 35% O2 @ secretions From Trach thick yellow mucous	
SKIN	COLOR	DSG to (R) shoulder area CDI				Normal For Race	
	INTEGRITY	(L) post. calf CDI. heel protects ~~on pil heels~~				Wounds x4 (R) Shoulder (2), (L) shoulder (R) calf) DRSG c̄/PE	
IV SITE	LOCATION	Central line c̄ triple				(L) Scapula 3 lumen	
	CONDITION	lumen (L) subclavian area = s/s of infection or infiltration noted. D5.N5 c̄ 20c via CL patent.				4D/I Patent ⊘S+S of Infx	
GASTRO	ABDOMEN	Soft nondistended Dobh Heff c̄ Sevitna				Soft NT/ND	
	BOWEL SOUNDS	noted. BS hyperactive 50cc/hr. NG LIS in all 4 quads noted				(R) BS x4 Quad. Hyperactive Jevity via dobhoff @ 50cc/hr	
GU	URINE: COLOR/CLARITY	Foley to gravity ~~Clear amber urine~~ noted. Slightly cloudy c̄ sediment.				Foley to gravit	
CARDIOVASCULAR	CARDIAC RHYTHM	ST HR 112 (L) Radial & pedal pulses noted bil. Cap refill < 3 sec @ fingernail & toenail beds bil.					

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 (Sign [redacted]

DEPARTMENT/SERVICE/CLINIC ICW

DATE 16 Nov 03

PATIENT'S IDE[redacted] give: Name—last, first, middle; grade; da[redacted] or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 16 NOV 03 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22		
BP Arterial Line																		
BP Cuff	125/73	129/81	116/64	126/66	115/65	104/57	116/64	135/102	124/75	125/76	124/64	115/60	100/64	124/70	134/72	132/73		
Temperature	97.3	97.8	98.3	99.6	99.3	98.8	97.8	99.1	99.7			99.1	99.3		99.4	99.2		
Pulse	114	119	125	121	114	100	111	119	127	103	134	110	129	123	120	128		
Respiratory Rate	20	19	23	24	36	38	32	37	38	26	24	23	25	38	36	38		
SPO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
FIO2	35	35	35	35	35	35	35	35	35	35	35	35	35%	35%	35%	35%		
MAP	86	86	78	86	86	71	84	92	96	98	85	82	85	92	99	95		
							Rally Cabot	Rally Cabot	TC	TC	TC	TC	TC	TC	TC	TC		
turnq2°		L		B		R		L		R		B		L		B		

INTAKE																			
TIME									8° T										8° T
D5 NS = 20 KCl	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125		
IVPB	100	150				100		50					100				300		
Dobbhoff (Jevity)	50	50	50	50	50	50	50	50		50	50	50	50	50	50	50	50		
Subtotal	275	325	175	175	175	275	175	225		175	175	175	275	175	175	175	475		
TOTALS	275	600	775	950	1125	1300	1475	1700	1700	175	350	525	800	975	1150	1325	1800	1800	

OUTPUT																			
URINE HOUR		280	95	125	120	50	30	90	34		10	100	100	40	80	100	150	120	
URINE TOTAL			325	450	570	520	550	640	674	6	684	784	884	924	1140	1240	1390	1560	
URINE sp gr																			
URINE S/A																			
NG	Residual		Ø						Ø							Ø			
NG	pH																		
NG	SUC AGT	150	50	100	100	100	100	100	100		100	200	100	100	100	50	50	50	
EMESIS					41														
STOOL																			
DRAINS																			
DRAINS		100	5	50															
DRAINS	500	300	300	350															
TOTALS		1500	2000	3000	4000	5000	6000	7000	8000		9000	11000	12000	13000	14000	14500	15000	15500	

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06	
	139/72	131/76	140/69	132/71	134/77	136/75	136/73	139/71	
	98°	98'	97.9	97.2	98.2	98.6			
	122	115	121	115	119	119	116	119	
	36	34	37	33	32	34	34	34	
	100	100	100	100	100	100	100	100	
	35%	35%	31%	24%	24%	24%	24%	29%	
	100	100	97	95	97	96	97	94	
	TC	TC	TC	TC	TC	TC	TC	TC	
INTAKE									8° T
MAINT	125	125	125	125	125	125	125	125	
		150						150	
TF	50	50	50	50	50	50	50	50	
Sub	175	325	175	175	175	175	175	325	
	175	500	675	850	1025	1200	1375	1700	1700
OUTPUT	140/1700	60/1760	100/1860	130/1990	110/2100	200/2300	130/2430	180/2610	2610
	50	100	100	100	50	100	0	100	
				X1					
	1600	1700	1800	1900	1950	2050	2050	2150	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	0055								
	MODE	Follow								
	F_IO_2	31								
	TV	—								
	RATE	32								
	PEEP	—								
ABG	pH	7.55								
	PCO_2	28.5								
	pO_2	200								
	HCO_3	25								
	SAT	100								
	BASE	3								

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

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV	5200	Urine:	4760
po			
TOTAL		TOTAL	40

4" 5200 4760 440

NURSE'S SIGNATURE	INITIALS

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 (5)(4-2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0615	INTILAS [redacted]	1830	INTILA [redacted]		INTILAS
NEURO	PUPLIS	Pupils 2 mm + sluggish.		3mm Slugish Equal			
	SENSORIUM	Pt responds to painful		Responds to painful stimuli			
		stimuli. sedated c̄		Verse @ 5mg/hr			
		versed 4mg/hr fur @		Fentanyl @ 200mg/hr			
		200 mg/hr.					
RESPIRATORY	RESPIRATION PATTERN	Size 8 trach c̄ Bilateral		Vented #8 Shiley SIMV 10			
	BREATH SOUNDS	rise + fall of chest, vent		PS TV 750 30%. Equal rise			
	SECRETIONS	SIMV 12, TV 750, FIO2 = 35%. course sounds		+ fall course throughout			
		throughout. Thick secretion		⊕ thick secretions from			
		out of RTT.		Trach blood tinged.			
SKIN	COLOR	staples to (R) side of		Normal for race. Wound			
	INTEGRITY	head. Drst to (L)+(R)		(R)+(L) Sholder + (R) calf.			
		holder. (R) calf CDI.					
IV SITE	LOCATION	(R) Radial A-line wrist.		(R) Wrist A-line Patent C/D/I			
	CONDITION	(L) subclavian triple		(L) Subclavian 3 lumen patent			
		lumen wrist c̄ (-) S/S		C/D/I Both ⊕ S+S of infx.			
		of infection.					
GASTRO	ABDOMEN	BS x4 hypo active		Soft NT/ND			
	BOWEL SOUNDS	c̄ (-) distension noted		⊕ BS x4 Quad. Hypo.			
		NGT to LIS. (-) Residual		Dopthoff c̄ Jevity @ 30cc/hr			
		Fen source		NGT to LIS.			
GU	URINE	Foley to gravity		Foley to gravity c̄ amber			
	COLOR/CLARITY	drain amber urine.		urine >30cc/hr			
CARDIOVASCULAR	CARDIACRHYTHM	Sinus tachy, ltr in		ST HR 110's ⊕ ectopy ⊕ S'S²+S			
		the 130-140's. ⊕ Edema		⊕ murmer ⊕ peripheral pulses			
		noted Palpable pulse		x4+2 ⊕ edema			
		throughout.					

LEGEND
Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE

PATIENT'S INDICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700
1 MAY78
Proponent Dept of Nurs

MEDCOM - 23002

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
BP Arterial line	102/70	109/60	114/70	110/68	111/57	115/60	118/64	114/54	116/60	120/66	110/62	115/57	124/69	134/68	96/46	120/57	127/60	
BP Cuff																		
Temperature	102.3			101.6	/	101.9	102.0	102.1	102	102.1	103.5	103.0			103.4			
Pulse	139	123	118	112	112	115	117	115	119	120	129	131	123	119	118	117	112	
Respiratory Rate	35	48	24	20	11	15	17	20	16	17	15	20	20	20	18	14	15	
Source	vent	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
FiO_2	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	
MAP	96	77	84	85	75	79	82	81	91	81	92	96	91	82	82	76	80	
SATS	97%	97	98	99	99	99	99	99	99	98	97	96	94	97	97	98	98	
P	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
~~Peak~~			30															

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
MAINT	125	115	115	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB					100							100						
versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
fat	20	20	30	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
residual	-	0	/	/		10	10	20	10	15	20	10	~~10~~		30		25	
Dextry	10	10	10	20	20	20	20	20	20	20	20	30	30	30	30	30	30	
TOTALS																		

OUTPUT																		
URINE	HOUR / TOTAL	150/150	/	100/250	100/350	100/450	80/530	100/630	90/700	100/800	60/860	100/960	200/1160	140/1300	120/1420	70/1490	60/1550	120/1670
	SP gr																	
	S/A																	
NG	OUTPUT	400	/	/	/	/	50	100	100				30				Total Canister 900 ml	
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06	07	
	121/54	120/54	120/56	117/59	129/70	109/63	110/61		
	102.3								
Pulse	109	104	105	115	125	125	125		
Resp	16	12	16	16	12	12	13		
	V	V	V	V	V	V	V		
	30	30	30	30	30	30	30		
MAP	70	76	75	79	87	82	97		
O2	98	99	100	99	94	97	97		

TAKE	16	17	18	19	20	21	22	23	8°T
MAIN	125	125	125	125	125	125	125		
IVPB	150						100		
Versed	5	5	5	5	5	5	5		
Fent	20	20	20	20	20	20	20		
TF	30	40	40	40	40	40	40		

OUTPUT	80/1750	80/1830	110/1940	120/2060	200/2160	100/2360	100/2460		
Urine									

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

TIME									
MODE									
F_1O_2									
TV									
RATE									
PEEP									
ABG pH									
ABG PCO_2									
ABG pO_2									
ABG HCO_3									
ABG SAT									
ABG BASE									

LABORATORY DATA

TIME									
CLUCOSE									
Na/K									
Cl/CO_2									
BUN/Cr									
WBC/PLATELET									
Hct/Hgb									

ACTIVITIES DF DAILY LIVING

TIME			
MOUTH CARE			
BATCH			
SKIN CARE			
FOLEY CARE			
TRACH CARE			
ROM EXERCISES			

TURN SUCTION

TIME					

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE	OUTPUT
IV 2840	Urine: 2460
Po _____	_____
TOTAL 2840	TOTAL 2460
	+380

NURSE'S SIGNATURE	INITIALS

MEDCOM - 23004

NEUROLOGICAL ASSESSMENT

			HOURS	6	7	8	9	10	11	12	13	14	15	16	17	18
COMA SCALE	EYES OPEN	SPONTANEOUSLY	4	✓	✓	✓	✓	✓	✓	✓	✓	✓				
		TO SPEECH	3													
		TO PAIN	2													
		NO EYE OPENING	1													
	BEST VERAL RESPONSE	ORIENTED	5													
		CONFUSED	4													
		VERBALIZES	3													
		VOCALIZES	2													
		NO VOCALIZATION	1	T	T	T	T	T	T	T	T	T				
	BEST MOTOR RESPONSE	OBEYS COMMANDS	6													
		LOCALIZESPAIN	5													
		FLEXION WITHDRAWAL	4													
		ABNORMAL FLEXION	3													
		EXTENSION TO PAIN	2	✓	✓	✓	✓	✓	✓	✓	✓	✓				
		NO RESPONSE	1													
LIMB MOVEMENT	ARMS	NORMAL POWER														
		MILD WEAKNESS														
		SEVERE WEAKNESS		R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L				
		ABNORMAL FLEXION														
		ABNORMAL EXTENSION														
		NO RESPONSE														
	LEGS	NORMAL POWER														
		MILD WEAKNESS														
		SEVEREWEAKNESS														
		ABNORMAL FLEXION														
		ABNORMAL EXTENSION														
		NO RESPONSE		L	L	L	L	L	L	L	L	L				
PUPILS	RIGHT	SIZE		2	2	2	2	2	2	2	2	2				
		REACTION		+	+	+	+	+	+	+	+	+				
	LEFT	SIZE		2	2	2	2	2	2	2	2	2				
		REACTION		+	+	+	+	+	+	+	+	+				
ICP																
CEREBRAL PERFUSION PRESSURE																

PUPIL SCALE						
	2	3	4	5	6	7 mm

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 tow sides

+ + Brisk
+ Slow
− No Response

+ Intact
− Abnormal

VASCULAR ASSESSMENT

HOURS		
	R L	
	R L	
	R L	
	R L	
	R L	

+ + 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

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630	INITIALS [redacted]	1900	INITIALS [redacted]		INITIALS
NEURO	PUPLIS	eyes closed, responds to		4mm Reactive to light			
	SENSORIUM	voice, Pupils 4mm		open eyes spontaneously			
		PERRLA		follows simple commands			
		follows simple commands					
RESPIRATORY	RESPIRATION PATTERN	even-non labored		even, equal rise & fall of			
	BREATH SOUNDS	lungs CTA (B)		chest. lungs CTA B.lat.			
	SECRETIONS	(R) productive cough when		productive cough on			
		stimulated c̄ suction		occasion. Thick yellow			
		thick yellow secretions		secretions.			
SKIN	COLOR	Normal for race		Normal			
	INTEGRITY	Scal (L) temporal area		ulcer (L) R shoulder, (R) calf, c̄ Dsg, all appear			
		Ux (R) shoulder (L) (R) calf		D+I.			
IV SITE	LOCATION	(L) subclavian triple lume		(L) ~~subclavian~~ subclavian triple lumen. Ø			
	CONDITION	Patts patent, site c/d/I		signs of infection			
GASTRO	ABDOMEN	flat, soft, ND		Hypo active BS x 4; NG		GT not to suction;	
	BOWEL SOUNDS	↓ BS x4, NGT LIS		on clear liquid diet.		Pt. had BM during 1st	
		Dobhoff c		shift, Brown + pasty		small amt. ~~Dx~~ Jeuity,	
		Ø BM		(plus) infusing at 50cc/hr.			
GU	URINE	foley to Gravity		Foley to Gravity c̄ clear + yellow urine.			
	COLOR/CLARITY	draining clear yellow					
		urine					
CARDIOVASCULAR	CARDIACRHYTHM	ST, rate 100s-120's		Sinus tach ↓ 100s.		Ø ectopy. S1+S2	
		S1 S2 present		present. Ø edema, + 3 pulses B.lat.			
		Ø edema		Cap refill < 3 sec x 4		extremities.	
		+3 pulses throughout					

LEGEND

Cr - Creatinine
F_iO - Fraction of inspired O_2
F_iO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature [redacted]

DEPARTMENT/SERVICE/CINC ICU-2

DATE 18-NOV-03

PATIENT'S INDICATIONS (For typed or [redacted] entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

FF [redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
	BP Arterial line																		
	BP Cuff	141/74	180/78	145/79	134/71	125/68	135/70	130/77	134/78		132/74	129/79			132/81	137/77	128/74	126/72	
	Temperature	97.8	98.1	98	99.5		97.6	98.0	98		97.6	98.0	97			98.2			
	Pulse	108	138	132	131	126	129	108	130		129	116	117		97	115	114	112	107
	Respiratory Rate	22	25	27	28	29	30	30	33		26	30	33		20	28	30	30	26
	SpO2	100	99	97	99	100	100	100	100		100	100	100		100	100	100	99	100
	Residual	15	10	5		5		Ø			Ø								

INTAKE	TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
	D5 NS 20kcl	125/125	125/250	125/375	125/500	125/625	125/750	125/875	125/1000		125/1125	125/1250	125/1375	125/1400	125/1525	125/1650	125/1775	125/1900	
	IVPB						100		50			150						50	
	PO			100/200			200/400				200/600								
	Dobbhoff	50/50	50/100	50/150	50/200		50/250	50/300	50/350		50/400	50/450	50/500	50/550	50/600	50/650	50/700	50/750	
		175	350	725	900	1025	1500	1675	1900		2245	2620	2945	3400	3945	3300	3945	3600	
	TOTALS										2245	2620	2945	3400	3945	3300		3600	

OUTPUT		HOUR / TOTAL	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
	URINE		120/120	120/240	140/380	100/480	160/640	100/740	100/840	120/960		90/1050	110/1160	120/1280		120/1400	200/1600	160/1760	130/1890	
		SP gr																		
		S/A																		
	NG	OUTPUT	100/100	100/200	100/300		100	Ø	Hold	Hold		Hold								
		PH																		
		GUIAC																		
	~~EMESIS~~ Residual																			
	STOOL																	Ø		
	DRAINS																			
	TOTALS		220	440	680	780	940	1040	1140	1260		1350	1460	1580		1700	1900	2060	2190	

POST-OP DAY

	23 ~~14~~	24 ~~17~~	01 ~~18~~	02 ~~19~~	03 ~~20~~	04 ~~21~~	05 ~~22~~	06 ~~23~~	
VITAL SIGNS	114/74	129/74	124/62	127/66	129/66	139/79	136/66	139/77	
	99		99	98.3					
	107	114	112	114	114	113	100	101	
	26	30	30	32	30	32	24	24	
	100	99	98	98	100	100	100	100	
INTAKE	14	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125	125	
		250							
	50	50	50	50	50	50	50	50	
	175	425	175	175	175	175			
	175/175	600	775	950	1125	1300			
OUTPUT	100/2390	100/2490	90/2580	100/2780	100/2980	100/3100	100/3100	100/3200	
			Ø						

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME									
	MODE									
	F_1O_2									
	TV									
	RATE									
	PEEP									
A	pH									
	PCO_2									
B	pO_2									
	HCO_3									
G	SAT									
	BASE									

LABORATORY DATA										
	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING									
	TIME				TURN	TIME			
	MOUTH CARE								
	BATCH								
	SKIN CARE								
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								

24°130 TOTALS

WT Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

Po _____ _____

TOTAL _____ TOTAL _____

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[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) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0600	INTILA[redacted]	1815	INTI[redacted]	INTILAS
	PUPLIS SENSORIUM	4mm Reactive to Light, opens eye spontaneously. PT is able to follow simple commands.		4mm Reactive to LT. opens eyes spontaneously. Eyes ~~appear~~ appear slightly jaundiced.		
RESPIRATORY	RESPIRATION PATTERN BREATH SOUNDS SECRETIONS	Bilateral rise + fall of chest. Lungs CTA Bilat. PT produces thick mucus upon suctioning from CTT		Ø respiratory distress, chest. Lungs CTA Pt. occasionally cough c̄ thick white secretions		
SKIN	COLOR INTEGRITY	NFR wound to (L)+(R) + (R) calf CDI c̄ (-) S/S of infection.		Normal wounds to (L)+(R) shoulder, (R) calf, with wet to dry dsg, all appear pt.		
IV SITE	LOCATION CONDITION	(L) subclavian TTT lumen c̄ Ø S/S of infection. All lines are currently patent.		(L) subclavian triple of infection.		lumen. Ø signs
GASTRO	ABDOMEN BOWEL SOUNDS	Abdomen soft + non tender. hypoactive X4 BS. Not no nutrition. Jevity ~~@~~ 60cc/hr.		soft and non tender. Quand. Dobhoff was vasquez at approx. look at KUB at this time.		Hypoactive BS X4 reinserted by SGT MW. Physician has not Jevity stopped until physician order
GU	URINE COLOR/CLARITY	Foley to gravity drains yellow colored urine.		Foley to gravity. Urine clear + yellow.		
CARDIOVASCULAR	CARDIACRHYTHM	ST 100's c̄ Ø ectopy Peripheral pulses throughout. cap of 3sec. Ø Edema noted.		Sinus tach. Ø ectopy. Cap refill <3sec c̄ x4 extremities, Palpable pulses x4. HR in the Low 120's		~~[illegible]~~

LEGEND

Cr - Creatinine
F_1O - Fraction of inspired O_2
F_1O_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY (Signature & Ti[redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICC

DATE 11/19/03

PATIENT'S INDICATIONS [redacted] entries give: Name - Last, First, middle; grade; date; hospital or medical facility) (b)(6)-2

- ☐ HISTORY/PHYSICAL
- ☒ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

MEDCOM - 23009

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE		DX													HOSPITAL DAY 14	20	21	22	23	
VITAL SIGNS	TIME	07	08	09	10	04	05	03	07	15	08	09	10	11	12	13	14	15	
	BP Arterial line																		
	BP Cuff	131/71	127/68	138/66	140/81	141/75	130/72	127/68	129/55	118/71	138/68	130/70	126/65	131/85	130/76	128/76	124/63	135/60	
	Temperature	98.0	98.4	988	990	99.2	99.9	99.2	99.2	99.6	99.6	99.5	99.5		99.3				
	Pulse	101	109	114	123	115	101	108	111	118	115	112	19	123	116	105	114	112	
	Respiratory Rate	22	23	27	30	29	17	18	20	18	18	20	29	30	32	22	27	28	
	SpO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	94	98	
	residuals	0	5	10	10	5	Ø	5	10	0	10	15	15						
INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	D5 NS 20K	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	1VPB																	150	
	PO			50	50					50									
	Trevity	60	60	60	60	60	60	60	60	60	60	60	60	75	75	75	75	75	
	~~Residu~~																		
	TOTALS																		
OUTPUT	URINE HOUR / TOTAL	200/200	100/300	250/550	150/680	200/880	200/1080	200/1280	150/1410	100/1510	100/1610	150/1760	200/1960	200/2160	180/2240	180/2320	200/2520	140/2660	2660
	URINE SP gr																		
	URINE S/A																		
	NG OUTPUT	Ø	Ø	-D/C															
	NG PH																		
	NG GUIAC																		
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY 24 01 02 03 04 05 06

VITAL SIGNS	16	17	18	19	20	21	22	23	
	131/67	136/67	131/77	128/74	125/64	125/72	134/71		
	98			97			97		
	116	114	109	117	111	123	104		
	28	25	26	30	28	30	24		
	98	94	100	100	100	100	100		

INTAKE	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	100					150			
	75	75	75	75	75	75	75		

OUTPUT									
	160/160	180/340	200/540	140/650	200/850	160/1010	80/1090		

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_1O_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME			
	MOUTH CARE			
	BATCH			
	SKIN CARE			
	FOLEY CARE			
	TRACH CARE			
	ROM EXERCISES			

TURN	TIME				
SUCTION					

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

NURSE'S SIGNATURE	INITLALS
[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) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0630	INTILAS [redacted]	1830	INTIL [redacted]		INTILAS
	PUPLIS	4mm reserve to Light		4mm Perrla			
	SENSORIUM	opens eyes spontaneously		Responds to external			
		Awake roused to sleep		stimuli			
		at eyes. ⊖ sedation					
RESPIRATORY	RESPIRATION PATTERN	⊖ Respiratory distress		RRR Equal rise + fall			
	BREATH SOUNDS	noted c̄ Bilateral rise		Lungs CTA Bilat			
	SECRETIONS	+ fall chest. Lungs		Slight secretions			
		CTA. PT still produces		from Trach. #8 shiley			
		slight amount of yellow		trach c̄ Trach collar @			
		sputum thru ETT tube.		HRA			
SKIN	COLOR	NFI c̄ wounds to		Normal for race.			
	INTEGRITY	(L) + (R) + (R) calf wet		Wounds to (L) (R) shoulder			
		to Dry Dressing		+ (R) calf [redacted] S/S C/D/I			
IV SITE	LOCATION	(L) subclavian triple		(L) Subclavian 3 lumen			
	CONDITION	lumen c̄ ⊖ S/S		patent C/D/I ⊖ S+S			
		of infection.		of Infix			
GASTRO	ABDOMEN	BS x4 hypoactive		Soft NT/ND			
	BOWEL SOUNDS	⊖ Abdomen distension		⊕ BS x4 Quad,			
		reserved or rebound tenderness		Levity via Dephoff @			
		Levity 1 75cc/hr		75cc/hr			
GU	URINE	Foley to gravity		Foley to gravity			
	COLOR/CLARITY	yellow colored urine.		c̄ clear yellow urine			
				>30cc/hr.			
CARDIOVASCULAR	CARDIACRHYTHM	ST 100's c̄ ⊕ Ectopy		ST 120⊕'s ⊕ ectopy ⊕ S's²			
		noted. Peripheral pulses		HS ⊕ murmur, ⊕ peripheral			
		throughout - ex rd + 2 pec.		pulses X4+2, ⊕ edema			
		⊖ Edema noted @ present time.					

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY (Signature & Title) [redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICU

DATE 1/20/03

PATIENT'S INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

(b)(6)-2

☐ HISTORY/PHYSICAL ☑ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DA FORM 1 MAY78 4700

Proponent Dept of Nurs

MEDCOM - 23012

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
BP Arterial line																	
BP Cuff	124/60	124/65	127/60	124/65	122/60	135/70	121/70	132/71	124/71			124/64	128/73			128/73	
Temperature	97.9	98.2	98.4	98.0	98.8	98.6	98.6	98.9	98.9			98.7					
Pulse	111	96	119	120	128	132	115	106	125			120	117			117	
Respiratory Rate	22	24	36	20	34	30	26	22	32			28	26			26	
SpO2	100	100	100	100	100	100	100	100	100			100	100			100	

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
D5 NS 20K	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB	/	100	/	/	/	100		100	/	/	50	50				100		
PO	/	/	50	/	50	/			50		50							
Dentry	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL	200/200	200/400	200/600	200/800	150/950	200/1150	200/1350	200/1550	200/1750	200/1950	200/2150	200/2350	200/2550	200/2750	200/2950	200/3150	170/3320
	SP gr																	
	S/A																	
NG	OUTPUT																	
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06	23	
			121/69				122/67		
			110				128		
			17				27		
			100				100		
			HRA				HRA		

INTAKE	16	17	18	19	20	21	22	23	8°T
	125	125	125	125	125	125	125		
	250								
	75	75	75	75	75	75	75		
	7								

OUTPUT									
	200/3420	150/3570	130/3700	130/3850	150/4000	200/4200	200/4400		
				X1					

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA	TIME									
	CLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME									
SUCTION										

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE

IV _____

Po _____

TOTAL _____

OUTPUT

Urine: _____

TOTAL _____

BALANCE _____

NURSE'S SIGNATURE	INITIALS

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) QA Appr 8 Mar 89

INITIAL [redacted] ASSESSMENT

NEURO	TIME	1825	INITIALS [redacted]	(b)(6)-2	INITIALS	INITIALS
	PUPILS	2mm sluggish,				
	SENSORIUM	sedated c̄ 5mg of				
		versed, and 100mcg				
		of fent/hour.				
RESPIRATORY	RESPIRATORY PATTERN	Equal rise and fall of				
	BREATH SOUNDS	chest. slight wheezing/Rhonchi				
	SECRETIONS	Yellowish from trach.				
SKIN	COLOR	Normal				
	INTEGRITY	~~wounds~~ to (L)+(R) shoulder ~~[illegible]~~	(R) calf c̄ wet to dry dsg, (L)+(R) shoulder			
		wounds c̄ wet to dry dsg. All appear to be D&I.				
IV SITE	LOCATION	(R) AC, (L) forearm				
	CONDITION	Ø signs of infection				
GASTRO	ABDOMEN	Soft & nondistended				
	BOWEL SOUNDS	Hypoactive x 4 quad				
GU	URINE:	Foley to gravity c̄				
	COLOR/CLARITY	amber ~~[illegible]~~ urine.				
CARDIOVASCULAR	CARDIAC RHYTHM	S1, S2 present,				
		sinus tach, HR in the				
		120's, Ø edema				
		noted				

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

PREPARED BY (S[redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: IM2

DATE: 22NOV.

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

EPW

[redacted]

(b)(6)-4

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

DA FORM 1 MAY 78 4700

Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

Re-admu

DATE 22NOV03 · DX

HOSPITAL DAY

VITAL SIGNS	TIME	1426	15	16	17	18	19	20	21	/	22	23	24	01	02	03	04	05	/
	BP Arterial Line		—																
	BP Cuff	115/57	98/62	108/61	110/69		106/60	100/58	102/56	102/58	100/61	107/61	105/61	107/58	97/58	106/58	108/60	109/62	
	Temperature	1	101'		101'		101.6	101	101	99.8	99	99	98	99.1	101.8	101	100.8	100.4	
	Pulse	131	118	116	117		123	122	111	125	125	114	105	120	123	118	116	111	
	Respiratory Rate	20	16	16			12	12	12	12	12	12	12	12	12	12	12	12	
	SPO2	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	100	
	% Vent	50	50%	50	50%		50%	50%	50%	50%	50%	50%	50%	50%	50%	50	45	40	
							~~50~~												
	MAP	81	77	80	84		78	76	74	74	75	75	77	78	74	78	78	84	

INTAKE	TIME	1426	15	16	17	18	19	20	21	8°T	22	23	24	01	02	03	04	05	8°T
	MIVF				125	125	125	125	125		125	125	125	125	125	125	125	125	
	Fent	10	10	10	10	10	10	10	10		10	10	5	5	5	5	5	5	
	Versed	4	4	4	5	5	5	5	5		5	4	4	4	4	4	4	4	
	IVPB							250			150	100	100	100				150	
	Bolus	Versed/fent 8cc																	
	Subtotal	22	14	14	140	140	140	390	140		290	139	234	234	134	134	134	284	1583
	TOTALS	22	36	50	190	330	470	860	1000	1000	290	429	663	897	1031	1165	1299	1583 ~~1433~~	~~1433~~

OUTPUT																			
URINE	HOUR / TOTAL	X	70/70	60/~~80~~ 130	/	/	120/250	34/284	32/316	316	36/36	32/68	32/100	40/140	50/190	50/240	40/280	60/340	340
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

1433
150
1583

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS	
	06
	112/55
	110 5
	130
	12
	100
	40
	77

INTAKE	
	8° T
	125
	5
	4
	100

OUTPUT	
	90

RESPIRATORY DATA		
	TIME	1328
	MODE	STRA
	F_IO_2	TRACH
	TV	collar
	RATE	
	PEEP	
ABG	pH	7.58
	PCO_2	27
	pO_2	68
	HCO_3	24
	SAT	96%
	BASE	4

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

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(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) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0615 INITIALS [redacted]	1830 INITIALS [redacted]		INITIALS
HEURO	PUPILS	2mm sluggish sedated	3mm sluggish sedated		
	SENSORIUM	c̄ 5mg of versed &	c̄ 2mg of versed and		
		100mg of fentanil	50mcg of fent.		
RESPIRATORY	RESPIRATORY PATTERN	Bilateral rise + fall of	Equal rise + fall of chest		
	BREATH SOUNDS	chest. c̄ minute amount	Clear Breath Sounds		
	SECRETIONS	of Rhonch. noted.	Yellow secretions		
		Yellow sputum from	from Trach, trach collar on at		
		RST noted. SMV 12	~~[illegible]~~ 6L, O2 SAT 100%		
		PS, 480, 750 TV.			
SKIN	COLOR	NFR c̄ wound to (L) + (R)	Normal - wounds to (L) + (R) shoulder and		
	INTEGRITY	shoulder + (R) calf. c̄ act	(R) calf + Drainage to (R) shoulder disgnosed.		
		to Dry healing well.			
IV SITE	LOCATION	(R) AC + (L) Forearm	(R) AC + (L) forearm. Ø signs of		
	CONDITION	c̄ ⊖ S/S of infection	infection.		
		or infiltration.			
GASTRO	ABDOMEN	BS x4 c̄ ⊖ Abdomen	BS c̄ Hypoactive BS	x4. ABD soft and	
	BOWEL SOUNDS	distension. Abdomen	nondistended.		
		is soft.			
GU	URINE:	Foley to gravity	Foley to gravity c̄	clear + yellow urine.	
	COLOR/CLARITY	drains + ~~yellow~~ colored			
		urine.			
CARDIOVASCULAR	CARDIAC RHYTHM	S1-S2, Ø ETOPY c̄	S1, S2 present, HR presently in the 90's.		
		Bilateral pedal + brachial	Ø ectopy, Ø edema, cap refill x		
		pulses present. ⊖ Edema	4 extremities < 5 secs, palpable pulses		
		noted. +3 cap ref.	x4.		
		throughout.			

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

PREPARED BY (Signature & Title) [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 11/23/03

(Continue on reverse)

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

EPW

[redacted]

(b)(6)-4

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

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

DATE 23 Nov 03 · DI · HOSPITAL DAY

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	BP Arterial Line																	
	BP Cuff	107/53	104/57	113/53	108/54	112/60	109/51	100/55	112/55	108/56	104/64	114/63	112/54	111/63	104/48	114/59	115/54	106/52
	Temperature	100.5					102	102.6		100.5 T	100.6 T	101.2 T	100.8 T	99.8 T	98.5	99	99.2	99.2
	Pulse	111	107	109	123	125	115	125	124	123	117	124	116	120	93	94	114	107
	Respiratory Rate	12	12	12	13	23	25	12	11	13	17	19	19	18	15	16	14	16
	SpO^2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	FiO^2	40	40	40	40	40	40	40	40	40	35	35	35	8L	6L	6L	5L	5L
	map	75	75	77	73	72	71	75	81	79	83	83	79	82	77	84	79	71
	PEW										Vicodin 10/325	TC	TC	TC	TC	TC	TC	TC
																	28	28

INTAKE	TIME									8° T									8° T
	MIVF	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	Fent	5	5	5	5	5	5	5	3	3	3	3	3	2.5	2	2.5	2.5	2.5	
	versed	4	4	4	4	4	4	4	2	2	2	2	2	2	2	2	2	2	
	IVPB	/	100				100		150							250		150	
	TOTALS	134	234	134	134	134	234	134	280	130	130	130	130	129.5	129.5	129.5	129.5	129.5	

OUTPUT		HOUR	50	50	80	40	45	30	40	80	110	80	50	90	80	120	130	150	100	
	URINE	TOTAL	50	100	180	220	265	295	335	415	525	635	685	775	865	945	1065	1195	1295	1395	1495
		SP GR																			
		S/A																			
	NG	OUTPUT																			
		pH																			
		GUIAC																			
	EMESIS																				
	STOOL																				
	DRAINS																				
	TOTALS									845										

24 34.5 30 12 40 83 42/49 Nov 29 129.5 1138.0 1778 250 1/6 102

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06	06	
	106/54	107/53	120/48	136/72	137/74	129/75		134/58	
		100.6	101.7	101.6	100	98.4	98.4		
	103	112	130	120	113	100	101	104	
	14	16	20	18	16	20	20	14	
	100	100	100	100	100	100			
	5L	5L	5L	5L	5L	5L	5L		
	72	72	76	98	98	89		84	
	TC	TC	TC	TC	TC	TC	TC	TC	
	28%	28%	28%	28%	28%	28%	28%	28%	
INTAKE									8° T
	125	125	125	125	125	125	125		
	25	25	25	25	25	25	25		
	2	2	2	2	2	2	2		
	100						100		
								4094	
	2245	1245	1245	1245	1245	1295	1345		
	2245	359	4885	618	7475	877	1005	2605	
OUTPUT	110/110	120/230	200/430	100/536	100/630	150/810	350/1160		

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									

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

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV		Urine:	
po			
TOTAL	4094	TOTAL	2605

BALANCE +1489

NURSE'S SIGNATURE	INITIALS
[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) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INITIALS [redacted]	1900	INITIALS [redacted]		INITIALS
NEURO	PUPILS	Pupils 4mm + reactive		pupils 4mm OU, reactive			
	SENSORIUM	Rt alert c̄ some		isolated c̄ Fentanyl 50mcg/HR,			
		purposeful movements		versed 2mg/hr, spontaneous			
		does not follow		eye movement & body movement,			
		commands		has good grip c̄ (R) hand			
RESPIRATORY	RESPIRATORY PATTERN	lungs CTA bilaterally		LCTAB, course slightly @ bases			
	BREATH SOUNDS	c̄ diminished bases		#8 Shiley to trach collar c̄			
	SECRETIONS	blood tinged secretions		humidified NS suction PRN, coughs			
		noted via trach #8		on own very well - light yellow			
		Shiley in place on		mucous secretions, Sats 100%, ∅			
		trach collar @ 28%		s/sx resp distress			
SKIN	COLOR	color normal for race		Wound to (R) side of head ~~healing~~			
	INTEGRITY	c̄ skin intact. Wounds		healed, Drsg's to (B) shoulders CDI, Drsg			
		noted on (L) shoulder		Δ tonight, turning Q2 to ↓ breakdown			
IV SITE	LOCATION	18ga noted in (R) AC		20G PIV to (R) FA patent s̄ s/sx			
	CONDITION	& 20ga noted on (L)		infiltration running			
		forearm. Both patent		D5NS c̄ 20meq KCl @ 125 MIVF			
		c̄ D5NS c̄ 20KCl infusing					
		@ 125cc/hr					
GASTRO	ABDOMEN	Abdomen round &		(+) BS x4 quads active, ate 75% of			
	BOWEL SOUNDS	soft c̄ hypoactive		dinner soft tray s̄ difficulty,			
		bowel sounds. Tol		tolerates well			
		chears s̄ difficulty					
GU	URINE:	Foley to gravity		FTG draining clear yellow urine			
	COLOR/CLARITY	draining clear		c̄ adequate UOP			
		yellow urine					
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus tachycardia		ST c̄ HR 120's, ∅ ectopy noted			
		s̄ ectopy c̄ HR in one		S1 S2, CRT<3 secs, (B) radial + pedal			
		leuk. (+) palpable		pulses palpated 2+			
		pulses in all ext					
				Misc: ROM to (L) UE & (L) LE - Stiffness noted			

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

PREPARED BY (S[redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 24 Nov 03

PATIENT'S IDENTIFICATION [redacted] middle; grade; date; ho[redacted]: Name—last, first.

#[redacted]

(b)(6)-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-NU)

DATE 24 Nov 03 | DX S/P Craniotomy / S/P trach / S/P debridement of skull/x | HOSPITAL DAY 24

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	8T
	BP Arterial Line														117/62	143/65	127/64	129/67	
	BP Cuff	129/61	132/64	145/62	143/53	122/65	115/58	112/59	107/43		122/67	125/66	120/67	117/61					
	Temperature			99.7				101.8			98.6				99.2				
	Pulse	119	125	132	136	108	119	127	117		121	116	119	116	131	128	117	121	
	Respiratory Rate	19	20	11	22	22	16	20	19		19	22	30	17	27	30	25	29	
	Sats	100	100	100	100	99	100	100	100		100	100	100	100	100	100	100	100	
	FiO_2	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	
	Source	IC																	
	MAP	88	90	94	87	88	80	80	67		89	89	88	83	84	94	88	91	
	TURN														R		L		

INTAKE	TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
	MIVF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
	Fent	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5		2.5	2.5	2.5	2.5	2.5	OFF	OFF	OFF	
	Versed	2	2	2	2	2	2	2	2		2	2	2	2	2	OFF	OFF	OFF	
	NPB	150	250				100		150					100		250		150	
	PO	150						200							440				
	Subtotal	429.5	379.5	129.5	129.5	129.5	229.5	229.5	279.5	2036	129.5	129.5	129.5	229.5	569.5	375	125	375	
	TOTALS	429.5	809	938.5	1068	1197.5	1427	1656.5	2036		129.5	259.	388.5	618	569.5	944.5	1069.5	1444.5	

OUTPUT																			
URINE	HOUR / TOTAL	500/500	380/880	460/1340	340/1680	220/2000	270/2270	320/2590	140/2730	2730	170/170	200/370	230/600	26/626	250/250	200/450	200/650	220/870	
	10 gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL										730									
DRAINS																			
TOTALS																			

POST-OP DAY 23/13

ACUITY LEVEL CLASSIFICATION II

VITAL SIGNS	23	24	01	02	03	04	05	06	
	120/54	140/63	130/59	102/45	107/43	106/54	111/54	112/56	
	104				100²			988	
	123	115	107	117	111	122	115	101	
	24	24	21	20	20	26	18	19	
	100	100	100	100	100	100	100	100	100
	RA	RA	RA	RA	RA	RA	RA	RA	
	78	89	83	65	67	74	77	76	
	R		L		R		L		

INTAKE	23	24	01	02	03	04	05	06	8° T
	125	125	125	125	125	125	125	125	
	OFF	OFF	2.5	2.5	2.5	2.5	2.5	2.5	
	OFF	OFF	2	2	2	2	2	2	
	125	125	129.5	129.5	129.5	129.5	129.5	129.5	
	1669.5	1794.5	1924.0	2053.5	2183.0	2312.5	2442	2511.5	
OUTPUT	260/1130	310/1440	175/1615	220/1835	175/2030	180/2210	175/2385	165/2550	

Balance -38.5

768.5

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH									
A	PCO_2									
A	pO_2									
B	HCO_3									
B	SAT									
G	BASE									

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

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

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE: IV _____ po _____ TOTAL _____

OUTPUT: Urine: _____ TOTAL _____

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[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

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0645	INITIALS [redacted]	(5)(6)-2	INITIALS		INITIALS
NEURO	PUPILS	Pupils 4mm + brisk		3mm pupils Reactive			
	SENSORIUM	Alert + Active. Moves		to light. Pt. is Alert and active. Does not			
		Pain (R) leg c̄ no		move (L) leg. Severe		weakness to (L) arm.	
		movement of (L) side					
		Continue RON					
RESPIRATORY	RESPIRATORY PATTERN	Lungs CTA bilaterally		Lungs clear, equal		rise and fall of	
	BREATH SOUNDS	c̄ diminished basal		chest. Pt. on humidified air via			
	SECRETIONS	~~Dilt~~ Productive cough		trach. Pt. classical cough c̄			
		noted via #8 Shiley		white secretions.		Shiley #8 trach.	
		c̄ small amt of thick					
		secretions noted					
SKIN	COLOR	Color normal for race		normal. wounds to		(L) + (R) shoulder and	
	INTEGRITY	c̄ wound healing		(R) calf. all appear		D+I.	
		on (R) side of head					
IV SITE	LOCATION	Loga on (R) forearm		IV to (R) forearm patent. Edema			
	CONDITION	patent c̄ edema or		to (L) arm. Hand		due to infiltration	
		erythema		from IV.			
GASTRO	ABDOMEN	Abdomen round +		Abd soft and		non distended.	
	BOWEL SOUNDS	soft c̄ ⊕ bowel sounds		Hypoactive		BS x 4 quad.	
		noted x 4 quads. No					
		bowel movement noted					
GU	URINE:	Foley to gravity draining		Foley to gravity		c̄ clear + yellow	
	COLOR/CLARITY	large amt of clear		urine.			
		yellow urine					
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus tachycardia c̄		S1, S2 present. edema to (L) arm and (L)			
		ectopy c̄ ⊕ palpable		hand. Cap refill less than 3 sec x			
		pulses in all extremities		4 extremities.		Palpable pulses x 4.	
		⊕ edema noted on (R)					
		hand and (L) foot					

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

(5)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Ti[redacted] | DEPARTMENT/SERVICE/CLINIC: CU 2 | DATE: 25 NOV 03

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

EPW [redacted]

(5)(6)-4

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

DA FORM 1 MAY 78 4700
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-NU)

DATE 25 NOV 03 | DX S/P Craniotomy / S/P tract | HOSPITAL DAY 25

VITAL SIGNS	TIME	07	08	09	10	11	12	13	14	~~15~~	15	16	17	18	19	20	21	22	23	24
	BP Arterial Line																			
	BP Cuff	124/65	126/63	122/64	137/72	135/72	139/68	140/65	143/64		139/66	126/65	146/70	113/66	121/63	129/67	117/60	128/59	132/68	
	Temperature	99.1		98					98.1					98.7	98		96			
	Pulse	123	118	114	121	114	105	99	97		105	117	112	120	125	125	114	120		
	Respiratory Rate	17	26	22	24	24	20		16		18	20	18	22	20	25	20	24	21	
	SPO2	100	100	100	100%	100	100	100	100%		100	100	100	100	100	100	100	100	100	
	FiO2	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	RA	
	~~Sou~~ MAP	86	84	85	95	93	93	91	91		93	90	97	83	85	88	82	84	96	
	TURN																			

INTAKE	TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
	MIVF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
	Fentanyl	2.5	2.5	-	2.2	2.5	2.5	2.5	2.5		2.5	2.5	2.5	2.5	2.5				
	Versed	2	2	-	2	1	1	1	1		1	1	1	1	1				
	IVPB	100	250				100		150			✓		100		100	150		
	PO	200		120											120				
	Subtotal	429.5	379.5	245	129.5	128.5	228.5	128.5	228.5		128.5	128.5	128.5	228.5	246.5	225	275	125	
	TOTALS	429.5	809	1054	1183.5	1312	1540.5	1669	1947.5	1947	128.5	257	385.5	614	861.5	1085	1360	1485	

OUTPUT																			
URINE	HOUR / TOTAL	300/300	240/540	150/690	120/810	320/1130	320/1450	400/1850	150/2000	2000	200/200	130/530	170/700	170/870	100/970	200/1170	180/1350	170/1520	
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS	23	24	03	04	05	06	05	06
	132/68	117/62	132/69	122/68	127/61	138/61	155/69	144/67
	98			98		98		98
	119	120	128	105	116	109	111	121
	21	16	24	24	19	22	16	17
	100	100	100	100	100	100	100	100
	RA	RA	RA	RA	RA	RA	RA	RA
	95	84	96	85				

INTAKE	23	24	01	02	03	04	05	06	8° T
	125	125	125	125	125	125	125	125	
			2.5	2.5	2.5	2.5	2.5	2.5	
			2.5	2.5	2.5	2.5	2.5	2.5	
		100	4	4	5	4	50	100	
			1315	1324	1315	1315	1775	2275	
			1616	1748	1880	2011.5	2188	2415	2415

OUTPUT	200/1720	200/1920	200/2120	170/2290	50/2340	75/2415	140/2525	120/2645	2645

RESPIRATORY DATA		TIME	0400
		MODE	
		F_IO_2	RA
		TV	
		RATE	
		PEEP	
	A	pH	7.465
	A	PCO_2	41.8
	A	pO_2	91
	B	HCO_3	30
	B	SAT	97
	G	BASE	6

LABORATORY DATA	TIME	0400
	GLUCOSE	132
	Na/K	135/3.5
	Cl/CO_2	102/20
	BUN/Cr	7/0.8
	WBC/PLATELET	6.2/5.6
	Hct/Hgb	25.4/8.0

ACTIVITIES OF DAILY LIVING	TIME	0800
	MOUTH CARE	✓
	BATH	
	SKIN CARE	
	FOLEY CARE	✓
	TRACH CARE	✓
	ROM EXERCISES	✓
		✓

TURN	TIME

SUCTION

24° I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE	OUTPUT
IV	2415	5645
po		
TOTAL		TOTAL

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

MEDCOM - 23026

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) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0825	INITIALS [redacted]	(b)(6)-2	INITIALS		INITIALS
NEURO	PUPILS	3mm reactive					
	SENSORIUM	to light. Pt is					
		Alert.					
RESPIRATORY	RESPIRATORY PATTERN	equal rise + fall					
	BREATH SOUNDS	of chest. Lung					
	SECRETIONS	sounds clear. Pt.					
		cough on occasion					
		c̄ white secretion					
SKIN	COLOR	Normal					
	INTEGRITY	incision to (L) of (R) shoulder					
		+ (R) arm					
IV SITE	LOCATION	(R) forearm.					
	CONDITION	∅ signs of infection					
GASTRO	ABDOMEN	Soft + ~~rem~~ nondistended					
	BOWEL SOUNDS	Hyperactive BS x4					
GU	URINE:	Foley clear + yellow					
	COLOR/CLARITY	urine					
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 present. edema					
		to (L) arm,					
		cap refill < 3 secs x					
		4. palpable pulses					
		4.					

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 26

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

DATE 26 NOV 03 | DZ | HOSPITAL DAY

VITAL SIGNS

TIME	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	/
BP Arterial Line	149/	124/	141/	145/	138/	147/	152/	119/		132/	128/	130/	117/		121/		114/	
BP Cuff	/74	/11	/84	/94	/91	/99	/101	/60		/72	/70	/78	/65		/69		/63	
Temperature		991			991					989			989		984		984	
Pulse	135	135	126	124	132	119	114	103		118	110	123	116		120		114	
Respiratory Rate	52	18	22	22	15	22	57	24		20	23	24	26		28		20	
SPO2	99	100	99	100	100	99	99	100		100	100	100	100		98		97	
SUM	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA		RA		RA	
MAP	101	90	105	113	109	116	117	82		93	91	98	85		89		84	

INTAKE

TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
MIVF	125	25	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	
IVPB	100	250				100		150	600				100		250	50	150	
PO	240		240			240		60	780	10	1				200			
FOOD	20%					20%												
TOTALS									1380				1911	125 2036				

OUTPUT

URINE	HOUR / TOTAL	200	240	160 / 600	180 / 780	200 / 980	200 / 1180	180 / 1360	200 / 1560	1560	200 / 1760	180 / 1940	100 / 2040	180 / 2120		200 / 2320		200 / 2520
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL										X1								
DRAINS																		
TOTALS									-820				-209					

1380
1560
20

2120

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06	
		123/61		124/62		142/73		144/74	
		98		98		98		97	
		109		99		116		100	
		22		14		19		18	
		100		100		100		100	
		RA		RA		RA		RA	
		87		86		100		98	
									8° T
INTAKE	125	125	125	125	125	125	125	125	
								100	
	120								
OUTPUT		200/2720		200/2920	200/3120	110/3220		200/3520	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH									
A	PCO_2									
A	pO_2									
B	HCO_3									
B	SAT									
G	BASE									

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

ACTIVITIES OF DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				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]	
(6)(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) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0700	INITIALS [redacted]	1400	INITIALS [redacted]		INITIALS
NEURO	PUPILS		PERRL 3+		3-4MM EQUAL BRISK			
	SENSORIUM		A&O x 2		ALERT			
			⊕ simple movement		MOVES BLUE EXTREMITIES			
	Sedation / Pain meds		Ø sedation Ø pain meds		STRENGTH R > L ; BLE			
					R > L			
RESPIRATORY	RESPIRATORY PATTERN		RR- 16 SPO2-100%		BPM 24 SaO2 99%			
	BREATH SOUNDS		Lung sounds - CTA (B)		BBS CTA			
	SECRETIONS		c̄ cough via trach		TRACH R SHILEY			
			Humidified RA via		⊕ COUGH			
			trach collar		HRA ON ROOM AIR VIA			
					TRACH COLOR			
SKIN	COLOR		Normal for Race					
	INTEGRITY		Wound to (R) Shoulder & C.IF					
			(L) shoulder Head wound					
IV SITE	LOCATION		IV in (R) wrist infusing		20G (R) WRIST c̄ D5			
	CONDITION		D5½NS c̄ 20 KCL @ 125cc/hr		½NS c̄ 20 K INFUSING			
			c̄ NO S/S of infection or		@ 125cc/HR.			
			infiltration		SITE ⊖ INFECTION AND			
					PATENT. Ø S/S OF			
					INFILTRATION.			
GASTRO	ABDOMEN		Soft flat non tender		SNT ND			
	BOWEL SOUNDS		Bowel sound - Normo-		BS (+)			
			active					
			Ø BM @ present					
GU	URINE:		Pt voiding via foley to		FTG c̄ CLEAR YELLOW			
	COLOR/CLARITY		gravity clear yellow		URINE > 100 cc/HR			
			urine Q.S.					
CARDIOVASCULAR	CARDIAC RHYTHM		HR- 95 BP 138/66		ST Ø ECTOPY			
			Capillary Refill - ≤ 3sec x4		PULSES ⊕ x4			
			peripheral pulses - strong		TMAX 98.0			
			x4					
			Skin temp warm					

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] PC 9/WM6

DEPARTMENT/SERVICE/CLINIC

DATE 27 NOV 03

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

[redacted] EPW

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

WAMC OP 375 (Redesignated) 1 Apr 90 (HSXC-NU)

DATE 27 NOV 03 | DX IED to (R) shoulder (+) Calf (L) shoulder | HOSPITAL DAY

VITAL SIGNS

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
BP Arterial Line	—															
BP Cuff	138/66	127/62	128/62	126/65	157/99	161/100	119/71	114/63	122/66	110/61	116/63	113/57	101/62	126/68	113/67	117/61
Temperature	97.1	—	98.6	—	97.3	—	97.7	—	98.1	—	97.6	—	98.6	—	—	—
Pulse	95	125	125	101	132	131	127	144	130	~~136~~ 92	122	117	119	121	99	99
Respiratory Rate	16	25	21	20	22	18	23	20	24	30	20	26	28	20	14	18
SPO2	100%	98%	99%	100%	100%	100%	100%	94%	98%	100%	100%	99%	99%	100	100	100
mode	HRA	HRA	HRA	HRA	HRA	HRA	HRA	TC	HRA	HRA	HRA	HRA	HRA	HRA	HRA	HRA
map	93	92	88	87	115	120	90	82	88	80	87	79	79	93	84	85

INTAKE

TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
MIVF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
IVPB	150	250	—			100		150					100		250		100	
PO	—	250	100			250								240				
Food - see calorie count																		
		625	225	125	125	225	125	275		125	125	125	225	365	375	125	225	
TOTALS	275	900	1125	1250	1475	1700	1825	2100	2100	2225	2350	2475	2700	3065	3440	3565	3790	3790

OUTPUT

		07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
URINE	HOUR	300	305	480	490	310	200	225	140		300	200	220	150	230	200	200	120	
	TOTAL	300	605	1085	1575	1885	2085	2310	2450		2750	2950	3170	3320	3540	3740	3940	4060	
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS							-350						-620						
TOTALS									2450										

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06
	117/60	118/61	115/65	106/61	116/61	104/63	106/61	110/61
	—	98	—	—	—	97	—	—
	97	97	117	114	100	88	114	119
	18	19	25	21	23	18	29	12
	100	100	100	100	100	100	100	100
	HRA	HRA	HRA	HRA	HRA	HRA	HRA	HRA
	82	84	85	79	72	79	79	79

INTAKE	23	24	01	02	03	04	05	06	8° T
	125	125	125	125	125	125	125	125	
	50	100					100		
	175	225	125	125	125	125	275	125	
	3940 / 3965	4180	4305	4430	4555	4670	4945	5060	5060

OUTPUT	23	24	01	02	03	04	05	06	8° T
	160 / 4220	120 / 4340	140 / 4480	150 / 4630	125 / 4755	130 / 4885	140 / 5025	160 / 5185	5185

+175

ACUITY LEVEL CLASSIFICATION

BESPIRATORY	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 DAILY / TIES LIVING	TIME									
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN	TIME									
SUCTION										

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

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

NEUROLOGICAL ASSESSMENT

			HOURS	07
COMA SCALE	EYES OPEN	SPONTANEOUSLY	4	✓
		TO SPEECH	3	
		TO PAIN	2	
		NO EYE OPENING	1	
	BEST VERBAL RESPONSE	ORIENTED	5	
		CONFUSED	4	
		VERBALIZES	3	
		VOCALIZES	2	
		NO VOCALIZATION	1	T
	BEST MOTOR RESPONSE	OBEYS COMMANDS	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		
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		
	LEGS	NORMAL POWER		
		MILD WEAKNESS		R
		SEVERE WEAKNESS		L
		ABNORMAL FLEXION		
		ABNORMAL EXTENSION		
		NO RESPONSE		
PUPILS	RIGHT	SIZE		3+
		REACTION		+
	LEFT	SIZE		3
		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		07
↑ Ext	R	++
	L	++
↓ Ext	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

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0700	INITIALS		INITIALS		INITIALS
	PUPILS	Pupils trim Honeil					
	SENSORIUM	Active and alert.					
		Moves (R) side c̄					
		little movement					
		noted on (L) side					
RESPIRATORY	RESPIRATORY PATTERN	Lungs CTA bilateraly					
	BREATH SOUNDS	#8 Shiley c̄ small					
	SECRETIONS	amount of copius					
		sputum noted pt					
		c̄ productive cough					
SKIN	COLOR	Color normal for					
	INTEGRITY	race. Stage II noted on					
		back c̄ comfort gyglied					
IV SITE	LOCATION	20ga (L) hand. Patent					
	CONDITION	5 edema or erythema					
GASTRO	ABDOMEN	Abdomen round +					
	BOWEL SOUNDS	soft c̄ ⊕ bowel					
		sounds x4 quads. Pt on					
		soft mech diet					
GU	URINE:	Foley to gravity					
	COLOR/CLARITY	draining moderate					
		amt of clear yellow					
CARDIOVASCULAR	CARDIAC RHYTHM	urine					
		Sinus tachycardia					
		noted c̄ HR in 120's					
		⊕ palpable pulses in					
		all 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

PREPARED BY (Signatu[redacted] (Continue on reverse)

[redacted] DEPARTMENT/SERVICE/CLINIC: ICU 2 DATE: 28 Nov 03

PATIENT'S IDENTIFICATION (For [redacted] middle; grade; date; hosp[redacted] medical fa[redacted]: Name—last, first.

[redacted]

(b)(6)-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-NU)

DATE 28 NOV 03 | DX S/P CRANIECTOMY/TRACH/I&D/DEPRESSED SKULL Ex | HOSPITAL DAY 28

VITAL SIGNS

TIME	07	08	09	10	11	12	13	14	~~15~~	~~15~~	16	17	18	19	20	21	22	~~2~~
BP Arterial Line																		
BP Cuff	129/65	110/61																
Temperature		98.8																
Pulse	89	112																
Respiratory Rate	17	33																
SpO2	99	100																
Mode	TC	TC																
MAP	89	79																

INTAKE

TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
MNF	125	125	125															
NPB	100	250																
PO	340																	
Subtotal																		
TOTALS																		

OUTPUT

		07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T
URINE	HOUR / TOTAL	290/290	260/550	236/786															
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

POST-OP DAY 27/17

ACUITY LEVEL CLASSIFICATION V

VITAL SIGNS	23	24	01	02	03	04	05	06	

INTAKE	23	24	01	02	03	04	05	06	8°T

OUTPUT									

RESPIRATORY DATA	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	A	pH								
		PCO_2								
		pO_2								
	B	HCO_3								
		SAT								
	G	BASE								

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

ACTIVITIES OF DAILY LIVING	TIME	0700		
	MOUTH CARE			
	BATH	✓		
	SKIN CARE	✓		
	FOLEY CARE	✓		
	TRACH CARE			
	ROM EXERCISES	✓		
		✓		

TURN	TIME							
SUCTION								

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS

(b)(6)-2

(b)(2)-2

1. Reporting MTF	2. MTF Loca...	Admission a... Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
[redacted]	IZ		
3. Register Number	Name (Last, First, MI)	4. Pay Grade	5. Sex
[redacted]	[redacted] NoFirstNameGiven	FGN	M

6. DoB (YYYYMMDD)	7. Age at Admission	8. Race	9. Ethnicity	Religion
	(b)(6)-4	X	9	

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:
		07:30	

14. Flying Status	15. Beneficiary Category	16. Zip Code of Residence:
N/A	K78-PRISONER OF WAR/INTERNEES	

17. Unit Location	18. MOS	19. Trauma	Prev. Admission
		DIS	NO

20. Source of Admission	Ward:	Name / Relationship of Emergency Addressee
Direct from ER	ICU2	Address of Emergency Addressee

Name and Location of Medical Treatment Facility:	Telephone Number of Emergency Addressee
(b)(2)-2 [redacted] Install Provided	

21. Type of Disposition	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD)
TRF C-ACF	0607	2003-12-09

24. Clinic Svc - Admitting	25. MTF Transferred From	26. Date this Admission (YYYYMMDD)
AAJ - NEUROLOGY		2003-11-01

27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission
		2003-11-01

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: HEAD TRAMA

Procedure Narrative(s):

Cause of Injury Narrative:

T: 1
Inj: 449

Dx: 85236
9009
78039
48283
99859
03843
85196
8760
88001
8794
3313
E993

PR: 0131
3951
9604
0331

Admitting Officer (Sig[redacted]quired)	Signature of Admitting Clerk
[redacted] (b)(6)-2	[redacted]

Automated Facsimil[redacted]985, MAR 2000

MEDCOM - 23037

3. Register Number	Name (Last, First, MI)		4. Pay Grade	5. Sex
[redacted]	[redacted] NoFirstNameGiven		FGN	M
6. DoB (YYYYMMDD)	7. Age at Admission	8. Race	9. Ethnicity	Religion
	(b)(6)-4	X	9	
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:
		07:30	

14. Flying Status	15. Beneficiary Category	16. Zip Code of Residence:
N/A	K78-PRISONER OF WAR/INTERNEES	

17. Unit Location	18. MOS	19. Trauma	Prev. Admission
		DIS	NO

20. Source of Admission	Ward:	Name / Relationship of Emergency Addressee
Direct from ER	ICU2	Address of Emergency Addressee
(b)(2)-2 Name and Location of Medical Treatment Facility: [redacted] Provided		Telephone Number of Emergency Addressee
21. Type of Disposition	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD)
TRF C-ACF	0607	2003-12-09
24. Clinic Svc - Admitting	25. MTF Transferred From	26. Date this Admission (YYYYMMDD)
AAJ - NEUROLOGY		2003-11-01
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission
		2003-11-01

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: HEAD TRAMA

Procedure Narrative(s):

Cause of Injury Narrative:

Admitting Officer (Signature	Signature of Admitting Clerk
[redacted] (b)(6)-2	[redacted]

Automated Facsimile - DA[redacted] MAR 2000

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [redacted]	2. Name [redacted]					3. Grade FGN	Admission Remarks
4. Sex M	5. Age (5)(6)-4	6. Race X	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO	
11. FMP 99	12. SSN [redacted]	13. Organization				14. Ward ICW1	
15. FlyStatus N/A	17. Dept / Ben [redacted] R OF WAR/INTER		18. BranchCorps	19. UIC / ZIP		20. Type Case BC	
21. Source of Admission Direct from ER			22. Hour Of Adm: 17:24	23. Clinic Service ABA - GENERAL SURGERY			
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH	26. Date of Disp 2003-11-09			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2003-11-01		AdmittingOfficer: DAVIS	
29. ReportingMTF [redacted] (5)(2)-2				30. Date Init Adm 2003-11-01		32. Units Blood Components	

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

SOFT TISSUE WOUND

877.0
890.0
891.0
E991.2

86.28
86.59

DX 8910 Proc FI ING
8770 8628 21 458
E9912 8659

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	9	9

35. Total Days This Facility

Absent Sick Days	Other Days	[redacted] / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
[redacted]	[redacted]	0	0	9	9

Signat[redacted] (5)(6)-2

Signature of PAD or Medical Record Officer [redacted]

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 23039

SI # 1200

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[ ] Offense against Civilian(s) [check one] If "Other" then describe:

- [ ] Arson (I.P.C. 343)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 426)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[X] Offense against Coalition Forces [check one] If "Other" then describe: SI

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property (b)(2)-2
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

Apprehending Un[redacted] | Location Grid: Al-Fallujah

Date of Incident: (D/M/Y)	Time of Incident:	Date of Report: (D/M/Y)	Time of Report:
1 / 11 / 03 to / /	0900 hrs to hrs	/ /	1724 hrs

Detainee # [redacted]	Key Connected Person: [ ] Victim [ ] Witness
Last Name: [redacted] (b)(6)-4	Last Name:
First Name: Given Name:	First Name: Given Name:
Hair Color: BN / Scars/Tattoos/Deformities:	Hair Color: / Scars/Tattoos/Deformities:
Eye-Color: BN / Weight: lb / Height: in	Eye-Color: / Weight: lb / Height: in
Address:	Address:
Place of Birth:	Place of Birth:
Ethn/Tribe/Sect: / Sex: [X] M [ ] F / Phone#: / DOB D/M/Y: 7Jan83 / [ ] Mobile [ ] Regular	Ethn/Tribe/Sect: / Sex: [ ] M [ ] F / Phone#: / DOB D/M/Y: / [ ] Mobile [ ] Regular
[ ] Passport [ ] Dr. license [ ] Other (specify) / Document #:	[ ] Passport [ ] Dr. license [ ] Other (specify) / Document #:

Total Number of Persons Involved: ____ (list names/identifying info on reverse under "Additional Helpful Information")

[ ] Vehicle Information | Vehicle Number: ____ of ____ Vehicle(s) | Owner:

Make:	Color:	VIN:	
Model:	Type:	Plate No.:	Number of People in Vehicle:
Year:	Names of People in Vehicle:		
Contraband/Weapons in Vehicle:			

[ ] Property/Contraband [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband: Yes/ No

Type:		Model:	Color/Caliber
Serial No	Quantity	Make	Receipt Provided to Owner: Yes/ No
Other Details		Where Found	Owner:

Name of Assisting Interpreter: | Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): SPC [redacted]	Supervising Officer's Name (Print):
Last, First, MI	Last, First MI
Signature: 582-[redacted] (b)(6)-2	Signature:
Email:	Email:
Unit Phone: / Date / /	Unit Phone: / Date: / /