AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
09OCT03	General Surgery PN (S) ∅ events overnight, Tube feeds Started yesterday PM ∅ AM Moving all 4 Extremities ? purposefully (O) AP/VSS Lungs CTAB CV RRR Abd SL Distended in upper Abd SL tympanitic BS Ward CDI Stable in place (A/P) Doing well overall Abd Distention → AXR (b)(6)-2
09 OCT 03	Gen Surg AXR Shows Large gastric bubble and Diffuse Ileus pattern - NGT to LCS - Bold TF for now (b)(6)-2 MD (b)(6)-2 CPT.
09OCT03 13302	Pt. went for ABD X-rays today. NOR for NG insertion to ↓ contrast suction. Approx 500cc of green bile-like fluids drained. Pt. a little more alert today - does not respond appropriately to questions when asked by interpreter. Midline abdominal staples open to air Gom X

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME LAST	FIRST	MI	SPONSOR'S ID NUMBER (SSN or Other) (b)(6)-2

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO. TCW

(b)(6)-4

PROGRESS NOTES
Medical Record

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
09OCT03 (cont.)	J-tube capped at this time per MD orders. IVF at TKO - cont. on IV ABTs. Foley patent, urine cloudy yellow - large amount. Appears comfortable. VS WNL (b)(6)-2 RN
	Con Surg PN
	NBT placed upright for Gastric Distention on AXR 1000 cc out since
	O/w stable
	AF/VSS
	NBT 1000 a/24°
	Lungs CTA CV PN
	Abd (+) BS less distended vomit CDT Tube in place
	AM - Pulmonary Surgery
	- Pls NBT when (+) BM
	- Hold TF for now (b)(6)-2
110403	DIC Note:
	S/O: pt. transferred to Kuwait Mil. Hosp. written instructions/meds/supplies provided.
	A/P: App. for transfer, d/c f/u at this time. (b)(6)-2 MAJ

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

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

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Name) BAF (b)(3)-1

LOG NUMBER

ARRIVAL DATE DAY	MONTH	YR.	TIME
02	Oct	03	0850

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

CURRENT MEDS. (... immunization and other data)

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify) unconscious

ALLERGIES: unknown

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

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): MVA

SEX: Male AGE: ~25

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS			
TIME	0900		
BP			
PULSE	106		
RESP.	14		
TEMP. (R)	100.7		
WT. (Child)			

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

ORDERS	INITS.	TIME
Chg Uniform & deff	(b)(6)-2	
Chem 8	(b)(6)-2	
T&S, CXR		
Tetanus	(b)(6)-2	

ASSESSMENT/DIAGNOSIS

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

CONDITION UPON RELEASE
- IMPROVED
- UNCHANGED
- DETERIORATED

TIME OF RELEASE:

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

2mg Ativan 0850Z MVA from Asadabad brought in
Vec 0850Z via helicopter. Intubated.
Lab blood drawn - Pupils R 8 mm Facial Trauma
L 4 mm noted
C-Collar on.
Lt TM probable blood, RT TM non visable.
Lung sounds clear
Abd soft
Good distal pulses
Foley draining clear yellow urine.
Rectal Exam - done quiac -
Dilantin started @ 0910Z 1Gm in 250 of NS
0910Z to CT Scan for Head & neck.

(CONTINUE ON SF 507, IF NEEDED)

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

(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

EMERGENCY CARE AND TREATMENT

Emergency Room Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time: 11OCT03

2. Discharge to: ☐ Home Other (specify) K mtt

3. Mode: ☐ Ambulatory Other (specify) litter

4. Accompanied by: (b)(6)-2

5. Activity: ☐ Limitations (specify)

Up to chair, HOB elevated to 30° while in bed

X Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☐ No Dietary Restrictions If special, identify 0S molyte HN 20cc/hr

X Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Cipro	250 mg	per J-tube	2x's daily

X Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Turn every 2 hours		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ clinic in _____ (time period).

Kabul Military Hosp. (b)(3)-1 p DIC

X Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

Stable

11. Signature (Registered Nurse): (b)(6)-2 MAJ

12. Additional Information:

13. Patient Identification:

(b)(6)-4

COPY 1 - INPATIENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE.

(b)(3)-1 ICU Flow Sheet

Name: (b)(6)-4 Date: 2 Oct 03

VITAL SIGNS

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM (1020)	11:00AM	12:00PM	13:00PM	14:00PM
HR								106	103	97	106	100
Rhythm								ST	ST	SR	ST	ST
NIBP								167/102	113/69	96/56	114/70	97/50
ABP								—	—	—	—	
Resp								36	18	14	16	10
O2/FiO2								40	40	40	40	40
SpO2	%	%	%	%	%	%	%	100 %	100 %	100 %	100 %	100 %
Temp.								97.6 (ax)			102/AX	

Intake and Output

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake												
IV Fluids							(b)(6)-2	(b)(6)-2 250 400	80	80	80	80
Oral/NG												
G/J Tube								390				
Residual								320				
Total								710				
Output												
Urine								1000	200	280	100	250
Urine total								1000	1200	1480	1580	1830
NG/OG												
Chest tube												
Total												

710

1830
710
1170

1580
250

(b)(3)-1

ICU Flow Sheet

Name: (b)(6)-4 Date: 10-2-03

VITAL SIGNS

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR	98	100	102	107	100	92	97	90	98	103	99	96
Rhythm	SR	ST	ST	ST	ST	SR	SR	SR	SR	ST	SR	SR
NIBP	131/67	111/68	114/67	117/73	110/70	113/74	115/72	114/71	115/66	117/74	112/73	114/72
ABP	—	—										
p	12	14	11	11	10	10	12	19	14	14	12	12
O2/FiO2	30% vent	30% vent	30% vent	30%	30%	30%	30%	30%	30%	30%	30%	30%
SpO2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Temp.	100.7	—				99.9				98.5		

Intake and Output

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV Fluids	80	80	80	80	80	80	80	80	80	80	80	80
Oral/NG												
G/J Tube												
Residual												
rly total	80	80	80	80	80	80	80	80	80	80	80	80
..al	80	160	240	320	400	480	560	640	720	800	880	960
Output												
Urine	150	185	140	200	110	280	560	120	140	140	140	120
Urine total	150	335	475	675	785	1065	1625	1745	1885	2025	2165	2285
NG/OG												
Chest tube												
Total												

960

2285
960
1325

-1120

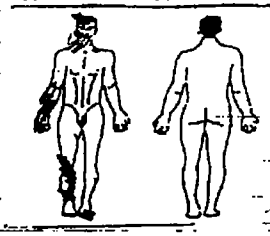
-2445

ICU FLOW SHEET

(b)(3)-1

Name (b)(6)-4 Pt.#	Day shift	Mid-shift	Night shift	Mid-shift
Neuro				
Eyes open (see scale below)			1	
Verbal response (see scale below)	2		1 vent	
Motor response (see scale below)			2	
Pupil size	L4/R8	L /R	L4/R8	L /R
reactive - R / non-reactive - NR	L NR R NR	L /R	L NR R NR	L /R
Hand grasps	Ø/R Ø	L /R	L /R	L /R
Respiratory				
Oxygen: delivery system/FiO2	40% VENT	30% vent	30% vent	
Breath sounds	coarse		coarse bilat	
Chest tube - (location, air leak, crepitus)	Ø		—	
Sputum/secretions			—	
Cardiac				
Monitor (Y/N) Rhythm	ST		SR	
Peripheral pulses - upper / lower	++ / ++		++ / ++	
Capillary refill - upper / lower	<3 <3		↓ 3sec/<3sec	
Color : pale/ashen/jaundice/other	pale		Pale	
GI/GU				
Abdomen	soft		soft flat	
Bowel sounds (hypo, normo, hyper)	hypo		hypo	
BM (color, consistency)	Ø		—	
NG/OG - placement verified	TO LIS		LIS ✓	
Diet/appetite	NPO		NPO	
Urine (Foley) Y/N, color/sediment	Ø gravity		cl yellow	
Invasive lines				
Peripheral (location/fluid)	(L) WRIST	(R) WRIST	(R) WRIST/RA	
Central (location/fluid)	Ø		—	
Arterial line (location)	Ø		Ø	
Pain assessment - pain present Y/N	Ø		Ø	
Dressings- mark location on body				

IDENTIFY INJURY SITE BY NUMBER



Glasgow Coma Scale

Eye opening	spontaneous 4	Verbal response	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1
Motor response	obeys commands 6		
	localized pain 5	withdraws to pain 4	flexion to pain 3 extention to pain 2 none 1

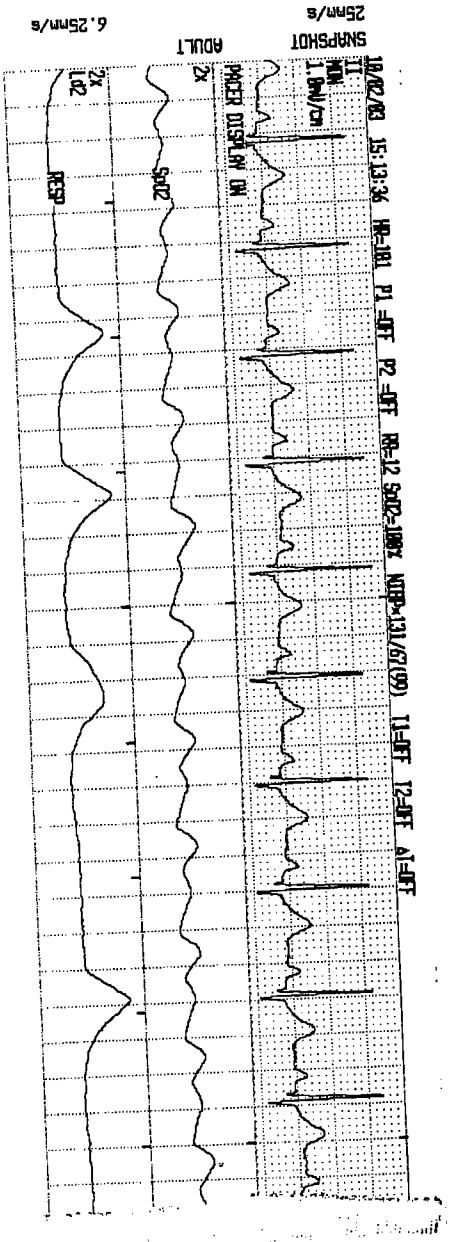
Number clock-wise starting with the head

Visitors present - Y/N Name of family member to contact: **Town:**

Nurse's Signature (b)(6)-2 Date\Time 20 Oct 03

Nurse's Signature (b)(6)-2 Date\Time

Thank 20 Oct 03.



PROTOCOL SYSTEMS, INC.

NURSING PROGRESS NOTE

RESPIRATORY PROGRESS NOTE

1100 Pt. here from ABPD @ 1022 Z (2) Pupils 2mm and nonreactive (2) pupils 2mm and nonreactive. Pt is intubated and on ventilator. Pt was injured in MVA. Lungs c coarse breath sounds. Pt tube is in (2) mark to LS. Pt is not cleared as of yet for C-Collar. C-Collar in place. (b)(6)-2 FC

L. Pt attempt to trace (b)(6)-2 (b)(6)-2 pt's groin & underthigh (b)(6)-2 gw/ma

GRAPH

CPAPS
30/8
10/5

Name: (b)(6)-4 (b)(3)-1 ICU Flow Sheet

Date: 3 Oct 03

VITAL SIGNS

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR	100	100	90	92	84	87	89	100	100	101	114	96
Rhythm	SR	SR	SR	ST	SR	SR	SR	SR	ST	ST	ST	SR
NIBP	115/71	124/81	113/71	109/69	119/80	119/74	117/70	127/81	119/79	115/71	119/75	128/79
ABP												
Resp	12	12	10	10	12	12	18	12	20	21	22	21
O2/FiO2	30	30	30	30	30	30	30	4LNC	3L	3LNC	3LNC	3LNC
SpO2	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	98 %	92 %	98 %
Temp	99.4				98.8				99.5(ax)			

Intake and Output

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake												
IV Fluids	80	80	80	80	80	80	80	80	80	80	80	80
Oral/NG		1000										
G/J Tube												
Residual												
Total	80	1160	1240	1320	1400	1480	1560	1640	1720	1800	1880	1960
Output												
Urine	110	48	120	480	100	100	120	50	50	80	90	35
Urine total	110	158	278	758	858	958	1078	1128	1178	1258	1348	1383
NG/CG									800			100
Chest tube												
Total												

2283 out

-323

7.5 ETT
23@lip

Name: (b)(6)-4 (b)(3)-1

ICU Flow Sheet

Date:

VITAL SIGNS

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR	103	101	76	114	92	102	86	86	87	81	76	83
Rhythm	ST	ST	SR	ST	SR	SR	SR	SR	SR	SR	SR	SR
NIBP	128/79	154/80	130/77	124/74	136/75	136/75	117/74	118/76	121/77	121/77	127/91	127/81
ABP	—	—	—									
Resp	24	24	22	30	35	28	30	30	20	22	32	22
O2 FiO2	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN	2LTN
SpO2	99 %	98 %	98 %	97 %	100 %	100 %	100 %	100 %	100 %	100 %	99 %	100 %
Temp.	97.4		97.4			97.8		97.4			97.8	

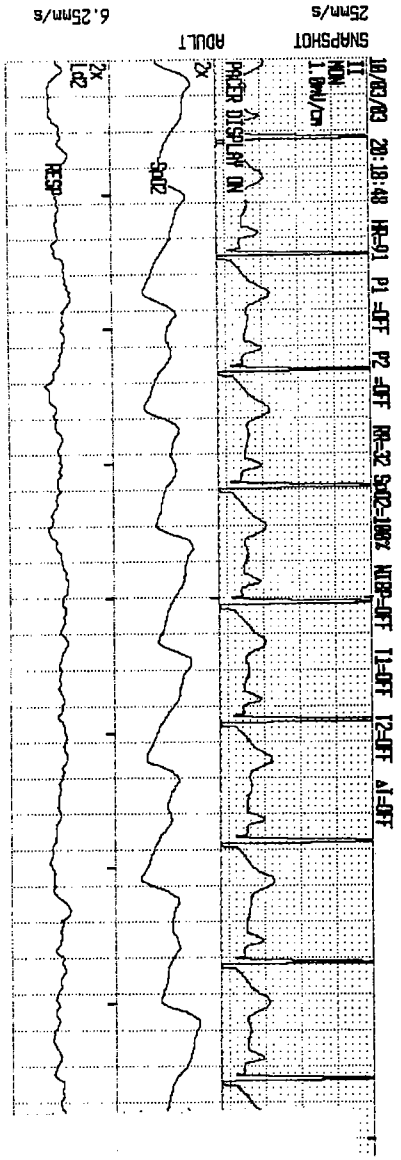
Intake and Output

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV Fluids	80	80	80	90	80	80	80	80	80	80	80	80
Oral/NG	—											
G/J Tube	—											
Residual	—											
Hourly total	—			(b)(6)-2								
Total	80	160	240	~~200~~						800	880	960
Output												
Urine	70	90	220	~~[illegible]~~	250	160	230	240	140	110	120	170
Urine total				140								
NG/OG												
Chest tube												
Total	70	160	380	520	770	930	1160	1400	1540	1650	~~2770~~ 770	1840

7
1840
960
880
323
1203

-1203

-323



PROTOCOL SYSTEMS, INC.

ICU FLOW SHEET

(b)(3)-1

Name Pt.# (b)(3)-1	Day shift	Mid-shift	Night shift	Mid-shift
Neuro				
Eyes open (see scale below)	1	1	1	
Verbal response (see scale below)	1	1	1	
Motor response (see scale below)	5	5	5	
Pupil size	L 4/R5	L 4/R5	L4/R5	L ~~/R~~
reactive - R / non-reactive - NR	L5/R5	L5/R5	L5/R5	L /R
Hand grasps	L5/R-	L5/R-	L5/R-	L /R
Respiratory				
Oxygen: delivery system/FiO2	30% vent	3LNC	3LNC	
Breath sounds	coarse	coarse	coarse bilat	
Chest tube - (location, air leak, crepitus)	NA	NA	—	
Sputum/secretions	thick tan/bloody	thick bally	thick, tan	
Cardiac				
Monitor Y/N Rhythm	(R) ST	(R) ST	ST	
Peripheral pulses - upper / lower	(R) P (R) P	(R) P (R) P	++/++	
Capillary refill - upper / lower	<3 <3	<3 <3	↓3sec/↓3sec	
Color : pale/ashen/jaundice/other	pale	pale	Pale	
GI/GU				
Abdomen	soft flat	soft flat	soft flat	
Bowel sounds (hypo, normo, hyper)	normo	normo	~~hypo~~ normo	
BM (color, consistency)	—	—	—	
NG/OG - placement verified	✓ verified	verified	✓	
Diet/appetite	NPO	NPO	NPO	
Urine: (Foley Y/N, color/sediment)	clear yellow	clear yellow	clear yellow	
Invasive lines				
Peripheral (location/fluid)	LAC RAC D5½NS@20KCC	—	(R) AC (R) AC	
Central (location/fluid)	NA	NA	—	
Arterial line (location)	NA	NA	—	
Pain assessment - pain present Y/N	N	Y	Y	
Dressings- mark location on body				

IDENTIFY INJURY SITE BY NUMBER

Glasgow Coma Scale

Eye opening	spontaneous 4	**Verbal response**	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1

Motor response obeys commands 6

localized pain 5 withdraws to pain 4 flexion to pain 3 extention to pain 2 none 1

Number clock-wise starting with the head

Visitors present (b)(6)-2 **y member to contact:** **Town:**

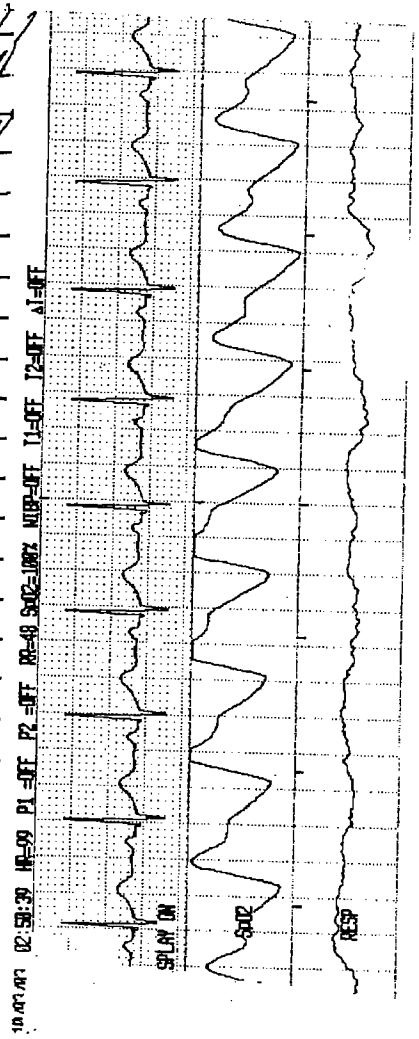
Nurse's Signature (b)(6)-2 **Date\Time** 30ct05 0300

Nurse's Signature (b)(6)-2 **Date\Time** 3Oct03 1500

NURSING PROGRESS NOTE

0300Z See assessment, vital signs, & Drs orders
Pupils unequal & sluggish, reaction C-collar
remains on. Moves Arm & Leg. Face c multiple
abrasions & on lacs F/C patent (b)(6)-2 CPTAN
0630 Pt to C-scan Tol well (b)(6)-2 CPTAN
0700 Extubated placed to 3LNC SAO2 95-100% -
Tol well (b)(6)-2 CPTAN

RESPIRATORY PROGRESS NOTE



GRAPH

(b)(3)-1

Name: (b)(6)-4

ICU Flow Sheet

Date: 4 Oct 03

VITAL SIGNS												
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR	85	112	89	76	86	89	85	95	87	76	84	75
Rhythm	RSR	~~RSR~~ST	RSR	RSR	RSR	RSR	RSR	RSR	RSR	RSR	RSR	RSR
NIBP	117/69	138/97	119/79	133/85	137/90	126/66	131/71	121/68	138/82	127/71	116/71	114/69
ABP												
Resp	20	22	24	24	24	20	22	24	24	22	20	24
O2/FiO2	2LNC	2LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC
SpO2	100 %	97 %	98 %	94 %	98 %	97 %	96 %	97 %	98 %	99 %	97 %	100 %
Temp	97.4 AY				101.9 AY Tyl		101.6 WK		101.4 AY		103.4 AY	98.5 DR

Intake and Output												
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake												
IV Fluids	80	80	80	80	80	80	80	80	80	80	80	80 100
Oral/NG												
G/J Tube												
Residual												
Total	80	160	240	320	400	480	560	640	720	800	880	1060
Output												
Urine	38	50	50	26	70	60	25	20	50	60	70	22
Urine total	38	88	138	164	234	294	319	339	389	449	519	541
NG/OG												
Chest tube												
Total												

+521

Name: (b)(6)-4 (b)(3)-1

ICU Flow Sheet

Date: 4 Oct 03

VITAL SIGNS

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR	69	76	82	77	70	69	103	69	73	72	71	67
Rhythm	SR	SR	SR	SR	SR	SR	ST	SR	SR	SR	SR	SR
NIBP	116/71	111/66	113/66	119/81	109/65	113/65	123/64	109/64	108/60	107/60	102/58	
ABP	—	—	—	—	—	—	—	—	—	—	—	
Resp	16	16	18	20	16	16	28	18	16		18	24
O2/FiO2	3L NC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2L NC
SpO2	100 %	99 %	99 %	99 %	100 %	100 %	98 %	98 %	97 %	98 %	96 %	97 %
Temp.	—	98.6 oral	—	—			97.5			97.3 oral		

Intake and Output

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV Fluids	80	80	80	80	80/100	80/100	100	100	100	100	100/100	100/100
Oral/NG	30	30	30	30	30	30	60	60	60	60	60	60
G/J Tube												
Residual				10					20			
Hourly total	110	110	110	110	210	210	~~39~~ 160	160	160	160	260	260
Total	110	220	330	440	650	860	1020	1180	1340	1500	1760	2020
Output												
Urine	240	160	100	40	25	25	55	100	100	70	80	50
Urine total	240	400	500	540	565	590	645	745	845	915	995	1045
NG/OG												
Chest tube												
Total	240	400	500	540	565	590	645	745	845	915	995	1045

2020 in

1045 out

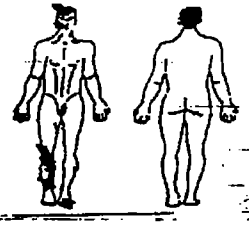
24° - 3080 in
1586 out
+ 1494

ICU FLOW SHEET

(b)(3)-1

Name Pt.# (b)(6)-4	Day shift	Mid-shift	Night shift	Mid-shift
Neuro				
Eyes open (see scale below)	1	1	1	
Verbal response (see scale below)	1	1	1	
Motor response (see scale below)	5	5	5	
Pupil size	L4/R5	L4/R5	L4/R5	L ~~/R~~
reactive - R / non-reactive - NR	L R/R ~~R~~ NR	L R/R NR	L R/R NR	L /R
Hand grasps	L S/R ~~S~~	L S/R	L /R	L /R
Respiratory				
Oxygen: delivery system/FiO2	RA 2LNC	3LNC	2L NC 100%	
Breath sounds	Scattered coarseness	coarse	↓	
Chest tube - (location, air leak, crepitus)	NA	NA	—	
Sputum/secretions	None	thick yellow		
Cardiac				
Monitor Y/N Rhythm	RSR	RSR	SR 70-80's	
Peripheral pulses - upper / lower	(R)p (L)p	(R)p (L)p	+/+	
Capillary refill - upper / lower	<3 <3	<3 <3	<3sec	
Color : pale/ashen/jaundice/other	pale	pale	pale	
GI/GU				
Abdomen	Soft Flat	soft Flat	soft flat	
Bowel sounds (hypo, normo, hyper)	hypo	hypo	hypo	
BM (color, consistency)	none	none		
NG/OG - placement verified	✓verified	✓verified	✓in place	
Diet/appetite	NPO	NPO	NPO	
Urine: (Foley Y/N, color/sediment)	clear yellow	clear yellow	cl yellow	
Invasive lines				
Peripheral (location/fluid)	RAC D5½NS c40KC	@10 same	→	
Central (location/fluid)	NA	NA		
Arterial line (location)	NA	NA		
Pain assessment - pain present Y/N	See MAR →			
Dressings- mark location on body				

IDENTIFY INJURY SITE BY NUMBER



Glasgow Coma Scale

Eye opening	spontaneous 4	**Verbal response**	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1

Motor response obeys commands 6

localized pain 5 withdraws to pain 4 flexion to pain 3 extention to pain 2 none 1

Number clock-wise starting with the head

Visitors present : Y/N Name of family member to contact: **Town:**

Nurse's Signatur (b)(6)-2 CRTAN **Date\Time** 40ct03 0330

Nurse's Signat (b)(6)-2 LCT/A, **Date\Time** 40CT03 1430-0230

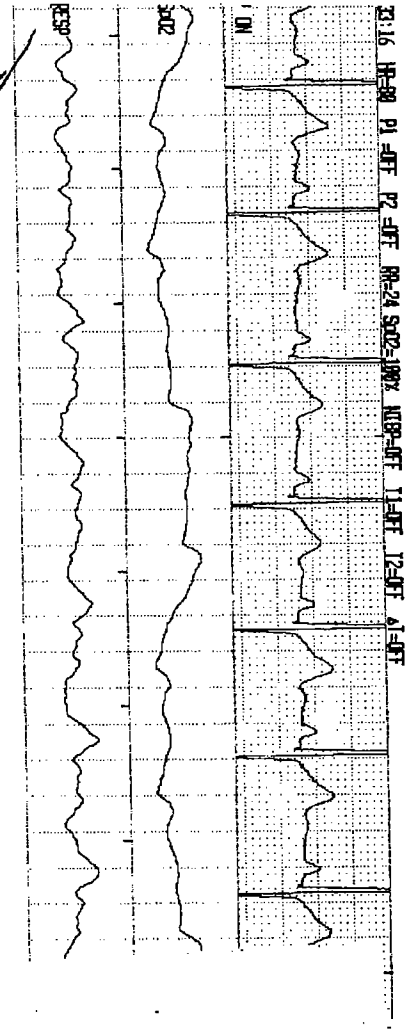
NURSING PROGRESS NOTE

0300 Sig approximately VS sheet & Dr's progress notes. Pupils remain unequal (R) pupil non-reactive (L) pupil sluggish. Moves (L) UE & movement on (R) [redacted] (b)(6)-2 CPT [illegible]

0720 Nasal trumpet placed to (L) nares. Sx mod amt thick yellow/tan secretions. Tol well [redacted] (b)(6)-2 CPT [illegible]

GRAPH

RESPIRATORY PROGRESS NOTE



(b)(3)-1

ICU Flow Sheet

Name: #(b)(6)-4 Date: 5 oct 03

VITAL SIGNS

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR	86	68										
Rhythm	SR	SR										
NIBP	126/71	117/78										
ABP	—	—										
Resp	24	24										
O2/FiO2	2L N/C	2L N/C										
SpO2	95 %	96 %	%	%	%	%	%	%	%	%	%	%
Temp	97.3(oral)											

Intake and Output

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake												
IV Fluids	100	10										
Oral/NG	60/20	80										
G/J Tube												
Residual	10											
Total												
Output												
Urine	70	70										
Urine total	70	140										
NG/OG												
Chest tube												
Total												

(b)(6)-2

Name: (b)(6)-4 # (b)(6)-4 (b)(3)-1 ICU Flow Sheet

Date: 5 oct 03

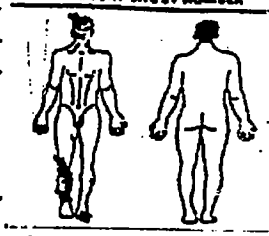
VITAL SIGNS												
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR												
Rhythm												
NIBP												
ABP												
Resp												
O2/FiO2												
SpO2	%	%	%	%	%	%	%	%	%	%	%	%
Temp.												

Intake and Output												
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV Fluids												
Oral/NG												
G/J Tube												
Residual												
Hourly total												
Total												
Output												
Urine												
Urine total												
NG/OG												
Chest tube												
Total												

(b)(3)-1

Name Pt.# (b)(6)-4	Day shift 0320Z	Mid-shift	Night shift	Mid-shift
Neuro				
Eyes open (see scale below)	1 - swollen			
Verbal response (see scale below)	2			
Motor response (see scale below)	moves LUE + LLE - ⊘ purposeful (R)			
Pupil size	L 4 / R 7	L / R	L / R	L / R
reactive - R / non-reactive - NR	LR / RNR	L / R	L / R	L / R
Hand grasps	L / R ⊘	L / R	L / R	L / R
Respiratory				
Oxygen: delivery system/FiO2	2L N/C			
Breath sounds	coarse throughout			
Chest tube - (location, air leak, crepitus)	N/A			
Sputum/secretions	none @ this time			
Cardiac				
Monitor Y/N Rhythm	NSR - rate 70's			
Peripheral pulses - upper / lower	+2 bilat. radial + pedal			
Capillary refill - upper / lower	<3 in upper + lower			
Color : pale/ashen/jaundice/other	pink			
GI/GU				
Abdomen	flat, soft			
Bowel sounds (hypo, normo, hyper)	hypo in all quad.			
BM (color, consistency)	none @ this time			
NG/~~OG~~ - placement verified	✓			
Diet/appetite	Osmolite @ 80 cc/hr			
Urine: (Foley Y/N, color/sediment)	No Fx. - cloudy yellow			
Invasive lines				
Peripheral (location/fluid)	(L) A/C - D5.45 ½NS KL			
Central (location/fluid)	N/A			
Arterial line (location)	N/A			
Pain assessment - pain present Y/N				
Dressings - mark location on body				

IDENTIFY INJURY SITE BY NUMBER



Glasgow Coma Scale

Eye opening	spontaneous 4	**Verbal response**	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1

Motor response obeys commands 6 — localized pain 5 — withdraws to pain 4 — flexion to pain 3 — extention to pain 2 — none 1

Number clock-wise starting with the head

Visitors present : Y/N Name of family member to contact **Town:**

Nurse's Signature (b)(6)-2 MOLAN Date\Time 5 Oct 03 @ 0330Z

NURSING PROGRESS NOTE

0400Z Pt. transferred to (CU) via litter; report given to SGT (b)(6)-2 (b)(6)-2 MAJ

PH

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT**

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

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

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

3. DATE 7 OCT 03 TIME PATIENT ARRIVED IN SUITE 0575

4. PATIENT IN ROOM TIME 0575 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Sgt (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Sgt (b)(6)-2	RELIEF CIRCULATOR	MAJ P (b)(6)-2

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

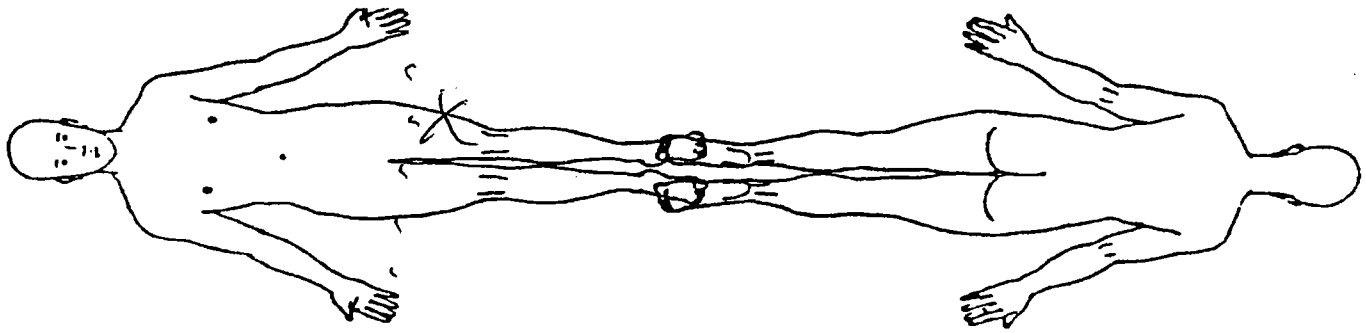
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub + Sol
SITE: ABD. BY WHOM: MAJ (b)(6)-2
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

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

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

(b)(6)-4

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

☑ ESU NO: 52385
GROUND PAD: BRAND Valleylab
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S): dakin

OTHER ORDERS	TIME	CARRIED OUT BY

YSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*

4x4, TAPE

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

'PE/SIZE	1. 16 FR Red rubber	2.	3.
SITE	1. for J Tube	2.	3.

19. ADDITIONAL INFORMATION

Ø

20. OPERATION(S) PERFORMED

placement Jejunostomy Tube

21. PATIENT TRANSFERRED TO ICU TIME 0635 METHOD Cart

22. REGISTERED (b)(6)-2 TURE
956 (b)(6)-

REVERSE OF D (b)(6)- OCT 87 USAPA V1.01

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

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

WARD: ICW

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE

pt #

PATIENT'S NAME		TEMP	PULSE	RESP	B/P	POX%	BM	INITIAL
date	time							
10/05	0500Z	100.4	98	22	108/50	94%	Ø	(b)(6)-2
10/5	1100	99.1	—	—	—	—	—	
10/6	0245(Z)	98.7	90	18	133/84	95%		
10/7	0250	98.2	97	18	115/74	96%		
10/7	1500	99.9	113		130/91	97		
10/8	0240(Z)	99.3	69	18	123/90	97%		
8/10	1500Z	97.5	75		118/82	98%		
9Oct	0245Z	97.6	67	16	120/76	98%		
	1500	95.3	97		148/91	97%		
10Oct	0230	98.7	80	20	129/75	98%		
	1600 Z	97.7	94	20	124/75	97%		
11Oct	0300	98.0	70	18	115/59	95%		

DA FORM 3950, JUN 91 Previous editions are obsolete. USAPA V1.01

(b)(6)-4

MEDCOM - 3437

Vent number: 1200

Patient Name: (b)(6)-4

Patient Number: (b)(6)-4

ICU Bed Number:

Respiratory Flow Sheet

Date	10/5	10/6	10/7											
Time	1200	1400	0600											
Mode	SIMV	SIMV	CPAP											
VT(set)	700	700												
RR(set)	10	10												
Flow	60	45												
FiO2	30%	30	40											
Peep	5	5	5											
PS	10	10	10											
Plat														
PIP	29	29												
I:E	1:2	1:2.1												
VT(pt)	590	682	570											
RR(pt)	12	12	11											
VE	7.08	8.18	6.27											
Hi P	35	40	40											
Lo P	3	3	3											
HR	100	100	(b)(6)-2											
SpO2	100	100	100											
ETT	22	22	22											
Initials	(b)(6)-2													

Respiratory Care Notes:

[redacted]

DADE BEHRING

MicroScan®

Pos Breakpoint Combo Panel Type 20 Worksheet

m03 -640

ISOLATE NO: 1 | DATE: 10-7 | TECH: (b)(6)-2

MICROCOCCACEAE

#(b)(6)-4

C	G	TFG

Ox-S	Ox-CNS	Va
≤0.25	≤0.25	≤2
1		4
2		16

Am	Am[8]-L	P	P[8]-L
≤0.25	≤0.25	≤0.03	≤0.03
	2	0.12	0.12
			2

≤4/2	>4/2	Aug
		GmS

		StS

≤8/4	16/8	>16/8
≤4	8	
≤2	4	
≤8	16	

A/S, P/T, Azi, C

≤8	16	
≤8	16	
≤8	32	
≤8	32	
≤8	16	

Cf, Cfz, Cft, Cax, Cpe

≤1	2	
≤2	4	
≤2	4	
≤2	4	
≤4	8	

Cp, Gat, Lvx, Mxf[2], Nxn

≤2	4	>4
≤0.5	2	
≤0.5	4	
≤32	64	
≤4	8	

Ofl, Cd, E, Fd, Gm

≤2	4	>4
≤1	2	
≤1	2	
≤4	8	
≤4	8	

Lzd[8], Rif, Syn, Te, Imp

STREPTOCOCCACEAE

C	G	TFG

Ox	Va-E	Va[4]-T
	≤2	
	4	
	16	
	>16	

		Aug[1,5]
≤500	>500	GmS-E

≤1000	>1000	StS-E

Am-E	Am-D	Am[8]-B	P-E	P-D	P[8]-B
25	≤0.25	≤0.25	≤0.03	≤0.03	≤0.03
2	2	2	0.12	0.12	0.12
4	4	4	2	2	2
8		8	8		8
		>8			>8

		A/S[1,5]
		P/T[5]
		Azi[17]
≤8	16	C-E
		C[4]-T

Cf[1], Cfz, Cft[1,4], Cax[1,4], Cpe[1,4]

≤1	2	
≤2	4	
≤4	8	

Cp-E, Gat[2], Lvx, Mxf, Nxn-E

≤2	4	
≤0.5	4	
≤32	64	

Ofl-B, Cd[4]-T, E-E, E[17]-T, Fd-E, Gm

≤2	4	>4
≤2	4	>4
≤1	2	
≤1	2	
≤4	8	

Lzd-E, Lzd[8]-T, Rif-E, Syn-A/E, Te-E, Imp[1]

S	= Susceptible
I	= Intermediate
R	= Resistant
N	= Not Reported/Not Applicable
	= No Interpretation Available

Abbr.
S = *S. aureus*
L = Listeria
CNS = Staphylococci other than *S. aureus*
E = Enterococci
T = Streptococci
A = Group A Strep
B = β-hemolytic streptococci
D = Group D *Streptococcus/S. bovis*

Micrococcaceae

4									4
+	CV	NOV	VP	BE	PGT	LAC	NACL	RBS	BAC	+
2	MS	PGR	OPT	PYR	URE	TRE	SOR	INU	PRV	2
+	NIT	IDX	PHO	ARG	MAN	MNS	ARA	RAF	HEM	+
1										1
	7	1	3	1	6	5	4	0	4	

Streptococcaceae

Identification

SEE OTHER SIDE FOR IMPORTANT INTERPRETATION EXCEPTIONS

3250-6563A

DADE BEHRING

MicroScan®

Pos Breakpoint Combo Panel Type 20 Worksheet

m03-646

ISOLATE NO: 2 | DATE: 10-7 | TECH: (b)(6)-2

MICROCOCCACEAE

(b)(6)-4

C	G	TFG
≤0.2	≤0.25	≤2
1		4
2		16
Ox-S	Ox-CNS	Va

≤4/2	≤4/2	Aug
		GmS

		StS

≤8/4	16/8	>16/8	A/S	≤8	16	>16	Cf	≤1	2	>2	Cp	≤2	4	>4	Ofl	≤2	4	>4	Lzd[8]
≤4	8	>8	P/T	≤8	32	>32	Cfz	≤2	4	>4	Gat	≤0.5	2	>2	Cd	≤1	2	>2	Rif
≤2	4	>4	Azi	≤8	32	>32	Cft	≤2	4	>4	Lvx	≤0.5	4	>4	E	≤1	2	>2	Syn
≤8	16	>16	C	≤8	16	>16	Cax	≤2	4	>4	Mxf[2]	≤32	64	>64	Fd	≤4	8	>8	Te
							Cpe	≤4	8	>8	Nxn	≤4	8	>8	Gm	≤4	8	>8	Imp

≤0.25	≤0.25	≤0.03	≤0.03
	2	0.12	0.12
			2
Am	Am[6]-L	P	P[6]-L

STREPTOCOCCACEAE

C	G	TFG
	≤2	
	4	
	16	
Ox	Va-E	Va[4]-T

		Aug[1,5]
≤500	>500	GmS-E

≤1000	>1000	StS-E

			A/S[1,5]				Cf[1]	≤1	2	>2	Cp-E	≤2	4	>4	Ofl-B	≤2	4	>4	Lzd-E
			P/T[5]				Cfz				Gal[2]				Cd[4]-T	≤2	4	>4	Lzd[8]-T
			Azi[17]				Cft[1,4]	≤2	4	>4	Lvx	≤0.5	4	>4	E-E	≤1	2	>2	Rif-E
≤8	16	>16	C-E				Cax[1,4]				Mxf				E[17]-T	≤1	2	>2	Syn-A/E
			C[4]-T				Cpe[1,4]	≤4	8	>8	Nxn-E	≤32	64	>64	Fd-E	≤4	8	>8	Te-E
															Gm				Imp[1]

25	≤0.25	≤0.25	≤0.03	≤0.03	≤0.03
2	2	2	0.12	0.12	0.12
4	4	4	2	2	2
8		8	8		8
		>8			>8
Am-E	Am-D	Am[8]-B	P-E	P-D	P[8]-B

S	= Susceptible
I	= Intermediate
R	= Resistant
N	= Not Reported/Not Applicable
	= No Interpretation Available

Abbr.
S = *S. aureus*
L = Listeria
CNS = Staphylococci other than *S. aureus*
E = Enterococci
T = Streptococci
A = Group A Strep
B = β-hemolytic streptococci
D = Group D *Streptococcus/S. bovis*

Staph. aureus

Micrococcaceae

	3	1	3	1	6	8			
4	CV	NOV	VP	BE	PGT	LAC	NACL	RBS	BAC
+	MS	PGR	OPT	PYR	URE	TRE	SOR	INU	PRV
1	NIT	IDX	PHO	ARG	MAN	MNS	ARA	RAF	HEM

Streptococcaceae

Identification

SEE OTHER SIDE FOR IMPORTANT INTERPRETATION EXCEPTIONS

3250-6563A

STANDARD FORM 545
545-106

LABORATORY REPORT DISPLAY

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

TEST(S)
SPECIMEN TAKEN
DATE 10-2-03 TIME 1100 A.M. P.M.
REQUESTED

RESULTS
pH 7.372
PCO_2 33.4
PO_2 123
BE -6
HCO_3 19
tCO_2 20
SaO_2 99

Na
K
Cl 2.73
Hct
Hb

REMARKS ABG: SMV 14 700 +5 +10

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY (b)(6)-2
MD TECH DATE 10-2-03
LAB ID NO.
SPECIMEN SOURCE (Specify)
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
MISC URGENCY ☐ ROUTINE TODAY ☐ PRE-OP STAT ☐
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD

(b)(6)-4

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

TEST(S)
SPECIMEN TAKEN
DATE 10-2-03 TIME A.M. P.M.

RESULTS	REQUESTED	(X)
4.79	RBC COUNT	
14.0	HEMOGLOBIN	
41.5	HEMATOCRIT	
86.7	MCV	
29.2	MCH	
33.7	MCHC	
9.6	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
139	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PT CONTROL	
	PT PATIENT	
	PTT CONTROL	
	PTT PATIENT	
	PTT % ACTIVITY	
	PTT RATIO	
	SICKLING TEST	
	LE PREP	

CBC

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY (b)(6)-2
MD TECH DATE 2 Oct 1530
LAB. ID. NO.
SPECIMEN SOURCE ☐ PRE-OP ☐ VEIN ☐ OTHER (Specify) ☐ CAP
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
HEMATOLOGY URGENCY ☐ ROUTINE TODAY ☐ STAT ☐
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD

(b)(6)-4

Tech
AF Shaw
MAJ

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE *(Check one)*

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER *(Specify)*
☐ URINALYSIS (SF 550)	**MOUNTED ON STRIPS 1, 4, AND 7**
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

LABORATORY REPORT DISPLAY
☆GPO:1983 0-414-248

STANDARD FORM 545 Rev.
10-75 545-108

LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE 20 OCT 03	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
4.80	RBC COUNT	
14.3	HEMOGLOBIN	
42.2	HEMATOCRIT	
87.8	MCV	
29.7	MCH	
33.8	MCHC	
9.7	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
155	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PROTIME: CONTROL	
	PROTIME: PATIENT	
	PROTIME: % ACTIVITY	
	PROTIME: RATIO	
	SICKLING TEST	
9.3	~~LE PREP~~ LYT	
0.9	LYT	

REMARKS: Phc Cohe = Dr [illegible]

(b)(6)-2

(b)(6)-2

(b)(6)-4

ATION—TREATING FACILITY—WARD NO.—DATE

TECH

MD DATE 20 OCT 03 0918

(b)(6)-2

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

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

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

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

549-107

PATIENTS MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE 20 OCT 03	TIME 0922	A.M. P.M.
RESULTS	REQUESTED	(X)
	ROUTINE	
Yellow	COLOR	
1.020	SPECIFIC GRAVITY	
0.2	UROBILINOGEN	
trace	OCCULT BLOOD	
Neg	BILE	
Neg	KETONES	
Neg	GLUCOSE	
Neg	PROTEIN	
5.0	pH	
	MICROSCOPIC	
0 seen	WBC	
5-10/hpf	RBC	
0-2/hpf	EPITH CELLS	
	CASTS: WBC	
	CASTS: RBC	
	CASTS: HYALINE	
	CASTS: GRANULAR	
None	BACTERIA	
	CRYSTALS	
	MUCUS	
	NITRITE	
Neg	LEUKOCYTES	
Neg		
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

REMARKS: Dr [illegible] Macro

(b)(6)-2

(b)(6)-2

(b)(6)-2

ATION—TREATING FACILITY—WARD NO.—DATE

TECH

MD DATE 20 OCT 03 0956

(b)(6)-2

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

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

SPECIMEN SOURCE: ☐ ROUTINE ☐ OTHER (Specify)

LAB. ID. NO.

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

550-107

PATIENTS MED. RECORD

TS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7
- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☐ HEMATOLOGY (SF 549)
- ☐ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

MOUNTED ON STRIPS 1, 3, 5, AND 7
- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

MOUNTED ON STRIPS 1, 4, AND 7
- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

General Services Administration and
Interagency Committee on Medical Records
Prescribed by GSA ICMR
FIRMR (41 CFR) 201-45.505

LABORATORY REPORT DISPLAY

☆ GPO—1991—304—810

TEST(S)

SPECIMEN TAKEN

DATE 20 OCT 03 TIME A.M. P.M.

RESULTS	REQUESTED	(X)
116	GLUCOSE	
10	UREA N.	
0.8	CREATININE	
	URIC ACID	
139	SODIUM	
4.3	POTASSIUM	
105	CHLORIDE	
17	CO_2	
	PHOSPHATE	
	CALCIUM	
6.5	TOTAL PROTEIN	
3.8	ALBUMIN	
	GLOBULIN	
113 H	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
49 H	SGOT	
	LDH	
1020 H	CPK	
0.7	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
73 L	CHOLESTEROL	
	TRIGLYCERIDES	
271 H	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
34	ALT	

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

REMARKS (b)(6)-2

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

Wedlyke 8, Auxiliary Page 1 of 5

20 Oct 03

LAB. ID. NO.

CHEM I

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

#ACT

TEST(S)

SPECIMEN TAKEN

DATE TIME A.M. P.M.

REQUESTED

RESULTS

ABG (090703) SMV 14 700 45 100%

pH 7.384

PCO_2 36.6

PO_2 337

BE -3

HCO_3 22

TCO_2 23

SaO_2 100%.

Na 143

K 4.2

Cl 1.19

Hct 39

Hb 13

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

REMARKS (b)(6)-2

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

10/02/03

LAB ID NO.

MISC

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO

PATIENT'S MED. RECORD

#4 (b)(6)-4

(b)(6)-4

SPECIMEN/LAB RPT. NO.

MISC

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

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

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

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

DATE 3 Oct

LAB ID NO. (b)(6)-4

REMARKS ABG

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
	10/03	0917	ABG	pH 7.41
				PCO2 40
				PO2 96
				Be 1
				HCO3 25
				SaO2 98%
				CAP +
				PS 10
				30

557-107

MISCELLANEOUS

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

SPECIMEN/LAB. RPT. NO.

CHEM 1

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

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

(b)(6)-4

ICU6

Afghan MALE

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 2 Sept 1500

LAB. ID. NO.

REMARKS Mexlyte 8

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED (X)	RESULTS
	10-2	08	GLUCOSE	175
			UREA N.	9
			CREATININE	0.6
			URIC ACID	
			SODIUM	136
			POTASSIUM	4.4
			CHLORIDE	99
			CO_2	25
			PHOSPHATE	
			CALCIUM	
			TOTAL PROTEIN	
			ALBUMIN	
			GLOBULIN	
			ALKALINE PHOSPHATASE	
			ACID PHOSPHATASE	
			SGOT	
			LDH	
			CPK	1296
			BILIRUBIN (TOTAL)	
			BILIRUBIN (DIRECT)	
			CHOLESTEROL	
			TRIGLYCERIDES	
			AMYLASE	
			LIPASE	
			PROFILE (Specify)	

546-106

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-71) General Services Administration and Emergency Committee on Medical Records, FPMR 101-11.808-8

MEDCOM - 3444

(b)(6)-4

Afghan Male
ICU6

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

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

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

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

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 030CT03 0137Z

LAB. ID. NO. (b)(6)-4

REMARKS

549-107

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-79)
PRESCRIBED BY GSA/ICMR
FIRMR (41-CFR) 201-45.505

TEST(S)	RESULTS	REQUESTED (X)
SPECIMEN TAKEN DATE 30CT03 TIME 0130 A.M. P.M.		
RBC COUNT	4.98	
HEMOGLOBIN	15.5	
HEMATOCRIT	43.1	
MCV	86.5	
MCH	31.0H	
MCHC	35.9	
WBC COUNT	9.3	
WBC DIFF AND BLOOD CELL MORPH: IMMATURE		
NEUTRO-BANDS		
NEUTROSEGS		
LYMPHS		
EOSINOPHILS		
BASOPHILS		
MONOCYTES		
PLATELETS		
RBC		
SED. RATE		
PLATELET COUNT	133 L	
RETICULOCYTE COUNT		
CLOTTING TIME		
BLEEDING TIME		
PTT CONTROL		
PTT PATIENT		
CONTROL		
PATIENT		
% ACTIVITY		
RATIO		
SICKLING TEST		
LE PREP		

(b)(6)-4

Afghan Male
ICU6

SPECIMEN/LAB. RPT. NO.

CHEM 1

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

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

SPECIMEN SOURCE: BLOOD ☑ / OTHER (Specify) ☐

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE

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

DATE 030CT03 0157Z

LAB. ID. NO. (b)(6)-4

REMARKS

546-106

CHEMISTRY I
STANDARD FORM 546 (Rev. 6-77)
General Services Administration and Interagency Committee on Medical Records, FPMR (101-11.808-8

TEST(S)	RESULTS	REQUESTED (X)
SPECIMEN TAKEN DATE 30CT03 TIME 0130 A.M. P.M.		
GLUCOSE	465H	
UREA N.	41	
CREATININE	0.6	
URIC ACID		
SODIUM I Stat	132	
POTASSIUM	4.7	
CHLORIDE	100	
CO_2	19	
PHOSPHATE		
CALCIUM		
TOTAL PROTEIN		
ALBUMIN		
GLOBULIN		
ALKALINE PHOSPHATASE		
ACID PHOSPHATASE		
SGOT		
LDH		
CPK	1023H	
BILIRUBIN (TOTAL)		
BILIRUBIN (DIRECT)		
CHOLESTEROL		
TRIGLYCERIDES		
AMYLASE		
LIPASE		
PROFILE (Specify)		

STANDARD FORM 545
545-106

LABORATORY REPORT DISPLAY

TEST(S)
SPECIMEN TAKEN
DATE 4 Oct 03 TIME 1245 A.M. P.M.

RESULTS	REQUESTED	(X)
4.63	RBC COUNT	
13.6	HEMOGLOBIN	
40.7	HEMATOCRIT	
87.9	MCV	
29.3	MCH	
33.4	MCHC	
7.4	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
116	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PT CONTROL	
	PT PATIENT	
	PTT CONTROL	
	PTT PATIENT	
	PTT % ACTIVITY	
	PTT RATIO	
	SICKLING TEST	
4.6	LE PREC 1:2	
.3	LE 1:4	

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

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
(b)(6)-4 ICU Bed 6 (b)(6)-2
REPORTED BY (b)(6)-2
TECH
MD
DATE 4 Oct 2003 1252
LAB. ID. NO.
SPECIMEN/LAB RPT. NO.
HEMATOLOGY
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ OUTPATIENT ☐ NP ☐ DOM ☐ AMB
SPECIMEN SOURCE ☐ VEIN ☐ OTHER (Specify) ☐ CAP
PATIENT'S MED. RECORD
1

TEST(S)
SPECIMEN TAKEN
DATE 5 Oct TIME 0155 A.M. P.M.
REQUESTED
RESULTS

A/B	2.9 L
A/P	68
ALT	39
AMY	34
AST	44 H
TBil	0.7
BUN	11
Ca^{++}	9.1
Chol	87 L
Cre	0.8
Glu	153 H
TP	6.6

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
2 3 4

REMARKS Chem 18

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
(b)(6)-4 ICU (b)(6)-2
TECH
MD
DATE 5 Oct 03 1155
LAB ID NO.
MISC
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ OUTPATIENT ☐ NP ☐ DOM ☐ AMB
SPECIMEN SOURCE (Specify)
PATIENT'S MED. RECORD
5 6 7

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (*Check one*)

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER (*Specify*)
☐ URINALYSIS (SF 550)	**MOUNTED ON STRIPS 1, 4, AND 7**
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

LABORATORY REPORT DISPLAY
☆GPO:1983 0-414-248

MEDCOM - 3446

(b)(6)-4

ICU
Bed 6

SPECIMEN/LAB RPT. NO.

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

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

SPECIMEN SOURCE (Specify)

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

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

REPORTED BY (b)(6)-2

MD
TECH

DATE 7 Oct 0830

LAB ID NO. (b)(6)-4

REMARKS Sputum C&S

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	4 Oct 03	1400		

No pathogens at 72 hours

557-107 MISCELLANEOUS STANDARD FORM 557 (Rev. 2-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45-505

PATIENT'S MED. RECORD

(b)(6)-4

ICU
Bed 6

SPECIMEN/LAB RPT. NO

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

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

SPECIMEN SOURCE (Specify)

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

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

REPORTED BY (b)(6)-2

MD
TECH

DATE 7 Oct 0842

LAB ID NO. (b)(6)-4

REMARKS Urine Culture

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	4 Oct 03	1315		

#1) Streptococcus species

#2) Staph aureus

See report for susceptibilities

557-107 MISCELLANEOUS STANDARD FORM 557 (Rev. 2-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45-505

PATIENT'S MED. RECORD

SPECIMEN/LAB RPT. NO.

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

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

SPECIMEN SOURCE (Specify)

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

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

REPORTED BY

MD
TECH

DATE 7 Oct 830

LAB ID NO. (b)(6)-4

REMARKS Blood culture

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	4 Oct 03	1315		

No growth at 72 hours

557-107 MISCELLANEOUS STANDARD FORM 557 (Rev. 2-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45-505

PATIENT'S MED. RECORD

(b)(6)-4

ICU
Bed 6

TEST(S)

SPECIMEN TAKEN

DATE 06 OCT 03 TIME 0900Z A.M. P.M.

RESULTS	REQUESTED	(X)
4.50	RBC COUNT	
13.5	HEMOGLOBIN	
39.7	HEMATOCRIT	
88.2	MCV	
29.9	MCH	
33.9	MCHC	
8.0	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
224	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PROTHROMBIN TIME CONTROL	
	PROTHROMBIN TIME PATIENT	
	PROTHROMBIN TIME % ACTIVITY	
	PROTHROMBIN TIME RATIO	
	SICKLING TEST	
12.9	~~LE PREP~~ Lyd/o	
1.0	Lyt	

REMARKS DR

Methyle 8 CBC

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

ICU Bed 3

(b)(6)-2

DATE 06 OCT 03 0915Z

LAB. ID. NO.

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

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

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

SPECIMEN/LAB RPT. NO.

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-79)
Prescribed by GSA/ICMR
FIRMR (41-CFR) 201-45.505

549-107

PATIENTS MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE 06 OCT 03 TIME 0900Z A.M. P.M.

RESULTS	REQUESTED	(X)
114	GLUCOSE	
10	UREA N.	
1.0	CREATININE	
	URIC ACID	
138	SODIUM I Stat	
4.4	POTASSIUM	
97 L	CHLORIDE	
26	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
1735H	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS DR

Methyle 8

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

ICU Bed 3

REPORTED BY (b)(6)-2

MD

TECH

DATE 06 OCT 03 0942Z

LAB. ID. NO. (b)(6)-4

CHEM 1 URGENCY: ☐ ROUTINE ☐ TODAY ☒ ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records, FPMR 101-11.806-8

546-106

PATIENT'S MED. RECORD

(b)(6)-4

ICU Bed 6

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2

MD

TECH

DATE 13012 4 Oct 2003

LAB. ID. NO.

Methyle 8

TEST(S)

SPECIMEN TAKEN

DATE 4 Oct 03 TIME 1245 A.M. P.M.

RESULTS	REQUESTED	(X)
170 H	GLUCOSE	
12	UREA N.	
0.8	CREATININE	
	URIC ACID	
137	SODIUM	
4.0	POTASSIUM	
94	CHLORIDE	
23	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
1316 H	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records, FPMR 101-11.806-8

546-106

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE J-Tube

ITEM	START	STOP
Anesthesia	0515	0
Procedure	0530	0635

DATE 10-7-03 | OR NO. | PAGE 1 OF | SURGEON(S) (b)(6)-2

PRE–PROCEDURE
- [x] Identified ☐ ID Band ☐ Questioning
- [x] Chart Review ☐ Permit Signed
- [x] NPO Since 11 MN

Pre-anesthetic State: ☐ Calm ☐ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☒ Unresponsive

PATIENT SAFETY
- [x] Anes. Machine # _____ Checked
- [x] Safety Belt On
- [x] Arm Restraints (R) ☐ Axillary Roll ☒ Arms Tucked
- [x] Pressure points checked and padded
- [x] Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☐ Steth ☐ Esoph ☐ Precord ☐ Other
- [x] Non-Invasive B/P ☐ Nerve Stimulator
- [x] Continuous EKG ☐ V Lead EKG
- [x] Pulse Oximeter ☐ Oxygen Analyzer
- [x] End Tidal CO_2 ☐ Resp Gas Anlyzr
- ☐ Temp _____ ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- [x] Airway Humidifier ☐ _____
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line _____
- ☐ CVP _____
- ☐ PA Line _____
- [x] IV(s) (R) arm
- ☐ _____

ANESTHETIC TECHNIQUES

Method: [x] General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.

General: ☐ Pre-O_2 ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure [x] Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal

Regional: ☐ Position _____ ☐ Prep _____ ☐ Local _____ ☐ Needle _____ ☐ Drug(s) _____ ☐ Dose _____ ☐ Attempts x ____ ☐ Site _____ ☐ Level _____ ☐ Catheter _____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☐ Intubation ☐ Oral ☐ Nasal
- [x] Direct Vision ☐ Magill's ☐ Blind
- ☐ Dif. see Rmks ☐ Fiber Op ☐ Stylet
- [x] Attempts x 1 ☐ Blade #3 MAC
- [x] Tube size 7.0 ☐ Endobronchial
- [x] Regular ☐ RAE ☐ Armored ☐ Laser
- ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS
- ☐ Uncuffed, leaks at ____ cm H_2O
- [x] Secured at 20 ☐ ET CO_2 Present
- [x] Breath Sounds = B/L
- [x] Circuit: [x] Circle ☐ Non-rebreathing
- [x] Airway: [x] Oral ☐ Nasal ☐ Natural
- ☐ Mask Case ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	BP	O_2 Sat	P	T
[x] PACU	123/68	97		
☐ ICU ☐ L&D	81	30	97	6

☐ Awake ☐ Sport Resp ☐ Oral Airway ☐ Asleep ☐ Ventilator ☐ Nasal Airway ☐ Stable ☐ Extubated ☐ Face Shield O_2 ☐ Unstable ☐ Intubated ☐ T-Piece O_2

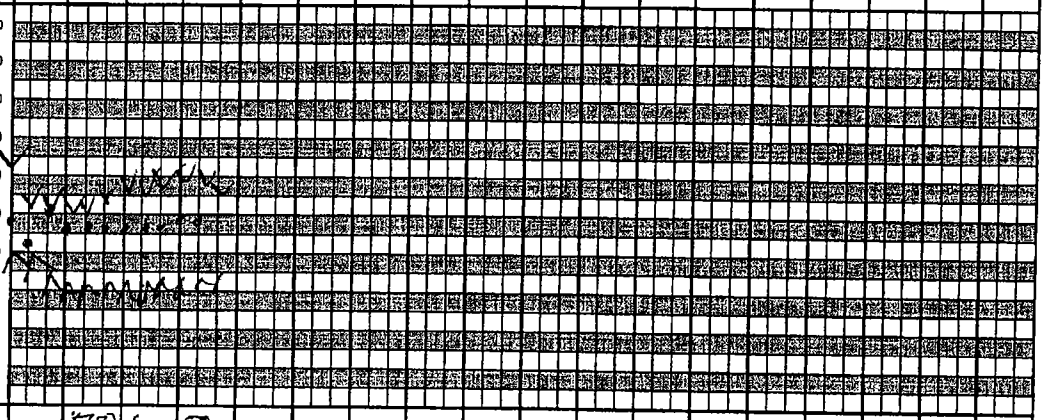
CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME:	0530	0600	0630	TOTALS
AGENTS				
☐ Hal ☐ Enf ☐ Iso (%)	1.5	1.5	1.5	
☐ N_2O ☐ Air (L/min)	2	2	2	
Oxygen (L/min)	2	2	5	
Versed ( )	2mg			
Fentanyl ( )	2ml			
Propofol ( )	100			
Anectine ( )	80			
FLUIDS				
NS				
D10/Ringer			3/3	
Urine (Foley) (ml)				
EBL (ml)				
MONITORS				
EKG	SR	SR	SR	SR
% O_2 inspired (FIO_2)			60	60
O_2 Saturation (SaO_2)	100	100	100	100
End Tidal CO_2		36	37	38
Temp: ☐ °C ☐ °F				
VENT				
Tidal Vol. (ml)		500	500	500
Resp. Rate		12	12	
Peak Pres. (cm H_2O)		15	15	15
PEEP (cm H_2O)		0	0	0
Symbols for Remarks	SC	✓	✓	✓ S
Position	Supin			

VITAL SIGNS

Baseline Values: B/P 121/79; P 101; R 16



SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V Λ B/PCUFF PRESSURE
- ⊥ ⊤ ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- Ø ASSISTED RESP
- ⊗ CONTROLLED RESP
- T TOURNIQUET

ANESTHESIA PROVIDER(S) (b)(6)-2

PATIENT'S ID (b)(6)-2 ...n entries give: Name–last, first, middle: ID No. (SSN or other); hospital or medical facility.)

REMARKS 0515 To OR. Monitors O2 via mask
0615 Extubated forceful & deep
0635 To PAR spond Vent. WS

(b)(6)-4

2540

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☐ M ☐ F	in./cm.	lb./kg.	B/P P R T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*

CURRENT MEDICATIONS *(If none, check here ☐)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea, Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray, Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension, MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐	S/P	EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia, Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____ Closed Head	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis, Paresthesia, Syncope, Seizures, TIAs, Weakness	☐	Injury for J-Tube Placement.	
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐		
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history			

PROBLEM LIST/DIAGNOSES

ASA PS: 1 2 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

Hct 39.7
Hgb 13.5

Other

PLANNED ANESTHESIA/SPECIAL MONITORS

PRE-ANESTHESIA MEDICATIONS ORDERED

SIGNATURE OF EVALUATOR(S)

POST-ANESTHESIA NOTE

Signed Date Time

OPTIONAL FORM 517 BACK

POST ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0630 **Procedure:** J-tube placement

ASA: _____ **Allergies:** NKA **EBL:** min

U.O. in OR: Ø **Drains:** Ø

Fluids Received in OR: Type NS **Amount** 550

Anesthesia: Versed Fentanyl

Time	0630	0645	0700	0715	0730						
Temp	97.6										
HR	78	78	81	87	89						
RR	34	28	28	28	24						
BP	123/69	115/68	113/68	114/64	117/64						
O2 Sat	98	96	95	95	96						
Activity	1	1	1	1	1						
Resp	1	1	2	2	2						
Circ	2	2	2	2	2						
Consc	1	1	1	1	1						
Color	1	1	1	1	1						
Total	6	6	7	7	7						

Notes:

Transferred to: JCW **Via:** litter **Report to:** _____

Name: # (b)(6)-4 **Date:** 7 Oct 03

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR		M		EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2			CPT	TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 20Oct03

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

MVA

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
20Oct03		

RADIOLOGIC REPORT

1. ETT c̄ tip @ the carina
2. NGT curled in region of stomach
3. No ptx
4. haziness to (L) lung - position vs layering fluid vs atx

(b)(6)-2

1430L

20Oct03

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

(b)(6)-4

ICU

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT RECORD

MEDCOM - 3452

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
Head / Neck / Face CT Scan		M		EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	(b)(6)-2			CPT	TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 020ct03

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

MVA

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
20ct03		

RADIOLOGIC REPORT

Head: Acute bleed c̄ blood in (R) ventricle & 3 ventricle
No extraaxial fluid collections No midline shift
Fracture thru post (R) maxillary sinus c̄ AF level
Proptosis on (R) with soft tissue swelling & periorbital air

C-spine = Images lost 2° to technical problem

Abd c̄ IV (No oral) = No images 2° to CT Crash

(b)(6)-2

104JL
30ct03

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
RT
ORD

MEDCOM - 3453

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

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXR		M		ICU	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED

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

ET tube Placement

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
30 Oct 03 01 2004		

RADIOLOGIC REPORT

ETT @ Carina

Needs to be partially withdrawn retracted

Lungs OK

NGT with tip well beneath the diaphragm

(b)(6)-2

0630L
30 Oct 03

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

(b)(6)-4

#

ICU6 Afghan male

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT

MEDCOM - 3454

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

NSN 7540-01-185-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Head CT / C-spine Abd CT with oral & IV contrast		M			
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2 CPT AN				DATE REQUESTED

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

Reevaluate post MVA

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
30 Oct 03		

RADIOLOGIC REPORT

Bilateral A/F hemos in maxillary sinus - fx seen posteriorly on (R)
Resolved pneumo on (R)
Head
No sig Δ in acute blood (R) lateral ventricle
3rd - now seen in 4th Ventricles no sig Δ in size
No extraaxial fluid / midline shift
Soft tissue swell (R) lateral face
Periorbital air on (R) similar to prior exam

C-spine ETT & NGT

Abd CT - OK

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

(b)(6)-4

ICU
Bed 6

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
MEDCOM - 3455 IT

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
Port CXR				JCU Bed 6	(b)(6)-4
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNAT				DATE REQUESTED 4 Oct 03

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

↑ temp

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
5 Oct 03 0613		

RADIOLOGIC REPORT

CW 30 Oct @ 0120
(Rotated Image)
The ~~NG~~ tube tip is well beneath the diaphragm
The lung volumes are low
New Right focal opacities at the base are CW segmental atx & a pneumonia is also in the differential

(b)(6)-2
0615L
5 Oct 03

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

JCU

LOCATION OF RADIOLOGIC FACILITY

(b)(3)-1

SIGNATURE

RADIOLOGIC CONSULTATION REPORT AND RECORD

MEDCOM - 3456

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Portable upright CXR	25	M	(b)(6)-4	ICW	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2 CPT				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED 10/6/03

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

RLL opacity on CXR yesterday, scheduled for feeding Jejunostomy Tomorrow.

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
6 Oct 03		

RADIOLOGIC REPORT

CW yesterday @ 0603 hrs

1. Interval removal of NGT
2. Near complete resolution of the Right basilar consolidation

(b)(6)-2

1600 L
6 Oct 03

C K

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

RADIOLOGIC CONSULTATION REPORT

MEDCOM - 3457

MEDICAL RECORD

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
Flat ABD				ICW	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR Dr. (b)(6)-2				DATE REQUESTED 9OCT03

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

recent J- tube placement

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
9Oct03		

RADIOLOGIC REPORT

Distended gastric bubble

J (tube) loops / overlies pelvis

with tip overlying ascending colon on AP projection

(b)(6)-2

0545Z

9Oct03

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT

MEDCOM - 3458 RECORD

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
		M			(b)(6)-4
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Rank) (b)(6)-2				TELEPHONE/PAGE NO.
Flat plate ABD + upr	SIGNATURE OF REQUESTOR				DATE REQUESTED 10/10/03

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

Ileus - j-tube reflux

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
10 Oct 03		

RADIOLOGIC REPORT

CW yesterday @ 1004 L

Interval resolution of gastric distension

Non-specific bowel gas pattern

No overwhelming evidence for ileus

CW queried

Lung bases relatively clear

(b)(6)-2

0954 Z

10 Oct 03

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

(b)(6)-4

ICW Bed 3

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT

MEDCOM - 3459 RD

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

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
Flat plate AB series		M			
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUE (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

R/O ileus - J tube reflux

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
11 Oct 03		

RADIOLOGIC REPORT

CW yesterday @ 1400 L

No sig change in the last 17 hours

J tube in position. No radiographic findings to suggest ileus.

(b)(6)-2

0230 Z

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

(b)(6)-4

ICW BED 3

LOCATION OF MEDICAL RECORDS

11 Oct 03

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

RT

ORD

MEDCOM - 3460

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 10/2/03 TIME OF ORDER: 1000 HOURS

LIST TIME ORDER NOTED AND SIGN

Admit ICU
CHF
Condition critical
VS per ICU routine
c̄ neuro ✓s
ICU standing orders for
sedation/paralytic/narcotics

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 6

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

DATE OF ORDER | TIME OF ORDER

✓ Vent per protocol HOURS
mitral TV 700 RRV 14
@ 5 PEEP 0.4 FiO2
✓ ABG at 10:30 ☒
✓ NPO
✓ NGT → LIS ✓ Foley → Gravity
✓ restrain prn at patient
✓ OT AM / pelvis when able

10/2/03 1030 (b)(6)-2 MATSON

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 6

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

DATE OF ORDER | TIME OF ORDER

CHF ~~Adm~~ LPIS HOURS

vcbc, Met Cmp 8 at 1400 & 0 am

(b)(6)-2

CC MC USAR

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 6

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

DATE OF ORDER | TIME OF ORDER

HOURS

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 6

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 03 Oct 03 — TIME OF ORDER: _____ HOURS

Head CT
abd CT with oral & IV contrast } today

LIST TIME ORDER NOTED AND SIGN: Noted 030ct03 0820 (b)(6)-2 (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 4 Oct 03 — TIME OF ORDER: _____ HOURS

- May transfer to EW
- will transfer to Medicine discussed c Dr.
- NOT to gravity return to CCS if deterioration NVS

Noted 4Oct03 0800 (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 4 Oct 03 — TIME OF ORDER: 1313 HOURS

- Blood CS x 1
- Clindamycin 800 mg IV 2 SH
- Unasyn 3 g IV 2 SH
- Motrin 600 mg po / NOT 24-6 from TP 402
- Sputum gm stain CS today

Noted 4Oct03 1335 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 12:23 4 Oct 03 — TIME OF ORDER: _____ HOURS

- ~~Port CXR 1 supine~~ ~~may~~ Often 12 in am
- ~~Blood glucose now~~
- ~~Met lyte & CBC today~~
- Begin TF osmolyte 1.5 @ 30 cc/hr ✓ residuals q4hrs hold
- Urine CS if >100 cc of all times
- keep HOB ↑ 30°

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

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/4/03 TIME OF ORDER: 2030 HOURS

LIST TIME ORDER NOTED AND SIGN

↑ TP to 60cc/hr + hold for rebolus (Hct <100) from home

↑ IV to 100cc/hr

(b)(6)-2 ALT PAN 10/4/03 2040

NURSING UNIT: ICU ROOM NO.: BED NO.: 6

(b)(6)-2 LOC MC USAR

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/5/03 TIME OF ORDER: 0215 HOURS

↑ TP to 80cc/hr KS osmolite

↓ IV to TKO

↑ HOB 30-40° continue ventilator

24 hr hold x 24 hr for > 150cc

(b)(6)-2 10/5/03 D'SOS MATTAN

NURSING UNIT: ICU ROOM NO.: BED NO.: 6

(b)(6)-2 LOC MC USAR

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/6/03 TIME OF ORDER: 0413 (2) HOURS

(1) NPO p̄ Midnight for OR tomorrow

(2) CBC Electrolytes BUN CR GMC today

Mg/K Pg, CBC

(b)(6)-2 SSG 10/6/03 0415

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/6/03 TIME OF ORDER: 11:00 (2) HOURS

Portable upright CXR Today

(b)(6)-2 SSG 10/6/03

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

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 07 OCT 03 TIME OF ORDER: 0630 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume prep orders Meds & Care
2. J tube NS @ 20 cc/hr x 24° Then ½ Strength Tube feeds @ 20 cc/hr Then Per Medicine orders

(b)(6)-2 SSG RN 7 OCT 03

(b)(6)-2 Cpt.

NURSING UNIT: ICW ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION: (b)(6)-2

DATE OF ORDER: 09 OCT 03 TIME OF ORDER: 0350 HOURS

1. Flat AXR - done (b)(6)-2 (b)(6)-2

1. Please Place NGT → Low Cont Suct

(b)(6)-2

10/9/03 1000

NURSING UNIT: ICW ROOM NO.: BED NO.: 3

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

DATE OF ORDER: 10 OCT 03 TIME OF ORDER: 0235 HOURS

1. Dulcolax Suppository T PR this AM

(b)(6)-2 Cpt.

NURSING UNIT: ROOM NO.: BED NO.:

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

NOTED 10 OCT 03 PFS 0500

DATE OF ORDER: 10 Oct 2003 TIME OF ORDER: HOURS

1. D/C Unasyn
2. D/C Clindamycin
3. Begin Cipro 250 mg IV Q12
4. Change cipro to PO route (by J-tube) when J-tube feeding resumes

(b)(6)-2

NURSING UNIT: ICW ROOM NO.: BED NO.: 3

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2

10/10/03 0915

NURSING UNIT	ROOM NO.	BED NO.
ICW		3

DATE OF ORDER: 10 OCT 03 TIME OF ORDER: 0830 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Flat AXR This Afternoon

(b)(6)-2

PATIENT IDENTIFICATION

NOTED 10 OCT 03 0940

(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
ICW		3

DATE OF ORDER: 10 OCT 03 TIME OF ORDER: 0945 HOURS

(1) Re Start tube feeds full Strength @ 20 cc/hr

(2) Keep NGT @ LES

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 11 OCT 03 TIME OF ORDER: 0155 HOURS

(1) AXR Flat low phase

(b)(6)-2

(b)(6)-3 10/11/03 0200

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	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. Oct Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 2	3	4	5	6	7	8	9	10	11	12
2 oct	(b)(6)-2	VS - per ICU routine,	D	(b)(6)-2										
		q/nurse v's	N								(b)(6)-2			
2 oct		Vent settings: TV 400, SIMV 14,	D						D/C					
		40%, 5.0, PEEP 5	N											
2 oct		NPO	D											
			N										(b)(6)-2	
2 oct		NGT to LIS of distended or	D											
		N/V / NGT to gravity.	N											
2 oct		Foley to gravity	D											
			N											
4 oct		Keep HOB ↑ 30° @ all X's	D	/	/									
			N	/	/									
4 oct		Osmolyte FS @ 60 cc/h,	D	/	/									
5 oct		✓ residuals q 4 & hold if > 150 cc, when < 100 resume	N	/	/									
7 OCT 03		NS to J tube at	D											D/C at 0900z
		20cc/hr x 24 hrs	N											
7 OCT 03		Full ↑ 10 oct 1/2 strength tube feeds	D	Start 0900z 8 OCT 03							(b)(6)-2			
		at 20cc/hr	N											
9 OCT 03		NG to ↓ low intermittent suction ↑ 10 oct	D								(b)(6)-2			
			N											

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: closed head injury

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Oct Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
2 Oct	(b)(6)-2	CT - abd/pelvis when able	2 Oct			(b)(6)-2
2 Oct		ABG	2 Oct	1030Z	—	
2 Oct		CBC, mettyte 8	2 Oct	1400Z	1570	
2 Oct		CBC, mettyte 8	3 Oct	0130Z		
30 Oct		CT scan head & abd today	30 Oct	0630Z	0630	
40 Oct		Blood culture x 1 Urine C&S	40 Oct 03	1315	1315	
40 Oct		Sputum cgm stain C&S today	40 Oct 03			
40 Oct		Metlyte 8, CBC tody	40 Oct 03	1300	1300	
40 Oct		Port CXR	50 Oct 03	0130	—	
40 Oct		Chem 12 in am	50 Oct 03	0130	—	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
2 Oct	(b)(6)-2	Restrain prn														

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 10 Yr. 03

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
2 oct	(b)(6)-2	Pt standing orders for	D	(b)(6)-2										
		sedation / paralytic / narcotics	N											
2 oct		D5.45NS c/20KCl @ 80cc/hr	D											
5 oct		TKO 100	N											
40ct03		Clindamycin 800mg IV	02											
		q8h	10											
			18											
40ct03		Unasyn 3gm IV q6h	02											
			08											
			14											
			20											
10 oct 03		CIPRO 250mg J.J. q 12°	04											
		Δ TO PO (J-Tube) WHEN TUBE	16											
		FEEDING RESUMES												

D/C 10/10

7p-7A I/O

foley 2200

NG 1000

TF- 240 + 100 flush

CV

OBM

ALLERGIE

PATIENT #

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

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. Oct Yr. 03

Date	Clerk/ Nurse	STANDING ORDER PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	- - - - -	1 amp D50, notify MD for blood sugar < 50				
2 Oct 03	- - - - -	0.5mg Atropine IV for HR < 45 and symptomatic; and notify MD				
	- - - - -	500cc NS IV over 1 hour for uo < 30cc; notify MD if no improvement within 1 hour (N/A for pts under 10 years)				
	- - - - -	Blood cultures, UA C/S and CBC for temp > 102 (oral)				
10 Oct	(b)(6)-2	Dulcolax Suppository I THIS AM	10 OCT	AM	0515	(b)(6)-2
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					

Date Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
Indigestion	- - - - -	Mylanta 2 tabs or 30cc	
Nausea	- - - - -	1) Zofran 4mg IV q6h 2) Compazine supp 25mg q12h	
	- - - - -	3) Phenergan 12.5-25mg IV q4h	
Constipation	- - - - -	Dulcolax supp (except post-op abd surgery)	
Insomnia	- - - - -	1) Ambien 5-10mg po qhs 2) Benadryl 25-50mg po qhs	10-3 1600 50mg
Agitation	- - - - -	1) Versed 1-5mg IV q2h 2) Ativan 1-2mg po/IV qh	20 Oct 5 Oct 2000 2000 1030 2mg (b)(6)-2
	- - - - -	3) Haldol 5-10mg IV q2h	
Pain	- - - - -	1) MSO4 4-10mg IV q1-2h 2) Percocet 1-2 tabs po q4h	20 Oct 1530 5mg; 20 Oct 2330 5mg; 30 Oct 2000 5mg; 40 Oct 0600 5mg; 40 Oct 0820; 48 Oct 0500; 40 Oct 0820; 10/3 1000; 10/3 2040; (b)(6)-2
	- - - - -	3) Fentanyl 50-100mcg IV q2h 4) Demerol 50-100mg IV q4h	20 Oct 2000; 20 Oct 2000; 30 Oct 2000; 30 Oct 1815; 30 Oct 1530 25mg; 1130 100mg; 1900; (b)(6)-2
Fever	- - - - -	Tylenol 325-650mg po or PR q4h fever > 101 or pain	20 Oct 0340; 1330; 40 Oct 1800; (b)(6)-2
Fever	(b)(6)-2	Motrin 600mg po/NGT q 4-6h prn T > 102.5	(b)(6)-2

2 Oct 03

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	(b)(3)-1
2. MTF LOCATION (State or Country Code.)	A F
3. REGISTER NUMBER	(b)(6)-4
NAME (Last, First, Middle Initial)	(b)(6)-4
4. PAY GRADE	
5. SEX	M
6. DATE OF BIRTH (Y Y Y Y M M D D)	19 69 21 22 23 24 25 26: 1 9 7 8 0 1 0 1
7. AGE AT ADMISSION	27 28 29: 2 5 9
8. RACE	30
9. ETHNIC BACKGROUND	31
RELIGION	muslim
10. LENGTH OF SERVICE	32 33 34
ETS	
11. FMP	35 36: 2 Ø
12. SOCIAL SECURITY NUMBER	37 38 39 40 41 42 43 44 45: (b)(6)-4
ORGANIZATION (Active Duty Only)	
13. MARITAL STATUS	46
HOUR OF ADMISSION	0850Z
BRANCH / CORPS	
14. FLYING STATUS	47 48 49
15. BENEFICIARY CATEGORY	50 51 52: ~~K76~~ K78
16. ZIP CODE OF RESIDENCE	53 54 55 56 57 58 59 60 61
17. UNIT LOCATION (State or Country Code)	62 63: A F
18. MOS	64 65 66 67 68 69 70
19. TRAUMA	71
PREV. ADMISSION	YEAR ☐ NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	72: Ø
WARD	ICW
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	(b)(3)-1 BAGRAM, AFGHANISTAN
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE	
21. TYPE OF DISPOSITION	73 74: Ø 5
22. MTF TRANSFERRED TO	75 76 77 78 79 80
23. DATE OF DISPOSITION (Y Y M M D D)	81 82 83 84 85 86: Ø 3 1 Ø 1 1
24. CLINIC SVC - ADMITTING	87 88 89 90
25. MTF TRANSFERRED FROM	91 92 93 94 95 96
26. DATE THIS ADMISSION (Y Y M M D D)	97 98 99 100 101 102: Ø 3 1 Ø Ø 2
27. LOCATION OF OCCURRENCE (Battle Casualty Only)	103 104
28. MTF OF INITIAL ADMISSION	105 106 107 108 109 110: 5 5 Ø 4 8
29. DATE INITIAL ADMISSION (Y Y M M D D)	111 112 113 114 115 116: Ø 3 1 Ø Ø 2

FOR LOCAL USE

Inj Trauma
989 9

Dx 85300
34290
E9289

Pr 4639 8703
9607 8801
9604 8838
9672

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

DA EDITION OF MAY 79 USAPPC V1.00

MEDCOM - 3470

TRANSFER SUMMARY

(b)(6)-4

HPI: 25 y/o Afghan National female victim of gunshot wounds to the head X 1 and to the left thigh X 2 on 9 October 2003. She was taken to a local hospital in Shkin where her large stellate right sided head laceration was closed with residual CSF leak. She was then transferred to the forward surgical team in salerno, then transferred to BAF hospital.

Injuries Include:

1) Gushot wound to head with fracture of the frontal bone and free floating frontal bone fragments, intra cerebral foreign bodies X 4 likely bullet fragments in the frontal and temporal areas on the right, and a free flowing CSF leak from her wound. She was intubated in salerno and remains intubated and ventilated at this time although from a pulmonary standpoint she could be extubated at any time. Neurologically, prior to intubation she was speaking intelligibly and moving all 4 extremities purpousfully. She does have a dialated right pupil which is minimally reactive possibly due to fracture of the orbit.
2) Gushot wounds X 2 to left thigh with femur fracture just below the greater trochanter. Neurovascularly intact distally and the fracture is minimally displaced. There is a posterior long leg splint applied for stabilization, no definitive treatment has been performed at this time.

She has been stable at BAF, has been on Ancef and Gentamycin for meningitis prophylaxis and remains intubated. She was hyperventilated for the first 24 hours to a PCO2 of around 32 but is now normocapnic.

Please feel free to call with any questions,
Records are included including Head CT scan,
Thank You for your help,

(b)(6)-2 M.D.
General Surgeon
(b)(3)-1
Baghram Air Field, Afghanistan

LOCAL NATIONAL CASUALTY FEEDER CARD

(THIS CARD IS TO ACCOMPANY THE LOCAL NATIONAL PATIENT TO THE US HOSPITAL AT BAGRAM)

- COMMAND INTEREST PATIENT (CIRCLE ONE): (AFGHAN GOV) (ANA) (AMF) (IO/NGO)
- PATIENT NAME: (b)(6)-4
- DATE TIME GROUP OF MEDEVAC: Tx from Khost Hospital to FST
- ORIGINATING MEDEVAC GRID LOCATION IN THE FIELD: (10 Digit Grid Requested)

No medevac from Khost

- WHO INITIATED THE MEDEVAC (CIRCLE ONE)?: (DIVISION) (CJCMOTF) (CJSOTF)
- FOB: N/A

(COMPLETED BY THE FORWARD SURGICAL TEAM)

- FST LOCATION (CIRCLE ONE): FOB SALERNO KANDAHAR
- FST POC: MAJ (b)(6)-2 (b)(3)-1
- FST TELEPHONE (CIRCLE ONE): (303 (b)(3)-1 (303 (b)(3)-1
- PATIENT NUMBER AT BAGRAM HOSPITAL: (b)(6)-4

متون بابا روغتون

٤٥

Dr. (b)(6)-2

M.D, P.H.D.

Specialist General Surgery
NERVES

هوالشافی

(b)(6)-2

متخصص امراج جراحی عمومی واعصاب
دوکتورعلوم طب

Dr. (b)(6)-2

Specialist Ultrasound

(b)(6)-2

دتلو زیو نی التراساوند" کمپیوتری "معاینا تومتخصص

Name of Patient's Mrs (b)(6)-4 Age 25 year Sex F Date

Clinical Record

Rx gune-shute. in the Foranto-parietal - Fractur Foranto Parietal Bone Cerebral tissue Foranto-parietal - Detrite - intracerebral Bleeding - gune shote in the left Femor Fracture of the left femor + Traumatic and Hypovalemic shok Gr III + IV → post Treatment. Reanimative (Blood transf 1000cc + S. Haemacel + S. Dext 10% 1000cc + Ar VAC + Ar Bejeal + Ar. Solu-Cortif 250mg + Ar. Neuro Coleke + Ar. α-chymotripsin + Ar. Dipy + Ar Ariil + Ap. Ceftriaxone 1g ½ (2)

پته : قصابانو لین اول سرک د غرب خواته

متون بابا روغتون ۲۴ ساعة دخپلو هموطنانه ا ا ه کارکوی

او هر ډول د جراحی ناروغان او دعا جلر تو لپار

MEDCOM - 3473

+ Dr. Dingep 104 ② + S Manifold

→ Operations ⇒ Decompressive — Trepenetrine + Sinu-plasty + Debridements + Debridment of the lf. femur injures + Reminat.

Tank you.

(b)(6)-2

Dr.

(b)(6)-2

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER (b)(6)-4			2. NAME (Last, First, MI) (b)(6)-4			3. GRADE	ADMISSION REMARKS
4. SEX M	5. AGE 25	6. RACE	7. RELIGION muslim	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP 00		12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD ICW	
15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN K78		18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE I	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø				22. HOURS OF ADMISSION 0800Z	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION Ø5		26. DATE OF DISPOSITION 12Oct03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 10Oct03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 , Bagram Afghanistan					30. DATE OF INTIAL ADMISSION 10Oct03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

GSW head / L L ~~Ext~~

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW head ⊂ open skull fx + retained bullet fragments

GSW ⊖ L ~~Ex~~ extremity

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				3	3

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				3	3

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2

(b)(6)-2

LTC MC USAR

DA FORM 3647-R, 1 AUG 78 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.1D

MEDICAL RECORD	PROGRESS NOTES
DATE	
10/10/03	General Surg AM
20:20 (2)	25 y/o Local Nat Female GSW (AK47) to Head c̄ Frontal Skull fx and intra cranial Bullet fragments, and GSW x 2 to LLE c̄ Subtrochanteric femur fx. Pt Taken to Kohst Hospital with Above Injuries yesterday AM. ~~Skull~~ Scalp Lacerations Closed Femur fx Stabilized: Sent to Salerno, Further Stabilized, transfused and Medevac → BAS (b)(3)-1
	PMH ⊖ PSH ⊖ ANΦ
	PE VS: BP 109/62 P62, Intubated/Ventilated
	HEENT Large Stellate (R) Scalp Laceration Sutured Closed c̄ Silk (+) CSF leak ? Sm amount of Grey Matter
	Both Eye Pupils (L) 3mm min Reactive (R) Dilated 6mm ⊖ RAA
Lab	GCS 11 purposful Movements, Knew name in Kohst
17.9 / 12.8 / 39 / 134	Chest Thoracic Comp CTA CV RRR ⊖ m
	Abd Thoracic, Soft FAST ⊖
138 / 106 / 9 / 4.1 / 18 / 0.8 / 102	Pelvis Stable
	GU Foley in ⊖ Gross Hematuria
PT/PTT = 13.1/33	Rectal ⊖ Blood NST
ABG 7.35/32/119 BE -8	(L) Ext Post Splint full leg Not taken down Moving Toes/Foot, palpable DP pulse

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

(b)(6)-4

PROGRESS NOTES

Medical Record

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

USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
10/10/03	GSAN cont
2020 (2)	Rockl
	CXR Clear
	(1) Femur fx Subtrochanteric
	Head CT Mult Frontal Bony fx c̄ Free floating
	Segment 4 IntraCranial FB's > Bullet fragments
	MR bleed Surface in fronto parietal area
	(A/P)
	(1) GSW To head c̄ Frontal fx, CSF leak, free floating
	Fragment, Closed @ Kohnt Hospital
	- ABx prophylaxis for Meningitis
	- Neuro Monitoring to r/o posx of Cord Transection
	- Intubated, Ventilated, Sedated, Mild Hypocapnia
	Consider pentobarbital Coma
	(2) GSW x2 to LLExt c̄ Subtrochanteric Femur fx
	- Orthopedics Consult
	(b)(6)-2
	(b)(6)-2 CPT

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
11 OCT 03	General Surg AN
	(S) Arrived Curt NCC GSW Head, (L) Thigh
	Intubated / Sedated overnight
	(O) AF BP 109/53 P 60
	Vent IMV 12 / 550 TV / 30% FIO2 PEEP 5
	ABG:
	Neuro Sedated Moves RA 4's, Head CSF leak Contusion
	Cardiac CTAB
	CV RRR ⊘ m
	Abd Benign
	(17.1) 11.4 / 34.7 / 116 — 141 / 97 / 8 / 110 — 4.0 / 20 / 0.5
	(A/P) - Stable, Prophylactic Dilantin and Ceftriaxone, concern i/c poss Meningitis, Consider Neurosurgical Consultation with = US military or Military Hospital in Kabul
	- Ortho to Access Fracture fx (b)(6)-2
	head dressing bd cranial pressure pulsations + CSF leak readily apparent sterile dressing re applied
	Sx prob tomorrow Kabul is here (b)(6)-2 if come US

(b)(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

12 OCT 03

General Surg PN

(S) Post Trauma day #3 : GSW → Head, CSF leak, Frac fleating Frontal Bone Flap. (R) Thigh GSW x2. Intubated / Ventilated / Sedated Moves Arms & legs purposefully when ~~[illegible]~~ Sedation d/c

(O) P 80-100 BP 150s/60 Resp 12

Vent IMV 12 / 50% / PEEP 5 / SIP 10

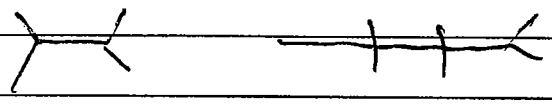
ABG:

Resp Lungs CTA (B) CV RRR (O) m

Abd soft

LLE Good PT pulse Warm Dry

Labs



PT

PTT

(A/P) Stable, essentially unchanged GSW exit

Discussing transfer to Brooke Army Medical Center Kelly Mil hosp.

If not may need Bone Closure in next few days here.

(b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.	WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
10/10/03	Surg
1457Z	25 yr old ♀, 2N, sustained GSW to head &
	(L) leg → ~~P~~ AK47 fell off nylon wall.
	Injury occurred 9 Oct 03 @ 900 AM local. Tx @ local
	hospital: was found to be in hemorrhagic shock, c̄
	open (L) fronto-parietal fx c̄ exposed brain tissue &
	CSF leak. Taken to OR by local MD & underwent
	Decompressive ~~[illegible]~~ lobectomy & sinuplasty & debridement
	of (L) frontal inj
	Tx to FSY from Khaust Hospital.
	⊖ PMH
	⊖ Allergies
	VS: 96.3 P84 125/62 Resp ⊖
	100% Intubated.
? CSF leak.	
	HEENT: Complex wound closure @ frontal
	Means to stimuli, appears appropriate movement
	doesn't open eyes ⊕ ecchymosis, edema @ eye
	? CSF drainage from complex wound closure
	(R) pupil 7mm - non-reactive
	(L) pupil 5mm - reactive
	GCS: 12 Aro to self only

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

(b)(6)-4

PROGRESS NOTES
Medical Record

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
100CT	Tm's ⊂ bleed in @ external canal (unable to approximate depth)
1400	cl. 7mm intact, ⊂ bleed
	@ Bullas
	@ (R) Raccoon
	neck nontender @ JVD
	Chest: clear (3)
	Hrt RRR
	Abd soft, flat, ND, ⊘
	pelvis stable
	GU: rectal, nl, good tone
	Ext: (L) hip ontreme ⊘ cumul: ant/medial ⊂
	⊂ ant: post/medial
	neurovascular intact (L) leg.
	(R) leg + other ext ⊂
	Back: ⊘
	Xrays (C) Skull films: @ frontal bone fx + delamination ⊂ FB still present.
	@ (L) Hip - subtrach fx
	(5) C-spine:
1515	LABS: 127 | 92 | 12 — 7.9 | 22 — Hct 23, Hb = 8, 7.37/36, BE = -4
149/69	
93	
Sat 99-100	
1530	Impr: (1) Severe blunt trauma with intracranial, pneumothorax, pneumocephalus, Abx
140/65	@ GSW to (L) Hip ⊂ fx → will stabilize
80	(3) FB in head
100 Sat	plan: Evac to BAF for neurosurg evaluation + other
	Abx, mannitol, sedation, Zantac (b)(6)-2

*U.S. GPO: 2000-461-707/20307

STANDARD FORM 509 (REV. 5/1999) BACK

NSN 7540-00-634-4178

600-10

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

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

10 OCT 03 (b)(3)-1 arrived by Location: FOB Salerno

1400 Injury/Illness: GSW (R) temporal ~~entrance~~ (ANT) #1 EM

arrived by toyota pickup → X2 (L) leg thigh (L) int med PROX

Dist inf → 0 PROX

☒ 2 IV's: MED #2 EM

☐ Gastric Tube: #1 exit 0 DIS

talking on arrival ☒ Foley Cath: 0

☒ O2: intubated (POST) #2 exit 0 KNEE

"Don't touch" ☐ Antibiotics (check allergies): BELOW

~~☐ Chest Tube:~~

☐ Splints/Dressings;

(L) EYE open ~~☒ Is Casualty registered with PAD Officer?~~ 0

alert ~~☐ Blood Type:~~ UNK. A NEG.

(R) TY ☐ Tetanus status:

int swelling Initial Vital Signs: P 84 BP 125/82 RR 20 T 96.3 SaO2% 93

Bruising Initial Neuro Status: A V P U Pupils LOC GCS

Initial Assessment: Head/Neck GSW (R) temporal

Airway: intuba

Lungs: LSC

Heart: STach

Abd: BSx4

Pelvis/perineum: #1 (L) hip ~~entrance~~ PROX #2 ANT thigh DIST ANT med X2 POST thigh ~~exit~~

Extremities: GSW (L) leg X2 POST med hip

~~Back/Flank:~~

(b)(6)-4 ~~Disposition with times (OR, ICU, Evac)~~ @1420

1510 IN BLOOD #1 UNIT ↑ ONE 1430

1445	95	146/45	sat 100	
1500	94	149/50	sat 100	
1515	93	154/65	100	

Tet TOX 0.5 Morphine 50g Keflex 1 gm gent 80g IV 1445 KCL 20 mEq Bolus 40 to 2 bottle 50 IV 1520 Decadron 4mg IV 152

Sensitive Items/Weapon Disposition

#2 BLOOD 1 @ 1510 IN 1520

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b)(6)-4

(b)(6)-4

2040

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)* | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL — DATE: DAY / MONTH / YR. — TIME

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

CURRENT MEDS. (tetanus immunization and other data): Ancef Gent Mannitol Decadron

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKDA

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

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration) | SEX | AGE

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS			
TIME			
BP	116/66		
PULSE	80		
RESP.	12		
TEMP.			
WT. (Child)			

CATEGORY (See reverse): EMERGENT / URGENT / NON-URGENT

ORDERS	INITS.	TIME
Vecuronium 10 mg		
Versed 5 mg	IV	1845
MS 5 mg		

ASSESSMENT/DIAGNOSIS: GSW leg /

DISPOSITION (Check all that apply): HOME / FULL DUTY

QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO (Indicate clinic)

EMERGENCY / TODAY / 72 HOURS / ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE: IMPROVED / UNCHANGED / DETERIORATED

TIME OF RELEASE:

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

2540 LNG GSW (L) thigh. ? full afterwards
→ stellate ⊕ to head ⊂ CSF leak. Occurred 9 Oct 03 @ 9 pm
Local → [Had Tet Tox / Mannitol 50 gm / Keflex 1 gm Gent 80 mg
Zantac / Decadron 4 mg IV] Talking on arrival @ Khost Hospital

HEENT Sutured Scalp at @ (R) – has CSF leak
ecchymosis (R) eye pupil on (R) 5 mm (L) pupil 1-2 mm
EOM grossly intact
lungs clear CXR norm
ABD BS(+) soft pelvis stable
Ext (L) femur wrapped good DP pulse
moving ↑ ↓ extremities grasping hands
moving head to voluntary shake
GCS

129	106	9
4.2	18	0.8

116

(L) femur
CXR clear ETT good position

17.9 > 12.8 / 39.4 < 134 K

33 PTT
13.1 PT
7.44/25/257 1008

(CONTINUE ON SF 507, IF NEEDED)

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

SIGNATURE OF PROVIDER AND ID STAMP: (b)(6)-2 MAJ MC

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

(b)(6)-4

EMERGENCY CARE AND TREATMENT
Emergency Room Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

(b)(3)-1

ICU Flow Sheet

Name: (b)(6)-4

Date: 10

VITAL SIGNS

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR												
Rhythm												
NIBP												
ABP												
Resp												
O2/FiO2												
SpO2	%	%	%	%	%	%	%	%	%	%	%	%
Temp												

Intake and Output

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake												
IV Fluids												
Oral/NG												
G/J Tube												
Residual												
Total												
Output												
Urine												
Urine total												
NG/CG												
Chest tube												
Total												

Name: (b)(6)-4 (b)(6)-4 (b)(3)-1

ICU Flow Sheet

Date: 10-11 Oct-03

VITAL SIGNS

Time	15:00PM	16:00PM	17:00PM	18:00PM	~~19:00PM~~ 1940	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR					65	65	63	65	65	64	72	111
Rhythm					SR	SR	SR	SR	SR	SR	SR	SR
NIBP					108/58	113/64	—	—	—	—	117/61	—
ABP					—	—	138/68	140/69	128/67	109/68	—	103/72
Resp					12	12	12	12	12	12	12	12
O2/FIO2					30	30	30	30	30	30	30	30
SpO2	%	%	%	%	98 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Temp					96.5			96.5			96.7	

Intake and Output

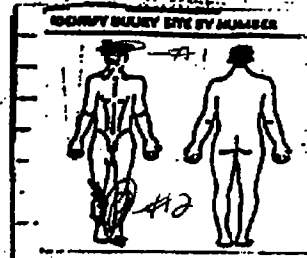
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV/Fluids						80	80	80	80	80	80	130
Oral/NG												
G/J Tube												
Residual												
Hourly total												
Total												
Output												
Urine					900 from EMT	100	—	105	40	35	40	30
Urine total												
NG/OG												
Chest tube												
Total												

610

350

(b)(3)-1

Name Pt.#	Day shift	Mid-shift	Night shift	Mid-shift
Neuro				
Eyes open (see scale below)			Isolated	2
Verbal response (see scale below)			1-Vent	1-Vent
Motor response (see scale below)			4	4
Pupil size	L /R	L /R	L2/R Blown	L2/R Blown
reactive - R / non-reactive - NR	L /R	L /R	L R/R NR	L R/R NR
Hand grasps	L /R	L /R	L-/R -	L+/R +
Respiratory				
Oxygen: delivery system/FIO2			30%	30%
Breath sounds			CTA bil	CTA bil
Chest tube - (location, air leak, crepitus)			Ø	Ø
Sputum/secretions			Ø	Ø
Cardiac				
Monitor Y/N Rhythm			SR	SR
Peripheral pulses - upper / lower			SR	SR
Capillary refill - upper / lower			+ +	+ +
Color : pale/ashen/jaundice/other			CRT<3sec	CRT<3sec
GI/GU			Pale	Pale
Abdomen			Soft flat	Soft flat
Bowel sounds (hypo, normo, hyper)			normo	normo
BM (color, consistency)			Ø	Ø
NG/OG - placement verified			Ø	Ø
Diet/appetite			NPO	NPO
Urine: (Foley Y/N, color/sediment)			clr yellow	clr yellow
Invasive lines				
Peripheral (location/fluid) (R) wrist 05.45 (L) AC = c IV			✓ OK	✓ OK
Central (location/fluid) Ø			Ø	Ø
Arterial line (location) (L) wrist			✓ OK	✓ OK
Pain assessment - pain present Y/N			MSO4 PCN	MSO4 PCN
Dressings- mark location on body				CDI - OK



Glasgow Coma Scale

Eye opening	spontaneous 4	Verbal response	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1
	Motor response	obeys commands 6	

localized pain 5 withdraws to pain 4 flexion to pain 3 extention to pain 2 none 1

Number clock-wise starting with the head

Visitors present : Y/N Name of family member to contact **Town:**

Nurse's Sign (b)(6)-2 Date\Time

CPT Kan 10-11 Oct 03

NURSING PROGRESS NOTE

1900 - PT received from ER intubated from CT scan, see assessment. CPT Ken present + unit orders (b)(6)-2 PAA

2000 - Scalp lac cozin peri-orbital bleed, agreed to Lidocaine + irrigated to Kelly pt CPT Ken rel (b)(6)-2 PAA

PH

(b)(6)-4

(b)(3)-1 ICU Flow Sheet

Name: (b)(6)-4 (b)(6)-4 Date: 11 October 2003

VITAL SIGNS

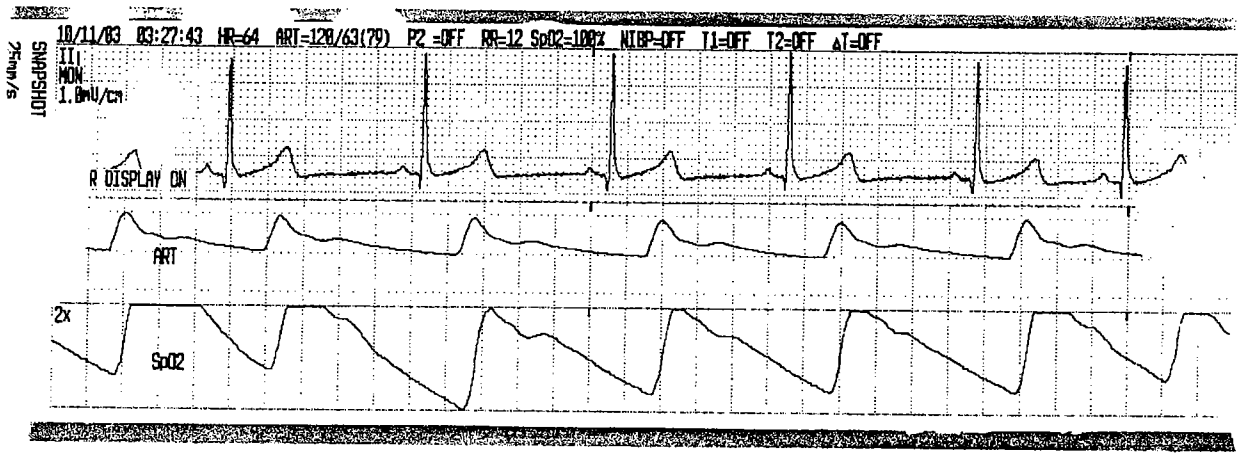
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR	63	59	78	61	62	63	72	72	75	74	74	80
Rhythm	SR	SB	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
NIBP	108/54	109/53	107/51	/	/	/	/	/	/	/	/	/
ABP	131/66	117/62	127/66	126/63	126/57	136/30	130/52	130/53	136/55	139/55	139/59	134/56
Resp	16	16	16	16	16	16	16	16	16	16	16	12
O2/FiO2	30	30	30	30	30	30	30	30	30	30	30	30
SpO2	100 %	100 %	100 %	100 %	100 %	100 %	99 %	99 %	99 %	100 %	100 %	100 %
Temp	96.3 (ax)				96.8 (ax)				97.8			

Intake and Output

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake											boluS 250	250
IV Fluids	D5 45 90cc 80	80	80	80	80	80/50	80/50	125	125/60	125	125	125/50
Oral/NG												
G/J Tube												
Residual												
Total												
Output												
Urine	50	22	45	45	15	10	35	18	34	18	0	60
Urine total	50	72	117	162	177	187	242	260	294	306	306	366
NG/CG												150
Chest tube												
Total												

1885 in

366 uo
150 NG
516 out


10/11/03 03:27:43 HR=64 ART=120/63(79) P2 =OFF RR=12 SpO2=100% NIBP=OFF T1=OFF T2=OFF ΔT=OFF
SNAPSHOT
25mm/s
II
MON
1.0mV/cm
R DISPLAY ON
ART
2x
SpO2

(b)(6)-4

(b)(3)-1

Name: (b)(6)-4

ICU Flow Sheet

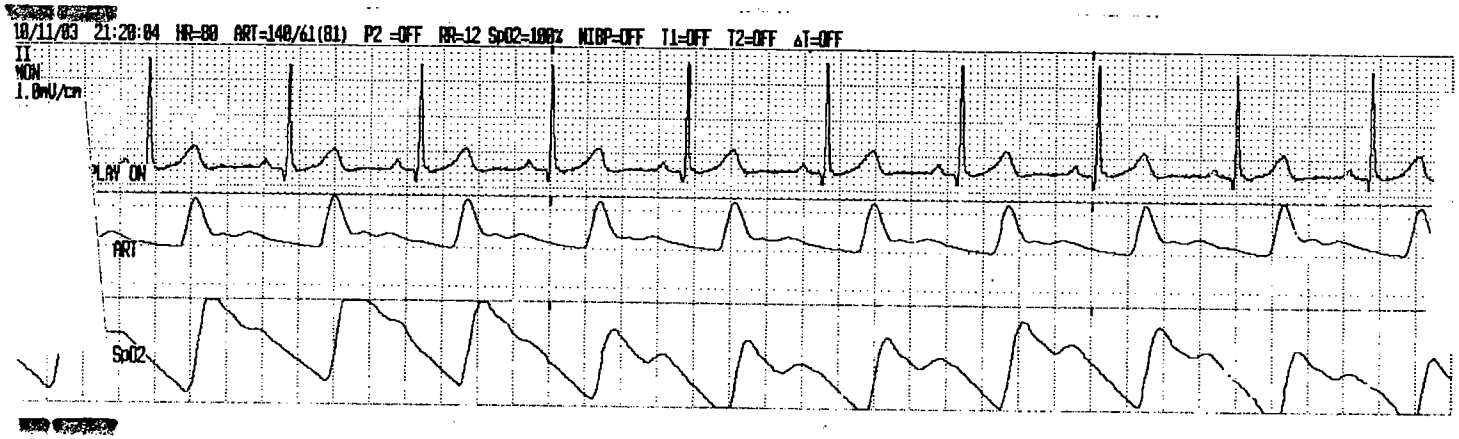
Date: 11-12 Oct

VITAL SIGNS

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR	88	90	83	89	73	74	84	66	100	81	88	76
Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
NIBP	—	—	—	—	—	—	—	—	—	—	—	—
ABP	140	147/65	140/64	128/65	127/62	129/57	151/71	133/60	150/68	134/64	150/67	145/64
Resp	12	12	12	12	12	12	12	12	13	12	12	12
O2/FIO2	30	30%	30	30	30	30	30	30	30	30	30	30
SpO2	100 %	100 %	99 %	100 %	100 %	100 %	98 %	100 %	100 %	100%	100 %	100 %
Temp	97.4			98.0 (A)			97.8 (A)				98.6	

Intake and Output

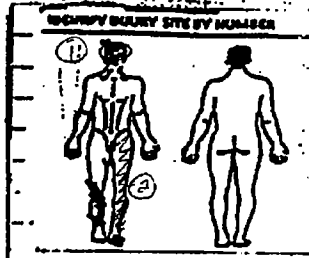
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV Fluids	125	125	250/125	250/125	50/125	50/100/125	125	125	125	125	50/125	50/125
Oral/NG	—	—						20				
G/J Tube	—	—										
Residual	—	—		—								
Hourly total	125	125	375	375	175	275	125	145	125	125	175	175
Total	125	250	625	1000	1175	1450	1575	1720	1845	1970	2145	2320
Output												
Urine	60	15	5	245	150	80	110	80	25	—	40	600
Urine total	60	75	80	325	475	555	665	745	770	770	810	1410
NG/OG												100
Chest tube												
Total	60											


10/11/03 21:28:04 HR=80 ART=140/61(81) P2 =OFF RR=12 SpO2=100% NIBP=OFF T1=OFF T2=OFF ΔT=OFF
II
MON
1.0mV/cm
ART
SpO2

MEDCOM - 3491

(b)(3)-1

Name (b)(6)-4 Pt (b)(6)-4	Day shift 0250Z	Mid-shift 0815Z	Night shift 1600Z	Mid-shift 2100Z
Neuro				
Eyes open (see scale below)	1-(R) eye swollen	no change	(R) eyes closed /	
Verbal response (see scale below)	1-intubated	"	Intubated	1-ETT
Motor response (see scale below)	5	"	5	5
Pupil size	L3/R7	L "/R	L3/R6	L3/R5
reactive - R / non-reactive - NR	LR/RNR	L "/R	LR/RNR	LR/RNR
Hand grasps	L+/R+ equal	L "/R	L+/R+	L+/R+
Respiratory	#7 oral ETT @ ~20cm @		30%	
Oxygen: delivery system/FiO2	lock to vent, 30% FiO2	"	30%	vent 30%
Breath sounds	clear throughout	"	clear R/L	CTA (B)
Chest tube - (location, air leak, crepitus)	N/A	"	—	—
Sputum/secretions	none @ this time	"	none	0
Cardiac				
Monitor Y/N Rhythm	SB-SR 59-60's	"	ST	SR
Peripheral pulses - upper / lower	+ / bilat. radial + (R) post. tib.	"	++/++	1+/1+
Capillary refill - upper / lower	<3 in upper + lower	"	↓3sec/N3sec	<3/<3
Color : pale/ashen/jaundice/other	pink	"	pale	pink/warm/dry
GI/GU				
Abdomen	soft, flat	"	soft flat	soft, flat
Bowel sounds (hypo, normo, hyper)	normo in all quad.	"	hypoX4Quad	hypo
BM (color, consistency)	none @ this time	"	none	0
NG/OG - placement verified	N/A	"	OG - LIS	OG - place ✓ LIS
Diet/appetite	NPO	"	NPO	NPO
Urine: (Foley Y/N, color/sediment)	Foley - clear yellow	"	clear/yellow	clear-yellow
Invasive lines				
Peripheral (location/fluid)	(R) [illegible] - 05.45 %NS (L) IV - capped	"	(R) Foley/Zac	(R) FA (L) AC
Central (location/fluid)	N/A	"	—	—
Arterial line (location)	(R) radial	"	(L) radial	(L) radial
Pain assessment - pain present Y/N			pain meds	PRN - Y
Dressings - mark location on body	(1) [illegible] (2) DF	"	Head / (L) Fem	unchanged.



Glasgow Coma Scale

Eye opening	spontaneous 4	Verbal response	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1

Motor response obeys commands 6 localized pain 5 withdraws to pain 4 flexion to pain 3 extention to pain 2 none 1

Number clock-wise starting with the head

Visitors present : Y/N Name of family member to contact cousin @ white house **Town:** Salerno

Nurse's Signature (b)(6)-2 MAJ/AN Date\Time 11 OCT03 0415Z

(b)(6)-2 SSG/LPN 110CT03 1600 | (b)(6)-2 LPT/AN 2100

NURSING PROGRESS NOTE

0915 Splint removed from (L) leg by Dr (b)(6)-2
2 small wounds noted on medial upper thigh + large open wound to muscle on lateral thigh. Gauze applied + wrapped w/ kerlix. Buck's traction 10 lbs applied. 100mcg Fentanyl given prior to dressing change. Pt demonstrates purposeful movement of all extremities - withdraws to painful stimuli. Family visiting hours - stated pt's brother initially unstable + had a gun + she was to Drsg to Head changed by Dr (b)(6)-2
Large open sutures to (R) + center scalp, small area of brain tissue pulsating. Old drsg saturated w/ serosanguinous drsg (b)(6)-2 MASTER
1407 Urine output <30cc/hr x 2 hrs, Dr (b)(6)-2 notified. 500cc NS bolus being given over 2 hrs w/ improvement in UO noted. OG inserted + to LIS, draining pt. greenish liquid (b)(6)-2 MASTER
1800 Drsg (L) thigh bloody drainage noted. Skin traction in place (L) LE. Drsg D/I around head. Vent settings TV 500, SIMV 12, FIO2 30% PS10, PEEP5 Pedro V Q2°. (b)(6)-2

LPH

(b)(6)-4

(b)(3)-1

ICU Flow Sheet

Name: (b)(6)-4 # (b)(6)-4

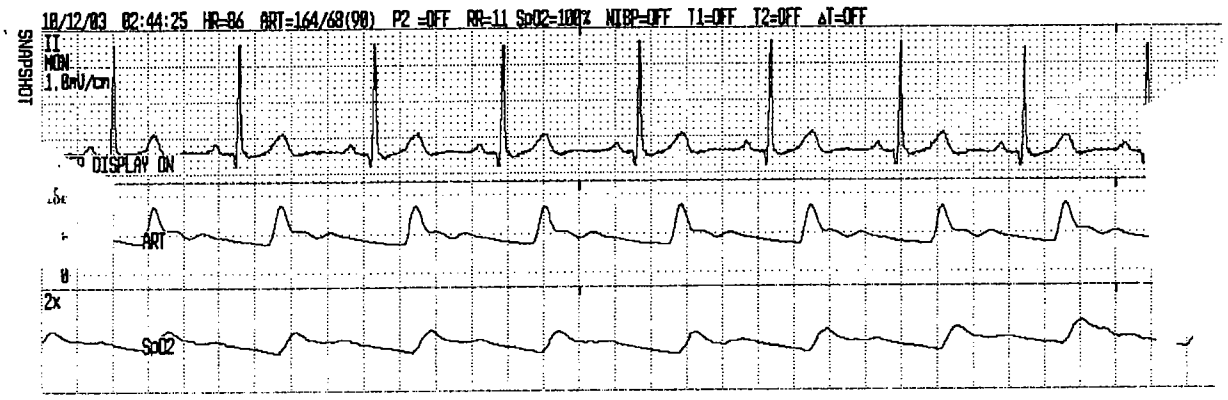
Date: 12 October 2003

VITAL SIGNS

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR	82	82	78	81								
Rhythm	SR	SR	SR	SR								
NIBP	113/55	—	116/67	110/63								
ABP	151/60	173/68	173/67	172/72								
Resp	20	16	20	16								
O2/FiO2	30	30	30	30								
SpO2	100 %	100 %	100 %	100 %	%	%	%	%	%	%	%	%
Temp	98.2 (ax)			99.5 (ax)								

Intake and Output

Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake												
IV Fluids D5.45 NaCl KCl	125	125/50	125	125								
Oral/NG	20											
G/J Tube												
Residual												
Total	145	320 ~~175~~	445	570								
Output												
Urine	140	300	3	495								
Urine total	140	440	443	938								
NG/OG				150								
Chest tube												
Total				1088								


10/12/03 02:44:25 HR=86 ART=164/68(98) P2 =OFF RR=11 SpO2=100% NIBP=OFF T1=OFF T2=OFF ΔT=OFF
SNAPSHOT
II
MON
1.0mV/cm
DISPLAY ON
ART
2x
SpO2

Name (b)(6)-4 (b)(6)-4 (b)(3)-1 ICU Flow Sheet

Date: 12-13 October 2003

VITAL SIGNS

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR												
Rhythm												
NIBP												
ABP												
Resp												
O2/FIO2												
SpO2	%	%	%	%	%	%	%	%	%	%	%	%
Temp												

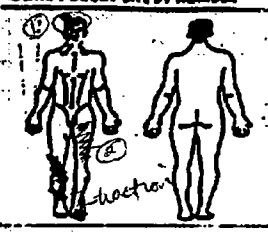
Intake and Output

Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake												
IV Fluids												
Oral/NG												
G/J Tube												
Residual												
Hourly total												
Total												
Output												
Urine												
Urine total												
NG/OG												
Chest tube												
Total												

(b)(3)-1

Name (b)(6)-4 Pt.# (b)(6)-4	Day shift	Mid-shift	Night shift	Mid-shift
Neuro				
Eyes open (see scale below)	1- both swollen, R > L			
Verbal response (see scale below)	1- intubated			
Motor response (see scale below)	5- moves all ext.			
Pupil size	L3 / R5	L / R	L / R	L / R
reactive - R / non-reactive - NR	LR / RR	L / R	L / R	L / R
Hand grasps	L / R	L / R	L / R	L / R
Respiratory	#7 oral ETT @ ~20cm @ teeth			
Oxygen: delivery system/FiO2	to vent: 30% FiO_2			
Breath sounds	clear throughout			
Chest tube - (location, air leak, crepitus)	N/A			
Sputum/secretions	none @ this time			
Cardiac				
Monitor Y/N Rhythm	NSR - rate 70-80's			
Peripheral pulses - upper / lower	+2 bilat. radial + pedal			
Capillary refill - upper / lower	<3 in upper + lower			
Color : pale/ashen/jaundice/other	pink			
GI/GU				
Abdomen	flat, soft, nontender			
Bowel sounds (hypo, normo, hyper)	normo. in all quad.			
BM (color, consistency)	none @ this time			
NG/OG - placement verified	✓ - draining lt. brownish-green drainage			
Diet/appetite	NPO			
Urine: (Foley Y/N, color/sediment)	16 Fr. - clear lt. yellow			
Invasive lines				
Peripheral (location/fluid)	(R) forearm - D5.45 @ TKO (L) t/c - capped			
Central (location/fluid)	N/A			
Arterial line (location)	(L) radial - good waveform			
Pain assessment - pain present Y/N	med. of fentanyl			
Dressings - mark location on body	(1) C/D/I (2) abd. drsg on lt. upper abdomen			
Number clock-wise starting with the head				

IDENTIFY INJURY SITE BY NUMBER



Glasgow Coma Scale

Eye opening	spontaneous 4	Verbal response	oriented 5
	to voice 3		confused 4
	to pain 2		inappropriate words 3
	none 1		incomprehensible words 2
			none 1
	Motor response	obeys commands 6	

localized pain 5 withdraws to pain 4 flexion to pain 3 extention to pain 2 none 1

Visitors present : Y/N Name of family member to contact _____ **Town:** _____

Nurse's Signature (b)(6)-2 MAOLAN **Date\Time** 12 Oct 03 0305Z

NURSING PROGRESS NOTE

0610Z Drsg changed to (L) leg - large open wound to lateral aspect c healthy red tissue. med. ant serosanguinous drainage on old drsg. 2 smaller holes on medial aspect c scant ant drainage. Pt. withdraws to pain, follows commands, hand grasp (L) strong. Pt. attempts to open (L) eye when turning. Pt. placed on CPAP, resp even & unlabored, sat 100%. Pt. to be transferred to "-bil military hospital via helicopter. Chart id. no visitors @ this time. (b)(6)-2 MATAN

LPH

Vent number: [illegible]

Patient Name: (b)(6)-4

Patient Number: (b)(6)-4

ICU Bed Number:

Respiratory Flow Sheet

Date	10-21			10-11	10-12	10-12									
Time	2000	1130	1150	0230	0430										
Mode	SIMV	SIMV	SIMV	SIMV	CPAP										
VT(set)	550	550	[illegible]	550											
RR(set)	12	12	[illegible]	12											
Flow	45	45	40	45	45										
FiO2	30	30	30	30	30										
Peep	5	5	[illegible]	5	5										
PS	10	10	[illegible]	10	10										
Plat	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]										
PIP	23	23	[illegible]	25.2	14.5										
I:E	1:2	1:2	[illegible]	1:5.7	1:2.2										
VT(pt)	450	490	[illegible]	450	420										
RR(pt)	12	12	[illegible]	12	11										
VE	5.12	5.1	5.20	5.39	4.70										
HiP	55	55	55	55	55										
LoP	3	3	3	3	3										
HR	61	72	80	72	114										
SpO2	100	100	100	100	100										
ETT	20		[illegible]	[illegible]	[illegible]										
Initials	(b)(6)-2														

Respiratory Care Notes:

CHART NO: DOB:

NAME:

DATE:

st FST FLOWSHEET PAGE 4

P1 TREND 10/10/03

TIME HH:MM	HR/PR BPM	SpO2 %	SYS / DIA - MEAN mmHg	RR RPM
13:18	OFF	OFF	OFF OFF OFF	OFF
13:16	136	OFF	170 / 91 115	OFF
13:14	129	89	172 / 89 111	47
13:12	129	94	170 / 89 111	57
13:10	104	SRDH	162 / 84 105	38
13:08	81	100	165 / 80 100	51
13:06	83	100	171 / 84 107	33
13:04	86	100	168 / 82 106	68
13:02	88	100	166 / 78 102	52
13:00	97	100	168 / 80 102	128
12:58	97	99	168 / 81 103	31
12:56	112	99	160 / 86 111	28
12:54	85	99	167 / 78 100	40
12:52	95	99	163 / 81 102	54
12:50	98	98	163 / 77 98	45
12:48	90	99	168 / 79 100	118
12:46	93	99	167 / 79 102	86
12:44	97	99	168 / 80 103	92
12:42	109	99	163 / 79 101	121
12:40	111	96	173 / 89 113	133
12:38	98	100	173 / 88 111	58
12:36	86	100	159 / 77 98	66
12:34	87	100	161 / 78 100	92
12:32	89	100	161 / 77 98	115
12:30	92	100	161 / 78 99	120
12:28	89	100	160 / 77 99	71
12:26	98	100	156 / 80 100	105
12:24	93	100	154 / 78 99	74
12:22	89	100	150 / 78 97	109
12:20	102	100	151 / 77 96	121
12:18	97	99	155 / 83 104	126
12:16	96	100	150 / 81 100	120
12:14	95	100	144 / 75 94	115
12:12	97	100	145 / 76 95	125
12:10	97	100	140 / 72 91	74
12:08	98	100	136 / 73 91	39
12:06	103	100	140 / 76 95	46
12:04	97	100	136 / 72 91	13
12:02	99	100	141 / 77 97	20
12:00	100	100	137 / 63 90	49
11:58	99	100	136 / 70 91	55
11:56	101	100	136 / 71 91	27
11:54	104	99	134 / 69 86	14
11:52	105	99	137 / 71 88	19
11:50	106	99	137 / 72 91	56
11:48	105	99	131 / 67 86	38
11:46	101	99	132 / 70 87	15
11:44	106	99	132 / 68 85	14
11:42	109	OFF	134 / 70 86	26
11:40	109	OFF	NOT ZEROED	41
11:38	119	OFF	OFF OFF OFF	11

ADULT

LABS

TIME			
NA	127		
K	2.9		
Cl	92		
Tc o2	22		
Bun	12		
Glu	81		
Hct	23		
pH	7.373		
PCo2	36.7		
HCo3	21		
BEecf	-4		
AnGap	17		
Hb	8		

INTAKE/OUTPUT

	TIME					TOTAL
IN	PO					
	IV					
	MEDS					
	BLOOD					
OUT	URINE					
	NGT					
	CT					

NIBP TREND 10/10/03

TIME HH:MM	HR/PR BPM	SpO2 %	SYS / DIA - MEAN mmHg	RR RPM

MEDCOM - 3500

ADULT

STANDARD FORM 545
545-106

LABORATORY REPORT DISPLAY

TEST(S)
SPECIMEN TAKEN
DATE 20 Oct TIME 0100 A.M. P.M.

RESULTS	REQUESTED	(X)
~~135~~	RBC COUNT	3.65
10.1	HEMOGLOBIN	
30.2	HEMATOCRIT	
32.5	MCV	
27.7	MCH	
33.6	MCHC	
~~[illegible]~~ 11.0	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
108	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
31.2	PT CONTROL	
	PT PATIENT	
11.9	PTT CONTROL	
	PTT PATIENT	
	PTT % ACTIVITY	
1.01	PTT RATIO	
	SICKLING TEST	
10.2	LE CELL	64 MPH
1.1	LYMPH	24

REMARKS (b)(6)-2
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY (b)(6)-2
DATE 20 Oct 03
LAB. ID. NO. 6402
CBC PT/PTT
(b)(6)-4
ICU

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

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-73)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE 20 Oct TIME 0100 A.M. P.M.

RESULTS	REQUESTED	(X)
95	GLUCOSE	
5	UREA N.	
0.5	CREATININE	
	URIC ACID	
144	SODIUM	
3.8	POTASSIUM	
111	CHLORIDE	
21	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
1396	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS (b)(6)-2
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY (b)(6)-2
MD DATE 20 Oct 03
LAB. ID. NO. 6402
Metabolic
(b)(6)-4
ICU

CHEM 1 URGENCY: ROUTINE; TODAY; PRE-OP; STAT
PATIENT STATUS: BED; AMB; OUTPATIENT; DOM
SPECIMEN SOURCE: NP; BLOOD; OTHER (Specify)

CHEMISTRY I 546-107
STANDARD FORM 546 (Rev. 9-73)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

PATIENT'S MED. RECORD

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7
- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☐ HEMATOLOGY (SF 549)
- ☐ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

MOUNTED ON STRIPS 1, 3, 5, AND 7
- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

MOUNTED ON STRIPS 1, 4, AND 7
- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

LABORATORY REPORT DISPLAY
☆GPO 1983 0-414-248

TEST(S)

SPECIMEN TAKEN

DATE 10-12-03 TIME 0410 A.M. P.M.

REQUESTED

RESULTS

pH 7.417

PCO_2 30.6

PO_2 125

BE -5

HCO_3 20

TCO_2 21

SaO_2 99%

ABG SIMV 3 550 +5 +10

REMARKS (b)(6)-2

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

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

REPORTED BY (b)(6)-2

MD TECH

DATE 10/12/03

LAB ID NO.

MISC

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO.

MISCELLANEOUS

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

557-107

PATIENT'S MED. RECORD

(b)(6)-2

(b)(6)-4

TEST(S)

SPECIMEN TAKEN

DATE 11 Oct TIME 0040 A.M. P.M.

RESULTS	REQUESTED	(X)
113	GLUCOSE	
8	UREA N.	
0.8	CREATININE	
	URIC ACID	
141	SODIUM	
4.0	POTASSIUM	
97 L	CHLORIDE	
20	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
2493 H	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

Mahfuz 8 1

REMARKS (b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD TECH

DATE 11OCT03 01252

LAB. ID. NO. (b)(6)-4

CHEM 1

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify) Aline

SPECIMEN/LAB. RPT. NO.

CHEMISTRY I

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

546-107

PATIENT'S MED. RECORD

(b)(6)-4

ICU

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

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

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2

MD TECH

DATE 11OCT03 01202

LAB. ID. NO. (b)(6)-4

REMARKS CBC

549-107

TEST(S)

SPECIMEN TAKEN

DATE 11 Oct TIME 0040 A.M. P.M.

RESULTS	REQUESTED	(X)	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	PT CONTROL	PT PATIENT	PTT CONTROL	PTT PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
			4.20	11.4	34.7 L	82.7	27.2	32.9 L	17.1 H											116 L											

WBC DIFF AND BLOOD CELL MORPH

HEMATOLOGY

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

MEDCOM - 3502

STANDARD FORM 545
545-106

LABORATORY REPORT DISPLAY

TEST(S)
SPECIMEN TAKEN
DATE 10/10 TIME 2020 A.M. P.M.
RESULTS REQUESTED (X)
ROUTINE
STRAW COLOR
1.005 SPECIFIC GRAVITY
0.2 UROBILINOGEN
LARGE OCCULT BLOOD
Neg BILE
Neg KETONES
Neg GLUCOSE
Neg PROTEIN
6.0 pH
MICROSCOPIC
WBC
RBC
EPITH CELLS
WBC
RBC
HYALINE
GRANULAR
CASTS
BACTERIA
CRYSTALS
MUCUS
Neg NITRITE
Neg LEUKOCYTE
CLEAR CLARITY
BENCE-JONES PROTEIN
HEMOSIDERIN
HCG

UA Spec Gravity Urine Lytes

REMARKS (b)(6)-2

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

(b)(6)-2

REPORTED BY

(b)(6)-2

TECH MD DATE 10 OCT 03 2052

(b)(6)-2

URINALYSIS
URGENCY ROUTINE PRE-OP TODAY STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE ROUTINE OTHER (Specify) Cath
SPECIMEN/LAB RPT NO
LAB ID NO. (b)(6)-4

URINALYSIS 860-107
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

PATIENTS MED. RECORD

ICU Bed #7 PH #

(b)(6)-4

TEST(S)
SPECIMEN TAKEN
DATE 10 OCT TIME 2022 A.M. P.M.
REQUESTED
ABG
RESULTS
7.35 pH
32 PCO_2
119 PO_2
-8 BE
18 HCO_3
99 SaO_2
138 Na
4.1 K
36 Hct
12 Hgb

REMARKS (b)(6)-2

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

(b)(6)-4

REPORTED BY

(b)(6)-2

TECH MD DATE 10 Oct 03

MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED AMB OUTPATIENT NP DOM
SPECIMEN SOURCE (Specify) Art
LAB ID NO.

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

PATIENT'S MED. RECORD

① ② ③ ④ ⑤ ⑥ ⑦

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE *(Check one)*

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER *(Specify)*
☐ URINALYSIS (SF 550)	**MOUNTED ON STRIPS 1, 4, AND 7**
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

LABORATORY REPORT DISPLAY
☆GPO:1983 0-414-248

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.
10 OCT 03	1845Z	

RESULTS	REQUESTED	(X)
4.70	RBC COUNT	
12.8	HEMOGLOBIN	
39.4	HEMATOCRIT	
83.9	MCV	
27.3	MCH	
32.5 L	MCHC	
17.9 H	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
134 L	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
33.0	PTT PATIENT	
	PROTHROMBIN CONTROL	
13.1	PROTHROMBIN PATIENT	
	% ACTIVITY	
1.17	RATIO INR	
	SICKLING TEST	
	LE PREP	

REMARKS CBC / PT, PTT

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

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

REPORTED BY (b)(6)-2

MD TECH DATE 10 Oct 03 1855Z

(b)(6)-4

LAB. ID. NO. (b)(6)-4

SPECIMEN/LAB RPT. NO.

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

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

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

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41-CFR) 201-45.505

549-107

PATIENTS MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.
10 OCT 03	1845Z	

RESULTS	REQUESTED	(X)
116	GLUCOSE	
9	UREA N.	
0.8	CREATININE	
	URIC ACID	
129	SODIUM	
4.2	POTASSIUM	
106	CHLORIDE	
18	CO_2	
	PHOSPHATE	
7.7 L	CALCIUM	
5.6 L	TOTAL PROTEIN	
2.8 L	ALBUMIN	
	GLOBULIN	
56	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
122 H	SGOT	
	LDH	
4138 H	CPK	
2.5 H	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
76 L	CHOLESTEROL	
	TRIGLYCERIDES	
171 H	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
32	ALT	

REMARKS CBC Chem 12 / Methyle 8

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

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

REPORTED BY (b)(6)-2

MD TECH DATE 10 Oct 03 1855Z

(b)(6)-4

LAB. ID. NO. (b)(6)-4

SPECIMEN/LAB RPT. NO.

CHEM 1 URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

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

546-107

PATIENT'S MED. RECORD

(b)(6)-4

MISC

SPECIMEN/LAB RPT. NO.

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

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

SPECIMEN SOURCE (Specify) A/V

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2

MD TECH DATE 10 Oct

LAB ID NO. (b)(6)-4

REMARKS ABG

TEST(S)	SPECIMEN TAKEN DATE	TIME	A.M. P.M.	REQUESTED	RESULTS
	10 Oct	1859		ABG	
					7.44 H
					25 HCO_2
					257 PO_2
					-4 BE
					17 HCO_3
					100 SaO_2

557-107

MISCELLANEOUS
STANDARD FORM 517 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
(R) Femur					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED

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

Femur fx

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
10 Oct 03		

RADIOLOGIC REPORT

Fx plaster/splint

Comminuted fx of the proximal femur involving the lesser trochanter

(b)(6)-2

1057Z
10 Oct 03

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

#(b)(6)-4

#(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
MEDCOM - 3505 IT
RADIOLOGY

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
(L) Semon a Port CXR				EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED

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

GSW

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
10 Oct 03		

RADIOLOGIC REPORT

ETT = 3.54 cm from the carina

Lungs Clear

Cardiac Sil & mediastinum & bones

are WNL

(b)(6)-2

18542

10 Oct 03

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION RT

MEDCOM - 3506 DRD

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

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CT Head				EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED 10 Oct 03

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

GSW Head

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
10/10/03		

RADIOLOGIC REPORT

Complex Comminuted fracture (R) frontal skull from superior orbital rim to vertex.

4 metallic fragments (intracranial) 3 just posterior to cant skull & 1 just inside the (R) frontal. Another sliver of bone 6mm approx. up 15cm in anterior brain in midline above orbit from

the fracture is open in several areas with grey matter thru defects & with air on both sides

(+) Mild mass effect is noted on the (R) frontal horn. A small area of hemorrhage is assoc with the lateral fragment.

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT

MEDCOM - 3507

PHYSICIAN

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

The lateral wall of the right maxillary sinus is fractured & an air fluid level noted.

Periorbital soft tissue swelling is seen on the right

A linear crack (skull fracture) is associated with the lateral fragment

(b)(6)-2

1930 Z
10 Oct 03

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

#(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 10/10/03 TIME OF ORDER 19:40 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit ICU Intubated
2. Dx 1) GSW to Head, Frontal Bone fx
   2) GSW x 2 to (L) Leg Femur fx
3. Cond Critical
4. VS per Protocol
5. HOB up @ 30 Degrees
6. IV D5 1/2 NS = 20 KCL @ 80 cc/hr

(b)(6)-2

PATIENT IDENTIFICATION

#(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

7. Vent IMV 12, TV 550, PEEP 5 PS 10
8. ABG in 30 min, In AM, and 20 min p each Vent Δ
9. CBC, Chem Panel in AM
10. MS 1-5 mg IV Q 30 min
11. Versed 2-7 mg IV Q 2° PRN
12. Vecuronium 5-8 mg IV Q 30 min PRN

PATIENT IDENTIFICATION

#(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

13. Xeroform Dressing to Scalp Sutures, clean
14. Neurovascular ✓s to LLE Q 2°
15. Foley to Gravity
16. UA / Spec Gravity, Urine Lytes on Arrival Clone

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

PATIENT IDENTIFICATION

#(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 10/10/03 TIME OF ORDER 20:35 HOURS

Amp 1 Gm IV Q 6°
Gent 50 mg IV Q 8°

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

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/12/03 TIME OF ORDER: 04:22 HOURS

LIST TIME ORDER NOTED AND SIGN

- DX Ambulance ⇒ Kabul Military Hospital
- √ Accept 10 ⇒ Kabul ē pt
- √ 1 g pack (Box of 4x4s & Kerlex rolls
- Med supply: √ Take feeding formula as available 2 Iv supply

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

- √: D5 1/2 NS 60 cc/h
- √ IRCC for motion (to add for above to preference)
- to travel ē pt to Kabul Mil Hospital Neurosurgery
- √ CT scan this pt & (b)(6)-4 to go ē LTC Medical (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4			10/11/03	10:06 HOURS	
			- OG tube @ 245		
			- TPN @ 125 cc/h		10/11/03
			- Metoprolol, CBC in am		(b)(6)-2
			+ PT, INR		
			(b)(6)-2 LTC MC USAR		
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7	- Zantac 50 mg IV q 8 H		
			(b)(6)-2		# LTC MC USAR

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			11 Oct 03	~~09:14~~ HOURS	
				13:13	
			- 500 cc NS over 2 hours		
			(b)(6)-2		
			~~LTC~~ MC USAR		11 Oct 03 1315
NURSING UNIT	ROOM NO.	BED NO.			(b)(6)-2
ICU		7			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# (b)(6)-4			11 Oct 03	16:32 HOURS	
			- 500 cc NS over 2 hours		Noted
			(b)(6)-2		(b)(6)-2
			# LTC MC USAR		11 Oct 03 1600
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# (b)(6)-4				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7			

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

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 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10	11	12	13	14	15
10/10	(b)(6)-2	VS per ICU routine	D	/ (b)(6)-2					
			N	(b)(6)-2					
10/10	(b)(6)-2	HOB ↑ 30°	D	/ (b)(6)-2					
			N	(b)(6)-2					
10/10	(b)(6)-2	Neurovascular ✓'s	D	/ (b)(6)-2					
		to LLE q 2°	N	(b)(6)-2					
10/11	(b)(6)-2	OG to WS	D	/ (b)(6)-2					
			N	/ (b)(6)-2					

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: GSW head
GSW x2 (L) femur

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo 10 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10/10	(b)(6)-2	ABG now	10/10	2027	2027	(b)(6)-2
10/10		UA now	10/10	now	2015	
10/10		ABG in am, CBC + Methylte8 in am	10/11	0100	done	
10/11		methylte 8, CBC, PT/PTT in AM	10/12	0100	900	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
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USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 03

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
10/10	(b)(6)-2	D5.45 E 20KCL @ 125 80cc/hr	D	/ (b)(6)-2					
			N	(b)(6)-2					
10/10	(b)(6)-2	Ancef ÷ 6Mg 6° IVPB	02	(b)(6)-2					
			08	/ (b)(6)-2					
			14	/					
			20	(b)(6)-2					
10/10	(b)(6)-2	Gentamycin 50 mg q 8° IVPB	01	/	/ (b)(6)-2				
			09	/ (b)(6)-2					
			17	/					
10/11	(b)(6)-2	zantac 50 mg IV q 8h	04	/	/ (b)(6)-2				
			12	/ (b)(6)-2					
			20	/					

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: GSW head
GSW x 2 (R) femur

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. 10 Yr. 03

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
10/11	(b)(6)-2	500cc NS bolus over 2 hours	10/11	now	1320Z	(b)(6)-2
10/11		500cc NS bolus over 2 hours	10/11	now	1635Z	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
10/10	(b)(6)-2	MS 1-5mg Q 30min PRN	10-10 2mg 0220	10-11 3mg 0130	10/11 3mg 0615	(b)(6)-2										
-----	-----	"														
10/10	(b)(6)-2	Versed 2-7mg Q 30° PRN	10-10 1mg 2222	10-11 2mg	10/11 (b)(6)-2 0545	10/11 1mg	10/11 1mg	10-11 1mg 1300	10-11 1mg 0100	10/11 1mg 0630	(b)(6)-2					
-----	-----															
10/10	(b)(6)-2	Vecuronium 5-8mg IV Q 30min PRN														
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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
(b)(6) 10/10/07	- - - - -	1 amp D50, notify MD for blood sugar < 50				
	- - - - -	0.5mg Atropine IV for HR <45 and symptomatic; and notify MD				
	- - - - -	500cc NS IV over 1 hour for uo < 30cc; notify MD if no improvement within 1 hour (N/A for pts under 10 years)				
	- - - - -	Blood cultures, UA C/S and CBC for temp > 102 (oral)				
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
Digest-ion	- - - - -	Mylanta 2 tabs or 30cc														
Nausea	- - - - -	1) Zofran 4mg IV q6h 2) Compazine supp 25mg q12h														
- - - -	- - - - -	3) Phenergan 12.5-25mg IV q4h														
Constip-ation	- - - - -	Dulcolax supp (except post-op abd surgery)														
Sleep	- - - - -	~~1) Ambien 5-10mg po qhs~~ ~~2) Benadryl 25-50mg po qhs~~														
Agitat-ion	- - - - -	1) Versed 1-5mg IV q2h 2) Ativan 1-2mg po/IV qh														
- - -	- - - - -	3) Haldol 5-10mg IV q2h														
Pain	- - - - -	1) MSO4 4-10mg IV q1-2h 2) Percocet 1-2 tabs po q4h														
- - -	- - - - -	3) Fentanyl 50-100mcg IV q2h 4) Demerol 50-100mg IV q4h	10/11 0855 100mcg	10/11 1325 100mcg	10/11 1930 50mcg	10/11 2030 50mcg	10/11 2330 50mcg	10/11 50mcg 0100	10/11 0250 100mcg	10/11 0535 100mcg	10/11 0630 100mcg					
			(b)(6)-2													
Fever	- - - - -	Tylenol 325-650mg po or PR q4h fever >101 or pain														
- - -	- - - - -															
- - -	- - - - -															
- - -	- - - - -															

USAPA V1.00

ADMISSION CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)
1 2 3 4 5 6 (b)(3)-1	7 8 AT

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15 (b)(6)-4	(b)(6)-4	16 17	18 M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26: 1 9 7 8 0 1 0 1	27 28 29: 2 8 9	30	31	Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36: ~~00~~ 99 20	37 38 39 40 41 42 43 44 45: (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	0800Z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52: ~~K76~~ K78	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: ~~0~~	1CW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
(b)(3)-1	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74: ~~0~~ 5	75 76 77 78 79 80	81 82 83 84 85 86: ~~0~~ 3 1 ~~0~~ 1 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102: ~~0~~ 3 1 ~~0~~ 1 ~~0~~

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110: J 5 ~~0~~ 4 8	111 112 113 114 115 116: ~~0~~ 3 1 ~~0~~ 1 ~~0~~

FOR LOCAL USE

DX-873.8 800.91
821.00 E991.2
891.0

Trauma-1
Injury-450

PR-87.03
89.52

AD(b)(6)-2 d)	SIGNATURE OF ADMITTING CLERK
D LTC MC USAR	Spc (b)(6)-2

D EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

IENT TREATMENT RECORD COVER T

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

1. REGISTER NUM (b)(6)-4			2. (b)(6)-4			3. GRADE	ADMISSION REMARKS
4. SEX M	5. AGE 40	6. RACE M	7. RELIGION MOS	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP 99		12. SSN		13. (b)(3)-1		14. WARD ICW	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE IN	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct				22. HOURS OF ADMISSION 0400	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION Home	26. DATE OF DISPOSITION 12/18		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 12/18		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY 452ND CSH, AFGHANISTAN					30. DATE OF INTIAL ADMISSION 12/18		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED 0

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

GSW Dressing change

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
					1

SIGNATURE OF A (b)(6)-2 CER MS.

SIGNATURE OF PAD OR MEDICAL RECOR (b)(6)-2 (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	OR NOTE - ORTHO
18 DEC	Pre-op - chest drainage and (C) thigh S/P 6-5W
	Surgeon - (b)(6)-2, (b)(6)-2
	Anesthesia - (b)(6)-2, general
	Comp - 0
	Spec - shell frag
	POST-OP - same
	Fundus - I + P (R) fem
	PLAN - dressing d/c at 0 attention FU
	if wound felt repair
	Keflex 500 Q4H (5/day)
	(b)(6)-2

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

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

(b)(6)-4

REGISTER NO.	WARD NO.

(b)(3)-1

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

USAPA V2.00

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time: 18 Dec. 03

2. Discharge to: ☐ Home (Other *(specify)*)

3. Mode: ☒ Ambulatory Other *(specify)*

4. Accompanied by: Military Police

5. Activity: ☐ Limitations *(specify)*

Ø

_____ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☐ No Dietary Restrictions If special, identify

_____ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Percocet	1-11	po Q3-4°	prn
Keflex	500mg	1 Po	Q 4hrs. W/A

_____ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given: | Patient/ S.O. observed Demonstrations (Date) | Patient/S.O. Returned Demonstration (Date)

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in Out pt. clinic at discretion of Medical attendant in charge (time period).

_____ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

stable

11. Signature (Registered Nurse)

12. Additional Information: (b)(6)-4

13. Patient Identification: (b)(6)-4

COPY 1 - INPATIENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE.

MEDCOM - 3520

MEDICAL RECORD	INTRAOPI VE DOCUMENT For use of this form, see AR 40-66, the p ent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Ambulated BY SSG	2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY
3. DATE 18 DEC 03 TIME PATIENT ARRIVED IN SUITE	4. PATIENT IN ROOM TIME 0325 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SFC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	SSG (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

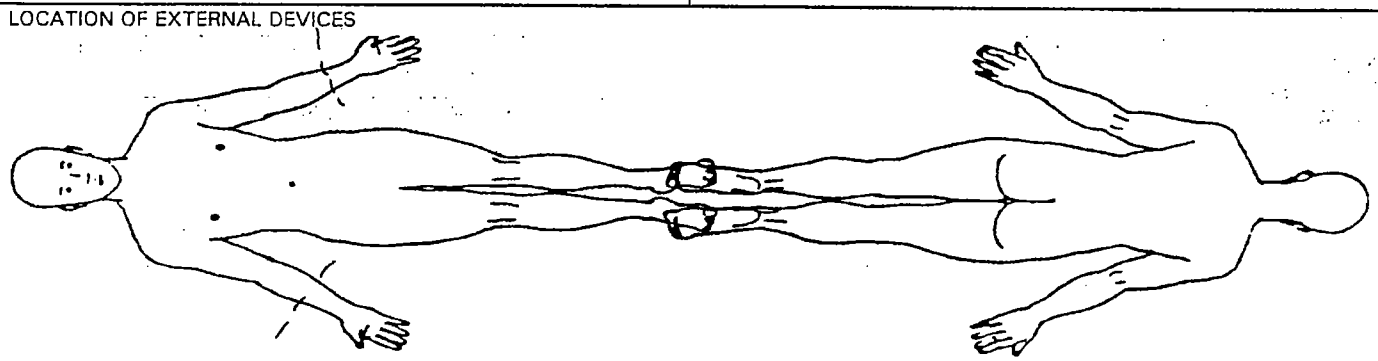
☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO DONE BY: ☐ OR ☐ NURSING UNIT METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP COMMENTS:	PREP SOLUTION *(Specify)* Betadine Scrub (b)(6)-2 SITE: (R) LEG BY WHOM: SSG (b)(6)-2 SITE: BY WHOM: COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☑ Yes ☐ No				SFC (b)(6)-2	SSG (b)(6)-2
Needle Sharp	☑ Yes ☐ No					
Instrument	☐ Yes ☑ No					
Other	☐ Yes ☑ No					

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

(b)(6)-4

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

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

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

☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ YE ☒ NO IF YES NAME: ID NUMBEF 'UFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*
4x4 Fluffs, Kerlix, COBAN

17. TUBES, DRAINS/PACKING YES ☒ NO ☒

TYPE/SIZE	1. Jackson Pratt	2.	3.
SITE	1. (R) thigh.	2.	3.

19. ADDITIONAL INFORMATION

N/A -

EBL - SOC's.

20. OPERATION(S) PERFORMED

I&D (R) thigh

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	0420	Litter

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

REVERSE OF DA FORM 51

USAPA V1.01

MEDCOM - 3522

(b)(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE: I&D (R) femur

ITEM	START	STOP
Anesthesia	0325	0425
Procedure	0350	0410

DATE	OR NO.	PAGE OF	SURGEON
18DEC03	3	1 of 1	(b)(6)-2

(b)(6)-2

LMA#4

PRE-PROCEDURE
- ☑ Identified ☑ ID Band ☐ Questioning
- ☑ Chart Review ☐ Permit Signed
- ☑ NPO Since MN
- Pre-anesthetic State: ☐ Calm ☐ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
- ☑ Anes. Machine # 3 Checked
- ☐ Safety Belt On ☐ Axillary Roll
- ☐ Arm Restraints ☐ Arms Tucked
- ☑ Pressure points checked and padded
- ☑ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☑ Sleth ☐ Esoph ☑ Precord ☐ Other
- ☑ Non-Invasive B/P ☐ Nerve Stimulator
- ☑ Continuous EKG ☐ V Lead EKG
- ☑ Pulse Oximeter ☐ Oxygen Analyzer
- ☑ End Tidal CO_2 ☐ Resp Gas Anlyzr
- ☑ Temp SKIN ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ ____
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line ____
- ☐ CVP ____
- ☐ PA Line ____
- ☑ IV(s) 20 ga. (R) ACF
- ☐ ____ proceed in OR x1 watch for induction

ANESTHETIC TECHNIQUES
- Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☑ Pre-O_2 ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☑ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal
- Regional: ☐ Position ____ ☐ Prep ____ ☐ Local ____ ☐ Needle ____ ☐ Drug(s) ____ ☐ Dose ____ ☐ Attempts x ____ ☐ Site ____ ☐ Level ____ ☐ Catheter ____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☐ Intubation ☑ Oral ☐ Nasal
- ☐ Direct Vision ☐ Magill's ☐ Blind
- ☐ Dif. see Rmks ☐ Fiber Op ☐ Stylet
- ☑ Attempts x 1 ☐ Blade ____
- ☐ Tube size ____ ☐ Endobronchial
- ☐ Regular ☐ RAE ☐ Armored ☐ Laser
- ☑ Cuffed ☐ Min. occ. pres. ☑ Air ☐ NS
- ☐ Uncuffed, leaks at ____ cm H_2O
- ☐ Secured at ____ ☑ ET CO_2 Present
- ☑ Breath Sounds = BBS, = BCK
- ☑ Circuit: ☑ Circle ☐ Non-rebreathing
- ☑ Airway: ☑ Oral ☐ Nasal ☐ Natural
- ☐ Mask Case ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	B/P	P	R	O_2 Sat
0420	105/61	84	16	90 on RA

☐ PACU ☑ ICU ☐ L&D — T 97.6 Ax.

☐ Awake ☐ Spont Resp ☐ Oral Airway
☐ Asleep ☐ Ventilator ☐ Nasal Airway
☐ Stable ☐ Extubated ☐ Face Shield O_2
☐ Unstable ☐ Intubated ☐ T-Piece O_2

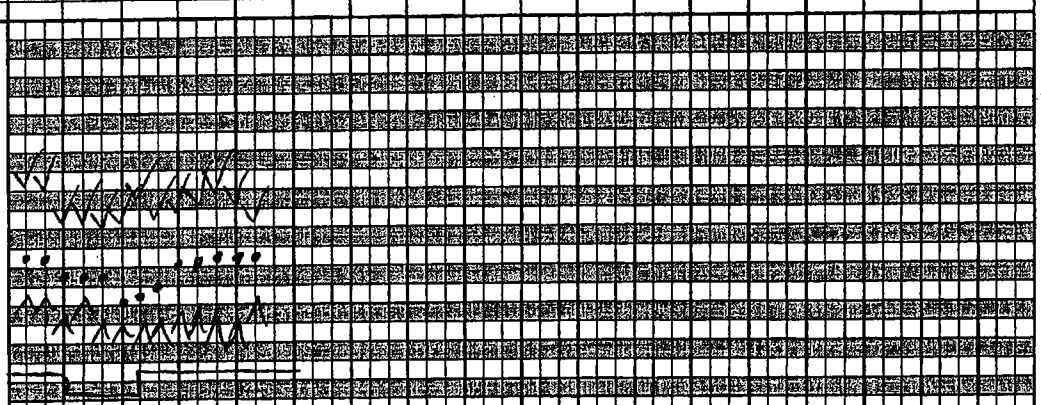
CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME: 0330 0400 30 0500

						TOTALS
AGENTS: ☐ Hal ☐ Enf ☐ Iso (%)	(I)	2.0	3.0	1.5		
☑ N_2O ☐ Air (L/min)			2	2		
Oxygen (L/min)	8	8	3	3	1/6	
Fentanyl (mcg)	100	100				
Versed (mg)	5					
Propofol (mg)	150	20				
FLUIDS: Cancel 8M		28m @ 0550				
NS (D) 1000 ml						NS 600 ml
Urine (ml)	Ø	Foley				
EBL (ml)						EBL 10ml
MONITORS: EKG	SR	SR	SR	SR	SR	
% O_2 Inspired (FiO_2)	45	45	50	33	RA	
O_2 Saturation (SaO_2)	98	98	96	95	90	
End Tidal CO_2		45	50	58		
Temp: ☐ °C ☑ °F SKIN		96	98	98		
VENT: Tidal Vol. (ml)	SV	SV	SV	SV	SV	
Resp. Rate	20	16	16	16	16	
Peak Pres. (cm H_2O)						
PEEP (cm H_2O)		16	15			
Symbols for Remarks						
Position	O	O	→	→	→	

VITAL SIGNS — Baseline Values: B/P 120, P 80, R 20



SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V Λ B/PCUFF PRESSURE
- ↑ ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- Ø ASSISTED RESP
- ⊗ CONTROLLED RESP
- T TOURNIQUET

ANESTHESIA PROVIDER(s) (b)(6)-2 CRNA

PATIENT'S IDENTIF (b)(6)-2 *(Written entries give: Name–last, first, middle; No. (SSN or other); hospital or medical facility.)*

REMARKS 0325 To OR B, monitors placed. 20ga. (R) ACF IV placed x1 attempt. Preoxy 100% O2. (B) UE's padded on arm boards abd <90°. 0340 Uneventful induction, #4 LMA placed x1, pass atraumatically, +ETCO2. 0350 Surgical incision, VSS, pt. warm & stable. 0415 D/C LMA & incident to PPV, oral airway placed. 0420 To ICU, VSS, report to RN.

(b)(6)-4

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☒ M ☐ F	in./cm.	lb./kg.	B/P P R T

PROPOSED PROCEDURE: I&D (R) labium

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*: (R) labium s/p GSW

CURRENT MEDICATIONS *(If none, check here ☒)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☒)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea, Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray, Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension, MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia, Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis, Paresthesia, Syncope, Seizures, TIAs, Weakness	☐		
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐		
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history			

PROBLEM LIST/DIAGNOSES

ASA PS: 1 (circled), 2, 3, 4, 5, E

LAB STUDIES: Hgb/HcT/CBC, Electrolytes, Urinalysis

PLANNED ANESTHESIA/SPECIAL MONITORS

Other

PRE-ANESTHESIA MEDICATIONS ORDERED

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S)

Signed Date Time

OPTIONAL FORM 517 BACK

POST A[illegible]STHESIA CARE UNIT FLOWSH[illegible]

Time Received From OR: 0420 **Procedure:** I & D (R) femur

ASA: _____ **Allergies:** Ø **EBL:** Min

U.O. in OR: Ø **Drains:** Ø

Fluids Received in OR: Type NS **Amount** 600

Anesthesia: Zofran Anzef & 2 Versed 400 mcg Fent

Time	0420	0435	0450	0500							
Temp	96.6										
HR	81	79	77	81							
RR	13	11	10	10							
BP	105/61	102/57	103/61	103/71							
O2 Sat	90	90	92	96							
Activity	0	0	2	2							
Resp	2	2	2	2							
Circ	2	2	2	2							
Consc	0	0	2	2							
Color	2	2	2	2							
Total	6	6	10								

Notes:

(b)(3)-1

Transferred to: _____ **Via:** _____ **Report to:** _____

Name: # (b)(6)-4 (b)(6)-4 **Date:** 18 Dec 03

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4					0430 Z HOURS	
				18 DEC		
				(1) s/p Outpatient surgery I & O (R) femur		
				(2) NS 1-4 mg IV q 1/2-4H prn		
NURSING UNIT	ROOM NO.	BED NO.		(3) PERCOCET T-II PO q3-4Hpr		
				(4) PCC when stable		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
(b)(6)-4				(5) FK prn ~~[illegible]~~ pruritis	HOURS	
				(6) Kaflex 500mg T PO qHS while awake.		
					(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

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

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	A F	(b)(6)-4	(b)(3)-1		

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 63 01 01	40	M		MCLS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		9 <	

ORGANIZATION	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
(b)(3)-1		0400	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	~~D 49~~ K78	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
A F			YEAR 2003 ☐ NO

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

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
452 CSH, AFGHANISTAN

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
05 Home		03 12 18

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
AB AB		03 12 18

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
DF		03 12 18

FOR LOCAL USE

Dx: V583 PR: 9357
E9912

ADMITTING (b)(6)-2 re, as required) MD

SIGNATURE OF ADM (b)(6)-2 (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS USAPPC V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER (b)(6)-4		2. (b)(3)-1			3. GRADE	ADMISSION REMARKS
4. SEX M	5. AGE 40	6. RACE M	7. RELIGION MUS	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
11. FMP 20	(b)(6)-4		13. ORGANIZATION			14. WARD ICW
15. FLYING STATUS	16. DSG	BEN K78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE D
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: SICK CALL				22. HOURS OF ADMISSION: 0330	23. CLINIC SERVICE: AEAN	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION: TRAN		26. DATE OF DISPOSITION: 2/15	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION: 2/18	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: Bagram Army Hospital, Afghanistan					30. DATE OF INITIAL ADMISSION: 2/18	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

infected nonunion (L) tibial plateau fx
18 Feb 04 (C) AKA

35. Total Days This Facility

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

36. Total Days All Facilites

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

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

SIGNATURE OF ATTENDING MEDICAL OFFICER (b)(6)-2 | SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM 2097, MAR 2000 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
18Feb04 0520Z	HR 132/74 BP 83 R 18 T 99 oral (b)(6)-2 MRJAN
18 Feb 04 0815	Op Note pre op dx - infected nonunion (L) proximal tibia post op dx - same procedure - (L) AKA anes - (b)(6)-2 EBL - 600 fluids - 1500 cc TT - 23 min complic - Ø surgeons - (b)(6)-2 (b)(6)-2 (b)(6)-2
18Feb.04 0945Z	Pt. arrived from RR S/P (L) AKA. Alert, crying out for pain meds. Was medicated c̄ MSO4 10mg IVP c̄ good effect. Stump ↑ - bandages C/D/I. VSS SFC (b)(6)-2 RN
18Feb.04 1410Z	Rested most of afternoon comfortably c̄ PRN pain meds on board. Received both Percocet and MSO4. Has one dose of IV Phenergan for c/o nausea - also helpful. Ate approx 50% of supper tray. Stump ↑ on pillow. Drsg. C/D/I. VSS SFC (b)(6)-2 RN

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

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

REGISTER NO.

WARD NO. ICW

(b)(6)-4

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

USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

IICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19Feb04 0100 RN note	pt slept off + on, C/O "dead" medicated throughout shift c̄ stated sleep. IV infiltrated - d/c'd, ATB completed, tolerating PO well, ∅ problem voiding - pt - strong OK, to be discharged this AM (b)(6)-2 Spt (b)(6)-2
19FEB04	DIC Note: S/O: Written DIC instructions/meds provided. A/P: Appropriate to return to the PUC Facility. F/U in Ortho Cl. 23FEB04 (b)(6)-2 MAJ

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

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

(b)(6)-4

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

USAPA V2.00

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time: 19 FEB04

2. Discharge to: ☐ Home Other (specify) PUC

3. Mode: ☐ Ambulatory Other (specify)

4. Accompanied by: Soldiers

5. Activity: ☐ Limitations (specify) (use own crutches)

bedrest or up w/ assistance in chair

X (b)(6)-2 Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☒ No Dietary Restrictions If special, identify

X (b)(6)-2 Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Percocet	1 tab	every 6 hrs	as needed for pain
Keflex	2 caps	4 x's a day	before @ meals & then bedtime.

X (b)(6)-2 Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Keep (L) stump dressing clean & dry		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in Ortho clinic in Mon 23 FEB04 (time period).

X (b)(6)-2 Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

Stable

11. (b)(6)-2 MAJ

12. Additional Information:

13. Patient Identification:

PUC # (b)(6)-4 Hosp # (b)(6)-4

COPY 1 - INPATIENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE.

MEDICAL RECORD

INTRAOPERAT DCUMENT

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

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

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

3. DATE 18 FEB 04 TIME PATIENT ARRIVED IN SUITE 0625

4. PATIENT IN ROOM TIME 0625 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spec (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

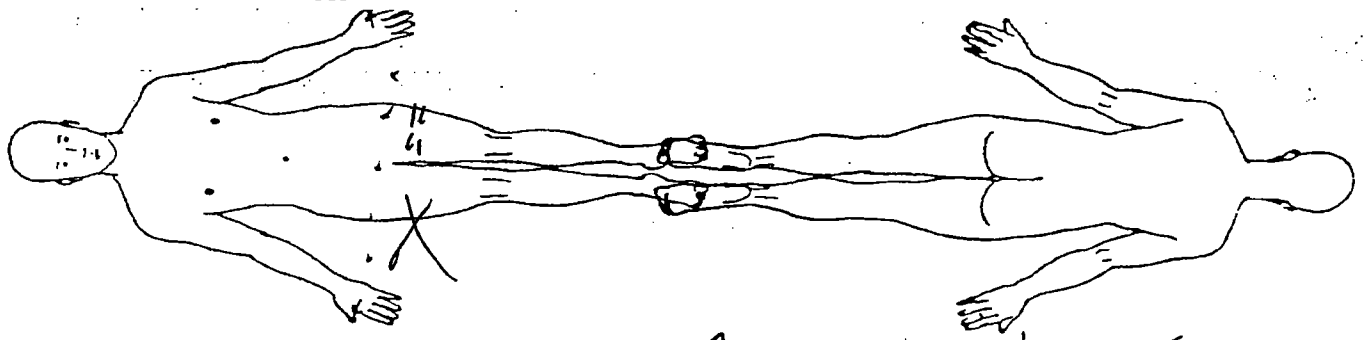
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Sol
SITE: (R) Leg BY WHOM: (b)(6)-2
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet ↑ 275 @ 0652 ↓ 0715

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☑ No					
Needle Sharp	☐ Yes	☑ No					
Instrument	☐ Yes	☑ No					
Other	☐ Yes	☑ No					

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

(b)(6)-4

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

☑ ESU NO: 00010
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ ☑ NO IF YES NAME: ID NUMB NUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☑ NO, TYPE(S):

NSS

OTHER ORDERS

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

TYPE/SIZE 10FL JP	1.	2.	3.
SITE L AKA	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform, fluffs, Kerlix, ace

19. ADDITIONAL INFORMATION

START - 0652
finish - ~~0825~~ ~~0825~~ 0820

20. OPERATION(S) PERFORMED

(R) ~~BKA~~ AKA

21. PATIENT TRANSFERRED TO TCU TIME: 0825 METHOD: Litter

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

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

MEDCOM - 3533

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

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

WARD: ICW

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE pt # (b)(6)-4

DATE	PATIENT'S NAME Time	TEMP	PULSE	RESP	B/P	O2 STAT	BM	INITIAL
2/18	0910Z	97.2	92	28	159/97	93%		(b)(6)-2
2/18	1500Z	98.4	97	26	148/92	95%		
2/19	0230Z	99.7	105	20	105/65	99%		

DA FORM 3950, JUN 91 Previous editions are obsolete. USAPA V1.01

MEDCOM - 3534

POST ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0825 Procedure: AKA

ASA: _____ Allergies: _____ EBL: 600

U.O. in OR: Ø Drains: Ø

Fluids Received in OR: Type NS Amount 1500

Anesthesia: 2gm Ancef #130 / 2mg Versed / 10mg MSO4 / 200mcg Fentanyl

Time	0825	0840	0855	0910							
Temp RA	97.2										
HR	97	101	104	92							
RR	26	17	29	28							
BP	155/99	138/83	152/93	159/97							
O2 Sat	95%	96%	91	93							
Activity	1	1	1	2							
Resp	2	2	2	2							
Circ	1	2	2	2							
Consc	1	1	1	2							
Color	1	1	2	2							
Total	6	7	8	10							

Notes: JP @ site 100mcg Fentanyl @ 0915

Transferred to: ICW Via: Litter Report to: _____

Name: # (b)(6)-4 Date: 18 Feb 04

b(6)-4

THORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHES.

PROCEDURE: (L) AKA

DATE	OR NO.	PAGE OF	SURGEON
18 Feb 04	A	1 of 1	b(6)-2

b(6)-2

ITEM	START	STOP
Anesthesia	0625	0830
Procedure	0652	0815

PRE–PROCEDURE
- ☑ Identified ☐ ID Band ☐ Questioning
- ☑ Chart Review ☐ Permit Signed
- ☐ NPO Since NM
- Pre-anesthetic State: ☐ Calm ☐ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
- ☑ Anes. Machine # A Checked
- ☑ Safety Belt On ☐ Axiliary Roll
- ☑ Arm Restraints ☐ Arms Tucked
- ☑ Pressure points checked and padded
- ☑ Eye Care: ☐ Ointment ☐ Saline ☑ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☑ Steth ☐ Esoph ☑ Precord ☐ Other
- ☑ Non-Invasive B/P ☑ Nerve Stimulator
- ☑ Continuous EKG ☐ V Lead EKG
- ☑ Pulse Oximeter ☑ Oxygen Analyzer
- ☑ End Tidal CO_2 ☑ Resp Gas Anlyzr
- ☑ Temp SBN ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ ____
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line
- ☐ CVP
- ☐ PA Line
- ☑ IV(s) 20ga. (R) hand

ANESTHETIC TECHNIQUES
- Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☑ Pre-O_2 ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☑ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal
- Regional: ☐ Position ____ ☐ Prep ____ ☐ Local ____ ☐ Needle ____ ☐ Drug(s) NA ☐ Dose ____ ☐ Attempts x ____ ☐ Site ____ ☐ Level ____ ☐ Catheter ____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☑ Intubation ☑ Oral ☐ Nasal ☑ Direct Vision ☐ Magill's ☐ Blind ☐ Dif. see Rmks ☐ Fiber Op. ☐ Stylet ☐ Attempts 1 ☐ Blade Miller 3 ☑ Tube size 7 ☐ Endobronchial ☑ Regular ☐ RAE ☐ Armored ☐ Laser ☑ Cuffed ☐ Min. occ. pres. ☑ Air ☐ NS ☐ Uncuffed, leaks at ____ cm H_2O ☑ Secured at 22 cm ☑ ET CO_2 Present ☑ Breath Sounds = BS, = BCR ☑ Circuit ☑ Circ. ☐ Non-rebreathing ☑ Airway ☑ Oral ☐ Nasal ☐ Natural ☐ Mask Case ☐ Vis Tracheostomy ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	B/P	Pulse	O2 Sat.
0825	119/99	95	6 on RA
	96	20	97.2 6 on

☐ PACU ☐ ICU ☐ L&D
- ☑ Awake ☑ Spont Resp ☐ Oral Airway
- ☐ Asleep ☐ Ventilator ☐ Nasal Airway
- ☐ Stable ☐ Extubated ☐ Face Shield O_2
- ☐ Unstable ☐ Intubated ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME: 0620 0700 30 0800 30 0900

AGENTS

									TOTALS
☐ Hal ☐ Enf ☐ Isoflurane (%)	1%	2.0	2.0	2.0	2	2.0	1.4		
☐ N_2O ☐ Air (L/min)									
Oxygen (L/min)	8	2	2	2	2	2	2	6	
Versed mg	2								
Sufentanil mcg	100	100							
Zofran mg	50								
Propofol mg	200								
Rocuronium mg	30								
Ancef 1gm	5	5							
Decadron 8mg									

FLUID

N.S	1 1000ml				2 NS				NS 1500ml
Urine (ml)									
EBL (ml)									EBL 600ml

MONITORS

EKG	SR	SR	SR	SR	SR	SR	SR	SR
% O_2 Inspired (FIO_2)	.80	.80	.80	.8	.8	.8	.80	.80
O_2 Saturation (SaO_2)	100	100	100	100	100	100	100	100
End Tidal CO_2		38	28	30	30	30	29	42
Temp: ☐ °C ☑ °F		98	98	98	98	98	98	98
TOF			4/4					

VITAL

Baseline Values; B/P; P; R; °C; 200, 180, 160, 140, 120, 100, 80, 60, 40

VENT

Tidal Vol. (ml)		660	680	700	720	720	650	SV
Resp. Rate		8	8	8	8	6	8	12
Peak Pres. (cm H_2O)		18	18	18	18	18	18	
PEEP (cm H_2O)								
Symbols for Remarks								
Position								

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V Λ B/PCUFF PRESSURE
- ⊥ T ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- Ø ASSISTED RESP
- ⊗ CONTROLLED RESP
- T TOURNIQUET

ANESTHESIA PROVID b(6)-2 CRNA

REMARKS 0625 To OR #A. Monitors placed. Placed 20ga IV x 1 attempt (R) hand. Pt given 100% O2, BUE's padded & secured on armboards 290°. 0635 Uneventful IV induction, NI x 1 Miller 3, airway & pedi. Successful intubation 0700 Secured airway (then extubated) protective airway, reflexes intact, to PACU, incidents, TB (CU, VSS, pt resting comfortably, report to ICU RN

Anct Ti 6MIV Blocks 0705

PATIENT'S IDENTIFIC b(6)-2 (first, middle; ID No. (SSN or other); hospital or medical facility.)

(L) LE tourniquet 275mmHg

T0652 V0718

Lunch Break

b(6)-2

0700 - 0800

ANESTHESIA Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR, FPMR (41 CFR) 101–11.203(b)(10)

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		notel

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
18 Feb 04	0820 HOURS	
ICW ~ 00		
S/P (L) AKA		
routine ICW VS + pain mgmt		
up as tol c̄ crutches		
regular diet		
1/0 NS TKO		
Keflex ~ gm IV q 8hr x 3 doses		

PATIENT IDENTIFICATION: (b)(6)-2

#: (b)(6)-4

2/18/04 0945Z

NURSING UNIT	ROOM NO.	BED NO.
ICW		14

DATE OF ORDER	TIME OF ORDER
	HOURS
OK to discharge tomorrow	
F/U Ortho Clinic Mon 23 Feb	

(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

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

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. Feb Yr. 04

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 18	19	20
18 Feb	(b)(6)-2	Routine Vital Signs	D	(b)(6)-2		
			N			
		Activity: ↑ c̄	D			
		Crutches	N			
		Diet: Regular	D			
			N			
		0.9NS @ TKO	D			
		(cap c̄ good po)	N			
		Ancef 1GM IV	02			
		q 8° x 3 doses	10			
			18			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (L) AKA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	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															
- - - - -	- - - - -	Motrin (adult) 200-800mg po Q4H PRN for pain																
18Feb	(b)(6)-2	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	2/18 17	2/18 (b)(6)-2														
18Feb		Morphine Sulfate (MSO4) 1-10 mg IV or IM Q2H-Q4H PRN for pain	2/18 0930	2/18 1430 (b)(6)-2	2/18 (b)(6)-2													
- - - - -	- - - - -	Ambien (Zolpidem) 10mg po at HS PRN for sleep	10pm (b)(6)-2	(b)(6)-2														
- - - - -	- - - - -	Benadryl (Dipenhydramine) 12.5-25mg po at HS PRN for sleep																
- - - - -	- - - - -	Maalox 1-2 tabs po Q2H PRN for GI upset																
- - - - -	- - - - -	Milk of Magnesia (MOM) 30cc po QD PRN for constipation																
- - - - -	- - - - -	Bisacodyl (Dulcolax) suppository 1 rectally QD PRN/constipation																
- - - - -	- - - - -	Glycerin Suppository (pediatric) 1 rectally QD PRN/constipation																
- - - - -	- - - - -	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea																
- - - - -	- - - - -																	
- - - - -	- - - - -																	
- - - - -	- - - - -																	

USAPA V1.00

1. REPORTING MTF	2. MILITARY STATION (State or Country Code.)	ADMISSION AND CODING INFORMATION
1 2 3 4 5 6: (b)(6)-4	7 8: A F	For use of this form, see AR 40-400; the proponent agency is OTSG

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15: (b)(6)-4	(b)(3)-1	16 17	18: M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26: 1 9 4 7 0 1 0	27 28 29: 4 0 Y	30: M	31	MUS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36: 2 0	37 38 39 40 41 42 43 44 45: (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
(b)(3)-1	46	0330	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52: K 7 8	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63: A F	64 65 66 67 68 69 70	71	YEAR; [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: 1 sick call	ICW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
Bagram Army Hospital, Afghanistan	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74: 2 1 TRANSFER	75 76 77 78 79 80: (b)(3)-1	81 82 83 84 85 86: 0 4 0 2 1 9

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90: A E A A	91 92 93 94 95 96	97 98 99 100 101 102: 0 4 0 2 1 8

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116: 0 4 0 2 1 8

FOR LOCAL USE

PX
99769
E8798

Proc
8417

4D

ADMITTING OFFICER (Signature, as required): (b)(6)-2 (b)(6)-2

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