(b)(6)-4

511-119

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

24-25 July 2003

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY

19 HOUR

HOUR	18	19	20	21	22	23	24	01	02	03	04	05	06
BLOOD PRESSURE NIBP	81/59	110/60	113/63	123/70	111/64	115/56	114/65	111/60	115/65	114/64	120/44	107/58	110/54
HR	127	107	101	93	94	100	96	92	84	87	85	79	84
SaO_2	94%	99%	100%	99%	100%	100%	100%	100%	100%	100%	99%	99%	98%
HEIGHT: WEIGHT ~~RR~~	39	34	32	28	25	26	30	23	20	20	22	22	22
T:	99.8	99.8	99.7	99.7	99.7	99.3	—	99.2	98.8	98.6	—	98.2	98.2
O_2 Mode	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
%	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	3L	3L	2L
IN Feeding NGT	Ø	Ø	30	30	30	30	Held	Held	30	30	15	60	
OUT Residuals	—	75	—	—	10	—	75	Ø	30	—	45	—	
IN LR	50	50	50	50	Ø	Ø	50	50	50	50	Held	50	
IN IV PB	Ø	Ø	Ø	Ø	350	Ø	Ø	Ø	Ø	Ø	100	Ø	
IN MSO4	~~2mg~~	2mg	—	2mg	~~4mg~~	2mg	Ø	~~2mg~~	Ø	2mg	Ø	Ø	
oral				H2O 240	H2O 120	H2O 120	Ø	Ø	Ø	60	Ø	Ø	
Foley	100	50	50	100	90	70	85	70	100	125	125	75	
JP drain	0	0	5	Ø	Ø	Ø	2cc	Ø	Ø	Ø	2cc	Ø	
BM	X/L	0	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	

TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

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

Foley	1040	OUT
JP	10	OUT
	1	OUT
	255	IN
Rec	235	OUT
	450	IN
	450	IN
	10	IN
	540	IN

Total: 1800-0500 OUT = 1285 -235 Rec. 1050

1142 - 1165

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 6612

(b)(6)-4

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY	25 July 2003								26 July 2003					
POST- DAY / MONTH-YEAR / DAY	18	19	20	21	22	23	24	01	02	03	04	05	06	–
19 HOUR														
PULSE (O) / TEMP. F (°)														
105°														
180 / 104°														
170 / 103°														
160 / 102°														
150 / 101°														
140 / 100°				✓										
130 / 99°		✓			✓	✓	✓	✓			✓	✓	✓	
98.6°			✓		•			•	✓	✓				
120 / 98°			•				•			•			•	
110 / 97°														
100 / 96°														
90 / 95°		O	O	O	O	O	O	O	O	O	O	O	O	
80								O	O	O	O	O		
70		Λ		Λ	Λ	Λ	Λ	Λ			Λ	Λ	Λ	
60			Λ						Λ	Λ				
50														
40														

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

BLOOD PRESSURE NIBP		134/71	03/65	143/78	134/77	134/77	135/79	137/75	124/65	122/69	127/71	118/73	124/70		
HR		95	95	96	94	91	92	88	89	89	88	90	93		
RR		21	12	20	20	21	20	22	20	20	21	19	25		
HEIGHT: WEIGHT Sat		100%	98%	98%	99%	99%	98%	98%	99%	98%	98%	98%	98%		
T		—	97.9	—	98.6	—	97.9	98.7	—	98.3	—	—	97.5		
MODE / O2/L		2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC	2.5 NC		
IN FEEDING NGT		90	Ø	90	90	90	90	100	100	110	110	110	110	1080	TF
Residuals →	–	Ø cc	—	—	140 cc	—	—	8 cc	10 cc	—	5	—	—	—	
LR	50	50	Ø	50	50	50	50	50	50	50	50	50	50	600	LR
IVPB	Ø	Ø	Ø	Ø	350	Ø	Ø	Ø	Ø	Ø	0	Ø	50	400	IVPB
MSO4	Ø	4mg	Ø	Ø	Ø	Ø	Ø	8mg	Ø	Ø	Ø	Ø	Ø	6mg	MSO4

ID 2696 (71)

OUT 2625

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

PO	Ø	Ø	240	240	120	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Hi Bed Jet	660	
Foley	200	175	175	150	225	250	250	200	175	200	225	200	200	2625	FOLEY
BM	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø			
			OUTDOORS →	700	925			↑ Feeding in GI 110	100						

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 6613

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 26 July 03

19 HOUR: 06 07 08 09 10 11 12 13 14 15 16 17 18

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. F (•): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

	06	07	08	09	10	11	12	13	14	15	16	17	18
I				97.4		97.1	97.2	99.0		98	98.7	98.5	
	20		23	24	23			27	26	28	25	24	
BLOOD PRESSURE	129/73		117/65	129/73	142/84	154/71	150/86	154/81	141/64	153/88	142/81	125/82	
	91	102	94	99%	102	102	103	96	96	103	102	101	101
HEIGHT: WEIGHT →	AL	AL	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
	99%	97%	94%	95%	94%	77%	96%	94%	96%	96%	96%	95%	96%
IV	50	50	DIC'd							20	20	20	20
PO fluids	0	120	120	0	60	0	0	0	0	60	0	120	0
IV Meds		50	50	50	50	50	50	0	50	0	0	0	0
Jevity	110	110	110	110	110	110	110	110	110	110	110	110	110
output				0	0	0	0	575		325	0	400	0
foley	100	100	100	DIC'd									

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK

Total intake: IV 180 + 120 = 300 PO 300 + 1000 = 1300 Flush 200 = 1600 I

outpute: Foley 300 + 900 = 1200 O

Bal 400

Bal 520

(b)(6)-4

MEDCOM - 6614

MEDICAL RECORD — VITAL SIGNS RECORD

27 July 2003

HOSPITAL DAY																
POST- DAY																
MONTH-YEAR	DAY	06	07	08	09	10	11	12	03	14	15	16	17	18		
19	HOUR															
PULSE (O)	TEMP. F (•)															TEMP. C
	105°															40.6°
180	104°															40.0°
170	103°															39.4°
160	102°															38.9°
150	101°															38.3°
140	100°															37.8°
130	99°															37.2°
	98.6°															37.0°
120	98°															36.7°
110	97°															36.1°
100	96°															35.6°
90	95°															35.0°
80																
70																
60																
50																
40																

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD																
	T			98.8		97.7		97.4				97.7				
BLOOD PRESSURE	NIBP	135/79	125/70	138/71	off	120/72	118/68	132/82		141/83	132/70	136/84	106/74			
	HR	84	94	92	91	94	89	92		106	100	89	96			
	RR	22	25	20	28	21	21	23		20	20	20	18			
HEIGHT: / WEIGHT	Sat	100%	100%	92%	100%	100%	100%	100%		100%	100%	100%	100%			
L / Source	O_2	NCI	INC	RA	INC	INC	RA	RA		RA	RA	RA	RA			
Maintenance -	IVF	20	20	20	20	0										80
	PO	0	240	120	0	0	120	0	120	0	240	0	120			960
	IVPB	50														150
	MSO_4	0	0	0	0	0	0	0	0	0	0	0	0			
	UOP	0	0	400	0	0		0	300		0	0	0			700
	BM		LG			MED		MED		0	0	0				

Record special data only when so ordered

Total intake 2080

Total output 700

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

TF	0	0	110	110	110	110	110	Held	110	110	110	110		990
Res.	140		10		50						20			

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY	26 July 03								27 July 2003						
POST- DAY															
MONTH-YEAR / DAY	18	19	20	21	22	23	24	01	02	03	04	05	06		
19 / HOUR															

PULSE (O) / TEMP. F (•) / TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99°	37.2°
98.6°	37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD

T:	98.7		98.1							97.6		96.5			
BLOOD PRESSURE / BP	145/82		145/64	108/58	111/59	137/62	126/64	121/60	134/65	138/69	130/73	134/79	132/73	TOTAL	
HR	102		103	92	103	124	91	91	80	87	84	97	81		
RR	28		25	22	31	32	26	28	23	24	18	22	19		
HEIGHT: / WEIGHT ~~Sat~~	98%		98%	100%	100%	99%	99%	98%	100%	100%	100%	100%	100%		
L / Source O2	RA	RA	RA	RA	RA	RA	RA	NC 1L	NC 1L	NC 1L	NC 1L	NC 1L			
INS-IVF	20		20	20	20	20	20	20	20	20	20	20	20	240	1230
PO	Ø	120	Ø	Ø	Ø	240	Ø	Ø	Ø	Ø	Ø	Ø	Ø	360	1040
IVPB	Ø	Ø	Ø	Ø	300	Ø	Ø	Ø	Ø	Ø	100	Ø	50	450	2290
MED	Ø	4mg	Ø	2mg	Ø	Ø	2mg	Ø	2mg	Ø	Ø	Ø	10mg		
UOP	x1	Ø	Ø	Ø	300	Ø	250	Ø	Ø	Ø	400	Ø	Ø	950	950+
BM	x1	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	x1	

Record special data only when so ordered

IN

OUT

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

REGISTER NO

WARD NO [redacted]

TF	110		110	110	110	110	110	110	110	110	110	110	110	1230
Res	—	—		55	—	—	—	55	—	—	—	65		

STANDARD FORM 511 (REV. 7-95) BACK

b(6)-2

MEDCOM - 6616

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11
POST-DAY															
MONTH-YEAR / DAY	06	07	08	09	10	11	12	13	14	15	16	17	18	19	
19 / HOUR															

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

105° 40.6°
180 104° 40.0°
170 103° 39.4°
160 102° 38.9°
150 101° 38.3°
140 100° 37.8°
130 99° 37.2°
98.6° 37.0°
120 98° 36.7°
110 97° 36.1°
100 96° 35.6°
90 95° 35.0°
80
70
60
50
40

Off Am care performed
Off → OOB → Chair
Off Ambulated to PLT corridor

RESPIRATION RECORD	T	97.7			98.5			98.5				98.7			
BLOOD PRESSURE	NIBP	105/51	104/52		110/55	129/70		120/61	124/71		127/66	132/62		105/66	
	HR	83	84		84	96		97	93		98	93		83	
	RR	25	21	20	22	22		20	28		20	20		23	
HEIGHT: WEIGHT	SpO2	95%	96%	96%	97%	94%	98%	98%	97%	97%	96%	96		100%	
O_2-	Mode	RA	RA	RA	RA	RA	RA	RA	2LNC	2NC	O	O	O	RA	
	TS	O	X10	O	O	O	O	O		X10				X10	
	CPT	O	RT				O	O							
	Amb	O	10ft				40ft	40ft			20ft				
PO {	Solids	Ø	1/2 pnt				1/2 pnt	Com							
	Liquids	480	240				240	NPO			240				
NGT	Jevity	120	60				120								
	LOP	Ø	300				400	200	200	200	250				
	Bm	Ø	5m					5m	5m						

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7–95) BACK

MEDICAL RECORD — VITAL SIGNS RECORD

27-28 July

HOSPITAL DAY																
POST- DAY		Sunday						Monday								
MONTH-YEAR	DAY	27														
19	HOUR	18	19	20	21	22	23	24	01	02	03	04	05	06	—	

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

105° — 40.6°
180 — 104° — 40.0°
170 — 103° — 39.4°
160 — 102° — 38.9°
150 — 101° — 38.3°
140 — 100° — 37.8°
130 — 99° — 37.2°
98.6° — 37.0°
120 — 98° — 36.7°
110 — 97° — 36.1°
100 — 96° — 35.6°
90 — 95° — 35.0°
80
70
60
50
40

PLX - walking

RESPIRATION RECORD

	T	97.9				98.5	98.8									
BLOOD PRESSURE	NIBP	135/76	128/77	130/72		135/70	[illegible]	113/63	125/72	112/52	120/53	120/53	122/65	104/51		
	HR	95	86	94		95	92	85	92	95		85	90	87		
	RR	21	18	26		26	21	18	21	21		20	22	20		
HEIGHT: WEIGHT		100%	100%	100%		100%	98%	99%	99%	100%		98%	99%	98%		
model/L	O_2	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	RA		RA
	IS	x5	0	x10		—						—	—	—		
PO	solids	x1	—	—		—	x1	—	—	—		—	—	—		
	liquids	300	120		240	—	260	—	—	240		—	—	480		1340 AN
Urinal	UOP	0	375	0	0	0	250	0	400	x1		x1	x1	0		TOLS + UOP
	BM	0	0	0	0	0	0	x1	0	x1		x1	x1	0		x3
Percocet		0	1	0	0	0	0	0	0	0	0	0	0	0		+

Record special data only when so ordered

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

milkshake 240 H2O 120 — ambulated x 3 — IS — PLX — Δ - BED - NGT D/C'd — Δ x 1 — Hemoccult NGT & bacon

VITAL SIGNS RECORDS

Medical Record

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

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

28 July

HOSPITAL DAY																	
								29 July 03									
POST- DAY																	
MONTH-YEAR	DAY	1800	1900	2000	400	2200	2300	0000	0100	0200	0300						
19	HOUR																

PULSE (O) / TEMP. F (•) / TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99°	37.2°
98.6°	37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

Pulse: 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

Bed Ambulatory

Out of

RESPIRATION RECORD

	1800	1900	2000	400	2200	2300	0000	0100	0200	0300					
BLOOD PRESSURE BP	127/68	105/56	100/54		114/59	106/56	105/51	111/59	111/63						
HR	101	88	82		92	95	89	91	87						
RR	24	30	41		26	25	20	21	21						
HEIGHT: WEIGHT: SpO2	98%	96%	96%		98%	98%	98%	99%	98%						
T:															
UOP	Ø	Ø	Ø	350	Ø	Ø	Ø	400	Ø	400					
BM	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø		output	1150		

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY																	
POST- DAY		29 July 03										30 July					
MONTH-YEAR	DAY																
19	HOUR	06	10	14	18	22					02	06	10	14	18		

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD	R)	22				28					28	14	20	20			
BLOOD PRESSURE	BP	111/63	114/65	132/70	112/74	116/69					102/57	114/67	104/66	120/75			
	P	80	86	94	71	97					79	76	103	93			
	T	96.7	96.5		97.6	97.9					—		97.7	98.5			
HEIGHT: WEIGHT 300		98%	99%	100	98%	99%					97%	97%	98%	99%			
		RA	RA	RA	RA	RA					RA	RA	RA	RA			
Record special data only when so ordered	Intake	Ø	720	360	0	Ø					Ø	480	240	360			DAY 1080cc
	output		250	200	200						Ø	Ø	100	300			650cc
	BM	Ø	ne X1	sm X1	LG X1	BM X1 LG					Ø	Ø	0	X1			Evening/night
																IN	480
																OUT	~850 cc voo

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

REGISTER NO.

WARD NO.

(b)(6)-4

STANDARD FORM 511 (REV. 7-95) BACK

240
240

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																
POST-OPERATIVE DAY			2 Aug				3 Aug					4 Aug				
MONTH-YEAR Aug 03	DAY															
19	HOUR		06	10	14	18	22	02	06	10	14	18	22	02	06	10
PULSE (O)	TEMP. F (•)	TEMP. C														
	105°	40.6°														
180	104°	40.0°														
170	103°	39.4°														
160	102°	38.9°														
150	101°	38.3°														
140	100°	37.8°														
130	99°	37.2°														
	98.6°	37.0°														
120	98°	36.7°														
110	97°	36.1°														
100	96°	35.6°														
90	95°	35.0°														
80																
70																
60																
50																
40																

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD	18		19.2		14	16	18	20	16	18	14	12	14	20
BLOOD PRESSURE	110/73	17/57	108/54	110/70			113/63	124/66	98/50	109/52	114/66	112/66	125/64	104/63
	85	84	87	85	90	91	88	99	93	88	80	90	90	
	20	20	18	16							12			
HEIGHT: WEIGHT 0254 →	97%	98%	98%	98%	98%	98%	96%	96	97	97	97	98%	98%	100%
intake	240		400				0 200			200				
output			300				600						VOIDED IN BEDSIDE COMMODE	

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

(b)(6)-4

511-119

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																	
POST- DAY		31 July 03							1 Aug 03								
MONTH-YEAR	DAY																
19	HOUR	06	10	14	18	22	· ·	02	06	10	14	18	22	02	· ·		

PULSE (O) / TEMP. F (°) / TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F (°)	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99° / 98.6°	37.2° / 37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD

	06	10	14	18	22	· ·	02	06	10	14	18	22	02	· ·
	97.6	98.3	97.6	98.4	97.8	97.5		97.2		97.2		97.1	97.5	

Record special data only when so ordered

BLOOD PRESSURE	06	10	14	18	22	· ·	02	06	10	14	18	22	02	· ·
	103/59	120/74	134/70	132/63	104/54	114/70		112/72	127/71	114/70	114/57	134/70	89/73	
	83	93	89	91	82	83		78	96	82	42	43	61	
	20	20	20	18	20	14		18	20	16	16	17	14	
HEIGHT: WEIGHT →	98%	97%		20	98%	97%		95%	97%	96%	98%	97%	98%	
Intake	480				250						250	250		
Out								400	BM x1				BM	

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

REGISTER NO.

WARD NO.

(b)(6)-4

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY																
POST- DAY		13 August				Post op.										
MONTH-YEAR	DAY															
19	HOUR	1450	1455	1500	1505	1515	1530	1600								
PULSE (O)	TEMP. F (°)															TEMP. C
	105°															40.6°
180	104°															40.0°
170	103°															39.4°
160	102°															38.9°
150	101°															38.3°
140	100°															37.8°
130	99°															37.2°
	98.6°															37.0°
120	98°															36.7°
110	97°															36.1°
100	96°															35.6°
90	95°															35.0°
80																
70																
60																
50																
40																

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered																
	BLOOD PRESSURE	135/85	131/88	142/65	137/84	145/96	153/84									
		105	105	102	97	96	95									
		22	22	21	18	21	16									
	HEIGHT: WEIGHT →	100%	100%	100%	100%	100%	100%									
		95.7	96.3		96.5	96.8	97.2									
					SL'd P	2C	2C									
						80	80									
						4	4									

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

(b)(6)-4

(b)(6)-4

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY															
POST-OPERATIVE DAY		10		10											
MONTH-YEAR August 2003 / DAY		02	04	14											
19 / HOUR					1700		02	16		22	02	06			
PULSE (O) / TEMP. F (•)															
180	105°														
170	104°														
160	103°														
150	102°														
140	101°														
130	100°														
120	99° / 98.6°														
110	98°														
100	97°														
90	96°														
80	95°														
70															
60															
50															
40															
RESPIRATION RECORD		14	14	14	16	14	14	19	18						
BLOOD PRESSURE		110/70	112/62	95/57	108/	114/60	120/60	114/70	116/75	130/62	130/70	132/68			
		90	92	83	59		66	83	79	80	82	90			
HEIGHT: / WEIGHT →															
Record special data only when so ordered		02 Sat			97%	98%	97%			97%					
		Output								300					

TEMP. C (Centigrade Equivalents, for Reference only): 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

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

REGISTER NO.

WARD NO.

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

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																
POST- DAY		Monday														
MONTH-YEAR Aug. 03	DAY	4 Aug				5 AUG 03				6 Aug						
19	HOUR	1400	1800	2200	0200	0600	1400	1800	2200	0200	0600	10	14	18	22	
PULSE (O)	TEMP. F (•)															TEMP. C
	105°															40.6°
180	104°															40.0°
170	103°															39.4°
160	102°															38.9°
150	101°															38.3°
140	100°															37.8°
130	99°															37.2°
	98.6°															37.0°
120	98°															36.7°
110	97°															36.1°
100	96°															35.6°
90	95°															35.0°
80																
70																
60																
50																
40																
RESPIRATION RECORD		24				26					97					
BLOOD PRESSURE		104/57	110/66	112/66	120/80	112/70	104/69	110/69	110/70	100/80	99/63	104/57	97/64	104/57	104/60	
						92	98.1				97.6	98.0				
			88	92	90	91	86	86	82	82	79	76	83	62	64	
HEIGHT: WEIGHT →																
O2 Sat		98%	98%	98%	98%	98%	97%	96%	97%	98%	98	98	97	94	97%	
Intake PO		180	100	100			200		200			500	250		I - 780	
Output Urine		Voided in Pedal Commode	200				200					750			O - 400	

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

19

EDICAL REC[illegible]

NSN 7540-00-634-4124

VITAL SIGNS RECORD

HOSPITAL DAY

DAY

H-YEAR | DAY

19 | HOUR

22 23 24 25 26

PULSE (O) | TEMP. F (•) | TEMP. C (Centigrade Equivalents, for Reference only)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

40.6° 40.0° 39.4° 38.9° 38.3° 37.8° 37.2° 37.0° 36.7° 36.1° 35.6° 35.0°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

RECORD

BLOOD PRESSURE

102/59 114/62 114/61 118/65 127/70 114/68 118/64 116/64 113/72 111/68 119/67 104/60 115/67 118/63

127/70 114/60 114/61 115/61 127/78 119/72 114/65 117/61 1-3/87

WEIGHT →

95% 95% 96% 95 97 98 98 95% 97% 96% 98% 97% 96

95%

96% 98% 96% 97%

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

REGISTER NO.

WARD NO.

(b)(6)-4

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

02-1

511-119

NSN 7540-00-634-41

MEDICAL RECORD — VITAL SIGNS

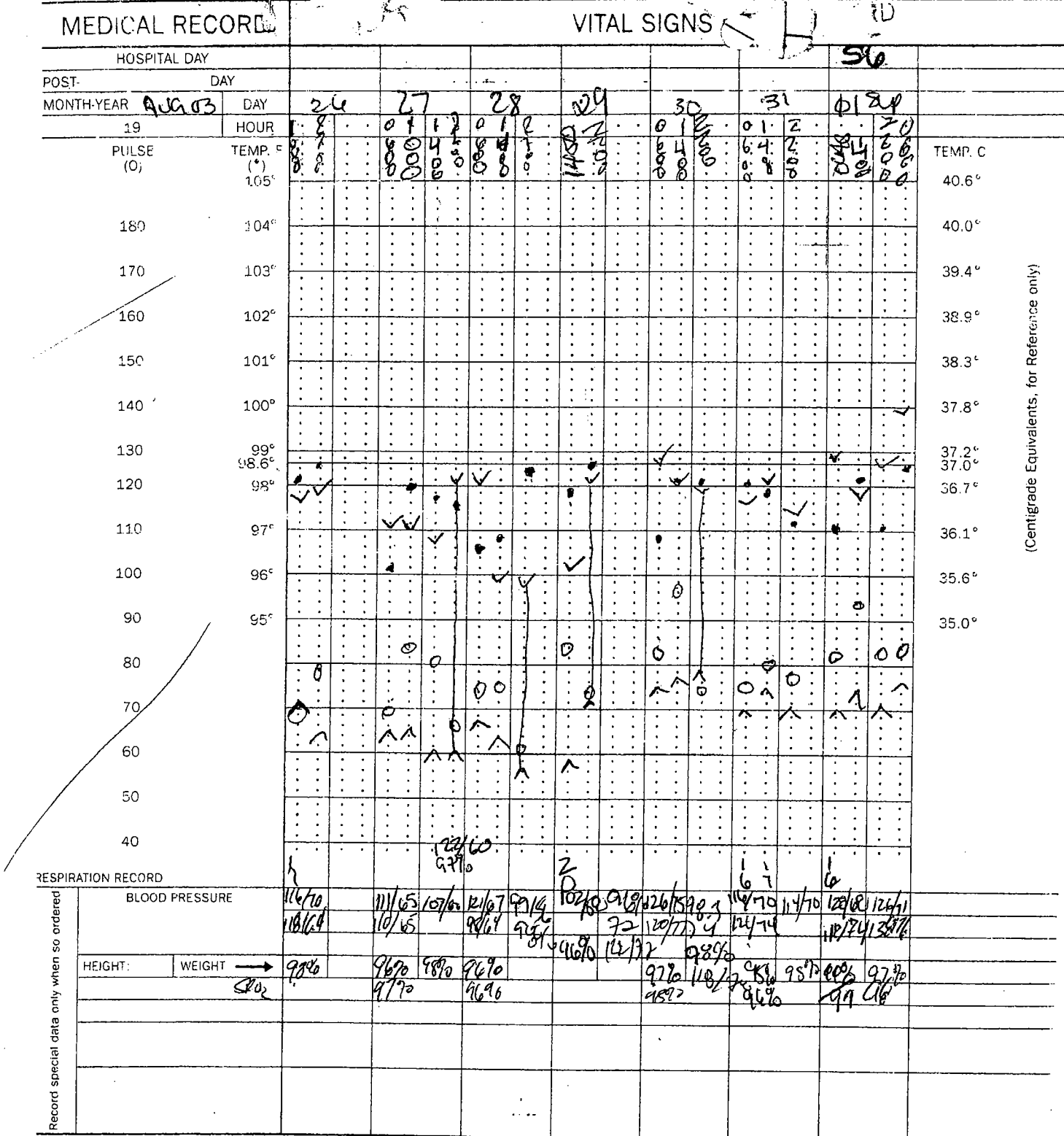
HOSPITAL DAY

POST- DAY

MONTH-YEAR Aug 03 | DAY 26 27 28 29 30 31 01 Sep

19 | HOUR

PULSE (O) | TEMP. F (•) | TEMP. C



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

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

(b)(6)-4

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		57																
POST- DAY																		
MONTH-YEAR Sep	DAY	2		3		4 Sep			5		6							
2003	HOUR			0 1 2		0 1 2			0 1 2		0							
PULSE (0)	TEMP. F (•)																	TEMP. C
	105°																	40.6°
180	104°																	40.0°
170	103°																	39.4°
160	102°																	38.9°
150	101°																	38.3°
140	100°																	37.8°
130	99°																	37.2°
	98.6°																	37.0°
120	98°																	36.7°
110	97°																	36.1°
100	96°																	35.6°
90	95°																	35.0°
80																		
70																		
60																		
50																		
40																		

(Centigrade Equivalents, for Reference only)

ESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE	120/71	96	131/82	119/77	129/78	126/75	122/69	97.9	120/73								
		124/73	94			118/70		130/82	96									
			124/74		98%				75									
	HEIGHT: WEIGHT →					96%	97%	96	124/73									
	SPL			98/91		96%		98	98%									

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

(b)(6)-4

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY															
POST- DAY															
MONTH-YEAR	DAY														
19	HOUR	02	06	10	14	18	22	02	04						

PULSE (O)	TEMP. F (°)	TEMP. C (Centigrade Equivalents, for Reference only)
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

RESPIRATION RECORD

BLOOD PRESSURE	110/66	104/60	98/56	95/47	94/48	[illegible]	104	110/60						
HR	61	84	74	87	81	90	92	90						
HEIGHT: WEIGHT →	96%	95%	94%	96	96	97%	97%	97%						

Record special data only when so ordered

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

(b)(6)-4

(b)(6)-4

REGISTER NO.

WARD NO.

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																
POST-	DAY															
MONTH-YEAR	DAY	86		87		07										
19	HOUR	18	22	02	06	10	14	18	22	02	06	10	14	18	22	

PULSE (O) / TEMP. F (•) / TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99° / 98.6°	37.2° / 37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD: 12 | 14 | 12 | 15 | 12 | 16 | 12 | | 18 | 15 | 19 | 18

BLOOD PRESSURE: 112/70 | 110/86 | 114/72 | 104/74 | 104/51 | 102/56 | | 100/60 | 98/68 | 104/68 | 100/70 | 96/59 | 99/60 | 117/59

78 | 82 | 80 | 82 | 80 | 85 | | | | | | | 111 | 90

Temp: 98.6 | | | 98.2 | 98.6 | | | | | | 85 | 114 | 100.9 | 98.2

HEIGHT: | WEIGHT →: | | | 99% | 97% | 91% | | | 97% | 97% | 95 | 94 | | 97%

P.O.: 97% | 98% | 96% | 98 | | 100 | | 100 | | | 500 | | | |

intake: 300 | shake | | | | | | | | | | | | |

output: | 300 | | | | 300 | | | | | | | | |

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

(b)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY															
POST-	DAY														
MONTH-YEAR	DAY			15											
19	HOUR														
PULSE (O)	TEMP. F (°)														TEMP. C
	105°														40.6°
180	104°														40.0°
170	103°														39.4°
160	102°														38.9°
150	101°														38.3°
140	100°														37.8°
130	99°														37.2°
	98.6°														37.0°
120	98°														36.7°
110	97°														36.1°
100	96°														35.6°
90	95°														35.0°
80															
70															
60															
50															
40															
RESPIRATION RECORD															
BLOOD PRESSURE		134/88 135/78	124/64	154/7											
HEIGHT:	WEIGHT →	98%													
		97	96%	97%											

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY															
POST- DAY															
MONTH-YEAR	DAY														
19	HOUR	17	18	19	20	21	22	23	24	01	02	03	04	05	06
RESPIRATION RECORD		23	23	22	23	21	23	26	24	18	16	13	15	11	16
BLOOD PRESSURE		115/65	112/64	116/60	120/66	125/70	120/66	118/66	118/66	122/70	128/63	126/74	118/64	117/62	115/68
F102		2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L
Source		NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
~~HEIGHT~~ ~~PO~~ ~~WEIGHT~~ →		98%	98%	98%	98	98	98	98	98	99	99	99	100%	99	100
PO		100				100		50			50				
IV		30	30	30	30	150	30	30	30	30	30	30	30	30	30
output							200					300			

Record special data only when so ordered

PULSE (O)	TEMP. F (•)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

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

(b)(6)-4

REGISTER NO.

(b)(6)-4

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY															
POST- DAY															
MONTH-YEAR / DAY															
19 / HOUR	05	06	07	08	09	10	11	12	13	14	15	16			

PULSE (●) / TEMP. F (O) / TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99° / 98.6°	37.2° / 37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD: 21 | 16 | 21 | 19 | 27 | 23 | 28 | 20 | 25 | 25 | 21 | 25

Record special data only when so ordered	05	06	07	08	09	10	11	12	13	14	15	16
~~BLOOD PRESSURE~~ FIO2	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L
Source	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
O2 sats	99%	99%	99%	97%	99%	99%	98%	99%	99	100	98	99
HEIGHT: / WEIGHT →												
PO			60	240	120				240			
Input	30	30	30	130	30	30	30	30	30	30	30	130
Output							300			200 x1		

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

REGISTER NO.

WARD NO.

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY
POST- DAY
MONTH-YEAR DAY
19 HOUR: 05 06 07 08 09 10 11 12 13 14 15 16 17 18

PULSE (●) / TEMP. F (O) / TEMP. C (Centigrade Equivalents, for Reference only)

PULSE	TEMP. F	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

	05	06	07	08	09	10	11	12	13	14	15	16	17	18
RESPIRATION RECORD Resp –	23	26	27	36	30	30	30	30	30	30	32	32		
BLOOD PRESSURE —														
SpO2	98%	97%	98%	93%	95%	97%	98%	98%	98%	98%	98%	97%		
O2	4L	4L	6L	10L	12L	10L	6L	6L	6L	6L	6L	4L		
HEIGHT: WEIGHT →														
NG	150	100	150	100	100	50	DC							
Foley	50	50	45	50	50	560	420	120	50	50	50	50	D/C	
IV	100	100	100	200	100	100	100	130	30	30	30	130		
Flush NG				30										
PU	30		30		30			60		60		60		

Record special data only when so ordered

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

(b)(6)-4

(b)(6)-4

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY
POST- DAY
MONTH-YEAR DAY
19 HOUR: 17 18 19 20 21 22 23 24 01 02 03 04

PULSE (O) — TEMP. F (•) — TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F	TEMP. C
105°	40.6°
104°	40.0°
103°	39.4°
102°	38.9°
101°	38.3°
100°	37.8°
99°	37.2°
98.6°	37.0°
98°	36.7°
97°	36.1°
96°	35.6°
95°	35.0°

PULSE (O)
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40

	17	18	19	20	21	22	23	24	01	02	03	04
RESPIRATION RECORD (Resp —)	30	31	29	30	12	12	19		18	5	14	16	18
BLOOD PRESSURE (—)	123/69	123/72	135/76	112/64	101/56	105/53	104/56		114/67	105/60	100/59	102/62	104/62
SpO2	98	99	101	97	100	100			100%	100%	97	98	98
O2	2LNC	4LNC	4LNC	—	2LNC	2LNC			2L nasal	2L nasal	2LNC	2LNC	2LNC
HEIGHT: / WEIGHT →													
Output: NG													
Foley-Urine			300										
Intake: IV													
Flush NG													
PO													

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

(b)(6)-4

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

Ward/Section: EMT	REQUESTING PHYSICIAN: DR. (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. (b)(6)-4	DATE 8 Jul 03 / TIME 0623	SSN/PSEUDO SSN: (b)(6)-4

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	21.1	4.8-10.8 x 10^3
RBC	4.24	4.7-6.1 x 10^9
Hgb	13.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	40.0	~~42-52% (M)~~ 37-47% (F)
MCV	94.4	80-94 fl (M) 81-99 fl (F)
Plt	397	130-500 x 10^3 verified
Lymph %	10.2	20.5-51.1%

Hematology/Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microbiology/Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	A POS

Coagulation Studies

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

Blood Bank Data

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

TEST	RESULT	REF. RANGE
ALB	3.2	3.5-5.5 g/dl
ALP	42	26-84 u/l
ALT	22	10-47 u/l
AMY	73	14-97 u/l
AST	29	11-38 u/l
TBIL	0.6	0.2-1.6 mg/dl
BUN	16	7-22 mg/dl
CA^{++}	8.8	8.0-10.3mg/dl
CHOL	141	100-200 mg/dl
CRE	1.5	0.6-1.2 mg/dl
GLU	167	73-118 mg/dl
TP	6.5	6.4-8.1 g/dl

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

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

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

TEST	RESULT	REF. RANGE
NA^+	132	128-145 mmol/l
K^+	4.7	3.3-4.7 mmol/l
CL^-	106	98-108 mmol/l
tCO_2	20	18-33 mmol/l

REMARKS: Type + Cross Lytes ABG CHEM12 CBC

REPORTED BY: DATE: LAB ID NO.:

Ward/Section:	RE[illegible]G PHYSICIAN:	[illegible]RATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, M (b)(6)-4	DATE 8JUL	TIME 1330	SSN/PSEUDO SSN:

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	11.2	4.8-10.8 x 10^3
RBC	3.74	4.7-6.1 x 10^9
Hgb	11.4	14-18 g/dl (M) 12-16 g/dl (F)
Hct	35.1	42-52% (M) 37-47% (F)
MCV	93.7	80-94 fl (M) 81-99 fl (F)
Plt	235	130-500 x 10^3 verified
Lymph %	10.9	20.5-51.1%

Hematology/Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(Subject to the Privacy Act of 1974)

LAST FIRST, MI (b)(6)-4	DATE	TIME	SSN/PSEUDO SSN

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry12

TEST	RESULT	REF. RANGE
ALB	1.9	3.5-5.5 g/dl
ALP	27	26-84 u/l
ALT	18	10-47 u/l
AMY	83	14-97 u/l
AST	31	11-38 u/l
TBIL	1.5	0.2-1.6 mg/dl
BUN	14	7-22 mg/dl
CA**	7.4	8.0-10.3mg/dl
CHOL	90	100-200 mg/dl
CRE	1.1	0.6-1.2 mg/dl
GLU	158	73-118 mg/dl
TP	4.2	6.4-8.1 g/dl

(Piccolo) Metlyte8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU	REQU. PHYSICIAN: (b)(6)-2	L. .TORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI (b)(6)-4	DATE 7/9/03 TIME 0530	SSN/PSEUDO SSN: (b)(6)-4

Hematology (CBC)			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	9.4	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	3.37	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	10.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	31.3	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	92.8	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	228	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %	10.6	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hematologist Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

REPORTED BY: (b)(6)-2	DATE:	LAB ID NO.:

(b)(6)-4

(b)(6)-4

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	7/9/03	0530	(b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	134	73-118 mg/dl
BUN	19	7-22 mg/dl
CRE	1.2	0.6-1.2 mg/dl
CK	1266	39-380 u/l (M) 30-190 u/l (F)
NA+	136	128-145 mmol/l
K+	4.4	3.3-4.7 mmol/l
CL-	108	98-108 mmol/l
tCO_2	22	~~18-33 mmol/l~~

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	09 Jul 03	

(b)(6)-4

7/9/03 0220

(b)(6)-4

DSOW

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

LAST, FIRST, MI.	(b)(6)-4	DATE	TIME	SSN/PSEUDO SSN:
		10Jul	0400	(b)(6)-4

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	7.5	4.8-10.8 x 10^3
RBC	2.62	4.7-6.1 x 10^9
Hgb	8.2	14-18 g/dl (M) 12-16 g/dl (F)
Hct	24.1	42-52% (M) 37-47% (F)
MCV	92.1	80-94 fl (M) 81-99 fl (F)
Plt	186	130-500 x 10^3 verified
Lymph %	11.0	20.5-51.1%

Hematology Manual Differentiation

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CTS/CSF

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS:

REPORTED BY:	(b)(6)-2	DATE: 10 Jul 03	LAB ID NO.:

(Subject to the Privacy Act of 1974)

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	10 Jul	0400	(b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	136	73-118 mg/dl
BUN	14	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	2255	39-380 u/l (M) 30-190 u/l (F)
NA+	132	128-145 mmol/l
K+	3.8	3.3-4.7 mmol/l
CL-	106	~~98-108 mmol/l~~
tCO_2	24	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	10 Jul 03	

CBC

Ward/Section: ICU	REQ[redacted]YSICIAN: (b)(6)-2	L[redacted]ORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. (b)(6)-4	DATE 10Jul 03 / TIME 1500	SSN/PSEUDO SSN:

Hematology: CBC

TEST	RESULT	REF. RANGE
WBC	7.8	4.8-10.8 x 10^3
RBC	2.71	4.7-6.1 x 10^9
Hgb	8.3	14-18 g/dl (M) 12-16 g/dl (F)
Hct	25.3	42-52% (M) 37-47% (F)
MCV	93.3	80-94 fl (M) 81-99 fl (F)
Plt	211	130-500 x 10^3 verified
Lymph %	14.1	20.5-51.1%

Hematology: Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Chemistry Analysis

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

ESR

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 10 Jul 03	LAB ID NO.:

Ward/Section: ICU | REQU[illegible] PHYSICIAN: | C[illegible]ISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST FIRST MI: (b)(6)-4 | DATE: 11 Jul | TIME: 0400 | SSN/PSEUDO SSN: (b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	94	73-118 mg/dl
BUN	13	7-22 mg/dl
CRE	1.1	0.6-1.2 mg/dl
CK	1068	39-380 u/l (M) 30-190 u/l (F)
NA	131	128-145 mmol/l
K	3.6	3.3-4.7 mmol/l
CL	103	98-108 mmol/l
tCO_2	24	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: (b)(6)-2 | DATE: 11 Jul 03 | LAB ID NO.:

(Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	(b)(6)-4	DATE	TIME	SSN/PSEUDO SSN:
		04	1151	(b)(6)-4

Hematology: CBC

TEST	RESULT	REF. RANGE
WBC	7.9	4.8-10.8 x 10^3
RBC	2.50	4.7-6.1 x 10^9
Hgb	7.8	14-18 g/dl (M) 12-16 g/dl (F)
Hct	23.4	42-52% (M) 37-47% (F)
MCV	93.5	80-94 fl (M) 81-99 fl (F)
Plt	240	130-500 x 10^3 verified
Lymph %	15.1	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

ESR

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	(b)(6)-2	DATE: 11 Jul 03	LAB ID NO.:

Ward/Section: ICU	PHYSICIAN: Dr (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	12 Jul 03	0450	(b)(6)-4

Hematology CBC

TEST	RESULT	REF. RANGE
WBC	7.8	4.8-10.8 x 10^3
RBC	2.57	4.7-6.1 x 10^9
Hgb	7.7	14-18 g/dl (M) 12-16 g/dl (F)
Hct	23.9	42-52% (M) 37-47% (F)
MCV	95.1	80-94 fl (M) 81-99 fl (F)
Plt	281	130-500 x 10^3 verified
Lymph %	17.1	20.5-51.1%

Hemoglobin Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

ICSE

Cell Count	
Directigen	Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 12 Jul 03	LAB ID NO.:

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	12 Jul 03	0450	(b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	85	73-118 mg/dl
BUN	14	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	613	39-380 u/l (M) 30-190 u/l (F)
NA+	131	128-145 mmol/l
K+	3.4	3.3-4.7 mmol/l
CL-	103	98-108 mmol/l
tCO_2	26	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	12 Jul 03	

Met 8

Ward/Section	REQU[illegible] HYSICIAN:	C[illegible] RY RESULT FORM (Subject to the Privacy Act of 1974)
ICU	(b)(6)-2	

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	12 Jul 03	0540	

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	101	73-118 mg/dl
BUN	18	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	539	39-380 u/l (M) 30-190 u/l (F)
NA+	***	128-145 mmol/l
K+	3.3	3.3-4.7 mmol/l
CL-	105	98-108 mmol/l
tCO_2	25	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	13 Jul 03	

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

LAST, FIRST, MI: (b)(6)-4	DATE 13 Jul	TIME 0300	SSN/PSEUDO SSN: (b)(6)-4

Hematology (CBC)

TEST	RESULT	REF. RANGE
WBC	16.1	4.8-10.8 x 10^3
RBC	3.68	4.7-6.1 x 10^9
Hgb	11.2	14-18 g/dl (M) 12-16 g/dl (F)
Hct	33.6	42-52% (M) 37-47% (F)
MCV	91.2	80-94 fl (M) 81-99 fl (F)
Plt	324	130-500 x 10^3 verified
Lymph %	8.5	20.5-51.1%

Hematology: Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 13 Jul 03	LAB ID NO.:

LABOR[illegible]Y RESULT FORM

(Subject to Privacy Act of 1974)

LAST, FIRST, [illegible] (b)(6)-4	STATUS 1330	DATE 8JUL [illegible]	SSN

Chemistry (i-STAT)

TEST	RESULT	REF. RANGE
Na	145	138-146 mmol/L
K	4.6	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.211	7.31-7.45
PCO_2	41.4	35-45 mmHg (art) 41-51 mmHg (ven)
PO_2		80-105 mmHg (art) N/A (ven)
TCO_2	18	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO_3	17	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO_2		95-98%
BEecf	-11	(-2) – (+3) mmol/L
AGap	24	10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	17	8-26 mg/dl
GLU	160	70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	23	38-51% PCV
Hgb	11	12-17 g/dl

Blood Bank

ABO/Rh		IAT	

Unit	Type	Crossmatch

Misc. Chemistry

CKMB		
Troponin		
DOA		
Alcohol		

Microscopic Urinalysis

Chemistry (Piccolo Analyzer)

TEST	RESULT	REF. RANGE
ALT		10-47 U/L
AST		11-38 U/L
GGT		5-56 U/L
ALB		3.3-5.5 g/dl
ALP		26-84 U/L
Amylase		14-97 U/L
Ca		8-10.3 mg/dl
Chol		<200 mg/dl
Creat		0.6-1.2 mg/dl
BUN		7-22 mg/dl
GLU		73-118 mg/dl
Tbili		0.21.6 mg/dl
TP		6.4-8.1 g/dl
UA		2.2-6.6 mg/dl (F) 3.6-8.0 mg/dl (M)
Na^+		128-145 mmol/L
K^+		3.3-4.7 mmol/L
Cl^-		98-108 mmol/L
$^+CO_2$		18-33 mmol/L
CK		39-380 u/L

Urinalysis

TEST	RESULT	REF. RANGE
Gluc		Negative
Bili		Negative
Ketone		Negative
SG		N/A
Blood		Negative
pH		N/A
Protein		Negative
Urob		0.2-1.0
Nitrite		Negative
HCG		Negative

Hematology

TEST	RESULT	REF. RANGE
WBC		$4.8\text{-}10.8 \times 10^3$
RBC		$4.7\text{-}6.1 \times 10^9$
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		$130\text{-}500 \times 10^3$ verified
Lymph%		20.5-51.1%
Retic		0.5-1.5% (adult)
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml
Segs		Mono
Bands		Eos
Lymph		Baso
Atyp		Imm
RBC Morph		
Other		
Spun Crit		42-52% (M) 37-47% (F)
Man WBC		$4.8\text{-}10.8 \times 10^3$
Manual Plt		$130\text{-}500 \times 10^3$ verified

Microbiology

Source			
Gram Stain			
Culture			
KOH/WP			
O&P			
Occ Bld		Malaria	
Other			

☺ "SHADOW" PJR

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

LAST, FIRST, MI.	(b)(6)-4		DATE	TIME	SSN/PSEUDO SSN:
			14 Jan	0400	(b)(6)-4

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	10.7	4.8-10.8 x 10^3
RBC	3.02	4.7-6.1 x 10^9
Hgb	9.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	27.8	42-52% (M) 37-47% (F)
MCV	92.0	80-94 fl (M) 81-99 fl (F)
Plt	277	130-500 x 10^3 verified
Lymph %	17.2	20.5-51.1%

Hematology Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count	
Directigen	Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	14 Jan 03	

LAST FIRST, MI (b)(6)-4	DATE 1421	TIME 0400	SSN/PSEUDO SSN (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	141	138-146 mmol/L
K	3.2	3.5-4.9 mmol/L
Cl	100	98-109 mmol/L
pH	7.437	7.31-7.45
PCO2	46.3	35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2	33	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	31	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf	7	(-2) – (+3) mmol/L
AnGap	13	10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	19	8-26 mg/dl
GLU	95	70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	25	38-51% PCV
Hgb	9	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB	1.7	3.5-5.5 g/dl
ALP	50	26-84 u/l
ALT	35	10-47 u/l
AMY	176 *	14-97 u/l
AST	41	11-38 u/l
TBIL	0.7	0.2-1.6 mg/dl
BUN	15	7-22 mg/dl
CA++	7.8	8.0-10.3mg/dl
CHOL	99	100-200 mg/dl
CRE	0.7	0.6-1.2 mg/dl
GLU	100	73-118 mg/dl
TP	5.1	6.4-8.1 g/dl

(Piccolo) Metlyte8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section	REQUES[illegible] PHYSICIAN	CH[illegible]RY RESULT FORM (Subject to the Privacy Act of 1974)
ICW	(b)(6)-2	

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	15JUL03	0600	(b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	139	138-146 mmol/L
K	3.2	3.5-4.9 mmol/L
Cl	101	98-109 mmol/L
pH	7.554	7.31-7.45
PCO2	30.5	35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf	5	(-2) – (+3) mmol/L
AnGap	14	10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	15	8-26 mg/dl
GLU	97	70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	27	38-51% PCV
Hgb	9	12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB	1.8 *	3.5-5.5 g/dl
ALP	86	26-84 u/l
ALT	42	10-47 u/l
AMY	242 *	14-97 u/l
AST	77 *	11-38 u/l
TBIL	0.6	0.2-1.6 mg/dl
BUN	13	7-22 mg/dl
CA++	7.8	8.0-10.3mg/dl
CHOL	85	100-200 mg/dl
CRE	0.8	0.6-1.2 mg/dl
GLU	99	73-118 mg/dl
TP	5.5	6.4-8.1 g/dl

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	15 Jul 03	

LAST, FIRST, MI:	DATE	TIME	SSN/PSEUDO SSN: (b)(6)-4

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	10.4	4.8-10.8 x 10^3
RBC	3.13	4.7-6.1 x 10^9
Hgb	9.4	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.9	42-52% (M) 37-47% (F)
MCV	92.2	80-94 fl (M) 81-99 fl (F)
Plt	325	130-500 x 10^3 verified
Lymph %	17.2	20.5-51.1%

Hematology/Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

POCT

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh		

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 15 Jul 03	LAB ID NO.:

16-27 9m

d/Section	REQUESTIN (b)(6)-2	CIAN:	LABOR / RESULT FORM (Subject to the Privacy Act of 1974)
ICH			

ST. FIRST MI (b)(6)-4	DATE	TIME	SSN/PSEUDO SSN (b)(6)-4
	16 Jul	0435	

(Hematology) CBC			Urinalysis			Misc. Serology		
EST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
BC	18.1	138-146 mmol/L	Color		N/A	RPR		Negative
C	3.45	3.5-4.9 mmol/L	App		N/A	**Microbiology**		
o	10.2	98-109 mmol/L	Glu		Negative	Source		
	32.2	7.31-7.45	Bili		Negative	Gram Stain		
	93.4	35-45 mmHg (art) 41-51 mmHg (ven)	Ket		Negative	O & P		
	523 ~~29.5~~	80-105 mmHg (art) N/A (ven)	SG		N/A	Occ Bld		Negative
nph %		23-27 mmol/L (art) 24-29 mmol/L (ven)	Bld		Negative	H. pylori		Negative
Hematology) Manual Differential			pH		N/A	Micro Parasites		
s	Mono		Prot		Negative	Malaria		
ds	Eos		Urob		0.2-1.0	Other		
nph	Baso		Nit		Negative	**Microscopic Urinalysis**		
p	Imm		Leuk		Negative			
C rph			HCG		Negative			
c matocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
ier			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
EST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
		9.8-13.6 secs			
TT		21-34 secs			
limer		<20 ug/ml			
P		<10 ug/ml			

MARKS:

PORTED BY:	DATE:	LAB ID NO.:

(b)(6)-4

ICU

Ward/Section:	REQUE PHYSICIAN:	LA ATORY RESULT FORM (Sub f 1974)
LAST, FIRST, MI.	DA	TIME

CBC

17 Jan 00

(b)(6)-4

Complete Blood Count (CBC)			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	26.0	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	2.45	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	7.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	23.3	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	95.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	572	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %	6.9	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hematology Manual Differential			pH		N/A	Micro Parasites		
Segs	90	Mono 3	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph	7	Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph	Slight Hypochromasia Slight Anisocytosis Slight few Target Cells		HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

17 July 0600

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

REMARKS:

REPORTED BY: (b)(6)-2	DATE:	LAB ID NO.:

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

(b)(6)-4

DATE 17 Jul 03 | TIME 0400 | SSN/PSE (b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	109	73-118 mg/dl
BUN	16	7-22 mg/dl
CRE	1.1	0.6-1.2 mg/dl
~~CK~~		39-380 u/l (M) 30-190 u/l (F)
NA+	142	128-145 mmol/l
K+	3.7	3.3-4.7 mmol/l
CL-	103	98-108 mmol/l
tCO_2	29	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: (b)(6)-2

DATE: 17 Jul 03

LAB ID NO.:

(b)(6)-4

(b)(6)-4

LABOR[illegible]Y RESULT FORM

(Subject to Privacy Act of 1974)

LAST, FIRST, MI	STATUS	DATE	SSN
(b)(6)-4		0410 21 Jul 03	(b)(6)-4

Chemistry (i-STAT)

TEST	RESULT	REF. RANGE
Na	138	138-146 mmol/L
K	3.8	3.5-4.9 mmol/L
Cl	99	98-109 mmol/L
pH	7.395	7.31-7.45
PCO_2	49.3	35-45 mmHg (art) 41-51 mmHg (ven)
PO_2		80-105 mmHg (art) N/A (ven)
TCO_2	32	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO_3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO_2		95-98%
BEecf		(-2) – (+3) mmol/L
AGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	7	8-26 mg/dl
GLU	133	70-105 mg/dl
Creat	0.8	0.7-1.5 mg/dl
Hct	29	38-51% PCV
Hgb	10	12-17 g/dl

Blood Bank

ABO/Rh		IAT	

Unit	Type	Crossmatch

Misc. Chemistry

CKMB		
Troponin		
DOA		
Alcohol		

Microscopic Urinalysis

Chemistry (Piccolo Analyzer)

TEST	RESULT	REF. RANGE
ALT		10-47 U/L
AST		11-38 U/L
GGT		5-56 U/L
ALB		3.3-5.5 g/dl
ALP		26-84 U/L
Amylase		14-97 U/L
Ca		8-10.3 mg/dl
Chol		<200 mg/dl
Creat		0.6-1.2 mg/dl
BUN		7-22 mg/dl
GLU		73-118 mg/dl
Tbili		0.21.6 mg/dl
TP		6.4-8.1 g/dl
UA		2.2-6.6 mg/dl (F) 3.6-8.0 mg/dl (M)
Na^+		128-145 mmol/L
K^+		3.3-4.7 mmol/L
Cl^-		98-108 mmol/L
$^+CO_2$		18-33 mmol/L
CK		39-380 u/L

Urinalysis

TEST	RESULT	REF. RANGE
Gluc		Negative
Bili		Negative
Ketone		Negative
SG		N/A
Blood		Negative
pH		N/A
Protein		Negative
Urob		0.2-1.0
Nitrite		Negative
HCG		Negative

Hematology

TEST	RESULT	REF. RANGE
WBC	12.6	4.8-10.8 x 10^3
RBC	3.05	4.7-6.1 x 10^9
Hgb	9.3	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.4	42-52% (M) 37-47% (F)
MCV	92.4	80-94 fl (M) 81-99 fl (F)
Plt	926	130-500 x 10^3 verified
Lymph%	18.3	20.5-51.1%
Retic		0.5-1.5% (adult)
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml
Segs		Mono
Bands		Eos
Lymph		Baso
Atyp		Imm
RBC Morph		
Other		
Spun Crit		42-52% (M) 37-47% (F)
Man WBC		4.8-10.8 x 10^3
Manual Plt		130-500 x 10^3 verified

Microbiology

Source			
Gram Stain			
Culture			
KOH/WP			
O&P			
Occ Bld		Malaria	
Other			

☺ "SHADOW" PJR

Ward/Section: ICU	REQUI	PHYSICIAN:	L ATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI (b)(6)-4		DATE 22JUL	TIME 0500	SSN/PSEUDO SSN: (b)(6)-4

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	27.0	4.8-10.8 x 10^3
RBC	2.73	4.7-6.1 x 10^9
Hgb	7.9	14-18 g/dl (M) 12-16 g/dl (F)
Hct	26.1	42-52% (M) 37-47% (F)
MCV	95.6	80-94 fl (M) 81-99 fl (F)
Plt	1069	130-500 x 10^3 verified
Lymph %	15.5	20.5-51.1%

Hematology/Manual Differential

Segs	50	Mono	18
Bands	5	Eos	4
Lymph	14	Baso	
Atyp		Imm	8
RBC Morph	~~macrocytic~~ / nor - microchromic / normal cytic - increased plt		
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Coagulation Studies

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

Chemistry/Urinalysis

TEST	RESULT	REF. RANGE
C		
A		
G		
Bi		
K		
S		
Bl		
pH		
Pr		
Ur		
N		
L		
H		
C		
C		
D		

i-STAT EG7+ VT 850 Rate 10 FIO2 50% Peep +5

Pt: 0034

Pt Name:_____

Na_____137 mmol/L

K_____4.7 mmol/L

TCO2_____31 mmol/L

iCa_____1.14 mmol/L

Hct_____24 %PCV

Hb*_____8 g/dL

*via Hct

At 37C

pH_____7.534

PCO2_____36.0 mmHg

PO2_____110 mmHg

HCO3_____30 mmol/L

BEecf_____8 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.513

PCO2_____38.1 mmHg

PO2_____119 mmHg

Patient Temp: 101.0F

FIO2_____: 50

Sample Type_: ART

22JUL03 07:27

Oper: 4132

Physician:_____

Ser# 40709

Ver: JAMS045A
CLEW A91

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY ~~UNIT REQUESTED~~

ABO/Rh	

Crossmatch

EVERY UNIT OF BLOOD STED)

E	CROSSMATCH

REMARKS:

(b)(6)-2

DATE: 022203	LAB ID NO.: (b)(6)-4

LAST, FIRST, MI (b)(6)-4	DATE 2701	TIME 0520	SSN/PSEUDO SSN (b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB	1.5 *	3.5-5.5 g/dl
ALP	100 *	26-84 u/l
ALT	66 *	10-47 u/l
AMY	69	14-97 u/l
AST	87	11-38 u/l
TBIL	0.5	0.2-1.6 mg/dl
BUN	8	7-22 mg/dl
CA**	7.8 *	8.0-10.3mg/dl
CHOL	134	100-200 mg/dl
CRE	1.0	0.6-1.2 mg/dl
GLU	97	73-118 mg/dl
TP	5.2 *	6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	96	73-118 mg/dl
BUN	10	7-22 mg/dl
CRE	1.0	0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
NA+	137	128-145 mmol/l
K+	4.5	3.3-4.7 mmol/l
CL-	101	98-108 mmol/l
tCO_2	31	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

* CBC / C' 8 *

LABORATORY RESULT FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	STATUS	DATE	SSN
(b)(6)-4		22 July 2003	(b)(6)-4

Chemistry (i-STAT)

TEST	RESULT	REF. RANGE
Na	138	138-146 mmol/L
K	4.5	3.5-4.9 mmol/L
Cl	107	98-109 mmol/L
pH		7.31-7.45
PCO_2		35-45 mmHg (art) 41-51 mmHg (ven)
PO_2		80-105 mmHg (art) N/A (ven)
TCO_2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO_3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO_2		95-98%
BEecf		(-2) – (+3) mmol/L
AGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Blood Bank

ABO/Rh		IAT	

Unit	Type	Crossmatch

Misc. Chemistry

CKMB		
Troponin		
DOA		
Alcohol		

Microscopic Urinalysis

Chemistry (Piccolo Analyzer)

TEST	RESULT	REF. RANGE
ALT		10-47 U/L
AST		11-38 U/L
GGT		5-56 U/L
ALB		3.3-5.5 g/dl
ALP		26-84 U/L
Amylase		14-97 U/L
Ca		8-10.3 mg/dl
Chol		<200 mg/dl
Creat	1.3	0.6-1.2 mg/dl
BUN	13	7-22 mg/dl
GLU	109	73-118 mg/dl
Tbili		0.21.6 mg/dl
TP		6.4-8.1 g/dl
UA		2.2-6.6 mg/dl (F) 3.6-8.0 mg/dl (M)
Na^+		128-145 mmol/L
K^+		3.3-4.7 mmol/L
Cl^-		98-108 mmol/L
$^+CO_2$		18-33 mmol/L
CK		39-380 u/L

Urinalysis

TEST	RESULT	REF. RANGE
Gluc		Negative
Bili		Negative
Ketone		Negative
SG		N/A
Blood		Negative
pH		N/A
Protein		Negative
Urob		0.2-1.0
Nitrite		Negative
HCG		Negative

Hematology

TEST	RESULT	REF. RANGE
WBC	21.8	4.8-10.8 x 10^3
RBC	2.11	4.7-6.1 x 10^9
Hgb	6.1	14-18 g/dl (M) 12-16 g/dl (F)
Hct	20.2	42-52% (M) 37-47% (F)
MCV	95.6	80-94 fl (M) 81-99 fl (F)
Plt	879	130-500 x 10^3 verified
Lymph%		20.5-51.1%
Retic		0.5-1.5% (adult)
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml
Segs		Mono
Bands		Eos
Lymph		Baso
Atyp		Imm
RBC Morph		
Other		
Spun Crit		42-52% (M) 37-47% (F)
Man WBC		4.8-10.8 x 10^3
Manual Plt		130-500 x 10^3 verified

Microbiology

Source			
Gram Stain			
Culture			
KOH/WP			
O&P			
Occ Bld		Malaria	
Other			

☺ "SHADOW" PJR

MEDCOM - 6662

Ward/Section: ICU	REQUESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)-4	DATE 23 July	TIME 1300	SSN/PSEUDO SSN: (b)(6)-4

Hematology: CBC

TEST	RESULT	REF. RANGE
WBC	24.5	4.8-10.8 x 10^3
RBC	3.13	4.7-6.1 x 10^9
Hgb	9.2	14-18 g/dl (M) 12-16 g/dl (F)
Hct	29.4	42-52% (M) 37-47% (F)
MCV	94.1	80-94 fl (M) 81-99 fl (F)
Plt	870	130-500 x 10^3 verified
Lymph %	10.1	20.5-51.1%

Hematology: Manual Differential

Segs	55	Mono	19
Bands	22	Eos	1
Lymph	3	Baso	Ø
Atyp	Ø	Imm	Ø
RBC Morph			

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

Coagulation Study

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS: CBC + Chem 7

REPORTED BY: (b)(6)-2	DATE: 23 July 03	LAB ID NO.:

LAST, FIRST, MI	(b)(6)-4	DATE	TIME	SSN/PSEUDO SSN
		03	1500	(b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

Chem 7

TEST	RESULT	REF. RANGE
GLU	135	73-118 mg/dl
BUN	11	7-22 mg/dl
CRE	1.1	0.6-1.2 mg/dl
[redacted]		39-380 u/l (M) 30-190 u/l (F)
NA+	139	128-145 mmol/l
K+	3.7	3.3-4.7 mmol/l
CL-	101	98-108 mmol/l
tCO_2	30	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

CBC, Chem 7

REPORTED BY:	DATE:	LAB ID NO.:

Ward Section: | R | ING PHYSICIAN:

ISTRY RESULT FORM

ect to the Privacy Act of 1974)

NAME, FIRST, MI | DATE | TIME | SSN/PSEUDO SSN:

I STAT

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
pCO2		35-45 mmHg (art) 41-51 mmHg (ven)
pO2		80-105 mmHg (art) N/A (ven)
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BE(ecf)		(-2) – (+3) mmol/L
anion gap		10-20 mmol/L
iCa		1.12-1.32 mmol/L
BUN		8-26 mg/dl
Glu		70-105 mg/dl
Crea		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

MISC.

TEST	RESULT	REF. RANGE
Urinalysis		
Mg or other		

CHEM - 12

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

METLYTE 8

TEST	RESULT	REF. RANGE
GLU	118	73-118 mg/dl
BUN	10	7-22 mg/dl
CRE	1.2	0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+	138	128-145 mmol/l
K^+	4.3	3.3-4.7 mmol/l
CL^-	100	98-108 mmol/l
tCO_2	32	18-33 mmol/l

LIVER PANEL

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

ELECTROLYTE

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

REMARKS:

(b)(6)-4

(b)(6)-2

DATE: 24 Jul

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

* CBC / Chem 7 / 24 July 2003 *

---

i-STAT G3+

Pt: (b)(6)-4

Pt Name:_____

TCO2_____32 mmol/L

At 37C

PH_____7.490

PCO2_____40.3 mmHg

PO2_____173 mmHg

HCO3_____31 mmol/L

BEecf_____7 mmol/L

sO2*_____100 %

*calculated

At Patient Temp

PH_____7.512

PCO2_____37.8 mmHg

PO2_____165 mmHg

Patient Temp: 96.0F

FIO2_____: 50

Sample Type_: ART

24JUL03 07:41

Oper: (b)(6)-2

Physician:_____

Ser# (b)(6)-4

Ver: JAMS045A
CLEW A91

P Extubation

---

i-STAT G3+ NRB@12L/min

Pt: (b)(6)-4

Pt Name:_____

TCO2_____35 mmol/L

At 37C

PH_____7.520

PCO2_____41.5 mmHg

PO2_____66 mmHg

HCO3_____34 mmol/L

BEecf_____11 mmol/L

sO2*_____95 %

*calculated

At Patient Temp

PH_____7.518

PCO2_____41.7 mmHg

PO2_____67 mmHg

Patient Temp: 98.9F

FIO2_____: 90

Sample Type_: ART

24JUL03 10:42

Oper: (b)(6)-2

Physician:_____

Ser# (b)(6)-4

Ver: JAMS045A
CLEW A91

CBC / CR ... 7 (b)(6)-2 CPT/AN

Ward/Section: CU	REQUE... DR	PHYSICIAN: (b)(6)-2	LA... ATORY RESU... FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI (b)(6)-4	DATE 25 July	TIME 0400	SSN/PSEUDO SSN:

Hematology: CBC

TEST	RESULT	REF. RANGE
WBC	10.6	4.8-10.8 x 10^3
RBC	2.86	4.7-6.1 x 10^9
Hgb	8.4	14-18 g/dl (M) 12-16 g/dl (F)
Hct	26.2	42-52% (M) 37-47% (F)
MCV	91.8	80-94 fl (M) 81-99 fl (F)
Plt	23	130-500 x 10^3 verified
Lymph %	21.2	20.5-51.1%

Hematology: Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

ESR

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS:

(b)(6)-2

DATE: 0400 25 July

LA... (b)(6)-4

TCU

Pt # (b)(6)-4

MEDCOM - 6667

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	145	73-118 mg/dl
BUN	9	7-22 mg/dl
CRE	1.0	0.6-1.2 mg/dl
~~[illegible]~~	160	39-380 u/l (M) 30-190 u/l (F)
NA+	139	128-145 mmol/l
K+	3.7	3.3-4.7 mmol/l
CL-	89	98-108 mmol/l
tCO_2	24	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section:	Requesting Physician:	Laboratory Result Form
ICU	Dr (b)(6)-2	(Subject to the Privacy Act of 1974)

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	15 Aug 03	0730	(b)(6)-4

WBC	6.6	4.8-10.8 x 10
RBC	3.87	4.7-6.1 x 10
Hgb	11.2	14-18g/dl (M) 12-16 g/dl (F)
Hct	34.4	45-52% (M) 37-47% (F)
MCV	88.8	80-94 fl (M) 81-99 fl (F)
Plt	342	130-500 x 10 Verified
Lymph %	23.3	20.5-51.1%

(Hematology) Manual Diff

Segs		
Bands		
Lymph		
Atyp		
RBC Morph		
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Coagulation Studies

Test	Result	Ref. Range
PT		9.8-13.6 secs
APTT		21-34 secs
INR		

Urinalysis

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

MET 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA*		128-145 mmol/l
K*		3.3-4.7 mmol/l
CL*		98-108 mmol/l
CO2		18-33 mmol/l

Misc. Serology

TEST	RESULT	REF RANGE
PRP		Negative
Mono		Negative

Chemistry 12

Test	Result	Ref. Range
ALB	2.6	3.5-5.5 g/dl
ALP	56	26-84 u/l
ALT	13	10-47 u/l
AMY	62	14-97 u/l
AST	15	11-38 u/l
TBIL	0.4	0.2-1.6 mg/dl
BUN	7	7-22 mg/dl
CA**	9.0	8.0-10.3 mg/dl
CHOL	180	100-200 mg/dl
CRE	1.0	0.6-1.2 mg/dl
GLU	199	73-118 mg/dl
TP	7.2	6.4-8.1 g/dl

Malaria Smear

Results:

Microscopic UA

Results:

Remarks:

Reported by:	DATE:	LAB ID NO:
(b)(6)-2	15 Aug 03	(b)(6)-4

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)												
Midazolam	(mg)	1.5	1.5										
Fentanyl	(mcg)	50	50		50				50			50	
STP	(mg)	250											
Succ/Vec	(mg)	100//	6			4	3		2		2		2
	( )												
	( )												
VOLAT AGENT 1.50	% del		0.3	1.2	0.7	0.8	1.0	1.4	1.0	1.0	1.0	1.5	1.5
	% e.t.												
AIR	L/Min												
N2O	L/Min												
O2	L/Min	8	2	2	2	2	2	2	2	2	2	2	2

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I"=CONSTANT INFUSION

ANESTHETIC AGENTS AND DRUGS

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

TOTALS	
3mg	
250mg	
250mg	
100// 17	

TOTAL BLD

TOTAL URINE

FLUIDS – SUMMARY

CRYSTALLOID–

COLLOID–

BLOOD–

FLUIDS

LINE site Hespan 18g RA	☐ Warmed	X — 500
NS	☐ Warmed	1000 — 2000
LR RA 18g	☐ Warmed	1000 X-R — X — 2000
PRBCs	☐ Warmed	1 — 2 — X
LOSSES: EST BLOOD LOSS		400
URINE –		200 / 225 / 450 / 500 / 200 / 650

PHYS STATUS: 1 2 3 4 5 (E)

BODY WEIGHT: N 75 KG LB

HEMATOCRIT: 21.1 / 13 / 40 / 39.7

INITIAL DATA: BP – 98, 57 HR – 95

EQUIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? Y TIME – 0635

SYMBOLS:
- (N) arm BP by cuff
- V
- Λ Heart rate
- ● Resp rate
- BP (transduced)
- ⊥ T (R) Radial
- TOURNIQUET T – ✗
- ANES – X-X
- PROC – ⊙ – Ø

TIME → 0630 0700 0730 0800 0830 0900

Hgb 1:2	VT – ml		750	720	730	770	720	820	860	860	860	860	870
HMO ⊕	f – breaths/min	18	10	8	8	8	8	8	8	8	8	8	8
	Peak inf pres / PEEP		20	18	18	19	20	20	26	21	21	21	21
MODE– S(pon), A(ssist), C(on)		S	C	C	C	C	C	C	C	C	C	C	C
✓ BP/Auto Cuff	✓ ET CO2 (torr)	⊕	36	28	32	35	36	30	28	24	28	28	27
BP / oth	✓ FIO2 (Frac or %)	.86	.85	.86	.84	.84	.84	.83	.83	.83	.83	.83	.83
✓ ART line	✓ SpO2 (%)	99	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES	✓ ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
✓ Gas analyzer	✓ TEMP- site												
	✓ N-M Block (T/4)	4/4	4/4	4/4	4/4		3/4	4/4		2/4	1/4	2/4	1/4
Warming blkt													
Conv warmer													

Mark with letters & symbols, explain under REMARKS

EVENTS: Arms < 90° secured on padded armboards

Position → 0 ← ⟶ ⟶

REMARKS–

Code drugs with numbers, events with letters

0620 seen in EMT. Rap Prep complete via interpreter. HCG GSW to abdomen. VSS.

0638 → Induction OR 1-1 via Tiffen. Monitors on. Pre IV induction Eyes taped shut. See Airway note below. OGT placed, stom decompressed. Sequelite block placed. 16g IV start RH. Arrow cath A-line start (R) radial a

0733 [b)(6)-4] (#1)

0750 [b)(6)-4]

0800 Case Relief [b)(6)-2] MAS/020

0919 Kiebler CRAP block

0930 Cont to Page #2

RECOVERY AT

PACU ICU _____ (Specify)

OTHER SGE

CONDITION: Page #2

RESP– SpO2–

BP– HR–

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0610	0638	1255
	Ready	Begin	End
PROC	0642	0705	1235

PROCEDURES and CPT Codes

Exploratory Laparotomy

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA (O_2/1.50)

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

RSI Cricoid pressure. DL x 1 Mac 3 grade II view vc. 8.0 OETT placed secured @ 22cm @ teeth. BBS @ sustained ETCO2 stylet used. ✱ Autonomic view ✱

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

[b)(6)-4]

SURGEONS: [b)(6)-2] / [b)(6)-2]

ANESTHETISTS: [b)(6)-2] CRNA/CRNA

PROCEDURE LOCATION OR 1-1

DATE 8 JUL 03

PAGE 1 OF 3

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

PATIENT RECORD

MEDCOM - 6670

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

DRUG	(Route)												
	( )												
	( )												
	( )												
	( )												
MSO4	(mg)		3 2		2 3								
Ephedrine	(mg)						X 5		5				
VOLAT. AGENT	% del												
	% e.t.	none	0.7	.8	.8	1.1	1.1	1.1	-1.0	-0.4	-0.7	-0.4	-0.4	-0.4
AIR	L/Min												
N2O	L/Min												
O2	L/Min		2	2	2	2	2	2	2	2	2	2	2	2

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I"=CONSTANT INFUSION

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

FLUIDS		
LINE site LR (2000)	☐ Warmed	3000
NS (2000)	☐ Warmed	
Hespan (500)	☐ Warmed	
Blood (2u PRBC)	☐ Warmed	

LOSSES	
500	EST BLOOD LOSS
650	URINE –

150/800 100/900 100/1000 130/600

TOTALS — TOTAL BLD — TOTAL URINE

FLUIDS – SUMMARY
CRYSTALLOID–
COLLOID–
BLOOD–

REMARKS– Code drugs with numbers, events with letters

0934 - finish abd.
0955 start (L) elbow surg.

PHYS STATUS: 1 2 3 4 5 (E)

BODY WEIGHT: ~75 (KG) LB

HEMATOCRIT:

INITIAL DATA: BP – 98/57 HR– 95

EQUIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? Y TIME– 0635

TIME → 0930 1000 30 1100 30 1200

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES– X-X; PROC –⊙–Ø

220 200 180 160 140 120 100 80 60 40 20

pH - 7.26
PaCO2 - 38.8
PaO2 - 516
HCO3 - 18
BOF - -9
H/H 28/10
Na+ - 134
K+ - 5.6
LCOH - 1.3

VT – ml		820	870	690	660				920	900	900	880	850
f – breaths/min		7	8	6	7	16	18	18	10	10	10	10	10
Peak inf pres / PEEP		20/2	21	20	19				21	21	21	21	21
MODE– S(pon), A(ssist), C(on)		C	C	C	C	A	A	A	C	C	C	C	C
BP/Auto Cuff	ET CO2 (torr)	27	31	33	33	32	36	38	38	31	28	28	27
BP / oth	FIO2 (Frac or %)	.84	.83	.84	.84	.83	.83	.83	.83	.83	.83	.83	.83
ART line	SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP- site												
	N-M Block (T/4)	1/4		2/4	2/4	3/4							
Tourniquet @ 250 mm Hg				↑									↓ total time 106 mins
Warming blkt													
Conv warmer													

RECOVERY AT
PACU ICU _____ (Specify)
OTHER SEE page #3
CONDITION:
RESP– SpO2
BP– HR–

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0610	0638	1255
	Ready	Begin	End
PROC	0642	0705	1235

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

PROCEDURES and CPT Codes
Exp. Lap
ORIF (L) elbow

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
SEE Page #1

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

ANESTHETISTS: (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 MAJ/CRNA

PROCEDURE LOCATION ISO 1-1
DATE 8 July 03
PAGE 2 **OF** 3

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6671

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I"=CONSTANT INFUSION	DOSE	(Units)
		( )
		( )
		( )
		( )
		( )
		( )
VOLAT AGENT	150	% del
		% e.t.
	AIR	L/Min
	N2O	L/Min
	O2	L/Min

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

FLUIDS		
LINE site	LR	☐ Warmed
		☐ Warmed
		☐ Warmed
		☐ Warmed
LOSSES	650	EST BLOOD LOSS
	1000	URINE –

TOTALS	
TOTAL EBL	650
TOTAL URINE	1000

FLUIDS – SUMMARY	
CRYSTALLOID–	5500
COLLOID–	500
BLOOD–	500

REMARKS–

Code drugs with numbers, events with letters

1230 Cont from page #2

1243 pt SV c̄ good TV pt Extubated c̄ pos. pres ō suctioning

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: ~75 KG LB

HEMATOCRIT:

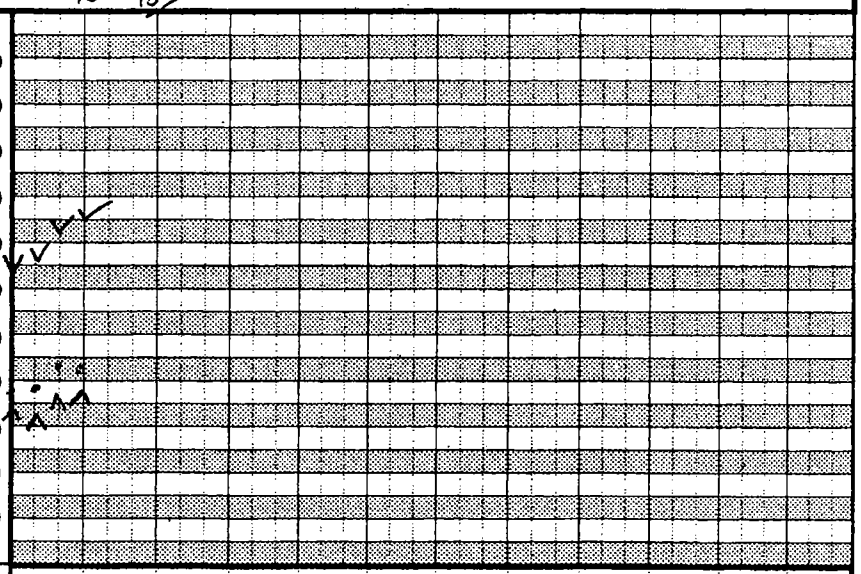
INITIAL DATA: BP – 98/57 HR– 95

COMP CHECK: OK?– Y N

PATIENT RECHECK: OK for PROCEDURE? Y TIME– 0635

TIME → 45 1300

SYMBOLS: BP by cuff; Heart rate; Resp rate; BP (transduced); TOURNIQUET; ANES– X-X; PROC–⊙–Ø



VENTILATION	
VT – ml	
f – breaths/min	26
Peak inf pres / PEEP	
MODE– S(pon), A(ssist), C(on)	S

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

RECOVERY AT 1250

PACU ICU (Specify) OTHER

CONDITION: stable

RESP– ig SpO2– 100

BP–146/77 HR– 86

ANESTHESIA / PROCEDURE TIMES	Start	Room	End
ANES	0610	0638	1255
PROC	Ready	Begin	End
	0642	0705	1235

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

PROCEDURES and CPT Codes: Exp. Lap; ORIF (L) elbow

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: SEE Page #1

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

(b)(6)-4

(b)(6)-2

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2 MAT/CRNA

(b)(6)-2 AN, CRNA

PROCEDURE LOCATION: Isc 1-1

DATE: 8 July 03

PAGE 3 OF 3

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

Nurse Anesthetist

MEDCOM - 6672

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

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

DRUG	(Units)	
Versed	(mg)	2 1 1 1
	( )	
Fent	(mg)	50, 50, 50, 50, 50,
	( )	
	( )	
	( )	
VOLAT AGENT	% del	
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	8-8-8-8-8

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

TOTALS	TOTAL TIME
5mg	min
350mcg	TOTAL URINE
	Ø

FLUIDS – SUMMARY
CRYSTALLOID– 700
COLLOID– Ø
BLOOD– Ø

FLUIDS — LINE site LR — ☐ Warmed; ☐ Warmed; ☐ Warmed; ☐ Warmed — 500

LOSSES — EST BLOOD LOSS; URINE –

REMARKS– Code drugs with numbers, events with letters

1400 pt ID'd; plan of Care Reviewed;
1420 In Room Monitors
1425 5 AB injected 12mg of 0.75% Marc
1430 pt turned prone & assist a pres. point padded & checked

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 50 (KG) LB

HEMATOCRIT:

INITIAL DATA: BP – 116/70; R-18; HR– 84

COMP CHECK: OK?– (Y) N

PATIENT RECHECK: OK for PROCEDURE? Y; TIME– 1420

TIME → 30 45 1500 15 30 45 1600

SYMBOLS: BP by cuff (V); Heart rate (●); Resp rate; BP (transduced); TOURNIQUET; T – X; ANES– X-X; PROC-⊙-Ø

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

VT – ml					
f – breaths/min	20	19	18	18	
Peak inf pres / PEEP					
MODE– S(pon), A(ssist), C(on)	S	S	S	S	S
BP/Auto Cuff					
BP / oth					
ART line					
Steth- PC/ES					
Gas analyzer					
Warming blkt					
Conv warmer					
ET CO2 (torr)					
FIO2 (Frac or %)	.21	.21	.21	.21	.21
SpO2 (%)	96	96	96	94	95
ECG	SR	SR	SR	SR	SR
TEMP- site					
N-M Block (T/4)					

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

RECOVERY AT 1525; PACU ICU ____ (Specify); OTHER ____; CONDITION: stable; RESP– ; SpO2– 100; BP– 114/77; HR– 77

ANESTHESIA / PROCEDURE TIME

	Start	Room	End
ANES	1400	1420	1530
PROC	Ready	Begin	End
	1430	1445	1520

PROCEDURES and CPT Codes: Sacral Decub Debrid

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: SAB, sitting L3-4; Retrograde prep K3; 1% Lidoskin wheel Midline X2; Introducer Midline X2; #25g Whitacre via Introducer X2 (+) CSF (-) Paresthesia, Pt 78. Well.

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

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

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2; (b)(6)-2 MAJ AN, CRNA Nurse Anesthetist

PROCEDURE LOCATION: 1-1

DATE: 18 Aug 03

PAGE 1 OF 1

MEDICAL RECORD — ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6673

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION	DRUG	DOSE	
	Versed	(mg) 2	
	Fent	(mg) 50,50,50,50,50	
		( )	
		( )	
		( )	
		( )	
	VOLAT AGENT	% del	
		% e.t.	
	AIR	L/Min	
	N2O	L/Min	
	Blood O2	L/Min	X – 8 – X
SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS ▶			

FLUIDS		
LINE site	LR	☐ Warmed
		☐ Warmed
		☐ Warmed
		☐ Warmed
LOSSES	EST BLOOD LOSS	
	URINE –	

TOTALS	
4 mg	
250 mg	
0	

TOTAL EBL: MIN

TOTAL URINE: 4

FLUIDS – SUMMARY
CRYSTALLOID – 500
COLLOID – 4
BLOOD – 4

REMARKS – Code drugs with numbers, events with letters

1245 pt ID'd & plan of Care Reviewed & pt
1255 In Rm Monitors On

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 50 KG LB

HEMATOCRIT:

INITIAL DATA: BP – 130/64 R – 20; HR – 88

EQUIP CHECK: OK? – (Y) N

PATIENT READINESS: OK for PROCEDURE? Y; TIME – 1255

TIME → 1300 / 15 / 30 / 45 / 1400

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BP (transduced) ⊥ T; TOURNIQUET T – X; ANES – X-X; PROC – ⊙ – Ø

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

VENTILATION: VT – ml; f – breaths/min; Peak inf pres / PEEP; MODE – S(pon), A(ssist), C(on): S S

MONITORS / ACCESSORIES			
BP/Auto Cuff	ET CO2 (torr)		
BP / oth	FIO2 (Frac or %)	.21	>.21
ART line	SpO2 (%)	95	97
Steth- PC/ES	ECG	SR	SR
Gas analyzer	TEMP- site		
	N-M Block (T/4)		
Warming blkt			
Conv warmer			

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

RECOVERY AT 1340
PACU / ICU _____ (Specify)
OTHER _____
CONDITION:
RESP – 16 SpO2 – 94
BP – 110/70 HR – 87

ANESTHESIA / PROCEDURE TIMES	Start	Room	End
ANES	1245	1255	1345
PROC	Ready	Begin	End
	1300	1305	1335

PROCEDURES and CPT Codes: Dressing change: Sacral Debrid

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: MAC

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

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

SURGEONS: (b)(6)-2

ANESTHETISTS: MAJ (b)(6)-2 AN, CRNA (b)(6)-2

Nurse Anesthetist

PROCEDURE LOCATION: 1-1

DATE: 12 Aug 03

PAGE 1 OF 1

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6674

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)	
Versed	mg (c)	1 1 1
Fentanyl	(µg)	50 50 50
Ketamine	(mg)	20/30/50
	(µg)	
Propofol	(mg)	
Sch Vec	(mg)	(100)/7 3 2
VOLATILE AGENT	% Sel	
	% e.t.	Forane 1.3 1.0 0.8
AIR	L/Min	
N2O	L/Min	
O2	L/Min	10 — 10 1.5 1.5 1.5 8

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

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

Reversed c 4mg Neo 0.2mg Robinul

TOTALS	
3	<50
850	
100	

TOTAL STL

TOTAL URINE

FLUIDS – SUMMARY

CRYSTALLOID – 700

COLLOID – 0

BLOOD – 0

FLUIDS — LINE site: #22G (900T) — ☐ Warmed

LOSSES — EST BLOOD LOSS — URINE –

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 50 (KG) LB

HEMATOCRIT:

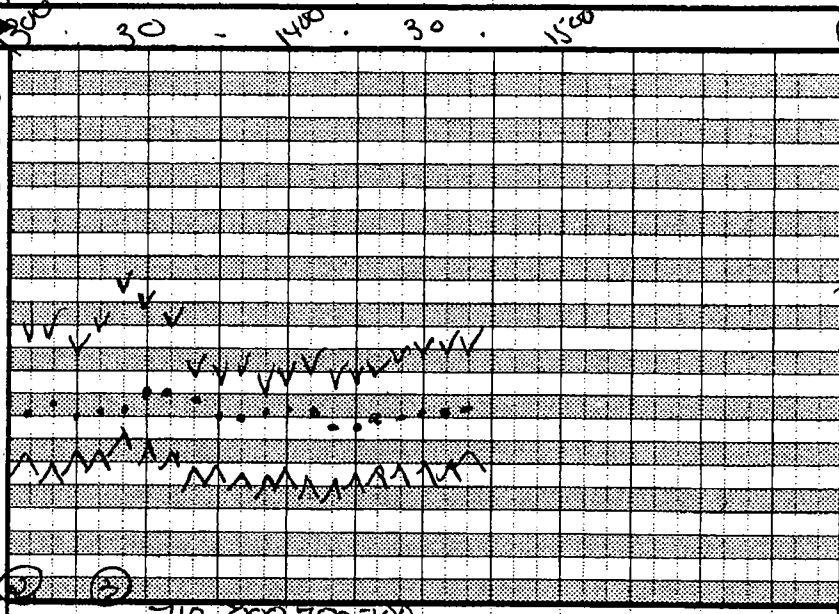
INITIAL DATA: BP – 109/67 HR – 72

CONF CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? (b)(6)-2 TI – 1301

SYMBOLS: BP by cuff ∨ ∧ — Heart rate ● — Resp rate — BP (transduced) ↓ T — TOURNIQUET T – ✓ — ANES – X-X — PROC – ⊙ – Ø

TIME → 1300 . 30 – 1400 . 30 . 1500



VT – ml			710	800	750	700	
f – breaths/min			9	9	9	6	12
Peak inf pres / PEEP			23	22	22	22	
MODE – S(pon), A(ssist), C(on)		S	S	C	C	C	C
BP/Auto Cuff	ET CO2 (torr)		32	30	31	38	45
BP / oth	FIO2 (Frac or %)		.21	.86	.85	.85	.85
ART line	SpO2 (%)	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP- site axil			36.1	36.4	36.5	
Hme	N-M Block (T/4)		0/4	4/4	2/4	2/4	4/4 2 tr
Warming blkt							
Conv warmer							

REMARKS — Code drugs with numbers, events with letters

(1) From ICU → OR via stretcher.

(2) Pt. positioned self prone. Pressure pts padded. Multiple pillows in use. BUE < 90°.

(3) Surgeon anticipating more invasive surgery – requests GA. Flipped supine & prepped. Pre-O2, RSI & cricoid. Flipped prone – pressure pts padded. BUE < 90°. Eyes clear free of pressure. Sx'd/ex'd intubated & SV w/ >5 cc/kg. Sa02 96% (p pt turned supine. → ICU via stretcher. IV patent. O2 in use. Report given.

RECOVERY AT 1443

PACU (ICU) (Specify)

OTHER → 95.7

CONDITION Sleepy

RESP – 24 SpO2 – 100

BP 133/79 HR – 105

ANESTHESIA / PROCEDURE TIME

	Start	Room	End
ANES	1250	1300	1450
PROC	Ready	Begin	End
	1305	1306	1426

1353

EVENTS — Mark with letters & symbols, explain under REMARKS — Position → prone — supine — prone / sup.

PROCEDURES and CPT Codes: Sacral ~~decubitus~~ decubitus debridement

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — IV sed – GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — natural c O2 via FM | DLX1 MAC 4 #8.0 ETT @ 22 cm (R) Lip Grade II view (4) ETCO2 (5) Breath sounds clear

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

(b)(6)-4

(b)(6)-4

SURGEONS (b)(6)-2

ANE (b)(6)-2

(b)(6)-2

CPT, AN

CRNA

PROCEDURE LOCATION OR 1-1

DATE 13 Aug 03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6675

*U.S. GPO: 2002-729-180/40137

Smoker
NKDA

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS		
CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I"=CONSTANT INFUSION	DRUG	(Route)
	midazolam	(mg) 1111
	fentanyl	(mcg) <250>
	Propofol	(mg) 20 20 20
		( )
		( )
		( )
	VOLAT AGENT	% del
		% e.t.
	AIR	L/Min
	N2O	L/Min
	O2	L/Min 10 – 10 – RA.
SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		

TOTALS	
5mg	
250mcg	Min
90mg	
X	

TOTAL URINE: Ø

FLUIDS – SUMMARY
CRYSTALLOID– 2000cc LR
COLLOID–
BLOOD– X

FLUIDS		
LINE site (R)(CC) 20g R/K	☐ Warmed	200
	☐ Warmed	
	☐ Warmed	
	☐ Warmed	
LOSSES	EST BLOOD LOSS	
	URINE –	

PHYS STATUS: 1/2/3 4 5 E

BODY WEIGHT: 90 KG LB

HEMATOCRIT: /

INITIAL DATA: BP – 123 / 71 HR– 91

BOOKP CHECK: OK?– (Y) N

PATIENT READINESS: OK for PROCEDURE? yes TIME– 1425

TIME → 1345 1500 30 1600 30 1700 30

SYMBOLS: Reg Adult; BP by cuff V (R) ^ art; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES– X-X; PROC-(●)-Ø

220 200 180 160 140 120 100 80 60 40 20

VT – ml	A1	B	6	14
f – breaths/min				
Peak inf pres / PEEP				
MODE– S(pon), A(assist), C(on)	S	S	S	S
✓ BP/Auto Cuff	✓ ET CO2 (torr)	(+)	(+)	(+)
BP / oth	✓ FIO2 (Frac or %)	>21	>21	RA
ART line	✓ SpO2 (%)	100	100	97
Steth- PC/ES	✓ ECG	SR	SR	SR
✓ GAS analyzer	✓ TEMP- site Axill			
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

Mark with letters & symbols, explain under REMARKS — EVENTS: All pressure points & genitals Vd/pad'd. Position → Prone → OK

REMARKS– Code drugs with numbers, events with letters

1430 Greeted pt in ICU ⊕ID. Preop verified as before. Labs/ch review. Plan IV sed for dressing Δ on sacral decub, H NPO since 10AM (clear) 1515 To ICU via LIT VSS. Pt stable. Resp even/Reg Report to SLT Wilki

RECOVERY AT 1515
PACU (ICU) (Specify)
OTHER T= 96°
CONDITION: Stable
RESP– 14 SpO2– 97% RA
BP– 92/50 HR– 94

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1420	1435	1536
	Ready	Begin	End
PROC	1450	1455	1510

PROCEDURES and CPT Codes: Sacral Decubitus dressing change (debridement/ Irrigation)

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: IV sed

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Natural FO2 FM.

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

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

ANESTHETISTS: (b)(6)-2 CPT/CRNA

PROCEDURE LOCATION: OR 1-1

DATE: 14 AUG 03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6676

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

DRUG	(Dose)									
Versed	(mg)	2								
Fent // MSO4	(mcg)	250	// 5		2		3			
STP	(mg)	300							100	
Vec	(mg)	10		2		2		1		
Neostig / glycopyrr										
Ephedrine	(mg)		5						5/0.8	
VOLAT AGENT	% del									
	% e.t.		X-0.6	1.5	1.5	1.0	1.0	1.0	1.0	1.5	1.5	1.0
AIR	L/Min									
N2O	L/Min									
O2	L/Min		X-8	2	2	2	2	2	2	2	2	2

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "1"=CONSTANT INFUSION

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

TOTALS	
2 mg	
250 // 10 mg	

TOTAL IN: 100

TOTAL URINE: 350

FLUIDS – SUMMARY

CRYSTALLOID– 2500

COLLOID– Ø

BLOOD– Ø

FLUIDS		
LINE site	LR	☐ Warmed
		☐ Warmed
		☐ Warmed
		☐ Warmed

(1000) (2000)

(b)(6)-2

LOSSES	
EST BLOOD LOSS	
URINE –	200 / 150 / 350

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 75 KG / LB

HEMATOCRIT: 27.8

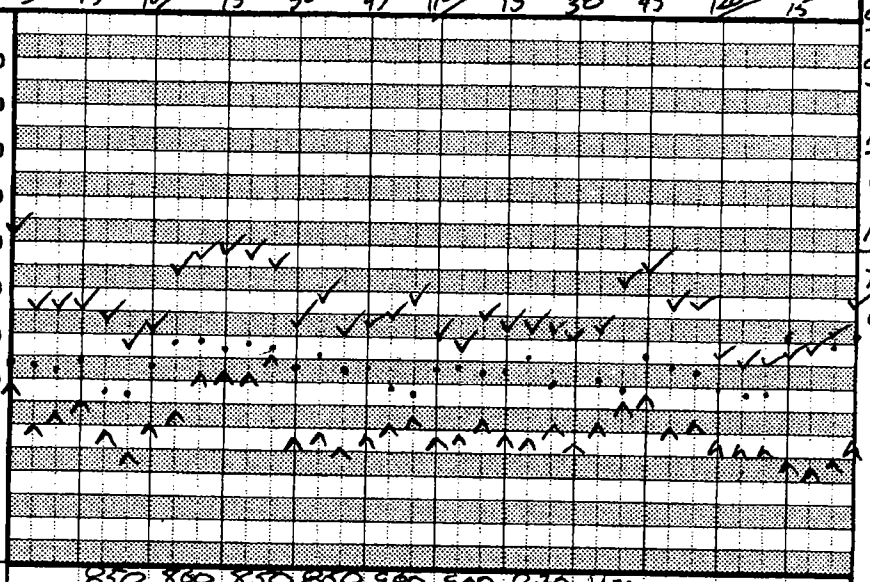
INITIAL DATA: BP – 134/70; T-97.0 R-16; HR– 74

EQUIP CHECK: OK?– (✓) N

PATIENT RECHECK: OK for PROCEDURE? ✓; TIME– 0925

SYMBOLS: BP by cuff (V / Λ); Heart rate (●); Resp rate; BP (transduced); TOURNIQUET (T – ✗); ANES– X-X; PROC– (•)–Ø

TIME → 30 45 1000 15 30 45 1100 15 30 45 1200 15



VT – ml	850	860	850	880	900	900	870	670		
f – breaths/min	10	10	8	8	6	6	6	6	22	21
Peak inf pres / PEEP	28	24	24	24	23	21	22	19		
MODE– S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	S	S
ET CO2 (torr)	30	33	31	28	31	34	33	52	47	40
FIO2 (Frac or %)	.83	.81	.77	.80	.82	.81	.82	.82	.81	.81
SpO2 (%)	100	100	100	100	100	100	100	100	100	100
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
TEMP- site (Ax)	34.0	34.5	34.6	34.7	34.7	34.7	34.5	34.6	34.6	34.6
N-M Block (T/4)	4/4	4/4	3/4	1/4	4/4	1/4		2/4		4/4 ST

BP/Auto Cuff; BP / oth; ART line; Steth- PC/ES; Gas analyzer; Warming blkt; Conv warmer

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

REMARKS – Code drugs with numbers, events with letters

0915 pt IDd & pla. of Care Reviewed & pt, Chart Reviewed
0925 In Rm Monitor
0930-0940 Induct & Intubation
1010 NG Tube pla
1125 Relief JSchwab UTA
1230 pt sx ? good TV pt Following Commands, pt Extubated & pos. pres. & Suction

RECOVERY AT 1235

PACU ICU _____ (Specify)

OTHER _____

CONDITION: Stable; T-96.1; RESP- 20; SpO2- 99; BP- 113/63; HR- 91

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0915	0925	1240
	Ready	Begin	End
PROC	0945	1000	1220

PROCEDURES and CPT Codes: Exp. Lap

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: DL x 2 2 Mil Grade II View, Intubated 8.0 ETT to 24cm @ lip Bilat BS ETCO2 x 5 waves Eyes taped

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

(b)(6)-4

SURGEONS: (b)(6)-2

ANESTHETISTS: MAJ (b)(6)-2 / (b)(6)-2 / 2LT CRNA

PROCEDURE LOCATION: FSO 1-1

DATE: 15 Jul 03

PAGE 1 OF

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6677

*U.S. GPO: 2002-729-180/40137

See previous pre-op

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS				TOTALS
CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "1"=CONSTANT INFUSION	DRUG	(Units)		
	Versed	(mg)	2	3
	Fentanyl	(µg)	(200)	250
	Propofol	(mg)	40	40
		( )		
		( )		
		( )		
	VOLAT AGENT	% del		
		% e.t.		
	AIR	L/Min		
	N2O	L/Min		
	O2	L/Min	10—10	
SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS				

TOTAL REL: Min

TOTAL URINE: Ø

FLUIDS	
CRYSTALLOID–	100
COLLOID–	Ø
BLOOD–	Ø

FLUIDS		
LINE site	☐ Warmed	100
LR #20 (R) AC	☐ Warmed	
↑ 700	☐ Warmed	
	☐ Warmed	

LOSSES	
EST BLOOD LOSS	
URINE –	

REMARKS– Code drugs with numbers, events with letters

(1) from ICU → OR.
(2) Pt: positioned self prone. O_2 monitors IV sed.
(3) Moved to stretcher & personnel → ICU via stretcher pt patent. Report to RN.

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 50 (KG) LB

HEMATOCRIT:

INITIAL DATA: BP – 129, 76 HR– 75

EQUIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? TIME– (Y) 0816

TIME → 0815 30 45

SYMBOLS: BP by cuff V ^ ; Heart rate ● ; Resp rate ; BP (transduced) ⊥/T ; TOURNIQUET T – ✗ ; ANES– X-X ; PROC–(●)–Ø

220 200 180 160 140 120 100 80 60 40 20

VENTILATION	
VT – ml	
f – breaths/min	18 16
Peak inf pres / PEEP	
MODE– S(pon), A(ssist), C(on)	S S

MONITORING & ACCESSORIES			
BP/Auto Cuff	X	ET CO2 (torr)	+ +
BP / oth	X	FIO2 (Frac or %)	>.21
ART line	X	SpO2 (%)	99 98
Steth- PC/ES	X	ECG	SR SR
Gas analyzer	X	TEMP- site axil	
		N-M Block (T/4)	
Warming blkt			
Conv warmer			

RECOVERY AT 0837

PACU / ICU (Specify)

OTHER

CONDITION: 96.8

RESP– 10 SpO2 96

BP– 111/61 HR– 72

ANESTHESIA / PROCEDURE TIME	Start	Room	End
ANES	0810	0815	0841
PROC	Ready	Begin	End
	0819	0820	0829

Mark with letters & symbols, explain under REMARKS — EVENTS: Pressure pts padded Pt's ~90° eyes/ears/genitals free of pressure

Position → Prone

PROCEDURES and CPT Codes

Sacral decubitus dressing chang

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

IV sed

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

natural c O_2 via Tm

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

C (b)(6)-4

(b)(6)-4

SURGEONS: (b)(6)-2

ANESTHETIST (b)(6)-2

(b)(6)-2

CPT, AN
CRNA

PROCEDURE LOCATION OR 1-1

DATE 16 Aug 03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6678

*U.S. GPO: 2002-729-180/40137

ASA II
NKDA.

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)	
Versed	(mg)	(5)
Fentanyl	(mg)	(250)
Propofol	(mg)	20 20
	( )	
	( )	
	( )	
VOLAT AGENT	% del	
	% e.t.	
AIR	L/Min	
N2O	L/Min	
NC O2	L/Min	4 4 4 RA

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

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

TOTALS	
5 mg	
250 mcg	
40 mg	
X	

TOTAL BIS: Ø

TOTAL URINE: Ø

FLUIDS – SUMMARY
CRYSTALLOID– LR = 200 cc
COLLOID–
BLOOD– X

FLUIDS
LINE site LR (rc) 18g LH ☐ Warmed — 200 cc
☐ Warmed
☐ Warmed
☐ Warmed

LOSSES: EST BLOOD LOSS; URINE –

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 50 (KG) LB

HEMATOCRIT: –

INITIAL DATA: BP – 125 / 76; HR – 87

EQUIP CHECK: OK? – (Y) N

PATIENT READINESS: OK for PROCEDURE? Yes; TIME – 0745

TIME → 0700 15 30 45 0800 15 30 45 1000 15 30 45

SYMBOLS: (R) arm BP by cuff; V Reg / ^ Adult; Heart rate ●; Resp rate; BP (transduced) ⊥/T; TOURNIQUET T – X; ANES – X-X; PROC – ⊙ – Ø

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

VITALS
VT – ml: Ø
f – breaths/min: 18 12 19 16 14
Peak inf pres / PEEP
MODE – S(pon), A(ssist), C(on): S S S S S

MONITORS & EQUIPMENT

✓ BP/Auto Cuff	✓ ET CO2 (torr)	Avail			
BP / oth	✓ FIO2 (Frac or %)	≥.21	≥.21	≥.21	≥.21
ART line	✓ SpO2 (%)	100	100	100	100
Steth- PC/ES	✓ ECG	SR	SR	SR	SR
✓ Gas analyzer	TEMP- site	Avail			
	N-M Block (T/4)				
Warming blkt		✓			
Conv warmer					

Bb-2

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

REMARKS – Code drugs with numbers, events with letters

0750 → Given ceftriaxone IV
& ID. 18g IV start LH.
Preop assessment unchanged from 8/13.
VSS. Lungs CTA (B)
Heart S1 S2 RRR.

0810 Dr. in OR 1-1 via litter. Positions self prone on OR bed. All pressure pts / genitalia well padded. O2 via NC.

0845 Sacral dsng Δ complete. Pt moves to litter supine.

0849 Abdominal dsng Δ complete.

0850 To ICU via litter. VSS. Report to ICU staff. Pt stable.

X

RECOVERY AT 0850
PACU (ICU) (Specify)
OTHER T = 96.2
CONDITION: Stable
RESP – 14 SpO2 – 98
BP – 99/54 HR – 70

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0730	0810	0855
PROC	Ready 0818	Begin 0825	End 0850

PROCEDURES and CPT Codes
Dressing change to Sacral decubiti & I + D. Drsg Δ to abdomen.

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
IV sedation

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Natural & O2 NC

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

SURGEONS: (b)(6)-2
ANES: (b)(6)-2 CRT / CRNA

PROCEDURE LOCATION: OR 1-1
DATE: 18 AUG 05
PAGE 1 OF 1

NKDA
Cefotan ?1200

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS (Continuous / Repeated Drugs, specify units – MG / MCG / ML, "( )"=constant infusion)	DRUG (Units)		TOTALS
	Versed (mg)	2 … 3	2/0
	Fentanyl (mcg)	(100) (100) 50	300/200
	STP (mg)	300	
	(Sch) Vec (mg)	(100) 10 3 3 4 5	
	MSO4 (mg)	3 2 2 3 3 3 2 2	20/0
	(g)		
VOLAT AGENT	Forane % del		
	% e.t.	0.6 1.4 1.4 1.4 1.4 1.1 0.7 0.7	
	AIR L/Min		
	N2O L/Min		
	O2 L/Min	8 … 8	

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

TOTAL EBL: 150

TOTAL URINE: 200

FLUIDS – SUMMARY
CRYSTALLOID– 1600
COLLOID– Ø
BLOOD– Ø

FLUIDS

LINE site		
	☒ Warmed	(450) (1000) 1600
#20 G LR (↑450)	☐ Warmed	
#16 G LR	☐ Warmed	
	☐ Warmed	

LOSSES
EST BLOOD LOSS: 100 … 150
URINE – 100 … 200

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

BODY WEIGHT: 75 (KG) LB

HEMATOCRIT: 28.4

INITIAL DATA: BP – 127/71; HR – 82

EQUIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? (Y) TIME – 1421

TIME: 1415 30 45 1500 · 30 · 1600 · 30 ·

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

(Grid 20–220 with plotted BP, heart rate; marks ⊗ and ③)

VENTILATION

VT – ml	850	870	860	820	830	800	800	760	760
f – breaths/min	10	10	10	10	9	9	8	8	8
Peak insp pres / PEEP	27/3	27/3	29/3	29/3	27/3	27/3	29/3	30/3	30/3
MODE– S(pon), A(ssist), C(on)	S C	C	C	C	C	C	C	C	C

MONITORS / ACCESSORIES

BP/Auto Cuff ☒	ET CO2 (torr)	+	32	32	29	30	29	30	31	33	33
BP / oth ☒	FIO2 (Frac or %)	.9	.7	.64	.53	.52	.51	.51	.53	.52	
ART line ☒	SpO2 (%)	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
☒ Gas analyzer ☒	TEMP- site ESO		36.7	36.6	36.6	36.8	37.0	37.3	37.3	37.4	
☒	N-M Block (T/4)	0/4	4/4	0/4	1/4		1/4		2/4	1/4	
Warming blkt											
Conv warmer											

A-line inserted #20G Ⓡ radial by J. Schroeder CRNA 1 attempt ē sterile, etc.

Mark with letters & symbols, explain under REMARKS
EVENTS
Position → ⊙ pressure pts padded BUE < 90° ✓ taped ē intubation

REMARKS–
Code drugs with numbers, events with letters
① from ICU → OR via stretcher.
② → OR table & personnel. Pre-O2 / monitors RSI ē cricoid. NGT Ⓐ nares. Stomach ↓
③ #16 G IV started Ⓡ ē
④ Zofran 4mg IV
→ ICU via stretcher
Vent ē ambu bag. IV x 2 patent.
Report given.

RECOVERY AT ICU
PACU (ICU) ______ (Specify)
OTHER ______
CONDITION: intubated
RESP 8 / 9 / PE ? SpO2 – 100
BP – 93/56 HR – 103

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1405	1420	1650
	Ready	Begin	End
PROC	1432	1442	1632

PROCEDURES and CPT Codes
abdominal wound exploration

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* (previously noted airway) light wand used attempt #2. #8.0 ETT secured @ 25 cm midline & tied in place. ⊕ BBS ⊕ ET CO2. Soft bite block placed. Cuff ↑

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

SURGEON (b)(6)-2

ANESTHETISTS: (b)(6)-2 CPT ______
(b)(6)-2
CPT, AN
CRNA

PROCEDURE LOCATION OR-1

DATE 21 July 03

PAGE 1 OF 1

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 50 DAYS MOS (YRS) Sex (X) MALE ( ) FEMALE

PROPOSED PROCEDURE: Fx Leg
SURGICAL SERVICE: GS – (b)(6)-2
NPO SINCE: 2300

ASA Physical State 1 2 (3) 4 5 (E)
WT: ~75 (KG/LB) HT: ____ IN.
ALLERGIES: NKDA

HABITS:
TOBACCO: Ø
ETOH: ____
DRUGS: ____

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) Ø
( ) ____
( ) ____
( ) ____
( ) ____
( ) ____

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: ____ / ____
U/A: ____
OTHER: ____

7.33 pCO2 38.7 pO2 251
HCO3 21 BE -5 Sao2 100

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	GSW to LLQ Abdomen
	N	Y	
Familial HX	N	Y	

Denies medical problems per interpretor

ASSESSMENT
PAST SURGICAL/ANESTHETIC
Prior leg fracture.

PHYSICAL EXAMINATION
BP 124/81 HR 91 R 14 T ____
Pain Scale 0-10 ____
HEENT - Teeth Poor dentition
Trachea Midline
3FB TMJ/Neck Flow
Oropharnyx MP II
Nares Patent
CHEST: CTA
CARDIAC: S1S2 RRR
EXTREMITIES:
IV Access: R arm 18g
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since 2300

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ (X) General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian agrees to understand and agrees. Questions answered.
Signed: (b)(6)-2 CRT/CRNA Date: 8 JUL 03 Time: 0020 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
(X) NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed (b)(6)-2 (b)(6)-2 CRT/CRNA Date: 9 JUL 03 Time: 1330 Hrs

Patient Identification: (Ward) ____

(b)(6)-4

*NOTE Anterior glottic opening Grade II view during laryngoscopy. (b)(6)-2 CRT/CRNA

SEDATION KEY:
1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

ANESTHESIA PLAN OF CARE PRE-PROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 50 DAYS MOS YRS Sex (X) MALE ( ) FEMALE

ASA Physical State 1 (2) 3 4 5 E
WT: 50 (KG)/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Sacral decub I/D
SURGICAL SERVICE: Gen
NPO SINCE: this am

HABITS:
TOBACCO: (+)
ETOH: (-)
DRUGS: (-)

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) Heparin
( ) Zantac
( ) Percocet PRN
( ) Nicotine patch
( )
( )

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: ____/____
U/A: ____
OTHER: ____

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	hx GSW
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	abd flap
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	
	N	Y	
Familial HX	N	Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
- ilx flap
- sacral decubitus, debridement x 2.
- Diabetes

PHYSICAL EXAMINATION
BP 149/77 HR 22 R ___ T ___
Pain Scale 0-10 ____
HEENT - Teeth intact
Trachea ____
TMJ/Neck MPII
Oropharnyx 2 SFB MAL
Nares ____
CHEST: CTA (B) bases
CARDIAC: S1 S2
EXTREMITIES: ____
IV Access: 22G R
Ulnar Filling: wrist
BACK: ____
OTHER: ____

NPO Since ____

ANESTHETIC PLAN: { } LOCAL (X) MAC { } Regional (Specify): ____ (X) General: Mask Intubation
IV sed

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the p[redacted]

The patient/legal guardian [redacted] Questions answered.
Date: 8/13/03 Time: 1245 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
(X) NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER
VSS No pain underpain
[redacted]
Date: 8/13/03 Time: 1300 Hrs

Patient Identification: (Ward) ____

[redacted]

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

WAMC Form 2300 (Revised) 15 Mar 0[illegible] MCXC-DO[illegible]

MEDCOM - 6682

PATIENT RECORD COPY

Previous edition is ob[illegible]
☆U.S. GPO: 200[illegible]

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 50 DAYS MOS YRS Sex (X) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 75 KG/LB HT: 66 IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Wound Exp/
SURGICAL SERVICE: GEN
NPO SINCE: PMN

HABITS:
TOBACCO: Ø
ETOH: Ø
DRUGS: Ø

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) Zantac
( ) Urgsyn
( ) H.P.
( ) MSO4 PRN
( )
( )

PREMEDICATIONS:
None Yes (@ _____ Hrs) /CC
_____ . _____ mg IV IM PO
_____ . _____ mg IV IM PO
_____ . _____ mg IV IM PO

LABORATORY STUDIES:

HB/HCT: _____/_____
U/A: _____
OTHER: _____

10.7 / 27.8 / 9.0 / 277

5.2

141 / 100 / 19
3.2 / 33 / 0.7 / 95

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	GSW to Hand
	N	Y	S/(L) elbow (8 July)
Familial HX	N	Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC

Exp / ⊕ i ORIF
(L) elbow (8 July)

PHYSICAL EXAMINATION
BP 134/70 HR 74 R 16 T 97.0
Pain Scale 0-10 _____
HEENT - Teeth Poor
Trachea Midline
TMJ/Neck FROM
Oropharnyx MPII
Nares _____
CHEST: CTA
CARDIAC: S.S2
EXTREMITIES: GSW (L) elbow
IV Access: #18g (R) arm
Ulnar Filling: _____
BACK: _____
OTHER: _____

NPO Since PMN

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): _____ (X) General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: _____ Date: 15 July 03 Time: 0900 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

(b)(6)-4

ADL CPNA
MAJ (b)(6)-2
(b)(6)-2

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 50 **DAYS MOS YRS** **Sex** (X) **MALE** ( ) **FEMALE**

ASA Physical State 1 2 3 4 5 E
WT: 70 **KG/LB HT:** ____ **IN.**
ALLERGIES: NKDA

PROPOSED PROCEDURE: wound Expl.
SURGICAL SERVICE: Gen – (b)(6)-2
NPO SINCE: 0700

HABITS:
TOBACCO: ____
ETOH: ____
DRUGS: ____

CURRENT MEDICATIONS:
( ) = ordered as premed

() Heparin 5000U SQ BID
() Zantac 50mg IVPB q8h
() Flagyl 500mg q8
() Cefotan 2g IV q12
() Albuterol Neb q4hr
() MSO4 PRN pain

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

LABORATORY STUDIES:

HB/HCT: ____ / ____
U/A: ____
OTHER: ____

21 Jul
12.6 / 28.4 / 9.3 / 926

138 | 99 | 7 / 3.8 | 32 | 0.8 / 132

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:
- Hypertension N Y
- Angina N Y
- MI N Y
- CVA N Y
- Other N Y

Pulmonary System:
- Asthma N Y
- Bronchitis/URI N Y
- COPD N Y
- Other N Y

Renal System:
- Acute/Chronic RF N Y

Gastrointestinal:
- Hepatitis N Y
- Hiatal Hernia N Y
- PUD/GERD N Y

Endocrine System:
- Diabetes N Y
- Steriods N Y
- Thyroid N Y

Neurological:
- Seizures N Y
- Neuropathy N Y
- Other N Y

Gynecological :
- Pregnancy N Y N/A

Other Significant Hx:
- N Y
- N Y
- **Familial HX** N Y

GSW to (L) elbow / Abdomen 8 Jul

ASSESSMENT
PAST SURGICAL/ANESTHETIC

- Exploration FORE (L) elbow 8 Jul
- Exlap 15 Jul 03

99-100% on

PHYSICAL EXAMINATION
BP 128/74 **HR** 82 **R** 20 **T** 97.1
Pain Scale 0-10 ____
HEENT - Teeth Intact - poor dent
Trachea Midline
TMJ/Neck FROM
Oropharnyx MP II
Nares patent
CHEST: CTA - dim bases
CARDIAC: S1 S2 RRR
EXTREMITIES: GSW (L) elbow - cast
IV Access: ____
Ulnar Filling: ____
BACK: ____
OTHER: ____

* TM dist 3 FM

NPO Since 0700

ANESTHETIC PLAN: { } **LOCAL** { } **MAC** { } **Regional (Specify):** ____ (X) **General: Mask Intubation**

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: (b)(6)-2 CRT/CRNA **Date:** 21 Jul 03 **Time:** 1215 **Hrs**

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
(X) **NO APPARENT ANESTHETIC COMPLICATIONS** { } **OTHER**
Pt. remains intubated, paralyzed, sedated. Hemodynamically stable.
Signature: (b)(6)-2 **Date:** 7/22/03 **Time:** 1414 **Hrs**

Patient Identification: (Ward) ____

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

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 8 JUL 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: 2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW to abdomen

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

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

DATE VERIFIED: 8 JUL 03

TIME VERIFIED: 0705

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR	RECIPIENT
ABO: A	ABO: A
Rh: Pos	Rh: Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 08 JUL 03

REMARKS: EHP: 08 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)*: 0723 ON *(Date)*: 08 JUL 03

IDENTIFICATION:

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

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

2nd VERIFIER *(Signature)*: (b)(6)-2 MAJ/CRNA

PR

TEMP. 99.0 PULSE 81 BP 88/49

DATE OF TRANSFUSION: 8 JUL 03

TIME STARTED: 0733

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME	DATE	COMPLETED	INTERRUPTED
ALL ML	0745	7/8/03		

REACTION

- [x] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

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

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

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

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

(b)(6)-4

SEX: Male

WARD: OR

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* ____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 8 July 03.

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: Multi. trauma

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

SIGNATURE OF VERIFIER

DATE VERIFIED: SEE Prior SF 518

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

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

DONOR — ABO: A — Rh: POS

RECIPIENT — ABO: A — Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMP

PREVIOUS RECORD CHECK: [✓] RECORD [ ] NO RECORD

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 08 JUL 03

REMARKS: Exp 08 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0733 ON *(Date)* 08 JUL 03

IDENTIFICATION

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

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

2nd VERIFIER *(Signature)*: (b)(6)-2 MAJ, AN

PRE-TRANSFUSION

TEMP. 97° PULSE 80 BP 113/62

DATE OF TRANSFUSION: 8 JUL 03 TIME STARTED: 0780

POST-TRANSFUSION DATA

AMOUNT GIVEN: 350 ML TIME DATE COMPLETED: 0900 8 July INTERRUPTED

REACTION [✓] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

[ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 MAJ/CRNA

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

(b)(6)-4

SEX: M WARD: OR

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

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* 2U ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 7/12

DATE AND HOUR REQUIRED 7/12 1600

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE SB resection

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

SIGN[redacted] (b)(6)-2 LPN

DATE VERIFIED 12 Jul 03

TIME VERIFIED 1630

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

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

DATE 12 July 03

DONOR	RECIPIENT
ABO A	ABO A
Rh pos	Rh pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

Exp Date: 14 July 2003

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)* 1750 ON *(Date)* 12 Jul 03

IDENTIFICATION

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

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

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

[redacted] TRANSFUSION

TEMP. 100.9 PULSE 100 BP 130/68

DATE OF TRANSFUSION 12 Jul 03 TIME STARTED 1805

POST-TRANSFUSION DATA

AMOUNT GIVEN 390 ML

TIME/DATE COMPLETED/INTERRUPTED 2130 12 Jul 03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 99.2 PULSE 99 BLOOD PRESSURE 128/73

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

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

[redacted] Spec (b)(6)-2 91wmb

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

SEX M WARD ICU

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 6687

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 12 Jul 03

DATE AND HOUR REQUIRED: 12 Jul 03 1600

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: SB resection

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

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

DATE VERIFIED: 12 Jul 03

TIME VERIFIED: 1630

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

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

DONOR		RECIPIENT	
ABO	A	ABO	A
Rh	pos	Rh	pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE [redacted] REQUESTED — DATE 12 Jul 2003

REMARKS: Exp: 14 July 2003

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

SIGNATURE [redacted] FORMING TEST: (b)(6)-2

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 2135 ON *(Date)* 12 Jul 03

IDENTIFICATION:

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

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

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

TEMP. 99.2 PULSE 87 BP 128/93

DATE OF TRANSFUSION: 12 Jul 03 TIME STARTED: 2200

POST-TRANSFUSION DATA

AMOUNT GIVEN: 390 ML

TIME COMPLETED: 0145 DATE: 13 Jul 03 INTERRUPTED

REACTION: [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

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

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

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

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

SEX: M WARD: ICU

(b)(6)-4

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

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 23 July 03

DATE AND HOUR REQUIRED ON CALL

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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

SIGNATURE OF VERIFIER (b)(6)-2

DATE VERIFIED 23 July 03

TIME VERIFIED 0730

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMP

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

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

DONOR	RECIPIENT
ABO A	ABO A
Rh POS	Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 23 JUL 03

REMARKS: EXP: 23 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND [redacted] (b)(6)-2

AT *(Hour)* 1109 ON *(Date)* 23 JUL 03

IDENTIFICATION

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

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

2nd VERIFIER [redacted] (b)(6)-2 SGT/LPN

PRE-TRANSFUSION TEMP. 97.6 PULSE 101 BP 143/69

DATE OF TRANSFUSION 23 July 03 TIME STARTED 1130

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
250 ML	23 JUL 03 1430

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	99	112	118/64

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

[ ] OTHER *(Specify)*

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

[ ] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON [redacted] (b)(6)-2 TITLE SGT/LPN

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

(b)(6)-4

SEX M

WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 6689

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 23 July 03

DATE AND HOUR REQUIRED ON Call

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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

SIGNATURE OF VERIFIER (b)(6)-2

DATE VERIFIED 23 July 03

TIME VERIFIED 0730

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMP

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

(b)(6)-2

DONOR	RECIPIENT
ABO A	ABO A
Rh POS	Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 23 JUL 03

REMARKS: EXP: 23 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)* 1109 ON *(Date)* 23 JUL 03

IDENTIFICATION

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

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

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

PRE-TRANSFUSION TEMP. 97.6 PULSE 101 BP 143/69

DATE OF TRANSFUSION 23 July 03 TIME STARTED 1130

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 23 JUL 03 1430

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99	112	118/64

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTIFIED ABOVE (b)(6)-2 SGT/LPN

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

(b)(6)-4

SEX M

WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 6690

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: E+P 29 July 03 23:59

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 23 July 03

DATE AND HOUR REQUIRED: ON CALL

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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

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

DATE: 23 July 03

TIME VERIFIED: 0700

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMP

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

(b)(6)-2

DONOR	RECIPIENT
ABO: A	ABO: A
Rh: POS	Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 23 Jul 03

REMARKS: Exp 23 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)*: 0801 ON *(Date)*: 23 Jul 03

IDENTIFICATION

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

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

2nd VERIFIER: (b)(6)-2 CPT/AN

PRE-TRANSFUSION

TEMP: 96.9 PULSE: 101 BP: 143/59

DATE OF TRANSFUSION: 23 July 03 TIME STARTED: 0800

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME/DATE COMPLETED/INTERRUPTED: 23 July 03 1100

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98	96	184/70

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

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

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

(b)(6)-4

SEX: M

WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 6691

Medical Record Copy

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.
AP Lat (L) elbow		M	0034	ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
01 Aug 03		

RADIOLOGIC REPORT

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 - 6692

STANDARD FORM 519-B
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11

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.
Left elbow/arm X-Ray			(b)(6)-4	IW	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* Dr (b)(6)-2				TELEPHONE/PAGE NO.
	[redacted] (b)(6)-2			ICU/W	DATE REQUESTED 5 Aug 03

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

broken/check pin placement

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

RADIOLOGIC REPORT

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 6693

1 — MEDICAL RECORD

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: 7/9 TIME OF ORDER: 730 HOURS

LIST TIME ORDER NOTED AND SIGN

1. J IVF to KVO/W — 730 Noted 10 July 03 @ 0730
2. 20 mg Lasix IV push now — 730
3. CDB
4. clears
5. 2 L NC — 730

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10 July 03 TIME OF ORDER: 0800 HOURS

D/C Albio

V.O. Dr (b)(6)-2 (b)(6)-2 mgm (b)(6)-2 MDN

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10 July 03 TIME OF ORDER: 1000 HOURS — Noted 10 July 03 (b)(6)-2

Draw CBC @ 1500

V.O. Dr (b)(6)-2 (b)(6)-2 mgm

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

NURSING UNIT: 24 Chad | ROOM NO.: Chad | BED NO.: Chad

0330

PATIENT IDENTIFICATION

DATE OF ORDER: 11 JUL 03 TIME OF ORDER: 0700 HOURS

1. Lasix 20 mg IVP now.
2. J IVF 50/hr

(b)(6)-2 (b)(6)-2 Noted 11 Jul 03 @ 0700

NURSING UNIT | ROOM NO. | BED NO.

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

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CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 11 July 03 TIME OF ORDER: 1600 HOURS

LIST TIME ORDER NOTED AND SIGN

Keep Patient NPO

V.S. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 1600

NURSING UNIT | ROOM NO. | BED NO.

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

PATIENT IDENTIFICATION

DATE OF ORDER: 7/11 TIME OF ORDER: 1930 HOURS

(1) Wet → Dry dressing to wound bid with normal saline

(2) Heparin 5000 u sq bid

(3) DAB Ambulate tid

(b)(6)-2 noted 11 July 03

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 (b)(6)-2 (b)(6)-2 14 Jul

PATIENT IDENTIFICATION

DATE OF ORDER: 12 JUL 03 TIME OF ORDER: 0900 HOURS

(5) Lasix 20 mg IVP now (b)(6)-2 (b)(6)-2 12 Jul 03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 7/12 TIME OF ORDER: 1620 HOURS

(1) Transfuse 2u PRBC over 4hr each

(2) 40 mg Lasix IVPush in between each (b)(6)-2 12 Jul 03 1620

NURSING UNIT | ROOM NO. | BED NO.

24 done (b)(6)-2 (b)(6)-2 UPT 0415 13 July 03

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

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MEDCOM - 6695

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 15 July 03 TIME OF ORDER 1200 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU
2. Incentive spirometer
3. I+O
4. NG to LIS
5. Flush with 30cc water Q 4°

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

6. Foley to gravity
7. NPO
8. Heparin 5000u SQ bid
9. Unasyn 3g IV Q6°
10. MSO4 2-4mg IV Q 1° pm pain

NURSING UNIT | ROOM NO. | BED NO.

11. Zantac 50mg IVPB Q 8°
12. LRC 150cc/hr

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

13. Ø labs needed.

(b)(6)-2

NURSING UNIT: Ward ✓ | ROOM NO.: done | (b)(6)-2 | NO.: PT AM

16 July 0230

PATIENT IDENTIFICATION

DATE OF ORDER 7/16 TIME OF ORDER 1530 HOURS

1. Lasix 40 mg iv now ✓
2. CBC, Chem 7 in AM ✓
3. Sips OK ✓

(b)(6)-2

16 Jul 03 1530

NURSING UNIT | ROOM NO. | BED NO.

24° (b)(6)-2 15 July 04 (b)(6)-2

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

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
7/16	1600 HOURS	
① J IVF to Locks		done 1600
(b)(6)-2		(b)(6)-2
		Noted 16 Jul 03 1600
		(b)(6)-2

NURSING UNIT | ROOM NO | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
17 JUL 03	0900 HOURS	Noted
① D/C Unasyn.		(b)(6)-2
② Fluconazole 200mg IV now + then 100mg po qd.		17 Jul 03 1030
③ Cefotetan 2gm IV q 12° 1st dose now.		
(b)(6)-2		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
7/11	1600 HOURS	Noted
① Abdomen X-Ray now		(b)(6)-2
		17 Jul 03 1630
(b)(6)-2		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
17 July 03	2000 HOURS
① Lasix 40mg IVP X1 now	
V/O 2h (b)(6)-2	(b)(6)-2
(b)(6)-2	
24° (b)(6)-2	18 July 03

NURSING UNIT | ROOM NO. | BED NO.

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

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CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 18 July 03 TIME OF ORDER: 0800 HOURS

LIST TIME ORDER NOTED AND SIGN

Chest PT c̄ albuterol nebs Q4°

VO: Dr (b)(6)-2 / (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 18 July 03 TIME OF ORDER: 0915 HOURS

noted

lasix 40mg IVP x1 now

(b)(6)-2

7/18/03 0920

VO: Dr (b)(6)-2 / (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

① IVF 30 cc/hr (TKO)

② clear

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 7/18 TIME OF ORDER: 1600 HOURS

① D/C Rocephin

② Tylox 1-2 tab q4 6 prn pain

24° (b)(6)-2 14 Jul 03

(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.

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
21 July 03	0050 HOURS	
① Percocet 1 tab PO prn for pain Q 4-6°		
② D/C Tylox (Pharmacy notified) VO Dr. (b)(6)-2		

NURSING UNIT | ROOM NO | BED NO.

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
7/21	0700 HOURS	
① NPO		
② IVF @ 100/hr		21 Jul 03 0700
③ CBC, chem 7 now		(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
7/21	HOURS	
① Admit ICU VS / I&O strict		
② Foley gravity, Jp to bulb suction		
③ NG tube		
④ IVF LRC 100 c/hr		(b)(6)-2
⑤ Heparin sub q 5000 u bid		
⑥ Vent: 850, 85, R 10 FiO2 50%		
⑦ Vecuronium paralytic protocol start at 4 mg iv/hr		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	
⑧ Fluconazole 100 mg iv q d		
⑨ Cefotetan 1 g iv bid		
⑩ Zantac 50 mg iv tid		
⑪ Tube feeds Jejunity @ 10 u/hr ✓ residuals q 4		(b)(6)-2
⑫ Versed ivd 2 mg iv/hr titrate		
⑬ morphine ivd 5 mg/hr		(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.

⑭ Labs now; ABG

⑮ Labs in AM - CBC, chem 12

⑯ CXR now, q AM

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CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

(b)(6)-4

(wt: 70 Kg)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 21 JUL 03 TIME OF ORDER 1830 HOURS

LIST TIME ORDER NOTED AND SIGN

1. D/C Cefotetan.
2. Begin Cipro 400mg IV q12°.
   Gentamicin 5mg/Kg IV q24°.

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

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 22 Jul 03 TIME OF ORDER 0530 HOURS

1. Stop Fluids for now
2. ~~O/G Gt~~ NG to LIS

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

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 22 JUL 03 TIME OF ORDER 1500 HOURS

1. NS bolus x 2L - done.
2. NS bolus x 500cc - now then
   ↑ LR 200 cc/hr.

22 JUL 03 1500

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

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.

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PATIENT IDENTIFICATION

#

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 7/22 TIME OF ORDER 0700 HOURS

(1) NPO to LTS now

(2) Start TF at 12N

Neuroval q 2°

(3) 500 NS bolus now

(4) ↑ TF to 150/hr

(b)(6)-2

LIST TIME ORDER NOTED AND SIGN

22Jul03 0700

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 22 July 03 TIME OF ORDER 1000 HOURS

Bolus 500cc NSS x 1 now IV

V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 7/22 TIME OF ORDER HOURS

1L NS bolus now

CBC, Chem 8 in AM

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 22 July 03 TIME OF ORDER 1700 HOURS

Inhale Albuterol 2.5% now for

U.O. bronchospasm 30cc/hr

V.O. Dr (b)(6)-2 (b)(6)-2

(b)(6)-2

22Jul03

(b)(6)-2

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

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PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 7/27 TIME OF ORDER 0700 HOURS

LIST TIME ORDER NOTED AND SIGN

1) Aspirate Vecuronium off
2) D5W to 100 cc/hr
3) Transfuse 2nd pRBC
4) Lasix 40 mg IVP between blood units
5) Labs 7/24 CBC, chem 7

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER 23 July TIME OF ORDER 0800 HOURS

NIO 1.) Turn pt q 2°

(b)(6)-2

DR (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Transcribed (b)(6)-2

PATIENT ID (b)(6)-2

DATE OF ORDER 23 July TIME OF ORDER 0810 HOURS

VO DR (b)(6)-2

1.) Bactrim to mates, bid.
2.) Elevate scrotum.

Taken by (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 7/23 TIME OF ORDER HOURS

1) CBC Carry
at 1500

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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PATIENT IDENTIFICATION

DATE OF ORDER 23 July 03 TIME OF ORDER 1700 HOURS

LIST TIME ORDER NOTED AND SIGN

① Tylenol 650 mg PR x 1 for temp of 101.5
② Irrigate N/G with 60 cc NSS for lavage of irrigated blood
V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 23 Jul 03 1700

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

① Stop N/G Feeds of jaundice
② Place N/G to LIS
V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 23 July TIME OF ORDER 2100 HOURS

VO Dr (b)(6)-2
1.) Versed 1-2 cc/hr IV until 0300 24 July, then Hold.
2.) Δ VR to 10.
Taken by (b)(6)-2 CRN

Transcribed by (b)(6)-2 23 July 2003

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

23 July 03 2210 HOURS

1.) Start Tube feeds @ 30 cc/hr. Hold @ 0300 24 July 03.
Taken by (b)(6)-2 CRN

VO K. Dr (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

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

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

IDENTIFICATION (b)(6)-4

DATE OF ORDER 24 July 03 TIME OF ORDER 0500 HOURS

LIST TIME ORDER NOTED AND SIGN

VO Dr (b)(6)-2

1) Resume LIS.

Taken by (b)(6)-2

Transcribed (b)(6)-2

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

X

G UNIT | ROOM NO. | BED NO.

IDENTIFICATION

DATE OF ORDER 24 JUL 03 TIME OF ORDER 0700 HOURS

24 Jul 03

(1) Lasix 40 mg IV X 1 now (b)(6)-2

(b)(6)-2

NG UNIT | ROOM NO. | BED NO.

NT IDENTIFICATION

DATE OF ORDER 7/24 TIME OF ORDER 0730 HOURS

24 Jul 03

(1) D5W/Rx to 50/hr

(2) est lock now

(b)(6)-2

(b)(6)-2

MA Tolmie

ING UNIT | ROOM NO. | BED NO.

ENT IDENTIFICATION

DATE OF ORDER 24 July 03 TIME OF ORDER 1230 HOURS

Thorazine 25 mg IM

Dilaudid | Morphine Drips

V.O. Dr (b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

[redacted]

ING UNIT | ROOM NO. | BED NO.

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

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CLINICAL RECORD - DOCTOR'S ORDERS

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L RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD
IRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

	DATE OF ORDER	TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
CATION	7/25	0700	
	1) Heparin IV		
	2) D/C qAM CXR		
	(b)(6)-2		
ROOM NO. / BED NO.			

	DATE OF ORDER	TIME OF ORDER / HOURS	
ITIFICATION	27 July 03	0800	
	1) D/C Foley	(b)(6)-2	
	V.O. Dr (b)(6)-2	(b)(6)-2	
	(b)(6)-2	(b)(6)-2	
UNIT / ROOM NO. / BED NO.			

	DATE OF ORDER	TIME OF ORDER / HOURS	
IDENTIFICATION	26 July 03	1130	
	Quest PT Q4D	(b)(6)-2	
	(b)(6)-2	(b)(6)-2	
ING UNIT / ROOM NO. / BED NO.			

	DATE OF ORDER	TIME OF ORDER / HOURS	
ENT IDENTIFICATION	27 JUL 03	1130	
	1) Δ Cipro → 500mg po q12° @ next dose		
	2) Δ fluconazole 100mg po qd @ next dose		
	3) Δ Zantac 150mg po bid	(b)(6)-2	
UNIT / ROOM NO. / BED NO.			

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

/9 4256

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-4

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 7/24 TIME OF ORDER: 1600 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Increase Spirometer 10x every 15 minutes
2. OOB to chair (Ambulate OK) — 24 Jul 03 1600 (b)(6)-2
3. D/C Aline
4. Start Tic o 30/hr. Increase as tolerated (b)(6)-2

PATIENT IDENTIFICATION

TRANSCRIBED CPT (b)(6)-2 24 July 03 2300

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 24 July TIME OF ORDER: 1830 HOURS (b)(6)-2

VO Dr (b)(6)-2

1.) O_2 titrate to maintain sats > 95%.
2.) MSO_4 2-4mg IV q2-4° prn pain.
3.) Zinc oxide to decubiti T.D Top.
4.) Check F, CBC in Am.

(b)(6)-2

PATIENT IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 25 July TIME OF ORDER: 1230 HOURS

Advance diet to clear liquids

V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

PATIENT IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 25 July 03 TIME OF ORDER: 2000 HOURS

VO Dr (b)(6)-2

1.) Cepacol Lozenges for sore throat, PRN PO.

Taken by (b)(6)-2

(b)(6)-2

ROOM NO.	BED NO.

X (b)(6)-2

(b)(6)-2

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S ORDERS

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-L RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD
WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

ICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	27 JUL 03	1400 HOURS	(b)(6)-2
	(1) Percocet 1-II po q 4-6° prn pain		
	(2) D/c Toradol		
	(b)(6)-2	(b)(6)-2	

ROOM NO.	B

NTIFICATION	DATE OF ORDER	TIME OF ORDER
	27 July 03	2000 HOURS
	Vo, DR (b)(6)-2	
	1. Lidocaine viscous, 15 cc swish and spit q 3 hr prn for sore throat	
	2.) Hurricaine spray, 1-2 sprays to adenoids x 1 now.	
	John by (b)(6)-2	(b)(6)-2

UNIT	ROOM NO.	BED NO.

T IDENTIFICATION	DATE OF ORDER	TIME OF ORDER
	28 July 03	0630 HOURS
	NPO	
	1) STRICT CALORIE CTN	
	2) Consult w dietician	
	(b)(6)-2	

ISING UNIT	ROOM NO.	BED NO.

TIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER
	28 JUL 03	1200 HOURS
	(1) Maalox or Mylanta 30cc po q 4° pm indigestion.	
(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

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PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 7/28 TIME OF ORDER: 1600 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) Lactobacilli tab x 5 close po now

(2) Kaopectate 30cc now and q 12 hrs x 2 doses (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

MATTERS

PATIENT IDENTIFICATION

DATE OF ORDER: 28 July 03 TIME OF ORDER: 1800 HOURS

(1) D/C ASIVE Obs

(2) Give Kaopectate 2 capsules repeat x 1 (b)(6)-2

V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 28 July 2003 TIME OF ORDER: 2130 HOURS

VO DRO (b)(6)-2

(1) VS q 4°

Taking (b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Transcribed 2200 28 July 03

PATIENT IDENTIFICATION

DATE OF ORDER: 7/28 TIME OF ORDER: 1600 HOURS

(1) D/C Lipitor

(2) D/C Pravachol

(b)(6)-2

29 Jul 03 Noted (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

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

ATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 7/31 TIME OF ORDER 2200 HOURS

LIST TIME ORDER NOTED AND SIGN

ENSURE 5 cans/day

TRANSCRIBED 1st June 03

(b)(6)-2

JRSING UNIT 240 ROOM NO. (b)(6)-2 (b)(6)-2

31 July 03

ATIENT IDENTIFICATION

DATE OF ORDER 1 AUG 03 TIME OF ORDER 1645 HOURS

AP XRAY (L) ARM OUT OF SPLINT

1 Aug 03 Jone

(b)(6)-2

(b)(6)-2

JRSING UNIT ROOM NO. BED NO. (b)(6)-2

LTC, MC ORTHOPEDIC SERVICE

ATIENT IDENTIFICATION

DATE OF ORDER 5 Aug 03 TIME OF ORDER 1600 HOURS

X-Ray of (L) Arm

V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2

Noted 25 Sep 03

RSING UNIT ROOM NO. BED NO. (b)(6)-2

TIENT IDENTIFICATION

DATE OF ORDER 5 Aug 03 TIME OF ORDER 1630 HOURS

Morphine 3mg IM x 1 VO

(b)(6)-2

(b)(6)-4

JRSING UNIT ROOM NO. BED NO.

(b)(6)-2

24 9 Aug 03 2330

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is 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: 5 Aug 2003 TIME OF ORDER: 1640 HOURS

LIST TIME ORDER NOTED AND SIGN

Morphine 5 mg IM x 1 now

V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2 1645

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 5 AUG 03 TIME OF ORDER: 2130 HOURS

Fentanyl (Mcan 50 µg)

1 Q3D (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 7 Aug 2003 TIME OF ORDER: 0700 HOURS

Phenergan 12.5 mg IM

V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

24 V 9 Aug 03 @ 2335 (b)(6)-2 14 A

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER:

HOURS

Transcribed 1640 11 Aug 03

(1) NPO

(2) IVF D5W @ 125 cc/hr

(3) Clear in AM

(4) Reg diet now (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 14 Aug 03 @ 0300

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

(b)(6)-2

noted

DATE OF ORDER 8/12 TIME OF ORDER 1450 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) heplock IVF

(2) Regular diet

(3) clears for am 8/13 breakfast

(4) NPO after 8/13 breakfast

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

noted - done 1510

(b)(6)-2

DATE OF ORDER 8/13 TIME OF ORDER 1430 HOURS

(1) Reg diet now

(2) heplock IVF

(3) NPO p ~~midnight~~ AM breakfast, clear for breakfast

(4) Surgery for [illegible]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

1530 13 Aug

(b)(6)-2

DATE OF ORDER 8/13 TIME OF ORDER 1800 HOURS

(1) Cipro 500 mg po bid

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 13 Aug 03 TIME OF ORDER 1555 HOURS

(1) Phenergan 25mg IVSP now

(b)(6)-2

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

1UAW 17 Aug 03 0400

FORM APR 79 4256 REPLACES EDITION OF 1 [illegible] WHICH MAY BE USED.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is 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: 14 August 2003 | TIME OF ORDER: 1700 HOURS | LIST TIME ORDER NOTED AND SIGN

~~① [illegible] ② Kal~~ error

② LR @ KVO

V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 14AUG03 | TIME OF ORDER: 2000 HOURS

① Celexa 20 mg 1 po qd 1st dose now.

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

NURSING UNIT | ROOM NO. | BED NO.

24° V 15 Aug 03 0545 (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 15 AUG 03 | TIME OF ORDER: 0725 HOURS

① CBC, chem 12 this AM (b)(6)-2 (b)(6)-2

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 15 Aug 03 | TIME OF ORDER: 1730 HOURS

NPO pm

V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 MD

MAJ, MC USA
CHIEF, DOS

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

NURSING UNIT | ROOM NO. | BED NO.

26° V 17 Aug 03 @ 0140 (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: 16 AUG 03 TIME OF ORDER: 0835 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Resume previous orders — noted

(b)(6)-2, MD

MAJ, MC USA
CHIEF, DOS

NURSING UNIT | ROOM NO. | BED NO.

17 Aug 03 @ 0145

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: Chart Vol 17 Aug 03 2345 — 17 Aug 03 2345

(1) Q 12h - Bn
(2) Resume Prior orders
(3) SP Dry dyne
(4) Keep with IV

(b)(6)-2 MD

MAJ, MC USA
CHIEF, DOS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

Noted 19 Aug 03 @ 1626

DATE OF ORDER: 19 August 03 TIME OF ORDER: 1800 HOURS

Wet today to Sacral wound. BID

VO Dr (b)(6)-2 (b)(6)-2 NTAW

(b)(6)-2 MD

MAJ, MC USA
CHIEF, DOS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: 20 Aug 03 HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
1 Sep 03	2200 HOURS	
DIC Fentanyl Patch		
	(b)(6)-2	
2 Sep 03 @ 0400	(b)(6)-2	101A

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
2 Sep 03	1000 HOURS	
① DIC Heparin		
VO: Dr (b)(6)-2 / 114 (b)(6)-2		
3 Sep 2400 Draw Check	(b)(6)-2	
4 Sept 2400 Draw Check	(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 (NON-MEDICATION)

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

Mo. Jul Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 8	9	10	11	12	13	14	15
8July03	(b)(6)-2	NG to LIS	05	(b)(6)-2							
			17	(b)(6)-2							
8July03		Flush NG c̄ 30cc Water Q4°	04	(b)(6)-2							
			08								
			12								
			16	(b)(6)-2							
		20	20	(b)(6)-2							
			24								
8July03	(b)(6)-2	Foley to Gravity	05	(b)(6)-2							
			17	(b)(6)-2							
8July03		Incentive Spirometer	05								
			17	(b)(6)-2							
8July03		Labs @ 0Am: CBC, Chem 8	06								
10Jul03		ACT: OOB	05		(b)(6)-2						
			17		(b)(6)-2						
10Jul03		Diet: Clears advance as tolerated (Reg) c̄ CIB	09		(b)(6)-2						
			12		(b)(6)-2						
			17		(b)(6)-2						
10July03		Cough and Deep Breathe (OB)	05		(b)(6)-2						
			17		(b)(6)-2						
11July03		Keep Patent NPO	05		(b)(6)-2						
			17		(b)(6)-2						
11July03		wet-dry dressing to wound bid c̄ normalsaline	10		(b)(6)-2						
			22		(b)(6)-2						
13Jul03		Diet: Regular c̄ CIB	05		(b)(6)-2						
			17		(b)(6)-2						

D/C'd 10Jul03

D/C'd 10Jul03

D/C'd 11Jul03

D/C'd 13Jul03

NPO

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: DX = Small Bowel Resection Exp Lap, ORIF (L) Elbow

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

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

DA FORM 4677, 1 OCT 78 — USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 07 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
8 July 03	(b)(6)-2	Labs: CBC, Chem 8	8 July 03	1300	Done	
8 July 03		Admit to icu	8 July 03		done	
10 July 03		D/C Aline	10 July	0800	0900	(b)(6)-2
10 July 03		1500 CBC	10 July	1500	1500	
12 Jul		Transfuse 2u PRBC over 4hr each	12 Jul	1600	1500	
12 Jul		40mg Lasix IV Push in between units	12 Jul	2000	2145	

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

DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

Mo. ____ Yr. ____

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 11	12	13	14	15
11 July 03	(b)(6)-2	OOB Ambulation TID	06	(b)(6)-2				
			14	(b)(6)-2				
	(b)(6)-2	VS Q4 x 8hrs (per orders)	22	(b)(6)-2				
			06		(b)(6)-2			
			10					
			14					
			18	(b)(6)-2				
			22	(b)(6)-2				
			02					
			06					

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Small bowel resection Exp lap, drip Delbow

PATIENT IDENTIFICATION: (b)(6)-4

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

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

DATE

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

USAPA V1.00

LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER

STANDARD FORM 509 REV. 5/1998) BACK USAPA V1.00

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

V1.00

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 15	16	17	18	19	20	21	22
15 Jul 03	(b)(6)-2	Incentive spirometry	05	(b)(6)-2							
		Q 2-3° while	17	(b)(6)-2							
		awake									
15 Jul 03	(b)(6)-2	I & O	05	(b)(6)-2							
			17								
15 Jul	(b)(6)-2	NG to LIS	05	(b)(6)-2							
			17	(b)(6)-2							
15 Jul	(b)(6)-2	Flush NG c̄ 30cc	04	(b)(6)-2							
		H_2O Q 4°	08	(b)(6)-2							
			12								
			16	(b)(6)-2							
			20								
			24								
15 Jul	(b)(6)-2	Foley to gravity	05	(b)(6)-2							
			17	(b)(6)-2							
15 Jul	(b)(6)-2	~~NPO~~ (b)(6)-2 NPO	05	(b)(6)-2							
		Sips O.K.	17	(b)(6)-2							
18 July	(b)(6)-2	start clears as	05					(b)(6)-2			
		tolerated (may adv)	17					(b)(6)-2			
		NPO									

DIC 7/18/03 (b)(6)-2

7/18/03 (b)(6)-2

7/18/03 (b)(6)-2

7/18/03 (b)(6)-2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P Exploratory lap

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo July Yr 3 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
15 Jul	(b)(6)-2	admit to ICU	15 Jul 03	now	1245	done
15 Jul		No labs needed	15 Jul	—	—	done
16 Jul		CBC, Chem 7 in a.m.	17 Jul	0600	Done	(b)(6)-2
17 Jul		Abdomen XRay NOW	17 Jul	NOW	1645	
18 Jul		DTV @ 2200	18 Jul	2200	—	
21 Jul		CBC, Chem 7 now	21 Jul	now	—	
21 Jul		NPO	21 Jul	AM	AM	

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

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*

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

Mo Aug. 2003

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING: ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 30 31 01 02 03 04 05
16 Aug	(b)(6)-2	Medical Record Wound and Progress Notes	#1	(b)(6)-2
		Carnation instant breakfast	#2	
		packet 4-5 times/day	#3	
		Date and Time	#4	
		Stage I-IV / Surgical or Non-Surgical	#5	(b)(6)-2 (b)(6)-2
		Location		
		Shape / Measurements		
		Tissue Color		
14 Aug	(b)(6)-2	Drains and Type N→D drsg to sacral	10	(b)(6)-2
		Drainage (amt and color) wound B&D	22	
		Dressing Type		
		Dressing Change Frequency / Wound Cleansing		(b)(6)-2 (b)(6)-2
28 Aug	(b)(6)-2	Additional Info (turning, elevation of extremeties, etc.) Not drsg X 3 days (Dry drsg)		
		Date and Time / Wound number		
		Stage I-IV / Surgical or Non-Surgical		
		Location		
		Shape / Measurements		
		Tissue Color		
		Drains and Type		
		Drainage (amt and color)		
		Dressing Type		
		Dressing Change Frequency / Wound Cleansing		
		Additional Info (turning, elevation of extremeties, etc.)		
		Date and Time / Wound number		
		Stage I-IV / Surgical or Non-Surgical		
		Location		
		Shape / Measurements		
		Tissue Color		
		Drains and Type		
		Drainage (amt and color)		
		Dressing Type		
		Dressing Change Frequency / Wound Cleansing		
		Additional Info (turning, elevation of extremeties, etc.)		

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW abd / Bowel & pelvic

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

Patient ID: (b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Unit No.

Standard Form 509

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

USAPA V1.00

CLINICAL RECORD

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

Mo. Aug Yr. ____

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 19	20	21	22	23	24	25	26	27	28	29	30
14 Aug 03	(b)(6)-2	Wet Dry to Bed wound BID	10	/ (b)(6)-2											
		Bradell Scale Evaluation	22	(b)(6)-2											
26 Aug 03	(b)(6)-2	Date: VS Q8°	6	/	/	/	/	/	/	/	(b)(6)-2		(b)(6)-2		
		Sensory — No Impairment	14	/	/	/	/	/	/	/	(b)(6)-2				
		Perception — Slightly Limited	22	/	/	/	/	/	/	/	(b)(6)-2				
		Very Limited													
		Completely Impaired													
		Moisture — Rarely Moist	6								(b)(6)-2				
	(b)(6)-2	Occasionally Moist	18								(b)(6)-2				
		Moist													
		Constantly Moist													
		Activity — Walks Frequently													
		Walks Occasionally													
		Chairfast													
		Bedfast													

Record patient intake in Mealtor Kcal count

				Mobility — Completely Immobile	1
				Nutrition — Excellent	4
				Adequate (Eats >50%)	3
				Adequate (rarely eats)	2
				Very Poor	1
				Friction and Shear — No Apparent Problem	3
				Potential Problem	2
				Problems	1
				Total Score:	
Above 20	Low Risk			Score <15 requires Immediate Ulcer Prevention Program	
16-19	Med Risk				
11-15	High Risk				
Below 10	Very High Risk				

Date:					
Sensory	No Impairment	4	Mobility	No Limitations	4
Perception	Slightly Limited	3		Slightly Limited	3
	Very Limited	2		Very Limited	2
	Completely Impaired	1		Completely Immobile	1
Moisture	Rarely Moist	4	Nutrition	Excellent	4
	Occasionally Moist	3		Adequate (Eats >50%)	3
	Moist	2		Adequate (rarely eats)	2
	Constantly Moist	1		Very Poor	1
Activity	Walks Frequently	4	Friction and Shear	No Apparent Problem	3
	Walks Occasionally	3		Potential Problem	2
	Chairfast	2		Problems	1
	Bedfast	1			
				Total Score:	
Above 20	Low Risk			Score <15 requires Immediate Ulcer Prevention Program	
16-19	Med Risk				
11-15	High Risk				
Below 10	Very High Risk				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Bed Wound

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION: (b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Standard Form 509

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

CLINICAL RECORD

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

Mo. July *Yr.* 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24	25	26	27	28	29	30	31	1	2	3
		VS REQUESTING PHYSICIAN	05														
			17														
		I+O / Short	05														
		STAT) (Piccolo)	17														
		Foley to Gravity	05														
		138-146 mmol/L	17														
		3.5-4.9 mmol/L	05														
		98-109 mmol/L	17														
		7.31-7.45	05														
		35-45 mmHg (art) 41-51 mmHg (ven)	17														
		80-105 mmHg (art)	05														
		24-29 mmol/L (ven)	17														
		23-28 mmol/L (ven)	05														
			17														
		10-20 mmol/L	04														
		1.12-1.32 mmol/L	08														
		8-26 mg/dl	12														
		70-105 mg/dl	16														
		0.7-1.5 mg/dl	20														
		38-51% PCV	24														
		12-17 g/dl	06														
		Short TF @ 2N	06														
		Misc. Chemistry	18														
		Residual 02															
		Turn Pt q 2; N10	05														
			17														
		Elevate scrotum	05														
		while edematous	17														

TEST	REF. RANGE
Na	138-146 mmol/L
K	3.5-4.9 mmol/L
Cl	98-109 mmol/L
pH	7.31-7.45
PO2	35-45 mmHg (art) 41-51 mmHg (ven)
HCO	24-29 mmol/L (ven) 23-28 mmol/L (ven)
BE	mmol/L
Ca	1.12-1.32 mmol/L
BUN	8-26 mg/dl
GLU	70-105 mg/dl
Creat	0.7-1.5 mg/dl
Hct	38-51% PCV
Hgb	12-17 g/dl

TEST	REF. RANGE
Troponin	
Digoxin	
Abuse	

TEST	REF. RANGE
ALB	73-118 mg/dl
TP	6.4-8.1 g/dl
(Piccolo)	
TEST	REF. RANGE
GLU	118 mg/dl
BUN	
CRE	
CK	
NA	
K	
CL	

TEST	REF. RANGE
ALB	73-118 mg/dl
ALP	26-85 u/l
ALT	
AMY	14-91 u/l
AST	11-38 u/l
TP	6.4-8.1 g/dl
(M) 30 (F)	

TEST	REF. RANGE
K	3.5-4.7 mmol/L
CL	98-108 mmol/L
tCO_2	18-33 mmol/L
(Piccolo) Liver Panel Plus	
(Piccolo) Electrolyte	
NA	128-145 mmol/L

TEST	RESULT	REF. RANGE
Metabolic Pa		
BUN		7-22 mg/dl
CA		8.2-10.5 mg/dl
CL		98-108 mmol/L
tCO_2		18-33 mmol/L

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx: Slip Abdominal wound exp
Cond: Stable

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Verify by Initialing

Mo July Yr 2003

SINGLE ACTIONS

Order Date	Clerk Nurse	Single Actions	Date to be Done	Time to be Done	Time Done	Initials
	(b)(6)-2	Adm't ICU S/P Abdominal ward exp	—	—	Done	
21 July		CXRay Now	21 July	1800	Done	
21 July		LAB ABG	21 July	Now	18[illegible]	(b)(6)-2
21 July		Labs in Am: CBC, Chem 7	22 July	0600	0500	
22 Jul		NG to LIS now	23 Jul	0700	0700	
22 July		CBC, Chem 8 in Am	23 July	0400	0450	
24 July		Labs: 7/24 CBC, Chem 7 (b)(6)-2 24 July (b)(6)-2	24 July	0400	0400	
23 Jul		CBC Chem 7 @ 1500	23 Jul	1500		
23 Jul		Irrigate N/G with 100cc NS for lavage of bright red blood	23 Jul	1700	1700	(b)(6)-2
23 July		Jejunity Tube feeds @ 30cc/hr from 2100 23 July to 0300 24 July then (b)(6)-2	23 July	23 July	2300 0300	
23 July		Resume LIS @ 0500 24 July	24 July	0500	0500	
24 Jul		Extubate now	24 Jul	now	0800	
24 Jul		DC Art line				
24 July		Chem 7, CBC in Am	25 July	0400	0400	
26 Jul		D/C Foley	26 Jul	0800	800	

INITIAL PROPER COLUMN FOLLOWING COMPLETION

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	TIME/DATE COMPLETED									

MEDCOM - 6723 USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23	24	25	26	27	28	29	30	31	1	2	3	4	5
23 July	(b)(6)-2	NGT to LIS	05	(b)(6)-2			D/C'd 24 July 2002										
			17	(b)(6)-2													
24 Jul		Incentive Spirometer	06		(b)(6)-2												See new sheet
		10x every 15 minutes	18		(b)(6)-2								(b)(6)-2				
24 Jul		OOB to chair/ambulate OK	06		(b)(6)-2												
			18		(b)(6)-2								(b)(6)-2				
24 Jul		Start TF @ 30/hr, Increase	06	(b)(6)-2													
		as tolerated	18	(b)(6)-2													
24 July		Zinc oxide to decubiti	06														
		TID TOPICAL	14														
			22	(b)(6)-2													
25 July		NIO: WET TO DRY dressing	05														
		to sacral decubitus	17		(b)(6)-2												
		cover w/ tegaderm —															
25 July	(b)(6)-2	Tegaderm to stage I ulcer	05														
		Thoracic Region.	17		(b)(6)-2												
25 July		Maintain heals elevated	05		(b)(6)-2												
		- atmo air circulation.	17		(b)(6)-2												
25 July		Place pt on side off	05		(b)(6)-2												
		Wears white in beq	17		(b)(6)-2												
25 July		Advance diet to clear	05		(b)(6)-2												
		liquids	17		(b)(6)-2												
25 July		NIO Duoderm to	05														
		coccyx	17														
24 Jul 03		Chest PT q 4°	(b)(6)-2		(b)(6)-2												
					(b)(6)-2												
							(b)(6)-2										

D/C'd 24 July 2002

D/C'd

D/C'd 25 July 03

D/C'd

D/C'd

D/C'd 25 July

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx: S/p AB D wound Exp.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*				Mo July Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
Aug	(b)(6)-2	AP Lat ⓓ elbow out of splint	1 Aug	1645	1700	(b)(6)-2
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
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	- - - - -					
	- - - - -					
	- - - - -					

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

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 28	29	30	31	1	2	3	4	5
28 July	(b)(6)-2	D10: START	06	/	(b)(6)-2							
		CALL ME GTW	18	(b)(6)-2				(b)(6)-2				
28/July		VS: q 4°	06	/	(b)(6)-2							
			18	(b)(6)-2				(b)(6)-2				
2 July		Ensure 1 can x5	#1		/		/	(b)(6)-2		(b)(6)-2		
		q day	#2		/		/		(b)(6)-2			
			#3		/		/		(b)(6)-2			
			#4		/		/					
			#5		/		/				2000	
4 Aug 03	(b)(6)-2	D.rsg Δ to buttock BiD	04	/	/	/	/	/	/	/	/	
		Aloe Vera gel, then 4x4 c̄	16	/	/	/	/	/	/	/	(b)(6)-2	
		sterile H2O, covered c̄ ABD										
		Pad, + tape.										

SEE new sheet

ALLERGIES: ☐ YES ☐ NO — N

PRIMARY DIAGNOSIS: Dx: S/p abd. wound exp. Cond: Stable

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

MEDICAL RECORD | VITAL SIGNS RECORD

Verifying Initialing

POST HOSPITAL DAY

MONTH-YEAR

Order Date | Clerk Nurse | DAY | HOUR

PULSE | TEMP. F | TEMP. C

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo July Yr 2003

SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials

28 July (b)(6)-2 Consult Dietician Nurse (b)(6)-2 28 July ASAP

Regarding pts calorie etc SOP

PULSE	TEMP. F	TEMP. C
	105	40.6°
180	104	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

MEDICATION RECORD

Order/ Expir Date | Clerk/ Nurse | BLOOD PRESSURE | PRN ACTION, FREQUENCY

INITIAL PROPER COLUMN FOLLOWING COMPLETION

TIME/DATE COMPLETED

Record specialidate only when so ordered

HEIGHT: | WEIGHT →

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

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK

ICAL 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. Aug Yr. 2003

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

INITIALING	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED: 16 17 18 19 20 21 22 23 24 25 26 27 28 29
	(b)(6)-2	Vital Signs q4°	06	(b)(6)-2 — D/C see below
			18	
	(b)(6)-2	NIO: STRICT CALORIE CTN	06	(b)(6)-2 (b)(6)-2 — D/C
			18	(b)(6)-2 (b)(6)-2
			18	(b)(6)-2
	(b)(6)-2	Ensure bean or Carnation instant Breakfast 1 packet 4-5 times a day	#1	(b)(6)-2 (b)(6)-2
			#2	(b)(6)-2 (b)(6)-2 (b)(6)-2
			#3	(b)(6)-2 (b)(6)-2 (b)(6)-2
			#4	(b)(6)-2 (b)(6)-2
			#5	(b)(6)-2
	(b)(6)-2	I/O's	08	(b)(6)-2 — D/C
			18	(b)(6)-2 (b)(6)-2
	(b)(6)-2	Incentive Spirometer	06	(b)(6)-2 — D/C'D
			18	(b)(6)-2
	(b)(6)-2	ACTIVITY: AD LIB / Amb TID	06	(b)(6)-2 — DC 18 Aug 03
			18	(b)(6)-2
		Saline lock PW	06	(b)(6)-2 — D/C'd
			18	(b)(6)-2
Aug 03	(b)(6)-2	S/P dressing change	06	(b)(6)-2 — D/C
			18	
	(b)(6)-2	NIO: Ambulate 4x qd for >20min q time.	08	(b)(6)-2 — D/C
			12	(b)(6)-2
			04	
			20	D/C
	(b)(6)-2	NIO: DAILY WEIGHT	10	

ES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: ABD WND

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ______

NT IDENTIFICATION: (b)(6)-4 (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 5	6	7	8	9	10	11	12	13	14	15	16	17	18
28 July	(b)(6)-2	VS q4'	06	(b)(6)-2													
			18	(b)(6)-2										(b)(6)-2			
29 July		NIO: Strict Calorie Ctn	06	(b)(6)-2													
			18											(b)(6)-2			
31 July		Ensure 1 can x5 q d	#1						(b)(6)-2						(b)(6)-2		
			#2	(b)(6)-2													
			#3							D/C'd							
			#4	(b)(6)-2													
			#5														
1 Aug 03	(b)(6)-2	Drsg Δ to Buttocks BID	08	(b)(6)-2									D/C'd				
		Aloe vera gel, then 4x4	20										10 AUG 03				
		gauze & sterile H_2O, covered															
		& abd pad & tape															
2 July 03	(b)(6)-2	I/O's - STRICT	06	(b)(6)-2					(b)(6)-2						(b)(6)-2		
			18	(b)(6)-2										(b)(6)-2			
04 July		Incentive Spirometer	06									(b)(6)-2			(b)(6)-2		
		10x q 15 min	18	(b)(6)-2										(b)(6)-2			
04 July		ACTIVITY: OOB to Chair -	06								(b)(6)-2				(b)(6)-2		
		Ambulate	18	(b)(6)-2										(b)(6)-2			
11 Aug		NPO	08							DS	D/C'd	11 Aug 03					
~~11 Aug~~		~~Clear diet~~ error (b)(6)-2															
11 Aug		Reg DIET	06								(b)(6)-2				(b)(6)-2		
		Start 12 Aug.	11														
			17											(b)(6)-2			
13 Aug	(b)(6)-2	Saline lock PIV	06										D/C'd				
			18														

ALLERGIES: ☐ YES ☐ NO
?

PRIMARY DIAGNOSIS:
ABD WND EXP

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Aug Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
5Aug	(b)(6)-2	X-Ray to (L) Arm	1700	1700	[illegible]	
11AUG		Clear Diet PM 11 Aug 03.	[illegible]			(b)(6)-2
12AUG		Clear liquid for Breakfast 8/13	13AUG	0600	0600	(b)(6)-2
12AUG		NPO after Breakfast	13AUG	0800	0900	
13Aug		NPO after AM breakfast/Clear Breakfast	14Aug	0600	0900	
		Surgery 814 @ 1300	14Aug	1300	1400	
15Aug		NPO after MN	15-16 ~~2-10~~ Aug	2400	2400	
15Aug		Resume previous orders	15Aug	0600	0600	
15Aug03		CBC, Chem 12 Hrs Am	15Aug03		[illegible]	(b)(6)-2

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

CLINIC.

THERAPEUTIC DOCUMENTATION CAR PLAN (MEDICATIONS)

For use of this form, see AR 4 ; the proponent agency is the Office of The Surgeon General.

Mo. July Yr. 03

VERIFY BY INITI

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 8	9	10	11	12	13	14	15
8 July 03	(b)(6)-2	IVF: LR @ 150 cc/hr	05	/	(b)(6)-2						
			17	(b)(6)-2							
8 July 03		Zosyn 3.375 gm	02	/	(b)(6)-2						
		IV Q6°	08	/							
			14	(b)(6)-2							
			20	(b)(6)-2							
8 July 03	(b)(6)-2	Zantac 50mg IVP Q8°	06	/	(b)(6)-2						
			14	(b)(6)-2							
			22								
9 July 03	(b)(6)-2	Unasyn 3gm Q6°	02	/	/	(b)(6)-2					
		IV	08	/	/						
			14	/	(b)(6)-2						
			20	/							
10 Jul 03	(b)(6)-2	IVF: LR @ 100 cc/hr	05	—	/	(b)(6)-2					
			17	—	/						
11 Jul 03		IVF: LR @ 50 cc/hr	05	—	—	/	(b)(6)-2				
			17	—	—	/					
11 July 03		Heparin 5000 u sq bid	10	/	/	/	(b)(6)-2				
			22	/	/	/					

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Dx: S/P X-Lap, Small bowel resection (L) Colectomy R/F

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. 7 Yr. 03

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
8 July 03	(b)(6)-2	IV : bolus NS 500cc	8 July 03	✓	2235	(b)(6)-2
10 July 03		20mg IVP Lasix Now	10 Jul 03	Now	0730	
11 Jul 03		20mg Lasix IVP Now	11 Jul 03	Now	0700	
12 Jul 03		Lasix 20mg IVP now	12 Jul	0900 now	0910	
12 Jul		transfuse 2u PRBC (b)(6)-4 Y	12 Jul	1600	1800	
		over 4° each (b)(6)-4				
12 Jul		40mg lasix IVP inbetween units	12 Jul	2100	2200	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
8 July 03	(b)(6)-2	morphine 2-4mg Q°	D	8 Jul	8 Jul	8 Jul	8 Jul		2130	7/9/03 1200	7/9 1300	7/9 1600	10 Jul 0800	10 Jul 0915	10 Jul 1100	10 Jul 1730
		prn pain: Max 16mg	T	1315 c/MG	1415 2MG	1515 c/MG	1615 c/MG	1815 4	2	2mg IVP	4mg IVP	4mg IVP	4mg IVP	4mg IVP	2mg IVP	2mg IVP
		in 4hrs	I	(b)(6)-2						(b)(6)-2			(b)(6)-2			
			E	+	+	+	+	+	+							+
8 July 03	Recorded (b)(6)-2	Morphine 2-4mg Q° PRN	D	11 Jul	11 Jul 0800	11 Jul 0945	11 Jul 1215	11 Jul 1600	11 Jul 03 1920	11 Jul 03 2325	12 Jul 03 0400	12 Jul 03 0750	13 Jul 0645	13 Jul 0730	13 Jul 1010	13 Jul 1300
		Pain = Max 16mg in	T	2245 4mg	2mg IVP	2mg IVP	2mg IVP	4mg IVP	4mg IVP	4mg IVP	4mg IVP	2mg IVP	4mg IVP	2mg IVP	2mg IVP	2mg IVP
		4 hrs.	I	(b)(6)-2	+	+	+	+	+	+		+	+	+	+	+
			E													
8 Jul 03	Re written (b)(6)-2	MSO4 2-4mg q prn	D	1321 1200	1321 2030	1401 0300	1401 0430	1415 1830								
		pain = Max 16mg in	T	2mg IVP	2mg IVP	4mg IVP	2mg IVP	4mg prn								
		4°	I	(b)(6)-2												
			E	+	+	+	+									

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. ____ Yr. ____

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 15	16	17	18	19	20	21	22
15Jul	(b)(6)-2	Heparin 5,000U	10	/	(b)(6)-2						
		SQ BID	22	(b)(6)-2							
15Jul	(b)(6)-2	Unasyn 3gm	06	/	(b)(6)-2						
		IVPB Q6°	12	/	(b)(6)-2						
			18	(b)(6)-2							
			2								
15Jul	(b)(6)-2	LR @ 150cc/hr	0								
			17	(b)(6)-2							
15Jul	(b)(6)-2	Zantac 50mg IVPB	08	/	(b)(6)-2						
		Q8°	16	(b)(6)-2							
			24	(b)(6)-2							
16Jul03	(b)(6)-2	LR @ 100cc/hr	05	/	(b)(6)-2						
			17	/	(b)(6)-2						
17Jul03		Fluconazole ~~200mg IV~~	10	—	/	(b)(6)-2					
		100mg po qd.									
17Jul03		Cefotetan 2gm IV q	12	—	/	(b)(6)-2					
		12°	24	—	/	(b)(6)-2					
18July03		Albuterol nebs Q4°	04	—	/	/	/				
		c CPT	08	/	/	(b)(6)-2					
			12	/	/	/	(b)(6)-2				
			16	/	/	/					
			20	/	/	/					
			24	/	/	/					
18July	(b)(6)-2	LR @ 30cc/° (KVO)	05	/	/	/					
			17	/	/	/					

D/C'd 17Jul03

D/C'd 16Jul03

D/C 7/18/03

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P Exploratory Lap

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ____

PATIENT IDENTIFICATION:

(b)(6)-4

(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. July Yr. 03

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
~~16 Jul~~	(b)(6)-2	Lasix 40 mg IVP Now	16 Jul	Now	1625	(b)(6)-2
~~17 Jul 03~~		~~Fluconazole 200mg IV NOW~~ (b)(6)-2				
17 Jul 03		Fluconazole 200 mg IV Now	17 Jul 03	Now	1030	(b)(6)-2
17 Jul		Cefotetan 2 gm IV 1st dose Now	17 Jul	Now	1200	
17 July		Lasix 40mg IVP now	17 July	2000	done	
18 July		Lasix 40 mg IVP now	18 July	0900	done	
21 Jul		IVF @ 100/hr	21 Jul	—	—	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
15 Jul	(b)(6)-2	MSO4 2-4 mg IV Q 1° PRN pain	4mg	2mg	4mg	4mg 1521	4mg 1900	4mg 1515	4mg 1615	4mg 1617	SL 16	SL 16	SL 16	IV 0200	18 July 0330	18 July 0030
-----			1200 15 Jul	1600 1721	1700 1521	1810 (b)(6)-2	2305	2235	0200	0430	4mg 1800	4mg 1930	4mg 2300	4mg (b)(6)-2	2mg (b)(6)-2	
-----	-----		(b)(6)-2			⊕	⊕	⊕	⊕		⊖	⊕	⊕	⊥	⊕	⊕
-----	-----		⊕	⊖ SIG 11 pcw												
15 July	(b)(6)-2	MSO4 2-4 mg IV	D	7/18 0830	7/19 1700	19 1700	19 2330	20 Jul 0330	20 Jul 1020	20 Jul 1700						
-----	-----	Q 4° prn pain	T	4mg IVP	4mg IV	4mg (b)(6)-2	4mg	4mg	4mg	4mg						
-----	-----		I	(b)(6)-2												
-----	-----		C													
18 July	(b)(6)-2	Tylox 1-2 tabs PO	18 Jul 11 tabs	19 Jul 11 tabs												
-----	-----	Q 4-6° prn	2000	1830 (b)(6)-2												
21 Jul	(b)(6)-2	Percocet 1-2 tabs PO	21 Jul 11 tabs													
-----	-----	Q 4-6° prn	2445 (b)(6)-2													
-----	-----															

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo Aug Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 16	17	18	19	20	21	22	23	24	25	26	27	28	29
16 Aug	(b)(6)-2	O_2 : maintain sats >95%	08	(b)(6)-2													
			18														
16 Aug		Zantac 150 mg PO BID	10	(b)(6)-2													(b)(6)-2
			22													(b)(6)-2	
16 Aug		Heparin 5000 u SQ Bid	10	(b)(6)-2													
			22	(b)(6)-2													
16 Aug		Fentanyl Patch A G3 days. 50 meg Topical	22	/	(b)(6)-2							/	/		/	/	
16 Aug		Cipro 500 mg PO Bid	10	(b)(6)-2													
			22														
16 Aug		LR @ TKO	06		(b)(6)-2			D/C'd									
			10	(b)(6)-2													
16 Aug		Celexa 1 tab PO 20 mg QD	22	(b)(6)-2													
															(b)(6)-2		
17 Aug		Heplock IV	06	/	/	/	(b)(6)-2		D/C'd.								
			18	/	/	/		/									

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

(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														
13 Aug	(b)(6)-2	Phenergan 25mg IM	25 Aug 31 1600 13 Aug	(b)(6)-2	(b)(6)-2												

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Month/Year: Aug 2007

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 30	31	01	02	03	04	5
16 Aug	(b)(6)-2	O2: Maintain sats >95%	06	(b)(6)-2						
			18	(b)(6)-2						
16 Aug		Zantac 150mg PO BID	10	(b)(6)-2						
			22							
16 Aug		Heparin 5000U SQ BID	10	(b)(6)-2						
			22							
16 Aug		Fentanyl patch Δ q3 days 50 mcg topical	22	/	/	/	/	/	/	/
16 Aug		Cipro 500mg PO BID	10	(b)(6)-2						
			22							
16 Aug		Celexa tab po 20mg QD	22	(b)(6)-2						

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW abd / Decub (B) buttocks

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

(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. Aug Yr. 2003	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
28Sep	(b)(6)-2	DIC Heparin	28Sep	Now	1005	(b)(6)-2

Order/ Explr Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
27Jul		Percocet 1-11 po Q	300 ug 2 tabs
		4-6° pm pain	@ 2248
20Jul		cepacol lozenges sore	(b)(6)-2
		throat pm	
21Jul		Lidocaine Viscous	
		15cc po swish & spit	
		Q3° pm sore throat	
28Jul		Maalox or Mylanta	
		30 cc po Q4° pm	
		indigestion	
28Jul		MSO4 2-4mg IVq 2°-4°	
		pm pain	

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 5	6	7	8	9	10	11	12	13	14	15	16
24 July 03	(b)(6)-2	O2: Maintain Sats >95%	08	(b)(6)-2											(b)(6)-2
			18												
27 July 03		Zantac 150 mg PO Bid	10												(b)(6)-2
			22												
21 July 03		Heparin 5000 u SQ Bid	10												(b)(6)-2
			22												
5 AUG 03		Fentanyl Patch	12	(b)(6)-2			(b)(6)-2			(b)(6)-2			(b)(6)-2		
		Δ Q3 days 50 mcg													
11 AUG		IVF - LR @ 125cc/hr	06							(b)(6)-2			DC'd		
			18							(b)(6)-2			12 AUG 03		
3 Aug		Cipro 500mg PO	10										(b)(6)-2		
		BID	22									(b)(6)-2			
13 Aug 03		Heparin IV	06									(b)(6)-2		DC'd 14 AUG 03	
			18												
14 AUG		LR @ KVO	06										(b)(6)-2		
			18										(b)(6)-2		
14 Aug		Celexa ÷ tab 20mg													
	------	PO QD 1st dose now	22	(b)(6)-2									(b)(6)-2		

	------	Above orders rewritten													

	------						16 Aug 03							(b)(6)-2	

ALLERGIES: ☐ YES ☐ NO

?

PRIMARY DIAGNOSIS: ABD WND EXP

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. Aug Yr. 13
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
5 Aug03	(b)(6)-2	Morphine 5mg IM X 1 now	5 Aug03 1645	1645	1645	(b)(6)-2
7 Aug03		Phenergan 12.5mg IM x 1 now	7 Aug03	0700	0700	
13 Aug		Percocet 500 mg PO X 1 after awaken from sedation / surgery	13 Aug	1830	1830	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
27 July	(b)(6)-2	Percocet 1-2 po q 4-6 prn	D	5 Aug	6 Aug	6 Aug	10 Aug	12 Aug	16 Aug		16 Aug	17 Aug	17 Aug	17 Aug	18 Aug03	2 Aug 2230
		pain	T	1400	1830	2000	0100	1620	1600 PO		2000	0930	1720	2200	0900	(b)(6)-2
			I	(b)(6)-2		(b)(6)-2			(b)(6)-2		(b)(6)-2				(b)(6)-2	(b)(6)-2
			E													
25 July	(b)(6)-2	Cepacol lozenges sore throat prn														
27 July	(b)(6)-2	Lidocaine Viscous														
		15 cc PO swish & spit														
		q 3° prn sore throat														
28 July	(b)(6)-2	Maalox or Mylanta	D													
		30 cc po q 4 prn	T													
		INDIGESTION	I													
			E	10 Aug 2100		18 Aug03 1200		18 Aug 1430								
25 July	(b)(6)-2	MSO4 2-4mg IV q 2°-4°	D T	4mg		2mg IV	03	2mg SIVD								
		PRN pain	I E	(b)(6)-2												

USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 21	22	23	24	25	26	27	28	29	30	31	1	2	3
21July03	(b)(6)-2	IVF: LR @ 100cc/hr	05	/	(b)(6)-2												
			17	(b)(6)-2					(b)(6)-2								
21July03		Heparin 5000U SQ BID	10	/	(b)(6)-2												
			22	(b)(6)-2													
21July03		Vecuronium paralytic	05	/	(b)(6)-2												
		Protocol start at	17	(b)(6)-2	(b)(6)-2								(b)(6)-2				
		4mg IV/hr															
21July03		Fluconazole 100mg IV q day	10	/	(b)(6)-2												
21July03		Cefotetan 1gm IV BID	10	/													
			22														
21July03		Zosyn 3.375mg IV	06	/	(b)(6)-2												
			14	/													
			22	(b)(6)-2													
21July03		Versed IV 2mg IV/hr	05	/	(b)(6)-2												
		Titrate	17	(b)(6)-2									(b)(6)-2				
21July03		Morphine 5mg/hr IV	05	/													
			17	(b)(6)-2													
21July03		Begin Cipro 400mg IV q12°	10	/	(b)(6)-2												
			22	(b)(6)-2													
21July03		Gentamicin 5mg/kg IV q24°	04														
22Jul03		↑ IVF to 150cc/hr	06	/	(b)(6)-2												
			18	/							(b)(6)-2						
22Jul03		↑ LR 200cc/hr	06	/	(b)(6)-2												
			18	/	(b)(6)-2								(b)(6)-2				
23July03		Titrate Vecuronium off	05	/	/	(b)(6)-2											
	--0---		17	/	/	Hold							(b)(6)-2				

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: DX: S/P Abdominal wound exp
GWD - Sepsis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. July Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
22 Jul	(b)(6)-2	NG tube now [b)(6)-2]	~~22 Jul~~	~~0700~~	~~0700~~	(b)(6)-2
22 Jul		500 NS bolus now	22 Jul	now	0700	
23 July		500cc NSS Bolus now	23 July	now	now	
23 July		1 Liter NSS Bolus NOW	23 July	now		
22 Jul		NS bolus x 500cc	22 Jul	now	now	(b)(6)-2
22 Jul		Infuse Albumin 25% now per H.O. less than 30cc/h	22 Jul	—	1700	
23 July		Transfuse 2 units PRBCs # 1009176	23 July	0830	0830	
		# 24633009	23 July	1130	1130	
23 July		Lasix 40mg IVP Between Units	23 July	1040	1040	
23 Jul		Tylenol tab 650mg PR x1 for temp of 101.5	23 Jul	now	1600	
23 July		Versed 1-2mg/4 hrs titrate to effect				
		to start 2100 23 July - 0300 24 July then held		23 — 24 July	2100 — 0300	(b)(6)-2
24 July		Thorazine 25mg IM x 1 for hiccups	24 July			

Order/ Expir Date	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED						
25 Jul	MSO4 2-4mg IV q 2-4°	24 July 1900 IV 2mg [b)(6)-2]	24 July 2100 IV 2mg [b)(6)-2]	24 July 2300 [b)(6)-2]	25 July 0100	25 July 0300 [b)(6)-2]	25 July 0300 2mg [b)(6)-2]	25 July 1530 2mg [b)(6)-2]
	PRN Pain				23 IV			
25 Jul	MSO4 2-4mg IV q 2-4°	1930 25 July 2mg [b)(6)-2]	1945 25 July 2mg IV [b)(6)-2]	26 July 0800 2mg [b)(6)-2]	26 July 1230 2mg [b)(6)-2]	26 July 1630 4mg [b)(6)-2]	26 July 2000 2mg [b)(6)-2]	26 July 0100 2mg [b)(6)-2]
	PRN Pain							26 July 0300 2mg [b)(6)-2]
25 July	Cepacol Lozenges for sore throat PRN	2100 25 July [b)(6)-2]	26 July 1830 [b)(6)-2]					
	Kaopectate 30cc q 12° x 2 doses	D						
		T						
		I						
		E						
28 Jul	Kaopectate 2 tabs x 1	D 0230 29 July 03						
		I						

28 July

Reuritten 04 [b)(6)-2]

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 23	24	25	26	27	28	29	30	31	1	2	3	4	5
22 July 03	(b)(6)-2	IVF to 100cc/hr	05	(b)(6)-2													
			17	(b)(6)-2													
23 July		Bacitracin to	05	(b)(6)-2													
		meatus	17	(b)(6)-2													
24 Jul		IVF to 50/hr	06	(b)(6)-2													
			18	(b)(6)-2													
24 July 03		O_2 - MAINTAIN SATS	05	(b)(6)-2													
		> 95%	17														
25 Jul 03		Fluconazole 100mg	10	(b)(6)-2													
		PO qd															
27 Jul 03		Zantac 150mg PO	10	(b)(6)-2				(b)(6)-2									
		BID	22					(b)(6)-2									
27 Jul 03		Cipro 500mg PO	10	(b)(6)-2				(b)(6)-2									
		q 12°	22					(b)(6)-2									
21 July 03		Heparin 5000U SQ	10												(b)(6)-2		
		BID	22														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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. Jul Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
24 Jul	(b)(6)-2	Lasix 40mg IV x1 now	24 Jul	now	0700	(b)(6)-2
24 Jul		D/C versed / morphine Drips	24 Jul	—		
27 July		Hurricaine Spray to adenoids	27 July	2000	2000	
		2 sprays x 1 now				
28 July		Lactobacilli tab x 1 dose NOW	28 July 03	NOW	Not given	
28 July	-----	Kaopectate ~~30cc NOW~~ error (b)(6)-2 II tabs now	28 Jul	Now	1800	
	-----	repeat x 1				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED							
27 July 03	(b)(6)-2	Percocet I-II PO	27 July 1400 (b)(6)-2	27 July	28 July	30 Jul	30 Jul	1 Aug	2 Aug	
-----	-----	q 4°-6° prn pain D								
-----	-----	T	1400	1 PO	II 0700	II 1500	—	II 1700	II 1630	
-----	-----	I	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	
-----	-----	E	(b)(6)-2				+			
27 Jul	(b)(6)-2	Lidocaine Viscous								
-----	-----	15cc PO - swish & spit								
-----	-----	q 3° Prn - sore throat								
-----	-----									
28 Jul	(b)(6)-2	Maalox or Mylanta D	28 Jul							
-----	-----	30cc PO q 4° prn T	1320							
-----	-----	indigestion I	(b)(6)-2							
-----	-----	E	−							
-----	-----									

Pruritus
See new sheet of Cy

(b)(6)-2

USAPA V1.00

Verify by Initialing	THERAPE IC 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													
27 Jul 03	(b)(6)-2	Percocet 1-2	3 AUG 0130	3 Aug 1630	4 Aug 0330 0730	4 Aug 03	4 AUG 11	5 AUG 11								
		tabs Q4-6° pm pain	(b)(6)-2 11	(b)(6)-2	(b)(6)-2	11 11:00	11 2000	0100								

Rewritten
Please refer to new sheet

USAPA V1.00

5 KS
3 Tray
Hpth

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)

28
10

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

Date: 8 JUL
Time In: 1300
Allergies: NK
Pre-op V/S: 98/57 95
Procedures: Excap SmBowel Resec Meds/Times: 2 Ung F 10 mg Morphine 8 vec
Elbow Open & Debridement

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block Heparin
OR Intake: Crystalloid 3500 cc Colloid 2u
OR Output: UOP EBL

1000 cc
UOP 650

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

History

Pre Op Meds		
Time	1300	1305
SaO2	100	
FIO2	1r	
Methods	M	
240		
220		
200		
180		
160	160	
140		
120		
100	84	
80	65	
60		
40		
20		
RR	15	
T	95	99
Time	1300	
Pain (0-10)		
LOS		

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays:

Labs:

Post-Anesthesia Recovery score

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

Codes

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

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

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

(b)(6)-4

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

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME		INITIALS	1745	IN (b)(6)-2		INITIALS
NEURO	PUPILS			3 — PERL			
	SENSORIUM			Drowsy, alert to verbal stimuli			
RESPIRATORY	RESPIRATORY PATTERN			RRR			
	BREATH SOUNDS	Refer to Nurses' note 8 July 03 1300		⊖ bases			
	SECRETIONS			⊖ cough ⊖ secretions			
				4L O2 to NC			
SKIN	COLOR			Normal for race			
	INTEGRITY			midline ABD incision			
				(B) ABD incision			
IV SITE	LOCATION			(G) AC 18G (B)			
	CONDITION			(L) (R) A-line			
				(B) AC hep LR @ 150 cc/HR			
				⊖ SS infiltration			
GASTRO	ABDOMEN			soft - non-distended			
	BOWEL SOUNDS			⊖ BS x4			
				NG to LIS			
GU	URINE:			Foley to gravity			
	COLOR/CLARITY			dark yellow			
CARDIOVASCULAR	CARDIAC RHYTHM			SR - tachy @ 110			

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of inspired (b)(6)-2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU Quest

DATE: 8 JUL 03

PATIENT (b)(6)-2 (When entries give: Name—last, first, middle initial, rank, and facility)

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) OQA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0700	INITIAL (b)(6)-2	INITIALS	1730	INITIAL (b)(6)-2
NEURO	PUPILS		2mm brisk reaction to			PERRLA 2mm brisk	
	SENSORIUM		light, opens eyes to			opens eyes to touch	
			touch/voice, moves			moves ext x4	
			all ext on command				
			Ø apparent pain at this time				
RESPIRATORY	RESPIRATORY PATTERN		Lungs clear, mildly			lungs clear to	
	BREATH SOUNDS		diminished in bases			auscultation diminished	
	SECRETIONS		will encourage IS this am			bases pt has IS	
			Resp rate even + unlabored			Resp even unlabored	
			sats 92-95% on RA >96% 2L			SaO2 96% ⊂ 2L NC	
			Ø cough			Ø cough	
SKIN	COLOR		Skin warm + dry			Skin warm dry	
	INTEGRITY		midline incision CDI, LLQ			to touch midline	
			⊂ moderate old drainage			incision CDI LLQ ⊂	
						drainage	
IV SITE	LOCATION		ACE/Splint to LUE intact			SPLINT to LUE intact	
	CONDITION		18g (R) AC ⊂ UR @ 150cc/hr			18g (R) AC ⊂ UR @ 90/hr	
			A line (L) radial ⊂ good			A line (L) radial ⊂	
			wave form			good wave form	
	meds/gtts		zantac IVPB TID				
			zosyn IVPB Q6°				
GASTRO	ABDOMEN		Abd soft mildly tender			Abd soft tender	
	BOWEL SOUNDS		esp over incision, BS			BS(+) hyperactive	
			hyperactive. NGT to LIS			NGT LIS ⊂ minimal	
			⊂ minimal output, NPO, Ø stool			output pt NPO	
GU	URINE:		Foley draining dark yellow			Foley to gravity ⊂	
	COLOR/CLARITY		urine 30-60cc/° no bladder			dark yellow urine	
			distention			30-60cc/hr	
CARDIOVASCULAR	CARDIAC RHYTHM		NSR mildly tachy	90-100		NSR tachy 90-100	
			pulses palpable	x4 ext		pulses palpable	
			good cap refill to (L) UE			cap refill <3sec	
			B/P stable 120-150/				
			Labs done H/H 10.4/31.3	70's			

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

(Continue on reverse)

(b)(6)-2

(Signature & Title) CPT IAN

DEPARTMENT/SERVICE/CLINIC ICU 2 east

DATE 9 July 03

(If typed or written entries give: Name—last, first, hospital or medical facility)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

(b)(6)-4

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
BP Arterial Line	158/77	142/70	151/76	154/74	123/75	152/73	146/71	134/68	129/68	135/67	132/66	132/64	130/64	132/64	131/65	133/70
BP Cuff	138/75	127/72	127/73	126/76	125/62	121/71	120/67	127/62	122/64	119/61	118/58	117/57	115/56	129/66	111/54	115/54
Temperature	97.3				97.3				99.2				99.3			
Pulse	102	101	99	97	98	103	105	109	111	111	109	110	111	110	111	110
Respiratory Rate	12	22	19	23	24	28	26	25	29	25	26	23	25	25	25	24
O2 sats	95%	96%	97%	97%	97%	96%	95%	95%	96%	96%	96%	96%	96%	96%	95%	95%
Source	RA	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L

INTAKE

TIME	05	06	07	08	09	10	11	12	8PM	13	14	15	16	17	18	19	20	8PM
IVF	150	150	150	150	150	150	150	150		150	150	150	150	150	150	150	150	
IVPB		50		50						100	50						100	
NG Flush		30				30					30			30	30			
TOTALS	150	230	150	200	150	180	150	150		250	230	150	150	150				

OUTPUT

		05	06	07	08	09	10	11	12	8PM	13	14	15	16	17	18	19	20	8PM
URINE	HOUR	60	40	60	40	40	100	60	40		40	80	60	60		25	100	100	
	TOTAL	60	100	160	200	240	340	400	440		480	560	620	680					
	sp gr																		
	S/A																		
NG	OUTPUT	Ø				100					50				50				
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS		60	40	60	40	140	[illegible]	[illegible]	40		[illegible]	80	60	60					

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS	21	22	23	24	01	02	03	04	
	142/68	144/66	142/67	154/71	137/60	133/61	139/64	143/69	
	129/64	129/67	121/64	122/66	116/57	137/67	129/63	134/66	
	487				491		495		
	110	111	109	112	104	113	110	110	
	26	28	27	28	29	28	30	26	
	95%	93%	95%	94%	97%	97%	96%	97%	
	2L	2L	2L	3L	4L	4L	4L	4L	

INTAKE	21	22	23	24	01	02	03	04	8°-7°
	150	180	180	150	180	150	150	180	670
		50				100			
		30							
	50	30	35	100	50	50	100	100	1420
									1720
	50							50	

RESPIRATORY THERAPY		TIME	0530
		MODE	
		F_IO_2	
		TV	
		RATE	
		PEEP	
	A	pH	
		PCO_2	
		pO_2	
	B	HCO_3	
		SAT	
	G	BASE	

LABORATORY	TIME	0530
	GLUCOSE	134
	Na/K	136/44
	Cl/CO_2	108/22
	BUN/Cr	19/1.2
	WBC/PLATELET	9.4/278
	Hct/Hgb	10.4/31.3

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

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL	3670	TOTAL	1720

BALANCE 1950

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

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

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

INITIAL SHIFT ASSESSMENT

	TIME	INITIALS	1745 (b)(6)-2	INITIALS
NEURO	PUPILS		3mm PERL	
	SENSORIUM		Drowsy, alert to verbal stimuli	
RESPIRATORY	RESPIRATORY PATTERN		RRR	
	BREATH SOUNDS	Refer to Nurses Note 8 July 93 1300	⊖ to bases	
	SECRETIONS		⊖ cough ⊖ secretions	
			4L O2 to NC	
SKIN	COLOR		Normal for race	
	INTEGRITY		midline ABD incision	
			(R) ABD incision	
IV SITE	LOCATION		(L) AC 18G (R)	
	CONDITION		(L) & (R) A-line	
			(R) AC lac LR @	
			150 cc/HR	
			⊖ SS infiltration	
GASTRO	ABDOMEN		soft - non-distended	
	BOWEL SOUNDS		⊖BS x4	
			NG to LIS	
GU	URINE:		Foley to gravity	
	COLOR/CLARITY		dark yellow	
CARDIOVASCULAR	CARDIAC RHYTHM		SR - tachy @ 110	

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired; HCO_3 - Bicarbonate; (b)(6)-2 - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY *(Signature & Title)* (b)(6)-2

DEPARTMENT/SERVICE/CLINIC ICU Quest

DATE 8 JUL 03

PATIE[redacted] *n entries give: Name—last, first, middle [redacted] facility)*

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

POST-OP DAY

VITAL SIGNS									
	21/16	22/17	23/18	24/19	25/20	26/21	23/22	24/23	
	122/72	120/71	127/71	127/69	138/74	142/74	147/74	144/73	
		125/69		125/72	131/76	130/75			
		97%							
	108	110	109	105	100	101	102	101	
	14	15	20	17	17	18	18	19	
	99	96	97	96	96	95	96	96	
	NC	RA	RA	RA	RA	RA	RA	RA	

INTAKE									
	21/16	22/17	23/18	24/19	25/20	26/21	23/22	24/23	8°T
	150	150	150	150	150	150	150	150	2250
		50				50			200
		30		30					90

OUTPUT									
	60	140/440	40	40/520	50	40	35	35	630
									100

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA					
	TIME	1370			
	MODE				
	F_IO_2				
	TV				
	RATE				
	PEEP				
A	pH	7.211			
A	PCO_2	41.4			
A	pO_2				
B	HCO_3	17			
B	SAT	100			
G	BASE				

LABORATORY DATA					
	TIME	1330			
	GLUCOSE	160			
	Na/K	145/4.8			
	Cl/CO_2				
	BUN/Cr	17			
	WBC/PLATELET	11.2/255			
	Hct/Hgb	11.4/35.1			
	ph	7.211			

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

SUCTION					
N					

24 H I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

NURSE'S SIGNATURE | INITIALS

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

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

i-STAT G3+

Pt: (b)(6)-4

Pt Name: _____

TCO2 _____ 21 mmo

At 37C

PH _____ 7.302

PCO2 _____ 40.3 mmHg

PO2 _____ 147 mmHg

HCO3 _____ 20 mmol/L

BEecf _____ -6 mmol/L

SO2* _____ 99 %

*calculated

At Pat temp

PH _____ 05

PCO2 _____ .9 mmHg

PO2 _____ 146 mmHg

Patient Temp: 98.2F

FIO2 _____ : 30

Sample Type_: ART

08JUL03 17:05

Oper: (b)(6)-2

Physician:

Ser# (b)(6)-4

User: [illegible]

CLFW A91

MEDCOM - 6752

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0800	INITIALS (b)(6)-2	1730	INITIALS (b)(6)-2		INITIALS
NEURO	PUPILS	PERL 3mm brisk		PERRLA 3mm brisk			
	SENSORIUM	Lethargic easily awakens to verbal stimuli		pt awakens to verbal stimuli			
RESPIRATORY	RESPIRATORY PATTERN	Resp even unlabored		even unlabored			
	BREATH SOUNDS	CTA bilat		lung sounds clear to auscultation			
	SECRETIONS	Ø		Ø cough			
SKIN	COLOR	pink w/n		pink warm and dry to touch, dsg on midline incision (L) ve splint ĉ dsg. CDI			
	INTEGRITY	intact					
IV SITE	LOCATION	(R) AC		(R) AC site is patent ĉ LR @ 100cc/hr			
	CONDITION	noted swelling @ site. LR infusing @ 150cc/hr. ĉ difficulty will cont' to monitor					
GASTRO	ABDOMEN	flat soft Ø distention		non-distended tympanitic			
	BOWEL SOUNDS	(+) BS all quads slow		(+) BS hypoactive x4 quads			
GU	URINE: COLOR/CLARITY	Amber / clear foley to gravity		foley to gravity ĉ dark yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	SR @ 98 bpm cap refills <3 sec		SR 106 BPm cap refill <3sec			

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

(Continue on reverse)

PREPARED BY (b)(6)-2 [redacted] RN

DEPARTMENT/SERVICE/CLINIC: ICU 2 West

DATE: 10 Jul 03

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

(b)(6)-4 [redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 10 Jul 03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
	BP Arterial Line	143/67	145/67	139/60	95/64	D/C'd													
	BP Cuff	155/65	158/68	149/67	110/56	113/59	98/52		112/64		105/53	105/55	113/57	104/57	106/55	113/56	111/53	123/61	
	Temperature			100.7					99.0 T						98.9				
	Pulse	107	103	103	101	101	98		104		105	99	108	106	103	107	105	101	
	Respiratory Rate	32	32	28	32	31	28		30		30	26	29	26	25	31	23	26	
	SpO2	98%	97%	97%	97%	97%	96%		100%		94%	100%	96%	96%	97%	95%	95%	95%	
	O2	4.5L NC		4.5L NC	4L NC	3.5L NC	3L NC		4L NC		4L NC	4L NC	4L NC	4L NC	4L NC	4L NC	4L NC	5L NC	
	pain intervention																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	NS	150	150	150	100	100	100	100	100		100	100	100	100	100	100	100	100	
	Zantac		50		50 IV							50							
	Unasyn				100							100						100	
	Flushes						10												
	PO	88							620		700								
	TOTALS	150	200	150	200	100	110	100	720		100	250	100	100	100/2320	100	100	200	

OUTPUT																			
URINE	HOUR / TOTAL			100	375	300	725	0	100		2	2	2	300	50	80	60	60	
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS				100	375	300								300	1900				

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04	
	114/62	120/64	122/62	106/55	106/61	108/61	108/60	120/62	
			99a						
	102	104	101	95	90	90	94	94	
	29	31	29	24	24	23	25	26	
	95%	94%	99%	97%	96%	96%	97%	95%	
	SV NC		102 NRB		40% VM	40% VM	40% VM	40% MV	

INTAKE	16	17	18	19	20	21	22	23	8°T
	100	120	100	100	100	100	100	100	
		50				100			
	100	150	100	100	100	200	100	100	3550

OUTPUT								
	100	100	50	40	50	50	40	120

ACUITY LEVEL CLASSIFICATION

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

LABORATORY DATA	TIME	0400	1500							
	GLUCOSE	136								
	Na/K	139/3.8								
	Cl/CO_2	106/24								
	BUN/Cr	14/0.8								
	WBC/PLATELET	7.5/186	7.8/211							
	Hct/Hgb	24.1/8.2	25.3/8.3							

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

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL	3880	TOTAL	2470

BALANCE 1410+

NURSE'S SIGNATURE	INITIALS
(b)(6)-2	9/W20 M.G. (b)(6)-2
(b)(6)-2	(b)(6)-2

DATE 10 Jul 03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
	BP Arterial Line	143/67	145/67	139/66	95/64	D/C'd													
	BP Cuff	155/65	158/68	149/67	110/56	113/59	92/52		112/64		105/55	105/55	113/57	104/57	106/55	113/66	111/53	123/61	
	Temperature			100.2					99.0 T						98.9				
	Pulse	107	103	103	101	101	98		104		105	99	108	106	103	107	105	101	
	Respiratory Rate	32	32	28	32	31	28		30		30	26	29	26	25	31	23	26	
	SpO2	98%	97%	97%	97%	97%	96%		100%		94%	100%	96%	96%	97%	95%	95%	95%	
	O2	4.5L N/C		4.5L N/C	4LNC	3.5LNC	3LNC		4LNC		4LNC	4LNC	4LNC	4LNC	4LNC	4LNC	4LNC	5LM	
	pain																		
	sedation																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	NS	150	150	150	100	100	100	100	100		100	100	100	100	100	100	100	100	
	Zantac		50		50							50							
	Unasyn				100							100						100	
	Flushes						10												
	PO								620		700								
	TOTALS	150	200	150	200	100	110	100	720		100	250	100	100	100/2320	100	100	200	

OUTPUT		HOUR / TOTAL																	
	URINE			100	375	300	725	Ø	100		?	?	?	300	50	80	60	60	
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS			100	375	300	725	Ø	100					300	1900				

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0545	INITIALS (b)(6)-2	1800	INITIALS (b)(6)-2		INITIALS
NEURO	PUPILS	PERL 3mm, brisk		PERRLA			
	SENSORIUM	Lethargic, easily awakened c̄ verbal stimuli.		opens eyes to tactile stimulus, follows commands MAE X4			
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored		tachypneic RR 30's.			
	BREATH SOUNDS	Inspiratory wheezing in RLL.		coarse crackles bilat, (b)(6)-2			
	SECRETIONS	Ø secretions, cough & deep breath encouraged IS while awake.		thick yellow, large amt IS c̄ good effort, cough & deep breathing, lungs cleared ↓ C&DB. 50% vm O2 sat 91%.			
SKIN	COLOR	pink		WNL			
	INTEGRITY	W/D intact		see notes.			
IV SITE	LOCATION	(R) AC		(R) AC			
	CONDITION	Ø s/sx of infix/infiltrati		Ø sts of infection or infiltration, flushed c̄ 5cc NS (+) blood return LR infusing @ 50cc/h dsg & site intact.			
GASTRO	ABDOMEN	Soft, flat		soft, round			
	BOWEL SOUNDS	(+) BS, slow in upper and lower right quads (-) BS in lower left quad		(+) BS x 4 quads. Dsg to abd D+I.			
GU	URINE:	foley to gravity.		pens → gravity.			
	COLOR/CLARITY	dark yellow/clear		dark yellow/clear			
CARDIOVASCULAR	CARDIAC RHYTHM	SR @ 96 bpm Cap refills < 3 secs.		SR → ST HR 90s → 100s cap refill 2 secs. bilat pedal + (+) radial pulses palpable. cap refill to LUE 2 secs.			

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

(Continue on reverse)

PREPARED BY (Signature & Title) (b)(6)-2 91W20M6

DEPARTMENT/SERVICE/CLINIC ICU 2 west

DATE 11 JUL 03

PATIENT'S [redacted] ritten entries give: Name—last, first, middle; [redacted] cal facility)

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 11 July 2003 | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	05	6	7	8	9	10	11	12		13	14	15	16	17	18	19	20	
BP Arterial Line																		
BP Cuff	112/58	119/60	115/61	123/67	113/61	100/59	113/62	112/67		97/62	114/61	116/66	127/64	114/63	120/65	112/62	110/62	
Temperature	99.1 T	98.7 T	99.1 T	98.7 T	98.3 T	98.5 T	98.7 T	98.7 T	98.7 T	94.7 T	99.9 T	100.3	101.1	98.5	99.4			
Pulse	89	90	107	104	97	97	97	100		100	101	100	103	98	103	92	91	
Respiratory Rate	18	24	32	29	24	25	24	27		27	27	28	24	19	32	23	14	
SpO2	96%	95%	95%	96%	98%	97%	98%	95%		95%	95%	96%	97%	98%	91%	97%	97%	
O2	40% VM	35% VM	5LNC	5LNC	5LNC	4LNC	4LNC	4LNC	4LNC	4LNC	4LNC	4LNC	50% VM	50% VM	50% VM	50% VM	50% VM	
pain intervention																		

INTAKE																		
TIME									8° T									8° T
LR	100	100	100	50	50	50	50	50		50	50	50	50	50	50	50	50	
Zantac		50									100							
Unasyn				100							100						100	
p.o.			370		120			300 500				120						
TOTALS	100	150	470/720	150	170	50/1090	50	350		50/1540	250	170	50/2010	50/2060	50/2110	50/2160	150/2310	

OUTPUT																		
URINE HOUR	80	50	60	600	800	325	75	40		30	60	60	100	70	30	55	60	
URINE TOTAL			190			1915				2060			2080	2350	2380	2435	2495	
URINE SG																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04	
	113/64	114/65	104/56	109/58	106/64	106/63	104/60	105/58	
	99[1]			98[8]				98[2]	
	95	91	92	86	83	85	85	85	
	19	21	28	20	19	20	23	20	
	96%	97%	96	95	97	96	97%	97%	
	50% ↓	40% ↓	40% ↓	40% ↓	40% ↓	40% ↓	40% ↓	40% ↓	

INTAKE									
	~~16~~	~~17~~	~~18~~	~~19~~	~~20~~	~~21~~	~~22~~	~~23~~	8° T
	50	50	50	50	50	50	50	50	
		50							
						100			
	50/2360	100/2460	50/2510	50/2560	50/2610	150/2760	50/2810	50/2860	2860

OUTPUT									
	60/2555	60/2615	45/2660	50/2710	40/2750	50/2800	70/2870	60/2930	2930

2930

ACUITY LEVEL CLASSIFICATION

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

LABORATORY	TIME	0400								
	GLUCOSE	94								
	Na/K	131/3.6								
	Cl/CO_2	103/24								
	BUN/Cr	13/1.1								
	WBC/PLATELET	7.9/240								
	Hct/Hgb	23.4/7.8								

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

24 HR I&O TOTALS	NURSE'S SIGNATURE	INITIALS
wt Yesterday ____ wt Today ____	(b)(6)-2	9/1/20 ML (b)(6)-2
INTAKE: IV ____ po ____ TOTAL 2860	(b)(6)-2	4AN (b)(6)-2
OUTPUT: Urine: ____ TOTAL 2930		
BALANCE −70		

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) DA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0625	INITIAL (b)(6)-2	1800	INITIAL (b)(6)-2		INITIALS
NEURO	PUPILS		Perrla		PERRLA 3mm 6mm			
	SENSORIUM		Awakens to touch.		Awakens to touch			
					response			
RESPIRATORY	RESPIRATORY PATTERN		Even unlabored R-20		even unlabored			
	BREATH SOUNDS		Clear ↑ lungs; coarse		lung sounds clear			
	SECRETIONS		↓ bases.		to auscultation			
SKIN	COLOR		Pink		pink warm dry			
	INTEGRITY		Warm		to touch (R) arm swollen			
			All Dsg CDI.		incisive dsg CDI ⊘ BID.			
IV SITE	LOCATION		(L) AC		(R) AC (L) hand infusion			
	CONDITION		Patent c NS/S infiltration		LR @ 50cc/hr site patent			
			LR @ 50cc/hr		no s/s of infiltration			
GASTRO	ABDOMEN		soft nondistended		soft tender nondistended			
	BOWEL SOUNDS		BS hypoactive in 4 quads		BS (+) hypoactive			
	PT NPO		BS in ↓ Quad hyper + faint		pt NPO			
			to auscultation					
GU	URINE:		Foley to gravity / intact		Foley to gravity			
	COLOR/CLARITY		yellow / clear		yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM		SR @ 86 BPM		SR @ 95 bpm			
	Extremities		Pulses palpable x3.		pulses equal and palpable			
			Cap Refill < 3sec x 4.		x3 ext cap refill			
					< 3sec x4			

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

(Continue on reverse)

PREPARED BY (Name & Title) (b)(6)-2 SSG/LPN

DEPARTMENT/SERVICE/CLINIC ICU

DATE 12 July 03

PA (b)(6)-2 (If typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)

(b)(6)-4

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 12 July 03 | DE | HOSPITAL DAY

VITALS	TIME	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
	BP Arterial Line																		
	BP Cuff	105/61	100/59	107/59	108/66	111/62	118/62	102/53	100/61		113/63	120/60	126/67	133/73	120/70	130/68	131/71	127/70	
	Temperature					98.3					99.3					99.3			
	Pulse	82	82	84	83	91	80	81	89		86	94	96	102	106	100	101	97	
	Respiratory Rate	19	18	20	20	27	19	18	14		26	30	27	28	32	30	30	30	
	O2 Sat	95%	98%	92	96	97	97	99	94%		95	95	97	97	98	96%	95%	96%	
	Oxygen	40%	40%	40%	40%	40%	40%	40%	40%		40%	40	50	50	50	40	40	40	
	Method	VM	VM	VM	VM	VM	VM	VM	VM		VM	VM	VM	VM	VM	VM	VM	VM	
SIGNS	pain																		
	intervention																		

INTAKE	TIME	~~24~~	~~01~~	~~02~~	03	04	05	~~06~~	~~07~~	8°T	~~08~~	~~09~~	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~	~~15~~	8°T
	LR	50	50	50	50	50	50	50	50		50	50	50	50	50	50	50	50	
	Zantac		100		~~100~~						100								
	Unasyn				100													100	
	IVP						5												
	NS																15	15	
														95					
	PRBC 2U																		
	PO																		
	TOTALS					450				605							65	165	

OUTPUT		HOUR / TOTAL	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
	URINE		40/40	85/125	60/185	40/225	40/265	100/365	500/865	100/965		40/1005	30/1035	150/1185	40/1225	30/1255	40	50	60
		10 gr																	
		S/A																	
	NG	OUTPUT												125					
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY

VITAL SIGNS	21	22	23	24	01/02	03	05	
	127/72	137/76	131/73	129/64	128/72	129/73	103/73	118/73
	99.2				97.5			
	99	99	94	88	97	88	88	86
	28	27	27	26	22	27	30	27
	97%	96%	96%	97%	97%	97%	95%	96%
	40	40	40	40	40	40	40	40
	VM	VM	VM	VM	VM	VM	VM	VM

INTAKE									
	~~70~~	~~75~~	~~75~~	~~75~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
	50	50	50	50	50	50	50	50	
		100			100	100			
	15	15	15	15	15				
									905
		360				360			720
									1625
	65	165	65	65	65	150	90	50	
	100	100	100	100	150	50	100	40	

OUTPUT									
						3550			

ACUITY LEVEL CLASSIFICATION

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

LABORATORY	TIME	0500									
	GLUCOSE	85									
	Na/K	131/3.4									
	Cl/CO_2	103/26									
	BUN/Cr	14/0.8									
	WBC/PLATELET	7.8/331									
	Hct/Hgb	33.9/7.7									

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

24 I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	(b)(6)-2 SBBN	(b)(6)-2
		(b)(6)-2	(b)(6)-2
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL 2580	TOTAL 5845		
BALANCE 3265			

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0700	INITIALS (b)(6)-2	1730	INITIALS (b)(6)-2		INITIALS
NEURO	PUPILS	PERL 3mm brisk		PERRLA 3mm brisk			
	SENSORIUM	Alert. lang barrier able to voice basic needs		Alert responsive			
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored		even lung sounds			
	BREATH SOUNDS	CTA		clear to auscultation			
	SECRETIONS	Ø		X4 lobes patent L			
				NC SaO2 97%			
SKIN	COLOR	pink		pink w/p to touch			
	INTEGRITY	w/D intact c̄ midline old incision + (L) flank		midline dsg CDI (D) UE splint			
IV SITE	LOCATION	(R) wrist		IV (R) hand patent c̄			
	CONDITION	CDI Ø s/sx of infx		no s/s of infiltration LR @ 50cc/hr			
GASTRO	ABDOMEN	tender around sung site		Tender around dsg (+)			
	BOWEL SOUNDS	+ BS slow		BS hyperactive Pig duct c̄ CIB			
GU	URINE: COLOR/CLARITY	Amber / clear foley to gravity		Amber / clear Foley to gravity site clean			
CARDIOVASCULAR	CARDIAC RHYTHM	SR @ 87 bpm Cap refill <3 sec.		SR 87 bpm pulses equal palpable cap refill <3sec			

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

(Continue on reverse)

PREPARED BY (Signature & Title) (b)(6)-2 [redacted] RN 20 MB

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 13 Jul 03

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

(b)(6)-4 [redacted]

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

DATE 13Jul03 | DX | HOSPITAL DAY

VITALS																		
TIME	~~24~~	~~01~~	~~02~~	~~03~~	~~04~~	~~05~~	~~06~~	~~07~~		~~08~~	~~09~~	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~	~~15~~	
BP Arterial Line	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
BP Cuff	128/74	129/73	125/71	121/67	116/65	114/66	119/66	124/73	~~126/73~~	126/73	109/63	119/67	120/63	114/67	123/69	124/60	116/68	
Temperature	97.4 T	97.1 T	96.9 T	96.8 T	96.4 T	96.8 T	97.4 T	97.5 T	~~98.2 T~~	98.8 T	98.8 T	98.3 T	99.1 T		98.1			
Pulse	83	81	83	91	85	80	75	87	~~92~~	92	94	~~96~~	87	89	94	92	86	
Respiratory Rate	27	22	22	24	21	~~18~~ 20	17	22	~~24~~	24	27	24	25	26	27	25	27	
SpO2	95%	97%	98%	95%	97%	97%	98%	97%	~~98%~~	95%	95%	96%	95%	96%	96%	96%	96%	
O2	35% VM	4LNC	4LNC	4LNC	4LNC	3.5L NC	3.5L NC	3.5L NC	~~3LNC~~	3LNC	3LNC	3LNC	2LNC	2LNC	2LNC	4LNC	4LNC	
SIGNS																		
open suction																		

INTAKE																		
TIME	~~24~~	~~01~~	~~02~~	~~03~~	~~04~~	~~05~~	~~06~~	~~07~~	~~8°T~~	~~08~~	~~09~~	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~	~~15~~	~~8°T~~
LR	50	50	50	50	50	50	50	50	~~50~~	50	50	50	50	50	50	50	50	
Zantac		100									100						100	
Unasyn				100							100							
po.			500		120			240			250	240		220	400		300	
Flush					10													
																	450	
TOTALS	50	150/200	550	150/900	180/1080	50	50/1180	~~240~~		50/252	500/3020	240/3310	50/3360	270	450	50	~~100~~	

OUTPUT																		
URINE	HOUR / TOTAL	100	40/140	60	60/260	40/300	40	30/370	60		40/470	60/530	60/590	50/640	40	50	100	50
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS									
	16	17	18	19	20	21	22	23	
	21	22	23	24	01	02	03	04	
	121/75	109/65	119/65	114/62	116/57	114/65	113/61	129/69	
	983				981				
	61	77	75	78	76	76	78	80	
	24	18	18	24	21	18	19	18	
	99%	98%	98%	97%	97%	97%	96%	96%	
	3L NC	3L NC	3L NC	2L NC	2L NC	2L NC	2L NC	2L NC	

INTAKE									
	16	17	18	19	20	21	22	23	8°T
I	50	50	50	50	50	50	50	50	
		100				100			
									1560
	50	150	50	50	50	150	50	50	

OUTPUT									
	50	100	40	50	50	50	40	50	1310

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
A	pH									
A	PCO_2									
	pO_2									
B	HCO_3									
	SAT									
G	BASE									

LABORATORY DATA										
	TIME	0300	0540							
	GLUCOSE		101							
	Na/K		3.3							
	Cl/CO_2		105/25							
	BUN/Cr		18/0.7							
	WBC/PLATELET	16.1/324								
	Hct/Hgb	33.6/11.2								

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

24 H I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV		Urine:	
po			
TOTAL	5160	TOTAL	1310

BALANCE 3850 +

NURSE'S SIGNATURE	INITIALS
(b)(6)-2	(b)(6)-2
91W20 MG	(b)(6)-2
(b)(6)-2	(b)(6)-2

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	1200	1730	1800
	INITIALS	(b)(6)-2	(b)(6)-2	(b)(6)-2
NEURO	PUPILS	PERRLA	3 — ⊖	Perrl 3mm
	SENSORIUM	Pt able to follow commands, move extrem x 4.	Able to follow single commands	able to follow commands - cooperative
RESPIRATORY	RESPIRATORY PATTERN	Normal R 18	RRR @ 20-30	even - unlabored
	BREATH SOUNDS	clear bilat	CTA	shallow 2° pain
	SECRETIONS	Pt snores. No secretions noted	⊖ cough, ⊖ secretions NC @ 2LPM O_2	NC 3L sat >95%
SKIN	COLOR	Normal	normal, cool + dry	normal
	INTEGRITY	cool, Dry	Midline ABD incision Dsg to midline C see SKIN CDI, ⊖ ME to cast	Dsg to midline C cast + LE shoulder to hand tap refill - pL
IV SITE	LOCATION	(R) AC	(R) AC c 18	
	CONDITION	patent c no s/s infiltration TKO @ 150cc/hr	patent KR @ 150cc/HR ⊖ SS infiltration	in color
GASTRO	ABDOMEN	Firm/nondistended	soft / non-distended	
	BOWEL SOUNDS	No bowel sounds noted	⊖ BS x4	
	N/G LIS	Dsg to midline Abd + to (R) Abd. CDI ~~no s/s~~ infection	NG to LIS	NG LIS
GU	URINE:	Foley to gravity	foley to gravity	Lasix x 40mg x1 1600
	COLOR/CLARITY	clear yellow	clear yellow urine	@ 1900 1400cc output
CARDIOVASCULAR	CARDIAC RHYTHM	SR HR 82	SR @ 101	SR PR-113
		Pulses present x 4 ext.	pulses x3 extremities	Distal Pulses Present
		Cap refill <3sec	cap refill <3sec x	
		Tebow cast on (L) arm	Left ↑ L arm — L cast	

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

(Continue on reverse)

PREPARED BY (Name & Title) (b)(6)-2 SSG/LPN

DEPARTMENT/SERVICE/CLINIC ICU

DATE 15 July 03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX S/P Exp Lap | HOSPITAL DAY

Admit

VITAL SIGNS	05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
BP Arterial Line																		
BP Cuff								113/63		111/102	116/67	109/50	106/59	117/63	105/53	111/58	109/63	
Temperature								96.1				99.4		99.3			99.0	
Pulse								91		77	88	94	97	101	102	103	106	
Respiratory Rate								22		15	17	22	25	29	27	27	29	
~~SpO2~~								99		100	100	97	98	98	98	98		
								(b)(6)-2										
															2L	2L	2L	

INTAKE	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
LR						02 → 250cc				150	150	150/150	150/600	150/750	150	150	150	
NG flush													30				30	
IVP													100					
TOTALS																		

OUTPUT			05	06	07	08	09	10	11	12		13	14	15	16	17	18	19	20	
URINE	HOUR / TOTAL									01 350		50/50	50/100	40/140	30/170	20/190	60/250	40/290	40/330	
	[illegible]																			
	S/A																			
NG	OUTPUT											urinit	N30cc	N40/70cc	30/100	50/150				
	pH																			
	GUIAC																			
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02	03	04	
	116/69	123/70	99/59	124/72	132/80	124/72	127/71	130/77	
			98.9				99.0		
	104	104	106	106	103	109	107	112	
	30	32	32	35	29	30	29	31	
	97%	97	96	96	95	94	96	96	
	NC	NC	NC	NC	NC	NC	NC	NC	
	2L	2L	2L	2L	2L	2L	2L	2L	

INTAKE	21	22	23	24	01	02	03	04	8° T
	150	150	150	150	150	150	150	150	2400
			8	30				30	120
				200					300

OUTPUT									
	20/350	40/370	30/420	50/470	40/510	50/560	40/600	80	1680
			90					300	390
									540

ACUITY LEVEL CLASSIFICATION

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

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

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

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
PO			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE

(b)(6)-2

(b)(6)-2

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial Line																	112/72	
BP Cuff		109/57		~~300/250~~		91	99/46			119/70		108/57	115/53					
Temperature		96.7					97.7			97.6							97.8	
Pulse		69					78			78		83	86				86	
Respiratory Rate		20					18			20		20	16				14	
										95%		92%	95%				94%	
										RA		RA	RA				RA	

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
LR	125 / 125	125 / 250	125 / 375	125 / 500	125 / 625	125 / 750	125 / 875	125 / 1000	1000									
TOTALS																		

OUTPUT

		TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
URINE		HOUR / TOTAL				500 / 500														
		sp gr																		
		S/A																		
NG		OUTPUT																		
		pH																		
		GUIAC																		
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	04	05	
			100/60				94/50		
							98°		
			69				51		
			12				12		
			98%				96%		
			RA				RA		

INTAKE	22	23	24	01	02	03	04	05	8° T

OUTPUT									

ACUITY LEVEL CLASSIFICATION

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

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

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

24 HR I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today		
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	630	INITIALS (b)(6)-2	INITIALS	1930	INITIALS (b)(6)-2
NEURO	PUPILS	Seems. depressed			Pt asleep arousable	
	SENSORIUM	Alert & oriented x3			to tactile A&Ox3	
		responds appropriately			responds to commands	
		Moves all			moves ext x4	
		extremities				
RESPIRATORY	RESPIRATORY PATTERN	Reg, non labored			unlabored full equal	
	BREATH SOUNDS	even & ↑ chest			CX expansion S102974	
	SECRETIONS	Ø SOB Ø secretions			RA Ø SOB	
		RR 18 SAO2 97% RA				
SKIN	COLOR	Normal for race			warm dry to touch	
	INTEGRITY	ABD Drg CDI Δ by MD			Abd Drg CDI Δ by	
		Sacral Drg ↑ mod-lg amount of drainage			MD. Sacral Drg CDI	
IV SITE	LOCATION	(R) 20g saline lock			IV (R) hand ~~left~~	
	CONDITION	— flush appears			no s/s of infiltration	
		to have infiltration				
GASTRO	ABDOMEN	Soft non distended			Soft non distended	
	BOWEL SOUNDS	↓ active BS x4			BS (+) x4 quds	
		Ø BM			Ø BM	
GU	URINE	dark yellow clear			voids via urinal	
	COLOR/CLARITY	Pt ambulates			clear yellow urine	
		to commode			Pt ambulates to commode	
CARDIOVASCULAR	CARDIAC RHYTHM	NSR HR 88			NSR HR 81 S1/S2	
		(+) peripheral pulses x4			↑ hv lytic sounds	
		(+) color sensation &			capillary refill <3sec	
		movement				
		Skin warm & dry				

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

(Continue on reverse)

(b)(6)-2 SGT [illegible]

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 12 AUG 03

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

(b)(6)-4

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13	/	14	15	16	17	18	19	20	21
BP Arterial Line																	
BP Cuff	104/66				134/81						83/54	109/57	115/73				110/71
Temperature	96.0										98.0						98.7
Pulse	89				82						83	99	101				89
Respiratory Rate	19				14						10	16	22				24
	97%				99%						99%						98%
	RA				RA						RA		RA				RA

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
TOTALS																	

OUTPUT

		HOUR / TOTAL	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
URINE																			
		10 gr																	
		S/A																	
NG		OUTPUT																	
		pH																	
		GUIAC																	
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

ST-OP DAY

22	23	24	01	02	03	04	05	
			10					
			103/64				114/66	
			98				98	
			88				84	
			94%				97%	
			RA				RA	

22	23	24	01	02	03	04	05	8° T

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL	A	pH								
		PCO_2								
	B	pO_2								
		HCO_3								
		SAT								
	G	BASE								

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

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

24 HI&O TOTALS	NURSE'S SIGNATURE	INITI
wt Yesterday _____ wt Today _____		
INTAKE / OUTPUT		
IV _____ Urine: _____		
po _____ _____		
_____ _____		
TOTAL _____ TOTAL _____		
BALANCE _____		

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME 0830	INITIALS (b)(6)-2	INITIALS	1930	INITIALS (b)(6)-2
NEURO	PUPILS				pt asleep arousable	
	SENSORIUM	a x 0 x 3 Moves			lethargic	
		all extremities			moves ext x4	
		responds appropriately			responds to commands	
RESPIRATORY	RESPIRATORY PATTERN	Reg non labored			full exp expansion	
	BREATH SOUNDS	even ↑↓ chest			unlabored LS CTAX	
	SECRETIONS	LS: CTA SaO2 97% RA			4 lobes SaO2 98% RA	
		Ø secretion				
		Ø SOB				
SKIN	COLOR	Normal for Race			Warm dry to touch	
	INTEGRITY	ABD Drsg CDI			Abd Drsg CDI	
		sacral drsg CDI			Coccyx Drsg CDI	
IV SITE	LOCATION	20g saline lock			20g hep lock Ø hand	
	CONDITION	to (R) Hand			no redness/swelling	
		(-) flushes pt c/o				
		pain when flush				
GASTRO	ABDOMEN	soft, nondistended			soft nondistended	
	BOWEL SOUNDS	active BS x4			tender at Drsg site	
		ABD drsg Δ'd by			BS + x4 quads	
		MD				
GU	URINE:	via urinal, commode			via urinal 3	
	COLOR/CLARITY	yellow clear			difficulty	
		Ø complaint of burning				
CARDIOVASCULAR	CARDIAC RHYTHM	S1 S2 normal Ø			S1/S2 ± no data	
		murmur noted			sounds HR 75 bpm	
		+HR lce			pulses equal and	
		(+) peripheral pulses			pinpun[illegible]	
		to extremities			[illegible]	

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; [illegible]al; [illegible]uration; [illegible] - Tracheostomy

(b)(6)-2 (Continue on reverse)

PREPARED BY (S[illegible] (b)(6)-2 [illegible] SGT/E5 | DEPARTMENT/SERVICE/CLIN[illegible] ICU | DATE 13 AUG 03

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
BP Arterial Line																		
BP Cuff			113/60		91/51								127/76	115/68	115/70	96/59	114/66	
Temperature			96.4										98.9	98.6				
Pulse			72		74								88	85	76	75	79	
Respiratory Rate			18		16								15	11	12	13	14	
			98%		98%								95%	96%	100%	98%	98%	
			RA		RA								RA	RA	RA	RA	RA	

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL																	
	sp gr																	
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	22	23	24	01	02	03	04	05	
			104/54			112/74		104/65	
			98°			98°			
			82			60		61	
			17			14		16	
			96%			97%		98%	
			RA			RA		RA	

INTAKE	22	23	24	01	02	03	04	05	8° T

OUTPUT									

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

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

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

24 I&O TOTALS	NURSE'S SIGNATURE	INITIALS
wt Yesterday _____ wt Today _____		
INTAKE / OUTPUT		
IV _____ Urine: _____		
po _____ _____		
_____ _____		
TOTAL _____ TOTAL _____		
BALANCE _____		

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	0700 TIME	15AUG03 (b)(6)-2 INITIALS	15 AUG (b)(6)-2 INITIALS	INITIALS
	PUPILS	Seems depress	A&O - Perrl -	
	SENSORIUM	Alert oriented	Follows commands	
		able to move	Sitting up in bed	
		all extremities		
		Responds appropriately		
RESPIRATORY	RESPIRATORY PATTERN	Reg RR 14 SaO2 96% RA	RER - 16 BPM	
	BREATH SOUNDS	LS CTA	97% RA Sa02	
	SECRETIONS	⊘ secretions	Lungs CTA	
		even ↑↓ chest	no c/o SOB	
		⊘ SOB	⊘ cough	
SKIN	COLOR	Normal for Race	NFR	
	INTEGRITY	dsg ABD CDI Δ by MD	Dsg to abd	
		Sacral dsg CDI Δ by MD	Dsg to buttocks	
IV SITE	LOCATION	Deg IV (R) wrist	IV patent (R) wrist	
	CONDITION	infusing LR @ KVO	infusing LR 20 ml/hr	
		⊘ S/S infiltration	KVO	
			⊘ s/sx of infx	
			infiltration	
GASTRO	ABDOMEN	firm nondistended	(+) BS - tolerated	
	BOWEL SOUNDS	flat abd, ABD Dsg CDI	meal -	
		BS (+) x4 quads		
		Hyperactive		
GU	URINE	dk yellow	ambulates to commode	
	COLOR/CLARITY	urine,		
		⊘ sediment noted		
CARDIOVASCULAR	CARDIAC RHYTHM	HR 51 NSR	NSR Pulse - 88	
		BP 117/62	(+) peripheral pulses	
		(+) peripheral		
		pulses x4		
		gd cap refill <3 sec		

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

(b)(6)-2 SGT/E5

(Continue on reverse)

PREPARED BY (Signature & Title) (b)(6)-2 SGT/E5 9WM6

DEPARTMENT/SERVICE/CLINIC ICU

DATE 19AUG03

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

(b)(6)-4

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
BP Arterial Line																	
BP Cuff			117/62			111/68				124/74			115/61				
Temperature			97.0							97.8			97.5				
Pulse			82			84				79			74				
Respiratory Rate			14			18				18			18				
			96%			95%				95%			98%				
			RA			RA				RA			RA				

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
LR	20	20 / 40	20 / 60	20 / 80	20 / 100	20 / 120	20 / 140	20 / 160	160	20 / 180	20 / 200	20 / 220	20 / 240	20 / 260	20	20	20
PO	480			60 / 540	240 / 780		300 / 1080		1080						30		
TOTALS																	

OUTPUT

URINE	HOUR / TOTAL																
	10 gr																
	S/A																
NG	OUTPUT																
	pH																
	GUIAC																
EMESIS																	
STOOL							Lg										
DRAINS																	
TOTALS																	

ST-OP DAY

22	23	24	01	02	03	04	05
118/60				112/62			
118/60				120/62			
97.6				97.4			
81				80			
16				14			
97%				97%			
RA				RA			

22	23	24	01	02	03	04	05	24° 8° T
20	20	20	20	20	20	20	20	480
200								1480
200								

ACUITY LEVEL CLASSIFICATION

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

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

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

TURN	TIME							
SUCTION								

24°I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	1480	Urine:	multiple voids
PO	480		
TOTAL	1960	TOTAL	

BALANCE _____

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

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	1000	INITIALS (b)(6)-2		INITIALS	1400	INITIALS (b)(6)-2
NEURO	PUPILS		3 mm Brn Peaches				3mm Unsk pt awake alert able to move ext x4	
	SENSORIUM		good orientation, good sensation to all extremities. Pt AAO x3. Converses fluently in arabic.					
RESPIRATORY	RESPIRATORY PATTERN		Chest movement symmetrical, expansion equal				Full equal CX expansion	
	BREATH SOUNDS		Clear throughout				⊖ SOB SaO2 95%	
	SECRETIONS		slightly diminished (R) LL, RR - 15-16 BPM SaO2 - 96% ⊘ cough, ⊘ secretions, ⊘ R distress				(R) lung sounds CTA x4 lobes	
SKIN	COLOR		NPR				Warm dry to touch	
	INTEGRITY		(+) MIDLINE abd incision dressing intact c̄ drainage. Dry intact aspect of abd. ⊕ dressing for drainage.				Dsg to abdominal O'd by MD CDI no s/s of infection & drainage.	
IV SITE	LOCATION		to sacral area. Reported by Dr. Walker as 1g (10-15 cm - deep)				Dsg to coccyx O'd by MD CDI & drainage & odor. IV to (R) A/C infusing under	
	CONDITION		5cm deep) viscous CDI. ⊕ (R) arm split VPI, & scab 3cm lgth-1cm wide to T6-T7 spinal process dry. ⊖ evidence infection. 18g PIV to (L) AC placed 14 Ag. Ofaring wet. ⊖ evidence infection infiltration. ⊕ Flush ⊖ BR. 2R & TKO.				KVO Blisters on ⊘ heel noted	
GASTRO	ABDOMEN		BS x 4 q. soft nondistended. ⊖ abd incision				BS ⊕ x4 quads	
	BOWEL SOUNDS		covered w/dressing. ⊖ N/V c/o pain. ⊖ gas ⊖ flatus. (Bowel sounds)				ulcer tender at diag side nondistended	
GU	URINE: COLOR/CLARITY		Clear yellow per ward commode -				Pt on regular diet Pt voids on urinal yellow urine pt ambulates to commode	
CARDIOVASCULAR	CARDIAC RHYTHM		NSR, HR/BP WNL. Capillary refill all ext. Big toes and index fingers (+) (L) hand weak 1+, 2+ pulses Radial/Pedal bilat				NSR c̄ extra sounds S1/S2 present pulses palpable and equal	

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

(Continue on reverse)

PREPARED BY (S... (b)(6)-2 CPT

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 16 Aug 03

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

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS																	
TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
BP Arterial Line															NPO		
BP Cuff			125/61	109/76						124/70					124/70		
Temperature			95.4	98.8						96.8					97.9		
Pulse			72	69						78					81		
Respiratory Rate			16	9						13					14		
			RA	RA						RA					98%		
SaO2			98%	100%						97%					RA		
Intake: kcal/g	NPO		—														
											WT: 134 lbs.						
			OR	Recovery													

INTAKE																	
TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
TOTALS																	

OUTPUT																	
URINE	HOUR / TOTAL																
	10 gr																
	S/A																
NG	OUTPUT																
	pH																
	GUIAC																
EMESIS																	
STOOL																	
DRAINS																	
TOTALS																	

POST-OP DAY

22	23	24	01	02	03	04	05
124/100			124/74			117/71	
96	94		97				
71			74			71	
98%			98%			98%	
12			12			14	

22	23	24	01	02	03	04	05	8° T

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA									
	TIME								
	MODE								
	F_IO_2								
	TV								
	RATE								
	PEEP								
A	pH								
	PCO_2								
	pO_2								
B	HCO_3								
	SAT								
G	BASE								

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

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

TURN	TIME			
SUCTION				

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

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

BALANCE _____

NURSE'S SIGNATURE | INITIAL

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0700	INITIAL (b)(6)-2	17 AUG 03	INITIAL (b)(6)-2	INITIALS
NEURO	PUPILS				WNL		
	SENSORIUM		Alert oriented		Pt qt - cooperative		
			pleasant ☺		sitting in chair		
			WGT: 135 lbs				
RESPIRATORY	RESPIRATORY PATTERN		RR Reg		RRR		
	BREATH SOUNDS		LS CTA		Lungs CTA bilat		
	SECRETIONS		even ↑↓ chest				
			∅ SOB ∅ secretions				
SKIN	COLOR		normal for Race		normal for race		
	INTEGRITY		ABD DRSG CDI		abd dsg CDI		
			sacral DRSG seeping		reinforce gauze		
IV SITE	LOCATION		20g W to (R) AC		20G IVAL		
	CONDITION		∅ S/S infiltration		flushed		
			infusing @				
			KVO				
GASTRO	ABDOMEN		Soft, nondistended		soft - nondistended		
	BOWEL SOUNDS		(+) BS x4 quad		(+) BS - ∅ urge		
			last BM 16 AUG 03		BM		
GU	URINE		Pt amb → commode		Pt ⓪ urine		
	COLOR/CLARITY		Clean yellow urine		clear yellow urine		
CARDIOVASCULAR	CARDIAC RHYTHM		HR Reg HR 68		HR - 60 - 70s		
			S1 S2 normal				
			∅ murmur noted				
			(+) peripheral pulses x4				

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

(Continue on reverse)

(b)(6)-2 SGT USA QUM6

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 17 AUG 03

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
BP Arterial Line						113/68											
BP Cuff						113/68						158/77					
Temperature						97.7						98.2					
Pulse						70						79					
Respiratory Rate						20						20					
						98%						99%					
						RA						RA					

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
LR	20	20	20		20	20											
TOTALS																	

OUTPUT

		HOUR / TOTAL	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
URINE																			300
		10 gr																	
		S/A																	
NG		OUTPUT																	
		pH																	
		GUIAC																	
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

ST-OP DAY

	22	23	24	01	02	03	04	05
	20/10							
	98							
	80							
	18							
	100%							
	RA							

	22	23	24	01	02	03	04	05	8° T
	HL	HL	HL	HL	HL	HL	HL	HL	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA		TIME								
		MODE								
		F_IO_2								
		TV								
		RATE								
		PEEP								
	A	pH								
		PCO_2								
		pO_2								
	B	HCO_3								
		SAT								
	G	BASE								

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

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

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
PO	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

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

18 Aug 03

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0800	INITIALS (b)(6)-2	INITIALS	1900	INI (b)(6)-2
	PUPILS	3mm/3mm PEARLA			3mm B/L PERRLA	
	SENSORIUM	Moves all extremities purposefully			Follow Commands, NAE	
		Good sensation throughout				
RESPIRATORY	RESPIRATORY PATTERN	RR - 12-14 BPM SaO2 100% RA.			RR 16 ~~[illegible]~~ Unlabored	
	BREATH SOUNDS	Clear throughout			CTA	
	SECRETIONS	Ø			Ø	
		Ø cough				
		chest movement symmetrical				
		lung expansion equal.				
SKIN	COLOR	WNL			NFR	
	INTEGRITY	(+) Decubitus to sacrum, Dressing CDI, Dressing Δ's per Dr.			(1) Decub to sacrum	
		Lowry (B) midline incision: Dressing CDI, Dr Lowry rounds			Midline Abd - CDI	
IV SITE	LOCATION	Dressing Δ: 3cm x 1cm lesion to T5-T6 area - Sent removed			PIV (L) hand	
	CONDITION	by SGT Smith, Sweden placed over, Ø drainage.				
		(L) 3cm x 3cm blood filled blister to (L) lateral				
		malleolus. Diff drainage. Will clean & dress.				
		(+) PIV 18G to (L) hand - SL'd (L) Pink (L) BR				
		(L) extremity (L) mention into area.				
GASTRO	ABDOMEN	(+) BS x 4 q - [illegible] soft			BSX4, Abd Soft, Non T	
	BOWEL SOUNDS	non distended, Ø pain on				
		palpation. Last BM				
		17-Aug 03.				
GU	URINE:	Clear yellow to amber			Clear Yellow	
	COLOR/CLARITY	Ommode.				
CARDIOVASCULAR	CARDIAC RHYTHM	NSR. VS normal.			NSR	
		(+) Pedema to (L) hand				
		cap refill ≤3sec X1				
		digit all extremities.				

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

0800 - Assessment (b)(6)-2 CPT

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

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

PAGE

DATE | DX | HOSPITAL DAY

VITAL SIGNS	TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
	BP Arterial Line																	
	BP Cuff	113/67		101/44							113/66				102/80			
	Temperature			97.0							97.7				97.8			
	Pulse	66		74							88				82			
	Respiratory Rate	18		14							14				16			
	Sat	95%		100%							98%				97			

INTAKE	TIME	06	07	08	09	10	11	12	13	8° T	14	15	16	17	18	19	20	21
	PO		240 240			240 240			200 120	600								
	TOTALS																	

OUTPUT																		
	URINE	HOUR / TOTAL		400 400													XL	
		10 gr																
		S/A																
	NG	OUTPUT																
		pH																
		GUIAC																
	EMESIS																	
	STOOL																Lg	
	DRAINS																	
	TOTALS																	

(b)(6)-4

18 Aug 03

POST-OP DAY

22	23	24	01	02	03	04	05
186					105/60		
79					78		
20					80		
					98		
99							

22	23	24	01	02	03	04	05	8° T

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME								
	MODE								
	F_IO_2								
	TV								
	RATE								
	PEEP								
	A: pH								
	A: PCO_2								
	A: pO_2								
	B: HCO_3								
	B: SAT								
	G: BASE								

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

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

24 HR I&O TOTALS	NURSE'S SIGNATURE	INITL
wt Yesterday _____ wt Today _____	(b)(6)-2	(b)(6)-2
INTAKE / OUTPUT	(b)(6)-2	
IV _____ Urine: _____		
po _____ _____		
TOTAL _____ TOTAL _____		
BALANCE _____		

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0800 (b)(6)-2	INITIALS		INITIALS
	PUPILS	3mm Round			3mm Perrl - AAO x3
	SENSORIUM	moves all extremities			moves all ext - ambulates w/ difficulty - self sufficient
		(+) sensation throughout			
		AAOx3			
RESPIRATORY	RESPIRATORY PATTERN	chest movement equal			RLR - lungs CTA
	BREATH SOUNDS	symmetrical			Sa O2 - 99% on RA
	SECRETIONS	BS clear throughout posteriorly			Ø cough - Ø secretions
		Ø secretion			
		Ø cough RR - 14-6 BPM			
		SaO2 - RA 98-100%			
SKIN	COLOR	WFR.			normal for race
	INTEGRITY (Ø)	ABD incision - midline dressing CDI			(Ø) Drs to Abd CDI
	(+)	decubitus ulcer to sacral area			
IV SITE	LOCATION	18G PIV to (L) Femoral			Ø IV access
	CONDITION	Patent on flushing. (Ø) evidence of infiltration & Ø evidence infection			
GASTRO	ABDOMEN	BS x 4 q. Abd soft, non distended non tender to palpation			(+) BS - x 4 Ø
	BOWEL SOUNDS	tol. Reg diet. Stool			diarrhea multiple times
		tol. CTN 3000 cal/day diet.			drinking fluids
					Δ in foods today
GU	URINE	clear yellow			
	COLOR/CLARITY	to WBRP commode			
		v/o problems			
CARDIOVASCULAR	CARDIAC RHYTHM	NSR. VS stable.			NSR, (+) cap refill to all extremities
	(Ø)	cap refill ≤ 3 sec			
		index bilat. and big toes bilat.			
		Ø edema BLE 1+ to (L) hand (Ø) dependent edema.			

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

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE

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

(b)(6)-4

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

(b)(6)-4

20 Aug

PAGE

DATE / DX / HOSPITAL DAY

VITAL SIGNS	TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
	BP Arterial Line																	
	BP Cuff		131/68						131/60					132/56				
	Temperature		96.3	0800					97.0					96.5				
	Pulse		76						72					78				
	Respiratory Rate		14						15					16				
			100%						99%					97%				
			RA						RA					RA				

INTAKE	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
	urine																	
	TOTALS																	

OUTPUT			06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
	URINE	HOUR / TOTAL	600/600				x1					x1					x1		
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL						x1 mod					x1 mod				x1 small	x1		
	DRAINS																		
	TOTALS																		

POST-OP DAY

	22	23	24	01	02	03	04	05
	122/66				118/62			
	122/64				118/62			
	97°				96			
	16				14			
	99%				99%			
	DA				DA			

	22	23	24	01	02	03	04	05	8° T
300									
x1									

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES OF DAILY LIVING									
	TIME	0800			TURN	TIME			
	MOUTH CARE	Ind							
	BATH	Ind - Self							
	SKIN CARE	Ind							
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								

24 I&O TOTALS		NURSE'S SIGNATURE	INITI
wt Yesterday	wt Today	(b)(6)-2	(b)(6)-2
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

B6-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0630	INITIALS [redacted]		INITIALS	INITIALS
	PUPILS	3mm & PERLA				
	SENSORIUM	alert, oriented, follows commands, moves all extremities				
RESPIRATORY	RESPIRATORY PATTERN	even & unlabored				
	BREATH SOUNDS	CTA bilaterally				
	SECRETIONS	Ø noted				
SKIN	COLOR	normal for race				
	INTEGRITY	dressing to right abd & sacrum CDE				
IV SITE	LOCATION					
	CONDITION					
GASTRO	ABDOMEN	soft, nondistended				
	BOWEL SOUNDS	Ø x 4 quads, pt refused breakfast				
GU	URINE	BSC				
	COLOR/CLARITY	clear, yellow				
CARDIOVASCULAR	CARDIAC RHYTHM	NSR, all pulses palpable, Ø edema noted				

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

(Continue on reverse)

PREPARED BY: (b)(6)-2 SGT/LPN

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 21 Aug 05

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

(b)(6)-4

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
BP Arterial Line										160/58							
BP Cuff	131/81				124/72												
Temperature	97.8									97.6							
Pulse	75				69					74							
Respiratory Rate	18				20					17							

INTAKE

TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
PO	0				1200					500							
TOTALS																	

OUTPUT

			06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21
URINE	HOUR / TOTAL						600					0							
	10 gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

1. LAST NAME, FIRST NAME / NOM ET PRÉNOM

SSN / NUMÉRO MATRICULE

2. UNIT / UNITÉ (b)(6)

SPECIALTY CODE / GPM

RANK / GRADE

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

MALE / HOMME

FEMALE / FEMME

RELIGION / RELIGION: Unk

NATIONALITY / NATIONALITE: Iraqi Detainee

3. INJURY / BLESSURE

FRONT / DEVANT

BACK / ARRIÈRE

4GSW

1GSW

DISEASE / MALADIE

AIRWAY / TRACHÉE

PSYCH / PSYCH

X HEAD / TÊTE

WOUND / BLESSURE

NECK/BACK INJURY / BLESSURE AU COU/AU DOS

BURN / BRÛLURE

AMPUTATION / AMPUTATION

STRESS / TENSION

OTHER (Specify) / AUTRE (Spécifier)

BP 90/RVP

~~BP~~ R22

O2 High Flow

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

X ALERT / ALERTE

VERBAL RESPONSE / RÉPONSE VERBALE: Alt / Mental

5. PULSE / POULS: 116 ~~44~~

TIME / HEURE: 0510

PAIN RESPONSE / RÉPONSE À LA DOULEUR

UNRESPONSIVE / SANS RÉPONSE

7. MORPHINE / MORPHINE: NO / NON | YES / OUI

DOSE / DOSE

TIME / HEURE

6. TOURNIQUET / GARROT: NO / NON | YES / OUI

TIME / HEURE

8. IV / IV

TIME / HEURE

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

4GSW to Lt Lower quad

1GSW to Lt Elbow

Amp

10. DISPOSITION / DISPOSITION

To CASH

X RETURNED TO DUTY / RETOUR À L'UNITÉ

EVACUATED / EVACUÉ

DECEASED / DÉCÉDÉ

11. PROVIDER / UNIT / ÉSELICIER MÉDICALE / UNITÉ: MAJ / 1-9D

TIME / HEURE

DATE/DATE (YYMMDD): 030108

DD Form 1380, DEC 91

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

U.S. FIELD MEDICAL CARD

FICHE MÉDICALE DE L'AVANT ETATS-UNIS

12. REASSESSMENT / RÉASSESSMENT

DATE / DATE (YYMMDD)	TIME OF ARRIVAL / HEURE D'ARRIVÉE			
TIME / HEURE				
BP / PS	80/PUP			
PULSE / POULS	108			
RESP / RESP	40			

DATE / TIME
DATE / HEURE

13. CLINICAL COMMENTS / DIAGNOSIS
INFORMATION MÉDICALE / DIAGNOSTIQUES

14. ORDERS / ANTIBIOTICS (Specify) / TETANUS / IV FLUIDS
DIRECTIVES MÉDICALES / ANTIBIOTIQUES (Spécifier) / TÉTANOS / IV FLUIDE

15. PROVIDER / OFFICIER MÉDICALE — DATE/DATE (YYMMDD) — TIME / HEURE

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

17. RELIGIOUS SERVICES / SERVICES RELIGIEUX
- BAPTISM / BAPTISÉ
- ANOINTING / ONCTION
- CONFESSION / CONFESSION
- PRAYER / PRIÈRE
- COMMUNION / COMMUNION
- OTHER / AUTRE

CHAPLAIN / CHAPELAIN

DD Form 1380, DEC 91 (Back)

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

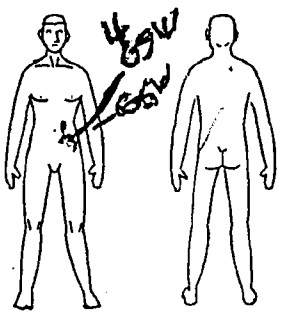
2. (b)(3)-1

FORCE / ÉLÉMENT	NATIONALITY / NATIONALITÉ
A/T AF/A N/M MC/M	Iraqi Detainee

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

3. INJURY / BLESSURE

FRONT / DEVANT BACK / ARRIÈRE



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

BP
PALP 90/RNP
~~RR~~ R22
~~O2 High Flow~~

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

[X] ~~ALERT / ALERTE~~ Alt / Mental — PAIN RESPONSE / RÉPONSE À LA DOULEUR

VERBAL RESPONSE / RÉPONSE VERBALE — UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS	TIME / HEURE	6. TOURNIQUET / GARROT	TIME / HEURE
116 ~~44~~	0530	[ ] NO / NON [ ] YES / OUI	

7. MORPHINE / MORPHINE	DOSE / DOSE	TIME / HEURE	8. IV / IV	TIME / HEURE
[ ] NO / NON [ ] YES / OUI				

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

4 GSW to Lt Lower quad
1 GSW to Lt Elbow
~~Atg~~

To CASH

10. DISPOSITION / DISPOSITION

- [ ] RETURNED TO DUTY / RETOUR À L'UNITÉ
- [X] EVACUATED / EVACUÉ
- [ ] DECEASED / DÉCÉDÉ

TIME / HEURE

11. PROVIDER / UNIT / OFFICIER MÉDICALE / UNITÉ: (b)(6)-2 MD — DATE/DATE (YYMMDD): 030708

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

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

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	I Z	(b)(6)-4		M

3. REGISTER NUMBER	6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
(b)(6)-4		4 0 Y	X	9	UNK

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

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
N/A	U	0615	N/A

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

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
[redacted] (b)(3)-1		0	YEAR [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0	ICW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
2 6	(b)(3)-1	2 0 0 3 0 9 0 6

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
A B A A		2 0 0 3 0 7 0 8

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

FOR LOCAL USE

DX: INTRA-ABDOMINAL, GSW, SMALL BOWEL & COLON INJURY, OPEN ~~TO~~ FRACTURE LEFT PROXIMAL ULNAR ~~E922.3~~ E991.2
959.1 903.3

Dx 86330 86359 81314 7070 99831 99912

Pr: 7932 8345 4562 9904(6)

Inj Trauma 450 1

ADMITTING OFFICER (b)(6)-2 (b)(6)-2 COL, MC

SIGNATURE OF ADMITTING CLERK (b)(6)-2 (b)(6)-2 SSG, MG

(b)(3)-1

...IENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M		X	9	N/A	N/A	NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
99	(b)(6)-4	N/A	ICW

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
N/A		~~A11~~ K78	N/A		BI

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
DIRECT FROM E.R.	0830	AEAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFER TO EPW HOLD	26 JUL 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		09 JUL 03	DR (b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1		

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: ~~GSW~~ GSW TO LEFT CHEST

HEMOPNEUMO THORAX

PULMONARY CONTUSION

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	17	17

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
		0	0	17	17

SIGNA (b)(6)-2

(b)(6)-2 COL, MC

(b)(6)-2 PAD, NCOIC, PAD

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

: 30yo Iraqi c/o GSW chest
By report, tried to escape CP and was shot
CT placed, had 100 cc [illegible] given to (b)(3)-1
CXR c̄ T/T pulm contusion ∅ PTX ∅ HTX
unknown med hx

PHYSICAL EXAMINATION

120/50 P100
c/o worst pain, lightheaded
Chest LUQ RCW
cv tamponade
Abd: ∅ gross penetrating injury
Ext: moving x4

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

A/ GSW chest stable
pulm contusion / injury

P/ Stabilize ICU
serial exams

(b)(6)-2

DATE	IDENTIFICATION NO.	ORGANIZATION
7/8		

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

REGISTER NO.	WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
539-106

(b)(6)-4

BSO #-1

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
0830	MALE IRAQI EPW W/GSW TO CHEST ARRIVED VIA medevac – PT had
	CHEST TUBE IN ON ARRIVAL – INITIAL INJURY 0520
0833	NRB MASK – 100%
0836	FST EXAM – PLEURE-EVAC SET UP – ULTRASOUND
0837	IV (L) AC
0839	4mg MORPHINE
0839	CHEST X-RAY
0840	2nd line IN (R) FOREARM – GPL BLOOD DRAWN FOR LAB
0841	ROLLED ON SIDE BACK EXAMINED – (L) UPPER CHEST WOUND (–) RECTAL BLEEDING
0844	LABS SENT W/REQUEST BLOOD TRANSFUSION 2 UNITS
0846	1g Ancoph AND .5 TETNUS
0848	VENUS BLOOD GAS AT 37C
	Na 141 mmol/L ph 7.282
	K 4.0 mmol/L pCO2 49.2 mm Hg
	TCO2 25 mmol/L PO2 79 mm Hg
	KA 1.23 mmol/L HCO3 23 mmol/L
	HCT 40% PCV BEECF 4 mmol/L
	Hb 14g dr SO2 94%
0848	2 BAGS OF WARM LR
0850	BP 129/53 P-99 R-30 PO2-100
0850	Foley IN – URINALYSIS TO LAB – CLEAR yellow FLUID
0855	PT rolled ON (R) SIDE –

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.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
0855	Chest X-RAY KUB
0856	Temp 97.9eb/
0857	Pleur Func - 60 blood
0900	P-104 BP 126/65 PO_2 99% R-28
0900	4-mg morphine
0905	P-101 BP 126/81 PO2 100 R-28
0912	P 101 BP 99/67 PO2 96 R-28
0915	P-107 PO2 99 R-36
0918	Pleur-Func -95cc/ blood
0918	TUBING shortened from tube to Pleur Func - R-28
0920	117/55 R-28 P-
0920	PT moved to OR
0922	Pleur Func 100cc/ blood
Nurses Note	Pt arrived conscious and verbal (Arabic) answered question appropriately Obvious distress, Eyes pervla, lungs CTO on (R) side. Left side deminished I crepitus at entrance wound, Entrance wound in (L) chest ≈ 3 or 4 i-costal space bitwen sternal margin and Mid clavicular line. Chest tube on (L) side 200 cc out by transport to ICU. Abd Hard, tender on (L) side mid axilary at level of umbilicus. Pelvis stable, legs normal, pulls + motor intact. Fole place 100 cc return. 18g IV x 2 (L) AC (R) wrist) 4cc morphine total Ancef 1gm, TD Toxoid .5, O^2 NRB at 15 Lpm. Pt has intense pain on (L) chest + abd. (broken rib, possible Abd bleed) (b)(6)-2 24/AM

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
9 July 03	Iraqi received gunshot wound to upper (R) chest -
0638	Entry / Exit wound - PT injured @ 0520.
BP: 110/60	1st IV started of Sodium-Chloride on (R) AC. 2nd IV of
P: 85	Lactated Ringers started @ 0654 on (L) AC. PT appears to
Resp: 24	be verbal. PT wound was cleaned with Betadine. PT
	given Xylocaine c̄ epi on (L) side. 2mg of Morphine
0650	given @ 0729. PT given another 2mg of Morphine @
BP: 120/60	0723. Incision made on (L) side under armpit.
P: 100	Chest Tube entered on (L) side @ 0736. PT received
Resp: 30	stitches in area where incision was made. O. Seal was made @ the base of the chest tube. Suction apparatus started @ 0741. Chest seal applied @ 0752 to (L) side of back, flutter valve applied to front (L) of chest.
	♂ GSW (L) chest, 32f CT placed all on hand, large blood CT clamped the CT clotted. No large syringe to flush CT. Left in place. (L) hemo pneumothorax c̄ likely clotted CT. will transfer to CSH to replace CT.
	PT stable for transfer MSgt Cayle
	Do

(b)(6)-2 (b)(6)-2 (b)(3)-1

HOSPITAL OR MEDICAL FACILITY | DEPARTMENT/SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | 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.

IRAQI EPW

(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	PROGRESS NOTES
DATE	
9 May 03 0930	Nurse Patrick admitted via OR to ICU S/P GSW to upper (R) Chest. Transferred from litter to bed c assist of 4. Patrick placed on O2 nasal 100% c 100% Non Rebreather, ECG leads placed c Monitor showing Sinus Tachycardia c ectopy B/P 123/54. C/O severe pain to (L) flank area upon touch. Dsg'd noted to entry wound to (L) Chest entry wound vaseline gauze secured c 4x4 and ace tape. Exit wound c large hematoma to (L) Scapula covered c Vaseline Gauze and ABD Pad, secured c Hypafix. IV's flushed to (R) Wrist 18G c (L) Antecubital 18G to (L) AC. TLR urinary, patent, Drainage changed. Foley emptied 150 cc of clear yellow urine. (L) CT Dsg changed c Vaseline Gauze secured c 4x4 and Hypafix. Noted 120 cc of bloody drainage marked @ 0930 by Dr. (b)(6)-2 No other injuries noted to lower extremities or upper extremities. Further assessments as per DA Form 4700. CT to 20 cm Continuous Suction. Plan: (1) Medicate for pain as needed, (2) Observe for further injuries to abdominal area, assess for distention and rebound tenderness, (3) Note for enlargements of hematoma to exit wound site and call Dr (b)(6)-2 for increased drainage. (b)(6)-2 mrgn
1000	Patrick C/O severe (L) side pain. Medicated c 4 mg Morphine IVP. Patrick resting at 1030. O2 nasal 100% on VM 35%. Returned on SIC rate 80's. Entrance wound Dsg P&I, Exit wound dsg P&I. Will [illegible] minutes (b)(6)-2 mrgn

(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.

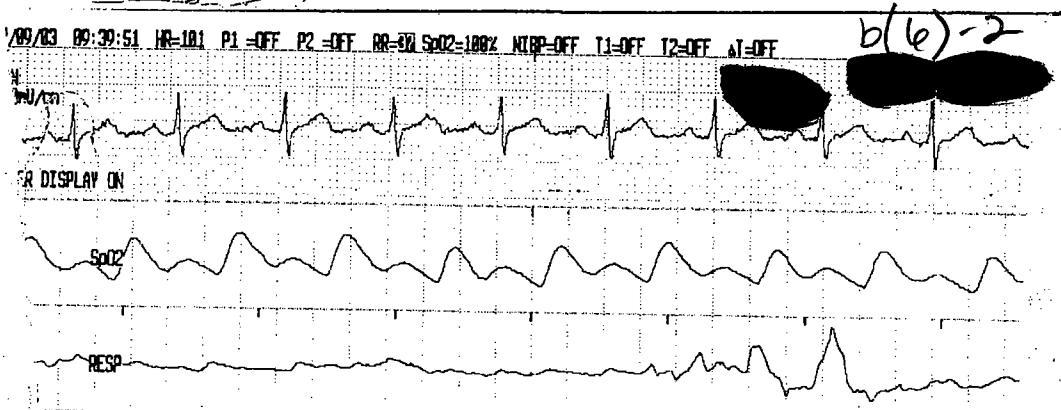
PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

(b)(6)-4

PROGRESS NOTES

DATE

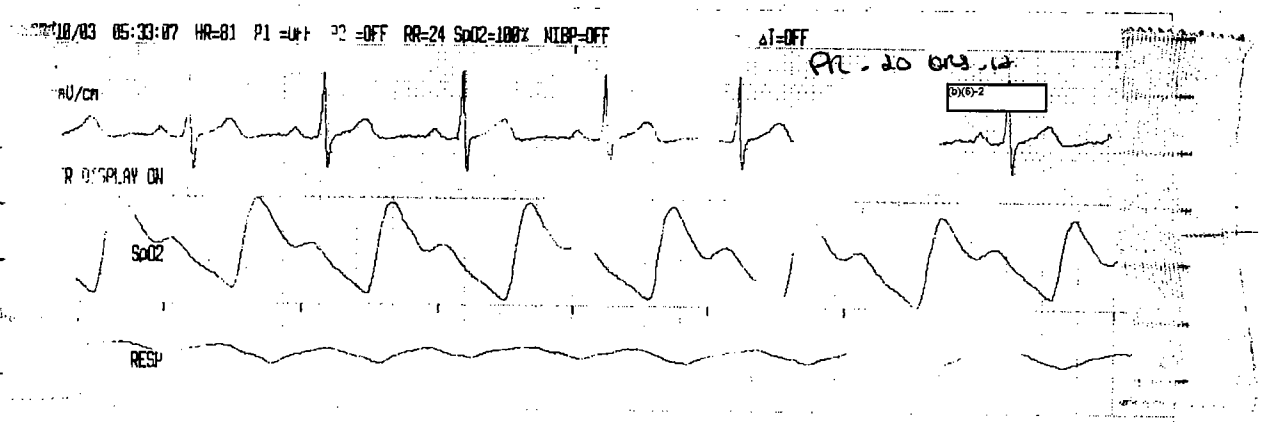


b(6)-2 [redacted]

09/09/03 1200	CBC drawn and sent. Patient denies pain at this time. Resting in Despin position. Remains in NSR — (b)(6)-2 [redacted] MSN
09/09/03 1400	CBC results reported to Dr. (b)(6)-2 [redacted]. IVF decreased to 50cc/hr, KVO. Site to (R) wrist is redness or drainage. Patient turned and positioned to (R) side. Encourage to use Incentive Spirometer hourly 2 balls. Denies pain at present. (b)(6)-2 [redacted] MSN
09/09/03 1600	CBC drawn + sent. Incentive Spirometer performed c elevation of 2 lb balls - medication 2 mg Morphine for pain. Remain in SR c rate in 90's. O2 sat 100% on 4L N/C. Dsg to entrance wound clean wound dry and intact. Well nourished — (b)(6)-2 [redacted] MSN
1700	CBC Returned Hgb 12.4 / HCT 38.3. Results reported to Dr. (b)(6)-2 [redacted] Morphine 4mg signed over to CPT (b)(6)-2 [redacted] Patient remains in NSR c BVS. Well nourished to monitor. (b)(6)-2 [redacted] MSN
1745	Report received from MAJ (b)(6)-2 [redacted], 4mg MSO4 received from her also. Pt. resting in bed c HOB @ 30°. No pain noted @ this time. — SPC (b)(6)-2 [redacted]
1930	Pts. SaO2 has remained >97% since O2 was turned off at ~~1800~~ 1905, will continue to monitor — SPC (b)(6)-2 [redacted]

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

MEDICAL RECORD	PROGRESS NOTES
DATE	
9 July 2115	Pt. given 4 mg MSO4 for pain c̄ ⊕ effect. USS. SPC (b)(6)-2
2300	Pt. resting quietly in bed, easily awakens. SPC (b)(6)-2
10 July 03 0140	4 mg MSO4 given for pain. O2 was put back on 2 LPM via NC for SaO2 ~~sats~~ of 92%. SaO2 rose to 97% Will continue to monitor — SPC (b)(6)-2
0340	Blood drawn for pts. CBC, 0% pain @ this time. USS SPC (b)(6)-2
1730 0500	Report and 4 mg MSO4 given to MA (b)(6)-2 for pt. SPC (b)(6)-2



10 July 03 0530	Nursing: Received report from SPC (b)(6)-2 Received 4 mg MSO4 via ~~[illegible]~~ and patient given 3 mg IVP for c/o ⓡ sided pain. IVF: LR infusing via ⓡ wrist @ 30 cc/hr. ⓛ A/C flushed & infusing. Patient lying on ⓛ side with bed roll for support. Chest tube to 20 cm suction as ordered. CT dressing site & redness on drainage. Entry

(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

PROGRESS NOTES

DATE	
	wound dressing to (L) upper chest area dry and intact. Exit wound to (L) scapula area dry and intact. Foley to gravity drainage clear yellow urine. Returns on SR & equipment. Plan: Continue to encourage incentive spirometer @ 1' for elevation of 3 balls (2) Change dressings to chest tube site and exit wounds (3) Sit patient up in bed + turn + position Q 4° — (b)(6)-2 [redacted] mag
	Further assessments as per DA Form 4700 — (b)(6)-2 [redacted] mag
10 July 03 0700	Foley discontinued at 0700 as per Dr (b)(6)-2 [redacted] Patient given complete bath care + hygiene. Pt's chest tube + exit wound well monitor. — (b)(6)-2 [redacted] mag
10 July 03 0830	Patient medicated c̄ 4mg morphine IVP for c/o (10) left pain. Assisted OOB to chair and ambulated 100 feet on RA. O2 sats upon return 91%, placed on 2L NC. Using IS elevating 2 balls. Sitting up & assistance in chair, CT to 20cm suction — (b)(6)-2 [redacted] mag
10 July 03 1830	Nutrition Note O: 30 y/o Iraqi Male Dx: S/P GSW Diet: CL advance to regular WT: estimated 80 kg A: Pt at ↑ nutritional risk 2° GSW, diet advancing to regular. additional supplements will help promote recovery/healing. P: 1) Will provide c̄ IB, TID to supplement intake 2) Will monitor intake and make recommendations PRN (b)(6)-2 [redacted] MAJ, SP RD/LD
10 July 03 1045	Patient c/o pain. Medicated c̄ morphine IVP 4mg. Assisted back to bed c̄ two persons, patient tolerated activity well placed on 4L NC for sats of 91%. Resting in 100 — (b)(6)-2 [redacted] mag
10 July 03 1200	Patient given regular tray. Ate 1/3 of contents. Sleeping peacefully. Dsg's to chest tube, chest exit wound. D+I. — (b)(6)-2 [redacted] mag

STA 7-91) BACK
SAPPC V1.00

PROGRESS NOTES

DATE	
0300	Pt sleeping - VSS CT to LCS <5cc output since 2200 LR still infusing 50 cc/hr into R wrist IV cath Ø infiltration noted — (b)(6)-2
0400	Pt sleeping Ø c/o pain CT to LCS minimal drainage Tube checked for patency (not kinked) Pulse ox 98% UL NC - will continue to monitor — (b)(6)-2

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

(b)(6)-4

MEDICAL RECORD	PROGRESS NOTES
DATE	
10 July 03 1400	Patient stated c/o pain at chest tube insertion site. Medicated c̄ Morphine 4mg IVP. O2 @ 4 l to 4L N/C. (b)(6)-2
10 July 03 1530	Patient stated to encourage ability to void. Unable to use urinal. C/O pain at chest tube site, reported to Dr (b)(6)-2 Toradol 30mg IV ordered now. Given as ordered. Will monitor (b)(6)-2
10 July 03 1600	Dr (b)(6)-2 ← Dr (b)(6)-2 at bedside. Using IS c̄ 2Yr vals. Cleared. Patient expressing relief from pain. Reported potential inability to void. Dr (b)(6)-2 stated he would return to perform bladder scan. No orders written to remove. Foley (b)(6)-2 MOM
10 July 03 1700	Patient reports given to SGT Dave. Patient refused to eat dinner. Will attempt other choices. Pressure ulcer and exit wound dry and intact. No void attempts made. Signed over 8mg morphine IVP to SGT (b)(6)-2 No other issues noted. (b)(6)-2 MOM
10 July 03 1730	Report recieved: Pt awake A&O Pt c̄ evening meal attempting to eat - Vital Signs Stable see flow sheet - Pt given mixed nuts and water instead of meal (+) intake Pt Lungs CTA (LCS) administered bilat O2 98% on 4L NC chest tube to (L) side 20cm suction - small leak c̄ water seal (Dr (b)(6)-2 aware) DSS to site CDI N/d today ∅ drainage noted from incision site. IV access (L) AC 18G cath patent and flushed (R) wrist 18G IV cath infusing LR @ 50cc/hr. Pt afebrile T-98(T)

(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

PROGRESS NOTES

DATE	
1930	Pt c/o (L) hip pain - pooling added to lower extremities - Pt enc to drink fluids no void since Foley d/c'd @ 0800 This am - no distension, no pain, no urge to void - H20 at bedside - will continue to monitor [redacted] [redacted]
2130	1 Liter fluid bolus ordered per Dr [redacted] Pt still c no void since d/c of Foley - Pt's complaints of "ellam non-distended no urge to void [redacted] [redacted]
2230	Dr [redacted] in area - suction to chest tube not on - unsure why suction not working Δd suction apparatus CT output since 1700 total of 30 cc serous sanguinous. Pt c bilateral wheezes - albuterol treatment ordered per Maj [redacted] .5 cc albuterol 1.5 cc normal saline - Lungs Clear - Pt X - wheezes prop related to blinked CT
2300	albuterol Treatment and Bolus done - Pt standing at bedside attempting to void 950 cc dark yellow void - Vital Signs Stable 126/62 P-92 R-30 shallow Pulse ox 98% RA NC [redacted] [redacted]
2345	Pt eating orange, nuts small amt of water Chest tube to LCS output this hour [redacted] [redacted]
0100	Pt request pain med - pain at chest tube insertion site - Vital Signs Stable see flow chart ∅ CT drainage

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

PROGRESS NOTES

DATE	
7/11/03	Repeated MSO4 2mg for continued pain.
1030	Will continue to monitor — (b)(6)-2
7/11/03	Toradol 30mg IVP for pain.
1200	Will continue to monitor — (b)(6)-2
7/11/03	Medicated c̄ tylenol 650mg PO for HA
1500	Hang 15, occasionally productive cough with old bloody mucous. Will continue to monitor — (b)(6)-2 CPT/AN
7/11/03	Ambulated patient on ward x10 minutes
1515	Tolerated well — (b)(6)-2 CPT/AN
7/11/03	End of Shift note. Ø change. Report
1615	given to on coming Shift — (b)(6)-2 CPT
1730	Report received from CPT (b)(6)-2 at this time along c̄ 4mg MSO4. Pt. consumed 100% of dinner, and is resting quietly in bed c̄ HOB @ 45°. % pain, 2mg MSO4 given c̄ ⊕ result. — SPC (b)(6)-2
1845	30mg Toradol given IVP in anticipation of pt. ambulation @ 2000 as well as pt % HA. VSS. — SPC (b)(6)-2
2200	Pt. ambulated up and down ward x1, no apparent or verbal signs/symptoms of pain. Pt. also sat @ bedside for ½ hour. 3mg MSO4 given for pain when pt. returned to bed SPC (b)(6)-2
2245	(R) wrist IV infiltrated, LR @ 50cc/HR to (L) AC. (R) IV DC'd, catheter was intact. — SPC (b)(6)-2

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

MEDICAL RECORD	PROGRESS NOTES
DATE	
7/11/03 0500	Assumed care of patient. C/o pain to CT insertion site, medicated c̄ 4mg MSO4. (b)(6)-2 CPT/AN
7/11/03 0600	Continues to c/o pain @ CT. medicated c̄ Toradol. Lungs have coarse BS bilat, using IS. chest xray done. BS hypoactive, ∅ stool will get order for colace BID. Assessment completed. See DA 4700, critical care flowsheet. Plan to use toradol for pain control c̄ MSO4 for breakthru. Up to chair this am. Will continue to monitor (b)(6)-2 CPT/AN
7/11/03 0800	Linen + gown changed, up to chair for breakfast. Dressings D'ed, moderate drainage to exit wound on back, others c̄ minimal to ∅ drainage. AM care done. Will continue to monitor (b)(6)-2 CPT/AN
7/11/03 0930	Back to bed, slight ↑ in CT output while in chair, 35cc past 2°. Medicated c̄ 2mg MSO4 for breakthrue pain. Weaned off O2 currently 96% RA. Will continue to monitor (b)(6)-2 CPT/AN

(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.

PROGRESS NOTES
Medical Record

(b)(6)-4

STANDARD FORM 509 (REV. 7-81)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

MEDICAL RECORD	PROGRESS NOTES
DATE	
12Jul	Pt. resting quietly in bed, easily awakens, VSS. Will continue to monitor — SPC (b)(6)-2
0320	Pt. c/o pain, 4 g MSO4 given, ⊕ effect — SPC (b)(6)-2
0500	3 g MSO4 left for CPT (b)(6)-2 — SPC (b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00