all: (b)(6)-2

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
7/1/03	1030 All Ans. Glucs 5 15cc yor noted [redacted]
	0810 RR [redacted] @ bedside, upcline given. Orders Received [redacted]
	0930 5% Albumin given per TD [redacted]
	0945 30mg Lasix given IVP [redacted]
	1030 2nd 5% Albumin given per orders. possible XS to Trad. hospital DC'ed. Summary written. [redacted]
	1100 Dopamin 500cc started. 3 amp Lasix qH @ 20mg/hr [redacted]
	1140 Deep Sx, pink, white secretions [redacted]
	1200 Lasix qH held @ 20mg/hr [redacted]
	1310 Feedins 5 Margin cup. USS 9 diuresis noted @ this time [redacted]
	1500 Lasix qH @ 40mg/hr. IOP 0/w 4-8cc q hr. Linen D'ed. Cleansed body. & skin breakdown noted [redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
15Jul03	Surgery
	Intubated yesterday oliguric & Fever to 105
	Volume resuscitated i 2l Crystal 1l colloid
	2l PRBC to CVP 20-26. Filled escalation
	Lasix Doses.
	VS- Tm 105° / 101 IR 120's RLIY SAT 100 MAP 80-90
	HO- NSR/Ir
	~~Ex~~ chest improved Air movement on ⓪
	Vent IMV 14/900/10/ ~~FIO2~~ 65% PAP 35 MAP 18
	7.40/42/132/26/+2/99
	Improved pulm status cont expected Abs & Lavage
	Abd ND Soft NT
	Renal - oliguric but 15cc last hour will
	push CVP 4-30 and try Lasix Again
	~~[illegible]~~ AHS 137/97/110 37 / 3.4 28 / 3.3 29 208
	Heme 7/27 117 Hct 40 approved with Tx Thalassemia
	Abd continually ill explaining Transfer to
	BAGHDAD for Dialysis
	[redacted]
	(b)(6) -2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

15JUL03 Surgery Narrative Summary.

Pt Admitted on 24 Jun 03 for Transmediastinal GSW through thymus. (B) chest tubes for (B) Hemo pneumothorax Pt was extubated on Post injury D# 3. (B) chest tube removed Post injury D #4 Pt develope (L) lower lobe collapse/ Atelectasis despite Agressive Pulm toilet and suctioning. on 30 June 03 developed fever to 105, Acute hypotension, and oliguria and hypoxia requiring Re intubation Differential ~~regarded~~ includes Pulm embolism vs worsening pneumonia Pt now intubated & Levenox and expanded Antibiotics to Rocephin/Cleocin/Cipro. Currently he is oliguric with Creatinine up to 2.9 from 0.9 yesterday Am. will Require Dialysis to service pulm insult.

[redacted] (b)(6)-2

[redacted] MD FACS

[redacted] (b)(2)-2

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

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

[redacted] (b)(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2/11/03	0500 Resumed care. Report given. Orders received. To transfer pt to Iraqi Hospital. VSS. Remains sedated on propofol/Fentanyl. GCS rec @ 0.8mcg/kg/min. RR given at unlabored. LS (B) diminished in bases. T course shown. T 98.5 ETT @ 24 cm lower lip. Line covered. To vent c SIMV @ 14, TV 900, FIO2 @ 60%, peep 10cm. ETT taped @ secure c bite block in placed. (D) Versed c Fentanyl 50mcg/hr, versed @ 4mg/hr. c NKS @ 500cc/hr. Abd soft NT/ND c BS x4. (D) urine c NGT LWS c greenish secretion noted. Pt to BSO patent c scant amt of yellow ooze noted. (D) CW c CT to H2O c scant amt of dried blood noted in chamber. GRSV (D) & (B) CW dry & intact. (B) nurse c drsg R/T. ~~(D) drs~~ c distress noted. OOB. place on nursery, per orders. Stopped rec. [redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	REC[redacted]
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	(b)(6)-2

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

[redacted] (b)(6)-4

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

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

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): [redacted] (b)(2)-2

LOG NUMBER

ARRIVAL DATE DAY	MONTH	YR.	TIME
24	June	03	0258

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

CURRENT MEDS. (tetanus immunization and other data): unknown

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: unknown

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): [redacted] (b)(2)-2 (b)(6)-2

HOME TELE. NO. (Inc. area code):

CHIEF COMPLAINT(S) (Include symptom(s), duration): GSW [redacted] 2 nd shot chest, ~~back~~, rt finger

SEX: M AGE:

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

VITAL SIGNS			
TIME	0259	0312	0323
BP	105/58	105/58	109/80
PULSE	74	100	109
RESP.	36	32	34
TEMP.			
WT. (Child)	15 LB	O2sat 99%	95%

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

ORDERS	INITS.	TIME
O2 6L 100%		0303
NS 6u LT Paul	[redacted]	0309
CBC, Pt & T&S		0310
6mg morphine		0310
½ 6mg Anc	[redacted]	0310
UA		0328

ASSESSMENT/DIAGNOSIS: GSW - to chest c Hemopneumothorax (B) (b)(6)-2

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

TIME SEEN BY PROVIDER: 0258

20mg Morphine IV given by Air Evac crew. (R) Pt had Rt CT upon arrival
O2 Sat 0300 99% O2sat 0306 91%
0303 back examined. CXR done 0304
Xray Rt hand 0306 (IV placed by SGT [redacted] RAC) (b)(6)-2
3mg Versed IV by LT [redacted] 0314 (b)(6)-2
lidocaine c epi (local) at 0317
IV Lt arm 0318 c 18 Gauge LR by LT [redacted] (b)(6)-2
SGT [redacted] (b)(6)-2 foley catheter by SGT [redacted] (b)(6)-2 at 0320
(Lt neck) chest tube placed by [redacted] (b)(6)-2 0325 Lt side
2mg Versed 0322 by LT [redacted] (b)(6)2
.5 tetatnus IM Rt arm (b)(6)-2 LT [redacted]
morphine 4mg IV by LT [redacted]
VS 129/90 - 112 - O2sat 95% (0328)
Xray chest 0329
2nd bag NS at 0330
100mg Sucht by LT [redacted] (b)(6)2 by 0331
Succinylchlorine chloride
2mg Versed IV 0332 by LT [redacted] (b)(6)2
Intubation by CPT [redacted] 0332 (b)(6)-2
VS 128/80 - 106 - O2 sat 100% 0332
(b)(6)-2 (b)(6)-2 [redacted] 10mg ~~Vecuronium~~ Vecuronium 0335 (IV in ext. jugular infiltrated) 0335
IV 18 Gauge placed Rt foot by (LT [redacted]) (b)(6)-2 at 0340
0340 129/80 - 105 - O2 Sat 100%
(0343) VS 100/60 102 - 29 - O2sat 99%.
LT CT has 800 fluid

Male civilian Bystander, shot in cross fire. CT @ BAS medevac Hero. Ø ZU Arc 45 Pt Ankle in Burns PAN. Pt - hostile (B) chest gunshot. Rise + fall of chest. (B) Hemothorax (B) c CT on (R). (L) shrapnel on (L) (b)(6)-2
3mg Versed 0325 [redacted]
10mg Vecuronium IV 0330 LT
Epinephrine 0340
25mg Thiopental IV 0345 RT
(b)(6)-2 [redacted] LT C, AN

(CONTINUE ON SF 507, IF NEEDED)

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

CONDITION UPON RELEASE
- IMPROVED
- UNCHANGED
- DETERIORATED

TIME OF RELEASE:

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

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

SIGNATURE OF PROVIDER AND ID STAMP

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

03_3 Date: 29 Jun 03

PATIENT ASSESSMENT (b)(6)-2

TIME: 0500 SIGNATURE: [redacted] RN

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature 103.4
Color: Pale / Cyanotic / Jaundiced
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
Orientated / Disoriented Pupils: 2mm
Extremity Movement: Full / Limited / None (R) CT to Sx'd

CARDIOVASCULAR

Pulse (0 - 4): Radials 4+ Pedals 4+
Capillary Refill: <3 Seconds Homan's Sign
Jugular Venous Distension Edema (R) hand
Heart Sounds S-Tachy 130's
Rhythm PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site	OSCIAL			
Solution	AR @ 125cc/hr			
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns: labored & uneven
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: XXXXW Suction cm: -20cm
Air Leak No Yes Crepitus
Character of Drainage: dk red blood
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished	(B) CT	L&R
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings: Dry
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

GENITOURINARY

Urine Color: Amber Character:
Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

See progress notes

PATIENT ASSESSMENT (b)(6)-2

TIME: 1715 SIGNATURE: [redacted] CPT

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature WARM
Color: Pale / Cyanotic / Jaundiced WNL
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
Orientated / Disoriented Pupils: 2mm (B)
Extremity Movement: Full / Limited / None (R) UE BANDAGE

CARDIOVASCULAR

Pulse (0 - 4): Radials +1 Pedals +1
Capillary Refill: <3 Seconds Homan's Sign
Jugular Venous Distension Edema
Heart Sounds S1 S2 S1
Rhythm S1 PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site	DSCTIL			
Solution	LR @ 125cc/hr			
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns: E/U
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor THICK GREENISH SMALL
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage: SEROSANG
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished	(B)	
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings: CDI
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate
Stool: Character
Drains:

GENITOURINARY

Urine Color: Amber Character: Clear
Voiding: Continent / Incontinent / Catheter Foley

EMOTIONAL/PSYCHOSOCIAL

Needy

DATE | DX | HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial Line	116/	120/	134/	134/	149/	110/	115/	104/		97/	91/	108/	122/	114/	109/	126/	119/
BP Cuff	/70	/71	/72	/69	/74	/57	/67	/55		/59	/61	/69	/71	/65	/70	/76	/64
Temperature					104		103			100					103		
Pulse	105	103	140	139	139	140	139	131		126	134	117	116	119	119	126	133
Respiratory Rate	23	26	33	35	40	33	35	30		25	29	22	28	29	28	27	23
SaO2	96	96	95	98	95	98	99	98		97	99	98	99	99	97	93	95
FiO2	4L	4L	4L	4L	4L	10L	9L	9L		6L	6L	6L	6L	6L	6L	6L	6L
pain intervention																	

TIME	24	01	02	03	04	05	06	07	8 T	08	09	10	11	12	13	14	15
LR	125	125/250	125/350	125/450	125/625	125/750	125/875	125/500	150	125	125/250	125/375	125/500	125/625	125/750	125/875	125/1000
IVPB																	
PO										60		100					
TOTALS																	
URINE HOUR	150	150	150	100	150	100	100			100	50	100	75	100	120	80	100
URINE TOTAL	150	300	450	550	700	800	900	1000	1000		150	250	325	425	545	625	725
URINE sp gr																	
URINE S/A																	
NG OUTPUT																	
NG pH																	
NG GUIAC																	
EMESIS																	
STOOL																	
DRAINS																	
TOTALS									1000								

100

150

1150

[redacted] (6T(6)-2

OF DAY

16	17	18	19	20	21	22	23
123/70	123/80	106/51	120/46	105/56	111/62	109	111/62
				100°			
135	136	137	144	121	120	121	108
31	30	46	40	41	31	49	24
6L	6L	6L	6L	6L	6L	6L	6L
		99	94	96	99	95	98

16	17	18	19	20	21	22	23	8° T
145	135/70	135/335	135/500	135/635	135/50	135/635	135/100	1000

50	75/125	100/335	100/335	100/335	50/600	50/50	50/900	900

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME								
		MODE								
		F_IO_2								
		TV								
		RATE								
		PEEP								
	A	pH								
		PCO_2								
		pO_2								
	B	HCO_3								
		SAT								
	G	BASE								

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

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

TURN	TIME			
SUCTION				

24 I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

NURSE'S SIGNATURE

[redacted] RN

CPTA/LPN

(b)(6)-2

30 Jun 03 Date: 30 Jun 03 GPW [redacted]

PATIENT ASSESSMENT (b)(6)-2

TIME: 0 SIGNATURE: [redacted]

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature
Color: Pale / Cyanotic / Jaundiced
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None / Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
Orientated / Disoriented Pupils:
Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): Radials 4+ Pedals 4
Capillary Refill: Seconds Homan's Sign
Jugular Venous Distension Edema
Heart Sounds
Rhythm PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site				
Solution				
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns:
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished	YES	YES
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

GENITOURINARY

Urine Color: Character:
Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

See PAO Notes

OTHER:

PATIENT ASSESSMENT (b)(6)-4

TIME: SIGNATURE:

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry warm
Skin: Temperature 101.7
Color: Pale / Cyanotic / Jaundiced Normal for Race
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive sedated GCS 8 on fent + versed
Orientated / Disoriented Pupils: 2mm Perrl 3mm
Extremity Movement: Full / Limited / None Sedated

CARDIOVASCULAR

Pulse (0 - 4): Radials 2+ Pedals 2+
Capillary Refill: <3 Seconds ~~Homan's Sign~~
Jugular Venous Distension Ø Edema Ø noted
Heart Sounds S1 S2 present HR ST 150's
Rhythm ST ~~PRI:~~ ~~QRS:~~

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms	(L) subclavian		[redacted]	
Site	TLC			
Solution				
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical RZL (L) chest tube
Respiration / No Distress / SOB / Labored / Use of Access Muscles R suction
Breathing Patterns: SIMV 16 TV 880 FIO2 70% peep 10
Cough: Productive / Nonproductive / None #8.5 ETT 23cm at Lip
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Suction cm: 20 cm
Air Leak No Yes Crepitus
Character of Drainage: Serosanguineous
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: intubated Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	clear on (R)	
Wheezes	c wheez on (L)	
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended ~~cm Girth~~
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings: to chest tube site
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color N/A Character N/A
Tube Feeding: Day No: 0 Strength: Rate: Aspirate
Stool: Character none this shift
Drains:

GENITOURINARY

Urine Color: Foley Character: clear yellow
Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

will continue to monitor.
2.0 mcg/kg/min

DATE | DX | HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial Line	154	102	115	106	120	113	121	103		142	120	126	114	134	116	105	108
BP Cuff	/66	/83	/73	/75	/75	/68	/64	/59		/54	/76	/71	/61	/64	/60	/55	/47
Temperature	100'			100.8			101					103				105.3	
Pulse	109	125	119	127	125	136	138	129		96		94					
Respiratory Rate	24	40	26	33	31	30	24	25		30	29	19	37	25	21	23	16
SATS	95	94	97	98	96	96	96	95		98	97	94	93	94	95	100	100
O2	6L	6L	10L	12	10L	10L										100%	100%

pain
extremities

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	
LR	125	125/350	125/375	125/300	125/605	125/350	125	125		125	125/450	125/300	125/300	125/300	125/150	125/100	125/100	1000
IVPB	50																	250
PO										240				300				600
~~Ad~~ Ensure												10	10	10	10	10	10	50
Fentanyl															10	10	10	30
Versed															3	3	3	9
Dopamine															18.5	18.5	18.5	57
																		18 3/4
TOTALS																		1939

URINE	HOUR / TOTAL	200/200	200/400	75/475	225/700	100/800	/	100	125	125	200	175/975	225/1200	100/1300	200/1500	175/1675	100/1800	125/1925	1325
	sp gr																		
	S/A																		
NG	OUTPUT																		
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

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

(b)(6)-4 [redacted]

PAGE

OF DAY

	16	17	18	19	20	21	22	23	
	82	82	100	82	92	48	96	91	
	61	73	45	50	46	52	53	58	
					100.9		101.5		
	148	144	152	150	146	149	146	146	
	18	18	14	14	14	14	14	14	
	100%	100%	100%	100%	99	100	100	100	
CVP							23	24	

	16	17	18	19	20	21	22	23	8° T
	125	125	125	125	125	125	125	125	
	10	10	10	10	10	10	10	10	
	3	3	3	3	3	3	3	3	
	18	18	18.5	18.4	18.5	9.4	5.6	5.6	
Bolus						2000			
5% Albumin						600			
Hospira						-	500		
Blood							350	350	
IVPB								200	

50	75	70	80	4	14	9	6	
	75	85	105	109	123	132	138	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME	1430	1600						
		MODE	SIMV	SIMV						
		F_IO_2	100	50%						
		TV	900	900						
		RATE	18	16						
		PEEP	10	10						
	A	pH								
		PCO_2								
	B	pO_2								
		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	1600							
	MOUTH CARE	[redacted]							
	BATH								
	SKIN CARE								
	FOLEY CARE								
	TRACH CARE								
	ROM EXERCISES								
	Linen Ch								

TURN / SUCTION — TIME

all (b)(6)-2

24 HR TOTAL

NURSE'S SIGNATURE

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

[redacted]

1/01/03 Date: 01 JUL 03 [redacted] (b)(6)4

PATIENT ASSESSMENT

TIME: SIGNATURE:

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature
Color: Pale / Cyanotic / Jaundiced
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
Orientated / Disoriented Pupils:
Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): Radials Pedals
Capillary Refill: Seconds Homan's Sign
Jugular Venous Distension Edema
Heart Sounds
Rhythm PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms				
Site				
Solution				

Chest Pain

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns:
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

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

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

GENITOURINARY

Urine Color: Character:
Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

THER

PATIENT ASSESSMENT

TIME: 1745 SIGNATURE: [redacted]

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry (b)(6)-2
Skin: Temperature 100.6
Color: Pale / Cyanotic / Jaundiced WNL
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive PARALYZED GCS:
Orientated / Disoriented Pupils: 2mm (B) REACTIVE
Extremity Movement: Full / Limited / None PARALYZED

CARDIOVASCULAR

Pulse (0 - 4): + Radials + Pedals
Capillary Refill: < 2 Seconds Homan's Sign
Jugular Venous Distension Edema CKN 2+
Heart Sounds S1 S2
Rhythm S1 PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms				
Site	(L) SC	(L) RADIAL		(R) FA
Solution	SEE NOTES			

Chest Pain

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical (R) & (L)
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns: REG
Cough: Productive / Nonproductive / None SX
Sputum: Color / Amount / Consistency / Odor THICK GREEN WHITE
Chest Drainage System Gravity: PLEUROVAC Suction cm: WATER SEAL
Air Leak No Yes Crepitus
Character of Drainage: DK RED BLOOD
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: 8½ Type: 23 @ BLOCK Position: UP

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	VENT SOUNDS THROUGHOUT	
Wheezes		
Diminished	(B)	(B)
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings: CDI (B) CW
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color BILIOUS Character THICK
Tube Feeding: Day No: 1 Strength: 0 Rate: 0 Aspirate: 0
Stool: Character 0
Drains: 0

GENITOURINARY

Urine Color: AMBER Character: CLEAR
Voiding: Continent / Incontinent / Catheter MINIMAL FOLEY

EMOTIONAL/PSYCHOSOCIAL

	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
Arterial Line	106/74	113/74	114/70	105/73	107/73	111/73											
Cuff	100/60	101/58	105/60	99/63	113/68												
mperature																	
lse	117	113	114	113	112	114											
spiratory Rate	14	14	20	14	22	24											
SATS	100	100	100	100	100	100											
FiO2	65	65	65	65	60	60											
CVP	16	18	16	17	20	18											
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15
NS @ 20	20	20/40	20/60	20/80	20/100	20/120											
LASIX	40	40/80	40/120	40/160	40/200	40/240											
FENTANYL	10	10/20	10/30	10/40	10/50	10/60											
DOPAMINE	5.6	5.6/11.2	5.6/16.8	5.6/22.4	5.6/28	5.6/33.6											
VEC	4.8	4.8/9.6	4.8/14.4	4.8/19.2	4.8/24	4.8/28.8											
IVPB	100																
TALS																	
HOUR / TOTAL	3/3	2/5	2/7	4/11	2/13	2/15											
INE — sp gr																	
S/A																	
OUTPUT																	
G — pH																	
GUIAC																	
SIS																	
OL																	
CTH																	
INIS																	

PAG

17	18	19	20	21	22	23	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

TIME		
MODE		
F_iO_2		
TV		
RATE		
PEEP		
ABG	pH	7.49
	PCO_2	32
	pO_2	179
	HCO_3	25
	SAT	100
	BASE	2

17	18	19	20	21	22	23	8° T

LABORATORY DATA

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

ACTIVITIES OF DAILY LIVING

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

TURN

SUCTION

TIME

24° I&O TOTALS

wt Yesterday ________ wt Today ________

INTAKE

IV ________

OUTPUT

Urine: ________

PO

NURSE'S SIGNATURE

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: [redacted] (b)(6)-4

HEIGHT:

WEIGHT:

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

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

4. PROPOSED SURGICAL PROCEDURE: I & D completion amputation (R) 2nd digit

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

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to: ✓ 1) Surgical Procedure & Operating Room Environment 2) Separation Anxiety (Child) ✓ 3) Surgical Outcomes	Pt. verbalizes any specific anxiety. Pt. Exhibits relaxed body posture.	Allow pt. to verbalize freely. Explain OR environment and answer questions regarding surgery. Offer comfort measures. (e.g.. warm blanket. touch). Explain all nursing procedures before they are done. Remain with pt. whenever possible. Maintain family interface. Parents to stay with pt.
B. RESPIRATION ✓ Potential for respiratory dysfunction due to: ✓ 1) Positioning ✓ 2) Effects of Anesthesia ✓ 3) Medical/Smoking History	Pt. will be able to breathe without difficulty during immediate intraoperative phase .	Offer to elevate head of litter or offer pillow. Observe pt. while awaiting surgery for signs of distress. Assist anesthesia during intubation and extubation.
C. INTEGUMENT ✓ Potential impairment of skin integrity due to: ✓ 1) Intraoperative Immobility ✓ 2) ESU Pad Placement ✓ 3) Positional Aids 4) Prosthesis ✓ 5) Pooling of Prep Solutions	Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	Utilize pressure preventing devices on OR table and accessories. Check for proper positioning and support to maintain good body alignment. Pad pressure points. Place ESU ground pad on non compromised skin surface area. Keep prep fluids from pooling.

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

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

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

6. PATIENT PROBLEMS AND NEEDS	PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to: ✓ 1) Intraoperative Mobility ✓ 2) Positioning ✓ 3) Existing Disease ✓ 4) Safety Devices ✓ 5) Hypothermia	✓ Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	✓ Check for support stockings or ace wraps. If none, check with doctors. ✓ Check that safety straps are correctly applied. ✓ Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. ✓ Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to: ✓ 1) Pain ✓ 2) Intraoperative Hazards 3) Prosthesis ✓ 4) Positioning ✓ 5) Transfer pt. to/from OR table E.2. ✓ Potential discomfort due to: 1) Length of Surgery ✓ 2) Positioning 3) Arthritis	✓ Pt. will be transferred to OR table without difficulty. ✓ Pt. will not experience unnecessary physical discomfort.	✓ Have sufficient people available for transfer. ✓ Insure proper body alignment. ✓ Allow patient to lie in position of comfort while waiting for surgery. ✓ Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1 ✓ Diminished visual perception due to being: ✓ 1) Pre-Medicated 2) W/O Glasses F.2. ✓ Potential for decreased communication due to: 1) Diminished Hearing ✓ 2) Language Barrier F.3. Potential injury due to dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	✓ Pt. will be made aware of surroundings prior to anesthesia induction. ✓ Pt. will be transferred safely to OR table. ✓ Pt. will be able to understand instructions. ✓ Minimize danger of injury during intraop period.	✓ Introduce self. Keep pt. informed as to where he/she is and what is happening. ✓ Inform pt. in which direction to move and assist if necessary. ✓ Speak clearly and slowly. ✓ Address pt. from _____ side. ✓ Validate pt.'s understanding of verbal communication. ✓ Verify removal of dentures.
G OTHER PATIENT PROBLEMS NEEDS Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. All (b)(6)-2	OTHER NURSING INTERVENTIONS Or continuation of above interventions

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTION S NOTED.

[redacted] 111/A 24 Jun 03 DATE

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

LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☐ Sleepy ☒ Intubated

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

☐ Transferred to liner with roller due to spinal

BREATHING EASY (Y) (N) Intubated

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title [redacted] 1Lt/N

DATE: 24 Jun 03 TIME: 0700

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title [redacted] 1Lt/N

DATE: 24 Jun 03 TIME: 0815

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: LITTER BY: ANESTHESIA

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY: ILT [redacted] (b)(6)-2

3. DATE: 24 JUN 03 TIME PATIENT ARRIVED IN SUITE: 0700

4. PATIENT IN ROOM TIME: 0700 NUMBER:

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: S/P GSW - Emergency case NPO & Allergy status unknown.

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] (b)(6)-2	RELIEF SCRUB	(b)(6)-2
ASSIGNED CIRCULATOR	MAJ [redacted] CPT [redacted]	RELIEF CIRCULATOR	ILT [redacted]

7. POSITION AND POSITIONAL AIDS (Specify) Pt. supine on padded OR table. BUE on padded armboards <90°. Safety strap across mid-thigh.

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

COMMENTS: Normal anatomic body alignment maintained

8. SKIN PREPARATION

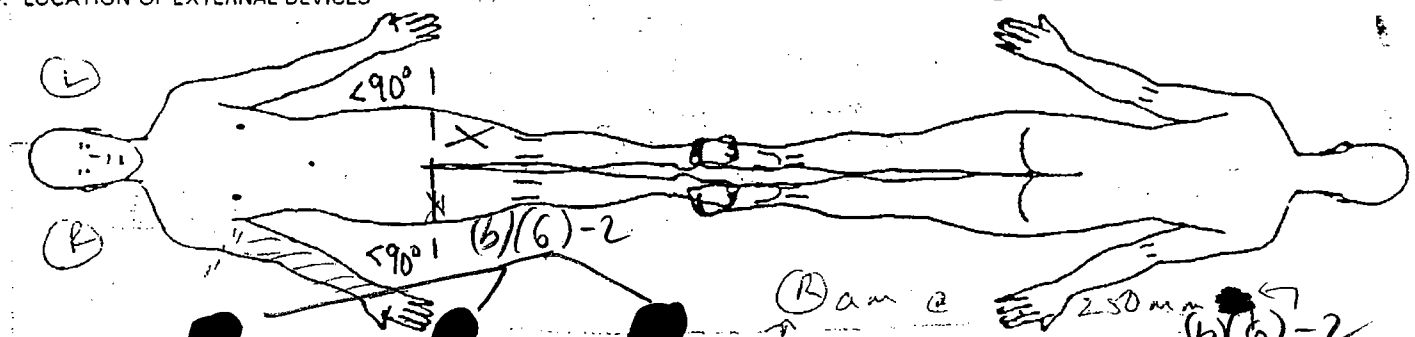
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: N/A

PREP SOLUTION (Specify) BETA / BETA
SITE: (R) arm BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No					
Needle Sharp	☒ Yes ☐ No		C	C		
Instrument	☐ Yes ☒ No				SPC [redacted]	[redacted]
Other	☐ Yes ☒ No					ILT [redacted]

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

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

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

☐ ESU NO: # 1 CUT 30 COAG 30
GROUND PAD: BRAND Valley Rom
LOT NO: [redacted]

☐ ESU NO:
GROUND PAD: BRAND (b)(6)-4
LOT NO:

☐ BIPOLAR NO:

MEDCOM - 11857

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

All: (b)(6)-2

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS, SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - Q.S.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE [redacted]

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
Xeroform fluffs, kerlix

19. ADDITIONAL INFORMATION
Surgeon: Dr. [redacted]
Anesthesia: CPT [redacted] / LTC [redacted]

Pt. arrived in OR c̄ Foley cath and bilateral chest-tubes.

DA 5179 Initiated

20. OPERATION(S) PERFORMED
I&D / Completion of Right 2nd digit amputation

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	0810	LITTER c̄ O2

22. REGISTERED NURSE SIGNATURE [redacted] LIT/N

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

511-119

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																	
POST- DAY		ABJW															
MONTH-YEAR	DAY																
19	HOUR	00	01	02	03	04	05										
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	BP:	116/67	125/75	130/80	128/70	133/75	
	P:	116	114	117	125	117	
	R:	13	20	30	30	18	
HEIGHT: WEIGHT →							
SpO2		100%	100	95	94	99	
INPUT		125	125	125	125	125	
OUTPUT		100	100	150	150	100	

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)* 400

REGISTER NO.

WARD NO.

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

VITAL SIGNS RECORD

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (4'

30JUN03 (b)(6)-4

[redacted]

Time	05	06	07	08	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04
BP		104/56												101/44				99/50				100/48		
TEMP		97.6												100.3				102.5	102.3	102.3	102.0	101.3	100.4	100.0
HR		100												134				152	160	158	158	147	150	
RR		26												27				18				26		
SAO2		99												97				98				97		
FIO2		RA												RA				RA				RA		
INPUT																								
PO																								
IV														30	30	30	30	30	30	30	30	30	30	30
NGT																								
TURN Q 2																								
TOTAL																								
OUTPUT																								
URINE														150				150				125		
NGT																								
STOOL																								
TOTAL																		300				425		
BALANCE																								

160

425

MEDCOM - 11860

[redacted] (b)(6)-4

30 Jun — 1 Jul 03

PEEP 10
FIO2 65
Rate 14
TV 400 Peak 30-35

Date 30-June Bed # 8

Patient's Name EPW [redacted] (b)(6)-4

Time	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CVP	23	23	23	21	25	22	23	42	100	102	101	114	112	114	110	115	110			16	17	14	15	16	17
BP	105/64	107/68	130/64	102/54	96/57	99/54	90/63	88/50	88/50	91/50	90/50	94/44	92/52	94/44	100/60	95/45	100/65			105/63	104/79	114/79	105/78	106/76	111/74
TEMP		103		102.9	101.5		101	100	100	100			99		99.4		99.4				100.6				
HR	155	167	154	148	149	142	140	129	125	122	115	116	117	115	123	120	122	125		136	136	132	126	121	117
RR	19	19	14	14	15	14	14	14	14	14	14	16	16	14	16	16	16	16		14	14	14	14	14	14
SAO2	100	100	100	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100
FIO2	50	75	75	75	65	65	65	65	65	65	65	65	65	65	65	60	60	60		65	65	65	65	65	65
Dopa	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6		5.6	5.6	5.6	5.6	5.6	5.6
LR	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	2000	20	20		20	20	20	20	20	20
INPUT												20	20	20	20										
PO																									
IVFB		50					100				100				100	350	100								
~~NGT~~ Vec	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	3	3		3	3	4	4	4	4
Feut	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	100	10	10		10	10	10	10	10	10
~~TURN Q2~~	Made OYT												30	30	30	30	40	40		40	40	40	40	40	40
Vec		3	5	5	5	5	5	5	5	5	5	5	5	5	5	33	5	5		48	48	48	48	48	48
~~Heparin~~											350	500				750									
TOTAL																									
OUTPUT																									
URINE	22	80	39	9	4	4	4	19	4	15	10	4	0	15	8	12	6	3		2	2	10	4	3	3
~~NGT~~ Tot	22	102	141	150	154	158	162	162	166	177	187	191	191	206	214	226	232	235		237	239	249	253	256	259
STOOL																									
CT (L)					60 / 140 OT																				15/10
TOTAL																									161
BALANCE																									

Initials [redacted] RN

(b)(6)-2

3.6
x16
336
56
896

141
15
96

1.5
16
8
3

MEDCOM - 11861

Ward/Section: EMT	REQ[redacted]G PHYSICIAN: (b)(6)-2	LABO[redacted]RY RESULT FORM (Subjec[redacted] the Privacy Act of 1974)
LAST, FIRST, MI.	DATE 24 June 03 / TIME 0258	SSN/PSEUDO SSN: [redacted] (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	33.6	4.8-10.8 x 10^3
RBC	4.39	4.7-6.1 x 10^6
Hgb	13.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	40.3	42-52% (M) 37-47% (F)
MCV	91.8	80-94 fl (M) 81-99 fl (F)
Plt	433	130-500 x 10^3 verified
Lymph %	4.7	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	13.0	9.8-13.6 secs
APTT	23.9	21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yel	N/A
App	clear	N/A
Glu	1000	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.020	N/A
Bld	Trace	Negative
pH	6.0	N/A
Prot	30g+	Negative
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	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

SSA = 3+
RBC - 5-10
dmitest 1/2 %

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh [redacted] (b)(6)-4

REMARKS:

REPORTED BY: (b)(6)-2 [redacted]	DATE: 24Jun03	LAB ID NO.:

Ward/Section: EMT	RE[illegible]ING PHYSICIAN: [redacted] (b)(6)-2	CHE[illegible]RY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE: 24 June 03 / TIME: 0300	SSN/PSEUDO SSN: [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	148	73-118 mg/dl
BUN	10	7-22 mg/dl
CRE	0.9	0.6-1.2 mg/dl
CK	198	39-380 u/l (M) 30-190 u/l (F)
NA^+	150	128-145 mmol/l
K^+	4.5	3.3-4.7 mmol/l
CL^-	102	98-108 mmol/l
tCO_2	23	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: (b)(6)-2 [redacted]	DATE: 24 Jun 03	LAB ID NO.:

(b)(6)-4 (b)(6)-2 (b)(6)-4

Ward/Section: 2117 | TESTING PHYSICIAN: [redacted] | LABORATORY RESULT
(Subject to the Privacy Act of

LAST [redacted] | TIME 24 Jun 03 | SSN: [redacted]

[redacted]

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	13.6	4.8-10.8 x 10^3	Color		N/A	RPR		Negati
RBC	3.81	4.7-6.1 x 10^6	App		N/A	Mono		Negati
Hgb	10.8	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	[redacted]		
Hct	34.6	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.7	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	284	130-500 x 10^3 verified	SG		N/A	Occ Bld		Ne
Lymph %	10.7	20.5-51.1%	Bld		Negative	H. pylori		Ne
[redacted]			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Myelo		Imm	Leuk		Negative	[redacted]		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	[redacted]			[redacted]		
Sed Rate			Cell Count			MUST SUBMIT SF 518 V EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

[redacted]

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

REMARKS:

REPORTE[redacted] (b)(6)-2 | DATE: 24 Jun 03 | LAB ID NO.:

Ward/Section: [redacted] | TESTING PHYSICIAN: [redacted] | LABORATORY RESULT (Subject to the Privacy Act of [redacted])

LAST, FIRST, MI: [redacted] (b)(6)-4 | TIME: [redacted] | SSN/PSEUDO SSN: [redacted]

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	16.5	4.8-10.8 x 10^3	Color		N/A	RPR		Negat
RBC	3.92	4.7-6.1 x 10^9	App		N/A	Mono		Negat
Hgb	11.3	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	[redacted]		
Hct	35.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	91.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	276	130-500 x 10^3 verified	SG		N/A	Occ Bld		Neg
Lymph %	6.6	20.5-51.1%	Bld		Negative	H. pylori		Neg
[redacted]			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	[redacted]		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	[redacted]			[redacted]		
Sed Rate			Cell Count			MUST SUBMIT SF 518 W EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

[redacted]

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] (b)(6)-2	24 Jun 03	

(b)(6)-2

Sample Type_: ART

24JUN03 08:46

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

Physician:_____

Ser# [redacted] (b)(6)-4
Ver:

[redacted] (b)(6)-4

---

i-STAT G3+

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

Pt Name:_____

TCO2_____23 mmol/L

At 37C

pH_____7.390

PCO2_____36.9 mmHg

PO2_____153 mmHg

HCO3_____22 mmol/L

BEecf_____-3 mmol/L

SO2*_____99 %

*calculated

At Patient Temp

pH_____7.435

PCO2_____32.2 mmHg

PO2_____136 mmHg

Patient Temp: 33.0F

FIO2_____: 50

Sample Type_: ART

24JUN03 08:46

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

Physician:_____

Ser# [redacted] (b)(6)-4
Ver:

_____-2 ol

i-STAT G3+

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

Pt Name:_____

TCO2_____24 mmol/L

At 37C

pH_____7.399

PCO2_____37.6 mmHg

PO2_____100 mmHg

HCO3_____23 mmol/L

BEecf_____-2 mmol/L

SO2*_____98 %

*calculated

Sample Type_:

24JUN03 11:09

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

Physician:_____

Ser# [redacted] (b)(6)-4
Ver:

[redacted] **LABORATORY RESULT FORM**
(Subject to the Privacy Act of 1974)

TIME	SSN/PSEUDO SSN:
0740	

RANGE	TEST	RESULT	REF RANGE
	RPR		Negative
	Mono		Negative
	Microbiology		
	Source		
	Gram Stain		
	Occ Bld		Negative
	H. pylori		Negative
	Micro Parasites		
	Malaria		
	O & P		
	Other		
	Microchemistry		

LCSP			**Blood Bank**	
Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Directigen		Negative	ABO/Rh	

UNIT	TYPE	CROSSMATCH

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

DATE: 24 JUN 03

LAB ID NO.:

Ward/Section: ICU #	UESTING PHYSICIAN: Dr [redacted] (b)(6)-2	LABORATORY RESULT (Subject to the Privacy Act of
LAST, FIRST, MI: EPW [redacted] (b)(6)-4	DATE: 6/24/03 TIME: 2000	SSN/PSEUDO SSN: [redacted] (b)(6)-4

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	11.6	4.8-10.8 x 10^3	Color		N/A	RPR		Negat
RBC	3.63	4.7-6.1 x 10^9	App		N/A	Mono		Nega
Hgb	10.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative			
Hct	32.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	276	130-500 x 10^3 verified	SG		N/A	Occ Bld		N
Lymph %	16.3	20.5-51.1%	Bld		Negative	H. pylori		N
			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			
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)						
Sed Rate			Cell Count			MUST SUBMIT SF 518 V EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

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

UNIT	TYPE	CROSSMA

REMARKS:

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

Ward/Section: ICU #1	R	STING PHYSICIAN: Dr [redacted] (b)(6)-2	LABORATORY RESULT (Subject to the Privacy Act of
LAST, FIRST, MI: CPW # [redacted] (b)(6)-4		DATE: 9/24/03	TIME: 2400	SSN/PSEUDO SSN: [redacted] (b)(6)-4

Hematology/CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	11.0	4.8-10.8 x 10^3	Color		N/A	RPR		Negat
RBC	3.46	4.7-6.1 x 10^6	App		N/A	Mono		Negat
Hgb	9.9	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	31.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	91.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	243	130-500 x 10^3 verified	SG		N/A	Occ Bld		Ne
Lymph %	17.9	20.5-51.1%	Bld		Negative	H. pylori		Ne
Differential/Manual Hematology			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 Ba		
Sed Rate			Cell Count			MUST SUBMIT SF 518 W EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (Distribution Tests [illegible] Required)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMA
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

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

Ward/Section: ICU #1	TESTING PHYSICIAN: Dr [redacted] (b)(6)-2	LABORATORY RESULT (Subject to the Privacy Act of 1

LAST, FIRST, MI: EPW # [redacted] (b)(6)-4	DATE: 6/25/03	TIME: 0400	SSN/PSEUDO SSN: [redacted] (b)(6)-4

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	11.4	4.8-10.8 x 10^3
RBC	3.41	4.7-6.1 x 10^6
Hgb	10.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	30.8	42-52% (M) 37-47% (F)
MCV	90.3	80-94 fl (M) 81-99 fl (F)
Plt	242	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.
RPR		Negati
Mono		Negati

Microbiol

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

Microscopic U

Blood Ba

MUST SUBMIT SF 518 W EVERY UNIT REQUEST

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 [illegible] UNIT O[illegible] REQUESTED)

UNIT	TYPE	CROSSMAT

REMARKS:

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

Ward Section: ICU #1

REQUESTING [redacted] ICIAN: (b)(6)-2

CHEMISTRY ADULT-FORM
(Subject to the Privacy Act of 1974)

LAST FIRST MI: EPW [redacted] (b)(6)-4

DATE: 4/25/03 TIME: 0400

SSN PSEUDO SSN: [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
	Chem 7	
Na	143	138-146 mmol/L
K	2.9	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.517	7.31-7.45
PCO2	32.8	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	86	80-105 mmHg (art) 35-45 (ven)
TCO2	28	23-27 mmol/L (art) 24-32 mmol/L (ven)
HCO3	27	22-26 mmol/L (art) 25-28 mmol/L (ven)
sO2	98	95-98%
BExcf	4	(-2)-(+3) mmol/L
AnGap		10-20 mmol/L
iCa	1.09	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		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
Tricyclics		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metalyte 8

TEST	RESULT	REF. RANGE
GLU	118	73-118 mg/dl
BUN	11	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	379	39-389 u/l (M) 30-190 u/l (F)
NA	143	128-145 mmol/l
K	2.9	3.3-4.7 mmol/l
CL	108	98-108 mmol/l
tCO_2	28	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		8-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

REMARKS:

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

DATE:

LAB ID NO.:

40K in 1

Last Copy (b)(6)-02

(b)(6)-4 [redacted]

[redacted]

	RESULT	REF. RANGE	UNIT	RESULT	REF. RANGE	UNIT
WBC	11.3					
RBC	3.18					
Hgb	9.3					
Hct	28.9					
MCV	90.9					
Plt	28.3					
Lymph	13.8					

Manual Differential

Mono

Baso

Microbiology

CSF

Blood Bank

MUST SUBMIT SF 518 W

EVERY UNIT REQ

ALLOCATE

RESULT	REF. RANGE	UNIT	TYPE	CROSS

ARKS:

RTED BY: [redacted] (b)(6)-2 25 June 03

OU OD instead
OS OU

Last Copy

TEU-1

FIRST, MI [redacted] (b)(6)-4 25 JUN 03

	RESULT	REF. RANGE	UNIT	RESULT	REF. RANGE	UNIT
WBC	10.9					
RBC	3.21					
Hgb	9.2					
Hct	29.2					
MCV	91.0					
PLT	220					
Lymph%	12.5					

Blood Differential

Monos

Bands

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/RH

	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PTT	11.4				
PT	267				

Blood Bank Unit Requirements

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ARKS:

ORTED BY [redacted] (b)(6)-2 25 JUN 03

Last Copy

ction: Cell-1

FIRST, MI: [redacted] (b)(6)-4 25 JUN 03

	RESULT	REF. RANGE	UNIT	TYPE
WBC	10.9			
RBC	3.21			
Hgb	9.2			
Hct	29.2			
MCV	91.0			
PLT	220			
Lymph %	12.5			

	RESULT	REF. RANGE	UNIT	TYPE
PT	11.4			
PTT	26.7			

MUST SUBMIT SPECIMEN WITH EVERY UNIT REQUESTED

ABO/RH

	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH

ARKS:

ORTED BY: [redacted] (b)(6)-2 25 JUN 03

(b)(6)-4 (b)(6)-2

Appl. REQUEST. YSIC[redacted] EMIST. ESULT FORM

(Subject to the Privacy Act of 1974)

FIRST MI [redacted] SSN PSEUDO SSN

[redacted]

(Piccolo) Chemistry 12

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) 35-51 mmHg (ven)
PO2		80-105 mmHg (art) 30-50 mmHg (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BUrea		2.5-7.5 mmol/L
Microalb		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
Cyclosporin-I		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	120	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.9	0.6-1.2 mg/dl
CK	306	39-380 u/L (M) 30-190 u/L (F)
NA+	127	128-148 mmol/L
K+	3.8	3.3-4.7 mmol/L
CL-	108	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
tCO2		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		8-65 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
tCO2		18-33 mmol/L

REMARKS:

REPORTED BY: [redacted] **DATE:** 25 3 [illegible] **LAB ID NO.:**

(b)(6)-2

ard/Section: ICU # 1

R. STING PHYSICIAN:

HEMISTRY RESULT FORI
(Subject to the Privacy Act of 1974)

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

DATE 26 June

TIME 0400

SSN/PSEUDO SSN:

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
oponin-I		Negative
rug of buse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	113	73-118 mg/dl
BUN	5	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	1736	39-380 u/l (M) 30-190 u/l (F)
NA^+	139	128-145 mmol/l
K^+	3.1	3.3-4.7 mmol/l
CL^-	105	98-108 mmol/l
tCO_2	27	18-33 mmol/l

(Piccolo) Metabolic Panel

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

EMARKS:

EPORTED B [redacted] (b)(6)-2

DATE:

LAB ID NO.:

ECU#1 (b)(6)-4

EPW # [redacted] 26 June 0400

BC

RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT
12.6		Gluc				
3.34		Na				
9.7		K				
30.4						
91.1						
227						
11.7						
		pH				
	Mono	Prot				

	CSF	
	Cell Count	MUST SUBMIT AT 51 EVERY UNIT HOURS
	Direction	Grade ABORR

MUST SURVEILLANCE REQUESTED

RESULT	REF. RANGE	UNIT	TYPE	CLASS

[redacted] (b)(6)-2

(b)(6)-4

Ward/Section: ICU-7 | REQUESTING PHYSICIAN: [redacted] (b)(6)-2 | **LABORATORY RESULT F**
(Subject to the Privacy Act of 1

L[redacted] | DATE 26 Nov 08 | TIME 1600 | SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	13.2	4.8-10.8 x 10^3
RBC	3.69	4.7-6.1 x 10^9
Hgb	10.3	14-18 g/dl (M) 12-16 g/dl (F)
Hct	33.3	42-52% (M) 37-47% (F)
MCV	90.2	80-94 fl (M) 81-99 fl (F)
Plt	288	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.
RPR		Negati
Mono		Negati

Microbiology

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

Microscopic Urinaly

Blood Bank

MUST SUBMIT SF 518 V
EVERY UNIT REQUEST

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 FOR EVERY UNIT OF BLO REQUESTED)

UNIT	TYPE	CROSSMA

REMARKS:

REPORTED BY: | DATE: | LAB ID NO:

(b)(6)-4 (b)(6)-2

Ward/Section: [redacted] | QUESTIN[redacted] | **CHEMISTRY RESULT F**
(Subject to the Privacy Act of 1

LAST, FIRS[redacted] | [redacted]ATE | TIME | SSN/PSEUDO SSN:

[redacted] 1600

[redacted](I-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Pan		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. R*
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 m
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/d
Cl		98-109 mmol/L	ALT		10-47 u/l	CA++		8.0-10.3 n
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 m
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA+		128-145 n
PO2		80-105 mmHg (art)	TBIL		0.2-1.6 mg/dl			3.3-4.7 mm
			BUN		7-2			8-108 m
			CA++		8.0			8-33 mm
			CHOL		100			
			CRE		0.6			
			GLU		73-			
			TP		6.4			

(b)(6)-2 (b)(6)-4

```
======= PICCOLO =======
26/06/03            16:56
REFERENCE RANGE:        MALE
PATIENT #: [redacted] (b)(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: [redacted]
OPER #: [redacted]      DR #: 000
SERIAL #: [redacted]
.......................
ALB   2.7*  3.3-5.5   G/DL
ALP   60    26-84     U/L
ALT   ♦♦♦   10-47     U/L
AMY   24    14-97     U/L
AST   59*   11-38     U/L
TBIL  0.9   0.2-1.6   MG/DL
BUN   ♦♦♦   7-22      MG/DL
CA++  8.5   8.0-10.3  MG/DL
CHOL  126   100-200   MG/DL
CRE   1.0   0.6-1.2   MG/DL
GLU   122*  73-118    MG/DL
TP    6.6   6.4-8.1   G/DL

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

(b)(6)-4

(Piccolo) Metlyte		
TEST	*RESULT*	
GLU		73-
BUN		7-2
CRE		0.6-
CK		39- 30-
NA+		128-
K+		3.3-
CL-		98-1
tCO_2		18-3

```
======= PICCOLO =======
26/06/03            16:55
REFERENCE RANGE:        MALE
PATIENT #: [redacted] (b)(6)-4
METLYTE 8
DISC LOT #(b)(6)-2 [redacted]
OPER #: [redacted]      DR #: 000
SERIAL #: [redacted]
.......................
GLU   116   73-118    MG/DL
BUN   ♦♦♦   7-22      MG/DL
CRE   0.8   0.6-1.2   MG/DL
CK    2736* 39-380    U/L
NA+   118*  128-145   MMOL/L
K+    3.4   3.3-4.7   MMOL/L
CL-   102   98-108    MMOL/L
tCO2  28    18-33     MMOL/L

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

(b)(6)-4

REPORTED BY:	DATE:	LAB ID NO.:

---

i-STAT G3+

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

Pt Name:_____

TCO2_____29 mmol/L

At 37C

pH_____7.484

PCO2_____37.0 mmHg

PO2_____126 mmHg

HCO3_____28 mmol/L

BEecf_____4 mmol/L

sO2#_____99

#calculated

Sample Type_:

26JUN03 15:55

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

Physician:_____

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

Ver: [redacted]

Pt: [redacted]

Pt Name:_____

Glu_____105 mg/dL

BUN_____16 mg/dL

Na_____142 mmol/L

K_____3.8 mmol/L

Cl_____101 mmol/L

Hct_____34 %PCV

Hb#_____10 g/dL

#via Hct

Sample Type_:

26JUN03 18:03

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

Physician:_____

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

Ver: [redacted]

Ward/Section: ICU #1	TESTING PHYSICIAN: [redacted] (b)(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] EPW (b)(6)-4	DATE: 27 JUN 03	TIME: 0630	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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		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	2.2	3.3-5.5 g/dl
ALP	53	26-84 u/l
ALT	61	10-47 u/l
AMY	23	14-97 u/l
AST	126	11-38 u/l
TBIL	1.0	0.2-1.6 mg/dl
GGT	28	5-65 u/l
TP	5.7	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:

(b)(6)-4

REPORTED BY: [redacted]	DATE: 27 JUN 03	LAB ID NO.:

(b)(6)-2

:ction: | REQUE | PHYSICIAN [redacted] | ATORY RESULT FORM (Subject to the Privacy Act of 1974)

:IRST, MI [redacted] | DATE | TIME | SSN/PSEUDO SSN:

(b)(6)-4

Hematology/CBC			Urinalysis			Misc Serology		
	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		4.8-10.8 x 10^3	Color	light Green	N/A	RPR		Negative
		4.7-6.1 x 10^9	App	Cloudy	N/A	Mono		Negative
		14-18 g/dl (M) 12-16 g/dl (F)	Glu	Nes	Negative	**Microbiology**		
		42-52% (M) 37-47% (F)	Bili	NES	Negative	Source		
		80-94 fl (M) 81-99 fl (F)	Ket	80 Large	Negative	Gram Stain		
		130-500 x 10^3 verified	SG	1,030	N/A	Occ Bld		Negative
%		20.5-51.1%	Bld	Large	Negative	H. pylori		Negative
atchey Manual Differential			pH	6.0	N/A	Micro Parasites		
		Mono	Prot	30	Negative	Malaria		
		Eos	Urob	0.2	0.2-1.0	O & P		
		Baso	Nit	Nes	Negative	Other		
		Imm	Leuk	Nes	Negative	**Microscopic Urinalysis**		
			HCG		Negative	WBC- 2-4 mucous. Large RBC- 3-5 Amorphous Sediment. Large		
ıcrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
:e			Cell Count			**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**		
			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Ent/Crossmatch (MUST SUBMIT SF 518 WITH EACH UNIT OF BLOOD REQUESTED)		
	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
		9.8-13.6 secs			
		21-34 secs			
:T		<20 ug/ml			
		<10 ug/ml			

ARKS:

:RTED BY: [redacted] | DATE: | LAB ID NO.:

(b)(6)-2 27 Jun 03

Ward/Section: ICU#1 | REQUESTING PHYSICIAN:

CHEMISTRY RESULT
(Subject to the Privacy Act c

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
EPW [redacted] (b)(6)-4	27 June	0430	

(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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	141	73-118 mg/dl
BUN	9	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	4663	39-380 u/l (M) 30-190 u/l (F)
NA^+	120	128-145 mmol/l
K^+	2.9	3.3-4.7 mmol/l
CL^-	102	98-108 mmol/l
tCO_2	25	18-33 mmol/l

(Piccolo) Metabolic P

TEST	RESULT	REF
GLU		73-118
BUN		7-22 m
CA^{++}		8.0-10
CRE		0.6-1.2
NA^+		128-14
K^+		3.3-4.7
CL^-		98-108
tCO_2		18-33

(Piccolo) Liver Panel

TEST	RESULT	REF
ALB		3.3-5.
ALP		26-84
ALT		10-47
AMY		14-97
AST		11-38
TBIL		0.2-1.
GGT		5-65
TP		6.4-8.

(Piccolo) Electroly

TEST	RESULT	REF
NA^+		128-1
K^+		3.3-4.
CL^-		98-10
tCO_2		18-33

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2 [redacted]	6/27	

Ward/Section: [redacted] (b)(6)-2

PHYSICIAN

CHEMISTRY RESULT F

(Subject to the Privacy Act of 1

[redacted] (b)(6)-4

DATE TIME SSN/PSEUDO SSN:

(i-STAT) (Piccolo) Metabolic Pan

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. R
					3.5-5.5 g/dl			73-118 mg

At 37

PH___

PCO2_____9

PO2_____93 mmHg

HCO3_____25 mmol/L

BEecf_____2 mmol/L

SO2*_____98 %

*calculated

At Patient Temp

PH_____7.479

PCO2_____34.6 mmHg

PO2_____35 mmHg

Patient Temp: 102.0F

FIO2_____: 40

Sample Type_: ART

27JUN03 03:08

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

Physician: [redacted]

Ser# [redacted]

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

i-STAT G3+

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

Pt Name:_____

TCO2_____27 mmol

At 37C

PH_____7.482

PCO2_____34.7 mmH

PO2_____77 mmH

HCO3_____26 mmo

BEecf_____2 mmo

SO2*_____96 %

*calculate

At Patient Temp

PH_____7.474

PCO2_____35.5 mmH

PO2_____80 mmH

Patient Temp: 99.6

FIO2 40

ART

03:4

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

Physician:_____

Ser# [redacted]

Ver: [redacted]

i-STAT

Pt: 0

Pt Name:_____

TCO2_____26 mmol/L

At 37C

PH_____7.481

PCO2_____34.0 mmHg

PO2_____77 mmHg

HCO3_____25 mmol/L

BEecf_____2 mmol/L

SO2*_____96 %

*calculated

Sample Type_:

26JUN03 10:36

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

Physician:_____

Ser# [redacted]

Ver: [redacted]

i-STAT G3+

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

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.533

PCO2_____31.7 mmHg

PO2_____126 mmHg

HCO3_____27 mmol/L

BEecf_____ mmol/L

SO2*_____99 %

*calculated

Sample Type_:

27JUN03 07:1

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

Physician:_____

Ser# [redacted] (b)(6)-2

(b)(6)-4

Drug of Abuse						CL		98-108 mr
		Negative				tCO_2		18-33 mm

REMARKS:

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

DATE: 27 June

LAB ID NO.:

(b)(6)-2

Ward/Section: ICU

REQUESTING PHYSICIAN: [redacted]

CHEMISTRY RESULT F
(Subject to the Privacy Act of 1

LAST, FIRST: [redacted] (b)(6)-4

DATE: 28 Jun 03

TIME: 0800

SSN/PSEUDO SSN: [redacted]

(i-STAT)

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

Misc. Chemistry

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

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB	2.3	3.5-5.5 g/dl
ALP	62	26-84 u/l
ALT	—	10-47 u/l
AMY	52	14-97 u/l
AST	190	11-38 u/l
TBIL	1.3	0.2-1.6 mg/dl
BUN	.6	7-22 mg/dl
CA^{++}	9.4	8.0-10.3mg/dl
CHOL	171	100-200 mg/dl
CRE	0.8	0.6-1.2 mg/dl
GLU	141	73-118 mg/dl
TP	6.8	6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	141	73-118 mg/dl
BUN	6	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	—	39-380 u/l (M) 30-190 u/l (F)
NA^+	138	128-145 mmol/l
K^+	2.8	3.3-4.7 mmol/l
CL^-	99	98-108 mmol/l
tCO_2		18-33 mmol/l

[redacted] Metabolic Pan

TEST	RESULT	REF. R
GLU		73-118 m
BUN		7-22 mg/d
CA^{++}		8.0-10.3 n
CRE		0.6-1.2 m
NA^+		128-145 n
K^+		3.3-4.7 mm
CL^-		98-108 m
tCO_2		18-33 mm

(Piccolo) Liver Panel Pl

TEST	RESULT	REF. R
ALB	2.3	3.3-5.5 g/
ALP	62	26-84 u/l
ALT	—	10-47 u/l
AMY	52	14-97 u/l
AST	190	11-38 u/l
TBIL	1.3	0.2-1.6 m
GGT	64	5-65 u/l
TP	6.8	6.4-8.1 g/

(Piccolo) Electrolyte

TEST	RESULT	REF. R
NA^+		128-145 n
K^+		3.3-4.7 m
CL^-		98-108 m
tCO_2		18-33 mm

REMARKS:

REPORTED BY: [redacted]

(b)(6)-2

DATE: 28 Jun 03

LAB ID NO.:

(b)(6)-2

'ard/Section: ICU-7 | R STIN PHYSICIAN: [redacted]

LABORATORY RESULT FOR
(Subject to the Privacy Act of 1974)

AST, FIRST, MI [redacted] (b)(6)-4 | DATE 28 Jun 05 | TIME 1080 | SSN/PSEUDO SSN:

Hematology/CBC

TEST	RESULT	REF. RANGE
/BC	9.0	4.8-10.8 x 10^3
BC	3.06	4.7-6.1 x 10^9
gb	9.0	14-18 g/dl (M) 12-16 g/dl (F)
ct	28.2	42-52% (M) 37-47% (F)
ICV	92.1	80-94 fl (M) 81-99 fl (F)
lt	319	130-500 x 10^3 verified
ymph %	14.0	20.5-51.1%

Hematology/Manual Differential

egs		Mono	
ands		Eos	
ymph		Baso	
typ		Imm	
BC Morph			

pun lematocrit		42-52% (M) 37-47% (F)
ed Rate		
)ther		

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 WIT EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

TEST	RESULT	REF. RANGE
T	11.7	9.8-13.6 secs
PTT	28.2	21-34 secs
) dimer		<20 ug/ml
DP		<10 ug/ml

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: [redacted] (b)(6)-2 | **DATE:** 28 June | **LAB ID NO.:**

JC41 (b)(6)-4

EPW# [redacted]

REQUESTED

SICTAN:

DATE: 28 Jun 2003 TIME: 1308

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

LAST NAME FIRST MI SSN PSEUDO SSN

(i-STAT)

TEST	RESULT	REF RANGE
[illegible]		136-146 mmol/L
[illegible]		[illegible] mmol/L
[illegible]		95-109 mmol/L
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]

Misc. Chemistry

TEST	RESULT	REF RANGE
[illegible]		Negative
Albumin/Creat Ratio		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

TEST	RESULT	REF RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-95 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA		8.0-10.5 mg/dl
CHOL		Bio 200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		55-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF RANGE
GLU	143	55-118 mg/dl
BUN	4	7-22 mg/dl
CRE	0.4	0.6-1.2 mg/dl
CK	>5000	30-380 u/l (M) 30-190 u/l (F)
NA	135	128-148 mmol/L
K	3.9	3.5-4.7 mmol/L
CL	101	98-108 mmol/L
TCO2	24	18-33 mmol/L

(Piccolo) Metabolic Panel

TEST	RESULT	REF RANGE
GLU		55-118 mg/dl
BUN		7-22 mg/dl
CA		8.0-10.5 mg/dl
CRE		0.6-1.2 mg/dl
NA		128-148 mmol/L
K		3.5-4.7 mmol/L
CL		98-108 mmol/L
TCO2		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		14-95 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		128-148 mmol/L
K		3.5-4.7 mmol/L
CL		98-108 mmol/L
TCO2		18-33 mmol/L

REMARKS:

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

DATE: 28 Jun 03

LAB ID NO.:

ICU7
EPW [redacted]
(b)(6)-4

(b)(6)-2

[redacted]

29/uro 3/0530

BLOOD STIL | SKIN | CHEMISTI | SUCT FORM
(Subject to the Privacy Act of 1974)

(i-STAT)

TEST	RESULT	REF RANGE
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible]

Misc. Chemistry

TEST	RESULT	REF RANGE
[illegible]		[illegible]
[illegible]		Negative
[illegible]		Negative
[illegible]		[illegible]
[illegible]		[illegible]

(Piccolo) Chemistry 12

TEST	RESULT	REF RANGE
ALB		[illegible] g/dl
ALP		26-84 u/l
ALT		10-[illegible] u/l
AMY		11-[illegible] u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA		8.0-10.5 mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-[illegible] g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF RANGE
GLU	147	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	3090	49-380 u/l (M) 30-190 u/l (F)
NA	139	128-145 mmol/l
K	3.4	3.3-4.7 mmol/l
CL	98	98-108 mmol/l
tCO2	28	18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF RANGE
GLU		[illegible] mg/dl
BUN		[illegible] mg/dl
CA		8.0-10.5 mg/dl
CRE		0.6-1.2 mg/dl
NA		128-145 mmol/l
K		[illegible] mmol/l
CL		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF RANGE
ALB		[illegible] g/dl
ALP		26-84 u/l
ALT		10-[illegible] u/l
AMY		11-[illegible] u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		8-65 u/l
TP		6.4-8.3 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF RANGE
NA		128-145 mmol/l
K		3.3-4.7 mmol/l
CL		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:

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

Ward/Section: 1CW1 | REQUESTER: [redacted] | SIGNATURE: (b)(6)-2

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

LAST FIRST MI: EOW [redacted] (b)(6)-4 | DATE: 29Nov03 | TIME: 0400 | SSN PSEUDO SSN: [redacted] (b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF RANGE
Methadone		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

TEST	RESULT	REF RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA		8.0-10.3 mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.0-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF RANGE
GLU	146	73-118 mg/dl
BUN	9	7-22 mg/dl
CRE	0.4	0.6-1.2 mg/dl
CK	3087	39-380 u/l (M) 30-190 u/l (F)
NA	116	128-145 mmol/l
K	3.4	3.3-4.7 mmol/l
CL	98	98-108 mmol/l
HCO_3	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
HCO_3		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
HCO_3		18-33 mmol/l

REMARKS:

REPORTED BY: (b)(6)-2 [redacted] | **DATE:** 29Nov03 | **LAB ID NO.:**

(b)(6)-4

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6)-2	LABORATORY RESULT F (Subject to the Privacy Act of 1
LAST, FIRST, MI: GPW [redacted] (b)(6)-4	DATE: 29 Jun 03 / TIME: 0400	SSN/PSEUDO SSN: [redacted]

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	7.0	4.8-10.8 x 10^3
RBC	3.09	4.7-6.1 x 10^9
Hgb	8.9	14-18 g/dl (M) 12-16 g/dl (F)
Hct	27.8	42-52% (M) 37-47% (F)
MCV	89.8	80-94 fl (M) 81-99 fl (F)
Plt	308	130-500 x 10^3 verified
Lymph %	8.2	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.
RPR		Negati
Mono		Negati

Microbiology

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

Microscopic Urinaly

Blood Bank

MUST SUBMIT SF 518 V
EVERY UNIT REQUEST

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 REQUEST OF BLO
REQUESTED

UNIT	TYPE	CROSSMA

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

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

Ward/Section: EMT

REFERRING PHYSICIAN: [redacted] (b)(6)-2

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

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

DATE: 28 JAN 05 | TIME: 1050 | SSN/PSEUDO SSN: [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB	2.9	3.5-5.5 g/dl
ALP	40	26-84 u/l
ALT	19	10-47 u/l
AMY	57	14-97 u/l
AST	22	11-38 u/l
TBIL	1.5	0.2-1.6 mg/dl
BUN	7	7-22 mg/dl
CA^{++}	7.7	8.0-10.3mg/dl
CHOL	81	100-200 mg/dl
CRE	0.9	0.6-1.2 mg/dl
GLU	95	73-118 mg/dl
TP	5.2	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: [redacted] (b)(6)-2

DATE: 29 JAN 05

LAB ID NO.:

[redacted] — (b)(6)-2

rd/Section: | RE | ING PHYSICIAN: ICU #1 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

ST, FIRST, MI: EPW [redacted] (b)(6)-4 | DATE: 30 June 03 | TIME: 2000 | SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
BC	20.4	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
C	2.71	4.7-6.1 x 10^9	App		N/A	Mono		Negative
b	7.8	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
t	25.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
CV	92.2	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
	172	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
mph %	5.6	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hematology) Manual Differential			pH		N/A	Micro Parasites		
gs		Mono	Prot		Negative	Malaria		
nds		Eos	Urob		0.2-1.0	O & P		
mph		Baso	Nit		Negative	Other		
yp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
BC orph			HCG		Negative			
an matocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
d Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
her			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			
dimer		<20 ug/ml			
P		<10 ug/ml			

EMARKS:

EPORTED BY: (b)(6)-2 — [redacted] | DATE: 30 Jun 03 | LAB ID NO.:

— (b)(6)-4

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

Ward/Section:	ESTING PHYSICIAN: ICU #7	C ISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: EPW# [redacted] (b)(6)-4	DATE: 30 June	TIME: 2000	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)
TC		23-27 mmol/L (art) 24-29 mmol/L (ven)
[illegible]		[illegible] (art) [illegible] (ven)

(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	149	73-118 mg/dl
BUN	25	7-22 mg/dl
CRE	1.9	0.6-1.2 mg/dl
CK	1516	39-380 u/l (M) 30-190 u/l (F)
NA^+	116	128-145 mmol/l
K^+	3.4	3.3-4.7 mmol/l
CL^-	97	98-108 mmol/l
tCO_2	28	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

DATE: 30 JUN 03	LAB ID NO.:

pH_____7.401

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

Physician: _____

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

Overt: _____

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

Ward/Section: ICU	JESTING PHYSICIAN: [redacted] (b)(6)-2	LABORATORY RESULT F (Subject to the Privacy Act of 1
LAST, FIRST, MI: [redacted] (b)(6)-4	DATE: 30Jun03	TIME: 0400 (b)(6)-4	SSN/PSEUDO SSN: [redacted]

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF.
WBC	13.1	4.8-10.8 x 10^3	Color		N/A	RPR		Negati
RBC	2.94	4.7-6.1 x 10^9	App		N/A	Mono		Negati
Hgb	8.5	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	26.9	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	91.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	257	130-500 x 10^3 verified	SG		N/A	Occ Bld		Neg
Lymph %	6.0	20.5-51.1%	Bld		Negative	H. pylori		Neg
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinaly**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			MUST SUBMIT SF 518 V EVERY UNIT REQUEST		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO:
(b)(6)-2 [redacted]	30Jun03	

Ward Section: KUT

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

SICIAN: (b)(6)-2

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

LAST, FIRST, MI: EQW [redacted]

DATE: 305W03

TIME: 0400

SSN/PSEUDO SSN: [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 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
iCa		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

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

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		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	107	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	2483	39-380 u/l (M) 30-190 u/l (F)
NA+	~~144~~ 138	128-145 mmol/l
K+	3.8	3.3-4.7 mmol/l
CL-	98	98-108 mmol/l
tCO_2	27	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
tCO2		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
tCO2		18-33 mmol/l

REMARKS:

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

rd/Section: ICU #1 | RE ING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

ST, FIRST, MI: EPW # [redacted] (b)(6)-4 | DATE: 1 July 03 | TIME: 0400 | SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	12.6	4.8-10.8 x 10^3
RBC	2.97	4.7-6.1 x 10^9
Hgb	8.6	14-18 g/dl (M) 12-16 g/dl (F)
Hct	27.1	42-52% (M) 37-47% (F)
mCV	91.2	80-94 fl (M) 81-99 fl (F)
plt	117	130-500 x 10^3 verified
Lymph %	6.1	20.5-51.1%

Hematology) Manual Differential

gs		Mono	
nds		Eos	
mph		Baso	
yp		Imm	
BC orph			
un matocrit		42-52% (M) 37-47% (F)	
l Rate			
her	platelets adequate		

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
		9.8-13.6 secs
TT		21-34 secs
dimer		<20 ug/ml
P		<10 ug/ml

Blood Bank Unit Crossmatch

(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

EMARKS:

EPORTED BY: [redacted] | DATE: | LAB ID NO.:

[redacted] (b)(6)-4 / (b)(6)-2

7/1

Ward Section: ICU #1

REQUEST YSICIAN:

CHEMIST ESULT FORM
(Subject to the Privacy Act of 1974)

LAST FIRST MI: EPW # [redacted] (b)(6)-4

DATE: 1Jul03 TIME: 0400

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		23-26 mmol/l (art) 23-28 mmol/l (ven)
sO2		95-98%
BEecf		-3.2 (-3) mmol/l
Anion gap		10-20 mmol/L
Ca		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. Chemistry

TEST	RESULT	REF RANGE
Compound		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF RANGE
GLU	110	73-118 mg/dl
BUN	37	7-22 mg/dl
CRE	2.8	0.6-1.2 mg/dl
CK	976	39-380 u/l (M) 30-190 u/l (F)
NA	137	128-145 mmol/l
K	3.3	3.3-4.7 mmol/l
CL	97	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
tCO2		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
tCO2		18-33 mmol/l

REMARKS:

(b)(6)-2

REPORTED BY: [redacted]

DATE:

LAB ID NO.:

(b)(6)-4

[redacted]

Ward Section:	REQUESTIN	SICIAN:	CHEMISTR	SULT FORM
1CW1	[redacted]	(b)(6)-2	(Subject to the Privacy Act of 1974)	

LAST, FIRST, MI:	DATE	TIME	SSN/PSEUDO SSN:
EPW [redacted] (b)(6)-4	2 Sep 03	0345	[redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 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%
BExcf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

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

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	111	73-118 mg/dl
BUN	62	7-22 mg/dl
CRE	4.8	0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+	114	128-145 mmol/l
K^+	3.7	3.3-4.7 mmol/l
CL^-	99	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: 1001	F[redacted]TING PHYSICIAN: [redacted] (b)(6)-2	L[redacted]ATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: Flo[redacted] (b)(6)-4	DATE: 25 Jun 03 / TIME: 0345	SSN/PSEUDO SSN: [redacted] (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	20.6	4.8-10.8 x 10^3
RBC	2.89	4.7-6.1 x 10^6
Hgb	8.3	14-18 g/dl (M) 12-16 g/dl (F)
Hct	26.7	42-52% (M) 37-47% (F)
MCV	92.4	80-94 fl (M) 81-99 fl (F)
Plt	119	130-500 x 10^3 verified
Lymph %	5.6	20.5-51.1%

(Hematology) Manual Differential

Segs	80	Mono	1
Bands	4	Eos	1
Lymph	8	Baso	
Atyp		Imm	
RBC Morph	Adequate plt		

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.:

Allergies – unknown

MEDICAL RECORD — ANESTHESIA

DRUG	(Dose)	
Fentanyl	(mcg)	50-50
Vec	( )	4
	( )	
	( )	
	( )	
	( )	
VOLAT AGENT	ISO % del	1.5 1.0 1.0 .8
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	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

LINE site		
16G (L) A	☒ Warmed	#1
18G (R) A	☒ Warmed	R #2
18G (R) foot	☐ Warmed	
	☐ Warmed	Ancef 1gm IVPB (300)

LOSSES: EST BLOOD LOSS; URINE –

TOTALS: TOTAL EBL MIN; TOTAL URINE 200

FLUIDS – SUMMARY: CRYSTALLOID – 700; COLLOID –; BLOOD –

REMARKS – Code drugs with numbers, events with letters

① Pre-op assessment @0330 + induction in OR. TO OR ambulatory
② To OR c̄ O2; mon + BUU Room monitors to bed + BBS;
③ A-line placed (L) radial x1 attempt LTC [redacted] 0740 – Break – [redacted] 0750 CBC Sent (b)(6)-2

0820

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 95 KG LB

HEMATOCRIT: 40

INITIAL DATA: BP – 109/50; HR – 100

BLOOD CHECK: OK? – (Y) N

PATIENT IDENTIFIED: OK for PROCEDURE (b)(6)-2 [redacted] TIME – 0630

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

TIME → 0700 . 30 – 0800 . 30 – 0900

VT – ml	+ 840	840 850
f – breaths/min	+ 10	8 8
Peak inf pres / PEEP	30 31	30 30
MODE – S(pon), A(ssist), C(on)	C C	C C
ET CO2 (torr)	40 31	33 33
FIO2 (Frac or %)	0.73 0.73	0.69 .69
SpO2 (%)	100 100	100 100
ECG	SR SR	SR SR
TEMP – site	A/axilla →	
N-M Block (T/4)	3/4	4/4
BS	+	
Warming blkt	x1 Blanket →	
Conv warmer		

Mark with letters & symbols, explain under REMARKS. EVENTS Position → ② on ③ turned 45°

RECOVERY AT 0820; PACU ICU 1 (Specify); OTHER; CONDITION: Stable; RESP – 14; SpO2 – 100%; BP 137/73; HR – 81

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0650	0705	0823
PROC	Ready	Begin	End
	0715	0730	0755

PROCEDURES and CPT Codes: I+D (R) finger

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: FIBER DL x1 Grade 1 view MACS 8.0 ETT 22cm @ lips + BBS

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

SURGEONS: [redacted] – (b)(6)-2

ANESTHESIOLOGISTS: [redacted] CRNA/CPT

PROCEDURE LOCATION: 1

DATE: 24 JUN 03

PAGE 1 OF 1

(b)(6)-2 [redacted] RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 11900

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

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 2 DAYS MOS YRS Sex (✓) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 80 (KG)/LB HT: _____ IN.
ALLERGIES: ?

PROPOSED PROCEDURE: _____
SURGICAL SERVICE: _____
NPO SINCE: ?

HABITS:
TOBACCO: _____
ETOH: _____
DRUGS: _____

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) _____
( ) _____
( ) _____
( ) _____
( ) _____
( ) _____

PREMEDICATIONS:
None Yes (@ _____ Hrs) /CC
MSO4 30 mg (IV) IM PO Total
Fentanyl 2 mg (IV) IM PO
_____ . _____ mg IV IM PO

LABORATORY STUDIES:

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

Ancef 1 gm IVPB
Tetanus

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	unknown
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	Foley
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	
	N	Y	
Familial HX	N	Y	

ASSESSMENT

PAST SURGICAL/ANESTHETIC
unknown

PHYSICAL EXAMINATION
BP 129/80 HR 109 R 35 T ___
Pain Scale 0-10 _____
HEENT - Teeth intact
Trachea _____
TMJ/Neck _____
Oropharnyx Grade 1 view
Nares _____
CHEST: _____
CARDIAC: _____
EXTREMITIES:
IV Access: 18G (R) Arm
Ulnar Filling: 16G (L) Arm
BACK: 18G (R) Foot
Cricoid Pressure
OTHER: Intubated 8.0 ETT
MAC 3 grade 1 view
+BBS; (−) stomach
SaO2 100% @ 22cm @ teeth

NPO Since _____

OSW to chest caught in a crossfire
(R) flange OSW

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): _____ (✓) 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: [redacted] CRNA/CRT Date: 24 Jun 03 Time: 0830 Hrs

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

(b)(6)-2

Signed: _____ Date: _____ Time: _____ Hrs

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

Patient Identification: (Ward) _____

[redacted] (b)(6)-4/(b)(6)-2 EPW # [redacted] (b)(6)-4

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: ASAP

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW to Chest

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: [redacted] CPT/AN

DATE VERIFIED: 30 June 03

TIME VERIFIED: 2100

SECTION II – PRE-TRANSFUSION TESTING

[redacted] TRANSFUSION NO.

PATIENT NO [redacted]

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

ABO

Rh

RECIPIENT [redacted]

ABO

Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT [redacted] TED

DATE 30 June 03

REMARKS: ex 8 July 2003

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 2142 ON *(Date)* 30 June 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)*: [redacted] CPT/AN (b)(6)-2

2nd VERIFIER *(Signature)*: [redacted] (b)(6)-2 SGT/91WM

TEMP. 100.9 PULSE 144 BP 93/52

DATE OF TRANSFUSION 30 June 03 TIME STARTED 2145

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME 2210 DATE 30 June 03 COMPLETED [redacted] INTERRUPTED

REACTION

- [x] NONE
- [ ] SUSPECTED

(b)(6)-2

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: [redacted] CPT/AN (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.)*

CPW [redacted] – (b)(6)-4

SEX: MALE

WARD: ICU #1

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

MEDICAL RECORD COPY

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:

[redacted] (b)(6)-4

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

- [ ] ~~TYPE AND SCREEN~~ [redacted] (b)(6)-2
- [x] CROSSMATCH

DATE REQUESTED: ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW to chest

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. (b)(6)-2

SIGNATURE OF VERIFIER [redacted] CPT/AN

DATE VERIFIED: 30 Jun 03

TIME VERIFIED: 2100

SECTION II – PRE-TRANSFUSION TESTING

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR	RECIPIENT
ABO [redacted]	ABO [redacted]
Rh	Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD [redacted]
- [ ] NO RECORD

SIGNATU[redacted]NG TEST [redacted] (b)(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONE[redacted]TE 30 June 03

REMARKS: ex 9 July 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPE[redacted]ND ISSUED BY *(Signature)* [redacted] (b)(6)-2

ON *(Date)*

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)* [redacted] CPT/AN (b)(6)-2

2nd VERIFIER *(Signature)* [redacted] (b)(6)-2 CPT/AN

P[redacted]

TEMP. 101.5 PULSE 142 BP 95/55

DATE OF TRANSFUSION 30 JUN 03 TIME STARTED 22:10 HRS

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME	DATE	COMPLETED	INTERRUPTED
350 ML	2300	30 Jun		NO

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)* (b)(6)-2

SIGNATURE OF PERSO[redacted]E [redacted] CPT/AN

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

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

SEX: MALE

WARD: ICU #1

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

MEDICAL RECORD COPY

★U.S.GPO:1991- 352/40646

Morning Portable

ICU #1

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXR for		M			
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY *(Print)* (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUES[redacted] CRT/AN				DATE REQUESTED 27 June 03

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

tube 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)*	LOCATION OF MEDICAL RECORDS
EPW # [redacted] (b)(6)-4	

★U.S.GPO:1991: 352/40648

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
PCXR	M	1			
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY [redacted]				TELEPHONE/PAGE NO.
	SIGNATU[redacted] (b)(6)-2				DATE REQUESTED

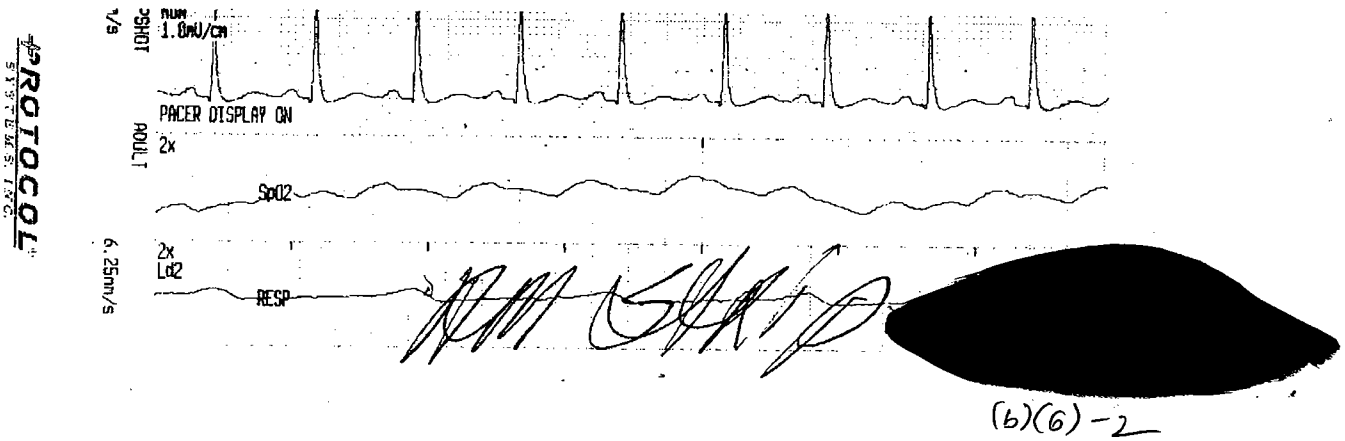
SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

CT Removal

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)*	LOCATION OF MEDICAL RECORDS
[redacted] — (b)(6)-4	


PROTOCOL
SYSTEMS INC.
10HSC
1/s
num
1.0mV/cm
PACER DISPLAY ON
ADULT
2x
SpO2
2x
Ld2
RESP
6.25mm/s
(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24 June 03 TIME OF ORDER: 0635 HOURS

LIST TIME ORDER NOTED AND SIGN

1. To FCU Dr. [redacted] (b)(6)-2
2. DX: SP GSW chest / Amputation (R) 2ND FINGER
3. Cond - Stable ?PCL
4. VS q 1°, I+O, monitor, Pulse Ox
5. ACT - BEDREST
6. NPO

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

7. IV LR TKA 125cc/hr
8. ANCEF 1gm IVPB q 6°
9. NGT to LIS, FOLEY to gravity
10. BILAT chest tubes to Pleurovac suction
11. Elevate Right hand w/ 1 pillow
12. DAILY CXR

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

13. CBC q 4° + Nows, chem 8 q AM
14. Call Dr. if T > 101°, P < 60 or > 110, SBP < 100 or > 160, Sat < 90, UO < 30cc/hr (b)(6)-2 → [redacted], MC

[redacted]

MAJ MC USA
CHIEF, DOS

PATIENT IDENTIFICATION

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF [redacted] TIME [redacted]DER: 0325 HOURS

1. VENT SIMV TV 800 R 14 PEEP 5 50%
2. MORPHINE SULFATE 2-10 mg IV q 2° PRN
3. VERSED gtt TIT to effect
4. ABG Now and q AM (b)(6)-2

24 JUN 03 [redacted]

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24 June 03 | TIME OF ORDER: 0635 | HOURS | LIST TIME ORDER NOTED AND SIGN

1. To FCU Dr. [redacted] (b)(6)-2 (R)
2. DX: SP GSW chest / Amputation 2ND FINGER
3. Cond - Stable ?DLC
4. VS q 1° I+O, monitor pulse ox
5. ACT - BEDREST
6. NPO

DATE OF ORDER | TIME OF ORDER | HOURS

7. IV LR TKA 125cc/hr
8. ANCEF 1gm IVPB q 6°
9. NGT to LIS, FOLEY to gravity
10. BILAT chest tubes to Pleurovac to suction
11. Elevate Right hand w/ pillow
12. DAILY CXR

[redacted] (b)(6)-2

DATE OF ORDER | TIME OF ORDER | HOURS

13. CBC q 4° + Nurse, chem 8 q AM
14. call MD if T > 101°, P < 60 or > 110, SBP < 100 or > 160, Sat < 90, UO < 30cc/hr

(b)(6)-2 → [redacted] MD
MAJ, MC USA
CHIEF, DOS

[redacted]

DATE OF ORDER: 27 June 03 | TIME OF ORDER: 0825 | HOURS

1. VENT SIMV TV 800 R 14 PEEP 5 50%
2. MORPHINE SULFATE 2-10 mg IV q 2° PRN
3. VERSED 5ml TIT to effect
4. ABG now
5. 24 JUN 03

[redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 4256 REPLACES ... OF 1 JUL 77, WHICH ...

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
25 Aug 03	0900		
(1) Portable CXR for central line placement			Noted
(2) DC Vancomycin gtt			
(3) Start Propofol gtt at 25mcg/kg/min			(b)(6)-2
Titrate to effect			MD
(4) KCL 40mg in 100cc NS IVPB	[redacted]		MAJ, MC USA
x2			(b)(6)-2

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS	
25 Aug 03	[redacted]		
Change labs to Q 8 hrs beginning			
Date @ 0400 25 Aug 03			(b)(6)-2
V.O. [redacted]			(b)(6)-2
(b)(6)-2			
Noted @ 0450			[redacted]

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS	
26 Aug 03	1630		(b)(6)-2
(1) Lidoderm patch 5% mg/hr			[redacted]
(2) Tylenol Supp 650 q 6 hr prn			
Noted @ 1700			
(b)(6)-2			[redacted]

PATIENT IDENTIFICATION: (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS	
26 Aug 03	1650		
Advance ETT 2-3 cm			
Repeat CXR, ABG			
[redacted]			
V.O. [redacted]			
Noted @ 1700			[redacted]

(b)(6)-2

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

DA FORM 1 APR 79 4256

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
26 Jun 03	0500 HOURS	
① Demerol 5 mg now		0515/done
② Vicod 3 mg now		0515/done
		Noted @ 0740 [redacted]
[redacted]		(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

VO

DATE OF ORDER	TIME OF ORDER	
26 Jun 03	1748 HOURS	
① Fortaz 2gm IV Q8hr first dose now		
② Gentamycin 5mg/kg/QD IV pt 100kg for Dr [redacted]		CPT/AW
VO 26 Jun 03 Noted 27 Jun 03 D/C Ancef	For Dr [redacted]	(b)(6)-2 CPT/AW

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

EPW #

[redacted] (b)(6)-4

DATE OF ORDER	TIME OF ORDER	
	HOURS	
① KCl 40meq in 100cc NS over 2hrs x2		0830/done
② Medlyte 8 following 2nd K run.		[redacted] 1115/d
③ Up to chair today		[redacted]
④ CXR now 0930		[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

EPW #

[redacted] (b)(6)-4

DATE OF ORDER	TIME OF ORDER	
29 Jun 03	0820 HOURS	
① NT suction Q4° x24°		
② CT to H2O seal		
[redacted]		(b)(6)-2

All (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

All: (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

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

Wean Ventilator

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 27 Jun 03 | TIME OF ORDER 0700 HOURS

(1) Chem 8, ABG now

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 27 Jun 3 | TIME OF ORDER 1120 HOURS

(1) Place DVT

(2) Wake 10

(3) Check 10 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/27/03 | TIME OF ORDER 1320 HOURS

Start weaned off @ 360/hr titrated to effect

Weaned @ 1500 [redacted]

27 Jun 03

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

FOR 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

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

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 29 JUN 03 TIME OF ORDER: 2320 HOURS

1. Cefotetan IVPB 2gm BID
V.O. per Dr. [redacted]
2. D/C Fortaz (b)(6)-2

(b)(6)-2 [redacted] 29 Jun 03 2300

LIST TIME ORDER NOTED AND SIGN

IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 30 Jun 03 TIME OF ORDER: 400 HOURS

Ampicillin 1gm IVPB Q6°
V.O. Dr [redacted]

(b)(6)-2

IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 30 June TIME OF ORDER: 1400 HOURS

IMV 18 880 / 10 / 1002
ABG 20 min 1430 / done
NGT 10 cm 1400 / done

(b)(6)-2 [redacted]

IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 30 Jun 03 TIME OF ORDER: 1500 HOURS

Q FIO2 to 50%
Q ABG 16
Repeat ABG @ 1630 (b)(6)-2
V.O. Dr [redacted]

Noted @ 1530 [redacted]

(b)(6)-2

PATIENT RECORD - ORDERS ONLY

DO NOT SHADE RECORD DATE, TIME AND SIGN ENTRIES

PLEASE USE WHITE PROBLEM NUMBERS IN EVERY ORDER

PATIENT IDENTIFICATION

(1) [redacted]

(b)(6)-4

6/14/02

DATE OF ORDER | TIME OF ORDER

30 Jun 03 0930

(1) D/C cefotaxim

(2) Cortez 2gm IV Q8 FAL

Dose Now

(3) Start TF (enfa) @ 20cc/hr

V residual Q4° if > 200 (b)(6)-2

Feeds Hold Tr Hem [redacted]

(4) Reglan 10mg IV x 1 [redacted]

(5) CBC C Diff Respiratory

Noted @ 1500 [redacted]

(b)(6)-2

ICU 2

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

30 Jun 03 1315

(1) Cipro 400mg IV BID

First Dose Now

(2) Lovenox 100mg SQ BID (b)(6)-2

First Dose [redacted]

(3) Fentanyl 50-250mcg/hr [redacted]

TTE

(4) Versed 1-10mg/hr IV TTE Drip.

DC'ed [redacted]

V.O. DR [redacted]

(b)(6)-2

ICU I

Noted @ 1500 [redacted]

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (12 [redacted] (b)(6)-4

DATE OF ORDER: 30 Jun 03 TIME OF ORDER: 0930 HOURS

1. D/C celotar
2. Lasix 2qm IV Q8 PRN
Dose Now
3. Start TF (crsm) @ 20 cc/hr
✓ residual Q4° if > 2ur (b)(6)-2
o Pads Add Tr He[redacted]
4. Reglan 10mg IV [redacted]

6/14/03

NURSING UNIT: ICU2 | ROOM NO: [redacted] | BED NO: [redacted] (b)(6)-4 (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

5. Clear C PRN Restart.
Noted @ 1530 / [redacted] PR (b)(6)-2

NURSING UNIT | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER: 30 Jun 03 TIME OF ORDER: 1530 HOURS

Start Dopamine @ [illegible]
V.O. DR [redacted] PR (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

1 July 1000
50% Albumin IV 250cc Now.
V.O DR [redacted] PR (b)(6)-2

NURSING UNIT | ROOM NO | BED NO

1 July 1100

Lasix q4 @ 20mg/hr
@ 1530 Hespan 500 — (b)(6)-2
[redacted] (b)(6)-2 [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-68; the proponent agency is [illegible]

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM [illegible] ITEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ASTERISK [illegible]

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	ORDERS
EPW [redacted] (b)(6)-4	30 Jun 03	2030	(1) CBC, Medlyte 8 (2) Bolus 2L LR NOW (3) 100 cc 25% Albumin in 500 cc NS ov 1 hr [redacted] (b)(6)-2
ASSIGNED UNIT / ROOM NO / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	ORDERS
	30 Jun	2100	(1) Transfuse 2u PRBC (2) 500 cc heparin IV KVO NOW [redacted] (b)(6)-2
ASSIGNED UNIT / ROOM NO / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	ORDERS
	30 June	2248	20 mg IVP Lasix [redacted] (b)(6)-2
ASSIGNED UNIT / ROOM NO / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	ORDERS
[redacted] (b)(6)-4	1 July 03	0240	40 mg Lasix IVP (2400) — done 80 mg Lasix IVP (0100) — done Vencarom 3mg/hr to titrate to effect. [redacted] (b)(6)-2 CPT/MC
ASSIGNED UNIT / ROOM NO / BED NO.			

(b)(6)-2 2030

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

NT IDENTIFICATION

[redacted]

(b)(6)-4

NG UNIT	ROOM NO.	BED NO.

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

1/4/03 1600 HOURS

Flasix 6mg 40mg/hr

U.O. DR [redacted] [redacted]

Voided @ 1620 [redacted]

A-11 (b)(6)-2

NT IDENTIFICATION

NG UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER

_____ HOURS

IT IDENTIFICATION

G UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER

_____ HOURS

T IDENTIFICATION

G UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER

_____ HOURS

All (b)(6)-2 except one at bottom.

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. 6 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 24	25	26	27	28	29	30	1	2
24 Jun	[redacted]	VS: per routine	05	[redacted]								
		Q1, Monitor & Pulse Ox	17									
		I/O per routine	05									
			17									
		Activity: BR	05									
			17									
		Diet: NPO	05									
			17									
		NGT to LIS	05									
			17									
		(B) Chest tubes to	05									
		pleurevac + suction	17									
		Elevate (R) hand on	05									
		pillow	17									
		Daily AM CXR	04									
		LABS: Chem 8 & ABG AM	04									
		CBC q 4°	05									
			17									
		Call HO for: T > 101.°	05									
		p < 60 or > 110, SBP < 100	17									
		or > 160; SAT ≤ 90;										
		uop < 30 c/hr										
		Vent: SIMV, Vt = 800,	05									
		f = 14; peep 5; FIO2 50%	17									
24 Jun	8	Foley to gravity	05									
			17									

Did

ALLERGIES: ☐ YES ☐ NO ?	PRIMARY DIAGNOSIS: SIP GSW to chest / Amputated 2nd (R) finger	ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO:

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

A11 (b)(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo _____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
24 Jun	[redacted]	CBC now / ABG now.	24 Jun	0800	OR	[redacted]
242	[redacted]	707cu. Cont. Stable —				
24 Jun	[redacted]	Portable CXR for central line placement	25 Jun		done	[redacted]
27 Jun	[redacted]	Portable CXR p DHT placement				
30 Jun	[redacted]	CBC + Metlytes now		now	2030	[redacted]

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

USAPA V1.00

all (b)(6)-2 except one at bottom

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.	Jun 03 Mo. Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 24	25	26	27	28	29	30	1	2
24 Jun	[redacted]	CBC q 4°	08	[redacted]								
			12									
			16									
			20									
			24									
			04									
25 Jun	[redacted]	[illegible]	08	[redacted]								
			12									
			16									
			20									
26 Jun	[redacted]	[illegible]	24	[redacted]								
			04									
27 Jun	[redacted]	Place DHT	08									
			12									
27 Jun	[redacted]	labs CBC, ABG, Chem 8	04	[redacted]								
24 Jun	[redacted]	NT Suction q4 x24	06	[redacted]								
			10	[redacted]								
			14									
			18									
			22									
			02									
24 Jun	[redacted]	CR to ~~H2O Seal Sx~~	08	[redacted]								
			12									
27 Jun	[redacted]	STAT 18, TV 900 Rate, FT 03 [illegible]	08	[redacted]								
			12									

ALLERGIES: ☐ YES ☐ NO ?

PRIMARY DIAGNOSIS: SIP GSW to Chest / Amputation 2nd @ finger

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: 7

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

All (b)(6)-2 except one at bottom

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 JUN Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 24	25	26	27	28	29	30	1
24 JUN 03	[redacted]	IVLR @125/hr 2liter/hr	05	[redacted]							
			17								
24 JUN	[redacted]	ANCef 1 gm IVPB q6°	06								
		q	12					D/C'd	[redacted]		
			18					26 June 03			
			24								
	[redacted]	Versed gtt - titrate	05		D/C 28 Jun						
		to effect	17								
24 Jun	[redacted]	Start Propofol gtt	05								
		@ 25mg/kg/min	17				D/C				
		Titrate to effect									
26 June	[redacted]	Fortaz 2gm IV q8hr	08								
		first dose now	16					D/C 10			
			24								
26 June	[redacted]	Gentamycin 500mg	10								
		QD IV. First dose now									
27 June	[redacted]	Versed gtt @	05								
		3mg/hr titrate	17								
		to effect									
~~29 Jun~~	[redacted]	~~Cefotaxim IVPB 2gm BID~~	10								
			22								
30 June	[redacted]	Fortaz 2gm	08								
		IVQ8 1st	16								
		dose now	24								
30 June	[redacted]	Cipro 400mg IV	10								
		BID	22								

ALLERGIES: ☐ YES ☐ NO ?

PRIMARY DIAGNOSIS: SIP GSW to Chest / Amputated (R) 2nd Finger

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO. 1

PATIENT IDENTIFICATION:

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

A11 : (b)(6) - 2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. JUN Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
25 Jun	[redacted]	KCl 40mg in 100 IVPB x2 ①	25 Jun		0930	[redacted]
		②	25 Jun		1140	[redacted]
[redacted]	[redacted]	Fentanyl patch 50mg/hr			1640	[redacted]
30 Jun	[redacted]	2L Bolus LR Now		now	2030	[redacted]
30 June	[redacted]	100cc of 25% Albumin in 500cc			2100	[redacted]
		NS to Run over 1hr				
30 June	[redacted]	Transfuse 2 units of PRBCs #1		done		[redacted]
		#2 next → #2		done		[redacted]
30 June	[redacted]	500cc ~~Hes~~ prn IV done		2100		[redacted]
30 June	[redacted]	20mg Lasix IVP now	done	2230		[redacted]
30 June	[redacted]	40mg Lasix IVP now	done			[redacted]
30 June	[redacted]	80mg Lasix IVP now	done			[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
24 Jun	[redacted]	MSO4 2-10mg IV q 2°	4mg 1600	4mg 1930	5mg 1930	3mg 2130	4mg 2330	8mg 0330	8mg 0730	8mg 1130	8mg 1430	8mg 0130	8mg 0530	8mg 2330	8mg 0130	8mg 0530	8mg 0930
		prn:	[redacted]														
[redacted]	[redacted]	Tylenol Supp 650mg PR Q4° prn	650 mg 2030	650 mg 2330	650 mg 0330	650 mg 0730											
			[redacted]														

USAPA V1.00

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	INITIALS		INITIALS		INITIALS
NEURO		0830	[redacted]	1730	[redacted]		
	PUPILS	PUPILS RTA, OCULAR		Pupils 3mm, Reactive,			
	SENSORIUM	[illegible]		Equal, Awakes to			
		[illegible]		painful stimuli, Sedated			
		[illegible]		on Versed			
		[illegible]					
RESPIRATORY	RESPIRATORY PATTERN	[illegible]		Mech Vent - Simv-Fio2 40%			
	BREATH SOUNDS	[illegible]		RR 14, Peep 5, TV 800			
	SECRETIONS	[illegible]		CT R+L Side			
		[illegible]		both draining Sero-Sang			
		[illegible]		Bloody Fluid			
		[illegible]					
SKIN	COLOR	[illegible]		Warm, Dry, Intact			
	INTEGRITY	[illegible]		Bandage R/Hand CDT			
		[illegible]		Bandage Bilat Chest			
IV SITE	LOCATION	[illegible]		Tunnel CDT			
	CONDITION	[illegible]		(R) + (L) Ac IV Sites			
		[illegible]		CDT (L) A-Line			
		[illegible]					
		[illegible]					
		[illegible]					
GASTRO	ABDOMEN	[illegible]		Soft, Flat, BSX4			
	BOWEL SOUNDS	[illegible]		NG to LS			
		[illegible]					
		[illegible]					
GU	URINE:	[illegible]		Foley to Gravity			
	COLOR/CLARITY	[illegible]		Clear - Yellow			
		[illegible]					
CARDIOVASCULAR	CARDIAC RHYTHM	[illegible]		ST - S1 S2			
		[illegible]					
		[illegible]		+ 2 Pulses Bilat			
		[illegible]		UE & LE			
		[illegible]					
		[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; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] RN

DEPARTMENT/SERVICE/CLINIC: ICU Quest

DATE: 7/4/05

PATIENT (If written entries give: Name—last, first, middle initial; hospital or medical facility)

(b)(6)-2

[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	130/60	130/60	118/65	130/60	127/62	134/65	120/60	129/64	
					98.2				
	104	104	106	106	105	110	110	108	
	14	14	14	14	14	14	14	14	
	99	100	99	99	99	99	99	99	

INTAKE	16	17	18	19	20	21	22	23	8° T
	125	125	125	125	125	125	125	125	100
	6	6	6	6	6	6	6	7	49
			50						50
									169

OUTPUT									
	50		100/150	30/150	30/210	35/245	30/277	35/312	312
		50							50
		10				100			100
		30				20			40

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	0830	1120						
	MODE	SIMV							
	F_IO_2	60%	40%						
	TV	500							
	RATE	14							
	PEEP	5cm							
ABG	pH								
	PCO_2								
	pO_2								
	HCO_3								
	SAT								
	BASE								

LABORATORY	TIME	1600	2000						
	GLUCOSE								
	Na/K								
	Cl/CO_2								
	BUN/Cr								
	WBC/PLATELET	13.6/256	11.6/276						
	Hct/Hgb	29.6/10.8	32.9/10.4						

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	2197	Urine	1662
po		NG	30
		CT	218
	2197	TOTAL	1930
		BALANCE	267

NURSE'S SIGNATURE | INITIALS

[redacted] CPN/AND [redacted]

(b)(6) - 2

DATE	DX													HOSPITAL DAY				
VITAL SIGNS TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line										135/90	135/91	134/94	116/91	111/68	101/91	112/65	125/66	
BP Cuff										98/65	98/71	97/91	94/94					
Temperature										95.1	96	97	97.1			98		
Pulse										107	91	96	100	108	102	108	102	
Respiratory Rate										13	25	14	14	14	14	14	14	
ETO2										100	100	100	97	100	100	100	97	
pain intensity																		
INTAKE TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR										125	125	125	125	125	125	125	125	1000
1/2 Normal NA										6	6	6	6	6	6	6	6	48
IVPB														50				50
TOTALS																		1098
OUTPUT URINE HOUR/TOTAL												60/60	100/160	100/1000	100/1100	100/1200	50/1250	1250
URINE sp gr																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS CT2 Left														90				90
DRAINS CT2 Right														18				18
TOTALS																		1358

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INITIALS [redacted]	1700	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PUPILS 3mm SLUGGISH		Pupils 3mm Perrl slow			
	SENSORIUM	OPENS EYES, OBEYS		pt sedated on 60mcg/kg			
		PT COMMUNICATE, SLEEP		min of propofol. moves			
		WELL @ INTERVALS. MOVES		lower extremities @			
		LOWER EXTREMITIES ALMOST		will.			
RESPIRATORY	RESPIRATORY PATTERN	SIMV 14 TV 800 FIO2		Simv 14 TV800 FiO2			
	BREATH SOUNDS	40% PEEP 5. BS @ COARSE,		40% peep 5. #8			
	SECRETIONS	WHEEZY. CLEAR SECRETIONS		ETT 26cm @ lip			
		ETT #8.0 WITH AIR LEAK		lungs course through-			
		@ 25cm. @ 26cm.		out. even chest rise.			
		COMFORT LEVEL 55		SATS 98-99%			
SKIN	COLOR	PINK, FAIR SKIN.		Normal for race			
	INTEGRITY	SKIN WARM, DRY		chest tubes both (R) +			
		ELL DO noted		(L)			
IV SITE	LOCATION	RIGHT SUBCLAVIAN		TLC (R) Subclavian			
	CONDITION	FLUSHES WELL.		flushes well x 3			
		ALL SITE OK. —		parts. A-line in			
				(L) wrist. Ø s/s			
				redness: sharp			
				dicrotic notch.			
GASTRO	ABDOMEN	ABDOMEN SOFT		Abdomen soft			
	BOWEL SOUNDS	BS HYPOACTIVE		BS hypoactive x 4			
		ALL QUADS.		quads. NGT to (R)			
		NGT PATENT.		nare LIS.			
GU	URINE:	FOLEY DRAINING.		foley to gravity			
	COLOR/CLARITY	CLEAR & YELLOW		draining QS clear			
		URINE noted.		yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	SR noted on		SR-ST 90's-110's			
		MONITOR. HR 90's-110's		Ø ectopy noted.			
		PATENT. NO ECTOPY		S1 S2 present			
		PERIPHERAL EDEMA		Ø edema noted			
		NOTED.		wrist restraints in place			

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 [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 6/25/03

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE: 26 June 03 | DX: GSW to chest | HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line	165	162	158	159	169	133	141	134		130	135	140	144	139	139	140	141	
BP Cuff	71	71	70	69	74	60	62	68		60	64	72	71	76	71	70	70	
Temperature	101.1		100.0											100.8				
Pulse	117	116	114	114	115	115	114	112		118	116	114	115	119	114	135	134	
Respiratory Rate	14	14	14	14	14	26	26	24		14	16	14	14	14	14	23	15	
SPO2	98%	100%	99%	99%	97%	98%	98	99		99	99	99	100	100	99	99	99	
FIO2	40%	40%	40%	40%	40%	40%	100%	30%		50%	50%	40	40%	60	60	60	60	
pain																		
extremities																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF LR	125	125	125	125	125	125	125	125	100	125	125	125	125	125	125	125	125	1000
IVPB	50						50		100					50				50
Propofol	33	33	33	33	33	33	36	36	270	36	36	36	36	36	36	36	36	288
TOTALS									1470									1338

OUTPUT

URINE	HOUR	250	150	200	200		50	75	80		100	50	75	50	75	125	50	100
	TOTAL	250	400	600	800		450	525	605	1005		150	225	275	350	475	525	625
	sp gr																	
	S/A																	
NG	OUTPUT		700															
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	CT (L)	0	1050															
	CT (R)	0	140															
TOTALS									1005									625

POST-OP DAY

VITAL SIGNS									
	16	17	18	19	20	21	22	23	
	102/88	142/81	149/81	158/85	149/82	141/85	139/80	129/78	
			102.8		103.5		102.5		
	127	130	142	142	147	142	137	136	
	16	18	14	14	14	14	14	14	
	99	98	100	100	100%	100	100	100	
	(d)	(d)	60	60	60%	60%	60	60	

INTAKE									
	16	17	18	19	20	21	22	23	8° T
	125	125	125	125	125	125	125	125	
			50	200					
	36	36	36	36	36	36	36	36	
		Boluss 1000							

OUTPUT									
		100/100	100/200	75/275	100/375	50/425	40/465	50/515	515

ACUITY LEVEL CLASSIFICATION

RESPIRATORY THERAPY									
TIME		0001	0400	0500	0700		0800	1100	
MODE		SIMV	SIMV	SIMV	SIMV				
F_IO_2		40%	40%	100%	80%	60%	50%	(d)	
TV		800	800	800	800				
RATE		14	14	14	14				
PEEP		5	5	5	5				
ABG	pH		7.49						
	PCO_2		32.7						
	pO_2		71						
	HCO_3		25						
	SAT		96						
	BASE		2						

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

wt Yesterday _____ wt Today (b)(6)-2

INTAKE

IV _____

po _____

TOTAL _____

OUTPUT (b)(6)-2

Urine: _____

TOTAL _____

BALANCE _____

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

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INITIALS [redacted]	1700	INITIALS [redacted]		INITIALS
NEURO	PUPILS	[illegible]		Pupils 3mm Perrl slow			
	SENSORIUM	[illegible]		pt sedated on 60mcg/kg			
		[illegible]		min of propofol. moves			
		[illegible]		lower extremities @			
		[illegible]		will.			
RESPIRATORY	RESPIRATORY PATTERN	[illegible]		Simv 14 TV 800 Flow			
	BREATH SOUNDS	[illegible]		40% peep 5. #8			
	SECRETIONS	[illegible]		ETT 26cm @ lip			
		[illegible]		Lungs coarse throughout. even chest rise.			
		[illegible]		sats 98-99%			
SKIN	COLOR	[illegible]		Normal for race			
	INTEGRITY	[illegible]		chest tubes both (R) & (L)			
IV SITE	LOCATION	[illegible]		TLC (L) Subclavian			
	CONDITION	[illegible]		flushes well x 3 ports. A-line in (L) wrist. Ø s/s redness. sharp dicrotic notch.			
GASTRO	ABDOMEN	[illegible]		Abdomen soft			
	BOWEL SOUNDS	[illegible]		BS hypoactive x 4 quads. NGT to (R) nare LIS.			
GU	URINE: COLOR/CLARITY	[illegible]		foley to gravity draining QS clear yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	[illegible]		SR-ST 90's-110's Ø ectopy noted. S1 S2 present Ø edema noted wrist restraints in place			

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 [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC ICU 2 east

DATE 6/25/03

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

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 6/25/03 DX

HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial Line	136/63	128/64	124	125	127	132	135	109		125	121	102	112	124	102	100	131	
	BP Cuff			64	61	61	60	61	60		62	65	57	63	59	54	55	55	
	Temperature	98.4			99.6			99.4					99.9						
	Pulse	109	111	110	109	111	109	103	109		110	110	123	114	115	111	109	105	
	Respiratory Rate	14	14	14	14	14	14	14	14		14	14	14	14	14	14	14	14	
	SPO2	99	99	99	99	99	99	99	99		99	99	99	99	99	99	99	99	
	FIO2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40	
	pain																		
	extubation																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	NF (LR	125	125	125	125	125	125	125	125	100	125	125	125	125	125	125	125	125	100
	Versed gtt	7	7	7	7	7	7	7	7	56	7	7	8	—	—				14
	IVPB	50						50		100					50				50
	Dopamine												15	15	15	10	10	10	135
	Fentanyl																	300 ml	20
	TOTALS																		1349

OUTPUT		HOUR / TOTAL	40/40	30/70	40/110		105/215	63/278	40/318	70/388	1156	75/75	150/225	120/345	100/445	120/565	100/665	150/815	70/885	885
	URINE	sp gr																		
		S/A																		
	NG	OUTPUT																		
		pH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS	CTL					20				30									
		CTR					20				20									
											20							20	20	
	TOTALS																			

all: (b)(6)-2

POST-OP DAY

VITAL SIGNS									
	16	17	18	19	20	21	22	23	
	135/	141/	151/	150/	166/	167/	163/	166/	
	77	77	62	74	71	74	70	72	
			100.3		100.4				
	106	110	106	111	111	119	114	117	
	20	22	14	14	14	22	18	14	
	98	98	99%	97%	99%	100%	98%	97%	
	40	40	40	40	40	40	40	40	

INTAKE									
	16	17	18	19	20	21	22	23	8° T
	125	125	125	125	125	125	125	125	1000
			50						50
	30	50	36	36	36	33	33	33	267
									1317

OUTPUT									
			600/150	225/975	325/1300	400/1700	200/1900	350/2250	2250
				0/1050					
			1650	0/140					

ACUITY LEVEL CLASSIFICATION

RESPIRATORY		TIME	2400	0400	0800	1700					
		MODE	SIMV	SIMV	SIMV	SIMV					
		F_iO_2	40	40	40	40					
		TV	800	800	800	800					
		RATE	14	14	14	14					
		PEEP	5	5	5	5					
ARTERIAL BLOOD GAS	A	pH		7.44							
		PCO_2		35							
		pO_2		80							
	B	HCO_3		26							
		SAT		96							
	G	BASE		2							

LABORATORY	TIME	2400	0400							
	GLUCOSE		118							
	Na/K		143/3.9							
	Cl/CO_2		108/28							
	BUN/Cr		11/0.7							
	WBC/PLATELET	11.0/243	11.9/242							
	Hct/Hgb	31.8/9.9	30.8/10.0							

ACTIVITIES DAILY LIVING	TIME	2400	0400							
	MOUTH CARE		[redacted]							
	BATH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE	N/A								
	ROM EXERCISES									
	Off/Linen									

TURN	TIME				
SUCTION	2400				

24 HR I&O TOTALS

wt Yesterday _____ wt today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE

NURSE'S SIGNATURE	INITIALS
[redacted] CPT/RN	[redacted]

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

PAGE

PORT TITLE

NTENSIVE CARE NURSING FLOW SHEET

(b)(6) -2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

TIME	0570	INITIALS [redacted]	1745	INITIALS [redacted]		INITIALS [redacted]
PUPILS	PUPILS PL, OPEN		3-4mm (B) PERRLA			
SENSORIUM	EYES CLOSED, ARRE		A&OX3 C/O GT SITE			
	OR SEIZ/SURROUNDING		PAIN			
	C/O GT, CATHED		FOLLOWS SIMPLE COMMANDS			
	DX					
RESPIRATORY PATTERN	REGULAR, UNLABORED		EVEN & UNLABORED			
BREATH SOUNDS	LUNGS (B) diminished		LS CORSE T (B)			
SECRETIONS	BASES, O GROSS, ORAL		BASES			
	UNPOSITIONED, ORAL		O2 4L NC SATS 96-99%			
	HYGIENE Q SHIFT		REDD, COUGH & THICK			
	THICK GOOD, O SPA		WHITE/GREEN SECRETIONS			
COLOR	PINK, SKIN CLEAN/DRY		COOL TO TOUCH			
INTEGRITY	NO RASH, O DECUBITI		GT SITE DRY CDI			
	INTACT, WRITE O					
LOCATION	INTRAVENOUS SITE, DRY		(L) SC TIC, E LR			
CONDITION	DRY & PATEN, GOOD		@ 125 cc/hr			
	BIT CLOSED, E (B)					
	DRAINING DK YELL URINE		PATENT			
	O DECUBITUS, WRITE					
	AREA					
ABDOMEN	SOFT, NT		SOFT, NT			
BOWEL SOUNDS	BS X4, TRANSLUC		BS X4			
	OVERDISTENDED, BS		O N/V/D			
	OVER					
URINE:	F/C DRAINING		F/C DRAINING DARK			
COLOR/CLARITY	DARK COLOR URINE		AMBER URINE			
	CLEAR		QS			
CARDIAC RHYTHM	STABLE ON MONITOR		ST S, S0			
	O ECTOPY, BRADY		O ECTOPY			
	LYTES PROBED Q		O JVD, EDEMA			
	AM WRITE		(T) BP			
			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

ARED BY (Sign [redacted] (Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 28 Jun 03

T'S IDENTIFI [redacted] ed or written entries give: Name—last, first, e; grade; [redacted] al or medical facility) (b)(6) -2

(b)(6)-4

[redacted]

28 Jun 03

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specif

PAGE

DX | HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
terial Line																	
uff																	
perature																	
Pulse						115	112	117				115	104	99	108	93	99
ratory Rate																	

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	
LR								125	125	125	125	125	125	125	125	125	125	1000
								100	100			100					100	100
DC								340		340				340				340

ALS

	HOUR / TOTAL																	1340
JE								500	500			800			400			1700
	10 gr																	
	S/A																	
	OUTPUT																	
	pH																	
	GUIAC																	
IS																		
L																		

(b)(6)-4

[redacted]

29 Jan 03

ACUITY LEVEL CLASSIFICATION

	17	18	19	20	21	22	23	
	118/78	118/78	121/61	122/69		129/71	118/72	
		99						
	99	97	98	92	128	182		
	96	98	97	98	94	97		
	4L	4L	4L	4L	4L	4L		
		24	32	35	36	34		

	17	18	19	20	21	22	23	8°I
125	135	185	125/600	125/650	125/650	125/775	125/800	110

	17	18	19	20	21	22	23	
	100/360	150/350	150/400	200/400	150/350	250/400	100	

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

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

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

TURN	TIME		
SUCTION			

24°I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE _____ OUTPUT _____

NURSE'S SIGNATURE [redacted]

(b)(6)-2

110

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	1650	INITIALS [redacted]	1750	INITIALS		INITIALS
NEURO	PUPILS	[illegible]		3mm PERRLA (B)			
	SENSORIUM	[illegible]		FOLLOWS COMMANDS			
		[illegible]		RESTRAINED PER CPW			
		[illegible]		[illegible]			
		[illegible]					
RESPIRATORY	RESPIRATORY PATTERN	[illegible]		EVEN & UNLABORED			
	BREATH SOUNDS	[illegible]		LS COARSE THROUGHOUT			
	SECRETIONS	[illegible]		- (B) HI BASES			
		[illegible]		THICK WHITE SECRETIONS			
		[illegible]		T. COUGH. [illegible] @ 8L			
		[illegible]		SATS 98-100%			
SKIN	COLOR	[illegible]		WARM TO TOUCH			
	INTEGRITY	[illegible]		(B) GT DSG-CDT			
		[illegible]		(B) FINGER DSG-CDT			
IV	LOCATION	[illegible]		(L) DIGITAL A-LINE			
	CONDITION	[illegible]		GOOD LABS			
		[illegible]		(L) SC TLC			
		[illegible]					
		[illegible]		PATENT & OSE			
		[illegible]		INFILTRATION / INFECTION			
	ABDOMEN	[illegible]		BS X4 SOFT NT			
	BOWEL SOUNDS	[illegible]		NOT TO (L) NARE			
		[illegible]					
		[illegible]					
	URINE:	[illegible]		F/L			
	COLOR/CLARITY	[illegible]		DARK AMBER URINE			
		[illegible]		T SHOWING QS			
	CARDIAC RHYTHM	[illegible]		SR/ST OCCASIONAL			
		[illegible]		OSND, ESOMA			
		[illegible]		CAP REFILL < 3SEC			
		[illegible]		(+) PP			

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) [redacted] CPT/RN (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU 2 cont

DATE:

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

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

27 JUL 03 PAGE

	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
rterial Line	113	136	136	131	113	118	131				140	146	134	140	138	119	134
uff	70	71	74	72	72	70	74				71	71	72	74	74	70	71
perature			99.6	99.8			100.4			100.4				100			
e	134	125	122	119	125	129	124			12	12	10	10	123	120	121	116
iratory Rate	14	14	14	14	12	12	12			18	17	14	15	20	20	20	20
SAT	100	100	100	100	100	99	100			100	100	99	100	99	100	100	100
O2	40%	40	40	40	40	40	40			40	40	40	40	40	40	40	40

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	
LR	125	125	125	125	125	125	125	125	100	125	125	125	125	125	125	125	125	1000
PROPOFOL	36	36	36	36	36	36	36	36	288	36	36	36	36	36	36	36	36	288
IVPB	50								50	100		100						100

ALS																			
	HOUR	85	40	70	75	75	70	70	80	338	85	125	100	70	100	50	45	150	1388
	TOTAL	75	115	185	240	315	340	410	490	540		210	310	380	480	535	610	740	740
IE	10 gr																		
	S/A																		
	OUTPUT				700														
	pH																		
	GUIAC																		
IS																			
L																			
	CT(L)	1050			100 1150						50								
ie	CT(R)																		

φ 4368
28

all (b)(6)-2

PA

ACUITY LEVEL CLASSIFICATION

	17	18	19	20	21	22	23	
		144	141	129	144	115/83	141/80	
		80	96	73	79			
		109	133	115	121	124	118	
		34	30	30	21	20	30	
		90	98	99	98	94	99	

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

	17	18	19	20	21	22	23	8° T
		300	125/450	125/575	125/500	125/185	125/191	950
	[redacted]	125						125
	[redacted]	(b)(6)-2						

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

	300	400/400	150/850	200/1050	400/1450	150/1600	250/1850	1850	

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

IV _____

PO

OUTPUT

Urine: _____

NURSE'S SIGNATURE

[redacted]

900

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)
A 1 1 0 1	I Z

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4 [redacted]	EPW# [redacted] (b)(6)-4	n 0	m

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
unk	[redacted] (b)(6)-4	X	9	muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
unk	unk	9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
EPW	U	0300	unk (b)(6)-2

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
n 0	K 7 ~~6~~ 8	unk

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
unk	n 0	9	YEAR ☑ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
Ø	ICU 1	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted] (b)(2)-2	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
2 1		0 3 0 7 0 1

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
A B A A		0 3 0 6 2 4

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
		0 3 0 6 2 4

FOR LOCAL USE

DX: GSW to chest

	DX	PROC.	T I
DX	9150	8401	/ 450
	8750	990442	(b)(6)-2
	E9228		

ADMITTING OFFICER (Sig[redacted] | SIGN[redacted]ING CLERK

DA FORM 208[redacted]

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted] (b)(6)-4	2. NAME (Last, First, MI) ZPW# [redacted] (b)(6)-4			3. GRADE NO	ADMISSION REMARKS
4. SEX M	5. AGE [redacted]	6. RACE X	7. RELIGION Muslim	8. LENGTH OF SVC unk	9. ETS unk	10. PREVIOUS ADMISSION NO
11. SMP 99 (b)(6)-4	12. SSN [redacted]		13. ORGANIZATION unk		14. WARD ICU2
15. FLYING STATUS NO	16. RATING/ OSG (b)(6)-4	17. DEPT./ BEN K78	18. BRANCH/CORPS unk	19. UIC/ZIP unk	20. TYPE CASE Gen Surg
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø			22. HOURS OF ADMISSION 0246	23. CLINIC SERVICE AJAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE —			25. TYPE DISPOSITION 21	26. DATE OF DISPOSITION 030701	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) —			27b. TELEPHONE NO. unk	28. DATE OF THIS ADMISSION 030628	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] (b)(2)-2				30. DATE OF INTIAL ADMISSION 030628	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW x 2 (L) thigh

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	3	5

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	3	5

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

DA FORM [redacted] USAPPC V1.10

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

[redacted] w/ Fragi GSW

(b)(6)-4 Cer, (D) Leg GSW.

HPI: shot trying to steal car @ 10PM

Brought in here now 17hrs p event

PMHx: ∅

∅ meds

NKDA

PHYSICAL EXAMINATION

[illegible] NAD [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

(D) LE 2-3cm CR

~~[illegible] Sensory Distal~~

~~MH (D) FLEX [illegible]~~

∅ sens/mot ↓ knee

(D) Dilx ↓ knee

Compt [illegible]

48mm Hg

2 GSW [illegible] Leg knee [illegible]

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

A) Left Fem/Pop GSW

P) TO OR for Fasciotomy, Antibiotics

consult Ortho

SIGNATURE		DATE	IDENTIFICATION NO.	ORGANIZATION
[redacted]	(b)(6)-2	28 June 03		

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted] (b)(6)-4		

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCA

:DICAL RECORD | PROGRESS NOTES

DATE	NOTES
25 Jan 03	Surgery op note
	indication Ischemic ulcer 18 hr s/p CVSW to (L) thigh x2. No palp or Doppler pulse below Hunter's canal. Pt in sensate, and flaccid below the knee, foot cool to touch
	Procedure (1) ~~AB~~ (L) Leg Angiogram.
	(2) (L) thru knee Amputation
	Surgeons - [redacted] / [redacted] / [redacted] (b)(6)-2
	Anesth - [redacted]
	Fluids - LR ~~3000~~ 3500 LO ~~100~~ 1600 cc
	Findings - Acute occlusion of (L) SFA at mid thigh. Fasciotomy on calf performed. predominantly non viable muscle and tea colored urine. Lower leg deemed non-salvageable & through knee Amp performed. closed over IP drain.
	Comp None
	DNPO to ICU I - good cond. exhibited
	(b)(6)-2 [redacted]

:NSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S I (SSN or Other

/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

STANDARD FORM 50
Prescribed by GSA/ICMR FPMR (41 CFR) 1

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
25 Jun 03 1800	Rec'd pt asleep/sedated in NAD. MAE. (2) stumps c̄ scant sang. drainage, otherwise dsg clean & intact. PIV/foley patent. Care plan reinforced; positioning, meds - side effects, act. level, diet, rehab/nutrition/healing, coping, D/c process; needs reinforcement. HOB↑, repositioned for comfort. Refused dinner tray. PO intake highly encouraged. orange eaten only. (b)(6)-2 [redacted] Sgt/LPN
25 Jun 03 0400	Pt medicated PRN c̄ effect. relief. T. max 101.4 @ 0300. 2 Percs / 1 Tylenol given. PO intake fair, encouraged. IP → 40cc sang. drainage, foley patent → Q.S. — (b)(6)-2 [redacted] Sgt/LPN
26 Jun 03 0700	Pt resting in bed. Remains in ST rhythm. IV of LR continues infusing @ 200 cc/hr in (L) hand. Stump has mod. drainage. JP drain intact. Pt c/o pain. Medicated c̄ 30mg MSO4. Foley to gravity remains intact draining dark yellow urine. Lab work done H/H - 6.3 / 19.9 - Will notify physician. ∞ Sgt Lee (b)(6)-2 c/o @ this time. Will continue to monitor — [redacted] SGT, LPN
26 Jun 03 [redacted]	Blood transfusion started. Verified by CPT [redacted] and CPT [redacted]. Will continue to monitor pt for S/S of reaction. (b)(6)-2 — [redacted] SGT, LPN
26 Jun 03 0920	- 2nd transfusion started. [redacted] SGT LPN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
(b)(6)-4	LAST	FIRST	[redacted] (b)(6)-4
DEPART /SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

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

All (b)(6)-2 except one at bottom

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
26Jun03 1045	2nd Transfusion complete ~~as~~ reaction noted to transfusion VS BP-125/63 P-130 R 27 T-100.8 SpO2 94% RA Will continue to monitor. — [redacted] SGT, LPN
26Jun03 1110	Pt c/o pain. Medicated c̄ 5mg MSO4 for c/o pain. Will continue to monitor for effectiveness — [redacted], SGT, LPN
26Jun03 1500	Pt c/o pain. Medicated c̄ 5mg MSO4. Pt had ↑ temp 102. Medicated c̄ 650mg Tylenol. Pt remains tachy. HR 120-150's. Physician notified of elevated HR & Will continue to monitor. — [redacted] SGT, LPN
26Jun03 1630	Temp remains elevated. T-102.2. 50mg Tolradol IVP given. Stump remains elevated c̄ drainage. Foley continues to drain dark yellow. Post transfusion H/H - 8.1 / 27.3. Will continue to monitor [redacted], LPN
26Jun03 1740	Rec'd AOO, coherent/cooperative. Repositioned for comfort/dinner as well. Denies pain @ this time - PO intake highly encouraged - as I.S. use (2 stump remains ↑ c̄ scant-mod. anto/sang. drainage. PIV (new) to DAC pat./benign. Foley → dark/yellow urine - Max. Emotional Support provided. Pt teaching; meds, s.d. effects pain control ACT level, nutrition/healing, coping; meds reinforcement see flowsheet for further assessment. — [redacted] Sgt/LPN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

REGISTER NO.	WARD NO.

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

PROGRESS NOTES
Medical Record

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

All: (b)(6)-2

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
27Jun03 0435	Pt. slept most of shift. medicated PRN c̄ effect. relief. Repositioned for comfort. Ø Max 100.5 for my shift. I.S. use / fld. intake encouraged — [redacted] SST / LPN
27Jun03 0600	Pt lying in bed. Ø c/o. IV of LR infusing into (R) A.C. @ 150cc/hr. Ø s/s of redness or edema to site. Stump (L) leg - Hd mod-drainage JP remains intact. Foley to gravity continues to drain - dark yellow urine. Labs results this A.M. H/H 7.5/23.8. VS - BP 105/61 P-126 R-20 SpO2 93% RA T-101. Medicated c̄ 650mg Tylenol for ↑ temp. Will continue to monitor. — [redacted], SST, LPN
27Jun03 1030	Pt asleep. Ø c/o noted @ this time. Chest x-ray done per physician's orders. Temp ↓ 100.1. Will continue to monitor. — [redacted], SST, LPN
27Jun03 1215	Pt c/o pain. Medicated c̄ 5mg MSO4 for c/o pain. Will continue to monitor. — [redacted], SST, LPN
27Jun03 1330	↑ Temp. T-100.? Medicated c̄ 650mg Tylenol. Will continue to monitor for effectiveness [redacted] LPN
27Jun03 1400	To OR via litter — [redacted], SST, LPN
27Jun03 1600	Pt to ICU #1 s/p I+D stump (L) leg. Pt c/o pain. Medicated c̄ 100 mcg of Fentanyl and 10 mg MSO4 upon arrival - toward pt continues to c/o severe pain. IV of LR infusing into (R) arm @ 150cc/hr. (L) hand H/L. Ø s/s of redness or swelling to either site. Foley cath draining dark yellow urine. Dressing to stump on (L) leg, clean, dry & intact. O2 @ 10L via mask intact. ↓ cont-

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

27 JUN 03
1540

Outlook Op Note

Pre-Op Dx DGSW (1) TYLOSIS
(2) (1) TENDON-KNEE IMPRIMENT

Post-Op Dx (1) Same
(2) Femoral Artery laceration

Procedure (1) I+D (1) FILES GSW
(2) Ligation SFA

Surgeon [redacted] / [redacted] / [redacted]
EBL - 1000 cc
BLOOD LOSS PROBLS (b)(6)-2

Findings - Large hematoma in thigh, Proximal, with subsequent arterial bleeding from SFA. Ligated. Wound packed and left open

Plan: Repeat I+D 29 JUN 03

[redacted]

(b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
6-28-03 0130	T-102° - PT C/O feeling hot ~~and~~ - Tylenol 650 mg PO given MSO4 7mg IVP given for c/o severe stump pain. IV of LR @150ml/hr to (D) FA is patent @ s/s infiltration. Restraints to UE in place and secure. ——— SgT [redacted]
	0330 Temp now 103.3, 650mg Tylenol given C̄ 30mg Toradol IVP. Washed down C̄ cool, damp cloth. ——— [redacted]
	0500. Pt continues to use incs/spirometer. Can now raise all 3 balls. ——— [redacted]
28Jun 03 0600	Received report from previous shift. Pt asleep in bed. ∅ c/o pain @ this time. Pt easily arousable. IV of LR infusing into (D) hand ∅ s/s of redness or edema. (R) A.C. ∅ s/s of redness or edema. Stump (D) leg dressing clean, dry & intact. Foley to gravity continues draining yellow urine. Will continue to monitor and assess. ——— [redacted] LR
28Jun03 0930	Pt continues resting in bed C̄ (D) stump elevated. ∅ c/o pain @ this time. IV of LR @ 125cc/hr continued infusing ∅ ∅ s/s of redness or swelling. ∅ s/s of infx to IV site in (R) A.C. Foley continued draining quantity sufficient. ∅ problems noted @ this time. Will continue C̄ current tx. [redacted] LR
28Jun03 1000	Pt used incentive spirometer. Able to move all three balls to the top. Will continue to assist C̄ incentive spirometer & encourage pt to cough & deep breath. ——— [redacted] LR

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

All: (b)(6)-2 except bottom one.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
30Jun03 0415	Pt. slept on/off throughout shift. Repositioned for comfort. Tmax for my shift 101.0 Po fluids / I.S. use highly encouraged. Med. PRN c̄ effect. relief. Foley → Q.S. Ace wrap remains C, D, + I [redacted] Sgt/USN
30Jun03 0530	Received report from previous shift. Pt resting in bed c̄ c/o pain. IV of LR continues infusing into (L) wrist @ 50cc/hr. ∅ s/s of redness or edema. O2 @ 2L via N/C. Foley cath to gravity draining dark yellow urine, Dressing to (L) stump C+D+I. Will continue to monitor. [redacted] LPN
30Jun03 0545	Medicated pt c̄ 2 Percocet tabs for c/o pain. Will continue to monitor for effectiveness [redacted] LPN
30Jun03 0625	Pt continues c̄ c/o pain. Medicated c̄ 5mg MSO4. Will continue to monitor for effectiveness [redacted] LPN
30Jun03 0705	Medicated c̄ 5mg MSO4 for c/o severe pain. Will continue to monitor. [redacted] LPN
30Jun03 0905	Pt Asleep @ this time. VSS. ∅ c/o @ this time. [redacted] LPN
30Jun 1015	Medicated c̄ 4mg MSO4 for c/o pain [redacted] LPN
30Jun 1150	CBC done. H/H 8.6/28.1 [redacted] LPN
30Jun 1225	To OR via litter. [redacted] LPN

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

EPW #

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

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

All: (b)(6)-2

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
30 Jun 03 1327	Author Op Note: Pre-Op Dx: GSW (L) Thigh POST-OP Dx: SAME Procedure: I+D OPL wounds Surgeon: [redacted] EBL: MIN FLUIDS: 1100 cc UOP 200 Findings: Wounds clean. No bleeding from entry/exit site. Closed over penrose drains [redacted]
30 Jun 03 1400	pt returned from OR; sedated, response to tactile stimulus; 2L NC cont started; SaO2 96%; KR-16; on monitor; ST; pt kept awake + stimulated; New PIV per anesthesia [redacted]
30 Jun 03 1500	Pt resting in bed. VS - BP 124/79 P - 144 R - 28 SpO2 95% on 4L NC. IV of LR infusing into (L) wrist. S/S of redness or edema. H/L into (L) forearm intact. c/o pain noted @ this time. Ice wrap to (L) stump C, D + I. Will continue to monitor + assess. [redacted], LPN
30 Jun 03 1540	Pt very confused + disoriented. Anesthia back to ward @ bedside. Will continue to monitor [redacted] LPN
30 Jun 03 1545	2 mg VERSED + .625 mg Droperidol given to calm pt. Administered by Anesthia. [redacted], LPN
30 Jun 03	1555 .625 mg Droperidol given by Anesthia. Pt begins to calm down. Will continue to monitor [redacted] LPN

STANDARD FORM [redacted] REV. 5/1999) BACK

USAPA V1.00

All (b)(6)-2 except bottom one.

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
25 Jun 03 0745	Pt to ICU #1 from OR s/p (L) GSW to leg, s/p (L) through the knee amputation. Pt is Alert + Oriented. IV of LR infusing @ 200 cc/hr to (L) hand. IV of LR infusing into (R) A.C. ⊘ s/s of redness PR Dwelling to site. (L) leg - below knee amputation. Dressing clean, dry + intact. JP to bulb suction. Foley to gravity draining dark, yellow urine. ⊘ c/o pain @ this time. Will continue to monitor. [redacted] SST, LPN
25 Jun 03 1115	Pt c/o pain. Medicated c̄ 4mg MSO4 for c/o pain. Will continue to monitor for effectiveness [redacted] SST, LPN
25 Jun 03 1220	Pt ate lunch. One episode of emesis. Bright red pool of blood coming from amputated stump. Dr. [redacted] notified. Ordered to re-inforce dressing. JP drain remains intact. IV of LR infusing into (L) wrist @ 200 cc/hr continues infusing. ⊘ s/s of redness or Dwelling. ⊘ other c/o @ this time. Will continue to monitor. [redacted] SST, LPN
25 Jun 03 1410	Pt c/o pain. Medicated c̄ 3mg MSO4 for c/o pain. Will continue to monitor. [redacted] SST, LPN
25 Jun 03 1630	Pt c/o pain, medicated c̄ 3mg MSO4 for c/o pain. Medicated c̄ 650mg Tylenol for c/o H/A. Will continue to monitor. [redacted] SST, LPN

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

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

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

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

all (b)(6)-2 except bottom one.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
27 June 03	1730 Received report from Sgt. [redacted]. Pt. resting in bed with no c/o pain. Pt in semi fowlers c̄ 10Lpm FiO2 via face mask, SpO2 98%. Pt medicated for pain on last shift c̄ MSO4 20mg, Toradol 30mg, Phenergan 25 Pt sedated, arousable upon stimuli. HR 117, BP 125/72 RR 16 SpO2 98%. Will continue to monitor - [redacted]
27 Jun 03	Surgery to OR Today for used walker VSS Tm 102 LA Good Chest CBTA Abd Bery — A/P Doing well cont ABx. [redacted]
27 June 03	1900 Pt. resting quietly c̄ no c/o pain, Encouraged pt to deep breath and use incentive spirometer. Pt. blew 2 of 3 balls up, several times. Will continue to monitor — [redacted] 2100 - Pt used inc. spiro 7 times - all 3 balls up - [redacted]

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

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

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

ICU 1

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

All (b)(6)-2 except bottom one.

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
27 Jun 03 1600	con't - Pt transfused - 4 units of blood while in OR and given 3500 cc of fluids. Pt had EBL of 1000cc while in OR. VS- BP-134/76 P-114 R-29 - T-102.5 SPO2-100% Will continue to monitor for effectiveness. [redacted] SGT, USN
27 Jun 03 1620	- Pt medicated IC 10mg MSO4 for c/o pain. Will continue to monitor pain level. [redacted] SGT, USN
27 Jun 03 1630	- Pt ~~c/o to D~~ continued to scream out in pain. Physicians @ bedside. ~~0~~ Relief from pain med [redacted] SGT, USN
27 Jun 03 1640	- Medicated IC 50mg Demerol and 12.5mg Phenergan for c/o pain + nausea. BP-137/76 P-150 R-30 SPO2-98% [redacted] SGT, USN
27 Jun 03 1700	Tylenol supp. given + 30mg Toradol for fever. BP-127/75 P-120 R-18 SPO2 99% [redacted]
27 Jun 03 1710	- Resp status even + unlabored. Pt not c/o pain. Easily aroused. Opens eye upon command. R-18-20's. SPO2 99% 10L via mask. P-120's BP-
27 Jun 03 1720	Updated Dr [redacted] on pt's status & current lab results. Also made Dr aware pt pain is under control. BP 125-130's, SBP 125/75, RR 18, SPO2 [redacted] & new orders received [redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORD [redacted]
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

[redacted] (b)(6)-4

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

All (b)(6)-2 except bottom one.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
28 Jun 03 1300	Pt c/o pain. Medicated c̄ two Percocet tabs for c/o pain. Encouraged pt to use incentive spirometer. Pt able to get three balls to the top. ∅ other c/o @ this time. Will continue to monitor & assess. —— [redacted] LPN
28 Jun 03 1330	Medicated c̄ 5mg MSO4 for c/o pain. Will continue to monitor —— [redacted] LPN
28 Jun 03 1400	Pt continues c/o pain. Medicated c̄ 5mg MSO4 for continuous severe pain. [redacted] LPN
28 Jun 03 1500	Pt sleep @ this time. Pt has ∅ c/o pain. Will continue to assess. —— [redacted] LPN
28 Jun 03 1650	Pt continues sleeping c̄ (L) stump elevated. IV of LR remains intact. H/c to (L) hand remains intact. ∅ s/s of infx to either site. Continue to encourage to use incentive spirometer. Continue to monitor & assess [redacted] LR
28 Jun 03	Alert x3, VSS - A to C O E & supper dorsal 2 and h2o tol well. IV of LR @ 50 ml/hr is patent ∅ s/s of infiltration, foley drain clear amber urine. drsg to ® stump is dry & intact. MSO4 IVP given 3m @ 1830 for c/o pain. Resting quietly ∅ present fever T-102.4 tylenol 650 given @ 1830. will monitor Temp. —— Sgt [redacted] 0/9/0

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

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

[redacted] (b)(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
28 Jun 03	Surgery
Ancef	Minimal complaints of Pain tol PO well.
UR @50	VS Tm 103.3 Now 99.7 HR 104 127/77
Tylenol	UO - 100-200 cc/hr.
MSO4	Chest CBTA
Toradol	CVS RRR 2+PP
	Abd (+) BS [redacted] (b)(6)-2
	Wound Dressed
	9.2 / 28.8 / 186
	A/P Doing well Fever curve Defervescing,
	tol PO Ortho to evaluate next weekend
	[redacted]
	(b)(6)-2

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

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

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

all (b)(6)-2 except bottom one

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
28 June 03 2230	VSS - T 101.5 Albuterol Sy neb given O2 per NC @ 2 L/m Re keep SAT > 95% per MD order. Resting quietly @ present time. — Sgt [redacted]
29 June 03 2415	T 100.4 VSS - Alert x3. Arousable when awakened. Restraints to UE in place and secure. — Sgt [redacted]
0200 29 June 03	T 100.4 O2 SAT 99% O2 via NC @ 2 L/m. Albuterol Sy c 3cc NS via mask given. lungs clear @ neb TX BIL. MSO4 7mg IVP given for c/o stump pain. Resting quietly @ present time. Restraints to UE in place and secure. - Sgt [redacted]
0700/6 29	Rec'd report from Sgt [redacted] at approx 0530, pt stable & resting quietly @ change of shift. LR infusing @ 50 cc/hr. Pt febrile @ 101.9, pt given 650mg tylenol PO. Current temp 100.8 — [redacted]
1130/6 29	Pt oob in chair from 0730-1130. Pt tolerated xfr from bed to chair well VS remained during & post xfr. 5mg MSO4 IVP given b4 each xfr. Pt using I/S frequently & effectively able to raise 3 balls & keep balls up 3-5 secs. Pt refused lunch. Throbbing pain a/c leg relieved by MSO4 & percocet. No other issues reported/indicated. [redacted] — [redacted] SSN.
29 Jun 03 1730	Rec'd pt asleep in NAD. Arousable. HOB ↑ Sats 90's. I.S. use + PO intake highly encouraged. Care plan reinforced; NPO PMN, act. level, pre-op care/post op care, meds/pain control/side effects; coping, rehab, diet, D/C planning; needs reinforcement - [redacted] Sgt/LPN

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

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

REGISTER NO.

WARD NO.

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

All (b)(6)-2 except bottom one

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
30 Jun 03	1600 – Medicated c 650 mg Tylenol for ↑ temp. Will continue to monitor & assess [redacted]
30 June 03 1800	VSS, Arousable when shaken and Alert. MSO4 7mg IVP given for c/o (R) stump pain. Dress to (R) stump intact and dry. IV of LR @ 125 ml/hr to (R) arm patent & infiltration. SpO2 97% on 3 L/m O2 via NC. Foley draining Amber colored urine. — Sat [redacted]
0030 01 Jul 03	T-100.6 – O2 SAT 96% on O2 @ 4 L/m via face mask. Skin Hot to Touch. LR @ 125 ml/hr IV to (R) FA patent & infiltration. MSO4 7mg given IVP for (R) stump pain. Resting quietly. Prost. Restraints to UE in place and secure. – Sat [redacted]
0300 01 Jul 03	T-99.9 – O2 via face mask @ 5 L/m O2 SAT 95%. Lungs CLR BIL lower lobes dim. Albuterol/Atrovent 5 cc NS started. Toradol 30 mg IVP given for (R) stump pain. Alert x3 when awakened by shaking shoulder. Urine output 1050 ml up to present straw colored & clear. Restraint to UE in place and secure. — Sat [redacted]
0400 01 Jul 03	T-99. O2 SAT 97%. Lungs CTA BIL Lower Lobes diminished, O2 via face mask @ 4 L/m. MSO4 7mg IVP given for (R) stump pain, dress to stump is dry and intact. IV of LR 125 ml/hr to (R) FA is patent & s/s infiltration. Foley patent draining straw colored urine. Restraint to UE in place and secure. — Sat [redacted]

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

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

[redacted] (b)(6)-4

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

All (b)(6)-2 except bottom one

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
1 July 03 0620	Received report from previous shift. Pt in bed moaning c̄ c/o pain. Medicated c̄ 6 mg MSO4. IV of LR infusing into (L) arm @ 125 cc/hr. Dressing to (L) stump C, D & I. Foley cath draining dark yellow urine. VS- BP 107/68 P 105 R-21 T-99.5 SpO2 100 - 4L via mask. Other c/o @ 4th & time. Will continue to monitor & assess. [redacted] /LR
	1445 2 stopped to say hello to pt. Pt had fever of 102.2. ~~11~~ 325mg Tylenol PO given - [redacted] LR
1 July 03 1520	Pt c/o pain. Medicated c̄ 4 mg MSO4 for c/o pain. Pt ↑ to chair. Tolerated lunch meal well. Pt using incentive spirometer s̄ difficulty. Will continue to monitor [redacted] /LR
1 July 03 1635	T - 101.7. Pt also c/o pain. Medicated c̄ 5 mg MSO4. Will continue to monitor [redacted] /LR
1830 01 Jul 03	T-99.4 VSS. Spo2 - 98% O2 3L via NC. IV of LR @ 125 ml/hr to peripheral line (R) FA is patent @ s/s infiltration. dress to (R) stump dry and intact. Foley patent draining clear yellow urine. Toradol 30 mg IVP given 1730 hr c/o (R) stump pain. Ate 60% of supper diet. Ice bag to L. Restraints in place and secure. Resting quietly in prosthetic wheelchair - sat [redacted] 9/10

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

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

PROGRESS NOTES
Medical Record

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

All (b)(6) - 2 except bottom one.

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
0050 02JUL03	T-103 - Tylenol 650mg Po given Pr Temp. USS - SpO2 [redacted] c̄ O2 3L/m via NC, LS Alert x3, TOL Intake of h2o 500cc Topresent, URine clear-yellow 1900cc Topresent foley is patent. Resting quietly @ present. Restraint ter [redacted] inplace and secure. — SGT [redacted]
0230 02JUL03	T-100° USS Alert x3. Resting quietly @ present. [redacted]
0400 02JUL03	T-100 USS-Alert x3 - SpO2 99% O2 @ 3L/m via NC. IV LR 125mL/hr in (b) FA is patent [redacted] @ infiltration. Foley drainy clear yellow urine. — SGT [redacted]
2Jul03 0550	Received report from previous shift. Pt resting in bed c̄ c/o pain. Medicated c̄ two Percocet tabs. H/L to (b) arm intact. c̄ s/s of Medical OR edema. Foley to gravity draining yellow urine. Ice wrap to (b) stump C, D & I. VSS & other c/o @ this time. — [redacted] LPN
2Jul03 0630	D/C to Iraqi Hosp. Being transported by ground Ambulance. — [redacted] LPN
2Jul03 - 0630	-VS - BP-132/77 P-104 R-16 SpO2 96% RA T-100. — [redacted] LPN

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

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

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

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

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

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): [redacted] – (b)(2)-2

LOG NUMBER:

ARRIVAL DATE DAY	MONTH	YR.	TIME
05	Jun	03	0245

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

CURRENT MEDS. (tetanus immunization and other data): morphine 10mg, Ancef 1gm, Heparin 500cc } Tonight

HISTORY OBTAINED FROM: ☒ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): (b)(6)-4

HOME TELE. NO. (Inc. area code):

CHIEF COMPLAINT(S) (Include symptom(s), duration): GSW @ Thigh

SEX: M AGE: [redacted]

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: 0246

VITAL SIGNS			
TIME	0255	0350	
BP	134/73	124/68	
PULSE	130	126	
RESP.	14	14	
TEMP.	101.6		
WT. (Child)	70kg		

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

ORDERS	INITS.	TIME
CBC, PT PTT UA	[redacted]	0255
metS, T&S	[redacted]	0255
CHEST + @ THIGH X-RAY	[redacted]	0255
Pelvic X-RAY	[redacted]	0255
@ T.S/Fib X-ray	[redacted]	0330
5mg Morphine	[redacted]	0335

(b)(6)-2

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

male TRAQ; EPW GSW to @ thigh x2 @ 21000 24 June 03. while Attempting to steal a car from in front of a police station. Pt Hx received MSO4 / 1gm Ancef / 500 Heparin and 1500 mL prior to Arrival via Medevac about concern for compartment syndrome.

0300 #3 IV NA was hung
0380 Foley put in
0325 30 cc of urine output

G: WD WN Obese, AAOx3
H: NCAT, PERRLA, EOM
N: Grossly

Pulse - ø
PSM - ø
Sm - ø ?
d7 given
SOC @ TOB
Last meal 0700 24 J
no med hx

LABS
PT 12.8
APTT 27.7
10.2
16.4 / 31.8 / 225
135 | 102 | 14 / 5.5 | 20 | 1.0 / 125
UA - WNL - 0-2
0-2
CXR - WNAD
pelv - WNL
@ thigh - ø shrapnel
@ T.S/Fib - ø shrapnel
PT/PTT 12/27

ASSESSMENT/DIAGNOSIS: GSW to @ thigh with compartment syndrome and possible Artery Injury.

Lic Tac Bolus
B.R.R. PO/IV
ABD. Soft, NT, and ⊖BS
Exti. ⊖ Sensation from 1 inch Below thru D.P.A.
⊖ Pulse Detected Below Knee.
⊕ Tenso. (Estyle compartment 48)
Meds: WNL ∅ for ⊖ Allergy or Domestic

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

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

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO (Indicate clinic):

EMERGENCY / TODAY / 72 HOURS / ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

(b)(6)-2

(A/P) Dr. [redacted] Ortho and General surgery. to take pt to OR for Arteriogram / Fasciotomy and additional procedures as needed.

CONDITION UPON RELEASE: IMPROVED / UNCHANGED / DETERIORATED

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

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

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

SIGNATURE OF PROVIDER AND ID STAMP: [redacted] (b)(6)-2

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

EMERGENCY CARE AND TREATMENT

MEDCOM - 11957 Copy

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

[redacted] (b)(6)-4

Date: 29 Jan. 03

PATIENT ASSESSMENT

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

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature warm
Color: Pale / Cyanotic / Jaundiced appropriate for race
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS: 15/15
Orientated / Disoriented Pupils: 3mm brisk
Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): Radials +2 Pedals +2
Capillary Refill: <3 Seconds Homan's Sign Ø
Jugular Venous Distension Ø Edema Ø
Heart Sounds S1 S2
Rhythm NSR ≤ ectopy PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site			Lwrist	RFA
Solution			LR	NL
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns: even
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor none
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished	Left lower	Right lower
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings: —
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

GENITOURINARY

Urine Color: amber Character:
Voiding: Continent / Incontinent / Catheter foley

EMOTIONAL/PSYCHOSOCIAL

OTHER: pt tolerated breakfast, CN, V

PATIENT ASSESSMENT

TIME: 1715 SIGNATURE: [redacted] (b)(6)-2

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature warm
Color: Pale / Cyanotic / Jaundiced appropriate for race
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS: 15/15
Orientated / Disoriented Pupils:
Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): Radials +2 Pedals +2
Capillary Refill: <3 Seconds Homan's Sign Ø
Jugular Venous Distension Ø Edema Ø
Heart Sounds S1 S2
Rhythm NSR ≤ ectopy PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site			Rwrist	RFA
Solution			LR	NL
Chest Pain	Ø			Patient Teenager

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns:
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor Ø
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes		
Diminished	lower lobes B	
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings: Unna Boot wrap C, D, I
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

GENITOURINARY

Urine Color: dark yellow Character:
Voiding: Continent / Incontinent / Catheter foley

EMOTIONAL/PSYCHOSOCIAL

(b)(6)-4

EPW # [redacted] Date: 30 Jun 03

PATIENT ASSESSMENT

TIME: SIGNATURE:

SKIN AND MUCOUS MEMBRANES

Skin : Loose / Tight / Diaphoretic / Shiny / (Dry)
Skin : Temperature Warm
Color: Pale / Cyanotic / Jaundiced Normal for race
Mucous Membranes: Moist / (Dry) / Cracked
Skin Breakdown: (None) Location: Size:

NEUROLOGICAL

Loc / (Alert) / Lethargic / Unresponsive GCS:
(Orientated) / Disoriented Pupils: PERRLA 3mm
Extremity Movement: (Full) / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): Radials +2 Pedals +2
Capillary Refill: Seconds <3 sec. Homan's Sign -0
Jugular Venous Distension -0 Edema -0
Heart Sounds S1 + S2 Noted
Rhythm ST PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site			(L) wrist	
Solution			LR	

Chest Pain -0

RESPIRATORY

Chest Expansion / (Symmetrical) / Asymmetrical
Respiration / (No Distress) / SOB / Labored / Use of Access Muscles
Breathing Patterns: Unlabored even
Cough: Productive / Nonproductive / (None)
Sputum: Color / Amount / Consistency / Odor -0
Chest Drainage System Gravity: -0 Suction cm:
Air Leak No -0 Yes Crepitus
Character of Drainage: -0
Trachea (Midline) / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes	CTA	CTA
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: (Soft) / Firm / Hard / Distended cm Girth
Bowel Sounds: (Normal) / Hyperactive / (Hypoactive) / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage -0
NG Drainage: Color -0 Character -0
Tube Feeding: Day No: -0 Strength: Rate: -0 Aspirate:
Stool: Character
Drains:

GENITOURINARY

Urine Color: dark Character:
Voiding: Continent / Incontinent / (Catheter)

EMOTIONAL/PSYCHOSOCIAL

OTHER:

PATIENT ASSESSMENT

TIME: SIGNATURE:

SKIN AND MUCOUS MEMBRANES

Skin : Loose / Tight / Diaphoretic / Shiny / (Dry)
Skin : Temperature Hot
Color: Pale / Cyanotic / Jaundiced Normal for Race
Mucous Membranes: (Moist) / Dry / Cracked
Skin Breakdown: (None) Location: Size:

NEUROLOGICAL

Loc / Alert / (Lethargic) / Unresponsive due to Anesthesia GCS:
(Orientated) / Disoriented Pupils:
Extremity Movement: Full / (Limited) / None due to Anesthesia

CARDIOVASCULAR

Pulse (0 - 4): Radials 4 Pedals 4-(R)
Capillary Refill: Seconds >3 Homan's Sign
Jugular Venous Distension -0 Edema -0
Heart Sounds NSR
Rhythm PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site			(L) wrist	
Solution				

Chest Pain

RESPIRATORY

Chest Expansion / (Symmetrical) / Asymmetrical
Respiration / (No Distress) / SOB / Labored / Use of Access Muscles
Breathing Patterns: Reg even
Cough: Productive / Nonproductive / (None)
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	CTA B/L	
Wheezes		
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: (Soft) / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / (Hypoactive) / Absent
Dressings: (L) stump drsg
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate
Stool: Character
Drains:

GENITOURINARY

Urine Color: Straw colored Character: Clear
Voiding: Continent / Incontinent / (Catheter)

EMOTIONAL/PSYCHOSOCIAL

Date: 01JUL03 # EPW [redacted]

(b)(6)-4

PATIENT ASSESSMENT

(b)(6)-2

TIME: 0545 SIGNATURE: [redacted]

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature Warm

Color: Pale / Cyanotic / Jaundiced Normal for race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils: PERRLA 3mm

Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0 - 4): Radials +2 Pedals +2

Capillary Refill: Seconds <3 Homan's Sign

Jugular Venous Distension Edema

Heart Sounds S1 + S2

Rhythm NSR PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site			(L) forearm	
Solution			NS	
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

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

Breathing Patterns: unlabored even

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

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

Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles		
Wheezes	CTA	CTA
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: Ace wrap to (L) stump

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

NG Drainage: Color Character

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

Stool: Character

Drains:

GENITOURINARY

Urine Color: dark yellow Character: cloudy sediment

Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER:

PATIENT ASSESSMENT

TIME: SIGNATURE:

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature Hot

Color: Pale / Cyanotic / Jaundiced Normal for Race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None due to (L) Below Knee Amp

CARDIOVASCULAR

Pulse (0 - 4): Radials +2 Pedals (R) +4

Capillary Refill: Seconds >3 Homan's Sign

Jugular Venous Distension Edema

Heart Sounds

Rhythm NSR PRI: QRS:

Vascular Catheter	Central	Arterial	Peripheral 1	Peripheral 2
Waveforms			[redacted]	
Site			(L) FA	
Solution			NS 125/hr	
Chest Pain				

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

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

Breathing Patterns: Reg unlabored

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

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

Artificial Airway Size: Type: Position:

Breath Sounds	Anterior/Location	Posterior/Location
Crackles	CTA BIL	
Wheezes		
Diminished		
Absent		

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent BS(+) x4 qaaa

Dressings: (L) stump dry intact

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

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

GENITOURINARY

Urine Color: straw colored Character: clear

Voiding: Continent / Incontinent / Catheter patent

EMOTIONAL/PSYCHOSOCIAL

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: [redacted] (b)(6)-4
HEIGHT:
WEIGHT:

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

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

4. PROPOSED SURGICAL PROCEDURE: S/P GSW (L) LE Arteriogram Fasciotomy

5. ADDITIONAL INFORMATION: (Previous surgical and medical history)
Tobacco ___ ppd X ___ yrs. Body Piercing ___ Diabetes (Y) (N)
ETOH ___ Implants ___ Respiratory Disease (Asthma/COPD) (Y) (N)
Glasses/Contact (Y) (N) Dentures ___ Hypertension (Y) (N)
Skin Condition intact
ROM WNL
ASA/Motrin w/72 hrs (Y) (N)
Anticoagulants (Y) (N)
Herbal Medicines (Y) (N) MEDS:

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL X Potential for anxiety related to: X 1) Surgical Procedure & Operating Room Environment ___ 2) Separation Anxiety (Child) X 3) Surgical Outcomes	Pt. verbalizes any specific anxiety. Pt. Exhibits relaxed body posture.	Allow pt. to verbalize freely. Explain OR environment and answer questions regarding surgery. Offer comfort measures. (e.g.. warm blanket. touch). Explain all nursing procedures before they are done. Remain with pt. whenever possible. Maintain family interface. Parents to stay with pt. Via interpreter
B. AERATION X Potential for respiratory dysfunction due to: X 1) Positioning X 2) Effects of Anesthesia ___ 3) Medical/Smoking History	Pt. will be able to breathe without difficulty during immediate intraoperative phase .	Offer to elevate head of litter or offer pillow. Observe pt. while awaiting surgery for signs of distress. Assist anesthesia during intubation and extubation.
C. INTEGUMENT X Potential impairment of skin integrity due to: X 1) Intraoperative Immobility X 2) ESU Pad Placement ___ 3) Positional Aids ___ 4) Prosthesis X 5) Pooling of Prep Solutions	Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	Utilize pressure preventing devices on OR table and accessories. Check for proper positioning and support to maintain good body alignment. Pad pressure points. Place ESU ground pad on non compromised skin surface area. Keep prep fluids from pooling.

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

[redacted] (b)(6)-4

VERIFICATIONS AT HOLDING AREA
! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since 0700 ! Jewelry Removed
! UHCG/LMP NA ! Body Piercing Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated NA
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact Precautions (Y) (N)
! Family/Friend: None

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.0

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ____ Potential for inadequate tissue perfusion due to: ____ 1) Intraoperative Mobility ____ 2) Positioning ____ 3) Existing Disease ____ 4) Safety Devices ____ 5) Hypothermia	~~o Pt.~~ will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1 ____ Potential impairment of mobility due to: ____ 1) Pain ____ 2) Intraoperative Hazards ____ 3) Prosthesis ____ 4) Positioning ____ 5) Transfer pt. to/from OR table E.2 ____ Potential discomfort due to: ____ 1) Length of Surgery ____ 2) Positioning ____ 3) Arthritis	~~o Pt.~~ will be transferred to OR table without difficulty. ~~o Pt. will~~ not experience unnecessary physical discomfort.	~~o~~ Have sufficient people available for transfer. ~~o~~ Insure proper body alignment. ~~o~~ Allow patient to lie in position of comfort while waiting for surgery. ~~o Offer~~ support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1 ____ Diminished visual perception due to being: ____ 1) Pre-Medicated ____ 2) W/O Glasses F.2 ____ Potential for decreased communication due to: ____ 1) Diminished Hearing ____ 2) Language Barrier F.3 ____ Potential injury due to dentures: ____ 1) Upper ____ 4) Caps ____ 2) Lower ____ 5) Crowns ____ 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from ____ side. o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

All (b)(6)-2

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] CPB 0430/25 JUN 03 DATE

11. [redacted]TIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☒ Sleepy ☐ Intubated BREATHING EASY: (Y) (N)
LEVEL OF ACTIVITY: ☒ Moves All Extremities ☐ Moves Upper Extremities
☐ Transferred to litter with roller due to spinal

12. [redacted] PREPARED BY
(S[redacted]
DATE: 25 Jun 03 TIME: 0345

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CPL
DATE: 0615 TIME: 25 Jun 03

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE:

HEIGHT: See

WEIGHT: Chart

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

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

3. PREVIOUS SURGERY [ ] NO [✓] YES (type): See H+P

4. PROPOSED SURGICAL PROCEDURE:
I+D + Stump Revision

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

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to: 1) Surgical Procedure & Operating Room Environment 2) ~~Separation Anxiety (Child)~~ 3) Surgical Outcomes	o Pt. verbalizes any specific anxiety. o Pt. Exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures. (e.g.. warm blanket. touch). o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface. Parents to stay with pt.
B. AERATION ✓ Potential for respiratory dysfunction due to: 1) Positioning 2) Effects of Anesthesia 3) Medical/Smoking History	o Pt. will be able to breathe without difficulty during immediate intraoperative phase .	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress. o Assist anesthesia during intubation and extubation.
C. INTEGUMENT Potential impairment of skin integrity due to: 1) Intraoperative Immobility 2) ESU Pad Placement 3) Positional Aids 4) ~~Prosthesis~~ n/a 5) Pooling of Prep Solutions	o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

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

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

VERIFICATIONS A[redacted]OLDING AREA
✓ ID/Allergy Band [redacted]ntures Removed
✓ H & P [redacted]ntacts Removed
! NPO Since PM [redacted]ewelry Removed
! ~~LHCG/LMP~~ n/a [redacted]Body Pierce Removed
[redacted]nsent/Blood Tr[redacted]sion
[redacted]gned/Witnessed/Dated
[redacted]urgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact Precautions (Y) (N)
! Family/Friend: None

(b)(6)-2

All: (b)(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ____ Potential for inadequate tissue perfusion due to: ____ 1) Intraoperative Mobility ____ 2) Positioning ____ 3) Existing Disease ____ 4) Safety Devices ____ 5) Hypothermia	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o ~~Place and take down legs from stirrups with slow bilateral motion.~~ o Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. ____ Potential impairment of mobility due to: ____ 1) Pain ____ 2) Intraoperative Hazards ____ 3) Prosthesis ____ 4) Positioning ____ 5) Transfer pt. to/from OR table E.2. ____ Potential discomfort due to: ____ 1) Length of Surgery ____ 2) Positioning ____ 3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. ____ Diminished visual perception due to being: ____ 1) Pre-Medicated ____ 2) W/O Glasses F.2. ____ Potential for decreased communication due to: ____ 1) Diminished Hearing ____ 2) Language Barrier F.3. ____ Potential injury due to dentures: ____ 1) Upper ____ 4) Caps ____ 2) Lower ____ 5) Crowns ____ 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from [redacted] side. o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTION S NOTED.

_____ DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: ☑ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)
LEVEL OF CONSCIOUSNES[redacted] ☐ A&O ☑ Drowsy ☐ Sleepy ☐ Intubated BREATHING EASY: (Y) (N)
LEVEL OF ACTIVITY: [redacted] Moves All Extremities ☐ Moves Upper Extremities
[redacted] ferred to litter with roller due to spinal

12. PREOPE[redacted] BY
(Signature and T[redacted]
DATE: 27 Jun 03 TIME: [redacted] 1000 - blood 4 units

13. POSTOPERA[redacted]
BY (Signature and Title) [redacted]
DATE: 27 Jun 03 TIME: 1545 10 MSO4

REVERSE OF FORM 5179, JUN 91 3500 cc 200 MEDCOM - 11964 - 200 UOP USAPA VIP 100 Fent. [redacted]

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION X Potential for inadequate tissue perfusion due to: X 1) Intraoperative Mobility X 2) Positioning X 3) Existing Disease X 4) Safety Devices X 5) Hypothermia	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. X Potential impairment of mobility due to: X 1) Pain X 2) Intraoperative Hazards X 3) Prosthesis X 4) Positioning X 5) Transfer pt. to/from OR table E.2. X Potential discomfort due to: X 1) Length of Surgery X 2) Positioning 3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. Diminished visual perception due to being: 1) Pre-Medicated 2) W/O Glasses F.2. Potential for decreased communication due to: 1) Diminished Hearing 2) Language Barrier F.3. Potential injury due to dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side. o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] (b)(6)-2 30 Jun 03 DATE

11. POSTOPERATIVE EVALUATION:
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy X Sleepy ☐ Intubated
LEVEL OF ACTIVITY: X Moves All Extremities ☐ Moves Upper Extremities ☐ Transferred to litter with roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT (Y) (N)
BREATHING EASY (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] (b)(6)-2
DATE: 30 Jun 03 TIME: 1800

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] (b)(6)-2
DATE: 30 Jun 03 TIME: 1348

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE:
HEIGHT: (b)(6)-4 [redacted]
WEIGHT:

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

3. PREVIOUS SURGERY [ ] NO [X] YES (type):
left ankle & wrist

4. PROPOSED SURGICAL PROCEDURE:
left leg wrist & closure

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

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL X Potential for anxiety related to: X 1) Surgical Procedure & Operating Room Environment ___ 2) Separation Anxiety (Child) X 3) Surgical Outcomes	o Pt. verbalizes any specific anxiety. o Pt. Exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures. (e.g., warm blanket, touch). o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface. Parents to stay with pt.
B. AERATION X Potential for respiratory dysfunction due to: X 1) Positioning X 2) Effects of Anesthesia ___ 3) Medical/Smoking History	o Pt. will be able to breathe without difficulty during immediate intraoperative phase .	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress. o Assist anesthesia during intubation and extubation.
C. INTEGUMENT X Potential impairment of skin integrity due to: X 1) Intraoperative Immobility X 2) ESU Pad Placement X 3) Positional Aids ___ 4) Prosthesis X 5) Pooling of Prep Solutions	o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

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

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

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

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: litter BY anes staff

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CRNA

3. DATE 25 Jun 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM [redacted] (b)(6)-2 TIME 0400 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify)

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

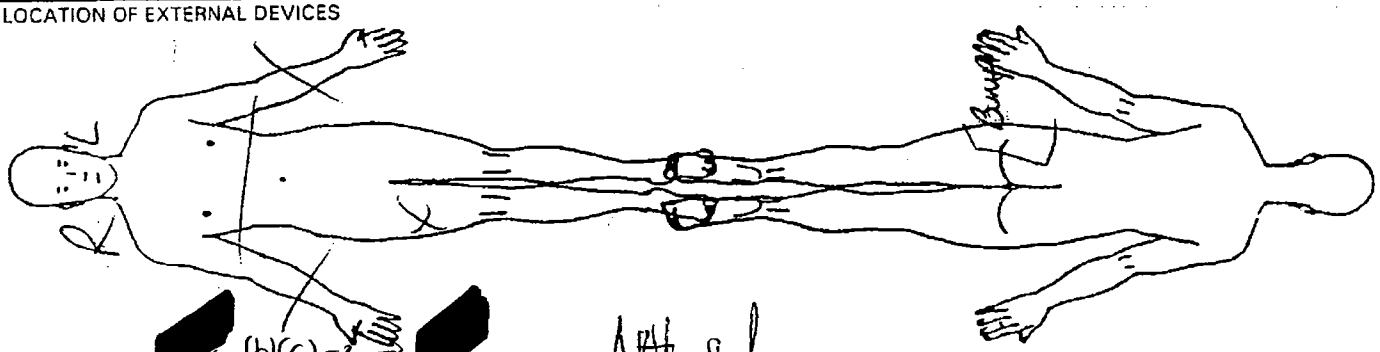
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Betadine / Betadine
SITE: L leg BY WHOM: [redacted]
SITE: circumferentially R leg BY WHOM: (b)(6)-2
COMMENTS: Ø pooling

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR
Sponge	☑ Yes	☐ No		C	C	SPC [redacted]	[redacted] (b)(6)-2
Needle Sharp	☑ Yes	☐ No		C	C		
Instrument	☐ Yes	☑ No					
Other	☐ Yes	☑ No					

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

[redacted] (b)(6)-4

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

☐ ESU NO: VL #4 30/30
GROUND PAD: BRAND VL Rem Poly II
LOT NO: [redacted] (b)(6)-4

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

MEDCOM - 11967

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Conray	QS	Intraop	Inject	[redacted] mfg	[redacted] (b)(6)-2

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9 NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE (L) leg

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. Foley (ER) 16FR	2. 10mm JP drain	3.
SITE	1. Bladder	2. Left Knee	3.

18. DRESSING/IMMOBILIZATION *(Specify)* Xeroform, Fluffs, Kerlix, ACE x 2

19. ADDITIONAL INFORMATION Foley draining dark amber urine

[redacted] (b)(6)-2

[redacted]

20. [redacted]ON(S) PERFORMED Arteriogram (L) LE / Left Below Knee Amputation

21. PATIENT TRANSFERRED TO (b)(6)-2 ICU #1 TIME 0610 METHOD Litter

22. RE[redacted]ED NURSE SIGNATURE [redacted]

REVERSE [redacted] OCT 8 (b)(6)-2 USAPA V1.01

MEDCOM - 11968

(b)(6)-2

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: Litter BY: Anesthesia

2. PATIENT [redacted] RECORD [redacted] VIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/A

3. DATE: 27 Jun 03 TIME PATIENT ARRIVED IN SUITE: 1415

4. PATIENT IN [redacted] TIME: 1415 NUMBER: 1-6

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted], DRT (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted], AR	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt transfered to OR table, anatomically aligned for surgical procedure

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

COMMENTS:

8. SKIN PREPARATION

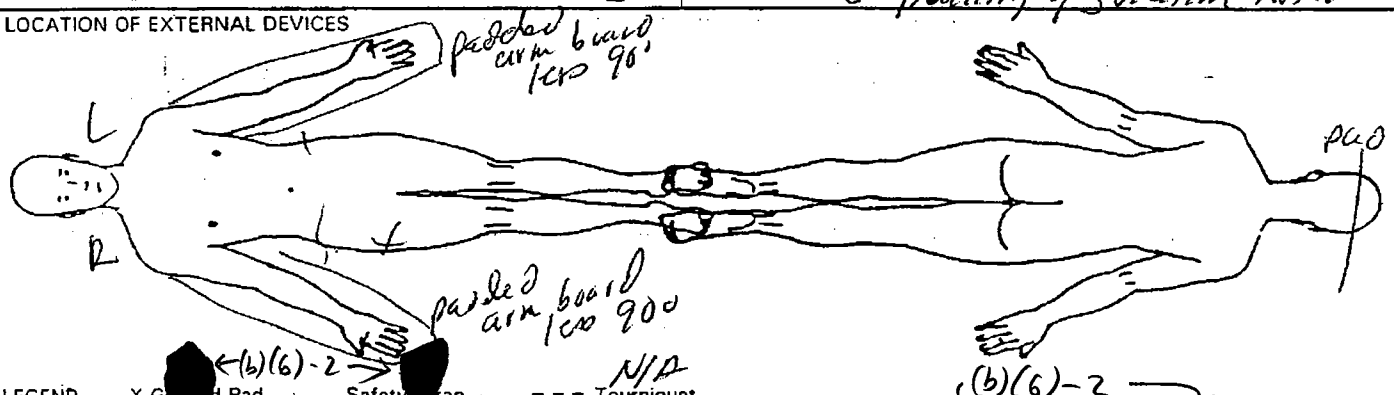
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Betadine/Betadine
SITE: (L) Stump BY WHOM: CPT [redacted]
SITE: BY WHOM: (b)(6)-2

COMMENTS: & pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X G[redacted]d Pad -- Safety [redacted]rap = = = Tourniquet

[redacted] ←(b)(6)-2→ [redacted] N/A (b)(6)-2

10. COUNTS

C = Correct I = Incorrect

In. Tm/ CPT [redacted] / PFC [redacted]

			Initial Count Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2
Sponge	☑ Yes	☐ No	C	C	C	PFC [redacted]	CPT [redacted]
Needle Sharp	☑ Yes	☐ No	C	C	C		
Instrument	☐ Yes	☑ No					
Other	☐ Yes	☑ No					

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

[redacted] (b)(6)-4

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

☑ ESU NO: #2 30/30
GROUND PAD: BRAND Valleylab
LOT NO: [redacted]

☐ ESU NO:
GROUND PAD: BRAND (b)(6)-4
LOT NO:

☐ BIPOLAR NO:

A11 (b)(6)-2

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

MOSW 01-0251

14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

OTHER ORDERS	TIME	CARRIED OUT BY
Thrombin 5,000 u c̄ gel foam topical QS	intra-op	Dr. [redacted]

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

	1.	2.	3.
TYPE/SIZE	Wound pack c̄ Kerlix sponge		
SITE	(R) Thigh		

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Xeroform
ABD
Kerlix

19. ADDITIONAL INFORMATION
Surgeon [redacted] Anesthesia [redacted]

20. OPERATION(S) PERFORMED
I+D of stump / Thigh

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU-1	1545	Litter c̄ O2

22. REGISTERED [redacted] CPT/USA

REVERSE OF DA FORM 5179-1, OCT 88 USAPA V1.01

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: Litter BY CPT [redacted] / MOS [redacted]

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

3. DATE 30 June 03 TIME PATIENT ARRIVED IN SUITE (b)(6)-2 0700

4. PATIENT IN ROOM TIME 0700 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

[X] CALM [ ] ANXIOUS [ ] EXCITED [ ] CRYING [ ] ANGRY [ ] WITHDRAWN [ ] OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt in proper body alignment. Arms on armboards @ <90°.

[X] SUPINE [ ] LITHOTOMY [ ] PRONE [ ] KRASKE LATERAL: [ ] LEFT SIDE UP [ ] RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

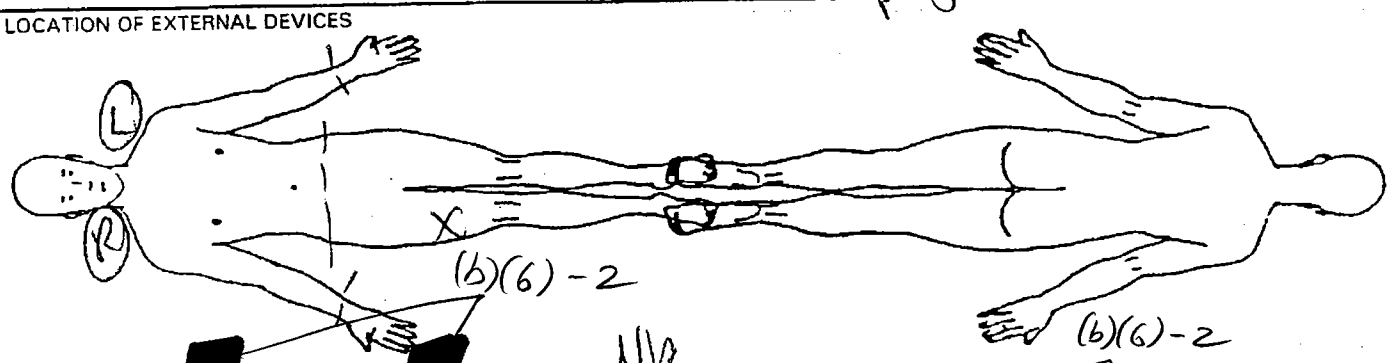
HAIR REMOVAL [ ] YES [X] NO
DONE BY: [ ] OR [ ] NURSING UNIT
METHOD: [ ] DEPILATORY [ ] RAZOR [ ] CLIP

COMMENTS:

PREP SOLUTION (Specify) Betadine Surgi/Point
SITE: left leg BY WHOM: CPT [redacted]
SITE: BY WHOM: (b)(6)-2

COMMENTS: no parking noted

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect Initial count PFC [redacted] / CPT [redacted]

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	[X] Yes [ ] No		C	C	[redacted] (b)(6)-2	[redacted]
Needle Sharp	[X] Yes [ ] No					
Instrument	[ ] Yes [X] No					
Other	[ ] Yes [X] No					

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

[redacted] (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) [X] YES [ ] NO

[X] ESU NO: 1
GROUND PAD: BRAND Valleylab
LOT NO: [redacted] (b)(6)-4

[ ] ESU NO:
GROUND PAD: BRAND
LOT NO:

[ ] BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS, SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY

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

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*
xeroform fluffs Kerlex [redacted]
(b)(6)-2

17. TUBES, DRAINS/PACKING YES ☒ NO ☒ [redacted]

TYPE/SIZE	1. 3/8" Penrose	2.	3. (b)(6)-2
SITE	1. ~~Left~~ ~~Right~~ thigh	2.	3.

19. ADDITIONAL INFORMATION
Surgeon Dr [redacted]
Anesthesia - MDJ [redacted] (b)(6)-2

20. OPERATION(S) PERFORMED
I&D Left leg

(b)(6)-2

21. PATIENT TRANSFERRED TO ICU #1 TIME 1215 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] [redacted]

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

manual [redacted] informed on VB/P. low readings

PAGE

DATE | DX | HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial Line																	
BP Cuff	100/70	93/71	104/70	100/48	122/73	110/65	104/39	110/63		100/65	102/47	102/65	119/61	0	0	116/64	129/79
Temperature	99.9			100.0												100.2	
Pulse	111	110	117	111	118	127	126	121		104	96	107	103	P	P	125	144
Respiratory Rate	18	20	18	16	20	28	20	10		16	18	22	21			26	28
Sat 2	97	96	99	97	100	100	97	98		96	97	98	98			97	95
Source	NC	NC	NC	NC	NC	NC	NC	NC		NC	NC	NC	NC			NC	NC
Flow	2L	2L	2L	2L	2L	2L	2L	2L		2L	2L	2L	2L			6L	4L
pain intervention																	

TIME	24	01	02	03	04	05	06	07	8T	08	09	10	11	12	13	14	15
LR	50	50	50	50	50	50	50	50	400	50	50	50	50		OB 350	125	125 1750
PO	NPO					30			30								
AN(EF)							50		60								

TOTALS																		
URINE	HOUR					825						600			950			800
	TOTAL								825									
	sp gr				Amptical							UNTH						
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

29 Jun 03

PAGE

OF DAY

ACUITY LEVEL CLASSIFICATION

	16	17	18	19	20	21	22	23	
	95/45	109/51	104/49	101/51	114/65 1010	102/53	103/48	102/52	
	116	109	107	100	106	108	111	112	
	20	16	16	16	18	20	18	16	
	98	97	99	97	96	98	98	97	
	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	

RESPIRATORY	TIME								
	MODE								
	F_IO_2								
	TV								
	RATE								
	PEEP								
	A	pH							
		PCO_2							
		pO_2							
	B	HCO_3							
		SAT							
	G	BASE							

	16	17	18	19	20	21	22	23	8° T
Urine Output	50	40	100	30	80	100	100	100	620
Intake IV PO	50/50	30/50	50	50	50 200	50	50	50	400
							60 Cancel		50

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

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE

[redacted] (b)(6)-2

OF DAY

ACUITY LEVEL CLASSIFICATION

	16	17	18	19	20	21	22	23
	57	[redacted]	103/38	103/36	104/35	105/66	109/66	109/64
		[redacted]	103		100	100		100
	136	143	140	120	113	102	102	98
	22	19	15	25	13	20	21	20
	99	96	100	120	97	96	97	98
	NC	NC	NC	NC	NC	NC	NC	NC
	4L	2L/m	3L/m	3L/m	3L/m	3L/m	3L/m	5L/m

	16	17	18	19	20	21	22	23	8° T
	125	125/200	125/375	125/500	125/625	125/750	125/875	125/1000	1000
	8								
	50		500						
	550				500/1050	300/1350			

RESPIRATORY THERAPY	TIME								
	MODE								
	F_IO_2								
	TV								
	RATE								
	PEEP								
	A: pH								
	A: PCO_2								
	pO_2								
	B: HCO_3								
	SAT								
	G: BASE								

LABORATORY	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 — TIME

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

NURSES SIGNATURE

Sat [redacted] 7/60

(b)(6)-2

DATE | DX | HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
BP Arterial Line																	
BP Cuff		113/74		114/70		98/73	113/67	116/65		111/63	109/67	100/72	109/71	119/74	107/57	114/57	99/45
Temperature		100.4	100.4	100.4	100.9	99.4	101.9	100.8					100.6				100.9
Pulse		106		109		116	108	121		117	110	107	114	111	106	104	110
Respiratory Rate		22		17		18	23	15		13	19	19	20		16	16	20
SPO2		93	99	99		98	98	97		97	99	100	98	99	97	98	PR
		RA	02/2L	02/2L		02/2L	2L NC	2L NC		2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC
pain																	
intervention																	

TIME	24	01	02	03	04	05	06	07	8T	08	09	10	11	12	13	14	15
LR	50	50/100	50/150	50/200	50/250	50/300	50/350	~~50/400~~		50	50	50	50	50	50	50	50
Ancef							50									50	
PO								400					400				
TOTALS																	
URINE HOUR																	
URINE TOTAL					1000		50	125		100	200	150	100	100	100	200	100
URINE SP GR																	
URINE S/A																	
NG OUTPUT																	
NG pH																	
NG GUIAC																	
EMESIS																	
STOOL																	
DRAINS																	
TOTALS																	

NURSING SERVICE PERSONNEL TIME SCHEDULE
For use of this form, see AR 40-407;
the proponent agency is the Office of The Surgeon General.

DATES (inclusive) OF PERIOD COVERED

TITLE	LAST NAME	DUTY	DUTY TIME, CLASS TIME, OR OFF-DUTY STATUS						
			SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
1st Unit	[redacted]		RA	RA	RA	RA	RA		
0810	" (b)(6)-4 "	100.8	133	116/54	100	19	RA		
0815	" "		131	110/58	94	22	RA		
0820			134	115/80	94	21	RA		
0825			134	106/54	99	21	RA		
0915	BP 125/63 - P-128	R -	22	88	0-2	97%	T-100.8		
	1- 0811								
	0913								
	2nd 0920								
	1045								

SIGNATURE OF HEAD NURSE

WARD

INSTRUCTIONS

List professional personnel first and then nonprofessional.
In column under "title" enter title, e.g., Maj., Capt., Lt., Sgt., Pvt., Mr., Mrs., Miss.
Entries for "Duty" and for "Off-Duty Status" will be symbolized as follows:

"Duty" symbols
- **HN** - Head nurse
- **ASST. HN** - *Asst. head nurse*
- **GEN. DUTY** - General duty
- **CL. T** - Clinical technician
- **WM** - Ward master

"Off-Duty Status" symbols
- **DO** - Day Off
- **LV** - Leave
- **SK** - Sick leave
- **HT** - Holiday time

DA FORM 3872, JUN 72 REPLACES DA FORM 8-93, 1 JAN 54, WHICH WILL BE USED. USAPPC V1.00

1 July 03

Date ~~30 June 03~~ Bed # 10

Patient's Name: [redacted] (b)(6)-4

Time	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04
BP	118/61	112/68	114/71	108/65	118/70	126/82	118/71	112/73	124/74	117/61	121/64	121/67	115/70	122/71	122/70	125/63	126/76	120/70	128/81	126/83	113/64	120/70	115/60	105/65
TEMP		98.5				99.2				102.2	102.5	101.7		99.4						100.6	99.4			
HR	96	105	103	116	125	125	125	117	114	117	112	119	116	110	111	109	116	110	111	109	102	98	99.9	99
RR	20	21	21	20	28	26	22	24	23	36	24	25	20	22	30	23	36	22	22	20	19	20	[illegible]	103
SAO2	100	100	97	94	95	94	94	90	90	94	95	94	94	96	97	97	98	97	99	98	97	97	97	21
FIO2	4L	4L	3L	RA	RA	RA	RA	RA	RA	RA	RA	RA	[redacted]	NC	NC	NC	NC	NC	NC	97 NC			98	98
													3L/m	3L/m	3L/m	3L/m	3L/m	3L/m	3L/m	3L/m				
INPUT	125																							
PO	60			300			300						300					60						
IV	125	125	125	125	75	75	75	75	75	75	75	125	125	125	125	125	125	125	125	125	125/250	125/375	125/500	125/625
NGT																								
TURN Q 2																								
TOTAL																								
OUTPUT																								
URINE											1100													
NGT																					750		300	
STOOL																								
TOTAL																								
BALANCE																								
Initials	[redacted]																							

(b)(6)-2

MEDCOM - 11978

Ward Section	REQUE[illegible] [illegible]SICIAN:	CHEMIS[illegible] [illegible]SULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI	DATE	TIME	SSN PSEUDO SSN
EPW [redacted] (b)(6)-4	6/25/03	0715	EPW [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/l
K		3.5-4.9 mmol/l
Cl		98-109 mmol/l
pH		7.31-7.45
PCO2		35-45 mmHg (art) 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%
Effect		(-2) - (+3) mmol/l
AnGap		10-20 mmol/l
iCa		1.12-1.32 mmol/l
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

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

(Piccolo) Chemistry 12 Error

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		8.0-10.3 mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	131	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA	136	128-145 mmol/l
K	5.0	3.3-4.7 mmol/l
CL	105	98-108 mmol/l
tCO_2	21	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		8-65 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:

(b)(6)-2

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	25 Jun 03	

INSTITUTIONAL

LABORATORY RESULT
(Subject to the Privacy Act)

LAST, FIRST, MI: EPW [redacted] (b)(6)-4 | DATE: 6/25/03 | TIME: 0715 | SSN: EPW [redacted] (b)(6)-4

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	11.9	4.8-10.8 x 10³	Color		Amber	Urine		Neg
RBC	2.76	4.7-6.1 x 10⁶	App		Clear	Nitr		Neg
Hgb	7.4	13.5-17.5 (M) 12.0-16.0 (F)	Gen		Yellow	Microbiology		
Hct	23.4	40-52 (M) 37-47 (F)	Urb		0.1	Culture		
MCV	85.0	80-94 fl (M) 81-97 fl (F)	Sp		1.020	Bacteria		
MCH	180	26-34 pg	Sgl		Trace	Yeast		
MCHC	18.0	Certified 30.5-35.1 g/dl	Dip		Negative	Fungus		
Platelet Estimate/Morphology			pH		6.0	Parasites		
Stab		Mono	Prot		Negative	Malaria		
Band		Eos	Glob					
		Baso	Ket		Negative			
		Imm	Leuk		Negative	Microscopic Urine		
			Uro		Normal			
Spun Hct		42-52% (M) 37-47% (F)	CSF			Digoxin		
Reticulocyte			Cell Count			MUST SUBMIT SF 518 EVERY UNIT REQUES		
			Directigen		Negative	ABO/Rh		

Coagulation Studies | Blood Bank Hold Crossmatch
MUST SUBMIT SF 518 WITH EVERY UNIT OF BLO REQUESTED.

TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSM
PT		10-14 sec			
PTT		22-40 sec			
Fibrinogen		150-400			
Thrombin Time		9-14 sec			

REMARKS:

ENTERED BY: [redacted] (b)(6)-2 | DATE: 25 Jun 03 | LAB ID NO.:

Ward/Section: EMT

ESTING PHYSICIAN: [redacted] (b)(6)-2

ATORY RESULT FORM
ct to the Privacy Act of 1974)

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

DATE: 25 Jun 03

TIME: 0255

SSN/PSEUDO SSN: [redacted] (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	16.4	4.8-10.8 x 10^3
RBC	3.73	4.7-6.1 x 10^6
Hgb	10.2	14-18 g/dl (M) 12-16 g/dl (F)
Hct	31.8	42-52% (M) 37-47% (F)
MCV	85.4	80-94 fl (M) 81-99 fl (F)
Plt	225	130-500 x 10^3 verified
Lymph %	6.5	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	amber	N/A
App	cldy	N/A
Glu	neg	Negative
Bili	neg	Negative
Ket	pos	Negative
SG	1.030	N/A
Bld	pos	Negative
pH	5.0	N/A
Prot	pos	Negative
Urob	n	0.2-1.0
Nit	n	Negative
Leuk	n	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

amorphous sediment
0-2 RBC light mucus
0-2 WBC

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh [redacted] (b)(6)-4

Coagulation Studies

TEST	RESULT	REF. RANGE
PT	12.8	9.8-13.6 secs
APTT	27.7	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: [redacted] (b)(6)-2

DATE:

LAB ID NO.:

Ward/Section: EMT

[redacted] TING PHYSICIAN: (b)(6)-2

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

LAST, FIRST, MI: EDW [redacted] (b)(6)-4

DATE: 25 Mar 03 | TIME: 0285

SSN/PSEUDO SSN: [redacted] (b)(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	123	73-118 mg/dl
BUN	14	7-22 mg/dl
CRE	1.0	0.6-1.2 mg/dl
CK N/A		39-380 u/l (M) 30-190 u/l (F)
NA^+	135	128-145 mmol/l
K^+	5.5	3.3-4.7 mmol/l
CL^-	102	98-108 mmol/l
tCO_2	20	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

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

DATE:

LAB ID NO.:

Ward/Section: ICU #1	JE[redacted] (b)(6)-2	LABORATORY RESULT F (Subject to the Privacy Act of 1
LAST, FIRST, MI: EPW #[redacted] (b)(6)-4	DATE: 26 Jun	TIME: 1625	SSN/PSEUDO SSN:

Hematology: CBC

TEST	RESULT	REF. RANGE
WBC	12.3	4.8-10.8 x 10^3
RBC	3.10	4.7-6.1 x 10^9
Hgb	8.1	14-18 g/dl (M) 12-16 g/dl (F)
Hct	27.3	42-52% (M) 37-47% (F)
MCV	87.9	80-94 fl (M) 81-99 fl (F)
Plt	161	130-500 x 10^3 verified
Lymph %	19.3	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.
RPR		Negati
Mono		Negati

Microbiology

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

Microscopic Urinaly

Blood Bank

MUST SUBMIT SF 518 V
EVERY UNIT REQUEST

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
WHEN SUBMITTING THE SPECIMEN OF BLO
REQUESTED

UNIT	TYPE	CROSSMA

REMARKS:

REPORTED BY: [redacted] (b)(6)-2 DATE: 26 Jun 03 LAB ID NO:

ICU

[redacted] (b)(6)-2

LABORATORY RESULT
(Subject to the Privacy Act)

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

DATE: 26 JAN

TIME: 0400

[redacted] (b)(6)-4

CBC

Hematology			Urinalysis					
RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
11.2	4.8-10.8 x 10³	Color			Bili		
2.28	4.2-6.1 x 10⁶	App			Micro		
6.3	14.0-18.0 gm/dl (M) 12.0-16.0 gm/dl (F)	Gluc			Microbiology		
19.7	42-52% (M) 36-46% (F)	Dil					
86.4	80-94 fl (M) 81-99 fl (F)	Ket					
15.0	26-34 x 10⁻¹² pg/Rbc	SG					
16.1	30.5-51.1%	Bld					
Differential		pH			Micro		
					Parasite		
Segs		Mono		Prot			Malaria
Bands		Eos		Uron			
		Baso		Nit			
		Imm		Leuk			Microscopic Urine
				Hb			

			CSF			Blood Bank	
		42-52% (M) 37-47% (F)					
			Cell Count			MUST SUBMIT SF 518 EVERY UNIT REQUES	
			Directigen		Negative	ABO/Rh	

Coagulation Studies			Blood Bank/Unit Crossmatch MUST SERVICE STRAW WITH EVERY UNIT OF BLO REQUESTED			
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSM
		9.8-12.0 secs				
		25-37 secs				
		10-14 secs				
		1.0-1.2				

COMMENTS:

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

(b)(6)-2

ard/Section: ICU | RE STING PH [redacted] | EMISTRY RESULT FOR
(Subject to the Privacy Act of 1[redacted]

AST, FIRST, MI. (b)(6)-4 [redacted] | DATE 26 JAN | TIME 0400 | SSN/PSEUD [redacted] (b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
oponin-I		Negative
rug of buse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
Clon 8		
GLU	115	73-118 mg/dl
BUN	6	7-22 mg/dl
CRE	0.9	0.6-1.2 mg/dl
CK	NA	39-380 u/l (M) 30-190 u/l (F)
NA^+	127	128-145 mmol/l
K^+	4.4	3.3-4.7 mmol/l
CL^-	100	98-108 mmol/l
tCO_2	27	18-33 mmol/l

(Piccolo) Metabolic Panel

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

EMARKS:

EPORTED BY: [redacted] (b)(6)-2 | **DATE:** | **LAB ID NO.:**

(b)(6)-2

Ward/Section: #1 | REQUESTING PHYSICIAN: [redacted] | **LABORATORY RESULT F**
(Subject to the Privacy Act of 1

LAST, FIRST, MI. EPW # [redacted] (b)(6)-4 | DATE 27 Jun | TIME | SSN/PSEUDO SSN:

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	16.2	4.8-10.8 x 10^3
RBC	3.48	4.7-6.1 x 10^9
Hgb	9.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	30.5	42-52% (M) 37-47% (F)
MCV	87.8	80-94 fl (M) 81-99 fl (F)
Plt	143	130-500 x 10^3 verified
Lymph %	20.5	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.
RPR		Negati
Mono		Negati

Microbiology

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

Microscopic Urinaly

Blood Bank

MUST SUBMIT SF 518 V EVERY UNIT REQUEST

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 FOR EVERY UNIT OF BLO REQUESTED)

UNIT	TYPE	CROSSMA

REMARKS: (b)(6)-2

REPORTED BY: [redacted] | DATE: 27 Jun 03 | LAB ID NO:

Ward/Section: ICU	JESTING PHYSICIAN:	LABORATORY RESULT F (Subject to the Privacy Act of 1

LAST, FIRST, MI: EPW-[redacted]	(b)(6)-4	DATE 27 JUN	TIME 0410	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	11.2	4.8-10.8 x 10^3
RBC	2.73	4.7-6.1 x 10^9
Hgb	7.5	14-18 g/dl (M) 12-16 g/dl (F)
Hct	23.8	42-52% (M) 37-47% (F)
MCV	87.4	80-94 fl (M) 81-99 fl (F)
Plt	167	130-500 x 10^3 verified
Lymph %	21.5	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.
RPR		Negati
Mono		Negati

Microbiology

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

Microscopic Urinaly

Blood Bank

MUST SUBMIT SF 518 V EVERY UNIT REQUEST

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 SEPARATE LINE FOR EACH UNIT REQUESTED)

UNIT	TYPE	CROSSMA

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

rd/Section: ICU | TING PHYSICIAN: (b)(6)-2 | EMISTRY RESULT FORI (Subject to the Privacy Act of 1974)

ST, FIRST, MI. EPW# [redacted] | DATE 2JUN | TIME 040 | SSN/PSEUDO SSN:

(i-STAT)

EST	RESULT	REF. RANGE
		138-146 mmol/L
		3.5-4.9 mmol/L
		98-109 mmol/L
		7.31-7.45
O2		35-45 mmHg (art) 41-51 mmHg (ven)
)2		80-105 mmHg (art) N/A (ven)
O2		23-27 mmol/L (art) 24-29 mmol/L (ven)
O3		22-26 mmol/L (art) 23-28 mmol/L (ven)
2		95-98%
ecf		(-2) – (+3) mmol/L
Gap		10-20 mmol/L
		1.12-1.32 mmol/L
JN		8-26 mg/dl
U		70-105 mg/dl
eat		0.7-1.5 mg/dl
t		38-51% PCV
gb		12-17 g/dl

Misc. Chemistry

EST	RESULT	REF. RANGE
ponin-I		Negative
ug of use		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	103	73-118 mg/dl
BUN	9	7-22 mg/dl
CRE	0.9	0.6-1.2 mg/dl
CK	NA	39-380 u/l (M) 30-190 u/l (F)
NA^+	116	128-145 mmol/l
K^+	3.9	3.3-4.7 mmol/l
CL^-	99	98-108 mmol/l
tCO_2	27	18-33 mmol/l

(Piccolo) Metabolic Panel

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

EMARKS:

[redacted] will not report ran twice

EPORTED BY: (b)(6)-2 [redacted] | **DATE:** | **LAB ID NO.:**

Ward/Section: ICU 1	JESTING PHYSICIAN: [redacted] (b)(6)-2	LABORATORY RESULT F (Subject to the Privacy Act of 1	
LAST, FIRST, MI: EPW [redacted] (b)(6)-4	DATE: 28 June	TIME: 0400	SSN/PSEUDO SSN: [redacted] (b)(6)-4

Hematology CBC

TEST	RESULT	REF. RANGE
WBC	9.2	4.8-10.8 x 10^3
RBC	3.33	4.7-6.1 x 10^9
Hgb	9.1	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.8	42-52% (M) 37-47% (F)
MCV	86.6	80-94 fl (M) 81-99 fl (F)
Plt	186	130-500 x 10^3 verified
Lymph %	20.0	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.
RPR		Negati
Mono		Negati

Microbiology

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

Microscopic Urinaly

Blood Bank

MUST SUBMIT SF 518 V
EVERY UNIT REQUEST

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 REQUEST FOR BLO
REQUESTED

UNIT	TYPE	CROSSMA

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

REPORTED [redacted] | DATE: | LAB ID NO:

rd/Section: ICU #1 | [redacted] PHYSICIAN: (b)(6)-2 | **BORATORY RESULT FORI** (Subject to the Privacy Act of 1974)

ST, FIRST, MI: [redacted] (b)(6)-4 | DATE: 30 Jun | TIME: 1120 | SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RAN
RBC	11.2	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
WBC	3.21	4.7-6.1 x 10^9	App		N/A	Mono		Negative
HGB	8.6	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct	28.1	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	87.4	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
PLT -	~~26.8~~	130-500 x 10^3 verified 333	SG		N/A	Occ Bld		Negative
Lymph %	20.0	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hematology Manual Differential			pH		N/A	Micro Parasites		
gs		Mono	Prot		Negative	Malaria		
nds		Eos	Urob		0.2-1.0	O & P		
mph		Baso	Nit		Negative	Other		
yp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
BC orph			HCG		Negative			
in matocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
d Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
her			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			
dimer		<20 ug/ml			
P		<10 ug/ml			

EMARKS:

EPORTED BY: [redacted] (b)(6)-2 | DATE: 30 Jun 03 | LAB ID NO.:

1350: 100.1 125, 116/64, 12, 95% 6L.
WASHout.
L 250 foot — Delayed closure
(L) BKA.
New IV,
-L100, Alb, Fent, Ket, MSoft.
I-1300/200(-)

2mg VERSED - 1520
.625 droperidol - 1544 X2

(b)(6)-4

ESTHESIA PLAN OF CARE PRE[redacted]OCEDURAL ASSESSMENT (Sedation/Anesthesia)

[redacted] DAYS MOS (YRS) Sex (X) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 85 KG/LB HT: ____ IN.
ALLERGIES: NKDA

POSED PROCEDURE: I+D (L) LE;
GICAL SERVICE: ortho
SINCE: 0700 yesterday

ITS: ?
BACCO: ?
ETOH: ?
DRUGS: ?

RENT MEDICATIONS:
ordered as premed

MEDICATIONS:
e Yes (@ ____ Hrs) /CC
___. ____ mg IV IM PO
___. ____ mg IV IM PO
___. ____ mg IV IM PO

ORATORY STUDIES:
HCT: 10 / 31
IER:

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~~ NA

Other Significant Hx: N Y GSW to (L) thigh - N Y shot while attempting

Familial HX N Y to steal vehicle

ASSESSMENT

PAST SURGICAL/ANESTHETIC
?

PHYSICAL EXAMINATION

BP 134/73 HR 128 R 25 T ____
Pain Scale 0-10 ____
HEENT - Teeth ____
Trachea MP I
TMJ/Neck
Oropharnyx TMD 3
Nares Full Rom
CHEST: Clear
CARDIAC: Tachycardic
EXTREMITIES:
IV Access: 18 ga x 2 PIV
Ulnar Filling:
BACK:
OTHER:

NPO Since ____

ESTHETIC PLAN: ( ) LOCAL ( ) MAC ( ) Regional (Specify): ____ (X) General: Mask Intubation

ORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to cussed with the patient/legal guardian. (b)(6)-2

pati[redacted] agrees. Questions answered.
ned: [redacted] Date: 25 JUN 03 Time: 0353 Hrs

ST-ANES[redacted]A EVALUATION AND NOTE (NON ASU)
NO APPARENT ANESTHETIC COMPLICATIONS ( ) OTHER

ned: ____ Date: ____ Time: ____ Hrs

27 Jun 03
115/60 - 121 - 12
95% RA

ient Identification: (Ward) ICU #1 - Recovery 7.5 / 23.8 167K

[redacted] (b)(6)-4 Ancef 1gm gr 116 / 99 103 / 3.9 / 27 / 9

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 n necessary.
3. DEEP SEDATION/ANALGESIA. Patient responds purposefully following repeated or painful stimulation. Airway assistance may

(4)

ANESTHESIA PLAN CA **IEPROCEDURAL ASSESSMENT (Sedation, Anesthesia)**

Age [redacted] DAYS MOS YRS (b)(6)-4 Sex (✓) MALE ( ) FEMALE

PROPOSED PROCEDURE: I&D (L) Leg
SURGICAL SERVICE: Ortho
NPO SINCE: NPO p MN

ASA Physical State (1) 2 3 4 5 E
WT: 85 KG/LB HT: ____ IN.
ALLERGIES: NKDA

HABITS:
TOBACCO: Ø
ETOH: Ø
DRUGS: Ø

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) Toradol
( ) Ancef
( ) MSO4
( ) Percocet
( ) Tylenol
( ) Albuterol / Nebs
q4 PRN Nebs tx wheezing
PREMEDICATIONS: 0100
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

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

28 June
9.2 > 9.1 / 28.8 < 186
30
11.2 > 8.6 / 28.1 < 333

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	2LNC "tokeep" forsat 95%
Bronchitis/URI	N	Y	RA-93%
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	6 SW (L) thigh
	N	Y	
Familial HX	N	Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
Surg. of F.O.

PHYSICAL EXAMINATION
BP 105/65 HR 107 R 22 T 100.0
Pain Scale 0-10 ____
HEENT - Teeth MPF intact
Trachea ____
TMJ/Neck TMJ 3
Oropharnyx EKOM
Nares ____
CHEST: CTA
CARDIAC: RRR
EXTREMITIES:
IV Access: 18ga (L) arm
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since ____

ANESTH[redacted] { } Regional (Specify): ____ (✓) 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. (b)(6)-2

The patient/leg[redacted]nd and agrees. Questions answered.
Signed: [redacted] Date: 6/30/03 Time: 1100 Hrs

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

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICU1 / ICU1

FAW [redacted] (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.

WAMC Form 2300 (Revised) 15 Mar 01 MCXC-DOS

PATIENT RECORD COPY

Previous edition is obsolete
☆ U.S. GPO 2002-729-283

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)	
fentanyl	(µg)	100 50 50 50/MSO4 16 4 4/2/2/2 fentanyl/MSO4
lidocaine	(mg)	100
propofol	(mg)	150 50
ISCh	(mg)	100
Ancef	(g)	[redacted]
vecuronium	(mg)	3
VOLAT AGENT	ISO % del / % e.t.	1.5-1.2-1.5-1.5-1.5-1.2-1.2-.8/0
AIR	L/Min	
N2O	L/Min	
O2	L/Min	6/2/2-2-2-1-3-2-2-8

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

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

LINE site		
N/S Left	☐ Warmed	300 500 800 1200 1400
NS/LR Right	☐ Warmed	500 1500 1600 1800
	☐ Warmed	

3500 ml

LOSSES	
EST BLOOD LOSS	100 200
URINE –	850 900 1350 1500

TOTALS	
250 µg	
20 mg	
TOTAL SOL	200 ml
TOTAL URINE	1500 ml

FLUIDS – SUMMARY
CRYSTALLOID – 3500 ml
COLLOID – Ø
BLOOD – Ø

REMARKS – Code drugs with numbers, events with letters

Pt ID'd – chart reviewed; exam done in EMT.

To OR – monitors on; induction – intubation & compl

Initial 850 ml of urin cola-colored. Next 500+ ml clear yellow urin

Pt c̄ regular spont. vent. @ end of case – TV 400's, RR 20, SpO2 100%. OP suctioned – extubated – patent airway – to ICU #1 for recovery

Report given.

Temp (axillary) > 97.5

RECOVERY AT
PACU / ICU #1 (Specify)
OTHER
CONDITION: Stable, awake
RESP – 28 SpO2 – 96%
BP – 124/60 HR – 136

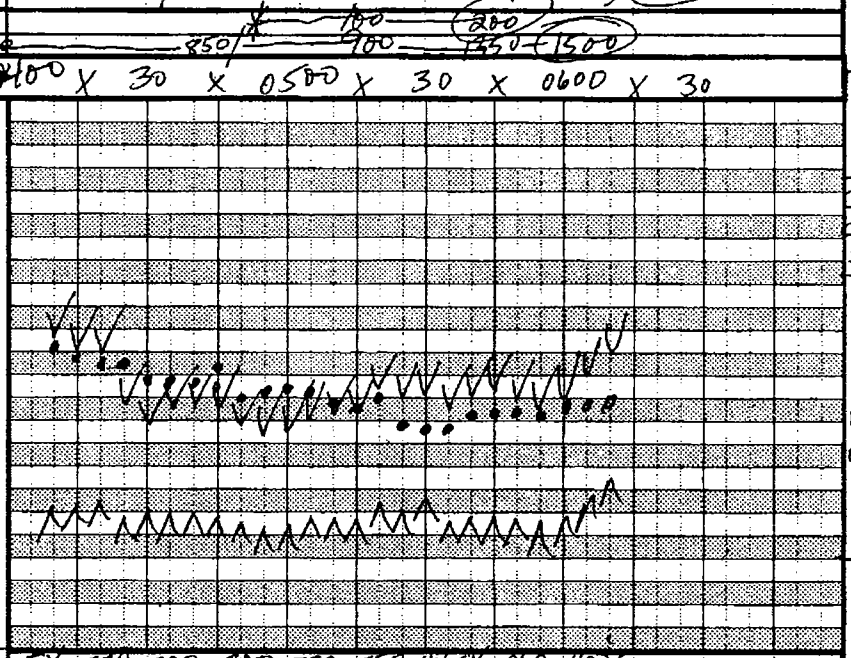
ANESTHESIA & PROCEDURE TIMES

	Start	Room	End
ANES	0345	0400	0618
	Ready	Begin	End
PROC	0415	0450	0602

PHYS STATUS: (1) 2 3 4 5 (E)
BODY WEIGHT: 85 (KG / LB)
HEMATOCRIT: 31
INITIAL DATA: BP 134/73 HR – 128
BOMP CHECK: OK? – (Y) N
PATIENT PROVIDER: OK for PROCEDURE? Y TIME – 0400

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

TIME → 0400 X 30 X 0500 X 30 X 0600 X 30



VT – ml	SV	780	780	800	770	750	HV SV	260	400 S	
f – breaths/min	18	8	8	12	12	10	6 20	24	20	
Peak inf pres / PEEP		20	20	22	22	22				
MODE – S(pon), A(ssist), C(on)	S	C	C	C	C	C	C S	S	S	
X BP/Auto Cuff / X ET CO2 (torr)	+	35	34	31	28	26	36 42	41	40	
BP / oth / X FIO2 (Frac or %)	.8	.8	.8	.8	.8	.8	.8 –	.8	.8	
ART line / X SpO2 (%)	100	100	100	100	100	100	100 –	100	100	
Steth- PC/ES / X ECG	ST	ST	ST	ST	ST	ST	SR –	ST	ST	
Gas analyzer / X TEMP- site	Available									
N-M Block (T/4)				4/4	3/4	4/4	4/4			
Warming blkt										
Conv warmer										

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

PROCEDURES and CPT Codes

Arteriogram; Left BKA

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

[redacted] (b)(6)-4 ICU #1

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA – Eyes Taped – ETT secured @ 22 cm @ teeth (b)(6)-2

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

Pre-O2; RSI c̄ cricoid pressure; AT DL x 1; [redacted] 2-Gr I view; 8.0 ETT thru cords; (+) ETCO2; Equal BS

SURGEONS: [redacted]

ANESTHE[redacted], M.D.

PROCEDURE LOCATION 2

DATE 25 June 03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

(b)(6)-2 WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 11994

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

MEDICAL RECORD – ANESTHESIA

DRUG	(Dose)	1430	1500	1530	1600
Versed	( )	2.5			
Fentanyl	( )	100	50		50
Propofol	( )	150			
Sux.	( )	120			
Vec	( )		5	2	
	( )				
VOLAT. AGENT: Forane	% del	1.5	.8	1.0	1.0 .6X
	% e.t.				
AIR	L/Min				
N2O	L/Min				
O2	L/Min	10	2	2	2 2 2

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: 1 2 3

TOTALS	
TOTAL INS	1000
TOTAL URINE	200

FLUIDS – SUMMARY
CRYSTALLOID – 3500
COLLOID – (b)(6)-2
BLOOD – [redacted] 1000

FLUIDS

LINE site LL 500	☐ Warmed	500 / 1	4 — 1300
16g Lt NS	☐ Warmed	1000 / 2	1400 — 2000
	☐ Warmed		
	☐ Warmed		

LOSSES: EST BLOOD LOSS 200 200 200 400; URINE – 200

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 85 KG LB

HEMATOCRIT: 7.5/23.8 16 HC

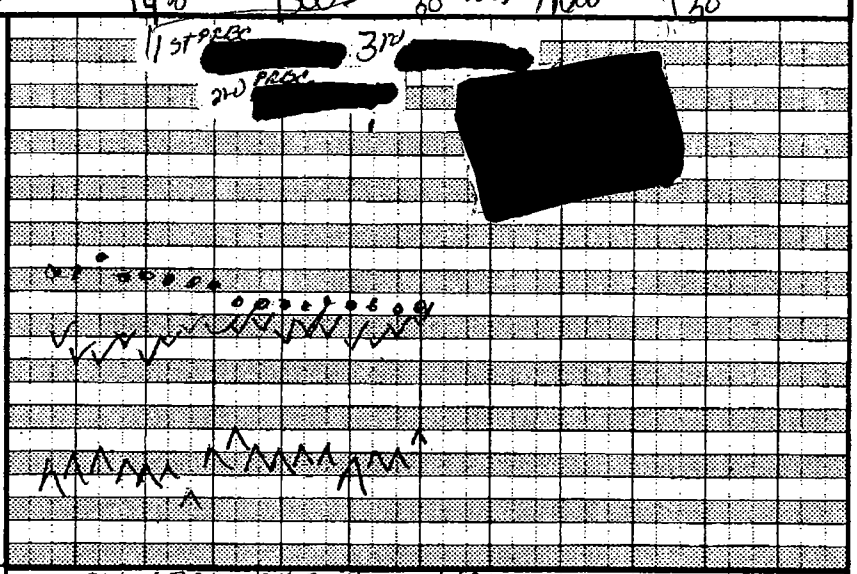
INITIAL DATA: BP – 100/42; HR – 120

COMP CHECK: OK? – Y N

PATIENT TRANSFER: OK for PROCEDURE (b)(6)-2; TIME – [redacted] 1410

TIME → 1430 1500 30 (b)(6)-4 1600 30

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



VT – ml		800	630	640	630	650	660
f – breaths/min		10	8	8	10	10	10
Peak inf pres / PEEP		24	21	21	21	21	22
MODE – S(pon), A(ssist), C(on)		SV	CV	CV	CV	CV	CV [redacted] (b)(6)-2
BP/Auto Cuff	ET CO2 (torr)		33	33	37	33	32 34
BP / oth	FIO2 (Frac or %)		~~100~~	.96	.93	.93	.93 .93
ART line	SpO2 (%)		100	100	100	100	100 100
Steth- PC/ES	ECG		ST	ST	ST	ST	ST ST
Gas analyzer	TEMP- site	Available					
	N-M Block (T/4)						
Warming blkt							
Conv warmer							

MONITORS & SUPPORTS

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

REMARKS – Code drugs with numbers, events with letters

PT Tx chest pain
IV 18g Rt arm
1415 In Room Monitors
1420 smooth induction
Intubation
1430 16g Rt Started
left wrist
1445 1st unit PRBC
1450 2nd unit
1525 3rd unit
1535 Reversed
Neostigmine 2mg
+ glycopyrrolate
0.4mg IV 4 min
Sustained ventilation
1540 sp vent
Sx completed

RECOVERY AT 1550
PACU ICU I (Specify)
OTHER
CONDITION: Stable
RESP – 20 SpO2 – 100 (RA)
BP – 138/81 HR – 114 102

ANESTHESIA & PROCEDURE TIMES

	Start	Room	End
ANES	1410	1415	1640
	Ready	Begin	End
PROC	1420	1430	1535

PROCEDURES and CPT Codes: I&D Left lower extremity

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: DL x1 cords Visualized ETT passed atraumatic BBS = ETCO2 x4 ETT secured 22 cm tape

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

EPW – # [redacted] (b)(6)-4

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

ANESTHETISTS: [redacted] HCCM

PROCEDURE LOCATION: 1

DATE: 27 JUN 03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 11995

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

MEDICAL RECORD — ANESTHESIA

DRUG	Units						
Versed	(mg)	2 Midazolam 50mg					
Fent	( )	200 50					
Propofol (Ketamine mg)		150/75	50/25				
Robinul	(mg)	.2					
Succs	(mg)	80					
MSO4	( )			3 2			
VOLAT AGENT: Sevo	% del	2.0	1.5	1.3	1.0	X	
	% e.t.						
AIR	L/Min						
N2O	L/Min						
O2	L/Min	8	2	2	2	8	

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 (R) wrist	☐ Warmed	300
(R) forearm LR	☐ Warmed	600 1000
	☐ Warmed	
	☐ Warmed	

LOSSES		
EST BLOOD LOSS		Min
URINE –		200

TOTALS	
TOTAL EBL	Min
100 / 100	TOTAL URINE 200

FLUIDS – SUMMARY
CRYSTALLOID – LR 1300
COLLOID – Ø
BLOOD – Ø

REMARKS – Code drugs with numbers, events with letters

12:25 pt ID, ASA in pre-op status monitors applied. 1230 IEI @ bilat BS
1240 18ga 2" IV started in (L) forearm
1320 Deep extubation
1340 Mask assist vent c̄ jaw lift. Albuterol 3 puff MDI.
Spont Resp. responsive to stim. Transferred to ICU. Report given.

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 85 (KG) LB

HEMATOCRIT: 28.1

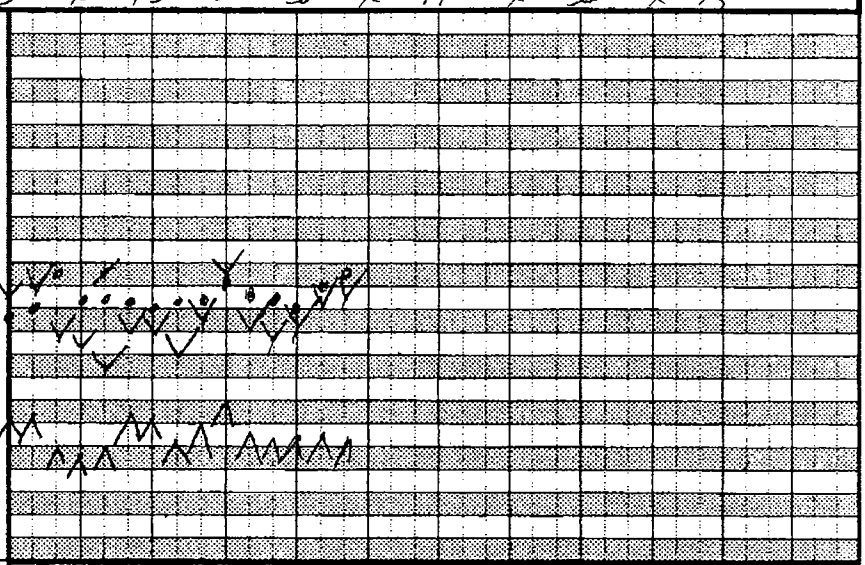
INITIAL DATA: BP – 105/65 HR – 22

CORP CHECK: OK? – (Y) N

PATIENT REQUIRE OK for PROCEDURE? TIME – 1100

TIME → 30 X 13 X 30 X 14 X 30 X 15

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



VT – ml		910	880	900	22	18
f – breaths/min		11	10	6		
Peak inf pres / PEEP		13	19	19		
MODE – S(pon), A(ssist), C(on)		S-CV	CV	CV	AV	SV
BP/Auto Cuff	ET CO2 (torr)	40	37	41	48	52
BP / oth	FIO2 (Frac or %)	.55	.85	.85		
ART line	SpO2 (%)	100	100	100		
Steth- PC/ES	ECG	ST	ST	ST	ST	ST
Gas analyzer	TEMP- site	Auxiliary				
	N-M Block (T/4)					
Warming blkt						
Conv warmer						

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

RECOVERY AT: ICU#1
PACU: ICU (Specify)
OTHER: ICU#1
CONDITION: sleepy Resp/ok to stim
RESP – Lg SpO2 – 96 c̄ NC
BP – 110/57 HR – 125

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1200	1225	1400
	Ready	Begin	End
PROC	1235	1240	1321

PROCEDURES and CPT Codes: Closure (L) BKA – c̄ washout

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: 8.0 ETT placed w/ one attempt, grade I view 3 MAC, secured at 23 dm teeth, quadrate block placed (b)(2)-2

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

SURGEONS: [redacted]

ANESTHETISTS: [redacted] CRNA MAT (b)(6)-2

PROCEDURE LOCATION: [redacted]

DATE: 6/30/03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 11996

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

Unit #1

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: 26 Jun 03

DATE AND HOUR REQUIRED: 26 Jun 03

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 [redacted] (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P (L) GSW to Leg S/P Through the Knee Amp

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. SAMPLE ALREADY IN LAB

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR (b)(6)-4

ABO [redacted]

Rh [redacted]

RECIPIENT

ABO [redacted]

Rh [redacted]

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 26 Jun 03

REMARKS: EXP 1 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour) 1008 ON (Date) 26 Jun 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) [redacted]

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

PRE-TRANSFUSION

TEMP. 100.8 PULSE 135 BP 116/54

DATE OF TRANSFUSION 6/26/03 TIME STARTED 0811

POST-TRANSFUSION DATA

AMOUNT GIVEN 280 ML

TIME DATE COMPLETED 26 Jun 03 0913

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

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

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

ICU I

SEX M

WARD ICU I

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

MEDICAL RECORD COPY

Unit #2

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 26 Jun 03

DATE AND HOUR REQUIRED 26 Jun 03

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 DR. [redacted]

DIAGNOSIS OR [redacted] PROCEDURE S/P (L) GSW to Leg S/P Through the Knee Amp.

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. SAMPLE ALREADY IN LAB

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR (b)(6)-4 [redacted]
ABO
Rh

RECIPIENT (b)(6)-4 [redacted]
ABO
Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 26 Jun 03

REMARKS:

EXP 1 Jul 03 (b)(6)-2

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2 [redacted]

AT *(Hour)* 0926 ON *(Date)* 26 JUN 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 [redacted] the patient identification tag.

1st [redacted] (b)(6)-2

2nd [redacted] BSTR

PRE-TRANSFUSION

TEMP. 100.8 PULSE 130 BP 125/63

DATE OF TRANSFUSION 6/26/03

TIME STARTED 0920

POST-TRANSFUSION DATA

AMOUNT GIVEN 329 ML

TIME DATE COMPLETED 1046 26 Jun 03

INTERRUPTED

REACTION
- [ ] NONE
- [ ] SUSPECTED

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

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

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

SIGNATURE OF PERSON NOTING ABOVE

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

EPW # [redacted] – (b)(6)-4

SEX M

WARD ICU #1

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

MEDCOM - 11998

MEDICAL RECORD COPY

518-123

NSN 7540-00-634-4158

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)* 1u ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE 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. Sample in Lab

SIGNATURE OF VERIFIER [redacted] (b)(6)-2 MAJ AN

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR (b)(6)-2

ABO [redacted]

Rh

RECIPIENT

ABO [redacted]

Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

Exp - 02 JUL 03

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

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

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1520 *(Date)* 27 JUN 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)* [redacted] (b)(6)-2 MAJ AN

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. | PULSE 110 | BP 137/66

DATE OF TRANSFUSION 27 JUN | TIME STARTED 1540

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 27 JUN 1550

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
	110	137/66

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)*

137/66

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

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, First, Middle Initial; Rank or Grade; Hospital or medical facility)

WARD

#[redacted] (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

518-123 NSN 7540-00-634-4158

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 cc ML

REMARKS:

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

DATE REQUESTED ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE 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. Sample in lab

SIGNATURE OF VERIFIER (b)(6)-2 [redacted] MAJ BN

VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

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

ABO

Rh

RECIPIENT [redacted]

ABO

Rh

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

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

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Jun 03

REMARKS: EXP 7 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] MAJ MST (b)(6)-2

AT *(Hour)* 1947 ON *(Date)* 27 JUN 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)* [redacted] MAJ BN (b)(6)-2

2nd VERIFIER *(Signature)* [redacted] LTCRN

PRE-TRANSFUSION VITALS

TEMP. [redacted] PULSE 114 BP 102/61

DATE OF TRANSFUSION 27 Jun 03 TIME STARTED 1445

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 27 Jun 1450

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE

PULSE 115

BLOOD PRESSURE 98/53

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 NOTING [redacted] LTCRN

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; rank; rate; hospital or medical facility) (b)(6)-2

SEX

WARD

[redacted] (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

518-123 NSN 7540-00-634-4158

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)* 1u ML

REMARKS:

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

DATE REQUESTED ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE 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. Sample to Lab

SIGNATURE OF VERIFIER [redacted] (b)(6)-2 MAJ

VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

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

ABO

Rh

RECIPIENT [redacted]

AB

Rh

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

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

SIGNATURE OF PERSON [redacted] TEST

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Jun 03

REMARKS: EXP 7 Jul 03 (b)(6)-2

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1447 [redacted] ON *(Date)* 27 JUN 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)* [redacted] MAJ (b)(6)-2

2nd VERIFIER *(Signature)* [redacted] LTC CRNA

PRE-TR[redacted]

TEMP. | PULSE 118 | BP 98/53

DATE OF TRANSFUSION 27 Jun 03

TIME STARTED 1450

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 27 Jun 1600

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE

PULSE 116

BLOOD PRESSURE 100/55

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 [redacted] (b)(6)-2 LTC CRNA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, firs[redacted] rate; hospital or medical facility)

SEX

WARD

#[redacted] -(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

518-123

NSN 7540-00-634-4158

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)* Pu _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE 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. Sample on lab

SIGNATURE OF VERIFIER [redacted] (b)(6)-2 MAJA

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO [redacted]

DONOR (b)(6)-4

ABO [redacted]

Rh

RECIPIENT

ABO [redacted]

Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIG[redacted]MING TEST (b)(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

Exp 07 JUL03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INS[redacted] AND ISSUED BY (S[redacted] (b)(6)-2

[redacted] 1525 ON *(Date)* 27JUN03

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

2nd [redacted] *(Signature)* [redacted]

PRE-TRA[redacted]

TEMP. PULSE 112 BP 101/54

DATE OF TRANSFUSION 27 JUN03

TIME STARTED 1525

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 27 JUN 1540

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE

PULSE

BLOOD PRESSURE

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)*

[redacted] OF PERSON NOTING ABOVE (b)(6)-2 [redacted] LTC

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, mi[redacted] rate; hospital or medical facility)

SEX

WARD

#[redacted] (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

CLINICAL RECORD - DOCTOR'S ORDERS

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

: 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

IENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	DATE TIME ORDER NOTED AN SIGN
			30 Jun	1400 HOURS	
			CBC		
					(b)(6)-2
ISING UNIT	ROOM NO	BED NO.			

IENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
			1 July	1330 HOURS
			DLC Tracy's Hospital	
			why urgent tests made	
			Notified	
SING UNIT	ROOM NO.	BED NO.		

IENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
				(b)(6)-2
SING UNIT	ROOM NO.	BED NO.		

ENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
				HOURS
SING UNIT	ROOM NO.	BED NO.		

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 25 Jun 03 TIME OF ORDER: 0600 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICW
2. S/P @ USW to Lg
   S/P (U) through the knee Amp
3. Cond Guarded
4. Vitals Q8 CSAT & I/O
5. All - NKDA
6. Act - Bed rest

NURSED 25 Jun 03

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

- Nurse Foley to Gravity
- Diet Regular
- IVF NS @ 200 cc/hr

meds

- MSO4 1-10 mg IV Q1° PRN severe pain
- Percocet 1-2 tabs PO Q6 PRN mod pain
- Tylenol 650 mg PO Q 4° PRN Fever

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

- Ancef 1 gm IV Q 8°

LABS

- CBC, Chem8 QD x 3. (b)(6)-2

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 25 Jun 03 TIME OF ORDER: 1622 HOURS

1. Tylenol 650 mg po q 4-6 hrs prn (Not to exceed 4 gm acetomenophen including percocet qd)
2. Phenergan 25 mg IV q 4-6 hrs prn

NOTE 25 Jun 1622 [redacted] (b)(6)-2

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION O[redacted]ED.

MEDCOM - 12004 (b)(6)-2 [redacted] (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

TOR 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.

IDENTIFICATION

[redacted]

(b)(6)-4

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 26 Jun 03 TIME OF ORDER: 0715 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Transfuse 2u PRBC
2. D5W KVO to 150 cc/hr dwell
Tylenol 650mg PO Q4 PRN fever and 50 mg prior to transfusion

(b)(6)-2 [redacted]

IDENTIFICATION

[redacted]

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 26 Jun 03 TIME OF ORDER: 1530 HOURS

1. ~~HCT N~~ CBC now

(b)(6)-2 [redacted]

Noted [redacted] 26 Jun 1608

IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 26 Jun 03 TIME OF ORDER: 1647 HOURS

Tylenol 3mg PO Q6-8 prn pain/fever
mg 7-U8
WO DL [redacted] 26 Jun 03

1647

(b)(6)-2

IDENTIFICATION

UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 27 Jun 03 TIME OF ORDER: 0715 HOURS

1. CXR, Hx Amio dwell

(b)(6)-2

Noted [redacted] 27 Jun 0715

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 27 JUN 03 TIME OF ORDER 1895 HOURS

LIST TIME ORDER NOTED AND SIGN

1. TO ICU-1 ✓
2. S/P I+D (L) LEG, L) [redacted] BUPIVACAINE [redacted] 3M [redacted]
3. CBC W/ [redacted] (b)(6)-2 ✓
4. VS - ROUTINE ✓ (b)(6)-2
5. 3LD NOW (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER [redacted] TIME OF ORDER

6. CBC W/ DIFF ON IN A.M. HOURS
7. T+S 2 UNITS PRBCS ✓
8. REGULAR DIET ✓ (b)(6)-2
9. N-2L 2% 125 cc/HR, HOLD LBORR / NOW TAKE P.O. WELL ✓
10. INSULIN PRN FOLLOW SLIDING

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 27 JUN 03 TIME OF ORDER 1630 HOURS

GIVE 10MG MSO4 IV NOW
V.O. DR [redacted]

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 27 JUN 03 TIME OF ORDER 1630 HOURS

GIVE 100MG DEMEROL NOW
& 25MG PHENERGAN IV
IF NO RESULTS NOTIFY
DR [redacted] (b)(6)-2
V.O. DR [redacted]

Noted NOD 27 Jun 03

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER: 27JAN03 TIME OF ORDER: 2000 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Regular Diet

(b)(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 28Jun03 TIME OF ORDER: 1020 HOURS

1. Toradol 15 mg IV Q6° x 2 days
2. GOS to clear today
3. ↓ IVF to 50cc/hr
4. (b)(6)-2 [redacted]

(b)(6)-2 Noted [redacted] 1120 28JUN03

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

[redacted] 28JUN03 1342

PATIENT IDENTIFICATION

(b)(6)-4 [redacted] (b)(6)-2 [redacted]

DATE OF ORDER: 28 Jun 03 TIME OF ORDER: 2130 HOURS

(b)(6)-2 [redacted] 40 PRN
[redacted] > 95%
[redacted] (b)(6)-2
28 Jun 03
notified [redacted]
(b)(6)-2

28JUN03 22:00 HRP

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

DATE OF ORDER: 30 Jun 03 TIME OF ORDER: 1330 HOURS

1. Resume 2UL [illegible]
2. Regular diet
3. IV LR at 125cc/hr [illegible]
4. Toradol 15mg IV Q 6 hrs x 2 days

Noted

30 Jun 03 [redacted] (b)(6)-2 1580

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLA MEDCOM - 12007 ICH MAY BE USED

All (b)(6)-2 except bottom one.

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. Jun Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 25	26	27	28	29	30	1	2	3
25Jun	[redacted]	Vitals Q10 c	05	[redacted]								
		SATS	n									
25Jun	[redacted]	I + O's	05									
			n									
25Jun	[redacted]	Act - Bed Rest	05									
			n									
25Jun	[redacted]	Foley to Gravity	05									
			n									
25Jun	[redacted]	Diet: REGULAR	07									
27Jun			p									
			n									
25Jun	[redacted]	CBC, Chem 8 QD	04	[redacted]			X	X	X	X	X	
		X3										
27Jun	[redacted]	Vitals Pendu	05	/	/	/	[redacted]					
			17	[redacted]	/	[redacted]						

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: (2) S/P ICD (L) leg
(1) S/P (L) GSW to leg
S/P (L) thigh/knee amp

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: 1

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

A11: (b)(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Jun Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
25	[redacted]	Admit to ICU	25 Jun	0615		[redacted]
25 Jun	[redacted]	Cond: Guarded	25 Jun	done		
26 Jun	[redacted]	Transfuse 2 units PRBC	26 Jun	#10810		
			26 Jun	#20120		
26	[redacted]	CBC Nu	done			
27 Jun	[redacted]	Chest x-ray this A.M	27 Jun	done		[redacted]
		To 7CU - 1 S/P HPC(L)				
		Cond: stable				
27	[redacted]	Issued Previous Orders				

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

USAPA V1.00

All (b)(6)-2 except for one (b)(6)-4 at bottom of page

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. 6 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30	31
6/27	[redacted]	condition stable	05	/	[redacted]			
			17	[redacted]				
6/27	[redacted]	VS: Routine	05	/	[redacted]			
			17	[redacted]				
6/27	[redacted]	Diet: Regular	08	/	[redacted]			
6/30			11	/				
			18	[redacted]				
6/27	[redacted]	Resume previous orders	05	/	[redacted]			
			17	[redacted]				
6/27	[redacted]	Bed Rest	05	/	[redacted]			
			17	[redacted]				
28 Jun	[redacted]	OOB to chair 2 times	05	/	[redacted]			
			17	/				
28 Jun	[redacted]	Keep on SATS > 95%	05	/	[redacted]			
			17	/				
6.25	[redacted]	Foley to gravity	05	/	/	[redacted]		
			17					
6.25	[redacted]	I/O's q 1hr	05	/	/	[redacted]		
			17	/	/			

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P Rt & (L) leg ligation of superior femoral artery

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: EPW [redacted] (b)(6)-2

S/P (R) (L) leg ligation of superior femoral artery (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

All: (b)(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo ____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
6/27	[redacted]	CBC in AM	6/28			
6/27	[redacted]	T/S 2 units PRBC	6/27			
6/27	[redacted]	To ICU I	6/27	1547	1547	[redacted]
27	[redacted]	CBC NOW AND IN A.M	due	—		
30 Jun	[redacted]	RESUME All previous orders	30 Jun	done		
30 Jun	[redacted]	CBC	30 Jun	done		[redacted]
1 Jul 03	[redacted]	D/C to IRAQI HOSP. WHEN				
	-----	ARRANGEMENTS MADE				

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

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*

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

Mo. ____ *Yr.* ____

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
28 Jul 98	[redacted]	(b)(6)-2		

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ____

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

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

All: (b)(6) -2

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr _____

Verify by Initialing: Order Date	Verify by Initialing: Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

INITIAL PROPER COLUMN FOLLOWING COMPLETION

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	TIME/DATE COMPLETED													
28Jul	[redacted]	Albuterol 5cy Neb Q 4° PRN	28Jul 5cy 3cc	29Jul 5cc 0200	01Jul 5cc 0500											
01Jul	[redacted]	MSO4 1-10mg IV Q1° PRN severe pain	01Jul 0200 8mg	01Jul 0420 9mg	1Jul 0540 6mg	1Jul 1040 3mg	1Jul 1525 4mg	1Jul 1635 5mg	01Jul 1745 5mg	01Jul 2130 5mg	02Jul 0430 3mg					
02Jul	[redacted]	Tylenol 650mg PO Q4° PRN fever	02Jul 0050 PO													

USAPA V1.00

All (b)(6)-2 except for one (b)(6)-4 at bottom

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. 6 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 25	26	27	28	29	30	1							
25Jun	[redacted]	IVF LR @	05	[redacted]													
		200cc/hr	17														
25Jun	[redacted]	Ancef 1 gm	06	[redacted]													
		IV Q8°	14														
			22														
25Jun	[redacted]	↓ IVF LR to	08	[redacted]													
		150cc/hr	17	[redacted]													
6/27	[redacted]	IVF LR @125cc/hr	05	[redacted]													
		Heplock when tolerating	17	[redacted]													
		po well															
28Jun	[redacted]	Toradol 15mg IV Q6°	06	✓	✓	✓	✓	[redacted]									
		X 2 DAYS	12	✓	✓	✓	[redacted]										
			18	✓	✓	✓	[redacted]	✓									
			24	✓	✓	✓	[redacted]	✓									
28Jun	[redacted]	↓ IV fluids to 50cc/hr	05	✓	✓	✓	[redacted]										
		(LR)	17	✓	✓	✓	[redacted]										
30Jun	[redacted]	IV LR @ 125cc/hr	05	✓	✓	✓	✓	✓	[redacted]								
		H/L when taking	17	✓	✓	✓	✓	✓	[redacted]								
		P.O WELL															
30Jun	[redacted]	Toradol 15mg Q6 IV	06	✓	✓	✓	✓	✓	✓	[redacted]		X	X				
		X 2 DAYS	12	✓	✓	✓	✓	✓	✓	[redacted]		X	X				
			18	✓	✓	✓	✓	✓	[redacted]		X	X	X				
			24	✓	✓	✓	✓	✓	[redacted]		X	X	X				

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS:
S/P GSW to Leg
S/P thru the knee amp

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. 1

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

DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

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

All: — (b)(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. 6 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
26 Jun	[redacted]	Tylenol 650mg po Q4Opr	26 Jun	—	0745	[redacted]	
		fever +30 hrs Before 26 Jun					
		[redacted]					
6/27	[redacted]	Gave 10mg MSO4 IV px/ nsw.	6/27	1620	1620		
6/27	[redacted]	Gave 100mg Zensol NSW C 25mg	6/27	1630			
		Phenergan IVP if no results Notify	CP [redacted]				
		DR [redacted]	50 mg Demerol given				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
25 Jun	[redacted]	MSO4 1-10mg IV Q10 prn severe pain	D	26 Jun 1115	25 Jun 1400	25 Jun 1600	25 Jun 1820	25 Jun 2215	26 Jun 0645	26 Jun 1110	26 Jun 1445	26 Jun 6mg	27 Jun 5mg	27 Jun 10mg	27 Jun 10mg 1620	28 Jun 5mg 1330
			I	[redacted]	[redacted]	[redacted]	[redacted]	7mg	3mg	5mg	5mg	2100	1200			
			E	28 Jun 0100 7mg	28 Jun 1400 5mg	28 Jun 1820 [redacted]	29 Jun 0310 7mg	6-29 0700 5mg	6-29 1130 5mg	6-29 1400 5mg	6-29 1400 5mg	30 Jun 0100 5mg	30 Jun 0100 5mg	30 Jun 1015 4mg	3-1-21 now 7mg	01 Jul 7mg 2900
25 Jun	[redacted]	Percocet I-II tabs PO Q6 prn mod pain	D	25 Jun 2 0300	26 Jun 2 2100	26 Jun 2 0900	28 Jun II 1200	6-29 0700 II	6-29 1300 II	6-29 2000	30 Jun II 0545	1 Jul II 0930	2 Jul II 0530			
			I	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]			
			E													
25 Jun 26 Jun	[redacted]	Tylenol 650mg PO Q4O prn	D	25 Jun 1600 II	25 Jun 2300 II	26 Jun 650mg 0300	26 Jun 0745 650mg	26 Jun 1600 650mg	27 Jun 0900 650mg	27 Jun 1800 650mg	28 Jun 0130 650mg	28 Jun 0330 650mg	28 Jun 1830 650mg	28 Jun 2300 II	6-29 0640 650mg	6-29 00 20 2
			I	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]
			E													
		not relieved 4gm acetaminophen		30 Jun II	1 Jul 1440 II	[redacted]										
25 Jun	[redacted]	Phenergan 25mg IVq 4-6hrs PRN		25 Jun 1930 25mg	26 Jun 1650 25mg											
				[redacted]	TH											
26 Jun	[redacted]	Torodol 30mg IVP Q6-8 prn per [redacted]		26 Jun 1647 [redacted]	[redacted] 1025	28 Jun 0350 [redacted]	[redacted] 0800 30m	01 Jul 30m 1730								

USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)

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

Date: 25 JunOS
Time In: 0615
Allergies: NKA
Pre-op V/S:
Procedures: (L) BKA

Anesthesia Type (Circle)): (General) Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 3500 Colloid
OR Output: UOP 1500 EBL 200
Meds/Times:

Drains
Hemovac
NG
(JP)
T-tube
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds

History

Time	0615	0620	0630	0640
SaO2	96%	94%	98%	92
FiO2				
Methods	RA			
240				
220				
200				
180				
160				
140				
120				
100				
80				
60				
40				
20				
RR	16	18	16	18
T	97.2			
Time				
Pain (0-10)				
LOS				

Pacu Intake

Time	Solution	Amount	Site	By	Infused
0615	LR	300	(B) AC	[redacted]	700
0615	LR	100	(L) hand		900
					(b)(6)-2

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	1	1	1
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	2	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	1	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	N	A	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	7	9	9

Codes

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

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] SGT, LPN
DEPARTMENT/SERVICE/CLINIC: PCU
DATE: 25 Jun 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility)
Name - last,
LPW #: [redacted]
(b)(6)-2
(b)(6)-4

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

[redacted] (b)(6)-4 BP 105-110 / 70 2.05-120 SKB

250 mcg Fent
20 mg MSO4

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

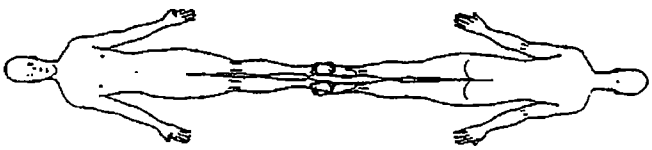
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	(L) leg	ACE WRAP	~~0~~
30'			
60'			
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0615	ST	NO	NO

WAMC OP 173-E

NURSING NOTES

SEE
LA FORM
4700
OP
[redacted]
(b)(6)-4

Discharge Criteria:
Date: **Time:** **PARS:**
BP: **T:** **HR:** **RR:** **SaO2:**
Pain Level at D/C (0-10):
Intake: _____ **Output:** _____
Additional Data: _____
Transferred To: _____
Report Given To: _____
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: _____
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: _____

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	0730	INITIALS [redacted]	1745	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PERRLA (b)(6)-2		perla (b)(6)-2			
	SENSORIUM	Alert & oriented		AAO			
		(L) - below knee		MAE			
		amputation c					
		JP drain					
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored		even/unlabored			
	BREATH SOUNDS	BBS		CTA (B)			
	SECRETIONS						
SKIN	COLOR	normal for race		norm. for race			
	INTEGRITY	good turgor		intact. (L) leg stump dry, c̄ staples - Mod. serang. drainage JP to bulb suction.			
IV SITE	LOCATION	(R) hand		(2) trend			
	CONDITION	(R) KC		pat / benign			
		(R) s/s of redness					
		or edema					
GASTRO	ABDOMEN	soft, nontender		soft NT/ND			
	BOWEL SOUNDS	BS x 4 quads		(+) x 4			
				(+) flatus			
GU	URINE:	foley to gravity		foley			
	COLOR/CLARITY	dark yellow urine		dark/yel.			
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus tach		ST, ectopy			
		P1 & S2		S1 S2 only			
		(-) JVD					

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

(b)(6)-2

(Continue on reverse)

PREPARED [redacted] (Signature & Title) SGT LPN

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 25 JUN 03

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

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

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

DATE | DX | HOSPITAL DAY

VITAL SIGNS	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line																		
BP Cuff							124/70	145/82		135/71	134/69	136/76	150/67	120/77	130/76	125/75		
Temperature							97.7											
Pulse							131	120		121	125	115	130	132	131	130	130	
Respiratory Rate							27	24		17	16	16	18	19	12	22	21	
SPO2							96%	97%		96%	96	100	98	97	94	95	100	
open intubation												(b)(6)-2						

INTAKE	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
LR								200		200	200/400	150/200/600	150/850	200/1000	200/1200	200/1400	200/1600	1600
PO																		
ABX																		
TOTALS																		

OUTPUT																			
URINE	HOUR / TOTAL							700		100/100	100/200	150/350	150/500	80/580	130/580	80/660	100/660	800
	10 gr							EMPTY										EMPTY
	S/A																	
NG	OUTPUT																	
	pH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS	TP																	
TOTALS																		

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
	120/70	104/63	104/66	108/69	131/68	106/68	122/59	110/64	
	98.7				99.5			100.5	
	129	135	139	136	128	125	145	140	
	24	18	18	18	18	18	18	20	
	100	97	97	99	97	97	97	96	
		RA	RA	RA	RA	RA	RA	RA	

INTAKE	16	17	18	19	20	21	22	23	8°T
	100/100	200	200	200	200	200	200	200	1600
			30	30					
							30		

OUTPUT									
	800/800						800/800		1000
		300cc sang							

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES OF DAILY LIVING	TIME				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 [redacted] INITIALS [redacted]

(b)(6)-2

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date) QA Appr 8 Mar 89

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2 (b)(6)-2 [redacted]

INITIAL SHIFT ASSESSMENT

	TIME	0530	INITIALS [redacted]	(800)	INITIALS [redacted]		INITIALS
NEURO	PUPILS	PERRLA		PERRLA			
	SENSORIUM	AOX1 + oriented		AOO			
				Calm / coherent			
				MAE			
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored		Even / unlabored			
	BREATH SOUNDS	BBS CTA		CTA (B)			
	SECRETIONS			Ø			
SKIN	COLOR	normal for race		norm for race			
	INTEGRITY	good turgor. Dressing		dsg to (L)			
		to chest T. drainage		chest intact c̄ incent/lung drainage			
IV SITE	LOCATION	(L) hand - LL		(R) AC			
	CONDITION	infusing @ 200 cc/hr		patent / benign			
		Ø S/S of redness					
		or edema					
GASTRO	ABDOMEN	soft, nontender		soft NT/ND			
	BOWEL SOUNDS	non distended.		(+) x4			
				hypo			
GU	URINE:	Foley to gravity		foley			
	COLOR/CLARITY	dark yellow urine		dark / yell.			
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus tach.		ST - S Ectopy			
		S1 + S2 noted		S1 S2 only			
		Ø JVD, Ø edema					

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

(Continue on reverse)

PREPA[redacted] (Rank/Title) Sgt / LPN DEPARTMENT/SERVICE/CLINIC ICU DATE 26 June

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

(b)(6)-2 EPW #[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS																		
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial Line	116	132	122	112	110	116												
BP Cuff	50	63	61	62	54	53	100/55	101/57		116/61	115/62	101/59	115/61	114/52	101/64	115/59	119/57	
Temperature	100.6			101.4		100.5				100.8		100.9				102		
Pulse	146	146	144	146	136	142	145	132		131	120	130	128	132	140	136	140	
Respiratory Rate	20	18	16	16	16	19	11	19		21	22	21	27	04	18	10	27	
Sat %	96	95	96	97	98	95	100	95		92	96	94	93	94	98	99	93	
Source	RA	→																
pain intervention																		

INTAKE																		
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
PO				30			30		60					60		30		90
LR	200	200	200	200	200	200	200	200	1600	150	150	150	150	150	150	150	150	1050
Anti-blood							50		50									
											280	329						609
TOTALS																		

OUTPUT																		
URINE HOUR					120							1700						
URINE TOTAL					600													1700
URINE sp gr																		
URINE S/A												2+ glucose						
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
(b)(6)-2 [redacted] DRAINS					40 bang.													
TOTALS																		

POST-OP DAY

VITAL SIGNS									
	16	17	18	19	20	21	22	23	
	153/59	113/58	112/57	113/58	114/60	103/62	113/57	112/47	
		102.2		100.5			99.9		
	141	126	126	122	124	123	124	128	
	18	16	18	20	16	16	18	18	
	93	96	95	94	95	100	95	94	
				IS					
				highly					
				encouraged					

INTAKE									
	16	17	18	19	20	21	22	23	8°T
						300			300
	100	150	150	150	150	150	150	150	1000

OUTPUT									
	1200						800		2000
							2000		
	20								

ACUITY LEVEL CLASSIFICATION

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

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

ACTIVITIES OF DAILY LIVING	TIME				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		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted]

(b)(6)-2

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0545	INITIALS [redacted]		INITIALS	1750	INITIALS [redacted]
NEURO	PUPILS	PERRLA				Perrla, Pt sedated c MSO4, phenergan 25 gram prior to shift. Drowsy upon stimuli.	
	SENSORIUM	Alert & oriented		(b)(6)-2			
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored				Even, unlabored RR 16-20, Spo2 98%, 10L pm via face mask.	
	BREATH SOUNDS	BBS CTA					
	SECRETIONS						
SKIN	COLOR	Normal for race				normal for race,	
	INTEGRITY	(L) stump - ace c Kerlix - scant drainage				(L) stump c ace/Kerlix	
INFUSION SITE	LOCATION	(R) AC				(R) AC	
	CONDITION	⊖ S/S redness ⊖ edema				⊖ S.S infiltration infection	
ABDOMEN	ABDOMEN	Soft, NT, ND				Soft, ND, NT,	
	BOWEL SOUNDS	BS x 4 QUADS				BS hyperactive x 4 quads	
URINE	URINE	Foley to gravity				Foley to gravity	
	COLOR/CLARITY	dark yellow urine				with medium yellow urine	
CARDIAC	CARDIAC RHYTHM	ST, ⊖ JVD ⊖ EDEMA S1 S2				ST, 115-125, ⊖ edema, S1, S2, noted.	

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

(Continue on reverse)

PREPARED BY (S[redacted] Sgt/LPN | DEPARTMENT/SERVICE/CLINIC ~~ICU 2nd~~ ICU | DATE 27 JUN 03

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

(b)(6)-2

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

PAGE

DX | HOSPITAL DAY

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
Arterial Line																	
Cuff	96/46	104/63	110/60	119/52	121/50	113/50	105/61	112/63		121/70	103/51	114/62	95/64	108/62	115/69	0	0
Temperature	100.0				100.0		101	120							100		
Pulse	124	128	130	130	132	128	122	120		131	124	120	119	117	121	R	R
Respiratory Rate	18	18	18	20	18	20	19	20		22	23	18	24	22	12		
SaO2	95	94	96	97	95	92	94	93		93	93	93	93	93	95		
Source	RA																
Transition																	

TIME	24	01	02	03	04	05	06	07	8° T	08	09	10	11	12	13	14	15
LR	150	150	150	150	150	150	150	150	1200	150	150	150	150	150	150		
APCH								50								D	R

ALS

	HOUR / TOTAL					100 / 100				700				150					1500
IE	sp gr																		
	S/A																		
	OUTPUT													DPW					
	pH																		
	GUIAC																		
IS	MP					300cc													
L																			
IC																			

PA

ACUITY LEVEL CLASSIFICATION

	17	18	19	20	21	22	23	
	~~122~~/75	122/60	122/63	115/57	119/80	109/60	111/56	
	102°	102.1						
	121	115	105	102	109	107	113	
	18	14	14	12	25	18	18	
10L via mask	99%	98%	99	97	97	95	95	
		10L	6L	0				
				RA	RA	RA	RA	
	17	18	19	20	21	22	23	8° T
LR	125	125	125	125	125	125	125	875
Ancef						50		
	500/500	100/600	100/700	100/800	100/900	100/1000		1000

RESPIRATORY		TIME								
		MODE								
		F_IO_2								
		TV								
		RATE								
		PEEP								
	A	pH								
		PCO_2								
		pO_2								
	B	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 HRS TOTALS

NI[redacted]TURE

wt Yesterday _____ wt Today _____

INTAKE IV 2775 OUTPUT Urine: 3200

(b)(6)-2

(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	0600	INITIALS [redacted]	(b)(6)-2	INITIALS		INITIALS
NEUROLOGY	PUPILS	PERRLA					
	SENSORIUM	Alert + Oriented					
RESPIRATORY	RESPIRATORY PATTERN	Even, unlabored					
	BREATH SOUNDS	BBS CTA					
	SECRETIONS	throughout					
SKIN INTEGRITY	COLOR	Normal for race					
	INTEGRITY	(L) leg stump ACE					
		Wrap					
	LOCATION	(L) hand, (R) AC					
	CONDITION	IV to (L) hand @					
		125cc/hr.					
		No s/s of redness					
		OR swelling					
GASTROINTESTINAL	ABDOMEN	Soft, NT, ND					
	BOWEL SOUNDS	BS X 4 quads					
URINARY	URINE:	Foley to gravity					
	COLOR/CLARITY	drawing yellow					
		urine					
CARDIAC	CARDIAC RHYTHM	ST HR-110-120's					
		S_1 + S_2 Noted					
		@ JVD, @ 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 (S[redacted] CST, USA

DEPARTMENT/SERVICE/CLINIC: ICU 2nd

DATE: 28 June 03

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

(b)(6)-2 E P W [redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

28 June 03

PAGE

	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
rterial Line																	
uff		113/41	113/65	114/68	116/74	115/65	116/64	112/59		114/60	121/65	122/77	107/58	108/53	110/60	119/71	112/64
perature		102	~~102~~	103.3	102.3	101.9	100					99.7					
e		116	124	124	123	134	109	105		95	109	104	121	120	119	120	112
iratory Rate		21	22	24	21	25	20	18		24	21	26	15	26	26	13	13
		98	94%	96	95	94	94	94		95	96	97	94	93	94	92	93
		RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	
LR w/2 g/L	125	125/250	125/375	125/500	125/625	125/750	125/875	125/1000	1000	125/125	125/250	125/375	50/425	50/475	50/525	50/575	50/625	625
Ancef							50		50							50		50 ~~100~~
ALS									1000									675
HOUR / TOTAL	100/100	100/200	100/300	100/400	100/500	100/600	100/700	100/800	950			500						500
IE sp gr												empty						
S/A																		
OUTPUT																		
pH																		
GUIAC																		
IS																		
L																		
																		500

PA

ACUITY LEVEL CLASSIFICATION

	17	18	19	20	21	22	23	
16		116/6						
100		116/69				114/59		
99.4		101.4				101.5		
114		117				128		
15		19				22		
93		95				99		

	17	18	19	20	21	22	23	8° T
16	50/100	50/150	50/80	50/20	50/30	55/30		
R 50								
Po		120						
IV Ancef						50		
16 600		200/800		500/1700				1360

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

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

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

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE: IV _____ PO _____

OUTPUT: Urine: _____

NURSE'S SIGNATURE

[redacted]

(6)(6)-2

LAST PAGE

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

PORT TITLE

NTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

TIME	0550	INITIALS [redacted]	(b)(6)-2	INITIALS		INITIALS
PUPILS	PERRLA					
SENSORIUM	Alert & oriented					
RESPIRATORY PATTERN	BBS CTA					
BREATH SOUNDS	Even, unlabored					
SECRETIONS						
COLOR	normal for race					
INTEGRITY	ACE wrap to (L) stump					
LOCATION	H/L to (L) arm					
CONDITION	c/s/s of redness or swelling					
ABDOMEN	Soft, Nontender					
BOWEL SOUNDS	hypoactive BS					
URINE: COLOR/CLARITY	Foley to gravity					
CARDIAC RHYTHM	S1 & S2 ST, ~~no~~ JVD					

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
SA) - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PARED [redacted] (Signature & Title) LPN

DEPARTMENT/SERVICE/CLINIC ICU 2 unit

DATE 2 July 03

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

EPW [redacted] — (b)(6)-4

(b)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

02 Jul 03

PAC

	DX													HOSPITAL DAY			
TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15
Arterial Line																	
Cuff	129/71	132/76	130/68	132/94	128/75	132/77											
mperature	101.8	100.9	100.9		100												
lse	110	121	107	103	101	104											
spiratory Rate	29	22	22	21	17	16											
SPO2	97	97	95	98	96	99											
NC	O2 2L	O2 3L/m	O2 3L/m	O2 3L/m	O2 3L/m	O2 @ 2L											
TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15
LRe125	125	125/250	125/375	125/500	125/625	125											
Po	500																
TALS																	
INE HOUR / TOTAL	1400			1400/2800	250/3050												
INE sp gr																	
INE S/A																	
G OUTPUT																	
G pH																	
G GUIAC																	
SIS																	
OL																	
INS																	

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

2. UNIT / UNITÉ: non-processed at [redacted] (b)(2)-2

FORCE / ÉLÉMENT	NATIONALITY / NATIONALITÉ
A/T AF/A N/M M/M	

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

3. INJURY / BLESSURE

FRONT / DEVANT — BACK / ARRIÈRE

Left Leg

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

GSW ~~[illegible]~~ ~~thigh~~ ~~(L) leg~~

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

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

5. PULSE / POULS	TIME / HEURE	6. TOURNIQUET / GARROT	TIME / HEURE
130		☐ 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

GSW (L) leg x 3
Field Dressing and Pressure Dressing
I.V. 1500 mL pulse 130
received w/ SpO2 98%
Blood Transfusion Bag

10. DISPOSITION / DISPOSITION			TIME / HEURE
		RETURNED TO DUTY / RETOUR À L'UNITÉ	1230
		EVACUATED / EVACUÉ	
		DECEASED / DÉCÉDÉ	

11. [redacted] / UNIT / OFFICIER MÉD[redacted] DA[redacted] YYMMDD)

DD [redacted] 80, This form replaces previous editions of DD Form 1380 and DD Form 1380 (TEST), which are obsolete. U.S. FIELD [redacted] AL CARD
DEC [redacted] FICHE MÉDICALE DE L'AVAN[redacted] ÉTATS-UNIS

(b)(6)-2

12. REASSESSMENT / RÉASSESSMENT

DATE (YYMMDD) | TIME OF ARRIVAL / HEURE D'ARRIVÉE

TIME / HEURE	SaO2			
0100	100			
BP / PS 134/61	T 98.0°			
PULSE / POULS 130				
RESP / RESP 22				

DATE / TIME
DATE / HEURE

13. CLINICAL COMMENTS / DIAGNOSIS
INFORMATION MÉDICALE / DIAGNOSTIQUES

Compartment Syndrome? probable

3 GSW to (L) Thigh

Occurred ~ 1000 on 24 June 03

14. ORDERS / ANTIBIOTICS (Specify) / TETANUS / IV FLUIDS
DIRECTIVES MÉDICALES / ANTIBIOTIQUES (Spécifier) / TETANOS / IV FLUIDE

Hespan 500cc

Tg [illegible] 0130

TLR

10 mg morphine IM (R) Thigh 0133

15. PROVIDER / OFFICIER MÉDICALE | DATE/DATE (YYMMDD)

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

TIME / HEURE

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)

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	SPW# [redacted] (b)(6)-4 (b)(6)-4	NO	M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	[redacted] (b)(6)-4	X	9	Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
NO		9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
unk	unk	0246	Unk (b)(6)-4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
N O	K 7 8	U N K

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
N O	N O	9	YEAR / ✓ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
Ø	ICU 2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] (b)(2)-2

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
2 1		0 3 0 7 0 1

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A B A A		0 3 0 6 2 8

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		0 3 0 6 2 8

FOR LOCAL USE

DX: G5W X2 (b) thigh
Dx: 9041
90453
44422
E9912

Pr 8416
8314
8604 (2)
8848
9904 (6)

890.0
904.1
444.22
958.8
998.89
E991.2

84.15
38.88
83.14
88.48
84.3 x 2
99.04

ADMITTING OFFICER (Signature, as re[redacted] FOR

SIGNATURE OF ADMITTING CLERK [redacted]

(b)(6)-2

(b)(6)-4

INPATIENT TREATMENT RECORD COVER SH

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

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) LWK EAW [redacted] (b)(6)-4			3. [redacted]	ADMISSION REMARKS (b)(6)-4
4. M	5. [redacted]	6. RACE X	7. RELIGION MUSLIM	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN [redacted]		13. ORGANIZATION — (b)(6)-4		14. WARD ICW2	
15. FLYING STATUS —	16. RANK/GRADE —	17. DEPT/BEN K78		18. BRANCH/CORPS —	19. UIC/ZIP —	20. TYPE CASE WIA	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER				22. HOURS OF ADMISSION 1930	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE —				25. TYPE DISPOSITION XFER TO IRAQI Hosp	26. DATE OF DISPOSITION 28 JAN 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) —				27b. TELEPHONE NO. —	28. DATE OF THIS ADMISSION 25 JAN 03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] (b)(2)-2					30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
31. SELECTED ADM[redacted]							

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

~~[illegible]~~ Pushed off Roof

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: S/P penetrating injury to perineum

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	3	3

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DA[redacted]	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER

DR [redacted]

DA FORM 3647, MAY 79

USAPPC V1.10

(b)(6)-2

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

(b)(6)-4

Approx [redacted] yo Iraqi civilian - seen by FST - stated fell off roof 5-6 feet landed on sharp penetrating pole. injury to perineum. Taken to FST - stable - brought to OR for eval under anesthesia. Reported to have 10cm tract straight up perineum. (-) scrotal injury. (+) hematoma (-) intraperitoneal penetration. (-) other injury - foley placed clear urine. Stable transfer to [redacted]

Pulse	Resp	Temp	BP
9	9	9	WNL

PHYSICAL EXAMINATION

Apr 12/61 - 99 - 18 Intoxicated

Head: normal
Neck: normal
Chest clear B/L
CV RRR
Abd soft, flat, NT (+) BS
Ext. normal

Pelvis stable A/P/LH compression
Sensations NL. Testes NL LL BL
Rectal exam
Perineum: 2cm laceration c penetrate mass. Have information
Rectum deg tone NL done

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

Inj/Acute penetrating perineum injury - no apparent rectal injury

Admit ICU - observe overnight
transfer to Iraqi hosp in AM if stable

SIGN[redacted]AN (b)(6)-2	DATE 28 Dec 03	IDENTIFICATION NO.	ORGANIZATION

[redacted]DENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted] (b)(6)-4		

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL RE

:DICAL RECORD | PROGRESS NOTES

DATE	NOTES
25Jun 2005	(b)(6)-2 PT vitals taken T 98.8 R 16 P 90 Sp02 96 B/P 118/74 — [redacted] 91W
25June03 2030	Rec'd pt from EMT @ 2000 via litter, dx: S/P penetrating injury to perineum condition stable. VSS. pt asleep, easily aroused. lung sounds CTA, abd soft, nontender ⊖ distention noted. hypoactive BS. perineum area swollen, pen rose drain in site, sm amt of bloody drainage noted, A'd padding applied 2 abd pads to area per orders. ↓Et ↑ Ext c̄ full rom ⊕ pulses. WV⊖FA c̄ LR @ 125cc/hr infusing 5 diff. foley cath to gravity intact, draining cl yellow urine, Emptied 750cc cl yellow urine from foley. (b)(6)-2 [redacted] 91WM6 SGT
2230	Pt. care assumed @ 2100. VSS. IVF infusing c̄ difficulty. HR Reg, Lungs CTA, ABD soft c̄ BS ⊕ x4. ABD Pad to perineum, c̄ scant bloody drainage. Penrose drain in place. Will cont. to monitor. (b)(6)-2 [redacted] 1CTA
26JUN03	0530. Pt awake & alert. VSS. NAD. Lungs CTA & BB=, BS⊕x4 Drain to perineum intact c̄ small amount of bloody drainage. IVF as ordered, site c̄ redness or edema. — [redacted]

INSHIP TO SPONSOR | SPONSOR'S NAME (b)(6)-2 [redacted] | SPONSOR'S ID NI (SSN or Other)

LAST | FIRST | MI

/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (F
Prescribed by GSA/ICMR FPMR (41CFR) 101-1

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
26 June 2017	assumed pt care @ 1300. VSS. pt sleeping easily aroused to painful stimuli. lungs CTA, abd soft nontender. BS(+)x4 quads. drsing to perineum c̄ scant amount of bloody drainage, drsing Δd. Penrose drain intact. ↓ext ↑ext c̄ full rom (+) pulses. IV (L) FA c̄ LR @ 125cc/hr infusing 5 diff. (1) c/o pain voiced @ this time. Will cont to monitor — [redacted] (b)(6)-2 gilwme
26 June 03 2130	Genevie Langer pt [redacted] (b)(6)-2 presents [illegible] 29 [illegible] [illegible] [illegible] [illegible] [illegible]
B > — C	[illegible] off [illegible] [illegible] perineum - penrose in place - [illegible] drainage [illegible] good [illegible] / [illegible]
[illegible]	[illegible] area - [illegible] - [illegible] - [illegible] [illegible] [illegible] [illegible]
	[redacted] (b)(6)-2

NSN 7540-00-634-4176 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Pt is stable and may transfer to Iraqi Hospital
26 June 03	Pt now on P.O. Augmentin and fluids with a
0500	Foley.
	[redacted] (b)(6)-2

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

[redacted] (b)(6)-4

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

MEDCOM - 12039

OF MEDICAL CARE

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

MEDICAL RECORD	PROGRESS NOTES
DATE	

6-26-03 2230 Pt care assumed @ 2100. VSS. HR Reg, lungs CTA, ABD soft τ ⊕ BS x4. Foley to gravity draining CYU. LR infusing to @ VE ≈ diff. IV site CDI ≈ s/s infection or infiltration. ABD pad to perineum Δ'd. Scant bloody drainage noted, Penrose drain in place. ABD pad secured to perineum τ tape. Will cont. to monitor. (b)(6)-2 [redacted] LLTAN

27 Jun 03 0730 - Pt alert sitting up in bed. Tolerated breakfast. VSS, lungs CTA, HR reg, BS⊕, foley to gravity → patent. HL ≈ s/s infx. ABD pad to perineum, penrose drain in place. Voiding Ø complaints. Will cont. to monitor [redacted] LLTAN

(b)(6)-2

27 JUN 03 General Surgery

1030 [redacted] (b)(6)-2 for penetrating perineum injury ⊖ GU involvement. [illegible] case. [illegible] for [illegible]. [illegible] τ [illegible].

[illegible] VS - [illegible] case.

[illegible] left [illegible]

perineum - [illegible] τ [illegible] - [illegible]

[illegible] [illegible] case

[illegible] Penrose [illegible]

[illegible] [illegible] [illegible]

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility) [redacted] REGISTER NO. WARD NO.

(b)(6)-2

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00